

2017

Prescription Drug Guide

Humana Formulary

List of covered drugs

Humana Preferred Rx Plan (PDP)

Region 2
States of CT, MA, RI, VT



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

This formulary was updated on 11/07/2016. For more recent information or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that the automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Humana[®]

Welcome to Humana!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

What is the formulary?

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

Can the formulary change?

Generally, if you take a drug that was covered at the beginning of the year, that coverage will not be discontinued or reduced during the 2017 coverage year. However, a formulary may be changed when, for example, a new, more cost effective generic drug or new information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose your plan, except for cases in which you can save additional money or we can ensure your safety.

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

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

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

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

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

The enclosed formulary is current as of January 1, 2017. We'll update the printed formularies each month and they'll be available on Humana.com.

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

For help and information, call Humana Customer Care at **1-800-281-6918 (TTY: 711)**. You can call seven days a week, from 8 a.m. - 8 p.m. However, please note that the automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number and we'll call you back by the end of the next business day.

How do I use the formulary?

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

Medical condition

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

Alphabetical listing

If you're not sure about your drug's category or group, you should look for your drug in the Index that begins on page 87. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of five tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

Does healthcare reform impact my coverage?

Since 2011, Medicare has made changes to help with the cost of drugs while members are in the Prescription Drug Plan coverage gap, which is often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with the companies that make prescription drugs and health plans so you receive nearly 60 percent off the cost of many covered, brand-name drugs while you're in the coverage gap. Medicare members who receive the low-income subsidy ("Extra Help") or are covered by a qualified, commercial prescription plan through an employer won't get this discount.

What if my drug isn't on the formulary?

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

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

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

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

How do I request an exception to the formulary?

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

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

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

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

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

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

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

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

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

If you're a resident of a long-term care facility and you take Part D drugs that aren't on the formulary, we'll cover up to a 31-day supply, plus refills for a maximum of a 91-98 day supply of your current drug therapy (unless you have a prescription written for fewer days). We'll cover more than one refill of these drugs for the first 90 days you're a member of our plan. We'll cover a 31-day emergency supply of your drug (unless you have a prescription for fewer days) while you request a formulary exception if:

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

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

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

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

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

Transition extension

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

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

Humana-Medicare.com - Find a Plan

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

For More Information

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

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

You can also call Humana Customer Care at **1-800-281-6918 (TTY: 711)**. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 to Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

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

Humana Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 87.

