

2015 Prescription Drug Guide

Humana Formulary

List of covered drugs

Humana Gold Plus H4510-027
(HMO)

Austin
Hays, Travis and Williamson



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

This formulary was updated on 09/05/2014. For more recent information or other questions, please contact Humana at 1-800-457-4708 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Humana[®]

Welcome to Humana!

Note to existing members: This formulary changes yearly. If you belonged to the plan in 2014, please review this document to make sure that it still contains the drugs you take.

What is the formulary?

A formulary is the list of covered drugs selected by Humana. Humana worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. Humana will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Humana network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Generally, we won't discontinue or reduce coverage of the drug during the 2015 coverage year if you take a drug that was covered at the beginning of the year. However, we may change the formulary when a new, less-expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

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

- When we remove drugs from the formulary
- When we add prior authorization, quantity limits, or step-therapy restrictions on a drug
- When we move a drug to a higher cost-sharing tier

What if you're affected by a formulary change?

We'll notify you at least 60 days before one of these changes happens or when you request a refill of the affected drug.

If the Food and Drug Administration decides a drug on our formulary is unsafe or the drug's manufacturer takes the drug off the market, we'll immediately remove the drug from our formulary and notify you if you're taking the drug.

The enclosed formulary is current as of January 1, 2015. We'll update our printed formularies each month and they'll be available on **Humana.com**.

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

For help and information, call Humana Customer Care at **1-800-457-4708**. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number and we'll call you back by the end of the next business day.

How do I use the formulary?

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

Medical condition

The formulary starts on page 10. We've put the drugs into groups depending on the type of medical conditions that they're used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Drugs." 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 category or group, you should look for your drug in the Index that begins on page 160. 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 and find your drug. Next to your 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 your drug in the first column of the list.

Prescription drugs are grouped into one of five tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

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

For drugs that need prior authorization or step therapy or drugs that fall outside of quantity limits, your doctor can fax information about those drugs to Humana at **1-877-486-2621**. Representatives are available Monday - Friday, 8 a.m. - 6 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 to get more information about the restrictions applied to specific covered drugs.

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

Does healthcare reform impact my coverage?

Since 2011, Medicare has made changes to help with the cost of medicines while members are in the Prescription Drug Plan coverage gap, which is often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with the companies that make prescription drugs and health plans so you receive nearly 55 percent off the cost of many covered, brand-name drugs while you're in the coverage gap. Medicare members who receive the low-income subsidy ("Extra Help") or are covered by a qualified, commercial prescription plan through an employer won't get this discount.

What if my drug isn't on the formulary?

If your drug isn't included in this list of covered drugs, visit Humana.com to see if your plan covers your drug. You can also call Customer Care and ask if your drug is covered.

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

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

Talk to your doctor to decide if you should switch to another drug that we cover or if you should request a formulary exception so that we'll cover your drug.

How do I request an exception to the formulary?

You can ask Humana to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, Humana will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered 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 doctor that supports your request. This is called a supporting statement.

Generally, we must make our decision within 72 hours of getting your doctor's supporting statement. You can request a quicker, or expedited, exception if you or your doctor thinks your health would seriously suffer if you wait as long as 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your doctor'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 take a 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 our plan. We'll talk to your doctor during this time to decide the right steps for you to take.

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

- We'll temporarily cover up to a 30-day supply of your medicine when you go to a pharmacy.
- We won't pay for these drugs after your first 30-day supply, even if you've been a member of the plan for less than 90 days, unless we have granted you a formulary exception.

If you're a resident of a long-term care facility and you take Part D drugs that aren't on our formulary, we'll cover up to a 31-day supply, plus refills for a maximum of a 91-98 day supply of your current drug therapy (unless you have a prescription written for fewer days). We'll cover more than one refill of these drugs for 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) while you ask for a formulary exception if:

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

Throughout the plan year, you may have a change in your treatment setting (the place where you receive and take your medicine) because of how much care you need. These changes include:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy

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

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

Transition extension

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

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

Humana-Medicare.com - Find a Plan

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

For More Information

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

If you have questions about Humana, please visit our website at Humana.com/medicaredruglist. The Drug List Search tool lets you search for your drug by name or drug type.

You can also call Humana Customer Care at **1-800-457-4708**. If you use a TTY, call 711. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 to Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

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

Humana Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 160.

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. 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:

HI - Home Infusion drugs that are covered in the gap

SP - Medicines that are typically available through a specialty pharmacy. Please contact your specialty pharmacy to make sure your drug is available.

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

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

The third column shows the Utilization Management Requirements for the drug. Humana may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your doctor 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
ANTI-INFECTIVE AGENTS		
abacavir 300 mg tablet ^{SP}	4	QL (60 per 30 days)
abacavir-lamivudine-zidov tab ^{SP}	5	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION ^{MO}	5	
acyclovir 1,000 mg/20 ml vial ^{MO}	2	
acyclovir 200 mg capsule ^{MO}	2	
acyclovir 200 mg/5 ml susp ^{MO}	3	
acyclovir 400 mg tablet ^{MO}	2	
acyclovir 800 mg tablet ^{MO}	2	
acyclovir sodium 1 gm vial ^{MO}	3	
acyclovir sodium 500 mg vial ^{MO}	2	
adefovir dipivoxil 10 mg tab ^{SP}	5	
ALBENZA 200 MG TABLET ^{MO}	4	
ALINIA 100 MG/5 ML ORAL SUSPENSION ^{MO}	4	QL (150 per 30 days)
ALINIA 500 MG TABLET ^{MO}	4	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION ^{MO}	4	
amikacin sulf 1 gram/4 ml vial ^{HI,MO}	3	
amikacin sulf 500 mg/2 ml vial ^{MO}	3	
amox tr-k clv 200-28.5 tab chw ^{MO}	2	
amox tr-k clv 200-28.5/5 susp ^{MO}	2	
amox tr-k clv 250-125 mg tab ^{MO}	2	
amox tr-k clv 250-62.5/5 susp ^{MO}	2	
amox tr-k clv 400-57 tab chew ^{MO}	2	
amox tr-k clv 400-57/5 susp ^{MO}	2	
amox tr-k clv 500-125 mg tab ^{MO}	2	
amox tr-k clv 600-42.9/5 susp ^{MO}	2	
amox tr-k clv 875-125 mg tab ^{MO}	2	
amoxicillin 125 mg tab chew ^{MO}	1	
amoxicillin 125 mg/5 ml susp ^{MO}	1	
amoxicillin 200 mg/5 ml susp ^{MO}	1	
amoxicillin 250 mg capsule ^{MO}	1	
amoxicillin 250 mg tab chew ^{MO}	1	
amoxicillin 250 mg/5 ml susp ^{MO}	1	
amoxicillin 400 mg/5 ml susp ^{MO}	1	
amoxicillin 500 mg capsule ^{MO}	1	
amoxicillin 500 mg tablet ^{MO}	1	

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
amoxicillin 875 mg tablet MO	1	
amoxicillin-clav er 1,000-62.5 MO	3	
amphotericin b 50 mg vial MO	4	
ampicillin 1 gm a-v vial MO	4	
ampicillin 1 gm vial HI,MO	4	
ampicillin 10 gm vial HI,MO	4	
ampicillin 125 mg vial HI,MO	4	
ampicillin 125 mg/5 ml susp MO	2	
ampicillin 2 gm a-v vial MO	4	
ampicillin 2 gm vial MO	4	
ampicillin 250 mg capsule MO	2	
ampicillin 250 mg vial MO	4	
ampicillin 250 mg/5 ml susp MO	2	
ampicillin 500 mg capsule MO	2	
ampicillin 500 mg vial MO	4	
ampicillin-sulb 3 gm add vial MO	4	
ampicillin-sulbactam 1.5 gm v l MO	4	
ampicillin-sulbactam 15 gm v l HI,MO	4	
ampicillin-sulbactam 3 gm vial HI,MO	4	
ANCOBON 250 MG CAPSULE MO	4	
ANCOBON 500 MG CAPSULE MO	4	
APTIVUS 100 MG/ML ORAL SOLUTION SP	5	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE SP	5	QL (120 per 30 days)
atovaquone 750 mg/5 ml susp MO	5	
atovaquone-proguanil 250-100 MO	4	
atovaquone-proguanil 62.5-25 MO	4	
ATRIPLA 600 MG-200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
AVELOX 400 MG TABLET MO	4	PA
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE(ISO-OSM) INTRAVENOUS PIGGYBACK HI,MO	4	PA
AVELOX ABC PACK 400 MG TABLET MO	4	PA
azithromycin 1 gm pwd packet MO	2	
azithromycin 100 mg/5 ml susp MO	2	
azithromycin 200 mg/5 ml susp MO	2	
azithromycin 250 mg tablet MO	2	
azithromycin 500 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azithromycin 600 mg tablet MO	2	
azithromycin i.v. 500 mg vial HI,MO	2	
aztreonam 1 gm vial HI,MO	4	
aztreonam 2 gm vial MO	5	
AZULFIDINE 500 MG TABLET MO	4	
baciim 50,000 unit intramuscular solution MO	4	
bacitracin 50,000 units vial MO	2	
BARACLUDE 0.05 MG/ML ORAL SOLUTION SP	5	ST,QL (630 per 30 days)
BARACLUDE 0.5 MG TABLET SP	5	ST,QL (30 per 30 days)
BARACLUDE 1 MG TABLET SP	5	ST,QL (30 per 30 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION SP	5	PA,QL (224 per 28 days)
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE HI,MO	4	
BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE HI,MO	4	
BICILLIN L-A 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE MO	4	
BICILLIN L-A 2,400,000 UNIT/4 ML INTRAMUSCULAR SYRINGE MO	4	
BICILLIN L-A 600,000 UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
BILTRICIDE 600 MG TABLET MO	4	
CANCIDAS 50 MG INTRAVENOUS SOLUTION HI,MO	5	
CANCIDAS 70 MG INTRAVENOUS SOLUTION HI,MO	5	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION SP	5	PA,QL (84 per 28 days)
CEDAX 180 MG/5 ML ORAL SUSPENSION MO	4	
CEDAX 400 MG CAPSULE MO	4	
CEDAX 90 MG/5 ML ORAL SUSPENSION MO	4	
cefaclor 125 mg/5 ml susp MO	3	
cefaclor 250 mg capsule MO	2	
cefaclor 250 mg/5 ml susp MO	3	
cefaclor 375 mg/5 ml suspen MO	3	
cefaclor 500 mg capsule MO	2	
cefaclor er 500 mg tablet MO	3	
cefadroxil 1 gm tablet MO	2	
cefadroxil 250 mg/5 ml susp MO	2	
cefadroxil 500 mg capsule MO	2	
cefadroxil 500 mg/5 ml susp MO	2	
cefazolin 1 gm add-van vial MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefazolin 1 gm vial HI,MO	3	
cefazolin 1 gm-d5w bag HI,MO	3	
cefazolin 10 gm vial MO	3	
cefazolin 2 gm-d5w bag MO	3	
cefazolin 20 gm bulk vial MO	3	
cefazolin 500 mg vial MO	3	
cefdinir 125 mg/5 ml susp MO	2	
cefdinir 250 mg/5 ml susp MO	2	
cefdinir 300 mg capsule MO	2	
cefepime 1 gm injection MO	4	
cefepime 2 gm injection MO	4	
cefepime hcl 1 gm vial HI,MO	4	
cefepime hcl 2 gram vial HI,MO	4	
cefepime-dextrose 1 gm/50 ml MO	4	
cefepime-dextrose 2 gm/50 ml MO	4	
cefotaxime sodium 1 gm vial HI,MO	2	
cefotaxime sodium 10 gm vial HI,MO	2	
cefotaxime sodium 2 gm vial HI,MO	2	
cefotaxime sodium 500 mg vial MO	2	
cefotetan 1 gm vial MO	4	
cefotetan 10 gm vial MO	4	
cefotetan 2 gm vial MO	4	
cefotetan-dextr 1 g duplex bag MO	4	
cefotetan-dextr 2 g duplex bag MO	4	
cefoxitin 1 gm piggyback bag MO	4	
cefoxitin 1 gm vial MO	4	
cefoxitin 10 gm vial MO	4	
cefoxitin 2 gm piggyback bag MO	4	
cefoxitin 2 gm vial MO	4	
cefpodoxime 100 mg tablet MO	4	
cefpodoxime 100 mg/5 ml susp MO	4	
cefpodoxime 200 mg tablet MO	4	
cefpodoxime 50 mg/5 ml susp MO	4	
cefprozil 125 mg/5 ml susp MO	3	
cefprozil 250 mg tablet MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefprozil 250 mg/5 ml susp MO	3	
cefprozil 500 mg tablet MO	3	
ceftazidime 1 gm piggyback MO	3	
ceftazidime 1 gm vial HI,MO	3	
ceftazidime 2 gm piggyback MO	3	
ceftazidime 2 gm vial HI,MO	3	
ceftazidime 6 gm vial HI,MO	3	
ceftibuten 180 mg/5 ml susp MO	4	
ceftibuten 400 mg capsule MO	4	
ceftriaxone 1 gm vial HI,MO	3	
ceftriaxone 1 gm-d5w bag MO	3	
ceftriaxone 10 gm vial MO	3	
ceftriaxone 2 gm add vial HI,MO	3	
ceftriaxone 2 gm vial MO	3	
ceftriaxone 2 gm-d5w bag MO	3	
ceftriaxone 250 mg vial MO	3	
ceftriaxone 500 mg vial HI,MO	3	
cefuroxime 1.5g/50 ml bag MO	1	
cefuroxime 750 mg/50 ml bag MO	1	
cefuroxime axetil 250 mg tab MO	2	
cefuroxime axetil 500 mg tab MO	2	
cefuroxime sod 7.5 gm vial HI,MO	3	
cefuroxime sod 750 mg vial HI,MO	3	
cephalexin 125 mg/5 ml susp MO	2	
cephalexin 250 mg capsule MO	2	
cephalexin 250 mg tablet MO	2	
cephalexin 250 mg/5 ml susp MO	2	
cephalexin 500 mg capsule MO	2	
cephalexin 500 mg tablet MO	2	
cephalexin 750 mg capsule MO	4	
chloramphen na succ 1 gm vl HI,MO	3	
chloroquine ph 250 mg tablet MO	2	
chloroquine ph 500 mg tablet MO	2	
cidofovir 375 mg/5 ml vial MO	4	
ciprofloxacin 200 mg/20 ml vl MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ciprofloxacin 400 mg/40 ml v ^l HI,MO	2	
ciprofloxacin er 1,000 mg tab MO	2	
ciprofloxacin er 500 mg tablet MO	2	
ciprofloxacin hcl 100 mg tab MO	1	
ciprofloxacin hcl 250 mg tab MO	1	
ciprofloxacin hcl 500 mg tab MO	1	
ciprofloxacin hcl 750 mg tab MO	1	
ciprofloxacin-d5w 200 mg/100 ml HI,MO	2	
ciprofloxacin-d5w 400 mg/200 ml MO	2	
clarithromycin 125 mg/5 ml sus MO	3	
clarithromycin 250 mg tablet MO	3	
clarithromycin 250 mg/5 ml sus MO	3	
clarithromycin 500 mg tablet MO	3	
clarithromycin er 500 mg tab MO	3	
CLEOCIN 300 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK HI,MO	4	
CLEOCIN 600 MG/4 ML INTRAVENOUS SOLUTION MO	4	
CLEOCIN 600 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK HI,MO	4	
CLEOCIN 900 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK HI,MO	4	
CLEOCIN 900 MG/6 ML INTRAVENOUS SOLUTION MO	4	
clindamycin 150 mg/ml addvan MO	2	
clindamycin 75 mg/5 ml soln MO	4	
clindamycin hcl 150 mg capsule MO	2	
clindamycin hcl 300 mg capsule MO	2	
clindamycin hcl 75 mg capsule MO	2	
clindamycin pediatric 75 mg/5 ml oral solution MO	4	
clindamycin ph 900 mg/6 ml v ^l MO	3	
clindamycin-d5w 300 mg/50 ml HI,MO	4	
clindamycin-d5w 600 mg/50 ml HI,MO	4	
clindamycin-d5w 900 mg/50 ml HI,MO	4	
COARTEM 20 MG-120 MG TABLET MO	4	QL (24 per 30 days)
colistimethate 150 mg vial MO	4	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION MO	4	
COMPLERA 200 MG-25 MG-300 MG TABLET SP	5	QL (30 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
CRIXIVAN 200 MG CAPSULE ^{SP}	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE ^{SP}	4	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION ^{HI,MO}	5	
cycloserine 250 mg capsule ^{MO}	4	
CYTOVENE 500 MG INTRAVENOUS SOLUTION ^{MO}	4	
dapsone 100 mg tablet ^{MO}	3	
dapsone 25 mg tablet ^{MO}	3	
DARAPRIM 25 MG TABLET ^{MO}	4	
demeclocycline 150 mg tablet ^{MO}	4	
demeclocycline 300 mg tablet ^{MO}	4	
dicloxacillin 250 mg capsule ^{MO}	2	
dicloxacillin 500 mg capsule ^{MO}	2	
didanosine dr 125 mg capsule ^{SP}	4	QL (90 per 30 days)
didanosine dr 200 mg capsule ^{SP}	4	QL (60 per 30 days)
didanosine dr 250 mg capsule ^{SP}	4	QL (30 per 30 days)
didanosine dr 400 mg capsule ^{SP}	4	QL (30 per 30 days)
DIFLUCAN 10 MG/ML ORAL SUSPENSION ^{MO}	4	
DIFLUCAN 40 MG/ML ORAL SUSPENSION ^{MO}	4	
DORIBAX 250 MG INTRAVENOUS SOLUTION ^{MO}	4	
DORIBAX 500 MG INTRAVENOUS SOLUTION ^{MO}	4	
doxy-100 100 mg intravenous solution ^{MO}	3	
doxycycline 25 mg/5 ml susp ^{MO}	4	
doxycycline hyc 100 mg vial ^{MO}	3	
doxycycline hyclate 100 mg cap ^{MO}	3	
doxycycline hyclate 100 mg tab ^{MO}	3	
doxycycline hyclate 50 mg cap ^{MO}	3	
doxycycline mono 100 mg cap ^{MO}	3	QL (60 per 30 days)
doxycycline mono 100 mg tablet ^{MO}	3	
doxycycline mono 150 mg cap ^{MO}	4	
doxycycline mono 150 mg tablet ^{MO}	3	
doxycycline mono 50 mg cap ^{MO}	3	QL (60 per 30 days)
doxycycline mono 50 mg tablet ^{MO}	3	
doxycycline mono 75 mg capsule ^{MO}	4	QL (30 per 30 days)
doxycycline mono 75 mg tablet ^{MO}	3	
E.E.S. 400 400 MG TABLET ^{MO}	4	

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
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION MO	4	
EDURANT 25 MG TABLET SP	5	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION SP	4	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE SP	4	QL (30 per 30 days)
EPIVIR 10 MG/ML ORAL SOLUTION SP	4	QL (960 per 30 days)
EPZICOM 600 MG-300 MG TABLET SP	5	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION MO	4	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION MO	4	
ERY-TAB 250 MG TABLET,DELAYED RELEASE MO	4	
ERY-TAB 333 MG TABLET,DELAYED RELEASE MO	4	
ERY-TAB 500 MG TABLET,DELAYED RELEASE MO	4	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION MO	4	
ERYPED 400 400 MG/5 ML ORAL SUSPENSION MO	4	
ERYTHROCIN (AS STEARATE) 250 MG TABLET MO	2	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION HI,MO	1	
erythromycin 250 mg filmtab MO	4	
erythromycin 500 mg filmtab MO	4	
erythromycin ec 250 mg cap MO	4	
erythromycin es 400 mg tab MO	2	
erythromycin-sulfisox susp MO	2	
ethambutol hcl 100 mg tablet MO	4	
ethambutol hcl 400 mg tablet MO	4	
FACTIVE 320 MG TABLET MO	4	
famciclovir 125 mg tablet MO	3	QL (60 per 30 days)
famciclovir 250 mg tablet MO	3	QL (60 per 30 days)
famciclovir 500 mg tablet MO	3	QL (60 per 30 days)
fluconazole 10 mg/ml susp MO	2	
fluconazole 100 mg tablet MO	2	
fluconazole 150 mg tablet MO	2	
fluconazole 200 mg tablet MO	2	
fluconazole 40 mg/ml susp MO	2	
fluconazole 50 mg tablet MO	2	
fluconazole-dext 200 mg/100 ml MO	2	
fluconazole-dext 400 mg/200 ml HI,MO	2	
fluconazole-ns 100 mg/50 ml MO	2	

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
fluconazole-ns 200 mg/100 ml MO	2	
fluconazole-ns 400 mg/200 ml MO	2	
flucytosine 250 mg capsule MO	5	
flucytosine 500 mg capsule MO	5	
FLUMADINE 100 MG TABLET MO	4	
foscarnet 24 mg/ml infus bttl MO	4	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION SP	5	QL (60 per 30 days)
ganciclovir 500 mg vial HI,MO	3	
gentamicin 10 mg/ml vial MO	2	
gentamicin 70 mg/ns 50 ml pb HI,MO	3	
gentamicin 80 mg/2 ml vial HI,MO	2	
gentamicin 90 mg/ns 100 ml pb HI,MO	3	
gentamicin ped 20 mg/2 ml vial MO	2	
GRIFULVIN V 500 MG TABLET MO	4	
GRIS-PEG (ULTRAMICROSIZED) 125 MG TABLET MO	4	
GRIS-PEG (ULTRAMICROSIZED) 250 MG TABLET MO	4	
griseofulvin 125 mg/5 ml susp MO	4	
griseofulvin micro 500 mg tab MO	4	
griseofulvin ultra 125 mg tab MO	4	
griseofulvin ultra 250 mg tab MO	4	
HIPREX 1 GRAM TABLET MO	4	PA
hydroxychloroquine 200 mg tab MO	2	
imipenem-cilastatin 250 mg vl HI,MO	3	
imipenem-cilastatin 500 mg vl HI,MO	3	
INCIVEK 375 MG TABLET SP	5	PA,QL (168 per 28 days)
INFERGEN 15 MCG/0.5 ML VIAL SP	5	PA,QL (30 per 30 days)
INFERGEN 9 MCG/0.3 ML VIAL SP	5	PA,QL (12 per 30 days)
INTELENCE 100 MG TABLET SP	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET SP	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET SP	4	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	5	PA
INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION SP	5	PA
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	5	PA
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	5	PA
INTRON A 6 MILLION UNIT/ML INJECTION SOLUTION SP	5	PA

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
INVANZ 1 GRAM INTRAVENOUS SOLUTION MO	4	
INVANZ 1 GRAM SOLUTION FOR INJECTION HI,MO	4	
INVIRASE 200 MG CAPSULE SP	5	QL (300 per 30 days)
INVIRASE 500 MG TABLET SP	5	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET SP	3	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET SP	4	QL (120 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET SP	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET SP	5	QL (120 per 30 days)
iso gentamicin 100 mg/100 ml HI,MO	3	
iso gentamicin 120 mg/100 ml MO	3	
isonarif capsule MO	2	
isoniazid 100 mg tablet MO	1	
isoniazid 100 mg/ml vial MO	1	
isoniazid 300 mg tablet MO	1	
isoniazid 50 mg/5 ml solution MO	1	
isoton gentamicin 100 mg/50 ml MO	3	
isoton gentamicin 60 mg/50 ml HI,MO	3	
isoton gentamicin 80 mg/100 ml HI,MO	3	
isoton gentamicin 80 mg/50 ml HI,MO	3	
itraconazole 100 mg capsule MO	4	QL (120 per 30 days)
KALETRA 100 MG-25 MG TABLET SP	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET SP	5	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION SP	5	
kanamycin 1 gm/3 ml vial MO	1	
KEFLEX 750 MG CAPSULE MO	4	
KETEK 300 MG TABLET MO	4	
KETEK 400 MG TABLET MO	4	
ketoconazole 200 mg tablet MO	2	
lamivudine 150 mg tablet SP	4	QL (60 per 30 days)
lamivudine 300 mg tablet SP	4	QL (30 per 30 days)
lamivudine hbv 100 mg tablet SP	4	
lamivudine-zidovudine tablet SP	4	QL (60 per 30 days)
levofloxacin 25 mg/ml solution MO	3	
levofloxacin 250 mg tablet MO	2	
levofloxacin 500 mg tablet MO	2	

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
levofloxacin 500 mg/20 ml vial HI,MO	4	
levofloxacin 750 mg tablet MO	2	
levofloxacin-d5w 250 mg/50 ml MO	4	
levofloxacin-d5w 500 mg/100 ml HI,MO	4	
levofloxacin-d5w 750 mg/150 ml MO	4	
LEXIVA 50 MG/ML ORAL SUSPENSION SP	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET SP	5	QL (120 per 30 days)
LINCOCIN 300 MG/ML INJECTION SOLUTION HI,MO	4	
MALARONE 250 MG-100 MG TABLET MO	4	
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET MO	4	PA
mefloquine hcl 250 mg tablet MO	3	
MEPRON 750 MG/5 ML ORAL SUSPENSION MO	5	
meropenem iv 1 gm vial MO	4	
meropenem iv 500 mg vial HI,MO	4	
methenamine hipp 1 gm tablet MO	4	
methenamine md 1 gm tablet MO	4	
methenamine md 500 mg tablet MO	4	
metronidazole 250 mg tablet MO	2	
metronidazole 375 mg capsule MO	2	
metronidazole 500 mg tablet MO	2	
metronidazole 500 mg/100 ml HI,MO	4	
minocycline 100 mg capsule MO	2	
minocycline 50 mg capsule MO	2	
minocycline 75 mg capsule MO	2	
minocycline er 135 mg tablet MO	3	QL (30 per 30 days)
minocycline er 45 mg tablet MO	3	QL (30 per 30 days)
minocycline er 90 mg tablet MO	3	QL (30 per 30 days)
minocycline hcl 100 mg tablet MO	2	
minocycline hcl 50 mg tablet MO	2	
minocycline hcl 75 mg tablet MO	2	
MONUROL 3 GRAM ORAL PACKET MO	4	
moxifloxacin hcl 400 mg tablet MO	3	
MYAMBUTOL 400 MG TABLET MO	4	
MYCAMINE 100 MG INTRAVENOUS SOLUTION MO	5	
MYCAMINE 50 MG INTRAVENOUS SOLUTION MO	4	

