

2018

Prescription Drug Guide

Humana Formulary

List of covered drugs

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

Humana Walmart Rx Plan (PDP)

This formulary was updated on 11/01/2017. For more recent information or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that the automated phone system may answer your call during weekends and holidays from 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.

Other pharmacies are available in our network.

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



Rx Plan (PDP)

Welcome to Humana!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us," or "our," it means Humana. When it refers to "plan" or "our plan," it means Humana. This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

What is the Humana Medicare formulary?

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

Can the formulary change?

Generally, if you take a drug that was covered at the beginning of the year, that coverage will not be discontinued or reduced during the 2018 coverage year. However, a formulary may be changed when, for example, a new, more cost effective generic drug or new information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose your plan, except for cases in which you can save additional money or we can ensure your safety.

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

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

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

We'll notify you by mail at least 60 days before one of these changes happens or we will provide a 60-day refill of the affected medicine with notice of the change.

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

The enclosed formulary is current as of January 1, 2018. We'll update the 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](https://www.humana.com/medicaredruglist). The Drug List Search tool lets you search for your drug by name or drug type.

For help and information, call Humana Customer Care at **1-800-281-6918 (TTY: 711)**. You can call seven days a week, from 8 a.m. - 8 p.m. However, please note that the automated phone system may answer your call during weekends and holidays from 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 group, you should look for your drug in the Index that begins on page 88. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of five tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

Does healthcare reform impact my coverage?

Since 2011, Medicare has made changes to help with the cost of drugs while members are in the Prescription Drug Plan coverage gap, which is often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with the companies that make prescription drugs and health plans so you receive nearly 65 percent off the cost of many covered, brand-name drugs while you're in the coverage gap. Medicare members who receive the low-income subsidy ("Extra Help") or are covered by a qualified, commercial prescription plan through an employer won't get this discount.

What if my drug isn't on the formulary?

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

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

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

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

How do I request an exception to the formulary?

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

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

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

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

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

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

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

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

- We'll temporarily cover up to a 30-day supply of your drug when you go to a pharmacy.
- There will be no coverage for the drugs after your first 30-day supply, even if you've been a member of the plan for less than 90 days, unless a formulary exception has been approved.

If you're a resident of a long-term care facility and you take Part D drugs that aren't on the formulary, we'll cover 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 request a formulary exception if:

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

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

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit

- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, Humana will cover as much as a 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 requests for continuation of therapy on a case-by-case basis understanding when you're on a stabilized drug regimen that, if changed, is known to have risks.

Transition extension

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

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

Humana-Medicare.com - Find a Plan

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

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

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

Other pharmacies are available in our network.

For More Information

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

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

You can also call Humana Customer Care at **1-800-281-6918 (TTY: 711)**. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from 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 the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 88.

How to read your formulary

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTI-INFECTIVE AGENTS		
abacavir 20 mg/ml solution MO	4	QL (960 per 30 days)
abacavir 300 mg tablet MO	4	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg DL	5	QL (30 per 30 days)
abacavir-lamivudine-zidov tab DL	5	QL (60 per 30 days)
acyclovir 200 mg capsule MO	1	
acyclovir 200 mg/5 ml susp MO	4	
acyclovir 400 mg, 800 mg tablet MO	2	
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial MO	4	B vs D
adefovir dipivoxil 10 mg tab DL	5	
ALBENZA 200 MG TABLET DL	5	
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 DL	5	B vs D
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial MO	4	
amoxicillin 125 mg, 250 mg tab chew MO	2	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp MO	1	
amoxicillin 250 mg, 500 mg capsule MO	1	
amoxicillin 500 mg, 875 mg tablet MO	2	
amox-clav 200-28.5 mg, 400-57 mg tab chew MO	2	
amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp MO	2	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet MO	2	
amox-clav er 1,000-62.5 mg tab MO	4	
amphotericin b 50 mg vial MO	4	B vs D
ampicillin 125 mg/5 ml, 250 mg/5 ml susp MO	2	
ampicillin 250 mg, 500 mg capsule MO	2	
ampicillin 1 gm a-v vial; ampicillin 1 gm vial; ampicillin 1 gram, 1 gram, 10 gram, 125 mg, 2 gram, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm a-v vial; ampicillin 2 gm vial MO	4	
ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial MO	4	
APTIVUS 100 MG/ML ORAL SOLUTION DL	5	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE DL	5	QL (120 per 30 days)
atovaquone 750 mg/5 ml susp DL	5	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 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
ATRIPLA 600 MG-200 MG-300 MG TABLET DL	5	QL (30 per 30 days)
azithromycin 1 gm pwd packet MO	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml susp MO	3	
azithromycin 250 mg, 500 mg tablet MO	2	
azithromycin 600 mg tablet MO	2	QL (16 per 60 days)
azithromycin i.v. 500 mg vial MO	4	
aztreonam 1 gm vial MO	4	
aztreonam 2 gm vial DL	5	
bacitracin 50,000 unit vial MO	3	
BARACLUDE 0.05 MG/ML ORAL SOLUTION DL	5	QL (630 per 30 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION DL	5	PA,QL (224 per 28 days)
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION DL	5	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	4	
caspofungin acetate 50 mg, 70 mg vial DL	5	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL (84 per 28 days)
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen MO	4	
cefaclor 250 mg, 500 mg capsule MO	3	
cefaclor er 500 mg tablet MO	4	
cefadroxil 1 gm tablet MO	3	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp MO	3	
cefadroxil 500 mg capsule MO	3	
cefazolin 1 gm vial; cefazolin 10 gm vial MO	4	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp MO	3	
cefdinir 300 mg capsule MO	2	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial MO	4	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml MO	4	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial MO	4	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial MO	4	
cefpodoxime 100 mg, 200 mg tablet MO	4	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp MO	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp MO	4	
cefprozil 250 mg, 500 mg tablet MO	3	
ceftazidime 1 gm vial; ceftazidime 2 gm vial MO	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 1 gram, 10 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm vial ^{MO}	4	
cefuroxime axetil 250 mg, 500 mg tab ^{MO}	3	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial ^{MO}	4	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	2	
cephalexin 250 mg, 500 mg capsule ^{MO}	1	
cephalexin 750 mg capsule ^{MO}	4	
chloroquine ph 250 mg, 500 mg tablet ^{MO}	3	
ciprofloxacin hcl 100 mg tab ^{MO}	4	
ciprofloxacin hcl 250 mg, 500 mg tab ^{MO}	1	
ciprofloxacin hcl 750 mg tab ^{MO}	2	
ciprofloxacin-d5w 400 mg/200 ml ^{MO}	4	
ciprofloxacin 200 mg/20 ml, 400 mg/40 ml vl ^{MO}	4	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus ^{MO}	4	
clarithromycin 250 mg, 500 mg tablet ^{MO}	3	
clarithromycin er 500 mg tab ^{MO}	3	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule ^{MO}	2	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns ^{MO}	4	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml ^{MO}	4	
clindamycin 75 mg/5 ml soln ^{MO}	4	
clindamycin pediatric 75 mg/5 ml oral solution ^{MO}	4	
clindamycin ph 900 mg/6 ml vl ^{MO}	4	
COARTEM 20 MG-120 MG TABLET ^{MO}	4	QL (24 per 30 days)
colistimethate 150 mg vial ^{MO}	4	
COMPLERA 200 MG-25 MG-300 MG TABLET ^{DL}	5	QL (30 per 30 days)
CRESEMBA 186 MG CAPSULE ^{DL}	5	PA
CRESEMBA 372 MG INTRAVENOUS SOLUTION ^{DL}	5	PA
CRIXIVAN 200 MG CAPSULE ^{MO}	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE ^{MO}	4	QL (270 per 30 days)
cycloserine 250 mg capsule ^{MO}	4	
dapsone 100 mg, 25 mg tablet ^{MO}	3	
daptomycin 500 mg vial ^{DL}	5	
DARAPRIM 25 MG TABLET ^{DL}	5	
demeclocycline 150 mg, 300 mg tablet ^{MO}	4	
DESCOVY 200 MG-25 MG TABLET ^{DL}	5	QL (30 per 30 days)
dicloxacillin 250 mg, 500 mg capsule ^{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
<i>didanosine dr 125 mg capsule</i> MO	4	QL (90 per 30 days)
<i>didanosine dr 200 mg capsule</i> MO	4	QL (60 per 30 days)
<i>didanosine dr 250 mg, 400 mg capsule</i> MO	4	QL (30 per 30 days)
DIFICID 200 MG TABLET DL	5	ST,QL (20 per 10 days)
<i>doripenem 250 mg, 500 mg vial</i> MO	4	
<i>doxy-100 100 mg intravenous solution</i> MO	4	
<i>doxycycline hyc 100 mg vial</i> MO	4	
<i>doxycycline hyclate 100 mg tab</i> MO	3	
<i>doxycycline hyclate 100 mg, 50 mg cap</i> MO	3	
<i>doxycycline 25 mg/5 ml susp</i> MO	4	
<i>doxycycline mono 100 mg, 50 mg cap</i> MO	2	QL (60 per 30 days)
<i>doxycycline mono 100 mg, 50 mg, 75 mg tablet</i> MO	3	
<i>doxycycline mono 150 mg cap</i> MO	4	QL (30 per 30 days)
<i>doxycycline mono 75 mg capsule</i> MO	4	QL (60 per 30 days)
EDURANT 25 MG TABLET DL	5	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION MO	4	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE MO	4	QL (30 per 30 days)
<i>entecavir 0.5 mg, 1 mg tablet</i> DL	5	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET DL	5	PA,QL (28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION MO	4	
ERAXIS(WATER DILUENT) 100 MG, 50 MG INTRAVENOUS SOLUTION MO	4	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO	4	
<i>erythromycin 250 mg, 500 mg filmtab</i> MO	4	
<i>ethambutol hcl 100 mg, 400 mg tablet</i> MO	4	
EVOTAZ 300 MG-150 MG TABLET DL	5	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> MO	3	QL (90 per 30 days)
<i>fluconazole 10 mg/ml, 40 mg/ml susp</i> MO	3	
<i>fluconazole 100 mg, 200 mg, 50 mg tablet</i> MO	3	
<i>fluconazole 150 mg tablet</i> MO	1	
<i>fluconazole-dext 200 mg/100 ml, 400 mg/200 ml</i> MO	4	
<i>fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> MO	4	
<i>flucytosine 250 mg, 500 mg capsule</i> DL	5	
<i>fosamprenavir 700 mg tablet</i> DL	5	QL (120 per 30 days)
FUZEON 90 MG SUBCUTANEOUS SOLUTION DL	5	QL (60 per 30 days)
<i>ganciclovir 500 mg vial</i> MO	4	B vs D
<i>gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial</i> 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
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET DL	5	QL (30 per 30 days)
<i>griseofulvin 125 mg/5 ml susp</i> MO	3	
<i>griseofulvin ultra 125 mg, 250 mg tab</i> MO	4	
HARVONI 90 MG-400 MG TABLET DL	5	PA,QL (28 per 28 days)
<i>hydroxychloroquine 200 mg tab</i> MO	3	
<i>imipenem-cilastatin 250 mg, 500 mg vl</i> MO	4	
INTELENCE 100 MG TABLET DL	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET DL	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET MO	4	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION DL	5	PA
INVANZ 1 GRAM, 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM, 1 GRAM SOLUTION FOR INJECTION MO	4	
INVIRASE 200 MG CAPSULE DL	5	QL (300 per 30 days)
INVIRASE 500 MG TABLET DL	5	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	5	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET MO	3	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET DL	5	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	5	QL (60 per 30 days)
<i>isoniazid 100 mg tablet</i> MO	2	
<i>isoniazid 300 mg tablet</i> MO	1	
<i>isoniazid 50 mg/5 ml solution</i> MO	4	
<i>itraconazole 100 mg capsule</i> MO	4	QL (120 per 30 days)
<i>ivermectin 3 mg tablet</i> MO	3	
KALETRA 100 MG-25 MG TABLET MO	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET DL	5	QL (150 per 30 days)
KETEK 300 MG, 400 MG TABLET MO	4	
<i>ketoconazole 200 mg tablet</i> MO	2	
<i>lamivudine 10 mg/ml oral soln</i> MO	4	
<i>lamivudine 150 mg tablet</i> MO	4	QL (60 per 30 days)
<i>lamivudine 300 mg tablet</i> MO	4	QL (30 per 30 days)
<i>lamivudine hbv 100 mg tablet</i> MO	4	QL (90 per 30 days)
<i>lamivudine-zidovudine tablet</i> MO	4	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
levofloxacin 25 mg/ml solution MO	3	
levofloxacin 250 mg, 500 mg, 750 mg tablet MO	2	
levofloxacin 500 mg/100 ml, 750 mg/150 ml-d5w MO	4	
LEXIVA 50 MG/ML ORAL SUSPENSION MO	4	QL (1575 per 28 days)
LEXIVA 700 MG TABLET DL	5	QL (120 per 30 days)
lincomycin hcl 600 mg/2 ml v1 MO	4	
linezolid 100 mg/5 ml susp DL	5	QL (1800 per 30 days)
linezolid 600 mg tablet MO	4	QL (30 per 30 days)
linezolid 600 mg/300 ml iv sol MO	4	
linezolid-0.9% nacl 600 mg/300 MO	4	
lopinavir-ritonavir 80-20mg/ml DL	5	
mefloquine hcl 250 mg tablet MO	2	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial MO	4	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 MO	4	
methenamine hipp 1 gm tablet MO	4	
metronidazole 250 mg, 500 mg tablet MO	2	
metronidazole 375 mg capsule MO	4	
metronidazole 500 mg/100 ml MO	4	
minocycline 100 mg, 50 mg, 75 mg capsule MO	2	
minocycline hcl 100 mg, 50 mg, 75 mg tablet MO	3	
nafcillin 10 gm vial DL	5	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	4	B vs D
neomycin 500 mg tablet MO	3	
nevirapine 200 mg tablet MO	2	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp MO	4	QL (1200 per 30 days)
nevirapine er 100 mg tablet MO	4	QL (120 per 30 days)
nevirapine er 400 mg tablet MO	4	QL (30 per 30 days)
nitrofurantoin 25 mg/5 ml susp MO	4	QL (2400 per 30 days)
nitrofurantoin mcr 100 mg, 50 mg cap MO	4	QL (90 per 365 days)
nitrofurantoin mono-mcr 100 mg MO	4	QL (90 per 365 days)
NORVIR 100 MG CAPSULE MO	4	QL (360 per 30 days)
NORVIR 100 MG TABLET MO	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION MO	4	QL (480 per 30 days)
NOXAFIL 100 MG TABLET, DELAYED RELEASE DL	5	PA, QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION DL	5	PA, QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION DL	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>nystatin 100,000 unit/ml susp</i> MO	2	
<i>nystatin 500,000 unit oral tab</i> MO	3	
ODEFSEY 200 MG-25 MG-25 MG TABLET DL	5	QL (30 per 30 days)
<i>ofloxacin 300 mg, 400 mg tablet</i> MO	3	
ORBACTIV 400 MG INTRAVENOUS SOLUTION DL	5	QL (3 per 28 days)
<i>oseltamivir phos 30 mg capsule</i> MO	3	QL (112 per 365 days)
<i>oseltamivir phos 45 mg, 75 mg capsule</i> MO	3	QL (56 per 365 days)
<i>paromomycin 250 mg capsule</i> MO	4	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET MO	4	
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION DL	5	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML, 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (2 per 28 days)
PEGINTRON 120 MCG KIT; PEGINTRON 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT; PEGINTRON 150 MCG KIT; PEGINTRON 80 MCG KIT DL	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG 4PK; PEGINTRON REDIPEN 150 MCG; PEGINTRON REDIPEN 50 MCG; PEGINTRON REDIPEN 80 MCG DL	5	PA,QL (4 per 28 days)
<i>penicillin g k 20 million unit, 5 million unit; penicillin gk 20 million unit, 5 million unit</i> MO	4	
<i>pen g 1.2 million unit/2 ml, 600,000 unit/ml; penicillin g 600,000 unit/1 ml</i> MO	4	
<i>penicillin g na 5 million unit</i> MO	4	
<i>penicillin vk 125 mg/5 ml, 250 mg/5 ml soln</i> MO	1	
<i>penicillin vk 250 mg tablet</i> MO	1	
<i>penicillin vk 500 mg tablet</i> MO	2	
PENTAM 300 MG SOLUTION FOR INJECTION MO	4	
<i>piperacil-tazobact 3.375 gm vl; piperacil-tazobact 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 4.5 gm vial</i> MO	4	
<i>polymyxin b sulfite vial</i> MO	4	
PREZCOBIX 800 MG-150 MG TABLET DL	5	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION DL	5	QL (360 per 30 days)
PREZISTA 150 MG TABLET MO	4	QL (240 per 30 days)
PREZISTA 600 MG TABLET DL	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET DL	5	QL (480 per 30 days)
PREZISTA 800 MG TABLET DL	5	QL (30 per 30 days)
PRIFTIN 150 MG TABLET MO	4	
<i>primaquine 26.3 mg tablet</i> MO	4	
PRIMSOL 50 MG/5 ML ORAL SOLUTION MO	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pyrazinamide 500 mg tablet</i> MO	4	
<i>quinine sulfate 324 mg capsule</i> MO	4	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION MO	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 MO	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET MO	4	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION MO	4	
REYATAZ 150 MG, 200 MG CAPSULE DL	5	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE DL	5	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET MO	4	
<i>ribasphere 200 mg capsule</i> MO	3	QL (168 per 28 days)
<i>ribasphere 200 mg tablet</i> MO	3	QL (168 per 28 days)
<i>ribavirin 200 mg capsule</i> MO	3	QL (168 per 28 days)
<i>ribavirin 200 mg tablet</i> MO	3	QL (168 per 28 days)
<i>ribavirin 6 gm inhalation vial</i> DL	5	B vs D
<i>rifabutin 150 mg capsule</i> MO	4	
RIFAMATE 300 MG-150 MG CAPSULE MO	4	
<i>rifampin 150 mg, 300 mg capsule</i> MO	3	
<i>rifampin iv 600 mg vial</i> MO	4	
RIFATER 50 MG-120 MG-300 MG TABLET MO	4	
<i>rimantadine hcl 100 mg tablet</i> MO	4	
SELZENTRY 150 MG TABLET DL	5	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION DL	5	QL (920 per 30 days)
SELZENTRY 25 MG TABLET MO	4	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET DL	5	QL (120 per 30 days)
SIRTURO 100 MG TABLET DL	5	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION DL	5	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET DL	5	QL (6 per 28 days)
<i>stavudine 1 mg/ml solution</i> MO	4	QL (2400 per 30 days)
<i>stavudine 15 mg, 20 mg capsule</i> MO	3	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> MO	3	QL (60 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET DL	5	QL (30 per 30 days)
<i>sulfadiazine 500 mg tablet</i> MO	4	
<i>sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet</i> MO	1	
<i>sulfamethoxazole-tmp inj vial</i> MO	4	
<i>sulfamethoxazole-tmp susp</i> MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab</i> MO	2	
SUPRAX 400 MG CAPSULE MO	4	
SUSTIVA 200 MG CAPSULE MO	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE MO	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET DL	5	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT DL	5	PA,QL (4 per 28 days)
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION DL	5	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION DL	5	
TAMIFLU 6 MG/ML ORAL SUSPENSION MO	4	QL (720 per 365 days)
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION MO	4	
<i>terbinafine hcl 250 mg tablet</i> MO	1	QL (90 per 365 days)
<i>tigecycline 50 mg vial</i> DL	5	
<i>tinidazole 250 mg, 500 mg tablet</i> MO	3	
TIVICAY 10 MG TABLET MO	4	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	5	QL (60 per 30 days)
TOBI PODHALER 28 MG, 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, 28 MG CAPSULES FOR INHALATION DL	5	PA,QL (224 per 28 days)
<i>tobramycin 10 mg/ml, 40 mg/ml vial</i> MO	4	
TRECTOR 250 MG TABLET MO	4	
<i>trimethoprim 100 mg tablet</i> MO	2	
TRIUMEQ 600 MG-50 MG-300 MG TABLET DL	5	QL (30 per 30 days)
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET DL	5	QL (30 per 30 days)
TYZEKA 600 MG TABLET DL	5	QL (30 per 30 days)
<i>valacyclovir hcl 1 gram, 500 mg tablet</i> MO	3	QL (90 per 30 days)
<i>valganciclovir 450 mg tablet</i> DL	5	QL (120 per 30 days)
<i>valganciclovir hcl 50 mg/ml</i> DL	5	QL (1056 per 30 days)
<i>vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 5 gram, 500 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial</i> MO	4	
<i>vancomycin hcl 125 mg capsule</i> DL	5	QL (60 per 30 days)
<i>vancomycin hcl 250 mg capsule</i> DL	5	QL (240 per 30 days)
VEMLIDY 25 MG TABLET DL	5	QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	4	QL (1200 per 30 days)
VIRACEPT 250 MG TABLET DL	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET DL	5	QL (120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET DL	5	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER DL	5	QL (240 per 30 days)
VITEKTA 150 MG, 85 MG TABLET DL	5	QL (30 per 30 days)
voriconazole 200 mg vial DL	5	
voriconazole 200 mg, 50 mg tablet DL	5	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp DL	5	PA,QL (400 per 30 days)
XIFAXAN 200 MG TABLET DL	5	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET DL	5	PA,QL (84 per 28 days)
ZERIT 1 MG/ML ORAL SOLUTION MO	4	QL (2400 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION MO	4	QL (960 per 30 days)
zidovudine 100 mg capsule MO	3	QL (180 per 30 days)
zidovudine 300 mg tablet MO	2	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup MO	4	QL (1680 per 28 days)
ZYVOX 200 MG/100 ML INTRAVENOUS SOLUTION DL	5	
ANTIHISTAMINE DRUGS		
cetirizine hcl 1 mg/ml soln MO	2	QL (300 per 30 days)
clemastine fum 2.68 mg tab MO	4	
cyproheptadine 2 mg/5 ml syrup MO	4	
cyproheptadine 4 mg tablet MO	4	
diphenhydramine 50 mg/ml vial MO	4	
levocetirizine 5 mg tablet MO	2	QL (30 per 30 days)
promethazine 12.5 mg, 25 mg, 50 mg suppos; promethazine 12.5 mg, 25 mg, 50 mg suppository MO	4	
promethazine 12.5 mg, 50 mg tablet MO	3	
promethazine 25 mg tablet MO	1	
promethazine 6.25 mg/5 ml syrp MO	1	
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository MO	4	
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION DL	5	PA
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION DL	5	PA
ALECENSA 150 MG CAPSULE DL	5	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION DL	5	PA
ALIQOPA 60 MG INTRAVENOUS SOLUTION DL	5	PA,QL (3 per 28 days)
ALKERAN 2 MG TABLET MO	4	B vs D
ALUNBRIG 30 MG TABLET DL	5	PA,QL (180 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION DL	5	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION DL	5	PA,QL (400 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION DL	5	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION DL	5	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION DL	5	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION DL	5	PA
<i>bexarotene 75 mg capsule</i> DL	5	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> MO	3	QL (30 per 30 days)
BOSULIF 100 MG TABLET DL	5	PA,QL (120 per 30 days)
BOSULIF 500 MG TABLET DL	5	PA,QL (30 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL (30 per 30 days)
CAPRELSA 100 MG TABLET DL	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET DL	5	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> MO	3	
<i>cladribine 10 mg/10 ml vial</i> DL	5	B vs D
<i>clofarabine 20 mg/20 ml vial</i> DL	5	
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION DL	5	
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES DL	5	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES DL	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES DL	5	PA,QL (84 per 28 days)
COTELLIC 20 MG TABLET DL	5	PA,QL (63 per 28 days)
<i>cyclophosphamide 25 mg, 50 mg capsule</i> MO	4	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION DL	5	PA,QL (200 per 28 days)
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION DL	5	PA,QL (400 per 30 days)
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	4	
EMCYT 140 MG CAPSULE DL	5	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION DL	5	PA
<i>epirubicin 200 mg/100 ml, 50 mg/25 ml vial</i> MO	4	
ERIVEDGE 150 MG CAPSULE DL	5	PA,QL (28 per 28 days)
<i>etoposide 100 mg/5 ml vial</i> MO	3	
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE DL	5	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE DL	5	PA,QL (30 per 30 days)
<i>flutamide 125 mg capsule</i> MO	4	
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION DL	5	PA,QL (120 per 28 days)
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL	5	PA,QL (30 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG, 5 MG CAPSULE MO	4	
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION DL	5	PA
HEXALEN 50 MG CAPSULE DL	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>hydroxyurea 500 mg capsule</i> MO	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	5	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET DL	5	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET DL	5	PA,QL (30 per 30 days)
IDHIFA 100 MG, 50 MG TABLET DL	5	PA,QL (30 per 30 days)
<i>imatinib mesylate 100 mg tab</i> DL	5	PA,QL (180 per 30 days)
<i>imatinib mesylate 400 mg tab</i> DL	5	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	5	PA,QL (120 per 30 days)
INLYTA 1 MG TABLET DL	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET DL	5	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET DL	5	PA,QL (30 per 30 days)
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION DL	5	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	5	PA,QL (60 per 30 days)
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION DL	5	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	5	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	5	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	5	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	5	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	5	PA,QL (91 per 28 days)
LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION DL	5	PA
LENVIMA 10 MG/DAY (10 MG X 1/DAY) CAPSULE DL	5	PA,QL (30 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL	5	PA,QL (60 per 30 days)
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE DL	5	PA,QL (90 per 30 days)
LEUKERAN 2 MG TABLET DL	5	
LONSURF 15 MG-6.14 MG TABLET DL	5	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET DL	5	PA,QL (80 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET DL	5	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE DL	5	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET MO	3	
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT DL	5	PA
MATULANE 50 MG CAPSULE DL	5	
MEKINIST 0.5 MG TABLET DL	5	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET DL	5	PA,QL (30 per 30 days)
<i>melphalan 2 mg tablet</i> MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>mercaptopurine 50 mg tablet</i> MO	3	
<i>methotrexate 2.5 mg tablet</i> MO	3	B vs D
<i>methotrexate 50 mg/2 ml vial</i> MO	2	
<i>methotrexate 50 mg/2 ml vial</i> MO	2	
<i>mitomycin 20 mg, 40 mg, 5 mg vial</i> MO	4	
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION DL	5	PA
NERLYNX 40 MG TABLET DL	5	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET DL	5	PA,QL (120 per 30 days)
<i>nilutamide 150 mg tablet</i> DL	5	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL (3 per 28 days)
ODOMZO 200 MG CAPSULE DL	5	PA,QL (30 per 30 days)
<i>oxaliplatin 100 mg/20 ml, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial</i> MO	4	
<i>paclitaxel 100 mg/16.7 ml vial</i> MO	3	
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION DL	5	PA,QL (100 per 21 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION DL	5	
PURIXAN 20 MG/ML ORAL SUSPENSION DL	5	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE DL	5	PA,QL (28 per 28 days)
RITUXAN 10 MG/ML CONCENTRATE, INTRAVENOUS DL	5	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION DL	5	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION DL	5	PA,QL (13.4 per 28 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	5	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE DL	5	PA,QL (224 per 28 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET DL	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET DL	5	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET DL	5	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	5	PA,QL (28 per 28 days)
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION DL	5	PA
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET DL	5	
TAFINLAR 50 MG CAPSULE DL	5	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	5	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TAGRISSO 40 MG, 80 MG TABLET DL	5	PA,QL (30 per 30 days)
TARCEVA 100 MG, 150 MG TABLET DL	5	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET DL	5	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE DL	5	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG CAPSULE DL	5	PA,QL (120 per 30 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION DL	5	PA,QL (27 per 30 days)
<i>teniposide 50 mg/5 ml ampule</i> MO	4	
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION DL	5	PA,QL (8 per 28 days)
TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML INTRAVENOUS POWDER FOR SOLUTION; TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML VIAL DL	5	PA
<i>tretinoin 10 mg capsule</i> DL	5	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	4	B vs D
TYKERB 250 MG TABLET DL	5	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION DL	5	PA,QL (40 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION DL	5	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	5	PA
VENCLEXTA 10 MG TABLET MO	4	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET DL	5	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET MO	4	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK DL	5	PA,QL (42 per 28 days)
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution</i> MO	3	B vs D
<i>vincristine 1 mg/ml, 2 mg/2 ml vial</i> MO	3	B vs D
VOTRIENT 200 MG TABLET DL	5	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION DL	5	PA
XALKORI 200 MG, 250 MG CAPSULE DL	5	PA,QL (60 per 30 days)
XATMEP 2.5 MG/ML ORAL SOLUTION DL	5	PA,QL (120 per 28 days)
XTANDI 40 MG CAPSULE DL	5	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION DL	5	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION DL	5	PA,QL (40 per 28 days)
ZEJULA 100 MG CAPSULE DL	5	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET DL	5	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE DL	5	PA,QL (120 per 30 days)