How to read your formulary

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTI-INFECTIVE AGENTS		
abacavir 300 mg tablet MO	4	QL (60 per 30 days)
abacavir-lamivudine-zidov tab MO	5	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION MO	5	B vs D
acyclovir 200 mg capsule MO	1	
acyclovir 200 mg/5 ml susp MO	4	
acyclovir 400 mg, 800 mg tablet MO	2	
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 50 mg/ml, 500 mg vial MO	4	B vs D
adefovir dipivoxil 10 mg tab SP	5	
ALBENZA 200 MG TABLET MO	5	
ALINIA 100 MG/5 ML ORAL SUSPENSION MO	4	QL (150 per 30 days)
ALINIA 500 MG TABLET MO	4	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION MO	4	B vs D
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial MO	4	
amoxicillin 125 mg, 250 mg tab chew; amoxicillin 500 mg, 875 mg tablet MO	2	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp; amoxicillin 250 mg, 500 mg capsule MO	1	
amox-clav 200-28.5 mg, 400-57 mg tab chew; 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; amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet MO	2	
amox-clav er 1,000-62.5 mg tab MO	4	
amphotericin b 50 mg vial MO	4	B vs D
ampicillin 125 mg/5 ml, 250 mg/5 ml susp; ampicillin 250 mg, 500 mg capsule MO	2	
ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram vial; ampicillin 10 gm vial; ampicillin 2 gm vial MO	4	
ampicillin-sulb 3 gm add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial MO	4	
ANCOBON 250 MG, 500 MG CAPSULE MO	4	
APTIVUS 100 MG/ML ORAL SOLUTION SP	5	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE SP	5	QL (120 per 30 days)
atovaquone 750 mg/5 ml susp MO	5	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 MO	4	
ATRIPLA 600 MG-200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
azithromycin 1 gm pwd packet; azithromycin 100 mg/5 ml, 200 mg/5 ml susp; azithromycin i.v. 500 mg vial MO	3	
azithromycin 250 mg, 500 mg, 600 mg tablet MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aztreonam 1 gm vial MO	4	
aztreonam 2 gm vial MO	5	
bacitracin 50,000 units vial MO	3	
BARACLUDE 0.05 MG/ML ORAL SOLUTION SP	5	QL (630 per 30 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION SP	5	PA,QL (224 per 28 days)
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; 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	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION MO	5	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION SP	5	PA,QL (84 per 28 days)
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial MO	4	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback MO	4	
cefactor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; cefactor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen; cefactor er 500 mg tablet MO	4	
cefactor 250 mg, 500 mg capsule MO	3	
cefadroxil 1 gm tablet; cefadroxil 250 mg/5 ml, 500 mg/5 ml susp; cefadroxil 500 mg capsule MO	3	
cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 1 gram, 10 gram, 20 gram, 500 mg vial; cefazolin 10 gm vial; cefazolin 20 gm bulk vial MO	3	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose MO	3	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp MO	3	
cefdinir 300 mg capsule MO	2	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial MO	4	
cefotaxime sodium 1 gm vial MO	3	
cefotaxime sodium 10 gm vial; cefotaxime sodium 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 2 gm vial MO	2	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial MO	4	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial MO	4	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag MO	4	
cefpodoxime 100 mg, 200 mg tablet; cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp MO	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp MO	4	
cefprozil 250 mg, 500 mg tablet MO	3	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial MO	4	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback MO	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 1 gram, 10 gram, 2 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial MO	3	
cefuroxime axetil 250 mg, 500 mg tab MO	3	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial MO	3	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp; cephalexin 250 mg, 500 mg tablet MO	2	
cephalexin 250 mg, 500 mg capsule MO	1	
cephalexin 750 mg capsule MO	4	
chloramphen na succ 1 gm vl MO	2	
chloroquine ph 250 mg, 500 mg tablet MO	2	
ciprofloxacin hcl 100 mg, 750 mg tab MO	2	
ciprofloxacin hcl 250 mg, 500 mg tab MO	1	
ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml MO	2	
ciprofloxacin 400 mg/40 ml vl MO	2	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus MO	4	
clarithromycin 250 mg, 500 mg tablet; clarithromycin er 500 mg tab MO	3	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule MO	2	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml MO	4	
clindamycin 75 mg/5 ml soln MO	4	
clindamycin pediatric 75 mg/5 ml oral solution MO	4	
clindamycin ph 900 mg/6 ml vl MO	3	
COARTEM 20 MG-120 MG TABLET MO	4	QL (24 per 30 days)
colistimethate 150 mg vial MO	4	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION MO	4	
COMPLERA 200 MG-25 MG-300 MG TABLET SP	5	QL (30 per 30 days)
CRESEMBA 186 MG CAPSULE; CRESEMBA 372 MG INTRAVENOUS SOLUTION MO	5	PA
CRIXIVAN 200 MG CAPSULE MO	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE MO	4	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION MO	5	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION MO	5	
cycloserine 250 mg capsule MO	4	
DAKLINZA 30 MG, 60 MG, 90 MG TABLET SP	5	PA,QL (28 per 28 days)
dapsone 100 mg, 25 mg tablet MO	3	
daptomycin 500 mg vial MO	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
demeclocycline 150 mg, 300 mg tablet MO	4	
DESCOVY 200 MG-25 MG TABLET SP	5	QL (30 per 30 days)
dicloxacillin 250 mg, 500 mg capsule MO	2	
didanosine dr 125 mg capsule MO	4	QL (90 per 30 days)
didanosine dr 200 mg capsule MO	4	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule MO	4	QL (30 per 30 days)
DIFICID 200 MG TABLET MO	5	ST,QL (20 per 10 days)
DORIBAX 250 MG, 500 MG INTRAVENOUS SOLUTION MO	4	
doxycycline hyc 100 mg vial MO	4	
doxycycline hyclate 100 mg tab; doxycycline hyclate 100 mg, 50 mg cap MO	3	
doxycycline 25 mg/5 ml susp; doxycycline mono 150 mg cap MO	4	
doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet MO	3	
doxycycline mono 100 mg, 50 mg cap MO	2	QL (60 per 30 days)
doxycycline mono 75 mg capsule MO	4	QL (60 per 30 days)
EDURANT 25 MG TABLET SP	4	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 SP	5	QL (30 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION MO	4	
EPZICOM 600 MG-300 MG TABLET SP	5	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG, 50 MG INTRAVENOUS SOLUTION MO	4	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO	2	
erythromycin 250 mg, 500 mg filmtab MO	4	
ethambutol hcl 100 mg, 400 mg tablet MO	4	
EVOTAZ 300 MG-150 MG TABLET SP	5	QL (30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg tablet MO	3	QL (90 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml susp; fluconazole 100 mg, 200 mg, 50 mg tablet MO	3	
fluconazole 150 mg tablet MO	1	
fluconazole-dext 200 mg/100 ml, 400 mg/200 ml MO	2	
fluconazole-nacl 200 mg/100 ml, 400 mg/200 ml MO	4	
flucytosine 250 mg, 500 mg capsule MO	5	
foscarnet 24 mg/ml infus bttl MO	3	
FUZEON 90 MG SUBCUTANEOUS SOLUTION SP	5	QL (60 per 30 days)
ganciclovir 500 mg vial MO	3	B vs D
gentamicin 80 mg/2 ml vial MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml MO	3	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET SP	5	QL (30 per 30 days)
griseofulvin ultra 125 mg, 250 mg tab MO	4	
HARVONI 90 MG-400 MG TABLET SP	5	PA,QL (28 per 28 days)
hydroxychloroquine 200 mg tab MO	4	
imipenem-cilastatin 250 mg vl MO	4	
imipenem-cilastatin 500 mg vl MO	3	
INTELENCE 100 MG TABLET SP	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET SP	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET SP	4	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML), 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 SP	5	PA
INVANZ 1 GRAM, 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM, 1 GRAM SOLUTION FOR INJECTION MO	4	
INVIRASE 200 MG CAPSULE SP	5	QL (300 per 30 days)
INVIRASE 500 MG TABLET SP	5	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET SP	5	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET SP	3	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET SP	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET SP	5	QL (120 per 30 days)
isoniazid 100 mg tablet; isoniazid 100 mg/ml vial MO	2	
isoniazid 300 mg tablet MO	1	
isoniazid 50 mg/5 ml solution MO	4	
itraconazole 100 mg capsule MO	4	QL (120 per 30 days)
ivermectin 3 mg tablet MO	3	
KALETRA 100 MG-25 MG TABLET SP	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET SP	5	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION SP	5	
KETEK 300 MG, 400 MG TABLET MO	4	
ketoconazole 200 mg tablet MO	2	
lamivudine 10 mg/ml oral soln MO	4	QL (960 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
lamivudine 150 mg tablet MO	4	QL (60 per 30 days)
lamivudine 300 mg tablet MO	4	QL (30 per 30 days)
lamivudine hbv 100 mg tablet MO	4	
lamivudine-zidovudine tablet MO	4	QL (60 per 30 days)
levofloxacin 25 mg/ml solution MO	3	
levofloxacin 250 mg, 500 mg, 750 mg tablet MO	2	
levofloxacin 500 mg/20 ml vial MO	4	
levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w MO	4	
LEXIVA 50 MG/ML ORAL SUSPENSION SP	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET SP	5	QL (120 per 30 days)
lincomycin hcl 600 mg/2 ml vl MO	4	
linezolid 100 mg/5 ml susp; linezolid 600 mg tablet; linezolid 600 mg/300 ml iv sol MO	5	
linezolid-0.9% nacl 600 mg/300 MO	5	
mefloquine hcl 250 mg tablet MO	3	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial MO	4	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 MO	4	
methenamine hipp 1 gm tablet MO	4	
metronidazole 250 mg, 500 mg tablet MO	2	
metronidazole 375 mg capsule MO	4	
metronidazole 500 mg/100 ml MO	4	
minocycline 100 mg, 50 mg, 75 mg capsule MO	2	
minocycline hcl 100 mg, 50 mg, 75 mg tablet MO	3	
nafcillin 1 gm vial MO	4	
nafcillin 10 gm vial MO	5	
nafcillin 1 gm/ 50 ml inj MO	4	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	4	B vs D
neomycin 500 mg tablet MO	3	
nevirapine 200 mg tablet MO	2	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp MO	4	QL (1200 per 30 days)
nevirapine er 100 mg tablet MO	4	QL (120 per 30 days)
nevirapine er 400 mg tablet MO	4	QL (30 per 30 days)
nitrofurantoin 25 mg/5 ml susp MO	4	
nitrofurantoin mcr 100 mg, 50 mg cap MO	4	
nitrofurantoin mono-mcr 100 mg MO	4	
NORVIR 100 MG CAPSULE; NORVIR 100 MG TABLET MO	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION MO	4	QL (480 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOXAFIL 100 MG TABLET, DELAYED RELEASE MO	5	PA, QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION MO	5	PA, QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION MO	5	PA
<i>nystatin 100,000 unit/ml susp</i> MO	2	
<i>nystatin 500,000 unit oral tab</i> MO	3	
ODEFSEY 200 MG-25 MG-25 MG TABLET SP	5	QL (30 per 30 days)
<i>ofloxacin 400 mg tablet</i> MO	3	
<i>paromomycin 250 mg capsule</i> MO	4	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET MO	2	
PEGINTRON 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA, QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA, QL (4 per 28 days)
<i>penicillin g k 20 million unit, 5 million unit; penicillin gk 20 million unit, 5 million unit</i> MO	4	
<i>penicillin g na 5 million unit</i> MO	4	
<i>penicillin vk 125 mg/5 ml, 250 mg/5 ml soln; penicillin vk 250 mg tablet</i> MO	1	
<i>penicillin vk 500 mg tablet</i> MO	2	
PENTAM 300 MG SOLUTION FOR INJECTION MO	4	
<i>pfizerpen-g 20 million unit, 5 million unit solution for injection</i> MO	4	
<i>piperacil-tazobact 2.25 gm vl; piperacil-tazobact 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial</i> MO	4	
<i>polymyxin b sulfite vial</i> MO	3	
PREZCOBIX 800 MG-150 MG TABLET SP	5	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION SP	5	QL (360 per 30 days)
PREZISTA 150 MG TABLET SP	4	QL (240 per 30 days)
PREZISTA 400 MG TABLET SP	5	QL (90 per 30 days)
PREZISTA 600 MG TABLET SP	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET SP	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET SP	5	QL (30 per 30 days)
PRIFTIN 150 MG TABLET MO	4	
<i>primaquine 26.3 mg tablet</i> MO	4	
PRIMSOL 50 MG/5 ML ORAL SOLUTION MO	4	
<i>pyrazinamide 500 mg tablet</i> MO	4	
<i>quinine sulfate 324 mg capsule</i> MO	4	PA, QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION MO	4	QL (1000 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION MO	4	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET MO	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET MO	4	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION MO	4	
REYATAZ 150 MG, 200 MG CAPSULE SP	5	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE SP	5	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET SP	4	
<i>ribasphere 200 mg capsule; ribasphere 200 mg tablet</i> MO	3	QL (168 per 28 days)
<i>ribavirin 200 mg capsule; ribavirin 200 mg tablet</i> MO	3	QL (168 per 28 days)
<i>rifabutin 150 mg capsule</i> MO	4	
RIFAMATE 300 MG-150 MG CAPSULE MO	4	
<i>rifampin 150 mg, 300 mg capsule</i> MO	3	
<i>rifampin iv 600 mg vial</i> MO	4	
RIFATER 50 MG-120 MG-300 MG TABLET MO	4	
<i>rimantadine hcl 100 mg tablet</i> MO	4	
SELZENTRY 150 MG TABLET SP	5	QL (240 per 30 days)
SELZENTRY 300 MG TABLET SP	5	QL (120 per 30 days)
SIRTURO 100 MG TABLET MO	5	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION; SIVEXTRO 200 MG TABLET MO	5	QL (6 per 28 days)
SOVALDI 400 MG TABLET SP	5	PA,QL (28 per 28 days)
<i>stavudine 1 mg/ml solution</i> MO	4	QL (2400 per 30 days)
<i>stavudine 15 mg, 20 mg capsule</i> MO	3	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> MO	3	QL (60 per 30 days)
<i>streptomycin sulf 1 gm vial</i> MO	3	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
<i>sulfadiazine 500 mg tablet</i> MO	4	
<i>sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet</i> MO	1	
<i>sulfamethoxazole-tmp inj vial</i> MO	4	
<i>sulfamethoxazole-tmp susp</i> MO	3	
<i>sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab</i> MO	2	
SUPRAX 400 MG CAPSULE MO	4	
SUSTIVA 200 MG CAPSULE SP	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE SP	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET SP	5	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 200 MCG, 300 MCG 4-PACK SP	5	PA,QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION MO	5	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION MO	5	
TAMIFLU 30 MG CAPSULE MO	4	QL (112 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE MO	4	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION MO	4	QL (720 per 365 days)
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION MO	4	
<i>terbinafine hcl 250 mg tablet</i> MO	1	QL (90 per 365 days)
<i>tinidazole 250 mg, 500 mg tablet</i> MO	3	
TIVICAY 10 MG TABLET MO	4	QL (60 per 30 days)
TIVICAY 25 MG TABLET MO	5	QL (60 per 30 days)
TIVICAY 50 MG TABLET SP	5	QL (60 per 30 days)
TOBI PODHALER 28 MG, 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, 28 MG CAPSULES FOR INHALATION SP	5	PA,QL (224 per 28 days)
<i>tobramycin 10 mg/ml, 40 mg/ml vial</i> MO	3	
TRECTOR 250 MG TABLET MO	4	
<i>trimethoprim 100 mg tablet</i> MO	2	
TRIUMEQ 600 MG-50 MG-300 MG TABLET SP	5	QL (30 per 30 days)
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET MO	5	QL (30 per 30 days)
TRUVADA 200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
TYGACIL 50 MG INTRAVENOUS SOLUTION MO	5	
TYZEKA 600 MG TABLET SP	5	QL (30 per 30 days)
<i>valacyclovir hcl 1 gram, 500 mg tablet</i> MO	3	QL (90 per 30 days)
<i>valganciclovir 450 mg tablet; valganciclovir hcl 50 mg/ml</i> MO	5	
<i>vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 500 mg vial; vancomycin hcl 10 gm vial</i> MO	3	
<i>vancomycin hcl 125 mg, 250 mg capsule</i> MO	5	
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	4	QL (1200 per 30 days)
VIRACEPT 250 MG TABLET SP	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET SP	5	QL (120 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION MO	5	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER SP	5	QL (240 per 30 days)
VITEKTA 150 MG, 85 MG TABLET SP	5	QL (30 per 30 days)
<i>voriconazole 200 mg vial</i> MO	4	
<i>voriconazole 200 mg, 50 mg tablet</i> MO	5	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
voriconazole 40 mg/ml susp MO	5	PA,QL (400 per 30 days)
XIFAXAN 200 MG TABLET MO	5	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET MO	5	PA,QL (84 per 28 days)
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION MO	5	
ZIAGEN 20 MG/ML ORAL SOLUTION MO	4	QL (960 per 30 days)
zidovudine 100 mg capsule MO	3	QL (180 per 30 days)
zidovudine 300 mg tablet MO	2	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup MO	4	QL (1680 per 28 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION; ZYVOX 200 MG/100 ML INTRAVENOUS SOLUTION; ZYVOX 600 MG TABLET MO	5	
ANTIHISTAMINE DRUGS		
cetirizine hcl 1 mg/ml soln MO	2	QL (300 per 30 days)
clemastine 0.5 mg/5 ml syrup MO	3	
clemastine fum 2.68 mg tab MO	4	
cyproheptadine 2 mg/5 ml syrup; cyproheptadine 4 mg tablet MO	4	
diphenhydramine 50 mg/ml vial MO	4	
levocetirizine 5 mg tablet MO	2	QL (30 per 30 days)
promethazine 12.5 mg, 50 mg tablet MO	3	
promethazine 25 mg tablet; promethazine 6.25 mg/5 ml syr MO	1	
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository MO	4	
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION MO	5	PA
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION SP	5	PA
ALECENSA 150 MG CAPSULE SP	5	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION MO	5	PA
ALKERAN 2 MG TABLET MO	4	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION MO	4	
anastrozole 1 mg tablet MO	2	QL (30 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION MO	5	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION MO	5	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION MO	5	PA
azacitidine 100 mg vial MO	5	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION MO	5	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION MO	5	PA