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
MYCOBUTIN 150 MG CAPSULE MO	4	
nafcillin 1 gm add-van vial MO	5	
nafcillin 1 gm vial HI,MO	4	
nafcillin 1 gm/ 50 ml inj HI,MO	4	
nafcillin 10 gm vial HI,MO	5	
nafcillin 2 gm add-vant vial MO	5	
nafcillin 2 gm vial MO	5	
nafcillin 2 gm/ 100 ml inj MO	5	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	4	B vs D
neomycin 500 mg tablet MO	3	
nevirapine 200 mg tablet SP	3	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp SP	4	QL (1200 per 30 days)
nevirapine er 400 mg tablet SP	4	QL (30 per 30 days)
nitrofurantoin 25 mg/5 ml susp MO	4	PA,QL (7590 per 120 days)
nitrofurantoin mcr 100 mg cap MO	4	PA
nitrofurantoin mcr 50 mg cap MO	4	PA
nitrofurantoin mono-mcr 100 mg MO	4	PA
NOROXIN 400 MG TABLET MO	4	
NORVIR 100 MG CAPSULE SP	4	QL (360 per 30 days)
NORVIR 100 MG TABLET SP	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION SP	4	QL (480 per 30 days)
NOXAFIL 100 MG TABLET,DELAYED RELEASE MO	5	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION MO	5	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION MO	5	PA
nystatin 100,000 units/ml susp MO	2	
nystatin 500,000 unit oral tab MO	2	
ofloxacin 200 mg tablet MO	2	
ofloxacin 300 mg tablet MO	2	
ofloxacin 400 mg tablet MO	2	
OLYSIO 150 MG CAPSULE SP	5	PA,QL (28 per 28 days)
oxacillin 1 gm add-vantage vl MO	4	
oxacillin 1 gm vial HI,MO	4	
oxacillin 1 gm/ 50 ml inj HI,MO	4	
oxacillin 10 gm vial HI,MO	4	
oxacillin 2 gm add-vantage vl MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxacillin 2 gm vial MO	4	
oxacillin 2 gm/ 50 ml inj HI,MO	4	
paromomycin 250 mg capsule MO	4	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET MO	2	
PCE 333 MG PARTICLES IN TABLET MO	4	
PCE 500 MG PARTICLES IN TABLET MO	4	
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (2 per 28 days)
PEGASYS 180 MCG/0.5 ML SYRINGE SP	5	PA,QL (4 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION SP	5	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR SP	5	PA,QL (2 per 28 days)
PEGASYS PROCLICK 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR SP	5	PA,QL (2 per 28 days)
PEGINTRON 120 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON 150 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON 80 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
pen g 1.2 million unit/2 ml MO	4	
pen g k 1 million unit/50 ml MO	3	
pen g k 2 million unit/50 ml HI,MO	3	
pen g k 3 million unit/50 ml HI,MO	4	
penicillin g 600,000 unit/1 ml MO	4	
penicillin g k 5 million unit HI,MO	3	
penicillin g na 5 million unit HI,MO	3	
penicillin gk 20 million unit MO	3	
penicillin vk 125 mg/5 ml soln MO	2	
penicillin vk 250 mg tablet MO	2	
penicillin vk 250 mg/5 ml soln MO	2	
penicillin vk 500 mg tablet MO	2	
PENTAM 300 MG SOLUTION FOR INJECTION MO	4	B vs D
pfizerpen-g 20 million unit solution for injection MO	2	
pfizerpen-g 5 million unit solution for injection MO	2	
piperacil-tazobact 2.25 gm vl MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
piperacil-tazobact 3.375 gm vial HI,MO	4	
piperacil-tazobact 4.5 gm vial HI,MO	4	
piperacil-tazobact 40.5 gram MO	4	
polymyxin b sulfate vial HI,MO	2	
PREZISTA 100 MG/ML ORAL SUSPENSION SP	5	QL (360 per 30 days)
PREZISTA 150 MG TABLET SP	4	QL (240 per 30 days)
PREZISTA 400 MG TABLET SP	5	QL (90 per 30 days)
PREZISTA 600 MG TABLET SP	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET SP	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET SP	5	QL (30 per 30 days)
PRIFTIN 150 MG TABLET MO	4	
primaquine 26.3 mg tablet MO	2	
PRIMSOL 50 MG/5 ML ORAL SOLUTION MO	2	
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	4	QL (144 per 30 days)
pyrazinamide 500 mg tablet MO	4	
quinine sulfate 324 mg capsule MO	4	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION SP	4	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION MO	4	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET SP	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET SP	4	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION SP	4	
RETROVIR 10 MG/ML SYRUP SP	4	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE SP	4	QL (180 per 30 days)
RETROVIR 300 MG TABLET SP	4	QL (60 per 30 days)
REYATAZ 100 MG CAPSULE SP	4	QL (120 per 30 days)
REYATAZ 150 MG CAPSULE SP	5	QL (60 per 30 days)
REYATAZ 200 MG CAPSULE SP	5	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE SP	5	QL (30 per 30 days)
ribavirin 200 mg capsule SP	3	QL (168 per 28 days)
ribavirin 200 mg tablet SP	3	QL (168 per 28 days)
rifabutin 150 mg capsule MO	4	
RIFADIN 150 MG CAPSULE MO	4	
RIFADIN 300 MG CAPSULE MO	4	
RIFADIN 600 MG INTRAVENOUS SOLUTION MO	4	
RIFAMATE 300 MG-150 MG CAPSULE MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
rifampin 150 mg capsule MO	3	
rifampin 300 mg capsule MO	3	
rifampin iv 600 mg vial MO	2	
RIFATER 50 MG-120 MG-300 MG TABLET MO	4	
rimantadine hcl 100 mg tablet MO	3	
SELZENTRY 150 MG TABLET SP	5	QL (240 per 30 days)
SELZENTRY 300 MG TABLET SP	5	QL (120 per 30 days)
SEROMYCIN 250 MG CAPSULE MO	4	
SIRTURO 100 MG TABLET MO	5	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION MO	5	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET MO	5	QL (6 per 28 days)
SOVALDI 400 MG TABLET SP	5	PA,QL (28 per 28 days)
stavudine 1 mg/ml solution SP	3	QL (2400 per 30 days)
stavudine 15 mg capsule SP	3	QL (120 per 30 days)
stavudine 20 mg capsule SP	3	QL (120 per 30 days)
stavudine 30 mg capsule SP	3	QL (60 per 30 days)
stavudine 40 mg capsule SP	3	QL (60 per 30 days)
streptomycin sulf 1 gm vial HI,MO	3	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
STROMECTOL 3 MG TABLET MO	3	
sulfadiazine 500 mg tablet MO	4	
sulfamethoxazole-tmp ds tablet MO	1	
sulfamethoxazole-tmp ss tablet MO	1	
sulfamethoxazole-tmp susp MO	1	
sulfamethoxazole-tmp vial MO	1	
sulfasalazine 500 mg tablet MO	2	
sulfasalazine dr 500 mg tab MO	2	
sulfazine 500 mg tablet MO	2	
sulfazine ec 500 mg tablet, delayed release MO	2	
SUSTIVA 200 MG CAPSULE SP	5	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE SP	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET SP	5	QL (30 per 30 days)
SYLATRON 296 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 4-PACK 296 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 4-PACK 444 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYLATRON 444 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 888 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
SYNAGIS 100 MG/ML INTRAMUSCULAR SOLUTION MO	5	PA
SYNAGIS 50 MG/0.5 ML INTRAMUSCULAR SOLUTION MO	5	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION HI,MO	5	
TAMIFLU 30 MG CAPSULE MO	4	QL (112 per 365 days)
TAMIFLU 45 MG CAPSULE MO	4	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION MO	4	QL (720 per 365 days)
TAMIFLU 75 MG CAPSULE MO	4	QL (56 per 365 days)
TEFLARO 400 MG INTRAVENOUS SOLUTION MO	4	
TEFLARO 600 MG INTRAVENOUS SOLUTION MO	4	
terbinafine hcl 250 mg tablet MO	2	QL (90 per 365 days)
tetracycline 250 mg capsule MO	1	
tetracycline 500 mg capsule MO	1	
TIMENTIN 3.1 G INTRAVENOUS SOLUTION HI,MO	4	
TIMENTIN 31 GRAM INTRAVENOUS SOLUTION MO	4	
tinidazole 250 mg tablet MO	3	
tinidazole 500 mg tablet MO	3	
TIVICAY 50 MG TABLET SP	5	QL (60 per 30 days)
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE SP	5	PA,QL (224 per 28 days)
TOBI PODHALER 28 MG CAPSULES FOR INHALATION SP	5	PA,QL (224 per 28 days)
tobramycin 1.2 gm vial MO	3	
tobramycin 40 mg/ml vial HI,MO	1	
tobramycin 80 mg/100 ml ns HI,MO	2	
TRECTOR 250 MG TABLET MO	4	
trimethoprim 100 mg tablet MO	2	
TRIZIVIR 300 MG-150 MG-300 MG TABLET SP	5	QL (60 per 30 days)
TRUVADA 200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
TYGACIL 50 MG INTRAVENOUS SOLUTION HI,MO	5	
TYZEKA 600 MG TABLET SP	5	QL (30 per 30 days)
valacyclovir hcl 1 gram tablet MO	3	QL (90 per 30 days)
valacyclovir hcl 500 mg tablet MO	3	QL (60 per 30 days)
VALCYTE 450 MG TABLET MO	5	
VALCYTE 50 MG/ML ORAL SOLUTION MO	5	
vancomycin 1 gm vial HI,MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vancomycin 500 mg vial HI,MO	3	
vancomycin 750 mg/150 ml bag MO	4	
vancomycin hcl 10 gm vial HI,MO	3	
vancomycin hcl 125 mg capsule MO	5	
vancomycin hcl 1g/200 ml bag MO	4	
vancomycin hcl 250 mg capsule MO	5	
vancomycin hcl 5 gm vial MO	3	
vancomycin hcl 750 mg vial MO	3	
vancomycin-d5w 500 mg/100 ml MO	4	
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION MO	5	PA,QL (400 per 30 days)
VFEND IV 200 MG INTRAVENOUS SOLUTION HI,MO	4	
VICTRELIS 200 MG CAPSULE SP	5	PA,QL (336 per 28 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION SP	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION SP	4	QL (1200 per 30 days)
VIRACEPT 250 MG TABLET SP	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET SP	5	QL (120 per 30 days)
VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE SP	4	QL (90 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE SP	4	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION MO	5	B vs D
VIREAD 150 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 200 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 250 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 300 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER SP	5	QL (240 per 30 days)
VISTIDE 75 MG/ML INTRAVENOUS SOLUTION MO	5	
voriconazole 200 mg tablet MO	5	PA,QL (120 per 30 days)
voriconazole 200 mg vial MO	4	
voriconazole 40 mg/ml susp MO	5	PA,QL (400 per 30 days)
voriconazole 50 mg tablet MO	5	PA,QL (120 per 30 days)
XIFAXAN 200 MG TABLET MO	5	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET MO	5	PA,QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION SP	4	QL (960 per 30 days)
zidovudine 100 mg capsule SP	3	QL (180 per 30 days)
zidovudine 300 mg tablet SP	3	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup SP	3	QL (1680 per 28 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
ZINACEF 1.5 GRAM INTRAVENOUS SOLUTION MO	4	
ZINACEF 1.5 GRAM SOLUTION FOR INJECTION MO	4	
ZINACEF 7.5 GRAM INTRAVENOUS SOLUTION MO	4	
ZINACEF 750 MG INTRAVENOUS SOLUTION MO	4	
ZINACEF 750 MG SOLUTION FOR INJECTION MO	4	
ZINACEF IN STERILE WATER 1.5 GRAM/50 ML INTRAVENOUS PIGGYBACK MO	4	
ZINACEF-DEXTROSE 750 MG/50 ML MO	4	
ZYVOX 100 MG/5 ML ORAL SUSPENSION MO	5	
ZYVOX 200 MG/100 ML INTRAVENOUS SOLUTION MO	5	
ZYVOX 600 MG TABLET MO	5	
ZYVOX 600 MG/300 ML INTRAVENOUS SOLUTION HI,MO	5	
ANTIHISTAMINE DRUGS		
cetirizine hcl 1 mg/ml syrup MO	2	QL (300 per 30 days)
clemastine 0.5 mg/5 ml syrup MO	3	PA
cyproheptadine 4 mg tablet MO	4	PA
diphenhydramine 50 mg/ml vial MO	4	PA
levocetirizine 5 mg tablet MO	2	QL (30 per 30 days)
phenergan 25 mg/ml injection solution MO	4	PA
phenergan 50 mg/ml injection solution MO	4	PA
promethazine 12.5 mg tablet MO	3	PA
promethazine 25 mg tablet MO	3	PA
promethazine 50 mg tablet MO	3	PA
promethazine 6.25 mg/5 ml syr MO	3	PA
promethegan 12.5 mg rectal suppository MO	4	PA
promethegan 25 mg rectal suppository MO	4	PA
promethegan 50 mg rectal suppository MO	4	PA
XYZAL 2.5 MG/5 ML ORAL SOLUTION MO	4	QL (300 per 30 days)
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION MO	5	PA,QL (900 per 21 days)
adriamycin 10 mg intravenous solution MO	3	B vs D
adriamycin 10 mg/5 ml intravenous solution MO	3	B vs D
adriamycin 20 mg intravenous solution MO	3	B vs D
adriamycin 20 mg/10 ml intravenous solution MO	3	B vs D
ADRIAMYCIN 50 MG INTRAVENOUS SOLUTION MO	3	B vs D
adriamycin 50 mg/25 ml intravenous solution MO	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
adriamycin pfs 2 mg/ml intravenous solution MO	3	B vs D
AFINITOR 10 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR 2.5 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR 5 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR 7.5 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG TABLET FOR ORAL SUSPENSION SP	5	PA
AFINITOR DISPERZ 3 MG TABLET FOR ORAL SUSPENSION SP	5	PA
AFINITOR DISPERZ 5 MG TABLET FOR ORAL SUSPENSION SP	5	PA
ALIMTA 100 MG INTRAVENOUS SOLUTION MO	5	PA,QL (60 per 21 days)
ALIMTA 500 MG INTRAVENOUS SOLUTION MO	5	PA
ALKERAN 2 MG TABLET SP	5	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION MO	4	B vs D
anastrozole 1 mg tablet MO	1	QL (30 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION MO	5	PA
ARZERRA 1,000 MG/50 ML INTRAVENOUS SOLUTION MO	5	PA,QL (400 per 28 days)
ARZERRA 100 MG/5 ML INTRAVENOUS SOLUTION MO	5	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION MO	5	PA
azacitidine 100 mg vial MO	5	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION MO	5	PA,QL (25 per 21 days)
bicalutamide 50 mg tablet MO	3	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION MO	4	B vs D
bleomycin sulfate 15 unit vial MO	3	B vs D
bleomycin sulfate 30 unit vial MO	3	B vs D
BOSULIF 100 MG TABLET SP	5	PA,QL (120 per 30 days)
BOSULIF 500 MG TABLET SP	5	PA,QL (30 per 30 days)
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION MO	4	B vs D
CAMPATH 30 MG/ML VIAL MO	5	QL (12 per 28 days)
CAMPTOSAR 100 MG/5 ML INTRAVENOUS SOLUTION MO	4	B vs D
CAMPTOSAR 300 MG/15 ML INTRAVENOUS SOLUTION MO	5	B vs D
CAMPTOSAR 40 MG/2 ML INTRAVENOUS SOLUTION MO	5	B vs D
CAPRELSA 100 MG TABLET SP	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET SP	5	PA,QL (30 per 30 days)
carboplatin 50 mg/5 ml vial MO	3	
CEENU 10 MG CAPSULE SP	4	
CEENU 100 MG CAPSULE SP	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CEENU 40 MG CAPSULE ^{SP}	4	
cisplatin 100 mg/100 ml vial ^{MO}	3	B vs D
cladribine 10 mg/10 ml vial ^{MO}	5	
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION ^{MO}	5	B vs D
COMETRIQ 100 MG/DAY(80 MGÝ1"-20 MGÝ1") CAPSULE ^{SP}	5	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY(80 MGÝ1"-20 MGÝ3") CAPSULE ^{SP}	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG Ý3"/DAY) CAPSULE ^{SP}	5	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION ^{MO}	5	B vs D
cyclophosphamide 1 gm vial ^{MO}	4	B vs D
cyclophosphamide 2 gm vial ^{MO}	4	B vs D
cyclophosphamide 25 mg tab ^{SP}	4	B vs D
cyclophosphamide 50 mg tablet ^{SP}	4	B vs D
cyclophosphamide 500 mg vial ^{MO}	4	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (200 per 28 days)
cytarabine 1 gm vial ^{MO}	1	B vs D
cytarabine 100 mg vial ^{MO}	1	B vs D
cytarabine 2 g/20 ml vial ^{MO}	1	B vs D
cytarabine 20 mg/ml vial ^{MO}	1	B vs D
cytarabine 500 mg vial ^{MO}	1	B vs D
dacarbazine 100 mg vial ^{MO}	1	B vs D
dacarbazine 200 mg vial ^{MO}	1	B vs D
DACOGEN 50 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
daunorubicin 50 mg/10 ml vial ^{MO}	1	B vs D
DAUNOXOME 2 MG/ML INTRAVENOUS SOLUTION ^{MO}	4	B vs D
decitabine 50 mg vial ^{MO}	5	PA
DEPOCYT (PF) 50 MG/5 ML (10 MG/ML) INTRATHECAL SUSPENSION ^{MO}	5	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION ^{MO}	4	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION ^{MO}	5	B vs D
docetaxel 140 mg/7 ml vial ^{MO}	5	B vs D
docetaxel 160 mg/16 ml vial ^{MO}	5	B vs D
docetaxel 160 mg/8 ml vial ^{MO}	5	B vs D
docetaxel 20 mg/0.5 ml vial ^{MO}	5	B vs D
docetaxel 20 mg/2 ml vial ^{MO}	5	B vs D
docetaxel 20 mg/ml vial ^{MO}	5	B vs D
docetaxel 80 mg/2 ml vial ^{MO}	5	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
docetaxel 80 mg/4 ml vial MO	5	B vs D
docetaxel 80 mg/8 ml vial MO	5	B vs D
doxorubicin 10 mg vial MO	4	B vs D
doxorubicin 10 mg/5 ml vial MO	4	B vs D
doxorubicin 150 mg/75 ml vial MO	4	B vs D
doxorubicin 20 mg/10 ml vial MO	4	B vs D
doxorubicin 50 mg vial MO	4	B vs D
doxorubicin 50 mg/25 ml vial MO	4	B vs D
doxorubicin liposome 50mg/25ml MO	4	B vs D
DROXIA 200 MG CAPSULE MO	4	
DROXIA 300 MG CAPSULE MO	4	
DROXIA 400 MG CAPSULE MO	4	
ELIGARD 22.5 MG SUBCUTANEOUS SYRINGE SP	4	PA
ELIGARD 30 MG SUBCUTANEOUS SYRINGE SP	4	PA
ELIGARD 45 MG SUBCUTANEOUS SYRINGE SP	4	PA
ELIGARD 7.5 MG SUBCUTANEOUS SYRINGE SP	4	PA
ELLENC 200 MG/100 ML INTRAVENOUS SOLUTION MO	5	B vs D
ELLENC 50 MG/25 ML INTRAVENOUS SOLUTION MO	5	B vs D
EMCYT 140 MG CAPSULE MO	4	
epirubicin 200 mg/100 ml vial MO	4	B vs D
epirubicin 50 mg/25 ml vial MO	4	B vs D
epirubicin hcl 200 mg vial MO	4	B vs D
epirubicin hcl 50 mg vial MO	4	B vs D
ERBITUX 100 MG/50 ML INTRAVENOUS SOLUTION MO	5	PA
ERBITUX 200 MG/100 ML INTRAVENOUS SOLUTION MO	5	PA
ERIVEDGE 150 MG CAPSULE SP	5	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT INTRAMUSCULAR SOLUTION MO	5	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION MO	4	B vs D
etoposide 100 mg/5 ml vial MO	3	
exemestane 25 mg tablet MO	4	QL (60 per 30 days)
FARESTON 60 MG TABLET SP	5	QL (30 per 30 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE MO	5	B vs D,QL (30 per 30 days)
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION SP	5	PA
FIRMAGON 80 MG SUBCUTANEOUS SOLUTION SP	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION SP	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION ^{SP}	4	PA
floxuridine 500 mg vial ^{MO}	1	B vs D
fludarabine 50 mg vial ^{MO}	4	B vs D
fludarabine 50 mg/2 ml vial ^{MO}	4	B vs D
fluorouracil 1,000 mg/20 ml vial ^{MO}	4	B vs D
fluorouracil 2,500 mg/50 ml vial ^{MO}	4	B vs D
fluorouracil 5,000 mg/100 ml ^{MO}	4	B vs D
fluorouracil 500 mg/10 ml vial ^{MO}	4	B vs D
flutamide 125 mg capsule ^{MO}	4	
FOLOTYN 20 MG/ML (1 ML) INTRAVENOUS SOLUTION ^{MO}	5	PA
FOLOTYN 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION ^{MO}	5	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vial ^{MO}	5	B vs D
gemcitabine 2 gram/52.6 ml vial ^{MO}	5	B vs D
gemcitabine 200 mg/5.26 ml vial ^{MO}	5	B vs D
gemcitabine hcl 1 gram vial ^{MO}	5	B vs D
gemcitabine hcl 2 gram vial ^{MO}	5	B vs D
gemcitabine hcl 200 mg vial ^{MO}	5	B vs D
GILOTRIF 20 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
GILOTRIF 30 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
GILOTRIF 40 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET ^{SP}	5	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION ^{MO}	5	PA
HERCEPTIN 440 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
HEXALEN 50 MG CAPSULE ^{SP}	5	
HYCANTIN 4 MG INTRAVENOUS SOLUTION ^{MO}	5	B vs D
HYDREA 500 MG CAPSULE ^{MO}	4	
hydroxyurea 500 mg capsule ^{MO}	2	
ICLUSIG 15 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION ^{MO}	5	B vs D
idarubicin pfs 10 mg/10 ml vial ^{MO}	5	B vs D
ifosfamide 1 gm vial ^{MO}	3	B vs D
ifosfamide 1 gm/ 20 ml vial ^{MO}	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ifosfamide 3 gm vial MO	3	B vs D
ifosfamide 3 gm/ 60 ml vial MO	3	B vs D
IMBRUVICA 140 MG CAPSULE SP	5	PA,QL (120 per 30 days)
INLYTA 1 MG TABLET SP	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET SP	5	PA,QL (60 per 30 days)
irinotecan hcl 100 mg/5 ml vl MO	4	B vs D
irinotecan hcl 40 mg/2 ml vial MO	4	B vs D
irinotecan hcl 500 mg/25 ml vl MO	4	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION MO	5	PA
IXEMPRA 15 MG INTRAVENOUS SOLUTION MO	5	PA,QL (45 per 21 days)
IXEMPRA 45 MG INTRAVENOUS SOLUTION MO	5	PA
JAKAFI 10 MG TABLET SP	5	PA,QL (60 per 30 days)
JAKAFI 15 MG TABLET SP	5	PA,QL (60 per 30 days)
JAKAFI 20 MG TABLET SP	5	PA,QL (60 per 30 days)
JAKAFI 25 MG TABLET SP	5	PA,QL (60 per 30 days)
JAKAFI 5 MG TABLET SP	5	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FINAL CONC.) INTRAVENOUS SOLUTION MO	5	PA
KADCYLA 100 MG INTRAVENOUS SOLUTION MO	5	PA
KADCYLA 160 MG INTRAVENOUS SOLUTION MO	5	PA,QL (3 per 21 days)
letrozole 2.5 mg tablet MO	2	QL (30 per 30 days)
LEUKERAN 2 MG TABLET SP	3	
leuprolide 2wk 1 mg/0.2 ml kit SP	3	PA,QL (3 per 14 days)
lipodox 2 mg/ml intravenous solution MO	5	B vs D
lipodox 50 2 mg/ml intravenous solution MO	5	B vs D
lomustine 10 mg capsule SP	4	
lomustine 100 mg capsule SP	4	
lomustine 40 mg capsule SP	4	
LUPRON DEPOT (3 MONTH) 11.25 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT (3 MONTH) 22.5 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT MO	5	PA,QL (1 per 168 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT MO	5	PA,QL (1 per 30 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG INTRAMUSCULAR SYRINGE KIT MO	5	PA,QL (1 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT-PED (3 MONTH) 30 MG INTRAMUSCULAR SYRINGE KIT MO	5	PA,QL (1 per 90 days)
LUPRON DEPOT-PED 11.25 MG INTRAMUSCULAR KIT MO	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 15 MG INTRAMUSCULAR KIT MO	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 7.5 MG (PED) INTRAMUSCULAR KIT MO	5	PA,QL (1 per 28 days)
LYSODREN 500 MG TABLET SP	3	
MATULANE 50 MG CAPSULE SP	5	
megestrol 20 mg tablet MO	3	PA
megestrol 40 mg tablet MO	3	PA
megestrol acet 40 mg/ml susp MO	3	PA
megestrol acet 400 mg/10 ml MO	3	PA
MEKINIST 0.5 MG TABLET SP	5	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET SP	5	PA,QL (30 per 30 days)
melphalan hcl 50 mg vial MO	1	B vs D
mercaptopurine 50 mg tablet MO	3	
methotrexate 1 gm vial MO	2	
methotrexate 1 gm/40 ml vial MO	2	
methotrexate 2.5 mg tablet MO	2	B vs D
methotrexate 25 mg/ml vial MO	2	
mitomycin 20 mg vial MO	4	B vs D
mitomycin 40 mg vial MO	4	B vs D
mitomycin 5 mg vial MO	4	B vs D
mitoxantrone 20 mg/10 ml vial MO	3	
MUSTARGEN 10 MG SOLUTION FOR INJECTION MO	4	B vs D
NEXAVAR 200 MG TABLET SP	5	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET SP	5	QL (60 per 30 days)
NIPENT 10 MG INTRAVENOUS SOLUTION MO	5	B vs D
ONCASPAR 750 UNIT/ML INJECTION SOLUTION MO	5	B vs D
oxaliplatin 100 mg vial MO	5	PA
oxaliplatin 100 mg/20 ml vial MO	5	PA
oxaliplatin 50 mg vial MO	5	PA
oxaliplatin 50 mg/10 ml vial MO	5	PA
paclitaxel 100 mg/16.7 ml vial MO	3	B vs D
pentostatin 10 mg vial MO	1	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION MO	5	PA
PHOTOFRIN 75 MG INTRAVENOUS SOLUTION MO	5	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
POMALYST 1 MG CAPSULE ^{SP}	5	PA,QL (21 per 28 days)
POMALYST 2 MG CAPSULE ^{SP}	5	PA,QL (21 per 28 days)
POMALYST 3 MG CAPSULE ^{SP}	5	PA,QL (21 per 28 days)
POMALYST 4 MG CAPSULE ^{SP}	5	PA,QL (21 per 28 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION ^{MO}	5	
PURINETHOL 50 MG TABLET ^{MO}	4	
REVLIMID 10 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
REVLIMID 15 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
REVLIMID 2.5 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
REVLIMID 20 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
REVLIMID 25 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
REVLIMID 5 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLETS IN A DOSE PACK ^{MO}	4	B vs D
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS ^{MO}	5	PA
SOLTAMOX 10 MG/5 ML ORAL SOLUTION ^{MO}	4	
SPRYCEL 100 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
SPRYCEL 50 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
SPRYCEL 70 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
SPRYCEL 80 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
STIVARGA 40 MG TABLET ^{SP}	5	PA,QL (84 per 28 days)
SUTENT 12.5 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
SUTENT 25 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
SUTENT 37.5 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
SUTENT 50 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
SYLVANT 100 MG INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (13 per 30 days)
SYLVANT 400 MG INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (4 per 30 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION ^{MO}	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET ^{MO}	4	
TAFINLAR 50 MG CAPSULE ^{SP}	5	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE ^{SP}	5	PA,QL (120 per 30 days)
tamoxifen 10 mg tablet ^{MO}	2	
tamoxifen 20 mg tablet ^{MO}	2	
TARCEVA 100 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TARCEVA 150 MG TABLET SP	5	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET SP	5	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE SP	5	PA,QL (300 per 30 days)
TASIGNA 150 MG CAPSULE SP	5	PA,QL (120 per 30 days)
TASIGNA 200 MG CAPSULE SP	5	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML) INTRAVENOUS SOLUTION MO	5	B vs D
TAXOTERE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	5	B vs D
TEMODAR 100 MG INTRAVENOUS SOLUTION MO	5	PA,QL (27 per 30 days)
teniposide 50 mg/5 ml ampule MO	4	B vs D
thiotepa 15 mg vial MO	1	B vs D
toposar 20 mg/ml intravenous solution MO	4	B vs D
topotecan hcl 4 mg vial MO	5	B vs D
topotecan hcl 4 mg/4 ml vial MO	5	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FINAL) INTRAVENOUS SOLUTION MO	5	PA,QL (100 per 28 days)
TREANDA 100 MG INTRAVENOUS SOLUTION MO	5	PA,QL (600 per 21 days)
TREANDA 25 MG INTRAVENOUS SOLUTION MO	5	PA,QL (300 per 21 days)
TRELSTAR 11.25 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	PA
TRELSTAR 22.5 MG INTRAMUSCULAR SUSPENSION MO	4	PA
TRELSTAR 22.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	PA
TRELSTAR 3.75 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	PA
TRELSTAR DEPOT 3.75 MG INTRAMUSCULAR SUSPENSION MO	4	PA,QL (1 per 28 days)
TRELSTAR LA 11.25 MG INTRAMUSCULAR SUSPENSION MO	4	PA,QL (1 per 84 days)
tretinoin 10 mg capsule SP	3	
TREXALL 10 MG TABLET MO	4	B vs D
TREXALL 15 MG TABLET MO	4	B vs D
TREXALL 5 MG TABLET MO	4	B vs D
TREXALL 7.5 MG TABLET MO	4	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION MO	4	B vs D
TYKERB 250 MG TABLET SP	5	PA,QL (150 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION MO	5	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	5	PA
VECTIBIX 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	5	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION MO	5	PA,QL (14 per 21 days)
vinblastine 1 mg/ml vial MO	1	B vs D
vinblastine sulf 10 mg vial MO	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vincasar pfs 2 mg/2 ml intravenous solution MO	1	B vs D
vincristine 1 mg/ml vial MO	1	B vs D
vincristine 2 mg/2 ml vial MO	1	B vs D
vinorelbine 10 mg/ml vial MO	4	B vs D
vinorelbine 50 mg/5 ml vial MO	4	
VOTRIENT 200 MG TABLET SP	5	PA,QL (120 per 30 days)
VUMON 50 MG/5 ML AMPULE MO	4	B vs D
XALKORI 200 MG CAPSULE SP	5	PA,QL (60 per 30 days)
XALKORI 250 MG CAPSULE SP	5	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE SP	5	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (40 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (70 per 21 days)
ZALTRAP 100 MG/4 ML (25 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (40 per 28 days)
ZALTRAP 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (5 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION MO	4	B vs D
ZELBORAF 240 MG TABLET SP	5	PA,QL (240 per 30 days)
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT MO	4	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT MO	4	PA,QL (1 per 28 days)
ZOLINZA 100 MG CAPSULE SP	5	PA,QL (120 per 30 days)
ZYDELIG 100 MG TABLET MO	5	PA,QL (60 per 30 days)
ZYDELIG 150 MG TABLET MO	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE SP	5	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET SP	5	PA,QL (120 per 30 days)
AUTONOMIC DRUGS		
albuterol 0.083% inhal soln MO	2	B vs D
albuterol 2.5 mg/0.5 ml sol MO	2	B vs D
albuterol 5 mg/ml solution MO	2	B vs D
albuterol sul 0.63 mg/3 ml sol MO	2	B vs D
albuterol sul 1.25 mg/3 ml sol MO	2	B vs D
albuterol sulf 2 mg/5 ml syrup MO	2	
albuterol sulfate 2 mg tab MO	4	
albuterol sulfate 4 mg tab MO	4	
albuterol sulfate er 4 mg tab MO	4	
albuterol sulfate er 8 mg tab MO	4	
alfuzosin hcl er 10 mg tablet MO	2	QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE MO	4	QL (30 per 30 days)
atropine 0.05 mg/ml syringe MO	2	
atropine 0.1 mg/ml syringe MO	2	
atropine 1 mg/ml vial MO	2	
atropine 8 mg/20 ml vial MO	2	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MO	4	QL (30 per 30 days)
baclofen 10 mg tablet MO	2	
baclofen 20 mg tablet MO	2	
bethanechol 10 mg tablet MO	3	
bethanechol 25 mg tablet MO	3	
bethanechol 5 mg tablet MO	3	
bethanechol 50 mg tablet MO	4	
CAFERGOT 1 MG-100 MG TABLET MO	4	
CANTIL 25 MG TABLET MO	4	
carisoprodol 350 mg tablet MO	2	PA
CHANTIX 0.5 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX 1 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	4	QL (56 per 28 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION AEROSOL INHALER MO	4	QL (4 per 20 days)
cyclobenzaprine 10 mg tablet MO	4	PA
cyclobenzaprine 5 mg tablet MO	4	PA
D.H.E.45 1 MG/ML INJECTION SOLUTION MO	5	
dantrolene sodium 100 mg cap MO	4	
dantrolene sodium 25 mg cap MO	4	
dantrolene sodium 50 mg cap MO	4	
dicyclomine 10 mg capsule MO	1	
dicyclomine 10 mg/5 ml soln MO	2	
dicyclomine 20 mg tablet MO	1	
dihydroergotamine 1 mg/ml am MO	4	
dihydroergotamine 4 mg/ml spry MO	4	QL (8 per 30 days)
dobutamine 1 gm-d5w 250 ml MO	2	
dobutamine 12.5 mg/ml vial MO	2	
dobutamine 250 mg-d5w 250 ml MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dobutamine 500 mg-d5w 250 ml MO	2	
donepezil hcl 10 mg tablet MO	1	QL (60 per 30 days)
donepezil hcl 5 mg tablet MO	1	QL (30 per 30 days)
donepezil hcl odt 10 mg tablet MO	1	QL (30 per 30 days)
donepezil hcl odt 5 mg tablet MO	1	QL (30 per 30 days)
dopamine 160 mg/ml vial MO	1	
dopamine 200 mg-d5w 250 ml MO	1	
dopamine 40 mg/ml vial MO	1	
dopamine 400 mg-d5w 250 ml MO	1	
dopamine 400 mg-d5w 500 ml MO	1	
dopamine 80 mg/ml vial MO	1	
dopamine 800 mg-d5w 250 ml MO	1	
dopamine 800 mg-d5w 500 ml MO	1	
DUONEB 0.5 MG-3 MG/3 ML SOLN MO	4	B vs D
epinephrine 0.1 mg/ml syringe MO	1	
epinephrine 1 mg/ml ampul MO	1	
epinephrine 1 mg/ml vial MO	1	
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) INJECTION,AUTO-INJECTOR MO	3	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) INJECTION,AUTO-INJECTOR MO	3	
ERGOMAR 2 MG SUBLINGUAL TABLET MO	2	
EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL MO	4	QL (30 per 30 days)
EXELON PATCH 4.6 MG/24 HR TRANSDERMAL MO	4	QL (30 per 30 days)
EXELON PATCH 9.5 MG/24 HR TRANSDERMAL MO	4	QL (30 per 30 days)
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE MO	3	QL (60 per 30 days)
galantamine 4 mg/ml oral soln MO	4	QL (200 per 30 days)
galantamine er 16 mg capsule MO	4	QL (30 per 30 days)
galantamine er 24 mg capsule MO	4	QL (30 per 30 days)
galantamine er 8 mg capsule MO	4	QL (30 per 30 days)
galantamine hbr 12 mg tablet MO	4	QL (60 per 30 days)
galantamine hbr 4 mg tablet MO	4	QL (60 per 30 days)
galantamine hbr 8 mg tablet MO	4	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial MO	3	
glycopyrrolate 1 mg tablet MO	3	
glycopyrrolate 2 mg tablet MO	3	
guanidine hcl 125 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
iprat-albut 0.5-3(2.5) mg/3 ml MO	2	B vs D
ipratropium br 0.02% soln MO	2	B vs D
ISUPREL 0.2 MG/ML INJECTION SOLUTION MO	4	
LEVOPHED 1 MG/ML INTRAVENOUS SOLUTION MO	4	
LIORESAL 2,000 MCG/ML INTRATHECAL SOLUTION MO	5	B vs D
LIORESAL 50 MCG/ML INTRATHECAL SOLUTION MO	4	B vs D
LIORESAL 500 MCG/ML INTRATHECAL SOLUTION MO	4	B vs D
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE MO	4	
metaproterenol 10 mg tablet MO	4	
metaproterenol 10 mg/5 ml syr MO	4	
metaproterenol 20 mg tablet MO	4	
methocarbamol 500 mg tablet MO	2	PA
methocarbamol 750 mg tablet MO	2	PA
methscopolamine brom 2.5 mg tb MO	4	
methscopolamine brom 5 mg tab MO	4	
midodrine hcl 10 mg tablet MO	3	
midodrine hcl 2.5 mg tablet MO	3	
midodrine hcl 5 mg tablet MO	3	
migergot 2 mg-100 mg rectal suppository MO	4	
neostigmine 1:1,000 vial MO	2	
neostigmine 1:2,000 vial MO	2	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	4	
norepinephrine 1 mg/ml vial MO	1	
orphenadrine er 100 mg tablet MO	3	PA
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	4	PA,QL (120 per 30 days)
phentolamine 5 mg vial MO	3	
phenylephrine 10 mg/ml vial MO	1	
pilocarpine hcl 5 mg tablet MO	4	
pilocarpine hcl 7.5 mg tablet MO	4	
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
propantheline 15 mg tablet MO	2	
PROSTIGMIN 15 MG TABLET MO	4	
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER MO	4	QL (36 per 30 days)
pyridostigmine br 60 mg tablet MO	3	
RAPAFLO 4 MG CAPSULE MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RAPAFLO 8 MG CAPSULE MO	3	QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION SOLUTION MO	4	
revonto 20 mg intravenous solution MO	3	
rivastigmine 1.5 mg capsule MO	4	QL (90 per 30 days)
rivastigmine 3 mg capsule MO	4	QL (90 per 30 days)
rivastigmine 4.5 mg capsule MO	4	QL (60 per 30 days)
rivastigmine 6 mg capsule MO	4	QL (60 per 30 days)
ROBINUL 1 MG TABLET MO	4	
ROBINUL FORTE 2 MG TABLET MO	4	PA
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES MO	3	QL (30 per 30 days)
tamsulosin hcl 0.4 mg capsule MO	2	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial MO	5	
terbutaline sulf 2.5 mg tab MO	4	
terbutaline sulf 5 mg tab MO	4	
tizanidine hcl 2 mg tablet MO	2	
tizanidine hcl 4 mg tablet MO	2	
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED MO	4	QL (1 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
BLOOD FORMATION, COAGULATION & THROMBOSIS		
aminocaproic acid 1,000 mg tab MO	3	
aminocaproic acid 25% solution MO	3	
aminocaproic acid 250 mg/ml MO	3	
aminocaproic acid 500 mg tab MO	3	
anagrelide hcl 0.5 mg capsule MO	3	
anagrelide hcl 1 mg capsule MO	3	
argatroban 250 mg/2.5 ml vial MO	1	
BRILINTA 90 MG TABLET MO	3	QL (60 per 30 days)
cilostazol 100 mg tablet MO	2	
cilostazol 50 mg tablet MO	2	
clopidogrel 300 mg tablet MO	2	QL (1 per 30 days)
clopidogrel 75 mg tablet MO	2	QL (30 per 30 days)
COUMADIN 1 MG TABLET MO	4	
COUMADIN 10 MG TABLET MO	4	
COUMADIN 2 MG TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUMADIN 2.5 MG TABLET MO	4	
COUMADIN 3 MG TABLET MO	4	
COUMADIN 4 MG TABLET MO	4	
COUMADIN 5 MG TABLET MO	4	
COUMADIN 5 MG VIAL MO	4	
COUMADIN 6 MG TABLET MO	4	
COUMADIN 7.5 MG TABLET MO	4	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	PA
EFFIENT 10 MG TABLET MO	3	QL (30 per 30 days)
EFFIENT 5 MG TABLET MO	3	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	3	QL (60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL (60 per 30 days)
enoxaparin 100 mg/ml syringe HI,SP	4	QL (28 per 30 days)
enoxaparin 120 mg/0.8 ml syr HI,SP	4	QL (28 per 30 days)
enoxaparin 150 mg/ml syringe HI,SP	4	QL (28 per 30 days)
enoxaparin 30 mg/0.3 ml syr HI,SP	4	QL (28 per 30 days)
enoxaparin 300 mg/3 ml vial SP	4	QL (14 per 30 days)
enoxaparin 40 mg/0.4 ml syr HI,SP	4	QL (28 per 30 days)
enoxaparin 60 mg/0.6 ml syr HI,SP	4	QL (28 per 30 days)
enoxaparin 80 mg/0.8 ml syr HI,SP	4	QL (28 per 30 days)
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
fondaparinux 10 mg/0.8 ml syr HI,SP	5	QL (14 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr HI,SP	4	QL (14 per 30 days)
fondaparinux 5 mg/0.4 ml syr HI,SP	5	QL (14 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr HI,SP	5	QL (14 per 30 days)
FRAGMIN 10,000 UNIT/ML SUBCUTANEOUS SYRINGE SP	5	QL (14 per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SUBCUTANEOUS SYRINGE SP	5	QL (14 per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SUBCUTANEOUS SYRINGE SP	5	QL (14 per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML SUBCUTANEOUS SYRINGE SP	5	QL (14 per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SUBCUTANEOUS SYRINGE SP	4	QL (14 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FRAGMIN 25,000 UNIT/ML SUBCUTANEOUS SOLUTION SP	5	QL (2 per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SUBCUTANEOUS SYRINGE SP	4	QL (14 per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SUBCUTANEOUS SYRINGE SP	5	QL (14 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (14 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (14 per 28 days)
heparin 2,000 unit/2 ml vial MO	3	
heparin sod 10,000 unit/ml vl HI,MO	3	
heparin sod 20,000 unit/ml vl HI,MO	3	
heparin sod 5,000 unit/ 0.5 ml MO	3	
heparin sod 5,000 unit/0.5 ml MO	3	
heparin sod 5,000 unit/ml syr MO	3	
heparin sod 5,000 unit/ml vial HI,MO	3	
heparin-1/2ns 12,500 units/250 MO	1	
heparin-1/2ns 25,000 units/250 HI,MO	1	
heparin-1/2ns 25,000 units/500 HI,MO	1	
heparin-d5w 12,500 unit/250 ml MO	1	
heparin-d5w 20,000 unit/500 ml MO	1	
heparin-d5w 25,000 unit/250 ml MO	1	
heparin-d5w 25,000 unit/500 ml MO	1	
heparin-ns 1,000 units/500 ml MO	1	
heparin-ns 2,000 unit/1,000 ml HI,MO	1	
jantoven 1 mg tablet MO	2	
jantoven 10 mg tablet MO	2	
jantoven 2 mg tablet MO	2	
jantoven 2.5 mg tablet MO	2	
jantoven 3 mg tablet MO	2	
jantoven 4 mg tablet MO	2	
jantoven 5 mg tablet MO	2	
jantoven 6 mg tablet MO	2	
jantoven 7.5 mg tablet MO	2	
LEUKINE 250 MCG SOLUTION FOR INJECTION SP	5	PA
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION MO	5	PA,QL (8 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (2 per 28 days)
NEUMEGA 5 MG SUBCUTANEOUS SOLUTION SP	5	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE SP	5	PA,QL (14 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEUPOGEN 300 MCG/ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE SP	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
pentoxifylline er 400 mg tab MO	2	
PRADAXA 150 MG CAPSULE MO	3	QL (60 per 30 days)
PRADAXA 75 MG CAPSULE MO	3	QL (60 per 30 days)
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
PROMACTA 12.5 MG TABLET SP	5	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET SP	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET SP	5	PA,QL (30 per 30 days)
PROMACTA 75 MG TABLET SP	5	PA,QL (30 per 30 days)
protamine 250 mg/25 ml vial MO	1	
REOPRO 10 MG/5 ML INTRAVENOUS SOLUTION MO	5	
ticlopidine 250 mg tablet MO	4	PA
TNKASE 50 MG INTRAVENOUS KIT MO	5	
tranexamic acid 1,000 mg/10 ml MO	3	PA
tranexamic acid 650 mg tablet MO	4	QL (30 per 5 days)
TRENTAL ER 400 MG TABLET MO	4	
warfarin sodium 1 mg tablet MO	1	
warfarin sodium 10 mg tablet MO	1	
warfarin sodium 2 mg tablet MO	1	
warfarin sodium 2.5 mg tablet MO	1	
warfarin sodium 3 mg tablet MO	1	
warfarin sodium 4 mg tablet MO	1	
warfarin sodium 5 mg tablet MO	1	
warfarin sodium 6 mg tablet MO	1	
warfarin sodium 7.5 mg tablet MO	1	
XARELTO 10 MG TABLET MO	3	QL (35 per 60 days)
XARELTO 15 MG TABLET MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XARELTO 20 MG TABLET ^{MO}	3	QL (30 per 30 days)
ZONTIVITY 2.08 MG TABLET ^{MO}	4	PA,QL (30 per 30 days)
CARDIOVASCULAR DRUGS		
acebutolol 200 mg capsule ^{MO}	2	
acebutolol 400 mg capsule ^{MO}	2	
ADALAT CC 30 MG TABLET,EXTENDED RELEASE ^{MO}	4	QL (60 per 30 days)
ADALAT CC 60 MG TABLET,EXTENDED RELEASE ^{MO}	4	QL (60 per 30 days)
ADALAT CC 90 MG TABLET,EXTENDED RELEASE ^{MO}	4	QL (60 per 30 days)
ADCIRCA 20 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
ADENOCARD 3 MG/ML INTRAVENOUS SYRINGE ^{MO}	4	
adenosine 12 mg/4 ml syringe ^{MO}	1	
adenosine 12 mg/4 ml vial ^{MO}	1	
afeditab cr 30 mg tablet,extended release ^{MO}	3	QL (60 per 30 days)
afeditab cr 60 mg tablet,extended release ^{MO}	3	QL (60 per 30 days)
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE ^{MO}	4	ST
amiodarone 150 mg/3 ml syringe ^{MO}	2	
amiodarone 900 mg/18 ml vial ^{MO}	2	
amiodarone hcl 100 mg tablet ^{MO}	3	
amiodarone hcl 200 mg tablet ^{MO}	2	
amiodarone hcl 400 mg tablet ^{MO}	2	
amlodipine besylate 10 mg tab ^{MO}	1	
amlodipine besylate 2.5 mg tab ^{MO}	1	
amlodipine besylate 5 mg tab ^{MO}	1	
amlodipine-atorvast 10-10 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 10-20 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 10-40 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 10-80 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 2.5-10 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 2.5-20 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 2.5-40 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 5-10 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 5-20 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 5-40 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 5-80 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg ^{MO}	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine-benazepril 10-40 mg MO	3	QL (30 per 30 days)
amlodipine-benazepril 2.5-10 MO	3	QL (60 per 30 days)
amlodipine-benazepril 5-10 mg MO	3	QL (60 per 30 days)
amlodipine-benazepril 5-20 mg MO	3	QL (60 per 30 days)
amlodipine-benazepril 5-40 mg MO	3	QL (30 per 30 days)
AMTURNIDE 150 MG-5 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-25 MG TABLET MO	3	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-25 MG TABLET MO	3	QL (30 per 30 days)
atenolol 100 mg tablet MO	1	
atenolol 25 mg tablet MO	1	
atenolol 50 mg tablet MO	1	
atenolol-chlorthal 50-25 tb MO	2	
atenolol-chlorthalidone 100-25 MO	2	
atorvastatin 10 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 20 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 40 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 80 mg tablet MO	2	QL (30 per 30 days)
AZOR 10 MG-20 MG TABLET MO	3	QL (30 per 30 days)
AZOR 10 MG-40 MG TABLET MO	3	QL (30 per 30 days)
AZOR 5 MG-20 MG TABLET MO	3	QL (30 per 30 days)
AZOR 5 MG-40 MG TABLET MO	3	QL (30 per 30 days)
benazepril hcl 10 mg tablet MO	1	
benazepril hcl 20 mg tablet MO	1	
benazepril hcl 40 mg tablet MO	1	
benazepril hcl 5 mg tablet MO	1	
benazepril-hctz 10-12.5 mg tab MO	2	
benazepril-hctz 20-12.5 mg tab MO	2	
benazepril-hctz 20-25 mg tab MO	2	
benazepril-hctz 5-6.25 mg tab MO	2	
BENICAR 20 MG TABLET MO	3	QL (30 per 30 days)
BENICAR 40 MG TABLET MO	3	QL (30 per 30 days)
BENICAR 5 MG TABLET MO	3	QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BENICAR HCT 40 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
BENICAR HCT 40 MG-25 MG TABLET MO	3	QL (30 per 30 days)
BIDIL 20 MG-37.5 MG TABLET MO	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg tab MO	2	
bisoprolol fumarate 5 mg tab MO	2	
bisoprolol-hctz 10-6.25 mg tab MO	2	
bisoprolol-hctz 2.5-6.25 mg tb MO	2	
bisoprolol-hctz 5-6.25 mg tab MO	2	
BREVIBLOC 100 MG/10 ML (10 MG/ML) INTRAVENOUS SOLUTION MO	4	
BREVIBLOC 2,000 MG/100 ML (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV MO	4	
BREVIBLOC 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV MO	4	
BYSTOLIC 10 MG TABLET MO	3	QL (120 per 30 days)
BYSTOLIC 2.5 MG TABLET MO	3	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET MO	3	QL (60 per 30 days)
BYSTOLIC 5 MG TABLET MO	3	QL (30 per 30 days)
candesartan cilexetil 16 mg tb MO	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb MO	3	QL (30 per 30 days)
candesartan cilexetil 4 mg tab MO	3	QL (60 per 30 days)
candesartan cilexetil 8 mg tab MO	3	QL (60 per 30 days)
candesartan-hctz 16-12.5 mg tb MO	3	QL (30 per 30 days)
candesartan-hctz 32-12.5 mg tb MO	3	QL (30 per 30 days)
candesartan-hctz 32-25 mg tab MO	3	QL (30 per 30 days)
captopril 100 mg tablet MO	1	
captopril 12.5 mg tablet MO	1	
captopril 25 mg tablet MO	1	
captopril 50 mg tablet MO	1	
captopril-hctz 25-15 mg tablet MO	2	
captopril-hctz 25-25 mg tablet MO	2	
captopril-hctz 50-15 mg tablet MO	2	
captopril-hctz 50-25 mg tablet MO	2	
CARDENE SR 30 MG CAPSULE,EXTENDED RELEASE MO	4	QL (60 per 30 days)
CARDENE SR 60 MG CAPSULE MO	4	QL (60 per 30 days)
cartia xt 120 mg capsule,extended release MO	2	QL (60 per 30 days)
cartia xt 180 mg capsule,extended release MO	2	QL (60 per 30 days)

