

2019

# Prescription Drug Guide

## **Humana Medicare Employer Plan Formulary**

List of covered drugs

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

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This formulary was updated on 10/12/2018. For more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit [Humana.com](http://Humana.com).

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## Welcome to Humana Medicare Employer Plan!

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

### What is the Humana Medicare Employer formulary?

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

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

### Can the formulary change?

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

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

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

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

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

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

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

The enclosed formulary is current as of January 1, 2019. We'll update the printed formularies each month and they'll be available on [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist).

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

### **How do I use the formulary?**

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

#### **Medical condition**

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

#### **Alphabetical listing**

If you're not sure about your drug's group, you should look for your drug in the Index that begins on page 166. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of four tiers.

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

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

## How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

## Are there any restrictions on my coverage?

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

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

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

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

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

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

## What if my drug isn't on the formulary?

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

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

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

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

## How do I request an exception to the formulary?

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

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

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

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

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

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

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

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

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

If you're a resident of a long-term care facility and you take Part D drugs that aren't on the formulary, we'll cover a 30-day supply unless you have a prescription written for fewer days (in which case we will allow multiple fills to

provide up to a total of 30 days of a drug) during the first 90 days you're a member of our plan. We'll cover a 31-day emergency supply of your drug unless you have a prescription for fewer days (in which we will allow multiple fills to provide up to a total of 31 days of a drug) while you request a formulary exception if:

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

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

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

For these changes in treatment settings, the Humana Medicare Employer Plan will cover as much as a 30-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. The Humana Medicare Employer Plan will review requests for continuation of therapy on a case-by-case basis understanding when you're on a stabilized drug regimen that, if changed, is known to have risks.

### **Transition extension**

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

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

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

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

Other pharmacies are available in our network.



## For More Information

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

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

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



## Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 166.

### How to read your formulary

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOLOPHINE 5 MG TABLET <b>DL</b>	3	QL (480 per 30 days)
DUEXIS 800 MG-26.6 MG TABLET <b>DL</b>	4	ST,QL (90 per 30 days)
DURAGESIC 100 MCG/HR, 50 MCG/HR, 75 MCG/HR TRANSDERMAL PATCH <b>DL</b>	4	PA,QL (20 per 30 days)
DURAGESIC 12 MCG/HR, 25 MCG/HR TRANSDERMAL PATCH <b>DL</b>	3	PA,QL (20 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION <b>DL</b>	3	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION <b>DL</b>	3	QL (3600 per 30 days)
DYLOJECT 37.5 MG/ML VIAL <b>MO</b>	3	
EC-NAPROSYN 375 MG, 500 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA
EMBEDA 100 MG-4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 20 MG-0.8 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 30 MG-1.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 50 MG-2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 60 MG-2.4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 80 MG-3.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY <b>DL</b>	2	QL (60 per 30 days)
endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet <b>DL</b>	1	QL (360 per 30 days)
ESGIC 50 MG-325 MG-40 MG CAPSULE <b>MO</b>	1	PA,QL (180 per 30 days)
ESGIC 50 MG-325 MG-40 MG TABLET <b>MO</b>	1	PA,QL (180 per 30 days)
etodolac 200 mg, 300 mg capsule <b>MO</b>	1	
etodolac 400 mg, 500 mg tablet <b>MO</b>	1	
etodolac er 400 mg, 500 mg, 600 mg tablet <b>MO</b>	1	
EXALGO ER 12 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (180 per 30 days)
EXALGO ER 16 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (120 per 30 days)
EXALGO ER 32 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
EXALGO ER 8 MG TABLET,EXTENDED RELEASE <b>DL</b>	3	ST,QL (240 per 30 days)
FELDENE 10 MG, 20 MG CAPSULE <b>MO</b>	3	
fenoprofen 200 mg, 400 mg capsule <b>MO</b>	1	
fenoprofen 600 mg tablet <b>MO</b>	1	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch <b>DL</b>	1	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg <b>DL</b>	4	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul <b>DL</b>	1	QL (720 per 30 days)
fentanyl 100 mcg/2 ml syringe <b>DL</b>	1	QL (720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG BUCCAL TABLET, EFFERVESCENT <b>DL</b>	4	PA,QL (120 per 30 days)

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

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<i>ibudone 5 mg-200 mg tablet</i> <b>DL</b>	1	QL (150 per 30 days)
<i>ibuprofen 100 mg/5 ml susp</i> <b>MO</b>	1	
<i>ibuprofen 400 mg, 600 mg, 800 mg tablet</i> <b>MO</b>	1	
<i>oxycodone-ibuprofen 5-400 tab</i> <b>DL</b>	1	QL (240 per 30 days)
INDOCIN 25 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	PA
INDOCIN 50 MG RECTAL SUPPOSITORY <b>MO</b>	1	PA
<i>indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule</i> <b>MO</b>	1	PA
<i>indomethacin 1 mg vial</i> <b>MO</b>	1	PA
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION <b>DL</b>	3	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION <b>DL</b>	3	QL (150 per 30 days)
KADIAN 10 MG, 20 MG, 30 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	3	ST,QL (60 per 30 days)
KADIAN 100 MG, 200 MG, 40 MG, 50 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
<i>ketoprofen 25 mg, 50 mg, 75 mg capsule</i> <b>MO</b>	1	
<i>ketoprofen er 200 mg capsule</i> <b>MO</b>	1	
<i>ketorolac 10 mg tablet</i> <b>MO</b>	1	PA,QL (20 per 30 days)
<i>ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml vial; ketorolac 30 mg/ml vial; ketorolac 300 mg/10 ml vial</i> <b>MO</b>	1	PA
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml carpject</i> <b>MO</b>	1	PA
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml syringe</i> <b>MO</b>	1	PA
<i>klofensaid ii 1.5% topical sol</i> <b>MO</b>	1	PA
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY <b>DL</b>	4	PA,QL (30 per 30 days)
<i>levorphanol 2 mg tablet</i> <b>DL</b>	4	QL (240 per 30 days)
LODINE 400 MG TABLET <b>MO</b>	3	PA
<i>lorcet (hydrocodone) 5 mg-325 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>lorcet hd 10 mg-325 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>lorcet plus 7.5 mg-325 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>lortab 10-325 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>lortab 5-325 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>lortab 7.5-325 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>lortab elixir 10 mg-300 mg/15 ml oral solution</i> <b>DL</b>	3	QL (6000 per 30 days)
MARGESIC CAPSULE <b>MO</b>	1	PA,QL (180 per 30 days)
MARTEN-TAB 325-50 TABLET <b>MO</b>	1	PA,QL (180 per 30 days)
<i>meclofenamate 100 mg, 50 mg capsule</i> <b>MO</b>	1	
<i>mefenamic acid 250 mg capsule</i> <b>MO</b>	1	
<i>meloxicam 15 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)

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meloxicam 7.5 mg tablet <b>MO</b>	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp <b>MO</b>	1	QL (300 per 30 days)
meperidine 10 mg/ml cartrdge <b>DL</b>	1	PA,QL (3600 per 30 days)
meperidine 100 mg tablet <b>DL</b>	1	PA,QL (360 per 30 days)
meperidine 50 mg tablet <b>DL</b>	1	PA,QL (480 per 30 days)
meperidine 50 mg/5 ml solution <b>DL</b>	1	PA,QL (720 per 30 days)
meperidine 100 mg/ml vial <b>DL</b>	1	PA,QL (360 per 30 days)
meperidine 25 mg/ml vial <b>DL</b>	1	PA,QL (1440 per 30 days)
meperidine 50 mg/ml vial <b>DL</b>	1	PA,QL (720 per 30 days)
methadone 10 mg/5 ml solution <b>DL</b>	1	QL (1800 per 30 days)
methadone 10 mg/ml oral conc <b>DL</b>	1	QL (360 per 30 days)
methadone 5 mg/5 ml solution <b>DL</b>	1	QL (3600 per 30 days)
methadone hcl 10 mg tablet <b>DL</b>	1	QL (240 per 30 days)
methadone hcl 10 mg/ml vial <b>DL</b>	1	QL (360 per 30 days)
methadone hcl 5 mg tablet <b>DL</b>	1	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate <b>DL</b>	1	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE <b>DL</b>	3	QL (360 per 30 days)
mitigo (pf) 10 mg/ml injection solution <b>DL</b>	4	QL (360 per 30 days)
mitigo (pf) 25 mg/ml injection solution <b>DL</b>	4	QL (150 per 30 days)
MOBIC 15 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
MOBIC 7.5 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
MORPHABOND ER 100 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <b>DL</b>	3	ST,QL (180 per 30 days)
MORPHABOND ER 15 MG, 30 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <b>DL</b>	3	ST,QL (90 per 30 days)
MORPHABOND ER 60 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <b>DL</b>	3	ST,QL (60 per 30 days)
morphine 10 mg/ml carpuject <b>DL</b>	1	QL (360 per 30 days)
morphine 10 mg/ml isecure syrg <b>DL</b>	1	QL (360 per 30 days)
morphine 2 mg/ml carpuject <b>DL</b>	1	QL (1800 per 30 days)
morphine 2 mg/ml isecure syr <b>DL</b>	1	QL (1800 per 30 days)
morphine 4 mg/ml carpuject <b>DL</b>	1	QL (900 per 30 days)
morphine 4 mg/ml isecure syr <b>DL</b>	1	QL (900 per 30 days)
morphine 5 mg/ml syringe <b>DL</b>	1	
morphine 8 mg/ml carpuject <b>DL</b>	1	QL (450 per 30 days)
morphine 8 mg/ml isecure syrng <b>DL</b>	1	QL (450 per 30 days)
morphine sulf 10 mg/5 ml soln <b>DL</b>	1	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln <b>DL</b>	1	QL (1350 per 30 days)
morphine sulf er 100 mg tablet <b>DL</b>	1	QL (180 per 30 days)

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<i>morphine sulf er 15 mg, 30 mg, 60 mg tablet</i> <b>DL</b>	1	QL (120 per 30 days)
<i>morphine sulf er 200 mg tablet</i> <b>DL</b>	1	QL (90 per 30 days)
<i>morphine sulfate 10 mg/ml vial</i> <b>DL</b>	1	QL (360 per 30 days)
<i>morphine sulfate 2 mg/ml vial</i> <b>DL</b>	1	QL (1800 per 30 days)
<i>morphine sulfate 25 mg/ml vl</i> <b>DL</b>	1	QL (150 per 30 days)
<i>morphine sulfate 4 mg/ml vial</i> <b>DL</b>	1	QL (900 per 30 days)
<i>morphine sulfate 5 mg/ml vial</i> <b>DL</b>	1	QL (720 per 30 days)
<i>morphine sulfate 8 mg/ml vial</i> <b>DL</b>	1	QL (450 per 30 days)
<i>morphine sulfate er 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg cap</i> <b>DL</b>	1	ST,QL (60 per 30 days)
<i>morphine sulfate er 120 mg, 60 mg, 75 mg, 90 mg cap</i> <b>DL</b>	1	ST,QL (60 per 30 days)
<i>morphine sulfate er 30 mg, 45 mg cap</i> <b>DL</b>	1	ST,QL (30 per 30 days)
<i>morphine sulfate er 40 mg cap</i> <b>DL</b>	4	ST,QL (60 per 30 days)
<i>morphine sulfate ir 15 mg, 30 mg tab</i> <b>DL</b>	1	QL (180 per 30 days)
<i>morphine 0.5 mg/ml vial</i> <b>DL</b>	1	QL (7200 per 30 days)
<i>morphine 1 mg/ml, 30 mg/30 ml vial p-f; morphine sulfate 1 mg/ml vial</i> <b>DL</b>	1	QL (3600 per 30 days)
<i>morphine 5 mg/ml vial</i> <b>DL</b>	1	QL (720 per 30 days)
<i>morphine sulf 100 mg/5 ml soln</i> <b>DL</b>	1	QL (540 per 30 days)
MS CONTIN 100 MG TABLET,EXTENDED RELEASE <b>DL</b>	3	PA,QL (180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET,EXTENDED RELEASE <b>DL</b>	3	PA,QL (120 per 30 days)
MS CONTIN 200 MG TABLET,EXTENDED RELEASE <b>DL</b>	3	PA,QL (90 per 30 days)
<i>nabumetone 500 mg, 750 mg tablet</i> <b>MO</b>	1	
<i>nalbuphine 100 mg/10 ml vial</i> <b>DL</b>	1	QL (240 per 30 days)
<i>nalbuphine 200 mg/10 ml vial</i> <b>DL</b>	1	QL (120 per 30 days)
NALFON 400 MG CAPSULE <b>MO</b>	3	
NALFON 600 MG TABLET <b>MO</b>	1	
<i>nalocet 2.5 mg-300 mg tablet</i> <b>DL</b>	4	PA,QL (360 per 30 days)
NAPRELAN CR 375 MG TAB,EXTENDED RELEASE 24 HR MPHASE <b>MO</b>	3	ST,QL (120 per 30 days)
NAPRELAN CR 500 MG TAB,EXTENDED RELEASE 24 HR MPHASE <b>MO</b>	3	ST,QL (90 per 30 days)
NAPRELAN CR 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE <b>MO</b>	3	ST,QL (60 per 30 days)
NAPROSYN 500 MG TABLET <b>MO</b>	3	PA
<i>naproxen 125 mg/5 ml suspen</i> <b>MO</b>	1	
<i>naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet</i> <b>MO</b>	1	
<i>naproxen sod cr 375 mg tablet</i> <b>MO</b>	1	ST,QL (120 per 30 days)
<i>naproxen sod cr 500 mg tablet</i> <b>MO</b>	1	ST,QL (90 per 30 days)
<i>naproxen sodium 275 mg, 550 mg tab</i> <b>MO</b>	1	

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

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PERCOCET 2.5 MG-325 MG TABLET <b>DL</b>	1	PA,QL (360 per 30 days)
phrenilin forte (with caffeine) 50 mg-300 mg-40 mg capsule <b>MO</b>	1	PA,QL (180 per 30 days)
piroxicam 10 mg, 20 mg capsule <b>MO</b>	1	
PONSTEL 250 MG KAPSEALS <b>MO</b>	3	PA
primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet <b>DL</b>	4	QL (390 per 30 days)
profeno 600 mg tablet <b>MO</b>	1	
reprexain 10-200 mg tablet <b>DL</b>	1	QL (150 per 30 days)
REPREXAIN 5-200 MG TABLET <b>DL</b>	1	QL (150 per 30 days)
ROXICODONE 15 MG, 30 MG, 5 MG TABLET <b>DL</b>	3	PA,QL (360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <b>DL</b>	4	PA,QL (180 per 30 days)
ROXYBOND 5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <b>DL</b>	4	PA,QL (360 per 30 days)
SPRIX 15.75 MG/SPRAY NASAL SPRAY <b>DL</b>	4	PA,QL (5 per 30 days)
SUBSYS 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY SUBLINGUAL SPRAY; SUBSYS 1,200 MCG (600 MCG/SPRAY X2) SUBLINGUAL SPRAY; SUBSYS 1,600 MCG (800 MCG/SPRAY X2) SUBLINGUAL SPRAY <b>DL</b>	4	PA,QL (120 per 30 days)
sulindac 150 mg, 200 mg tablet <b>MO</b>	1	
TALWIN 30 MG/ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (360 per 30 days)
tencon 50 mg-325 mg tablet <b>MO</b>	1	PA,QL (180 per 30 days)
TIVORBEX 20 MG, 40 MG CAPSULE <b>MO</b>	3	ST,QL (90 per 30 days)
tolmetin sodium 200 mg, 600 mg tab <b>MO</b>	1	
tolmetin sodium 400 mg cap <b>MO</b>	1	
tramadol er 100 mg, 200 mg, 300 mg tablet <b>DL</b>	1	ST,QL (30 per 30 days)
tramadol hcl 50 mg tablet <b>DL</b>	1	QL (240 per 30 days)
tramadol hcl er 100 mg, 200 mg, 300 mg capsule <b>DL</b>	1	ST,QL (30 per 30 days)
tramadol hcl er 100 mg, 200 mg, 300 mg tablet <b>DL</b>	1	QL (30 per 30 days)
tramadol hcl er 150 mg capsule <b>DL</b>	1	ST
tramadol-acetaminophn 37.5-325 <b>DL</b>	1	QL (240 per 30 days)
TREZIX 320.5 MG-30 MG-16 MG CAPSULE <b>DL</b>	1	QL (300 per 30 days)
TYLENOL-CODEINE #3 300 MG-30 MG TABLET <b>DL</b>	1	PA,QL (360 per 30 days)
TYLENOL-CODEINE #4 300 MG-60 MG TABLET <b>DL</b>	1	PA,QL (180 per 30 days)
ULTRACET 37.5 MG-325 MG TABLET <b>DL</b>	3	QL (240 per 30 days)
ULTRAM 50 MG TABLET <b>DL</b>	3	QL (240 per 30 days)
ULTRAM ER 300 MG TABLET <b>DL</b>	3	ST,QL (30 per 30 days)
vanatol lq 50 mg-325 mg-40 mg/15 ml oral solution <b>DL</b>	4	PA,QL (450 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
vanatol s 50 mg-325 mg-40 mg/15 ml oral solution <b>DL</b>	4	PA,QL (450 per 30 days)
verdrocet 2.5 mg-325 mg tablet <b>DL</b>	1	QL (360 per 30 days)
vicodin 5 mg-300 mg tablet <b>DL</b>	1	QL (390 per 30 days)
vicodin es 7.5 mg-300 mg tablet <b>DL</b>	1	QL (390 per 30 days)
vicodin hp 10 mg-300 mg tablet <b>DL</b>	1	QL (390 per 30 days)
VIMOVO 375 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE; VIMOVO 500 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
VOLTAREN 1 % TOPICAL GEL <b>MO</b>	3	PA
VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA
XARTEMIS XR 7.5-325 MG TABLET <b>DL</b>	3	
XODOL 10-300 TABLET <b>DL</b>	1	QL (390 per 30 days)
XODOL 5-300 TABLET <b>DL</b>	1	QL (390 per 30 days)
XODOL 7.5-300 MG TABLET <b>DL</b>	1	QL (390 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE <b>DL</b>	2	QL (60 per 30 days)
xylon 10 10 mg-200 mg tablet <b>DL</b>	1	QL (150 per 30 days)
ZAMICET 10-325 MG/15 ML SOLN <b>DL</b>	1	QL (5430 per 30 days)
ZEBUTAL 50 MG-325 MG-40 MG CAPSULE <b>MO</b>	1	PA,QL (180 per 30 days)
ZIPSOR 25 MG CAPSULE <b>DL</b>	4	QL (120 per 30 days)
ZOHYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <b>DL</b>	3	ST,QL (90 per 30 days)
ZOHYDRO ER 50 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <b>DL</b>	3	ST,QL (120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE <b>MO</b>	3	ST,QL (90 per 30 days)
<b>Anesthetics</b>		
bupivacaine 0.25% vial; bupivacaine 0.5% vial <b>MO</b>	1	
bupivacaine 0.25% vial; bupivacaine 0.5% ampul; bupivacaine 0.75% vial <b>MO</b>	1	
bupivacain 0.75%-dextros 8.25% <b>MO</b>	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 <b>MO</b>	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 <b>MO</b>	1	
bupivacaine 0.5%-epi 1:200,000 <b>MO</b>	1	
CARBOCAINE 1 % (10 MG/ML), 2 % INJECTION SOLUTION <b>MO</b>	3	
CARBOCAINE (PF) 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %) INJECTION SOLUTION <b>MO</b>	3	
chloroprocaine 2% vial; chloroprocaine 3% vial <b>MO</b>	1	
glydo 2 % mucosal jelly in applicator <b>MO</b>	1	
lidocaine 5% ointment <b>MO</b>	1	PA
lidocaine 5% patch <b>MO</b>	1	PA,QL (90 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sensorcaine/epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 injection solution MO	1	
SYNERA 70 MG-70 MG PATCH DL	4	PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
acamprosate calc dr 333 mg tab MO	1	
ANTABUSE 250 MG, 500 MG TABLET MO	1	
BUNAVAIL 2.1 MG-0.3 MG BUCCAL FILM; BUNAVAIL 4.2 MG-0.7 MG BUCCAL FILM; BUNAVAIL 6.3 MG-1 MG BUCCAL FILM MO	3	PA,QL (60 per 30 days)
buprenorphine 2 mg, 8 mg tablet sl MO	1	QL (90 per 30 days)
buprenorp-nalox 8-2 mg sl film MO	3	PA,QL (90 per 30 days)
buprenorphin-naloxon 2-0.5 mg, 8-2 mg sl; buprenorphn-naloxn 2-0.5 mg, 8-2 mg sl MO	3	PA,QL (90 per 30 days)
bupropion hcl sr 150 mg tablet MO	1	QL (90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	3	QL (56 per 28 days)
disulfiram 250 mg, 500 mg tablet MO	1	
EVZIO 0.4 MG/0.4 ML, 2 MG/0.4 ML INJECTION,AUTO-INJECTOR DL	4	PA,QL (0.8 per 30 days)
naloxone 0.4 mg/ml vial MO	1	
naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe MO	1	
naltrexone 50 mg tablet MO	1	
NARCAN 2 MG NASAL SPRAY; NARCAN 2 MG/ACTUATION, 4 MG/ACTUATION NASAL SPRAY MO	2	QL (2 per 30 days)
NICOTROL 10 MG INHALATION CARTRIDGE MO	3	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	3	
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MO	3	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	3	PA,QL (90 per 30 days)
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	4	QL (1 per 28 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET MO	2	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MO	2	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MO	2	QL (60 per 30 days)
ZYBAN 150 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
<b>Antibacterials</b>		
acetic acid 2% ear solution MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial <b>MO</b>	1	
amoxicillin 125 mg, 250 mg tab chew <b>MO</b>	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp <b>MO</b>	1	
amoxicillin 250 mg, 500 mg capsule <b>MO</b>	1	
amoxicillin 500 mg, 875 mg tablet <b>MO</b>	1	
amox-clav 200-28.5 mg, 400-57 mg tab chew <b>MO</b>	1	
amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp <b>MO</b>	1	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet <b>MO</b>	1	
amox-clav er 1,000-62.5 mg tab <b>MO</b>	1	
ampicillin 125 mg/5 ml, 250 mg/5 ml susp <b>MO</b>	1	
ampicillin 250 mg, 500 mg capsule <b>MO</b>	1	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial <b>MO</b>	1	
ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial <b>MO</b>	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR INHALATION VIA NEBULIZATION <b>DL</b>	4	PA,QL (235.2 per 28 days)
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION; AUGMENTIN 250 MG-62.5 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET <b>MO</b>	3	PA
AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
AVC VAGINAL 15 % CREAM <b>MO</b>	3	
AVELOX 400 MG TABLET <b>MO</b>	3	PA
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE(ISO-OSM) INTRAVENOUS PIGGYBACK <b>MO</b>	3	PA
avidoxy 100 mg tablet <b>MO</b>	1	PA
AVYCAZ 2.5 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
AZACTAM 1 GRAM, 2 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	PA
AZACTAM 1 GRAM/50 ML, 2 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK <b>MO</b>	3	
AZASITE 1 % EYE DROPS <b>MO</b>	3	ST,QL (2.5 per 25 days)
azithromycin 1 gm pwd packet <b>MO</b>	1	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefdinir 125 mg/5 ml, 250 mg/5 ml susp <sup>MO</sup>	1	
cefdinir 300 mg capsule <sup>MO</sup>	1	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial <sup>MO</sup>	1	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml <sup>MO</sup>	1	
cefepime 1 gm injection; cefepime 2 gm injection <sup>MO</sup>	3	
cefixime 100 mg/5 ml, 200 mg/5 ml susp <sup>MO</sup>	1	
CEFOTAN 1 GRAM, 2 GRAM SOLUTION FOR INJECTION <sup>MO</sup>	3	
cefotaxime sodium 1 gm vial; cefotaxime sodium 1 gram, 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 10 gm vial; cefotaxime sodium 2 gm vial <sup>MO</sup>	1	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial <sup>MO</sup>	1	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag <sup>MO</sup>	1	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial <sup>MO</sup>	1	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag <sup>MO</sup>	1	
cefpodoxime 100 mg, 200 mg tablet <sup>MO</sup>	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp <sup>MO</sup>	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp <sup>MO</sup>	1	
cefprozil 250 mg, 500 mg tablet <sup>MO</sup>	1	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial <sup>MO</sup>	1	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback <sup>MO</sup>	1	
ceftibuten 180 mg/5 ml susp <sup>MO</sup>	1	
ceftibuten 400 mg capsule <sup>MO</sup>	1	
CEFTIN 125 MG/5 ML, 250 MG/5 ML ORAL SUSP <sup>MO</sup>	3	
CEFTIN 500 MG TABLET <sup>MO</sup>	3	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg bulk bag; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial <sup>MO</sup>	1	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag <sup>MO</sup>	1	
cefuroxime axetil 250 mg, 500 mg tab <sup>MO</sup>	1	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial <sup>MO</sup>	1	
CENTANY 2 % TOPICAL OINTMENT <sup>MO</sup>	3	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp <sup>MO</sup>	1	
cephalexin 250 mg, 500 mg tablet <sup>MO</sup>	1	
cephalexin 250 mg, 500 mg, 750 mg capsule <sup>MO</sup>	1	
chloramphen na succ 1 gm vl <sup>MO</sup>	1	
CILOXAN 0.3 % EYE DROPS <sup>MO</sup>	3	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns <b>MO</b>	1	B vs D
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml <b>MO</b>	1	
clindamycin 75 mg/5 ml soln <b>MO</b>	1	
clindamycin pediatric 75 mg/5 ml oral solution <b>MO</b>	1	
clindamycin 1 %, 150 mg/ml, 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml addvan; clindamycin ph 1% solution; clindamycin ph 900 mg/6 ml v1 <b>MO</b>	1	
clindamycin 2% vaginal cream <b>MO</b>	1	
clindamycin ph 1% gel <b>MO</b>	1	
clindamycin phos 1% pledget <b>MO</b>	1	
clindamycin phosp 1% lotion <b>MO</b>	1	
clindamycin phosphate 1% foam <b>MO</b>	1	
clindamycin phosphate 1% gel <b>DL</b>	4	PA
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE <b>MO</b>	3	
colistimethate 150 mg vial <b>MO</b>	1	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION <b>MO</b>	3	
coremino 135 mg, 45 mg, 90 mg tablet,extended release <b>MO</b>	1	PA,QL (30 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
DALVANCE 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	QL (4 per 28 days)
daptomycin 350 mg, 500 mg vial <b>DL</b>	4	
DAXBIA 333 MG CAPSULE <b>MO</b>	1	
demeclocycline 150 mg, 300 mg tablet <b>MO</b>	1	
dicloxacillin 250 mg, 500 mg capsule <b>MO</b>	1	
DIFICID 200 MG TABLET <b>DL</b>	4	QL (20 per 10 days)
DORIBAX 250 MG, 500 MG VIAL <b>MO</b>	3	
doripenem 250 mg, 500 mg vial <b>MO</b>	1	
DORYX 200 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
DORYX 50 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
DORYX MPC 120 MG TABLET, DELAYED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
doxy-100 100 mg intravenous solution <b>MO</b>	1	
doxycycline 50 mg tablet <b>MO</b>	1	PA,QL (180 per 30 days)
doxycycline hyc 100 mg vial <b>MO</b>	1	
doxycycline hyc dr 100 mg tab <b>MO</b>	1	PA,QL (90 per 30 days)
doxycycline hyc dr 150 mg, 200 mg tab; doxycycline hyclate 150 mg, 200 mg tab <b>MO</b>	1	PA,QL (30 per 30 days)
doxycycline hyc dr 150 mg, 50 mg, 75 mg tab; doxycycline hyclate 150 mg, 50 mg, 75 mg tab <b>MO</b>	1	PA,QL (60 per 30 days)

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doxycycline hyclate 100 mg, 20 mg tab <sup>MO</sup>	1	
doxycycline hyclate 100 mg, 50 mg cap <sup>MO</sup>	1	
doxycycline 25 mg/5 ml susp <sup>MO</sup>	1	
doxycycline ir-dr 40 mg cap <sup>MO</sup>	1	PA,QL (30 per 30 days)
doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet <sup>MO</sup>	1	
doxycycline mono 100 mg, 50 mg, 75 mg cap; doxycycline mono 100 mg, 50 mg, 75 mg capsule <sup>MO</sup>	1	QL (60 per 30 days)
doxycycline mono 150 mg cap <sup>MO</sup>	1	QL (30 per 30 days)
E.E.S. 400 MG TABLET <sup>DL</sup>	4	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	3	
ertapenem 1 gram vial <sup>DL</sup>	4	
ery pads 2 % topical swab <sup>MO</sup>	1	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE <sup>MO</sup>	1	
ERYGEL 2 % TOPICAL <sup>MO</sup>	1	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	3	
ERYPED 400 400 MG/5 ML ORAL SUSPENSION <sup>DL</sup>	4	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET <sup>MO</sup>	1	
erythromycin 0.5% eye ointment <sup>MO</sup>	1	
erythromycin 250 mg, 500 mg filmtab <sup>MO</sup>	1	
erythromycin dr 250 mg cap <sup>MO</sup>	1	
erythromycin 200 mg/5 ml gran <sup>MO</sup>	1	
erythromycin es 400 mg tab <sup>MO</sup>	1	
erythromycin 2% gel <sup>MO</sup>	1	
erythromycin 2% pledgets <sup>MO</sup>	1	
erythromycin 2% solution <sup>MO</sup>	1	
EVOCLIN 1 % TOPICAL FOAM <sup>MO</sup>	3	PA
FIRVANQ 25 MG/ML, 50 MG/ML ORAL SOLUTION <sup>DL</sup>	4	
FLAGYL 250 MG, 500 MG TABLET <sup>MO</sup>	3	
FLAGYL 375 MG CAPSULE <sup>MO</sup>	3	
FLOXIN 0.3% EAR DROPS <sup>MO</sup>	1	
FORTAZ 1 GRAM, 2 GRAM, 500 MG, 6 GRAM INTRAVENOUS SOLUTION; FORTAZ 1 GRAM, 2 GRAM, 500 MG, 6 GRAM SOLUTION FOR INJECTION; FORTAZ 2 GM VIAL; FORTAZ 6 GM VIAL <sup>MO</sup>	3	
FORTAZ-ISO-OSMOT 2 GM/50 ML; FORTAZ-ISO-OSMOTIC 1 GM/50 ML <sup>MO</sup>	3	
FURADANTIN 25 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	3	QL (2400 per 30 days)
gatifloxacin 0.5% eye drops <sup>MO</sup>	1	QL (2.5 per 25 days)