bexarotene 75 mg capsule SP	5	PA,QL (300 per 30 days)
bicalutamide 50 mg tablet MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BICNU 100 MG INTRAVENOUS SOLUTION MO	4	
<i>bleomycin sulfate 15 unit, 30 unit vial</i> MO	3	B vs D
BOSULIF 100 MG TABLET SP	5	PA,QL (120 per 30 days)
BOSULIF 500 MG TABLET SP	5	PA,QL (30 per 30 days)
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION MO	4	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET SP	5	PA,QL (30 per 30 days)
CAMPATH 30 MG/ML INTRAVENOUS SOLUTION MO	5	PA,QL (12 per 28 days)
CAPRELSA 100 MG TABLET SP	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET SP	5	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> MO	3	
<i>cisplatin 50 mg/50 ml vial</i> MO	4	
<i>cladribine 10 mg/10 ml vial</i> MO	5	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION MO	5	
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES SP	5	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES SP	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES SP	5	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION MO	5	
COTELLIC 20 MG TABLET SP	5	PA,QL (63 per 28 days)
<i>cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial; cyclophosphamide 25 mg, 50 mg capsule</i> MO	4	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION MO	5	PA,QL (200 per 28 days)
<i>cytarabine 20 mg/ml vial</i> MO	2	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	2	B vs D
<i>dacarbazine 100 mg, 200 mg vial</i> MO	4	
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION MO	5	PA,QL (400 per 30 days)
<i>daunorubicin 20 mg/4 ml vial</i> MO	2	
DAUNOXOME 50 MG (2 MG/ML) VIAL MO	4	
<i>decitabine 50 mg vial</i> MO	5	PA
DEPOCYT (PF) 50 MG/5 ML (10 MG/ML) INTRATHECAL SUSPENSION MO	5	
DOCEFREZ 20 MG INTRAVENOUS SOLUTION MO	4	
DOCEFREZ 80 MG INTRAVENOUS SOLUTION MO	5	
<i>docetaxel 140 mg/7 ml vial; 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/20 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial</i> MO	4	
<i>doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>doxorubicin liposome 20mg/10ml</i> MO	4	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	4	
EMCYT 140 MG CAPSULE MO	4	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION MO	5	PA
<i>epirubicin 200 mg, 200 mg/100 ml, 50 mg, 50 mg/25 ml vial; epirubicin hcl 200 mg, 200 mg/100 ml, 50 mg, 50 mg/25 ml vial</i> MO	4	
ERIVEDGE 150 MG CAPSULE SP	5	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION MO	5	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION MO	4	
<i>etoposide 100 mg/5 ml vial</i> MO	3	
EVOMELA 50 MG INTRAVENOUS SOLUTION MO	5	PA
<i>exemestane 25 mg tablet</i> MO	4	QL (60 per 30 days)
FARESTON 60 MG TABLET SP	5	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE SP	5	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE MO	5	QL (30 per 30 days)
FIRMAGON 2 X 120 MG VIALS MO	5	PA
FIRMAGON 80 MG VIAL MO	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION MO	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION MO	4	PA
<i>fludarabine 50 mg, 50 mg/2 ml vial</i> MO	4	
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vl; fluorouracil 2,500 mg/50 ml vl; fluorouracil 5,000 mg/100 ml</i> MO	4	B vs D
<i>flutamide 125 mg capsule</i> MO	4	
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION MO	5	PA,QL (120 per 28 days)
<i>gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl; 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	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET SP	5	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET SP	5	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET SP	5	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG, 5 MG CAPSULE MO	4	
HERCEPTIN 440 MG INTRAVENOUS SOLUTION MO	5	PA
HEXALEN 50 MG CAPSULE SP	5	
HYCANTIN 4 MG INTRAVENOUS SOLUTION MO	5	
<i>hydroxyurea 500 mg capsule</i> MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE SP	5	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET SP	5	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET SP	5	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION MO	5	
idarubicin hcl 20 mg/20 ml vial MO	5	
ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial MO	3	
ifosfamide-mesna kit MO	3	
IMBRUVICA 140 MG CAPSULE SP	5	PA,QL (120 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION MO	4	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION MO	5	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET SP	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET SP	5	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET SP	5	PA,QL (30 per 30 days)
irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial MO	4	
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION MO	5	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION MO	5	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET SP	5	PA,QL (60 per 30 days)
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION MO	5	PA
LENVIMA 10 MG/DAY (10 MG X 1/DAY) CAPSULE SP	5	PA,QL (30 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE SP	5	PA,QL (60 per 30 days)
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE SP	5	PA,QL (90 per 30 days)
letrozole 2.5 mg tablet MO	2	QL (30 per 30 days)
LEUKERAN 2 MG TABLET MO	4	
leuprolide 1 mg/0.2 ml vial MO	3	
leuprolide 2wk 1 mg/0.2 ml kit MO	4	
LOMUSTINE 10 MG, 100 MG, 40 MG CAPSULE MO	4	
LONSURF 15 MG-6.14 MG TABLET SP	5	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET SP	5	PA,QL (80 per 30 days)
LYNPARZA 50 MG CAPSULE SP	5	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET SP	3	
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT MO	5	PA
MATULANE 50 MG CAPSULE SP	5	
megestrol 20 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
megestrol 40 mg tablet; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml MO	4	
MEKINIST 0.5 MG TABLET SP	5	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET SP	5	PA,QL (30 per 30 days)
melphalan 50 mg vial w-diluent MO	2	
mercaptopurine 50 mg tablet MO	3	
methotrexate 2.5 mg tablet MO	3	B vs D
methotrexate 50 mg/2 ml vial MO	2	
methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial MO	2	
mitomycin 20 mg, 40 mg, 5 mg vial MO	4	
mitoxantrone 20 mg/10 ml vial MO	3	
MUSTARGEN 10 MG SOLUTION FOR INJECTION MO	4	
NEXAVAR 200 MG TABLET SP	5	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET SP	4	QL (60 per 30 days)
nilutamide 150 mg tablet SP	4	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE SP	5	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION MO	5	
ODOMZO 200 MG CAPSULE SP	5	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION MO	5	
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION MO	5	PA
oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial MO	4	
paclitaxel 100 mg/16.7 ml vial MO	3	
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE SP	5	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (100 per 21 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION MO	5	
PURIXAN 20 MG/ML ORAL SUSPENSION SP	4	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE SP	5	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLET MO	4	B vs D
RITUXAN 10 MG/ML CONCENTRATE, INTRAVENOUS MO	5	PA
SOLTAMOX 10 MG/5 ML ORAL SOLUTION MO	4	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET SP	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET SP	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET SP	5	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET SP	5	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE SP	5	PA,QL (28 per 28 days)
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION MO	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION MO	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET MO	4	
TAFINLAR 50 MG CAPSULE SP	5	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE SP	5	PA,QL (120 per 30 days)
TAGRISSE 40 MG, 80 MG TABLET SP	5	PA,QL (30 per 30 days)
<i>tamoxifen 10 mg, 20 mg tablet</i> MO	2	
TARCEVA 100 MG, 150 MG TABLET SP	5	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET SP	5	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE SP	5	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG CAPSULE SP	5	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	5	
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (20 per 21 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION MO	5	PA,QL (27 per 30 days)
<i>teniposide 50 mg/5 ml ampule</i> MO	4	
<i>thiotepa 15 mg vial</i> MO	2	
<i>toposar 20 mg/ml intravenous solution</i> MO	4	
<i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial</i> MO	5	
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION MO	5	PA,QL (8 per 28 days)
TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML INTRAVENOUS POWDER FOR SOLUTION; TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML VIAL MO	5	PA
<i>tretinoin 10 mg capsule</i> SP	5	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	4	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION MO	4	
TYKERB 250 MG TABLET SP	5	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION MO	5	PA,QL (40 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION MO	5	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	5	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION MO	5	PA,QL (4 per 21 days)
VENCLEXTA 10 MG TABLET SP	4	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET SP	5	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET SP	4	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK SP	5	PA,QL (42 per 28 days)
<i>vinblastine 1 mg/ml vial</i> MO	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
VOTRIENT 200 MG TABLET SP	5	PA,QL (120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE SP	5	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE SP	5	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (280 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (250 per 21 days)
YONDELIS 1 MG INTRAVENOUS SOLUTION MO	5	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION MO	4	
ZELBORAF 240 MG TABLET SP	5	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE SP	5	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET SP	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE SP	5	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET SP	5	PA,QL (120 per 30 days)
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE MO	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	4	
BCG VACCINE (TICE STRAIN) VIAL MO	4	
BEXSERO (PF) 50MCG-50MCG-50MCG-25MCG/0.5ML INTRAMUSCULAR SYRINGE MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
COMVAX VACCINE VIAL MO	4	
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	4	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION MO	4	QL (1.5 per 365 days)
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION MO	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SUSPENSION MO	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	5	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE MO	4	
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	5	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	4	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP MO	4	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO	4	
IPOLE 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION MO	4	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION MO	4	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION MO	4	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION MO	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO	4	
MENVEO MENA COMPONENT (PF) 10 MCG/0.5 ML (FINAL) IM SOLUTION MO	4	
MENVEO MENCYW-135 COMPONENT (PF) 5 MCG X 3/0.5 ML (FINAL) IM SOLUTION MO	4	
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>privigen 10 % intravenous solution</i> ^{SP}	5	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION ^{MO}	4	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	4	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION ^{MO}	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION ^{MO}	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE ^{MO}	4	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION ^{MO}	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	4	B vs D
ROTARIX 10EXP6 CCID50/ML SUSPENSION ^{MO}	4	
ROTATEQ VACCINE 2 ML ORAL SUSPENSION ^{MO}	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	4	
<i>tetanus toxoid adsorbed vial</i> ^{MO}	4	B vs D
<i>diphtheria-tetanus toxoids-ped</i> ^{MO}	4	
<i>tetanus diphtheria toxoids</i> ^{MO}	4	
THERACYS 81 MG INTRAVESICAL SUSPENSION ^{MO}	4	
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION ^{MO}	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE ^{MO}	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION ^{MO}	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE ^{MO}	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION ^{MO}	3	
VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION ^{MO}	5	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML VIAL ^{MO}	5	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML INJECTION SOLUTION ^{MO}	5	
WINRHO SDF 15,000 UNIT/13 ML INJECTION SOLUTION ^{MO}	5	
WINRHO SDF 2,500 UNIT/2.2 ML INJECTION SOLUTION ^{MO}	5	
WINRHO SDF 5,000 UNIT/4.4 ML INJECTION SOLUTION ^{MO}	5	
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION ^{MO}	4	
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION ^{MO}	4	QL (1 per 365 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUTONOMIC DRUGS		
albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln ^{MO}	2	B vs D
albuterol sulf 2 mg/5 ml syrup; albuterol sulfate 2 mg, 4 mg tab ^{MO}	1	
albuterol sulfate er 4 mg, 8 mg tab ^{MO}	4	
alfuzosin hcl er 10 mg tablet ^{MO}	2	QL (30 per 30 days)
baclofen 10 mg, 20 mg tablet ^{MO}	2	
bethanechol 10 mg, 25 mg, 5 mg tablet ^{MO}	3	
bethanechol 50 mg tablet ^{MO}	4	
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION ^{MO}	4	PA,QL (120 per 30 days)
carisoprodol 350 mg tablet ^{MO}	2	
CHANTIX 0.5 MG, 1 MG TABLET ^{MO}	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET ^{MO}	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK ^{MO}	4	QL (56 per 28 days)
cyclobenzaprine 10 mg, 5 mg tablet ^{MO}	4	
dantrolene sodium 100 mg, 25 mg, 50 mg cap ^{MO}	4	
dicyclomine 10 mg capsule; dicyclomine 20 mg tablet ^{MO}	1	
dicyclomine 10 mg/5 ml soln ^{MO}	3	
dihydroergotamine 1 mg/ml am ^{MO}	4	
donepezil hcl 10 mg tablet ^{MO}	2	QL (60 per 30 days)
donepezil hcl 10 mg, 5 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg, 5 mg tablet ^{MO}	2	QL (30 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR ^{MO}	3	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR ^{MO}	3	
ERGOMAR 2 MG SUBLINGUAL TABLET ^{MO}	3	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL ^{MO}	4	QL (30 per 30 days)
galantamine 4 mg/ml oral soln ^{MO}	4	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule ^{MO}	4	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet ^{MO}	4	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial ^{MO}	4	
glycopyrrolate 1 mg, 2 mg tablet ^{MO}	3	
guanidine hcl 125 mg tablet ^{MO}	3	
ipratropium br 0.02% soln ^{MO}	1	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml ^{MO}	2	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metaproterenol 10 mg, 20 mg tablet; metaproterenol 10 mg/5 ml syr MO	4	
metaxalone 400 mg, 800 mg tablet MO	4	QL (120 per 30 days)
methocarbamol 500 mg, 750 mg tablet MO	4	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet MO	4	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	4	
NORTHERA 100 MG, 200 MG CAPSULE SP	5	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE SP	5	PA,QL (180 per 30 days)
orphenadrine er 100 mg tablet MO	4	
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	4	PA,QL (120 per 30 days)
pilocarpine hcl 5 mg, 7.5 mg tablet MO	4	
propantheline 15 mg tablet MO	3	
pyridostigmine br 60 mg tablet MO	3	
rivastigmine 1.5 mg, 3 mg capsule MO	4	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule MO	4	QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 28 days)
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)
tamsulosin hcl 0.4 mg capsule MO	2	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial MO	5	
terbutaline sulfate 2.5 mg, 5 mg tab MO	4	
tizanidine hcl 2 mg, 4 mg tablet MO	2	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
BLOOD FORMATION, COAGULATION & THROMBOSIS		
AMICAR 1,000 MG, 500 MG TABLET; AMICAR 250 MG/ML (25 %) ORAL SOLUTION MO	5	
anagrelide hcl 0.5 mg, 1 mg capsule MO	3	
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	2	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET MO	4	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EFFIENT 10 MG, 5 MG TABLET MO	3	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	3	QL (60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml syringe MO	4	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr MO	4	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr MO	4	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial MO	4	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr MO	4	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION SP	4	PA,QL (28 per 30 days)
fondaparinux 10 mg/0.8 ml syr MO	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 MO	5	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr MO	5	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE MO	5	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE MO	5	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE MO	5	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE MO	5	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE MO	4	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION MO	5	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE MO	5	QL (9 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (7 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (11.2 per 28 days)
heparin 30,000 unit/30 ml vial; heparin 40,000 units/4 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vl; heparin sod 5,000 unit/ml syr MO	3	
heparin 20,000 unit/500 ml-d5w MO	2	
heparin-1/2ns 12,500 units/250; heparin-1/2ns 25,000 units/500 MO	3	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml; heparin sod 5,000 unit/0.5 ml MO	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MO	2	