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
cartia xt 240 mg capsule,extended release MO	2	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release MO	2	QL (30 per 30 days)
carvedilol 12.5 mg tablet MO	1	
carvedilol 25 mg tablet MO	1	
carvedilol 3.125 mg tablet MO	1	
carvedilol 6.25 mg tablet MO	1	
cholestyramine light 4 gram oral powder MO	3	
cholestyramine light 4 gram powder for susp in a packet MO	3	
cholestyramine packet MO	3	
cholestyramine powder MO	3	
clonidine 0.1 mg/day patch MO	4	QL (4 per 28 days)
clonidine 0.2 mg/day patch MO	4	QL (4 per 28 days)
clonidine 0.3 mg/day patch MO	4	QL (4 per 28 days)
clonidine hcl 0.1 mg tablet MO	2	
clonidine hcl 0.2 mg tablet MO	2	
clonidine hcl 0.3 mg tablet MO	2	
clonidine hcl er 0.1 mg tablet MO	4	QL (120 per 30 days)
clorpres 0.1 mg-15 mg tablet MO	4	
clorpres 0.2 mg-15 mg tablet MO	4	
clorpres 0.3 mg-15 mg tablet MO	4	
colestipol hcl granules MO	3	
colestipol hcl granules packet MO	3	
colestipol micronized 1 gm tab MO	3	
COREG CR 10 MG CAPSULE, EXTENDED RELEASE MO	4	QL (30 per 30 days)
COREG CR 20 MG CAPSULE, EXTENDED RELEASE MO	4	QL (30 per 30 days)
COREG CR 40 MG CAPSULE, EXTENDED RELEASE MO	4	QL (30 per 30 days)
COREG CR 80 MG CAPSULE, EXTENDED RELEASE MO	4	QL (30 per 30 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION MO	4	
CORZIDE 40 MG-5 MG TABLET MO	4	
CORZIDE 80 MG-5 MG TABLET MO	4	
CRESTOR 10 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 20 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 40 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 5 MG TABLET MO	3	QL (30 per 30 days)
digox 125 mcg tablet MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
digox 250 mcg tablet MO	1	PA
digoxin 0.25 mg/ml ampul MO	1	PA
digoxin 125 mcg tablet MO	1	QL (30 per 30 days)
digoxin 250 mcg tablet MO	1	PA
digoxin 50 mcg/ml solution MO	2	PA
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE MO	4	
dilt-cd 120 mg capsule MO	2	QL (60 per 30 days)
dilt-cd 180 mg capsule MO	2	QL (60 per 30 days)
dilt-cd 240 mg capsule MO	2	QL (60 per 30 days)
dilt-cd er 300 mg capsule MO	2	QL (30 per 30 days)
dilt-xr 120 mg capsule, extended release MO	2	QL (60 per 30 days)
dilt-xr 180 mg capsule, extended release MO	2	QL (60 per 30 days)
dilt-xr 240 mg capsule, extended release MO	2	QL (60 per 30 days)
diltiazem 120 mg tablet MO	2	
diltiazem 125 mg/25 ml vial MO	2	
diltiazem 24hr cd 120 mg cap MO	2	QL (60 per 30 days)
diltiazem 24hr er 180 mg cap MO	2	QL (60 per 30 days)
diltiazem 24hr er 240 mg cap MO	2	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap MO	2	QL (30 per 30 days)
diltiazem 30 mg tablet MO	2	
diltiazem 60 mg tablet MO	2	
diltiazem 90 mg tablet MO	2	
diltiazem er 120 mg 12-hr cap MO	2	
diltiazem er 120 mg capsule MO	2	QL (60 per 30 days)
diltiazem er 180 mg capsule MO	2	QL (60 per 30 days)
diltiazem er 240 mg capsule MO	2	QL (60 per 30 days)
diltiazem er 60 mg 12-hr cap MO	2	
diltiazem er 90 mg 12-hr cap MO	2	
diltiazem hcl 100 mg vial MO	4	
diltiazem hcl er 240 mg cap MO	2	QL (60 per 30 days)
diltiazem hcl er 300 mg cap MO	2	QL (30 per 30 days)
diltiazem hcl er 360 mg cap MO	2	QL (30 per 30 days)
diltiazem hcl er 420 mg cap MO	2	QL (30 per 30 days)
diltzac er 120 mg capsule MO	2	QL (60 per 30 days)
diltzac er 180 mg capsule MO	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltzac er 240 mg capsule MO	2	QL (60 per 30 days)
diltzac er 300 mg capsule MO	2	QL (30 per 30 days)
diltzac er 360 mg capsule MO	2	QL (30 per 30 days)
DIOVAN 160 MG TABLET MO	3	QL (60 per 30 days)
DIOVAN 320 MG TABLET MO	3	QL (60 per 30 days)
DIOVAN 40 MG TABLET MO	3	QL (60 per 30 days)
DIOVAN 80 MG TABLET MO	3	QL (60 per 30 days)
disopyramide 100 mg capsule MO	3	PA
disopyramide 150 mg capsule MO	4	PA
doxazosin mesylate 1 mg tab MO	2	
doxazosin mesylate 2 mg tab MO	2	
doxazosin mesylate 4 mg tab MO	2	
doxazosin mesylate 8 mg tab MO	2	
EDARBI 40 MG TABLET MO	3	QL (30 per 30 days)
EDARBI 80 MG TABLET MO	3	QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
EDARBYCLOR 40 MG-25 MG TABLET MO	3	QL (30 per 30 days)
enalapril maleate 10 mg tab MO	1	
enalapril maleate 2.5 mg tab MO	1	
enalapril maleate 20 mg tab MO	1	
enalapril maleate 5 mg tablet MO	1	
enalapril-hctz 10-25 mg tablet MO	1	
enalapril-hctz 5-12.5 mg tab MO	1	
enalaprilat 1.25 mg/ml vial MO	2	
eplerenone 25 mg tablet MO	4	
eplerenone 50 mg tablet MO	4	
esmolol hcl 100 mg/10 ml vial MO	1	
EXFORGE 10 MG-160 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE 10 MG-320 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE 5 MG-160 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE 5 MG-320 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-25 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE HCT 10 MG-320 MG-25 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EXFORGE HCT 5 MG-160 MG-25 MG TABLET MO	3	QL (30 per 30 days)
felodipine er 10 mg tablet MO	3	QL (30 per 30 days)
felodipine er 2.5 mg tablet MO	3	QL (30 per 30 days)
felodipine er 5 mg tablet MO	3	QL (30 per 30 days)
fenofibrate 130 mg capsule MO	4	QL (30 per 30 days)
fenofibrate 134 mg capsule MO	3	QL (30 per 30 days)
fenofibrate 145 mg tablet MO	4	QL (30 per 30 days)
fenofibrate 160 mg tablet MO	2	QL (30 per 30 days)
fenofibrate 200 mg capsule MO	3	QL (30 per 30 days)
fenofibrate 43 mg capsule MO	4	QL (30 per 30 days)
fenofibrate 48 mg tablet MO	4	QL (60 per 30 days)
fenofibrate 54 mg tablet MO	2	QL (60 per 30 days)
fenofibrate 67 mg capsule MO	3	QL (60 per 30 days)
fenofibric acid dr 135 mg cap MO	4	QL (30 per 30 days)
fenofibric acid dr 45 mg cap MO	4	QL (30 per 30 days)
flecainide acetate 100 mg tab MO	3	
flecainide acetate 150 mg tab MO	3	
flecainide acetate 50 mg tab MO	3	
fluvastatin sodium 20 mg cap MO	4	QL (60 per 30 days)
fluvastatin sodium 40 mg cap MO	4	QL (60 per 30 days)
fosinopril sodium 10 mg tab MO	1	
fosinopril sodium 20 mg tab MO	1	
fosinopril sodium 40 mg tab MO	1	
fosinopril-hctz 10-12.5 mg tab MO	3	
fosinopril-hctz 20-12.5 mg tab MO	3	
gemfibrozil 600 mg tablet MO	2	QL (60 per 30 days)
guanfacine 1 mg tablet MO	2	PA
guanfacine 2 mg tablet MO	2	PA
hydralazine 10 mg tablet MO	2	
hydralazine 100 mg tablet MO	2	
hydralazine 20 mg/ml vial MO	2	
hydralazine 25 mg tablet MO	2	
hydralazine 50 mg tablet MO	2	
ibutilide fum 1 mg/10 ml vial MO	1	
IMDUR 120 MG TABLET,EXTENDED RELEASE MO	4	PA

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
imdur 30 mg tablet,extended release MO	4	PA
imdur 60 mg tablet,extended release MO	4	PA
irbesartan 150 mg tablet MO	2	QL (30 per 30 days)
irbesartan 300 mg tablet MO	2	QL (30 per 30 days)
irbesartan 75 mg tablet MO	2	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb MO	2	QL (30 per 30 days)
irbesartan-hctz 300-12.5 mg tb MO	2	QL (30 per 30 days)
ISORDIL 40 MG TABLET MO	4	
ISORDIL TITRADOSE 5 MG TABLET MO	4	
isosorbide dn 10 mg tablet MO	2	
isosorbide dn 2.5 mg tab sl MO	2	
isosorbide dn 20 mg tablet MO	2	
isosorbide dn 30 mg tablet MO	2	
isosorbide dn 5 mg tablet MO	2	
isosorbide dn 5 mg tablet sl MO	2	
isosorbide dn er 40 mg tablet MO	3	
isosorbide mn 10 mg tablet MO	2	
isosorbide mn 20 mg tablet MO	2	
isosorbide mn er 120 mg tab MO	2	
isosorbide mn er 30 mg tablet MO	2	
isosorbide mn er 60 mg tablet MO	2	
isradipine 2.5 mg capsule MO	4	
isradipine 5 mg capsule MO	4	
labetalol hcl 100 mg tablet MO	2	
labetalol hcl 100 mg/20 ml vl MO	2	
labetalol hcl 20 mg/4 ml crpj MO	2	
labetalol hcl 200 mg tablet MO	2	
labetalol hcl 300 mg tablet MO	2	
LANOXIN 125 MCG TABLET MO	4	QL (30 per 30 days)
LANOXIN 187.5 MCG TABLET MO	4	PA,QL (30 per 30 days)
LANOXIN 250 MCG TABLET MO	4	PA
LANOXIN 250 MCG/ML INJECTION SOLUTION MO	4	PA
LANOXIN 62.5 MCG TABLET MO	4	QL (30 per 30 days)
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION MO	4	PA
LEVATOL 20 MG TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine 0.4% in d5w soln MO	1	
lidocaine 0.8% in d5w soln MO	1	
lidocaine hcl 1% syringe MO	2	
lidocaine hcl 2% luer-jet MO	2	
LIPTRUZET 10 MG-10 MG TABLET MO	4	QL (30 per 30 days)
LIPTRUZET 10 MG-20 MG TABLET MO	4	QL (30 per 30 days)
LIPTRUZET 10 MG-40 MG TABLET MO	4	QL (30 per 30 days)
LIPTRUZET 10 MG-80 MG TABLET MO	4	QL (30 per 30 days)
lisinopril 10 mg tablet MO	1	
lisinopril 2.5 mg tablet MO	1	
lisinopril 20 mg tablet MO	1	
lisinopril 30 mg tablet MO	1	
lisinopril 40 mg tablet MO	1	
lisinopril 5 mg tablet MO	1	
lisinopril-hctz 10-12.5 mg tab MO	1	
lisinopril-hctz 20-12.5 mg tab MO	1	
lisinopril-hctz 20-25 mg tab MO	1	
LIVALO 1 MG TABLET MO	4	ST,QL (30 per 30 days)
LIVALO 2 MG TABLET MO	4	ST,QL (30 per 30 days)
LIVALO 4 MG TABLET MO	4	ST,QL (30 per 30 days)
LOPRESSOR 5 MG/5 ML INTRAVENOUS SOLUTION MO	4	
losartan potassium 100 mg tab MO	1	QL (60 per 30 days)
losartan potassium 25 mg tab MO	1	QL (60 per 30 days)
losartan potassium 50 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 100-25 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 50-12.5 mg tab MO	1	QL (60 per 30 days)
lovastatin 10 mg tablet MO	2	QL (60 per 30 days)
lovastatin 20 mg tablet MO	2	QL (60 per 30 days)
lovastatin 40 mg tablet MO	2	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE MO	4	PA,QL (120 per 30 days)
metoprolol 1 mg/ml carpuject MO	1	
metoprolol succ er 100 mg tab MO	2	QL (60 per 30 days)
metoprolol succ er 200 mg tab MO	2	QL (60 per 30 days)
metoprolol succ er 25 mg tab MO	2	QL (60 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoprolol succ er 50 mg tab MO	2	QL (60 per 30 days)
metoprolol tart 5 mg/5 ml vial MO	1	
metoprolol tartrate 100 mg tab MO	1	
metoprolol tartrate 25 mg tab MO	1	
metoprolol tartrate 50 mg tab MO	1	
metoprolol-hctz 100-25 mg tab MO	3	
metoprolol-hctz 100-50 mg tab MO	3	
metoprolol-hctz 50-25 mg tab MO	3	
mexiletine 150 mg capsule MO	4	
mexiletine 200 mg capsule MO	4	
mexiletine 250 mg capsule MO	4	
minoxidil 10 mg tablet MO	2	
minoxidil 2.5 mg tablet MO	2	
moexipril hcl 15 mg tablet MO	3	
moexipril hcl 7.5 mg tablet MO	3	
moexipril-hctz 15-12.5 mg tab MO	2	
moexipril-hctz 15-25 mg tablet MO	2	
moexipril-hctz 7.5-12.5 mg tab MO	2	
MULTAQ 400 MG TABLET MO	3	QL (60 per 30 days)
nadolol 20 mg tablet MO	3	
nadolol 40 mg tablet MO	3	
nadolol 80 mg tablet MO	3	
nadolol-bendroflu 40-5 mg tab MO	3	
nadolol-bendroflu 80-5 mg tab MO	3	
NATRECOR 1.5 MG INTRAVENOUS SOLUTION MO	4	
NEXTERONE 150 MG/100 ML (1.5 MG/ML) INTRAVENOUS SOLUTION MO	4	
NEXTERONE 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION MO	4	
niacin er 1,000 mg tablet MO	4	
niacin er 500 mg tablet MO	4	
niacin er 750 mg tablet MO	4	
niacor 500 mg tablet MO	3	
nicardipine 20 mg capsule MO	2	
nicardipine 25 mg/10 ml ampule MO	2	
nicardipine 30 mg capsule MO	2	
nifediac cc 90 mg tablet MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nifedical xl 30 mg tablet,extended release MO	3	QL (60 per 30 days)
nifedical xl 60 mg tablet,extended release MO	3	QL (60 per 30 days)
nifedipine er 30 mg tablet MO	3	QL (60 per 30 days)
nifedipine er 60 mg tablet MO	3	QL (60 per 30 days)
nifedipine er 90 mg tablet MO	3	QL (60 per 30 days)
nimodipine 30 mg capsule MO	4	
nitroglycerin 0.1 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 0.2 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 0.4 mg/hr patch MO	2	QL (60 per 30 days)
nitroglycerin 0.6 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 5 mg/ml vial MO	2	
nitroglycerin lingual 0.4 mg MO	4	
NITROLINGUAL 400 MCG/SPRAY MO	4	
NITROPRESS 25 MG/ML INTRAVENOUS SOLUTION MO	4	
NITROSTAT 0.3 MG SUBLINGUAL TABLET MO	3	
NITROSTAT 0.4 MG SUBLINGUAL TABLET MO	3	
NITROSTAT 0.6 MG SUBLINGUAL TABLET MO	3	
ntg 0.2 mg/ml in d5w MO	2	
ntg 100 mg/250 ml in d5w MO	2	
ntg 200 mg/500 ml in d5w MO	2	
ntg 25 mg/250 ml in d5w MO	2	
ntg 50 mg/500 ml in d5w MO	2	
omega-3 ethyl esters 1 gm cap MO	3	QL (120 per 30 days)
PACERONE 100 MG TABLET MO	3	
pacerone 200 mg tablet MO	2	
PACERONE 400 MG TABLET MO	3	
papaverine 60 mg/2 ml vial MO	2	
perindopril erbumine 2 mg tab MO	3	
perindopril erbumine 4 mg tab MO	2	
perindopril erbumine 8 mg tab MO	2	
pindolol 10 mg tablet MO	3	
pindolol 5 mg tablet MO	3	
pravastatin sodium 10 mg tab MO	2	QL (30 per 30 days)
pravastatin sodium 20 mg tab MO	2	QL (30 per 30 days)
pravastatin sodium 40 mg tab MO	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pravastatin sodium 80 mg tab MO	2	QL (30 per 30 days)
prazosin 1 mg capsule MO	2	
prazosin 2 mg capsule MO	2	
prazosin 5 mg capsule MO	2	
prevalite 4 gram oral powder MO	4	
prevalite 4 gram powder for susp in a packet MO	4	
procainamide 100 mg/ml vial MO	1	
procainamide 500 mg/ml vial MO	1	
PROGLYCEM 50 MG/ML ORAL SUSPENSION MO	4	
propafenone hcl 150 mg tablet MO	3	
propafenone hcl 225 mg tab MO	3	
propafenone hcl 300 mg tab MO	3	
propafenone hcl er 225 mg cap MO	4	
propafenone hcl sr 325 mg cap MO	4	
propafenone hcl sr 425 mg cap MO	3	
propranolol 1 mg/ml vial MO	1	
propranolol 10 mg tablet MO	2	
propranolol 20 mg tablet MO	2	
propranolol 20 mg/5 ml soln MO	2	
propranolol 40 mg tablet MO	2	
propranolol 40 mg/5 ml soln MO	2	
propranolol 60 mg tablet MO	2	
propranolol 80 mg tablet MO	2	
propranolol er 120 mg capsule MO	4	
propranolol er 160 mg capsule MO	4	
propranolol er 60 mg capsule MO	4	
propranolol er 80 mg capsule MO	4	
propranolol-hctz 40-25 mg tab MO	3	
propranolol-hctz 80-25 mg tab MO	3	
quinapril 10 mg tablet MO	1	
quinapril 20 mg tablet MO	1	
quinapril 40 mg tablet MO	1	
quinapril 5 mg tablet MO	1	
quinapril-hctz 10-12.5 mg tab MO	3	
quinapril-hctz 20-12.5 mg tab MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quinapril-hctz 20-25 mg tab MO	3	
quinidine gluc 80 mg/ml vial MO	2	
quinidine gluc er 324 mg tab MO	4	
quinidine sulf er 300 mg tab MO	2	
quinidine sulfate 200 mg tab MO	2	
quinidine sulfate 300 mg tab MO	2	
ramipril 1.25 mg capsule MO	2	
ramipril 10 mg capsule MO	2	
ramipril 2.5 mg capsule MO	2	
ramipril 5 mg capsule MO	2	
RANEXA 1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (120 per 30 days)
RANEXA 500 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (120 per 30 days)
reserpine 0.1 mg tablet MO	2	PA
reserpine 0.25 mg tablet MO	2	PA
sildenafil 20 mg tablet SP	3	PA,QL (90 per 30 days)
simvastatin 10 mg tablet MO	1	QL (30 per 30 days)
simvastatin 20 mg tablet MO	1	QL (30 per 30 days)
simvastatin 40 mg tablet MO	1	QL (30 per 30 days)
simvastatin 5 mg tablet MO	1	QL (30 per 30 days)
simvastatin 80 mg tablet MO	1	QL (30 per 30 days)
sorine 120 mg tablet MO	2	
sorine 160 mg tablet MO	2	
sorine 240 mg tablet MO	2	
sorine 80 mg tablet MO	2	
sotalol 120 mg tablet MO	2	
sotalol 160 mg tablet MO	2	
sotalol 240 mg tablet MO	2	
sotalol 80 mg tablet MO	2	
sotalol af 120 mg tablet MO	2	
sotalol af 160 mg tablet MO	2	
sotalol af 80 mg tablet MO	2	
sotalol hcl 150 mg/10 ml vial MO	2	
spironolactone 100 mg tablet MO	2	
spironolactone 25 mg tablet MO	2	
spironolactone 50 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
spironolactone-hctz 25-25 tab MO	2	
taztia xt 120 mg capsule,extended release MO	2	QL (60 per 30 days)
taztia xt 180 mg capsule,extended release MO	2	QL (60 per 30 days)
taztia xt 240 mg capsule,extended release MO	2	QL (60 per 30 days)
taztia xt 300 mg capsule,extended release MO	2	QL (30 per 30 days)
taztia xt 360 mg capsule,extended release MO	2	QL (30 per 30 days)
TEKAMLO 150 MG-10 MG TABLET MO	3	QL (30 per 30 days)
TEKAMLO 150 MG-5 MG TABLET MO	3	QL (30 per 30 days)
TEKAMLO 300 MG-10 MG TABLET MO	3	QL (30 per 30 days)
TEKAMLO 300 MG-5 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA 150 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA 300 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-25 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA HCT 300 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA HCT 300 MG-25 MG TABLET MO	3	QL (30 per 30 days)
terazosin 1 mg capsule MO	2	
terazosin 10 mg capsule MO	2	
terazosin 2 mg capsule MO	2	
terazosin 5 mg capsule MO	2	
TIAZAC 120 MG CAPSULE,EXTENDED RELEASE MO	4	QL (60 per 30 days)
TIAZAC 180 MG CAPSULE,EXTENDED RELEASE MO	4	QL (60 per 30 days)
TIAZAC 240 MG CAPSULE,EXTENDED RELEASE MO	4	QL (60 per 30 days)
TIAZAC 300 MG CAPSULE,EXTENDED RELEASE MO	4	QL (30 per 30 days)
TIAZAC 360 MG CAPSULE,EXTENDED RELEASE MO	4	QL (30 per 30 days)
TIAZAC 420 MG CAPSULE,EXTENDED RELEASE MO	4	QL (30 per 30 days)
TIKOSYN 125 MCG CAPSULE SP	4	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE SP	4	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE SP	4	QL (60 per 30 days)
timolol maleate 10 mg tablet MO	2	
timolol maleate 20 mg tablet MO	2	
timolol maleate 5 mg tablet MO	2	
TOPROL XL 100 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
TOPROL XL 200 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
TOPROL XL 25 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)

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
TOPROL XL 50 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
TRANDATE 100 MG TABLET MO	4	
TRANDATE 200 MG TABLET MO	4	
TRANDATE 300 MG TABLET MO	4	
trandolapril 1 mg tablet MO	2	
trandolapril 2 mg tablet MO	2	
trandolapril 4 mg tablet MO	2	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TRIBENZOR 40 MG-10 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TRIBENZOR 40 MG-10 MG-25 MG TABLET MO	3	QL (30 per 30 days)
TRIBENZOR 40 MG-5 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TRIBENZOR 40 MG-5 MG-25 MG TABLET MO	3	QL (30 per 30 days)
UNIVASC 15 MG TABLET MO	4	
UNIVASC 7.5 MG TABLET MO	4	
valsartan-hctz 160-12.5 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 160-25 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 320-12.5 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 320-25 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 80-12.5 mg tab MO	2	QL (30 per 30 days)
verapamil 120 mg tablet MO	2	
verapamil 2.5 mg/ml syringe MO	2	
verapamil 2.5 mg/ml vial MO	2	
verapamil 360 mg cap pellet MO	2	QL (60 per 30 days)
verapamil 40 mg tablet MO	2	
verapamil 80 mg tablet MO	2	
verapamil er 120 mg capsule MO	2	QL (60 per 30 days)
verapamil er 120 mg tablet MO	2	
verapamil er 180 mg capsule MO	2	QL (60 per 30 days)
verapamil er 180 mg tablet MO	2	
verapamil er 240 mg capsule MO	2	QL (60 per 30 days)
verapamil er 240 mg tablet MO	2	
verapamil er pm 100 mg capsule MO	2	QL (30 per 30 days)
verapamil er pm 200 mg capsule MO	2	QL (60 per 30 days)
verapamil er pm 300 mg capsule MO	2	QL (30 per 30 days)
VYTORIN 10 MG-10 MG TABLET MO	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYTORIN 10 MG-20 MG TABLET MO	4	QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET MO	4	QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET MO	4	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET MO	3	
WELCHOL 625 MG TABLET MO	3	
XYLOCAINE (CARDIAC) (PF) 20 MG/ML (2 %) INTRAVENOUS SOLUTION MO	4	
ZETIA 10 MG TABLET MO	3	QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TABLET MO	4	PA
ZIAC 2.5 MG-6.25 MG TABLET MO	4	PA
ZIAC 5 MG-6.25 MG TABLET MO	4	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY 1 MG/ML ORAL SOLUTION MO	4	QL (750 per 30 days)
ABILIFY 10 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 15 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 2 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 20 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 30 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 5 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 9.75 MG/1.3 ML INTRAMUSCULAR SOLUTION MO	4	QL (120 per 30 days)
ABILIFY DISCMELT 10 MG DISINTEGRATING TABLET MO	4	QL (60 per 30 days)
ABILIFY DISCMELT 15 MG DISINTEGRATING TABLET MO	4	QL (60 per 30 days)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE MO	5	PA,QL (1 per 28 days)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE MO	5	PA,QL (1 per 28 days)
acamprosate calc dr 333 mg tab MO	4	
acetaminophen-cod #2 tablet MO	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet MO	3	QL (390 per 30 days)
acetaminophen-cod #4 tablet MO	3	QL (390 per 30 days)
acetaminophen-codeine solution MO	3	QL (5010 per 30 days)
acetaminophen-codeine solution MO	3	QL (5010 per 30 days)
acetaminophen-codeine solution MO	3	QL (5010 per 30 days)
acetaminophen-codeine solution MO	3	QL (5010 per 30 days)
acetaminophn-butalbital 325-50 MO	4	PA,QL (180 per 30 days)
alfentanil 500 mcg/ml ampul MO	3	QL (450 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
alprazolam 0.25 mg tablet MO	3	QL (120 per 30 days)
alprazolam 0.5 mg tablet MO	3	QL (120 per 30 days)
alprazolam 1 mg tablet MO	3	QL (240 per 30 days)
alprazolam 2 mg tablet MO	3	QL (150 per 30 days)
ALSUMA 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (6 per 30 days)
amantadine 100 mg capsule MO	3	
amantadine 100 mg tablet MO	3	
amantadine 50 mg/5 ml syrup MO	3	
amitriptyline hcl 10 mg tab MO	1	PA
amitriptyline hcl 100 mg tab MO	1	PA
amitriptyline hcl 150 mg tab MO	1	PA
amitriptyline hcl 25 mg tab MO	1	PA
amitriptyline hcl 50 mg tab MO	1	PA
amitriptyline hcl 75 mg tab MO	1	PA
amoxapine 100 mg tablet MO	2	
amoxapine 150 mg tablet MO	2	
amoxapine 25 mg tablet MO	2	
amoxapine 50 mg tablet MO	2	
amphetamine salt combo 10 mg tablet MO	3	QL (90 per 30 days)
amphetamine salt combo 12.5 mg tablet MO	3	QL (90 per 30 days)
amphetamine salt combo 15 mg tablet MO	3	QL (90 per 30 days)
amphetamine salt combo 20 mg tablet MO	3	QL (90 per 30 days)
amphetamine salt combo 30 mg tablet MO	3	QL (60 per 30 days)
amphetamine salt combo 5 mg tablet MO	3	QL (90 per 30 days)
amphetamine salt combo 7.5 mg tablet MO	3	QL (90 per 30 days)
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE SP	5	QL (60 per 28 days)
APTIOM 200 MG TABLET MO	4	PA,QL (30 per 30 days)
APTIOM 400 MG TABLET MO	4	PA,QL (30 per 30 days)
APTIOM 600 MG TABLET MO	4	PA,QL (60 per 30 days)
APTIOM 800 MG TABLET MO	4	PA,QL (30 per 30 days)
AZILECT 0.5 MG TABLET MO	3	
AZILECT 1 MG TABLET MO	3	
BANZEL 200 MG TABLET MO	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION MO	5	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET MO	5	PA,QL (240 per 30 days)

