

CareNeeds PLUS (HMO D-SNP)
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2020



PRESCRIPTION DRUG GUIDE

CarePlus Formulary
List of Covered Drugs

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

This formulary was updated on 10/30/2020. For more recent information or other questions, please contact CarePlus Members Services, at **1-800-794-5907** or for TTY users, **711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voice mail message after-hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day, or visit www.CarePlusHealthPlans.com.

CarePlus
HEALTH PLANS

Welcome to CarePlus!

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 CarePlus. When it refers to "plan" or "our plan," it means CarePlus. This document includes a list of the drugs (formulary) for our plan which is current as of October 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

What is the CarePlus Medicare formulary?

A formulary is the entire list of covered drugs or medicines selected by CarePlus. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. CarePlus 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. CarePlus will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a CarePlus network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

Can the formulary change?

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

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

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

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

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

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

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

The enclosed formulary is current as of October 2020. We'll update the printed formularies each month and they'll be available on **www.careplushealthplans.com**.

To get updated information about the drugs covered by CarePlus, please visit **www.careplushealthplans.com** or call Member Services at **1-800-794-5907; TTY: 711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voice mail message after-hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day.

How do I use the formulary?

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

Medical condition

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

Alphabetical listing

If you're not sure about your drug's group, you should look for your drug in the Index that begins on page 108. 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.

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

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

How much will I pay for covered drugs?

CarePlus 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 Member Services 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):** CarePlus 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 CarePlus before you fill your prescriptions. If you don't get approval, CarePlus may not cover the drug.
- **Quantity Limits (QL):** For some drugs, CarePlus limits the amount of the drug that is covered. CarePlus might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it's normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Some drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, CarePlus 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, CarePlus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CarePlus 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 CarePlus 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 CarePlus at **1-800-310-9071**. 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 ask CarePlus to make an exception to these restrictions or limits. See the section "**How do I request an exception to the formulary?**" on page 6 for information about how to request an exception.

Does healthcare reform impact my coverage?

Since 2011, Medicare has made changes to help with the cost of drugs while members are in the Prescription Drug Plan coverage gap, which is often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with the companies that make prescription drugs and health plans so you receive nearly 75 percent off the cost of many covered, brand-name drugs while you're in the coverage gap. Medicare members who receive the low-income subsidy ("Extra Help") or are covered by a qualified, commercial prescription plan through an employer won't get this discount.

What if my drug isn't on the formulary?

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

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

- You can ask Member Services for a list of similar drugs that CarePlus covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by CarePlus.
- You can ask CarePlus 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 CarePlus to make an exception to the coverage rules. There are several types of exceptions that you can ask to be made.

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

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

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

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

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

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

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

- We'll temporarily cover a 30-day supply of your drug unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 30 days of a drug) when you go to a pharmacy.
- There will be no coverage for the drugs after your first 30-day supply, even if you've been a member of the plan for less than 90 days, unless a formulary exception has been approved.

If you're a resident of a long-term care facility and you take Part D drugs that aren't on the formulary, we'll cover a 30-day supply unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 30 days of a drug) during the first 90 days you're a member of our plan. We'll cover a

31-day emergency supply of your drug unless you have a prescription for fewer days (in which we will allow multiple fills to provide up to a total of 31 days of a drug) while you request a formulary exception if:

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

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

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

For these changes in treatment settings, CarePlus will cover as much as a 30-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. CarePlus 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

CarePlus 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 CarePlus's website, www.careplushealthplans.com, in the same area where the Prescription Drug Guides are displayed.

MyHumana - Your secure account

Register for MyHumana, your secure account on Humana.com, to find out more about your prescription drug plan. You can sign in to MyHumana to get details about your benefits, view your claims, and explore the Medicare tab. You can also use the Rx Calculator under "Tools & Resources" on MyHumana to:

- Estimate your monthly drug costs and how long it will take you to reach the various cost "stages" for your prescription drug plan
- Get information about pricing, coverage, usage, dosage, interactions, and other details on more than 10,000 drugs
- Find out if a generic alternative might save you money

For More Information

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

If you have questions about CarePlus, please visit **www.careplushealthplans.com** or call Member Services at **1-800-794-5907; TTY: 711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voice mail message after-hours, Saturdays, Sundays, and holidays and we will return your call within 1 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**.

CarePlus Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by CarePlus. If you have trouble finding your drug in the list, turn to the Index that begins on page 108.

Your CarePlus plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D and aren't subject to the Medicare appeals process. These drugs are listed separately on page 107.

How to read your formulary

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

DL - Dispensing Limit; Drugs that may be limited to a 30 day supply, regardless of tier placement.

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Analgesics		
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 DL	3	QL (2700 per 30 days)
acetaminophen-cod #2 tablet DL	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet DL	3	QL (360 per 30 days)
acetaminophen-cod #4 tablet DL	3	QL (180 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM DL	3	QL (60 per 30 days)
butalb-acetamin-caf-cod 50-300 DL	4	PA,QL (180 per 30 days)
butalb-acetamin-caf-cod 50-325 DL	4	PA,QL (360 per 30 days)
butalb-acetamin-caff 50-325-40 MO	2	QL (180 per 30 days)
butorphanol 1 mg/ml vial DL	4	QL (960 per 30 days)
butorphanol 10 mg/ml spray DL	4	
butorphanol 2 mg/ml vial DL	4	QL (480 per 30 days)
celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule MO	2	QL (60 per 30 days)
diclofenac epolamine 1.3% ptch MO	4	PA,QL (60 per 30 days)
diclofenac sod ec 25 mg, 50 mg, 75 mg tab MO	2	
diclofenac sod er 100 mg tab MO	2	
diclofenac sodium 1% gel MO	3	
diclofenac-misoprost 50-0.2 tb; diclofenac-misoprost 75-0.2 tb MO	4	
ec-naproxen 500 mg tablet, delayed release MO	1	
EMBEDA ER 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG CAPSULE DL	3	QL (60 per 30 days)
endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet DL	3	QL (360 per 30 days)
etodolac 200 mg, 300 mg capsule MO	3	
etodolac 400 mg, 500 mg tablet MO	3	
etodolac er 400 mg, 500 mg, 600 mg tablet MO	3	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch DL	3	QL (20 per 30 days)
fentanyl cit ofc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate ofc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg DL	5	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul DL	2	B vs D,QL (720 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH MO	4	PA,QL (60 per 30 days)
flurbiprofen 100 mg, 50 mg tablet MO	2	
hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg; hydrocodone-acetamin 7.5-300 DL	3	QL (390 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 DL	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15 DL	3	QL (2700 per 30 days)
hydrocodone-acetamin 7.5-325/15 DL	3	QL (5520 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg DL	4	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 DL	3	QL (150 per 30 days)
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml carpuct DL	4	B vs D, QL (720 per 30 days)
hydromorphone 2 mg, 4 mg tablet DL	3	QL (360 per 30 days)
hydromorphone 2 mg/ml carpuct DL	4	QL (360 per 30 days)
hydromorphone 2 mg/ml vial DL	4	B vs D, QL (360 per 30 days)
hydromorphone 4 mg/ml carpuct DL	4	B vs D, QL (180 per 30 days)
hydromorphone 8 mg tablet DL	3	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp DL	4	B vs D, QL (720 per 30 days)
hydromorphone hcl 4 mg/ml amp DL	4	B vs D, QL (180 per 30 days)
hydromorphone 1 mg/ml vial DL	4	B vs D, QL (720 per 30 days)
hydromorphone 4 mg/ml vial DL	4	B vs D, QL (180 per 30 days)
hydromorphone 50 mg/5 ml vial DL	4	QL (144 per 30 days)
ibu 400 mg, 600 mg, 800 mg tablet MO	1	
ibuprofen 100 mg/5 ml susp MO	1	
ibuprofen 400 mg, 600 mg, 800 mg tablet MO	1	
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule MO	2	
ketoprofen 25 mg, 50 mg, 75 mg capsule MO	2	
ketorolac 10 mg tablet MO	2	QL (20 per 30 days)
meloxicam 15 mg tablet MO	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet MO	1	QL (60 per 30 days)
methadone 10 mg/5 ml solution DL	3	QL (1800 per 30 days)
methadone 10 mg/ml oral conc DL	3	QL (360 per 30 days)
methadone 5 mg/5 ml solution DL	3	QL (3600 per 30 days)
methadone hcl 10 mg tablet DL	3	QL (240 per 30 days)
methadone hcl 10 mg/ml vial DL	3	QL (360 per 30 days)
methadone hcl 5 mg tablet DL	3	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate DL	3	QL (360 per 30 days)
morphine sulf 10 mg/5 ml soln DL	3	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln DL	3	QL (1350 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine sulf er 100 mg tablet DL	3	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet DL	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet DL	3	QL (90 per 30 days)
morphine sulfate 10 mg/ml vial DL	4	B vs D,QL (360 per 30 days)
morphine sulfate ir 15 mg, 30 mg tab DL	3	QL (180 per 30 days)
morphine sulf 100 mg/5 ml conc DL	3	QL (540 per 30 days)
nabumetone 500 mg, 750 mg tablet MO	2	
naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet MO	1	
naproxen sod cr 375 mg tablet MO	4	ST,QL (120 per 30 days)
naproxen sod cr 500 mg tablet MO	4	ST,QL (90 per 30 days)
naproxen sodium 275 mg, 550 mg tab MO	3	
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet DL	3	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml conc DL	4	QL (270 per 30 days)
oxycodone hcl 5 mg capsule DL	4	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln DL	3	QL (5400 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 DL	3	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 DL	3	QL (360 per 30 days)
pentazocine-naloxone tablet DL	4	QL (360 per 30 days)
piroxicam 10 mg, 20 mg capsule MO	3	
primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet DL	5	QL (390 per 30 days)
prolate 10 mg-300 mg tablet; prolate 5 mg-300 mg tablet; prolate 7.5 mg-300 mg tablet DL	5	QL (390 per 30 days)
sulindac 150 mg, 200 mg tablet MO	2	
tramadol er 100 mg, 200 mg, 300 mg tablet; tramadol hcl er 100 mg, 200 mg, 300 mg tablet DL	3	QL (30 per 30 days)
tramadol hcl 100 mg tablet DL	3	QL (120 per 30 days)
tramadol hcl 50 mg tablet DL	2	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 DL	2	QL (240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE DL	3	QL (60 per 30 days)
Anesthetics		
bupivacaine 0.25% vial; bupivacaine 0.5% vial MO	1	
bupivacaine 0.25% vial; bupivacaine 0.5% (5 mg/ml) amp; bupivacaine 0.75% vial MO	1	
lidocaine 5% patch MO	4	PA,QL (90 per 30 days)
lidocaine 5% in d7.5w ampul MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine hcl 2% jelly ^{MO}	2	
lidocaine hcl 2% jelly uro-jet ^{MO}	2	
lidocaine viscous 2 % mucosal solution ^{MO}	2	
lidocaine 0.5%-epi 1:200,000 ^{MO}	1	
lidocaine-prilocaine cream ^{MO}	4	
mepivacaine hcl 3% cartridge ^{MO}	1	
polocaine 1 % (10 mg/ml), 2 % injection solution ^{MO}	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution ^{MO}	1	
ropivacaine 0.2% 200 mg/100 ml; ropivacaine 0.5% 100 mg/20 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml vial ^{MO}	4	
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calc dr 333 mg tab ^{MO}	4	
buprenorphine 2 mg, 8 mg tablet sl ^{MO}	2	QL (90 per 30 days)
bupreno-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film; buprenorp-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film ^{MO}	2	QL (90 per 30 days)
buprenor-nalox 12-3 mg sl film ^{MO}	2	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet ^{MO}	3	QL (90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET ^{MO}	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET ^{MO}	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK ^{MO}	4	QL (56 per 28 days)
disulfiram 250 mg, 500 mg tablet ^{MO}	2	
naloxone 0.4 mg/ml vial ^{MO}	1	
naloxone 0.4 mg/ml, 1 mg/ml carpuject; naloxone 2 mg/2 ml syringe ^{MO}	1	
naloxone 2 mg auto-injector ^{MO}	4	QL (0.8 per 30 days)
naltrexone 50 mg tablet ^{MO}	2	
NARCAN 4 MG/ACTUATION NASAL SPRAY ^{MO}	3	QL (2 per 30 days)
NICOTROL NS 10 MG/ML NASAL SPRAY ^{MO}	4	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE ^{DL}	5	QL (1 per 28 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET ^{MO}	2	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET ^{MO}	2	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET ^{MO}	2	QL (60 per 30 days)
Antibacterials		
acetic acid 2% ear solution ^{MO}	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial MO	3	
amoxicillin 125 mg, 250 mg tab chew MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp MO	1	
amoxicillin 250 mg, 500 mg capsule MO	1	
amoxicillin 500 mg, 875 mg tablet MO	1	
amox-clav 200-28.5 mg/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	3	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet MO	2	
ampicillin 250 mg, 500 mg capsule MO	1	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial MO	3	
ampicillin-sulb 1.5 g add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial MO	3	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET MO	4	PA
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	2	
aztreonam 1 gm vial MO	4	
aztreonam 2 gm vial DL	5	
baciim 50,000 unit vial MO	4	
bacitracin 50,000 unit vial MO	1	
bacitracin 500 unit/gm ophth MO	3	
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION DL	5	PA
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE MO	4	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
cefaclor 250 mg, 500 mg capsule MO	2	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp MO	2	
cefadroxil 500 mg capsule MO	2	
cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial MO	2	