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

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEOSPORIN GU IRR 40 MG/ML AMP <b>MO</b>	1	
<i>nitrofurantoin 25 mg/5 ml susp</i> <b>MO</b>	1	QL (2400 per 30 days)
<i>nitrofurantoin mcr 100 mg, 25 mg, 50 mg cap</i> <b>MO</b>	1	QL (90 per 365 days)
<i>nitrofurantoin mono-mcr 100 mg</i> <b>MO</b>	1	QL (90 per 365 days)
NORITATE 1 % TOPICAL CREAM <b>MO</b>	3	ST
NUVESSA 1.3 % VAGINAL GEL <b>MO</b>	3	
OCUFLOX 0.3 % EYE DROPS <b>MO</b>	3	
<i>ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops</i> <b>MO</b>	1	
<i>ofloxacin 300 mg, 400 mg tablet</i> <b>MO</b>	1	
<i>okebo 100 mg, 75 mg capsule</i> <b>MO</b>	1	PA,QL (60 per 30 days)
ORACEA 40 MG CAPSULE,IMMEDIATE - DELAY RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
ORBACTIV 400 MG INTRAVENOUS SOLUTION <b>DL</b>	4	QL (3 per 28 days)
<i>oxacillin 1 gm add-vantage vl; oxacillin 1 gm vial; oxacillin 2 gm add-vantage vl;</i> <i>oxacillin 2 gm vial</i> <b>MO</b>	1	
<i>oxacillin 10 gm vial</i> <b>DL</b>	4	
<i>oxacillin 1 gm/ 50 ml inj; oxacillin 2 gm/ 50 ml inj</i> <b>MO</b>	3	
<i>paromomycin 250 mg capsule</i> <b>MO</b>	1	
PCE 333 MG, 500 MG TABLET <b>MO</b>	3	
<i>pen g k 1 million unit/50 ml</i> <b>DL</b>	4	
<i>pen g k 2 million unit/50 ml, 3 million unit/50 ml</i> <b>MO</b>	3	
<i>penicillin g k 5 million unit</i> <b>DL</b>	4	
<i>penicillin gk 20 million unit</i> <b>MO</b>	1	
<i>pen g 1.2 million unit/2 ml</i> <b>MO</b>	1	
<i>penicillin g 600,000 unit/1 ml</i> <b>DL</b>	4	
<i>penicillin g na 5 million unit</i> <b>DL</b>	4	
<i>penicillin vk 125 mg/5 ml, 250 mg/5 ml soln</i> <b>MO</b>	1	
<i>penicillin vk 250 mg, 500 mg tablet</i> <b>MO</b>	1	
<i>pfizerpen-g 20 million unit, 5 million unit solution for injection</i> <b>DL</b>	4	
<i>piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial</i> <b>MO</b>	1	
<i>polymyxin b sulfate vial</i> <b>MO</b>	1	
PRIMAXIN 250 MG, 500 MG INTRAVENOUS SOLUTION; PRIMAXIN 250 MG, 500 MG VIAL <b>MO</b>	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION <b>MO</b>	3	
<i>rosadan 0.75 % topical cream</i> <b>MO</b>	1	ST
<i>rosadan 0.75 % topical gel</i> <b>MO</b>	1	ST

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

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<i>tobramycin 10 mg/ml, 40 mg/ml vial</i> <b>MO</b>	1	
<i>tobramycin pak 300 mg/5 ml</i> <b>DL</b>	4	PA
TOBREX 0.3 % EYE DROPS <b>MO</b>	1	
TOBREX 0.3 % EYE OINTMENT <b>MO</b>	3	
<i>trimethoprim 100 mg tablet</i> <b>MO</b>	1	
TYGACIL 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
VABOMERE 2 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	QL (84 per 14 days)
VANCOGIN 125 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
VANCOGIN 250 MG CAPSULE <b>DL</b>	4	PA,QL (240 per 30 days)
<i>vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial</i> <b>MO</b>	1	
<i>vancomycin hcl 125 mg capsule</i> <b>DL</b>	1	QL (120 per 30 days)
<i>vancomycin hcl 250 mg capsule</i> <b>DL</b>	4	QL (240 per 30 days)
<i>vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl</i> <b>MO</b>	3	
<i>vancomycin 1 gram/200 ml, 750 mg/150 ml bag; vancomycin hcl 1g/200 ml bag</i> <b>MO</b>	3	
VANDAZOLE 0.75 % VAGINAL GEL <b>MO</b>	3	
VIBATIV 750 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
VIBRAMYCIN 100 MG CAPSULE <b>MO</b>	3	
VIBRAMYCIN 25 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	PA
VIBRAMYCIN 50 MG/5 ML SYRUP <b>MO</b>	3	PA
VIGAMOX 0.5 % EYE DROPS <b>MO</b>	3	PA
XEPI 1 % TOPICAL CREAM <b>MO</b>	3	PA
XIMINO 135 MG, 45 MG, 90 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
ZEMDRI 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	
ZINACEF 1.5 GM VIAL; ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG TWISTVIAL; ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG VIAL; ZINACEF 7.5 GM VIAL <b>MO</b>	3	
ZINACEF 1.5 GRAM/50 ML <b>MO</b>	3	
ZINPLAVA 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ZITHROMAX 1 GRAM ORAL PACKET <b>MO</b>	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
ZITHROMAX 250 MG, 500 MG TABLET <b>MO</b>	3	
ZITHROMAX 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZITHROMAX 600 MG TABLET <b>MO</b>	3	QL (16 per 60 days)
ZITHROMAX TRI-PAK 500 MG TABLET <b>MO</b>	3	
ZITHROMAX Z-PAK 250 MG TABLET <b>MO</b>	3	
ZMAX 2 G/60 ML ORAL SUSPENSION <b>MO</b>	3	QL (60 per 30 days)
ZOSYN 2.25 GRAM, 3.375 GRAM, 4.5 GRAM, 40.5 GRAM INTRAVENOUS SOLUTION <b>MO</b>	3	
ZOSYN 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK <b>MO</b>	3	
ZYMAXID 0.5 % EYE DROPS <b>MO</b>	3	ST,QL (2.5 per 25 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML INTRAVENOUS PIGGYBACK <b>DL</b>	4	
ZYVOX 600 MG TABLET <b>DL</b>	4	PA
<b>Anticonvulsants</b>		
APTIOM 200 MG, 400 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
APTIOM 600 MG, 800 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
BANZEL 200 MG TABLET <b>DL</b>	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	3	PA
BUTISOL 30 MG TABLET <b>MO</b>	3	PA
<i>carbamazepine 100 mg tab chew</i> <b>MO</b>	1	
<i>carbamazepine 100 mg/5 ml susp</i> <b>MO</b>	1	
<i>carbamazepine 200 mg tablet</i> <b>MO</b>	1	
<i>carbamazepine er 100 mg, 200 mg, 300 mg cap</i> <b>MO</b>	1	
<i>carbamazepine er 100 mg, 400 mg tablet</i> <b>MO</b>	1	
<i>carbamazepine er 200 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	
CELONTIN 300 MG CAPSULE <b>MO</b>	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML INJECTION SOLUTION <b>MO</b>	3	
DEPACON 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	
DEPAKENE 250 MG CAPSULE <b>MO</b>	3	
DEPAKENE 250 MG/5 ML ORAL SOLUTION <b>DL</b>	4	
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DELAYED RELEASE <b>MO</b>	3	
DEPAKOTE ER 250 MG, 500 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIASTAT 2.5 MG RECTAL KIT <b>DL</b>	3	PA
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT <b>DL</b>	3	
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT <b>DL</b>	3	PA
<i>diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg rectal gel sys; diazepam 20 mg rectal gel syst</i> <b>DL</b>	1	
DILANTIN 30 MG CAPSULE <b>MO</b>	3	
DILANTIN EXTENDED 100 MG CAPSULE <b>MO</b>	3	
DILANTIN INFATABS 50 MG CHEWABLE TABLET <b>MO</b>	3	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
<i>divalproex dr 125 mg cap sprnk</i> <b>MO</b>	1	
<i>divalproex sod dr 125 mg, 250 mg, 500 mg tab</i> <b>MO</b>	1	
<i>divalproex sod er 250 mg, 500 mg tab</i> <b>MO</b>	1	
EPIDIOLEX 100 MG/ML ORAL SOLUTION <b>DL</b>	4	PA
<i>epitol 200 mg tablet</i> <b>MO</b>	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	
<i>ethosuximide 250 mg capsule</i> <b>MO</b>	1	
<i>ethosuximide 250 mg/5 ml soln</i> <b>MO</b>	1	
<i>felbamate 400 mg, 600 mg tablet</i> <b>MO</b>	1	
<i>felbamate 600 mg/5 ml susp</i> <b>DL</b>	4	
FELBATOL 400 MG, 600 MG TABLET <b>DL</b>	4	
FELBATOL 600 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	
<i>fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml vl</i> <b>MO</b>	1	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>gabapentin 100 mg, 300 mg, 400 mg capsule</i> <b>MO</b>	1	QL (270 per 30 days)
<i>gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln</i> <b>MO</b>	1	QL (2250 per 30 days)
<i>gabapentin 600 mg, 800 mg tablet</i> <b>MO</b>	1	QL (180 per 30 days)
GABITRIL 12 MG, 16 MG, 4 MG TABLET <b>DL</b>	4	
GABITRIL 2 MG TABLET <b>MO</b>	3	
KEPPRA 1,000 MG, 250 MG, 500 MG, 750 MG TABLET <b>DL</b>	4	
KEPPRA 100 MG/ML, 500 MG/5 ML INTRAVENOUS SOLUTION; KEPPRA 100 MG/ML, 500 MG/5 ML ORAL SOLUTION <b>DL</b>	4	
KEPPRA XR 500 MG, 750 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET <b>DL</b>	4	
LAMICTAL 25 MG, 5 MG CHEWABLE DISPERSIBLE TABLET <b>DL</b>	4	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEURONTIN 250 MG/5 ML ORAL SOLUTION <b>MO</b>	3	PA,QL (2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
ONFI 10 MG, 20 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (480 per 30 days)
<i>oxcarbazepine 150 mg, 300 mg, 600 mg tablet</i> <b>MO</b>	1	
<i>oxcarbazepine 300 mg/5 ml susp</i> <b>MO</b>	1	
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (90 per 30 days)
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (120 per 30 days)
PEGANONE 250 MG TABLET <b>MO</b>	3	
<i>pentobarbital 1,000 mg/20 ml</i> <b>MO</b>	1	PA
<i>phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet</i> <b>MO</b>	1	PA,QL (90 per 30 days)
<i>phenobarbital 15 mg, 60 mg tablet</i> <b>MO</b>	1	PA,QL (120 per 30 days)
<i>phenobarbital 20 mg/5 ml elix</i> <b>MO</b>	1	PA,QL (1500 per 30 days)
<i>phenobarbital 30 mg tablet</i> <b>MO</b>	1	PA,QL (300 per 30 days)
<i>phenobarbital 130 mg/ml, 65 mg/ml vial</i> <b>MO</b>	1	PA
PHENYTEK 200 MG, 300 MG CAPSULE <b>MO</b>	1	
<i>phenytoin 100 mg/4 ml, 125 mg/5 ml susp</i> <b>MO</b>	1	
<i>phenytoin 50 mg tablet chew</i> <b>MO</b>	1	
<i>phenytoin 50 mg/ml syringe</i> <b>MO</b>	1	
<i>phenytoin 50 mg/ml vial</i> <b>MO</b>	1	
<i>phenytoin sod ext 100 mg, 200 mg, 300 mg cap</i> <b>MO</b>	1	
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET <b>DL</b>	4	PA
<i>primidone 250 mg, 50 mg tablet</i> <b>MO</b>	1	
QUDEXY XR 100 MG, 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (90 per 30 days)
<i>roweepira 1,000 mg, 500 mg, 750 mg tablet</i> <b>MO</b>	1	
<i>roweepira xr 500 mg, 750 mg tablet,extended release</i> <b>MO</b>	1	
SABRIL 500 MG ORAL POWDER PACKET <b>DL</b>	4	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
SECONAL SODIUM 100 MG CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	3	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	3	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	3	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	3	ST,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
subvenite 100 mg, 150 mg, 200 mg, 25 mg tablet <b>MO</b>	1	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack <b>MO</b>	1	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack <b>MO</b>	1	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack <b>MO</b>	1	
TEGRETOL 100 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
TEGRETOL 200 MG TABLET <b>MO</b>	3	
TEGRETOL XR 100 MG, 400 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	
TEGRETOL XR 200 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg tablet <b>MO</b>	1	
TOPAMAX 100 MG, 200 MG, 50 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
TOPAMAX 15 MG, 25 MG SPRINKLE CAPSULE <b>DL</b>	4	
TOPAMAX 25 MG TABLET <b>DL</b>	4	QL (90 per 30 days)
topiramate 100 mg, 200 mg, 50 mg tablet <b>MO</b>	1	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap <b>MO</b>	1	
topiramate 25 mg tablet <b>MO</b>	1	QL (90 per 30 days)
topiramate er 100 mg, 50 mg capsule <b>MO</b>	3	PA, QL (30 per 30 days)
topiramate er 150 mg, 200 mg capsule <b>MO</b>	3	PA, QL (60 per 30 days)
topiramate er 25 mg capsule <b>MO</b>	3	PA, QL (90 per 30 days)
TRILEPTAL 150 MG, 300 MG, 600 MG TABLET <b>DL</b>	4	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION <b>DL</b>	4	PA
TROKENDI XR 100 MG, 50 MG CAPSULE, EXTENDED RELEASE <b>DL</b>	4	PA, QL (30 per 30 days)
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE <b>DL</b>	4	PA, QL (60 per 30 days)
TROKENDI XR 25 MG CAPSULE, EXTENDED RELEASE <b>DL</b>	4	PA, QL (90 per 30 days)
valproate sod 500 mg/5 ml vl <b>MO</b>	1	
valproic acid 250 mg capsule <b>MO</b>	1	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol <b>MO</b>	1	
vigabatrin 500 mg powder packt <b>DL</b>	4	PA, QL (180 per 30 days)
vigadrone 500 mg oral powder packet <b>DL</b>	4	PA, QL (180 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>MO</b>	3	
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
ZARONTIN 250 MG CAPSULE <b>MO</b>	3	
ZARONTIN 250 MG/5 ML ORAL SOLUTION <b>MO</b>	3	
ZONEGRAN 100 MG, 25 MG CAPSULE <b>DL</b>	4	PA
zonisamide 100 mg, 25 mg, 50 mg capsule <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>Antidementia Agents</b>		
ARICEPT 10 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
ARICEPT 23 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
donepezil hcl 10 mg tablet <b>MO</b>	1	QL (60 per 30 days)
donepezil hcl 10 mg, 23 mg, 5 mg tablet; donepezil hcl odt 10 mg, 23 mg, 5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
ergoloid mesylates 1 mg tab <b>DL</b>	4	PA
EXELON 1.5 MG, 3 MG CAPSULE <b>MO</b>	3	PA,QL (90 per 30 days)
EXELON 4.5 MG, 6 MG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL <b>MO</b>	3	PA,QL (30 per 30 days)
galantamine 4 mg/ml oral soln <b>MO</b>	1	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule <b>MO</b>	1	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet <b>MO</b>	1	QL (60 per 30 days)
memantine 5-10 mg titration pk <b>MO</b>	1	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet <b>MO</b>	1	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution <b>MO</b>	1	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg capsule <b>MO</b>	1	PA,QL (30 per 30 days)
NAMENDA 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
NAMENDA 2 MG/ML SOLUTION <b>MO</b>	3	PA,QL (360 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK <b>MO</b>	3	PA,QL (98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <b>MO</b>	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 <b>MO</b>	2	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <b>MO</b>	2	QL (28 per 28 days)
RAZADYNE 12 MG, 4 MG, 8 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
rivastigmine 13.3 mg/24hr ptch; rivastigmine 4.6 mg/24hr patch; rivastigmine 9.5 mg/24hr patch <b>MO</b>	1	QL (30 per 30 days)
rivastigmine 1.5 mg, 3 mg capsule <b>MO</b>	1	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule <b>MO</b>	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>Antidepressants</b>		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab <sup>MO</sup>	1	PA
chlordiazepo-amitriptyl 5-12.5; chlordiazepox-amitriptyl 10-25 <sup>DL</sup>	1	PA
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet <sup>MO</sup>	1	PA
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE <sup>DL</sup>	4	PA
APLENZIN 174 MG, 348 MG, 522 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	4	ST,QL (30 per 30 days)
BRISDELLE 7.5 MG CAPSULE <sup>MO</sup>	3	PA,QL (30 per 30 days)
bupropion hcl 100 mg, 75 mg tablet <sup>MO</sup>	1	QL (180 per 30 days)
bupropion hcl sr 100 mg tablet <sup>MO</sup>	1	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet <sup>MO</sup>	1	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet <sup>MO</sup>	1	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
bupropion hcl xl 450 mg tablet <sup>MO</sup>	1	ST,QL (30 per 30 days)
CELEXA 10 MG, 40 MG TABLET <sup>MO</sup>	3	PA,QL (30 per 30 days)
CELEXA 20 MG TABLET <sup>MO</sup>	3	PA,QL (60 per 30 days)
citalopram hbr 10 mg, 40 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln <sup>MO</sup>	1	
citalopram hbr 20 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule <sup>MO</sup>	1	PA
CYMBALTA 20 MG, 30 MG, 60 MG CAPSULE,DELAYED RELEASE <sup>MO</sup>	3	QL (60 per 30 days)
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet <sup>MO</sup>	1	PA
desvenlafaxine er 100 mg, 50 mg tab; desvenlafaxine er 100 mg, 50 mg tablet <sup>MO</sup>	3	ST,QL (30 per 30 days)
desvenlafaxine fum er 100 mg, 50 mg <sup>MO</sup>	3	QL (30 per 30 days)
desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb <sup>MO</sup>	1	QL (30 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap <sup>MO</sup>	1	QL (60 per 30 days)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	4	PA,QL (60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	4	PA,QL (30 per 30 days)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	4	PA,QL (90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH <sup>DL</sup>	4	QL (30 per 30 days)
escitalopram 10 mg tablet <sup>MO</sup>	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml <sup>MO</sup>	1	QL (600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE <sup>MO</sup>	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK <b>MO</b>	3	PA,QL (28 per 28 days)
<i>fluoxetine 20 mg/5 ml solution</i> <b>MO</b>	1	
<i>fluoxetine dr 90 mg capsule</i> <b>MO</b>	1	QL (4 per 28 days)
<i>fluoxetine hcl 10 mg, 20 mg tablet</i> <b>MO</b>	1	
<i>fluoxetine hcl 10 mg, 40 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>fluoxetine hcl 20 mg capsule</i> <b>MO</b>	1	QL (120 per 30 days)
<i>fluoxetine hcl 60 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>fluvoxamine er 100 mg, 150 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>fluvoxamine maleate 100 mg, 25 mg, 50 mg tab</i> <b>MO</b>	1	QL (90 per 30 days)
FORFIVO XL 450 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
<i>imipramine hcl 10 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	1	PA
<i>imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap</i> <b>MO</b>	1	PA
IRENKA DR 40 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
KHEDEZLA 100 MG, 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
LEXAPRO 10 MG TABLET <b>MO</b>	3	PA,QL (45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
LEXAPRO 5 MG/5 ML SOLUTION <b>MO</b>	3	PA,QL (600 per 30 days)
<i>maprotiline 25 mg, 50 mg, 75 mg tablet</i> <b>MO</b>	1	
MARPLAN 10 MG TABLET <b>MO</b>	3	
<i>mirtazapine 15 mg, 30 mg, 45 mg odt; mirtazapine 15 mg, 30 mg, 45 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>mirtazapine 7.5 mg tablet</i> <b>MO</b>	1	
NARDIL 15 MG TABLET <b>MO</b>	3	
<i>nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet</i> <b>MO</b>	1	
NORPRAMIN 10 MG, 25 MG TABLET <b>MO</b>	3	PA
<i>nortriptyline 10 mg/5 ml soln</i> <b>MO</b>	1	PA
<i>nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap</i> <b>MO</b>	1	PA
<i>olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> <b>MO</b>	1	QL (30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE <b>DL</b>	4	PA
PARNATE 10 MG TABLET <b>DL</b>	4	
<i>paroxetine er 12.5 mg, 37.5 mg tablet</i> <b>MO</b>	1	PA,QL (60 per 30 days)
<i>paroxetine er 25 mg tablet</i> <b>MO</b>	1	PA,QL (90 per 30 days)
<i>paroxetine hcl 10 mg, 20 mg tablet</i> <b>MO</b>	1	PA,QL (30 per 30 days)
<i>paroxetine hcl 30 mg, 40 mg tablet</i> <b>MO</b>	1	PA,QL (60 per 30 days)
<i>paroxetine mesylate 7.5 mg cap</i> <b>MO</b>	1	PA,QL (30 per 30 days)
PAXIL 10 MG, 20 MG TABLET <b>MO</b>	3	PA,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
PAXIL 10 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	PA
PAXIL 30 MG, 40 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (90 per 30 days)
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 <b>MO</b>	1	PA
PEXEVA 10 MG, 20 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
PEXEVA 30 MG, 40 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
phenelzine sulfate 15 mg tab <b>MO</b>	1	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet <b>MO</b>	1	PA
PROZAC 10 MG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
PROZAC 20 MG CAPSULE <b>MO</b>	3	PA,QL (120 per 30 days)
PROZAC 40 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
REMERON 15 MG, 30 MG, 45 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
REMERON SOLTAB 15 MG, 30 MG, 45 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (30 per 30 days)
SARAFEM 10 MG, 20 MG TABLET <b>MO</b>	3	
sertraline 20 mg/ml oral conc <b>MO</b>	1	
sertraline hcl 100 mg tablet <b>MO</b>	1	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet <b>MO</b>	1	QL (90 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE <b>MO</b>	3	PA
SYMBYAX 12 MG-25 MG CAPSULE; SYMBYAX 12 MG-50 MG CAPSULE; SYMBYAX 3 MG-25 MG CAPSULE; SYMBYAX 6 MG-25 MG CAPSULE; SYMBYAX 6 MG-50 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
TOFRANIL 10 MG, 25 MG, 50 MG TABLET <b>DL</b>	4	PA
tranylcypromine sulf 10 mg tab <b>MO</b>	1	
trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet <b>MO</b>	1	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp <b>MO</b>	1	PA
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet <b>MO</b>	1	
venlafaxine hcl er 150 mg cap <b>MO</b>	1	QL (60 per 30 days)
venlafaxine hcl er 150 mg, 225 mg, 37.5 mg tab <b>MO</b>	3	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap <b>MO</b>	1	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap <b>MO</b>	1	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab <b>MO</b>	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 20 MG, 40 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE <b>MO</b>	3	PA,QL (120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE <b>MO</b>	3	PA,QL (90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE <b>DL</b>	4	PA,QL (90 per 30 days)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
ZOLOFT 100 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
ZOLOFT 20 MG/ML ORAL CONCENTRATE <b>MO</b>	3	PA
ZOLOFT 25 MG, 50 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
<b>ANTIEMETICS</b>		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (4 per 28 days)
AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE <b>DL</b>	4	PA,QL (4 per 28 days)
ANZEMET 100 MG, 50 MG TABLET <b>MO</b>	3	B vs D,QL (4 per 28 days)
<i>aprepitant 125 mg, 40 mg capsule</i> <b>MO</b>	1	B vs D,QL (2 per 28 days)
<i>aprepitant 125-80-80 mg pack</i> <b>MO</b>	1	B vs D,QL (6 per 28 days)
<i>aprepitant 80 mg capsule</i> <b>MO</b>	1	B vs D,QL (4 per 28 days)
BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE <b>MO</b>	3	QL (60 per 30 days)
CESAMET 1 MG CAPSULE <b>DL</b>	4	PA,QL (180 per 30 days)
COMPAZINE 10 MG, 5 MG TABLET <b>MO</b>	3	B vs D
COMPAZINE 25 MG RECTAL SUPPOSITORY <b>MO</b>	3	
<i>compro 25 mg rectal suppository</i> <b>MO</b>	1	
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE <b>MO</b>	3	
<i>dimenhydrinate 50 mg/ml vial</i> <b>MO</b>	1	PA
<i>dronabinol 10 mg, 2.5 mg, 5 mg capsule</i> <b>MO</b>	1	B vs D,QL (120 per 30 days)
<i>droperidol 2.5 mg/ml vial</i> <b>MO</b>	1	
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK <b>MO</b>	3	PA,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION <b>MO</b>	3	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE <b>MO</b>	3	PA,QL (2 per 28 days)
EMEND 80 MG CAPSULE <b>MO</b>	3	PA,QL (4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION <b>MO</b>	3	PA
<i>granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial</i> <b>MO</b>	1	
<i>granisetron hcl 1 mg tablet</i> <b>MO</b>	1	B vs D,QL (28 per 28 days)
<i>granisetron hcl 1 mg/ml vial</i> <b>MO</b>	1	
<i>granisetron hcl 4 mg/4 ml vial</i> <b>MO</b>	1	QL (4 per 28 days)
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
<i>meclizine 12.5 mg, 25 mg tablet</i> <b>MO</b>	1	PA

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metoclopramide 10 mg, 5 mg tablet <sup>MO</sup>	1	
metoclopramide 10 mg/2 ml syr <sup>MO</sup>	1	
metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln <sup>MO</sup>	1	
metoclopramide hcl 10 mg odt <sup>MO</sup>	1	QL (180 per 30 days)
metoclopramide hcl 5 mg odt <sup>MO</sup>	1	QL (360 per 30 days)
METIZOLV ODT 5 MG TABLET <sup>MO</sup>	3	QL (360 per 30 days)
ondansetron odt 4 mg, 8 mg tablet <sup>MO</sup>	1	B vs D, QL (90 per 30 days)
ondansetron 4 mg/5 ml solution <sup>MO</sup>	1	B vs D, QL (450 per 30 days)
ondansetron 40 mg/20 ml vial <sup>MO</sup>	1	
ondansetron hcl 24 mg tablet <sup>MO</sup>	1	B vs D, QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet <sup>MO</sup>	1	B vs D, QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr <sup>MO</sup>	1	
ondansetron hcl 4 mg/2 ml vial <sup>MO</sup>	1	
phenadoz 12.5 mg, 25 mg rectal suppository <sup>MO</sup>	1	PA
PHENERGAN 12.5 MG, 25 MG, 50 MG RECTAL SUPPOSITORY <sup>MO</sup>	1	PA
PHENERGAN 25 MG/ML, 50 MG/ML INJECTION SOLUTION <sup>MO</sup>	3	PA
prochlorperazine 25 mg supp <sup>MO</sup>	1	
prochlorperazine 10 mg/2 ml vl <sup>MO</sup>	1	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet <sup>MO</sup>	1	B vs D
promethazine 12.5 mg, 25 mg, 50 mg suppos; promethazine 12.5 mg, 25 mg, 50 mg suppository <sup>MO</sup>	1	PA
promethazine 12.5 mg, 25 mg, 50 mg tablet <sup>MO</sup>	1	PA
promethazine 25 mg/ml, 50 mg/ml vial <sup>MO</sup>	1	PA
promethazine 6.25 mg/5 ml syr <sup>MO</sup>	1	PA
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository <sup>MO</sup>	1	PA
REGLAN 10 MG, 5 MG TABLET <sup>MO</sup>	3	
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH <sup>MO</sup>	3	QL (4 per 30 days)
scopolamine 1 mg/3 day patch <sup>MO</sup>	1	PA, QL (10 per 30 days)
SYNDROS 5 MG/ML ORAL SOLUTION <sup>DL</sup>	4	PA, QL (120 per 30 days)
TIGAN 100 MG/ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	3	
TIGAN 300 MG CAPSULE <sup>MO</sup>	3	B vs D
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) <sup>MO</sup>	3	PA, QL (10 per 30 days)
trimethobenzamide 300 mg cap <sup>MO</sup>	1	B vs D
VARUBI 166.5 MG/92.5 ML INTRAVENOUS EMULSION <sup>MO</sup>	3	PA, QL (185 per 28 days)
ZOFRAN 2 MG/ML VIAL <sup>MO</sup>	3	PA
ZOFRAN 4 MG, 8 MG TABLET <sup>MO</sup>	3	PA, QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOFRAN 4 MG/5 ML ORAL SOLUTION <b>MO</b>	3	PA,QL (450 per 30 days)
ZOFRAN ODT 4 MG, 8 MG DISINTEGRATING TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
ZUPLENZ 4 MG, 8 MG ORAL SOLUBLE FILM <b>MO</b>	3	B vs D,QL (90 per 30 days)
<b>Antifungals</b>		
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION <b>DL</b>	4	B vs D
AMBISOME 50 MG INTRAVENOUS SUSPENSION <b>DL</b>	4	B vs D
<i>amphotericin b 50 mg vial</i> <b>MO</b>	1	B vs D
ANCOBON 250 MG, 500 MG CAPSULE <b>DL</b>	4	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>caspofungin acetate 50 mg, 70 mg vial</i> <b>DL</b>	4	
<i>ciclodan 0.77 % topical cream</i> <b>MO</b>	1	
<i>ciclodan 8 % topical solution</i> <b>MO</b>	1	
<i>ciclopirox 0.77% cream</i> <b>MO</b>	1	
<i>ciclopirox 0.77% gel</i> <b>MO</b>	1	
<i>ciclopirox 0.77% topical susp</i> <b>MO</b>	1	
<i>ciclopirox 1% shampoo</i> <b>MO</b>	1	
<i>ciclopirox 8% solution</i> <b>MO</b>	1	
<i>clotrimazole 1% cream</i> <b>MO</b>	1	
<i>clotrimazole 1% solution</i> <b>MO</b>	1	
<i>clotrimazole 10 mg troche</i> <b>MO</b>	1	
<i>clotrimazole-betamethasone crm</i> <b>MO</b>	1	
<i>clotrimazole-betamethasone lot</i> <b>MO</b>	1	
CRESEMBA 186 MG CAPSULE <b>DL</b>	4	PA
CRESEMBA 372 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
DIFLUCAN 10 MG/ML, 40 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA
DIFLUCAN 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>DL</b>	4	PA
<i>econazole nitrate 1% cream</i> <b>MO</b>	1	
ERAXIS(WATER DILUENT) 100 MG, 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
ERTACZO 2 % TOPICAL CREAM <b>DL</b>	4	
EXELDERM 1 % TOPICAL CREAM <b>MO</b>	3	
EXELDERM 1 % TOPICAL SOLUTION <b>MO</b>	3	
EXTINA 2 % TOPICAL FOAM <b>MO</b>	3	
<i>fluconazole 10 mg/ml, 40 mg/ml susp</i> <b>MO</b>	1	
<i>fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>fluconazole-dext 200 mg/100 ml, 400 mg/200 ml</i> <b>MO</b>	1	
<i>fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> <b>MO</b>	1	

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<i>flucytosine 250 mg, 500 mg capsule</i> <b>DL</b>	4	
GRIS-PEG 125 MG, 250 MG TABLET <b>MO</b>	3	
<i>griseofulvin 125 mg/5 ml susp</i> <b>MO</b>	1	
<i>griseofulvin micro 500 mg tab</i> <b>MO</b>	1	
<i>griseofulvin ultra 125 mg, 250 mg tab</i> <b>MO</b>	1	
<i>gynazole-1 2 % vaginal cream</i> <b>MO</b>	1	
<i>itraconazole 10 mg/ml solution</i> <b>MO</b>	1	QL (150 per 30 days)
<i>itraconazole 100 mg capsule</i> <b>MO</b>	1	QL (120 per 30 days)
JUBLIA 10 % TOPICAL SOLUTION WITH APPLICATOR <b>DL</b>	4	PA,QL (4 per 28 days)
KERYDIN 5 % TOPICAL SOLUTION WITH APPLICATOR <b>DL</b>	4	
<i>ketoconazole 2% cream</i> <b>MO</b>	1	
<i>ketoconazole 2% foam</i> <b>MO</b>	1	
<i>ketoconazole 2% shampoo</i> <b>MO</b>	1	
<i>ketoconazole 200 mg tablet</i> <b>MO</b>	1	
LAMISIL 250 MG TABLET <b>DL</b>	4	PA,QL (90 per 365 days)
LOPROX 1 % SHAMPOO <b>MO</b>	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM <b>MO</b>	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION <b>MO</b>	3	PA
LOTRISONE 1 %-0.05 % TOPICAL CREAM <b>MO</b>	3	PA
<i>luliconazole 1% cream</i> <b>MO</b>	1	PA,QL (60 per 28 days)
LUZU 1 % TOPICAL CREAM <b>MO</b>	3	PA,QL (60 per 28 days)
MENTAX 1 % TOPICAL CREAM <b>MO</b>	3	
<i>miconazole-3 200 mg vaginal suppository</i> <b>MO</b>	1	
MYCAMINE 100 MG, 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
<i>naftifine hcl 1% cream; naftifine hcl 2% cream</i> <b>MO</b>	1	ST
NAFTIN 1 %, 2 % TOPICAL GEL <b>MO</b>	3	ST
NAFTIN 2 % TOPICAL CREAM <b>MO</b>	3	ST
NATACYN 5 % EYE DROPS,SUSPENSION <b>MO</b>	3	
NIZORAL 2 % SHAMPOO <b>MO</b>	3	
NOXAFIL 100 MG TABLET,DELAYED RELEASE <b>DL</b>	4	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <b>DL</b>	4	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>nyamyc 100,000 unit/gram topical powder</i> <b>MO</b>	1	
<i>nyata 100,000 unit/gm powder</i> <b>MO</b>	1	
<i>nystatin 100,000 unit/gm cream</i> <b>MO</b>	1	
<i>nystatin 100,000 unit/gm oint</i> <b>MO</b>	1	