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
benztropine 2 mg/2 ml ampule MO	2	PA
benztropine mes 0.5 mg tab MO	2	PA
benztropine mes 1 mg tablet MO	2	PA
benztropine mes 2 mg tablet MO	2	PA
BRINTELLIX 10 MG TABLET MO	4	ST,QL (30 per 30 days)
BRINTELLIX 20 MG TABLET MO	4	ST,QL (30 per 30 days)
BRINTELLIX 5 MG TABLET MO	4	ST,QL (30 per 30 days)
bromocriptine 2.5 mg tablet MO	4	
bromocriptine 5 mg capsule MO	4	
budeprion sr 100 mg tablet MO	3	QL (120 per 30 days)
budeprion sr 150 mg tablet MO	3	QL (90 per 30 days)
budeprion xl 300 mg tablet MO	3	QL (90 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION SOLUTION MO	5	PA,QL (240 per 30 days)
buprenorphine 0.3 mg/ml syrn MO	4	PA,QL (240 per 30 days)
buprenorphine 2 mg tablet sl MO	4	PA,QL (90 per 30 days)
buprenorphine 8 mg tablet sl MO	4	PA,QL (90 per 30 days)
buproban 150 mg tablet,extended release MO	3	QL (90 per 30 days)
bupropion hcl 100 mg tablet MO	3	QL (180 per 30 days)
bupropion hcl 75 mg tablet MO	3	
bupropion hcl sr 100 mg tablet MO	3	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl sr 200 mg tab MO	3	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet MO	3	QL (90 per 30 days)
bupirone hcl 10 mg tablet MO	2	
bupirone hcl 15 mg tablet MO	2	
bupirone hcl 30 mg tablet MO	2	
bupirone hcl 5 mg tablet MO	2	
bupirone hcl 7.5 mg tablet MO	2	
butalb-acetamin-caff 50-325-40 MO	4	PA,QL (180 per 30 days)
butalbit-acetaminophen-caff cp MO	4	PA,QL (180 per 30 days)
butalbital compound tablet MO	4	PA,QL (180 per 30 days)
butalbital-asa-caffeine cap MO	4	PA,QL (180 per 30 days)
butalbital-asa-caffeine tablet MO	4	PA,QL (180 per 30 days)
BUTISOL 30 MG TABLET MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BUTISOL 30 MG/5 ML ORAL ELIXIR ^{MO}	4	PA
BUTISOL 50 MG TABLET ^{MO}	4	PA
butorphanol 1 mg/ml vial ^{MO}	3	QL (960 per 30 days)
butorphanol 10 mg/ml spray ^{MO}	3	QL (5 per 28 days)
butorphanol 2 mg/ml vial ^{MO}	3	QL (480 per 30 days)
caff-sod benzoate 500 mg vl ^{MO}	1	
caffeine cit 60 mg/3 ml oral ^{MO}	1	
caffeine cit 60 mg/3 ml vial ^{MO}	1	
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION ^{MO}	4	QL (5010 per 30 days)
carbamazepine 100 mg tab chew ^{MO}	2	
carbamazepine 100 mg/5 ml susp ^{MO}	3	
carbamazepine 200 mg tablet ^{MO}	2	
carbamazepine er 100 mg cap ^{MO}	4	
carbamazepine er 200 mg cap ^{MO}	4	
carbamazepine er 300 mg cap ^{MO}	4	
carbamazepine xr 200 mg tablet ^{MO}	4	
carbamazepine xr 400 mg tablet ^{MO}	4	
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE ^{MO}	4	
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE ^{MO}	4	
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE ^{MO}	4	
carbidopa-levo 10-100 mg odt ^{MO}	3	
carbidopa-levo 25-100 mg odt ^{MO}	3	
carbidopa-levo 25-250 mg odt ^{MO}	3	
carbidopa-levo er 25-100 tab ^{MO}	3	
carbidopa-levo er 50-200 tab ^{MO}	3	
carbidopa-levodopa 10-100 tab ^{MO}	3	
carbidopa-levodopa 25-100 tab ^{MO}	3	
carbidopa-levodopa 25-250 tab ^{MO}	3	
CELEBREX 100 MG CAPSULE ^{MO}	4	QL (60 per 30 days)
CELEBREX 200 MG CAPSULE ^{MO}	4	QL (60 per 30 days)
CELEBREX 400 MG CAPSULE ^{MO}	4	QL (60 per 30 days)
CELEBREX 50 MG CAPSULE ^{MO}	4	QL (60 per 30 days)
CELONTIN 300 MG CAPSULE ^{MO}	4	
chlorpromazine 10 mg tablet ^{MO}	3	B vs D
chlorpromazine 100 mg tablet ^{MO}	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorpromazine 200 mg tablet MO	3	
chlorpromazine 25 mg tablet MO	3	B vs D
chlorpromazine 25 mg/ml amp MO	3	
chlorpromazine 50 mg tablet MO	3	
choline mag trisal liquid MO	2	
citalopram hbr 10 mg tablet MO	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln MO	2	
citalopram hbr 20 mg tablet MO	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet MO	1	QL (30 per 30 days)
clomipramine 25 mg capsule MO	4	PA
clomipramine 50 mg capsule MO	4	PA
clomipramine 75 mg capsule MO	4	PA
clonazepam 0.125 mg dis tab MO	4	
clonazepam 0.25 mg odt MO	4	
clonazepam 0.5 mg dis tablet MO	4	
clonazepam 0.5 mg tablet MO	3	
clonazepam 1 mg dis tablet MO	4	
clonazepam 1 mg tablet MO	3	
clonazepam 2 mg odt MO	4	
clonazepam 2 mg tablet MO	3	
clorazepate 15 mg tablet MO	4	
clorazepate 3.75 mg tablet MO	4	
clorazepate 7.5 mg tablet MO	4	
clozapine 100 mg tablet MO	3	
clozapine 200 mg tablet MO	3	
clozapine 25 mg tablet MO	3	
clozapine 50 mg tablet MO	3	
clozapine odt 100 mg tablet MO	4	ST
clozapine odt 12.5 mg tablet MO	4	ST
clozapine odt 25 mg tablet MO	4	ST
codeine sulfate 15 mg tablet MO	3	QL (360 per 30 days)
codeine sulfate 30 mg tablet MO	3	QL (360 per 30 days)
codeine sulfate 60 mg tablet MO	3	QL (180 per 30 days)
CYCLOSET 0.8 MG TABLET MO	4	ST,QL (180 per 30 days)
d-amphetamine er 10 mg capsule MO	4	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
d-amphetamine er 15 mg capsule MO	4	QL (120 per 30 days)
d-amphetamine er 5 mg capsule MO	4	QL (60 per 30 days)
DAYTRANA 10 MG/9 HR DAILY PATCH MO	4	QL (30 per 30 days)
DAYTRANA 15 MG/9 HR DAILY PATCH MO	4	QL (30 per 30 days)
DAYTRANA 20 MG/9 HR DAILY PATCH MO	4	QL (30 per 30 days)
DAYTRANA 30 MG/9 HR DAILY PATCH MO	4	QL (30 per 30 days)
DEPACON 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	4	
desipramine 10 mg tablet MO	4	
desipramine 100 mg tablet MO	4	
desipramine 150 mg tablet MO	4	
desipramine 25 mg tablet MO	4	
desipramine 50 mg tablet MO	4	
desipramine 75 mg tablet MO	4	
dexmethylphenidate 10 mg tab MO	3	QL (60 per 30 days)
dexmethylphenidate 2.5 mg tab MO	3	QL (60 per 30 days)
dexmethylphenidate 5 mg tab MO	3	QL (60 per 30 days)
dexmethylphenidate er 15 mg cp MO	4	QL (30 per 30 days)
dexmethylphenidate er 30 mg cp MO	4	QL (30 per 30 days)
dexmethylphenidate er 40 mg cp MO	4	QL (30 per 30 days)
dextroamp-amphet er 10 mg cap MO	4	QL (30 per 30 days)
dextroamp-amphet er 15 mg cap MO	4	QL (30 per 30 days)
dextroamp-amphet er 20 mg cap MO	4	QL (60 per 30 days)
dextroamp-amphet er 25 mg cap MO	4	QL (60 per 30 days)
dextroamp-amphet er 30 mg cap MO	4	QL (60 per 30 days)
dextroamp-amphet er 5 mg cap MO	4	QL (30 per 30 days)
dextroamphetamine 10 mg tab MO	4	QL (180 per 30 days)
dextroamphetamine 5 mg tab MO	4	QL (150 per 30 days)
diazepam 10 mg rectal gel syst MO	4	
diazepam 10 mg tablet MO	4	QL (120 per 30 days)
diazepam 2 mg tablet MO	4	QL (90 per 30 days)
diazepam 2.5 mg rectal gel sys MO	4	
diazepam 20 mg rectal gel syst MO	4	
diazepam 5 mg tablet MO	4	QL (90 per 30 days)
diazepam 5 mg/5 ml solution MO	4	QL (1200 per 30 days)
diazepam intensol 5 mg/ml oral concentrate MO	4	QL (1200 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diclofenac pot 50 mg tablet MO	2	
diclofenac sod ec 25 mg tab MO	2	
diclofenac sod ec 50 mg tab MO	2	
diclofenac sod ec 75 mg tab MO	2	
diclofenac sod er 100 mg tab MO	2	
diclofenac sodium 1.5% soln MO	4	
diflunisal 500 mg tablet MO	4	
dilantin 30 mg capsule MO	4	
dilantin extended 100 mg capsule MO	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	4	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	4	
divalproex sod dr 125 mg tab MO	2	
divalproex sod dr 250 mg tab MO	2	
divalproex sod dr 500 mg tab MO	2	
divalproex sod er 250 mg tab MO	3	
divalproex sod er 500 mg tab MO	3	
divalproex sodium 125 mg cap MO	2	
DOPRAM 20 MG/ML INTRAVENOUS SOLUTION MO	4	
doxepin 10 mg capsule MO	2	PA
doxepin 10 mg/ml oral conc MO	2	PA
doxepin 100 mg capsule MO	2	PA
doxepin 150 mg capsule MO	2	PA
doxepin 25 mg capsule MO	2	PA
doxepin 50 mg capsule MO	2	PA
doxepin 75 mg capsule MO	2	PA
droperidol 2.5 mg/ml vial MO	3	
duloxetine hcl dr 20 mg cap MO	3	QL (60 per 30 days)
duloxetine hcl dr 30 mg cap MO	3	QL (60 per 30 days)
duloxetine hcl dr 60 mg cap MO	3	QL (60 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION MO	4	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION MO	4	QL (3600 per 30 days)
EC-NAPROSYN 375 MG TABLET,DELAYED RELEASE MO	4	PA
EC-NAPROSYN 500 MG TABLET,DELAYED RELEASE MO	4	PA
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	5	QL (30 per 30 days)
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	5	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	5	QL (30 per 30 days)
endocet 10 mg-325 mg tablet MO	3	QL (360 per 30 days)
endocet 2.5 mg-325 mg tablet MO	3	QL (360 per 30 days)
endocet 5 mg-325 mg tablet MO	3	QL (360 per 30 days)
endocet 7.5 mg-325 mg tablet MO	3	QL (360 per 30 days)
entacapone 200 mg tablet MO	4	QL (300 per 30 days)
epitol 200 mg tablet MO	1	
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE MO	4	
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE MO	4	
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE MO	4	
escitalopram 10 mg tablet MO	2	QL (45 per 30 days)
escitalopram 20 mg tablet MO	2	QL (30 per 30 days)
escitalopram 5 mg tablet MO	2	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml MO	4	QL (600 per 30 days)
eszopiclone 1 mg tablet MO	4	PA
eszopiclone 2 mg tablet MO	4	PA
eszopiclone 3 mg tablet MO	4	PA
ethosuximide 250 mg capsule MO	3	
ethosuximide 250 mg/5 ml soln MO	4	
etodolac 200 mg capsule MO	2	
etodolac 300 mg capsule MO	2	
etodolac 400 mg tablet MO	2	
etodolac 500 mg tablet MO	2	
etodolac er 400 mg tablet MO	3	
etodolac er 500 mg tablet MO	3	
etodolac er 600 mg tablet MO	3	
FANAPT 1 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 10 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 12 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	4	PA,QL (60 per 30 days)
FANAPT 2 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 4 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 6 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 8 MG TABLET MO	4	PA,QL (60 per 30 days)
FAZACLO 100 MG DISINTEGRATING TABLET MO	4	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FAZACLO 12.5 MG DISINTEGRATING TABLET MO	4	ST
FAZACLO 150 MG DISINTEGRATING TABLET MO	4	ST
FAZACLO 200 MG DISINTEGRATING TABLET MO	4	ST
FAZACLO 25 MG DISINTEGRATING TABLET MO	4	ST
felbamate 400 mg tablet MO	4	
felbamate 600 mg tablet MO	4	
felbamate 600 mg/5 ml susp MO	5	
fenoprofen 600 mg tablet MO	4	
fenoprofen calcium 400 mg cap MO	4	
fentanyl 0.05 mg/ml ampul MO	4	QL (720 per 30 days)
fentanyl 0.05 mg/ml syringe MO	4	QL (240 per 30 days)
fentanyl 100 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 12 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 25 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 50 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 75 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg MO	5	PA,QL (120 per 30 days)
fentanyl cit otfc 1,600 mcg MO	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 200 mcg MO	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 400 mcg MO	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 600 mcg MO	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 800 mcg MO	5	PA,QL (120 per 30 days)
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK MO	4	PA,QL (28 per 28 days)
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH MO	4	PA,QL (60 per 30 days)
flumazenil 0.1 mg/ml vial MO	2	
fluoxetine 20 mg/5 ml solution MO	2	
fluoxetine dr 90 mg capsule MO	4	QL (4 per 28 days)
fluoxetine hcl 10 mg capsule MO	2	QL (60 per 30 days)
fluoxetine hcl 10 mg tablet MO	2	
fluoxetine hcl 20 mg capsule MO	2	QL (120 per 30 days)
fluoxetine hcl 20 mg tablet MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoxetine hcl 40 mg capsule MO	2	QL (60 per 30 days)
fluoxetine hcl 60 mg tablet MO	2	QL (30 per 30 days)
fluphenazine 1 mg tablet MO	2	
fluphenazine 10 mg tablet MO	2	
fluphenazine 2.5 mg tablet MO	2	
fluphenazine 2.5 mg/5 ml elix MO	2	
fluphenazine 2.5 mg/ml vial MO	2	
fluphenazine 5 mg tablet MO	2	
fluphenazine 5 mg/ml conc MO	2	
fluphenazine dec 25 mg/ml vial MO	4	
flurbiprofen 100 mg tablet MO	2	
flurbiprofen 50 mg tablet MO	2	
fluvoxamine er 100 mg capsule MO	4	QL (60 per 30 days)
fluvoxamine er 150 mg capsule MO	4	QL (60 per 30 days)
fluvoxamine maleate 100 mg tab MO	3	QL (90 per 30 days)
fluvoxamine maleate 25 mg tab MO	3	QL (90 per 30 days)
fluvoxamine maleate 50 mg tab MO	3	QL (90 per 30 days)
fosphenytoin 100 mg pe/2 ml vl MO	1	
fosphenytoin 500 mg pe/10 ml MO	1	
FYCOMPA 10 MG TABLET MO	4	PA,QL (30 per 30 days)
FYCOMPA 12 MG TABLET MO	4	PA,QL (30 per 30 days)
FYCOMPA 2 MG TABLET MO	4	PA,QL (30 per 30 days)
FYCOMPA 4 MG TABLET MO	4	PA,QL (30 per 30 days)
FYCOMPA 6 MG TABLET MO	4	PA,QL (30 per 30 days)
FYCOMPA 8 MG TABLET MO	4	PA,QL (30 per 30 days)
gabapentin 100 mg capsule MO	2	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln MO	3	
gabapentin 250 mg/5 ml soln MO	3	
gabapentin 300 mg capsule MO	2	QL (270 per 30 days)
gabapentin 300 mg/6 ml soln MO	3	
gabapentin 400 mg capsule MO	2	QL (270 per 30 days)
gabapentin 600 mg tablet MO	2	QL (180 per 30 days)
gabapentin 800 mg tablet MO	2	QL (180 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION MO	4	
HALDOL 5 MG/ML INJECTION SOLUTION MO	4	