LEUKINE 250 MCG SOLUTION FOR INJECTION SP	5	PA
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION MO	5	PA,QL (9.6 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
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML, 6 MG/0.6ML WITH WEARABLE SUBCUTANEOUS INJECTOR ^{SP}	5	PA,QL (1.2 per 28 days)
NEUMEGA 5 MG VIAL ^{SP}	5	QL (42 per 30 days)
<i>pentoxifylline er 400 mg tab</i> ^{MO}	2	
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE ^{MO}	4	QL (60 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION ^{SP}	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION ^{SP}	4	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION ^{SP}	5	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
<i>ticlopidine 250 mg tablet</i> ^{MO}	4	
<i>tranexamic acid 1,000 mg/10 ml</i> ^{MO}	4	PA
<i>tranexamic acid 650 mg tablet</i> ^{MO}	4	QL (30 per 5 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 TABLET ^{MO}	3	QL (35 per 60 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK ^{MO}	3	QL (51 per 30 days)
XARELTO 15 MG TABLET ^{MO}	3	QL (60 per 30 days)
XARELTO 20 MG TABLET ^{MO}	3	QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE ^{SP}	5	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE ^{SP}	5	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET ^{MO}	4	PA,QL (30 per 30 days)
CARDIOVASCULAR DRUGS		
<i>acebutolol 200 mg, 400 mg capsule</i> ^{MO}	2	
ADCIRCA 20 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
<i>afeditab cr 30 mg, 60 mg tablet,extended release</i> ^{MO}	3	QL (60 per 30 days)
<i>amiodarone 150 mg/3 ml syringe; amiodarone 900 mg/18 ml vial; amiodarone hcl 200 mg tablet</i> ^{MO}	2	
<i>amiodarone hcl 100 mg, 400 mg tablet</i> ^{MO}	4	
<i>amlodipine besylate 10 mg, 2.5 mg, 5 mg tab</i> ^{MO}	2	
<i>amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10</i> ^{MO}	3	QL (60 per 30 days)
<i>amlodipine-benazepril 10-40 mg, 5-40 mg</i> ^{MO}	3	QL (30 per 30 days)
<i>aspirin-dipyridam er 25-200 mg</i> ^{MO}	4	ST
<i>atenolol 100 mg, 25 mg, 50 mg tablet</i> ^{MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 ^{MO}	2	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet ^{MO}	2	QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab ^{MO}	2	
BIDIL 20 MG-37.5 MG TABLET ^{MO}	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab ^{MO}	2	
bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb ^{MO}	1	
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb ^{MO}	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb ^{MO}	3	QL (30 per 30 days)
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb ^{MO}	3	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet ^{MO}	3	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet ^{MO}	3	
cartia xt 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	3	QL (60 per 30 days)
cartia xt 300 mg capsule, extended release ^{MO}	3	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet ^{MO}	1	
cholestyramine packet; cholestyramine powder ^{MO}	3	
cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet ^{MO}	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch ^{MO}	4	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg tablet ^{MO}	1	
clonidine hcl 0.3 mg tablet ^{MO}	2	
clonidine hcl er 0.1 mg tablet ^{MO}	4	QL (120 per 30 days)
clorpres 0.1 mg-15 mg tablet; clorpres 0.2 mg-15 mg tablet; clorpres 0.3 mg-15 mg tablet ^{MO}	4	
colestipol hcl granules; colestipol hcl granules packet ^{MO}	4	
colestipol micronized 1 gm tab ^{MO}	3	
CORLANOR 5 MG, 7.5 MG TABLET ^{MO}	4	PA, QL (60 per 30 days)
digitek 125 mcg tablet ^{MO}	2	QL (30 per 30 days)
digitek 250 mcg tablet ^{MO}	4	
digox 125 mcg tablet ^{MO}	2	QL (30 per 30 days)
digox 250 mcg tablet ^{MO}	4	
digoxin 0.05 mg/ml solution; digoxin 250 mcg tablet; digoxin 500 mcg/2 ml ampule ^{MO}	4	
digoxin 125 mcg tablet ^{MO}	2	QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	3	QL (60 per 30 days)
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet ^{MO}	2	
diltiazem 12hr er 120 mg, 60 mg, 90 mg cap ^{MO}	3	
diltiazem 24hr er 120 mg, 180 mg, 240 mg cap; diltiazem er 120 mg, 120 mg, 180 mg, 180 mg, 240 mg, 240 mg capsule; diltiazem hcl er 120 mg, 120 mg, 180 mg, 180 mg, 240 mg, 240 mg cap ^{MO}	3	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap; diltiazem hcl er 300 mg, 360 mg, 420 mg cap ^{MO}	3	QL (30 per 30 days)
diltiazem hcl 100 mg vial ^{MO}	4	
dipyridamole 25 mg, 50 mg, 75 mg tablet ^{MO}	4	
disopyramide 100 mg, 150 mg capsule ^{MO}	4	
dofetilide 125 mcg capsule ^{MO}	4	QL (240 per 30 days)
dofetilide 250 mcg capsule ^{MO}	4	QL (120 per 30 days)
dofetilide 500 mcg capsule ^{MO}	4	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab ^{MO}	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet ^{MO}	2	
enalapril-hctz 10-25 mg tablet ^{MO}	2	
enalapril-hctz 5-12.5 mg tab ^{MO}	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET ^{MO}	3	PA,QL (60 per 30 days)
eplerenone 25 mg, 50 mg tablet ^{MO}	4	
felodipine er 10 mg, 2.5 mg, 5 mg tablet ^{MO}	3	QL (30 per 30 days)
fenofibrate 160 mg tablet ^{MO}	2	QL (30 per 30 days)
fenofibrate 54 mg tablet ^{MO}	2	QL (60 per 30 days)
fenofibrate 134 mg, 200 mg capsule ^{MO}	3	QL (30 per 30 days)
fenofibrate 67 mg capsule ^{MO}	3	QL (60 per 30 days)
fenofibrate 145 mg tablet ^{MO}	3	QL (30 per 30 days)
fenofibrate 48 mg tablet ^{MO}	3	QL (60 per 30 days)
fenofibric acid dr 135 mg, 45 mg cap ^{MO}	4	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}	2	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab ^{MO}	2	
gemfibrozil 600 mg tablet ^{MO}	2	QL (60 per 30 days)
guanfacine 1 mg tablet ^{MO}	1	
guanfacine 2 mg tablet ^{MO}	2	
hydralazine 10 mg, 25 mg tablet ^{MO}	1	
hydralazine 100 mg, 50 mg tablet ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydralazine 20 mg/ml vial MO	3	
irbesartan 150 mg, 300 mg, 75 mg tablet MO	2	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb MO	2	QL (30 per 30 days)
isosorbide dn 10 mg, 20 mg, 30 mg, 5 mg tablet MO	2	
isosorbide dn er 40 mg tablet MO	4	
isosorbide mn 10 mg, 20 mg tablet; isosorbide mn er 120 mg, 60 mg tab; isosorbide mn er 120 mg, 60 mg tablet MO	2	
isosorbide mn er 30 mg tablet MO	1	
isradipine 2.5 mg, 5 mg capsule MO	4	
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (4 per 28 days)
labetalol hcl 100 mg, 200 mg, 300 mg tablet MO	2	
labetalol hcl 100 mg/20 ml vl MO	4	
LANOXIN 125 MCG, 187.5 MCG, 62.5 MCG TABLET MO	4	QL (30 per 30 days)
LANOXIN 250 MCG TABLET; LANOXIN 250 MCG/ML INJECTION SOLUTION MO	4	
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION MO	4	
lidocaine hcl 1% syringe; lidocaine hcl 2% abboject; lidocaine hcl 2% vial MO	2	
lisinopril 10 mg, 2.5 mg, 20 mg, 5 mg tablet MO	1	
lisinopril 30 mg, 40 mg tablet MO	2	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab MO	1	
losartan potassium 100 mg, 25 mg, 50 mg tab MO	2	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab MO	2	QL (60 per 30 days)
lovastatin 10 mg, 20 mg tablet MO	1	QL (60 per 30 days)
lovastatin 40 mg tablet MO	2	QL (60 per 30 days)
methyldopa 250 mg tablet MO	1	
methyldopa 500 mg tablet MO	3	
methyldopa-hctz 250-15 mg, 250-25 mg tab MO	3	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab MO	3	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab MO	3	
metoprolol tart 5 mg/5 ml vial; metoprolol tartrate 37.5 mg, 75 mg tab; metoprolol tartrate 37.5 mg, 75 mg tb MO	2	
metoprolol tartrate 100 mg, 25 mg, 50 mg tab MO	1	
mexiletine 150 mg, 200 mg, 250 mg capsule MO	4	
minoxidil 10 mg, 2.5 mg tablet MO	2	
moexipril hcl 15 mg, 7.5 mg tablet MO	2	
moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet MO	2	
MULTAQ 400 MG TABLET MO	4	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nadolol 20 mg, 40 mg, 80 mg tablet ^{MO}	3	
nadolol-bendroflu 40-5 mg, 80-5 mg tab ^{MO}	4	
niacor 500 mg tablet ^{MO}	2	
nicardipine 20 mg, 30 mg capsule ^{MO}	4	
nicardipine 25 mg/10 ml ampule ^{MO}	2	
nifedical xl 30 mg, 60 mg tablet,extended release ^{MO}	3	QL (60 per 30 days)
nifedipine er 30 mg, 30 mg, 60 mg, 60 mg, 90 mg, 90 mg tablet ^{MO}	3	QL (60 per 30 days)
nimodipine 30 mg capsule ^{MO}	4	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch ^{MO}	2	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl ^{MO}	3	
nitroglycerin 0.4 mg/hr patch ^{MO}	2	QL (60 per 30 days)
nitroglycerin 5 mg/ml vial ^{MO}	2	
nitroglycerin lingual 0.4 mg ^{MO}	4	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET ^{MO}	3	
PACERONE 100 MG, 400 MG TABLET ^{MO}	4	
pacerone 200 mg tablet ^{MO}	4	
perindopril erbumine 2 mg, 4 mg, 8 mg tab ^{MO}	2	
pindolol 10 mg, 5 mg tablet ^{MO}	3	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR ^{SP}	5	PA,QL (2 per 28 days)
PRALUENT SYRINGE 150 MG/ML, 75 MG/ML SUBCUTANEOUS ^{SP}	5	PA,QL (2 per 28 days)
pravastatin sodium 10 mg, 20 mg, 80 mg tab ^{MO}	2	QL (30 per 30 days)
pravastatin sodium 40 mg tab ^{MO}	2	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule ^{MO}	2	
prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet ^{MO}	3	
procainamide 100 mg/ml, 500 mg/ml vial ^{MO}	2	
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet ^{MO}	3	
propafenone hcl er 225 mg, 325 mg, 425 mg cap ^{MO}	4	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) vial; propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln ^{MO}	2	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule ^{MO}	4	
propranolol-hctz 40-25 mg, 80-25 mg tab ^{MO}	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	2	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab ^{MO}	2	
quinidine gluc 80 mg/ml vial ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quinidine gluc er 324 mg tab ^{MO}	4	
quinidine sulf er 300 mg tab; quinidine sulfate 200 mg, 300 mg tab ^{MO}	2	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule ^{MO}	2	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE ^{MO}	4	ST,QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR ^{SP}	5	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR ^{SP}	5	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE ^{SP}	5	PA,QL (3 per 28 days)
reserpine 0.1 mg, 0.25 mg tablet ^{MO}	2	
REVATIO 10 MG/ML ORAL SUSPENSION ^{SP}	5	PA,QL (180 per 30 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab ^{MO}	3	QL (30 per 30 days)
sildenafil 20 mg tablet ^{MO}	3	PA,QL (90 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet ^{MO}	2	QL (30 per 30 days)
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet ^{MO}	2	
sotalol 120 mg, 160 mg, 240 mg tablet ^{MO}	2	
sotalol 80 mg tablet ^{MO}	1	
sotalol af 120 mg, 160 mg, 80 mg tablet ^{MO}	2	
spironolactone-hctz 25-25 tab ^{MO}	2	
spironolactone 100 mg, 50 mg tablet ^{MO}	2	
spironolactone 25 mg tablet ^{MO}	1	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release ^{MO}	3	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release ^{MO}	3	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET ^{MO}	3	QL (30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule ^{MO}	1	
TIKOSYN 125 MCG CAPSULE ^{MO}	4	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE ^{MO}	4	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE ^{MO}	4	QL (60 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet ^{MO}	3	
trandolapril 1 mg, 2 mg, 4 mg tablet ^{MO}	2	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-25 MG TABLET; TRIBENZOR 40 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-5 MG-25 MG TABLET ^{MO}	4	PA,QL (30 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet ^{MO}	2	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab ^{MO}	2	QL (30 per 30 days)
VASCEPA 1 GRAM CAPSULE ^{MO}	4	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule; verapamil er pm 200 mg capsule MO	2	QL (60 per 30 days)
verapamil 120 mg, 80 mg tablet MO	1	
verapamil 2.5 mg/ml ampul; verapamil 40 mg tablet; verapamil er 120 mg, 180 mg, 240 mg tablet MO	2	
verapamil er pm 100 mg, 300 mg capsule MO	2	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET; WELCHOL 625 MG TABLET MO	3	
ZETIA 10 MG TABLET MO	3	QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY 9.7 MG/1.3 ML VIAL MO	4	QL (120 per 30 days)
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE; ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, EXTENDED REL. INTRAMUSCULAR SYRINGE MO	5	PA, QL (1 per 28 days)
acamprosate calc dr 333 mg tab MO	4	
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 MO	3	QL (2700 per 30 days)
acetaminophen-cod #2 tablet MO	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet MO	3	QL (360 per 30 days)
acetaminophen-cod #4 tablet MO	3	QL (180 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet MO	3	QL (120 per 30 days)
alprazolam 2 mg tablet MO	3	QL (150 per 30 days)
ALSUMA 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (6 per 30 days)
amantadine 100 mg capsule; amantadine 100 mg tablet MO	4	
amantadine 50 mg/5 ml solution MO	3	
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab MO	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet MO	4	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE SP	5	QL (60 per 28 days)
APTIOM 200 MG, 400 MG, 800 MG TABLET MO	4	PA, QL (30 per 30 days)
APTIOM 600 MG TABLET MO	4	PA, QL (60 per 30 days)
aripiprazole 1 mg/ml solution MO	4	PA, QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet MO	4	PA, QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet MO	5	PA, QL (60 per 30 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	5	PA, QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	5	PA, QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	5	PA, QL (3.2 per 28 days)
armodafinil 150 mg, 200 mg, 250 mg tablet MO	4	PA, QL (30 per 30 days)
armodafinil 50 mg tablet MO	4	PA, QL (60 per 30 days)
AZILECT 0.5 MG, 1 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BANZEL 200 MG TABLET MO	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION MO	5	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET MO	5	PA,QL (240 per 30 days)
benztropine 2 mg/2 ml ampule MO	4	
benztropine mes 0.5 mg, 1 mg tab; benztropine mes 0.5 mg, 1 mg tablet MO	2	
benztropine mes 2 mg tablet MO	1	
BRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	4	ST,QL (30 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET SP	5	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION SP	5	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION MO	4	PA
bromocriptine 2.5 mg tablet MO	3	
buprenorphine 0.3 mg/ml syrn MO	4	PA,QL (240 per 30 days)
buprenorphine 2 mg, 8 mg tablet sl MO	3	PA,QL (90 per 30 days)
buproban 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl 100 mg tablet MO	3	QL (180 per 30 days)
bupropion hcl 75 mg tablet MO	3	
bupropion hcl sr 100 mg tablet MO	3	QL (120 per 30 days)
bupropion hcl sr 150 mg, 150 mg tablet; bupropion hcl xl 150 mg, 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl sr 200 mg, 300 mg tablet; bupropion hcl xl 200 mg, 300 mg tablet MO	3	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet MO	3	QL (90 per 30 days)
buspirone hcl 10 mg, 5 mg tablet MO	1	
buspirone hcl 15 mg, 30 mg, 7.5 mg tablet MO	2	
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule MO	3	QL (360 per 30 days)
butalb-caff-acetaminoph-codein MO	3	QL (360 per 30 days)
butalbital-acetaminophn 50-325 MO	4	QL (180 per 30 days)
butalb-acetamin-caff 50-325-40; butalbit-acetaminophen-caff cp MO	4	QL (180 per 30 days)
butalbital-asa-caffeine cap MO	4	QL (180 per 30 days)
BUTISOL 30 MG, 50 MG TABLET; BUTISOL SODIUM 30 MG, 50 MG TABLET MO	4	
butorphanol 1 mg/ml vial MO	4	QL (960 per 30 days)
butorphanol 10 mg/ml spray MO	3	QL (5 per 28 days)
butorphanol 2 mg/ml vial MO	4	QL (480 per 30 days)
cabergoline 0.5 mg tablet MO	4	QL (16 per 28 days)
capacet 50 mg-325 mg-40 mg capsule MO	2	QL (180 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION MO	4	QL (2700 per 30 days)
carbamazepine 100 mg tab chew 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
carbamazepine 100 mg/5 ml susp; carbamazepine er 100 mg, 200 mg, 300 mg cap; carbamazepine er 200 mg, 400 mg tablet MO	4	
carbamazepine 200 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	
CELONTIN 300 MG CAPSULE MO	4	
chlordiazepoxide 10 mg, 25 mg, 5 mg capsule MO	4	QL (120 per 30 days)
chlorpromazine 10 mg, 25 mg tablet MO	4	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet; chlorpromazine 25 mg/ml amp MO	4	
citalopram hbr 10 mg tablet MO	2	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln MO	3	
citalopram hbr 20 mg tablet MO	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet MO	1	QL (30 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule MO	4	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt MO	4	
clonazepam 0.5 mg, 1 mg, 2 mg tablet MO	3	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet MO	3	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet MO	3	PA
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet MO	4	PA
codeine sulfate 15 mg, 30 mg tablet MO	3	QL (360 per 30 days)
codeine sulfate 60 mg tablet MO	3	QL (180 per 30 days)
CYCLOSET 0.8 MG TABLET MO	4	PA,QL (180 per 30 days)
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet MO	4	
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab MO	4	QL (60 per 30 days)
dexmethylphenidate er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg cp MO	4	QL (30 per 30 days)
d-amphetamine er 10 mg capsule; dextroamphetamine 10 mg tab MO	4	QL (180 per 30 days)
d-amphetamine er 15 mg capsule MO	4	QL (120 per 30 days)
d-amphetamine er 5 mg capsule MO	4	QL (60 per 30 days)
dextroamphetamine 5 mg tab MO	4	QL (150 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap MO	4	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap MO	4	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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 MO	4	
diazepam 10 mg tablet MO	3	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet MO	3	QL (90 per 30 days)
diazepam 5 mg/5 ml solution MO	4	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc MO	4	QL (240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate MO	4	QL (240 per 30 days)
diclofenac pot 50 mg tablet MO	3	
diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab MO	2	