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<i>nystatin 100,000 unit/gm powd</i> <b>MO</b>	1	
<i>nystatin 100,000 unit/ml susp</i> <b>MO</b>	1	
<i>nystatin 500,000 unit oral tab</i> <b>MO</b>	1	
<i>nystatin-triamcinolone cream</i> <b>MO</b>	1	
<i>nystatin-triamcinolone ointm</i> <b>MO</b>	1	
<i>nystop 100,000 unit/gram topical powder</i> <b>MO</b>	1	
ONMEL 200 MG TABLET <b>DL</b>	4	QL (28 per 28 days)
ORAVIG 50 MG BUCCAL TABLET <b>DL</b>	4	QL (14 per 30 days)
<i>oxiconazole nitrate 1% cream</i> <b>MO</b>	1	
OXISTAT 1 % LOTION <b>MO</b>	3	
OXISTAT 1 % TOPICAL CREAM <b>MO</b>	3	
PENLAC 8 % TOPICAL SOLUTION <b>MO</b>	3	
SPORANOX 10 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (150 per 30 days)
SPORANOX 100 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
SPORANOX PULSEPAK 100 MG CAPSULE <b>MO</b>	3	PA,QL (120 per 30 days)
TERAZOL 3 CREAM <b>MO</b>	3	
TERAZOL 7 CREAM <b>MO</b>	3	
<i>terbinafine hcl 250 mg tablet</i> <b>MO</b>	1	QL (90 per 365 days)
<i>terconazole 0.4% cream; terconazole 0.8% cream</i> <b>MO</b>	1	
<i>terconazole 80 mg suppository</i> <b>MO</b>	1	
VFEND 200 MG, 50 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <b>DL</b>	4	PA,QL (400 per 30 days)
VFEND IV 200 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
<i>voriconazole 200 mg vial</i> <b>DL</b>	4	PA
<i>voriconazole 200 mg, 50 mg tablet</i> <b>DL</b>	4	PA,QL (120 per 30 days)
<i>voriconazole 40 mg/ml susp</i> <b>DL</b>	4	PA,QL (400 per 30 days)
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT <b>MO</b>	3	
<b>Antigout Agents</b>		
<i>allopurinol 100 mg, 300 mg tablet</i> <b>MO</b>	1	
<i>allopurinol sodium 500 mg vial</i> <b>MO</b>	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
COLCRYS 0.6 MG TABLET <b>MO</b>	2	QL (120 per 30 days)
DUZALLO 200 MG-200 MG TABLET; DUZALLO 200 MG-300 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>probenecid 500 mg tablet</i> <b>MO</b>	1	
<i>probenecid-colchicine tabs</i> <b>MO</b>	1	
ULORIC 40 MG, 80 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)

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ZURAMPIC 200 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ZYLOPRIM 100 MG, 300 MG TABLET <b>MO</b>	3	
<b>Antimigraine Agents</b>		
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (2 per 30 days)
AIMOVIG AUTOINJECTOR 140 MG/2 PACK (70 MG/ML) SUBCUTANEOUS <b>MO</b>	3	PA,QL (2 per 30 days)
<i>almotriptan malate 12.5 mg, 6.25 mg tab</i> <b>MO</b>	1	ST,QL (9 per 30 days)
AMERGE 1 MG, 2.5 MG TABLET <b>MO</b>	3	PA,QL (9 per 30 days)
AXERT 12.5 MG, 6.25 MG TABLET <b>MO</b>	3	ST,QL (9 per 30 days)
CAFERGOT 1 MG-100 MG TABLET <b>MO</b>	1	
D.H.E.45 1 MG/ML INJECTION SOLUTION <b>DL</b>	4	
<i>dihydroergotamine 1 mg/ml amp</i> <b>DL</b>	4	
<i>dihydroergotamine 4 mg/ml spry</i> <b>DL</b>	4	PA,QL (8 per 30 days)
<i>eletriptan hbr 20 mg, 40 mg tablet</i> <b>MO</b>	1	ST,QL (9 per 30 days)
EMGALITY 120 MG/ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	PA,QL (2 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET <b>DL</b>	4	
<i>ergotamine-caffeine 1-100mg tb</i> <b>MO</b>	1	PA
FROVA 2.5 MG TABLET <b>MO</b>	3	ST,QL (12 per 30 days)
<i>frovatriptan succ 2.5 mg tab</i> <b>MO</b>	1	ST,QL (12 per 30 days)
IMITREX 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	PA,QL (9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION NASAL SPRAY <b>MO</b>	3	PA,QL (12 per 30 days)
IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	PA,QL (6 per 30 days)
IMITREX STATDOSE KIT REFILL 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE <b>MO</b>	3	PA,QL (6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	PA,QL (6 per 30 days)
LIBTAYO 350 MG/7 ML (50 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (7 per 21 days)
MAXALT 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (12 per 30 days)
MAXALT-MLT 10 MG, 5 MG DISINTEGRATING TABLET <b>MO</b>	3	PA,QL (12 per 30 days)
<i>migergot 2 mg-100 mg rectal suppository</i> <b>DL</b>	4	PA,QL (20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY <b>DL</b>	4	QL (8 per 30 days)
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> <b>MO</b>	1	QL (9 per 30 days)
ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION <b>MO</b>	3	ST,QL (16 per 30 days)
RELPAK 20 MG, 40 MG TABLET <b>MO</b>	3	ST,QL (9 per 30 days)
<i>rizatriptan 10 mg, 5 mg odt; rizatriptan 10 mg, 5 mg tablet</i> <b>MO</b>	1	QL (12 per 30 days)
<i>sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray</i> <b>MO</b>	3	QL (12 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill</i> <b>MO</b>	3	QL (6 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject <b>MO</b>	1	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng <b>MO</b>	1	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial <b>MO</b>	1	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet <b>MO</b>	1	QL (9 per 30 days)
sumatriptan-naproxen 85-500 mg <b>MO</b>	1	ST,QL (18 per 30 days)
SUMAVEL DOSEPRO 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR <b>MO</b>	3	ST,QL (6 per 30 days)
TREXIMET 10 MG-60 MG TABLET; TREXIMET 85 MG-500 MG TABLET <b>MO</b>	3	ST,QL (18 per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	ST,QL (6 per 30 days)
zolmitriptan 2.5 mg, 5 mg odt; zolmitriptan 2.5 mg, 5 mg tablet <b>MO</b>	1	ST,QL (9 per 30 days)
ZOMIG 2.5 MG, 5 MG NASAL SPRAY <b>DL</b>	4	ST,QL (12 per 30 days)
ZOMIG 2.5 MG, 5 MG TABLET <b>DL</b>	4	ST,QL (9 per 30 days)
ZOMIG ZMT 2.5 MG, 5 MG DISINTEGRATING TABLET <b>DL</b>	4	ST,QL (9 per 30 days)
<b>Antimyasthenic Agents</b>		
guanidine hcl 125 mg tablet <b>MO</b>	1	
MESTINON 60 MG TABLET <b>DL</b>	4	PA
MESTINON 60 MG/5 ML SYRUP <b>DL</b>	4	
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA
pyridostigmine br 60 mg tablet <b>MO</b>	1	
pyridostigmine er 180 mg tab <b>DL</b>	4	
REGONOL 5 MG/ML INJECTION SOLUTION <b>MO</b>	3	
<b>Antimycobacterials</b>		
CAPASTAT 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
cycloserine 250 mg capsule <b>DL</b>	4	
dapsone 100 mg, 25 mg tablet <b>MO</b>	1	
ethambutol hcl 100 mg, 400 mg tablet <b>MO</b>	1	
isoniazid 100 mg, 300 mg tablet <b>MO</b>	1	
isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial <b>MO</b>	1	
MYAMBUTOL 400 MG TABLET <b>MO</b>	3	
MYCOBUTIN 150 MG CAPSULE <b>MO</b>	3	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET <b>MO</b>	1	
PRIFTIN 150 MG TABLET <b>MO</b>	3	
pyrazinamide 500 mg tablet <b>MO</b>	1	
rifabutin 150 mg capsule <b>MO</b>	1	
RIFADIN 150 MG, 300 MG CAPSULE <b>MO</b>	3	
RIFADIN 600 MG INTRAVENOUS SOLUTION <b>MO</b>	3	

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RIFAMATE 300 MG-150 MG CAPSULE <b>MO</b>	1	
<i>rifampin 150 mg, 300 mg capsule</i> <b>MO</b>	1	
<i>rifampin iv 600 mg vial</i> <b>DL</b>	4	
RIFATER 50 MG-120 MG-300 MG TABLET <b>MO</b>	3	
SIRTURO 100 MG TABLET <b>DL</b>	4	PA,QL (68 per 28 days)
TRECTOR 250 MG TABLET <b>MO</b>	3	
<b>Antineoplastics</b>		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION <b>DL</b>	4	PA
<i>adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution</i> <b>MO</b>	1	B vs D
ADRIAMYCIN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
<i>adrucil 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml intravenous solution</i> <b>MO</b>	1	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION <b>DL</b>	4	PA
ALECENSA 150 MG CAPSULE <b>DL</b>	4	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ALIQOPA 60 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (3 per 28 days)
ALKERAN 2 MG TABLET <b>MO</b>	3	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
ALUNBRIG 180 MG, 90 MG, 90 MG (7)- 180 MG (23) TABLET; ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
<i>amifostine 500 mg vial</i> <b>DL</b>	4	B vs D
<i>anastrozole 1 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
ARIMIDEX 1 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
AROMASIN 25 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION <b>DL</b>	4	
<i>arsenic trioxide 10 mg/10ml vial</i> <b>DL</b>	4	PA
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>bexarotene 75 mg capsule</i> <b>DL</b>	4	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BICNU 100 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
<i>bleomycin sulfate 15 unit, 30 unit vial</i> <b>MO</b>	1	B vs D
<i>bortezomib 3.5 mg vial</i> <b>DL</b>	4	PA
BOSULIF 100 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
BRAFTOVI 50 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE <b>DL</b>	4	PA,QL (180 per 30 days)
<i>busulfan 60 mg/10 ml vial</i> <b>MO</b>	1	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
CAPRELSA 100 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> <b>MO</b>	1	B vs D
<i>carmustine 100 mg vial</i> <b>MO</b>	3	B vs D
CASODEX 50 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>cisplatin 100 mg/100 ml vial</i> <b>MO</b>	1	B vs D
<i>cladribine 10 mg/10 ml vial</i> <b>DL</b>	4	B vs D
<i>clofarabine 20 mg/20 ml vial</i> <b>DL</b>	4	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES <b>DL</b>	4	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES <b>DL</b>	4	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES <b>DL</b>	4	PA,QL (84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE <b>DL</b>	4	PA,QL (56 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
COTELLIC 20 MG TABLET <b>DL</b>	4	PA,QL (63 per 28 days)
<i>cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial</i> <b>MO</b>	1	B vs D
<i>cyclophosphamide 25 mg, 50 mg capsule</i> <b>MO</b>	3	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (200 per 28 days)
<i>cytarabine 20 mg/ml vial</i> <b>MO</b>	1	B vs D
<i>cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial</i> <b>MO</b>	1	B vs D
<i>dacarbazine 100 mg, 200 mg vial</i> <b>MO</b>	1	B vs D
DACOGEN 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA

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<i>dactinomycin 0.5 mg vial</i> <b>DL</b>	4	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (400 per 30 days)
<i>daunorubicin 20 mg/4 ml vial</i> <b>MO</b>	1	B vs D
<i>decitabine 50 mg vial</i> <b>DL</b>	4	PA
DEPOCYT 50 MG/5 ML VIAL <b>DL</b>	4	B vs D
<i>dexrazoxane 250 mg, 500 mg vial</i> <b>MO</b>	1	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
<i>docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/10 ml vial; docetaxel 200 mg/20 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial</i> <b>MO</b>	3	B vs D
DOXIL 2 MG/ML INTRAVENOUS SUSPENSION <b>DL</b>	4	B vs D
<i>doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial</i> <b>MO</b>	1	B vs D
<i>doxorubicin liposome 20mg/10ml</i> <b>DL</b>	4	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE <b>MO</b>	3	
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ELLENC 200 MG/100 ML, 50 MG/25 ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
EMCYT 140 MG CAPSULE <b>DL</b>	4	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>epirubicin 200 mg/100 ml, 50 mg/25 ml vial</i> <b>MO</b>	1	B vs D
<i>epirubicin hcl 50 mg vial</i> <b>MO</b>	3	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ERIVEDGE 150 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
ERLEADA 60 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION <b>DL</b>	4	PA,QL (60 per 28 days)
ETHYOL 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
<i>etoposide 100 mg/5 ml vial</i> <b>MO</b>	1	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>exemestane 25 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
FARESTON 60 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE <b>DL</b>	4	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	PA,QL (30 per 30 days)
FEMARA 2.5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>floxuridine 500 mg vial</i> <b>MO</b>	1	B vs D
<i>fludarabine 50 mg, 50 mg/2 ml vial</i> <b>MO</b>	1	B vs D

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fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vial; fluorouracil 2,500 mg/50 ml vial; fluorouracil 5,000 mg/100 ml <b>MO</b>	1	B vs D
flutamide 125 mg capsule <b>MO</b>	1	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
FUSILEV 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vial; gemcitabine 2 gram/52.6 ml vial; gemcitabine 200 mg/5.26 ml vial <b>MO</b>	3	B vs D
gemcitabine hcl 1 gram, 2 gram, 200 mg vial <b>MO</b>	1	B vs D
GEMZAR 1 GRAM, 200 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 40 MG, 5 MG CAPSULE <b>MO</b>	3	PA
GLEOSTINE 100 MG CAPSULE <b>DL</b>	4	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
HEXALEN 50 MG CAPSULE <b>DL</b>	4	
HYCANTIN 4 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
HYDREA 500 MG CAPSULE <b>MO</b>	3	
hydroxyurea 500 mg capsule <b>MO</b>	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE <b>DL</b>	4	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
idarubicin hcl 20 mg/20 ml vial <b>DL</b>	4	B vs D
IDHIFA 100 MG, 50 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
IFEX 1 GRAM, 3 GRAM INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/60 ml vial <b>MO</b>	1	B vs D
imatinib mesylate 100 mg tab <b>DL</b>	4	PA,QL (180 per 30 days)
imatinib mesylate 400 mg tab <b>DL</b>	4	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
IMBRUVICA 70 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)

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IMFINZI 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION <b>DL</b>	4	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION <b>DL</b>	4	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET <b>DL</b>	4	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 <b>MO</b>	1	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KEYTRUDA 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET <b>DL</b>	4	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET <b>DL</b>	4	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET <b>DL</b>	4	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET <b>DL</b>	4	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET <b>DL</b>	4	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET <b>DL</b>	4	PA,QL (91 per 28 days)
KYPROLIS 10 MG, 30 MG, 60 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE; LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
letrozole 2.5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab <b>MO</b>	1	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial <b>MO</b>	1	B vs D
LEUKERAN 2 MG TABLET <b>DL</b>	4	
levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 250 mg/25 ml vial <b>DL</b>	4	PA
levoleucovorin 50 mg vial <b>MO</b>	1	PA
LEVULAN 20 % TOPICAL SOLUTION <b>MO</b>	3	
lipodox 2 mg/ml intravenous suspension <b>DL</b>	4	PA

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<i>lipodox 50 2 mg/ml intravenous suspension</i> <sup>DL</sup>	4	PA
LONSURF 15 MG-6.14 MG TABLET <sup>DL</sup>	4	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET <sup>DL</sup>	4	PA,QL (80 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET <sup>DL</sup>	4	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE <sup>DL</sup>	4	PA,QL (448 per 28 days)
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT <sup>DL</sup>	4	PA
MATULANE 50 MG CAPSULE <sup>DL</sup>	4	
MEKINIST 0.5 MG TABLET <sup>DL</sup>	4	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET <sup>DL</sup>	4	PA,QL (30 per 30 days)
MEKTOVI 15 MG TABLET <sup>DL</sup>	4	PA,QL (180 per 30 days)
<i>melphalan 2 mg tablet</i> <sup>MO</sup>	1	B vs D
<i>melphalan 50 mg vial w-diluent</i> <sup>MO</sup>	1	B vs D
<i>mercaptopurine 50 mg tablet</i> <sup>MO</sup>	1	
<i>mesna 1 gram/10 ml vial</i> <sup>MO</sup>	1	B vs D
MESNEX 100 MG/ML INTRAVENOUS SOLUTION <sup>DL</sup>	4	B vs D
MESNEX 400 MG TABLET <sup>DL</sup>	4	
<i>mitomycin 20 mg, 40 mg, 5 mg vial</i> <sup>MO</sup>	1	B vs D
<i>mitoxantrone 25 mg/12.5 ml vl</i> <sup>MO</sup>	1	B vs D
MUSTARGEN 10 MG SOLUTION FOR INJECTION <sup>MO</sup>	3	B vs D
MUTAMYCIN 20 MG, 40 MG, 5 MG INTRAVENOUS SOLUTION <sup>MO</sup>	1	B vs D
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <sup>DL</sup>	4	PA
NAVELBINE 10 MG/ML, 50 MG/5 ML INTRAVENOUS SOLUTION <sup>MO</sup>	3	B vs D
NERLYNX 40 MG TABLET <sup>DL</sup>	4	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET <sup>DL</sup>	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET <sup>DL</sup>	4	PA,QL (60 per 30 days)
<i>nilutamide 150 mg tablet</i> <sup>DL</sup>	4	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE <sup>DL</sup>	4	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION <sup>DL</sup>	4	B vs D
ODOMZO 200 MG CAPSULE <sup>DL</sup>	4	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION <sup>DL</sup>	4	PA
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION <sup>DL</sup>	4	PA
OPDIVO 100 MG/10 ML INTRAVENOUS SOLUTION <sup>DL</sup>	4	PA,QL (40 per 28 days)
OPDIVO 240 MG/24 ML INTRAVENOUS SOLUTION <sup>DL</sup>	4	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML INTRAVENOUS SOLUTION <sup>DL</sup>	4	PA,QL (16 per 28 days)
<i>oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial;</i> <i>oxaliplatin 50 mg/10 ml vial</i> <sup>MO</sup>	1	B vs D

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>paclitaxel 100 mg/16.7 ml vial</i> <sup>MO</sup>	1	B vs D
PANRETIN 0.1 % TOPICAL GEL <sup>DL</sup>	4	
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION <sup>DL</sup>	4	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE <sup>DL</sup>	4	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION <sup>DL</sup>	4	PA,QL (100 per 21 days)
POTELIGEO 4 MG/ML INTRAVENOUS SOLUTION <sup>DL</sup>	4	PA
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION <sup>DL</sup>	4	
PURIXAN 20 MG/ML ORAL SUSPENSION <sup>DL</sup>	4	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE <sup>DL</sup>	4	PA,QL (28 per 28 days)
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS <sup>DL</sup>	4	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <sup>DL</sup>	4	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <sup>DL</sup>	4	PA,QL (13.4 per 28 days)
<i>romidepsin 10 mg kit</i> <sup>DL</sup>	4	PA
RUBRACA 200 MG, 250 MG, 300 MG TABLET <sup>DL</sup>	4	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE <sup>DL</sup>	4	PA,QL (224 per 28 days)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION <sup>DL</sup>	4	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET <sup>DL</sup>	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET <sup>DL</sup>	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET <sup>DL</sup>	4	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET <sup>DL</sup>	4	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE <sup>DL</sup>	4	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION <sup>DL</sup>	4	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET <sup>DL</sup>	4	
TAFINLAR 50 MG CAPSULE <sup>DL</sup>	4	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE <sup>DL</sup>	4	PA,QL (120 per 30 days)
TAGRISSE 40 MG, 80 MG TABLET <sup>DL</sup>	4	PA,QL (30 per 30 days)
<i>tamoxifen 10 mg, 20 mg tablet</i> <sup>MO</sup>	1	
TARCEVA 100 MG, 150 MG TABLET <sup>DL</sup>	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET <sup>DL</sup>	4	PA,QL (90 per 30 days)
TARGRETIN 1 % TOPICAL GEL <sup>DL</sup>	4	PA
TARGRETIN 75 MG CAPSULE <sup>DL</sup>	4	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE <sup>DL</sup>	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION <sup>DL</sup>	4	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION <sup>DL</sup>	4	PA,QL (20 per 21 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TEMODAR 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (27 per 30 days)
<i>temsirolimus 25 mg vial</i> <b>DL</b>	4	PA,QL (8 per 28 days)
<i>teniposide 50 mg/5 ml ampule</i> <b>MO</b>	1	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
THERACYS 81 MG VIAL <b>MO</b>	3	B vs D
<i>thiotepa 15 mg vial</i> <b>MO</b>	1	B vs D
TIBSOVO 250 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
<i>toposar 20 mg/ml intravenous solution</i> <b>MO</b>	1	B vs D
<i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial</i> <b>DL</b>	4	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (8 per 28 days)
TOTECT 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
TREANDA 100 MG, 25 MG INTRAVENOUS POWDER FOR SOLUTION <b>DL</b>	4	PA
<i>tretinoin 10 mg capsule</i> <b>DL</b>	4	
TRISENOX 10 MG/10 ML AMPULE <b>MO</b>	3	PA
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
TYKERB 250 MG TABLET <b>DL</b>	4	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (40 per 30 days)
VALCHLOR 0.016 % TOPICAL GEL <b>DL</b>	4	PA,QL (60 per 28 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION <b>DL</b>	4	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION <b>DL</b>	4	PA
VENCLEXTA 10 MG TABLET <b>MO</b>	3	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET <b>MO</b>	3	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
<i>vinblastine 1 mg/ml vial</i> <b>MO</b>	1	B vs D
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution</i> <b>MO</b>	1	B vs D
<i>vincristine 1 mg/ml, 2 mg/2 ml vial</i> <b>MO</b>	1	B vs D
<i>vinorelbine 10 mg/ml, 50 mg/5 ml vial</i> <b>MO</b>	1	B vs D
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
VOTRIENT 200 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XALKORI 200 MG, 250 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
YONDELIS 1 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
YONSA 125 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
ZEJULA 100 MG CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
ZINECARD (AS HCL) 250 MG, 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
ZOLINZA 100 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE <b>DL</b>	4	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
<b>Antiparasitics</b>		
<i>albendazole 200 mg tablet</i> <b>DL</b>	4	
ALBENZA 200 MG TABLET <b>DL</b>	4	
ALINIA 100 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	QL (150 per 30 days)
ALINIA 500 MG TABLET <b>DL</b>	4	QL (40 per 30 days)
<i>atovaquone 750 mg/5 ml susp</i> <b>DL</b>	4	
<i>atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25</i> <b>MO</b>	1	
BENZNIDAZOLE 100 MG TABLET <b>MO</b>	3	QL (240 per 365 days)
BENZNIDAZOLE 12.5 MG TABLET <b>MO</b>	3	QL (720 per 365 days)
BILTRICIDE 600 MG TABLET <b>DL</b>	4	
<i>chloroquine ph 250 mg, 500 mg tablet</i> <b>MO</b>	1	
COARTEM 20 MG-120 MG TABLET <b>MO</b>	3	QL (24 per 30 days)
<i>crotan 10 % lotion</i> <b>DL</b>	4	PA
DARAPRIM 25 MG TABLET <b>DL</b>	4	
ELIMITE 5 % TOPICAL CREAM <b>MO</b>	3	
<i>emverm 100 mg chewable tablet</i> <b>DL</b>	4	
EURAX 10 % LOTION <b>MO</b>	3	
EURAX 10 % TOPICAL CREAM <b>MO</b>	3	
<i>hydroxychloroquine 200 mg tab</i> <b>MO</b>	1	
IMPAVIDO 50 MG CAPSULE <b>DL</b>	4	QL (84 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ivermectin 3 mg tablet</i> <b>MO</b>	1	
<i>lindane 1% shampoo</i> <b>MO</b>	1	
MALARONE 250 MG-100 MG TABLET <b>MO</b>	3	PA
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET <b>MO</b>	3	PA
<i>malathion 0.5% lotion</i> <b>MO</b>	1	
<i>mefloquine hcl 250 mg tablet</i> <b>MO</b>	1	
MEPRON 750 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	
NATROBA 0.9 % TOPICAL SUSPENSION <b>MO</b>	3	
NEBUPENT 300 MG SOLUTION FOR INHALATION <b>MO</b>	3	B vs D
OVIDE 0.5 % LOTION <b>MO</b>	3	PA
PENTAM 300 MG SOLUTION FOR INJECTION <b>MO</b>	3	
<i>permethrin 5% cream</i> <b>MO</b>	1	
PLAQUENIL 200 MG TABLET <b>MO</b>	3	PA
<i>praziquantel 600 mg tablet</i> <b>DL</b>	4	
<i>primaquine 26.3 mg tablet</i> <b>MO</b>	1	
QUALAQUIN 324 MG CAPSULE <b>MO</b>	3	PA,QL (42 per 7 days)
<i>quinine sulfate 324 mg capsule</i> <b>MO</b>	1	PA,QL (42 per 7 days)
SKLICE 0.5 % LOTION <b>MO</b>	3	
STROMECTOL 3 MG TABLET <b>MO</b>	3	
<b>Antiparkinson Agents</b>		
<i>amantadine 100 mg capsule</i> <b>MO</b>	1	
<i>amantadine 100 mg tablet</i> <b>MO</b>	1	
<i>amantadine 50 mg/5 ml solution</i> <b>MO</b>	1	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	QL (84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA
<i>benztropine 2 mg/2 ml ampule</i> <b>MO</b>	1	
<i>benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	1	PA
<i>bromocriptine 2.5 mg tablet</i> <b>MO</b>	1	
<i>bromocriptine 5 mg capsule</i> <b>MO</b>	1	
<i>carbidopa 25 mg tablet</i> <b>MO</b>	1	
<i>carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab</i> <b>MO</b>	1	
<i>carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>carbidopa-levodopa 100 mg-enta; carbidopa-levodopa 125 mg-enta; carbidopa-levodopa 150 mg-enta; carbidopa-levodopa 200 mg-enta; carbidopa-levodopa 50 mg-enta; carbidopa-levodopa 75 mg-enta</i> <b>MO</b>	1	
COGENTIN 2 MG/2 ML INJECTION SOLUTION <b>MO</b>	3	
COMTAN 200 MG TABLET <b>DL</b>	4	PA,QL (300 per 30 days)
DUOPA 4.63 MG-20 MG/ML SUSPENSION IN J-TUBE PUMP <b>DL</b>	4	PA,QL (2800 per 28 days)
<i>entacapone 200 mg tablet</i> <b>MO</b>	1	QL (300 per 30 days)
GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
LODOSYN 25 MG TABLET <b>DL</b>	4	PA
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG TABLET <b>MO</b>	3	PA
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	3	QL (30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
PARLODEL 5 MG CAPSULE <b>MO</b>	3	PA
<i>pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet</i> <b>MO</b>	1	
<i>pramipexole er 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg tablet</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>rasagiline mesylate 0.5 mg, 1 mg tab</i> <b>MO</b>	1	
REQUIP 0.25 MG, 3 MG TABLET <b>MO</b>	3	PA,QL (180 per 30 days)
REQUIP 0.5 MG, 1 MG, 2 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
REQUIP 4 MG, 5 MG TABLET <b>MO</b>	3	PA
REQUIP XL 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (90 per 30 days)
<i>ropinirole hcl 0.25 mg, 3 mg tablet</i> <b>MO</b>	1	QL (180 per 30 days)
<i>ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	1	QL (90 per 30 days)
<i>ropinirole hcl 4 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet</i> <b>MO</b>	1	QL (90 per 30 days)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	ST,QL (300 per 30 days)
<i>selegiline hcl 5 mg capsule</i> <b>MO</b>	1	
<i>selegiline hcl 5 mg tablet</i> <b>MO</b>	1	
SINEMET 10 MG-100 MG TABLET; SINEMET 25 MG-100 MG TABLET; SINEMET 25 MG-250 MG TABLET <b>MO</b>	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SINEMET CR 25 MG-100 MG TABLET,EXTENDED RELEASE; SINEMET CR 50 MG-200 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA
STALEVO 100 25 MG-100 MG-200 MG TABLET <b>DL</b>	4	PA
STALEVO 125 31.25 MG-125 MG-200 MG TABLET <b>DL</b>	4	PA
STALEVO 150 37.5 MG-150 MG-200 MG TABLET <b>DL</b>	4	PA
STALEVO 200 50 MG-200 MG-200 MG TABLET <b>DL</b>	4	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET <b>DL</b>	4	PA
STALEVO 75 18.75 MG-75 MG-200 MG TABLET <b>DL</b>	4	PA
TASMAR 100 MG TABLET <b>DL</b>	4	PA
<i>tolcapone 100 mg tablet</i> <b>DL</b>	4	PA
<i>trihexyphenidyl 2 mg, 5 mg tablet</i> <b>MO</b>	1	PA
<i>trihexyphenidyl 2 mg/5 ml elx</i> <b>MO</b>	1	PA
XADAGO 100 MG, 50 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ZELAPAR 1.25 MG DISINTEGRATING TABLET <b>DL</b>	4	
<b>Antipsychotics</b>		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>DL</b>	4	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1 per 28 days)
<i>aripiprazole 1 mg/ml solution</i> <b>MO</b>	1	QL (750 per 30 days)
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>aripiprazole odt 10 mg, 15 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>MO</b>	4	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (2.4 per 42 days)
<i>chlorpromazine 10 mg, 25 mg tablet</i> <b>MO</b>	1	B vs D
<i>chlorpromazine 100 mg, 200 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>chlorpromazine 25 mg/ml amp</i> <b>MO</b>	1	
<i>clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet</i> <b>MO</b>	1	PA
CLOZARIL 100 MG, 25 MG TABLET <b>DL</b>	4	
FANAPT 1 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK <b>MO</b>	3	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 6 MG, 8 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FAZACLO 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG DISINTEGRATING TABLET <b>DL</b>	4	PA
<i>fluphenazine dec 125 mg/5 ml</i> <b>MO</b>	1	
<i>fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>fluphenazine 2.5 mg/5 ml elix</i> <b>MO</b>	1	
<i>fluphenazine 2.5 mg/ml vial</i> <b>MO</b>	1	
<i>fluphenazine 5 mg/ml conc</i> <b>MO</b>	1	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE <b>DL</b>	4	QL (60 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION <b>MO</b>	3	
HALDOL 5 MG/ML INJECTION SOLUTION <b>MO</b>	3	
HALDOL DECANOATE 100 MG/ML, 50 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	PA
<i>haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp</i> <b>MO</b>	1	
<i>haloperidol lac 2 mg/ml conc</i> <b>MO</b>	1	
<i>haloperidol lac 5 mg/ml syring</i> <b>MO</b>	1	
<i>haloperidol lac 5 mg/ml vial</i> <b>MO</b>	1	
INVEGA 1.5 MG, 3 MG, 9 MG TABLET, EXTENDED RELEASE <b>DL</b>	4	PA, QL (30 per 30 days)
INVEGA 6 MG TABLET, EXTENDED RELEASE <b>DL</b>	4	PA, QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (2.62 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	4	PA, QL (30 per 30 days)
LATUDA 80 MG TABLET <b>DL</b>	4	PA, QL (60 per 30 days)
<i>loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule</i> <b>MO</b>	1	
<i>molindone hcl 10 mg tablet</i> <b>MO</b>	1	PA, QL (240 per 30 days)
<i>molindone hcl 25 mg tablet</i> <b>MO</b>	1	PA, QL (270 per 30 days)
<i>molindone hcl 5 mg tablet</i> <b>MO</b>	1	PA, QL (360 per 30 days)
NUPLAZID 10 MG TABLET <b>DL</b>	4	PA, QL (30 per 30 days)
NUPLAZID 17 MG TABLET <b>DL</b>	4	PA, QL (60 per 30 days)