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLEOCIN 100 MG VAGINAL SUPPOSITORY MO	4	
CLINDAGEL 1 % TOPICAL GEL, ONCE DAILY DL	5	PA
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	3	B vs D
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml MO	3	
clindamycin 75 mg/5 ml soln MO	4	
clindamycin pediatric 75 mg/5 ml oral solution MO	4	
clindamycin 1 %, 150 mg/ml, 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml addvan; clindamycin ph 1% solution; clindamycin ph 600 mg/4 ml vl MO	3	
clindamycin 2% vaginal cream MO	3	
clindamycin ph 1% gel MO	3	
clindamycin phos 1% pledget MO	2	
clindamycin phosp 1% lotion MO	3	
clindamycin phosphate 1% gel MO	4	PA
colistimethate 150 mg vial MO	4	
daptomycin 350 mg, 500 mg vial DL	5	
demeclocycline 150 mg tablet MO	4	QL (240 per 30 days)
demeclocycline 300 mg tablet MO	4	QL (120 per 30 days)
dicloxacillin 250 mg, 500 mg capsule MO	2	
DIFICID 200 MG TABLET DL	5	QL (20 per 10 days)
doripenem 250 mg, 500 mg vial MO	4	
doxy-100 100 mg intravenous solution MO	3	
doxycycline hyclate 100 mg tab MO	3	
doxycycline hyclate 100 mg vl MO	2	
doxycycline hyclate 100 mg, 50 mg cap MO	3	
doxycycline hyclate 20 mg tab MO	2	
doxycycline 25 mg/5 ml susp MO	4	
doxycycline mono 100 mg, 50 mg cap MO	2	
doxycycline mono 100 mg, 50 mg, 75 mg tablet MO	3	
ertapenem 1 gram vial DL	5	
ery pads 2 % topical swab MO	3	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO	4	
erythromycin 0.5% eye ointment MO	2	
erythromycin dr 250 mg cap MO	4	
erythromycin 2% pledgets MO	3	
erythromycin 2% solution MO	2	
gatifloxacin 0.5% eye drops MO	3	QL (2.5 per 25 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
gentak 0.3 % (3 mg/gram) eye ointment MO	2	
gentamicin 0.1% cream MO	2	
gentamicin 0.1% ointment MO	2	
gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial MO	1	
gentamicin 3 mg/ml eye drop MO	2	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml MO	1	
isoton gentamicin 100 mg/50 ml MO	2	
gentamicin ped 20 mg/2 ml vial MO	1	
gentamicin 10 mg/ml vial MO	1	
imipenem-cilastatin 250 mg vl MO	3	
imipenem-cilastatin 500 mg vl MO	4	
levofloxacin 25 mg/ml solution; levofloxacin 500 mg/20 ml vial MO	4	
levofloxacin 250 mg, 500 mg, 750 mg tablet MO	2	
levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w MO	3	
lincomycin hcl 600 mg/2 ml vl MO	4	
linezolid 100 mg/5 ml susp DL	5	QL (1800 per 30 days)
linezolid 600 mg tablet MO	4	QL (60 per 30 days)
linezolid 600 mg/300 ml-d5w MO	4	
linezolid 600mg/300ml-0.9%nacl MO	4	
mafenide acetate 50 gm powd pk MO	4	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial MO	3	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 MO	3	
methenamine hipp 1 gm tablet MO	3	
metronidazole 0.75% cream MO	4	
metronidazole 0.75% lotion MO	4	
metronidazole 250 mg, 500 mg tablet MO	2	
metronidazole top 1% gel pump; metronidazole topical 0.75% gl; metronidazole topical 1% gel MO	4	
metronidazole vaginal 0.75% gl MO	3	
metronidazole 500 mg/100 ml MO	2	
minocycline 100 mg, 50 mg, 75 mg capsule MO	2	
moxifloxacin 0.5% eye drops MO	3	
moxifloxacin hcl 400 mg tablet MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mupirocin 2% ointment MO	2	
nafcillin 1 gm add-van vial; nafcillin 1 gm vial; nafcillin 10 gm bulk vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial MO	4	
nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj DL	5	
neomycin 500 mg tablet MO	3	
nitrofurantoin 25 mg/5 ml susp MO	4	QL (2400 per 30 days)
nitrofurantoin mcr 100 mg, 50 mg cap MO	3	
nitrofurantoin mono-mcr 100 mg MO	3	
NUZYRA 150 MG TABLET DL	5	QL (30 per 14 days)
NUZYRA 150 MG-7 DAY WITH LOAD DL	5	QL (30 per 14 days)
NUZYRA 150 MG TABLET-7 DAY DL	5	QL (30 per 14 days)
ofloxacin 0.3% ear drops MO	3	
ofloxacin 0.3% eye drops MO	2	
ofloxacin 300 mg tablet MO	4	QL (60 per 30 days)
ofloxacin 400 mg tablet MO	4	
ORBACTIV 400 MG INTRAVENOUS SOLUTION DL	5	QL (3 per 28 days)
oxacillin 1 gm add-vantage vl; oxacillin 1 gm vial; oxacillin 2 gm add-vantage vl; oxacillin 2 gm vial MO	4	
oxacillin 10 gm vial DL	5	
oxacillin 1 gm/ 50 ml inj; oxacillin 2 gm/ 50 ml inj MO	4	
paromomycin 250 mg capsule MO	4	
pen g k 1 million unit/50 ml DL	5	
pen g k 2 million unit/50 ml, 3 million unit/50 ml MO	4	
penicillin gk 20 million unit MO	4	
penicillin gk 5 million unit DL	5	
pen g 1.2 million unit/2 ml MO	4	
penicillin g 600,000 unit/1 ml DL	5	
penicillin g na 5 million unit DL	5	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln MO	2	
penicillin vk 250 mg, 500 mg tablet MO	1	
pfizerpen-g 20 million unit, 5 million unit solution for injection MO	4	
piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial MO	3	
polymyxin b sulfate vial MO	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION MO	4	
silver sulfadiazine 1% cream MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SIVEXTRO 200 MG INTRAVENOUS SOLUTION DL	5	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET DL	5	QL (6 per 28 days)
SSD 1 % TOPICAL CREAM MO	2	
streptomycin sulf 1 gm vial DL	5	
sulfacetamide 10% eye drops MO	2	
sulfacetamide 10% eye ointment MO	2	
sulfacetamide sod 10% top susp MO	3	
sulfadiazine 500 mg tablet MO	4	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet MO	1	
sulfamethoxazole-tmp iv vial MO	4	
sulfamethoxazole-tmp susp MO	4	
SUPRAX 400 MG CAPSULE MO	4	
SYNERCID 500 MG INTRAVENOUS SOLUTION DL	5	
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION DL	5	
tigecycline 50 mg vial DL	5	
tinidazole 250 mg, 500 mg tablet MO	3	
tobramycin 0.3% eye drop MO	2	
tobramycin 300 mg/4 ml ampule DL	5	PA
tobramycin 10 mg/ml, 40 mg/ml vial MO	1	
trimethoprim 100 mg tablet MO	2	
vancomycin 1 gm vial; vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial MO	4	
vancomycin hcl 125 mg capsule MO	4	QL (120 per 30 days)
vancomycin hcl 250 mg capsule DL	5	QL (240 per 30 days)
vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl MO	4	
vancomycin 1 gram/200 ml, 750 mg/150 ml bag; vancomycin hcl 1g/200 ml bag MO	4	
vancomycin 1.25 gm/250 ml bag; vancomycin 1.25 gram/250 ml, 1.75 gram/350 ml, 750 mg/150 ml bag; vancomycin 1.75 gm/350 ml bag MO	4	
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION DL	5	
Anticonvulsants		
APTOM 200 MG, 400 MG TABLET DL	5	PA,QL (30 per 30 days)
APTOM 600 MG, 800 MG TABLET DL	5	PA,QL (60 per 30 days)
BANZEL 200 MG TABLET DL	5	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION DL	5	PA,QL (2760 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BANZEL 400 MG TABLET DL	5	PA,QL (240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	5	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION DL	5	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION MO	4	PA
carbamazepine 100 mg tab chew MO	2	
carbamazepine 100 mg/5 ml susp MO	4	
carbamazepine 200 mg tablet MO	2	
carbamazepine er 100 mg, 200 mg tablet MO	4	QL (120 per 30 days)
carbamazepine er 100 mg, 200 mg, 300 mg cap MO	4	
carbamazepine er 400 mg tablet MO	4	QL (225 per 30 days)
CELONTIN 300 MG CAPSULE MO	4	
clobazam 10 mg, 20 mg tablet DL	4	PA,QL (60 per 30 days)
clobazam 2.5 mg/ml suspension DL	4	PA,QL (480 per 30 days)
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT DL	4	
diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg rectal gel sys; diazepam 20 mg rectal gel syst DL	4	
DILANTIN 30 MG CAPSULE MO	4	
DILANTIN EXTENDED 100 MG CAPSULE MO	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	4	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	4	
divalproex dr 125 mg cap sprnk MO	3	
divalproex sod dr 125 mg, 250 mg, 500 mg tab MO	2	
divalproex sod er 250 mg, 500 mg tab MO	4	
EPIDIOLEX 100 MG/ML ORAL SOLUTION DL	5	PA
epitol 200 mg tablet MO	2	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	4	
ethosuximide 250 mg capsule MO	4	
ethosuximide 250 mg/5 ml soln MO	4	
felbamate 400 mg, 600 mg tablet MO	4	
felbamate 600 mg/5 ml susp DL	5	
FINTEPLA 2.2 MG/ML ORAL SOLUTION DL	5	PA,QL (360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml v ^l MO	3	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION DL	5	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	PA,QL (30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule MO	2	QL (270 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln MO	4	QL (2250 per 30 days)
gabapentin 600 mg, 800 mg tablet MO	2	QL (180 per 30 days)
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg tablet MO	1	
lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet MO	2	
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet MO	4	
lamotrigine odt 100 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange) MO	4	
lamotrigine tab start kit-blue; lamotrigine tab start kt-green; lamotrigine tab start kt-orang MO	2	
levetiracetam 1,000 mg, 500 mg, 750 mg tablet MO	2	
levetiracetam 100 mg/ml soln MO	2	
levetiracetam 250 mg tablet MO	2	QL (60 per 30 days)
levetiracetam 500 mg/5 ml soln MO	4	QL (900 per 30 days)
levetiracetam 500 mg/5 ml vial MO	4	
levetiracetam er 500 mg tablet MO	2	QL (180 per 30 days)
levetiracetam er 750 mg tablet MO	2	QL (120 per 30 days)
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 MO	2	
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY DL	4	QL (10 per 30 days)
oxcarbazepine 150 mg, 300 mg tablet MO	3	QL (60 per 30 days)
oxcarbazepine 300 mg/5 ml susp MO	4	
oxcarbazepine 600 mg tablet MO	3	
PEGANONE 250 MG TABLET MO	4	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet MO	3	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet MO	3	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix MO	4	QL (1500 per 30 days)
phenobarbital 30 mg tablet MO	3	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE MO	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp MO	2	
phenytoin 50 mg tablet chew MO	2	
phenytoin 50 mg/ml syringe MO	4	
phenytoin 50 mg/ml vial MO	4	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap MO	2	
primidone 250 mg, 50 mg tablet MO	2	
roweepra 1,000 mg, 500 mg, 750 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
roweepra xr 500 mg tablet,extended release MO	2	QL (180 per 30 days)
roweepra xr 750 mg tablet,extended release MO	2	QL (120 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg tablet MO	2	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack MO	2	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack MO	2	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack MO	2	
SYMPAZAN 10 MG, 20 MG, 5 MG ORAL FILM DL	5	PA,QL (60 per 30 days)
tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg tablet MO	4	
topiramate 100 mg, 200 mg, 50 mg tablet MO	2	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap MO	2	
topiramate 25 mg tablet MO	2	QL (90 per 30 days)
valproate sod 500 mg/5 ml vl MO	1	
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	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) NASAL SPRAY; VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY DL	5	QL (10 per 30 days)
vigabatrin 500 mg powder packt DL	5	PA,QL (180 per 30 days)
vigabatrin 500 mg tablet DL	5	PA,QL (180 per 30 days)
vigadrone 500 mg oral powder packet DL	5	PA,QL (180 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	4	QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET MO	4	QL (60 per 30 days)
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION MO	4	
XCOPRI 100 MG, 50 MG TABLET DL	5	PA,QL (30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	5	PA,QL (60 per 30 days)
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS; XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS DL	5	PA,QL (56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK MO	4	PA,QL (28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK; XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK ^{DL}	5	PA,QL (28 per 28 days)
zonisamide 100 mg, 25 mg, 50 mg capsule ^{MO}	2	
Antidementia Agents		
donepezil hcl 10 mg tablet ^{MO}	1	QL (60 per 30 days)
donepezil hcl 10 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg tablet ^{MO}	1	QL (30 per 30 days)
galantamine 4 mg/ml oral soln ^{MO}	3	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule ^{MO}	3	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet ^{MO}	3	QL (60 per 30 days)
memantine 5-10 mg titration pk ^{MO}	2	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet ^{MO}	2	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution ^{MO}	3	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg capsule ^{MO}	3	PA,QL (30 per 30 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE ^{MO}	3	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK ^{MO}	3	QL (28 per 28 days)
rivastigmine 13.3 mg/24hr ptch; rivastigmine 4.6 mg/24hr patch; rivastigmine 9.5 mg/24hr patch ^{MO}	4	QL (30 per 30 days)
rivastigmine 1.5 mg, 3 mg capsule ^{MO}	3	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule ^{MO}	3	QL (60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab ^{MO}	2	PA
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet ^{MO}	3	
bupropion hcl 100 mg, 75 mg tablet ^{MO}	3	QL (180 per 30 days)
bupropion hcl sr 100 mg tablet ^{MO}	3	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet ^{MO}	3	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet ^{MO}	3	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet ^{MO}	3	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet ^{MO}	3	QL (60 per 30 days)
citalopram hbr 10 mg, 40 mg tablet ^{MO}	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln ^{MO}	3	
citalopram hbr 20 mg tablet ^{MO}	1	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule ^{MO}	4	PA
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet ^{MO}	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desvenlafaxine succnt er 100 mg, 25 mg, 50 mg; desvenlafaxine succnt er 100mg MO	3	QL (30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DELAYED RELEASE MO	4	PA, QL (60 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap MO	2	QL (60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH DL	5	QL (30 per 30 days)
escitalopram 10 mg tablet MO	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet MO	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml MO	4	QL (600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE MO	4	PA, QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE, EXTENDED RELEASE, 24 HR, DOSE PACK MO	4	PA, QL (28 per 28 days)
fluoxetine 20 mg/5 ml solution MO	1	
fluoxetine dr 90 mg capsule MO	3	QL (4 per 28 days)
fluoxetine hcl 10 mg, 40 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule MO	1	QL (120 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab MO	2	QL (90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet MO	3	PA
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap MO	4	PA
maprotiline 25 mg, 50 mg, 75 mg tablet MO	3	
MARPLAN 10 MG TABLET MO	4	
mirtazapine 15 mg, 30 mg, 45 mg odt MO	3	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg tablet MO	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet MO	2	QL (180 per 30 days)
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet MO	3	
nortriptyline 10 mg/5 ml soln MO	4	PA
nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap MO	4	PA
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg MO	4	QL (30 per 30 days)
paroxetine er 12.5 mg, 37.5 mg tablet MO	4	PA, QL (60 per 30 days)
paroxetine er 25 mg tablet MO	4	PA, QL (90 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet MO	2	PA, QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet MO	2	PA, QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION MO	4	PA
perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab MO	3	PA
phenelzine sulfate 15 mg tab MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
protriptyline hcl 10 mg, 5 mg tablet ^{MO}	4	PA
sertraline 20 mg/ml oral conc ^{MO}	2	
sertraline hcl 100 mg tablet ^{MO}	1	QL (60 per 30 days)
sertraline hcl 25 mg tablet ^{MO}	1	QL (90 per 30 days)
sertraline hcl 50 mg tablet ^{MO}	1	QL (120 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	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp ^{MO}	4	PA
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET ^{MO}	4	ST,QL (30 per 30 days)
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet ^{MO}	2	
venlafaxine hcl er 150 mg cap ^{MO}	2	QL (60 per 30 days)
venlafaxine hcl er 37.5 mg cap ^{MO}	2	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap ^{MO}	2	QL (90 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 20 MG, 40 MG TABLET ^{MO}	4	PA,QL (30 per 30 days)
ZULRESSO 5 MG/ML INTRAVENOUS SOLUTION ^{DL}	5	PA,QL (100 per 365 days)
Antiemetics		
aprepitant 125 mg, 40 mg capsule ^{MO}	4	B vs D,QL (2 per 28 days)
aprepitant 125-80-80 mg pack ^{MO}	4	B vs D,QL (6 per 28 days)
aprepitant 80 mg capsule ^{MO}	4	B vs D,QL (4 per 28 days)
compro 25 mg rectal suppository ^{MO}	4	
dronabinol 10 mg, 2.5 mg, 5 mg capsule ^{MO}	4	B vs D,QL (120 per 30 days)
droperidol 5 mg/2 ml vial ^{MO}	3	
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial ^{MO}	2	
granisetron hcl 1 mg tablet ^{MO}	2	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial; granisetron hcl 4 mg/4 ml vial ^{MO}	2	
meclizine 12.5 mg, 25 mg tablet ^{MO}	2	
metoclopramide 10 mg, 5 mg tablet ^{MO}	1	
metoclopramide 10 mg/2 ml syr ^{MO}	1	
metoclopramide 10 mg/2 ml vial ^{MO}	1	
metoclopramide 5 mg/5 ml soln ^{MO}	2	
ondansetron odt 4 mg, 8 mg tablet ^{MO}	2	B vs D,QL (90 per 30 days)
ondansetron 4 mg/5 ml solution ^{MO}	4	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial ^{MO}	2	
ondansetron hcl 24 mg tablet ^{MO}	2	B vs D,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron hcl 4 mg, 8 mg tablet MO	1	B vs D, QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr MO	2	
ondansetron hcl 4 mg/2 ml vial MO	2	
prochlorperazine 25 mg supp MO	3	
prochlorperazine 10 mg/2 ml vl MO	4	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet MO	1	B vs D
promethazine 12.5 mg, 25 mg, 50 mg tablet MO	4	PA
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH MO	4	QL (4 per 30 days)
scopolamine 1 mg/3 day patch MO	3	QL (10 per 30 days)
trimethobenzamide 300 mg cap MO	4	B vs D
Antifungals		
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION DL	5	B vs D
AMBISOME 50 MG INTRAVENOUS SUSPENSION DL	5	B vs D
amphotericin b 50 mg vial MO	2	B vs D
caspofungin acetate 50 mg, 70 mg vial DL	5	
ciclodan 8 % topical solution MO	2	
ciclopirox 0.77% cream MO	2	
ciclopirox 0.77% gel MO	4	
ciclopirox 0.77% topical susp MO	3	
ciclopirox 8% solution MO	2	
clotrimazole 1% solution MO	2	
clotrimazole 1% topical cream MO	2	
clotrimazole 10 mg troche MO	2	
clotrimazole-betamethasone crm MO	3	
clotrimazole-betamethasone lot MO	3	QL (90 per 28 days)
CRESEMBA 186 MG CAPSULE DL	5	PA, QL (180 per 30 days)
CRESEMBA 372 MG INTRAVENOUS SOLUTION DL	5	PA
econazole nitrate 1% cream MO	4	
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION DL	5	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION MO	4	
fluconazole 10 mg/ml, 40 mg/ml susp MO	3	
fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet MO	2	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml MO	2	
flucytosine 250 mg, 500 mg capsule DL	5	
griseofulvin 125 mg/5 ml susp MO	3	
griseofulvin ultra 125 mg, 250 mg tab MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
itraconazole 100 mg capsule ^{MO}	4	QL (120 per 30 days)
ketoconazole 2% cream ^{MO}	2	
ketoconazole 2% shampoo ^{MO}	2	
ketoconazole 200 mg tablet ^{MO}	3	
miconazole 100 mg, 50 mg vial ^{DL}	5	
miconazole-3 200 mg vaginal suppository ^{MO}	3	
MYCAMINE 100 MG, 50 MG INTRAVENOUS SOLUTION ^{DL}	5	
NATACYN 5 % EYE DROPS,SUSPENSION ^{MO}	4	
NOXAFIL 100 MG TABLET,DELAYED RELEASE ^{DL}	5	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION ^{DL}	5	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION ^{DL}	5	PA
nyamyc 100,000 unit/gram topical powder ^{MO}	2	
nystatin 100,000 unit/gm cream ^{MO}	2	
nystatin 100,000 unit/gm oint ^{MO}	2	
nystatin 100,000 unit/gm powd ^{MO}	2	
nystatin 100,000 unit/ml susp ^{MO}	2	
nystatin 500,000 unit oral tab ^{MO}	2	
nystatin-triamcinolone cream ^{MO}	4	
nystatin-triamcinolone ointm ^{MO}	4	
nystop 100,000 unit/gram topical powder ^{MO}	2	
posaconazole 200 mg/5 ml susp ^{DL}	5	PA,QL (840 per 28 days)
posaconazole dr 100 mg tablet ^{DL}	5	PA,QL (93 per 30 days)
terbinafine hcl 250 mg tablet ^{MO}	1	
terconazole 0.4% cream; terconazole 0.8% cream ^{MO}	2	
terconazole 80 mg suppository ^{MO}	3	
voriconazole 200 mg vial ^{DL}	5	PA
voriconazole 200 mg, 50 mg tablet ^{DL}	5	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp ^{DL}	5	PA,QL (400 per 30 days)
Antigout Agents		
allopurinol 100 mg, 300 mg tablet ^{MO}	1	
COLCRYS 0.6 MG TABLET ^{MO}	3	QL (120 per 30 days)
probenecid 500 mg tablet ^{MO}	3	
probenecid-colchicine tablet ^{MO}	3	
Antimigraine Agents		
dihydroergotamine 1 mg/ml amp ^{DL}	5	
dihydroergotamine 4 mg/ml spry ^{DL}	5	QL (8 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ergotamine-caffeine 1-100mg tb ^{MO}	4	
frovatriptan succ 2.5 mg tab ^{MO}	4	ST,QL (12 per 30 days)
naratriptan hcl 1 mg, 2.5 mg tablet ^{MO}	2	QL (9 per 30 days)
rizatriptan 10 mg, 5 mg odt ^{MO}	3	QL (12 per 30 days)
rizatriptan 10 mg, 5 mg tablet ^{MO}	2	QL (12 per 30 days)
sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray ^{MO}	4	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart ^{MO}	4	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject ^{MO}	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng ^{MO}	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial ^{MO}	4	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet ^{MO}	1	QL (9 per 30 days)
ANTIMYASTHENIC AGENTS		
guanidine hcl 125 mg tablet ^{MO}	3	
pyridostigmine br 30 mg, 60 mg tablet ^{MO}	3	
Antimycobacterials		
CAPASTAT 1 GRAM SOLUTION FOR INJECTION ^{MO}	4	
cycloserine 250 mg capsule ^{DL}	5	
dapsone 100 mg, 25 mg tablet ^{MO}	3	
ethambutol hcl 100 mg, 400 mg tablet ^{MO}	2	
isoniazid 100 mg, 300 mg tablet ^{MO}	1	
isoniazid 100 mg/ml vial ^{MO}	1	
isoniazid 50 mg/5 ml solution ^{MO}	3	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET ^{MO}	4	
PRIFTIN 150 MG TABLET ^{MO}	4	
pyrazinamide 500 mg tablet ^{MO}	4	
rifabutin 150 mg capsule ^{MO}	4	
rifampin 150 mg, 300 mg capsule ^{MO}	3	
rifampin iv 600 mg vial ^{DL}	5	
RIFATER 50 MG-120 MG-300 MG TABLET ^{MO}	4	
SIRTURO 100 MG TABLET ^{DL}	5	PA,QL (68 per 28 days)
SIRTURO 20 MG TABLET ^{DL}	5	PA,QL (340 per 28 days)
TRECTOR 250 MG TABLET ^{MO}	4	
Antineoplastics		
abiraterone acetate 250 mg tab ^{DL}	5	PA,QL (120 per 30 days)
ABRAXANE 100 MG INTRAVENOUS SUSPENSION ^{DL}	5	PA
ADCETRIS 50 MG INTRAVENOUS SOLUTION ^{DL}	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution</i> MO	3	B vs D
ADRIAMYCIN 50 MG INTRAVENOUS SOLUTION MO	3	B vs D
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)
ALUNBRIG 180 MG, 90 MG, 90 MG (7)- 180 MG (23) TABLET; ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK DL	5	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET DL	5	PA,QL (180 per 30 days)
<i>amifostine 500 mg vial</i> DL	5	B vs D
<i>anastrozole 1 mg tablet</i> MO	1	QL (30 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION DL	5	
<i>arsenic trioxide 10 mg/10ml vl; arsenic trioxide 12 mg/6 ml vl</i> DL	5	PA
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION DL	5	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION DL	5	PA
AYVAKIT 100 MG, 200 MG, 300 MG TABLET DL	5	PA,QL (30 per 30 days)
BALVERSA 3 MG TABLET DL	5	PA,QL (90 per 30 days)
BALVERSA 4 MG TABLET DL	5	PA,QL (60 per 30 days)
BALVERSA 5 MG TABLET DL	5	PA,QL (30 per 30 days)
BAVENCIO 20 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)
BICNU 100 MG INTRAVENOUS SOLUTION MO	4	B vs D
BLENREP 100 MG INTRAVENOUS SOLUTION DL	5	PA
<i>bleomycin sulfate 15 unit, 30 unit vial</i> MO	3	B vs D
<i>bortezomib 3.5 mg vial</i> DL	5	PA
BOSULIF 100 MG TABLET DL	5	PA,QL (120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	5	PA,QL (30 per 30 days)
BRAFTOVI 50 MG CAPSULE DL	5	PA,QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	5	PA,QL (180 per 30 days)
BRUKINSA 80 MG CAPSULE DL	5	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>busulfan 60 mg/10 ml vial</i> MO	4	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION MO	4	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE DL	5	PA,QL (60 per 30 days)
CAPRELSA 100 MG TABLET DL	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET DL	5	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> MO	2	B vs D
<i>carmustine 100 mg vial</i> MO	4	B vs D
<i>cisplatin 100 mg/100 ml vial</i> MO	4	B vs D
<i>cladribine 10 mg/10 ml vial</i> DL	5	B vs D
<i>clofarabine 20 mg/20 ml vial</i> DL	5	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION DL	5	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES DL	5	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES DL	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES DL	5	PA,QL (84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	5	PA,QL (56 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION DL	5	B vs D
COTELLIC 20 MG TABLET DL	5	PA,QL (63 per 28 days)
<i>cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial</i> MO	4	B vs D
CYCLOPHOSPHAMIDE 1 GM/5 ML VL MO	4	B vs D
<i>cyclophosphamide 25 mg, 50 mg capsule</i> MO	3	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION DL	5	PA
<i>cytarabine 20 mg/ml vial</i> MO	1	B vs D
<i>cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial</i> MO	1	B vs D
<i>dacarbazine 100 mg, 200 mg vial</i> MO	4	B vs D
<i>dactinomycin 0.5 mg vial</i> DL	5	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION DL	5	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SUBCUTANEOUS SOLUTION DL	5	PA
<i>daunorubicin 20 mg/4 ml vial</i> MO	1	B vs D
DAURISMO 100 MG TABLET DL	5	PA,QL (30 per 30 days)
DAURISMO 25 MG TABLET DL	5	PA,QL (60 per 30 days)
<i>decitabine 50 mg vial</i> DL	5	PA
<i>dexrazoxane 250 mg, 500 mg vial</i> MO	4	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOCEFREZ 80 MG INTRAVENOUS SOLUTION DL	5	B vs D
docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/10 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial MO	4	B vs D
doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial MO	3	B vs D
doxorubicin liposome 20mg/10ml DL	5	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	3	
ELZONRIS 1,000 MCG/ML INTRAVENOUS SOLUTION	5	PA,QL (10 per 21 days)
EMCYT 140 MG CAPSULE DL	5	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION DL	5	PA
ENHERTU 100 MG INTRAVENOUS SOLUTION DL	5	PA
epirubicin 200 mg/100 ml, 50 mg, 50 mg/25 ml vial; epirubicin hcl 200 mg/100 ml, 50 mg, 50 mg/25 ml vial MO	4	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION DL	5	PA
ERIVEDGE 150 MG CAPSULE DL	5	PA,QL (28 per 28 days)
ERLEADA 60 MG TABLET DL	5	PA,QL (120 per 30 days)
erlotinib hcl 100 mg, 150 mg tablet DL	5	PA,QL (30 per 30 days)
erlotinib hcl 25 mg tablet DL	5	PA,QL (90 per 30 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION DL	5	PA
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION MO	4	B vs D
etoposide 100 mg/5 ml vial MO	2	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION DL	5	PA
exemestane 25 mg tablet MO	4	QL (60 per 30 days)
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)
floxuridine 500 mg vial MO	1	B vs D
fludarabine 50 mg, 50 mg/2 ml vial MO	4	B vs D
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vial; fluorouracil 2,500 mg/50 ml vial; fluorouracil 5,000 mg/100 ml MO	4	B vs D
flutamide 125 mg capsule MO	4	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	5	PA
fulvestrant 250 mg/5 ml syringe DL	5	PA,QL (30 per 30 days)
GAVRETO 100 MG CAPSULE DL	5	PA,QL (120 per 30 days)
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION DL	5	PA,QL (120 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gemcitabine 1 gram/26.3 ml vial; gemcitabine 2 gram/52.6 ml vial; gemcitabine 200 mg/5.26 ml vial; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml) vial</i> MO	4	B vs D