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
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION MO	4	PA
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION MO	4	
haloperidol 0.5 mg tablet MO	2	
haloperidol 1 mg tablet MO	2	
haloperidol 10 mg tablet MO	2	
haloperidol 2 mg tablet MO	2	
haloperidol 20 mg tablet MO	2	
haloperidol 5 mg tablet MO	2	
haloperidol dec 100 mg/ml vial MO	4	
haloperidol dec 50 mg/ml vial MO	4	
haloperidol lac 2 mg/ml conc MO	2	
haloperidol lac 5 mg/ml vial MO	2	
hydrocodon-acetaminoph 2.5-325 MO	3	QL (360 per 30 days)
hydrocodon-acetaminoph 7.5-325 MO	3	QL (360 per 30 days)
hydrocodon-acetaminophen 5-325 MO	3	QL (360 per 30 days)
hydrocodon-acetaminophn 10-325 MO	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15 MO	3	QL (5520 per 30 days)
hydrocodone-acetamin 5-163/7.5 MO	3	QL (5520 per 30 days)
hydromorphone 0.5 mg/0.5 ml MO	4	QL (720 per 30 days)
hydromorphone 1 mg/ml syringe MO	4	QL (720 per 30 days)
hydromorphone 2 mg tablet MO	3	QL (360 per 30 days)
hydromorphone 2 mg/ml syringe MO	4	QL (360 per 30 days)
hydromorphone 2 mg/ml vial MO	4	QL (360 per 30 days)
hydromorphone 3 mg suppos MO	4	QL (120 per 30 days)
hydromorphone 4 mg tablet MO	3	QL (360 per 30 days)
hydromorphone 4 mg/ml syrin MO	4	QL (180 per 30 days)
hydromorphone 50 mg/5 ml vial MO	4	QL (144 per 30 days)
hydromorphone 8 mg tablet MO	3	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp MO	4	QL (720 per 30 days)
hydromorphone hcl 2 mg/ml amp MO	4	QL (360 per 30 days)
hydromorphone hcl 4 mg/ml amp MO	4	QL (180 per 30 days)
ibuprofen 100 mg/5 ml susp MO	1	
ibuprofen 400 mg tablet MO	1	
ibuprofen 600 mg tablet MO	1	
ibuprofen 800 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
imipramine hcl 10 mg tablet MO	2	PA
imipramine hcl 25 mg tablet MO	2	PA
imipramine hcl 50 mg tablet MO	2	PA
imipramine pamoate 100 mg cap MO	4	PA
imipramine pamoate 125 mg cap MO	4	PA
imipramine pamoate 150 mg cap MO	4	PA
imipramine pamoate 75 mg cap MO	4	PA
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION MO	4	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION MO	4	QL (150 per 30 days)
INVEGA 1.5 MG TABLET,EXTENDED RELEASE MO	5	ST,QL (30 per 30 days)
INVEGA 3 MG TABLET,EXTENDED RELEASE MO	5	ST,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE MO	5	ST,QL (60 per 30 days)
INVEGA 9 MG TABLET,EXTENDED RELEASE MO	5	ST,QL (30 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE MO	5	QL (2 per 30 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE MO	5	QL (2 per 30 days)
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE MO	5	QL (2 per 30 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 30 days)
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 30 days)
ketoprofen 50 mg capsule MO	2	
ketoprofen 75 mg capsule MO	2	
ketoprofen er 200 mg capsule MO	4	
LAMICTAL 2 MG CHEWABLE DISPERSIBLE TABLET MO	4	
LAMICTAL ODT 100 MG DISINTEGRATING TABLET MO	4	
LAMICTAL ODT 200 MG DISINTEGRATING TABLET MO	4	
LAMICTAL ODT 25 MG DISINTEGRATING TABLET MO	4	
LAMICTAL ODT 50 MG DISINTEGRATING TABLET MO	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING MO	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT MO	4	
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT MO	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK MO	4	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK MO	4	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE MO	4	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL MO	4	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL MO	4	
lamotrigine 100 mg tablet MO	2	
lamotrigine 150 mg tablet MO	2	
lamotrigine 200 mg tablet MO	2	
lamotrigine 25 mg disper tab MO	2	
lamotrigine 25 mg tablet MO	2	
lamotrigine 25 mg tb start kit MO	2	
lamotrigine 5 mg disper tablet MO	2	
lamotrigine er 100 mg tablet MO	4	
lamotrigine er 200 mg tablet MO	4	
lamotrigine er 25 mg tablet MO	4	
lamotrigine er 250 mg tablet MO	4	
lamotrigine er 300 mg tablet MO	4	
lamotrigine er 50 mg tablet MO	4	
LATUDA 120 MG TABLET MO	5	PA,QL (30 per 30 days)
LATUDA 20 MG TABLET MO	5	PA,QL (30 per 30 days)
LATUDA 40 MG TABLET MO	5	PA,QL (30 per 30 days)
LATUDA 60 MG TABLET MO	5	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET MO	5	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY NASAL SPRAY MO	5	PA,QL (30 per 30 days)
LAZANDA 400 MCG/SPRAY NASAL SPRAY MO	5	PA,QL (30 per 30 days)
levetiracetam 1,000 mg tablet MO	2	
levetiracetam 100 mg/ml soln MO	3	
levetiracetam 250 mg tablet MO	2	
levetiracetam 500 mg tablet MO	2	
levetiracetam 500 mg/5 ml soln MO	4	
levetiracetam 500 mg/5 ml vial MO	4	
levetiracetam 750 mg tablet MO	2	
levetiracetam er 500 mg tablet MO	2	
levetiracetam er 750 mg tablet MO	2	
levetiracetam-nacl 1,000mg/100 MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levetiracetam-nacl 1,500mg/100 MO	2	
levetiracetam-nacl 500 mg/100 MO	2	
levorphanol 2 mg tablet MO	4	QL (240 per 30 days)
lithium 8 meq/5 ml solution MO	2	
lithium 8 meq/5 ml solution MO	2	
lithium carbonate 150 mg cap MO	2	
lithium carbonate 300 mg cap MO	2	
lithium carbonate 300 mg tab MO	2	
lithium carbonate 600 mg cap MO	2	
lithium carbonate er 300 mg tb MO	2	
lithium er 450 mg tablet MO	2	
lorazepam 0.5 mg tablet MO	3	QL (90 per 30 days)
lorazepam 1 mg tablet MO	3	QL (90 per 30 days)
lorazepam 2 mg tablet MO	3	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent MO	3	QL (150 per 30 days)
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE MO	3	QL (150 per 30 days)
loxapine 10 mg capsule MO	3	
loxapine 25 mg capsule MO	3	
loxapine 5 mg capsule MO	3	
loxapine 50 mg capsule MO	3	
LUNESTA 1 MG TABLET MO	4	PA
LUNESTA 2 MG TABLET MO	4	PA
LUNESTA 3 MG TABLET MO	4	PA
LYRICA 100 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 150 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MO	4	QL (900 per 30 days)
LYRICA 200 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 225 MG CAPSULE MO	4	QL (60 per 30 days)
LYRICA 25 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 300 MG CAPSULE MO	4	QL (60 per 30 days)
LYRICA 50 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 75 MG CAPSULE MO	4	QL (90 per 30 days)
magnesium chl 200 mg/ml vial MO	2	
magnesium sulf 4% iv soln MO	2	
magnesium sulf 8% iv soln MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
magnesium sulfate 50% syringe MO	2	
magnesium sulfate 50% vial MO	2	
magnesium-d5w 1 gm/100 ml soln MO	2	
maprotiline 25 mg tablet MO	4	
maprotiline 50 mg tablet MO	4	
maprotiline 75 mg tablet MO	4	
MARPLAN 10 MG TABLET MO	4	
meclofenamate 100 mg capsule MO	4	
meclofenamate 50 mg capsule MO	4	
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	3	QL (300 per 30 days)
methadone 10 mg/5 ml solution MO	3	QL (1800 per 30 days)
methadone 10 mg/ml oral conc MO	3	QL (360 per 30 days)
methadone 5 mg/5 ml solution MO	3	QL (3600 per 30 days)
methadone hcl 10 mg tablet MO	3	QL (240 per 30 days)
methadone hcl 10 mg/ml vial MO	3	QL (360 per 30 days)
methadone hcl 5 mg tablet MO	3	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate MO	3	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE MO	3	QL (360 per 30 days)
methamphetamine 5 mg tablet MO	4	QL (150 per 30 days)
METHYLIN 10 MG CHEWABLE TABLET MO	4	QL (180 per 30 days)
METHYLIN 2.5 MG CHEWABLE TABLET MO	4	QL (150 per 30 days)
METHYLIN 5 MG CHEWABLE TABLET MO	4	QL (150 per 30 days)
methylphenidate 10 mg tablet MO	3	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol MO	4	QL (900 per 30 days)
methylphenidate 20 mg tablet MO	3	QL (90 per 30 days)
methylphenidate 5 mg tablet MO	3	QL (90 per 30 days)
methylphenidate 5 mg/5 ml soln MO	4	QL (1800 per 30 days)
methylphenidate er 10 mg tab MO	4	QL (90 per 30 days)
methylphenidate er 18 mg tab MO	4	QL (30 per 30 days)
methylphenidate er 20 mg tab MO	4	QL (90 per 30 days)
methylphenidate er 27 mg tab MO	4	QL (30 per 30 days)
methylphenidate er 36 mg tab MO	4	QL (60 per 30 days)
methylphenidate er 54 mg tab MO	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylphenidate la 20 mg cap ^{MO}	4	QL (30 per 30 days)
methylphenidate la 30 mg cap ^{MO}	4	QL (60 per 30 days)
methylphenidate la 40 mg cap ^{MO}	4	QL (30 per 30 days)
mirtazapine 15 mg odt ^{MO}	4	QL (30 per 30 days)
mirtazapine 15 mg tablet ^{MO}	2	QL (30 per 30 days)
mirtazapine 30 mg odt ^{MO}	4	QL (30 per 30 days)
mirtazapine 30 mg tablet ^{MO}	2	QL (30 per 30 days)
mirtazapine 45 mg odt ^{MO}	4	QL (30 per 30 days)
mirtazapine 45 mg tablet ^{MO}	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet ^{MO}	2	
modafinil 100 mg tablet ^{MO}	4	PA,QL (60 per 30 days)
modafinil 200 mg tablet ^{MO}	4	PA,QL (60 per 30 days)
morphine 0.5 mg/ml vial ^{MO}	3	QL (7200 per 30 days)
morphine 1 mg/ml vial p-f ^{MO}	3	QL (3600 per 30 days)
morphine 10 mg/ml carpuject ^{MO}	3	QL (360 per 30 days)
morphine 10 mg/ml syringe ^{MO}	3	QL (360 per 30 days)
morphine 10 mg/ml vial ^{MO}	3	QL (360 per 30 days)
morphine 15 mg/ml carpuject ^{MO}	3	QL (240 per 30 days)
morphine 2 mg/ml carpuject ^{MO}	3	QL (1800 per 30 days)
morphine 2 mg/ml isecure syr ^{MO}	3	QL (1800 per 30 days)
morphine 2 mg/ml syringe ^{MO}	3	QL (1800 per 30 days)
morphine 300 mg/20 ml vial ^{MO}	3	QL (600 per 30 days)
morphine 4 mg/ml carpuject ^{MO}	3	QL (900 per 30 days)
morphine 4 mg/ml isecure syr ^{MO}	3	QL (900 per 30 days)
morphine 5 mg/ml syringe ^{MO}	3	QL (720 per 30 days)
morphine 5 mg/ml vial ^{MO}	3	QL (720 per 30 days)
morphine 8 mg/ml syringe ^{MO}	3	QL (450 per 30 days)
morphine 8 mg/ml vial ^{MO}	3	QL (450 per 30 days)
morphine sulf 10 mg suppos ^{MO}	3	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln ^{MO}	3	QL (2700 per 30 days)
morphine sulf 100 mg/5 ml soln ^{MO}	3	QL (600 per 30 days)
morphine sulf 20 mg suppos ^{MO}	3	QL (180 per 30 days)
morphine sulf 20 mg/5 ml soln ^{MO}	3	QL (1350 per 30 days)
morphine sulf 30 mg suppos ^{MO}	3	QL (180 per 30 days)
morphine sulf 5 mg suppos ^{MO}	3	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine sulf er 100 mg tablet ^{MO}	3	QL (180 per 30 days)
morphine sulf er 15 mg tablet ^{MO}	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet ^{MO}	3	QL (90 per 30 days)
morphine sulf er 30 mg tablet ^{MO}	3	QL (120 per 30 days)
morphine sulf er 60 mg tablet ^{MO}	3	QL (120 per 30 days)
morphine sulfate 1 mg/ml vial ^{MO}	3	QL (3600 per 30 days)
morphine sulfate 25 mg/ml vial ^{MO}	3	QL (150 per 30 days)
morphine sulfate 25 mg/ml vl ^{MO}	3	QL (150 per 30 days)
morphine sulfate 50 mg/ml vial ^{MO}	3	QL (240 per 30 days)
morphine sulfate er 10 mg cap ^{MO}	3	QL (60 per 30 days)
morphine sulfate er 100 mg cap ^{MO}	3	QL (60 per 30 days)
morphine sulfate er 120 mg cap ^{MO}	3	QL (60 per 30 days)
morphine sulfate er 20 mg cap ^{MO}	3	QL (60 per 30 days)
morphine sulfate er 30 mg cap ^{MO}	3	QL (60 per 30 days)
morphine sulfate er 30 mg cap ^{MO}	3	QL (30 per 30 days)
morphine sulfate er 45 mg cap ^{MO}	3	QL (30 per 30 days)
morphine sulfate er 50 mg cap ^{MO}	3	QL (60 per 30 days)
morphine sulfate er 60 mg cap ^{MO}	3	QL (60 per 30 days)
morphine sulfate er 60 mg cap ^{MO}	3	QL (60 per 30 days)
morphine sulfate er 75 mg cap ^{MO}	3	QL (60 per 30 days)
morphine sulfate er 80 mg cap ^{MO}	3	QL (60 per 30 days)
morphine sulfate er 90 mg cap ^{MO}	3	QL (60 per 30 days)
morphine sulfate ir 15 mg tab ^{MO}	3	QL (180 per 30 days)
morphine sulfate ir 30 mg tab ^{MO}	3	QL (180 per 30 days)
nabumetone 500 mg tablet ^{MO}	2	
nabumetone 750 mg tablet ^{MO}	2	
nalbuphine 100 mg/10 ml vial ^{MO}	4	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial ^{MO}	4	QL (120 per 30 days)
NALFON 400 MG CAPSULE ^{MO}	4	
naloxone 0.4 mg/ml syringe ^{MO}	2	
naloxone 0.4 mg/ml vial ^{MO}	2	
naloxone 2 mg/2 ml syringe ^{MO}	2	
naltrexone 50 mg tablet ^{MO}	2	
NAMENDA 10 MG TABLET ^{MO}	3	PA,QL (60 per 30 days)
NAMENDA 10 MG/5 ML ORAL SOLUTION ^{MO}	3	PA,QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAMENDA 5 MG TABLET MO	3	PA,QL (60 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 CAPSULE SPRINKLE,ER 24HR MO	3	PA,QL (30 per 30 days)
NAMENDA XR 21 MG CAPSULE SPRINKLE,ER 24HR MO	3	PA,QL (30 per 30 days)
NAMENDA XR 28 MG CAPSULE SPRINKLE,ER 24HR MO	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG CAPSULE SPRINKLE,ER 24HR 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)
naproxen 125 mg/5 ml suspen MO	3	
naproxen 250 mg tablet MO	2	
naproxen 375 mg tablet MO	2	
naproxen 500 mg tablet MO	2	
naproxen dr 375 mg tablet MO	2	
naproxen dr 500 mg tablet MO	2	
naproxen sodium 275 mg tab MO	2	
naproxen sodium 550 mg tab MO	2	
naratriptan hcl 1 mg tablet MO	4	QL (9 per 30 days)
naratriptan hcl 2.5 mg tablet MO	4	QL (9 per 30 days)
nefazodone hcl 100 mg tablet MO	4	
nefazodone hcl 150 mg tablet MO	4	
nefazodone hcl 200 mg tablet MO	4	
nefazodone hcl 250 mg tablet MO	4	
nefazodone hcl 50 mg tablet MO	4	
NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
nortriptyline 10 mg/5 ml sol MO	2	
nortriptyline hcl 10 mg cap MO	2	
nortriptyline hcl 25 mg cap MO	2	
nortriptyline hcl 50 mg cap MO	2	
nortriptyline hcl 75 mg cap MO	2	
NUJEXTA 20 MG-10 MG CAPSULE MO	3	QL (60 per 30 days)
NUVIGIL 150 MG TABLET MO	4	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUVIGIL 200 MG TABLET MO	4	PA,QL (30 per 30 days)
NUVIGIL 250 MG TABLET MO	4	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET MO	4	PA,QL (60 per 30 days)
olanzapine 10 mg tablet MO	3	QL (30 per 30 days)
olanzapine 10 mg vial MO	3	QL (60 per 30 days)
olanzapine 15 mg tablet MO	3	QL (60 per 30 days)
olanzapine 2.5 mg tablet MO	3	QL (30 per 30 days)
olanzapine 20 mg tablet MO	3	QL (60 per 30 days)
olanzapine 5 mg tablet MO	3	QL (30 per 30 days)
olanzapine 7.5 mg tablet MO	3	QL (30 per 30 days)
olanzapine odt 10 mg tablet MO	4	QL (30 per 30 days)
olanzapine odt 15 mg tablet MO	4	QL (60 per 30 days)
olanzapine odt 20 mg tablet MO	4	QL (60 per 30 days)
olanzapine odt 5 mg tablet MO	4	QL (30 per 30 days)
ONFI 10 MG TABLET MO	4	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION MO	4	PA,QL (480 per 30 days)
ONFI 20 MG TABLET MO	4	PA,QL (60 per 30 days)
ONFI 5 MG TABLET MO	4	PA,QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 15 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
OPANA ER 7.5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	3	QL (60 per 30 days)
ORAP 1 MG TABLET MO	4	
ORAP 2 MG TABLET MO	4	
oxaprozin 600 mg tablet MO	4	
oxazepam 10 mg capsule MO	4	
oxazepam 15 mg capsule MO	4	
oxazepam 30 mg capsule MO	4	
oxcarbazepine 150 mg tablet MO	3	
oxcarbazepine 300 mg tablet MO	3	
oxcarbazepine 300 mg/5 ml susp MO	3	
oxcarbazepine 600 mg tablet 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
oxycodon-acetaminophen 2.5-325 MO	3	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-325 MO	3	QL (360 per 30 days)
oxycodone hcl 10 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml soln MO	4	QL (270 per 30 days)
oxycodone hcl 15 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 20 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 30 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 5 mg capsule MO	3	QL (360 per 30 days)
oxycodone hcl 5 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln MO	3	QL (5400 per 30 days)
oxycodone-acetaminophen 10-325 MO	3	QL (360 per 30 days)
oxycodone-acetaminophen 5-325 MO	3	QL (360 per 30 days)
oxycodone-aspirin 4.83-325 mg MO	4	QL (360 per 30 days)
oxycodone-ibuprofen 5-400 tab MO	3	QL (240 per 30 days)
paroxetine cr 12.5 mg tablet MO	4	QL (60 per 30 days)
paroxetine cr 25 mg tablet MO	4	QL (90 per 30 days)
paroxetine cr 37.5 mg tablet MO	4	QL (60 per 30 days)
paroxetine hcl 10 mg tablet MO	2	QL (30 per 30 days)
paroxetine hcl 20 mg tablet MO	2	QL (30 per 30 days)
paroxetine hcl 30 mg tablet MO	2	QL (60 per 30 days)
paroxetine hcl 40 mg tablet MO	2	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION MO	4	
PEGANONE 250 MG TABLET MO	4	
perphen-amitrip 2 mg-10 mg tab MO	3	PA
perphen-amitrip 2 mg-25 mg tab MO	3	PA
perphen-amitrip 4 mg-10 mg tab MO	3	PA
perphen-amitrip 4 mg-25 mg tab MO	3	PA
perphen-amitrip 4 mg-50 mg tab MO	3	PA
perphenazine 16 mg tablet MO	4	
perphenazine 2 mg tablet MO	4	
perphenazine 4 mg tablet MO	4	
perphenazine 8 mg tablet MO	4	
phenelzine sulfate 15 mg tab MO	3	
phenobarbital 100 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 15 mg tablet MO	3	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital 16.2 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 20 mg/5 ml elix MO	3	PA,QL (1500 per 30 days)
phenobarbital 30 mg tablet MO	3	PA,QL (300 per 30 days)
phenobarbital 32.4 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 60 mg tablet MO	3	PA,QL (120 per 30 days)
phenobarbital 64.8 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 97.2 mg tablet MO	3	PA,QL (90 per 30 days)
PHENYTEK 200 MG CAPSULE MO	3	
PHENYTEK 300 MG CAPSULE MO	3	
phenytoin 100 mg/4 ml susp MO	2	
phenytoin 125 mg/5 ml susp MO	3	
phenytoin 50 mg tablet chew MO	3	
phenytoin 50 mg/ml syringe MO	2	
phenytoin 50 mg/ml vial MO	2	
phenytoin sod ext 100 mg cap MO	2	
phenytoin sod ext 200 mg cap MO	2	
phenytoin sod ext 300 mg cap MO	2	
piroxicam 10 mg capsule MO	3	
piroxicam 20 mg capsule MO	3	
POTIGA 200 MG TABLET MO	5	PA
POTIGA 300 MG TABLET MO	5	PA
POTIGA 400 MG TABLET MO	5	PA
POTIGA 50 MG TABLET MO	5	PA
pramipexole 0.125 mg tablet MO	2	
pramipexole 0.25 mg tablet MO	2	
pramipexole 0.5 mg tablet MO	2	
pramipexole 0.75 mg tablet MO	2	
pramipexole 1 mg tablet MO	2	
pramipexole 1.5 mg tablet MO	2	
PRIALT 100 MCG/ML INTRATHECAL SOLUTION MO	5	
PRIALT 25 MCG/ML INTRATHECAL SOLUTION MO	5	
primidone 250 mg tablet MO	2	
primidone 50 mg tablet MO	2	
PRISTIQ 100 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
protriptyline hcl 10 mg tablet MO	4	
protriptyline hcl 5 mg tablet MO	4	
quetiapine fumarate 100 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 200 mg tab MO	2	QL (120 per 30 days)
quetiapine fumarate 25 mg tab MO	2	QL (120 per 30 days)
quetiapine fumarate 300 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 400 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 50 mg tab MO	2	QL (120 per 30 days)
revia 50 mg tablet MO	4	
riluzole 50 mg tablet SP	4	
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (4 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE MO	5	QL (4 per 28 days)
risperidone 0.25 mg odt MO	4	QL (60 per 30 days)
risperidone 0.25 mg tablet MO	2	QL (60 per 30 days)
risperidone 0.5 mg odt MO	4	QL (120 per 30 days)
risperidone 0.5 mg tablet MO	2	QL (120 per 30 days)
risperidone 1 mg odt MO	4	QL (60 per 30 days)
risperidone 1 mg tablet MO	2	QL (60 per 30 days)
risperidone 1 mg/ml solution MO	3	
risperidone 2 mg odt MO	4	QL (60 per 30 days)
risperidone 2 mg tablet MO	2	QL (60 per 30 days)
risperidone 3 mg odt MO	4	QL (60 per 30 days)
risperidone 3 mg tablet MO	2	QL (60 per 30 days)
risperidone 4 mg odt MO	4	QL (60 per 30 days)
risperidone 4 mg tablet MO	2	QL (60 per 30 days)
rizatriptan 10 mg odt MO	4	QL (12 per 30 days)
rizatriptan 10 mg tablet MO	4	QL (12 per 30 days)
rizatriptan 5 mg odt MO	4	QL (12 per 30 days)
rizatriptan 5 mg tablet MO	4	QL (12 per 30 days)
ropinirole hcl 0.25 mg tablet MO	2	
ropinirole hcl 0.5 mg tablet MO	2	
ropinirole hcl 1 mg tablet MO	2	
ropinirole hcl 2 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ropinirole hcl 3 mg tablet MO	2	
ropinirole hcl 4 mg tablet MO	2	
ropinirole hcl 5 mg tablet MO	2	
ropinirole hcl er 12 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 2 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 4 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 6 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 8 mg tablet MO	4	QL (90 per 30 days)
ROXICET 5 MG-325 MG TABLET MO	3	QL (360 per 30 days)
ROXICET 5 MG-325 MG/5 ML ORAL SOLUTION MO	3	QL (1830 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET SP	5	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET SP	5	PA,QL (180 per 30 days)
salsalate 500 mg tablet MO	3	
salsalate 750 mg tablet MO	3	
SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET MO	5	PA,QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET MO	4	PA,QL (60 per 30 days)
SAPHRIS 10 MG SUBLINGUAL TABLET MO	5	PA,QL (60 per 30 days)
SAPHRIS 5 MG SUBLINGUAL TABLET MO	5	PA,QL (60 per 30 days)
SAVELLA 100 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	3	QL (60 per 30 days)
SAVELLA 12.5 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 25 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 50 MG TABLET MO	3	QL (60 per 30 days)
selegiline hcl 5 mg capsule MO	4	
selegiline hcl 5 mg tablet MO	4	
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
sertraline 20 mg/ml oral conc MO	1	
sertraline hcl 100 mg tablet MO	1	QL (60 per 30 days)
sertraline hcl 25 mg tablet MO	1	QL (90 per 30 days)
sertraline hcl 50 mg tablet MO	1	QL (90 per 30 days)
STAVZOR 125 MG CAPSULE,DELAYED RELEASE MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STAVZOR 250 MG CAPSULE,DELAYED RELEASE MO	4	
STAVZOR 500 MG CAPSULE,DELAYED RELEASE MO	4	
STRATTERA 10 MG CAPSULE MO	4	PA,QL (60 per 30 days)
STRATTERA 100 MG CAPSULE MO	4	PA,QL (30 per 30 days)
STRATTERA 18 MG CAPSULE MO	4	PA,QL (60 per 30 days)
STRATTERA 25 MG CAPSULE MO	4	PA,QL (60 per 30 days)
STRATTERA 40 MG CAPSULE MO	4	PA,QL (60 per 30 days)
STRATTERA 60 MG CAPSULE MO	4	PA,QL (30 per 30 days)
STRATTERA 80 MG CAPSULE MO	4	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MO	4	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
sufentanil 250 mcg/5 ml ampul MO	3	QL (1440 per 30 days)
sulindac 150 mg tablet MO	2	
sulindac 200 mg tablet MO	2	
sumatriptan 20 mg nasal spray MO	4	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml cart MO	4	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml inject MO	4	QL (6 per 30 days)
sumatriptan 5 mg nasal spray MO	4	QL (12 per 30 days)
sumatriptan 6 mg/0.5 ml inject MO	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml refill MO	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng MO	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial MO	4	QL (6 per 30 days)
sumatriptan succ 100 mg tablet MO	2	QL (9 per 30 days)
sumatriptan succ 25 mg tablet MO	2	QL (9 per 30 days)
sumatriptan succ 50 mg tablet MO	2	QL (9 per 30 days)
SURMONTIL 100 MG CAPSULE MO	4	PA
SURMONTIL 25 MG CAPSULE MO	4	PA
SURMONTIL 50 MG CAPSULE MO	4	PA
TASMAR 100 MG TABLET MO	4	PA
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE MO	4	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE MO	4	
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE MO	4	
temazepam 15 mg capsule MO	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
temazepam 30 mg capsule ^{MO}	4	QL (30 per 30 days)
thioridazine 10 mg tablet ^{MO}	2	PA
thioridazine 100 mg tablet ^{MO}	2	PA
thioridazine 25 mg tablet ^{MO}	2	PA
thioridazine 50 mg tablet ^{MO}	2	PA
thiothixene 1 mg capsule ^{MO}	2	
thiothixene 10 mg capsule ^{MO}	2	
thiothixene 2 mg capsule ^{MO}	2	
thiothixene 5 mg capsule ^{MO}	2	
tiagabine hcl 2 mg tablet ^{MO}	4	
tiagabine hcl 4 mg tablet ^{MO}	4	
tolmetin sodium 200 mg tab ^{MO}	3	
tolmetin sodium 400 mg cap ^{MO}	4	
tolmetin sodium 600 mg tab ^{MO}	4	
topiramate 100 mg tablet ^{MO}	2	QL (120 per 30 days)
topiramate 15 mg sprinkle cap ^{MO}	2	
topiramate 200 mg tablet ^{MO}	2	QL (120 per 30 days)
topiramate 25 mg sprinkle cap ^{MO}	2	
topiramate 25 mg tablet ^{MO}	2	QL (90 per 30 days)
topiramate 50 mg tablet ^{MO}	2	QL (120 per 30 days)
tramadol hcl 50 mg tablet ^{MO}	2	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 ^{MO}	3	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab ^{MO}	4	
trazodone 100 mg tablet ^{MO}	2	
trazodone 150 mg tablet ^{MO}	2	
trazodone 300 mg tablet ^{MO}	2	
trazodone 50 mg tablet ^{MO}	2	
TREXIMET 85 MG-500 MG TABLET ^{MO}	4	QL (18 per 30 days)
trifluoperazine 1 mg tablet ^{MO}	3	
trifluoperazine 10 mg tablet ^{MO}	3	
trifluoperazine 2 mg tablet ^{MO}	3	
trifluoperazine 5 mg tablet ^{MO}	3	
trihexyphenidyl 2 mg tablet ^{MO}	2	PA
trihexyphenidyl 2 mg/5 ml elx ^{MO}	2	PA
trihexyphenidyl 5 mg tablet ^{MO}	2	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trimipramine maleate 100 mg cp MO	4	PA
trimipramine maleate 25 mg cap MO	4	PA
trimipramine maleate 50 mg cap MO	4	PA
ULTIVA 1 MG INTRAVENOUS SOLUTION MO	4	QL (450 per 30 days)
ULTIVA 2 MG INTRAVENOUS SOLUTION MO	4	QL (240 per 30 days)
ULTIVA 5 MG INTRAVENOUS SOLUTION MO	4	QL (90 per 30 days)
valproate sod 500 mg/5 ml vl MO	2	
valproic acid 250 mg capsule MO	2	
valproic acid 250 mg/5 ml soln MO	2	
valproic acid 500 mg/10 ml sol MO	2	
venlafaxine hcl 100 mg tablet MO	3	
venlafaxine hcl 25 mg tablet MO	3	
venlafaxine hcl 37.5 mg tablet MO	3	
venlafaxine hcl 50 mg tablet MO	3	
venlafaxine hcl 75 mg tablet MO	3	
venlafaxine hcl er 150 mg cap MO	2	QL (60 per 30 days)
venlafaxine hcl er 150 mg tab MO	4	QL (30 per 30 days)
venlafaxine hcl er 225 mg tab MO	4	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap MO	2	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg tab MO	4	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap MO	2	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab MO	4	QL (60 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION MO	4	ST,QL (540 per 30 days)
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK MO	4	PA,QL (30 per 30 days)
VIIBRYD 10 MG TABLET MO	4	PA,QL (30 per 30 days)
VIIBRYD 20 MG TABLET MO	4	PA,QL (30 per 30 days)
VIIBRYD 40 MG TABLET MO	4	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	4	QL (1395 per 30 days)
VIMPAT 100 MG TABLET MO	4	
VIMPAT 150 MG TABLET MO	4	
VIMPAT 200 MG TABLET MO	4	
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION MO	4	
VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK MO	4	
VIMPAT 50 MG TABLET MO	4	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE MO	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VOLTAREN 1 % TOPICAL GEL MO	4	
XENAZINE 12.5 MG TABLET SP	5	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET SP	5	PA,QL (120 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION SP	5	PA,QL (540 per 30 days)
zaleplon 10 mg capsule MO	2	QL (90 per 365 days)
zaleplon 5 mg capsule MO	2	QL (90 per 365 days)
ZARONTIN 250 MG CAPSULE MO	4	
ZARONTIN 250 MG/5 ML ORAL SOLUTION MO	4	
zenzedi 10 mg tablet MO	4	QL (180 per 30 days)
ZENZEDI 15 MG TABLET MO	4	QL (120 per 30 days)
ZENZEDI 2.5 MG TABLET MO	4	QL (90 per 30 days)
ZENZEDI 20 MG TABLET MO	4	QL (90 per 30 days)
ZENZEDI 30 MG TABLET MO	4	QL (60 per 30 days)
zenzedi 5 mg tablet MO	4	QL (150 per 30 days)
ZENZEDI 7.5 MG TABLET MO	4	QL (90 per 30 days)
ziprasidone hcl 20 mg capsule MO	4	QL (60 per 30 days)
ziprasidone hcl 40 mg capsule MO	4	QL (60 per 30 days)
ziprasidone hcl 60 mg capsule MO	4	QL (60 per 30 days)
ziprasidone hcl 80 mg capsule MO	4	QL (60 per 30 days)
zolpidem tartrate 10 mg tablet MO	1	QL (90 per 365 days)
zolpidem tartrate 5 mg tablet MO	1	QL (90 per 365 days)
zonisamide 100 mg capsule MO	2	
zonisamide 25 mg capsule MO	2	
zonisamide 50 mg capsule MO	2	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION MO	4	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION MO	5	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION MO	5	PA,QL (1 per 28 days)
DEVICES		
1ST TIER UNIFINE PENTIPS 29 X 1/2" NEEDLE MO	1	
1ST TIER UNIFINE PENTIPS 31 X 1/4" NEEDLE MO	1	
1ST TIER UNIFINE PENTIPS 31 X 3/16" NEEDLE MO	1	
1ST TIER UNIFINE PENTIPS 31 X 5/16" NEEDLE MO	1	
1ST TIER UNIFINE PENTIPS 32 X 5/32" NEEDLE MO	1	
ADVOCATE PEN NEEDLES 29 X 1/2" MO	1	
ADVOCATE PEN NEEDLES 31 X 3/16" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADVOCATE PEN NEEDLES 31 X 5/16" MO	1	
ADVOCATE SYRINGES 0.3 ML 29 X 1/2" MO	1	
ADVOCATE SYRINGES 0.3 ML 30 X 5/16" MO	1	
ADVOCATE SYRINGES 0.3 ML 31 X 5/16" MO	1	
ADVOCATE SYRINGES 1 ML 29 X 1/2" MO	1	
ADVOCATE SYRINGES 1 ML 30 X 5/16" MO	1	
ADVOCATE SYRINGES 1 ML 31 X 5/16" MO	1	
ADVOCATE SYRINGES 1/2 ML 29 X 1/2" MO	1	
ADVOCATE SYRINGES 1/2 ML 30 X 5/16" MO	1	
ADVOCATE SYRINGES 1/2 ML 31 X 5/16" MO	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 X 1/2" SYRINGE MO	1	
ASSURE ID INSULIN SAFETY 1 ML 29 X 1/2" SYRINGE MO	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO	1	
AUTOPEN 1 TO 16 UNITS SUBCUTANEOUS MO	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO	1	
AUTOPEN 2 TO 32 UNITS SUBCUTANEOUS MO	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 X 3/16" MO	1	
BD AUTOSHIELD PEN NEEDLE 29 X 3/16" MO	1	
BD AUTOSHIELD PEN NEEDLE 29 X 5/16" MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 X 1/2" SYRINGE MO	1	
BD INSULIN PEN NEEDLE UF MINI 31 X 3/16" MO	1	
BD INSULIN PEN NEEDLE UF ORIG 29 X 1/2" MO	1	
BD INSULIN PEN NEEDLE UF SHORT 31 X 5/16" MO	1	
BD INSULIN SYR 1 ML 25GX5/8" MO	1	
BD INSULIN SYR 1 ML 28GX1/2" MO	1	
BD INSULIN SYRINGE 1 ML 25 X 1" MO	1	
BD INSULIN SYRINGE 1 ML 25 X 5/8" MO	1	
BD INSULIN SYRINGE 1 ML 26 X 1/2" MO	1	
BD INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 15/64" MO	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 X 1/2" MO	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 X 1/2" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE SLIP TIP 1 ML MO	1	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE ULT-FINE II 1 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE ULT-FINE II 1/2 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 X 1/2" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 15/64" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 29 X 1/2" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 X 1/2" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 15/64" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 30 X 1/2" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 15/64" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 5/16" MO	1	
BD INTEGRA INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 X 1/2" SYRINGE MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 X 1/2" SYRINGE MO	1	
BD LO-DOSE ULTRA-FINE 0.3 ML 29 X 1/2" SYRINGE MO	1	
BD LO-DOSE ULTRA-FINE 1/2 ML 29 X 1/2" SYRINGE MO	1	
BD LUER-LOK SYRINGE 1 ML MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 X 5/8" MO	1	
BD ULTRA-FINE NANO PEN NEEDLES 32 X 5/32" MO	1	
CAREFINE PEN NEEDLE 29 X 1/2" MO	1	
CAREFINE PEN NEEDLE 30 X 5/16" MO	1	
CAREFINE PEN NEEDLE 31 X 1/4" MO	1	
CAREONE SYR 0.3 ML 29GX0.5" MO	1	
CAREONE SYR 0.3 ML 30GX5/16" MO	1	
CAREONE SYR 0.5 ML 29GX0.5" MO	1	
CAREONE SYR 0.5 ML 30GX5/16" MO	1	
CAREONE SYR 1 ML 29GX0.5" 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
CAREONE SYR 1 ML 30GX5/16" MO	1	
CLICKFINE 31 X 1/4" NEEDLE MO	1	
CLICKFINE 31 X 5/16" NEEDLE MO	1	
CLICKFINE 32 X 5/32" NEEDLE MO	1	
COMFORT EZ PEN NEEDLES 31 X 1/4" MO	1	
COMFORT EZ PEN NEEDLES 31 X 3/16" MO	1	
COMFORT EZ PEN NEEDLES 31 X 5/16" MO	1	
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16" MO	1	
COMFORT EZ PEN NEEDLES 32 X 1/4" MO	1	
COMFORT EZ PEN NEEDLES 32 X 5/16" MO	1	
COMFORT EZ PEN NEEDLES 32 X 5/32" MO	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4" MO	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16" MO	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16" MO	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32" MO	1	
COMFORT EZ SYRINGE 0.3 ML 29 X 1/2" MO	1	
COMFORT EZ SYRINGE 0.3 ML 30 X 1/2" MO	1	
COMFORT EZ SYRINGE 0.3 ML 30 X 5/16" MO	1	
COMFORT EZ SYRINGE 0.3 ML 31 X 5/16" MO	1	
COMFORT EZ SYRINGE 1 ML 28 X 1/2" MO	1	
COMFORT EZ SYRINGE 1 ML 29 X 1/2" MO	1	
COMFORT EZ SYRINGE 1 ML 30 X 1/2" MO	1	
COMFORT EZ SYRINGE 1 ML 30 X 5/16" MO	1	
COMFORT EZ SYRINGE 1 ML 31 X 5/16" MO	1	
COMFORT EZ SYRINGE 1/2 ML 28 X 1/2" MO	1	
COMFORT EZ SYRINGE 1/2 ML 29 X 1/2" MO	1	
COMFORT EZ SYRINGE 1/2 ML 30 X 1/2" MO	1	
COMFORT EZ SYRINGE 1/2 ML 30 X 5/16" MO	1	
COMFORT EZ SYRINGE 1/2 ML 31 X 5/16" MO	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" MO	1	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" MO	1	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
EASY COMFORT PEN NEEDLES 31 X 3/16" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY COMFORT PEN NEEDLES 31 X 5/16" MO	1	
EASY COMFORT PEN NEEDLES 32 X 5/32" MO	1	
EASY TOUCH 29 X 1/2" NEEDLE MO	1	
EASY TOUCH 31 X 1/4" NEEDLE MO	1	
EASY TOUCH 31 X 3/16" NEEDLE MO	1	
EASY TOUCH 31 X 5/16" NEEDLE MO	1	
EASY TOUCH 32 GAUGE X 3/16" NEEDLE MO	1	
EASY TOUCH 32 X 1/4" NEEDLE MO	1	
EASY TOUCH 32 X 5/32" NEEDLE MO	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" MO	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 X 5/16" MO	1	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" MO	1	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 27 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
EQL INSULIN 1 ML SYRINGE MO	1	
EXEL INSULIN 0.3 ML 29 X 1/2" SYRINGE MO	1	
EXEL INSULIN 1 ML 27 X 1/2" SYRINGE MO	1	
EXEL INSULIN 1 ML 30 X 5/16" SYRINGE MO	1	
EXEL INSULIN 1/2 ML 28 X 1/2" SYRINGE MO	1	
EXEL INSULIN 1/2 ML 30 X 5/16" SYRINGE MO	1	
GLUCOPRO INSUL SYR U100 0.5 ML MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCOPRO INSULIN SYR 0.3 ML MO	1	
GLUCOPRO INSULIN SYR 0.5 ML MO	1	
GLUCOPRO INSULIN SYR 0.5 ML MO	1	
GLUCOPRO INSULIN SYR 1 ML MO	1	
GLUCOPRO INSULIN SYR 1 ML MO	1	
GLUCOPRO SYRINGE U100 0.5 ML MO	1	
GLUCOPRO SYRINGE U100 1 ML MO	1	
GLUCOPRO U100 INSUL SYR 0.3 ML MO	1	
GLUCOPRO U100 INSUL SYR 0.3 ML MO	1	
GLUCOPRO U100 INSUL SYR 0.3 ML MO	1	
GLUCOPRO U100 INSULIN 1 ML SYR MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 X 1/2" NEEDLE MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 1/4" NEEDLE MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 3/16" NEEDLE MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 5/16" NEEDLE MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 32 X 5/32" NEEDLE MO	1	
HUMAPEN LUXURA HD SUBCUTANEOUS MO	1	
IN CONTROL PEN NEEDLE 29 X 1/2" MO	1	
IN CONTROL PEN NEEDLE 31 X 1/4" MO	1	
IN CONTROL PEN NEEDLE 31 X 5/16" MO	1	
INCONTROL 32 X 5/32" NEEDLE MO	1	
INCONTROL PEN NEEDLES 31 X 3/16" MO	1	
INSULIN 1 ML SYRINGE MO	1	
INSULIN 1/2 ML SYRINGE MO	1	
INSULIN 3/10 ML SYRINGE MO	1	
INSULIN PEN NEEDLE 29 X 1/2" MO	1	
INSULIN PEN NEEDLE 31 MO	1	
INSULIN PEN NEEDLE 31 X 1/4" MO	1	
INSULIN SYRIN 0.3 ML 30GX1/2" MO	1	
INSULIN SYRIN 0.3 ML 31GX5/16" MO	1	
INSULIN SYRIN 0.5 ML 30GX1/2" MO	1	
INSULIN SYRIN 0.5 ML 31GX5/16" MO	1	
INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN SYRINGE 1 ML 30GX1/2" MO	1	
INSULIN SYRINGE 1 ML 31GX5/16" MO	1	
INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
INSULIN SYRINGE MICROFINE 0.3 ML 28 X 1/2" MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 X 5/8" MO	1	
INSULIN SYRINGE MICROFINE 1/2 ML 28 X 1/2" MO	1	
INSULIN SYRINGE U100 1 ML MO	1	
INSULIN SYRINGE ULTRAFINE 1/2 ML 29 X 1/2" MO	1	
INSULIN SYRINGE/NEEDLE 0.5CC/27G 1/2 ML 27 X 1/2" MO	1	
INSUPEN 29 X 1/2" NEEDLE MO	1	
INSUPEN 30 X 5/16" NEEDLE MO	1	
INSUPEN 31 X 1/4" NEEDLE MO	1	
INSUPEN 31 X 5/16" NEEDLE MO	1	
INSUPEN 32 X 1/4" NEEDLE MO	1	
INSUPEN 32 X 5/16" NEEDLE MO	1	
INSUPEN 32 X 5/32" NEEDLE MO	1	
KMART VALU PLUS SYR 1/2 ML MO	1	
LEADER PEN NEEDLES 12MM 29G MO	1	
LEADER PEN NEEDLES 31G MO	1	
LITE TOUCH INSULIN PEN NEEDLES 29 X 1/2" MO	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 1/4" MO	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 3/16" MO	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 5/16" MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 28 MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 29 MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 MO	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MO	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" MO	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" MO	1	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" MO	1	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 X 5/16" MO	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" MO	1	
MAGELLAN SYRINGE 0.5 ML 30 X 5/16" MO	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
MEDI-JECTOR VISION MO	1	
MINI ULTRA-THIN II 31 X 3/16" NEEDLE MO	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" MO	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 X 5/16" MO	1	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 29 X 1/2" MO	1	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 30 X 5/16" MO	1	
MONOJECT INSULIN SAFETY SYRINGE 29 X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
MONOJECT INSULIN SYRINGE 1 ML MO	1	
MONOJECT INSULIN SYRINGE 1 ML 25 X 5/8" MO	1	
MONOJECT INSULIN SYRINGE 1 ML 27 X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
MONOJECT INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
MONOJECT SYRINGE 1/2 ML 28 MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 SYRINGE MO	1	
NOVOFINE 30 30 X 1/3" NEEDLE MO	1	
NOVOFINE 32 32 X 1/4" NEEDLE MO	1	
NOVOFINE AUTOCOVER 30 X 1/3" NEEDLE MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOPEN 3 INSULIN DEVICE MO	1	
NOVOPEN 3 PENMATE DEVICE MO	1	
NOVOPEN ECHO SUBCUTANEOUS MO	1	
NOVOPEN JR INSULIN DEVICE MO	1	
NOVOTWIST 30 X 1/3" NEEDLE MO	1	
NOVOTWIST 32 X 1/5" NEEDLE MO	1	
ORSINI INSUL SYR U100 0.5 ML MO	1	
ORSINI INSUL SYR U100 0.5 ML MO	1	
ORSINI INSUL SYR U100 1 ML MO	1	
PEN NEEDLE 29 GAUGE MO	1	
PEN NEEDLE 29 X 1/2" MO	1	
PEN NEEDLE 30 X 5/16" MO	1	
PEN NEEDLE 31 X 1/4" MO	1	
PEN NEEDLE 31 X 3/16" MO	1	
PEN NEEDLE 31 X 5/16" MO	1	
PEN NEEDLE 32 X 5/32" MO	1	
PEN NEEDLES 6MM 31G MO	1	
PREFERRED PLUS SYRINGE 0.5 ML MO	1	
PREFERRED PLUS SYRINGE 1 ML MO	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
PRODIGY INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
PRODIGY INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
PRODIGY PEN NEEDLE 29 X 1/2" MO	1	
PRODIGY PEN NEEDLE 31 X 3/16" MO	1	
PRODIGY PEN NEEDLE 31 X 5/16" MO	1	
PRODIGY SYRNG 1 ML 29GX1/2" MO	1	
RELI-ON INSULIN 0.3 ML SYR MO	1	
RELION INS SYR 0.3 ML 29GX1/2" MO	1	
RELION INS SYR 0.3 ML 30GX5/16" MO	1	
RELION INS SYR 1 ML 29GX1/2" MO	1	
RELION INS SYR 1 ML 30GX5/16" MO	1	
RELION NEEDLES 31 X 1/4" MO	1	
RELION PEN NEEDLES 32 X 5/32" MO	1	
RELION SYR 0.5 ML 30GX5/16" MO	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SAFESNAP INSULIN SYRINGE 0.5 ML 29 X 1/2" MO	1	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 X 5/16" MO	1	
SAFESNAP INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
SAFESNAP INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE U-100 1/2 ML 29 X 1/2" MO	1	
SURE COMFORT PEN NEEDLE 29 X 1/2" MO	1	
SURE COMFORT PEN NEEDLE 30 X 5/16" MO	1	
SURE COMFORT PEN NEEDLE 31 X 3/16" MO	1	
SURE COMFORT PEN NEEDLE 31 X 5/16" MO	1	
SURE COMFORT PEN NEEDLE 32 X 5/32" MO	1	
SURE-FINE PEN NEEDLES 29 X 1/2" MO	1	
SURE-FINE PEN NEEDLES 31 X 3/16" MO	1	
SURE-FINE PEN NEEDLES 31 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE-JECT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
TERUMO INS SYRINGE U100-1 ML MO	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" MO	1	
TERUMO INSULIN SYRINGE 0.5CC/27G 1/2 ML 27 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1 ML 27 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
THINPRO INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
THINPRO INSULIN SYRINGE 1 ML 30 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
THINPRO INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" MO	1	
TOPCARE CLICKFINE 31 X 1/4" NEEDLE MO	1	
TOPCARE CLICKFINE 31 X 5/16" NEEDLE MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 X 1/2" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 30 X 5/16" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 31 X 5/16" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1 ML 29 X 1/2" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1 ML 30 X 5/16" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1 ML 31 X 5/16" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 29 X 1/2" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 30 X 5/16" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 31 X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 0.3 ML 29 X 1/2" SYRINGE MO	1	
TRUEPLUS INSULIN 0.3 ML 30 X 5/16" SYRINGE MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUEPLUS INSULIN 0.3 ML 31 X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 1 ML 28 X 1/2" SYRINGE MO	1	
TRUEPLUS INSULIN 1 ML 29 X 1/2" SYRINGE MO	1	
TRUEPLUS INSULIN 1 ML 30 X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 1 ML 31 X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 1/2 ML 28 X 1/2" SYRINGE MO	1	
TRUEPLUS INSULIN 1/2 ML 29 X 1/2" SYRINGE MO	1	
TRUEPLUS INSULIN 1/2 ML 30 X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 1/2 ML 31 X 5/16" SYRINGE MO	1	
ULTICARE 0.3 ML 29 X 1/2" SYRINGE MO	1	
ULTICARE 0.3 ML 30 X 1/2" SYRINGE MO	1	
ULTICARE 0.3 ML 30 X 5/16" SYRINGE MO	1	
ULTICARE 0.3 ML 31 X 5/16" SYRINGE MO	1	
ULTICARE 1 ML 29 X 1/2" SYRINGE MO	1	
ULTICARE 1 ML 30 X 1/2" SYRINGE MO	1	
ULTICARE 1 ML 30 X 5/16" SYRINGE MO	1	
ULTICARE 1 ML 31 X 5/16" SYRINGE MO	1	
ULTICARE 1/2 ML 29 X 1/2" SYRINGE MO	1	
ULTICARE 1/2 ML 30 X 1/2" SYRINGE MO	1	
ULTICARE 1/2 ML 30 X 5/16" SYRINGE MO	1	
ULTICARE 1/2 ML 31 X 5/16" SYRINGE MO	1	
ULTICARE 29 X 1/2" NEEDLE MO	1	
ULTICARE 31 X 1/4" NEEDLE MO	1	
ULTICARE 31 X 5/16" NEEDLE MO	1	
ULTICARE 32 X 5/32" NEEDLE MO	1	
ULTICARE SYR 0.5 ML 29GX1/2" MO	1	
ULTICARE SYRIN 0.5 ML 28GX1/2" MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
ULTILET INSULIN SYRINGE 1 ML 29 MO	1	
ULTILET INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
ULTILET INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
ULTILET INSULIN SYRINGE 1 ML 31 X 5/16" 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
ULTILET INSULIN SYRINGE 1/2 ML 29 MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
ULTILET PEN NEEDLE 29 GAUGE MO	1	
ULTILET PEN NEEDLE 32 X 5/32" MO	1	
ULTRA COMFORT INSULIN SYRINGE MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
ULTRA-THIN II (SHORT) PEN NDL 31 X 5/16" NEEDLE MO	1	
ULTRA-THIN II INS PEN NEEDLES 29 X 1/2" MO	1	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
ULTRA-THIN II INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
ULTRA-THIN II SHORT NEEDLE 31 X 5/16" MO	1	
ULTRACOMFORT 29GX0.5 ML SYR MO	1	
ULTRACOMFORT 29GX1 ML SYRINGE MO	1	
ULTRACOMFORT 30GX0.5 ML SYR MO	1	
ULTRACOMFORT 30GX1 ML SYRINGE MO	1	
ULTRACOMFORT 31GX0.5 ML SYR MO	1	
ULTRACOMFORT 31GX1 ML SYRINGE MO	1	
ULTRACOMFORT INSUL SYR 0.5 ML MO	1	
ULTRACOMFORT INSUL SYR 0.5 ML MO	1	
ULTRACOMFORT INSUL SYR 0.5 ML MO	1	
ULTRACOMFORT INSULIN SYR 1 ML MO	1	
ULTRACOMFORT INSULIN SYR 1 ML MO	1	
ULTRACOMFORT INSULIN SYR 1 ML MO	1	
ULTRACOMFORT PEN NEEDLES 6MM MO	1	
ULTRACOMFORT PEN NEEDLES 8MM MO	1	
UNIFINE PENTIPS 29 GAUGE NEEDLE MO	1	
UNIFINE PENTIPS 29 X 1/2" NEEDLE MO	1	
UNIFINE PENTIPS 29 X 5/16" NEEDLE MO	1	
UNIFINE PENTIPS 30 X 5/16" NEEDLE MO	1	
UNIFINE PENTIPS 31 NEEDLE MO	1	
UNIFINE PENTIPS 31 X 1/4" NEEDLE MO	1	
UNIFINE PENTIPS 31 X 3/16" NEEDLE MO	1	
UNIFINE PENTIPS 31 X 5/16" NEEDLE MO	1	
UNIFINE PENTIPS 32 X 5/32" NEEDLE MO	1	
UNIFINE PENTIPS PLUS 31 X 1/4" NEEDLE MO	1	
UNIFINE PENTIPS PLUS 31 X 3/16" NEEDLE MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UNIFINE PENTIPS PLUS 31 X 5/16" NEEDLE MO	1	
VANISHPOINT SYRINGE 1 ML 29 X 1/2" MO	1	
VANISHPOINT SYRINGE 1/2 ML 30 X 1/2" MO	1	
VGO 20 DEVICE MO	4	
VGO 30 DEVICE MO	4	
VGO 40 DEVICE MO	4	
DIAGNOSTIC AGENTS		
enlon 10 mg/ml injection solution MO	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
acetic acid 0.25% irrig soln MO	2	
amiloride hcl 5 mg tablet MO	3	
amiloride hcl-hctz 5-50 mg tab MO	2	
amino acids 15 % intravenous solution MO	4	B vs D
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION MO	4	B vs D
ammonium chloride 5 meq/ml MO	1	
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION MO	5	
bumetanide 0.25 mg/ml vial MO	2	
bumetanide 0.5 mg tablet MO	2	
bumetanide 1 mg tablet MO	2	
bumetanide 2 mg tablet MO	2	
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER SP	5	
BUPHENYL 500 MG TABLET SP	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcium acetate 667 mg gelcap MO	4	
calcium acetate 667 mg tablet MO	4	
calcium chloride 10% syringe MO	1	
calcium chloride 10% vial MO	1	
calcium gluconate 10% vial MO	1	
CARBAGLU 200 MG DISPERSIBLE TABLET SP	5	PA
chlorothiazide 250 mg tablet MO	2	
chlorothiazide 500 mg tablet MO	2	
chlorothiazide sod 500 mg vial MO	2	
chlorthalidone 25 mg tablet MO	2	
chlorthalidone 50 mg tablet MO	2	
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
clinisol sf 15 % intravenous solution MO	4	B vs D
constulose 10 gram/15 ml oral solution MO	2	
CYTRA K CRYSTALS 3,300 MG-1,002 MG ORAL PACKET MO	4	
cytra-3 550 mg-500 mg-334 mg/5 ml oral solution MO	2	
cytra-k 1,100 mg-334 mg/5 ml oral solution MO	2	
d10%-1/2ns soln/excel cont MO	1	
d5%-1/2ns-kcl 10 meq/l iv sol MO	2	
d5%-1/2ns-kcl 30 meq/l iv sol MO	2	
d5%-1/2ns-kcl 40 meq/l iv sol MO	2	
d5%-1/4ns-kcl 30 meq/l iv sol MO	2	
d5%-1/4ns-kcl 40 meq/l iv sol MO	2	
d5w-kcl 30 meq/l iv solution MO	2	
dextrose 10%-1/4ns iv soln MO	2	
dextrose 10%-water iv solution MO	2	
dextrose 2.5%-1/2ns iv soln MO	2	
dextrose 20%-water iv soln MO	2	
dextrose 25%-water syringe MO	2	
dextrose 30%-water iv soln MO	2	
dextrose 40%-water iv soln MO	2	
dextrose 5%-1/2ns iv solution MO	2	
dextrose 5%-1/3ns iv solution MO	2	
dextrose 5%-electrolyte 48 MO	2	
dextrose 5%-lr iv solution MO	2	
dextrose 5%-ns iv solution MO	2	
dextrose 5%-sod chloride 0.2% MO	2	
dextrose 5%-water iv soln MO	2	
dextrose 5%-water vial MO	2	
dextrose 50%-water syringe MO	2	
dextrose 50%-water vial MO	2	
dextrose 70%-water iv soln MO	2	
DIURIL 250 MG/5 ML ORAL SUSPENSION MO	4	
DIURIL 500 MG INTRAVENOUS SOLUTION MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DYRENIUM 100 MG CAPSULE MO	4	
DYRENIUM 50 MG CAPSULE MO	4	
enulose 10 gram/15 ml oral solution MO	2	
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION MO	4	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION MO	4	B vs D
furosemide 10 mg/ml solution MO	1	
furosemide 10 mg/ml syringe MO	1	
furosemide 20 mg tablet MO	1	
furosemide 40 mg tablet MO	1	
furosemide 40 mg/4 ml vial MO	1	
furosemide 40 mg/5 ml soln MO	1	
furosemide 80 mg tablet MO	1	
generlac 10 gram/15 ml oral solution MO	2	
glycine 1.5% irrigation MO	4	
GLYCINE UROLOGIC 1.5 % IRRIGATION SOLUTION MO	4	
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION MO	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION MO	4	B vs D
HEPATASOL 8 % INTRAVENOUS SOLUTION MO	4	B vs D
hydrochlorothiazide 12.5 mg cp MO	1	
hydrochlorothiazide 12.5 mg tb MO	1	
hydrochlorothiazide 25 mg tab MO	1	
hydrochlorothiazide 50 mg tab MO	1	
HYPERLYTE CR 25 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION MO	4	
indapamide 1.25 mg tablet MO	1	
indapamide 2.5 mg tablet MO	1	
INTRALIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
INTRALIPID 30 % INTRAVENOUS EMULSION MO	4	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION MO	4	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION MO	4	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION MO	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
ISOLYTE-S INTRAVENOUS SOLUTION MO	4	
k-effervescent 25 meq tablet MO	2	
K-TAB 10 MEQ TABLET,EXTENDED RELEASE MO	4	
K-TAB 20 MEQ TABLET,EXTENDED RELEASE MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
kcl 20 meq in d5w solution MO	2	
kcl 20 meq in d5w-0.2% nacl MO	2	
kcl 20 meq in d5w-0.3% nacl MO	2	
kcl 20 meq in d5w-0.45% nacl MO	2	
kcl 20 meq in d5w-lact ringer MO	2	
kcl 20 meq in d5w-ns MO	2	
kcl 20 meq-ns 1,000 ml iv soln MO	2	
kcl 40 meq in d5w solution MO	2	
kcl 40 meq in d5w-lact ringer MO	2	
kcl 40 meq in d5w-nacl 0.9% MO	2	
kcl 40 meq-ns 1,000 ml iv soln MO	2	
kionex 15 gram/60 ml oral suspension MO	3	
kionex oral powder MO	3	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MO	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MO	2	
klor-con m10 meq tablet,extended release MO	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MO	2	
klor-con m20 meq tablet,extended release MO	2	
KLOR-CON/25 MEQ ORAL PACKET MO	2	
klor-con/ef 25 meq effervescent tablet MO	2	
KRISTALOSE 10 GRAM ORAL PACKET MO	4	
KRISTALOSE 20 GRAM ORAL PACKET MO	4	
l-cysteine 50 mg/ml vial MO	1	
lactated ringers injection MO	2	
lactated ringers irrigation MO	2	
lactulose 10 gm/15 ml solution MO	2	
lactulose 20 gm/30 ml solution MO	2	
LIPOSYN II 20 % INTRAVENOUS EMULSION MO	4	B vs D
LIPOSYN III 10 % INTRAVENOUS EMULSION MO	4	B vs D
LIPOSYN III 20 % INTRAVENOUS EMULSION MO	4	B vs D
LITHOSTAT 250 MG TABLET MO	4	
mannitol 10% iv solution MO	2	
mannitol 20% iv solution MO	2	
mannitol 25% vial MO	2	
mannitol 5% iv solution MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAXZIDE 75 MG-50 MG TABLET MO	4	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET MO	4	PA
methyclothiazide 5 mg tablet MO	2	
metolazone 10 mg tablet MO	2	
metolazone 2.5 mg tablet MO	2	
metolazone 5 mg tablet MO	2	
MICROZIDE 12.5 MG CAPSULE MO	4	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION MO	4	B vs D
NEUT 4 % INTRAVENOUS SOLUTION MO	4	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION MO	4	
ORACIT 490 MG-640 MG/5 ML ORAL SOLUTION MO	4	
OSMITROL 10 % INTRAVENOUS SOLUTION MO	4	
OSMITROL 15 % INTRAVENOUS SOLUTION MO	4	
OSMITROL 20 % INTRAVENOUS SOLUTION MO	4	
OSMITROL 5 % INTRAVENOUS SOLUTION MO	4	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION MO	3	
phospha 250 neutral 250 mg tablet MO	2	
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	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION MO	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
pot citrate-citric acid packet MO	4	
potassium 25 meq tablet eff MO	2	
potassium acet 4 meq/ml vial MO	1	
potassium acet 40 meq/20 ml vl MO	1	
potassium citrate er 10 meq tb MO	3	
potassium citrate er 5 meq tab MO	3	
potassium cl 10 meq/100 ml sol MO	1	
potassium cl 10 meq/50 ml sol MO	1	
potassium cl 10% (20 meq/15 ml MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium cl 2 meq/ml vial MO	1	
potassium cl 20 meq-0.45% nacl MO	2	
potassium cl 20 meq/100 ml sol MO	1	
potassium cl 20 meq/50 ml sol MO	1	
potassium cl 20% (40 meq/15 ml MO	1	
potassium cl 25 meq tab eff MO	2	
potassium cl 30 meq/100 ml sol MO	1	
potassium cl 40 meq/100 ml sol MO	1	
potassium cl er 10 meq capsule MO	2	
potassium cl er 10 meq tablet MO	2	
potassium cl er 20 meq tablet MO	2	
potassium cl er 20 meq tablet MO	2	
potassium cl er 8 meq capsule MO	2	
potassium cl er 8 meq tablet MO	2	
potassium phosp 45 mmol/15 ml MO	1	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION MO	1	B vs D
probenecid 500 mg tablet MO	3	
probenecid-colchicine tabs MO	3	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	4	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION MO	4	B vs D
RENACIDIN 6.602 G-0.198 G/100 ML IRRIGATION SOLUTION MO	4	
REVELA 0.8 GRAM ORAL POWDER PACKET MO	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET MO	3	QL (180 per 30 days)
REVELA 800 MG TABLET MO	3	QL (540 per 30 days)
RESECTISOL 5 % URETHRAL SOLUTION MO	4	
ringer's iv solution MO	1	
ringers irrigation solution MO	1	
saline 0.45% soln-excel con MO	2	
SAMSCA 15 MG TABLET SP	5	QL (60 per 30 days)
SAMSCA 30 MG TABLET SP	5	QL (60 per 30 days)
sevelamer carbonate 800 mg tab MO	3	QL (540 per 30 days)
sodium acetate 4 meq/ml vial MO	1	
sodium acetate 40 meq/20 ml vl MO	1	
sodium bicarb 4.2% abjct MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium bicarb 4.2% vial ^{MO}	4	
sodium bicarb 7.5% abboject ^{MO}	2	
sodium bicarb 8.4% abboject ^{MO}	2	
sodium bicarb 8.4% abboject ^{MO}	2	
sodium bicarb 8.4% vial ^{MO}	2	
sodium chloride 0.45% soln ^{MO}	2	
sodium chloride 0.9% irrig. ^{MO}	2	
sodium chloride 0.9% soln. ^{MO}	2	
sodium chloride 0.9% solution ^{MO}	2	
sodium chloride 0.9% vial ^{MO}	2	
sodium chloride 10% vial ^{MO}	2	B vs D
sodium chloride 3% iv soln ^{MO}	2	
sodium chloride 3% vial ^{MO}	2	B vs D
sodium chloride 4 meq/ml vl ^{MO}	2	
sodium chloride 5% iv soln ^{MO}	2	
sodium cl 2.5 meq/ml vial ^{MO}	2	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION ^{MO}	4	
sodium lactate 1/6molar inj ^{MO}	1	
sodium lactate 5 meq/ml vial ^{MO}	1	
sodium phenylbutyrate powder ^{SP}	5	
sodium phosphate 3mm/ml vial ^{MO}	1	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp ^{MO}	3	
sorbitol-mannitol irrig ^{MO}	1	
sps 15 gm/60 ml suspension ^{MO}	4	
SPS 15 GRAM/60 ML ORAL SUSPENSION ^{MO}	4	
sps 30 gm/120 ml enema ^{MO}	4	
SPS 30 GRAM/120 ML ENEMA ^{MO}	4	
sps 50 gm/200 ml enema ^{MO}	4	
sterile water for irrigation ^{MO}	2	
torseamide 10 mg tablet ^{MO}	2	
torseamide 100 mg tablet ^{MO}	2	
torseamide 20 mg tablet ^{MO}	2	
torseamide 20 mg/2 ml vial ^{MO}	2	
torseamide 5 mg tablet ^{MO}	2	
torseamide 50 mg/5 ml vial ^{MO}	2	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION MO	4	
TRAVASOL 10 % INTRAVENOUS SOLUTION MO	4	B vs D
triamterene-hctz 37.5-25 mg cp MO	1	
triamterene-hctz 37.5-25 mg tb MO	2	
triamterene-hctz 50-25 mg cap MO	2	
triamterene-hctz 75-50 mg tab MO	2	
tricitrates 550 mg-500 mg-334 mg/5 ml oral solution MO	2	
TROPHAMINE 10 % INTRAVENOUS SOLUTION MO	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION MO	4	B vs D
virt-phos 250 neutral 250 mg tablet MO	2	
VOLUVEN 6 % INTRAVENOUS SOLUTION MO	4	
ENZYMES		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION MO	5	
ELELYSO 200 UNIT INTRAVENOUS SOLUTION MO	5	PA,QL (350 per 30 days)
ELITEK 1.5 MG INTRAVENOUS SOLUTION MO	5	PA
ELITEK 7.5 MG INTRAVENOUS SOLUTION MO	5	PA
FABRAZYME 35 MG INTRAVENOUS SOLUTION MO	5	PA
FABRAZYME 5 MG INTRAVENOUS SOLUTION MO	5	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION MO	5	PA
MYOZYME 50 MG INTRAVENOUS SOLUTION MO	5	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION MO	5	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION SP	5	
VPRIV 400 UNIT INTRAVENOUS SOLUTION MO	5	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetasol hc 1 %-2 % ear drops MO	4	
acetazolamide 125 mg tablet MO	2	
acetazolamide 250 mg tablet MO	2	
acetazolamide er 500 mg cap MO	4	
acetazolamide sod 500 mg vial MO	2	
acetic acid 2% ear solution MO	2	
acetic acid-aluminum drops MO	3	
ak-poly-bac 500 unit-10,000 unit/gram eye ointment MO	2	
akorn balanced salt soln MO	1	
AKTEN (PF) 3.5 % EYE GEL MO	4	
ALCAINE 0.5 % EYE DROPS MO	2	