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NUPLAZID 34 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
olanzapine 10 mg vial <b>MO</b>	1	
olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet; olanzapine odt 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
olanzapine 15 mg, 20 mg tablet; olanzapine odt 15 mg, 20 mg tablet <b>MO</b>	1	QL (60 per 30 days)
ORAP 1 MG, 2 MG TABLET <b>MO</b>	3	
paliperidone er 1.5 mg, 3 mg, 9 mg tablet <b>MO</b>	1	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet <b>MO</b>	1	PA,QL (60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet <b>MO</b>	1	
PERSERIS 120 MG, 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT <b>DL</b>	4	QL (1 per 28 days)
pimozide 1 mg, 2 mg tablet <b>MO</b>	1	
quetiapine er 150 mg tablet <b>MO</b>	1	PA,QL (90 per 30 days)
quetiapine er 200 mg tablet <b>MO</b>	1	PA,QL (30 per 30 days)
quetiapine er 300 mg, 400 mg tablet <b>MO</b>	1	PA,QL (60 per 30 days)
quetiapine er 50 mg tablet <b>MO</b>	1	PA,QL (120 per 30 days)
quetiapine fumarate 100 mg, 300 mg, 400 mg tab <b>MO</b>	1	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab <b>MO</b>	1	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
RISPERDAL 0.25 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
RISPERDAL 0.5 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
RISPERDAL 1 MG/ML ORAL SOLUTION <b>DL</b>	4	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (2 per 28 days)
RISPERDAL M-TAB 0.5 MG ODT <b>DL</b>	4	QL (120 per 30 days)
RISPERDAL M-TAB 1 MG, 2 MG, 3 MG, 4 MG ODT <b>DL</b>	4	QL (60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt; risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet <b>MO</b>	1	QL (60 per 30 days)
risperidone 0.5 mg odt; risperidone 0.5 mg tablet <b>MO</b>	1	QL (120 per 30 days)
risperidone 1 mg/ml solution <b>MO</b>	1	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
SEROQUEL 100 MG, 300 MG, 400 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)

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SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG(1)-300 MG(11) TABLET, ER 24 HR DOSE PACK <b>MO</b>	3	PA,QL (15 per 30 days)
<i>thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule</i> <b>MO</b>	1	
<i>trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet</i> <b>MO</b>	1	
VERSACLOZ 50 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (540 per 30 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK <b>MO</b>	3	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
<i>ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION <b>MO</b>	3	
ZYPREXA 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
ZYPREXA 15 MG, 20 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	3	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	4	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	4	QL (1 per 28 days)
ZYPREXA ZYDIS 10 MG, 5 MG DISINTEGRATING TABLET <b>DL</b>	4	QL (30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG DISINTEGRATING TABLET <b>DL</b>	4	QL (60 per 30 days)
<b>Antispasticity Agents</b>		
<i>baclofen 10 mg, 20 mg tablet</i> <b>MO</b>	1	
<i>baclofen 5 mg tablet</i> <b>MO</b>	1	QL (90 per 30 days)
DANTRIUM 20 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
DANTRIUM 25 MG, 50 MG CAPSULE <b>MO</b>	3	
<i>dantrolene sodium 100 mg, 25 mg, 50 mg cap</i> <b>MO</b>	1	
<i>revonto 20 mg intravenous solution</i> <b>MO</b>	1	
<i>tizanidine hcl 2 mg, 4 mg tablet</i> <b>MO</b>	1	
<i>tizanidine hcl 2 mg, 4 mg, 6 mg capsule</i> <b>MO</b>	1	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE <b>MO</b>	3	ST
ZANAFLEX 4 MG TABLET <b>MO</b>	3	PA
<b>Antivirals</b>		
<i>abacavir 20 mg/ml solution</i> <b>MO</b>	1	QL (960 per 30 days)
<i>abacavir 300 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>abacavir-lamivudine 600-300 mg</i> <b>MO</b>	1	QL (30 per 30 days)
<i>abacavir-lamivudine-zidov tab</i> <b>DL</b>	4	QL (60 per 30 days)
<i>acyclovir 200 mg capsule</i> <b>MO</b>	1	
<i>acyclovir 200 mg/5 ml susp</i> <b>MO</b>	1	
<i>acyclovir 400 mg, 800 mg tablet</i> <b>MO</b>	1	

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<i>acyclovir 5% ointment</i> <b>MO</b>	1	PA
<i>acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial</i> <b>MO</b>	1	B vs D
<i>adefovir dipivoxil 10 mg tab</i> <b>DL</b>	4	
APTIVUS 100 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE <b>DL</b>	4	QL (120 per 30 days)
<i>atazanavir sulfate 150 mg, 200 mg cap</i> <b>DL</b>	4	QL (60 per 30 days)
<i>atazanavir sulfate 300 mg cap</i> <b>DL</b>	4	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
<i>cidofovir 375 mg/5 ml vial</i> <b>MO</b>	1	
CIMDUO 300 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
COMBIVIR 150 MG-300 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
COPEGUS 200 MG TABLET <b>DL</b>	4	QL (168 per 28 days)
CRIXIVAN 200 MG CAPSULE <b>MO</b>	3	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE <b>MO</b>	3	QL (270 per 30 days)
CYTOVENE 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
DAKLINZA 30 MG, 60 MG, 90 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
DENAVIR 1 % TOPICAL CREAM <b>MO</b>	3	PA
DESCOVY 200 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
<i>didanosine dr 125 mg capsule</i> <b>MO</b>	1	QL (90 per 30 days)
<i>didanosine dr 200 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>didanosine dr 250 mg, 400 mg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
EDURANT 25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
<i>efavirenz 200 mg capsule</i> <b>DL</b>	4	QL (120 per 30 days)
<i>efavirenz 50 mg capsule</i> <b>MO</b>	1	QL (480 per 30 days)
<i>efavirenz 600 mg tablet</i> <b>DL</b>	4	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
<i>entecavir 0.5 mg, 1 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
EPIVIR 10 MG/ML ORAL SOLUTION <b>MO</b>	3	
EPIVIR 150 MG TABLET <b>MO</b>	3	QL (60 per 30 days)

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EPIVIR 300 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION <b>MO</b>	3	
EPZICOM 600 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
EVOTAZ 300 MG-150 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> <b>MO</b>	1	QL (90 per 30 days)
FAMVIR 125 MG, 250 MG, 500 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
FLUMADINE 100 MG TABLET <b>MO</b>	3	
<i>fosamprenavir 700 mg tablet</i> <b>DL</b>	4	QL (120 per 30 days)
<i>foscarnet 24 mg/ml infus bttl</i> <b>MO</b>	1	B vs D
FOSCAVIR 24 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	QL (60 per 30 days)
<i>ganciclovir 50 mg/ml, 500 mg vial; ganciclovir 500 mg/10 ml vial</i> <b>DL</b>	4	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
HARVONI 90 MG-400 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
HEPSERA 10 MG TABLET <b>DL</b>	4	
INTELENCE 100 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
INTELENCE 200 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
INTELENCE 25 MG TABLET <b>MO</b>	3	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 <b>DL</b>	4	PA
INVIRASE 200 MG CAPSULE <b>DL</b>	4	QL (300 per 30 days)
INVIRASE 500 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET <b>DL</b>	4	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <b>MO</b>	2	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET <b>MO</b>	3	QL (180 per 30 days)
ISENTRESS 400 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET <b>MO</b>	3	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET <b>DL</b>	4	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION <b>DL</b>	4	
<i>lamivudine 10 mg/ml oral soln</i> <b>MO</b>	1	
<i>lamivudine 150 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)

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lamivudine 300 mg tablet <b>MO</b>	1	QL (30 per 30 days)
lamivudine hbv 100 mg tablet <b>MO</b>	1	QL (90 per 30 days)
lamivudine-zidovudine tablet <b>MO</b>	1	QL (60 per 30 days)
LEXIVA 50 MG/ML ORAL SUSPENSION <b>MO</b>	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
lopinavir-ritonavir 80-20mg/ml <b>MO</b>	1	
MAVYRET 100 MG-40 MG TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
moderiba 200 mg tablet <b>DL</b>	4	QL (168 per 28 days)
moderiba dose pack 200 mg (28)-400 mg (28) tablets <b>DL</b>	4	QL (112 per 28 days)
moderiba dose pack 400 mg (28)-400 mg (28) tablets <b>DL</b>	4	QL (84 per 28 days)
moderiba dose pack 600 mg (28)-400 mg (28) tablets <b>DL</b>	4	QL (112 per 30 days)
moderiba dose pack 600 mg (28)-600 mg (28) tablets <b>DL</b>	4	QL (56 per 28 days)
nevirapine 200 mg tablet <b>MO</b>	1	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp <b>MO</b>	1	QL (1200 per 30 days)
nevirapine er 100 mg tablet <b>MO</b>	1	QL (120 per 30 days)
nevirapine er 400 mg tablet <b>MO</b>	1	QL (30 per 30 days)
NORVIR 100 MG CAPSULE <b>MO</b>	3	QL (360 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET <b>DL</b>	4	QL (360 per 30 days)
NORVIR 100 MG TABLET <b>MO</b>	3	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (480 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
OLYSIO 150 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
oseltamivir 6 mg/ml suspension <b>MO</b>	1	QL (1440 per 365 days)
oseltamivir phos 30 mg capsule <b>MO</b>	1	QL (224 per 365 days)
oseltamivir phos 45 mg, 75 mg capsule <b>MO</b>	1	QL (112 per 365 days)
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML, 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (2 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG; PEGINTRON REDIPEN 150 MCG; PEGINTRON REDIPEN 50 MCG <b>DL</b>	4	PA,QL (4 per 28 days)
PIFELTRO 100 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
PREZCOBIX 800 MG-150 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION <b>DL</b>	4	QL (360 per 30 days)
PREZISTA 150 MG TABLET <b>MO</b>	3	QL (240 per 30 days)
PREZISTA 600 MG TABLET <b>DL</b>	4	QL (60 per 30 days)

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PREZISTA 75 MG TABLET <b>DL</b>	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
REBETOL 40 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET <b>MO</b>	3	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET <b>MO</b>	3	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
RETROVIR 10 MG/ML SYRUP <b>MO</b>	3	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE <b>MO</b>	3	QL (180 per 30 days)
REYATAZ 150 MG, 200 MG CAPSULE <b>DL</b>	4	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE <b>DL</b>	4	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET <b>MO</b>	3	
<i>ribasphere 200 mg capsule</i> <b>DL</b>	4	QL (168 per 28 days)
<i>ribasphere 200 mg tablet</i> <b>MO</b>	1	QL (168 per 28 days)
<i>ribasphere 400 mg tablet</i> <b>MO</b>	1	QL (112 per 30 days)
<i>ribasphere 600 mg tablet</i> <b>MO</b>	1	
RIBASPHERE RIBAPAK 200 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 200 MG (7)-400 MG (7) TABLETS IN A DOSE PACK <b>DL</b>	4	QL (112 per 28 days)
RIBASPHERE RIBAPAK 400 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 400 MG (7)-400 MG (7) TABLETS IN A DOSE PACK <b>DL</b>	4	QL (84 per 28 days)
RIBASPHERE RIBAPAK 600 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-400 MG (7) TABLETS IN A DOSE PACK <b>DL</b>	4	QL (112 per 30 days)
RIBASPHERE RIBAPAK 600 MG (28)-600 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-600 MG (7) TABLETS IN A DOSE PACK <b>DL</b>	4	QL (56 per 28 days)
<i>ribavirin 200 mg capsule</i> <b>MO</b>	1	QL (168 per 28 days)
<i>ribavirin 200 mg tablet</i> <b>MO</b>	1	QL (168 per 28 days)
<i>ribavirin 6 gm inhalation vial</i> <b>DL</b>	4	B vs D
<i>rimantadine hcl 100 mg tablet</i> <b>MO</b>	1	
<i>ritonavir 100 mg tablet</i> <b>MO</b>	1	QL (360 per 30 days)
SELZENTRY 150 MG TABLET <b>DL</b>	4	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (1800 per 30 days)
SELZENTRY 25 MG TABLET <b>MO</b>	3	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
SOVALDI 400 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
<i>stavudine 15 mg, 20 mg capsule</i> <b>MO</b>	1	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <b>DL</b>	4	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
SUSTIVA 200 MG CAPSULE <b>DL</b>	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE <b>DL</b>	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (4 per 28 days)
SYMFI 600 MG-300 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
TAMIFLU 30 MG CAPSULE <b>MO</b>	3	PA,QL (224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE <b>MO</b>	3	PA,QL (112 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION <b>MO</b>	3	PA,QL (1440 per 365 days)
TECHNIVIE 12.5 MG-75 MG-50 MG TABLET <b>DL</b>	4	PA,QL (56 per 28 days)
<i>tenofovir disop fum 300 mg tb</i> <b>DL</b>	4	QL (30 per 30 days)
TIVICAY 10 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
<i>trifluridine 1% eye drops</i> <b>MO</b>	1	
TRIUMEQ 600 MG-50 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
TRIZIVIR 300 MG-150 MG-300 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
TYBOST 150 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TYZEKA 600 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
<i>valacyclovir hcl 1 gram, 500 mg tablet</i> <b>MO</b>	1	QL (90 per 30 days)
VALCYTE 450 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (1056 per 30 days)
<i>valganciclovir 450 mg tablet</i> <b>DL</b>	4	QL (120 per 30 days)
<i>valganciclovir hcl 50 mg/ml</i> <b>DL</b>	4	QL (1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
VEMLIDY 25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	3	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	3	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	QL (90 per 30 days)
VIDEX EC 200 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	QL (60 per 30 days)
VIDEX EC 250 MG, 400 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)
VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (112 per 28 days)
VIEKIRA XR 8.33 MG-50 MG-33.33 MG-200 MG TABLET, EXTENDED RELEASE <b>DL</b>	4	PA,QL (84 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIRACEPT 250 MG TABLET <b>DL</b>	4	QL (300 per 30 days)
VIRACEPT 625 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
VIRAMUNE 200 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	QL (1200 per 30 days)
VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	QL (120 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION <b>DL</b>	4	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <b>DL</b>	4	QL (240 per 30 days)
VIROPTIC 1 % EYE DROPS <b>MO</b>	3	
VITEKTA 150 MG, 85 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
XERESE 5 %-1 % TOPICAL CREAM <b>DL</b>	4	
ZEPATIER 50 MG-100 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
ZERIT 1 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (2400 per 30 days)
ZERIT 15 MG, 20 MG CAPSULE <b>MO</b>	3	QL (120 per 30 days)
ZERIT 30 MG, 40 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (960 per 30 days)
ZIAGEN 300 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
zidovudine 100 mg capsule <b>MO</b>	1	QL (180 per 30 days)
zidovudine 300 mg tablet <b>MO</b>	1	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup <b>MO</b>	1	QL (1680 per 28 days)
ZIRGAN 0.15 % EYE GEL <b>MO</b>	3	QL (5 per 30 days)
ZOVIRAX 200 MG CAPSULE <b>MO</b>	3	PA
ZOVIRAX 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	PA
ZOVIRAX 400 MG, 800 MG TABLET <b>MO</b>	3	PA
ZOVIRAX 5 % TOPICAL CREAM <b>DL</b>	4	PA
ZOVIRAX 5 % TOPICAL OINTMENT <b>DL</b>	4	PA
<b>Anxiolytics</b>		
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet <b>DL</b>	1	QL (120 per 30 days)
alprazolam 2 mg tablet <b>DL</b>	1	QL (150 per 30 days)
alprazolam er 0.5 mg, 1 mg, 2 mg, 3 mg tablet <b>DL</b>	1	QL (60 per 30 days)
alprazolam odt 0.25 mg, 0.5 mg, 1 mg, 2 mg tab <b>DL</b>	1	
alprazolam intensol 1 mg/ml oral concentrate <b>DL</b>	1	
ATIVAN 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
ATIVAN 2 MG TABLET <b>DL</b>	4	PA,QL (150 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ATIVAN 2 MG/ML, 4 MG/ML INJECTION SOLUTION <b>DL</b>	3	PA
bupirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet <b>MO</b>	1	
chlordiazepoxide 10 mg, 25 mg, 5 mg capsule <b>DL</b>	1	PA,QL (120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet <b>DL</b>	1	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet <b>DL</b>	1	
diazepam 10 mg tablet <b>DL</b>	1	QL (120 per 30 days)
diazepam 10 mg/2 ml carpject <b>DL</b>	1	
diazepam 2 mg, 5 mg tablet <b>DL</b>	1	QL (90 per 30 days)
diazepam 5 mg/5 ml solution <b>DL</b>	1	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc <b>DL</b>	1	QL (240 per 30 days)
diazepam 5 mg/ml vial <b>DL</b>	1	
diazepam intensol 5 mg/ml oral concentrate <b>DL</b>	1	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule <b>MO</b>	1	PA
doxepin 10 mg/ml oral conc <b>MO</b>	1	PA
estazolam 1 mg, 2 mg tablet <b>DL</b>	1	QL (30 per 30 days)
HALCION 0.25 MG TABLET <b>DL</b>	3	PA,QL (30 per 30 days)
hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml soln; hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml vial <b>MO</b>	1	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet <b>MO</b>	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET <b>DL</b>	3	PA
lorazepam 0.5 mg, 1 mg tablet <b>DL</b>	1	QL (90 per 30 days)
lorazepam 2 mg tablet <b>DL</b>	1	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent <b>DL</b>	1	QL (150 per 30 days)
lorazepam 2 mg/ml, 4 mg/ml carpject <b>DL</b>	1	
lorazepam 2 mg/ml, 4 mg/ml vial; lorazepam 40 mg/10 ml vial <b>DL</b>	1	
lorazepam intensol 2 mg/ml oral concentrate <b>DL</b>	1	QL (150 per 30 days)
meprobamate 200 mg, 400 mg tablet <b>MO</b>	1	PA
oxazepam 10 mg, 15 mg, 30 mg capsule <b>DL</b>	1	
TRANXENE T-TAB 7.5 MG TABLET <b>DL</b>	4	PA
triazolam 0.125 mg, 0.25 mg tablet <b>DL</b>	1	QL (30 per 30 days)
VALIUM 10 MG TABLET <b>DL</b>	3	PA,QL (120 per 30 days)
VALIUM 2 MG, 5 MG TABLET <b>DL</b>	3	PA,QL (90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XANAX 2 MG TABLET <sup>DL</sup>	4	PA,QL (150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	3	PA,QL (60 per 30 days)
<b>Bipolar Agents</b>		
<i>lithium carbonate 150 mg, 300 mg, 600 mg cap</i> <sup>MO</sup>	1	
<i>lithium carbonate 300 mg tab</i> <sup>MO</sup>	1	
<i>lithium carbonate er 300 mg, 450 mg tb</i> <sup>MO</sup>	1	
<i>lithium 8 meq/5 ml solution</i> <sup>MO</sup>	1	
LITHOBID 300 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	4	
<b>Blood Glucose Regulators</b>		
<i>acarbose 100 mg, 25 mg, 50 mg tablet</i> <sup>MO</sup>	1	
ACTOPLUS MET 15 MG-500 MG TABLET; ACTOPLUS MET 15 MG-850 MG TABLET <sup>MO</sup>	3	PA,QL (90 per 30 days)
ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE; ACTOPLUS MET XR 30 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	3	QL (30 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET <sup>MO</sup>	3	PA,QL (30 per 30 days)
ADLYXIN 10 MCG/0.2 ML - 20 MCG/0.2 ML, 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR; ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	3	ST,QL (6 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS PEN <sup>MO</sup>	3	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	3	ST
AFREZZA 12 UNIT, 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 8 UNIT, 8 UNIT (60)/ 12 UNIT (30) CARTRIDGE WITH INHALER; AFREZZA 30-4 UNIT / 60-8 UNIT; AFREZZA 4 UNIT (60)/8 UNIT (30) CARTRIDGE WITH INHALER; AFREZZA 60-8 UNIT / 30-12 UNIT <sup>MO</sup>	3	PA,QL (90 per 30 days)
AFREZZA 4 UNIT (60)/8 UNIT (60)/12 UNIT (60) CARTRIDGE WITH INHALER; AFREZZA 4 UNIT (90)/8 UNIT (90) CARTRIDGE WITH INHALER <sup>MO</sup>	3	PA,QL (180 per 30 days)
AMARYL 1 MG, 2 MG, 4 MG TABLET <sup>MO</sup>	3	PA
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <sup>MO</sup>	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	3	ST
AVANDIA 2 MG, 4 MG TABLET <sup>MO</sup>	3	QL (60 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MO</sup>	3	PA
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION <sup>MO</sup>	3	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	3	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MO</sup>	3	QL (3.4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR; BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	ST,QL (2.4 per 30 days)
<i>chlorpropamide 100 mg, 250 mg tablet</i> <b>MO</b>	1	PA
CYCLOSET 0.8 MG TABLET <b>MO</b>	3	ST,QL (180 per 30 days)
DUETACT 30 MG-2 MG TABLET; DUETACT 30 MG-4 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	2	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	2	
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
FORTAMET 500 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (150 per 30 days)
<i>glimepiride 1 mg, 2 mg, 4 mg tablet</i> <b>MO</b>	1	
<i>glipizide 10 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>glipizide er 10 mg, 2.5 mg, 5 mg tablet; glipizide xl 10 mg, 2.5 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> <b>MO</b>	1	
GLUCAGEN HYPOKIT 1 MG INJECTION <b>MO</b>	2	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG SOLUTION FOR INJECTION <b>MO</b>	3	ST
GLUCOPHAGE 1,000 MG, 500 MG, 850 MG TABLET <b>MO</b>	3	PA
GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (120 per 30 days)
GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
GLUCOTROL 10 MG, 5 MG TABLET <b>MO</b>	3	
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
GLUCOVANCE 2.5-500 MG, 5-500 MG TABLET <b>MO</b>	3	PA
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (120 per 30 days)
<i>glyburide 1.25 mg, 2.5 mg, 5 mg tablet</i> <b>MO</b>	1	PA
<i>glyburide micro 1.5 mg, 3 mg, 6 mg tab; glyburide micro 1.5 mg, 3 mg, 6 mg tablet</i> <b>MO</b>	1	PA
<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> <b>MO</b>	1	PA
GLYNASE 1.5 MG, 3 MG, 6 MG TABLET <b>MO</b>	3	PA
GLYSET 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN <b>MO</b>	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS; HUMALOG KWIKPEN U-200 INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS <b>MO</b>	3	ST
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	ST
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	3	ST
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	3	ST
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <b>MO</b>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	ST
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	ST
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS <b>MO</b>	3	ST
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS <b>MO</b>	3	ST
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS <b>MO</b>	3	ST
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	ST
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN <b>DL</b>	4	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS <b>DL</b>	4	
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	2	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JARDIANCE 10 MG, 25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
KAZANO 12.5 MG-1,000 MG TABLET; KAZANO 12.5 MG-500 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	2	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	2	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	2	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	2	
<i>metformin er 1,000 mg osm-tab; metformin hcl er 1,000 mg tab</i> <b>DL</b>	4	ST, QL (60 per 30 days)
<i>metformin hcl 1,000 mg, 500 mg, 850 mg tablet</i> <b>MO</b>	1	
<i>metformin hcl 500 mg/5 ml soln</i> <b>MO</b>	1	QL (750 per 30 days)
<i>metformin hcl er 500 mg osm-tb</i> <b>DL</b>	4	ST, QL (150 per 30 days)
<i>metformin hcl er 500 mg tablet</i> <b>DL</b>	4	ST, QL (120 per 30 days)
<i>metformin hcl er 500 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
<i>metformin hcl er 750 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>miglitol 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>nateglinide 120 mg, 60 mg tablet</i> <b>MO</b>	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	2	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP <b>MO</b>	2	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION <b>MO</b>	2	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS <b>MO</b>	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG <b>MO</b>	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	2	
ONGLYZA 2.5 MG, 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
OSENI 12.5 MG-15 MG TABLET; OSENI 12.5 MG-30 MG TABLET; OSENI 12.5 MG-45 MG TABLET; OSENI 25 MG-15 MG TABLET; OSENI 25 MG-30 MG TABLET; OSENI 25 MG-45 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (1.5 per 28 days)
OZEMPIC 1 MG/0.75 ML (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (3 per 28 days)
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4</i> <b>MO</b>	1	QL (30 per 30 days)
<i>pioglitazone-metformin 15-500; pioglitazone-metformin 15-850</i> <b>MO</b>	1	QL (90 per 30 days)
PRANDIN 0.5 MG, 1 MG, 2 MG TABLET <b>MO</b>	3	
PRECOSE 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	
PROGLYCEM 50 MG/ML ORAL SUSPENSION <b>MO</b>	3	
QTERN 10 MG-5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>repaglinide 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	1	
<i>repaglinide-metformin 1-500 mg, 2-500 mg</i> <b>MO</b>	1	
RIOMET 500 MG/5 ML ORAL SOLUTION <b>MO</b>	3	QL (750 per 30 days)
SEGLUROMET 2.5 MG-1,000 MG TABLET; SEGLUROMET 2.5 MG-500 MG TABLET; SEGLUROMET 7.5 MG-1,000 MG TABLET; SEGLUROMET 7.5 MG-500 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	ST,QL (15 per 24 days)
STARLIX 120 MG, 60 MG TABLET <b>MO</b>	3	PA
STEGLATRO 15 MG, 5 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
STEGLUJAN 15 MG-100 MG TABLET; STEGLUJAN 5 MG-100 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	QL (10.5 per 28 days)
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
TANZEUM 30 MG/0.5 ML, 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	ST,QL (4 per 28 days)
<i>tolazamide 250 mg, 500 mg tablet</i> <b>MO</b>	1	

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<i>tolbutamide 500 mg tablet</i> <b>MO</b>	1	
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN <b>MO</b>	2	
TRADJENTA 5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	2	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	2	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (9 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	ST,QL (15 per 30 days)
<b>Blood Products/Modifiers/Volume Expanders</b>		
AGGRASTAT CONCENTRATE 250 MCG/ML INTRAVENOUS <b>MO</b>	3	
AGGRASTAT 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) IN 0.9 % SODIUM CHLORIDE IV; AGGRASTAT 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) IN ISO-OSMOTIC SODIUM CHLORIDE IV <b>MO</b>	3	
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	ST
AGRYLIN 0.5 MG CAPSULE <b>MO</b>	3	PA
AMICAR 1,000 MG, 500 MG TABLET <b>DL</b>	4	
AMICAR 250 MG/ML (25 %) ORAL SOLUTION <b>DL</b>	4	
<i>aminocaproic acid 5 g/20 ml v1</i> <b>MO</b>	1	
<i>anagrelide hcl 0.5 mg, 1 mg capsule</i> <b>MO</b>	1	
ARANESP 10 MCG/0.4 ML, 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	3	PA,QL (1.6 per 30 days)
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (2 per 30 days)
ARANESP 100 MCG/ML, 200 MCG/ML, 300 MCG/ML (IN POLYSORBATE) INJECTION <b>DL</b>	4	PA,QL (4 per 30 days)

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ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (1.2 per 30 days)
ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION <b>DL</b>	4	PA,QL (3 per 30 days)
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (1.6 per 30 days)
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	3	PA,QL (1.68 per 30 days)
ARANESP 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (IN POLYSORBATE) INJECTION <b>DL</b>	3	PA,QL (4 per 30 days)
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (2.4 per 30 days)
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (4 per 30 days)
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	3	PA,QL (1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (15 per 30 days)
ARIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (18 per 30 days)
<i>aspirin-dipyridam er 25-200 mg</i> <b>MO</b>	1	ST
<i>azacitidine 100 mg vial</i> <b>DL</b>	4	PA
BEVYXXA 40 MG, 80 MG CAPSULE <b>MO</b>	3	PA,QL (41 per 41 days)
BRILINTA 60 MG, 90 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
<i>cilostazol 100 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>clopidogrel 300 mg tablet</i> <b>MO</b>	1	
<i>clopidogrel 75 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET <b>MO</b>	3	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>dipyridamole 25 mg, 50 mg, 75 mg tablet</i> <b>MO</b>	1	PA
DOPTELET 20 MG TABLET <b>DL</b>	4	PA,QL (15 per 30 days)
EFFIENT 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
ELIQUIS 5 MG, 5 MG (74 TABS) TABLET; ELIQUIS 5 MG, 5 MG (74 TABS) TABLETS IN A DOSE PACK <b>MO</b>	2	QL (74 per 30 days)
<i>enoxaparin 100 mg/ml, 150 mg/ml syringe</i> <b>MO</b>	1	QL (28 per 28 days)
<i>enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr</i> <b>MO</b>	1	QL (22.4 per 28 days)
<i>enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr</i> <b>MO</b>	1	QL (16.8 per 28 days)
<i>enoxaparin 300 mg/3 ml vial</i> <b>MO</b>	1	QL (84 per 28 days)
<i>enoxaparin 40 mg/0.4 ml syr</i> <b>MO</b>	1	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (14 per 30 days)

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EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (28 per 30 days)
<i>eptifibatide 200 mg/100 ml vl; eptifibatide 75 mg/100 ml vial</i> <b>MO</b>	1	
<i>fondaparinux 10 mg/0.8 ml syr</i> <b>DL</b>	4	QL (24 per 30 days)
<i>fondaparinux 2.5 mg/0.5 ml syr</i> <b>MO</b>	1	QL (15 per 30 days)
<i>fondaparinux 5 mg/0.4 ml syr</i> <b>DL</b>	4	QL (12 per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr</i> <b>DL</b>	4	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (9 per 30 days)
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1.2 per 28 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (7 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (11.2 per 28 days)
<i>heparin 40,000 unit/4 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vl</i> <b>MO</b>	1	
<i>heparin sod 5,000 unit/ml syr</i> <b>MO</b>	1	
<i>heparin sod 5,000 unit/ml syrg</i> <b>MO</b>	1	
<i>heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml</i> <b>MO</b>	1	
<i>heparin sod 5,000 unit/0.5 ml</i> <b>MO</b>	1	
INTEGRILIN 0.75 MG/ML, 2 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet</i> <b>MO</b>	1	
KENREAL 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
LEUKINE 250 MCG SOLUTION FOR INJECTION <b>DL</b>	4	PA
LOVENOX 100 MG/ML, 150 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (28 per 28 days)
LOVENOX 120 MG/0.8 ML, 80 MG/0.8 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (22.4 per 28 days)
LOVENOX 30 MG/0.3 ML, 60 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (16.8 per 28 days)
LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (84 per 28 days)
LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (11.2 per 28 days)
LYSTEDA 650 MG TABLET <b>MO</b>	3	QL (30 per 5 days)
MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (1.2 per 28 days)

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MIRCERA 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (9.6 per 30 days)
MULPLETA 3 MG TABLET <b>DL</b>	4	PA,QL (7 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML, 6 MG/0.6ML WITH WEARABLE SUBCUTANEOUS INJECTOR <b>DL</b>	4	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (7 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (11.2 per 30 days)
PLAVIX 300 MG TABLET <b>MO</b>	3	PA
PLAVIX 75 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
<i>prasugrel 10 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
REOPRO 10 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
RIASTAP 1 GRAM (900 MG-1,300 MG) INTRAVENOUS SOLUTION <b>MO</b>	3	
SAVAYSA 15 MG, 30 MG, 60 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>tranexamic acid 1,000 mg/10 ml</i> <b>MO</b>	1	PA
<i>tranexamic acid 650 mg tablet</i> <b>MO</b>	1	QL (30 per 5 days)
VIDAZA 100 MG SOLUTION FOR INJECTION <b>DL</b>	4	PA
<i>warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet</i> <b>MO</b>	1	
XARELTO 10 MG, 20 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A STARTER PACK <b>MO</b>	2	QL (51 per 30 days)