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ZYDELIG 100 MG, 150 MG TABLET DL	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE DL	5	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET DL	5	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET DL	5	PA,QL (60 per 30 days)
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE MO	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	4	
BCG VACCINE (TICE STRAIN) VIAL MO	4	
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION DL	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	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	B vs D
ENGERIX-B 10 MCG/0.5 ML PED VL MO	4	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION DL	5	PA
GARDASIL SYRINGE MO	4	QL (1.5 per 365 days)
GARDASIL VIAL MO	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION MO	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	4	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 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 50 MCG SUBCUTANEOUS SOLUTION MO	4	
MENOMUNE - A/C/Y/W-135 (PF) 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) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	4	
PENTACEL ACTHIB COMPONENT (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	4	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D
ROTARIX 10EXP6 CCID50/ML SUSPENSION MO	4	
ROTATEQ VACCINE 2 ML ORAL SOLUTION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
<i>diphtheria-tetanus toxoids-ped</i> MO	4	
<i>tetanus diphtheria toxoids</i> MO	4	
THERACYS 81 MG VIAL MO	4	
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	
TWINRIX VACCINE VIAL MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION MO	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	3	
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)
AUTONOMIC DRUGS		
albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln MO	2	B vs D
albuterol sulf 2 mg/5 ml syrup MO	1	
albuterol sulfate 2 mg, 4 mg tab MO	1	
albuterol sulfate er 4 mg, 8 mg tab MO	4	
alfuzosin hcl er 10 mg tablet MO	2	QL (30 per 30 days)
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MO	4	QL (25.8 per 30 days)
baclofen 10 mg tablet MO	1	
baclofen 20 mg tablet MO	2	
bethanechol 10 mg, 25 mg, 5 mg tablet MO	3	
bethanechol 50 mg tablet MO	4	
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER MO	4	QL (10.7 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION MO	4	PA,QL (120 per 30 days)
carisoprodol 350 mg tablet MO	2	
CHANTIX 0.5 MG, 1 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	4	QL (56 per 28 days)
cyclobenzaprine 10 mg, 5 mg tablet MO	4	
dantrolene sodium 100 mg, 25 mg, 50 mg cap MO	4	
dicyclomine 10 mg capsule MO	1	
dicyclomine 10 mg/5 ml soln MO	3	
dicyclomine 20 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
donepezil hcl 10 mg tablet MO	2	QL (60 per 30 days)
donepezil hcl 10 mg, 5 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg, 5 mg tablet MO	2	QL (30 per 30 days)
EPINEPHRINE 0.15 MG AUTO-INJECT MO	3	QL (4 per 30 days)
epinephrine 0.3 mg auto-inject MO	3	QL (4 per 30 days)
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	3	QL (4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	3	QL (4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	3	QL (4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	3	QL (4 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET MO	4	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL MO	4	QL (30 per 30 days)
galantamine 4 mg/ml oral soln MO	4	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule MO	4	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet MO	4	QL (60 per 30 days)
glycopyrrolate 1 mg, 2 mg tablet MO	3	
guanidine hcl 125 mg tablet MO	3	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (30 per 30 days)
ipratropium br 0.02% soln MO	1	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml MO	2	B vs D
metaproterenol 10 mg, 20 mg tablet MO	4	
metaproterenol 10 mg/5 ml syr MO	4	
methocarbamol 500 mg, 750 mg tablet MO	4	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet MO	4	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	4	
NORTHERA 100 MG, 200 MG CAPSULE DL	5	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE DL	5	PA,QL (180 per 30 days)
orphenadrine er 100 mg tablet MO	4	
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	4	PA,QL (120 per 30 days)
pilocarpine hcl 5 mg, 7.5 mg tablet MO	4	
propantheline 15 mg tablet MO	3	
pyridostigmine br 60 mg tablet MO	3	
rivastigmine 1.5 mg, 3 mg capsule MO	4	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule MO	4	QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MO	3	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 30 days)
<i>tamsulosin hcl 0.4 mg capsule</i> MO	2	QL (60 per 30 days)
<i>terbutaline sulfate 2.5 mg, 5 mg tab</i> MO	4	
<i>tizanidine hcl 2 mg, 4 mg tablet</i> MO	2	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
BLOOD FORMATION, COAGULATION, THROMBOSIS		
AMICAR 1,000 MG, 500 MG TABLET DL	5	
AMICAR 250 MG/ML (25 %) ORAL SOLUTION DL	5	
<i>anagrelide hcl 0.5 mg, 1 mg capsule</i> MO	3	
<i>argatroban 250 mg/2.5 ml vial</i> MO	4	
BRILINTA 60 MG, 90 MG TABLET MO	3	QL (60 per 30 days)
<i>cilostazol 100 mg, 50 mg tablet</i> MO	2	
<i>clopidogrel 300 mg tablet</i> MO	2	
<i>clopidogrel 75 mg tablet</i> MO	2	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET MO	4	
EFFIENT 10 MG, 5 MG TABLET MO	4	PA,QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	3	QL (60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL (74 per 30 days)
<i>enoxaparin 100 mg/ml, 150 mg/ml syringe</i> MO	4	QL (28 per 28 days)
<i>enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr</i> MO	4	QL (22.4 per 28 days)
<i>enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr</i> MO	4	QL (16.8 per 28 days)
<i>enoxaparin 300 mg/3 ml vial</i> MO	4	QL (84 per 28 days)
<i>enoxaparin 40 mg/0.4 ml syr</i> MO	4	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION DL	5	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION MO	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION MO	4	PA,QL (28 per 30 days)
<i>fondaparinux 10 mg/0.8 ml syr</i> DL	5	QL (24 per 30 days)
<i>fondaparinux 2.5 mg/0.5 ml syr</i> MO	4	QL (15 per 30 days)
<i>fondaparinux 5 mg/0.4 ml syr</i> DL	5	QL (12 per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr</i> DL	5	QL (18 per 30 days)