diflunisal 500 mg tablet MO	4	
DILANTIN 30 MG CAPSULE MO	4	
DILANTIN EXTENDED 100 MG CAPSULE MO	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	4	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	4	
divalproex sod dr 125 mg, 250 mg, 500 mg tab MO	2	
divalproex sod er 250 mg, 500 mg tab MO	4	
divalproex sodium 125 mg cap MO	3	
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule; doxepin 10 mg/ml oral conc MO	4	
duloxetine hcl dr 20 mg, 30 mg, 60 mg cap MO	3	QL (60 per 30 days)
duloxetine hcl dr 40 mg cap MO	4	QL (60 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION MO	4	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION MO	4	QL (3600 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 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 MO	3	QL (360 per 30 days)
entacapone 200 mg tablet MO	4	QL (300 per 30 days)
epitol 200 mg tablet MO	3	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	4	
escitalopram 10 mg tablet MO	2	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet MO	2	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml MO	4	QL (600 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
eszopiclone 1 mg, 2 mg, 3 mg tablet MO	4	QL (30 per 30 days)
ethosuximide 250 mg capsule; ethosuximide 250 mg/5 ml soln MO	4	
etodolac 200 mg, 300 mg capsule; etodolac 400 mg, 500 mg tablet MO	3	
FANAPT 1 MG, 10 MG, 12 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG, 6 MG, 8 MG TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	4	PA,QL (60 per 30 days)
felbamate 400 mg, 600 mg tablet; felbamate 600 mg/5 ml susp MO	4	
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 MO	4	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg MO	5	PA,QL (120 per 30 days)
fentanyl 0.05 mg/ml ampul; fentanyl 0.05 mg/ml syringe MO	4	QL (720 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK MO	4	PA,QL (28 per 28 days)
fluoxetine 20 mg/5 ml solution MO	2	
fluoxetine dr 90 mg capsule MO	4	QL (4 per 28 days)
fluoxetine hcl 10 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 10 mg tablet MO	1	
fluoxetine hcl 20 mg capsule MO	2	QL (120 per 30 days)
fluoxetine hcl 20 mg tablet MO	3	
fluoxetine hcl 40 mg capsule MO	2	QL (60 per 30 days)
fluoxetine hcl 60 mg tablet MO	4	QL (30 per 30 days)
fluphenazine dec 125 mg/5 ml MO	4	
fluphenazine 1 mg tablet MO	1	
fluphenazine 10 mg, 2.5 mg, 5 mg tablet MO	2	
fluphenazine 2.5 mg/5 ml elix; fluphenazine 2.5 mg/ml vial; fluphenazine 5 mg/ml conc MO	4	
flurbiprofen 100 mg, 50 mg tablet MO	2	
flvoxamine er 100 mg, 150 mg capsule MO	4	QL (60 per 30 days)
flvoxamine maleate 100 mg, 25 mg, 50 mg tab MO	2	QL (90 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 vl MO	2	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION MO	4	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET MO	4	PA,QL (30 per 30 days)
FYCOMPA 2 MG (7)-4 MG (7) TABLETS IN A DOSE PACK MO	4	PA,QL (14 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gabapentin 100 mg, 300 mg, 400 mg capsule</i> ^{MO}	2	QL (270 per 30 days)
<i>gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln</i> ^{MO}	4	
<i>gabapentin 600 mg, 800 mg tablet</i> ^{MO}	2	QL (180 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION ^{MO}	4	PA
<i>haloperidol 0.5 mg, 1 mg, 2 mg, 5 mg tablet</i> ^{MO}	1	
<i>haloperidol 10 mg, 20 mg tablet</i> ^{MO}	2	
<i>haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp</i> ^{MO}	4	
<i>haloperidol lac 2 mg/ml conc; haloperidol lac 5 mg/ml vial</i> ^{MO}	2	
HETLIOZ 20 MG CAPSULE ^{SP}	5	PA,QL (30 per 30 days)
<i>hydrocodon-acetaminoph 2.5-325; hydrocodon-acetaminoph 7.5-325; hydrocodon-acetaminophen 5-325; hydrocodon-acetaminophn 10-325</i> ^{MO}	3	QL (360 per 30 days)
<i>hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5</i> ^{MO}	4	QL (2700 per 30 days)
<i>hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 2.5-200 mg, 5-200 mg; hydrocodone-ibuprofen 2.5-200</i> ^{MO}	4	QL (150 per 30 days)
<i>hydrocodone-ibuprofen 7.5-200</i> ^{MO}	3	QL (150 per 30 days)
<i>hydromorphone 0.5 mg/0.5 ml, 1 mg/ml; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml syringe</i> ^{MO}	4	QL (720 per 30 days)
<i>hydromorphone 2 mg, 4 mg tablet</i> ^{MO}	3	QL (360 per 30 days)
<i>hydromorphone 2 mg/ml syringe; hydromorphone 2 mg/ml vial</i> ^{MO}	4	QL (360 per 30 days)
<i>hydromorphone 4 mg/ml syrin</i> ^{MO}	4	QL (180 per 30 days)
<i>hydromorphone 8 mg tablet</i> ^{MO}	3	QL (240 per 30 days)
<i>hydromorphone hcl 1 mg/ml amp</i> ^{MO}	4	QL (720 per 30 days)
<i>hydromorphone hcl 10 mg/ml vl</i> ^{MO}	4	QL (144 per 30 days)
<i>hydromorphone hcl 2 mg/ml amp</i> ^{MO}	4	QL (360 per 30 days)
<i>hydromorphone hcl 4 mg/ml amp</i> ^{MO}	4	QL (180 per 30 days)
<i>hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml soln; hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml vial; hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet</i> ^{MO}	3	
<i>hydroxyzine pam 100 mg, 25 mg, 50 mg cap</i> ^{MO}	3	
<i>ibuprofen 100 mg/5 ml susp; ibuprofen 400 mg, 800 mg tablet</i> ^{MO}	1	
<i>ibuprofen 600 mg tablet</i> ^{MO}	2	
<i>oxycodone-ibuprofen 5-400 tab</i> ^{MO}	4	QL (240 per 30 days)
<i>imipramine hcl 10 mg, 25 mg, 50 mg tablet</i> ^{MO}	2	
<i>imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap</i> ^{MO}	4	
<i>indomethacin 25 mg capsule</i> ^{MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>indomethacin 50 mg, 75 mg capsule; indomethacin er 50 mg, 75 mg capsule</i> MO	4	
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION MO	4	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION MO	4	QL (150 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE MO	5	PA,QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE MO	5	PA,QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	PA,QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE MO	5	PA,QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE MO	5	PA,QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE MO	5	PA,QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE MO	5	PA,QL (2.62 per 90 days)
<i>ketoprofen 50 mg, 75 mg capsule</i> MO	3	
<i>ketorolac 10 mg tablet</i> MO	4	QL (20 per 30 days)
<i>lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (35) tablet; lamotrigine 25 mg tb start kit; lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet</i> MO	2	
<i>lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet; 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)</i> MO	4	
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET MO	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET MO	4	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY MO	5	PA,QL (30 per 30 days)
<i>levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet; levetiracetam 100 mg/ml soln</i> MO	2	
<i>levetiracetam 500 mg/5 ml soln; levetiracetam 500 mg/5 ml, 500 mg/5 ml (5 ml) vial</i> MO	4	
<i>levetiracetam er 500 mg, 750 mg tablet</i> MO	3	
<i>levorphanol 2 mg tablet</i> MO	4	QL (240 per 30 days)
<i>lithium carbonate 150 mg, 600 mg cap; lithium carbonate 300 mg tab; lithium carbonate er 300 mg, 450 mg tb</i> MO	2	
<i>lithium carbonate 300 mg cap</i> MO	1	
<i>lithium 8 meq/5 ml solution</i> MO	2	
<i>lorazepam 0.5 mg, 1 mg tablet</i> MO	2	QL (90 per 30 days)
<i>lorazepam 2 mg tablet</i> MO	2	QL (150 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> MO	3	QL (150 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lorazepam intensol 2 mg/ml oral concentrate ^{MO}	3	QL (150 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule ^{MO}	2	
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE ^{MO}	4	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION ^{MO}	4	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE ^{MO}	4	QL (60 per 30 days)
magnesium sulfate 50% syringe; magnesium sulfate 50% vial ^{MO}	2	
magnesium-d5w 1 gm/100 ml soln ^{MO}	2	
magnesium sulf 4 g/50 ml bag; magnesium sulf 4% iv soln ^{MO}	2	
maprotiline 25 mg, 50 mg, 75 mg tablet ^{MO}	4	
MARPLAN 10 MG TABLET ^{MO}	4	
meclofenamate 100 mg, 50 mg capsule ^{MO}	4	
meloxicam 15 mg tablet ^{MO}	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet ^{MO}	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp ^{MO}	4	QL (300 per 30 days)
memantine 5-10 mg titration pk ^{MO}	2	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet ^{MO}	2	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution ^{MO}	3	PA,QL (360 per 30 days)
meperidine 100 mg tablet ^{MO}	3	QL (360 per 30 days)
meperidine 50 mg tablet ^{MO}	3	QL (480 per 30 days)
meperidine 50 mg/5 ml solution ^{MO}	3	QL (720 per 30 days)
methadone 10 mg/5 ml solution ^{MO}	4	QL (1800 per 30 days)
methadone 10 mg/ml oral conc; methadone hcl 10 mg/ml vial ^{MO}	4	QL (360 per 30 days)
methadone 5 mg/5 ml solution ^{MO}	4	QL (3600 per 30 days)
methadone hcl 10 mg tablet ^{MO}	4	QL (240 per 30 days)
methadone hcl 5 mg tablet ^{MO}	4	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate ^{MO}	4	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE ^{MO}	4	QL (360 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet; methylphenidate er 20 mg tab ^{MO}	4	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol ^{MO}	4	QL (900 per 30 days)
methylphenidate 5 mg/5 ml soln ^{MO}	4	QL (1800 per 30 days)
methylphenidate er 10 mg tab ^{MO}	4	QL (180 per 30 days)
methylphenidate la 20 mg, 40 mg cap ^{MO}	4	QL (30 per 30 days)
methylphenidate la 30 mg cap ^{MO}	4	QL (60 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg odt ^{MO}	4	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg tablet ^{MO}	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
modafinil 100 mg, 200 mg tablet MO	3	PA,QL (60 per 30 days)
molindone hcl 10 mg tablet MO	4	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet MO	4	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet MO	4	PA,QL (360 per 30 days)
morphine 10 mg/ml carpject; morphine 10 mg/ml, 10 mg/ml isecure syr; morphine 10 mg/ml, 10 mg/ml syringe; morphine sulfate 10 mg/ml vial MO	3	QL (360 per 30 days)
morphine 15 mg/ml carpject MO	3	QL (240 per 30 days)
morphine 2 mg/ml carpject; morphine 2 mg/ml, 2 mg/ml isecure syr; morphine 2 mg/ml, 2 mg/ml syringe MO	3	QL (1800 per 30 days)
morphine 4 mg/ml carpject; morphine 4 mg/ml isecure syr; morphine sulfate 4 mg/ml vial MO	3	QL (900 per 30 days)
morphine 5 mg/ml syringe MO	3	QL (720 per 30 days)
morphine 8 mg/ml isecure syr; morphine 8 mg/ml syringe; morphine sulfate 8 mg/ml vial MO	3	QL (450 per 30 days)
morphine sulf 10 mg, 20 mg, 30 mg, 5 mg suppos MO	4	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln MO	3	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln MO	3	QL (1350 per 30 days)
morphine sulf er 100 mg tablet; morphine sulfate ir 15 mg, 30 mg tab MO	3	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet MO	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet MO	3	QL (90 per 30 days)
morphine 0.5 mg/ml vial MO	3	QL (7200 per 30 days)
morphine 1 mg/ml vial p-f MO	3	QL (3600 per 30 days)
morphine sulf 100 mg/5 ml soln MO	3	QL (540 per 30 days)
nabumetone 500 mg, 750 mg tablet MO	2	
nalbuphine 100 mg/10 ml vial MO	4	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial MO	4	QL (120 per 30 days)
naloxone 0.4 mg/ml vial; naloxone 0.4 mg/ml, 1 mg/ml syringe; naloxone 2 mg/2 ml syringe MO	2	
naltrexone 50 mg tablet MO	2	
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO	3	PA,QL (28 per 28 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
naproxen 125 mg/5 ml suspen MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet MO	2	
naproxen 375 mg, 500 mg tablet MO	1	
naproxen sodium 275 mg, 550 mg tab MO	3	
naratriptan hcl 1 mg, 2.5 mg tablet MO	3	QL (9 per 30 days)
NARCAN 4 MG/ACTUATION NASAL SPRAY MO	4	QL (2 per 30 days)
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet MO	4	
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
nortriptyline 10 mg/5 ml sol MO	3	
nortriptyline hcl 10 mg, 25 mg cap MO	1	
nortriptyline hcl 50 mg, 75 mg cap MO	2	
NUEDEXTA 20 MG-10 MG CAPSULE MO	3	QL (60 per 30 days)
NUPLAZID 17 MG TABLET SP	5	PA,QL (60 per 30 days)
olanzapine 10 mg vial MO	3	PA
olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet MO	3	PA,QL (30 per 30 days)
olanzapine 15 mg, 20 mg tablet MO	3	PA,QL (60 per 30 days)
olanzapine odt 10 mg, 5 mg tablet MO	4	PA,QL (30 per 30 days)
olanzapine odt 15 mg, 20 mg tablet MO	4	PA,QL (60 per 30 days)
ONFI 10 MG, 20 MG TABLET MO	4	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION MO	4	PA,QL (480 per 30 days)
oxaprozin 600 mg caplet MO	4	
oxazepam 10 mg, 15 mg, 30 mg capsule MO	4	
oxcarbazepine 150 mg, 300 mg, 600 mg tablet MO	3	
oxcarbazepine 300 mg/5 ml susp MO	4	
oxycodon 10 mg/0.5 ml oral syr; oxycodone hcl 100 mg/5 ml soln MO	4	QL (270 per 30 days)
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 5 mg capsule MO	4	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln MO	3	QL (5400 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 MO	3	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 MO	4	QL (360 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)
paroxetine hcl 10 mg, 20 mg tablet MO	1	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet MO	3	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION MO	4	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet MO	4	QL (90 per 30 days)
roweepra 500 mg tablet MO	2	
SABRIL 500 MG ORAL POWDER PACKET; SABRIL 500 MG TABLET SP	5	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET MO	4	PA,QL (60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	3	QL (60 per 30 days)
selegiline hcl 5 mg capsule; selegiline hcl 5 mg tablet MO	4	
sertraline 20 mg/ml oral conc MO	3	
sertraline hcl 100 mg tablet MO	2	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet MO	2	QL (90 per 30 days)
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)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE MO	4	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE MO	4	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MO	4	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
sulindac 150 mg, 200 mg tablet MO	2	
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; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill; sumatriptan 6 mg/0.5 ml syrng; sumatriptan 6 mg/0.5 ml vial MO	4	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet MO	2	QL (9 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE MO	4	
temazepam 15 mg, 30 mg capsule MO	3	QL (30 per 30 days)
tetrabenazine 12.5 mg tablet SP	5	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet SP	5	PA,QL (120 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	4	
tiagabine hcl 2 mg, 4 mg tablet MO	4	
tolcapone 100 mg tablet MO	4	PA
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tramadol hcl 50 mg tablet MO	2	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 MO	3	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab MO	4	
trazodone 100 mg, 150 mg, 50 mg tablet MO	1	
trazodone 300 mg tablet MO	2	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet MO	3	
trihexyphenidyl 2 mg tablet MO	1	
trihexyphenidyl 2 mg/5 ml elx; trihexyphenidyl 5 mg tablet MO	2	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp MO	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	4	ST,QL (30 per 30 days)
valproate sod 500 mg/5 ml vl MO	2	
valproic acid 250 mg capsule MO	2	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol MO	2	
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet MO	2	
venlafaxine hcl er 150 mg cap MO	2	QL (60 per 30 days)
venlafaxine hcl er 37.5 mg cap MO	2	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap MO	2	QL (90 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION MO	4	PA,QL (540 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 10 MG (7)-20 MG (7)-40 MG (16), 20 MG, 40 MG TABLET; VIIBRYD 10-20-40 MG STARTER PK MO	4	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	4	PA,QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG, 50 MG (14)- 100 MG (14) TABLET; VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION; VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK MO	4	PA
VOLTAREN 1 % TOPICAL GEL MO	4	
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK SP	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE SP	5	PA,QL (30 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION SP	5	PA,QL (540 per 30 days)
zaleplon 10 mg, 5 mg capsule MO	3	QL (30 per 30 days)
zenzedi 10 mg tablet MO	4	QL (180 per 30 days)
ZENZEDI 15 MG TABLET MO	4	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET MO	4	QL (90 per 30 days)
ZENZEDI 30 MG TABLET MO	4	QL (60 per 30 days)
zenzedi 5 mg tablet MO	4	QL (150 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule MO	4	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zolpidem tart er 12.5 mg, 6.25 mg tab MO	4	QL (30 per 30 days)
zolpidem tartrate 10 mg, 5 mg tablet MO	2	QL (30 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg capsule MO	2	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION MO	4	PA,QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION MO	5	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION MO	5	PA,QL (1 per 28 days)
DEVICES		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
ADVOCATE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	2	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	2	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE MO	2	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO	2	
AUTOPEN 1 TO 16 UNITS SUBCUTANEOUS MO	2	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO	2	
AUTOPEN 2 TO 32 UNITS SUBCUTANEOUS MO	2	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO	2	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MO	2	
BD AUTOSHIELD PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" MO	2	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MO	2	
BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" MO	2	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" MO	2	
BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" MO	2	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" MO	2	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" MO	2	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	2	