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XARELTO 15 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
YOSPRALA 325 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE; YOSPRALA 81 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<b>Cardiovascular Agents</b>		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET <b>MO</b>	3	
ACCURETIC 10 MG-12.5 MG TABLET; ACCURETIC 20 MG-12.5 MG TABLET; ACCURETIC 20 MG-25 MG TABLET <b>MO</b>	3	
<i>acebutolol 200 mg, 400 mg capsule</i> <b>MO</b>	1	
ACEON 4 MG, 8 MG TABLET <b>MO</b>	3	
<i>acetazolamide 125 mg, 250 mg tablet</i> <b>MO</b>	1	
<i>acetazolamide er 500 mg cap</i> <b>MO</b>	1	
<i>acetazolamide sod 500 mg vial</i> <b>MO</b>	1	
ADALAT CC 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
ADENOCARD 3 MG/ML INTRAVENOUS SYRINGE <b>MO</b>	3	
<i>adenosine 12 mg/4 ml syringe</i> <b>MO</b>	1	
<i>adenosine 12 mg/4 ml vial</i> <b>MO</b>	1	
<i>afeditab cr 30 mg, 60 mg tablet,extended release</i> <b>MO</b>	1	QL (60 per 30 days)
ALDACTAZIDE 25 MG-25 MG TABLET; ALDACTAZIDE 50 MG-50 MG TABLET <b>MO</b>	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE <b>MO</b>	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (30 per 30 days)
<i>amiloride hcl 5 mg tablet</i> <b>MO</b>	1	
<i>amiloride hcl-hctz 5-50 mg tab</i> <b>MO</b>	1	
<i>amiodarone 150 mg/3 ml syringe</i> <b>MO</b>	1	
<i>amiodarone 900 mg/18 ml vial</i> <b>MO</b>	1	
<i>amiodarone hcl 100 mg, 200 mg, 400 mg tablet</i> <b>MO</b>	1	
<i>amlodipine besylate 10 mg, 2.5 mg, 5 mg tab</i> <b>MO</b>	1	
<i>amlodipine-atorvast 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> <b>MO</b>	1	QL (30 per 30 days)
<i>amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10</i> <b>MO</b>	1	QL (60 per 30 days)
<i>amlodipine-benazepril 10-40 mg, 5-40 mg</i> <b>MO</b>	1	QL (30 per 30 days)
<i>amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> <b>MO</b>	1	QL (30 per 30 days)
<i>amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> <b>MO</b>	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>amlod-valsarta-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-valsarta-hctz 10-160-12.5mg</i> <b>MO</b>	1	QL (30 per 30 days)
ANTARA 30 MG, 90 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
ATACAND 16 MG, 4 MG, 8 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
ATACAND 32 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
ATACAND HCT 16 MG-12.5 MG TABLET; ATACAND HCT 32 MG-12.5 MG TABLET; ATACAND HCT 32 MG-25 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
<i>atenolol 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25</i> <b>MO</b>	1	
<i>atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
AVALIDE 150 MG-12.5 MG TABLET; AVALIDE 300 MG-12.5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
AZOR 10 MG-20 MG TABLET; AZOR 10 MG-40 MG TABLET; AZOR 5 MG-20 MG TABLET; AZOR 5 MG-40 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab</i> <b>MO</b>	1	
BENICAR 20 MG, 40 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET; BENICAR HCT 40 MG-12.5 MG TABLET; BENICAR HCT 40 MG-25 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET <b>MO</b>	3	PA
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET <b>MO</b>	3	PA
<i>betaxolol 10 mg, 20 mg tablet</i> <b>MO</b>	1	
BIDIL 20 MG-37.5 MG TABLET <b>MO</b>	2	QL (180 per 30 days)
<i>bisoprolol fumarate 10 mg, 5 mg tab</i> <b>MO</b>	1	
<i>bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb</i> <b>MO</b>	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	
BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV; BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV <b>MO</b>	3	
<i>bumetanide 0.25 mg/ml vial</i> <b>MO</b>	1	
<i>bumetanide 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	1	
BYSTOLIC 10 MG TABLET <b>MO</b>	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
BYVALSON 5 MG-80 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CADUET 10 MG-10 MG TABLET; CADUET 10 MG-20 MG TABLET; CADUET 10 MG-40 MG TABLET; CADUET 10 MG-80 MG TABLET; CADUET 2.5 MG-10 MG TABLET; CADUET 2.5 MG-20 MG TABLET; CADUET 2.5 MG-40 MG TABLET; CADUET 5 MG-10 MG TABLET; CADUET 5 MG-20 MG TABLET; CADUET 5 MG-40 MG TABLET; CADUET 5 MG-80 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
CALAN 120 MG, 80 MG TABLET <b>MO</b>	3	
CALAN SR 120 MG, 180 MG, 240 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb <b>MO</b>	1	QL (60 per 30 days)
candesartan cilexetil 32 mg tb <b>MO</b>	1	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 <b>MO</b>	1	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet <b>MO</b>	1	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet <b>MO</b>	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET <b>MO</b>	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
CARDIZEM CD 300 MG, 360 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET <b>MO</b>	3	
CARDURA XL 4 MG, 8 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
CAROSPIR 25 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (450 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release <b>MO</b>	1	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release <b>MO</b>	1	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet <b>MO</b>	1	
carvedilol er 10 mg, 20 mg, 40 mg, 80 mg capsule <b>MO</b>	1	QL (30 per 30 days)
CATAPRES 0.1 MG, 0.2 MG, 0.3 MG TABLET <b>MO</b>	3	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	3	PA,QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	3	PA,QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	3	PA,QL (4 per 28 days)
chlorothiazide 250 mg, 500 mg tablet <b>MO</b>	1	
chlorothiazide sod 500 mg vial <b>MO</b>	1	
chlorthalidone 25 mg, 50 mg tablet <b>MO</b>	1	
cholestyramine packet; cholestyramine powder <b>MO</b>	1	
cholestyramine light 4 gram oral powder; cholestyramine light 4 gram powder for susp in a packet <b>MO</b>	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML INTRAVENOUS EMULSION <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch <b>MO</b>	1	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet <b>MO</b>	1	
clorpres 0.1 mg-15 mg tablet; clorpres 0.2 mg-15 mg tablet; clorpres 0.3 mg-15 mg tablet <b>MO</b>	1	
COLESTID 1 GRAM TABLET <b>MO</b>	3	
COLESTID 5 GRAM ORAL GRANULES <b>MO</b>	3	
COLESTID 5 GRAM ORAL PACKET <b>MO</b>	3	
COLESTID FLAVORED 5 GRAM ORAL GRANULES <b>MO</b>	3	
COLESTID FLAVORED 7.5 GRAM PACKET <b>MO</b>	3	
colestipol hcl granules <b>MO</b>	1	
colestipol hcl granules packet <b>MO</b>	1	
colestipol micronized 1 gm tab <b>MO</b>	1	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET <b>MO</b>	3	PA
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
CORGARD 20 MG, 40 MG, 80 MG TABLET <b>MO</b>	3	PA
CORLANOR 5 MG, 7.5 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
CORVERT 0.1 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
CORZIDE 40 MG-5 MG TABLET; CORZIDE 80 MG-5 MG TABLET <b>MO</b>	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
DEMADEX 10 MG, 20 MG TABLET <b>MO</b>	3	
DEMSER 250 MG CAPSULE <b>DL</b>	4	
DIAMOX SEQUELS ER 500 MG CAP <b>MO</b>	3	PA
DIBENZYLIN 10 MG CAPSULE <b>DL</b>	4	
digitek 125 mcg tablet <b>MO</b>	1	QL (30 per 30 days)
digitek 250 mcg tablet <b>MO</b>	1	PA,QL (30 per 30 days)
digox 125 mcg tablet <b>MO</b>	1	QL (30 per 30 days)
digox 250 mcg tablet <b>MO</b>	1	PA,QL (30 per 30 days)
digoxin 0.05 mg/ml solution; digoxin 500 mcg/2 ml ampule <b>MO</b>	1	PA
digoxin 125 mcg tablet <b>MO</b>	1	QL (30 per 30 days)
digoxin 250 mcg tablet <b>MO</b>	1	PA,QL (30 per 30 days)
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release <b>MO</b>	1	QL (60 per 30 days)
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet <b>MO</b>	1	
diltiazem 12hr er 120 mg, 60 mg, 90 mg cap <b>MO</b>	1	

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diltiazem 24hr er 120 mg, 180 mg, 240 mg cap <sup>MO</sup>	1	QL (60 per 30 days)
diltiazem 24hr er 180 mg, 240 mg tab <sup>MO</sup>	1	QL (60 per 30 days)
diltiazem 24hr er 300 mg, 360 mg, 420 mg cap <sup>MO</sup>	1	QL (30 per 30 days)
diltiazem 24hr er 300 mg, 360 mg, 420 mg tab <sup>MO</sup>	1	QL (30 per 30 days)
diltiazem 25 mg/5 ml vial; diltiazem hcl 100 mg, 5 mg/ml vial <sup>MO</sup>	1	
diltiazem er 120 mg, 180 mg, 240 mg capsule <sup>MO</sup>	1	QL (60 per 30 days)
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET <sup>MO</sup>	3	PA,QL (60 per 30 days)
DIOVAN HCT 160 MG-12.5 MG TABLET; DIOVAN HCT 160 MG-25 MG TABLET; DIOVAN HCT 320 MG-12.5 MG TABLET; DIOVAN HCT 320 MG-25 MG TABLET; DIOVAN HCT 80 MG-12.5 MG TABLET <sup>MO</sup>	3	PA,QL (30 per 30 days)
disopyramide 100 mg, 150 mg capsule <sup>MO</sup>	1	
DIURIL 250 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	3	
DIURIL 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	3	
dobutamine 12.5 mg/ml vial; dobutamine 250 mg/20 ml vial <sup>MO</sup>	1	
dobutamine 1 gm-d5w 250 ml; dobutamine 250 mg-d5w 250 ml; dobutamine 500 mg-d5w 250 ml <sup>MO</sup>	1	
dofetilide 125 mcg capsule <sup>MO</sup>	1	QL (240 per 30 days)
dofetilide 250 mcg capsule <sup>MO</sup>	1	QL (120 per 30 days)
dofetilide 500 mcg capsule <sup>MO</sup>	1	QL (60 per 30 days)
dopamine 160 mg/ml vial; dopamine 40 mg/ml vial; dopamine 80 mg/ml vial <sup>MO</sup>	1	
dopamine 200 mg-d5w 250 ml; dopamine 400 mg-d5w 250 ml; dopamine 400 mg-d5w 500 ml; dopamine 800 mg-d5w 250 ml; dopamine 800 mg-d5w 500 ml <sup>MO</sup>	1	
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab <sup>MO</sup>	1	
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	3	QL (120 per 30 days)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE; DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	3	QL (60 per 30 days)
DYAZIDE 37.5 MG-25 MG CAPSULE <sup>MO</sup>	3	
DYRENIUM 100 MG, 50 MG CAPSULE <sup>MO</sup>	3	
EDARBI 40 MG, 80 MG TABLET <sup>MO</sup>	3	ST,QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET; EDARBYCLOR 40 MG-25 MG TABLET <sup>MO</sup>	3	ST,QL (30 per 30 days)
EDECIN 25 MG TABLET <sup>DL</sup>	4	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet <sup>MO</sup>	1	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet <sup>MO</sup>	1	
enalaprilat 1.25 mg/ml vial <sup>MO</sup>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET <b>MO</b>	2	PA,QL (60 per 30 days)
EPANED 1 MG/ML ORAL SOLUTION; EPANED 1 MG/ML SOLUTION <b>MO</b>	3	
<i>eplerenone 25 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>eprosartan mesylate 600 mg tab</i> <b>MO</b>	1	QL (60 per 30 days)
<i>esmolol hcl 100 mg/10 ml vial</i> <b>MO</b>	1	
<i>esmolol 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)-nacl; esmolol 2,500 mg/250 ml-nacl</i> <b>MO</b>	1	
<i>ethacrynate sodium 50 mg vial</i> <b>MO</b>	1	
<i>ethacrynic acid 25 mg tablet</i> <b>DL</b>	4	
EXFORGE 10 MG-160 MG TABLET; EXFORGE 10 MG-320 MG TABLET; EXFORGE 5 MG-160 MG TABLET; EXFORGE 5 MG-320 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 10 MG-160 MG-25 MG TABLET; EXFORGE HCT 10 MG-320 MG-25 MG TABLET; EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 5 MG-160 MG-25 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>ezetimibe 10 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>felodipine er 10 mg, 2.5 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>fenofibrate 120 mg, 160 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>fenofibrate 150 mg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
<i>fenofibrate 40 mg, 54 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>fenofibrate 50 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>fenofibrate 130 mg, 43 mg capsule</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>fenofibrate 134 mg, 200 mg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
<i>fenofibrate 67 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>fenofibrate 145 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>fenofibrate 48 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>fenofibric acid 105 mg, 35 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>fenofibric acid dr 135 mg, 45 mg cap</i> <b>MO</b>	1	QL (30 per 30 days)
FENOGLIDE 120 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
FENOGLIDE 40 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>flecainide acetate 100 mg, 150 mg, 50 mg tab</i> <b>MO</b>	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION <b>MO</b>	3	ST,QL (150 per 30 days)
<i>fluvastatin er 80 mg tablet</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>fluvastatin sodium 20 mg, 40 mg cap</i> <b>MO</b>	1	ST,QL (60 per 30 days)

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fosinopril sodium 10 mg, 20 mg, 40 mg tab <sup>MO</sup>	1	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab <sup>MO</sup>	1	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln <sup>MO</sup>	1	
furosemide 100 mg/10 ml syring <sup>MO</sup>	1	
furosemide 20 mg, 40 mg, 80 mg tablet <sup>MO</sup>	1	
gemfibrozil 600 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
GONITRO 400 MCG SUBLINGUAL POWDER IN A PACKET <sup>MO</sup>	3	
guanfacine 1 mg, 2 mg tablet <sup>MO</sup>	1	PA
HEMANGEOL 4.28 MG/ML ORAL SOLUTION <sup>MO</sup>	3	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	1	
hydralazine 20 mg/ml vial <sup>MO</sup>	1	
hydrochlorothiazide 12.5 mg cp <sup>MO</sup>	1	
hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb <sup>MO</sup>	1	
HYZAAR 100 MG-12.5 MG TABLET; HYZAAR 100 MG-25 MG TABLET; HYZAAR 50 MG-12.5 MG TABLET <sup>MO</sup>	3	PA,QL (60 per 30 days)
ibutilide fum 1 mg/10 ml vial <sup>MO</sup>	1	
indapamide 1.25 mg, 2.5 mg tablet <sup>MO</sup>	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE <sup>MO</sup>	3	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE,EXTENDED RELEASE <sup>MO</sup>	3	
INSPRA 25 MG, 50 MG TABLET <sup>MO</sup>	3	PA
irbesartan 150 mg, 300 mg, 75 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb <sup>MO</sup>	1	QL (30 per 30 days)
isochron 40 mg tablet,extended release <sup>MO</sup>	1	
ISORDIL 40 MG TABLET <sup>MO</sup>	3	
ISORDIL TITRADOSE 5 MG TABLET <sup>MO</sup>	3	PA
isosorbide dinitr er 40 mg tab <sup>MO</sup>	1	
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg tab <sup>MO</sup>	1	
isosorbide mononit 10 mg, 20 mg tab <sup>MO</sup>	1	
isosorbide mononit er 120 mg, 30 mg, 60 mg; isosorbide mononit er 120 mg, 30 mg, 60 mg tb <sup>MO</sup>	1	
isradipine 2.5 mg, 5 mg capsule <sup>MO</sup>	1	
ISUPREL 0.2 MG/ML INJECTION SOLUTION <sup>MO</sup>	3	
JUXTAPID 10 MG, 30 MG, 40 MG, 5 MG, 60 MG CAPSULE <sup>DL</sup>	4	PA,QL (28 per 28 days)
JUXTAPID 20 MG CAPSULE <sup>DL</sup>	4	PA,QL (84 per 28 days)

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KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	ST,QL (60 per 30 days)
KEVEYIS 50 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
KYNAMRO 200 MG/ML SYRINGE <b>DL</b>	4	PA,QL (4 per 28 days)
<i>labetalol hcl 100 mg, 200 mg, 300 mg tablet</i> <b>MO</b>	1	
<i>labetalol hcl 100 mg/20 ml vial</i> <b>MO</b>	1	
LANOXIN 125 MCG, 62.5 MCG TABLET <b>MO</b>	3	QL (30 per 30 days)
LANOXIN 187.5 MCG, 250 MCG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
LANOXIN 250 MCG/ML INJECTION SOLUTION <b>MO</b>	3	PA
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION <b>MO</b>	3	PA
LASIX 20 MG, 40 MG, 80 MG TABLET <b>MO</b>	3	
LESCOL 20 MG, 40 MG CAPSULE <b>MO</b>	3	ST,QL (60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
LEVOPHED 1 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>lidocaine hcl 2% vial</i> <b>MO</b>	1	
<i>lidocaine 0.4% in d5w soln; lidocaine 0.8% in d5w soln</i> <b>MO</b>	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
LIPOFEN 150 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
LIPOFEN 50 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
<i>lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab</i> <b>MO</b>	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
<i>lofibra 134 mg, 200 mg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
<i>lofibra 160 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>lofibra 54 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>lofibra 67 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
LOPID 600 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
LOPRESSOR 100 MG, 50 MG TABLET <b>MO</b>	3	
LOPRESSOR 5 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
LOPRESSOR HCT 50 MG-25 MG TABLET <b>MO</b>	3	
<i>losartan potassium 100 mg, 25 mg, 50 mg tab</i> <b>MO</b>	1	QL (60 per 30 days)
<i>losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab</i> <b>MO</b>	1	QL (60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG TABLET <b>MO</b>	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-25 MG TABLET <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOTREL 10 MG-20 MG CAPSULE; LOTREL 5 MG-10 MG CAPSULE; LOTREL 5 MG-20 MG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
LOTREL 10 MG-40 MG CAPSULE; LOTREL 5 MG-40 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet <b>MO</b>	1	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE <b>MO</b>	3	PA,QL (120 per 30 days)
mannitol 10% iv solution <b>MO</b>	1	
mannitol 20% iv solution <b>MO</b>	1	
mannitol 25% vial <b>MO</b>	1	
mannitol 5% iv solution <b>MO</b>	1	
matzim la 180 mg, 240 mg tablet,extended release <b>MO</b>	1	QL (60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg tablet,extended release <b>MO</b>	1	QL (30 per 30 days)
MAVIK 1 MG, 2 MG TABLET <b>MO</b>	3	
MAXZIDE 75 MG-50 MG TABLET <b>MO</b>	3	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET <b>MO</b>	3	PA
methazolamide 25 mg, 50 mg tablet <b>MO</b>	1	
methyclothiazide 5 mg tablet <b>MO</b>	1	
methyldopa 250 mg, 500 mg tablet <b>MO</b>	1	PA
methyldopa-hctz 250-15 mg, 250-25 mg tab <b>MO</b>	1	PA
methyldopate 250 mg/5 ml vial <b>MO</b>	1	PA
metolazone 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	1	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab <b>MO</b>	1	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab <b>MO</b>	1	
metoprolol 1 mg/ml carpuject <b>MO</b>	1	
metoprolol tart 5 mg/5 ml vial <b>MO</b>	1	
metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tb <b>MO</b>	1	
mexiletine 150 mg, 200 mg, 250 mg capsule <b>MO</b>	1	
MICARDIS 20 MG, 40 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
MICARDIS 80 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
MICARDIS HCT 40 MG-12.5 MG TABLET; MICARDIS HCT 80 MG-25 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
MICARDIS HCT 80 MG-12.5 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
MICROZIDE 12.5 MG CAPSULE <b>MO</b>	3	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	1	
milrinone lact 20 mg/20 ml vl <b>DL</b>	4	
milrinone-d5w 20 mg/100 ml; milrinone-d5w 40 mg/200 ml <b>MO</b>	1	
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
minitran 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr transdermal 24 hour patch <sup>MO</sup>	1	QL (30 per 30 days)
minitran 0.4 mg/hr transdermal 24 hour patch <sup>MO</sup>	1	QL (60 per 30 days)
minoxidil 10 mg, 2.5 mg tablet <sup>MO</sup>	1	
moexipril hcl 15 mg, 7.5 mg tablet <sup>MO</sup>	1	
moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet <sup>MO</sup>	1	
MULTAQ 400 MG TABLET <sup>MO</sup>	2	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet <sup>MO</sup>	1	
nadolol-bendroflu 40-5 mg, 80-5 mg tab <sup>MO</sup>	1	
NATRECOR 1.5 MG INTRAVENOUS SOLUTION <sup>MO</sup>	3	
NEPTAZANE 25 MG, 50 MG TABLET <sup>MO</sup>	1	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	3	
niacin er 1,000 mg, 500 mg, 750 mg tablet <sup>MO</sup>	1	
niacor 500 mg tablet <sup>MO</sup>	1	
NIASPAN 1,000 MG, 500 MG, 750 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	3	PA
nicardipine 20 mg, 30 mg capsule <sup>MO</sup>	1	
nicardipine 25 mg/10 ml ampule <sup>MO</sup>	1	
nifedical xl 30 mg, 60 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
nifedipine 10 mg, 20 mg capsule <sup>MO</sup>	1	
nifedipine er 30 mg, 60 mg, 90 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
nimodipine 30 mg capsule <sup>MO</sup>	1	
nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
nisoldipine er 25.5 mg, 30 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT <sup>MO</sup>	1	
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH <sup>MO</sup>	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR, 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH <sup>MO</sup>	3	
NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH <sup>MO</sup>	3	QL (60 per 30 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch <sup>MO</sup>	1	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl <sup>MO</sup>	1	
nitroglycerin 0.4 mg/hr patch <sup>MO</sup>	1	QL (60 per 30 days)
nitroglycerin 400 mcg spray <sup>MO</sup>	1	
nitroglycerin 5 mg/ml vial <sup>MO</sup>	1	
nitroglycerin lingual 0.4 mg <sup>MO</sup>	1	
ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w <sup>MO</sup>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NITROLINGUAL 400 MCG/SPRAY <b>MO</b>	3	
NITROMIST 400 MCG/SPRAY TRANSLINGUAL AEROSOL <b>MO</b>	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET <b>MO</b>	2	
<i>norepinephrine 1 mg/ml vial</i> <b>MO</b>	1	
NORPACE 100 MG, 150 MG CAPSULE <b>MO</b>	3	
NORPACE CR 100 MG, 150 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	
NORTHERA 100 MG, 200 MG CAPSULE <b>DL</b>	4	PA, QL (90 per 30 days)
NORTHERA 300 MG CAPSULE <b>DL</b>	4	PA, QL (180 per 30 days)
NORVASC 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	3	PA
NYMALIZE 30 MG/10 ML ORAL SOLUTION <b>DL</b>	4	QL (1260 per 28 days)
NYMALIZE 60 MG/20 ML ORAL SOLUTION <b>DL</b>	4	QL (2838 per 28 days)
<i>olmesartan medoxomil 20 mg, 40 mg, 5 mg tab</i> <b>MO</b>	1	QL (30 per 30 days)
<i>olmsrtn-amldpn-hctz 20-5-12.5; olmsrtn-amldpn-hctz 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg; olmsrtn-amldpn-hctz 40-10-12.5; olmsrtn-amldpn-hctz 40-10-25mg; olmsrtn-amldpn-hctz 40-5-12.5</i> <b>MO</b>	1	QL (30 per 30 days)
<i>olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab</i> <b>MO</b>	1	QL (30 per 30 days)
<i>omega-3 ethyl esters 1 gm cap</i> <b>MO</b>	1	QL (120 per 30 days)
OSMITROL 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	
OSMITROL 15 % INTRAVENOUS SOLUTION <b>MO</b>	3	
OSMITROL 20 % INTRAVENOUS SOLUTION <b>MO</b>	3	
OSMITROL 5 % INTRAVENOUS SOLUTION <b>MO</b>	3	
PACERONE 100 MG, 400 MG TABLET <b>MO</b>	1	
<i>pacerone 200 mg tablet</i> <b>MO</b>	1	
<i>pentoxifylline er 400 mg tab</i> <b>MO</b>	1	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg tab</i> <b>MO</b>	1	
<i>phenoxybenzamine hcl 10 mg cap</i> <b>DL</b>	4	
<i>phenylephrine 10 mg/ml vial</i> <b>MO</b>	1	
<i>pindolol 10 mg, 5 mg tablet</i> <b>MO</b>	1	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA, QL (2 per 28 days)
PRALUENT 150 MG/ML, 75 MG/ML SYRINGE <b>DL</b>	4	PA, QL (2 per 28 days)
PRAVACHOL 20 MG, 80 MG TABLET <b>MO</b>	3	PA, QL (30 per 30 days)
PRAVACHOL 40 MG TABLET <b>MO</b>	3	PA, QL (60 per 30 days)
<i>pravastatin sodium 10 mg, 20 mg, 80 mg tab</i> <b>MO</b>	1	QL (30 per 30 days)
<i>pravastatin sodium 40 mg tab</i> <b>MO</b>	1	QL (60 per 30 days)
<i>prazosin 1 mg, 2 mg, 5 mg capsule</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRESTALIA 14 MG-10 MG TABLET; PRESTALIA 3.5 MG-2.5 MG TABLET; PRESTALIA 7 MG-5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>prevalite 4 gram oral powder; prevalite 4 gram powder for susp in a packet</i> <b>MO</b>	1	
PRINIVIL 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	
<i>procainamide 100 mg/ml, 500 mg/ml vial</i> <b>MO</b>	1	
PROCARDIA 10 MG CAPSULE <b>MO</b>	3	PA
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
<i>propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet</i> <b>MO</b>	1	
<i>propafenone hcl er 225 mg, 325 mg, 425 mg cap</i> <b>MO</b>	1	
<i>propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) vial;</i>	1	
<i>propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln</i> <b>MO</b>	1	
<i>propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet</i> <b>MO</b>	1	
<i>propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule</i> <b>MO</b>	1	
<i>propranolol-hctz 40-25 mg, 80-25 mg tab</i> <b>MO</b>	1	
QBRELIS 1 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (1200 per 30 days)
QUESTRAN 4 GRAM ORAL POWDER; QUESTRAN 4 GRAM POWDER FOR SUSP IN A PACKET <b>MO</b>	1	
QUESTRAN LIGHT 4 GRAM ORAL POWDER <b>MO</b>	1	
<i>quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab</i> <b>MO</b>	1	
<i>quinidine gluc 80 mg/ml vial</i> <b>MO</b>	1	
<i>quinidine gluc er 324 mg tab</i> <b>MO</b>	1	
<i>quinidine sulfate 200 mg, 300 mg tab</i> <b>MO</b>	1	
<i>ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule</i> <b>MO</b>	1	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	ST,QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR <b>DL</b>	4	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3 per 28 days)
RESECTISOL 5 % URETHRAL SOLUTION <b>MO</b>	3	
<i>rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab</i> <b>MO</b>	1	QL (30 per 30 days)
RYTHMOL 225 MG TABLET <b>MO</b>	3	PA
RYTHMOL SR 225 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA
RYTHMOL SR 325 MG, 425 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA
SECTRAL 200 MG, 400 MG CAPSULE <b>MO</b>	3	PA
<i>simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SODIUM EDECIN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>sorine 120 mg, 160 mg, 240 mg, 80 mg tablet</i> <b>MO</b>	1	
<i>sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet</i> <b>MO</b>	1	
<i>sotalol hcl 150 mg/10 ml vial</i> <b>MO</b>	1	
<i>sotalol af 120 mg, 160 mg, 80 mg tablet</i> <b>MO</b>	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION <b>MO</b>	3	
<i>spironolactone-hctz 25-25 tab</i> <b>MO</b>	1	
<i>spironolactone 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	1	
SULAR 17 MG, 34 MG, 8.5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
TARKA 2 MG-180 MG TABLET, EXTENDED RELEASE; TARKA 2 MG-240 MG TABLET, EXTENDED RELEASE; TARKA 4 MG-240 MG TABLET, EXTENDED RELEASE; TARKA ER 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG TABLET <b>MO</b>	3	
<i>taztia xt 120 mg, 180 mg, 240 mg capsule,extended release</i> <b>MO</b>	1	QL (60 per 30 days)
<i>taztia xt 300 mg, 360 mg capsule,extended release</i> <b>MO</b>	1	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
<i>telmisartan 20 mg, 40 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>telmisartan 80 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10</i> <b>MO</b>	1	QL (30 per 30 days)
<i>telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>telmisartan-hctz 80-12.5 mg tb</i> <b>MO</b>	1	ST,QL (60 per 30 days)
TENEX 1 MG, 2 MG TABLET <b>MO</b>	3	PA
TENORETIC 100 100 MG-25 MG TABLET <b>MO</b>	3	
TENORETIC 50 50 MG-25 MG TABLET <b>MO</b>	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	
<i>terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule</i> <b>MO</b>	1	
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
TIKOSYN 125 MCG CAPSULE <b>DL</b>	4	PA,QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
<i>timolol maleate 10 mg, 20 mg, 5 mg tablet</i> <b>MO</b>	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
<i>torse mide 10 mg, 100 mg, 20 mg, 5 mg tablet</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trandolapril 1 mg, 2 mg, 4 mg tablet <b>MO</b>	1	
trandolapr-verapam er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg <b>MO</b>	1	
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp <b>MO</b>	1	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb <b>MO</b>	1	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-25 MG TABLET; TRIBENZOR 40 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-5 MG-25 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
TRICOR 145 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
TRICOR 48 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
TRIGLIDE 160 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
triklo 1 gram capsule <b>MO</b>	1	QL (120 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
TWYNSTA 40 MG-10 MG TABLET; TWYNSTA 40 MG-5 MG TABLET; TWYNSTA 80 MG-10 MG TABLET; TWYNSTA 80 MG-5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet <b>MO</b>	1	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab <b>MO</b>	1	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE <b>MO</b>	3	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE <b>MO</b>	3	QL (120 per 30 days)
VASERETIC 10 MG-25 MG TABLET <b>MO</b>	3	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	PA
VAZCULEP 10 MG/ML INJECTION SOLUTION <b>MO</b>	3	
vecamyl 2.5 mg tablet <b>DL</b>	4	QL (300 per 30 days)
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule <b>MO</b>	1	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet <b>MO</b>	1	
verapamil 2.5 mg/ml ampul <b>MO</b>	1	
verapamil 2.5 mg/ml syringe <b>MO</b>	1	
verapamil er 120 mg, 180 mg, 240 mg tablet <b>MO</b>	1	
verapamil er pm 100 mg, 300 mg capsule <b>MO</b>	1	QL (30 per 30 days)
verapamil er pm 200 mg capsule <b>MO</b>	1	QL (60 per 30 days)
VERELAN 120 MG, 180 MG, 240 MG, 360 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
VERELAN PM 100 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
VYTORIN 10 MG-10 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYTORIN 10 MG-20 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET <b>MO</b>	2	
WELCHOL 625 MG TABLET <b>MO</b>	2	
ZEBETA 10 MG, 5 MG TABLET <b>MO</b>	3	
ZESTORETIC 10 MG-12.5 MG TABLET; ZESTORETIC 20 MG-12.5 MG TABLET; ZESTORETIC 20 MG-25 MG TABLET <b>MO</b>	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET <b>MO</b>	3	
ZETIA 10 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TABLET; ZIAC 2.5 MG-6.25 MG TABLET; ZIAC 5 MG-6.25 MG TABLET <b>MO</b>	3	PA
ZOCOR 10 MG, 20 MG, 40 MG, 5 MG, 80 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ZYPITAMAG 1 MG, 2 MG, 4 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	1	PA,QL (90 per 30 days)
ADDERALL 30 MG TABLET <b>MO</b>	1	PA,QL (60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
ADZENYS ER 1.25 MG/ML SUSPENSION, EXTENDED RELEASE 24HR <b>MO</b>	3	QL (450 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>amphetamine sulfate 10 mg, 5 mg tab</i> <b>MO</b>	1	QL (90 per 30 days)
AMPYRA 10 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE <b>MO</b>	3	QL (30 per 30 days)
<i>atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>atomoxetine hcl 100 mg, 60 mg, 80 mg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT <b>DL</b>	4	PA,QL (1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT <b>DL</b>	4	PA,QL (1 per 28 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT <b>DL</b>	4	PA,QL (4 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (15 per 30 days)
<i>clonidine hcl er 0.1 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CONCERTA 36 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET <b>MO</b>	3	QL (30 per 30 days)
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET <b>MO</b>	3	QL (60 per 30 days)
<i>dalfampridine er 10 mg tablet</i> <b>DL</b>	4	PA,QL (60 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR DAILY PATCH <b>MO</b>	3	QL (30 per 30 days)
DESOXYN 5 MG TABLET <b>DL</b>	4	PA,QL (150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (120 per 30 days)
DEXEDRINE SPANSULE 5 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
<i>dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab</i> <b>MO</b>	1	QL (60 per 30 days)
<i>dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cp</i> <b>MO</b>	1	QL (30 per 30 days)
<i>dextroamphetamine 10 mg tab</i> <b>MO</b>	1	QL (180 per 30 days)
<i>dextroamphetamine 5 mg tab</i> <b>MO</b>	1	QL (150 per 30 days)
<i>dextroamphetamine 5 mg/5 ml</i> <b>MO</b>	1	QL (1800 per 30 days)
<i>dextroamphetamine er 10 mg cap</i> <b>MO</b>	1	QL (180 per 30 days)
<i>dextroamphetamine er 15 mg cap</i> <b>MO</b>	1	QL (120 per 30 days)
<i>dextroamphetamine er 5 mg cap</i> <b>MO</b>	1	QL (60 per 30 days)
<i>dextroamp-amphet er 10 mg, 15 mg, 5 mg cap</i> <b>MO</b>	1	QL (30 per 30 days)
<i>dextroamp-amphet er 20 mg, 25 mg, 30 mg cap</i> <b>MO</b>	1	QL (60 per 30 days)
<i>dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab</i> <b>MO</b>	1	QL (90 per 30 days)
<i>dextroamp-amphetamin 30 mg tab</i> <b>MO</b>	1	QL (60 per 30 days)
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION <b>MO</b>	3	QL (240 per 30 days)
EVEKEO 10 MG, 5 MG TABLET <b>MO</b>	1	QL (90 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (15 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (15 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)