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heparin 40,000 units/4 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial MO	3	
heparin sod 5,000 unit/ml syr MO	3	
heparin sod 5,000 unit/ml syrg MO	3	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml MO	3	
heparin sod 5,000 unit/0.5 ml MO	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MO	2	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION DL	5	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML, 6 MG/0.6ML WITH WEARABLE SUBCUTANEOUS INJECTOR DL	5	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE DL	5	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION DL	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE DL	5	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION DL	5	PA,QL (22.4 per 30 days)
pentoxifylline er 400 mg tab MO	2	
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	4	QL (60 per 30 days)
prasugrel 10 mg, 5 mg tablet MO	3	QL (30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION MO	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION MO	4	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION DL	5	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET DL	5	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET DL	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET DL	5	PA,QL (90 per 30 days)
tranexamic acid 650 mg tablet MO	4	QL (30 per 5 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MO	1	
XARELTO 10 MG TABLET MO	3	QL (35 per 60 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK MO	3	QL (51 per 30 days)
XARELTO 15 MG TABLET MO	3	QL (60 per 30 days)
XARELTO 20 MG TABLET MO	3	QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE DL	5	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE DL	5	PA,QL (11.2 per 30 days)
CARDIOVASCULAR DRUGS		
acebutolol 200 mg, 400 mg capsule MO	2	
ADCIRCA 20 MG TABLET DL	5	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
afeditab cr 30 mg, 60 mg tablet, extended release ^{MO}	3	QL (60 per 30 days)
amiodarone hcl 100 mg, 400 mg tablet ^{MO}	4	
amiodarone hcl 200 mg tablet ^{MO}	2	
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab ^{MO}	2	
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 ^{MO}	3	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg ^{MO}	3	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg ^{MO}	2	QL (30 per 30 days)
amlod-vals-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-vals-hctz 10-160-12.5mg ^{MO}	4	QL (30 per 30 days)
aspirin-dipyridam er 25-200 mg ^{MO}	4	ST
atenolol 100 mg, 25 mg, 50 mg tablet ^{MO}	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 ^{MO}	2	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet ^{MO}	2	QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab ^{MO}	2	
BIDIL 20 MG-37.5 MG TABLET ^{MO}	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab ^{MO}	2	
bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb ^{MO}	1	
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb ^{MO}	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb ^{MO}	3	QL (30 per 30 days)
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb ^{MO}	3	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet ^{MO}	3	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet ^{MO}	3	
cartia xt 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	3	QL (60 per 30 days)
cartia xt 300 mg capsule, extended release ^{MO}	3	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet ^{MO}	1	
cholestyramine packet; cholestyramine powder ^{MO}	3	
cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet ^{MO}	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch ^{MO}	4	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg tablet ^{MO}	1	
clonidine hcl 0.3 mg tablet ^{MO}	2	