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BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" MO	2	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	2	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" MO	2	
BD INTEGRA INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MO	2	
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE MO	2	
BD LO-DOSE ULTRA-FINE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2" SYRINGE MO	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" MO	2	
BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" MO	2	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	2	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" MO	2	

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COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	2	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	2	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE MO	2	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	2	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	2	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE MO	2	

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EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	2	
EASY TOUCH UNI-SLIP 1 ML SYRINGE MO	2	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	2	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
HUMAPEN LUXURA HD SUBCUTANEOUS MO	2	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
EXEL INSULIN SYRN 27G-1/2 ML MO	2	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; PV INSULIN SYRINGE 0.5 ML; PV INSULIN SYRINGE 1 ML MO	2	
INSULIN SYRINGE MICROFINE 0.3 ML 28 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" MO	2	
BD LUER-LOK SYRINGE 1 ML MO	2	
INSULIN SYRINGE ULTRAFINE 0.5 ML 29 GAUGE X 1/2" MO	2	
BD INSULIN SYR 1 ML 25GX5/8"; 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 SYRIN 0.5 ML 31GX5/16"; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX5/16"; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 29GX1/2"; RELION INS SYR 0.3 ML 30GX5/16; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 30GX5/16"; RELION INSULIN SYR 0.5 ML; RELION SYR 0.5 ML 30GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" MO	2	
INSULIN SYRINGE U100 1 ML MO	2	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 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 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 30 GAUGE"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MO	2	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" MO	2	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" MO	2	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	2	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE MO	2	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"; MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"; MONOJECT INSULIN SYRINGE 1 ML MO	2	
MONOJECT SYRINGE 1/2 ML 28 GAUGE MO	2	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE MO	2	
NOVOFINE 30 30 GAUGE X 1/3" NEEDLE MO	2	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MO	2	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE MO	2	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MO	2	
NOVOPEN ECHO SUBCUTANEOUS MO	2	
NOVOTWIST 30 GAUGE X 1/3", 32 GAUGE X 1/5" NEEDLE; NOVOTWIST NEEDLE 30G 8MM MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KROGER PEN NEEDLES 29G; PEN NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 5/32"; PEN NEEDLES 6MM 31G MO	2	
PENTIPS 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
PENTIPS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4" MO	2	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"; PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2" MO	2	
RELION NEEDLES 31 GAUGE X 1/4" MO	2	
RELION PEN NEEDLES 32 GAUGE X 5/32" MO	2	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	2	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" MO	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4" MO	2	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" MO	2	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	2	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16 ", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X 1/2 ", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE; ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16 ", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X 1/2 ", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"" SYRINGE; ULTICARE 0.3 ML 30 X 5/16" SYRINGE; ULTICARE 1/2 ML 29 X 1/2" SYRINGE MO	2	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" MO	2	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" MO	2	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16"; ULTILET INSULIN SYRINGE 1/2 ML 29 MO	2	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" MO	2	
ULTRA COMFORT 3/10 ML SYR; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MO	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" MO	2	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" MO	2	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	2	
UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 29 GAUGE X 5/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" MO	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
<i>amiloride hcl 5 mg tablet</i> MO	3	
<i>amiloride hcl-hctz 5-50 mg tab</i> MO	2	
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 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
<i>ammonium chloride 5 meq/ml</i> MO	2	
<i>bumetanide 0.25 mg/ml vial; bumetanide 0.5 mg, 1 mg, 2 mg tablet</i> MO	2	
<i>calcium acetate 667 mg gelcap</i> MO	3	
<i>calcium acetate 667 mg tablet</i> MO	4	
CARBAGLU 200 MG DISPERSIBLE TABLET SP	5	PA
<i>chlorothiazide 250 mg, 500 mg tablet</i> MO	2	
<i>chlorothiazide sod 500 mg vial</i> MO	2	
<i>chlorthalidone 25 mg, 50 mg tablet</i> MO	2	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
<i>probenecid-colchicine tabs</i> MO	3	
<i>constulose 10 gram/15 ml oral solution</i> MO	2	
<i>dextrose 10%-0.45% nacl iv sol</i> MO	2	
<i>dextrose 2.5%-0.45% nacl iv</i> MO	2	
<i>dextrose 5%-0.9% nacl iv soln</i> MO	2	
<i>dextrose 5%-0.45% nacl iv soln</i> MO	2	
<i>dextrose 10%-0.2% nacl iv soln</i> MO	2	
<i>dextrose 10%-water iv solution</i> MO	2	
<i>dextrose 5%-water iv soln; dextrose 5%-water vial</i> MO	2	
<i>dextrose 5%-0.2% nacl iv soln</i> MO	2	
<i>dextrose 5%-0.3% nacl iv soln</i> MO	2	
DIURIL 250 MG/5 ML ORAL SUSPENSION MO	4	
<i>dextrose 5%-electrolyte 48</i> MO	2	
<i>enulose 10 gram/15 ml oral solution</i> MO	2	
<i>ethacrynate sodium 50 mg vial</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>furosemide 10 mg/ml, 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln</i> ^{MO}	2	
<i>furosemide 20 mg, 40 mg, 80 mg tablet</i> ^{MO}	1	
<i>generlac 10 gram/15 ml oral solution</i> ^{MO}	2	
<i>glycine 1.5% irrigation</i> ^{MO}	4	
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION ^{MO}	2	
HEPATAMINE 8% INTRAVENOUS SOLUTION ^{MO}	4	B vs D
<i>hydrochlorothiazide 12.5 mg cp; hydrochlorothiazide 25 mg, 50 mg tab</i> ^{MO}	1	
<i>hydrochlorothiazide 12.5 mg tb</i> ^{MO}	2	
<i>indapamide 1.25 mg, 2.5 mg tablet</i> ^{MO}	1	
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-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO}	4	
ISOLYTE-S INTRAVENOUS SOLUTION ^{MO}	4	
<i>k-sol 20 meq/15 ml, 40 meq/15 ml oral liquid</i> ^{MO}	4	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION ^{MO}	4	B vs D
<i>kionex oral powder</i> ^{MO}	3	
<i>kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension</i> ^{MO}	3	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE ^{MO}	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE ^{MO}	2	
<i>klor-con m10 meq tablet,extended release</i> ^{MO}	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE ^{MO}	2	
<i>klor-con m20 meq tablet,extended release</i> ^{MO}	2	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release</i> ^{MO}	2	
<i>lactated ringers injection; lactated ringers irrigation</i> ^{MO}	2	
<i>lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution</i> ^{MO}	2	
LITHOSTAT 250 MG TABLET ^{MO}	4	
<i>methyclothiazide 5 mg tablet</i> ^{MO}	3	
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
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION ^{MO}	4	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION MO	2	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION MO	2	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION MO	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION MO	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
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	2	
potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml sol; potassium cl 20 meq/10 ml conc; potassium cl er 10 meq, 20 meq tablet; potassium cl er 10 meq, 20 meq, 8 meq tablet; potassium cl er 10 meq, 8 meq capsule MO	2	
potassium cl 10% (20 meq/15 ml, 40 meq/15 ml; potassium cl 20% (20 meq/15 ml, 40 meq/15 ml) MO	4	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln MO	2	
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	2	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer MO	2	
potassium cl 20 meq-0.45% nacl MO	2	
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.2% nacl MO	2	
kcl 20 meq in d5w-0.3% nacl MO	2	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% MO	2	
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	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	2	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION MO	2	B vs D
probenecid 500 mg tablet MO	3	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	4	B vs D
REVELA 0.8 GRAM ORAL POWDER PACKET; REVELA 800 MG TABLET MO	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET MO	3	QL (180 per 30 days)
ringer's iv solution; ringers irrigation solution MO	2	
SAMSCA 15 MG, 30 MG TABLET SP	5	QL (60 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
sodium bicarb 4.2% abbjct; sodium bicarb 7.5% abboject; sodium bicarb 8.4% abboject; sodium bicarb 8.4% vial MO	4	
sodium chloride 0.9% inhal vl MO	2	B vs D
sodium chloride 0.9% irrig. MO	2	
sodium chloride 100 meq/40 ml; sodium chloride 2.5 meq/ml, 4 meq/ml vl MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
saline 0.45% soln-excel con ^{MO}	2	
sodium chloride 0.9% solution; sodium chloride 0.9% solution; sodium chloride 0.9% vial ^{MO}	3	
sodium chloride 3% iv soln ^{MO}	2	
sodium chloride 5% iv soln ^{MO}	2	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION ^{MO}	4	
sodium lactate 5 meq/ml vial ^{MO}	2	
sodium phenylbutyrate powder ^{SP}	5	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp ^{MO}	3	
sps 15 gm/60 ml suspension ^{MO}	3	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema ^{MO}	4	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION ^{MO}	3	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA ^{MO}	4	
torse mide 10 mg, 100 mg, 20 mg, 5 mg tablet ^{MO}	2	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION ^{MO}	4	
TRAVASOL 10 % INTRAVENOUS SOLUTION ^{MO}	4	B vs D
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp ^{MO}	2	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb ^{MO}	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION ^{MO}	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION ^{MO}	4	B vs D
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET ^{MO}	4	PA,QL (30 per 30 days)
sterile water for irrigation ^{MO}	2	
ENZYMES		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION ^{MO}	5	
CEREZYME 400 UNIT INTRAVENOUS SOLUTION ^{MO}	5	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (70 per 30 days)
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
MYOZYME 50 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION ^{MO}	5	PA
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION ^{SP}	5	PA,QL (38.4 per 30 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION ^{SP}	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUCRAID 8,500 UNIT/ML ORAL SOLUTION ^{SP}	5	
VPRIV 400 UNIT INTRAVENOUS SOLUTION ^{MO}	5	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetazol hc 1 %-2 % ear drops ^{MO}	4	
acetazolamide 125 mg, 250 mg tablet ^{MO}	3	
acetazolamide er 500 mg cap ^{MO}	4	
acetazolamide sod 500 mg vial ^{MO}	3	
acetic acid 2% ear solution ^{MO}	2	
ak-poly-bac eye ointment ^{MO}	2	
apraclonidine hcl 0.5% drops ^{MO}	4	
atropine 1% eye drops ^{MO}	1	
AZASITE 1 % EYE DROPS ^{MO}	3	
azelastine 0.1% (137 mcg) spry ^{MO}	3	QL (30 per 25 days)
azelastine hcl 0.05% drops ^{MO}	3	
AZOPT 1 % EYE DROPS,SUSPENSION ^{MO}	3	
bacitracin 500 unit/gm ophth ^{MO}	4	
bacitracin-polymyxin eye oint ^{MO}	3	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION ^{MO}	3	
betaxolol hcl 0.5% eye drop ^{MO}	3	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp ^{MO}	3	
carteolol hcl 1% eye drops ^{MO}	2	
chlorhexidine 0.12% rinse ^{MO}	1	
ciprofloxacin 0.3% eye drop ^{MO}	2	
COMBIGAN 0.2 %-0.5 % EYE DROPS ^{MO}	3	
CYSTARAN 0.44 % EYE DROPS ^{SP}	5	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop ^{MO}	2	
diclofenac 0.1% eye drops ^{MO}	2	
dorzolamide hcl 2% eye drops ^{MO}	2	QL (10 per 30 days)
dorzolamide-timolol eye drops ^{MO}	2	QL (10 per 30 days)
doxycycline hyclate 20 mg tab ^{MO}	3	
DUREZOL 0.05 % EYE DROPS ^{MO}	3	
epinastine hcl 0.05% eye drops ^{MO}	3	
erythromycin 0.5% eye ointment ^{MO}	1	
flunisolide 0.025% spray ^{MO}	3	QL (50 per 30 days)
fluorometholone 0.1% drops ^{MO}	3	
flurbiprofen 0.03% eye drop ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluticasone prop 50 mcg spray ^{MO}	2	QL (16 per 30 days)
garamycin 0.3% eye drops ^{MO}	2	
gatifloxacin 0.5% eye drops ^{MO}	4	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment ^{MO}	2	
gentamicin 0.3% eye drops ^{MO}	1	
gentamicin 0.3% eye ointment ^{MO}	2	
hydrocortison-acetic acid soln ^{MO}	4	
ILEVRO 0.3 % EYE DROPS,SUSPENSION ^{MO}	3	
ipratropium 0.03% spray ^{MO}	2	QL (30 per 30 days)
ipratropium 0.06% spray ^{MO}	2	QL (45 per 30 days)
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS ^{MO}	4	
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution ^{MO}	2	
latanoprost 0.005% eye drops ^{MO}	2	QL (5 per 30 days)
levobunolol 0.5% eye drops ^{MO}	2	
levofloxacin 0.5% eye drops ^{MO}	3	
lidocaine 2% viscous soln; lidocaine hcl 4% solution ^{MO}	2	
lidocaine hcl 2% jelly; lidocaine hcl 2% jelly ^{MO}	3	
lidocaine viscous 2 % mucosal solution ^{MO}	1	
LUMIGAN 0.01 % EYE DROPS ^{MO}	3	QL (2.5 per 25 days)
methazolamide 25 mg, 50 mg tablet ^{MO}	4	
metipranolol 0.3% eye drops ^{MO}	2	
naphazoline 0.1% eye drops ^{MO}	2	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment ^{MO}	3	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment ^{MO}	3	
neo-bacit-poly-hc eye ointment ^{MO}	3	
neomyc-bacit-polymix eye oint ^{MO}	3	
neomyc-polym-dexamet eye ointm; neomyc-polym-dexameth eye drop ^{MO}	2	
neomyc-polym-gramicid eye drop ^{MO}	3	
neomycin-poly-hc eye drops ^{MO}	4	
neomycin-polymyxin-hc ear soln ^{MO}	3	
neomycin-polymyxin-hc ear susp ^{MO}	2	
neosporin (neo-polym-gramicid) 1.75mg-10,000 unit-0.025mg/ml eye drops ^{MO}	2	
ofloxacin 0.3% ear drops ^{MO}	3	
ofloxacin 0.3% eye drops ^{MO}	2	
PATADAY 0.2 % EYE DROPS ^{MO}	4	
PAZEO 0.7 % EYE DROPS ^{MO}	3	QL (2.5 per 25 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	4	
<i>pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops</i> MO	3	
<i>polycin 500 unit-10,000 unit/gram eye ointment</i> MO	2	
<i>polymyxin b-tmp eye drops</i> MO	1	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION MO	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	4	
<i>prednisolone ac 1% eye drop</i> MO	4	
<i>prednisolone sod 1% eye drop</i> MO	3	
<i>proparacaine 0.5% eye drops</i> MO	2	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	4	QL (60 per 30 days)
<i>sulfacetamide 10% eye drops</i> MO	1	
<i>sulfacetamide 10% eye ointment</i> MO	3	
<i>sulf-pred 10-0.23% eye drops</i> MO	2	
<i>timolol 0.25% eye drops; timolol 0.5% eye drops</i> MO	1	
<i>timolol 0.25% gel-solution; timolol 0.5% gel-solution</i> MO	3	
<i>tobramycin 0.3% eye drops</i> MO	1	
<i>tobramycin-dexameth ophth susp</i> MO	4	
TOBREX 0.3 % EYE OINTMENT MO	4	
TRAVATAN Z 0.004 % EYE DROPS MO	3	QL (2.5 per 25 days)
<i>trifluridine 1% eye drops</i> MO	4	
<i>tropicamide 0.5% eye drops; tropicamide 1% eye drops</i> MO	2	
VIGAMOX 0.5 % EYE DROPS MO	4	
ZIRGAN 0.15 % EYE GEL MO	4	QL (5 per 30 days)
GASTROINTESTINAL DRUGS		
<i>alosetron hcl 0.5 mg, 1 mg tablet</i> MO	5	QL (60 per 30 days)
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE MO	3	QL (120 per 30 days)
<i>balsalazide disodium 750 mg cp</i> MO	4	
CANASA 1,000 MG RECTAL SUPPOSITORY MO	3	QL (30 per 30 days)
CHENODAL 250 MG TABLET SP	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE SP	5	PA,QL (120 per 30 days)
<i>cimetidine 200 mg, 300 mg, 400 mg tablet</i> MO	2	
<i>cimetidine 800 mg tablet</i> MO	1	
<i>cimetidine 300 mg/5 ml soln</i> MO	2	
<i>compro 25 mg rectal suppository</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000-114,000-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
diphenoxylat-atrop 2.5-0.025/5; diphenoxylate-atrop 2.5-0.025 MO	4	
dronabinol 10 mg, 2.5 mg, 5 mg capsule MO	4	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK MO	4	B vs D,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION MO	4	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE MO	4	B vs D,QL (2 per 28 days)
EMEND 80 MG CAPSULE MO	4	B vs D,QL (4 per 28 days)
famotidine 20 mg tablet MO	1	
famotidine 40 mg tablet; famotidine 40 mg/4 ml vial MO	2	
famotidine 40 mg/5 ml susp MO	4	
famotidine 20 mg/2 ml vial MO	2	
famotidine 20 mg piggyback MO	2	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT SP	5	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT SP	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	
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial MO	4	
granisetron hcl 1 mg tablet MO	3	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial MO	4	
granisetron hcl 4 mg/4 ml vial MO	4	QL (4 per 28 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE MO	3	QL (120 per 30 days)
LINZESS 145 MCG, 290 MCG CAPSULE MO	3	QL (30 per 30 days)
loperamide 2 mg capsule MO	2	
meclizine 12.5 mg, 25 mg tablet MO	3	
mesalamine 4 gm/60 ml enema MO	4	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit MO	4	
metoclopramide 10 mg tablet; metoclopramide 5 mg/5 ml soln MO	1	
metoclopramide 10 mg/2 ml syr; metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg tablet MO	2	
misoprostol 100 mcg, 200 mcg tablet MO	3	
omeprazole dr 10 mg, 20 mg, 40 mg capsule MO	2	QL (60 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIBERZI 100 MG, 75 MG TABLET MO	4	PA,QL (60 per 30 days)
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 20,000-68,000-109,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 25,000-85,000-136,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 3,000-10,000-16,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 40,000-136,000-218,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE MO	4	
GOLD COMPOUNDS		
RIDAURA 3 MG CAPSULE MO	5	
HEAVY METAL ANTAGONISTS		
CHEMET 100 MG CAPSULE MO	4	
CUPRIMINE 250 MG CAPSULE MO	4	
DEPEN TITRATABS 250 MG TABLET SP	5	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET SP	5	PA
SYPRINE 250 MG CAPSULE SP	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
<i>a-hydrocort 100 mg solution for injection</i> MO	2	
<i>acarbose 100 mg, 25 mg, 50 mg tablet</i> MO	4	
<i>altavera (28) 0.15 mg-0.03 mg tablet</i> MO	4	
<i>amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet</i> MO	4	
<i>amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> MO	4	QL (91 per 90 days)
ANADROL-50 50 MG TABLET MO	5	
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PACKET; ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MO	3	QL (150 per 30 days)
<i>androxy 10 mg tablet</i> MO	4	
<i>apri 0.15 mg-0.03 mg tablet</i> MO	4	
<i>aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet</i> MO	4	
<i>abra 0.1 mg-20 mcg tablet</i> MO	4	
AVANDIA 2 MG, 4 MG TABLET MO	4	QL (60 per 30 days)
AVANDIA 8 MG TABLET MO	4	QL (30 per 30 days)
<i>aviane 0.1 mg-20 mcg tablet</i> MO	4	
<i>azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> MO	4	
<i>bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> MO	4	
<i>blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet</i> MO	4	
<i>blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
budesonide ec 3 mg capsule MO	4	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION; BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (4 per 28 days)
calcitonin-salmon 200 units sp MO	3	QL (3.7 per 28 days)
camila 0.35 mg tablet MO	4	
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	
chateal 0.15 mg-0.03 mg tablet MO	4	
chorionic gonad 10,000 unit vl MO	3	PA
cortisone 25 mg tablet MO	4	
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	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET MO	4	
danazol 100 mg, 200 mg, 50 mg capsule MO	4	
dasetta 1/35 (28) 1 mg-35 mcg tablet MO	4	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	4	
deblitane 0.35 mg tablet MO	4	
delyla (28) 0.1 mg-20 mcg tablet MO	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	4	
desmopressin 0.01% solution; desmopressin 0.1 mg/ml sol; desmopressin 10 mcg/0.1 ml spr; desmopressin 40 mcg/10 ml vial; desmopressin acetate 0.1 mg, 0.2 mg tb MO	4	
desogestr-eth estrad eth estra MO	4	
desogestrel-ethinyl estrad tab MO	4	
dexamethasone 0.5 mg, 0.75 mg, 4 mg tablet MO	1	
dexamethasone 0.5 mg/5 ml elx; dexamethasone 0.5 mg/5 ml liq MO	3	
dexamethasone 1 mg, 1.5 mg, 2 mg, 6 mg tablet MO	2	
dexamethasone intensol 1 mg/ml drops (concentrate) MO	3	
dexamethasone 10 mg/ml vial MO	2	
dexamethasone 10 mg/ml, 4 mg/ml vial; dexamethasone 4 mg/ml syringe MO	2	
drospirenone-ee 3-0.02 mg, 3-0.03 mg tab MO	4	
DUAVEE 0.45 MG-20 MG TABLET MO	4	PA,QL (30 per 30 days)
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
elinest 0.3 mg-30 mcg tablet MO	4	
ELLA 30 MG TABLET MO	3	QL (1 per 30 days)
emoquette 0.15 mg-0.03 mg tablet MO	4	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
enskyce 0.15 mg-0.03 mg tablet MO	4	
errin 0.35 mg tablet MO	4	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM MO	3	
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MO	4	
estradiol 0.025 mg patch; estradiol 0.0375 mg patch; estradiol 0.05 mg patch; estradiol 0.075 mg patch; estradiol 0.1 mg patch MO	4	QL (8 per 28 days)
estradiol 0.0375 mg/day patch; estradiol 0.05 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol 0.1 mg/day patch; estradiol tds 0.025 mg/day MO	4	QL (4 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg tablet MO	1	
estradiol valerate 20 mg/ml, 40 mg/ml v1 MO	4	
estradiol-noreth 0.5-0.1 mg tb MO	3	
estradiol-noreth 1-0.5 mg tab MO	4	
ESTRING 2 MG VAGINAL MO	4	QL (1 per 90 days)
estropipate 0.625(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 1.25(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 2.5(0.75 mg, 1.5 mg, 3 mg) tab MO	3	
falmina (28) 0.1 mg-20 mcg tablet MO	4	
FARXIGA 10 MG, 5 MG TABLET MO	4	QL (30 per 30 days)
FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO	4	
fludrocortisone 0.1 mg tablet MO	2	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR SP	4	ST,QL (2.4 per 28 days)
FORTICAL 200 UNITS NASAL SPRAY MO	4	QL (3.7 per 28 days)
gianvi (28) 3 mg-20 mcg tablet MO	4	
gildess 1.5 mg-30 mcg tablet MO	4	
gildess 1 mg-20 mcg tablet MO	4	
gildess 24 fe 1-0.02 mg tablet MO	4	
gildess fe 1.5-30 tablet MO	4	
gildess fe 1-20 tablet MO	4	
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	2	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg MO	3	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION MO	4	
<i>glyburide 1.25 mg tablet</i> MO	2	
<i>glyburide 2.5 mg, 5 mg tablet</i> MO	1	
<i>glyburide micro 1.5 mg tab</i> MO	2	
<i>glyburide micro 3 mg, 6 mg tablet</i> MO	1	
<i>glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> MO	2	
GLYSET 100 MG, 25 MG, 50 MG TABLET MO	4	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MO	3	QL (30 per 30 days)
<i>heather 0.35 mg tablet</i> MO	4	
HUMULIN R U-500 (CONCENTRATED) KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS MO	5	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN MO	5	
<i>hydrocortisone 10 mg, 20 mg, 5 mg tablet</i> MO	2	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION SP	5	PA
<i>introvale 0.15 mg-30 mcg tablets,3 month dose pack</i> MO	4	QL (91 per 90 days)
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
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)
<i>jencycla 0.35 mg tablet</i> MO	4	
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MO	3	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