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GILENYA 0.25 MG, 0.5 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
glatiramer 20 mg/ml syringe <b>DL</b>	4	PA,QL (30 per 30 days)
glatiramer 40 mg/ml syringe <b>DL</b>	4	PA,QL (12 per 28 days)
glatopa 20 mg/ml subcutaneous syringe <b>DL</b>	4	PA,QL (30 per 30 days)
glatopa 40 mg/ml subcutaneous syringe <b>DL</b>	4	PA,QL (12 per 28 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (90 per 30 days)
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE <b>MO</b>	3	ST,QL (78 per 30 days)
guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg tablet <b>MO</b>	1	PA,QL (30 per 30 days)
HORIZANT ER 300 MG, 600 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
INGREZZA 40 MG, 80 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
LEMTRADA 12 MG/1.2 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (6 per 365 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE <b>MO</b>	2	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION <b>MO</b>	2	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
LYRICA CR 330 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
metadate er 20 mg tablet,extended release <b>MO</b>	1	QL (90 per 30 days)
methamphetamine 5 mg tablet <b>DL</b>	4	QL (150 per 30 days)
METHYLIN 10 MG/5 ML ORAL SOLUTION <b>MO</b>	3	PA,QL (900 per 30 days)
METHYLIN 5 MG/5 ML ORAL SOLUTION <b>MO</b>	3	PA,QL (1800 per 30 days)
methylphenidate 10 mg chew tab <b>MO</b>	1	QL (180 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet <b>MO</b>	1	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol <b>MO</b>	1	QL (900 per 30 days)
methylphenidate 2.5 mg, 5 mg chew tab; methylphenidate 2.5 mg, 5 mg chew tb <b>MO</b>	1	QL (150 per 30 days)
methylphenidate 5 mg/5 ml soln <b>MO</b>	1	QL (1800 per 30 days)
methylphenidate cd 10 mg, 20 mg, 40 mg, 50 mg, 60 mg cap; methylphenidate er 10 mg, 20 mg, 40 mg, 50 mg, 60 mg cap;	1	QL (30 per 30 days)
methylphenidate la 10 mg, 20 mg, 40 mg, 50 mg, 60 mg cap <b>MO</b>		
methylphenidate cd 20 mg, 30 mg cap; methylphenidate er 20 mg, 30 mg cap <b>MO</b>	1	QL (60 per 30 days)

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<i>methylphenidate er 10 mg tab</i> <b>MO</b>	1	QL (180 per 30 days)
<i>methylphenidate er 18 mg, 27 mg, 54 mg, 72 mg tab</i> <b>MO</b>	1	QL (30 per 30 days)
<i>methylphenidate er 20 mg tab</i> <b>MO</b>	1	QL (90 per 30 days)
<i>methylphenidate er 36 mg tab</i> <b>MO</b>	1	QL (60 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE EXTENDED RELEASE 24 HR <b>MO</b>	3	QL (30 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (40 per 365 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR; PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SUBCUTANEOUS SYRINGE; PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1 per 28 days)
<i>procentra 5 mg/5 ml oral solution</i> <b>DL</b>	4	QL (1800 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, EXTENDED RELEASE; QUILLICHEW ER 20 MG, 40 MG CHEWABLE, EXTENDED RELEASE TABLET <b>DL</b>	4	QL (30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE <b>DL</b>	4	QL (60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR <b>MO</b>	3	QL (360 per 30 days)
RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK <b>DL</b>	4	PA
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. <b>DL</b>	4	PA,QL (4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4.2 per 28 days)
<i>relexxii 72 mg tablet,extended release</i> <b>MO</b>	1	QL (30 per 30 days)
RILUTEK 50 MG TABLET <b>DL</b>	4	
<i>riluzole 50 mg tablet</i> <b>MO</b>	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG, 60 MG CAPSULE; RITALIN LA 10 MG, 20 MG, 40 MG, 60 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK <b>MO</b>	2	QL (60 per 30 days)

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STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE <b>DL</b>	4	PA,QL (14 per 30 days)
tetrabenazine 12.5 mg tablet <b>DL</b>	4	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet <b>DL</b>	4	PA,QL (120 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (15 per 28 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
XENAZINE 12.5 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
zenzedi 10 mg tablet <b>MO</b>	1	QL (180 per 30 days)
ZENZEDI 15 MG TABLET <b>MO</b>	1	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET <b>MO</b>	1	QL (90 per 30 days)
ZENZEDI 30 MG TABLET <b>MO</b>	1	QL (60 per 30 days)
zenzedi 5 mg tablet <b>MO</b>	1	QL (150 per 30 days)
ZINBRYTA 150 MG/ML SYRINGE <b>DL</b>	4	PA,QL (1 per 30 days)
<b>Dental &amp; Oral Agents</b>		
cevimeline hcl 30 mg capsule <b>MO</b>	1	
chlorhexidine 0.12% rinse <b>MO</b>	1	
EVOXAC 30 MG CAPSULE <b>DL</b>	4	PA
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
oralone 0.1 % dental paste <b>MO</b>	1	
paroex oral rinse 0.12 % mouthwash <b>MO</b>	1	
periogard 0.12 % mouthwash <b>MO</b>	1	
pilocarpine hcl 5 mg, 7.5 mg tablet <b>MO</b>	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET <b>MO</b>	3	
triamcinolone 0.1% paste <b>MO</b>	1	
<b>Dermatological Agents</b>		
8-MOP 10 MG CAPSULE <b>MO</b>	3	
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG CAPSULE <b>DL</b>	4	ST,QL (60 per 30 days)
ABSORICA 40 MG CAPSULE <b>DL</b>	4	ST,QL (120 per 30 days)
ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
acitretin 10 mg, 17.5 mg, 25 mg capsule <b>DL</b>	4	
ACZONE 5 %, 7.5 % TOPICAL GEL; ACZONE 5 %, 7.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>adapalene 0.1% cream</i> <b>MO</b>	1	
<i>adapalene 0.1% gel; adapalene 0.3% gel; adapalene 0.3% gel pump</i> <b>MO</b>	1	
<i>adapalene 0.1% solution</i> <b>DL</b>	4	
<i>adapalene-bnzyl perox 0.1-2.5%</i> <b>MO</b>	1	
AKTIPAK 3 %-5 % TOPICAL GEL <b>MO</b>	3	
ALDARA 5 % TOPICAL CREAM PACKET <b>MO</b>	3	PA,QL (12 per 30 days)
ALTRENO 0.05 % LOTION <b>MO</b>	3	PA
<i>ammonium lactate 12% cream</i> <b>MO</b>	1	
<i>ammonium lactate 12% lotion</i> <b>MO</b>	1	
<i>amnesteem 10 mg, 20 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>amnesteem 40 mg capsule</i> <b>MO</b>	1	QL (120 per 30 days)
ATRALIN 0.05 % TOPICAL GEL <b>MO</b>	3	PA
AVITA 0.025 % TOPICAL CREAM <b>MO</b>	3	PA
AVITA 0.025 % TOPICAL GEL <b>MO</b>	3	PA
AZELEX 20 % TOPICAL CREAM <b>MO</b>	3	
BENZACLIN 1 %-5 % TOPICAL GEL <b>MO</b>	3	
BENZACLIN PUMP 1 %-5 % TOPICAL GEL <b>MO</b>	3	
BENZAMYCIN 3 %-5 % TOPICAL GEL <b>MO</b>	3	
BENZAMYCINPAK GEL <b>MO</b>	3	
<i>calcipotriene 0.005% cream</i> <b>MO</b>	1	QL (120 per 30 days)
<i>calcipotriene 0.005% ointment</i> <b>MO</b>	1	
<i>calcipotriene 0.005% solution</i> <b>MO</b>	1	QL (60 per 30 days)
<i>calcipotriene-betameth dp oint</i> <b>DL</b>	4	PA,QL (60 per 30 days)
<i>calcitrene 0.005 % topical ointment</i> <b>MO</b>	1	
<i>calcitriol 3 mcg/g ointment</i> <b>MO</b>	1	ST,QL (800 per 28 days)
CARAC 0.5 % TOPICAL CREAM <b>DL</b>	4	PA
<i>claravis 10 mg, 20 mg, 30 mg capsule</i> <b>MO</b>	1	ST,QL (60 per 30 days)
<i>claravis 40 mg capsule</i> <b>MO</b>	1	ST,QL (120 per 30 days)
<i>clind ph-benzoyl pero 1.2-2.5%; clind ph-benzoyl perox 1.2-5%; clinda-benzoyl perox 1-5% pump; clindamycin-benzoyl perox 1-5%</i> <b>MO</b>	1	
<i>clinda-tretinoin 1.2%-0.025%</i> <b>MO</b>	1	
CONDYLOX 0.5 % TOPICAL GEL <b>MO</b>	3	
CONDYLOX 0.5% TOPICAL SOLN <b>MO</b>	3	
CORTISPORIN 1 % TOPICAL OINTMENT <b>MO</b>	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM <b>MO</b>	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (32 per 365 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS <b>DL</b>	4	PA,QL (32 per 365 days)

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COSENTYX PEN 150 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (32 per 365 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS <b>DL</b>	4	PA,QL (32 per 365 days)
dapsone 5% gel <b>MO</b>	1	
diclofenac sodium 3% gel <b>MO</b>	1	PA
DIFFERIN 0.1 % LOTION <b>MO</b>	3	
DIFFERIN 0.1 % TOPICAL CREAM <b>MO</b>	3	PA
DIFFERIN 0.1 %, 0.3 % TOPICAL GEL <b>MO</b>	3	PA
DIFFERIN 0.3 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
DOVONEX 0.005 % TOPICAL CREAM <b>DL</b>	4	ST,QL (120 per 30 days)
doxepin 5% cream <b>DL</b>	4	PA
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (6 per 28 days)
EFUDEX 5 % TOPICAL CREAM <b>MO</b>	3	PA
ELIDEL 1 % TOPICAL CREAM <b>MO</b>	3	
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM <b>DL</b>	3	QL (120 per 30 days)
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
EPIFOAM 1 %-1 % TOPICAL <b>MO</b>	3	
erythromycin-benzoyl gel <b>MO</b>	1	
EUCRISA 2 % TOPICAL OINTMENT <b>MO</b>	3	PA
FABIOR 0.1 % TOPICAL FOAM <b>MO</b>	3	PA
FINACEA 15 % TOPICAL FOAM <b>MO</b>	3	ST
FINACEA 15 % TOPICAL GEL <b>MO</b>	3	ST
fluorouracil 0.5% cream <b>DL</b>	4	
fluorouracil 2% topical soln; fluorouracil 5% topical soln <b>MO</b>	1	
fluorouracil 5% cream <b>MO</b>	1	
imiquimod 3.75% cream pump <b>MO</b>	1	QL (15 per 30 days)
imiquimod 5% cream packet <b>MO</b>	1	QL (12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg capsule <b>MO</b>	1	QL (60 per 30 days)
isotretinoin 40 mg capsule <b>MO</b>	1	QL (120 per 30 days)
methoxsalen 10 mg softgel <b>DL</b>	4	
MICORT-HC 2.5 % (4 GRAM) TOPICAL CREAM WITH PERINEAL APPLICATOR <b>MO</b>	1	
micort-hc 2.5 % topical cream with perineal applicator <b>MO</b>	1	
MIRVASO 0.33 % TOPICAL GEL; MIRVASO 0.33 % TOPICAL GEL WITH PUMP <b>MO</b>	3	ST
myorisan 10 mg, 20 mg, 30 mg capsule <b>MO</b>	1	QL (60 per 30 days)
myorisan 40 mg capsule <b>MO</b>	1	QL (120 per 30 days)

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NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM <b>MO</b>	1	
<i>neuc</i> 1.2 % (1 % base)-5 % topical gel <b>MO</b>	1	
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
OXSORALEN 1% LOTION <b>MO</b>	3	
OXSORALEN ULTRA 10 MG LIQUID-FILLED,RAPID RELEASE CAPSULE <b>DL</b>	4	
PICATO 0.015 % TOPICAL GEL <b>MO</b>	3	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL <b>MO</b>	3	QL (2 per 30 days)
<i>plixda</i> 0.1 % topical swab <b>MO</b>	1	QL (30 per 30 days)
<i>podofilox</i> 0.5% topical soln <b>MO</b>	1	
PROTOPIC 0.03 %, 0.1 % TOPICAL OINTMENT <b>MO</b>	3	
PRUDOXIN 5 % TOPICAL CREAM <b>DL</b>	4	PA
RECTIV 0.4 % (W/W) OINTMENT <b>MO</b>	3	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL <b>DL</b>	4	
RETIN-A 0.01 %, 0.025 % TOPICAL GEL <b>MO</b>	3	PA
RETIN-A 0.025 %, 0.05 %, 0.1 % TOPICAL CREAM <b>MO</b>	3	PA
RETIN-A MICRO 0.04 %, 0.1 % TOPICAL GEL <b>DL</b>	4	PA
RETIN-A MICRO PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 % TOPICAL GEL <b>DL</b>	4	PA
RHOFADE 1 % TOPICAL CREAM <b>MO</b>	3	ST,QL (30 per 30 days)
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT <b>MO</b>	3	
<i>selenium sulfide</i> 2.5% lotion <b>MO</b>	1	
SOLARAZE 3 % TOPICAL GEL <b>MO</b>	3	PA
SOOLANTRA 1 % TOPICAL CREAM <b>MO</b>	3	ST
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE <b>DL</b>	4	PA
SORILUX 0.005 % TOPICAL FOAM <b>MO</b>	3	ST,QL (120 per 28 days)
STELARA 130 MG/26 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (104 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3 per 84 days)
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT <b>DL</b>	4	PA,QL (60 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION <b>MO</b>	2	QL (420 per 30 days)
<i>tacrolimus</i> 0.03% ointment; <i>tacrolimus</i> 0.1% ointment <b>MO</b>	1	
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (3 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (3 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (3 per 28 days)
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (3 per 28 days)
TALTZ 80 MG/ML SYRINGE (2-PK) <b>DL</b>	4	PA,QL (3 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TALTZ 80 MG/ML SYRINGE (3-PK) <b>DL</b>	4	PA,QL (3 per 28 days)
<i>tazarotene 0.1% cream</i> <b>MO</b>	1	PA
TAZORAC 0.05 % TOPICAL CREAM <b>MO</b>	3	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL <b>MO</b>	3	PA
TAZORAC 0.1 % TOPICAL CREAM <b>DL</b>	4	PA
TOLAK 4 % TOPICAL CREAM <b>MO</b>	3	
TRETIN-X 0.0375 %, 0.075 % TOPICAL CREAM; TRETIN-X 0.0375% CREAM <b>MO</b>	1	PA
<i>tretinoin 0.01% gel; tretinoin 0.025% gel; tretinoin 0.05% gel</i> <b>MO</b>	1	PA
<i>tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream</i> <b>MO</b>	1	PA
<i>tretinoin gel micro 0.04% pump; tretinoin gel micro 0.04% tube; tretinoin gel micro 0.1% pump; tretinoin gel micro 0.1% tube</i> <b>MO</b>	1	PA
UVADEX 20 MCG/ML INJECTION SOLUTION <b>MO</b>	3	B vs D
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT <b>DL</b>	4	ST,QL (800 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT <b>DL</b>	4	QL (30 per 30 days)
<i>zenatane 10 mg, 20 mg, 30 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>zenatane 40 mg capsule</i> <b>MO</b>	1	QL (120 per 30 days)
ZIANA 1.2 %-0.025 % TOPICAL GEL <b>MO</b>	3	PA
ZONALON 5 % TOPICAL CREAM <b>MO</b>	3	PA
ZYCLARA 2.5 %, 3.75 % TOPICAL CREAM PUMP <b>MO</b>	3	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET <b>MO</b>	3	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AMINOSYN 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AURYXIA 210 MG IRON TABLET <b>MO</b>	3	PA,QL (360 per 30 days)
<i>bal-care dha 27 mg-1 mg-430 mg tablet-capsule, delayed release</i> <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>c-nate dha 28 mg iron-1 mg-200 mg capsule</i> <b>MO</b>	1	
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE <b>MO</b>	3	
<i>calcium acetate 667 mg gelcap</i> <b>MO</b>	1	
<i>calcium acetate 667 mg tablet</i> <b>MO</b>	1	
<i>calcium chloride 10% syringe</i> <b>MO</b>	1	
<i>calcium chloride 10% vial</i> <b>MO</b>	1	
<i>calcium gluconate 10% vial</i> <b>MO</b>	1	
<i>calcium pnv 28 mg-1 mg-250 mg capsule</i> <b>MO</b>	1	
CARBAGLU 200 MG DISPERSIBLE TABLET <b>DL</b>	4	PA
CARNITOR 100 MG/ML, 200 MG/ML INTRAVENOUS SOLUTION; CARNITOR 100 MG/ML, 200 MG/ML ORAL SOLUTION <b>MO</b>	3	
CARNITOR 330 MG TABLET <b>MO</b>	3	
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION <b>MO</b>	3	
CHEMET 100 MG CAPSULE <b>DL</b>	4	
CITRANATAL (DUAL-IRON) 27 MG IRON-1 MG-50 MG TABLET <b>MO</b>	3	
CITRANATAL 90 DHA (ALGAL OIL) 90 MG IRON-1 MG-50 MG-300 MG ORAL PACK <b>MO</b>	3	
CITRANATAL ASSURE 35 MG IRON-1 MG-50 MG-300 MG ORAL PACK <b>MO</b>	3	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS <b>MO</b>	3	
CITRANATAL DHA (ALGAL OIL) 27 MG IRON-1 MG-50 MG-250 MG ORAL PACK <b>MO</b>	3	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINISOL SF 15 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
complete natal dha 29 mg-1 mg-250 mg oral pack <b>MO</b>	1	
completenate 29 mg iron-1 mg chewable tablet <b>MO</b>	1	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE <b>MO</b>	3	
CONCEPT OB 85 MG-1 MG CAPSULE <b>MO</b>	3	
CUPRIMINE 250 MG CAPSULE <b>DL</b>	4	
dextrose 10%-0.45% nacl iv sol <b>MO</b>	1	
dextrose 2.5%-0.45% nacl iv <b>MO</b>	1	
dextrose 5%-0.9% nacl iv soln <b>MO</b>	1	
dextrose 5%-0.45% nacl iv soln <b>MO</b>	1	
deferoxamine 2 gram, 500 mg vial <b>MO</b>	1	
DEPEN TITRATABS 250 MG TABLET <b>DL</b>	4	
DESFERAL 2 GRAM, 500 MG SOLUTION FOR INJECTION <b>MO</b>	3	
dextrose 10%-0.2% nacl iv soln <b>MO</b>	1	
dextrose 10%-water iv solution <b>MO</b>	1	
dextrose 20%-water iv soln <b>MO</b>	1	
dextrose 25%-water syringe <b>MO</b>	1	
dextrose 30%-water iv soln <b>MO</b>	1	
dextrose 40%-water iv soln <b>MO</b>	1	
dextrose 5%-water iv soln <b>MO</b>	1	
dextrose 5%-lr iv solution <b>MO</b>	1	
dextrose 5%-0.2% nacl iv soln <b>MO</b>	1	
dextrose 5%-0.3% nacl iv soln <b>MO</b>	1	
dextrose 50%-water syringe <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 50%-water vial <b>MO</b>	1	
dextrose 70%-water iv soln <b>MO</b>	1	
dothelle dha 35 mg-1 mg-200 mg capsule <b>MO</b>	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK <b>MO</b>	3	
dextrose 5%-electrolyte 48 <b>MO</b>	1	
eliphos 667 mg tablet <b>MO</b>	1	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET <b>DL</b>	4	PA
FERRIPROX 100 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (3600 per 30 days)
FERRIPROX 500 MG TABLET <b>DL</b>	4	PA,QL (720 per 30 days)
focalgin 90 dha combo pack <b>MO</b>	1	
focalgin ca combo pack <b>MO</b>	1	
folivane-ob 85 mg-1 mg capsule <b>MO</b>	3	
FOSRENOL 1,000 MG, 500 MG, 750 MG CHEWABLE TABLET <b>DL</b>	4	ST
FOSRENOL 1,000 MG, 750 MG ORAL POWDER PACKET <b>DL</b>	4	ST
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION <b>MO</b>	1	
hemenatal ob 28 mg-6 mg-1 mg tablet <b>MO</b>	3	
hemenatal ob + dha 28 mg iron-6 mg iron-1 mg oral pack <b>MO</b>	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION <b>MO</b>	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION <b>MO</b>	3	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION <b>MO</b>	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	3	
ISOLYTE-S INTRAVENOUS SOLUTION <b>MO</b>	3	
JADENU 180 MG, 360 MG, 90 MG TABLET <b>DL</b>	4	PA
JADENU SPRINKLE 180 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (600 per 30 days)
JADENU SPRINKLE 360 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (300 per 30 days)
JADENU SPRINKLE 90 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (1200 per 30 days)
JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS; JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS; JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS <b>DL</b>	4	PA,QL (56 per 28 days)
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	3	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
kionex powder <b>MO</b>	1	
kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension <b>MO</b>	1	
klor-con 20 meq oral packet <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	1	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	1	
<i>klor-con m10 meq tablet,extended release <b>MO</b></i>	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	1	
<i>klor-con m20 meq tablet,extended release <b>MO</b></i>	1	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release; klor-con sprinkle er 10 meq, 8 meq cp <b>MO</b></i>	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET <b>MO</b>	3	
<i>lactated ringers injection <b>MO</b></i>	1	
<i>lanthanum carb 1,000 mg, 500 mg, 750 mg tab chew; lanthanum carb 1,000 mg, 500 mg, 750 mg tb chw <b>DL</b></i>	4	ST
<i>levocarnitine 200 mg/ml vial <b>MO</b></i>	1	
<i>levocarnitine 330 mg tablet <b>MO</b></i>	1	
<i>levocarnitine 1 g/10 ml soln <b>MO</b></i>	1	
<i>levomefolate dha capsule <b>MO</b></i>	1	
LOKELMA 10 GRAM, 5 GRAM ORAL POWDER PACKET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>macnatal cn dha softgel <b>MO</b></i>	1	
<i>magnesium sulfate 50% syringe <b>MO</b></i>	1	
<i>magnesium sulfate 50% vial <b>MO</b></i>	1	
<i>magnesium sulf 1 g/100 ml-d5w <b>MO</b></i>	1	
<i>magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag <b>MO</b></i>	1	
<i>magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml <b>MO</b></i>	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET <b>MO</b>	3	
NATELLE ONE CAPSULE <b>MO</b>	3	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
NEXA PLUS 29 MG IRON-1.25 MG-55 MG CAPSULE <b>MO</b>	3	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	3	
NORMOSOL-R INTRAVENOUS SOLUTION <b>MO</b>	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION <b>MO</b>	3	
NUTRILIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET <b>MO</b>	3	
OB COMPLETE 50 MG IRON-1.25 MG TABLET <b>MO</b>	3	
OB COMPLETE GOLD 27.5 MG IRON-1 MG CAPSULE <b>MO</b>	3	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE <b>MO</b>	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET <b>MO</b>	3	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION <b>MO</b>	3	ST
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION <b>MO</b>	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION <b>MO</b>	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION <b>MO</b>	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION <b>MO</b>	3	
PLASMA-LYTE 56-DEXTROSE 5% <b>MO</b>	3	
<i>plenamine 15 % intravenous solution</i> <b>MO</b>	1	B vs D
<i>prn ob+dha 27 mg-1 mg-50 mg-250 mg oral pack</i> <b>MO</b>	1	
<i>potassium acet 100 meq/50 ml</i> <b>MO</b>	1	
<i>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</i> <b>MO</b>	1	
<i>potassium cl 10% (20 meq/15ml); potassium cl 20% (40 meq/15ml)</i> <b>MO</b>	1	
<i>potassium cl 20 meq packet</i> <b>MO</b>	1	
<i>potassium cl 20 meq/10 ml conc</i> <b>MO</b>	1	
<i>potassium cl er 10 meq, 20 meq tablet</i> <b>MO</b>	1	
<i>potassium cl er 10 meq, 20 meq, 8 meq tablet</i> <b>MO</b>	1	
<i>potassium cl er 10 meq, 8 meq capsule</i> <b>MO</b>	1	
<i>kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln</i> <b>MO</b>	1	
<i>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</i> <b>MO</b>	1	
<i>kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer</i> <b>MO</b>	1	
<i>potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol</i> <b>MO</b>	1	
<i>potassium cl 20 meq-0.45% nacl</i> <b>MO</b>	1	
<i>d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl</i> <b>MO</b>	1	
<i>kcl 20 meq in d5w-0.3% nacl</i> <b>MO</b>	1	
<i>kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9%</i> <b>MO</b>	1	
<i>potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab</i> <b>MO</b>	1	
<i>pr natal 400 29 mg-1 mg-400 mg oral pack</i> <b>MO</b>	1	
<i>pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule, delayed release</i> <b>MO</b>	1	
<i>pr natal 430 29 mg iron-1 mg-430 mg oral pack</i> <b>MO</b>	1	
<i>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule, delayed release</i> <b>MO</b>	1	
PREFERA-OB 28 MG-6 MG-1 MG TABLET <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREFERA-OB ONE 22 MG-6 MG-1 MG-200 MG CAPSULE <b>MO</b>	3	
PREFERA-OB PLUS DHA 28 MG IRON-6 MG IRON-1 MG ORAL PACK <b>MO</b>	3	
PREMASOL 10 % INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
<i>prenaisance 29 mg-1.25 mg-55 mg-325 mg capsule</i> <b>MO</b>	3	
<i>prenaisance plus 28 mg-1 mg-50 mg-250 mg capsule</i> <b>MO</b>	3	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET <b>MO</b>	3	
PRENATABS FA 29 MG-1 MG TABLET <b>MO</b>	1	
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> <b>MO</b>	1	
<i>prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack</i> <b>MO</b>	3	
<i>prenatal vitamins plus low iron 27 mg iron-1 mg tablet</i> <b>MO</b>	1	
PRENATE AM 1 MG-500 MG TABLET <b>MO</b>	3	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE <b>MO</b>	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET <b>MO</b>	3	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE <b>MO</b>	3	
<i>preplus 27 mg iron-1 mg tablet</i> <b>MO</b>	1	
PREQUE 10 TABLET <b>MO</b>	3	
PROCALAMINE 3% INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
<i>relnate dha prenatal softgel</i> <b>MO</b>	1	
RENAGEL 400 MG, 800 MG TABLET <b>MO</b>	3	ST
REVELA 0.8 GRAM ORAL POWDER PACKET <b>MO</b>	2	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET <b>MO</b>	2	QL (180 per 30 days)
REVELA 800 MG TABLET <b>MO</b>	2	QL (540 per 30 days)
<i>ringer's iv solution</i> <b>MO</b>	1	
SAMSCA 15 MG, 30 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
<i>se-natal 19 29 mg iron-1 mg chewable tablet</i> <b>MO</b>	1	
<i>se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet</i> <b>MO</b>	1	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET <b>MO</b>	3	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET <b>MO</b>	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK <b>MO</b>	3	
<i>sevelamer 0.8 gm powder packet</i> <b>MO</b>	1	QL (540 per 30 days)
<i>sevelamer 2.4 gm powder packet</i> <b>MO</b>	1	QL (180 per 30 days)
<i>sevelamer carbonate 800 mg tab</i> <b>MO</b>	1	QL (540 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
<i>sodium acetate 40 meq/20 ml v1</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium bicarb 8.4% abboject <sup>MO</sup>	1	
sodium chloride 0.9% irrig. <sup>MO</sup>	1	
sodium chloride 100 meq/40 ml <sup>MO</sup>	1	
saline 0.45% soln-excel con <sup>MO</sup>	1	
sodium chloride 0.45% soln <sup>MO</sup>	1	
sodium chloride 0.9% solution <sup>MO</sup>	1	
sodium chloride 0.9% vial <sup>MO</sup>	2	
sodium chloride 3% iv soln <sup>MO</sup>	1	
sodium chloride 5% iv soln <sup>MO</sup>	1	
sodium lactate 5 meq/ml vial <sup>MO</sup>	1	
sodium phosphate 3mm/ml vial <sup>MO</sup>	1	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp <sup>MO</sup>	1	
sodium polystyrene sulf powder <sup>MO</sup>	1	
sps 15 gm/60 ml suspension <sup>MO</sup>	1	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema <sup>MO</sup>	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION <sup>MO</sup>	1	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA <sup>MO</sup>	1	
SYPRINE 250 MG CAPSULE <sup>DL</sup>	4	PA
taron-c dha 35 mg-1 mg-200 mg capsule <sup>MO</sup>	1	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule <sup>MO</sup>	1	
THAM 36 MG/ML (0.3 M) INTRAVENOUS SOLUTION <sup>MO</sup>	3	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION <sup>MO</sup>	3	
TRAVASOL 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	3	B vs D
TRICARE 27 MG IRON-1 MG TABLET <sup>MO</sup>	1	
TRICARE PRENATAL DHA ONE SFTGL <sup>MO</sup>	3	
trientine hcl 250 mg capsule <sup>DL</sup>	4	
trinatal rx 1 60 mg iron-1 mg tablet <sup>MO</sup>	1	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE <sup>MO</sup>	3	
triveen-duo dha 29 mg-1 mg-400 mg oral pack <sup>MO</sup>	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	3	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION <sup>MO</sup>	3	B vs D
ultimatecare one capsule <sup>MO</sup>	1	
ultimatecare one nf capsule <sup>MO</sup>	1	
UROCIT-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE <sup>MO</sup>	3	
UROCIT-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE <sup>MO</sup>	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET,EXTENDED RELEASE <sup>MO</sup>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
VELPHORO 500 MG CHEWABLE TABLET <b>DL</b>	4	ST
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET <b>DL</b>	4	PA,QL (30 per 30 days)
VINATE DHA RF 27 MG IRON-1.13 MG-581.28 MG CAPSULE <b>MO</b>	3	
<i>virt-c dha 35 mg-1 mg-200 mg capsule</i> <b>MO</b>	1	
<i>virt-nate dha 28 mg iron-1 mg-200 mg capsule</i> <b>MO</b>	1	
<i>virt-select 29 mg-1.25 mg-55 mg-325 mg capsule</i> <b>MO</b>	1	
VITAFOL FE+ (WITH DOCUSATE) 90 MG IRON-1 MG-50 MG-200 MG CAPSULE <b>MO</b>	3	
VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET <b>MO</b>	3	
VITAFOL NANO 18 MG IRON-1 MG TABLET <b>MO</b>	3	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE <b>MO</b>	3	
VITAFOL-OB 65 MG-1 MG TABLET <b>MO</b>	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK <b>MO</b>	3	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE <b>MO</b>	3	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE <b>MO</b>	3	
<i>vp-ch-pnv 30 mg iron-1 mg-50 mg-260 mg capsule</i> <b>MO</b>	1	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE <b>MO</b>	3	
<i>zatean-ch capsule</i> <b>MO</b>	1	
<b>Gastrointestinal Agents</b>		
ACIPHEX 20 MG TABLET,DELAYED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
ACIPHEX SPRINKLE 10 MG, 5 MG CAPSULE,DELAYED RELEASE SPRINKLE <b>DL</b>	4	QL (30 per 30 days)
ACTIGALL 300 MG CAPSULE <b>MO</b>	3	PA
<i>alosetron hcl 0.5 mg, 1 mg tablet</i> <b>DL</b>	4	PA,QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
<i>lansoprazol-amoxicil-clarithro</i> <b>MO</b>	1	ST
<i>atropine 0.05 mg/ml, 0.1 mg/ml syringe</i> <b>MO</b>	1	PA
BENTYL 10 MG CAPSULE <b>MO</b>	3	PA
BENTYL 10 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	PA
BENTYL 20 MG TABLET <b>MO</b>	1	PA
CARAFATE 1 GRAM TABLET <b>MO</b>	3	
CARAFATE 100 MG/ML ORAL SUSPENSION <b>MO</b>	3	
CHENODAL 250 MG TABLET <b>DL</b>	4	PA
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet</i> <b>MO</b>	1	
<i>cimetidine 300 mg/5 ml soln</i> <b>MO</b>	1	
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION <b>MO</b>	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COLYTE WITH FLAVOR PACKS 240 GRAM-22.72 G-6.72 G-5.84 G ORAL SOLUTION <b>MO</b>	3	ST
<i>constulose 10 gram/15 ml oral solution</i> <b>MO</b>	1	
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION <b>MO</b>	3	
CYTOTEC 100 MCG, 200 MCG TABLET <b>DL</b>	4	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)
<i>dicyclomine 10 mg capsule</i> <b>MO</b>	1	
<i>dicyclomine 10 mg/5 ml, 10 mg/ml soln; dicyclomine 20 mg/2 ml vial</i> <b>MO</b>	1	
<i>dicyclomine 20 mg tablet</i> <b>MO</b>	1	
<i>diphenoxylat-atrop 2.5-0.025/5</i> <b>MO</b>	1	
<i>diphenoxylate-atrop 2.5-0.025</i> <b>MO</b>	1	
ENDARI 5 GRAM ORAL POWDER PACKET <b>DL</b>	4	PA
<i>enulose 10 gram/15 ml oral solution</i> <b>MO</b>	1	
<i>esomeprazole mag dr 20 mg, 40 mg cap</i> <b>MO</b>	1	QL (30 per 30 days)
<i>esomeprazole sodium 20 mg, 40 mg vial</i> <b>MO</b>	1	
<i>esomeprazole dr 24.65 mg, 49.3 mg cap</i> <b>MO</b>	3	QL (30 per 30 days)
<i>famotidine 20 mg, 40 mg tablet</i> <b>MO</b>	1	
<i>famotidine 40 mg/4 ml vial</i> <b>MO</b>	1	
<i>famotidine 40 mg/5 ml susp</i> <b>MO</b>	1	
<i>famotidine 20 mg/2 ml vial</i> <b>MO</b>	1	
<i>famotidine 20 mg piggyback</i> <b>MO</b>	1	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA
<i>gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution</i> <b>MO</b>	1	
<i>gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution</i> <b>MO</b>	1	
<i>gavilyte-h and bisacodyl kit</i> <b>MO</b>	1	
<i>gavilyte-n 420 gram oral solution</i> <b>MO</b>	1	
<i>generlac 10 gram/15 ml oral solution</i> <b>MO</b>	1	
GLYCATE 1.5 MG TABLET <b>MO</b>	1	
<i>glycopyrrolate 1 mg, 2 mg tablet</i> <b>MO</b>	1	
<i>glycopyrrolate 4 mg/20 ml vial</i> <b>MO</b>	1	
GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET <b>MO</b>	3	ST
<b>MO</b> GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION	3	ST
KRISTALOSE 10 GRAM, 20 GRAM ORAL PACKET <b>MO</b>	1	
<i>lactulose 10 gm packet</i> <b>MO</b>	1	
<i>lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lansoprazole dr 15 mg capsule</i> <sup>MO</sup>	1	QL (60 per 30 days)
<i>lansoprazole dr 30 mg capsule</i> <sup>MO</sup>	1	QL (30 per 30 days)
<i>lansoprazole odt 15 mg, 30 mg tablet</i> <sup>MO</sup>	1	QL (30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE <sup>MO</sup>	2	QL (30 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET <sup>MO</sup>	3	PA
<i>loperamide 2 mg capsule</i> <sup>MO</sup>	1	
LOTRONEX 0.5 MG, 1 MG TABLET <sup>DL</sup>	4	PA,QL (60 per 30 days)
<i>methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb</i> <sup>MO</sup>	1	
<i>misoprostol 100 mcg, 200 mcg tablet</i> <sup>MO</sup>	1	
MOTOFEN 1 MG-0.025 MG TABLET <sup>MO</sup>	3	
MOVANTIK 12.5 MG, 25 MG TABLET <sup>MO</sup>	2	QL (30 per 30 days)
MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET <sup>MO</sup>	3	ST
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <sup>DL</sup>	4	PA,QL (30 per 30 days)
MYTESI 125 MG TABLET,DELAYED RELEASE <sup>DL</sup>	4	PA,QL (60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE,DELAYED RELEASE <sup>MO</sup>	3	PA,QL (30 per 30 days)
NEXIUM 40 MG INTRAVENOUS SOLUTION <sup>MO</sup>	3	PA
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG GRANULES DELAYED RELEASE FOR SUSP <sup>MO</sup>	3	QL (30 per 30 days)
<i>nizatidine 15 mg/ml solution</i> <sup>MO</sup>	1	
<i>nizatidine 150 mg, 300 mg capsule</i> <sup>MO</sup>	1	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION <sup>MO</sup>	3	ST
NUTRESTORE 5 GRAM ORAL POWDER PACKET <sup>DL</sup>	4	PA
OMECLAMOX-PAK 20 MG-500 MG-500 MG (40) ORAL PACK <sup>MO</sup>	3	ST
<i>omeppi 20 mg-1.1 gram capsule; omeppi 40 mg-1.1 gram capsule</i> <sup>MO</sup>	1	ST,QL (30 per 30 days)
<i>omeprazole dr 10 mg, 20 mg, 40 mg capsule</i> <sup>MO</sup>	1	QL (60 per 30 days)
<i>omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 40-1,100 cap</i> <sup>MO</sup>	1	ST,QL (30 per 30 days)
<i>omeprazole-bicarb 20-1,680 pkt; omeprazole-bicarb 40-1,680 pkt</i> <sup>MO</sup>	1	ST,QL (30 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET <sup>MO</sup>	3	ST
<i>pantoprazole sod dr 20 mg, 40 mg tab</i> <sup>MO</sup>	1	QL (60 per 30 days)
<i>pantoprazole sodium 40 mg vial</i> <sup>MO</sup>	1	
<i>peg 3350 electrolyte soln; peg-3350 and electrolytes soln</i> <sup>MO</sup>	1	
<i>peg 3350-electrolyte solution</i> <sup>MO</sup>	1	
<i>peg-prep 5 mg-210 gram oral kit</i> <sup>MO</sup>	1	
<i>pepcid 20 mg, 40 mg tablet</i> <sup>MO</sup>	3	PA
PEPCID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION <sup>MO</sup>	3	PA
PLENVU 140 GRAM-9 GRAM-5.2 GRAM POWDER PACK <sup>MO</sup>	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>polyethylene glycol 3350 powd</i> <b>MO</b>	1	
PREPOPIK 10 MG-3.5 GRAM-12 GRAM ORAL POWDER PACKET <b>MO</b>	3	ST
PREVACID 15 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
PREVACID 30 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG DELAYED RELEASE,DISINTEGRATING TABLET <b>MO</b>	3	QL (30 per 30 days)
PREVPAC PATIENT PACK <b>DL</b>	4	ST
PRIOSEC 10 MG, 2.5 MG ORAL SUSPENSION,DELAYED RELEASE <b>MO</b>	3	PA
<i>propantheline 15 mg tablet</i> <b>MO</b>	1	PA
PROTONIX 20 MG, 40 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET <b>MO</b>	3	QL (30 per 30 days)
PROTONIX 40 MG INTRAVENOUS SOLUTION <b>MO</b>	3	PA
PYLERA 140 MG-125 MG-125 MG CAPSULE <b>MO</b>	3	QL (144 per 30 days)
<i>rabeprazole sod dr 20 mg tab</i> <b>MO</b>	1	QL (30 per 30 days)
<i>ranitidine 15 mg/ml syrup</i> <b>MO</b>	1	
<i>ranitidine 150 mg, 300 mg capsule</i> <b>MO</b>	1	
<i>ranitidine 150 mg, 300 mg tablet</i> <b>MO</b>	1	
<i>ranitidine hcl 150 mg/6 ml vl; ranitidine hcl 50 mg/2 ml vial</i> <b>MO</b>	1	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (36 per 28 days)
RELISTOR 150 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (12 per 30 days)
ROBINUL 1 MG TABLET <b>MO</b>	3	
ROBINUL 4 MG/20 ML VIAL <b>MO</b>	3	
ROBINUL FORTE 2 MG TABLET <b>MO</b>	3	PA
SAIZEN 5 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (28 per 28 days)
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (28 per 28 days)
<i>sucrafate 1 gm tablet</i> <b>MO</b>	1	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <b>MO</b>	2	
SYMPROIC 0.2 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>trilyte with flavor packets 420 gram oral solution</i> <b>MO</b>	1	
TRULANCE 3 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
URSO 250 250 MG TABLET <b>MO</b>	3	PA
URSO FORTE 500 MG TABLET <b>DL</b>	4	PA
<i>ursodiol 250 mg, 500 mg tablet</i> <b>MO</b>	1	
<i>ursodiol 300 mg capsule</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIBERZI 100 MG, 75 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
XERMELO 250 MG TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
XIFAXAN 200 MG TABLET <b>DL</b>	4	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
ZANTAC 150 MG, 300 MG TABLET <b>MO</b>	3	PA
ZANTAC 25 MG/ML, 50 MG/2 ML (25 MG/ML) INJECTION SOLUTION <b>MO</b>	3	PA
ZEGERID 20 MG-1,680 MG ORAL PACKET; ZEGERID 40 MG-1,680 MG ORAL PACKET <b>DL</b>	4	ST,QL (30 per 30 days)
ZEGERID 20 MG-1.1 GRAM CAPSULE; ZEGERID 40 MG-1.1 GRAM CAPSULE <b>DL</b>	4	ST,QL (30 per 30 days)
ZOMACTON 5 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (28 per 28 days)
<b>Genetic/Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	
ALDURAZYME 2.9 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER <b>DL</b>	4	
BUPHENYL 500 MG TABLET <b>DL</b>	4	
CERDELGA 84 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
CEREZYME 400 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA
CHOLBAM 250 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	2	
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER <b>DL</b>	4	
CYSTAGON 150 MG, 50 MG CAPSULE <b>MO</b>	3	
ELAPRASE 6 MG/3 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (70 per 30 days)
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KANUMA 2 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KUVAN 100 MG SOLUBLE TABLET <b>DL</b>	4	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET <b>DL</b>	4	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>miglustat 100 mg capsule</i> <b>DL</b>	4	PA,QL (90 per 30 days)
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NITYR 10 MG, 2 MG, 5 MG TABLET <b>DL</b>	4	
OCALIVA 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE <b>DL</b>	4	
ORFADIN 4 MG/ML ORAL SUSPENSION <b>DL</b>	4	
PALYNZIQ 10 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4 per 28 days)
PALYNZIQ 20 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (30 per 30 days)
PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE <b>DL</b>	4	ST
PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE <b>DL</b>	4	ST
PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE <b>DL</b>	4	PA,QL (120 per 30 days)
PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE <b>DL</b>	4	PA,QL (780 per 30 days)
PROLASTIN-C 1,000 MG (+-)/20 ML INTRAVENOUS SOLUTION; PROLASTIN-C 1,000 MG, 1,000 MG (+-)/20 ML INTRAVENOUS POWDER FOR SOLUTION <b>DL</b>	4	PA
RAVICTI 1.1 GRAM/ML ORAL LIQUID <b>DL</b>	4	PA,QL (525 per 30 days)
<i>sodium phenylbutyrate 500mg tb</i> <b>DL</b>	4	
<i>sodium phenylbutyrate powder</i> <b>DL</b>	4	
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (38.4 per 28 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION <b>DL</b>	4	
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET; VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET <b>DL</b>	4	ST
VPRIV 400 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ZAVESCA 100 MG CAPSULE <b>DL</b>	4	PA,QL (90 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
ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP DR 10,000 UNIT CAPSULE; ZENPEP DR 15,000 UNIT CAPSULE; ZENPEP DR 20,000 UNIT CAPSULE; ZENPEP DR 25,000 UNIT CAPSULE; ZENPEP DR 3,000 UNIT CAPSULE; ZENPEP DR 40,000 UNIT CAPSULE; ZENPEP DR 5,000 UNIT CAPSULE <b>MO</b>	3	
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl er 10 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
AVODART 0.5 MG CAPSULE <b>MO</b>	3	PA, QL (30 per 30 days)
<i>bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet</i> <b>MO</b>	1	
CIALIS 2.5 MG, 5 MG TABLET <b>MO</b>	3	PA, QL (30 per 30 days)
<i>darifenacin er 15 mg, 7.5 mg tablet</i> <b>MO</b>	1	ST, QL (30 per 30 days)
DETROL 1 MG, 2 MG TABLET <b>MO</b>	3	PA, QL (60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	PA, QL (30 per 30 days)
DITROPAN XL 10 MG, 15 MG, 5 MG TABLET; DITROPAN XL 10 MG, 15 MG, 5 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	PA, QL (60 per 30 days)
<i>dutasteride 0.5 mg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> <b>MO</b>	1	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE <b>MO</b>	3	QL (90 per 30 days)
ENABLEX 15 MG, 7.5 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	ST, QL (30 per 30 days)
<i>finasteride 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>flavoxate hcl 100 mg tablet</i> <b>MO</b>	1	
FLOMAX 0.4 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PACKET; GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PUMP <b>MO</b>	3	ST, QL (30 per 30 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	PA, QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
<i>oxybutynin 5 mg tablet</i> <b>MO</b>	1	
<i>oxybutynin 5 mg/5 ml syrup</i> <b>MO</b>	1	
<i>oxybutynin cl er 10 mg, 15 mg, 5 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	3	ST, QL (8 per 28 days)