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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
clorpres 0.1 mg-15 mg tablet; clorpres 0.2 mg-15 mg tablet; clorpres 0.3 mg-15 mg tablet MO	4	
colestipol hcl granules MO	4	
colestipol hcl granules packet MO	4	
colestipol micronized 1 gm tab MO	3	
CORLANOR 5 MG, 7.5 MG TABLET MO	4	PA,QL (60 per 30 days)
digitek 125 mcg tablet MO	2	QL (30 per 30 days)
digitek 250 mcg tablet MO	4	QL (30 per 30 days)
digox 125 mcg tablet MO	2	QL (30 per 30 days)
digox 250 mcg tablet MO	4	QL (30 per 30 days)
digoxin 0.05 mg/ml solution MO	4	
digoxin 125 mcg tablet MO	2	QL (30 per 30 days)
digoxin 250 mcg tablet MO	4	QL (30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release MO	3	QL (60 per 30 days)
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet MO	2	
diltiazem 12hr er 120 mg, 60 mg, 90 mg cap MO	3	
diltiazem 24hr er 120 mg, 120 mg, 180 mg, 180 mg, 240 mg, 240 mg cap MO	3	QL (60 per 30 days)
diltiazem 24hr er 300 mg, 300 mg, 360 mg, 420 mg cap MO	3	QL (30 per 30 days)
diltiazem er 120 mg, 180 mg, 240 mg capsule MO	3	QL (60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg tablet MO	4	
disopyramide 100 mg, 150 mg capsule MO	4	
dofetilide 125 mcg capsule MO	4	QL (240 per 30 days)
dofetilide 250 mcg capsule MO	4	QL (120 per 30 days)
dofetilide 500 mcg capsule MO	4	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab MO	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet MO	2	
enalapril-hctz 10-25 mg tablet MO	2	
enalapril-hctz 5-12.5 mg tab MO	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET MO	3	PA,QL (60 per 30 days)
eplerenone 25 mg, 50 mg tablet MO	4	
ezetimibe 10 mg tablet MO	3	QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet MO	3	QL (30 per 30 days)
fenofibrate 160 mg tablet MO	2	QL (30 per 30 days)
fenofibrate 54 mg tablet MO	2	QL (60 per 30 days)
fenofibrate 134 mg, 200 mg capsule MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fenofibrate 67 mg capsule ^{MO}	3	QL (60 per 30 days)
fenofibrate 145 mg tablet ^{MO}	3	QL (30 per 30 days)
fenofibrate 48 mg tablet ^{MO}	3	QL (60 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab ^{MO}	3	
fosinopril sodium 10 mg, 20 mg, 40 mg tab ^{MO}	2	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab ^{MO}	2	
gemfibrozil 600 mg tablet ^{MO}	2	QL (60 per 30 days)
guanfacine 1 mg tablet ^{MO}	1	
guanfacine 2 mg tablet ^{MO}	2	
hydralazine 10 mg, 25 mg tablet ^{MO}	1	
hydralazine 100 mg, 50 mg tablet ^{MO}	2	
irbesartan 150 mg, 300 mg, 75 mg tablet ^{MO}	2	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb ^{MO}	2	QL (30 per 30 days)
isosorbide dn 10 mg, 20 mg, 30 mg, 5 mg tablet ^{MO}	3	
isosorbide dn er 40 mg tablet ^{MO}	4	
isosorbide mn 10 mg, 20 mg tablet ^{MO}	2	
isosorbide mn er 120 mg tab ^{MO}	2	
isosorbide mn er 30 mg, 60 mg tablet ^{MO}	1	
isradipine 2.5 mg, 5 mg capsule ^{MO}	4	
labetalol hcl 100 mg, 200 mg, 300 mg tablet ^{MO}	2	
lisinopril 10 mg, 2.5 mg, 20 mg, 5 mg tablet ^{MO}	1	
lisinopril 30 mg, 40 mg tablet ^{MO}	2	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab ^{MO}	1	
losartan potassium 100 mg, 25 mg, 50 mg tab ^{MO}	2	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab ^{MO}	2	QL (60 per 30 days)
lovastatin 10 mg, 20 mg tablet ^{MO}	1	QL (60 per 30 days)
lovastatin 40 mg tablet ^{MO}	2	QL (60 per 30 days)
methylodopa 250 mg tablet ^{MO}	1	
methylodopa 500 mg tablet ^{MO}	3	
methylodopa-hctz 250-15 mg, 250-25 mg tab ^{MO}	3	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab ^{MO}	2	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab ^{MO}	3	
metoprolol tartrate 100 mg, 25 mg, 50 mg tab ^{MO}	1	
metoprolol tartrate 37.5 mg, 75 mg tab; metoprolol tartrate 37.5 mg, 75 mg tb ^{MO}	2	
mexiletine 150 mg, 200 mg, 250 mg capsule ^{MO}	4	
minoxidil 10 mg, 2.5 mg tablet ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
moexipril hcl 15 mg, 7.5 mg tablet MO	2	
moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet MO	2	
MULTAQ 400 MG TABLET MO	3	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet MO	3	
nadolol-bendroflu 40-5 mg, 80-5 mg tab MO	4	
niacin er 1,000 mg, 500 mg, 750 mg tablet MO	4	
niacor 500 mg tablet MO	2	
nicardipine 20 mg, 30 mg capsule MO	4	
nifedical xl 30 mg, 60 mg tablet MO	3	QL (60 per 30 days)
nifedipine er 30 mg, 30 mg, 60 mg, 60 mg, 90 mg, 90 mg tablet MO	3	QL (60 per 30 days)
nimodipine 30 mg capsule MO	4	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl MO	3	
nitroglycerin 0.4 mg/hr patch MO	2	QL (60 per 30 days)
nitroglycerin lingual 0.4 mg MO	4	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	3	
olmesartan medoxomil 20 mg, 40 mg, 5 mg tab MO	2	QL (30 per 30 days)
olmsrtn-amldpn-hctz 20-5-12.5; olmsrtn-amldpn-hctz 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg; olmsrtn-amldpn-hctz 40-10-12.5; olmsrtn-amldpn-hctz 40-10-25mg; olmsrtn-amldpn-hctz 40-5-12.5 MO	4	QL (30 per 30 days)
olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab MO	3	QL (30 per 30 days)
PACERONE 100 MG, 400 MG TABLET MO	4	
pacerone 200 mg tablet MO	4	
perindopril erbumine 2 mg, 4 mg, 8 mg tab MO	2	
pindolol 10 mg, 5 mg tablet MO	3	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (2 per 28 days)
PRALUENT 150 MG/ML, 75 MG/ML SYRINGE DL	5	PA,QL (2 per 28 days)
pravastatin sodium 10 mg, 20 mg, 80 mg tab MO	2	QL (30 per 30 days)
pravastatin sodium 40 mg tab MO	2	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule MO	2	
prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet MO	3	
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet MO	3	
propafenone hcl er 225 mg, 325 mg, 425 mg cap MO	4	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln ^{MO}	3	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule ^{MO}	4	
propranolol-hctz 40-25 mg, 80-25 mg tab ^{MO}	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	2	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab ^{MO}	2	
quinidine sulfate 200 mg, 300 mg tab ^{MO}	2	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule ^{MO}	2	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE ^{MO}	4	ST,QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR ^{DL}	5	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR ^{DL}	5	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE ^{DL}	5	PA,QL (3 per 28 days)
reserpine 0.1 mg tablet ^{MO}	2	QL (30 per 30 days)
REVATIO 10 MG/ML ORAL SUSPENSION ^{DL}	5	PA,QL (180 per 30 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab ^{MO}	2	QL (30 per 30 days)
sildenafil 20 mg tablet ^{MO}	4	PA,QL (90 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet ^{MO}	2	QL (30 per 30 days)
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet ^{MO}	2	
sotalol 120 mg, 160 mg, 240 mg tablet ^{MO}	2	
sotalol 80 mg tablet ^{MO}	1	
sotalol af 120 mg, 160 mg tablet ^{MO}	2	
sotalol af 80 mg tablet ^{MO}	1	
spironolactone-hctz 25-25 tab ^{MO}	2	
spironolactone 100 mg, 50 mg tablet ^{MO}	2	
spironolactone 25 mg tablet ^{MO}	1	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release ^{MO}	3	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release ^{MO}	3	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET ^{MO}	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET ^{MO}	3	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet ^{MO}	2	QL (30 per 30 days)
telmisartan 80 mg tablet ^{MO}	2	QL (60 per 30 days)
telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb ^{MO}	4	ST,QL (30 per 30 days)
telmisartan-hctz 80-12.5 mg tb ^{MO}	4	ST,QL (60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule ^{MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
timolol maleate 10 mg, 20 mg, 5 mg tablet MO	4	
trandolapril 1 mg, 2 mg, 4 mg tablet MO	2	
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet MO	2	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab MO	2	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	4	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	4	QL (120 per 30 days)
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule MO	2	QL (60 per 30 days)
verapamil 120 mg, 80 mg tablet MO	1	
verapamil 40 mg tablet MO	2	
verapamil er 120 mg, 180 mg, 240 mg tablet MO	2	
verapamil er pm 100 mg, 300 mg capsule MO	2	QL (30 per 30 days)
verapamil er pm 200 mg capsule MO	2	QL (60 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET MO	3	
WELCHOL 625 MG TABLET MO	3	
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	5	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE DL	5	QL (1 per 28 days)
acamprosate calc dr 333 mg tab MO	4	
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 DL	3	QL (2700 per 30 days)
acetaminophen-cod #2 tablet DL	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet DL	3	QL (360 per 30 days)
acetaminophen-cod #4 tablet DL	3	QL (180 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet MO	3	QL (120 per 30 days)
alprazolam 2 mg tablet MO	3	QL (150 per 30 days)
amantadine 100 mg capsule MO	4	
amantadine 100 mg tablet MO	4	
amantadine 50 mg/5 ml solution MO	3	
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab MO	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet MO	4	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE DL	5	QL (60 per 28 days)
APTIOM 200 MG, 400 MG, 800 MG TABLET MO	4	PA,QL (30 per 30 days)
APTIOM 600 MG TABLET MO	4	PA,QL (60 per 30 days)
aripiprazole 1 mg/ml solution MO	4	QL (750 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet</i> MO	4	QL (30 per 30 days)
<i>aripiprazole odt 10 mg, 15 mg tablet</i> MO	4	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (3.2 per 28 days)
<i>armodafinil 150 mg, 200 mg, 250 mg tablet</i> MO	4	PA,QL (30 per 30 days)
<i>armodafinil 50 mg tablet</i> MO	4	PA,QL (60 per 30 days)
<i>atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule</i> MO	4	PA,QL (60 per 30 days)
<i>atomoxetine hcl 100 mg, 60 mg, 80 mg capsule</i> MO	4	PA,QL (30 per 30 days)
BANZEL 200 MG TABLET DL	5	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION DL	5	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET DL	5	PA,QL (240 per 30 days)
<i>benztropine mes 0.5 mg, 1 mg tab; benztropine mes 0.5 mg, 1 mg tablet</i> MO	2	
<i>benztropine mes 2 mg tablet</i> MO	1	
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	5	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION DL	5	PA,QL (600 per 30 days)
<i>bromocriptine 2.5 mg tablet</i> MO	4	
<i>buprenorphine 2 mg, 8 mg tablet sl</i> MO	3	PA,QL (90 per 30 days)
<i>buproban 150 mg tablet</i> MO	3	QL (90 per 30 days)
<i>bupropion hcl 100 mg, 75 mg tablet</i> MO	3	QL (180 per 30 days)
<i>bupropion hcl sr 100 mg tablet</i> MO	3	QL (120 per 30 days)
<i>bupropion hcl sr 150 mg tablet</i> MO	3	QL (90 per 30 days)
<i>bupropion hcl sr 200 mg tablet</i> MO	3	QL (60 per 30 days)
<i>bupropion hcl xl 150 mg tablet</i> MO	3	QL (90 per 30 days)
<i>bupropion hcl xl 300 mg tablet</i> MO	3	QL (60 per 30 days)
<i>bupropion hcl sr 150 mg tablet</i> MO	3	QL (90 per 30 days)
<i>buspironone hcl 10 mg, 5 mg tablet</i> MO	1	
<i>buspironone hcl 15 mg, 30 mg, 7.5 mg tablet</i> MO	2	
<i>butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule</i> DL	3	QL (360 per 30 days)
<i>butalb-caff-acetaminoph-codein</i> DL	3	QL (360 per 30 days)
<i>butalbital-acetaminophn 50-325</i> MO	4	QL (180 per 30 days)
<i>butalb-acetamin-caff 50-325-40</i> MO	4	QL (180 per 30 days)
<i>butalbit-acetaminophen-caff cp</i> MO	4	QL (180 per 30 days)
<i>butalb-aspirin-caffe 50-325-40</i> MO	4	QL (180 per 30 days)
<i>butalbital-asa-caffeine cap</i> MO	4	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BUTISOL 30 MG TABLET MO	4	
butorphanol 10 mg/ml spray DL	3	QL (5 per 28 days)
cabergoline 0.5 mg tablet MO	4	QL (16 per 28 days)
caffeine cit 60 mg/3 ml oral MO	2	
capacet 50 mg-325 mg-40 mg capsule MO	2	QL (180 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION DL	4	QL (2700 per 30 days)
carbamazepine 100 mg tab chew MO	2	
carbamazepine 100 mg/5 ml susp MO	4	
carbamazepine 200 mg tablet MO	3	
carbamazepine er 100 mg, 200 mg, 300 mg cap MO	4	
carbamazepine er 100 mg, 400 mg tablet MO	4	
carbamazepine er 200 mg tablet MO	4	QL (120 per 30 days)
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt MO	4	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab MO	3	
carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab MO	2	
carbidopa-levodopa-enta 100 mg; carbidopa-levodopa-enta 125 mg; carbidopa-levodopa-enta 150 mg; carbidopa-levodopa-enta 200 mg; carbidopa-levodopa-enta 50 mg; carbidopa-levodopa-enta 75 mg MO	4	
CELONTIN 300 MG CAPSULE MO	4	
chlordiazepoxide 10 mg, 25 mg, 5 mg capsule MO	4	QL (120 per 30 days)
chlorpromazine 10 mg, 25 mg tablet MO	4	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet MO	4	
citalopram hbr 10 mg tablet MO	2	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln MO	3	
citalopram hbr 20 mg tablet MO	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet MO	1	QL (30 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule MO	4	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt MO	4	
clonazepam 0.5 mg, 1 mg, 2 mg tablet MO	3	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet MO	3	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet MO	3	
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet MO	4	PA
asa-butalb-caff-cod #3 capsule DL	3	QL (360 per 30 days)
CYCLOSET 0.8 MG TABLET MO	4	PA,QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet</i> ^{MO}	4	
<i>desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb</i> ^{MO}	4	QL (30 per 30 days)
<i>dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab</i> ^{MO}	4	QL (60 per 30 days)
<i>dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cp</i> ^{MO}	4	QL (30 per 30 days)
<i>d-amphetamine er 10 mg capsule</i> ^{MO}	4	QL (180 per 30 days)
<i>d-amphetamine er 15 mg capsule</i> ^{MO}	4	QL (120 per 30 days)
<i>d-amphetamine er 5 mg capsule</i> ^{MO}	4	QL (60 per 30 days)
<i>dextroamphetamine 10 mg tab</i> ^{MO}	4	QL (180 per 30 days)
<i>dextroamphetamine 5 mg tab</i> ^{MO}	4	QL (150 per 30 days)
<i>dextroamp-amphet er 10 mg, 15 mg, 5 mg cap</i> ^{MO}	4	QL (30 per 30 days)
<i>dextroamp-amphet er 20 mg, 25 mg, 30 mg cap</i> ^{MO}	4	QL (60 per 30 days)
<i>dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab</i> ^{MO}	3	QL (90 per 30 days)
<i>dextroamp-amphetamin 30 mg tab</i> ^{MO}	3	QL (60 per 30 days)
<i>DIASTAT 2.5 MG RECTAL KIT</i> ^{MO}	4	
<i>DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT; DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT</i> ^{MO}	4	
<i>diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg rectal gel sys; diazepam 20 mg rectal gel syst</i> ^{MO}	4	
<i>diazepam 10 mg tablet</i> ^{MO}	3	QL (120 per 30 days)
<i>diazepam 2 mg, 5 mg tablet</i> ^{MO}	3	QL (90 per 30 days)
<i>diazepam 5 mg/5 ml solution</i> ^{MO}	4	QL (1200 per 30 days)
<i>diazepam 5 mg/ml oral conc</i> ^{MO}	4	QL (240 per 30 days)
<i>diazepam intensol 5 mg/ml oral concentrate</i> ^{MO}	4	QL (240 per 30 days)
<i>diclofenac pot 50 mg tablet</i> ^{MO}	3	
<i>diclofenac sod ec 25 mg tab</i> ^{MO}	3	
<i>diclofenac sod ec 50 mg tab</i> ^{MO}	2	
<i>diclofenac sod ec 75 mg tab</i> ^{MO}	1	
<i>diclofenac sod er 100 mg tab</i> ^{MO}	2	
<i>DILANTIN 30 MG CAPSULE</i> ^{MO}	4	
<i>DILANTIN EXTENDED 100 MG CAPSULE</i> ^{MO}	4	
<i>DILANTIN INFATABS 50 MG CHEWABLE TABLET</i> ^{MO}	4	
<i>DILANTIN-125 125 MG/5 ML ORAL SUSPENSION</i> ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>divalproex dr 125 mg cap sprnk</i> MO	3	
<i>divalproex sod dr 125 mg, 250 mg, 500 mg tab</i> MO	2	
<i>divalproex sod er 250 mg, 500 mg tab</i> MO	4	
<i>doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule</i> MO	4	
<i>doxepin 10 mg/ml oral conc</i> MO	4	
<i>duloxetine hcl dr 20 mg, 30 mg, 60 mg cap</i> MO	3	QL (60 per 30 days)
<i>duloxetine hcl dr 40 mg cap</i> MO	4	QL (60 per 30 days)
EMBEDA 100 MG-4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 20 MG-0.8 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 30 MG-1.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 50 MG-2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 60 MG-2.4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 80 MG-3.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY DL	3	QL (60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH DL	5	QL (30 per 30 days)
<i>endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet</i> DL	3	QL (360 per 30 days)
<i>entacapone 200 mg tablet</i> MO	3	QL (300 per 30 days)
<i>epitol 200 mg tablet</i> MO	3	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	4	
<i>escitalopram 10 mg tablet</i> MO	2	QL (45 per 30 days)
<i>escitalopram 20 mg, 5 mg tablet</i> MO	2	QL (30 per 30 days)
<i>escitalopram oxalate 5 mg/5 ml</i> MO	4	QL (600 per 30 days)
<i>eszopiclone 1 mg, 2 mg, 3 mg tablet</i> MO	4	QL (90 per 365 days)
<i>ethosuximide 250 mg capsule</i> MO	4	
<i>ethosuximide 250 mg/5 ml soln</i> MO	4	
<i>etodolac 200 mg, 300 mg capsule</i> MO	3	
<i>etodolac 400 mg, 500 mg tablet</i> MO	3	
FANAPT 1 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	4	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 6 MG, 8 MG TABLET DL	5	PA,QL (60 per 30 days)
<i>felbamate 400 mg, 600 mg tablet</i> MO	4	
<i>felbamate 600 mg/5 ml susp</i> MO	4	
<i>fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch</i> DL	4	QL (20 per 30 days)
<i>fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> DL	5	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fentanyl 100 mcg/2 ml ampul</i> DL	4	QL (720 per 30 days)
<i>fentanyl 100 mcg/2 ml syringe</i> DL	4	QL (720 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE MO	4	PA, QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE, EXTENDED RELEASE, 24 HR, DOSE PACK MO	4	PA, QL (28 per 28 days)
<i>flumazenil 0.1 mg/ml vial</i> MO	4	
<i>fluoxetine 20 mg/5 ml solution</i> MO	2	
<i>fluoxetine dr 90 mg capsule</i> MO	4	QL (4 per 28 days)
<i>fluoxetine hcl 10 mg tablet</i> MO	1	
<i>fluoxetine hcl 10 mg, 40 mg capsule</i> MO	1	QL (60 per 30 days)
<i>fluoxetine hcl 20 mg capsule</i> MO	1	QL (120 per 30 days)
<i>fluoxetine hcl 20 mg tablet</i> MO	3	
<i>fluoxetine hcl 60 mg tablet</i> MO	4	QL (30 per 30 days)
<i>fluphenazine dec 125 mg/5 ml</i> MO	4	
<i>fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet</i> MO	4	
<i>fluphenazine 2.5 mg/5 ml elix</i> MO	4	
<i>fluphenazine 2.5 mg/ml vial</i> MO	4	
<i>fluphenazine 5 mg/ml conc</i> MO	4	
<i>flurbiprofen 100 mg, 50 mg tablet</i> MO	2	
<i>fluvoxamine er 100 mg, 150 mg capsule</i> MO	4	QL (60 per 30 days)
<i>fluvoxamine maleate 100 mg, 25 mg, 50 mg tab</i> MO	2	QL (90 per 30 days)
FYCOMPA 0.5 MG/ML ORAL SUSPENSION MO	4	PA, QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET MO	4	PA, QL (30 per 30 days)
<i>gabapentin 100 mg, 300 mg, 400 mg capsule</i> MO	2	QL (270 per 30 days)
<i>gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln</i> MO	4	QL (2250 per 30 days)
<i>gabapentin 600 mg, 800 mg tablet</i> MO	2	QL (180 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION MO	4	
<i>haloperidol 0.5 mg, 1 mg, 2 mg, 5 mg tablet</i> MO	1	
<i>haloperidol 10 mg, 20 mg tablet</i> MO	2	
<i>haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp</i> MO	4	
<i>haloperidol lac 2 mg/ml conc</i> MO	2	
<i>haloperidol lac 5 mg/ml vial</i> MO	4	
HETLIOZ 20 MG CAPSULE DL	5	PA, QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 DL	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 DL	4	QL (2700 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 2.5-200 mg, 5-200 mg; hydrocodone-ibuprofen 2.5-200 DL	4	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 DL	3	QL (150 per 30 days)
hydromorphone 2 mg, 4 mg tablet DL	3	QL (360 per 30 days)
hydromorphone 3 mg suppos DL	4	QL (120 per 30 days)
hydromorphone 8 mg tablet DL	3	QL (240 per 30 days)
hydroxyzine 10 mg/5 ml soln MO	3	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet MO	3	
hydroxyzine pam 100 mg, 25 mg, 50 mg cap MO	3	
ibuprofen 100 mg/5 ml susp MO	1	
ibuprofen 400 mg, 600 mg, 800 mg tablet MO	1	
imipramine hcl 10 mg, 25 mg, 50 mg tablet MO	2	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap MO	4	
indomethacin 25 mg capsule MO	1	
indomethacin 50 mg, 75 mg capsule; indomethacin er 50 mg, 75 mg capsule MO	4	
INGREZZA 40 MG, 80 MG CAPSULE DL	5	PA,QL (30 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE DL	5	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE DL	5	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE DL	5	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE DL	5	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE DL	5	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE DL	5	QL (2.62 per 90 days)
ketoprofen 50 mg, 75 mg capsule MO	3	
ketorolac 10 mg tablet MO	4	QL (20 per 30 days)
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) tablet; lamotrigine 25 mg tb start kit; lamotrigine tab start kt-green; lamotrigine tab start kt-orang MO	2	
lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet MO	2	
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine odt 100 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange) MO	4	
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET MO	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET MO	4	PA,QL (60 per 30 days)
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet MO	2	
levetiracetam 100 mg/ml soln MO	2	
levetiracetam 500 mg/5 ml soln MO	4	
levetiracetam er 500 mg, 750 mg tablet MO	3	
lithium carbonate 150 mg, 600 mg cap MO	2	
lithium carbonate 300 mg cap MO	1	
lithium carbonate 300 mg tab MO	2	
lithium carbonate er 300 mg, 450 mg tb MO	2	
lithium 8 meq/5 ml solution MO	2	
lorazepam 0.5 mg, 1 mg tablet MO	2	QL (90 per 30 days)
lorazepam 2 mg tablet MO	2	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, 25 mg, 5 mg, 50 mg capsule MO	2	
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	3	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MO	3	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE MO	3	QL (60 per 30 days)
maprotiline 25 mg, 50 mg, 75 mg tablet MO	4	
MARPLAN 10 MG TABLET MO	4	
meclofenamate 100 mg, 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	4	QL (300 per 30 days)
memantine 5-10 mg titration pk MO	2	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet MO	2	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution MO	4	PA,QL (360 per 30 days)
meperidine 100 mg tablet DL	3	QL (360 per 30 days)
meperidine 50 mg tablet DL	3	QL (480 per 30 days)
meperidine 50 mg/5 ml solution DL	3	QL (720 per 30 days)
methadone 10 mg/5 ml solution DL	4	QL (1800 per 30 days)
methadone 10 mg/ml oral conc DL	4	QL (360 per 30 days)
methadone 5 mg/5 ml solution DL	4	QL (3600 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methadone hcl 10 mg tablet DL	4	QL (240 per 30 days)
methadone hcl 5 mg tablet DL	4	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate DL	4	QL (360 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet MO	4	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol MO	4	QL (900 per 30 days)
methylphenidate 5 mg/5 ml soln MO	4	QL (1800 per 30 days)
methylphenidate er 10 mg tab MO	4	QL (180 per 30 days)
methylphenidate er 20 mg tab MO	4	QL (90 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg odt MO	4	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg tablet MO	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet MO	2	
modafinil 100 mg, 200 mg tablet MO	3	PA,QL (60 per 30 days)
molindone hcl 10 mg tablet MO	4	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet MO	4	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet MO	4	PA,QL (360 per 30 days)
morphine sulf 10 mg, 20 mg, 30 mg, 5 mg suppos DL	4	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln DL	3	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln DL	3	QL (1350 per 30 days)
morphine sulf er 100 mg tablet DL	3	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet DL	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet DL	3	QL (90 per 30 days)
morphine sulfate 10 mg/ml vial DL	4	QL (360 per 30 days)
morphine sulfate ir 15 mg, 30 mg tab DL	3	QL (180 per 30 days)
morphine sulf 100 mg/5 ml soln DL	3	QL (540 per 30 days)
nabumetone 500 mg, 750 mg tablet MO	2	
naloxone 0.4 mg/ml vial MO	2	
naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe MO	3	
naltrexone 50 mg tablet MO	2	
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO	3	PA,QL (28 per 28 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO	3	QL (28 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>naproxen 125 mg/5 ml suspen</i> MO	4	
<i>naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet</i> MO	2	
<i>naproxen 375 mg, 500 mg tablet</i> MO	1	
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> MO	3	QL (9 per 30 days)
NARCAN 2 MG NASAL SPRAY; NARCAN 2 MG/ACTUATION, 4 MG/ACTUATION NASAL SPRAY MO	4	QL (2 per 30 days)
<i>nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet</i> MO	4	
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
<i>nortriptyline 10 mg/5 ml sol</i> MO	3	
<i>nortriptyline hcl 10 mg, 25 mg cap</i> MO	1	
<i>nortriptyline hcl 50 mg, 75 mg cap</i> MO	2	
NUEDEXTA 20 MG-10 MG CAPSULE MO	3	QL (60 per 30 days)
NUPLAZID 17 MG TABLET DL	5	PA,QL (60 per 30 days)
<i>olanzapine 10 mg vial</i> MO	3	
<i>olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet</i> MO	3	QL (30 per 30 days)
<i>olanzapine 15 mg, 20 mg tablet</i> MO	3	QL (60 per 30 days)
<i>olanzapine odt 10 mg, 5 mg tablet</i> MO	4	QL (30 per 30 days)
<i>olanzapine odt 15 mg, 20 mg tablet</i> MO	4	QL (60 per 30 days)
ONFI 10 MG, 20 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)
<i>oxazepam 10 mg, 15 mg, 30 mg capsule</i> MO	4	
<i>oxcarbazepine 150 mg, 300 mg, 600 mg tablet</i> MO	3	
<i>oxcarbazepine 300 mg/5 ml susp</i> MO	4	
<i>oxycodon 10 mg/0.5 ml oral syr</i> DL	4	QL (270 per 30 days)
<i>oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet</i> DL	3	QL (360 per 30 days)
<i>oxycodone hcl 100 mg/5 ml soln</i> DL	4	QL (270 per 30 days)
<i>oxycodone hcl 5 mg capsule</i> DL	4	QL (360 per 30 days)
<i>oxycodone hcl 5 mg/5 ml soln</i> DL	4	QL (5400 per 30 days)
<i>oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325</i> DL	3	QL (360 per 30 days)
<i>oxycodone-aspirin 4.8355-325</i> DL	4	QL (360 per 30 days)
<i>paliperidone er 1.5 mg, 3 mg, 9 mg tablet</i> MO	4	PA,QL (30 per 30 days)
<i>paliperidone er 6 mg tablet</i> MO	4	PA,QL (60 per 30 days)
<i>paroxetine hcl 10 mg, 20 mg tablet</i> MO	1	QL (30 per 30 days)
<i>paroxetine hcl 30 mg, 40 mg tablet</i> MO	3	QL (60 per 30 days)