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
ALOMIDE 0.1 % EYE DROPS MO	4	
ALPHAGAN P 0.1 % EYE DROPS MO	3	
ALPHAGAN P 0.15 % EYE DROPS MO	3	
ALREX 0.2 % EYE DROPS,SUSPENSION MO	4	
antipyrine-benzocaine ear drop MO	2	
apraclonidine hcl 0.5% drops MO	4	
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY MO	3	QL (30 per 25 days)
atropine 1% eye drops MO	2	
atropine 1% eye ointment MO	2	
ATROPINE-CARE 1 % EYE DROPS MO	2	
aurodex 5.4 %-1.4 % ear drops MO	2	
auroguard 5.4 %-1.4 % ear drops MO	2	
AZASITE 1 % EYE DROPS MO	3	
azelastine 0.15% nasal spray MO	3	QL (30 per 25 days)
azelastine 137 mcg nasal spray MO	4	QL (30 per 25 days)
azelastine hcl 0.05% drops MO	3	
AZOPT 1 % EYE DROPS,SUSPENSION MO	3	
bacitracin 500 unit/gm ophth MO	3	
bacitracin-polymyxin eye oint MO	2	
balanced salt intraocular solution MO	1	
BEPREVE 1.5 % EYE DROPS MO	4	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION MO	3	
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	4	
BETAGAN 0.5 % EYE DROPS MO	4	
betaxolol hcl 0.5% eye drop MO	4	
BLEPH-10 10 % EYE DROPS MO	4	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION MO	4	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT MO	2	
brimonidine 0.2% eye drop MO	3	
brimonidine tartrate 0.15% drp MO	3	
BSS INTRAOCULAR SOLUTION MO	4	
BSS PLUS INTRAOCULAR SOLUTION MO	4	
carteolol hcl 1% eye drops MO	2	
chlorhexidine 0.12% rinse MO	1	
CILOXAN 0.3 % EYE DROPS MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CILOXAN 0.3 % EYE OINTMENT MO	4	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION MO	4	
ciprofloxacin 0.3% eye drop MO	1	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION MO	4	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	3	
CORTISPORIN 3.5 MG/ML-10,000 UNIT/ML-1 % EAR SOLUTION MO	4	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION MO	4	
cyclopentolate 1% eye drops MO	2	
cyclopentolate hcl 2% drops MO	4	
CYSTARAN 0.44 % EYE DROPS SP	5	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop MO	2	
diclofenac 0.1% eye drops MO	2	
dorzolamide hcl 2% eye drops MO	2	QL (10 per 30 days)
dorzolamide-timolol eye drops MO	2	QL (10 per 30 days)
doxycycline hyclate 20 mg tab MO	3	
DUREZOL 0.05 % EYE DROPS MO	3	
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY MO	3	QL (23 per 28 days)
EMADINE 0.05 % EYE DROPS MO	4	
epinastine hcl 0.05% eye drops MO	3	
erythromycin 0.5% eye ointment MO	2	
FLAREX 0.1 % EYE DROPS,SUSPENSION MO	4	
FLONASE 50 MCG/ACTUATION NASAL SPRAY,SUSPENSION MO	4	PA,QL (16 per 30 days)
flunisolide 0.025% spray MO	3	QL (50 per 30 days)
flunisolide 29 mcg-0.025% spr MO	3	QL (50 per 30 days)
fluorometholone 0.1% drops MO	2	
flurbiprofen 0.03% eye drop MO	2	
fluticasone prop 50 mcg spray MO	2	QL (16 per 30 days)
FML FORTE 0.25 % EYE DROPS,SUSPENSION MO	4	
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION MO	4	
FML S.O.P. 0.1 % EYE OINTMENT MO	4	
garamycin 0.3 % eye drops MO	3	
garamycin 3 mg/gm eye ointment MO	3	
gatifloxacin 0.5% eye drops MO	4	QL (3 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentak 0.3 % eye drops MO	2	
gentamicin 0.3% eye ointment MO	2	
gentamicin 3 mg/ml eye drops MO	2	
homatropaire 5 % eye drops MO	2	
hydrocortison-acetic acid soln MO	4	
ILEVRO 0.3 % EYE DROPS,SUSPENSION MO	4	
ILOTYCIN 5 MG/GRAM (0.5 %) EYE OINTMENT MO	3	
IOPIDINE 0.5 % EYE DROPS MO	4	PA
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE MO	4	
ipratropium 0.03% spray MO	2	QL (30 per 30 days)
ipratropium 0.06% spray MO	2	QL (45 per 30 days)
ISOPTO ATROPINE 1 % EYE DROPS MO	4	
ISOPTO CARPINE 1 % EYE DROPS MO	4	
ISOPTO CARPINE 2 % EYE DROPS MO	4	
ISOPTO CARPINE 4 % EYE DROPS MO	4	
ISOPTO HYOSCINE 0.25 % EYE DROPS MO	4	
ketorolac 0.4% ophth solution MO	2	
ketorolac 0.5% ophth solution MO	2	
LACRISERT 5 MG EYE INSERTS MO	4	
latanoprost 0.005% eye drops MO	2	QL (3 per 25 days)
levobunolol 0.25% eye drops MO	2	
levobunolol 0.5% eye drops MO	2	
levofloxacin 0.5% eye drops MO	2	
lidocaine 2% viscous soln MO	2	
lidocaine hcl 2% jelly MO	2	
lidocaine hcl 4% solution MO	2	
lidocaine viscous 2 % mucosal solution MO	2	
LUMIGAN 0.01 % EYE DROPS MO	3	QL (3 per 25 days)
LUMIGAN 0.03% EYE DROPS MO	3	QL (3 per 25 days)
MAXIDEX 0.1 % EYE DROPS,SUSPENSION MO	4	
methazolamide 25 mg tablet MO	4	
methazolamide 50 mg tablet MO	4	
metipranolol 0.3% eye drops MO	4	
MIOCHOL-E 1:100 (20 MG/2 ML) INTRAOCULAR KIT MO	4	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MOXEZA 0.5 % EYE DROPS MO	4	
mydrfrin 2.5% eye drops MO	4	
naphazoline 0.1% eye drops MO	1	
NASONEX 50 MCG/ACTUATION SPRAY MO	3	QL (34 per 30 days)
NATACYN 5 % EYE DROPS,SUSPENSION MO	4	
neo-bacit-poly-hc eye ointment MO	3	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment MO	2	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment MO	3	
neomyc-bacit-polymix eye oint MO	2	
neomyc-polym-dexamet eye ointm MO	2	
neomyc-polym-dexameth eye drop MO	2	
neomyc-polym-gramicid eye drop MO	2	
neomycin-poly-hc eye drops MO	3	
neomycin-polymyxin-hc ear soln MO	2	
neomycin-polymyxin-hc ear susp MO	2	
neosporin (neo-polym-gramicid) 1.75 mg-10k unit-0.025 mg/ml eye drops MO	2	
NEVANAC 0.1 % EYE DROPS,SUSPENSION MO	4	
OCUFEN 0.03 % EYE DROPS MO	4	
OCUFLOX 0.3 % EYE DROPS MO	4	
ofloxacin 0.3% ear drops MO	2	
ofloxacin 0.3% eye drops MO	2	
OMNARIS 50 MCG NASAL SPRAY MO	3	QL (13 per 30 days)
paroex oral rinse 0.12 % mouthwash MO	1	
PATADAY 0.2 % EYE DROPS MO	3	
PATANASE 0.6 % NASAL SPRAY MO	4	QL (31 per 30 days)
periogard 0.12 % mouthwash MO	1	
phenylephrine 10% eye drops MO	1	
phenylephrine 2.5% eye drop MO	1	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	4	
pilocarpine 1% eye drops MO	3	
pilocarpine 2% eye drops MO	3	
pilocarpine 4% eye drops MO	3	
PILOPINE HS 4% EYE GEL MO	4	
polycin 500 unit-10,000 unit/gram eye ointment MO	2	
polymyxin b-tmp eye drops MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRED MILD 0.12 % EYE DROPS,SUSPENSION MO	4	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION MO	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	4	
prednisolone ac 1% eye drop MO	2	
prednisolone sod 1% eye drop MO	2	
proparacaine 0.5% eye drops MO	1	
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY MO	4	QL (9 per 30 days)
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	3	QL (60 per 30 days)
sulf-pred 10-0.23% eye drops MO	2	
sulfacetamide 10% eye drops MO	2	
sulfacetamide 10% eye ointment MO	2	
sulfamide 10% eye drops MO	2	
tetracaine 0.5% eye drops MO	4	
TETRAVISC 0.5 % VISCOUS EYE DROPS MO	4	
TETRAVISC 0.5 % VISCOUS EYE DROPS IN A DROPPERETTE MO	4	
TETRAVISC FORTE 0.5 % HYPERVISCOUS DROPS MO	4	
TETRAVISC FORTE 0.5 % HYPERVISCOUS EYE DROPS IN A DROPPERETTE MO	4	
timolol 0.25% eye drops MO	2	
timolol 0.25% gel-solution MO	3	
timolol 0.5% eye drops MO	2	
timolol 0.5% gfs gel-solution MO	3	
tobramycin 0.3% eye drops MO	2	
tobramycin-dexameth ophth susp MO	4	
TOBREX 0.3 % EYE DROPS MO	4	
TOBREX 0.3 % EYE OINTMENT MO	4	
TRAVATAN Z 0.004 % EYE DROPS MO	3	QL (3 per 25 days)
trifluridine 1% eye drops MO	4	
tropicamide 0.5% eye drops MO	1	
tropicamide 1% eye drops MO	1	
TYZINE 0.05 % NASAL DROPS MO	4	
VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY,SUSPENSION MO	4	QL (10 per 30 days)
VEXOL 1 % EYE DROPS,SUSPENSION MO	4	
VIGAMOX 0.5 % EYE DROPS MO	4	
XYLOCAINE 4 % (40 MG/ML) MUCOSAL SOLUTION MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER MO	3	QL (6 per 28 days)
ZIRGAN 0.15 % EYE GEL MO	4	QL (5 per 30 days)
GASTROINTESTINAL DRUGS		
AMITIZA 24 MCG CAPSULE MO	3	
AMITIZA 8 MCG CAPSULE MO	3	
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE MO	3	QL (120 per 30 days)
balsalazide disodium 750 mg cp MO	4	
CANASA 1,000 MG RECTAL SUPPOSITORY MO	3	QL (30 per 30 days)
CARAFATE 1 GRAM TABLET MO	4	
CARAFATE 100 MG/ML ORAL SUSPENSION MO	4	
CHENODAL 250 MG TABLET SP	5	PA
cimetidine 200 mg tablet MO	2	
cimetidine 300 mg tablet MO	2	
cimetidine 300 mg/5 ml soln MO	2	
cimetidine 400 mg tablet MO	2	
cimetidine 800 mg tablet MO	2	
COLYTE WITH FLAVOR PACKS 227.1 GRAM-21.5 GRAM-6.36GRAM ORAL SOLUTION MO	4	
COLYTE WITH FLAVOR PACKS 240 G-22.72 G-6.72 G-5.84 G ORAL SOLUTION MO	4	
compro 25 mg rectal suppository MO	3	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CREON 36,000-114,000-180,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
DEXILANT 30 MG CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
DEXILANT 60 MG CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
dimenhydrinate 50 mg/ml vial MO	1	
diphenoxylat-atrop 2.5-0.025/5 MO	2	
diphenoxylate-atrop 2.5-0.025 MO	2	
dronabinol 10 mg capsule MO	5	B vs D,QL (120 per 30 days)
dronabinol 2.5 mg capsule MO	4	B vs D,QL (120 per 30 days)
dronabinol 5 mg capsule MO	4	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK MO	4	B vs D,QL (6 per 28 days)
EMEND 125 MG CAPSULE MO	4	B vs D,QL (2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMEND 150 MG INTRAVENOUS SOLUTION MO	4	PA,QL (2 per 28 days)
EMEND 40 MG CAPSULE MO	4	B vs D,QL (2 per 28 days)
EMEND 80 MG CAPSULE MO	4	B vs D,QL (4 per 28 days)
famotidine 10 mg/ml vial MO	2	
famotidine 20 mg piggyback MO	2	
famotidine 20 mg tablet MO	2	
famotidine 20 mg/2 ml vial MO	2	
famotidine 40 mg tablet MO	2	
famotidine 40 mg/5 ml susp MO	3	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT SP	5	PA,QL (30 per 30 days)
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT SP	5	PA,QL (30 per 30 days)
gavilyte-c 240 g-22.72 g-6.72 g-5.84 g oral solution MO	2	
gavilyte-g 236 g-22.74 g-6.74 g-5.86 g oral solution MO	2	
gavilyte-n 420 gram oral solution MO	2	
GOLYTELY 227.1 G-21.5 G-6.36 G-5.53 G ORAL POWDER PACKET MO	3	
GOLYTELY 236 G-22.74 G-6.74 G-5.86 G ORAL SOLUTION MO	3	
granisetron hcl 0.1 mg/ml vial MO	4	
granisetron hcl 1 mg tablet MO	4	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial MO	4	QL (4 per 28 days)
granisetron hcl 4 mg/4 ml vial MO	4	QL (4 per 28 days)
granisol 1 mg/5 ml oral solution MO	2	B vs D,QL (150 per 28 days)
lansoprazole dr 15 mg capsule MO	3	QL (60 per 30 days)
lansoprazole dr 30 mg capsule MO	3	QL (30 per 30 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE MO	3	QL (120 per 30 days)
LINZESS 145 MCG CAPSULE MO	3	QL (30 per 30 days)
LINZESS 290 MCG CAPSULE MO	3	QL (30 per 30 days)
loperamide 2 mg capsule MO	2	
LOTROXEX 0.5 MG TABLET MO	5	QL (60 per 30 days)
LOTROXEX 1 MG TABLET MO	5	QL (60 per 30 days)
meclizine 12.5 mg tablet MO	2	
meclizine 25 mg tablet MO	2	
mesalamine 4 gm/60 ml enema MO	4	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit MO	4	
metoclopramide 10 mg tablet MO	2	
metoclopramide 10 mg/2 ml syr MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoclopramide 10 mg/2 ml vial MO	2	
metoclopramide 5 mg tablet MO	2	
metoclopramide 5 mg/5 ml soln MO	2	
misoprostol 100 mcg tablet MO	3	
misoprostol 200 mcg tablet MO	3	
MOVIPREP 100 G-7.5 G-2.691 G-4.7 G ORAL POWDER PACKET MO	4	
NEXIUM 20 MG CAPSULE, DELAYED RELEASE MO	3	QL (30 per 30 days)
NEXIUM 40 MG CAPSULE, DELAYED RELEASE MO	3	QL (30 per 30 days)
NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP MO	3	QL (30 per 30 days)
NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP MO	3	QL (30 per 30 days)
NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP MO	3	QL (30 per 30 days)
NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP MO	3	QL (30 per 30 days)
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP MO	3	QL (30 per 30 days)
nizatidine 15 mg/ml solution MO	3	
nizatidine 150 mg capsule MO	3	
nizatidine 300 mg capsule MO	3	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION MO	3	
omeprazole dr 10 mg capsule MO	2	QL (60 per 30 days)
omeprazole dr 20 mg capsule MO	2	QL (60 per 30 days)
omeprazole dr 40 mg capsule MO	2	QL (30 per 30 days)
ondansetron 4 mg/5 ml solution MO	4	B vs D, QL (450 per 30 days)
ondansetron 40 mg/20 ml vial MO	2	
ondansetron hcl 24 mg tablet MO	2	B vs D, QL (30 per 30 days)
ondansetron hcl 32 mg/50 ml bg MO	2	
ondansetron hcl 4 mg tablet MO	2	B vs D, QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr MO	2	
ondansetron hcl 4 mg/2 ml vial MO	2	
ondansetron hcl 8 mg tablet MO	2	B vs D, QL (90 per 30 days)
ondansetron odt 4 mg tablet MO	2	B vs D, QL (90 per 30 days)
ondansetron odt 8 mg tablet MO	2	B vs D, QL (90 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET MO	4	
pantoprazole sod dr 20 mg tab MO	1	QL (60 per 30 days)
pantoprazole sod dr 40 mg tab MO	1	QL (60 per 30 days)
pantoprazole sodium 40 mg vial MO	4	
paregoric liquid MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
peg 3350 electrolyte soln MO	2	
peg-3350 and electrolytes soln MO	2	
peg-3350 solution MO	2	
peg-3350 with flavor packs 420 gram oral solution MO	2	
PENTASA 250 MG CAPSULE,EXTENDED RELEASE MO	4	QL (150 per 30 days)
PENTASA 500 MG CAPSULE,EXTENDED RELEASE MO	4	QL (300 per 30 days)
polyethylene glycol 3350 powd MO	2	
prochlorperazine 10 mg tab MO	1	B vs D
prochlorperazine 25 mg supp MO	3	
prochlorperazine 5 mg tablet MO	1	B vs D
prochlorperazine 5 mg/ml vial MO	2	
ranitidine 1,000 mg/40 ml vial MO	1	
ranitidine 15 mg/ml syrup MO	3	
ranitidine 150 mg capsule MO	3	
ranitidine 150 mg tablet MO	2	
ranitidine 300 mg capsule MO	3	
ranitidine 300 mg tablet MO	2	
ranitidine hcl 50 mg/2 ml vial MO	1	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS KIT SP	4	PA,QL (36 per 28 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION SP	5	PA,QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (18 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH MO	4	QL (4 per 30 days)
sucralfate 1 gm tablet MO	2	
sucralfate 1 gm/10 ml susp MO	4	
SUPREP 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	3	
TIGAN 300 MG CAPSULE MO	4	PA
TRANSDERM-SCOP 1.5 MG TRANSDERMAL 72 HOUR PATCH MO	4	PA,QL (4 per 12 days)
trilyte with flavor packets 420 gram oral solution MO	2	
trimethobenzamide 300 mg cap MO	4	PA
ursodiol 250 mg tablet MO	4	
ursodiol 300 mg capsule MO	3	
ursodiol 500 mg tablet MO	4	
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE, DELAYED RELEASE MO	3	
ZENPEP 25,000-85,000-136,000 UNIT CAPSULE, DELAYED RELEASE MO	3	
ZENPEP 3,000-10,000-16,000 UNIT CAPSULE, DELAYED RELEASE MO	3	
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE, DELAYED RELEASE MO	3	
GOLD COMPOUNDS		
RIDAURA 3 MG CAPSULE MO	4	
HEAVY METAL ANTAGONISTS		
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION MO	4	
calcium disodium versenate 200 mg/ml injection solution MO	1	
CHEMET 100 MG CAPSULE MO	4	
CUPRIMINE 250 MG CAPSULE MO	5	
deferoxamine 2 gram vial MO	3	
deferoxamine 500 mg vial MO	3	
DEPEN TITRATABS 250 MG TABLET MO	4	
EXJADE 125 MG DISPERSIBLE TABLET SP	5	PA
EXJADE 250 MG DISPERSIBLE TABLET SP	5	PA
EXJADE 500 MG DISPERSIBLE TABLET SP	5	PA
SYPRINE 250 MG CAPSULE MO	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
a-hydrocort 100 mg solution for injection HI,MO	1	
acarbose 100 mg tablet MO	3	
acarbose 25 mg tablet MO	3	
acarbose 50 mg tablet MO	3	
ALORA 0.025 MG/24 HR TRANSDERMAL PATCH MO	4	PA,QL (8 per 28 days)
ALORA 0.05 MG/24 HR TRANSDERMAL PATCH MO	4	PA,QL (8 per 28 days)
ALORA 0.075 MG/24 HR TRANSDERMAL PATCH MO	4	PA,QL (8 per 28 days)
ALORA 0.1 MG/24 HR TRANSDERMAL PATCH MO	4	PA,QL (8 per 28 days)
altavera (28) 0.15 mg-30 mcg tablet MO	4	
alyacen 1/35 (28) 1 mg-35 mcg tablet MO	4	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	4	
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets, 3 month dose pack MO	4	QL (91 per 90 days)
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets, 3 month dose pack MO	4	QL (91 per 90 days)
amethyst 90 mcg-20 mcg tablet MO	4	
ANADROL-50 50 MG TABLET MO	5	