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL	5	PA,QL (30 per 30 days)
GLEOSTINE 10 MG, 40 MG CAPSULE MO	4	PA
GLEOSTINE 100 MG CAPSULE DL	5	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION DL	5	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION; HERCEPTIN 150 MG, 440 MG VIAL DL	5	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SUBCUTANEOUS SOLUTION DL	5	PA,QL (5 per 21 days)
<i>hydroxyurea 500 mg capsule</i> MO	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	5	PA,QL (21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET 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)
<i>idarubicin hcl 20 mg/20 ml vial</i> DL	5	B vs D
IDHIFA 100 MG, 50 MG TABLET DL	5	PA,QL (30 per 30 days)
<i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/60 ml vial</i> MO	3	B vs D
<i>imatinib mesylate 100 mg tab</i> DL	5	PA,QL (90 per 30 days)
<i>imatinib mesylate 400 mg tab</i> DL	5	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	5	PA,QL (90 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET DL	5	PA,QL (28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	5	PA,QL (28 per 28 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION DL	5	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION DL	5	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION DL	5	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET DL	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET DL	5	PA,QL (60 per 30 days)
INQOVI 35 MG-100 MG TABLET DL	5	PA,QL (5 per 28 days)
INREBIC 100 MG CAPSULE DL	5	PA,QL (120 per 30 days)
IRESSA 250 MG TABLET DL	5	PA,QL (30 per 30 days)
<i>irinotecan hcl 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml vial</i> MO	4	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION DL	5	PA
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION DL	5	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION DL	5	PA
KANJINTI 150 MG, 420 MG INTRAVENOUS SOLUTION DL	5	PA
KEYTRUDA 25 MG/ML 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)
KOSELUGO 10 MG CAPSULE DL	5	PA,QL (240 per 30 days)
KOSELUGO 25 MG CAPSULE DL	5	PA,QL (120 per 30 days)
KYPROLIS 10 MG INTRAVENOUS SOLUTION DL	5	PA,QL (6 per 28 days)
KYPROLIS 30 MG INTRAVENOUS SOLUTION DL	5	PA,QL (3 per 28 days)
KYPROLIS 60 MG INTRAVENOUS SOLUTION DL	5	PA,QL (12 per 28 days)
LARTRUVO 500 MG/50 ML VIAL DL	5	PA
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	5	PA,QL (30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE; LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE DL	5	PA,QL (90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL	5	PA,QL (60 per 30 days)
letrozole 2.5 mg tablet MO	2	QL (30 per 30 days)
leucovorin cal 500 mg/50 ml vial; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial MO	2	B vs D
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab MO	2	
LEUKERAN 2 MG TABLET DL	5	
levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 175 mg/17.5 ml DL	5	PA
levoleucovorin 50 mg vial MO	4	PA
LEVULAN 20 % TOPICAL SOLUTION MO	4	
LIBTAYO 50 MG/ML INTRAVENOUS SOLUTION DL	5	PA,QL (7 per 21 days)
lipodox 2 mg/ml vial DL	5	PA
lipodox 50 2 mg/ml vial DL	5	PA
LONSURF 15 MG-6.14 MG TABLET DL	5	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET DL	5	PA,QL (80 per 30 days)
LORBRENA 100 MG TABLET DL	5	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LORBRENA 25 MG TABLET DL	5	PA,QL (90 per 30 days)
LUMOXITI 1 MG INTRAVENOUS SOLUTION DL	5	PA
LYNPARZA 100 MG, 150 MG TABLET DL	5	PA,QL (120 per 30 days)
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)
MEKTOVI 15 MG TABLET DL	5	PA,QL (180 per 30 days)
<i>melfhalan 2 mg tablet</i> MO	4	B vs D
<i>melfhalan hcl 50 mg vial</i> MO	1	B vs D
<i>mercaptopurine 50 mg tablet</i> MO	3	
MESNEX 400 MG TABLET DL	5	
<i>mitomycin 20 mg, 40 mg, 5 mg vial</i> MO	4	B vs D
<i>mitoxantrone 30 mg/15 ml vial</i> MO	3	B vs D
MUSTARGEN 10 MG VIAL MO	4	B vs D
MUTAMYCIN 20 MG, 40 MG, 5 MG INTRAVENOUS SOLUTION MO	4	B vs D
MVASI 25 MG/ML INTRAVENOUS SOLUTION DL	5	PA
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)
NIPENT 10 MG INTRAVENOUS SOLUTION DL	5	B vs D
NUBEQA 300 MG TABLET DL	5	PA,QL (120 per 30 days)
ODOMZO 200 MG CAPSULE DL	5	PA,QL (30 per 30 days)
OGIVRI 150 MG, 420 MG INTRAVENOUS SOLUTION DL	5	PA
ONCASPAR 750 UNIT/ML INJECTION SOLUTION DL	5	PA
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION DL	5	PA
ONUREG 200 MG, 300 MG TABLET DL	5	PA,QL (14 per 28 days)
OPDIVO 100 MG/10 ML INTRAVENOUS SOLUTION DL	5	PA,QL (40 per 28 days)
OPDIVO 240 MG/24 ML INTRAVENOUS SOLUTION DL	5	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML INTRAVENOUS SOLUTION DL	5	PA,QL (16 per 28 days)
<i>oxaliplatin 100 mg, 100 mg/20 ml, 200 mg/40 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial</i> MO	4	B vs D
<i>paclitaxel 100 mg/16.7 ml vial</i> MO	3	B vs D
PADCEV 20 MG INTRAVENOUS SOLUTION DL	5	PA,QL (21 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PADCEV 30 MG INTRAVENOUS SOLUTION DL	5	PA,QL (15 per 28 days)
PANRETIN 0.1 % TOPICAL GEL DL	5	
<i>paraplatin 10 mg/ml intravenous solution</i> MO	2	B vs D
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	5	PA,QL (14 per 21 days)
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION DL	5	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL (28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET; PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	5	PA,QL (56 per 28 days)
POLIVY 140 MG INTRAVENOUS SOLUTION DL	5	PA,QL (2 per 21 days)
POLIVY 30 MG INTRAVENOUS SOLUTION DL	5	PA,QL (8 per 21 days)
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)
POTELIGEO 4 MG/ML INTRAVENOUS SOLUTION DL	5	PA
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION DL	5	
PURIXAN 20 MG/ML ORAL SUSPENSION DL	5	QL (300 per 30 days)
QINLOCK 50 MG TABLET DL	5	PA,QL (90 per 30 days)
RETEVMO 40 MG CAPSULE DL	5	PA,QL (180 per 30 days)
RETEVMO 80 MG CAPSULE DL	5	PA,QL (120 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)
<i>romidepsin 10 mg kit</i> DL	5	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL DL	5	PA
ROZLYTREK 100 MG CAPSULE DL	5	PA,QL (30 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	5	PA,QL (90 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	5	PA,QL (120 per 30 days)
RUXIENCE 10 MG/ML CONCENTRATE,INTRAVENOUS DL	5	PA
RYDAPT 25 MG CAPSULE DL	5	PA,QL (224 per 28 days)
SARCLISA 20 MG/ML INTRAVENOUS SOLUTION DL	5	PA,QL (16 per 28 days)
SOLTAMOX 20 MG/10 ML ORAL SOLUTION DL	5	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET DL	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET DL	5	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET DL	5	PA,QL (84 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	5	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET DL	5	
TABRECTA 150 MG, 200 MG TABLET DL	5	PA,QL (112 per 28 days)
TAFINLAR 50 MG CAPSULE DL	5	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	5	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	5	PA,QL (30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	5	PA,QL (90 per 30 days)
TALZENNA 1 MG CAPSULE DL	5	PA,QL (30 per 30 days)
<i>tamoxifen 10 mg, 20 mg tablet</i> MO	2	
TARGRETIN 1 % TOPICAL GEL DL	5	PA
TARGRETIN 75 MG CAPSULE DL	5	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	5	PA,QL (120 per 30 days)
TAZVERIK 200 MG TABLET DL	5	PA,QL (240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION DL	5	PA,QL (20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) INTRAVENOUS SOLUTION DL	5	PA,QL (28 per 28 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION DL	5	PA,QL (27 per 30 days)
<i>temsirolimus 25 mg vial</i> DL	5	PA,QL (8 per 28 days)
<i>teniposide 50 mg/5 ml ampule</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)
<i>thiotepa 100 mg vial</i> DL	5	B vs D
<i>thiotepa 15 mg vial</i> MO	1	B vs D
TIBSOVO 250 MG TABLET DL	5	PA,QL (60 per 30 days)
<i>topotecan hcl 1 mg/ml (1 ml), 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 1 mg/ml vial; topotecan hcl 4 mg/4 ml vial</i> DL	5	B vs D
<i>toremifene citrate 60 mg tab</i> DL	5	QL (30 per 30 days)
TRAZIMERA 420 MG INTRAVENOUS SOLUTION DL	5	PA
TREANDA 100 MG, 25 MG INTRAVENOUS POWDER FOR SOLUTION DL	5	PA
<i>tretinoin 10 mg capsule</i> DL	5	
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION DL	5	PA
TRODELVY 180 MG INTRAVENOUS SOLUTION DL	5	PA
TRUXIMA 10 MG/ML CONCENTRATE, INTRAVENOUS DL	5	PA
TUKYSA 150 MG TABLET DL	5	PA,QL (120 per 30 days)
TUKYSA 50 MG TABLET DL	5	PA,QL (300 per 30 days)
TURALIO 200 MG CAPSULE DL	5	PA,QL (120 per 30 days)
TYKERB 250 MG TABLET DL	5	PA,QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION DL	5	PA
VALCHLOR 0.016 % TOPICAL GEL DL	5	PA,QL (60 per 28 days)
valrubicin 200 mg/5 ml vial DL	5	PA,QL (80 per 28 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
VELCADE 3.5 MG SOLUTION FOR INJECTION DL	5	PA
VENCLEXTA 10 MG TABLET MO	3	PA,QL (56 per 28 days)
VENCLEXTA 100 MG TABLET DL	5	PA,QL (180 per 30 days)
VENCLEXTA 50 MG TABLET MO	3	PA,QL (28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK DL	5	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	5	PA,QL (60 per 30 days)
vinblastine 1 mg/ml vial MO	3	B vs D
vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution MO	3	B vs D
vincristine 1 mg/ml, 2 mg/2 ml vial MO	3	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial MO	4	B vs D
VITRAKVI 100 MG CAPSULE DL	5	PA,QL (60 per 30 days)
VITRAKVI 20 MG/ML ORAL SOLUTION DL	5	PA,QL (300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	5	PA,QL (180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	5	PA,QL (30 per 30 days)
VOTRIENT 200 MG TABLET DL	5	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION DL	5	PA
XALKORI 200 MG, 250 MG CAPSULE DL	5	PA,QL (60 per 30 days)
XOSPATA 40 MG TABLET DL	5	PA,QL (90 per 30 days)
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET DL	5	PA,QL (20 per 28 days)
XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET; XPOVIO 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4) TABLET DL	5	PA,QL (16 per 28 days)
XPOVIO 40 MG/WEEK (20 MG X 2) TABLET DL	5	PA,QL (8 per 28 days)
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET DL	5	PA,QL (24 per 28 days)
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET DL	5	PA,QL (12 per 28 days)
XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET DL	5	PA,QL (32 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
YONDELIS 1 MG INTRAVENOUS SOLUTION DL	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION DL	5	PA
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION MO	4	B vs D
ZEJULA 100 MG CAPSULE DL	5	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET DL	5	PA,QL (240 per 30 days)
ZEPZELCA 4 MG INTRAVENOUS SOLUTION DL	5	PA
ZIRABEV 25 MG/ML INTRAVENOUS SOLUTION DL	5	PA
ZOLINZA 100 MG CAPSULE DL	5	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE DL	5	PA,QL (150 per 30 days)
ZYKADIA 150 MG TABLET DL	5	PA,QL (150 per 30 days)
Antiparasitics		
<i>albendazole 200 mg tablet</i> DL	5	
ALINIA 100 MG/5 ML ORAL SUSPENSION DL	5	QL (150 per 30 days)
ALINIA 500 MG TABLET DL	5	QL (40 per 30 days)
<i>atovaquone 750 mg/5 ml susp</i> DL	5	
<i>atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25</i> MO	4	
<i>chloroquine ph 250 mg, 500 mg tablet</i> MO	4	
COARTEM 20 MG-120 MG TABLET MO	4	QL (24 per 30 days)
DARAPRIM 25 MG TABLET DL	5	QL (90 per 30 days)
<i>hydroxychloroquine 200 mg tab</i> MO	1	
<i>ivermectin 3 mg tablet</i> MO	3	
KRINTAFEL 150 MG TABLET MO	3	QL (4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET MO	4	
<i>lindane 1% shampoo</i> MO	4	
<i>malathion 0.5% lotion</i> MO	4	
<i>mefloquine hcl 250 mg tablet</i> MO	2	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	4	B vs D
PENTAM 300 MG SOLUTION FOR INJECTION MO	4	
<i>pentamidine 300 mg inhal powdr</i> MO	4	B vs D
<i>pentamidine 300 mg vial</i> MO	4	
<i>permethrin 5% cream</i> MO	3	
<i>praziquantel 600 mg tablet</i> MO	4	
<i>primaquine 26.3 mg tablet</i> MO	3	
<i>pyrimethamine 25 mg tablet</i> DL	5	QL (90 per 30 days)
<i>quinine sulfate 324 mg capsule</i> MO	4	PA,QL (42 per 7 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Antiparkinson Agents		
amantadine 100 mg capsule MO	4	
amantadine 50 mg/5 ml solution MO	3	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE DL	5	QL (84 per 28 days)
benztropine 2 mg/2 ml ampule MO	4	PA
benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet MO	2	PA
bromocriptine 2.5 mg tablet MO	3	
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt MO	4	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab MO	3	
carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab MO	2	
carbidopa-levodopa 100 mg-enta; carbidopa-levodopa 125 mg-enta; carbidopa-levodopa 150 mg-enta; carbidopa-levodopa 50 mg-enta; carbidopa-levodopa 75 mg-enta MO	4	QL (240 per 30 days)
carbidopa-levodopa 200 mg-enta MO	4	
entacapone 200 mg tablet MO	3	QL (300 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet MO	2	
rasagiline mesylate 0.5 mg, 1 mg tab MO	3	QL (30 per 30 days)
ropinirole hcl 0.25 mg, 3 mg tablet MO	2	QL (180 per 30 days)
ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet MO	2	QL (90 per 30 days)
ropinirole hcl 4 mg tablet MO	2	
ropinirole hcl 5 mg tablet MO	2	QL (144 per 30 days)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE MO	4	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE MO	4	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE MO	4	ST,QL (300 per 30 days)
selegiline hcl 5 mg capsule MO	3	
selegiline hcl 5 mg tablet MO	3	
STALEVO 100 25 MG-100 MG-200 MG TABLET DL	5	PA,QL (240 per 30 days)
STALEVO 125 31.25 MG-125 MG-200 MG TABLET DL	5	PA,QL (240 per 30 days)
STALEVO 150 37.5 MG-150 MG-200 MG TABLET DL	5	PA,QL (240 per 30 days)
STALEVO 200 50 MG-200 MG-200 MG TABLET DL	5	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET DL	5	PA,QL (240 per 30 days)
STALEVO 75 18.75 MG-75 MG-200 MG TABLET DL	5	PA,QL (240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trihexyphenidyl 2 mg, 5 mg tablet MO	3	PA
trihexyphenidyl 2 mg/5 ml elx MO	3	PA
Antipsychotics		
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	5	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE DL	5	QL (1 per 28 days)
aripiprazole 1 mg/ml solution DL	5	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet MO	3	QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet MO	4	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE	5	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (2.4 per 42 days)
CAPLYTA 42 MG CAPSULE DL	5	PA,QL (30 per 30 days)
chlorpromazine 10 mg, 25 mg tablet MO	4	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet MO	4	
chlorpromazine 25 mg/ml amp MO	4	
clozapine 100 mg tablet MO	3	QL (270 per 30 days)
clozapine 200 mg tablet MO	3	QL (135 per 30 days)
clozapine 25 mg tablet MO	3	QL (1080 per 30 days)
clozapine 50 mg tablet MO	3	
clozapine odt 100 mg tablet MO	4	PA,QL (270 per 30 days)
clozapine odt 12.5 mg tablet MO	4	PA
clozapine odt 150 mg tablet MO	4	PA,QL (180 per 30 days)
clozapine odt 200 mg tablet MO	4	PA,QL (135 per 30 days)
clozapine odt 25 mg tablet MO	4	PA,QL (1080 per 30 days)
FANAPT 1 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	4	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	PA,QL (60 per 30 days)
fluphenazine dec 125 mg/5 ml MO	4	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet MO	4	
fluphenazine 2.5 mg/5 ml elix MO	3	
fluphenazine 2.5 mg/ml vial MO	4	
fluphenazine 5 mg/ml conc 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
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION MO	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet MO	2	
haloperidol dec 100 mg/ml, 50 mg/ml amp; haloperidol decan 100 mg/ml, 50 mg/ml amp MO	3	
haloperidol lac 2 mg/ml conc MO	2	
haloperidol lac 5 mg/ml syringe MO	2	
haloperidol lac 5 mg/ml vial MO	2	
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE DL	5	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE DL	5	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE	5	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE	5	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	5	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE	5	QL (2.62 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET DL	5	PA,QL (60 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule MO	2	
molindone hcl 10 mg tablet MO	4	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet MO	4	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet MO	4	PA,QL (360 per 30 days)
NUPLAZID 10 MG TABLET DL	5	PA,QL (30 per 30 days)
NUPLAZID 17 MG TABLET DL	5	PA,QL (60 per 30 days)
NUPLAZID 34 MG CAPSULE DL	5	PA,QL (30 per 30 days)
olanzapine 10 mg vial MO	3	
olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet; olanzapine odt 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet MO	3	QL (30 per 30 days)
olanzapine 15 mg, 20 mg tablet; olanzapine odt 15 mg, 20 mg tablet MO	3	QL (60 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet MO	4	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet MO	4	PA,QL (60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet MO	3	
PERSERIS 120 MG, 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT DL	5	QL (1 per 28 days)
pimozide 1 mg, 2 mg tablet MO	4	
quetiapine er 150 mg tablet MO	3	QL (90 per 30 days)
quetiapine er 200 mg tablet MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quetiapine er 300 mg, 400 mg tablet MO	3	QL (60 per 30 days)
quetiapine er 50 mg tablet MO	3	QL (120 per 30 days)
quetiapine fumarate 100 mg, 300 mg, 400 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab MO	2	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET DL	5	PA,QL (30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE 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	1	QL (60 per 30 days)
risperidone 0.5 mg odt MO	4	QL (120 per 30 days)
risperidone 0.5 mg tablet MO	1	QL (120 per 30 days)
risperidone 1 mg/ml solution MO	2	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET DL	5	PA,QL (60 per 30 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH DL	5	PA,QL (30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet MO	2	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule MO	3	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet MO	3	
VERSACLOZ 50 MG/ML ORAL SUSPENSION DL	5	PA,QL (540 per 30 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK MO	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE DL	5	PA,QL (30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule MO	3	QL (60 per 30 days)
ziprasidone 20 mg/ml vial MO	4	
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)
Antispasticity Agents		
baclofen 10 mg, 20 mg tablet MO	1	
baclofen 5 mg tablet MO	1	QL (90 per 30 days)
dantrolene sodium 100 mg, 25 mg, 50 mg cap MO	3	
tizanidine hcl 2 mg, 4 mg tablet MO	1	
Antivirals		
abacavir 20 mg/ml solution MO	4	QL (960 per 30 days)
abacavir 300 mg tablet MO	4	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg MO	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
abacavir-lamivudine-zidov tab DL	5	QL (60 per 30 days)
acyclovir 200 mg capsule MO	1	
acyclovir 400 mg, 800 mg tablet MO	1	
acyclovir 5% ointment MO	4	PA
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial MO	2	B vs D
adefovir dipivoxil 10 mg tab DL	5	
APTIVUS 250 MG CAPSULE DL	5	QL (120 per 30 days)
APTIVUS (WITH VITAMIN E) 100 MG/ML ORAL SOLUTION DL	5	QL (285 per 28 days)
atazanavir sulfate 150 mg, 200 mg cap DL	5	QL (60 per 30 days)
atazanavir sulfate 300 mg cap DL	5	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET DL	5	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION MO	4	QL (630 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET DL	5	QL (30 per 30 days)
cidofovir 375 mg/5 ml vial MO	4	
CIMDUO 300 MG-300 MG TABLET DL	5	QL (30 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET DL	5	QL (30 per 30 days)
CRIXIVAN 200 MG CAPSULE MO	3	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE MO	4	QL (270 per 30 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET DL	5	QL (30 per 30 days)
DESCOVY 200 MG-25 MG TABLET DL	5	QL (30 per 30 days)
didanosine dr 125 mg capsule MO	3	QL (90 per 30 days)
didanosine dr 200 mg capsule MO	3	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule MO	3	QL (30 per 30 days)
DOVATO 50 MG-300 MG TABLET DL	5	QL (30 per 30 days)
EDURANT 25 MG TABLET DL	5	QL (30 per 30 days)
efavirenz 200 mg capsule DL	5	QL (120 per 30 days)
efavirenz 50 mg capsule MO	4	QL (480 per 30 days)
efavirenz 600 mg tablet MO	4	QL (30 per 30 days)
efavir-emtri-tenof 600-200-300 DL	5	QL (30 per 30 days)
efavir-lamiv-tenof 400-300-300; efavir-lamiv-tenof 600-300-300 DL	5	QL (30 per 30 days)
emtricitabine 200 mg capsule MO	4	QL (30 per 30 days)
emtricitabine-tenofv 200-300mg 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)
entecavir 0.5 mg, 1 mg tablet MO	4	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET DL	5	PA,QL (28 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION MO	4	
EVOTAZ 300 MG-150 MG TABLET DL	5	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> MO	2	QL (90 per 30 days)
<i>fosamprenavir 700 mg tablet</i> DL	5	QL (120 per 30 days)
FUZEON 90 MG SUBCUTANEOUS SOLUTION DL	5	QL (60 per 30 days)
<i>ganciclovir 50 mg/ml, 500 mg vial; ganciclovir 500 mg/10 ml vial</i> DL	5	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET DL	5	QL (30 per 30 days)
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET DL	5	PA,QL (28 per 28 days)
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET DL	5	PA,QL (56 per 28 days)
HARVONI 45 MG-200 MG TABLET; HARVONI 90 MG-400 MG TABLET DL	5	PA,QL (28 per 28 days)
INTELENCE 100 MG TABLET DL	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET DL	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET MO	4	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION DL	5	PA
INVIRASE 500 MG TABLET DL	5	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	5	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET MO	3	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET DL	5	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	5	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET DL	5	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET MO	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET DL	5	QL (150 per 30 days)
<i>lamivudine 10 mg/ml oral soln</i> MO	3	QL (900 per 30 days)
<i>lamivudine 150 mg tablet</i> MO	4	QL (60 per 30 days)
<i>lamivudine 300 mg tablet</i> MO	4	QL (30 per 30 days)
<i>lamivudine hbv 100 mg tablet</i> MO	3	QL (90 per 30 days)
<i>lamivudine-zidovudine tablet</i> MO	4	QL (60 per 30 days)
<i>ledipasvir-sofosbuvir 90-400mg</i> DL	5	PA,QL (28 per 28 days)
LEXIVA 50 MG/ML ORAL SUSPENSION MO	4	QL (1575 per 28 days)
<i>lopinavir-ritonavir 80-20mg/ml</i> MO	4	
<i>nevirapine 200 mg tablet</i> MO	2	QL (60 per 30 days)
<i>nevirapine 50 mg/5 ml susp</i> MO	4	QL (1200 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUSTIVA 600 MG TABLET DL	5	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG KIT; SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT DL	5	PA,QL (4 per 28 days)
SYMFI 600 MG-300 MG-300 MG TABLET DL	5	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET DL	5	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET DL	5	QL (30 per 30 days)
TEMIXYS 300 MG-300 MG TABLET DL	5	QL (30 per 30 days)
<i>tenofovir disop fum 300 mg tb</i> MO	4	QL (30 per 30 days)
TIVICAY 10 MG TABLET MO	4	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	5	QL (60 per 30 days)
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION DL	5	QL (180 per 30 days)
<i>trifluridine 1% eye drops</i> MO	3	
TRIUMEQ 600 MG-50 MG-300 MG TABLET DL	5	QL (30 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION DL	5	
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET DL	5	QL (30 per 30 days)
TYBOST 150 MG TABLET MO	4	QL (30 per 30 days)
<i>valacyclovir hcl 1 gram, 500 mg tablet</i> MO	3	QL (90 per 30 days)
<i>valganciclovir 450 mg tablet</i> DL	5	QL (120 per 30 days)
<i>valganciclovir hcl 50 mg/ml</i> DL	5	QL (1056 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN MO	4	QL (1200 per 30 days)
VIDEX 4 GM PEDIATRIC SOLN MO	4	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE MO	4	QL (90 per 30 days)
VIRACEPT 250 MG TABLET DL	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET DL	5	QL (120 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION DL	5	QL (1200 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET DL	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER DL	5	QL (240 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET DL	5	PA,QL (28 per 28 days)
XOFLUZA 20 MG, 40 MG TABLET MO	4	QL (10 per 365 days)
<i>zidovudine 100 mg capsule</i> MO	4	QL (180 per 30 days)
<i>zidovudine 300 mg tablet</i> MO	2	QL (60 per 30 days)
<i>zidovudine 50 mg/5 ml syrup</i> MO	3	QL (1680 per 28 days)
ZIRGAN 0.15 % EYE GEL MO	4	QL (5 per 30 days)
Anxiolytics		
<i>alprazolam 0.25 mg, 0.5 mg, 1 mg tablet</i> DL	2	QL (120 per 30 days)
<i>alprazolam 2 mg tablet</i> DL	2	QL (150 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet ^{MO}	2	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt ^{DL}	4	
clonazepam 0.5 mg, 1 mg, 2 mg tablet ^{DL}	3	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet ^{DL}	4	
diazepam 10 mg tablet ^{DL}	3	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet ^{DL}	3	QL (90 per 30 days)
diazepam 5 mg/5 ml solution ^{DL}	4	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc ^{DL}	4	QL (240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate ^{DL}	4	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule ^{MO}	4	PA
doxepin 10 mg/ml oral conc ^{MO}	4	PA
hydroxyzine 10 mg/5 ml soln ^{MO}	3	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet ^{MO}	3	
lorazepam 0.5 mg, 1 mg tablet ^{DL}	2	QL (90 per 30 days)
lorazepam 2 mg tablet ^{DL}	2	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent ^{DL}	3	QL (150 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate ^{DL}	3	QL (150 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg capsule ^{DL}	4	
Bipolar Agents		
lithium carbonate 150 mg, 300 mg, 600 mg cap ^{MO}	1	
lithium carbonate 300 mg tab ^{MO}	1	
lithium carbonate er 300 mg, 450 mg tb ^{MO}	2	
lithium 8 meq/5 ml solution ^{MO}	3	
Blood Glucose Regulators		
acarbose 100 mg, 25 mg, 50 mg tablet ^{MO}	2	
BAQSIMI 3 MG/ACTUATION NASAL SPRAY ^{MO}	3	
BYDUREON 2 MG VIAL ^{MO}	4	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR ^{MO}	4	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR ^{MO}	4	QL (3.4 per 28 days)
diazoxide 50 mg/ml oral susp ^{MO}	4	
FARXIGA 10 MG, 5 MG TABLET ^{MO}	4	QL (30 per 30 days)
FIASP FLEXTouch U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ^{MO}	3	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE ^{MO}	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
glimepiride 1 mg, 2 mg, 4 mg tablet MO	1	
glipizide 10 mg, 5 mg tablet MO	1	
glipizide er 10 mg, 2.5 mg, 5 mg tablet MO	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg MO	1	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	3	
glyburide 1.25 mg, 2.5 mg, 5 mg tablet MO	2	
glyburide micro 1.5 mg, 3 mg, 6 mg tab; glyburide micro 1.5 mg, 3 mg, 6 mg tablet MO	2	
glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg MO	2	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MO	3	QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS SYRINGE MO	3	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS SYRINGE MO	3	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN DL	5	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS DL	5	
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	3	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	3	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	3	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MO	3	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)