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PAXIL 10 MG/5 ML ORAL SUSPENSION MO	4	
PEGANONE 250 MG TABLET MO	4	
pentazocine-naloxone tablet DL	3	QL (360 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet MO	4	
perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab MO	4	
phenelzine sulfate 15 mg tab MO	3	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet MO	3	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet MO	3	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix MO	4	QL (1500 per 30 days)
phenobarbital 30 mg tablet MO	3	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE MO	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp MO	2	
phenytoin 50 mg tablet chew MO	2	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap MO	2	
pimozide 1 mg, 2 mg tablet MO	4	
piroxicam 10 mg, 20 mg capsule MO	3	
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET DL	4	PA
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet MO	2	
primidone 250 mg, 50 mg tablet MO	2	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET, EXTENDED RELEASE MO	4	PA, QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet MO	4	
quetiapine fumarate 100 mg, 300 mg, 400 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab MO	2	QL (120 per 30 days)
rasagiline mesylate 0.5 mg, 1 mg tab MO	4	
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET DL	5	PA, QL (30 per 30 days)
riluzole 50 mg tablet MO	4	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE DL	5	QL (2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt MO	4	QL (60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet MO	2	QL (60 per 30 days)
risperidone 0.5 mg odt MO	4	QL (120 per 30 days)
risperidone 0.5 mg tablet MO	2	QL (120 per 30 days)
risperidone 1 mg/ml solution MO	2	
rizatriptan 10 mg, 5 mg odt MO	3	QL (12 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>rizatriptan 10 mg, 5 mg tablet</i> MO	2	QL (12 per 30 days)
<i>ropinirole hcl 0.25 mg, 3 mg tablet</i> MO	2	QL (180 per 30 days)
<i>ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet</i> MO	2	QL (90 per 30 days)
<i>ropinirole hcl 4 mg, 5 mg tablet</i> MO	2	
<i>roweepra 1,000 mg, 500 mg, 750 mg tablet</i> MO	2	
SABRIL 500 MG ORAL POWDER PACKET DL	5	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET DL	5	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET DL	5	PA,QL (60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	3	QL (60 per 30 days)
<i>selegiline hcl 5 mg capsule</i> MO	3	
<i>selegiline hcl 5 mg tablet</i> MO	4	
<i>sertraline 20 mg/ml oral conc</i> MO	3	
<i>sertraline hcl 100 mg tablet</i> MO	2	QL (60 per 30 days)
<i>sertraline hcl 25 mg, 50 mg tablet</i> MO	2	QL (90 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (120 per 30 days)
<i>sulindac 150 mg, 200 mg tablet</i> MO	2	
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill</i> MO	4	QL (6 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject</i> MO	4	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml syrng</i> MO	4	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml vial</i> MO	4	QL (6 per 30 days)
<i>sumatriptan succ 100 mg, 25 mg, 50 mg tablet</i> MO	2	QL (9 per 30 days)
<i>temazepam 15 mg, 30 mg capsule</i> MO	2	QL (30 per 30 days)
<i>tetrabenazine 12.5 mg tablet</i> DL	5	PA,QL (240 per 30 days)
<i>tetrabenazine 25 mg tablet</i> DL	5	PA,QL (120 per 30 days)
<i>thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet</i> MO	2	
<i>thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule</i> MO	4	
<i>tiagabine hcl 2 mg tablet</i> MO	4	
<i>tiagabine hcl 4 mg tablet</i> MO	4	QL (120 per 30 days)
<i>tolcapone 100 mg tablet</i> MO	4	PA,QL (1800 per 30 days)
<i>topiramate 100 mg, 200 mg, 50 mg tablet</i> MO	2	QL (120 per 30 days)
<i>topiramate 15 mg, 25 mg sprinkle cap</i> MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
topiramate 25 mg tablet MO	2	QL (90 per 30 days)
tramadol hcl 50 mg tablet DL	2	QL (240 per 30 days)
tramadol hcl er 100 mg, 200 mg, 300 mg tablet DL	3	QL (30 per 30 days)
tramadol-acetaminophn 37.5-325 DL	3	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab MO	4	
trazodone 100 mg, 150 mg, 50 mg tablet MO	1	
trazodone 300 mg tablet MO	2	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet MO	3	
trihexyphenidyl 2 mg tablet MO	1	
trihexyphenidyl 2 mg/5 ml elx MO	2	
trihexyphenidyl 5 mg tablet MO	2	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp MO	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	4	ST,QL (30 per 30 days)
valproic acid 250 mg capsule MO	2	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol MO	2	
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet MO	2	
venlafaxine hcl er 150 mg cap MO	2	QL (60 per 30 days)
venlafaxine hcl er 37.5 mg cap MO	2	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap MO	2	QL (90 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION MO	4	PA,QL (540 per 30 days)
vigabatrin 500 mg powder packt DL	5	PA,QL (180 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 20 MG, 40 MG TABLET MO	4	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	4	PA,QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET MO	4	PA
VOLTAREN 1 % TOPICAL GEL MO	4	
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK MO	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE DL	5	PA,QL (30 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE DL	3	QL (60 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION DL	5	PA,QL (540 per 30 days)
zaleplon 10 mg, 5 mg capsule MO	3	QL (90 per 365 days)
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, 20 MG, 7.5 MG TABLET MO	4	QL (90 per 30 days)
ZENZEDI 30 MG TABLET MO	4	QL (60 per 30 days)

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zenzedi 5 mg tablet MO	4	QL (150 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule MO	4	QL (60 per 30 days)
zolpidem tartrate 10 mg, 5 mg tablet MO	2	QL (90 per 365 days)
zonisamide 100 mg, 25 mg, 50 mg capsule MO	2	
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET MO	3	PA,QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MO	3	PA,QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION MO	4	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION DL	5	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION DL	5	QL (1 per 28 days)
DEVICES		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" MO	2	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	2	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE MO	2	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO	2	
AUTOPEN 1 TO 16 UNITS MO	2	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO	2	
AUTOPEN 2 TO 32 UNITS MO	2	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO	2	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MO	2	
BD AUTOSHIELD NEEDLE 5MMX29G; BD AUTOSHIELD NEEDLE 8MMX29G MO	2	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MO	2	
BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" MO	2	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" MO	2	
BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" MO	2	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" MO	2	
BD INSULIN SYR 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"GX1/2"; BD INSULIN SYR 0.5 ML 28GX1/2"; BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	2	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" MO	2	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	2	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" MO	2	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	2	
BD INSULIN SYR 1 ML 29GX1/2"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" MO	2	
BD INTEGRA SYR 1 ML 29GX1/2" MO	2	
BD INSULIN SYR 0.3 ML 28GX1/2"; BD LO-DOSE MICRO-FINE IV 0.3 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE MO	2	
BD INSULIN SYR 0.3 ML 29GX1/2"; BD LO-DOSE ULTRA-FINE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2" SYRINGE MO	2	
BD INSULIN SYR 0.5 ML 29GX1/2"; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" MO	2	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" MO	2	
BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" MO	2	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	2	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" MO	2	

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CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	2	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" MO	2	
COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	2	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	2	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE MO	2	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	2	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" MO	2	

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EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	2	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE MO	2	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	2	
EASY TOUCH UNI-SLIP 1 ML SYRINGE MO	2	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	2	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
HUMAPEN LUXURA HD SUBCUTANEOUS MO	2	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
INSULIN SYR 0.3ML 31GX1/4(1/2) MO	2	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; PV INSULIN SYRINGE 0.5 ML; PV INSULIN SYRINGE 1 ML MO	2	
BD INSULIN U100-3/10 ML SYR; INSULIN SYRINGE MICROFINE 0.3 ML 28 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" MO	2	
BD LUER-LOK SYRINGE 1 ML MO	2	
BD INSULIN SYR 0.5 ML 29GX1/2" MO	2	

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BD INSULIN SYR 1 ML 25GX5/8"; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRIN 0.5 ML 31GX5/16"; INSULIN SYRINGE 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; KMART VALU PLUS SYR 1/2 ML; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 29GX1/2"; RELION INS SYR 0.3 ML 30GX5/16; RELION INS SYR 0.3 ML 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 30GX5/16"; RELION INS SYR 1 ML 31GX15/64"; RELION SYR 0.5 ML 30GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE INS SYR 1 ML 28GX1/2"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" MO	2	
INSULIN SYRINGE U100 1 ML MO	2	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MO	2	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MO	2	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" MO	2	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" MO	2	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	2	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE MO	2	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"; MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2" MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"; MONOJECT INSULIN SYRINGE 1 ML MO	2	
MONOJECT SYRINGE 1/2 ML 28 GAUGE MO	2	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE MO	2	
NOVOFINE 30 30 GAUGE X 1/3" NEEDLE MO	2	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MO	2	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE MO	2	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MO	2	
NOVOPEN ECHO SUBCUTANEOUS MO	2	
NOVOTWIST 30 GAUGE X 1/3", 32 GAUGE X 1/5" NEEDLE; NOVOTWIST NEEDLE 30G 8MM MO	2	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLES 6MM 31G MO	2	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16" MO	2	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"; PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2" MO	2	
RELION NEEDLES 31 GAUGE X 1/4" MO	2	
RELION PEN NEEDLES 32 GAUGE X 5/32" MO	2	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	2	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" MO	2	

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

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MO	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" MO	2	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE MO	2	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" MO	2	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	2	
UNIFINE PENTIP NEEDLES; UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 29 GAUGE X 5/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" MO	2	
DIAGNOSTIC AGENTS		
ACTHAR H.P. 80 UNIT/ML INJECTION GEL DL	5	PA,QL (30 per 30 days)
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
<i>amiloride hcl 5 mg tablet</i> MO	3	
<i>amiloride hcl-hctz 5-50 mg tab</i> MO	2	
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

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AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION MO	4	B vs D
AURYXIA 210 MG IRON TABLET MO	4	QL (360 per 30 days)
<i>bumetanide 0.5 mg, 1 mg, 2 mg tablet</i> MO	2	
<i>calcium acetate 667 mg gelcap</i> MO	3	
<i>calcium acetate 667 mg tablet</i> MO	3	
CARBAGLU 200 MG DISPERSIBLE TABLET DL	5	PA
<i>chlorothiazide 250 mg, 500 mg tablet</i> MO	2	
<i>chlorthalidone 25 mg, 50 mg tablet</i> MO	2	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 2.75 % IN 5 % 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 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 2.75 % 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
<i>constulose 10 gram/15 ml oral solution</i> MO	2	
<i>dextrose 10%-0.45% nacl iv sol</i> MO	2	
<i>dextrose 2.5%-0.45% nacl iv</i> MO	2	
<i>dextrose 5%-0.9% nacl iv soln</i> MO	2	
<i>dextrose 5%-0.45% nacl iv soln</i> MO	2	
<i>dextrose 10%-0.2% nacl iv soln</i> MO	2	
<i>dextrose 10%-water iv solution</i> MO	2	
<i>dextrose 20%-water iv soln</i> MO	2	
<i>dextrose 25%-water syringe</i> MO	2	
<i>dextrose 30%-water iv soln</i> MO	2	
<i>dextrose 40%-water iv soln</i> MO	2	
<i>dextrose 5%-water iv soln</i> MO	2	
<i>dextrose 5%-lr iv solution</i> MO	2	
<i>dextrose 5%-0.2% nacl iv soln</i> MO	2	
<i>dextrose 5%-0.3% nacl iv soln</i> MO	2	
<i>dextrose 50%-water syringe</i> MO	2	
<i>dextrose 50%-water vial</i> MO	2	
<i>dextrose 70%-water iv soln</i> MO	2	
DIURIL 250 MG/5 ML ORAL SUSPENSION MO	4	
<i>dextrose 5%-electrolyte 48</i> MO	2	
<i>enulose 10 gram/15 ml oral solution</i> MO	2	
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION MO	4	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION MO	4	B vs D
<i>furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/5 ml soln</i> MO	2	
<i>furosemide 20 mg, 40 mg, 80 mg tablet</i> MO	1	
<i>furosemide 40 mg/4 ml vial</i> MO	4	
<i>generlac 10 gram/15 ml oral solution</i> MO	2	
HEPATAMINE 8% INTRAVENOUS SOLUTION MO	4	B vs D
<i>hydrochlorothiazide 12.5 mg cp</i> MO	1	
<i>hydrochlorothiazide 12.5 mg tb</i> MO	2	
<i>hydrochlorothiazide 25 mg, 50 mg tab</i> MO	1	
<i>indapamide 1.25 mg, 2.5 mg tablet</i> MO	1	

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INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION MO	4	B vs D
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION MO	4	B vs D
<i>kionex oral powder</i> MO	3	
<i>kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension</i> MO	3	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MO	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MO	2	
<i>klor-con m10 meq tablet,extended release</i> MO	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MO	2	
<i>klor-con m20 meq tablet,extended release</i> MO	2	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release</i> MO	2	
<i>lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution</i> MO	1	
LITHOSTAT 250 MG TABLET MO	4	
<i>methyclothiazide 5 mg tablet</i> MO	3	
<i>nebulal 3 % solution for nebulization</i> MO	2	B vs D
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION MO	4	B vs D
NUTRILIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION MO	4	B vs D
<i>kcl 20 meq in d5w-0.45% nacl</i> MO	4	
<i>potassium cl 10% (20 meq/15 ml, 40 meq/15 ml; potassium cl 20% (20 meq/15 ml, 40 meq/15 ml</i> MO	4	
<i>potassium cl er 10 meq, 20 meq tablet</i> MO	2	
<i>potassium cl er 10 meq, 20 meq, 8 meq tablet</i> MO	2	
<i>potassium cl er 10 meq, 8 meq capsule</i> MO	2	
<i>potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab</i> MO	3	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	2	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION MO	2	B vs D
<i>probenecid 500 mg tablet</i> MO	3	
<i>probenecid-colchicine tabs</i> MO	3	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	4	B vs D
REVELA 0.8 GRAM ORAL POWDER PACKET MO	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET MO	3	QL (180 per 30 days)
REVELA 800 MG TABLET MO	3	QL (540 per 30 days)
SAMSCA 15 MG, 30 MG TABLET DL	5	QL (60 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
<i>sod phenylacet-sod benzoate vl</i> DL	5	