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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
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (300 per 30 days)
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (300 per 30 days)
ANDROGEL 1.25 GRAM/ACTUATION (1%) TRANSDERMAL GEL PUMP MO	3	QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (38 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MO	3	QL (176 per 30 days)
androxy 10 mg tablet MO	4	
APIDRA 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	4	
APIDRA SOLOSTAR 100 UNIT/ML SUBCUTANEOUS INSULIN PEN MO	4	
apri 0.15 mg-30 mcg tablet MO	4	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet MO	4	
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION MO	4	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION MO	4	
aubra 0.1 mg-20 mcg tablet MO	4	
AVANDIA 2 MG TABLET MO	4	QL (60 per 30 days)
AVANDIA 4 MG TABLET MO	4	QL (60 per 30 days)
AVANDIA 8 MG TABLET MO	4	QL (30 per 30 days)
aviane 0.1 mg-20 mcg tablet MO	4	
AYGESTIN 5 MG TABLET MO	4	
azurette (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet MO	4	
balziva (28) 0.4 mg-35 mcg tablet MO	4	
betamethasone ac-sp 6 mg/ml vl MO	2	
BREVICON (28) 0.5 MG-35 MCG TABLET MO	4	
briellyn 0.4 mg-35 mcg tablet MO	4	
budesonide ec 3 mg capsule MO	5	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION MO	3	ST,QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR MO	3	ST,QL (4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR MO	4	ST,QL (3 per 30 days)
BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR MO	4	ST,QL (3 per 30 days)
calcitonin-salmon 200 units sp MO	3	QL (4 per 28 days)
camila 0.35 mg tablet MO	4	
CAMRESE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION FOR INJECTION MO	4	
chateal 0.15 mg-30 mcg tablet MO	4	
chorionic gonad 10,000 unit v1 MO	4	PA
cortisone 25 mg tablet MO	3	
cryselle (28) 0.3 mg-30 mcg tablet MO	4	
cyclafem 1/35 (28) 1 mg-35 mcg tablet MO	4	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	4	
CYCLESSA (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET MO	4	
CYTOMEL 25 MCG TABLET MO	4	
CYTOMEL 5 MCG TABLET MO	4	
CYTOMEL 50 MCG TABLET MO	4	
danazol 100 mg capsule MO	4	
danazol 200 mg capsule MO	4	
danazol 50 mg capsule MO	4	
dasetta 1/35 (28) 1 mg-35 mcg tablet MO	4	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	4	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
DELESTROGEN 10 MG/ML INTRAMUSCULAR OIL MO	4	PA
DELESTROGEN 20 MG/ML INTRAMUSCULAR OIL MO	4	PA
DELESTROGEN 40 MG/ML INTRAMUSCULAR OIL MO	4	PA
delyla (28) 0.1 mg-20 mcg tablet MO	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	2	PA
DEPO-MEDROL 20 MG/ML SUSPENSION FOR INJECTION HI,MO	4	
DEPO-MEDROL 40 MG/ML SUSPENSION FOR INJECTION HI,MO	4	
DEPO-MEDROL 80 MG/ML SUSPENSION FOR INJECTION HI,MO	4	
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION MO	4	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE MO	4	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SOLUTION MO	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE MO	4	QL (1 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML INTRAMUSCULAR OIL MO	3	
DEPO-TESTOSTERONE 200 MG/ML INTRAMUSCULAR OIL MO	3	
desmopressin 0.1 mg/ml sol MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desmopressin 0.1 mg/ml spray MO	4	
desmopressin 40 mcg/10 ml vial MO	3	
desmopressin acetate 0.1 mg tb MO	4	
desmopressin acetate 0.2 mg tb MO	4	
DESOGEN 0.15 MG-30 MCG TABLET MO	4	
desogestr-eth estrad eth estra MO	4	
desogestrel-ethinyl estrad tab MO	4	
dexamethasone 0.5 mg tablet MO	2	
dexamethasone 0.5 mg/5 ml elx MO	2	
dexamethasone 0.5 mg/5 ml liq MO	2	
dexamethasone 0.75 mg tablet MO	2	
dexamethasone 1 mg tablet MO	2	
dexamethasone 1.5 mg tablet MO	2	
dexamethasone 10 mg/ml vial MO	2	
dexamethasone 2 mg tablet MO	2	
dexamethasone 4 mg tablet MO	2	
dexamethasone 4 mg/ml vial MO	2	
dexamethasone 6 mg tablet MO	2	
DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) MO	3	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK MO	4	
DEXPAK 13 DAY 1.5 MG (51 TABS) TABLETS IN A DOSE PACK MO	4	
DEXPAK 6 DAY 1.5 MG (21 TABS) TABLETS IN A DOSE PACK MO	4	
drospirenone-eth estradiol tab MO	4	
DUAVEE 0.45 MG-20 MG TABLET MO	4	PA,QL (30 per 30 days)
DUETACT 30 MG-2 MG TABLET MO	4	QL (30 per 30 days)
DUETACT 30 MG-4 MG TABLET MO	4	QL (30 per 30 days)
EGRIFTA 1 MG VIAL SP	5	PA,QL (60 per 30 days)
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
elinest 0.3 mg-30 mcg tablet MO	4	
ELLA 30 MG TABLET MO	3	QL (1 per 30 days)
emoquette 0.15 mg-30 mcg tablet MO	4	
ENDOMETRIN 100 MG VAGINAL INSERTS MO	4	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
enskyce 0.15 mg-30 mcg tablet MO	4	
errin 0.35 mg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM MO	4	
estradiol 0.025 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.0375 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.05 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.06 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.075 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.1 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.5 mg tablet MO	2	PA
estradiol 1 mg tablet MO	2	PA
estradiol 10 mg/ml vial MO	4	PA
estradiol 2 mg tablet MO	2	PA
estradiol valerate 20 mg/ml vl MO	4	PA
estradiol valerate 40 mg/ml vl MO	4	PA
ESTRING 2 MG VAGINAL MO	4	QL (1 per 90 days)
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET MO	4	
EVISTA 60 MG TABLET MO	4	PA,QL (30 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet MO	4	
FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO	4	
FEMRING 0.05 MG/24 HR VAGINAL MO	4	QL (1 per 90 days)
FEMRING 0.1 MG/24 HR VAGINAL MO	4	QL (1 per 90 days)
fludrocortisone 0.1 mg tablet MO	2	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR SP	4	ST,QL (2 per 28 days)
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY MO	4	QL (4 per 28 days)
GIANVI (28) 3 MG-20 MCG TABLET MO	4	
gildagia 0.4 mg-35 mcg tablet MO	4	
gildess 1 mg-20 mcg tablet MO	4	
gildess 1.5 mg-30 mcg tablet MO	4	
gildess fe 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
gildess fe 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
glimepiride 1 mg tablet MO	1	
glimepiride 2 mg tablet MO	1	
glimepiride 4 mg tablet MO	1	
glipizide 10 mg tablet MO	1	
glipizide 5 mg tablet MO	1	
glipizide er 2.5 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glipizide er 5 mg tablet MO	2	
glipizide xl 10 mg tablet MO	2	
glipizide-metformin 2.5-250 mg MO	2	
glipizide-metformin 2.5-500 mg MO	2	
glipizide-metformin 5-500 mg MO	2	
GLUCAGEN 1 MG SOLUTION FOR INJECTION MO	4	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	4	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION MO	3	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE MO	4	QL (120 per 30 days)
glyburid-metformin 1.25-250 mg MO	2	PA
glyburide 1.25 mg tablet MO	2	PA
glyburide 2.5 mg tablet MO	2	PA
glyburide 5 mg tablet MO	2	PA
glyburide micro 1.5 mg tab MO	2	PA
glyburide micro 3 mg tablet MO	2	PA
glyburide micro 6 mg tablet MO	2	PA
glyburide-metformin 2.5-500 mg MO	2	PA
glyburide-metformin 5-500 mg MO	2	PA
GLYSET 100 MG TABLET MO	4	
GLYSET 25 MG TABLET MO	4	
GLYSET 50 MG TABLET MO	4	
heather 0.35 mg tablet MO	4	
HUMALOG 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	3	QL (240 per 30 days)
HUMALOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	QL (240 per 30 days)
HUMALOG KWIKPEN 100 UNIT/ML SUBCUTANEOUS MO	3	
HUMALOG MIX 50-50 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	
HUMALOG MIX 75-25 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML SUBCUTANEOUS INSULIN PEN MO	3	
HUMULIN 70-30 PEN MO	3	
HUMULIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMULIN 70/30 KWIKPEN 100 UNIT/ML (70-30) SUBCUTANEOUS MO	3	
HUMULIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMULIN N 100 UNITS/ML PEN MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN N KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	
HUMULIN R 100 UNIT/ML INJECTION SOLUTION MO	3	
HUMULIN R U-500 "CONCENTRATED" INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN MO	3	
hydrocortisone 10 mg tablet MO	2	
hydrocortisone 20 mg tablet MO	2	
hydrocortisone 5 mg tablet MO	2	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION SP	5	PA
introvale 0.15 mg-30 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
INVOKAMET 150 MG-1,000 MG TABLET MO	4	ST,QL (60 per 30 days)
INVOKAMET 150 MG-500 MG TABLET MO	4	ST,QL (60 per 30 days)
INVOKAMET 50 MG-1,000 MG TABLET MO	4	ST,QL (60 per 30 days)
INVOKAMET 50 MG-500 MG TABLET MO	4	ST,QL (60 per 30 days)
JANUMET 50 MG-1,000 MG TABLET MO	3	ST,QL (60 per 30 days)
JANUMET 50 MG-500 MG TABLET MO	3	ST,QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
JANUVIA 100 MG TABLET MO	3	ST,QL (30 per 30 days)
JANUVIA 25 MG TABLET MO	3	ST,QL (30 per 30 days)
JANUVIA 50 MG TABLET MO	3	ST,QL (30 per 30 days)
jencycla 0.35 mg tablet MO	4	
JENTADUETO 2.5 MG-1,000 MG TABLET MO	3	ST,QL (60 per 30 days)
JENTADUETO 2.5 MG-500 MG TABLET MO	3	ST,QL (60 per 30 days)
JENTADUETO 2.5 MG-850 MG TABLET MO	3	ST,QL (60 per 30 days)
JOLESSA 0.15 MG-30 MCG TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
JOLIVETTE 0.35 MG TABLET MO	4	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
junel 1/20 (21) 1 mg-20 mcg tablet MO	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
JUVISYNC 100-10 MG TABLET MO	3	ST,QL (30 per 30 days)
JUVISYNC 100-20 MG TABLET MO	3	ST,QL (30 per 30 days)
JUVISYNC 100-40 MG TABLET MO	3	ST,QL (30 per 30 days)
JUVISYNC 50-10 MG TABLET MO	3	ST,QL (30 per 30 days)
JUVISYNC 50-20 MG TABLET MO	3	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JUVISYNC 50-40 MG TABLET MO	3	ST,QL (30 per 30 days)
kariva (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet MO	4	
KAZANO 12.5 MG-1,000 MG TABLET MO	4	ST,QL (60 per 30 days)
KAZANO 12.5 MG-500 MG TABLET MO	4	ST,QL (60 per 30 days)
kelnor 1/35 (28) 1 mg-35 mcg tablet MO	4	
KENALOG 10 MG/ML SUSPENSION FOR INJECTION MO	4	
KENALOG 40 MG/ML SUSPENSION FOR INJECTION MO	4	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
KORLYM 300 MG TABLET SP	5	PA,QL (120 per 30 days)
kurvelo 0.15 mg-30 mcg tablet MO	4	
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
larin 1/20 (21) 1 mg-20 mcg tablet MO	4	
larin fe 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
larin fe 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
LEENA 28 0.5 MG/1 MG/0.5 MG-35 MCG TABLET MO	4	
lessina 0.1 mg-20 mcg tablet MO	4	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN MO	3	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
levonor-eth estrad 0.1-0.02 mg MO	4	
levonor-eth estrad 0.15-0.03 MO	4	
levonor-eth estrad 0.15-0.03 MO	4	QL (91 per 90 days)
levonorg-eth estrad eth estrad MO	4	QL (91 per 90 days)
levonorgestrel 0.75 mg tablet MO	4	
levonorgestrel 1.5 mg tablet MO	4	
levora-28 0.15 mg-30 mcg tablet MO	4	
levothyroxine 100 mcg tablet MO	1	
levothyroxine 100 mcg vial MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levothyroxine 112 mcg tablet MO	1	
levothyroxine 125 mcg tablet MO	1	
levothyroxine 137 mcg tablet MO	1	
levothyroxine 150 mcg tablet MO	1	
levothyroxine 175 mcg tablet MO	1	
levothyroxine 200 mcg tablet MO	1	
levothyroxine 200 mcg vial MO	1	
levothyroxine 25 mcg tablet MO	1	
levothyroxine 300 mcg tablet MO	1	
levothyroxine 50 mcg tablet MO	1	
levothyroxine 500 mcg vial MO	1	
levothyroxine 75 mcg tablet MO	1	
levothyroxine 88 mcg tablet MO	1	
LEVOXYL 100 MCG TABLET MO	3	
LEVOXYL 112 MCG TABLET MO	3	
LEVOXYL 125 MCG TABLET MO	3	
LEVOXYL 137 MCG TABLET MO	3	
LEVOXYL 150 MCG TABLET MO	3	
LEVOXYL 175 MCG TABLET MO	3	
LEVOXYL 200 MCG TABLET MO	3	
LEVOXYL 25 MCG TABLET MO	3	
LEVOXYL 50 MCG TABLET MO	3	
LEVOXYL 75 MCG TABLET MO	3	
LEVOXYL 88 MCG TABLET MO	3	
liothyronine sod 10 mcg/ml vl MO	2	
liothyronine sod 25 mcg tab MO	3	
liothyronine sod 5 mcg tab MO	3	
liothyronine sod 50 mcg tab MO	3	
loestrin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
loestrin 1/20 (21) 1 mg-20 mcg tablet MO	4	
loestrin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
LOESTRIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	4	
lomedica 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
loryna (28) 3 mg-20 mcg tablet MO	3	
low-ogestrel (28) 0.3 mg-30 mcg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
luteal (28) 0.1 mg-20 mcg tablet MO	4	
lyza 0.35 mg tablet MO	4	
marlissa 0.15 mg-30 mcg tablet MO	4	
MEDROL 2 MG TABLET MO	4	
medroxyprogesterone 10 mg tab MO	2	
medroxyprogesterone 150 mg/ml MO	2	QL (1 per 90 days)
medroxyprogesterone 2.5 mg tab MO	2	
medroxyprogesterone 5 mg tab MO	2	
MENEST 0.3 MG TABLET MO	4	PA
MENEST 0.625 MG TABLET MO	4	PA
MENEST 1.25 MG TABLET MO	4	PA
MENEST 2.5 MG TABLET MO	4	PA
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH MO	4	PA,QL (8 per 28 days)
metformin hcl 1,000 mg tablet MO	1	
metformin hcl 500 mg tablet MO	1	
metformin hcl 850 mg tablet MO	1	
metformin hcl er 500 mg tablet MO	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet MO	1	QL (60 per 30 days)
methimazole 10 mg tablet MO	2	
methimazole 5 mg tablet MO	2	
METHITEST 10 MG TABLET MO	4	
methylprednisolone 125 mg vial HI,MO	4	
methylprednisolone 16 mg tab MO	2	B vs D
methylprednisolone 32 mg tab MO	2	B vs D
methylprednisolone 4 mg dosepk MO	2	B vs D
methylprednisolone 4 mg tablet MO	2	B vs D
methylprednisolone 40 mg vial HI,MO	4	
methylprednisolone 40 mg/ml vial HI,MO	1	
methylprednisolone 8 mg tab MO	2	B vs D
methylprednisolone 80 mg/ml vial HI,MO	1	
methylprednisolone ss 1 gm vial MO	4	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
microgestin 1/20 (21) 1 mg-20 mcg tablet MO	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mimvey 1 mg-0.5 mg tablet MO	4	PA
MIRCETTE (28) 0.15 MG-0.02 MG(21)/0.01 MG(5) TABLET MO	4	
MODICON (28) 0.5 MG-35 MCG TABLET MO	4	
mono-linyah 0.25 mg-35 mcg tablet MO	4	
MONONESSA (28) 0.25 MG-35 MCG TABLET MO	4	
my way 1.5 mg tablet MO	4	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION SP	5	PA,QL (30 per 30 days)
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MO	4	
nateglinide 120 mg tablet MO	3	
nateglinide 60 mg tablet MO	3	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MO	4	
necon 1/35 (28) 1 mg-35 mcg tablet MO	4	
NECON 1/50 (28) 1 MG-50 MCG TABLET MO	4	
necon 10/11 (28) 0.5 mg-35 mcg(10)/1 mg-35 mcg(11) tablet MO	4	
NECON 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET MO	4	
NESINA 12.5 MG TABLET MO	4	ST,QL (30 per 30 days)
NESINA 25 MG TABLET MO	4	ST,QL (30 per 30 days)
NESINA 6.25 MG TABLET MO	4	ST,QL (30 per 30 days)
next choice 0.75 mg tablet MO	4	
next choice one dose 1.5 mg tablet MO	4	
nikki (28) 3 mg-20 mcg tablet MO	4	
NOR-QD 0.35 MG TABLET MO	4	
NORA-BE 0.35 MG TABLET MO	4	
NORDETTE-28 TABLET MO	4	
norethin-estradiol 1-0.02 mg MO	4	
norethin-ethinyl estradiol tablet MO	4	
norethindrone-eth estradiol 1-0.02 mg MO	4	
norethindrone 0.35 mg tablet MO	4	
norethindrone 5 mg tablet MO	3	
norg-ethinyl estradiol 0.25-0.035 mg MO	4	
norgestimate-eth estradiol tablet MO	4	
NORINYL 1+35 (28) 1 MG-35 MCG TABLET MO	4	
NORINYL 1+50 (28) 1 MG-50 MCG TABLET MO	4	
norlyroc 0.35 mg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet MO	4	
nortrel 1/35 (21) 1 mg-35 mcg tablet MO	4	
nortrel 1/35 (28) 1 mg-35 mcg tablet MO	4	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	4	
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION MO	3	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS MO	3	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	3	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL MO	4	QL (1 per 28 days)
OCELLA 3 MG-0.03 MG TABLET MO	4	
octreotide 1,000 mcg/ml vial SP	5	PA
octreotide acet 100 mcg/ml syr SP	5	PA
octreotide acet 100 mcg/ml vl SP	4	PA
octreotide acet 200 mcg/ml vl SP	4	PA
octreotide acet 50 mcg/ml syr SP	4	PA
octreotide acet 50 mcg/ml vial SP	4	PA
octreotide acet 500 mcg/ml syr SP	4	PA
octreotide acet 500 mcg/ml vl SP	5	PA
ogestrel (28) 0.5 mg-50 mcg tablet MO	4	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS CARTRIDGE SP	5	PA
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE SP	5	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION SP	5	PA
ONGLYZA 2.5 MG TABLET MO	4	ST,QL (30 per 30 days)
ONGLYZA 5 MG TABLET MO	4	ST,QL (30 per 30 days)
orapred 15 mg/5 ml solution MO	4	
orsythia 0.1 mg-20 mcg tablet MO	4	
ORTHO EVRA 150 MCG-35 MCG/24 HR TRANSDERMAL PATCH MO	4	QL (3 per 28 days)
ORTHO MICRONOR 0.35 MG TABLET MO	4	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET MO	4	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORTHO-CEPT (28) 0.15 MG-30 MCG TABLET MO	4	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET MO	4	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET MO	4	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET MO	4	
OSENI 12.5 MG-15 MG TABLET MO	4	ST,QL (30 per 30 days)
OSENI 12.5 MG-30 MG TABLET MO	4	ST,QL (30 per 30 days)
OSENI 12.5 MG-45 MG TABLET MO	4	ST,QL (30 per 30 days)
OSENI 25 MG-15 MG TABLET MO	4	ST,QL (30 per 30 days)
OSENI 25 MG-30 MG TABLET MO	4	ST,QL (30 per 30 days)
OSENI 25 MG-45 MG TABLET MO	4	ST,QL (30 per 30 days)
ovcon-35 (28) 0.4 mg-35 mcg tablet MO	4	
oxandrolone 10 mg tablet MO	5	QL (60 per 30 days)
oxandrolone 2.5 mg tablet MO	3	QL (120 per 30 days)
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION MO	4	
philith 0.4 mg-35 mcg tablet MO	4	
pimtra (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet MO	4	
pioglitaz-glimepir 30-2 mg tab MO	4	QL (30 per 30 days)
pioglitaz-glimepir 30-4 mg tab MO	4	QL (30 per 30 days)
pioglitazone hcl 15 mg tablet MO	2	QL (30 per 30 days)
pioglitazone hcl 30 mg tablet MO	2	QL (30 per 30 days)
pioglitazone hcl 45 mg tablet MO	2	QL (30 per 30 days)
pioglitazone-metformin 15-500 MO	4	QL (90 per 30 days)
pioglitazone-metformin 15-850 MO	4	QL (90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet MO	4	
pirmella 1 mg-35 mcg tablet MO	4	
pitressin 20 unit/ml injection solution MO	1	
portia 0.15 mg-30 mcg tablet MO	4	
PRANDIN 0.5 MG TABLET MO	4	
PRANDIN 1 MG TABLET MO	4	
PRANDIN 2 MG TABLET MO	4	
prednisolone 15 mg/5 ml soln MO	2	
prednisolone 15 mg/5 ml syrup MO	2	
prednisolone 5 mg/5 ml soln MO	2	
prednisolone sod ph 25 mg/5 ml MO	3	
prednisone 1 mg tablet MO	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisone 10 mg tablet MO	1	B vs D
prednisone 2.5 mg tablet MO	1	B vs D
prednisone 20 mg tablet MO	1	B vs D
prednisone 5 mg tablet MO	1	B vs D
prednisone 5 mg/5 ml solution MO	1	B vs D
prednisone 50 mg tablet MO	1	B vs D
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE MO	3	B vs D
PREMARIN 0.625 MG/GRAM VAGINAL CREAM MO	3	
previfem 0.25 mg-35 mcg tablet MO	4	
progesterone 100 mg capsule MO	3	
progesterone 200 mg capsule MO	3	
progesterone in oil 50 mg/ml intramuscular MO	3	
progesterone oil 50 mg/ml vl MO	3	
propylthiouracil 50 mg tablet MO	3	
PROVERA 10 MG TABLET MO	4	
PROVERA 2.5 MG TABLET MO	4	
PROVERA 5 MG TABLET MO	4	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
quasense 0.15 mg-30 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
raloxifene hcl 60 mg tablet MO	3	QL (30 per 30 days)
reclipsen (28) 0.15 mg-30 mcg tablet MO	4	
repaglinide 0.5 mg tablet MO	4	
repaglinide 1 mg tablet MO	4	
repaglinide 2 mg tablet MO	4	
SANDOSTATIN 1,000 MCG/ML INJECTION SOLUTION SP	5	PA
SANDOSTATIN 100 MCG/ML INJECTION SOLUTION SP	5	PA
SANDOSTATIN 200 MCG/ML INJECTION SOLUTION SP	5	PA
SANDOSTATIN 50 MCG/ML INJECTION SOLUTION SP	4	PA
SANDOSTATIN 500 MCG/ML INJECTION SOLUTION SP	4	PA
SANDOSTATIN LAR DEPOT 10 MG INTRAMUSCULAR KIT MO	5	PA
SANDOSTATIN LAR DEPOT 20 MG INTRAMUSCULAR KIT MO	5	PA
SANDOSTATIN LAR DEPOT 30 MG INTRAMUSCULAR KIT MO	5	PA
SEROSTIM 4 MG SUBCUTANEOUS SOLUTION SP	5	PA
SEROSTIM 5 MG SUBCUTANEOUS SOLUTION SP	5	PA
SEROSTIM 6 MG SUBCUTANEOUS SOLUTION SP	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sharobel 0.35 mg tablet MO	4	
SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SOLU-MEDROL (PF) 1,000 MG/8 ML INTRAVENOUS SOLUTION MO	4	
SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION HI,MO	4	
SOLU-MEDROL (PF) 40 MG/ML SOLUTION FOR INJECTION HI,MO	4	
SOLU-MEDROL (PF) 500 MG/4 ML INTRAVENOUS SOLUTION MO	4	
SOLU-MEDROL 1,000 MG INTRAVENOUS SOLUTION MO	4	
SOLU-MEDROL 2 GRAM INTRAVENOUS SOLUTION MO	4	
SOLU-MEDROL 500 MG INTRAVENOUS SOLUTION MO	4	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (1 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (1 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (1 per 28 days)
SOMAVERT 10 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SOMAVERT 15 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SOMAVERT 20 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet MO	4	
sronyx 0.1 mg-20 mcg tablet MO	4	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY MO	4	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE MO	4	
syeda 3 mg-0.03 mg tablet MO	4	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR MO	4	PA,QL (11 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR MO	4	PA,QL (11 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY SP	5	
SYNTHROID 100 MCG TABLET MO	3	
SYNTHROID 112 MCG TABLET MO	3	
SYNTHROID 125 MCG TABLET MO	3	
SYNTHROID 137 MCG TABLET MO	3	
SYNTHROID 150 MCG TABLET MO	3	
SYNTHROID 175 MCG TABLET MO	3	
SYNTHROID 200 MCG TABLET MO	3	
SYNTHROID 25 MCG TABLET MO	3	
SYNTHROID 300 MCG TABLET MO	3	
SYNTHROID 50 MCG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNTHROID 75 MCG TABLET MO	3	
SYNTHROID 88 MCG TABLET MO	3	
TAPAZOLE 10 MG TABLET MO	4	
TAPAZOLE 5 MG TABLET MO	4	
testosteron cyp 1,000 mg/10 ml MO	3	
testosteron enan 1,000 mg/5 ml MO	3	
testosterone cyp 200 mg/ml MO	3	
TESTRED 10 MG CAPSULE MO	4	
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	2	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	2	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	2	
THYROLAR-2 25 MCG-100 MCG TABLET MO	2	
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	2	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tolazamide 250 mg tablet MO	4	
tolazamide 500 mg tablet MO	4	
tolbutamide 500 mg tablet MO	4	
TRADJENTA 5 MG TABLET MO	3	ST,QL (30 per 30 days)
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
TRI-NORINYL (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET MO	4	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
triamcinolone acet 40mg/ml vl MO	4	
triamcinolone acet 50mg/5ml vl MO	4	
TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET MO	4	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
UNITHROID 100 MCG TABLET MO	2	
UNITHROID 112 MCG TABLET MO	2	
UNITHROID 125 MCG TABLET MO	2	
UNITHROID 137 MCG TABLET MO	2	
UNITHROID 150 MCG TABLET MO	2	
UNITHROID 175 MCG TABLET MO	2	
UNITHROID 200 MCG TABLET MO	2	
UNITHROID 25 MCG TABLET MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UNITHROID 300 MCG TABLET MO	2	
UNITHROID 50 MCG TABLET MO	2	
UNITHROID 75 MCG TABLET MO	2	
UNITHROID 88 MCG TABLET MO	2	
VAGIFEM 10 MCG VAGINAL TABLET MO	4	
vasopressin 10 unit/0.5 ml vial MO	1	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
VERIPRED 20 20 MG/5 ML ORAL SOLUTION MO	4	
vestura (28) 3 mg-20 mcg tablet MO	2	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	ST,QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	ST,QL (9 per 30 days)
violele (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet MO	4	
VIVELLE-DOT 0.025 MG/24 HR TRANSDERMAL PATCH MO	4	PA,QL (8 per 28 days)
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERMAL PATCH MO	4	PA,QL (8 per 28 days)
VIVELLE-DOT 0.05 MG/24 HR TRANSDERMAL PATCH MO	4	PA,QL (8 per 28 days)
VIVELLE-DOT 0.075 MG/24 HR TRANSDERMAL PATCH MO	4	PA,QL (8 per 28 days)
VIVELLE-DOT 0.1 MG/24 HR TRANSDERMAL PATCH MO	4	PA,QL (8 per 28 days)
vyfemla (28) 0.4 mg-35 mcg tablet MO	4	
wera (28) 0.5 mg-35 mcg tablet MO	4	
WYMZYA FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO	4	
xulane 150 mcg-35 mcg/24 hr transdermal patch MO	4	QL (3 per 28 days)
YASMIN (28) 3 MG-0.03 MG TABLET MO	4	
YAZ (28) 3 MG-20 MCG TABLET MO	4	
zarah 3 mg-0.03 mg tablet MO	3	
zenchent (28) 0.4 mg-35 mcg tablet MO	4	
zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
zeosa 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
ZORBIVE 8.8 MG SUBCUTANEOUS SOLUTION SP	5	PA
zovia 1/35e (28) 1 mg-35 mcg tablet MO	4	
zovia 1/50e (28) 1 mg-50 mcg tablet MO	4	
LOCAL ANESTHETICS (PARENTERAL)		
bupivacaine 0.25% ampul MO	1	
bupivacaine 0.25% vial MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupivacaine 0.5% ampul MO	1	
bupivacaine 0.75% vial MO	1	
bupivacaine-dextr 0.75% amp MO	1	
bupivacaine-epi 0.25%-0.0005 MO	1	
bupivacaine-epi 0.5%-0.0005 MO	1	
CARBOCAINE (PF) 10 MG/ML (1 %) INJECTION SOLUTION MO	4	
CARBOCAINE (PF) 15 MG/ML (1.5 %) INJECTION SOLUTION MO	4	
CARBOCAINE (PF) 20 MG/ML (2 %) INJECTION SOLUTION MO	4	
CARBOCAINE 1 % (10 MG/ML) INJECTION SOLUTION MO	4	
CARBOCAINE 2 % INJECTION SOLUTION MO	4	
chloroprocaine 2% vial MO	1	
chloroprocaine 3% vial MO	1	
lidocaine 0.5%-epi 1:200,000 MO	2	
lidocaine 1%-epi 1:100,000 MO	2	
lidocaine 1.5%-epi 1:200,000 MO	2	
lidocaine 2% - epi 1:100,000 MO	2	
lidocaine 2% - epi 1:50,000 MO	1	
lidocaine 2%-epi 1:100,000 MO	2	
lidocaine 2%-epi 1:200,000 MO	2	
lidocaine 5% in d7.5w ampul MO	1	
lidocaine hcl 0.5% vial MO	2	
lidocaine hcl 1% ampul MO	2	
lidocaine hcl 1% vial MO	2	
lidocaine hcl 1.5% ampul MO	2	
lidocaine hcl 2% ampul MO	2	
lidocaine hcl 2% vial MO	2	
lidocaine hcl 4% ampul MO	2	
mepivacaine hcl 3% cartridge MO	1	
NESACAINE 10 MG/ML (1 %) INJECTION SOLUTION MO	4	
NESACAINE 20 MG/ML (2 %) INJECTION SOLUTION MO	4	
NESACAINE-MPF 20 MG/ML (2 %) INJECTION SOLUTION MO	4	
NESACAINE-MPF 30 MG/ML (3 %) INJECTION SOLUTION MO	4	
polocaine 1 % (10 mg/ml) injection solution MO	1	
polocaine 2 % injection solution MO	1	
polocaine-mpf 10 mg/ml (1 %) injection solution MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
polocaine-mpf 15 mg/ml (1.5 %) injection solution MO	1	
polocaine-mpf 20 mg/ml (2 %) injection solution MO	1	
ropivacaine 0.5% 150 mg/30 ml MO	4	
ropivacaine 1% 200 mg/20 ml vl MO	4	
SENSORCAINE 0.25 % (2.5 MG/ML) INJECTION SOLUTION MO	4	
sensorcaine 0.5 % (5 mg/ml) injection solution MO	4	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML) INJECTION SOLUTION MO	4	
sensorcaine-mpf 0.5 % (5 mg/ml) injection solution MO	4	
sensorcaine-mpf 0.75 % (7.5 mg/ml) injection solution MO	4	
sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) injection solution MO	4	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection solution MO	4	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000 INJECTION SOLUTION MO	4	
SENSORCAINE-MPF/EPINEPHRINE 0.75 %-1:200,000 INJECTION SOLUTION MO	4	
sensorcaine/epinephrine 0.25 %-1:200,000 injection solution MO	4	
sensorcaine/epinephrine 0.5 %-1:200,000 injection solution MO	4	
XYLOCAINE 10 MG/ML (1 %) INJECTION SOLUTION MO	4	
XYLOCAINE 20 MG/ML (2 %) INJECTION SOLUTION MO	4	
XYLOCAINE 5 MG/ML (0.5 %) INJECTION SOLUTION MO	4	
XYLOCAINE-EPINEPHRINE 0.5 %-1:200,000 INJECTION SOLUTION MO	4	
XYLOCAINE-EPINEPHRINE 1 %-1:100,000 INJECTION SOLUTION MO	4	
XYLOCAINE-EPINEPHRINE 2 %-1:100,000 INJECTION SOLUTION MO	4	
XYLOCAINE-MPF 10 MG/ML (1 %) INJECTION SOLUTION MO	4	
XYLOCAINE-MPF 15 MG/ML (1.5 %) INJECTION SOLUTION MO	4	
XYLOCAINE-MPF 20 MG/ML (2 %) INJECTION SOLUTION MO	4	
XYLOCAINE-MPF 40 MG/ML (4 %) INJECTION SOLUTION MO	4	
XYLOCAINE-MPF 5 MG/ML (0.5 %) INJECTION SOLUTION MO	4	
XYLOCAINE-MPF/EPINEPHRINE 1 %-1:200,000 INJECTION SOLUTION MO	4	
XYLOCAINE-MPF/EPINEPHRINE 1.5 %-1:200,000 INJECTION SOLUTION MO	4	
XYLOCAINE-MPF/EPINEPHRINE 2 %-1:200,000 INJECTION SOLUTION MO	4	
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine 6 gram/30 ml vl MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION SP	5	PA
ACTONEL 150 MG TABLET MO	4	PA,QL (1 per 30 days)
ACTONEL 30 MG TABLET MO	4	PA,QL (30 per 30 days)
ACTONEL 35 MG TABLET MO	4	PA,QL (4 per 28 days)
ACTONEL 5 MG TABLET MO	4	PA,QL (30 per 30 days)
alendronate sodium 10 mg tab MO	1	QL (30 per 30 days)
alendronate sodium 35 mg tab MO	1	QL (4 per 28 days)
alendronate sodium 40 mg tab MO	1	QL (30 per 30 days)
alendronate sodium 5 mg tablet MO	1	QL (30 per 30 days)
alendronate sodium 70 mg tab MO	1	QL (4 per 28 days)
allopurinol 100 mg tablet MO	1	
allopurinol 300 mg tablet MO	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION MO	4	
amifostine 500 mg vial MO	5	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE SP	5	PA,QL (60 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION SP	5	PA
ATELVIA 35 MG TABLET,DELAYED RELEASE MO	4	QL (4 per 28 days)
ATGAM 50 MG/ML INTRAVENOUS HI,MO	3	PA
AUBAGIO 14 MG TABLET SP	5	PA,QL (30 per 30 days)
AUBAGIO 7 MG TABLET SP	5	PA,QL (30 per 30 days)
AVODART 0.5 MG CAPSULE MO	3	QL (30 per 30 days)
AVONEX 30 MCG INTRAMUSCULAR KIT SP	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN INJECTOR SP	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT SP	5	PA,QL (1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE SP	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT SP	5	PA,QL (1 per 28 days)
azathioprine 50 mg tablet SP	2	B vs D
BENLYSTA 120 MG INTRAVENOUS SOLUTION MO	5	PA,QL (30 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION MO	5	PA,QL (30 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT SP	5	PA,QL (15 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (15 per 30 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	4	QL (4 per 28 days)
calcium folinate (leucovorin) 10 mg/ml injection solution MO	2	
CARNITOR 100 MG/ML ORAL SOLUTION MO	4	
CARNITOR 200 MG/ML INTRAVENOUS SOLUTION HI,MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARNITOR SUGAR-FREE 100 MG/ML ORAL SOLUTION MO	4	
CELLCEPT 200 MG/ML ORAL SUSPENSION SP	5	B vs D
CELLCEPT 250 MG CAPSULE SP	4	B vs D
CELLCEPT 500 MG TABLET SP	5	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO	4	B vs D
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION MO	5	PA,QL (100 per 30 days)
COLCRYS 0.6 MG TABLET MO	3	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (12 per 28 days)
cyclosporine 100 mg capsule SP	4	B vs D
cyclosporine 25 mg capsule SP	4	B vs D
cyclosporine 50 mg/ml vial SP	4	B vs D
cyclosporine modified 100 mg SP	4	B vs D
cyclosporine modified 25 mg SP	4	B vs D
cyclosporine modified 50 mg SP	4	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER SP	5	
CYSTAGON 150 MG CAPSULE MO	4	
CYSTAGON 50 MG CAPSULE MO	4	
DEMSER 250 MG CAPSULE MO	4	
dexrazoxane 250 mg vial MO	4	B vs D
dexrazoxane 500 mg vial MO	4	B vs D
disulfiram 250 mg tablet MO	4	
disulfiram 500 mg tablet MO	4	
ELMIRON 100 MG CAPSULE MO	4	
ENBREL 25 MG (1 ML) SUBCUTANEOUS KIT SP	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE SP	5	PA,QL (8 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE SP	5	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR SP	5	PA,QL (8 per 28 days)
etidronate disodium 200 mg tab MO	4	
etidronate disodium 400 mg tab MO	4	
finasteride 5 mg tablet MO	2	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (9 per 30 days)
fluoride 0.25 mg tablet chew MO	1	
fluoride 0.5 mg tablet chew MO	1	
fluoritab 0.125 mg fluoride(0.275)/drop oral drops MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoritab 0.5 mg fluoride (1.1 mg) chewable tablet MO	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET MO	4	
fomepizole 1.5 gm/1.5 ml vial MO	1	
FUSILEV 50 MG INTRAVENOUS SOLUTION MO	4	PA
gengraf 100 mg capsule SP	4	B vs D
gengraf 100 mg/ml oral solution SP	4	B vs D
gengraf 25 mg capsule SP	4	B vs D
GILENYA 0.5 MG CAPSULE SP	5	PA,QL (30 per 30 days)
hecoria 0.5 mg capsule SP	3	B vs D
hecoria 1 mg capsule SP	3	B vs D
hecoria 5 mg capsule SP	3	B vs D
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS KIT SP	5	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS KIT SP	5	PA,QL (6 per 28 days)
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT SP	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS SP	5	PA,QL (6 per 28 days)
HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT SP	5	PA,QL (6 per 28 days)
ibandronate 3 mg/3 ml vial MO	4	PA,QL (3 per 90 days)
ibandronate sodium 150 mg tab MO	4	QL (1 per 28 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
KUVAN 100 MG ORAL POWDER PACKET SP	5	PA
KUVAN 100 MG SOLUBLE TABLET SP	5	PA
leflunomide 10 mg tablet MO	3	QL (30 per 30 days)
leflunomide 20 mg tablet MO	3	QL (30 per 30 days)
leucovorin cal 500 mg/50 ml vl MO	2	B vs D
leucovorin calcium 10 mg tab SP	2	
leucovorin calcium 100 mg vial MO	2	B vs D
leucovorin calcium 15 mg tab SP	2	
leucovorin calcium 200 mg vial MO	2	B vs D
leucovorin calcium 25 mg tab SP	2	
leucovorin calcium 350 mg vial MO	2	B vs D
leucovorin calcium 5 mg tab SP	2	
leucovorin calcium 50 mg vial MO	2	B vs D
leucovorin calcium 500 mg vl MO	2	B vs D
levocarnitine 100 mg/ml soln MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levocarnitine 200 mg/ml vial ^{MO}	3	
levocarnitine 330 mg tablet ^{MO}	3	
ludent fluoride 0.25 mg fluoride (0.55 mg) chewable tablet ^{MO}	1	
ludent fluoride 0.5 mg fluoride (1.1 mg) chewable tablet ^{MO}	1	
ludent fluoride 1 mg fluoride (2.2 mg) chewable tablet ^{MO}	1	
mesna 100 mg/ml vial ^{MO}	4	B vs D
MESNEX 100 MG/ML INTRAVENOUS SOLUTION ^{MO}	4	B vs D
MESNEX 400 MG TABLET ^{SP}	4	
mycophenolate 250 mg capsule ^{SP}	3	B vs D
mycophenolate 500 mg tablet ^{SP}	3	B vs D
mycophenolic acid dr 180 mg tb ^{SP}	3	B vs D
mycophenolic acid dr 360 mg tb ^{SP}	3	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE ^{SP}	4	PA
MYFORTIC 360 MG TABLET,DELAYED RELEASE ^{SP}	4	PA
NULOJIX 250 MG INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (200 per 30 days)
ORFADIN 10 MG CAPSULE ^{SP}	5	
ORFADIN 2 MG CAPSULE ^{SP}	5	
ORFADIN 5 MG CAPSULE ^{SP}	5	
pamidronate 30 mg/10 ml vial ^{MO}	3	
pamidronate 60 mg/10 ml vial ^{MO}	3	
pamidronate 90 mg/10 ml vial ^{MO}	3	
PROGRAF 0.5 MG CAPSULE ^{SP}	4	B vs D
PROGRAF 1 MG CAPSULE ^{SP}	4	B vs D
PROGRAF 5 MG CAPSULE ^{SP}	4	B vs D
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION ^{MO}	4	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	4	PA,QL (60 per 180 days)
RAPAMUNE 0.5 MG TABLET ^{SP}	4	PA
RAPAMUNE 1 MG TABLET ^{SP}	4	PA
RAPAMUNE 1 MG/ML ORAL SOLUTION ^{SP}	4	PA
RAPAMUNE 2 MG TABLET ^{SP}	4	PA
REMICADE 100 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
risedronate sodium 150 mg tab ^{MO}	4	QL (1 per 30 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION ^{SP}	4	B vs D
SENSIPAR 30 MG TABLET ^{MO}	3	QL (60 per 30 days)
SENSIPAR 60 MG TABLET ^{MO}	5	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SENSIPAR 90 MG TABLET MO	5	QL (120 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR SP	5	PA,QL (3 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (3 per 30 days)
SIMULECT 10 MG INTRAVENOUS SOLUTION MO	5	B vs D
SIMULECT 20 MG INTRAVENOUS SOLUTION MO	5	B vs D
sirolimus 0.5 mg tablet SP	4	B vs D
sodium fluoride 0.5 mg/ml drop MO	1	
sodium nitrite 300 mg/10 ml vl MO	1	
sodium thiosulfat 12.5 g/50 ml MO	1	
stannous fluor 0.63% rinse MO	2	
tacrolimus 0.5 mg capsule SP	3	B vs D
tacrolimus 1 mg capsule SP	3	B vs D
tacrolimus 5 mg capsule SP	3	B vs D
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE, DELAYED RELEASE SP	5	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE, DELAYED RELEASE SP	5	PA,QL (14 per 30 days)
TECFIDERA 240 MG CAPSULE, DELAYED RELEASE SP	5	PA,QL (60 per 30 days)
THALOMID 100 MG CAPSULE SP	5	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE SP	5	PA,QL (60 per 30 days)
THALOMID 200 MG CAPSULE SP	5	PA,QL (30 per 30 days)
THALOMID 50 MG CAPSULE SP	5	PA,QL (30 per 30 days)
THIOLA 100 MG TABLET MO	4	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION MO	3	B vs D
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION MO	5	PA
ULORIC 40 MG TABLET MO	3	ST,QL (30 per 30 days)
ULORIC 80 MG TABLET MO	3	ST,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION MO	5	PA,QL (2 per 28 days)
ZAVESCA 100 MG CAPSULE SP	5	QL (90 per 30 days)
ZINECARD 250 MG INTRAVENOUS SOLUTION MO	5	B vs D
ZINECARD 500 MG INTRAVENOUS SOLUTION MO	5	B vs D
zoledronic acid 4 mg vial MO	5	PA,QL (3 per 21 days)
zoledronic acid 4 mg/100 ml MO	4	PA,QL (300 per 21 days)
zoledronic acid 4 mg/5 ml vial MO	5	PA,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml MO	4	PA,QL (100 per 365 days)
zoledronic acid 5 mg/100 ml MO	4	PA,QL (100 per 365 days)
ZORTRESS 0.25 MG TABLET SP	4	B vs D,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZORTRESS 0.5 MG TABLET ^{SP}	4	B vs D,QL (120 per 30 days)
ZORTRESS 0.75 MG TABLET ^{SP}	4	B vs D,QL (60 per 30 days)
OXYTOCICS		
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE ^{MO}	4	
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION ^{MO}	4	
methylergonovine 0.2 mg tablet ^{MO}	4	
methylergonovine 0.2 mg/ml amp ^{MO}	3	
oxytocin 10 units/ml vial ^{MO}	1	
PITOCIN 10 UNIT/ML INJECTION SOLUTION ^{MO}	4	
PREPIDIL 0.5 MG/3 G VAGINAL GEL ^{MO}	4	
PHARMACEUTICAL AIDS		
GAUZE PAD 3" X 3" BANDAGE ^{MO}	1	
STERILE GAUZE PAD 2" X 2" BANDAGE ^{MO}	1	
STERILE GAUZE PAD 4" X 4" BANDAGE ^{MO}	1	
STERILE PADS 2" X 2" BANDAGE ^{MO}	1	
STERILE PADS 3" X 3" BANDAGE ^{MO}	1	
STERILE PADS 4" X 4" BANDAGE ^{MO}	1	
STERILE PADS BANDAGE ^{MO}	1	
RESPIRATORY TRACT AGENTS		
acetylcysteine 10% vial ^{MO}	2	B vs D
acetylcysteine 20% vial ^{MO}	2	B vs D
ADEMPAS 0.5 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
ADEMPAS 1 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
ADEMPAS 1.5 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
ADEMPAS 2 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
ADEMPAS 2.5 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION ^{MO}	3	QL (60 per 30 days)
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION ^{MO}	3	QL (60 per 30 days)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION ^{MO}	3	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER ^{MO}	3	QL (12 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER ^{MO}	3	QL (12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER ^{MO}	3	QL (12 per 30 days)
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER ^{MO}	4	QL (18 per 28 days)
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER ^{MO}	4	QL (18 per 28 days)
ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED ^{MO}	3	QL (1 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ASMANEX TWISTHALER 110 MCG (7 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (14 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (60 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
budesonide 0.25 mg/2 ml susp MO	4	B vs D
budesonide 0.5 mg/2 ml susp MO	4	B vs D
cromolyn 20 mg/2 ml neb soln MO	2	B vs D
cromolyn 4% eye drops MO	2	
cromolyn sodium 100 mg/5 ml MO	5	
DALIRESP 500 MCG TABLET MO	3	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	4	QL (13 per 30 days)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	4	QL (13 per 30 days)
epoprostenol sodium 0.5 mg vl MO	5	PA
epoprostenol sodium 1.5 mg vl MO	5	PA
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER MO	3	QL (24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER MO	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	3	QL (11 per 30 days)
KALYDECO 150 MG TABLET SP	5	PA,QL (60 per 30 days)
LETAIRIS 10 MG TABLET SP	5	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET SP	5	PA,QL (30 per 30 days)
montelukast sod 10 mg tablet MO	2	QL (30 per 30 days)
montelukast sod 4 mg granules MO	4	QL (30 per 30 days)
montelukast sod 4 mg tab chew MO	2	QL (30 per 30 days)
montelukast sod 5 mg tab chew MO	2	QL (30 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION SP	5	B vs D,QL (150 per 30 days)
QVAR 40 MCG/ACTUATION METERED AEROSOL ORAL INHALER MO	3	QL (35 per 30 days)
QVAR 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER MO	3	QL (17 per 30 days)
REMODULIN 1 MG/ML INJECTION SOLUTION MO	5	PA
REMODULIN 10 MG/ML INJECTION SOLUTION MO	5	PA
REMODULIN 2.5 MG/ML INJECTION SOLUTION MO	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REMODULIN 5 MG/ML INJECTION SOLUTION MO	5	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (11 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (11 per 30 days)
TRACLEER 125 MG TABLET SP	5	PA,QL (60 per 30 days)
TRACLEER 62.5 MG TABLET SP	5	PA,QL (60 per 30 days)
VELETRI 0.5 MG INTRAVENOUS SOLUTION MO	5	PA
VELETRI 1.5 MG INTRAVENOUS SOLUTION MO	5	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION SP	5	PA,QL (270 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION SP	5	PA,QL (270 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION MO	5	PA,QL (900 per 28 days)
zafirlukast 10 mg tablet MO	4	QL (60 per 30 days)
zafirlukast 20 mg tablet MO	4	QL (60 per 30 days)
ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION MO	5	PA
SERUMS, TOXOIDS, AND VACCINES		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
ADACEL (TDAP ADOLESCENT/ADULT)(PF) 2 LF-(5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(5-3-5 MCG)-5 LF/0.5 ML IM SYRINGE MO	4	
bcg vaccine (tice strain) vial MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
COMVAX (PF) 5 MCG-7.5 MCG-125 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION MO	5	PA,QL (1050 per 30 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	4	
diphtheria-tetanus toxoids-ped MO	4	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D
GAMUNEX 10% VIAL MO	5	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION SOLUTION MO	5	PA
GAMUNEX-C 10 GRAM/100 ML (10 %) INJECTION SOLUTION MO	5	PA
GAMUNEX-C 2.5 GRAM/25 ML (10 %) INJECTION SOLUTION MO	5	PA
GAMUNEX-C 20 GRAM/200 ML (10 %) INJECTION SOLUTION MO	5	PA
GAMUNEX-C 5 GRAM/50 ML (10 %) INJECTION SOLUTION MO	5	PA
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION MO	4	QL (3 per 365 days)
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE MO	4	QL (3 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SUSPENSION MO	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
HIZENTRA 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION SP	5	PA
HIZENTRA 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION MO	5	PA
HIZENTRA 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION SP	5	PA
HIZENTRA 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION SP	5	PA
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE MO	4	
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	3	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP MO	4	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO	4	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML INJECTION SYRINGE MO	4	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION MO	4	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION MO	4	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION MO	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO	4	
PEDIARIX (PF) 10MCG-25LF-25MCG-10LF-40-8-32 INTRAMUSCULAR SYRINGE MO	4	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	4	
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	4	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE MO	4	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE MO	4	
ROTARIX 10EXP6 CCID50/ML ORAL SUSPENSION MO	4	
ROTATEQ VACCINE 2 ML ORAL SUSPENSION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
tetanus diphtheria toxoids MO	4	
tetanus toxoid adsorbed vial MO	4	B vs D
THERACYS 81 MG INTRAVESICAL SUSPENSION MO	4	B vs D
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION MO	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	3	
VARIZIG 125 UNIT INTRAMUSCULAR SOLUTION MO	5	PA,QL (10 per 30 days)