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

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

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluocinonide 0.05% ointment <sup>MO</sup>	1	
fluocinonide 0.05% solution <sup>MO</sup>	1	
fluocinonide-e 0.05 % topical cream <sup>MO</sup>	1	
fluocinonide-e 0.05% cream <sup>MO</sup>	1	
flurandrenolide 0.05% cream <sup>MO</sup>	1	
flurandrenolide 0.05% lotion <sup>MO</sup>	1	
flurandrenolide 0.05% ointment <sup>MO</sup>	1	
fluticasone prop 0.005% oint <sup>MO</sup>	1	
fluticasone prop 0.05% cream <sup>MO</sup>	1	
fluticasone prop 0.05% lotion <sup>MO</sup>	1	
halobetasol prop 0.05% cream <sup>MO</sup>	1	
halobetasol prop 0.05% ointmnt <sup>MO</sup>	1	
HALOG 0.1 % TOPICAL CREAM <sup>MO</sup>	3	
HALOG 0.1 % TOPICAL OINTMENT <sup>MO</sup>	3	
hydrocortisone 1% cream; hydrocortisone 2.5% cream <sup>MO</sup>	1	
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment <sup>MO</sup>	1	
hydrocortisone 10 mg, 20 mg, 5 mg tablet <sup>MO</sup>	1	
hydrocortisone 2.5% lotion <sup>MO</sup>	1	
hydrocort buty 0.1% lipo cream <sup>MO</sup>	1	
hydrocortisone buty 0.1% cream <sup>MO</sup>	1	
hydrocortisone butyr 0.1% lotn <sup>MO</sup>	1	
hydrocortisone butyr 0.1% oint <sup>MO</sup>	1	
hydrocortisone butyr 0.1% soln <sup>MO</sup>	1	
hydrocortisone val 0.2% cream <sup>MO</sup>	1	
hydrocortisone val 0.2% ointmt <sup>MO</sup>	1	
hydrocortisone 1% absorbase <sup>MO</sup>	1	
IMPOYZ 0.025 % TOPICAL CREAM <sup>MO</sup>	3	ST
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL <sup>MO</sup>	3	
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION FOR INJECTION <sup>MO</sup>	3	
LOCOID 0.1 % LOTION <sup>MO</sup>	3	
LOCOID 0.1 % TOPICAL CREAM <sup>MO</sup>	3	
LOCOID 0.1 % TOPICAL SOLUTION <sup>MO</sup>	3	
LOCOID 0.1% OINTMENT <sup>MO</sup>	3	
LOCOID LIPOCREAM 0.1 % TOPICAL <sup>MO</sup>	3	
locort 11 day 1.5 mg tablet; locort 7 day 1.5 mg tablet <sup>MO</sup>	1	
LUXIQ 0.12 % TOPICAL FOAM <sup>MO</sup>	3	ST

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>psorcon 0.05 % topical cream</i> <b>MO</b>	1	
RAYOS 1 MG, 2 MG, 5 MG TABLET,DELAYED RELEASE <b>DL</b>	4	B vs D
SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP <b>DL</b>	4	PA,QL (120 per 365 days)
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SYNALAR 0.01 % TOPICAL SOLUTION <b>MO</b>	3	
<i>taperdex 1.5 mg (21 tabs), 1.5 mg (49 tabs) tablets in a dose pack</i> <b>MO</b>	1	
TEMOVATE 0.05 % TOPICAL CREAM <b>MO</b>	3	PA
TEMOVATE 0.05 % TOPICAL OINTMENT <b>MO</b>	3	PA
TEXACORT 2.5 % TOPICAL SOLUTION <b>MO</b>	1	
TOPICORT 0.05 % TOPICAL GEL <b>MO</b>	1	
TOPICORT 0.05 % TOPICAL OINTMENT <b>MO</b>	3	
TOPICORT 0.05 %, 0.25 % TOPICAL CREAM <b>MO</b>	1	
TOPICORT 0.25 % TOPICAL OINTMENT <b>MO</b>	1	
TOPICORT 0.25 % TOPICAL SPRAY <b>MO</b>	3	
<i>triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream</i> <b>MO</b>	1	
<i>triamcinolone 0.025% lotion; triamcinolone 0.1% lotion</i> <b>MO</b>	1	
<i>triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment</i> <b>MO</b>	1	
<i>triamcinolone 0.147 mg/g spray</i> <b>MO</b>	1	
<i>triamcinolone 400 mg/10 ml vl</i> <b>MO</b>	1	
<i>trianex 0.05 % topical ointment</i> <b>DL</b>	4	
<i>triderm 0.1 %, 0.5 % topical cream</i> <b>MO</b>	1	
TRIDESILON 0.05 % TOPICAL CREAM <b>MO</b>	3	
ULTRAVATE 0.05 % LOTION <b>DL</b>	4	
ULTRAVATE 0.05 % TOPICAL CREAM <b>DL</b>	4	
ULTRAVATE 0.05 % TOPICAL OINTMENT <b>DL</b>	4	
VANOS 0.1 % TOPICAL CREAM <b>MO</b>	3	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION <b>MO</b>	1	
ZILRETTA 32 MG INTRA-ARTICULAR SUSPENSION,EXTENDED RELEASE <b>MO</b>	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>zodex 12 day 1.5 mg tablet; zodex 6 day 1.5 mg tablet</i> <b>MO</b>	1	
ZONACORT 11 DAY 1.5 MG TABLET; ZONACORT 7 DAY 1.5 MG TABLET <b>MO</b>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>chorionic gonad 10,000 unit vial</i> <b>DL</b>	4	PA
DDAVP 0.1 MG TABLET <b>MO</b>	3	PA,QL (180 per 30 days)
DDAVP 0.1 MG/ML (REFRIGERATE), 4 MCG/ML INJECTION SOLUTION; DDAVP 0.1 MG/ML (REFRIGERATE), 4 MCG/ML NASAL SOLUTION <b>MO</b>	3	PA
DDAVP 0.2 MG TABLET <b>MO</b>	3	PA
DDAVP 10 MCG/SPRAY (0.1 ML) NASAL SPRAY WITH PUMP <b>MO</b>	3	PA,QL (25 per 30 days)
<i>desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr</i> <b>MO</b>	1	QL (25 per 30 days)
<i>desmopressin ac 4 mcg/ml vial</i> <b>MO</b>	1	
<i>desmopressin acetate 0.1 mg tb</i> <b>MO</b>	1	QL (180 per 30 days)
<i>desmopressin acetate 0.2 mg tb</i> <b>MO</b>	1	
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (60 per 30 days)
EGRIFTA 2 MG VIAL <b>DL</b>	4	PA,QL (30 per 30 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) INJECTION CARTRIDGE <b>DL</b>	4	PA
HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION <b>DL</b>	4	PA
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
NOCDURNA 25 MCG, 50 MCG DISINTEGRATING TABLET,SUBLINGUAL <b>MO</b>	3	PA,QL (30 per 30 days)
NOCTIVA 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) NASAL SPRAY <b>MO</b>	3	PA,QL (3.8 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA
NOVAREL 10,000 UNIT, 5,000 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	3	PA
NUTROPIN AQ PEN CARTRIDGE <b>DL</b>	4	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
PREGNYL 10,000 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	3	PA

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

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

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<i>daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <sup>MO</sup>	1	QL (91 per 90 days)
<i>deblitane 0.35 mg tablet</i> <sup>MO</sup>	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML INTRAMUSCULAR OIL <sup>MO</sup>	3	
<i>delyla (28) 0.1 mg-20 mcg tablet</i> <sup>MO</sup>	1	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL <sup>MO</sup>	1	QL (5 per 30 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION <sup>MO</sup>	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SUSPENSION <sup>MO</sup>	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	3	QL (0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML INTRAMUSCULAR OIL <sup>MO</sup>	1	QL (24 per 90 days)
<i>desogestr-eth estrad eth estra</i> <sup>MO</sup>	1	
DESOGEN 28 DAY TABLET <sup>MO</sup>	3	
<i>desogestrel-ethinyl estrad tab</i> <sup>MO</sup>	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %) TRANSDERMAL GEL PACKET <sup>MO</sup>	3	PA
<i>dros-ee-levomef 3-0.02-0.451; dros-ee-levomef 3-0.03-0.451</i> <sup>MO</sup>	1	
<i>drospirenone-ee 3-0.02 mg, 3-0.03 mg tab</i> <sup>MO</sup>	1	
DUAVEE 0.45 MG-20 MG TABLET <sup>MO</sup>	3	PA,QL (30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP <sup>MO</sup>	3	PA,QL (52 per 30 days)
<i>elinest 0.3 mg-30 mcg tablet</i> <sup>MO</sup>	1	
ELLA 30 MG TABLET <sup>MO</sup>	2	QL (1 per 30 days)
<i>emoquette 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	1	
ENDOMETRIN 100 MG VAGINAL INSERT <sup>DL</sup>	4	
<i>enpresse 50-30 (6)/75-40(5)/125-30(10) tablet</i> <sup>MO</sup>	1	
<i>enskyce 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	1	
<i>errin 0.35 mg tablet</i> <sup>MO</sup>	1	
<i>estarylla 0.25 mg-35 mcg tablet</i> <sup>MO</sup>	1	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM <sup>MO</sup>	3	PA
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET <sup>MO</sup>	1	PA
<i>estradiol 0.01% cream</i> <sup>MO</sup>	1	
<i>estradiol 0.025 mg patch; estradiol 0.0375 mg patch; estradiol 0.05 mg patch; estradiol 0.075 mg patch; estradiol 0.1 mg patch</i> <sup>MO</sup>	1	PA,QL (8 per 28 days)
<i>estradiol 0.0375 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol tds 0.025 mg/day; estradiol tds 0.05 mg/day; estradiol tds 0.1 mg/day</i> <sup>MO</sup>	1	PA,QL (4 per 28 days)
<i>estradiol 0.5 mg, 1 mg, 2 mg tablet</i> <sup>MO</sup>	1	PA
<i>estradiol 10 mcg vaginal insrt</i> <sup>MO</sup>	1	

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<i>estradiol valerate 20 mg/ml, 40 mg/ml vial</i> <sup>MO</sup>	1	
<i>estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb</i> <sup>MO</sup>	1	PA
<i>ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING</i> <sup>MO</sup>	3	QL (1 per 90 days)
<i>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</i> <sup>MO</sup>	1	PA
<i>ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET</i> <sup>MO</sup>	3	
<i>ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg</i> <sup>MO</sup>	1	
<i>EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY</i> <sup>MO</sup>	3	PA
<i>EVISTA 60 MG TABLET</i> <sup>MO</sup>	3	PA,QL (30 per 30 days)
<i>falmina (28) 0.1 mg-20 mcg tablet</i> <sup>MO</sup>	1	
<i>fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack</i> <sup>MO</sup>	1	QL (91 per 90 days)
<i>FEMCON FE CHEWABLE TABLET</i> <sup>MO</sup>	3	
<i>FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET</i> <sup>MO</sup>	3	PA
<i>FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL</i> <sup>MO</sup>	3	QL (1 per 90 days)
<i>femynor 0.25 mg-35 mcg tablet</i> <sup>MO</sup>	1	
<i>FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP</i> <sup>MO</sup>	3	PA,QL (120 per 30 days)
<i>fyavolv 0.5 mg-2.5 mcg tablet; fyavolv 1 mg-5 mcg tablet</i> <sup>MO</sup>	1	PA
<i>GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET</i> <sup>MO</sup>	3	
<i>gianvi (28) 3 mg-0.02 mg tablet</i> <sup>MO</sup>	1	
<i>gildagia 0.4 mg-0.035 mg tab</i> <sup>MO</sup>	1	
<i>heather 0.35 mg tablet</i> <sup>MO</sup>	1	
<i>hydroxyprogesterone 250 mg/ml vial</i> <sup>DL</sup>	4	PA
<i>hydroxyprogesterone 1,250 mg/5 ml</i> <sup>DL</sup>	4	PA
<i>hydroxyprogesterone 1.25 g/5ml</i> <sup>DL</sup>	4	PA
<i>incassia 0.35 mg tablet</i> <sup>MO</sup>	1	
<i>introvale 0.15 mg-30 mcg tablets,3 month dose pack</i> <sup>MO</sup>	1	QL (91 per 90 days)
<i>isibloom 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	1	
<i>jencycla 0.35 mg tablet</i> <sup>MO</sup>	1	
<i>jevantique lo 0.5 mg-2.5 mcg tablet</i> <sup>MO</sup>	3	PA
<i>jinteli 1 mg-5 mcg tablet</i> <sup>MO</sup>	1	PA
<i>jolessa 0.15 mg-30 mcg tablets,3 month dose pack</i> <sup>MO</sup>	1	QL (91 per 90 days)
<i>jolivet 0.35 mg tablet</i> <sup>MO</sup>	1	
<i>juleber 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	1	
<i>junel 1.5/30 (21) 1.5 mg-30 mcg tablet</i> <sup>MO</sup>	1	
<i>junel 1/20 (21) 1 mg-20 mcg tablet</i> <sup>MO</sup>	1	
<i>junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> <sup>MO</sup>	1	

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junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	1	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet <b>MO</b>	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	1	
kelnor 1-50 1 mg-50 mcg tablet <b>MO</b>	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	1	
kimidess 28 day tablet <b>MO</b>	1	
kurvelo 0.15 mg-0.03 mg tablet <b>MO</b>	1	
levono-e estrad 0.10-0.02-0.01; levono-e estrad 0.15-0.03-0.01; levonorg 0.15mg-ee 20-25-30mcg <b>MO</b>	1	QL (91 per 90 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	1	
larin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
larissia 0.1 mg-20 mcg tablet <b>MO</b>	1	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET <b>MO</b>	3	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet <b>MO</b>	1	
lessina 0.1 mg-20 mcg tablet <b>MO</b>	1	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	1	
levonor-eth estrad triphasic <b>MO</b>	1	
levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 <b>MO</b>	1	
levonor-eth estrad 0.15-0.03 <b>MO</b>	1	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet <b>MO</b>	1	
lillow 0.15 mg-0.03 mg tablet <b>MO</b>	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET <b>MO</b>	3	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET <b>MO</b>	1	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET <b>MO</b>	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET <b>MO</b>	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET <b>MO</b>	3	
lomedica 24 fe 1 mg-20 mcg tab <b>MO</b>	1	
lopreeza 0.5 mg-0.1 mg tablet; lopreeza 1 mg-0.5 mg tablet <b>MO</b>	1	PA
loryna (28) 3 mg-0.02 mg tablet <b>MO</b>	1	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MO</b>	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet <b>MO</b>	1	

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lutera (28) 0.1 mg-20 mcg tablet <b>MO</b>	1	
lyza 0.35 mg tablet <b>MO</b>	1	
MAKENA 250 MG/ML, 250 MG/ML (1 ML) INTRAMUSCULAR OIL <b>DL</b>	4	PA
MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR <b>DL</b>	4	PA
marlissa 0.15 mg-0.03 mg tablet <b>MO</b>	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab <b>MO</b>	1	
medroxyprogesterone 150 mg/ml <b>MO</b>	1	QL (1 per 90 days)
MEGACE 40 MG/ML ORAL SUSP <b>MO</b>	3	PA
MEGACE ES 625 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	PA
megestrol 20 mg, 40 mg tablet <b>MO</b>	1	PA
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml susp; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml <b>MO</b>	1	PA
melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <b>MO</b>	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG TABLET <b>MO</b>	1	PA
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH <b>MO</b>	3	PA,QL (8 per 28 days)
METHITEST 10 MG TABLET <b>DL</b>	4	
methyltestosterone 10 mg cap <b>DL</b>	4	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <b>MO</b>	1	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	1	
MICROGESTIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET <b>MO</b>	3	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
mili 0.25 mg-35 mcg tablet <b>MO</b>	1	
mimvey 1 mg-0.5 mg tablet <b>MO</b>	1	PA
mimvey lo 0.5 mg-0.1 mg tablet <b>MO</b>	1	PA
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET <b>MO</b>	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	3	PA,QL (8 per 28 days)
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET <b>MO</b>	3	
mono-lyyah 0.25 mg-35 mcg tablet <b>MO</b>	1	
mononessa (28) 0.25 mg-35 mcg tablet <b>MO</b>	1	
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <b>MO</b>	3	
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP <b>MO</b>	3	PA,QL (21.96 per 30 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	1	
necon 1-35-28 tablet <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
necon 10-11-28 tablet <b>MO</b>	1	
necon 7-7-7-28 tablet <b>MO</b>	1	
nikki (28) 3 mg-0.02 mg tablet <b>MO</b>	1	
nora-be 0.35 mg tablet <b>MO</b>	1	
noret-estr-fe 0.4-0.035(21)-75; norethin-estra-fe 0.8-0.025 mg <b>MO</b>	1	
norethindrone 0.35 mg tablet <b>MO</b>	1	
norethin-eth estrad 1 mg-5 mcg; norethind-eth estrad 0.5-2.5 <b>MO</b>	1	PA
norethind-eth estrad 1-0.02 mg <b>MO</b>	1	
norethindrone 5 mg tablet <b>MO</b>	1	
noreth-estrad-fe 1-0.02(21)-75; noreth-estrad-fe 1-0.02(24)-75 <b>MO</b>	1	
noreth-estrad-fe 1-0.02(24)-75 <b>MO</b>	1	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg <b>MO</b>	1	
NORINYL 1-35 28 TABLET <b>MO</b>	3	
norlyda 0.35 mg tablet <b>MO</b>	1	
norlyroc 0.35 mg tablet <b>MO</b>	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet <b>MO</b>	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MO</b>	1	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL <b>MO</b>	3	QL (1 per 28 days)
ocella 3 mg-0.03 mg tablet <b>MO</b>	1	
ogestrel (28) 0.5 mg-50 mcg tablet <b>MO</b>	1	
orsythia 0.1 mg-20 mcg tablet <b>MO</b>	1	
ORTHO MICRONOR 0.35 MG TABLET <b>MO</b>	3	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET <b>MO</b>	3	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET <b>MO</b>	3	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET <b>MO</b>	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET <b>MO</b>	3	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET <b>MO</b>	3	
OVCON-35 28 TABLET <b>MO</b>	1	
oxandrolone 10 mg tablet <b>DL</b>	4	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet <b>MO</b>	1	PA,QL (120 per 30 days)
philith 0.4 mg-35 mcg tablet <b>MO</b>	1	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	1	
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet <b>MO</b>	1	