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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
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
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)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	3	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
LEVEMIR FLEXTouch U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	3	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
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	1	QL (60 per 30 days)
nateglinide 120 mg, 60 mg tablet MO	3	
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS MO	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP MO	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION MO	2	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
ONGLYZA 2.5 MG, 5 MG TABLET MO	4	QL (30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (3 per 28 days)
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROGLYCEM 50 MG/ML ORAL SUSPENSION MO	4	
repaglinide 0.5 mg, 1 mg, 2 mg tablet MO	3	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET MO	3	QL (30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN MO	3	QL (15 per 24 days)
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)
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET MO	3	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN MO	3	
TRADJENTA 5 MG TABLET MO	3	QL (30 per 30 days)
TRESIBA FLEXTouch U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	3	
TRESIBA FLEXTouch U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	3	
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	3	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	QL (15 per 30 days)

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BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
AMICAR 250 MG/ML (25 %) ORAL SOLUTION DL	5	
aminocaproic acid 0.25 gram/ml DL	5	
aminocaproic acid 1,000 mg, 500 mg tab DL	5	
anagrelide hcl 0.5 mg, 1 mg capsule MO	3	
aspirin-dipyridam er 25-200 mg MO	4	ST,QL (60 per 30 days)
azacitidine 100 mg vial DL	5	PA
BRILINTA 60 MG, 90 MG TABLET MO	3	QL (60 per 30 days)
cilostazol 100 mg, 50 mg tablet MO	2	
clopidogrel 300 mg tablet MO	2	
clopidogrel 75 mg tablet MO	1	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET MO	4	
dipyridamole 25 mg, 50 mg, 75 mg tablet MO	4	
ELIQUIS 2.5 MG TABLET MO	3	QL (60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL (74 per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK MO	3	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml syringe MO	3	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr MO	3	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr MO	3	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial MO	3	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr MO	3	QL (11.2 per 28 days)
fondaparinux 10 mg/0.8 ml syr DL	5	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr MO	4	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr DL	5	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr DL	5	QL (18 per 30 days)
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (1.2 per 28 days)
heparin 5,000 unit/ml carpuct MO	3	
heparin sod 1,000 unit/ml, 10,000 unit/ml, 5,000 unit/ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 5,000 unit/ml vl MO	3	
heparin sod 20,000 unit/ml vl MO	4	
heparin sod 5,000 unit/ml syrg MO	3	
heparin 2,000 unit/2 ml vial; heparin sod 1,000 unit/ml, 5,000 unit/0.5 ml MO	3	
heparin sod 5,000 unit/0.5 ml, 5,000 unit/ml; heparin sod 5,000 unit/0.5 ml, 5,000 unit/ml syrg MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet</i> MO	1	
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 WITH WEARABLE SUBCUTANEOUS INJECTOR DL	5	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE DL	5	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION DL	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE DL	5	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION DL	5	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (7 per 30 days)
NIVESTYM 300 MCG/ML INJECTION SOLUTION DL	5	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION DL	5	PA,QL (22.4 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	4	QL (60 per 30 days)
<i>prasugrel 10 mg, 5 mg tablet</i> MO	3	QL (30 per 30 days)
PROMACTA 12.5 MG ORAL POWDER PACKET DL	5	PA,QL (360 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET DL	5	PA,QL (60 per 30 days)
PROMACTA 25 MG ORAL POWDER PACKET DL	5	PA,QL (180 per 30 days)
PROMACTA 25 MG TABLET DL	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET DL	5	PA,QL (90 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION MO	4	PA,QL (14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION DL	5	PA,QL (14 per 30 days)
<i>tranexamic acid 650 mg tablet</i> MO	3	QL (30 per 5 days)
UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (1.2 per 28 days)
<i>warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet</i> MO	1	
XARELTO 10 MG, 20 MG TABLET MO	3	QL (30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	3	QL (60 per 30 days)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK MO	3	QL (51 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)
ZIEXTENZO 6 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (1.2 per 28 days)
Cardiovascular Agents		
<i>acebutolol 200 mg, 400 mg capsule</i> MO	2	
<i>acetazolamide 125 mg, 250 mg tablet</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetazolamide er 500 mg cap ^{MO}	3	
acetazolamide sod 500 mg vial ^{MO}	1	
adenosine 12 mg/4 ml vial ^{MO}	1	
adenosine 6 mg/2 ml syringe ^{MO}	1	
afeditab cr 30 mg, 60 mg tablet ^{MO}	3	QL (60 per 30 days)
aliskiren 150 mg, 300 mg tablet ^{MO}	4	QL (30 per 30 days)
amiloride hcl 5 mg tablet ^{MO}	3	
amiloride hcl-hctz 5-50 mg tab ^{MO}	2	
amiodarone 150 mg/3 ml syringe ^{MO}	2	
amiodarone 900 mg/18 ml vial ^{MO}	2	
amiodarone hcl 100 mg tablet ^{MO}	4	
amiodarone hcl 200 mg tablet ^{MO}	2	
amiodarone hcl 400 mg tablet ^{MO}	4	QL (60 per 30 days)
amlodipine besylate 10 mg tab ^{MO}	1	QL (60 per 30 days)
amlodipine besylate 2.5 mg, 5 mg tab ^{MO}	1	
amlodipine-atorvast 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg ^{MO}	4	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 ^{MO}	1	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg ^{MO}	1	QL (30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 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)
atenolol 100 mg, 25 mg, 50 mg tablet ^{MO}	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 ^{MO}	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet ^{MO}	1	
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab ^{MO}	2	
BIDIL 20 MG-37.5 MG TABLET ^{MO}	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab ^{MO}	2	
bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb ^{MO}	1	
bumetanide 0.5 mg, 1 mg, 2 mg tablet ^{MO}	2	
bumetanide 1 mg/4 ml vial ^{MO}	2	
BYSTOLIC 10 MG TABLET ^{MO}	3	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET ^{MO}	3	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET ^{MO}	3	QL (60 per 30 days)