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
WINRHO SDF 1,500 UNIT/1.3 ML INJECTION SOLUTION ^{MO}	5	B vs D
WINRHO SDF 15,000 UNIT/13 ML INJECTION SOLUTION ^{MO}	5	B vs D
WINRHO SDF 2,500 UNIT/2.2 ML INJECTION SOLUTION ^{MO}	5	B vs D
WINRHO SDF 5,000 UNIT/4.4 ML INJECTION SOLUTION ^{MO}	5	B vs D
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION ^{MO}	4	
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION ^{MO}	4	QL (1 per 365 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP 10 MG CAPSULE ^{SP}	4	
acitretin 10 mg capsule ^{MO}	5	
acitretin 17.5 mg capsule ^{MO}	5	
acitretin 25 mg capsule ^{MO}	5	
acyclovir 5% ointment ^{MO}	4	PA
adapalene 0.1% cream ^{MO}	4	
adapalene 0.1% gel ^{MO}	4	
AKNE-MYCIN 2 % TOPICAL OINTMENT ^{MO}	4	
ALA-CORT 1 % TOPICAL CREAM ^{MO}	2	
alclometasone dipr 0.05% oint ^{MO}	3	
alclometasone dipro 0.05% crm ^{MO}	3	
ALCOHOL PADS ^{MO}	1	
ALCOHOL PREP PADS ^{MO}	1	
ALCOHOL PREP SWABS ^{MO}	1	
ALCOHOL SWAB ^{MO}	1	
ALCOHOL WIPES ^{MO}	1	
ALTABAX 1 % TOPICAL OINTMENT ^{MO}	4	
amcinonide 0.1% cream ^{MO}	4	
amcinonide 0.1% lotion ^{MO}	4	
amcinonide 0.1% ointment ^{MO}	4	
ammonium lactate 12% cream ^{MO}	2	
ammonium lactate 12% lotion ^{MO}	2	
amnesteem 10 mg capsule ^{MO}	4	
amnesteem 20 mg capsule ^{MO}	4	
amnesteem 40 mg capsule ^{MO}	4	
ANUSOL-HC 2.5 % RECTAL CREAM ^{MO}	4	
apexicon e 0.05 % topical cream ^{MO}	4	
AVC VAGINAL 15 % CREAM ^{MO}	2	

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
AZELEX 20 % TOPICAL CREAM MO	4	
BD ALCOHOL SWABS MO	1	
betamethasone dp 0.05% crm MO	3	
betamethasone dp 0.05% lot MO	3	
betamethasone dp 0.05% oint MO	3	
betamethasone dp aug 0.05% crm MO	3	
betamethasone dp aug 0.05% gel MO	3	
betamethasone dp aug 0.05% lot MO	3	
betamethasone dp aug 0.05% oin MO	3	
betamethasone va 0.1% cream MO	2	
betamethasone va 0.1% lotion MO	2	
betamethasone valer 0.1% ointm MO	2	
calcipotriene 0.005% cream MO	4	QL (120 per 30 days)
calcipotriene 0.005% ointment MO	4	
calcipotriene 0.005% solution MO	4	QL (60 per 30 days)
calcipotriene-betameth dp oint MO	3	
CAPEX 0.01 % SHAMPOO MO	4	
CARAC 0.5 % TOPICAL CREAM MO	4	
CENTANY 2 % TOPICAL OINTMENT MO	4	
CENTANY AT 2 % OINTMENT TOPICAL KIT MO	3	
ciclodan 0.77 % topical cream MO	3	
ciclodan 8 % topical solution MO	3	
ciclopirox 0.77% cream MO	3	
ciclopirox 0.77% gel MO	4	
ciclopirox 0.77% topical susp MO	4	
ciclopirox 1% shampoo MO	4	
ciclopirox 8% solution MO	3	
claravis 10 mg capsule MO	4	
claravis 20 mg capsule MO	4	
claravis 30 mg capsule MO	4	
claravis 40 mg capsule MO	4	
CLEOCIN 100 MG VAGINAL SUPPOSITORY MO	4	
CLEOCIN 2 % VAGINAL CREAM MO	4	PA
CLINDAGEL 1 % TOPICAL MO	4	
clindamycin 2% vaginal cream MO	3	

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
clindamycin ph 1% gel MO	3	
clindamycin ph 1% solution MO	3	
clindamycin phos 1% pledget MO	3	
clindamycin phosp 1% lotion MO	3	
clindamycin-benzoyl perox gel MO	4	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE MO	4	
clobetasol 0.05% cream MO	3	
clobetasol 0.05% gel MO	2	
clobetasol 0.05% ointment MO	2	
clobetasol 0.05% solution MO	2	
clobetasol emollient 0.05% crm MO	2	
clocortolone pivalate 0.1% crm MO	4	
CLODERM 0.1 % TOPICAL CREAM MO	4	
clotrimazole 1% cream MO	2	
clotrimazole 1% solution MO	2	
clotrimazole 10 mg troche MO	2	
clotrimazole-betamethasone crm MO	3	
clotrimazole-betamethasone lot MO	3	
CNL 8 NAIL 8 % TOPICAL KIT MO	4	
colocort 100 mg/60 ml enema MO	4	
CONDYLOX 0.5 % TOPICAL GEL MO	4	
CONDYLOX 0.5 % TOPICAL SOLUTION MO	4	
cormax 0.05 % topical solution MO	4	
CORTIFOAM 10 % (80 MG) RECTAL MO	4	
CORTISPORIN 1 % TOPICAL OINTMENT MO	4	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM MO	4	
CURITY ALCOHOL SWABS MO	1	
DENAVIR 1 % TOPICAL CREAM MO	4	
DESONATE 0.05 % TOPICAL GEL MO	4	
desonide 0.05% cream MO	4	
desonide 0.05% lotion MO	4	
desonide 0.05% ointment MO	4	
desoximetasone 0.05% cream MO	4	
desoximetasone 0.05% gel MO	4	
desoximetasone 0.05% ointment MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desoximetasone 0.25% cream MO	4	
desoximetasone 0.25% ointment MO	4	
diflorasone 0.05% cream MO	4	
diflorasone 0.05% ointment MO	4	
EASY TOUCH ALCOHOL PREP PADS MO	1	
econazole nitrate 1% cream MO	2	
ELIDEL 1 % TOPICAL CREAM MO	4	
EMLA 2.5 %-2.5 % TOPICAL CREAM MO	4	
EPIDUO 0.1 %-2.5 % TOPICAL GEL MO	4	
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP MO	4	
ery pads 2 % topical swab MO	2	
erythromycin 2% gel MO	2	
erythromycin 2% pledgets MO	2	
erythromycin 2% solution MO	2	
erythromycin-benzoyl gel MO	3	
EURAX 10 % LOTION MO	4	
EURAX 10 % TOPICAL CREAM MO	4	
EXELDERM 1 % TOPICAL CREAM MO	4	
EXELDERM 1 % TOPICAL SOLUTION MO	4	
EXTINA 2 % TOPICAL FOAM MO	4	PA
fluocinolone 0.01% body oil MO	4	
fluocinolone 0.01% cream MO	3	
fluocinolone 0.01% scalp oil MO	3	
fluocinolone 0.01% solution MO	4	
fluocinolone 0.025% cream MO	3	
fluocinolone 0.025% ointment MO	3	
fluocinonide 0.05% cream MO	3	
fluocinonide 0.05% gel MO	3	
fluocinonide 0.05% ointment MO	3	
fluocinonide 0.05% solution MO	3	
fluocinonide-e 0.05 % topical cream MO	2	
fluocinonide-emol 0.05% cream MO	2	
fluorouracil 2% topical soln MO	4	
fluorouracil 5% cream MO	4	
fluorouracil 5% top solution MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluticasone prop 0.005% oint MO	2	
fluticasone prop 0.05% cream MO	2	
gentamicin 0.1% cream MO	2	
gentamicin 0.1% ointment MO	2	
GLUCOPRO ALCOHOL PREP PADS MO	1	
gynazole-1 2 % vaginal cream MO	4	
GYNAZOLE-1 CREAM MO	4	
halobetasol prop 0.05% cream MO	4	
halobetasol prop 0.05% ointmnt MO	4	
HALOG 0.1 % TOPICAL CREAM MO	4	
HALOG 0.1 % TOPICAL OINTMENT MO	4	
HALONATE 0.05 %-12 % TOPICAL PACK,OINTMENT AND FOAM MO	4	
halonate pac 0.05 %-12 % topical pack,ointment and lotion MO	3	
hydrocort buty 0.1% lipo cream MO	4	
hydrocortisone 0.1% soln MO	3	
hydrocortisone 1% absorbase MO	1	
hydrocortisone 1% cream MO	2	
hydrocortisone 1% ointment MO	2	
hydrocortisone 100 mg/60 ml MO	3	
hydrocortisone 2.5% lotion MO	2	
hydrocortisone 2.5% ointment MO	2	
hydrocortisone buty 0.1% cream MO	3	
hydrocortisone butyr 0.1% oint MO	3	
hydrocortisone val 0.2% cream MO	3	
hydrocortisone val 0.2% ointmt MO	3	
imiquimod 5% cream packet MO	4	QL (12 per 30 days)
IV PREP WIPES MEDICATED MO	1	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL MO	4	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION MO	5	
ketoconazole 2% cream MO	2	
ketoconazole 2% foam MO	4	
ketoconazole 2% shampoo MO	2	
ketodan 2 % topical foam MO	4	
KLARON 10 % TOPICAL SUSPENSION MO	4	
LAC-HYDRIN 12 % LOTION MO	4	

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
LAC-HYDRIN 12 % TOPICAL CREAM MO	4	
laclotion 12% lotion MO	3	
LEVULAN 20 % TOPICAL SOLUTION MO	4	
lidocaine 5% ointment MO	4	
lidocaine 5% patch MO	4	PA,QL (90 per 30 days)
lidocaine-hc 3-0.5% cream MO	4	
lidocaine-hc 3-0.5% cream kit MO	4	
lidocaine-hc 3-1% cream kit MO	4	
lidocaine-prilocaine cream MO	3	
lindane 1% lotion MO	4	
lindane 1% shampoo MO	4	
LOTRISONE 1 %-0.05 % TOPICAL CREAM MO	4	
LTA PRE-ATTACHED 4 % LARYNGOTRACHEAL SOLUTION MO	4	
mafenide acetate 50 gm powd pk MO	4	
malathion 0.5% lotion MO	4	
MENTAX 1 % TOPICAL CREAM MO	4	
methoxsalen 10 mg capsule MO	5	
metronidazole 0.75% cream MO	4	
metronidazole 0.75% lotion MO	4	
metronidazole topical 0.75% gl MO	4	
metronidazole topical 1% gel MO	4	
metronidazole topical 1% gel MO	4	
metronidazole vaginal 0.75% gl MO	2	
miconazole-3 200 mg vaginal suppository MO	3	
mometasone furoate 0.1% cream MO	3	
mometasone furoate 0.1% oint MO	3	
mometasone furoate 0.1% soln MO	3	
mupirocin 2% cream MO	4	
mupirocin 2% ointment MO	2	
myorisan 10 mg capsule MO	4	
myorisan 20 mg capsule MO	4	
myorisan 40 mg capsule MO	4	
NAFTIN 1 % TOPICAL CREAM MO	3	
NAFTIN 1 % TOPICAL GEL MO	3	
NAFTIN 2 % TOPICAL CREAM MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAFTIN 2 % TOPICAL GEL MO	3	
neomy-polymyxin b 40 mg/ml amp MO	3	
NEOSPORIN GU IRRIGANT 40 MG-200,000 UNIT/ML MO	4	
NIZORAL 2 % SHAMPOO MO	4	
NORITATE 1 % TOPICAL CREAM MO	4	
nyamyc 100,000 unit/gram topical powder MO	2	
nystatin 100,000 unit/gm cream MO	2	
nystatin 100,000 unit/gm powd MO	2	
nystatin 100,000 units/gm oint MO	2	
nystatin-triamcinolone cream MO	4	
nystatin-triamcinolone ointm MO	4	
nystop 100,000 unit/gram topical powder MO	2	
oralone 0.1 % dental paste MO	1	
OVIDE 0.5 % LOTION MO	4	PA
OXISTAT 1 % LOTION MO	4	
OXISTAT 1 % TOPICAL CREAM MO	4	
OXSORALEN 1 % LOTION MO	4	
OXSORALEN ULTRA 10 MG CAPSULE MO	5	
PANDEL 0.1 % TOPICAL CREAM MO	4	
PANRETIN 0.1 % TOPICAL GEL SP	5	
pedi-dri topical powder MO	2	
permethrin 5% cream MO	3	
phenazopyridine 100 mg tab MO	2	
phenazopyridine 200 mg tab MO	2	
PICATO 0.015 % TOPICAL GEL MO	4	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL MO	4	QL (2 per 30 days)
podofilox 0.5% topical soln MO	4	
prednicarbate 0.1% cream MO	3	
prednicarbate 0.1% ointment MO	3	
procto-pak 1 % rectal cream MO	2	
proctocream-hc 2.5 % rectal MO	2	
PROCTOSOL HC 2.5 % RECTAL CREAM MO	2	
proctozone-hc 2.5 % rectal cream MO	2	
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL (30 per 30 days)
REG GRANEX 0.01 % TOPICAL GEL MO	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
remeven 50 % topical cream MO	2	
RIMSO-50 50 % INTRAVESICAL SOLUTION MO	2	
salicylic acid 6% gel MO	3	
salicylic acid 6% shampoo MO	2	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	4	
selenium sulfide 2.25% shampoo MO	3	
selenium sulfide 2.5% lotion MO	2	
SILVADENE 1 % TOPICAL CREAM MO	4	
silver sulfadiazine 1% cream MO	2	
sod sulfacetamide 10% shampoo MO	4	
sodium sulfacetamide 10% lot MO	2	
SORIATANE 10 MG CAPSULE MO	5	
SORIATANE 17.5 MG CAPSULE MO	5	
SORIATANE 25 MG CAPSULE MO	5	
SSD 1 % TOPICAL CREAM MO	2	
SULFAMYLON 50 GRAM TOPICAL PACKET MO	4	
SULFAMYLON 85 MG/G TOPICAL CREAM MO	4	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	
SYNERA 70 MG-70 MG PATCH MO	4	
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT MO	3	
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION MO	3	QL (420 per 30 days)
TARGRETIN 1 % TOPICAL GEL SP	5	PA
TAZORAC 0.05 % TOPICAL CREAM MO	4	PA
TAZORAC 0.05 % TOPICAL GEL MO	4	PA
TAZORAC 0.1 % TOPICAL CREAM MO	4	PA
TAZORAC 0.1 % TOPICAL GEL MO	4	PA
TERAZOL 3 0.8 % VAGINAL CREAM MO	4	
TERAZOL 3 80 MG SUPPOSITORY MO	4	
TERAZOL 7 0.4 % VAGINAL CREAM MO	4	
terconazole 0.4% cream MO	2	
terconazole 0.8% cream MO	2	
terconazole 80 mg suppository MO	2	
THERMAZENE 1 % TOPICAL CREAM MO	2	
tretinoin 0.01% gel MO	3	PA

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
tretinoin 0.025% cream MO	3	PA
tretinoin 0.025% gel MO	3	PA
tretinoin 0.05% cream MO	3	PA
tretinoin 0.1% cream MO	3	PA
triamcinolone 0.025% cream MO	2	
triamcinolone 0.025% lotion MO	3	
triamcinolone 0.025% oint MO	2	
triamcinolone 0.1% cream MO	2	
triamcinolone 0.1% lotion MO	3	
triamcinolone 0.1% ointment MO	2	
triamcinolone 0.1% paste MO	3	
triamcinolone 0.5% cream MO	2	
triamcinolone 0.5% ointment MO	2	
triderm 0.1 % topical cream MO	2	
u-cort 1 %-10 % topical cream MO	2	
ULTILET ALCOHOL SWAB MO	1	
UMECTA 40 % TOPICAL EMULSION MO	4	
umecta 40 % topical foam MO	4	
UMECTA 40 % TOPICAL SUSPENSION MO	4	
UMECTA PD 40 % TOPICAL EMULSION MO	4	
UMECTA PD 40 % TOPICAL SUSPENSION MO	4	
URAMAXIN 20 % TOPICAL FOAM MO	4	
UVADEX 20 MCG/ML INJECTION SOLUTION MO	4	B vs D
VALCHLOR 0.016 % TOPICAL GEL SP	5	PA,QL (60 per 28 days)
VANDAZOLE 0.75 % VAGINAL GEL MO	3	
VELTIN 1.2 %-0.025 % TOPICAL GEL MO	4	
VEREGEN 15 % TOPICAL OINTMENT MO	4	
WEBCOL TOPICAL PADS MO	1	
WESTCORT 0.2% OINTMENT MO	4	
x-viate 40 % topical cream MO	2	
x-viate 40 % topical gel MO	2	
zenatane 10 mg capsule MO	4	
zenatane 20 mg capsule MO	4	
zenatane 40 mg capsule MO	4	
ZOVIRAX 5 % TOPICAL CREAM MO	5	PA

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
ZOVIRAX 5 % TOPICAL OINTMENT MO	5	PA
ZYCLARA 2.5 % TOPICAL CREAM PUMP MO	4	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET MO	4	
ZYCLARA 3.75 % TOPICAL CREAM PUMP MO	4	QL (15 per 30 days)
SMOOTH MUSCLE RELAXANTS		
aminophylline 250 mg/10 ml vl MO	2	
aminophylline 500 mg/20 ml vl MO	2	
DETROL LA 2 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
DETROL LA 4 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MO	2	
flavoxate hcl 100 mg tablet MO	4	
LUFYLLIN 200 MG TABLET MO	4	
MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
oxybutynin 5 mg tablet MO	2	
oxybutynin 5 mg/5 ml syrup MO	2	
oxybutynin cl er 10 mg tablet MO	3	QL (60 per 30 days)
oxybutynin cl er 15 mg tablet MO	3	QL (60 per 30 days)
oxybutynin cl er 5 mg tablet MO	3	QL (60 per 30 days)
theophylline 200 mg/100 ml d5w MO	2	
theophylline 200 mg/50 ml d5w MO	2	
theophylline 400 mg/250 ml d5w MO	2	
theophylline 400 mg/500 ml d5w MO	2	
theophylline 80 mg/15 ml soln MO	4	
theophylline 80 mg/15 ml soln MO	4	
theophylline 800 mg/250 ml d5w MO	2	
theophylline 800 mg/500 ml d5w MO	2	
theophylline er 100 mg tablet MO	2	
theophylline er 200 mg tablet MO	2	
theophylline er 300 mg tab MO	2	
theophylline er 400 mg tablet MO	2	
theophylline er 450 mg tab MO	2	
theophylline er 600 mg tablet MO	2	
tolterodine tart er 2 mg cap MO	3	QL (30 per 30 days)
tolterodine tart er 4 mg cap MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tolterodine tartrate 1 mg tab MO	3	QL (60 per 30 days)
tolterodine tartrate 2 mg tab MO	3	QL (60 per 30 days)
TOVIAZ 4 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
TOVIAZ 8 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
tropium chloride 20 mg tablet MO	4	
tropium chloride er 60 mg cap MO	4	QL (30 per 30 days)
VESICARE 10 MG TABLET MO	4	QL (30 per 30 days)
VESICARE 5 MG TABLET MO	4	QL (30 per 30 days)
VITAMINS		
bal-care dha 27 mg-1 mg-430 mg tablet&capsule,delayed release MO	4	
c-nate dha 28 mg-1 mg-200 mg capsule MO	4	
calcitriol 0.25 mcg capsule MO	2	
calcitriol 0.5 mcg capsule MO	2	
calcitriol 1 mcg/ml ampul MO	2	
calcitriol 1 mcg/ml solution MO	2	
cavan-ec sod dha vitamins MO	4	
CITRANATAL 90 DHA PACK MO	4	
CITRANATAL ASSURE COMBO PACK MO	4	
CITRANATAL DHA (NEW FORMULA) 27 MG-1 MG-50 MG-250 MG ORAL PACK MO	4	
CITRANATAL RX (NEW FORMULA) 27 MG-1 MG-50 MG TABLET MO	4	
complete natal dha 29 mg-1 mg-250 mg oral pack MO	4	
completenate 29 mg-1 mg chewable tablet MO	4	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE MO	4	
CONCEPT OB 85 MG-1 MG CAPSULE MO	4	
dexpanthenol 250 mg/ml vial MO	1	
doxercalciferol 0.5 mcg cap MO	3	
doxercalciferol 1 mcg capsule MO	3	
doxercalciferol 2.5 mcg cap MO	3	
doxercalciferol 4 mcg/2 ml vl MO	3	
elite-ob 50 mg-1.25 mg tablet MO	4	
folivane-ob 85 mg-1 mg capsule MO	4	
folivane-prx dha nf 30 mg-1.24 mg-55 mg-265 mg capsule MO	4	
GESTICARE DHA 27 MG-1 MG-250 MG TABLET,EXTENDED RELEASE AND CAPSULE MO	4	
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
inatal advance 90 mg-1 mg-50 mg tablet MO	4	
inatal ultra 90 mg-1 mg-50 mg tablet MO	4	
multi-vitamin with fluoride 0.25 mg chewable tablet MO	4	
multi-vitamin with fluoride 0.5 mg chewable tablet MO	4	
multi-vitamin with fluoride 1 mg chewable tablet MO	4	
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MVC-FLUORIDE 0.5 MG CHEWABLE TABLET MO	4	
MVC-FLUORIDE 1 MG CHEWABLE TABLET MO	4	
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O-CAL PRENATAL 15 MG-1 MG TABLET MO	4	
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pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack MO	4	
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pnv-select 27 mg-1 mg tablet MO	4	
pr natal 400 29 mg-1 mg-400 mg oral pack MO	4	
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pr natal 430 29 mg-1 mg-430 mg oral pack MO	4	
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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

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se-tan dha 30 mg-1 mg-310.1 mg capsule MO	4	
setonet 29 mg-1 mg-430 mg oral pack MO	4	
SETONET-EC 29 MG-1 MG-430 MG TABLET&CAPSULE,DELAYED RELEASE MO	4	
taron-bc 20 mg iron-1 mg-25 mg/25 mg tablets MO	4	
taron-c dha 35 mg-1 mg-200 mg capsule MO	4	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule MO	4	
tri-vit with fluoride & iron 0.25 mg-10 mg/ml oral drops MO	1	
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops MO	1	
triadvance 90 mg-1 mg-50 mg tablet MO	4	
trinatal gt 90 mg-1 mg-50 mg tablet MO	4	
trinatal rx 1 60 mg iron-1 mg tablet MO	4	
trinatal ultra tablet MO	4	
triveen-duo dha 29 mg-1 mg-400 mg oral pack MO	4	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule MO	4	
ultimate ob dha combo pack MO	4	
ultimatecare one 27 mg-1 mg-330 mg capsule MO	4	
ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule MO	4	
vena-bal dha 27 mg-1 mg-430 mg tablet&capsule,delayed release MO	4	
virt-pn 27 mg-1 mg tablet MO	3	
virt-pn dha 27 mg-1 mg-300 mg capsule MO	3	
zatean-ch 27 mg-1 mg-50 mg-250 mg capsule MO	4	
zatean-pn 27 mg-1 mg tablet MO	4	
zatean-pn dha 27 mg-1 mg-300 mg capsule MO	4	
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ZEMPLAR 5 MCG/ML INTRAVENOUS SOLUTION MO	3	

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