<i>juleber 0.15 mg-0.03 mg tablet</i> MO	4	
<i>junel 1.5/30 (21) 1.5 mg-30 mcg tablet</i> MO	4	
<i>junel 1/20 (21) 1 mg-20 mcg tablet</i> MO	4	
<i>junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
kelnor 1/35 (28) 1 mg-35 mcg tablet MO	4	
kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
KORLYM 300 MG TABLET SP	5	PA,QL (120 per 30 days)
kurvelo 0.15 mg-0.03 mg tablet MO	4	
levono-e estrad 0.10-0.02-0.01 MO	4	QL (91 per 90 days)
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
larin 1/20 (21) 1 mg-20 mcg tablet MO	4	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
larissia 0.1 mg-20 mcg tablet MO	4	
lessina 0.1 mg-20 mcg tablet MO	4	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
levonor-eth estrad triphasic MO	4	
levonorgestrel 1.5 mg tablet MO	4	
levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 MO	4	
levora-28 0.15 mg-0.03 mg tablet MO	4	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg tablet MO	1	
levothyroxine 300 mcg tablet MO	2	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
liothyronine sod 10 mcg/ml vl; liothyronine sod 25 mcg, 5 mcg, 50 mcg tab MO	3	
lomedica 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
loryna (28) 3 mg-20 mcg tablet MO	4	
low-ogestrel (28) 0.3 mg-30 mcg tablet MO	4	
lutera (28) 0.1 mg-20 mcg tablet MO	4	
lyza 0.35 mg tablet MO	4	
marlissa 0.15 mg-0.03 mg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab ^{MO}	1	
medroxyprogesterone 150 mg/ml ^{MO}	2	QL (1 per 90 days)
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET ^{MO}	4	
metformin hcl 1,000 mg, 500 mg, 850 mg tablet ^{MO}	1	
metformin hcl er 500 mg tablet ^{MO}	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet ^{MO}	2	QL (60 per 30 days)
methimazole 10 mg, 5 mg tablet ^{MO}	2	
METHITEST 10 MG TABLET ^{MO}	4	
methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg dosepk; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tablet ^{MO}	2	B vs D
methylprednisolone 40 mg/ml, 80 mg/ml vl ^{MO}	2	
methylprednisolone 1,000 mg, 125 mg, 40 mg vial; methylprednisolone ss 1 gm vl ^{MO}	4	
methyltestosterone 10 mg cap ^{MO}	5	
MIACALCIN 200 UNIT/ML INJECTION SOLUTION ^{MO}	4	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet ^{MO}	4	
microgestin 1/20 (21) 1 mg-20 mcg tablet ^{MO}	4	
MICROGESTIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET ^{MO}	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet ^{MO}	4	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet ^{MO}	4	
miglitol 100 mg, 25 mg, 50 mg tablet ^{MO}	4	
mimvey 1 mg-0.5 mg tablet ^{MO}	4	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION ^{SP}	5	PA,QL (30 per 30 days)
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet ^{MO}	4	
nateglinide 120 mg, 60 mg tablet ^{MO}	3	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE ^{SP}	5	PA,QL (2 per 28 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet ^{MO}	4	
necon 1/35 (28) 1 mg-35 mcg tablet ^{MO}	4	
necon 10/11 (28) 0.5 mg-35 mcg(10)/1 mg-35 mcg(11) tablet ^{MO}	4	
nikki (28) 3 mg-20 mcg tablet ^{MO}	4	
norethindrone 0.35 mg tablet ^{MO}	4	
norethind-eth estrad 1-0.02 mg ^{MO}	4	
norethindrone 5 mg tablet ^{MO}	3	
noreth-estradiol-fe 1-0.02(21)-75; noreth-estradiol-fe 1-0.02(24)-75 ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg MO	4	
norlyroc 0.35 mg tablet MO	4	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet MO	4	
nortrel 1/35 (21) 1 mg-35 mcg tablet MO	4	
nortrel 1/35 (28) 1 mg-35 mcg tablet MO	4	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	4	
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION MO	3	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS MO	3	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	3	
octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial SP	4	PA
ogestrel (28) 0.5 mg-50 mcg tablet MO	4	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE; OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION SP	5	PA
ONGLYZA 2.5 MG, 5 MG TABLET MO	4	QL (30 per 30 days)
orsythia 0.1 mg-20 mcg tablet MO	4	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET MO	4	
oxandrolone 10 mg tablet MO	5	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet MO	3	PA,QL (120 per 30 days)
pimtrex (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet MO	2	QL (30 per 30 days)
pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 MO	4	QL (30 per 30 days)
pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 MO	4	QL (90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet MO	4	
portia 0.15 mg-0.03 mg tablet MO	4	
prednisolone 15 mg/5 ml syrup MO	2	
prednisolone 15 mg/5 ml soln MO	2	
prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisone 1 mg, 10 mg, 10 mg, 20 mg, 5 mg, 50 mg tab dose pack; prednisone 1 mg, 10 mg, 10 mg, 20 mg, 5 mg, 50 mg tablet MO	2	B vs D
prednisone 2.5 mg, 5 mg tablet MO	1	B vs D
prednisone 5 mg/5 ml solution MO	3	B vs D
prednisone intensol 5 mg/ml oral concentrate MO	4	B vs D
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET; PREMARIN 25 MG SOLUTION FOR INJECTION MO	4	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM MO	3	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET MO	4	
PREMPRO 0.3 MG-1.5 MG TABLET; PREMPRO 0.45 MG-1.5 MG TABLET; PREMPRO 0.625 MG-2.5 MG TABLET; PREMPRO 0.625 MG-5 MG TABLET MO	4	
previfem 0.25 mg-35 mcg tablet MO	4	
progesterone oil 50 mg/ml vl MO	4	
progesterone in oil 50 mg/ml intramuscular MO	4	
progesterone 100 mg, 200 mg capsule MO	3	
PROGLYCEM 50 MG/ML ORAL SUSPENSION MO	4	
propylthiouracil 50 mg tablet MO	3	
quasense 0.15 mg-30 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
raloxifene hcl 60 mg tablet MO	3	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet MO	4	
repaglinide 0.5 mg, 1 mg, 2 mg tablet MO	3	
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION SP	5	PA
setlakin 0.15 mg-30 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
sharobel 0.35 mg tablet MO	4	
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SOLU-MEDROL 1,000 MG, 2 GRAM INTRAVENOUS SOLUTION MO	4	
SOLU-MEDROL (PF) 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION MO	4	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (30 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet MO	4	
sronyx 0.1 mg-20 mcg tablet MO	4	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
syeda 3 mg-0.03 mg tablet MO	4	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (10.5 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY SP	5	
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)
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	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml MO	3	
testosterone enan 200 mg/ml MO	4	
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	2	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	2	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	2	
THYROLAR-2 25 MCG-100 MCG TABLET MO	2	
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	2	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tolbutamide 500 mg tablet MO	4	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN MO	3	
TRADJENTA 5 MG TABLET MO	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	QL (27 per 30 days)
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
triamcinolone acet 40mg/ml vl; triamcinolone acet 50mg/5ml vl MO	4	
trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
trinessa lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	3	QL (2 per 28 days)
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION MO	4	
vestura (28) 3 mg-20 mcg tablet MO	4	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
vienva 0.1 mg-20 mcg tablet MO	4	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
wera (28) 0.5 mg-35 mcg tablet MO	4	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
zarah 3 mg-0.03 mg tablet MO	4	
zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
zeosa chewable tablet MO	4	
zovia 1/35e (28) 1 mg-35 mcg tablet MO	4	
zovia 1/50e (28) 1 mg-50 mcg tablet MO	4	
LOCAL ANESTHETICS (PARENTERAL)		
lidocaine hcl 0.5% vial; lidocaine hcl 1% ampul; lidocaine hcl 2% ampul; lidocaine hcl 4% ampul MO	2	
lidocaine hcl 1% vial; lidocaine hcl 2% vial MO	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine 6 gram/30 ml vl MO	4	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION SP	5	PA
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet MO	2	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab MO	2	QL (4 per 28 days)
allopurinol 100 mg, 300 mg tablet MO	1	
amifostine 500 mg vial MO	5	
AMPYRA 10 MG TABLET,EXTENDED RELEASE SP	5	PA,QL (60 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION SP	5	PA
ATELVIA 35 MG TABLET,DELAYED RELEASE MO	4	QL (4 per 28 days)
azathioprine 50 mg tablet MO	2	B vs D
BENLYSTA 120 MG INTRAVENOUS SOLUTION MO	5	PA,QL (20 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BENLYSTA 400 MG INTRAVENOUS SOLUTION MO	5	PA,QL (6 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT; BETASERON 0.3 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (15 per 30 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	4	QL (4 per 28 days)
CELLCEPT 200 MG/ML ORAL SUSPENSION; CELLCEPT 500 MG TABLET MO	5	B vs D
CELLCEPT 250 MG CAPSULE MO	4	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO	4	B vs D
CERDELGA 84 MG CAPSULE SP	5	PA,QL (60 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION MO	5	PA,QL (20 per 30 days)
COLCRYZ 0.6 MG TABLET MO	3	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (12 per 28 days)
<i>cyclosporine 100 mg, 25 mg capsule; cyclosporine 50 mg/ml ampul</i> MO	4	B vs D
<i>cyclosporine 100 mg/ml soln; cyclosporine modified 100 mg, 25 mg, 50 mg</i> MO	4	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER SP	5	
CYSTAGON 150 MG, 50 MG CAPSULE MO	4	
DEMSEER 250 MG CAPSULE MO	5	
<i>dexrazoxane 250 mg, 500 mg vial</i> MO	4	
<i>disulfiram 250 mg, 500 mg tablet</i> MO	4	
<i>dutasteride 0.5 mg capsule</i> MO	3	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> MO	4	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE MO	4	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE SP	5	PA,QL (4.08 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE SP	5	PA,QL (7.84 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR SP	5	PA,QL (7.84 per 28 days)
<i>etidronate disodium 200 mg, 400 mg tab</i> MO	4	
<i>finasteride 5 mg tablet</i> MO	2	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (18 per 30 days)
<i>fomepizole 1.5 gm/1.5 ml vial</i> MO	2	
<i>gengraf 100 mg, 25 mg, 50 mg capsule; gengraf 100 mg/ml oral solution</i> MO	4	B vs D
GILENYA 0.5 MG CAPSULE SP	5	PA,QL (30 per 30 days)
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS SP	5	PA,QL (6 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA PEN CROHN'S-ULC COLITIS-HIDR SUP STARTER 40 MG/0.8 ML SUB-Q KIT SP	5	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT SP	5	PA,QL (6 per 28 days)
IMURAN 50 MG TABLET MO	4	B vs D
KUVAN 100 MG SOLUBLE TABLET; KUVAN 100 MG, 500 MG ORAL POWDER PACKET SP	5	PA
<i>leflunomide 10 mg, 20 mg tablet</i> MO	3	QL (30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vl</i> MO	3	
<i>levocarnitine 200 mg/ml vial; levocarnitine 330 mg tablet</i> MO	3	
<i>levocarnitine 100 mg/ml soln</i> MO	3	
<i>levoleucovorin 250 mg/25 ml vl</i> MO	5	PA
<i>mesna 1 gram/10 ml vial</i> MO	4	
MESNEX 400 MG TABLET SP	4	
<i>mycophenolate 200 mg/ml susp</i> MO	4	B vs D
<i>mycophenolate 250 mg capsule; mycophenolate 500 mg tablet</i> MO	3	B vs D
<i>mycophenolic acid dr 180 mg, 360 mg tb</i> MO	4	B vs D
MYFORTIC 180 MG, 360 MG TABLET, DELAYED RELEASE MO	4	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION MO	5	PA,QL (20 per 30 days)
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE; ORFADIN 4 MG/ML ORAL SUSPENSION SP	5	
<i>pamidronate 30 mg/10 ml vial; pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial</i> MO	3	
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION MO	4	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MO	4	QL (1 per 180 days)
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET; RAPAMUNE 1 MG/ML ORAL SOLUTION MO	4	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION MO	5	PA
<i>risedronate sod dr 35 mg tab</i> MO	4	QL (4 per 28 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION MO	4	B vs D
SENSIPAR 30 MG TABLET MO	3	QL (60 per 30 days)
SENSIPAR 60 MG TABLET MO	5	QL (60 per 30 days)
SENSIPAR 90 MG TABLET MO	5	QL (120 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR; SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (1 per 30 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION MO	5	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> ^{MO}	4	B vs D
<i>fluoride 0.25 mg tablet chew</i> ^{MO}	1	
<i>fluoride 0.5 mg tablet chew; fluoride 1 mg tablet chewable; sodium fluoride 0.5 mg/ml drop</i> ^{MO}	2	
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> ^{MO}	4	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE ^{SP}	5	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE ^{SP}	5	PA,QL (60 per 30 days)
THIOLA 100 MG TABLET ^{MO}	5	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION ^{MO}	3	B vs D
TYBOST 150 MG TABLET ^{MO}	4	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION ^{MO}	5	PA
XELJANZ 5 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE ^{SP}	5	PA,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION ^{MO}	5	PA,QL (1.7 per 28 days)
ZAVESCA 100 MG CAPSULE ^{SP}	5	PA,QL (90 per 30 days)
<i>zoledronic acid 4 mg vial</i> ^{MO}	4	PA
<i>zoledronic acid 4 mg/5 ml vial</i> ^{MO}	4	PA,QL (15 per 21 days)
<i>zoledronic acid 4 mg/100 ml</i> ^{MO}	4	PA,QL (300 per 21 days)
<i>zoledronic acid 5 mg/100 ml; zoledronic acid 5 mg/100 ml</i> ^{MO}	4	PA,QL (100 per 365 days)
ZORTRESS 0.25 MG, 0.75 MG TABLET ^{MO}	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET ^{MO}	4	B vs D,QL (120 per 30 days)
OXYTOCICS		
<i>methergine 0.2 mg tablet</i> ^{MO}	4	
<i>methylergonovine 0.2 mg tablet</i> ^{MO}	4	
PHARMACEUTICAL AIDS		
BAND-AID GAUZE PADS 2" X 2" BANDAGE ^{MO}	2	
BORDERED GAUZE 2" X 2" BANDAGE ^{MO}	2	
CURITY GAUZE 2" X 2" BANDAGE ^{MO}	2	
DERMACEA 2" X 2" BANDAGE ^{MO}	2	
GAUZE PADS 2"X2" ^{MO}	2	
GAUZE PAD 2" X 2" BANDAGE ^{MO}	2	
STERILE GAUZE PAD 2" X 2" BANDAGE ^{MO}	2	
RESPIRATORY TRACT AGENTS		
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> ^{MO}	3	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION ^{SP}	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (30 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp</i> MO	4	B vs D
<i>cromolyn 100 mg/5 ml oral conc</i> MO	4	
<i>cromolyn 20 mg/2 ml neb soln</i> MO	3	B vs D
<i>cromolyn 4% eye drops</i> MO	2	
DALIRESP 500 MCG TABLET MO	3	QL (30 per 30 days)
ESBRIET 267 MG CAPSULE SP	5	PA,QL (270 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER MO	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	3	QL (10.6 per 30 days)
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION SP	5	PA
KALYDECO 150 MG TABLET SP	5	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET SP	5	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET SP	5	PA,QL (30 per 30 days)
<i>montelukast sod 10 mg tablet; montelukast sod 4 mg, 5 mg tab chew</i> MO	2	QL (30 per 30 days)
<i>montelukast sod 4 mg granules</i> MO	4	QL (30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE SP	5	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET SP	5	PA,QL (30 per 30 days)
ORKAMBI 200 MG-125 MG TABLET SP	5	PA,QL (112 per 28 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION SP	5	B vs D,QL (150 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION MO	5	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (10.2 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION SP	5	PA
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION SP	5	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION SP	5	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION SP	5	PA
XOLAIR 150 MG SUBCUTANEOUS SOLUTION MO	5	PA,QL (6 per 28 days)
<i>zafirlukast 10 mg, 20 mg tablet</i> MO	4	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP 10 MG CAPSULE MO	4	
acitretin 10 mg, 17.5 mg, 25 mg capsule MO	5	
acyclovir 5% ointment MO	4	PA
adapalene 0.1% gel MO	4	
alclometasone dipr 0.05% oint; alclometasone dipro 0.05% crm MO	3	
ALCOHOL PADS MO	1	
ALCOHOL PREP PADS MO	1	
ALCOHOL PREP SWABS MO	1	
ALCOHOL 70% SWABS MO	1	
ALCOHOL WIPES MO	1	
ALTABAX 1 % TOPICAL OINTMENT MO	4	
ammonium lactate 12% cream; ammonium lactate 12% lotion MO	2	
amnestem 10 mg, 20 mg, 40 mg capsule MO	4	
BD ALCOHOL SWABS MO	1	
betamethasone dp 0.05% crm; betamethasone dp 0.05% lot; betamethasone dp 0.05% oint MO	3	
betamethasone va 0.1% cream; betamethasone va 0.1% lotion; betamethasone valer 0.1% ointm MO	2	
betamethasone dp aug 0.05% crm MO	2	
betamethasone dp aug 0.05% gel; betamethasone dp aug 0.05% lot; betamethasone dp aug 0.05% oin MO	3	
calcipotriene 0.005% cream MO	4	QL (120 per 30 days)
calcipotriene 0.005% solution MO	4	QL (60 per 30 days)
ciclodan 0.77 % topical cream; ciclodan 8 % topical solution MO	2	
ciclopirox 0.77% cream MO	2	
ciclopirox 0.77% gel; ciclopirox 0.77% topical susp; ciclopirox 1% shampoo; ciclopirox 8% solution MO	4	
clindamycin 2% vaginal cream; clindamycin ph 1% gel; clindamycin phosp 1% lotion MO	4	
clindamycin ph 1% solution; clindamycin phos 1% pledget MO	3	
clobetasol 0.05% cream; clobetasol 0.05% gel; clobetasol 0.05% ointment; clobetasol 0.05% solution MO	4	
clobetasol emollient 0.05% crm MO	4	
clotrimazole 1% cream; clotrimazole 10 mg troche MO	2	
clotrimazole 1% solution MO	3	
clotrimazole-betamethasone crm MO	3	
clotrimazole-betamethasone lot MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
colocort 100 mg/60 ml enema MO	3	
cormax 0.05 % scalp solution MO	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (32 per 365 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS SP	5	PA,QL (32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS SP	5	PA,QL (32 per 365 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS SP	5	PA,QL (32 per 365 days)
CURITY ALCOHOL SWABS MO	1	
DENAVIR 1 % TOPICAL CREAM MO	4	PA
desonide 0.05% cream; desonide 0.05% lotion; desonide 0.05% ointment MO	4	
desoximetasone 0.05% cream; desoximetasone 0.05% gel; desoximetasone 0.05% ointment; desoximetasone 0.25% cream; desoximetasone 0.25% ointment MO	4	
EASY TOUCH ALCOHOL PREP PADS MO	1	
econazole nitrate 1% cream MO	4	
ELIDEL 1 % TOPICAL CREAM MO	4	
ery pads 2 % topical swab MO	3	
erythromycin 2% gel; erythromycin 2% pledgets; erythromycin 2% solution MO	3	
erythromycin-benzoyl gel MO	4	
fluocinolone 0.01% cream; fluocinolone 0.01% solution; fluocinolone 0.025% cream; fluocinolone 0.025% ointment MO	4	
fluocinolone 0.01% scalp oil MO	4	
fluocinonide 0.05% cream; fluocinonide 0.05% gel; fluocinonide 0.05% ointment MO	3	
fluocinonide 0.05% solution MO	4	
fluocinonide-e 0.05 % topical cream MO	4	
fluorouracil 2% topical soln; fluorouracil 5% cream; fluorouracil 5% top solution MO	4	
fluticasone prop 0.005% oint; fluticasone prop 0.05% cream MO	2	
gentamicin 0.1% cream; gentamicin 0.1% ointment MO	1	
halobetasol prop 0.05% cream; halobetasol prop 0.05% ointmnt MO	4	
hydrocortisone 1% cream; hydrocortisone 1% ointment; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment MO	2	
hydrocortisone 100 mg/60 ml MO	3	
hydrocortisone 2.5% cream MO	1	
hydrocortisone 2.5% cream MO	4	
hydrocortisone buty 0.1% cream; hydrocortisone butyr 0.1% oint; hydrocortisone butyr 0.1% soln MO	4	
hydrocortisone val 0.2% cream; hydrocortisone val 0.2% ointmt MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone 1% absorbase ^{MO}	2	
imiquimod 5% cream packet ^{MO}	4	QL (12 per 30 days)
INCONTROL ALCOHOL PADS ^{MO}	2	
IV PREP WIPES MEDICATED ^{MO}	1	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION ^{MO}	5	
ketoconazole 2% cream; ketoconazole 2% shampoo ^{MO}	2	
lidocaine 5% patch ^{MO}	4	PA,QL (90 per 30 days)
lidocaine-prilocaine cream ^{MO}	4	
lindane 1% lotion; lindane 1% shampoo ^{MO}	4	
malathion 0.5% lotion ^{MO}	4	
MENTAX 1 % TOPICAL CREAM ^{MO}	4	
methoxsalen 10 mg softgel ^{SP}	5	
metronidazole 0.75% cream; metronidazole 0.75% lotion; metronidazole topical 0.75% gl; metronidazole topical 1% gel ^{MO}	4	
metronidazole vaginal 0.75% gl ^{MO}	3	
miconazole-3 200 mg vaginal suppository ^{MO}	3	
mometasone furoate 0.1% cream; mometasone furoate 0.1% oint; mometasone furoate 0.1% soln ^{MO}	2	
mupirocin 2% ointment ^{MO}	2	
mupirocin 2% cream ^{MO}	4	
myorisan 10 mg, 20 mg, 30 mg, 40 mg capsule ^{MO}	4	
neomy-polymyxin b 40 mg/ml amp ^{MO}	3	
nyamyc 100,000 unit/gram topical powder ^{MO}	3	
nystatin 100,000 unit/gm cream ^{MO}	1	
nystatin 100,000 unit/gm powd ^{MO}	3	
nystatin 100,000 units/gm oint ^{MO}	2	
nystatin-triamcinolone cream; nystatin-triamcinolone ointm ^{MO}	4	
nystop 100,000 unit/gram topical powder ^{MO}	3	
oralone 0.1 % dental paste ^{MO}	3	
PANRETIN 0.1 % TOPICAL GEL ^{SP}	5	
permethrin 5% cream ^{MO}	3	
podofilox 0.5% topical soln ^{MO}	4	
prednicarbate 0.1% cream; prednicarbate 0.1% ointment ^{MO}	4	
PRO COMFORT ALCOHOL PADS ^{MO}	2	
procto-med hc topical cream perineal applicator ^{MO}	4	
procto-pak topical cream perineal applicator ^{MO}	2	
proctosol hc topical cream perineal applicator ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>proctozone-hc topical cream perineal applicator</i> ^{MO}	4	
RECTIV 0.4 % (W/W) OINTMENT ^{MO}	4	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL ^{MO}	5	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT ^{MO}	4	
<i>silver sulfadiazine 1% cream</i> ^{MO}	1	
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE ^{MO}	5	
SSD 1 % TOPICAL CREAM ^{MO}	2	
<i>sulfacetamide sod 10% top susp</i> ^{MO}	3	
SURE COMFORT ALCOHOL PREP PADS ^{MO}	1	
SURE-PREP ALCOHOL PREP PADS ^{MO}	1	
<i>tacrolimus 0.03% ointment; tacrolimus 0.1% ointment</i> ^{MO}	4	
TARGRETIN 1 % TOPICAL GEL ^{SP}	5	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM; TAZORAC 0.05 %, 0.1 % TOPICAL GEL ^{MO}	4	PA
<i>terconazole 0.4% cream; terconazole 0.8% cream; terconazole 80 mg suppository</i> ^{MO}	3	
THERMAZENE 1 % TOPICAL CREAM ^{MO}	2	
TOLAK 4 % TOPICAL CREAM ^{MO}	4	
<i>tretinoin 0.01% gel; tretinoin 0.025% cream; tretinoin 0.025% gel; tretinoin 0.05% cream; tretinoin 0.1% cream</i> ^{MO}	4	PA
<i>triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.1% ointment; triamcinolone 0.5% cream</i> ^{MO}	1	
<i>triamcinolone 0.025% lotion; triamcinolone 0.1% lotion; triamcinolone 0.1% paste</i> ^{MO}	3	
<i>triamcinolone 0.025% oint; triamcinolone 0.5% ointment</i> ^{MO}	2	
<i>triderm 0.1 % topical cream</i> ^{MO}	2	
<i>u-cort 1% cream</i> ^{MO}	2	
ULTILET ALCOHOL SWAB ^{MO}	1	
UVADEX 20 MCG/ML INJECTION SOLUTION ^{MO}	4	
VALCHLOR 0.016 % TOPICAL GEL ^{SP}	5	PA,QL (60 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT ^{MO}	5	
WEBCOL TOPICAL PADS ^{MO}	1	
<i>zenatane 10 mg, 20 mg, 30 mg, 40 mg capsule</i> ^{MO}	4	
ZOVIRAX 5 % TOPICAL CREAM ^{MO}	5	PA
SMOOTH MUSCLE RELAXANTS		
<i>aminophylline 250 mg/10 ml vl</i> ^{MO}	2	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
flavoxate hcl 100 mg tablet MO	3	
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
oxybutynin 5 mg tablet; oxybutynin 5 mg/5 ml syrup MO	2	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet MO	3	QL (60 per 30 days)
theophylline er 100 mg, 200 mg, 300 mg, 450 mg tab; theophylline er 100 mg, 200 mg, 300 mg, 450 mg tablet; theophylline er 400 mg, 600 mg tablet MO	2	
tolterodine tart er 2 mg, 4 mg cap MO	3	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab MO	3	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
tropium chloride 20 mg tablet MO	4	
VITAMINS		
calcitriol 0.25 mcg, 0.5 mcg capsule MO	2	
calcitriol 1 mcg/ml ampul MO	3	
calcitriol 1 mcg/ml solution MO	4	
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION MO	3	
paricalcitol 1 mcg, 2 mcg, 4 mcg capsule MO	4	
paricalcitol 10 mcg/2 ml vial; paricalcitol 2 mcg/ml, 2 mcg/ml, 5 mcg/ml, 5 mcg/ml vial MO	3	
prn ob+dha 27 mg-1 mg-50 mg-250 mg oral pack MO	4	
pr natal 400 29 mg-1 mg-400 mg oral pack MO	4	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release MO	4	
pr natal 430 29 mg-1 mg-430 mg oral pack MO	4	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release MO	4	
prena1 true 30 mg iron-1.4 mg-300 mg oral pack MO	4	
PRENATABS FA 29 MG-1 MG TABLET MO	4	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet MO	4	
preplus 27 mg iron-1 mg tablet MO	1	
virt-care one capsule MO	4	
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Need more information about the indicators displayed by the drug names? Please go to page 9.