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candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb ^{MO}	2	QL (60 per 30 days)
candesartan cilexetil 32 mg tb ^{MO}	2	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}	2	QL (30 per 30 days)
captopril 100 mg tablet ^{MO}	3	QL (135 per 30 days)
captopril 12.5 mg, 25 mg, 50 mg tablet ^{MO}	3	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet ^{MO}	3	
cartia xt 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	2	QL (60 per 30 days)
cartia xt 300 mg capsule, extended release ^{MO}	2	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet ^{MO}	1	
carvedilol er 10 mg, 20 mg, 40 mg, 80 mg capsule ^{MO}	4	QL (30 per 30 days)
chlorothiazide 250 mg, 500 mg tablet ^{MO}	2	
chlorothiazide sod 500 mg vial ^{MO}	1	
chlorthalidone 25 mg, 50 mg tablet ^{MO}	2	
cholestyramine packet; cholestyramine powder ^{MO}	3	
cholestyramine light 4 gram oral powder; cholestyramine light 4 gram powder for susp in a packet ^{MO}	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch ^{MO}	4	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet ^{MO}	1	
colestipol hcl granules ^{MO}	4	QL (1000 per 30 days)
colestipol hcl granules packet ^{MO}	4	
colestipol micronized 1 gm tab ^{MO}	3	
CORLANOR 5 MG, 7.5 MG TABLET ^{MO}	4	PA, QL (60 per 30 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION ^{MO}	4	
DEMSEER 250 MG CAPSULE ^{DL}	5	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) tablet ^{MO}	2	QL (30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) tablet ^{MO}	2	QL (30 per 30 days)
digoxin 125 mcg tablet; digoxin 250 mcg tablet ^{MO}	2	QL (30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	2	QL (60 per 30 days)
diltiazem 100 mg add-van vial ^{MO}	4	
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet ^{MO}	2	
diltiazem 125 mg/25 ml vial ^{MO}	2	
diltiazem 12hr er 120 mg cap ^{MO}	2	QL (90 per 30 days)
diltiazem 12hr er 60 mg, 90 mg cap ^{MO}	2	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem 24h er(cd) 120 mg, 180 mg, 240 mg cp; diltiazem 24hr er 120 mg, 180 mg, 240 mg cap ^{MO}	2	QL (60 per 30 days)
diltiazem 24h er(cd) 300 mg, 360 mg, 420 mg cp; diltiazem 24hr er 300 mg, 360 mg, 420 mg cap ^{MO}	2	QL (30 per 30 days)
diltiazem 24h er(xr) 120 mg, 180 mg, 240 mg cp ^{MO}	2	QL (60 per 30 days)
DIURIL 250 MG/5 ML ORAL SUSPENSION ^{MO}	4	
dofetilide 125 mcg, 250 mcg, 500 mcg capsule ^{MO}	4	
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab ^{MO}	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet ^{MO}	1	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet ^{MO}	1	
enalaprilat 1.25 mg/ml vial ^{MO}	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET ^{MO}	3	QL (60 per 30 days)
eplerenone 25 mg, 50 mg tablet ^{MO}	3	
ethacrynate sodium 50 mg vial ^{MO}	4	
ezetimibe 10 mg tablet ^{MO}	2	QL (30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg ^{MO}	3	QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet ^{MO}	2	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 130 mg, 43 mg capsule ^{MO}	4	ST,QL (30 per 30 days)
fenofibrate 134 mg, 200 mg capsule ^{MO}	3	QL (30 per 30 days)
fenofibrate 67 mg capsule ^{MO}	3	QL (60 per 30 days)
fenofibrate 145 mg tablet ^{MO}	3	QL (30 per 30 days)
fenofibrate 48 mg tablet ^{MO}	3	QL (60 per 30 days)
fenofibric acid 105 mg, 35 mg tablet ^{MO}	3	QL (30 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab ^{MO}	3	
fosinopril sodium 10 mg, 20 mg, 40 mg tab ^{MO}	1	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab ^{MO}	2	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln ^{MO}	2	
furosemide 20 mg, 40 mg, 80 mg tablet ^{MO}	1	
furosemide 40 mg/4 ml syringe ^{MO}	2	
gemfibrozil 600 mg tablet ^{MO}	1	QL (60 per 30 days)
guanfacine 1 mg, 2 mg tablet ^{MO}	2	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet ^{MO}	2	