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sodium chloride 0.9% inhal vial; sodium chloride 10% vial; sodium chloride 3% vial ^{MO}	2	B vs D
saline 0.45% soln-excel con ^{MO}	4	
sodium chloride 0.9% solution ^{MO}	4	
sodium lactate 5 meq/ml vial ^{MO}	4	
sodium phenylbutyrate powder ^{DL}	5	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp ^{MO}	3	
sps 15 gm/60 ml suspension ^{MO}	3	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema ^{MO}	3	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION ^{MO}	3	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA ^{MO}	3	
torse mide 10 mg, 100 mg, 20 mg, 5 mg tablet ^{MO}	2	
TRAVASOL 10 % INTRAVENOUS SOLUTION ^{MO}	4	B vs D
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp ^{MO}	2	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb ^{MO}	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION ^{MO}	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION ^{MO}	4	B vs D
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET ^{MO}	4	PA,QL (30 per 30 days)
ENZYMES		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION ^{DL}	5	
CEREZYME 400 UNIT INTRAVENOUS SOLUTION ^{DL}	5	PA
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION ^{DL}	5	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION ^{DL}	5	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION ^{DL}	5	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION ^{DL}	5	PA
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION ^{DL}	5	PA,QL (38.4 per 28 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION ^{DL}	5	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION ^{DL}	5	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetazol hc ear drops ^{MO}	4	
acetazolamide 125 mg, 250 mg tablet ^{MO}	3	
acetazolamide er 500 mg cap ^{MO}	4	
acetic acid 2% ear solution ^{MO}	2	
acetic acid-aluminum drops ^{MO}	3	
ak-poly-bac eye ointment ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AKTEN (PF) 3.5 % EYE GEL ^{MO}	4	
apraclonidine hcl 0.5% drops ^{MO}	4	
atropine 1% eye drops ^{MO}	1	
azelastine 0.1% (137 mcg) spry ^{MO}	3	QL (30 per 25 days)
azelastine hcl 0.05% drops ^{MO}	3	
AZOPT 1 % EYE DROPS,SUSPENSION ^{MO}	3	QL (10 per 28 days)
bacitracin 500 unit/gm ophth ^{MO}	4	
bacitracin-polymyxin eye oint ^{MO}	3	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION ^{MO}	3	
BETADINE OPHTHALMIC PREP 5 % SOLUTION ^{MO}	4	
betaxolol hcl 0.5% eye drop ^{MO}	3	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp ^{MO}	3	
carteolol hcl 1% eye drops ^{MO}	2	
chlorhexidine 0.12% rinse ^{MO}	1	
ciprofloxacin 0.3% eye drop ^{MO}	2	
COMBIGAN 0.2 %-0.5 % EYE DROPS ^{MO}	3	QL (5 per 25 days)
CYSTARAN 0.44 % EYE DROPS ^{DL}	5	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop ^{MO}	2	
diclofenac 0.1% eye drops ^{MO}	2	QL (5 per 30 days)
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	
epinastine hcl 0.05% eye drops ^{MO}	3	QL (5 per 25 days)
erythromycin 0.5% eye ointment ^{MO}	1	
flunisolide 0.025% spray ^{MO}	3	QL (50 per 30 days)
fluorometholone 0.1% drops ^{MO}	3	
flurbiprofen 0.03% eye drop ^{MO}	2	
fluticasone prop 50 mcg spray ^{MO}	2	QL (16 per 30 days)
gatifloxacin 0.5% eye drops ^{MO}	4	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment ^{MO}	2	
gentamicin 0.3% eye drops ^{MO}	1	
gentamicin 0.3% eye ointment ^{MO}	2	
hydrocortison-acetic acid soln ^{MO}	4	
ILEVRO 0.3 % EYE DROPS,SUSPENSION ^{MO}	3	
ipratropium 0.03% spray ^{MO}	2	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ipratropium 0.06% spray ^{MO}	2	QL (45 per 30 days)
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution ^{MO}	2	
latanoprost 0.005% eye drops ^{MO}	2	QL (5 per 25 days)
levobunolol 0.5% eye drops ^{MO}	1	
levofloxacin 0.5% eye drops ^{MO}	3	
lidocaine 2% viscous soln ^{MO}	2	
lidocaine hcl 2% jelly ^{MO}	3	
lidocaine viscous 2 % mucosal solution ^{MO}	1	
LOTEMAX 0.5 % EYE OINTMENT ^{MO}	4	
LOTEMAX 0.5 %, 0.5 % EYE DROPS,SUSPENSION; LOTE MAX 0.5 %, 0.5 % EYE GEL DROPS ^{MO}	4	
LUMIGAN 0.01 % EYE DROPS ^{MO}	3	QL (2.5 per 25 days)
methazolamide 25 mg, 50 mg tablet ^{MO}	4	
metipranolol 0.3% eye drops ^{MO}	2	
moxifloxacin 0.5% eye drops ^{MO}	4	
naphazoline 0.1% eye drops ^{MO}	2	
NATACYN 5 % EYE DROPS,SUSPENSION ^{MO}	4	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment ^{MO}	3	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment ^{MO}	3	
neo-bacit-poly-hc eye ointment ^{MO}	3	
neomyc-bacit-polymix eye oint ^{MO}	3	
neomyc-polym-dexamet eye ointm ^{MO}	2	
neomyc-polym-dexameth eye drop ^{MO}	2	
neomyc-polym-gramicid eye drop ^{MO}	3	
neomycin-poly-hc eye drops ^{MO}	4	
neomycin-polymyxin-hc ear soln ^{MO}	3	
neomycin-polymyxin-hc ear susp ^{MO}	2	
neosporin eye drops ^{MO}	2	
ofloxacin 0.3% ear drops ^{MO}	4	
ofloxacin 0.3% eye drops ^{MO}	2	
olopatadine hcl 0.1% eye drops ^{MO}	3	
olopatadine hcl 0.2% eye drop ^{MO}	4	
PAZEO 0.7 % EYE DROPS ^{MO}	3	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125 % EYE DROPS ^{MO}	4	
pilocarpine 1% eye drops; pilocarpine 2% eye drops ^{MO}	1	
pilocarpine 4% eye drops ^{MO}	3	
polycin 500 unit-10,000 unit/gram eye ointment ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>polymyxin b-tmp eye drops</i> ^{MO}	1	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION ^{MO}	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT ^{MO}	4	
<i>prednisolone ac 1% eye drop</i> ^{MO}	4	
<i>prednisolone sod 1% eye drop</i> ^{MO}	3	
<i>proparacaine 0.5% eye drops</i> ^{MO}	2	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE ^{MO}	3	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS ^{MO}	3	QL (5.5 per 25 days)
<i>sulfacetamide 10% eye drops</i> ^{MO}	1	
<i>sulfacetamide 10% eye ointment</i> ^{MO}	3	
<i>sulf-pred 10-0.23% eye drops</i> ^{MO}	2	
<i>timolol 0.25% eye drops; timolol 0.5% eye drops</i> ^{MO}	1	
<i>timolol 0.25% gel-solution; timolol 0.5% gel-solution</i> ^{MO}	3	
<i>tobramycin 0.3% eye drops</i> ^{MO}	1	
<i>tobramycin-dexameth ophth susp</i> ^{MO}	4	
TOBREX 0.3 % EYE OINTMENT ^{MO}	4	
TRAVATAN Z 0.004 % EYE DROPS ^{MO}	3	QL (2.5 per 25 days)
<i>trifluridine 1% eye drops</i> ^{MO}	3	
<i>tropicamide 0.5% eye drops; tropicamide 1% eye drops</i> ^{MO}	2	
VIGAMOX 0.5 % EYE DROPS ^{MO}	4	
XIIDRA 5 % EYE DROPS IN A DROPPERETTE ^{MO}	4	PA,QL (60 per 30 days)
ZIRGAN 0.15 % EYE GEL ^{MO}	4	QL (5 per 30 days)
GASTROINTESTINAL DRUGS		
AMITIZA 24 MCG, 8 MCG CAPSULE ^{MO}	3	QL (60 per 30 days)
<i>aprepitant 125 mg, 40 mg capsule</i> ^{MO}	4	B vs D,QL (2 per 28 days)
<i>aprepitant 125-80-80 mg pack</i> ^{MO}	4	B vs D,QL (6 per 28 days)
<i>aprepitant 80 mg capsule</i> ^{MO}	4	B vs D,QL (4 per 28 days)
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE ^{MO}	3	QL (120 per 30 days)
<i>balsalazide disodium 750 mg cp</i> ^{MO}	4	
CANASA 1,000 MG RECTAL SUPPOSITORY ^{MO}	3	QL (30 per 30 days)
CHENODAL 250 MG TABLET ^{DL}	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE ^{DL}	5	PA,QL (120 per 30 days)
<i>cimetidine 200 mg, 300 mg, 400 mg tablet</i> ^{MO}	2	
<i>cimetidine 800 mg tablet</i> ^{MO}	1	
<i>cimetidine 300 mg/5 ml soln</i> ^{MO}	2	
<i>compro 25 mg rectal suppository</i> ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
<i>diphenoxylat-atrop 2.5-0.025/5</i> MO	4	
<i>diphenoxylate-atrop 2.5-0.025</i> MO	4	
<i>dronabinol 10 mg, 2.5 mg, 5 mg capsule</i> MO	4	B vs D,QL (120 per 30 days)
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION MO	4	PA
<i>famotidine 20 mg tablet</i> MO	1	
<i>famotidine 40 mg tablet</i> MO	2	
<i>famotidine 40 mg/4 ml vial</i> MO	4	
<i>famotidine 40 mg/5 ml susp</i> MO	4	
<i>famotidine 20 mg/2 ml vial</i> MO	4	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT DL	5	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT DL	5	PA
<i>gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution</i> MO	2	
<i>gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution</i> MO	2	
<i>gavilyte-n 420 gram oral solution</i> MO	2	
<i>granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial</i> MO	4	
<i>granisetron hcl 1 mg tablet</i> MO	3	B vs D,QL (28 per 28 days)
<i>granisetron hcl 1 mg/ml vial</i> MO	4	
<i>granisetron hcl 4 mg/4 ml vial</i> MO	4	QL (4 per 28 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE MO	3	QL (120 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	3	QL (30 per 30 days)
<i>loperamide 2 mg capsule</i> MO	2	
<i>meclizine 12.5 mg, 25 mg tablet</i> MO	3	
<i>mesalamine 4 gm/60 ml enema</i> MO	4	QL (1800 per 30 days)
<i>metoclopramide 10 mg tablet</i> MO	1	
<i>metoclopramide 10 mg/2 ml vial</i> MO	4	
<i>metoclopramide 5 mg tablet</i> MO	2	
<i>metoclopramide 5 mg/5 ml soln</i> MO	1	
<i>misoprostol 100 mcg, 200 mcg tablet</i> MO	3	
<i>nizatidine 15 mg/ml solution</i> MO	3	
<i>omeprazole dr 10 mg, 20 mg, 40 mg capsule</i> MO	2	QL (60 per 30 days)
<i>ondansetron odt 4 mg, 8 mg tablet</i> MO	2	B vs D,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron 4 mg/5 ml solution ^{MO}	4	B vs D, QL (450 per 30 days)
ondansetron 40 mg/20 ml vial ^{MO}	3	
ondansetron hcl 24 mg tablet ^{MO}	3	B vs D, QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet ^{MO}	2	B vs D, QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr ^{MO}	3	
ondansetron hcl 4 mg/2 ml vial ^{MO}	3	
pantoprazole sod dr 20 mg, 40 mg tab ^{MO}	2	QL (60 per 30 days)
peg 3350 electrolyte soln; peg-3350 and electrolytes soln ^{MO}	2	
peg 3350-electrolyte solution ^{MO}	2	
polyethylene glycol 3350 powd ^{MO}	3	
prochlorperazine 25 mg supp ^{MO}	4	
prochlorperazine 10 mg/2 ml vl ^{MO}	4	
prochlorperazine 10 mg tab ^{MO}	1	B vs D
prochlorperazine 5 mg tablet ^{MO}	2	B vs D
ranitidine 15 mg/ml syrup ^{MO}	2	
ranitidine 150 mg, 300 mg capsule ^{MO}	3	
ranitidine 150 mg, 300 mg tablet ^{MO}	1	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION ^{MO}	4	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{MO}	4	QL (36 per 28 days)
RELISTOR 150 MG TABLET ^{MO}	4	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE ^{MO}	4	QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH ^{MO}	4	QL (4 per 30 days)
scopolamine 1 mg/3 day patch ^{MO}	4	QL (10 per 30 days)
sucralfate 1 gm tablet ^{MO}	2	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION ^{MO}	3	
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) ^{MO}	4	QL (10 per 30 days)
trilyte with flavor packets 420 gram oral solution ^{MO}	2	
trimethobenzamide 300 mg cap ^{MO}	4	B vs D
ursodiol 250 mg tablet ^{MO}	3	
ursodiol 500 mg tablet ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIBERZI 100 MG, 75 MG TABLET MO	4	PA,QL (60 per 30 days)
ZENPEP 10,000 UNIT-34,000 UNIT-55,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 15,000 UNIT-51,000 UNIT-82,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 20,000 UNIT-68,000 UNIT-109,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 25,000 UNIT-85,000 UNIT-136,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-16,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 40,000 UNIT-136,000 UNIT-218,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-27,000 UNIT CAPSULE,DELAYED RELEASE MO	4	
GOLD COMPOUNDS		
RIDAURA 3 MG CAPSULE DL	5	
HEAVY METAL ANTAGONISTS		
<i>calcium disodium versenate 200 mg/ml injection solution</i> MO	2	
CHEMET 100 MG CAPSULE DL	5	
CUPRIMINE 250 MG CAPSULE MO	4	
DEPEN TITRATABS 250 MG TABLET DL	5	
JADENU 180 MG, 360 MG, 90 MG TABLET DL	5	PA
JADENU SPRINKLE 180 MG ORAL GRANULES IN PACKET DL	5	PA,QL (600 per 30 days)
JADENU SPRINKLE 360 MG ORAL GRANULES IN PACKET DL	5	PA,QL (300 per 30 days)
JADENU SPRINKLE 90 MG ORAL GRANULES IN PACKET DL	5	PA,QL (1200 per 30 days)
SYPRINE 250 MG CAPSULE DL	5	
HORMONES AND SYNTHETIC SUBSTITUTES		
<i>acarbose 100 mg, 25 mg, 50 mg tablet</i> MO	4	
<i>altavera (28) 0.15 mg-0.03 mg tablet</i> MO	4	
<i>alyacen 1/35 (28) 1 mg-35 mcg tablet</i> MO	4	
<i>alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> MO	4	
<i>amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet</i> MO	4	
<i>amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> MO	4	QL (91 per 90 days)
ANADROL-50 50 MG TABLET DL	5	
<i>anastrozole 1 mg tablet</i> MO	2	QL (30 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PACKET; ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MO	3	QL (150 per 30 days)
<i>androxy 10 mg tablet</i> MO	4	
<i>apri 0.15 mg-0.03 mg tablet</i> MO	4	
<i>aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>aubra</i> 0.1 mg-20 mcg tablet MO	4	
AVANDIA 2 MG, 4 MG TABLET MO	4	QL (60 per 30 days)
<i>aviane</i> 0.1 mg-20 mcg tablet MO	4	
<i>azurette</i> (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
<i>bekyree</i> (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
<i>blisovi</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
<i>blisovi fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
<i>blisovi fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
<i>budesonide ec</i> 3 mg capsule MO	4	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION MO	4	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (4 per 28 days)
<i>calcitonin-salmon</i> 200 units sp MO	3	QL (3.7 per 28 days)
<i>camila</i> 0.35 mg tablet MO	4	
<i>camrese</i> 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
<i>camrese lo</i> 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
<i>caziant</i> (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
<i>chateal</i> 0.15 mg-0.03 mg tablet MO	4	
<i>chorionic gonad</i> 10,000 unit vl MO	4	PA
<i>cortisone</i> 25 mg tablet MO	4	
<i>cryselle</i> (28) 0.3 mg-30 mcg tablet MO	4	
<i>cyclafem</i> 1/35 (28) 1 mg-35 mcg tablet MO	4	
<i>cyclafem</i> 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	4	
<i>cyred</i> 0.15 mg-0.03 mg tablet MO	4	
<i>danazol</i> 100 mg, 200 mg, 50 mg capsule MO	4	
<i>dasetta</i> 1/35 (28) 1 mg-35 mcg tablet MO	4	
<i>dasetta</i> 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	4	
<i>deblitane</i> 0.35 mg tablet MO	4	
<i>delyla</i> (28) 0.1 mg-20 mcg tablet MO	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	4	QL (5 per 30 days)
<i>desmopressin</i> 0.01% solution MO	4	QL (25 per 30 days)
<i>desmopressin</i> 0.1 mg/ml sol MO	4	
<i>desmopressin</i> 10 mcg/0.1 ml spr MO	4	QL (25 per 30 days)
<i>desmopressin acetate</i> 0.1 mg tb MO	4	QL (180 per 30 days)
<i>desmopressin acetate</i> 0.2 mg tb MO	4	
<i>desogestr-eth estrad eth estra</i> MO	4	
<i>desogestrel-ethinyl estrad tab</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone 0.5 mg, 0.75 mg, 4 mg tablet MO	1	
dexamethasone 0.5 mg/5 ml elx MO	3	
dexamethasone 0.5 mg/5 ml liq MO	3	
dexamethasone 1 mg, 1.5 mg, 2 mg, 6 mg tablet MO	2	
dexamethasone intensol 1 mg/ml drops (concentrate) MO	3	
dexamethasone 10 mg/ml, 4 mg/ml vial MO	4	
drospirenone-ee 3-0.02 mg, 3-0.03 mg tab MO	4	
DUAVEE 0.45 MG-20 MG TABLET MO	4	PA,QL (30 per 30 days)
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (60 per 30 days)
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (30 per 30 days)
elinest 0.3 mg-30 mcg tablet MO	4	
ELLA 30 MG TABLET MO	3	QL (1 per 30 days)
emoquette 0.15 mg-0.03 mg tablet MO	4	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
enskyce 0.15 mg-0.03 mg tablet MO	4	
errin 0.35 mg tablet MO	4	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM MO	3	
estradiol 0.025 mg patch; estradiol 0.0375 mg patch; estradiol 0.05 mg patch; estradiol 0.075 mg patch; estradiol 0.1 mg patch MO	4	QL (8 per 28 days)
estradiol 0.0375 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol tds 0.025 mg/day; estradiol tds 0.05 mg/day; estradiol tds 0.1 mg/day MO	4	QL (4 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg tablet MO	1	
estradiol valerate 20 mg/ml, 40 mg/ml vl MO	4	
estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb MO	3	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING MO	4	QL (1 per 90 days)