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

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Discrimination is Against the Law

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Humana provides:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235 or if you use a TTY, call 711.

If you believe that Humana has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

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

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

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

Multi-Language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-281-6918 (TTY: 711).

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

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

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

한국어 (Korean): 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-281-6918 (TTY: 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-281-6918 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-281-6918 (телетайп: 711).

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

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

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

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

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

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

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

فارسی (Farsi):

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

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-281-6918 (TTY: 711) पर कॉल करें।

Հայերեն (Armenian): Ուշադրութեամբ խոսելով ձեր հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ, Զանգահարեք 1-800-281-6918 (TTY (հեռատիպ)՝ 711):

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-281-6918 (TTY: 711).

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-281-6918 (TTY: 711).

وُڊرُا (Urdu):

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں
- (TTY: 711) 1-800-281-6918

ខ្មែរ (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-281-6918 (TTY: 711)។

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-281-6918 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

বাংলা (Bengali): লক্ষ্য করুনঃ যদি আপনাবাংলা, কথা বলতে পারেন, তাহলে নঃখরচায় ভাষা সহায়তা পরষিবো উপলব্ধ আছে। ফোন করুন 1-800-281-6918 (TTY: 711)।

אידיש (Yiddish):

אויפגעקומענדיג: אויב איר ארעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. אופט
(TTY: 711) 1-800-281-6918

አማርኛ (Amharic): ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚስተኛው ቁጥር ይደውሉ 1-800-281-6918 (መስማት ለተሳናቸው: 711)።

ภาษาไทย (Thai): เร็วขึ้น: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-281-6918 (TTY: 711).

Oroomiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-281-6918 (TTY: 711).

Ilokano (Ilocano): PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Awagan ti 1-800-281-6918 (TTY: 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-281-6918 (TTY: 711).

Shqip (Albanian): KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjjuhësore, pa pagesë. Telefononi në 1-800-281-6918 (TTY: 711).

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-281-6918 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-281-6918 (телетайп: 711).

नेपाली (Nepali): ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-281-6918 (टिपिवाइ: 711) ।

Nederlands (Dutch): AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-281-6918 (TTY: 711).

Gagana fa'a Sāmoa (Samoan): MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai au'aunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-800-281-6918 (TTY: 711).

Kajin ʻMajōl (Marshallese): LALE: Ñe kwōj kōnono Kajin ʻMajōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe aṃ ejjeļok wōñāān. Kaalok 1-800-281-6918 (TTY: 711).

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-281-6918 (TTY: 711).

Foosun Chuuk (Trukese): MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-800-281-6918 (TTY: 711).

Tonga (Tongan): FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-281-6918 (TTY: 711).

Bisaya (Bisayan): ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1-800-281-6918 (TTY: 711).

Ikirundi (Bantu – Kirundi): ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-281-6918 (TTY: 711).

Kiswahili (Swahili): KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-281-6918 (TTY: 711).

Bahasa Indonesia (Indonesian): PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-800-281-6918 (TTY: 711).

Türkçe (Turkish): DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-281-6918 (TTY: 711) irtibat numaralarını arayın.

ی‌دروک (Kurdish):

ئاگاداری: ئه‌گهر به زمانی کوردی قهسه ده کهیت، خزمه‌تگوزاریه‌کانی یارمه‌تی زمان، به‌خۆراییی، بو تو به‌رده‌سته. په‌یه‌ندی به 1-800-281-6918 (TTY 711) بکه.

తెలుగు (Teluga): శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. 1-800-281-6918 (TTY: 711) కు కాల్ చేయండి.

Thuɔŋjaŋ (Nilotic – Dinka): PIN KENE: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atō kuka lëu yök abac ke cın wënh cuatë piny. Yuɔpë 1-800-281-6918 (TTY: 711).


Norsk (Norwegian): MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-800-281-6918 (TTY: 711).

Català (Catalan): ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al 1-800-281-6918 (TTY o teletip: 711).

λληνικά (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-281-6918 (TTY: 711).

Igbo asusu (Ibo): Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-281-6918 (TTY: 711).

èdè Yorùbá (Yoruba): AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-281-6918 (TTY: 711).



This formulary was updated on 11/07/2016. For more recent information or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that the automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. The Formulary may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our customer service number at **1-800-281-6918 (TTY: 711)**.

Esta información está disponible sin costo en otros idiomas. Llame a nuestro departamento de Servicio al Cliente al **1-800-281-6918 (TTY: 711)**.

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