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hydralazine 20 mg/ml vial ^{MO}	4	
hydrochlorothiazide 12.5 mg cp ^{MO}	1	
hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb ^{MO}	1	
ibutilide fum 1 mg/10 ml vial ^{MO}	1	
indapamide 1.25 mg, 2.5 mg tablet ^{MO}	1	
irbesartan 150 mg, 300 mg, 75 mg tablet ^{MO}	1	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb ^{MO}	1	QL (60 per 30 days)
irbesartan-hctz 300-12.5 mg tb ^{MO}	1	QL (30 per 30 days)
isosorbide dinitr er 40 mg tab ^{MO}	3	
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg tab ^{MO}	2	
isosorbide mononit 10 mg, 20 mg tab ^{MO}	1	
isosorbide mononit er 120 mg ^{MO}	2	
isosorbide mononit er 30 mg, 60 mg tb ^{MO}	1	
isradipine 2.5 mg, 5 mg capsule ^{MO}	3	
ISUPREL 0.2 MG/ML INJECTION SOLUTION ^{MO}	4	
labetalol hcl 100 mg, 200 mg, 300 mg tablet ^{MO}	2	
labetalol hcl 100 mg/20 ml vl ^{MO}	4	
lidocaine hcl 2% vial ^{MO}	2	
lidocaine 0.4% in d5w 250 ml; lidocaine 0.8% in d5w soln ^{MO}	1	
LIPOFEN 150 MG CAPSULE ^{MO}	4	QL (30 per 30 days)
LIPOFEN 50 MG CAPSULE ^{MO}	4	QL (60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet ^{MO}	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab ^{MO}	1	
losartan potassium 100 mg, 25 mg, 50 mg tab ^{MO}	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab ^{MO}	1	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet ^{MO}	1	
mannitol 10% iv solution ^{MO}	1	
mannitol 20% iv solution ^{MO}	1	
mannitol 25% vial ^{MO}	2	
mannitol 5% iv solution ^{MO}	1	
methazolamide 25 mg, 50 mg tablet ^{MO}	4	
methyldopa 250 mg tablet ^{MO}	2	
methyldopa 500 mg tablet ^{MO}	3	
methyldopa-hctz 250-15 mg, 250-25 mg tab ^{MO}	3	
metolazone 10 mg, 2.5 mg, 5 mg tablet ^{MO}	2	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab ^{MO}	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab MO	2	
metoprolol 5 mg/5 ml carpuject MO	1	
metoprolol tart 5 mg/5 ml vial MO	3	
metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tb MO	1	
metirosine 250 mg capsule DL	5	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet MO	3	
minoxidil 10 mg, 2.5 mg tablet MO	2	
moexipril hcl 15 mg, 7.5 mg tablet MO	2	
moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet MO	2	
MULTAQ 400 MG TABLET MO	3	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet MO	3	
nadolol-bendroflu 40-5 mg, 80-5 mg tab MO	3	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION MO	4	
niacin er 1,000 mg, 500 mg, 750 mg tablet MO	4	
niacor 500 mg tablet MO	3	
nifedipine er 30 mg, 60 mg, 90 mg tablet MO	3	QL (60 per 30 days)
nimodipine 30 mg capsule MO	4	
nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet MO	4	QL (30 per 30 days)
nisoldipine er 25.5 mg, 30 mg tablet MO	4	QL (60 per 30 days)
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 5 mg/ml vial MO	1	
nitroglycerin lingual 400 mcg MO	4	
ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w MO	2	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	3	
norepinephrine 4 mg/4 ml vial MO	1	
NORTHERA 100 MG, 200 MG CAPSULE DL	5	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE DL	5	PA,QL (180 per 30 days)
olmesartan medoxomil 20 mg, 40 mg, 5 mg tab MO	2	QL (30 per 30 days)
olmsrtn-amldpn-hctz 20-5-12.5; olmsrtn-amldpn-hctz 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg; olmsrtn-amldpn-hctz 40-10-12.5; olmsrtn-amldpn-hctz 40-10-25mg; olmsrtn-amldpn-hctz 40-5-12.5 MO	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab</i> ^{MO}	1	QL (30 per 30 days)
<i>omega-3 ethyl esters 1 gm cap</i> ^{MO}	4	QL (120 per 30 days)
OSMITROL 10 % INTRAVENOUS SOLUTION ^{MO}	4	
OSMITROL 15 % INTRAVENOUS SOLUTION ^{MO}	4	
OSMITROL 20 % INTRAVENOUS SOLUTION ^{MO}	4	
OSMITROL 5 % INTRAVENOUS SOLUTION ^{MO}	4	
PACERONE 100 MG TABLET ^{MO}	4	
<i>pacerone 200 mg tablet</i> ^{MO}	2	
PACERONE 400 MG TABLET ^{MO}	4	QL (60 per 30 days)
<i>pentoxifylline er 400 mg tab</i> ^{MO}	2	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg tab</i> ^{MO}	2	
<i>pindolol 10 mg, 5 mg tablet</i> ^{MO}	3	
<i>pravastatin sodium 10 mg, 20 mg, 40 mg, 80 mg tab</i> ^{MO}	1	
<i>prazosin 1 mg, 2 mg, 5 mg capsule</i> ^{MO}	2	
<i>prevalite 4 gram oral powder; prevalite 4 gram powder for susp in a packet</i> ^{MO}	3	
<i>procainamide 1,000 mg/10 ml vl; procainamide 1,000 mg/2 ml vl</i> ^{MO}	1	
<i>propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet</i> ^{MO}	3	
<i>propafenone hcl er 225 mg, 325 mg cap</i> ^{MO}	4	QL (60 per 30 days)
<i>propafenone hcl er 425 mg cap</i> ^{MO}	4	
<i>propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) vial; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln</i> ^{MO}	2	
<i>propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet</i> ^{MO}	2	
<i>propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule</i> ^{MO}	2	
<i>propranolol-hctz 40-25 mg, 80-25 mg tab</i> ^{MO}	3	
<i>quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet</i> ^{MO}	1	
<i>quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab</i> ^{MO}	2	
<i>quinidine gluc 80 mg/ml vial</i> ^{MO}	3	
<i>quinidine sulfate 200 mg, 300 mg tab</i> ^{MO}	2	
<i>ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule</i> ^{MO}	1	
<i>ranolazine er 1,000 mg, 500 mg tablet</i> ^{MO}	3	QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR ^{MO}	3	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR ^{MO}	3	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	3	PA,QL (3 per 28 days)
RESECTISOL 5% SOLUTION ^{MO}	4	
<i>rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab</i> ^{MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet MO	1	
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet MO	2	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet MO	2	
sotalol af 120 mg, 160 mg, 80 mg tablet MO	2	
spironolactone-hctz 25-25 tab MO	2	
spironolactone 100 mg, 25 mg, 50 mg tablet MO	1	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release MO	2	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release MO	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET MO	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-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10 MO	4	QL (30 per 30 days)
telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb 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	
tiadylt er 120 mg, 180 mg, 240 mg capsule,extended release MO	2	QL (60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg capsule,extended release MO	2	QL (30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet MO	4	
torsemide 10 mg, 100 mg, 20 mg, 5 mg tablet MO	2	
trandolapril 1 mg, 2 mg, 4 mg tablet MO	1	
trandolapr-verapam er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg MO	3	
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp MO	1	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb MO	1	
triklo 1 gm capsule MO	4	QL (120 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet MO	1	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab MO	1	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 10 mg/4 ml syringe MO	1	
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil sr 120 mg, 180 mg, 240 mg, 360 mg capsule MO	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
verapamil 120 mg, 40 mg, 80 mg tablet MO	1	QL (120 per 30 days)
verapamil 5 mg/2 ml ampul MO	1	
verapamil er 120 mg tablet MO	2	QL (30 per 30 days)
verapamil er 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)
VYNDAMAX 61 MG CAPSULE DL	5	PA,QL (30 per 30 days)
VYNDAQEL 20 MG CAPSULE DL	5	PA,QL (120 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET MO	3	QL (30 per 30 days)
WELCHOL 625 MG TABLET MO	3	QL (180 per 30 days)
Central Nervous System Agents		
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule MO	3	QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule MO	3	QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	5	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET DL	5	PA,QL (60 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT DL	5	PA,QL (15 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (12 per 28 days)
dalfampridine er 10 mg tablet MO	3	PA,QL (60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab MO	3	QL (60 per 30 days)
dextroamphetamine 10 mg tab MO	4	QL (180 per 30 days)
dextroamphetamine 5 mg tab MO	4	QL (150 per 30 days)
dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab MO	3	QL (90 per 30 days)
dextroamp-amphetamin 30 mg tab MO	3	QL (60 per 30 days)
FIRDAPSE 10 MG TABLET DL	5	PA,QL (240 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE DL	5	PA,QL (30 per 30 days)
glatiramer 20 mg/ml syringe DL	5	PA,QL (30 per 30 days)
glatiramer 40 mg/ml syringe DL	5	PA,QL (12 per 28 days)
glatopa 20 mg/ml subcutaneous syringe DL	5	PA,QL (30 per 30 days)
glatopa 40 mg/ml subcutaneous syringe DL	5	PA,QL (12 per 28 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet MO	3	QL (90 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)
NUDEXTA 20 MG-10 MG CAPSULE DL	5	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg capsule MO	3	QL (90 per 30 days)
pregabalin 20 mg/ml solution MO	3	QL (900 per 30 days)
pregabalin 225 mg, 300 mg capsule MO	3	QL (60 per 30 days)
riluzole 50 mg tablet MO	3	
RUZURGI 10 MG TABLET DL	5	PA,QL (300 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	3	QL (60 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE DL	5	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE DL	5	PA,QL (14 per 30 days)
tetrabenazine 12.5 mg tablet DL	5	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet DL	5	PA,QL (120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE MO	4	PA,QL (30 per 30 days)
Dental & Oral Agents		
cevimeline hcl 30 mg capsule MO	4	
chlorhexidine 0.12% rinse MO	1	
oralone 0.1 % dental paste MO	3	
paroex oral rinse 0.12 % mouthwash MO	1	
periogard 0.12 % mouthwash MO	1	
pilocarpine hcl 5 mg, 7.5 mg tablet MO	3	
triamcinolone 0.1% paste MO	3	
Dermatological Agents		
acitretin 10 mg capsule MO	4	QL (90 per 30 days)
acitretin 17.5 mg capsule MO	4	QL (60 per 30 days)
acitretin 25 mg capsule MO	4	
adapalene 0.1% gel MO	3	
ammonium lactate 12% cream MO	2	
ammonium lactate 12% lotion MO	2	
amnesteem 10 mg, 20 mg capsule MO	4	QL (60 per 30 days)
amnesteem 40 mg capsule MO	4	QL (120 per 30 days)
azelaic acid 15% gel MO	4	ST
calcipotriene 0.005% cream MO	4	QL (120 per 30 days)
calcipotriene 0.005% solution MO	4	QL (60 per 30 days)
calcipotriene-betameth dp susp MO	3	QL (420 per 30 days)
CARAC 0.5 % TOPICAL CREAM DL	5	PA
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (34 per 365 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS DL	5	PA,QL (34 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS DL	5	PA,QL (34 per 365 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS DL	5	PA,QL (34 per 365 days)
diclofenac sodium 3% gel MO	4	PA
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM MO	4	QL (120 per 30 days)
FINACEA 15 % TOPICAL GEL MO	4	ST
fluorouracil 0.5% cream DL	5	
fluorouracil 2% topical soln; fluorouracil 5% topical soln MO	2	
fluorouracil 5% cream MO	4	
imiquimod 5% cream packet MO	3	QL (12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg capsule MO	4	QL (60 per 30 days)
isotretinoin 40 mg capsule MO	4	QL (120 per 30 days)
methoxsalen 10 mg softgel DL	5	
myorisan 10 mg, 20 mg, 30 mg capsule MO	4	QL (60 per 30 days)
myorisan 40 mg capsule MO	4	QL (120 per 30 days)
PICATO 0.015 % TOPICAL GEL MO	4	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL MO	4	QL (2 per 30 days)
pimecrolimus 1% cream MO	4	
podofilox 0.5% topical soln MO	4	
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL DL	5	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	3	
selenium sulfide 2.5% lotion MO	2	
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT	5	PA,QL (6 per 365 days)
SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE	5	PA,QL (9.96 per 365 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (3 per 84 days)
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION MO	3	QL (420 per 30 days)
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment MO	4	
tazarotene 0.1% cream MO	3	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL MO	4	PA
TOLAK 4 % TOPICAL CREAM MO	3	
tretinoin 0.01% gel; tretinoin 0.05% gel MO	3	PA
tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream MO	3	PA
tretinoin 0.025% gel MO	4	PA
UVADEX 20 MCG/ML INJECTION SOLUTION MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zenatane 10 mg, 20 mg, 30 mg capsule MO	4	QL (60 per 30 days)
zenatane 40 mg capsule MO	4	QL (120 per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION MO	4	B vs D
AURYXIA 210 MG IRON TABLET MO	4	PA,QL (360 per 30 days)
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	
calcium acetate 667 mg gelcap MO	2	
calcium acetate 667 mg tablet MO	2	
calcium chloride 10% syringe MO	1	
calcium chloride 10% vial MO	1	
calcium gluc 1,000mg/50ml-nacl MO	1	
calcium gluc 1,000 mg/10 ml vl MO	1	
CARBAGLU 200 MG DISPERSIBLE TABLET DL	5	PA
CHEMET 100 MG CAPSULE DL	5	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 2.75%-5% SOLUTION MO	4	B vs D
CLINIMIX 4.25%-20% SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 2.75%-10% SOLUTION MO	4	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25%-25% SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5%-25% SOLUTION MO	4	B vs D
CLINISOL SF 15 % INTRAVENOUS SOLUTION MO	4	B vs D
CLINOLIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
clovique 250 mg capsule DL	5	QL (240 per 30 days)
complete natal dha 29 mg-1 mg-250 mg-200 mg oral pack MO	4	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE MO	4	
CONCEPT OB 85 MG-1 MG CAPSULE MO	4	
dextrose 10%-0.45% nacl iv sol MO	1	
dextrose 2.5%-0.45% nacl iv MO	1	
dextrose 5%-0.9% nacl iv soln MO	2	
dextrose 5%-0.45% nacl iv soln MO	2	
DEPEN TITRATABS 250 MG TABLET DL	5	
dextrose 10%-0.2% nacl iv soln MO	1	
dextrose 10%-water iv solution MO	1	
dextrose 20%-water iv soln MO	1	
dextrose 25%-water syringe MO	1	
dextrose 30%-water iv soln MO	1	
dextrose 40%-water iv soln MO	1	
dextrose 5%-water iv soln MO	2	
dextrose 5%-lr iv solution MO	1	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 5%-0.2% nacl iv soln MO	1	
dextrose 5%-0.3% nacl iv soln MO	1	
dextrose 50%-water syringe MO	2	
dextrose 50%-water vial MO	1	
dextrose 70%-water iv soln MO	2	
dextrose 5%-electrolyte 48 MO	1	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET DL	5	PA
folivane-ob 85 mg-1 mg capsule MO	4	
FREAMINE HBC 6.9% IV SOLN MO	4	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION MO	4	B vs D
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION MO	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION MO	4	B vs D
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION MO	4	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION MO	4	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION MO	4	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION MO	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
ISOLYTE-S INTRAVENOUS SOLUTION MO	4	
JADENU 180 MG, 360 MG, 90 MG TABLET DL	5	PA
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE MO	4	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION MO	4	B vs D
kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension MO	3	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MO	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MO	2	
klor-con m10 meq tablet,extended release MO	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MO	2	
klor-con m20 meq tablet,extended release MO	2	
lactated ringers injection MO	1	
levocarnitine 330 mg tablet MO	2	
levocarnitine 1 g/10 ml soln MO	3	
LOKELMA 10 GRAM, 5 GRAM ORAL POWDER PACKET MO	3	QL (30 per 30 days)
m-natal plus 27 mg iron-1 mg tablet MO	4	
magnesium sulfate 50% syringe MO	1	
magnesium sulfate 50% vial MO	1	
magnesium sulf 1 g/100 ml-d5w MO	1	
magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml MO	1	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION MO	4	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION MO	4	
NUTRILIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET MO	4	
penicillamine 250 mg tablet DL	5	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION MO	4	B vs D
PLASMA-LYTE 148 INTRAVENOUS SOLUTION MO	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION MO	4	
plenamine 15 % intravenous solution MO	4	B vs D
prn ob+dha combo pack MO	4	
potassium acet 100 meq/50 ml MO	1	
d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl MO	1	
potassium cl 10% (20 meq/15ml) MO	4	QL (1125 per 30 days)
potassium cl 20% (40 meq/15ml) MO	4	
potassium cl 40 meq/20 ml conc MO	2	
potassium cl er 10 meq, 20 meq tablet MO	2	
potassium cl er 10 meq, 20 meq, 8 meq tablet MO	2	
potassium cl er 10 meq, 8 meq capsule MO	2	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln MO	1	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution MO	1	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer MO	1	
potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol MO	2	
potassium cl 20 meq-0.45% nacl MO	3	
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.2% nacl MO	1	
kcl 20 meq in d5w-0.3% nacl MO	1	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% MO	1	
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 MO	3	
pr natal 400 29 mg-1 mg-400 mg oral pack MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule, delayed release</i> MO	4	
<i>pr natal 430 29 mg iron-1 mg-430 mg oral pack</i> MO	4	
<i>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule, delayed release</i> MO	4	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	1	B vs D
PREMASOL 6% IV SOLUTION MO	1	B vs D
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET MO	4	
PRENATABS FA 29 MG-1 MG TABLET MO	4	
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> MO	4	
PRENATE ELITE 26 MG IRON-1 MG TABLET MO	4	
<i>preplus 27 mg iron-1 mg tablet</i> MO	4	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	4	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION MO	4	B vs D
REVELA 0.8 GRAM ORAL POWDER PACKET MO	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET MO	3	QL (180 per 30 days)
REVELA 800 MG TABLET MO	3	QL (540 per 30 days)
<i>ringer's iv solution</i> MO	1	
SAMSCA 15 MG, 30 MG TABLET DL	5	QL (60 per 30 days)
<i>se-natal 19 chewable 29 mg iron-1 mg tablet</i> MO	4	
<i>sevelamer 0.8 gm powder packet</i> MO	3	QL (540 per 30 days)
<i>sevelamer 2.4 gm powder packet</i> MO	3	QL (180 per 30 days)
<i>sevelamer carbonate 800 mg tab</i> MO	3	QL (540 per 30 days)
<i>sevelamer hcl 400 mg, 800 mg tablet</i> MO	4	ST
SMOFLIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
<i>sodium acetate 40 meq/20 ml vial</i> MO	1	
<i>sodium bicarb 8.4% abboject</i> MO	4	
<i>sodium chloride 100 meq/40 ml</i> MO	2	
<i>saline 0.45% soln-excel con</i> MO	2	
<i>sodium chloride 0.45% soln</i> MO	2	
<i>sodium chloride 0.9% solution</i> MO	2	
<i>sodium chloride 0.9% vial</i> MO	2	
<i>sodium chloride 3% iv soln</i> MO	1	
<i>sodium chloride 5% iv soln</i> MO	1	
<i>sodium lactate 50 meq/10 ml vial</i> MO	1	
<i>sodium phosphate 3mm/ml vial</i> MO	1	
<i>sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp</i> MO	3	
<i>sodium polystyrene sulf powder</i> MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>sps 15 gm/60 ml suspension</i> MO	3	
<i>sps 30 gm/120 ml enema; sps 50 gm/200 ml enema</i> 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	
<i>taron-c dha 35 mg-1 mg-200 mg capsule</i> MO	4	
<i>tolvaptan 15 mg, 30 mg tablet</i> DL	5	QL (60 per 30 days)
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION MO	4	
TRAVASOL 10 % INTRAVENOUS SOLUTION MO	4	B vs D
<i>trientine hcl 250 mg capsule</i> DL	5	QL (240 per 30 days)
<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	
TROPHAMINE 10 % INTRAVENOUS SOLUTION MO	4	B vs D
TROPHAMINE 6% IV SOLUTION MO	4	B vs D
<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	
Gastrointestinal Agents		
<i>lansoprazol-amoxicil-clarithro</i> MO	4	ST
CARAFATE 100 MG/ML ORAL SUSPENSION MO	4	
CHENODAL 250 MG TABLET DL	5	PA
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet</i> MO	2	
<i>cimetidine 300 mg/5 ml soln</i> MO	2	
<i>constulose 10 gram/15 ml oral solution</i> MO	2	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
<i>dicyclomine 10 mg capsule</i> MO	2	
<i>dicyclomine 10 mg/5 ml soln</i> MO	3	
<i>dicyclomine 20 mg tablet</i> MO	2	
<i>diphenoxylat-atrop 2.5-0.025/5</i> MO	4	
<i>diphenoxylate-atrop 2.5-0.025</i> MO	4	
<i>enulose 10 gram/15 ml oral solution</i> MO	2	
<i>esomeprazole mag dr 20 mg, 40 mg cap</i> MO	3	QL (30 per 30 days)
<i>famotidine 20 mg, 40 mg tablet</i> MO	2	
<i>famotidine 40 mg/4 ml vial</i> MO	2	
<i>famotidine 40 mg/5 ml susp</i> MO	4	
<i>famotidine 20 mg/2 ml vial</i> MO	2	
<i>famotidine 20 mg piggyback</i> MO	1	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT DL	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT DL	5	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution MO	2	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution MO	2	
gavilyte-n 420 gram oral solution MO	2	
generlac 10 gram/15 ml oral solution MO	2	
glycopyrrolate 1 mg, 2 mg tablet MO	3	
glycopyrrolate 4 mg/20 ml vial MO	4	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution MO	2	
lansoprazole dr 15 mg capsule MO	3	QL (60 per 30 days)
lansoprazole dr 30 mg capsule MO	3	QL (30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	3	QL (30 per 30 days)
loperamide 2 mg capsule MO	2	
methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb MO	4	
misoprostol 100 mcg, 200 mcg tablet MO	3	
MOVANTIK 12.5 MG, 25 MG TABLET MO	3	QL (30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION DL	5	PA, QL (30 per 30 days)
nizatidine 15 mg/ml solution MO	4	
nizatidine 150 mg, 300 mg capsule MO	1	
omeppi 20 mg-1,100 mg capsule; omeppi 40 mg-1,100 mg capsule MO	4	ST, QL (30 per 30 days)
omeprazole dr 10 mg, 20 mg, 40 mg capsule MO	1	QL (60 per 30 days)
omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 40-1,100 cap MO	4	ST, QL (30 per 30 days)
pantoprazole sod dr 20 mg, 40 mg tab MO	1	QL (60 per 30 days)
pantoprazole sodium 40 mg vial MO	4	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln MO	2	
peg 3350-electrolyte solution MO	2	