estropipate 0.625(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 1.25(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 2.5(0.75 mg, 1.5 mg, 3 mg) tab MO	3	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg MO	4	
exemestane 25 mg tablet MO	4	QL (60 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet MO	4	
FARESTON 60 MG TABLET DL	5	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET MO	4	QL (30 per 30 days)
femynor 0.25 mg-35 mcg tablet MO	4	
FIASP 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
FIASP FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION DL	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION MO	4	PA
<i>fludrocortisone 0.1 mg tablet</i> MO	2	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR MO	4	PA,QL (2.4 per 28 days)
<i>gianvi (28) 3 mg-20 mcg tablet</i> MO	4	
<i>gildess 1.5 mg-30 mcg tablet</i> MO	4	
<i>gildess 1 mg-20 mcg tablet</i> MO	4	
<i>gildess fe 1.5-30 tablet</i> MO	4	
<i>glimepiride 1 mg, 2 mg, 4 mg tablet</i> MO	1	
<i>glipizide 10 mg, 5 mg tablet</i> MO	1	
<i>glipizide er 10 mg, 2.5 mg, 5 mg tablet</i> MO	2	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> MO	2	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	3	
<i>glyburide 1.25 mg tablet</i> MO	2	
<i>glyburide 2.5 mg, 5 mg tablet</i> MO	1	
<i>glyburide micro 1.5 mg tab</i> MO	2	
<i>glyburide micro 3 mg, 6 mg tablet</i> MO	1	
<i>glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> MO	2	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MO	3	QL (30 per 30 days)
<i>heather 0.35 mg tablet</i> MO	4	
HUMULIN R U-500 (CONCENTRATED) KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS DL	5	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN DL	5	
<i>hydrocortisone 10 mg, 20 mg, 5 mg tablet</i> MO	2	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION DL	5	PA
<i>introvale 0.15 mg-30 mcg tablets, 3 month dose pack</i> MO	4	QL (91 per 90 days)
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>isibloom 0.15 mg-0.03 mg tablet</i> MO	4	
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	3	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	3	QL (30 per 30 days)
<i>jencycla 0.35 mg tablet</i> MO	4	
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MO	3	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
<i>juleber 0.15 mg-0.03 mg tablet</i> MO	4	
<i>junel 1.5/30 (21) 1.5 mg-30 mcg tablet</i> MO	4	
<i>junel 1/20 (21) 1 mg-20 mcg tablet</i> MO	4	
<i>junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet</i> MO	4	
<i>kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> MO	4	
<i>kelnor 1/35 (28) 1 mg-35 mcg tablet</i> MO	4	
<i>kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> MO	4	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
KORLYM 300 MG TABLET DL	5	PA,QL (120 per 30 days)
<i>kurvelo 0.15 mg-0.03 mg tablet</i> MO	4	
<i>levono-e estrad 0.10-0.02-0.01</i> MO	4	QL (91 per 90 days)
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
<i>larin 1.5/30 (21) 1.5 mg-30 mcg tablet</i> MO	4	
<i>larin 1/20 (21) 1 mg-20 mcg tablet</i> MO	4	
<i>larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet</i> MO	4	
<i>larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>larissia 0.1 mg-20 mcg tablet</i> MO	4	
<i>lessina 0.1 mg-20 mcg tablet</i> MO	4	
<i>letrozole 2.5 mg tablet</i> MO	2	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leuprolide 2wk 14 mg/2.8 ml kt MO	4	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
levonor-eth estrad triphasic MO	4	
levonorgestrel 1.5 mg tablet MO	4	
levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 MO	4	
levonor-eth estrad 0.15-0.03 MO	4	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet MO	4	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg tablet MO	1	
levothyroxine 300 mcg tablet MO	2	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
lillow 0.15 mg-0.03 mg tablet MO	4	
liothyronine sod 10 mcg/ml vl MO	3	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab MO	3	
lomedica 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
loryna (28) 3 mg-20 mcg tablet MO	4	
low-ogestrel (28) 0.3 mg-30 mcg tablet MO	4	
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT DL	5	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT DL	5	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT DL	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT DL	5	PA,QL (1 per 90 days)
lutera (28) 0.1 mg-20 mcg tablet MO	4	
lyza 0.35 mg tablet MO	4	
marlissa 0.15 mg-0.03 mg tablet MO	4	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab MO	1	
medroxyprogesterone 150 mg/ml MO	2	QL (1 per 90 days)
megestrol 20 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
megestrol 40 mg tablet MO	4	
megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml MO	4	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	4	
metformin hcl 1,000 mg, 500 mg, 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	2	QL (60 per 30 days)
methimazole 10 mg, 5 mg tablet MO	2	
METHITEST 10 MG TABLET MO	4	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tablet MO	2	B vs D
methylprednisolone 4 mg dosepk MO	2	
methylprednisolone 40 mg/ml, 80 mg/ml vl MO	4	
methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 40 mg vl MO	4	
methyltestosterone 10 mg cap DL	5	
MIACALCIN 200 UNIT/ML INJECTION SOLUTION 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	
miglitol 100 mg, 25 mg, 50 mg tablet MO	4	
mimvey 1 mg-0.5 mg tablet MO	4	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION DL	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, 60 mg tablet MO	3	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE DL	5	PA,QL (2 per 28 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MO	4	
necon 1-35-28 tablet MO	4	
necon 1/50 (28) 1 mg-50 mcg tablet MO	4	
necon 10-11-28 tablet MO	4	
nikki (28) 3 mg-20 mcg tablet MO	4	
noret-estr-fe 0.4-0.035(21)-75 MO	4	
norethindrone 0.35 mg tablet MO	4	
norethind-eth estrad 1-0.02 mg MO	4	
norethindrone 5 mg tablet MO	3	
noreth-estrad-fe 1-0.02(21)-75; noreth-estrad-fe 1-0.02(24)-75 MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg MO	4	
NORINYL 1+50-28 TABLET MO	4	
norlyda 0.35 mg tablet MO	4	
norlyroc 0.35 mg tablet MO	4	
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	
ogestrel (28) 0.5 mg-50 mcg tablet MO	4	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE DL	5	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION DL	5	PA
ONGLYZA 2.5 MG, 5 MG TABLET MO	4	QL (30 per 30 days)
orsythia 0.1 mg-20 mcg tablet MO	4	
oxandrolone 10 mg tablet DL	5	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet MO	3	PA,QL (120 per 30 days)
pimtreea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet MO	2	QL (30 per 30 days)
pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 MO	4	QL (30 per 30 days)
pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 MO	4	QL (90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet MO	4	
portia 0.15 mg-0.03 mg tablet MO	4	
prednisolone 15 mg/5 ml syrup MO	2	
prednisolone 15 mg/5 ml soln MO	2	
prednisolone 20 mg/5 ml soln MO	4	
prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml MO	3	
prednisone 1 mg, 10 mg, 20 mg, 50 mg tablet MO	2	B vs D
prednisone 10 mg, 5 mg tab dose pack MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>prednisone 2.5 mg, 5 mg tablet</i> MO	1	B vs D
<i>prednisone 5 mg/5 ml solution</i> MO	3	B vs D
<i>prednisone intensol 5 mg/ml oral concentrate</i> MO	4	B vs D
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	4	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM MO	3	
<i>previfem 0.25 mg-35 mcg tablet</i> MO	4	
<i>progesterone oil 50 mg/ml vl</i> MO	4	
<i>progesterone in oil 50 mg/ml intramuscular</i> MO	4	
<i>progesterone 100 mg, 200 mg capsule</i> MO	3	
PROGLYCEM 50 MG/ML ORAL SUSPENSION MO	4	
<i>propylthiouracil 50 mg tablet</i> MO	3	
<i>quasense 0.15 mg-30 mcg tablets,3 month dose pack</i> MO	4	QL (91 per 90 days)
<i>raloxifene hcl 60 mg tablet</i> MO	3	QL (30 per 30 days)
<i>reclipsen (28) 0.15 mg-0.03 mg tablet</i> MO	4	
<i>repaglinide 0.5 mg, 1 mg, 2 mg tablet</i> MO	3	
SENSIPAR 30 MG TABLET MO	3	QL (60 per 30 days)
SENSIPAR 60 MG TABLET	5	QL (60 per 30 days)
SENSIPAR 90 MG TABLET	5	QL (120 per 30 days)
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION DL	5	PA
<i>setlakin 0.15 mg-30 mcg tablets,3 month dose pack</i> MO	4	QL (91 per 90 days)
<i>sharobel 0.35 mg tablet</i> MO	4	
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION DL	5	PA,QL (60 per 30 days)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION DL	5	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION; SOMAVERT 10 MG, 15 MG, 20 MG VIAL DL	5	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (30 per 30 days)
<i>sprintec (28) 0.25 mg-35 mcg tablet</i> MO	4	
<i>sronyx 0.1 mg-20 mcg tablet</i> MO	4	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY DL	5	
<i>syeda 3 mg-0.03 mg tablet</i> MO	4	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR DL	5	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR DL	5	QL (10.5 per 28 days)
SYNAREL 2 MG/ML NASAL SPRAY DL	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET MO	3	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
<i>tamoxifen 10 mg, 20 mg tablet</i> MO	2	
<i>tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml</i> MO	3	
<i>testosterone enan 200 mg/ml</i> 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	
<i>tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> MO	4	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN MO	3	
TRADJENTA 5 MG TABLET MO	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
<i>tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> MO	4	
<i>tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> MO	4	
<i>tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> MO	4	
<i>tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> MO	4	
<i>tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> MO	4	
<i>tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> MO	4	
<i>tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> MO	4	
<i>trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> MO	4	
<i>trinessa lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> MO	4	
<i>trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet</i> MO	4	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	3	QL (2 per 28 days)
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION MO	4	
vestura (28) 3 mg-20 mcg tablet MO	4	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
vienva 0.1 mg-20 mcg tablet MO	4	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
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	
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
zarah 3 mg-0.03 mg tablet MO	4	
zenchent fe tablet chewable MO	4	
zovia 1/35e (28) 1 mg-35 mcg tablet MO	4	
zovia 1/50e (28) 1 mg-50 mcg tablet MO	4	
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION DL	5	PA
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet MO	2	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab MO	2	QL (4 per 28 days)
allopurinol 100 mg, 300 mg tablet MO	1	
AMPYRA 10 MG TABLET,EXTENDED RELEASE DL	5	PA,QL (60 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION DL	5	PA
ATGAM 50 MG/ML INTRAVENOUS SOLUTION MO	4	PA
azathioprine 50 mg tablet MO	2	B vs D
BENLYSTA 120 MG INTRAVENOUS SOLUTION DL	5	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	5	PA,QL (4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION DL	5	PA,QL (6 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT DL	5	PA,QL (15 per 30 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	4	QL (4 per 28 days)
CELLCEPT 200 MG/ML ORAL SUSPENSION DL	5	B vs D
CELLCEPT 250 MG CAPSULE MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CELLCEPT 500 MG TABLET DL	5	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO	4	B vs D
CERDELGA 84 MG CAPSULE DL	5	PA,QL (60 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION DL	5	PA,QL (20 per 30 days)
COLCRYS 0.6 MG TABLET MO	3	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (12 per 28 days)
<i>cyclosporine 100 mg, 25 mg capsule</i> MO	4	B vs D
<i>cyclosporine 50 mg/ml ampul</i> MO	4	B vs D
<i>cyclosporine 100 mg/ml soln</i> MO	4	B vs D
<i>cyclosporine modified 100 mg, 25 mg, 50 mg</i> MO	4	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER DL	5	
CYSTAGON 150 MG, 50 MG CAPSULE MO	4	
DEMSER 250 MG CAPSULE DL	5	
<i>disulfiram 250 mg, 500 mg tablet</i> MO	4	
<i>dutasteride 0.5 mg capsule</i> MO	3	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> MO	4	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE MO	4	QL (90 per 30 days)
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION DL	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE DL	5	PA,QL (4.08 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE DL	5	PA,QL (7.84 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (7.84 per 28 days)
<i>etidronate disodium 200 mg, 400 mg tab</i> MO	4	
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION DL	5	PA
<i>finasteride 5 mg tablet</i> MO	2	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (18 per 30 days)
<i>fluoride 0.25 mg tablet chew</i> MO	1	
<i>fluoride 0.5 mg tablet chew; fluoride 1 mg tablet chewable</i> MO	2	
<i>sodium fluoride 0.5 mg/ml drop</i> MO	2	
<i>fluridab 0.125 mg/drp drops</i> MO	2	
<i>fluridab 0.5 mg fluoride (1.1 mg sodium fluoride) chewable tablet</i> MO	2	
<i>gengraf 100 mg, 25 mg, 50 mg capsule</i> MO	4	B vs D
<i>gengraf 100 mg/ml oral solution</i> MO	4	B vs D
GILENYA 0.5 MG CAPSULE DL	5	PA,QL (30 per 30 days)
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (6 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS DL	5	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT DL	5	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT DL	5	PA,QL (6 per 28 days)
<i>ibandronate sodium 150 mg tab</i> MO	3	QL (1 per 28 days)
IMURAN 50 MG TABLET MO	4	B vs D
KUVAN 100 MG SOLUBLE TABLET DL	5	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET DL	5	PA
<i>leflunomide 10 mg, 20 mg tablet</i> MO	3	QL (30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab</i> MO	3	
<i>leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vl</i> MO	4	
<i>levocarnitine 330 mg tablet</i> MO	3	
<i>levocarnitine 1 g/10 ml soln</i> MO	4	
<i>levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 250 mg/25 ml vl</i> DL	5	PA
<i>levoleucovorin 50 mg vial</i> MO	4	PA
<i>ludent fluoride 0.25 mg fluoride (0.55 mg sod.fluorid) chewable tablet</i> MO	1	
<i>ludent fluoride 0.5 mg fluoride (1.1 mg sod.fluoride) chewable tablet; ludent fluoride 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet</i> MO	2	
MESNEX 400 MG TABLET DL	5	
<i>mycophenolate 200 mg/ml susp</i> MO	4	B vs D
<i>mycophenolate 250 mg capsule</i> MO	3	B vs D
<i>mycophenolate 500 mg tablet</i> MO	3	B vs D
<i>mycophenolate 500 mg vial</i> MO	4	B vs D
<i>mycophenolic acid dr 180 mg, 360 mg tb</i> MO	4	B vs D
MYFORTIC 180 MG, 360 MG TABLET,DELAYED RELEASE MO	4	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION DL	5	PA,QL (20 per 30 days)
<i>octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vl</i> MO	4	PA
<i>octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr</i> MO	4	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	5	
ORFADIN 4 MG/ML ORAL SUSPENSION DL	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pamidronate 30 mg/10 ml vial</i> MO	3	QL (30 per 21 days)
<i>pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial</i> MO	3	QL (10 per 21 days)
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MO	4	QL (1 per 180 days)
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET MO	4	B vs D
RAPAMUNE 1 MG/ML ORAL SOLUTION MO	4	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION DL	5	PA
<i>risedronate sod dr 35 mg tab</i> MO	4	QL (4 per 28 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION MO	4	B vs D