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	4	QL (144 per 30 days)
rabeprazole sod dr 20 mg tab MO	3	QL (30 per 30 days)
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)
sucrafate 1 gm tablet MO	2	
sucrafate 1 gm/10 ml susp MO	4	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	3	
trilyte with flavor packets 420 gram oral solution MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ursodiol 250 mg tablet MO	3	
ursodiol 500 mg tablet MO	4	
XIFAXAN 200 MG TABLET DL	5	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET DL	5	PA,QL (84 per 28 days)
Genetic/Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN 250 UNIT/ML VIAL DL	5	
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION DL	5	PA
CERDELGA 84 MG CAPSULE DL	5	PA
CEREZYME 400 UNIT INTRAVENOUS SOLUTION DL	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE DL	5	PA,QL (120 per 30 days)
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	
CRYSVITA 10 MG/ML, 20 MG/ML SUBCUTANEOUS SOLUTION DL	5	PA,QL (2 per 28 days)
CRYSVITA 30 MG/ML SUBCUTANEOUS SOLUTION DL	5	PA,QL (6 per 28 days)
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER DL	5	
CYSTAGON 150 MG, 50 MG CAPSULE MO	4	
ELELYSO 200 UNIT INTRAVENOUS SOLUTION DL	5	PA
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION DL	5	PA
KUVAN 100 MG SOLUBLE TABLET DL	5	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET DL	5	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION DL	5	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION DL	5	PA
nitisinone 10 mg, 2 mg, 5 mg capsule DL	5	
NITYR 10 MG, 2 MG, 5 MG TABLET DL	5	
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	5	
ORFADIN 4 MG/ML ORAL SUSPENSION DL	5	
REVCovi 2.4 MG/1.5 ML (1.6 MG/ML) INTRAMUSCULAR SOLUTION DL	5	
sapropterin 100 mg tablet DL	5	PA
sapropterin 100 mg, 500 mg powder pkt DL	5	PA
sodium phenylbutyrate powder DL	5	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SUBCUTANEOUS SOLUTION DL	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUCRAID 8,500 UNIT/ML ORAL SOLUTION DL	5	
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE, DELAYED RELEASE MO	4	
Genitourinary Agents		
alfuzosin hcl er 10 mg tablet MO	1	QL (30 per 30 days)
bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet MO	3	
darifenacin er 15 mg, 7.5 mg tablet MO	4	ST, QL (30 per 30 days)
dutasteride 0.5 mg capsule MO	3	QL (30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 MO	4	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE DL	5	QL (90 per 30 days)
finasteride 5 mg tablet MO	1	QL (30 per 30 days)
flavoxate hcl 100 mg tablet MO	2	
MYRBETRIQ 25 MG, 50 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
oxybutynin 5 mg tablet MO	2	
oxybutynin 5 mg/5 ml syrup MO	2	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet MO	3	QL (60 per 30 days)
tamsulosin hcl 0.4 mg capsule MO	2	QL (60 per 30 days)
THIOLA 100 MG TABLET DL	5	
tolterodine tart er 2 mg, 4 mg cap MO	4	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab MO	4	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
a-hydrocort 100 mg solution for injection MO	1	
ACTHAR 80 UNIT/ML INJECTION GEL DL	5	PA, QL (30 per 30 days)
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION MO	4	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION MO	4	
betamethasone sp-ac 30 mg/5 ml MO	3	
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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betamethasone va 0.1% lotion MO	2	
betamethasone valer 0.1% ointm MO	2	
betamethasone dp aug 0.05% crm MO	2	
betamethasone dp aug 0.05% gel MO	3	
betamethasone dp aug 0.05% lot MO	3	
betamethasone dp aug 0.05% oin MO	3	
clobetasol 0.05% cream MO	4	
clobetasol 0.05% gel MO	4	QL (120 per 28 days)
clobetasol 0.05% ointment MO	4	QL (120 per 28 days)
clobetasol 0.05% solution MO	2	
clobetasol 0.05% topical lotn MO	4	QL (240 per 28 days)
clobetasol emollient 0.05% crm MO	4	
cormax 0.05% solution MO	4	
cortisone 25 mg tablet MO	3	
decadron 0.5 mg/5 ml elixir MO	2	
desonide 0.05% cream MO	4	
desonide 0.05% ointment MO	4	
desoximetasone 0.25% cream MO	2	
desoximetasone 0.25% ointment MO	4	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablet MO	2	
dexamethasone 0.5 mg/5 ml elx MO	2	
dexamethasone 0.5 mg/5 ml liq MO	2	
dexamethasone intensol 1 mg/ml drops (concentrate) MO	2	
dexamethasone 10 mg/ml syring MO	2	
dexamethasone 10 mg/ml vial MO	2	
dexamethasone 10 mg/ml, 4 mg/ml vial MO	2	
dexamethasone 4 mg/ml syringe MO	2	
diflorasone 0.05% cream DL	5	
diflorasone 0.05% ointment MO	4	
fludrocortisone 0.1 mg tablet MO	2	
fluocinolone 0.01% body oil MO	4	
fluocinolone 0.01% cream; fluocinolone 0.025% cream MO	4	
fluocinolone 0.01% solution MO	4	
fluocinolone 0.025% ointment MO	4	
fluocinolone 0.01% scalp oil MO	4	
fluocinonide 0.05% cream MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluocinonide 0.05% gel MO	3	
fluocinonide 0.05% ointment MO	3	
fluocinonide 0.05% solution MO	4	
fluocinonide-e 0.05 % topical cream MO	3	
fluocinonide-e 0.05% cream MO	3	
fluticasone prop 0.005% oint MO	2	
fluticasone prop 0.05% cream MO	2	
hydrocortisone 1% cream; hydrocortisone 2.5% cream MO	2	
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment MO	2	
hydrocortisone 10 mg, 20 mg, 5 mg tablet MO	2	
hydrocortisone 2.5% cream MO	4	
hydrocortisone 2.5% lotion MO	2	
hydrocortisone val 0.2% cream MO	4	
hydrocortisone val 0.2% ointmt MO	4	
hydrocortisone 1% absorbase MO	2	
LOCOID LIPOCREAM 0.1 % TOPICAL MO	4	
MEDROL 2 MG TABLET MO	4	B vs D
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	2	
methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 125 mg, 40 mg; methylprednisolone ss 1,000 mg, 125 mg, 40 mg vl MO	4	
mometasone furoate 0.1% cream MO	2	
mometasone furoate 0.1% oint MO	2	
mometasone furoate 0.1% soln MO	2	
prednisolone 15 mg/5 ml soln MO	2	
prednisolone 15 mg/5 ml soln; prednisolone 5 mg/5 ml soln MO	2	
prednisolone 20 mg/5 ml soln MO	4	
prednisolone sod ph 25 mg/5 ml MO	3	
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg tablet MO	1	B vs D
prednisone 10 mg, 5 mg tab dose pack MO	2	
prednisone 5 mg/5 ml solution MO	2	B vs D
prednisone intensol 5 mg/ml oral concentrate MO	3	B vs D
procto-med hc 2.5 % topical cream perineal applicator MO	4	
procto-pak 1 % topical cream perineal applicator MO	2	
proctosol hc 2.5 % topical cream perineal applicator MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
proctozone-hc 2.5 % topical cream perineal applicator ^{MO}	4	
SOLU-MEDROL 2 GRAM INTRAVENOUS SOLUTION ^{MO}	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION ^{MO}	4	
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream ^{MO}	2	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion ^{MO}	3	
triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment ^{MO}	2	
triderm 0.1 %, 0.5 % topical cream ^{MO}	2	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION ^{MO}	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONAD 10,000 UNIT VL ^{DL}	5	PA
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr ^{MO}	3	QL (25 per 30 days)
desmopressin ac 4 mcg/ml vial ^{MO}	3	
desmopressin acetate 0.1 mg tb ^{MO}	4	QL (180 per 30 days)
desmopressin acetate 0.2 mg tb ^{MO}	4	
EGRIFTA 1 MG VIAL ^{DL}	5	PA,QL (60 per 30 days)
EGRIFTA SV 2 MG SUBCUTANEOUS SOLUTION ^{DL}	5	PA,QL (30 per 30 days)
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION ^{DL}	5	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE ^{DL}	5	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION ^{DL}	5	PA
STIMATE 1.5 MG/ML NASAL SPRAY ^{DL}	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
afirmelle 0.1 mg-20 mcg tablet ^{MO}	4	
altavera (28) 0.15 mg-0.03 mg tablet ^{MO}	4	
alyacen 1/35 (28) 1 mg-35 mcg tablet ^{MO}	4	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet ^{MO}	4	
amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet ^{MO}	4	
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack ^{MO}	4	QL (91 per 90 days)
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack ^{MO}	4	QL (91 per 90 days)
amethyst (28) 90 mcg-20 mcg tablet ^{MO}	4	
ANADROL-50 50 MG TABLET ^{DL}	5	
apri 0.15 mg-0.03 mg tablet ^{MO}	4	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
aubra 0.1 mg-20 mcg tablet MO	4	
aubra eq 0.1 mg-20 mcg tablet MO	4	
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
aurovela 1/20 (21) 1 mg-20 mcg tablet MO	4	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
aviane 0.1 mg-20 mcg tablet MO	4	
ayuna 0.15 mg-0.03 mg tablet MO	4	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
balziva (28) 0.4 mg-35 mcg tablet MO	4	
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
briellyn 0.4 mg-35 mcg tablet MO	4	
camila 0.35 mg tablet MO	4	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet MO	4	
chateal (28) 0.15 mg-0.03 mg tablet MO	4	
chateal eq (28) 0.15 mg-0.03 mg tablet MO	4	
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL; COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL MO	4	QL (8 per 28 days)
cryselle (28) 0.3 mg-30 mcg tablet MO	4	
cyclafem 1/35 (28) 1 mg-35 mcg tablet MO	4	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	4	
cyred 0.15 mg-0.03 mg tablet MO	4	
cyred eq 0.15 mg-0.03 mg tablet MO	4	
danazol 100 mg, 200 mg, 50 mg capsule MO	4	
dasetta 1/35 (28) 1 mg-35 mcg tablet MO	4	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	4	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
deblitane 0.35 mg tablet MO	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	3	QL (5 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SUSPENSION MO	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE MO	4	QL (0.65 per 90 days)
desogestr-eth estrad eth estra MO	4	
desogest-eth estra 0.15-0.03mg MO	4	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr transdermal patch MO	4	QL (8 per 28 days)
drosiprenone-ee 3-0.02 mg, 3-0.03 mg tab MO	4	
DUAVEE 0.45 MG-20 MG TABLET MO	4	PA,QL (30 per 30 days)
elinest 0.3 mg-30 mcg tablet MO	4	
ELLA 30 MG TABLET MO	3	QL (1 per 30 days)
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring MO	4	QL (1 per 28 days)
emoquette 0.15 mg-0.03 mg tablet MO	4	
ENDOMETRIN 100 MG VAGINAL INSERT DL	5	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
enskyce 0.15 mg-0.03 mg tablet MO	4	
errin 0.35 mg tablet MO	4	
estradiol 0.01% cream MO	3	
estradiol 0.025 mg patch(1/wk); estradiol 0.0375mg patch(1/wk); estradiol 0.05 mg patch (1/wk); estradiol 0.06 mg patch (1/wk); estradiol 0.075 mg patch(1/wk); estradiol 0.1 mg patch (1/wk) MO	3	QL (4 per 28 days)
estradiol 0.025 mg patch(2/wk); estradiol 0.0375mg patch(2/wk); estradiol 0.05 mg patch (2/wk); estradiol 0.075 mg patch(2/wk); estradiol 0.1 mg patch (2/wk) MO	4	QL (8 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg tablet MO	1	
estradiol 10 mcg vaginal insrt MO	3	
estradiol valerate 100 mg/5 ml; estradiol valerate 200 mg/5 ml 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)
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET MO	4	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg MO	4	
etonogestrel-ee vaginal ring MO	4	QL (1 per 28 days)
falmina (28) 0.1 mg-20 mcg tablet MO	4	
fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL MO	4	QL (1 per 90 days)
femynor 0.25 mg-35 mcg tablet MO	4	
gianvi (28) 3 mg-0.02 mg tablet MO	4	
hailey 1.5 mg-30 mcg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
heather 0.35 mg tablet MO	4	
incassia 0.35 mg tablet MO	4	
introvale 0.15 mg-30 mcg (91) tablets,3 month dose pack MO	4	QL (91 per 90 days)
isibloom 0.15 mg-0.03 mg tablet MO	4	
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
jasmiel (28) 3 mg-0.02 mg tablet MO	4	
jencycla 0.35 mg tablet MO	4	
jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack MO	4	QL (91 per 90 days)
jolivette tablet MO	4	
juleber 0.15 mg-0.03 mg tablet MO	4	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
junel 1/20 (21) 1 mg-20 mcg tablet MO	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
kalliga 0.15 mg-0.03 mg tablet MO	4	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
kelnor 1-50 1 mg-50 mcg tablet MO	4	
kelnor 1/35 (28) 1 mg-35 mcg tablet MO	4	
kurvelo (28) 0.15 mg-0.03 mg tablet MO	4	
levono-e estrad 0.15-0.03-0.01; levonor-e estrad 0.1-0.02-0.01; levonorg 0.15mg-ee 20-25-30mcg MO	4	QL (91 per 90 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
larin 1/20 (21) 1 mg-20 mcg tablet MO	4	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
larissia 0.1 mg-20 mcg tablet MO	4	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet MO	4	
lessina 0.1 mg-20 mcg tablet MO	4	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
levonor-eth estrad triphasic MO	4	
levonor-eth estrad 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
lillow (28) 0.15 mg-0.03 mg tablet MO	4	
lo-zumandimine (28) 3 mg-0.02 mg tablet MO	4	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET MO	4	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET MO	4	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	4	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	4	
lojaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets, 3 month dose pack MO	4	QL (91 per 90 days)
loryna (28) 3 mg-0.02 mg tablet MO	4	
low-ogestrel (28) 0.3 mg-30 mcg tablet MO	4	
lutra (28) 0.1 mg-20 mcg tablet MO	4	
lyza 0.35 mg tablet MO	4	
marlissa (28) 0.15 mg-0.03 mg tablet MO	4	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab MO	2	
medroxyprogesterone 150 mg/ml MO	2	QL (1 per 90 days)
megestrol 20 mg, 40 mg tablet MO	2	
megestrol 625 mg/5 ml susp MO	4	
megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml MO	3	
MENEST 0.3 MG, 0.625 MG, 1.25 MG TABLET MO	4	
METHITEST 10 MG TABLET DL	5	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
microgestin 1/20 (21) 1 mg-20 mcg tablet MO	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
mili 0.25 mg-35 mcg tablet MO	4	
mimvey 1 mg-0.5 mg tablet MO	3	
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET MO	4	
mono-lyyah 0.25 mg-35 mcg tablet MO	4	
mononessa 28 tablet MO	4	
myzilra-28 tablet MO	4	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MO	4	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MO	4	
nikki (28) 3 mg-0.02 mg tablet MO	4	
nora-be 0.35 mg tablet MO	4	
noret-estr-fe 0.4-0.035(21)-75 MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
norethindrone 0.35 mg tablet MO	4	
norethin-ee 1.5-0.03 mg(21) tb; norethind-eth estrad 1-0.02 mg MO	4	
norethindrone 5 mg tablet MO	3	
noreth-ee-fe 1.5-0.03mg(21)-75; noreth-estradiol-fe 1-0.02(21)-75; noreth-estradiol-fe 1-0.02(24)-75 MO	4	
noreth-estradiol-fe 1-0.02(24)-75 MO	4	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg MO	4	
norlyda 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	
NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL MO	4	QL (1 per 28 days)
ocella 3 mg-0.03 mg tablet MO	4	
ogestrel tablet MO	4	
orsythia 0.1 mg-20 mcg tablet MO	4	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET MO	4	
OSPHENA 60 MG TABLET MO	3	PA
oxandrolone 10 mg tablet DL	5	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet MO	4	PA,QL (120 per 30 days)
philith 0.4 mg-35 mcg tablet MO	4	
pimtrex (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet MO	4	
portia 28 0.15 mg-0.03 mg tablet MO	4	
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	
previfem 0.25 mg-35 mcg tablet MO	4	
progesterone 500 mg/10 ml vial MO	3	
progesterone 100 mg, 200 mg capsule MO	3	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
quasense 0.15-0.03 mg tablet MO	4	QL (91 per 90 days)
raloxifene hcl 60 mg tablet MO	2	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet MO	4	
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack MO	4	QL (91 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sharobel 0.35 mg tablet MO	4	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
SLYND 4 MG (28) TABLET MO	4	
sprintec (28) 0.25 mg-35 mcg tablet MO	4	
sronyx 0.1 mg-20 mcg tablet MO	4	
syeda 3 mg-0.03 mg tablet MO	4	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
testosterone 1.62% (2.5 g) pkt; testosterone 1.62% gel pump MO	3	PA,QL (150 per 30 days)
testosterone 1.62%(1.25 g) pkt MO	3	PA,QL (37.5 per 30 days)
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml MO	3	
testosteron enan 1,000 mg/5 ml MO	2	QL (24 per 90 days)
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet MO	4	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
TRI-NORINYL 28 TABLET MO	4	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet MO	4	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
tulana 0.35 mg tablet MO	4	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
vienva 0.1 mg-20 mcg tablet MO	4	
violele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
vyfemla (28) 0.4 mg-35 mcg tablet MO	4	
vylibra 0.25 mg-35 mcg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
wera (28) 0.5 mg-35 mcg tablet MO	4	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
xulane 150 mcg-35 mcg/24 hr transdermal patch MO	4	QL (3 per 28 days)
YAZ (28) 3 MG-0.02 MG TABLET MO	4	
yuvafem 10 mcg vaginal tablet MO	3	
zarah 3 mg-0.03 mg tablet MO	4	
zovia 1/35e (28) 1 mg-35 mcg tablet MO	4	
zumandimine (28) 3 mg-0.03 mg tablet MO	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET MO	4	
EUTHYROX 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	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
levothyroxine 100 mcg, 100 mcg/ml, 20 mcg/ml, 200 mcg, 40 mcg/ml, 500 mcg vial; levothyroxine 100 mcg/5 ml vial; levothyroxine 200 mcg/5 ml vial; levothyroxine 500 mcg/5 ml vial MO	4	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg tablet MO	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	1	
liothyronine sod 10 mcg/ml vial MO	3	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab MO	3	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	2	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	2	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	2	
THYROLAR-2 25 MCG-100 MCG TABLET MO	2	
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	2	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN 500 MG TABLET DL	5	
Hormonal Agents, Suppressant (Pituitary)		
cabergoline 0.5 mg tablet MO	4	QL (16 per 28 days)
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE MO	4	PA
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE MO	4	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE MO	4	PA
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION DL	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION DL	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION MO	4	PA
<i>leuprolide 2wk 14 mg/2.8 ml kt</i> MO	4	B vs D
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT DL	5	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT	5	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT DL	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA,QL (1 per 90 days)
<i>octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml vial;</i> <i>octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml vl</i> MO	4	PA
<i>octreotide acet 0.05 mg/ml vl</i> MO	3	PA
<i>octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr</i> MO	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE DL	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION DL	5	PA,QL (60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (30 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY DL	5	
TRELSTAR 11.25 MG, 22.5 MG INTRAMUSCULAR SUSPENSION	5	PA
TRELSTAR 3.75 MG INTRAMUSCULAR SUSPENSION DL	5	PA
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT MO	4	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT MO	4	PA,QL (1 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole 10 mg, 5 mg tablet</i> MO	2	
<i>propylthiouracil 50 mg tablet</i> MO	3	
Immunological Agents		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION DL	5	PA
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE MO	3	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	3	
ARCALYST 220 MG SUBCUTANEOUS SOLUTION DL	5	PA
<i>azathioprine 50 mg tablet</i> MO	2	B vs D
BCG VACCINE (TICE STRAIN) VIAL MO	4	
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)
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	3	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
CELLCEPT 200 MG/ML ORAL SUSPENSION DL	5	B vs D
CELLCEPT 250 MG CAPSULE DL	5	B vs D
CELLCEPT 500 MG TABLET DL	5	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO	4	B vs D
<i>cyclosporine 100 mg, 25 mg capsule</i> MO	4	B vs D
<i>cyclosporine modified 100 mg, 25 mg, 50 mg</i> MO	4	B vs D
<i>cyclosporine modified 100mg/ml</i> MO	4	B vs D
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	4	
ENBREL 25 MG (1 ML), 25 MG/0.5 ML SUBCUTANEOUS POWDER FOR SOLUTION; ENBREL 25 MG (1 ML), 25 MG/0.5 ML SUBCUTANEOUS SOLUTION DL	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE DL	5	PA,QL (8.16 per 28 days)
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE DL	5	PA,QL (78 per 365 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE DL	5	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (78 per 365 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG TABLET,EXTENDED RELEASE MO	4	PA
everolimus 0.25 mg tablet MO	4	B vs D,QL (60 per 30 days)
everolimus 0.5 mg tablet DL	5	B vs D,QL (120 per 30 days)
everolimus 0.75 mg tablet DL	5	B vs D,QL (60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION DL	5	PA
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION MO	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 365 days)
gengraf 100 mg, 25 mg capsule MO	4	B vs D
gengraf 100 mg/ml oral solution MO	4	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION DL	5	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; HAVRIX 720 UNITS/0.5 ML VIAL MO	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (6 per 28 days)
HUMIRA PEDI CROHN 40 MG/0.8 ML DL	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT DL	5	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT DL	5	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT; HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYRINGE KIT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML SUBCUTANEOUS KIT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT DL	5	PA,QL (6 per 28 days)

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HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT DL	5	PA,QL (6 per 28 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	3	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP MO	4	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO	4	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION MO	4	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (2.28 per 28 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
leflunomide 10 mg, 20 mg tablet MO	2	QL (30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION MO	4	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO	4	
methotrexate 2.5 mg tablet MO	1	B vs D
methotrexate 50 mg/2 ml vial MO	1	
methotrexate 1 gm vial MO	2	
methotrexate 50 mg/2 ml vial MO	1	
MONJUVI 200 MG INTRAVENOUS SOLUTION DL	5	PA
mycophenolate 200 mg/ml susp MO	4	B vs D
mycophenolate 250 mg capsule MO	2	B vs D
mycophenolate 500 mg tablet MO	3	B vs D
mycophenolate 500 mg vial MO	4	B vs D
mycophenolic acid dr 180 mg, 360 mg tb MO	4	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE MO	4	B vs D
MYFORTIC 360 MG TABLET,DELAYED RELEASE DL	5	B vs D
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT; PENTACEL (PF) 15 LF-48 MCG-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT MO	4	

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PROGRAF 0.2 MG, 1 MG ORAL GRANULES IN PACKET MO	4	B vs D
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE MO	4	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	4	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	3	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
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE DL	5	
RIDAURA 3 MG CAPSULE DL	5	
RINVOQ 15 MG TABLET,EXTENDED RELEASE DL	5	PA,QL (30 per 30 days)
ROTARIX 10EXP6 CCID50/ML SUSPENSION MO	4	
ROTATEQ VACCINE 2 ML ORAL SOLUTION MO	4	
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION DL	5	PA,QL (8 per 28 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION MO	4	B vs D
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT MO	3	QL (2 per 365 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>sirolimus 1 mg/ml solution</i> MO	4	B vs D
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION DL	5	PA
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> MO	3	B vs D
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
DIPHTHERIA-TETANUS TOXOIDS-PED MO	4	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	4	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION MO	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	3	
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION DL	5	PA,QL (12 per 30 days)

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WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML INJECTION SOLUTION; WINRHO SDF 15,000 UNIT (3,000 MCG)/13 ML INJECTION SOLUTION; WINRHO SDF 5,000 UNIT (1,000 MCG)/4.4 ML INJECTION SOLUTION DL	5	B vs D
XATMEP 2.5 MG/ML ORAL SOLUTION MO	4	PA
XELJANZ 10 MG, 5 MG TABLET DL	5	PA,QL (60 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (6 per 28 days)
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (6 per 28 days)
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (3 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	4	
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET DL	5	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET DL	5	B vs D,QL (120 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION MO	4	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
balsalazide disodium 750 mg cp MO	3	
budesonide ec 3 mg capsule MO	4	
colocort 100 mg/60 ml enema MO	3	
hydrocortisone 100 mg/60 ml MO	3	
mesalamine 4 gm/60 ml enema MO	4	QL (1800 per 30 days)
mesalamine dr 1.2 gm tablet MO	4	QL (120 per 30 days)
sulfasalazine 500 mg tablet; sulfasalazine dr 500 mg tab MO	2	
Metabolic Bone Disease Agents		
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet MO	1	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab MO	1	QL (4 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	4	QL (4 per 28 days)
calcitonin-salmon 200 units sp MO	3	QL (3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg capsule MO	2	
calcitriol 1 mcg/ml ampul MO	2	
calcitriol 1 mcg/ml solution MO	4	
cinacalcet hcl 30 mg, 60 mg tablet DL	5	QL (60 per 30 days)
cinacalcet hcl 90 mg tablet DL	5	QL (120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule MO	4	
doxercalciferol 4 mcg/2 ml vl MO	4	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR MO	4	PA,QL (2.4 per 28 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	1	
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR MO	4	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR MO	4	PA,QL (2 per 30 days)
AIMOVIG 140 MG DOSE-2 AUTOINJ MO	4	PA,QL (2 per 30 days)
ALCOHOL PADS MO	1	
ALCOHOL PREP PADS MO	1	
ALCOHOL SWAB MO	1	
ALCOHOL WIPES MO	1	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE MO	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE MO	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" MO	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO	1	
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION MO	4	
BAND-AID GAUZE PADS 2" X 2" BANDAGE MO	1	
BD ALCOHOL SWABS MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MO	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	1	
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" MO	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" MO	1	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE MO	1	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" MO	1	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" MO	1	
BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" MO	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" MO	1	
BORDERED GAUZE 2" X 2" BANDAGE MO	1	
CABLIVI 11 MG INJECTION KIT DL	5	PA,QL (30 per 30 days)
<i>caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial</i> MO	1	
<i>calcium disodium versenate 200 mg/ml injection solution</i> MO	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS MO	1	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16"; CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16" MO	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	1	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" MO	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" MO	1	
CURITY ALCOHOL SWABS MO	1	
CURITY GAUZE 2" X 2" BANDAGE MO	1	
DERMACEA 2" X 2" BANDAGE MO	1	
DOJOLVI 8.3 KCAL/ML ORAL LIQUID DL	5	PA
DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 15/64"; DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 15/64" MO	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" MO	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" MO	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 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 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" MO	1	
EASY COMFORT ALCOHOL PAD TOPICAL PADS MO	1	

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EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" MO	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" MO	1	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" MO	1	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" MO	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE MO	1	
EASY TOUCH ALCOHOL PREP PADS MO	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE MO	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" MO	1	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16", 30 GAUGE X 3/16" MO	1	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	1	

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EASY TOUCH UNI-SLIP 1 ML SYRINGE MO	1	
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR MO	4	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE MO	4	PA,QL (2 per 30 days)
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"" SYRINGE MO	1	
<i>flumazenil</i> 0.5 mg/5 ml vial MO	4	
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE; FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" SYRINGE MO	1	
GAUZE PADS 2"X2" MO	1	
GAUZE PAD 2" X 2" BANDAGE MO	1	
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	1	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
HUMAPEN LUXURA HD MO	1	
INCONTROL ALCOHOL PADS MO	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
INSULIN SYR 0.3ML 31GX1/4(1/2) MO	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" MO	1	
BD LUER-LOK SYRINGE 1 ML MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYR 1 ML 28GX1/2"; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRING 0.5 ML 27GX1/2"; INSULIN SYRINGE 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 27GX1/2"; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; 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 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 31GX15/64"; TERUMO INS SYRINGE U100-1 ML; ULTICARE INS SYR 1 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 0.5 ML 31GX5/16"; ULTICARE SYR 1 ML 30GX5/16"; ULTICARE SYRIN 0.3 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" MO	1	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MO	1	
IV PREP WIPES MEDICATED MO	1	
KORLYM 300 MG TABLET DL	5	PA,QL (120 per 30 days)
<i>lactated ringers irrigation</i> MO	1	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MO	1	
LITHOSTAT 250 MG TABLET DL	5	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" MO	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" MO	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	1	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" MO	1	

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MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" MO	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" MO	1	
<i>methergine 0.2 mg tablet</i> DL	5	
<i>methylergonovine 0.2 mg tablet</i> MO	4	
<i>methylergonovine 0.2 mg/ml amp</i> MO	3	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" MO	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE MO	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"; MONOJECT INSULIN SYRINGE 1 ML MO	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE MO	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MO	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE MO	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MO	1	
NOVOPEN ECHO SUBCUTANEOUS MO	1	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE MO	1	
OMNIPOD DASH 5 PACK INSULIN POD SUBCUTANEOUS CARTRIDGE MO	3	
OMNIPOD INSULIN MANAGEMENT MO	3	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE MO	3	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; KRO PEN NEEDLE 4MM X 33G; PEN NEEDLE 12MM 29G; PEN NEEDLE 30G X 8MM; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLE 8MM 31G; PEN NEEDLES 6MM 31G MO	1	

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PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION MO	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION MO	1	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" MO	1	
PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION DL	5	PA
PRO COMFORT ALCOHOL PADS MO	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" MO	1	
<i>protamine 250 mg/25 ml vial</i> MO	1	
PURE COMFORT ALCOHOL PADS MO	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
RELION NEEDLES 31 GAUGE X 1/4" MO	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" MO	1	
RENACIDIN 1980.6 MG-59.4MG-980.4MG/30ML IRRIGATION SOLUTION MO	4	
<i>ringers irrigation solution</i> MO	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	1	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" MO	1	
<i>sod phenylacet-sod benzoate vl</i> DL	5	
<i>sodium chloride 0.9% irrig.</i> MO	2	
<i>sorbitol-mannitol irrig</i> MO	1	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" MO	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" MO	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" MO	1	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" MO	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" MO	1	

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

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"; ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" MO	1	
UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MO	1	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE MO	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MO	1	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE MO	1	
UNIFINE SAFECONTROL 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE MO	1	
V-GO 20 DEVICE MO	3	
V-GO 30 DEVICE MO	3	
V-GO 40 DEVICE MO	3	
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" MO	1	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	1	
VERIFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	1	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET DL	5	QL (20 per 365 days)
<i>sterile water for irrigation</i> MO	2	
WEBCOL TOPICAL PADS MO	1	
Ophthalmic Agents		
<i>ak-poly-bac 500 unit-10,000 unit/gram eye ointment</i> MO	2	
AKTEN (PF) 3.5 % EYE GEL MO	4	
ALCAINE 0.5 % EYE DROPS MO	2	
ALPHAGAN P 0.1 % EYE DROPS MO	3	
<i>apraclonidine hcl 0.5% drops</i> MO	3	
<i>atropine 1% eye drops</i> MO	2	
<i>azelastine hcl 0.05% drops</i> MO	2	
<i>bacitracin-polymyxin eye oint</i> MO	2	
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	4	
<i>betaxolol hcl 0.5% eye drop</i> MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
brimonidine 0.2% eye drop MO	2	
brimonidine tartrate 0.15% drp MO	3	
carteolol hcl 1% eye drops MO	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	3	QL (5 per 25 days)
cromolyn 4% eye drops MO	1	
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	
dorzolamide hcl 2% eye drops MO	1	QL (10 per 30 days)
dorzolamide-timolol eye drops MO	1	QL (10 per 30 days)
DUREZOL 0.05 % EYE DROPS MO	3	
fluorometholone 0.1% drops MO	3	
flurbiprofen 0.03% eye drop MO	2	
ILEVRO 0.3 % EYE DROPS,SUSPENSION MO	3	QL (3 per 30 days)
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution MO	2	
latanoprost 0.005% eye drops MO	1	QL (5 per 25 days)
levobunolol 0.5% eye drops MO	1	
LOTEMAX SM 0.38 % EYE GEL DROPS MO	4	
LUMIGAN 0.01 % EYE DROPS MO	3	QL (2.5 per 25 days)
metipranolol 0.3% eye drops MO	2	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment MO	2	
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	2	
neomyc-polym-dexamet eye ointm MO	2	
neomyc-polym-dexameth eye drop MO	2	
neomyc-polym-gramicid eye drop MO	2	
neomycin-poly-hc eye drops MO	3	
olopatadine hcl 0.1% eye drops MO	3	ST
olopatadine hcl 0.2% eye drop MO	2	
PAZEO 0.7 % EYE DROPS MO	3	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	4	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops MO	3	
polycin 500 unit-10,000 unit/gram eye ointment MO	2	
polymyxin b-tmp eye drops MO	1	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT ^{MO}	4	
<i>prednisolone ac 1% eye drop</i> ^{MO}	3	
<i>prednisolone sod 1% eye drop</i> ^{MO}	2	
<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)
RHOPRESSA 0.02 % EYE DROPS ^{MO}	3	ST,QL (2.5 per 25 days)
ROCKLATAN 0.02 %-0.005 % EYE DROPS ^{MO}	3	ST,QL (2.5 per 25 days)
<i>sulf-pred 10-0.23% eye drops</i> ^{MO}	2	
<i>timolol 0.25% gfs gel-solution; timolol 0.5% gfs gel-solution</i> ^{MO}	4	
<i>timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops</i> ^{MO}	1	
<i>tobramycin-dexameth ophth susp</i> ^{MO}	2	
TRAVATAN Z 0.004 % EYE DROPS ^{MO}	3	QL (2.5 per 25 days)
<i>travoprost 0.004% eye drop</i> ^{MO}	3	QL (2.5 per 25 days)
VYZULTA 0.024 % EYE DROPS ^{MO}	4	QL (5 per 30 days)
Otic Agents		
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION ^{MO}	4	
<i>ciproflox-dexameth otic susp</i> ^{MO}	4	
<i>hydrocortison-acetic acid soln</i> ^{MO}	3	
<i>neomycin-polymyxin-hc ear soln</i> ^{MO}	2	
<i>neomycin-polymyxin-hc ear susp</i> ^{MO}	2	
RESPIRATORY TRACT/PULMONARY 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)
<i>albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln</i> ^{MO}	2	B vs D
<i>albuterol hfa 90 mcg inhaler</i> ^{MO}	3	QL (36 per 30 days)
<i>albuterol sulf 2 mg/5 ml syrup</i> ^{MO}	1	
<i>albuterol sulfate 2 mg tab</i> ^{MO}	4	QL (120 per 30 days)
<i>albuterol sulfate 4 mg tab</i> ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
albuterol sulfate er 4 mg, 8 mg tab MO	4	
alyq 20 mg tablet MO	4	PA,QL (60 per 30 days)
ambrisentan 10 mg, 5 mg tablet DL	5	PA,QL (30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml vl MO	2	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (30 per 30 days)
azelastine 0.1% (137 mcg) spray MO	2	QL (30 per 25 days)
azelastine 0.15% nasal spray MO	3	QL (30 per 25 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER MO	4	QL (10.7 per 30 days)
bosentan 125 mg, 62.5 mg tablet DL	5	PA,QL (60 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (10.7 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION	5	PA,QL (120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp MO	4	B vs D
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL (84 per 28 days)
cetirizine hcl 1 mg/ml soln MO	2	QL (300 per 30 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION MO	4	QL (4 per 20 days)
cromolyn 100 mg/5 ml oral conc MO	4	
cromolyn 20 mg/2 ml neb soln DL	5	B vs D
cyproheptadine 2 mg/5 ml syrup MO	4	
cyproheptadine 4 mg tablet MO	4	
DALIRESP 250 MCG TABLET MO	3	QL (28 per 365 days)
DALIRESP 500 MCG TABLET MO	3	QL (30 per 30 days)
desloratadine 5 mg tablet MO	3	QL (30 per 30 days)
diphenhydramine 50 mg/ml vial MO	4	
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (56 per 365 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (31.92 per 365 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (56 per 365 days)
epinephrine 0.15 mg auto-inject; epinephrine 0.3 mg auto-inject MO	3	QL (4 per 30 days)
epoprostenol sodium 0.5 mg, 1.5 mg vl 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)

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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
ESBRIET 801 MG TABLET DL	5	PA,QL (90 per 30 days)
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	5	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER MO	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	3	QL (10.6 per 30 days)
flunisolide 0.025% spray MO	3	QL (50 per 30 days)
fluticasone-salmeterol 100-50; fluticasone-salmeterol 250-50; fluticasone-salmeterol 500-50 MO	3	QL (60 per 30 days)
fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14 MO	3	QL (1 per 30 days)
fluticasone prop 50 mcg spray MO	2	QL (16 per 30 days)
hydroxyzine pam 100 mg, 25 mg, 50 mg cap MO	3	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (30 per 30 days)
ipratropium 0.03% spray MO	2	QL (30 per 30 days)
ipratropium 0.06% spray MO	2	QL (45 per 30 days)
ipratropium br 0.02% soln MO	2	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml MO	2	B vs D
KALYDECO 150 MG TABLET DL	5	PA,QL (60 per 30 days)
KALYDECO 25 MG, 50 MG, 75 MG ORAL GRANULES IN PACKET DL	5	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET DL	5	PA,QL (30 per 30 days)
levalbuterol 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml sol; levalbuterol conc 1.25 mg/0.5 MO	4	B vs D
levalbuterol tar hfa 45mcg inh MO	4	ST,QL (30 per 30 days)
levocetirizine 5 mg tablet MO	1	QL (30 per 30 days)
metaproterenol 10 mg, 20 mg tablet MO	4	
metaproterenol 10 mg/5 ml syr MO	4	
mometasone furoate 50 mcg spry MO	4	ST,QL (34 per 30 days)
montelukast sod 10 mg tablet MO	1	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)
NASONEX 50 MCG/ACTUATION SPRAY MO	4	ST,QL (34 per 30 days)
NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	5	PA,QL (3 per 28 days)
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (3 per 28 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET; ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET DL	5	PA,QL (56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET DL	5	PA,QL (112 per 28 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	4	PA,QL (120 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION DL	5	B vs D
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
<i>sildenafil 10 mg/ml oral susp</i> DL	5	PA,QL (180 per 30 days)
<i>sildenafil 20 mg tablet</i> MO	3	PA,QL (90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MO	3	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (10.2 per 30 days)
SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML INJECTION SYRINGE; SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS) MO	3	QL (4 per 30 days)
<i>tadalafil 20 mg tablet</i> DL	5	PA,QL (60 per 30 days)
<i>theophylline er 100 mg, 200 mg, 300 mg tab; theophylline er 100 mg, 200 mg, 300 mg tablet</i> MO	4	
<i>theophylline er 400 mg, 600 mg tablet</i> MO	4	
<i>theophylline er 450 mg tab</i> MO	4	QL (30 per 30 days)
<i>theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w</i> MO	4	
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG INHALE CAP DL	5	PA,QL (224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET DL	5	PA,QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION DL	5	PA,QL (120 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION; TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION MO	3	QL (60 per 30 days)
TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS DL	5	PA,QL (84 per 28 days)
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL (150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL (90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
wixela inhub 100 mcg-50 mcg/dose powder for inhalation; wixela inhub 250 mcg-50 mcg/dose powder for inhalation; wixela inhub 500 mcg-50 mcg/dose powder for inhalation MO	3	QL (60 per 30 days)
zafirlukast 10 mg, 20 mg tablet MO	4	QL (60 per 30 days)
Skeletal Muscle Relaxants		
carisoprodol 350 mg tablet MO	4	QL (120 per 30 days)
cyclobenzaprine 10 mg, 5 mg tablet MO	2	PA
methocarbamol 500 mg, 750 mg tablet MO	2	
vanadom 350 mg tablet MO	4	QL (120 per 30 days)
Sleep Disorder Agents		
BELSOMRA 10 MG TABLET MO	3	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	3	QL (30 per 30 days)
BELSOMRA 5 MG TABLET MO	3	QL (120 per 30 days)
HETLIOZ 20 MG CAPSULE DL	5	PA,QL (30 per 30 days)
modafinil 100 mg, 200 mg tablet MO	4	PA,QL (60 per 30 days)
temazepam 15 mg, 30 mg capsule DL	4	QL (30 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION DL	5	PA,QL (540 per 30 days)
zolpidem tartrate 10 mg, 5 mg tablet MO	2	QL (30 per 30 days)

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CarePlus Coverage of Additional Prescription Drugs

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

Your CarePlus plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D. These drugs aren't subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage).

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Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-794-5907 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-794-5907 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-794-5907 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-794-5907 (TTY: 711).

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-794-5907 (TTY: 711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1-800-794-5907 (TTY: 711).

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 1-800-794-5907 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-794-5907 (رقم هاتف الصم والبكم: 711).

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This formulary was updated on 10/30/2020. For more recent information or other questions, please contact CarePlus Member Services, at **1-800-794-5907** or for TTY users, **711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voice mail message after-hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day, or visit **www.CarePlusHealthPlans.com**.