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (1 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (1 per 30 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION DL	5	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> MO	4	B vs D
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> MO	4	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	5	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE DL	5	PA,QL (60 per 30 days)
THIOLA 100 MG TABLET DL	5	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION MO	3	PA
TYBOST 150 MG TABLET MO	4	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION DL	5	PA,QL (15 per 28 days)
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET DL	5	QL (20 per 365 days)
XELJANZ 5 MG TABLET DL	5	PA,QL (60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE DL	5	PA,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION DL	5	PA,QL (1.7 per 28 days)
ZAVESCA 100 MG CAPSULE DL	5	PA,QL (90 per 30 days)
<i>zoledronic acid 4 mg/100 ml</i> MO	4	PA,QL (300 per 21 days)
<i>zoledronic acid 4 mg vial</i> MO	4	PA
<i>zoledronic acid 4 mg/5 ml vial</i> MO	4	PA,QL (15 per 21 days)
<i>zoledronic acid 5 mg/100 ml</i> MO	4	PA,QL (100 per 365 days)
ZORTRESS 0.25 MG, 0.75 MG TABLET MO	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET MO	4	B vs D,QL (120 per 30 days)
OXYTOCICS		
<i>methergine 0.2 mg tablet</i> MO	4	
<i>methylergonovine 0.2 mg tablet</i> MO	4	
PHARMACEUTICAL AIDS		
BAND-AID GAUZE PADS 2" X 2" BANDAGE MO	2	
BORDERED GAUZE 2" X 2" BANDAGE MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CURITY GAUZE 2" X 2" BANDAGE MO	2	
DERMACEA 2" X 2" BANDAGE MO	2	
GAUZE PADS 2"X2" MO	2	
GAUZE PAD 2" X 2" BANDAGE MO	2	
GAUZE PADS, STERILE 2"X2" MO	2	
RESPIRATORY TRACT AGENTS		
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> MO	3	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL	5	PA,QL (90 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	3	QL (12 per 30 days)
ARALAST NP 1,000 MG INTRAVENOUS SOLUTION DL	5	PA,QL (24 per 30 days)
ARALAST NP 500 MG INTRAVENOUS SOLUTION DL	5	PA,QL (44 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (30 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp</i> MO	4	B vs D,QL (240 per 30 days)
<i>cromolyn 100 mg/5 ml oral conc</i> MO	4	
<i>cromolyn 20 mg/2 ml neb soln</i> MO	3	B vs D
<i>cromolyn 4% eye drops</i> MO	2	
DALIRESP 500 MCG TABLET MO	3	QL (30 per 30 days)
<i>epoprostenol sodium 0.5 mg, 1.5 mg vl</i> DL	5	PA
ESBRIET 267 MG CAPSULE DL	5	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET DL	5	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET DL	5	PA,QL (90 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER MO	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	3	QL (10.6 per 30 days)
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION DL	5	PA
KALYDECO 150 MG TABLET DL	5	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET DL	5	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET DL	5	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
montelukast sod 10 mg tablet MO	2	QL (30 per 30 days)
montelukast sod 4 mg granules MO	4	QL (30 per 30 days)
montelukast sod 4 mg, 5 mg tab chew MO	2	QL (30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE DL	5	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET DL	5	PA,QL (30 per 30 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET DL	5	PA,QL (112 per 28 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION DL	5	B vs D,QL (150 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION DL	5	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (10.2 per 30 days)
TRACLEER 125 MG, 62.5 MG TABLET DL	5	PA,QL (60 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION DL	5	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL (270 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL (90 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (6 per 28 days)
zafirlukast 10 mg, 20 mg tablet MO	4	QL (60 per 30 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP 10 MG CAPSULE MO	4	
acitretin 10 mg, 17.5 mg, 25 mg capsule DL	5	
acyclovir 5% ointment MO	4	PA
adapalene 0.1% gel MO	4	
ALCOHOL PADS MO	1	
ALCOHOL PREP PADS MO	1	
ALCOHOL PREP SWABS MO	1	
ALCOHOL 70% SWABS MO	1	
ALCOHOL WIPES MO	1	
ammonium lactate 12% cream MO	2	
ammonium lactate 12% lotion MO	2	
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 va 0.1% cream MO	2	
betamethasone va 0.1% lotion MO	2	
betamethasone valer 0.1% ointm MO	2	
betamethasone dp aug 0.05% crm MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betamethasone dp aug 0.05% gel MO	4	
betamethasone dp aug 0.05% lot MO	4	
betamethasone dp aug 0.05% oin MO	4	
calcipotriene 0.005% cream MO	4	QL (120 per 30 days)
calcipotriene 0.005% solution MO	4	QL (60 per 30 days)
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS MO	2	
ciclodan 0.77 % topical cream MO	2	
ciclodan 8 % topical solution MO	2	
ciclopirox 0.77% cream MO	2	
ciclopirox 0.77% gel MO	4	
ciclopirox 0.77% topical susp MO	4	
ciclopirox 1% shampoo MO	4	
ciclopirox 8% solution MO	4	
clindamycin 2% vaginal cream MO	4	
clindamycin ph 1% gel MO	4	
clindamycin ph 1% solution MO	3	
clindamycin phos 1% pledget MO	3	
clindamycin phosp 1% lotion MO	4	
clobetasol 0.05% cream MO	4	
clobetasol 0.05% gel MO	4	
clobetasol 0.05% ointment MO	4	
clobetasol 0.05% solution MO	4	
clobetasol emollient 0.05% crm MO	4	
clotrimazole 1% cream MO	2	
clotrimazole 1% solution MO	3	
clotrimazole 10 mg troche MO	2	
clotrimazole-betamethasone crm MO	3	
clotrimazole-betamethasone lot MO	4	
colocort 100 mg/60 ml enema MO	4	
cormax 0.05 % scalp solution MO	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (32 per 365 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS DL	5	PA,QL (32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS DL	5	PA,QL (32 per 365 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS DL	5	PA,QL (32 per 365 days)
CURITY ALCOHOL SWABS MO	1	
DENAVIR 1 % TOPICAL CREAM MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desoximetasone 0.25% cream MO	4	
desoximetasone 0.25% ointment MO	4	
EASY TOUCH ALCOHOL PREP PADS MO	1	
econazole nitrate 1% cream MO	4	
ELIDEL 1 % TOPICAL CREAM MO	4	
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM DL	4	QL (120 per 30 days)
ery pads 2 % topical swab MO	3	
erythromycin 2% gel MO	4	
erythromycin 2% pledgets MO	3	
erythromycin 2% solution MO	3	
erythromycin-benzoyl gel MO	4	
fluocinolone 0.01% body oil MO	4	
fluocinolone 0.01% cream; fluocinolone 0.025% cream MO	4	
fluocinolone 0.01% solution MO	4	
fluocinolone 0.025% ointment MO	4	
fluocinolone 0.01% scalp oil MO	4	
fluocinonide 0.05% cream MO	3	
fluocinonide 0.05% gel MO	4	
fluocinonide 0.05% ointment MO	3	
fluocinonide 0.05% solution MO	4	
fluocinonide-e 0.05 % topical cream MO	4	
fluocinonide-e 0.05% cream MO	4	
fluorouracil 2% topical soln; fluorouracil 5% topical soln MO	4	
fluorouracil 5% cream MO	4	
fluticasone prop 0.005% oint MO	2	
fluticasone prop 0.05% cream MO	2	
gentamicin 0.1% cream MO	1	
gentamicin 0.1% ointment MO	1	
hydrocortisone 1% cream MO	2	
hydrocortisone 1% cream; hydrocortisone 2.5% cream MO	1	
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment MO	2	
hydrocortisone 100 mg/60 ml MO	4	
hydrocortisone 2.5% cream MO	4	
hydrocortisone 2.5% lotion MO	2	
hydrocortisone 1% absorbase MO	2	
imiquimod 5% cream packet MO	3	QL (12 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INCONTROL ALCOHOL PADS MO	2	
IV PREP WIPES MEDICATED MO	1	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION DL	5	
<i>ketoconazole 2% cream</i> MO	2	
<i>ketoconazole 2% shampoo</i> MO	2	
<i>lidocaine 5% patch</i> MO	4	PA,QL (90 per 30 days)
<i>lidocaine-prilocaine cream</i> MO	4	
<i>lindane 1% lotion</i> MO	4	
<i>lindane 1% shampoo</i> MO	4	
<i>malathion 0.5% lotion</i> MO	4	
MENTAX 1 % TOPICAL CREAM MO	4	
<i>methoxsalen 10 mg softgel</i> DL	5	
<i>metronidazole 0.75% cream</i> MO	4	
<i>metronidazole 0.75% lotion</i> MO	4	
<i>metronidazole top 1% gel pump; metronidazole topical 0.75% gl;</i> <i>metronidazole topical 1% gel; metronidazole vaginal 0.75% gl</i> MO	4	
<i>miconazole-3 200 mg vaginal suppository</i> MO	3	
<i>mometasone furoate 0.1% cream</i> MO	2	
<i>mometasone furoate 0.1% oint</i> MO	2	
<i>mometasone furoate 0.1% soln</i> MO	2	
<i>mupirocin 2% ointment</i> MO	2	
<i>mupirocin 2% cream</i> MO	4	
<i>myorisan 10 mg, 20 mg, 30 mg capsule</i> MO	4	QL (60 per 30 days)
<i>myorisan 40 mg capsule</i> MO	4	QL (120 per 30 days)
<i>nyamyc 100,000 unit/gram topical powder</i> MO	3	
<i>nyata 100,000 unit/gram topical powder</i> MO	3	
<i>nystatin 100,000 unit/gm cream</i> MO	1	
<i>nystatin 100,000 unit/gm powd</i> MO	3	
<i>nystatin 100,000 units/gm oint</i> MO	2	
<i>nystatin-triamcinolone cream</i> MO	4	
<i>nystatin-triamcinolone ointm</i> MO	4	
<i>nystop 100,000 unit/gram topical powder</i> MO	3	
<i>oralone 0.1 % dental paste</i> MO	3	
PANRETIN 0.1 % TOPICAL GEL DL	5	
<i>permethrin 5% cream</i> MO	3	
<i>podofilox 0.5% topical soln</i> MO	4	
PRO COMFORT ALCOHOL PADS MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>procto-med hc 2.5 % topical cream perineal applicator</i> MO	4	
<i>procto-pak 1 % topical cream perineal applicator</i> MO	2	
<i>proctosol hc 2.5 % topical cream perineal applicator</i> MO	4	
<i>proctozone-hc 2.5 % topical cream perineal applicator</i> MO	4	
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL DL	5	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	4	
<i>selenium sulfide 2.5% lotion</i> MO	2	
<i>silver sulfadiazine 1% cream</i> MO	1	
SSD 1 % TOPICAL CREAM MO	2	
<i>sulfacetamide sod 10% top susp</i> MO	3	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	
<i>tacrolimus 0.03% ointment; tacrolimus 0.1% ointment</i> MO	4	
TARGRETIN 1 % TOPICAL GEL DL	5	PA
<i>tazarotene 0.1% cream</i> MO	4	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM MO	4	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL MO	4	PA
<i>terconazole 0.4% cream; terconazole 0.8% cream</i> MO	3	
<i>terconazole 80 mg suppository</i> MO	3	
TOLAK 4 % TOPICAL CREAM MO	4	
<i>tretinoin 0.01% gel; tretinoin 0.025% gel</i> MO	4	PA
<i>tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream</i> MO	4	PA
<i>triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream</i> MO	1	
<i>triamcinolone 0.025% lotion; triamcinolone 0.1% lotion</i> MO	3	
<i>triamcinolone 0.025% oint; triamcinolone 0.5% ointment</i> MO	2	
<i>triamcinolone 0.1% ointment</i> MO	1	
<i>triamcinolone 0.1% paste</i> MO	3	
<i>triderm 0.1 % topical cream</i> MO	2	
<i>triderm 0.5 % topical cream</i> MO	1	
ULTILET ALCOHOL SWAB MO	1	
UVADEX 20 MCG/ML INJECTION SOLUTION MO	4	
VALCHLOR 0.016 % TOPICAL GEL DL	5	PA,QL (60 per 28 days)
WEBCOL TOPICAL PADS MO	1	
<i>zenatane 10 mg, 20 mg, 30 mg capsule</i> MO	4	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zenatane 40 mg capsule MO	4	QL (120 per 30 days)
ZOVIRAX 5 % TOPICAL CREAM DL	5	PA
SMOOTH MUSCLE RELAXANTS		
aminophylline 250 mg/10 ml, 500 mg/20 ml v1 MO	4	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MO	4	
flavoxate hcl 100 mg tablet MO	3	
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
oxybutynin 5 mg tablet MO	2	
oxybutynin 5 mg/5 ml syrup MO	2	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet MO	3	QL (60 per 30 days)
theophylline 80 mg/15 ml, 80 mg/15 ml soln MO	4	
theophylline er 100 mg, 200 mg tablet MO	2	
theophylline er 300 mg, 450 mg tab MO	4	
theophylline er 400 mg tablet MO	2	
theophylline er 600 mg tablet MO	4	
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE MO	3	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 iron-1 mg-200 mg capsule MO	4	
calcitriol 0.25 mcg, 0.5 mcg capsule MO	2	
calcitriol 1 mcg/ml solution MO	4	
complete natal dha 29 mg-1 mg-250 mg oral pack MO	4	
folivane-ob 85 mg-1 mg capsule MO	4	
inalat advance tablet MO	4	
inalat ultra tablet MO	4	
multi-vitamin with fluoride 1 mg chewable tablet MO	2	QL (30 per 30 days)
multivitamins with fluoride 0.25 mg, 0.5 mg, 1 mg chewable tablet MO	2	QL (30 per 30 days)
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET MO	4	
paricalcitol 1 mcg, 2 mcg capsule MO	4	QL (30 per 30 days)
paricalcitol 4 mcg capsule MO	4	QL (12 per 30 days)
prn ob+dha 27 mg-1 mg-50 mg-250 mg oral pack MO	4	
pr natal 400 29 mg-1 mg-400 mg oral pack MO	4	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release MO	4	
pr natal 430 29 mg iron-1 mg-430 mg oral pack MO	4	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release MO	4	
PRENATABS FA 29 MG-1 MG TABLET MO	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> ^{MO}	4	
<i>preplus 27 mg iron-1 mg tablet</i> ^{MO}	1	
<i>relnate dha 28 mg iron-1 mg-200 mg capsule</i> ^{MO}	4	
<i>se-natal 19 29 mg iron-1 mg chewable tablet</i> ^{MO}	4	
<i>se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet</i> ^{MO}	4	
<i>taron-c dha 35 mg-1 mg-200 mg capsule</i> ^{MO}	4	
<i>taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule</i> ^{MO}	4	
<i>thrivite-19 29 mg iron-1 mg-25 mg tablet</i> ^{MO}	4	
<i>tri-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops</i> ^{MO}	2	QL (50 per 30 days)
<i>tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops</i> ^{MO}	2	QL (50 per 30 days)
<i>triadvance 90 mg-1 mg-50 mg tablet</i> ^{MO}	4	
<i>trinatal gt 90 mg-1 mg-50 mg tablet</i> ^{MO}	4	
<i>trinatal rx 1 60 mg iron-1 mg tablet</i> ^{MO}	4	
<i>triveen-duo dha 29 mg-1 mg-400 mg oral pack</i> ^{MO}	4	
<i>triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule</i> ^{MO}	4	
<i>ultimatecare one 27 mg-1 mg-330 mg capsule</i> ^{MO}	4	
<i>ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule</i> ^{MO}	4	
<i>vena-bal dha 27 mg-1 mg-430 mg tablet-capsule, delayed release</i> ^{MO}	4	
<i>virt-c dha 35 mg-1 mg-200 mg capsule</i> ^{MO}	4	
<i>virt-nate dha 28 mg iron-1 mg-200 mg capsule</i> ^{MO}	4	
<i>zatean-ch 27 mg-1 mg-50 mg-250 mg capsule</i> ^{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

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U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-281-6918 (TTY: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-281-6918 (TTY: 711)**.

繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-800-281-6918 (TTY: 711)**。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-281-6918 (TTY: 711)**.

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Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-281-6918 (TTY: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-281-6918 (ATS : 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-281-6918 (TTY: 711)**.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-281-6918 (TTY: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-281-6918 (TTY: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-281-6918 (TTY: 711)**.

日本語 (Japanese): 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-281-6918 (TTY: 711)** まで、お電話にてご連絡ください。

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Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-800-281-6918 (TTY: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-281-6918** (رقم هاتف الصم والبكم: **711**).

This formulary was updated on 11/01/2017. For more recent information or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that the automated phone system may answer your call during weekends and holidays from 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.

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This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. The formulary and pharmacy network may change at any time. You will receive notice when necessary. You must generally use network pharmacies to use your prescription drug benefit.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-281-6918 (TTY: 711)**.

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