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<i>portia</i> 0.15 mg-0.03 mg tablet <b>MO</b>	1	
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET <b>MO</b>	3	PA
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET <b>MO</b>	3	PA
PREMARIN 0.625 MG/GRAM VAGINAL CREAM <b>MO</b>	2	
PREMARIN 25 MG SOLUTION FOR INJECTION <b>MO</b>	3	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET <b>MO</b>	3	PA
PREMPRO 0.3 MG-1.5 MG TABLET; PREMPRO 0.45 MG-1.5 MG TABLET; PREMPRO 0.625 MG-2.5 MG TABLET; PREMPRO 0.625 MG-5 MG TABLET <b>MO</b>	3	PA
<i>previfem</i> 0.25 mg-35 mcg tablet <b>MO</b>	1	
<i>progesterone oil</i> 50 mg/ml v1 <b>MO</b>	1	
<i>progesterone in oil</i> 50 mg/ml intramuscular <b>MO</b>	1	
<i>progesterone</i> 100 mg, 200 mg capsule <b>MO</b>	1	
PROMETRIUM 100 MG, 200 MG CAPSULE <b>MO</b>	3	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	3	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>MO</b>	3	QL (91 per 90 days)
<i>quasense</i> 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	1	QL (91 per 90 days)
<i>rajani</i> (28) 3 mg-0.02 mg-0.451 mg (24)/0.451 mg (4) tablet <b>MO</b>	1	
<i>raloxifene hcl</i> 60 mg tablet <b>MO</b>	1	QL (30 per 30 days)
<i>reclipsen</i> (28) 0.15 mg-0.03 mg tablet <b>MO</b>	1	
RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>MO</b>	1	QL (91 per 90 days)
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET <b>MO</b>	3	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MO</b>	3	QL (91 per 90 days)
<i>setlakin</i> 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	1	QL (91 per 90 days)
<i>sharobel</i> 0.35 mg tablet <b>MO</b>	1	
<i>sprintec</i> (28) 0.25 mg-35 mcg tablet <b>MO</b>	1	
<i>sronyx</i> 0.1 mg-20 mcg tablet <b>MO</b>	1	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE <b>MO</b>	3	PA
<i>syeda</i> 3 mg-0.03 mg tablet <b>MO</b>	1	
<i>tarina fe</i> 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
<i>tarina fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE <b>MO</b>	3	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL <b>MO</b>	3	PA,QL (300 per 30 days)
<i>testosterone</i> 10 mg gel pump <b>MO</b>	3	PA,QL (120 per 30 days)

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

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

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<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline 0.5 mg tablet</i> <b>MO</b>	1	QL (16 per 28 days)
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION <b>MO</b>	3	PA
<i>leuprolide 2wk 14 mg/2.8 ml kt</i> <b>MO</b>	1	B vs D
LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT <b>DL</b>	4	PA,QL (1 per 30 days)
LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT <b>MO</b>	4	PA,QL (1 per 90 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT <b>DL</b>	4	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT <b>DL</b>	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 90 days)
<i>octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 0.05 mg/ml vl; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vl</i> <b>MO</b>	1	PA
<i>octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr</i> <b>MO</b>	1	PA
ORLISSA 150 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
ORLISSA 200 MG TABLET <b>DL</b>	4	PA,QL (56 per 28 days)
SANDOSTATIN 0.2 MG/ML VIAL; SANDOSTATIN 1 MG/ML VIAL; SANDOSTATIN 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML INJECTION SOLUTION <b>DL</b>	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE <b>DL</b>	4	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (60 per 30 days)

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

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

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ENGERIX-B 10 MCG/0.5 ML PED VL <b>MO</b>	3	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	B vs D
ENTYVIO 300 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (2 per 28 days)
ENVARUS XR 0.75 MG, 1 MG, 4 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (9 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMASTAN 15 %-18 % RANGE INTRAMUSCULAR SOLUTION <b>MO</b>	4	PA
GAMASTAN S/D 15 %-18 % RANGE INTRAMUSCULAR SOLUTION <b>DL</b>	4	PA
GAMMAGARD LIQUID 10 % INJECTION SOLUTION <b>DL</b>	4	PA
GAMMAGARD S-D (IGA &LT; 1 MCG/ML) 10 GRAM, 5 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION <b>DL</b>	4	PA
GAMMAPLEX 10 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION <b>DL</b>	4	PA
GARDASIL VIAL <b>MO</b>	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	QL (1.5 per 365 days)
<i>gengraf 100 mg, 25 mg, 50 mg capsule</i> <b>MO</b>	1	B vs D
<i>gengraf 100 mg/ml oral solution</i> <b>MO</b>	1	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
HUMIRA 10 MG/0.1 ML, 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML, 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT; HUMIRA PEDIATRIC CROHNS START 40 MG/0.8 ML, 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT <b>DL</b>	4	PA,QL (6 per 28 days)

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HUMIRA PEN 40 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML, 80 MG/0.8 ML SUBCUT KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT; HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	B vs D
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE <b>MO</b>	3	B vs D
ILUMYA 100 MG/ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	PA,QL (2 per 84 days)
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	2	B vs D
IMURAN 50 MG TABLET <b>MO</b>	3	PA
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP <b>MO</b>	3	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
INFLECTRA 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION <b>MO</b>	3	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
KEDRAB (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	B vs D
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (2.28 per 28 days)
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
<i>leflunomide 10 mg, 20 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
MENHIBRIX VACCINE VIAL <b>MO</b>	3	
MENOMUNE-A-C-Y-W-135 W-DILUENT <b>MO</b>	3	
MENOMUNE-A-C-Y-W-135 W-DILUENT <b>MO</b>	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT <b>MO</b>	3	
<i>methotrexate 2.5 mg tablet</i> <b>MO</b>	1	B vs D
<i>methotrexate 50 mg/2 ml vial</i> <b>MO</b>	1	
<i>methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial</i> <b>MO</b>	1	

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mycophenolate 200 mg/ml susp <b>MO</b>	1	B vs D
mycophenolate 250 mg capsule <b>MO</b>	1	B vs D
mycophenolate 500 mg tablet <b>MO</b>	1	B vs D
mycophenolate 500 mg vial <b>MO</b>	1	B vs D
mycophenolic acid dr 180 mg, 360 mg tb <b>MO</b>	1	B vs D
MYFORTIC 180 MG, 360 MG TABLET, DELAYED RELEASE <b>MO</b>	3	B vs D
NEORAL 100 MG, 25 MG CAPSULE <b>MO</b>	3	B vs D
NEORAL 100 MG/ML ORAL SOLUTION <b>MO</b>	3	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA, QL (20 per 30 days)
OCTAGAM 10 %, 5 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
OLUMIANT 2 MG TABLET <b>DL</b>	4	PA, QL (30 per 30 days)
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA, QL (4 per 28 days)
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA, QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA, QL (2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR <b>DL</b>	4	PA, QL (4 per 28 days)
OTEZLA 30 MG TABLET <b>DL</b>	4	PA, QL (60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK <b>DL</b>	4	PA, QL (27 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK <b>DL</b>	4	PA, QL (55 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR; OTREXUP 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML AUTO-INJ <b>DL</b>	4	PA, QL (1.6 per 28 days)
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT <b>MO</b>	3	
PRIVIGEN 10 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE <b>MO</b>	3	B vs D
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION <b>MO</b>	2	B vs D
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET <b>MO</b>	3	B vs D

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RAPAMUNE 1 MG/ML ORAL SOLUTION <b>MO</b>	3	B vs D
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (0.6 per 28 days)
RASUVO 27.5 MG/0.55 ML AUTOINJ <b>MO</b>	3	PA,QL (2.2 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
RENFLXIS 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE <b>DL</b>	4	
RIDAURA 3 MG CAPSULE <b>DL</b>	4	
ROTARIX 10EXP6 CCID50/ML SUSPENSION <b>MO</b>	3	
ROTATEQ VACCINE 2 ML ORAL SOLUTION <b>MO</b>	3	
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (8 per 28 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE <b>MO</b>	3	B vs D
SANDIMMUNE 100 MG/ML, 250 MG/5 ML INTRAVENOUS SOLUTION; SANDIMMUNE 100 MG/ML, 250 MG/5 ML ORAL SOLUTION <b>MO</b>	3	B vs D
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT <b>MO</b>	2	QL (2 per 365 days)
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4.5 per 28 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (3 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (20 per 28 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	1	B vs D
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	PA
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> <b>MO</b>	1	B vs D

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TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
<i>diphtheria-tetanus toxoids-ped</i> <b>MO</b>	3	
<i>tetanus diphtheria toxoids</i> <b>MO</b>	3	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION <b>MO</b>	2	PA
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1 per 28 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	1	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
TWINRIX VACCINE VIAL <b>MO</b>	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	2	
VARIZIG 125 UNIT VIAL <b>DL</b>	4	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML, 15,000 UNIT/13 ML, 2,500 UNIT/2.2 ML, 5,000 UNIT/4.4 ML INJECTION SOLUTION <b>DL</b>	4	B vs D
XATMEP 2.5 MG/ML ORAL SOLUTION <b>DL</b>	4	PA
XELJANZ 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (6 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
ZORTRESS 0.25 MG, 0.75 MG TABLET <b>MO</b>	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET <b>MO</b>	3	B vs D,QL (120 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	QL (1 per 365 days)
<b>Inflammatory Bowel Disease Agents</b>		
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE <b>MO</b>	2	QL (120 per 30 days)
ASACOL HD 800 MG TABLET,DELAYED RELEASE <b>MO</b>	3	ST
AZULFIDINE 500 MG TABLET <b>MO</b>	3	
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE <b>MO</b>	3	
<i>balsalazide disodium 750 mg cp</i> <b>MO</b>	1	
<i>budesonide ec 3 mg capsule</i> <b>MO</b>	1	
<i>budesonide er 9 mg tablet</i> <b>DL</b>	4	PA,QL (30 per 30 days)
CANASA 1,000 MG RECTAL SUPPOSITORY <b>MO</b>	3	ST,QL (30 per 30 days)
COLAZAL 750 MG CAPSULE <b>DL</b>	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>colocort 100 mg/60 ml enema</i> <b>MO</b>	1	
CORTENEMA 100 MG/60 ML <b>MO</b>	3	
CORTIFOAM 10 % (80 MG) RECTAL <b>MO</b>	3	
DELZICOL 400 MG CAPSULE (DR TABLETS INSIDE) <b>MO</b>	3	ST,QL (180 per 30 days)
DIPENTUM 250 MG CAPSULE <b>DL</b>	4	ST
ENTOCORT EC 3 MG CAPSULE,DELAYED,EXTENDED RELEASE <b>DL</b>	4	PA
GIAZO 1.1 GM TABLET <b>MO</b>	3	PA,QL (180 per 30 days)
<i>hydrocortisone 100 mg/60 ml</i> <b>MO</b>	1	
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE <b>MO</b>	3	ST,QL (120 per 30 days)
<i>mesalamine 4 gm/60 ml enema</i> <b>MO</b>	1	QL (1800 per 30 days)
<i>mesalamine 800 mg dr tablet</i> <b>MO</b>	1	ST
<i>mesalamine dr 1.2 gm tablet</i> <b>MO</b>	1	ST,QL (120 per 30 days)
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE <b>DL</b>	4	ST,QL (150 per 30 days)
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE <b>DL</b>	4	ST,QL (300 per 30 days)
PROCTOFOAM HC 1 %-1 % <b>MO</b>	3	
ROWASA 4 GRAM/60 ML ENEMA <b>MO</b>	3	QL (1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA <b>MO</b>	3	QL (1800 per 30 days)
<i>sulfasalazine 500 mg tablet; sulfasalazine dr 500 mg tab</i> <b>MO</b>	1	
UCERIS 2 MG/ACTUATION RECTAL FOAM <b>MO</b>	3	PA
UCERIS 9 MG TABLET, EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
<b>Metabolic Bone Disease Agents</b>		
ACTONEL 150 MG TABLET <b>MO</b>	3	PA,QL (1 per 30 days)
ACTONEL 30 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ACTONEL 35 MG TABLET <b>MO</b>	3	PA,QL (4 per 28 days)
<i>alendronate sod 70 mg/75 ml</i> <b>MO</b>	1	QL (300 per 30 days)
<i>alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>alendronate sodium 35 mg, 70 mg tab</i> <b>MO</b>	1	QL (4 per 28 days)
AELVIA 35 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA,QL (4 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET <b>MO</b>	3	QL (4 per 28 days)
BONIVA 150 MG TABLET <b>MO</b>	3	PA,QL (1 per 28 days)
BONIVA 3 MG/3 ML INTRAVENOUS SYRINGE <b>MO</b>	3	PA,QL (3 per 90 days)
<i>calcitonin-salmon 200 units sp</i> <b>MO</b>	1	QL (3.7 per 28 days)
<i>calcitriol 0.25 mcg, 0.5 mcg capsule</i> <b>MO</b>	1	
<i>calcitriol 1 mcg/ml ampul; calcitriol 1 mcg/ml solution</i> <b>MO</b>	1	
<i>doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule</i> <b>MO</b>	1	

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<i>doxercalciferol 4 mcg/2 ml amp</i> <b>MO</b>	1	
<i>etidronate disodium 200 mg, 400 mg tab</i> <b>MO</b>	1	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	PA,QL (2.4 per 28 days)
FOSAMAX 70 MG TABLET <b>MO</b>	3	PA,QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET; FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET <b>MO</b>	3	ST,QL (4 per 28 days)
HECTOROL 0.5 MCG, 1 MCG, 2.5 MCG CAPSULE <b>MO</b>	3	PA
HECTOROL 2 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	2	
HECTOROL 4 MCG/2 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>ibandronate 3 mg/3 ml syringe</i> <b>MO</b>	1	PA,QL (3 per 90 days)
<i>ibandronate 3 mg/3 ml vial</i> <b>MO</b>	1	PA,QL (3 per 90 days)
<i>ibandronate sodium 150 mg tab</i> <b>MO</b>	1	QL (1 per 28 days)
MIACALCIN 200 UNIT NASAL SPRAY <b>MO</b>	3	QL (3.7 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA,QL (2 per 28 days)
<i>pamidronate 30 mg/10 ml vial</i> <b>MO</b>	1	B vs D,QL (30 per 21 days)
<i>pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial</i> <b>MO</b>	1	B vs D,QL (10 per 21 days)
<i>paricalcitol 1 mcg, 2 mcg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
<i>paricalcitol 10 mcg/2 ml vial; paricalcitol 5 mcg/ml vial</i> <b>MO</b>	1	QL (48 per 28 days)
<i>paricalcitol 2 mcg/ml vial</i> <b>MO</b>	1	QL (24 per 30 days)
<i>paricalcitol 4 mcg capsule</i> <b>MO</b>	1	QL (12 per 30 days)
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	B vs D,QL (1 per 180 days)
RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
RECLAST 5 MG/100 ML INTRAVENOUS PIGGYBACK <b>MO</b>	3	PA,QL (100 per 365 days)
<i>risedronate sod dr 35 mg tab; risedronate sodium 35 mg tab</i> <b>MO</b>	1	QL (4 per 28 days)
<i>risedronate sodium 150 mg tab</i> <b>MO</b>	1	QL (1 per 30 days)
<i>risedronate sodium 30 mg, 5 mg tab; risedronate sodium 30 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE <b>MO</b>	3	
ROCALTROL 1 MCG/ML ORAL SOLUTION <b>MO</b>	3	
SENSIPAR 30 MG, 60 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
SENSIPAR 90 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (1.7 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE <b>MO</b>	3	QL (30 per 30 days)

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ZEMPLAR 2 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	QL (24 per 30 days)
ZEMPLAR 5 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	QL (48 per 28 days)
zoledronic acid 4 mg/100 ml <b>MO</b>	1	PA,QL (300 per 21 days)
zoledronic acid 4 mg vial <b>MO</b>	3	PA
zoledronic acid 4 mg/5 ml vial <b>MO</b>	1	PA,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml <b>MO</b>	1	PA,QL (100 per 365 days)
ZOMETA 4 MG/100 ML INTRAVENOUS PIGGYBACK <b>DL</b>	4	PA,QL (300 per 21 days)
ZOMETA 4 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (15 per 21 days)
<b>Miscellaneous Therapeutic Agents</b>		
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 <b>MO</b>	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
ACETADOTE 200 MG/ML (20 %) INTRAVENOUS SOLUTION <b>MO</b>	3	
acetic acid 0.25% irrig soln <b>MO</b>	1	
acetylcysteine 6 gram/30 ml vl <b>MO</b>	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" <b>MO</b>	1	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
ALCOHOL PADS <b>MO</b>	1	
ALCOHOL PREP PADS <b>MO</b>	1	
ALCOHOL PREP SWABS <b>MO</b>	1	
ALCOHOL 70% SWABS <b>MO</b>	1	
ALCOHOL WIPES <b>MO</b>	1	
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION <b>DL</b>	4	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" <b>MO</b>	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <b>MO</b>	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <b>MO</b>	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <b>MO</b>	1	

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BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
BAND-AID GAUZE PADS 2" X 2" BANDAGE <b>MO</b>	1	
BD ALCOHOL SWABS <b>MO</b>	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" <b>MO</b>	1	
BD AUTOSHIELD NEEDLE 5MMX29G; BD AUTOSHIELD NEEDLE 8MMX29G <b>MO</b>	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" <b>MO</b>	1	
BD INSULIN SYR 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"GX1/2"; BD INSULIN SYR 0.5 ML 28GX1/2"; BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE SLIP TIP 1 ML <b>MO</b>	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" <b>MO</b>	1	
BD INSUL SYR 0.3 ML 31GX15/64"; BD INSUL SYR 0.5 ML 31GX15/64"; BD INSULIN SYR 1 ML 29GX1/2"; BD INSULIN SYR 1 ML 31GX15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" <b>MO</b>	1	
BD INTEGRA SYR 1 ML 29GX1/2" <b>MO</b>	1	
BD INSULIN SYR 0.3 ML 28GX1/2"; BD LO-DOSE MICRO-FINE IV 0.3 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
BD INSULIN SYR 0.3 ML 29GX1/2"; BD LO-DOSE ULTRA-FINE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
BD INSULIN SYR 0.5 ML 29GX1/2"; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 30 GAUGE X 5/16; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" <b>MO</b>	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" <b>MO</b>	1	

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

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CURITY GAUZE 2" X 2" BANDAGE <b>MO</b>	1	
DEFITELIO 80 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
DERMACEA 2" X 2" BANDAGE <b>MO</b>	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" <b>MO</b>	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" <b>MO</b>	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
EASY TOUCH ALCOHOL PREP PADS <b>MO</b>	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MO</b>	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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" <b>MO</b>	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE <b>MO</b>	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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" <b>MO</b>	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE <b>MO</b>	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET <b>DL</b>	4	PA
EMFLAZA 22.75 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA
<i>enlon 10 mg/ml vial</i> <b>MO</b>	1	
ENLON-PLUS AMPUL <b>MO</b>	3	PA
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
<i>flumazenil 0.1 mg/ml vial</i> <b>MO</b>	1	
<i>fomepizole 1.5 gm/1.5 ml vial</i> <b>MO</b>	1	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
GALAFOLD 123 MG CAPSULE <b>DL</b>	4	PA,QL (14 per 28 days)
GAUZE PADS 2"X2" <b>MO</b>	1	
GAUZE PAD 2" X 2" BANDAGE <b>MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
HUMAPEN LUXURA HD SUBCUTANEOUS <b>MO</b>	1	
INCONTROL ALCOHOL PADS <b>MO</b>	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
INSULIN SYR 0.3ML 31GX1/4(1/2) <b>MO</b>	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN U100-3/10 ML SYR; INSULIN SYRINGE MICROFINE 0.3 ML 28 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" <b>MO</b>	1	
BD LUER-LOK SYRINGE 1 ML <b>MO</b>	1	
BD INSULIN SYR 0.5 ML 29GX1/2" <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYR 1 ML 25GX5/8"; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRIN 0.5 ML 31GX5/16"; INSULIN SYRINGE 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; KMART VALU PLUS SYR 1/2 ML; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 29GX1/2"; RELION INS SYR 0.3 ML 30GX5/16; RELION INS SYR 0.3 ML 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 30GX5/16"; RELION INS SYR 1 ML 31GX15/64"; RELION SYR 0.5 ML 30GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE INS SYR 1 ML 28GX1/2"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" <b>MO</b>	1	
INSULIN SYRINGE U100 1 ML <b>MO</b>	1	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
IV PREP WIPES MEDICATED <b>MO</b>	1	
KORLYM 300 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
<i>lactated ringers irrigation</i> <b>MO</b>	1	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 <b>MO</b>	1	
LITHOSTAT 250 MG TABLET <b>MO</b>	3	
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" <b>MO</b>	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" <b>MO</b>	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" <b>MO</b>	1	
<i>methergine 0.2 mg tablet</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>methylergonovine 0.2 mg tablet</i> <b>MO</b>	1	
<i>methylergonovine 0.2 mg/ml amp</i> <b>MO</b>	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"; MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"; MONOJECT INSULIN SYRINGE 1 ML <b>MO</b>	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE <b>MO</b>	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE <b>MO</b>	1	
<i>neostigmine 10 mg/10 ml vial; neostigmine 5 mg/10 ml vial</i> <b>MO</b>	1	
NOVOFINE 30G X 1/3" NEEDLES <b>MO</b>	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <b>MO</b>	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <b>MO</b>	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <b>MO</b>	1	
NOVOPEN ECHO SUBCUTANEOUS <b>MO</b>	1	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE <b>MO</b>	1	
<i>oxytocin 10 units/ml vial</i> <b>MO</b>	1	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLES 6MM 31G <b>MO</b>	1	
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 <b>MO</b>	1	
PITOCIN 10 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	
PREVYMIS 240 MG, 480 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
PREVYMIS 240 MG/12 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (336 per 28 days)
PREVYMIS 480 MG/24 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (672 per 28 days)

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PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION <b>DL</b>	4	PA
PRO COMFORT ALCOHOL PADS <b>MO</b>	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16" <b>MO</b>	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"; PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2" <b>MO</b>	1	
<i>protamine 250 mg/25 ml vial</i> <b>MO</b>	1	
RELION NEEDLES 31 GAUGE X 1/4" <b>MO</b>	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" <b>MO</b>	1	
RENACIDIN 6.602 GRAM-3.268 GRAM/100 ML IRRIGATION SOLUTION <b>MO</b>	3	
RIMSO-50 50 % INTRAVESICAL SOLUTION <b>MO</b>	3	
<i>ringers irrigation solution</i> <b>MO</b>	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
<i>sod phenylacet-sod benzoate vl</i> <b>DL</b>	4	
<i>sorbitol-mannitol irrig</i> <b>MO</b>	1	
GAUZE PADS, STERILE 2"X2" <b>MO</b>	1	
SURE COMFORT ALCOHOL PREP PADS <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" <b>MO</b>	1	
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" <b>MO</b>	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" <b>MO</b>	1	

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SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
SURE-PREP ALCOHOL PREP PADS <b>MO</b>	1	
TAVALISSE 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" <b>MO</b>	1	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" <b>MO</b>	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" <b>MO</b>	1	
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" <b>MO</b>	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16 SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE <b>MO</b>	1	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 <b>MO</b>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" <b>MO</b>	1	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" <b>MO</b>	1	
VGO 20 DEVICE <b>MO</b>	2	
VGO 30 DEVICE <b>MO</b>	2	
VGO 40 DEVICE <b>MO</b>	2	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET <b>DL</b>	4	QL (20 per 365 days)
<i>sterile water for irrigation</i> <b>MO</b>	1	
WEBCOL TOPICAL PADS <b>MO</b>	1	
XENICAL 120 MG CAPSULE <b>MO</b>	3	PA
XURIDEN 2 GRAM ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (120 per 30 days)
<b>Ophthalmic Agents</b>		
ACULAR 0.5 % EYE DROPS <b>MO</b>	3	ST
ACULAR LS 0.4 % EYE DROPS <b>MO</b>	3	ST
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	ST
<i>ak-poly-bac 500 unit-10,000 unit/gram eye ointment</i> <b>MO</b>	1	
AKTEN (PF) 3.5 % EYE GEL <b>MO</b>	3	
ALCAINE 0.5% EYE DROPS <b>MO</b>	1	

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ALOCRI 2 % EYE DROPS <b>MO</b>	3	
ALOMIDE 0.1 % EYE DROPS <b>MO</b>	3	
ALPHAGAN P 0.1 % EYE DROPS <b>MO</b>	2	
ALPHAGAN P 0.15 % EYE DROPS <b>MO</b>	3	PA
ALREX 0.2 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
<i>apraclonidine hcl 0.5% drops</i> <b>MO</b>	1	
<i>atropine 1% eye drops</i> <b>MO</b>	1	
<i>azelastine hcl 0.05% drops</i> <b>MO</b>	1	
AZOPT 1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST,QL (10 per 28 days)
<i>bacitracin-polymyxin eye oint</i> <b>MO</b>	1	
<i>balanced salt intraocular solution</i> <b>MO</b>	1	
BEPREVE 1.5 % EYE DROPS <b>MO</b>	3	QL (5 per 25 days)
BETADINE OPHTHALMIC PREP 5 % SOLUTION <b>MO</b>	3	
BETAGAN 0.5% EYE DROPS <b>MO</b>	3	ST
<i>betaxolol hcl 0.5% eye drop</i> <b>MO</b>	1	
BETIMOL 0.25 %, 0.5 % EYE DROPS <b>MO</b>	3	ST
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
<i>bimatoprost 0.03% eye drops</i> <b>MO</b>	1	QL (2.5 per 25 days)
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION <b>MO</b>	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT <b>MO</b>	1	
<i>brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp</i> <b>MO</b>	1	
<i>bromfenac sodium 0.09% eye drp</i> <b>MO</b>	1	QL (1.7 per 30 days)
BROMSITE 0.075 % EYE DROPS <b>MO</b>	3	ST,QL (5 per 30 days)
BSS INTRAOCULAR SOLUTION <b>MO</b>	3	
BSS PLUS INTRAOCULAR SOLUTION <b>MO</b>	3	
<i>carteolol hcl 1% eye drops</i> <b>MO</b>	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS <b>MO</b>	2	QL (5 per 25 days)
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS <b>MO</b>	3	ST,QL (10 per 30 days)
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	ST,QL (60 per 30 days)
<i>cromolyn 4% eye drops</i> <b>MO</b>	1	
CYCLOGYL 0.5 %, 1 %, 2 % EYE DROPS <b>MO</b>	1	
<i>cyclopentolate 0.5% eye drops; cyclopentolate 1% eye drops; cyclopentolate hcl 2% drops</i> <b>MO</b>	1	
CYSTARAN 0.44 % EYE DROPS <b>DL</b>	4	PA,QL (60 per 28 days)
<i>dexamethasone 0.1% eye drop</i> <b>MO</b>	1	
<i>diclofenac 0.1% eye drops</i> <b>MO</b>	1	
<i>dorzolamide hcl 2% eye drops</i> <b>MO</b>	1	QL (10 per 30 days)

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<i>dorzolamide-timolol eye drops</i> <b>MO</b>	1	QL (10 per 30 days)
<i>dorzolamide-timolol 2%-0.5%</i> <b>MO</b>	1	ST,QL (60 per 30 days)
DUREZOL 0.05 % EYE DROPS <b>MO</b>	2	
ELESTAT 0.05 % EYE DROPS <b>MO</b>	3	ST,QL (5 per 25 days)
EMADINE 0.05 % EYE DROPS <b>MO</b>	3	ST
<i>epinastine hcl 0.05% eye drops</i> <b>MO</b>	1	ST,QL (5 per 25 days)
FLAREX 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
<i>fluorometholone 0.1% drops</i> <b>MO</b>	1	
<i>flurbiprofen 0.03% eye drop</i> <b>MO</b>	1	
FML FORTE 0.25 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
FML S.O.P. 0.1 % EYE OINTMENT <b>MO</b>	3	ST
ILEVRO 0.3 % EYE DROPS,SUSPENSION <b>MO</b>	2	
IOPIDINE 0.5 % EYE DROPS <b>MO</b>	3	PA
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS <b>MO</b>	3	
ISTALOL 0.5 % EYE DROPS <b>MO</b>	3	
<i>ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution</i> <b>MO</b>	1	
LACRISERT 5 MG EYE INSERTS <b>MO</b>	3	
LASTACFT 0.25 % EYE DROPS <b>MO</b>	3	ST
<i>latanoprost 0.005% eye drops</i> <b>MO</b>	1	QL (5 per 25 days)
<i>levobunolol 0.5% eye drops</i> <b>MO</b>	1	
LOTEMAX 0.5 % EYE DROPS,SUSPENSION; LOTEMAX 0.5 % EYE GEL DROPS <b>MO</b>	3	
LOTEMAX 0.5 % EYE OINTMENT <b>MO</b>	3	
LUMIGAN 0.01 % EYE DROPS <b>MO</b>	2	QL (2.5 per 25 days)
MAXIDEX 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT <b>MO</b>	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION <b>MO</b>	1	
<i>metipranolol 0.3% eye drops</i> <b>MO</b>	1	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION <b>MO</b>	3	
MYDRIACYL 1 % EYE DROPS <b>MO</b>	1	
<i>neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment</i> <b>MO</b>	1	
<i>neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment</i> <b>MO</b>	1	
<i>neo-bacit-poly-hc eye ointment</i> <b>MO</b>	1	
<i>neomyc-bacit-polymix eye oint</i> <b>MO</b>	1	
<i>neomyc-polym-dexamet eye ointm</i> <b>MO</b>	1	

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<i>neomyc-polym-dexameth eye drop</i> <sup>MO</sup>	1	
<i>neomyc-polym-gramicid eye drop</i> <sup>MO</sup>	1	
<i>neomycin-poly-hc eye drops</i> <sup>MO</sup>	1	
<i>neosporin eye drops</i> <sup>MO</sup>	1	
NEVANAC 0.1 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	ST
OCUFEN 0.03% EYE DROPS <sup>MO</sup>	3	ST
<i>olopatadine hcl 0.1% eye drops</i> <sup>MO</sup>	1	ST
<i>olopatadine hcl 0.2% eye drop</i> <sup>MO</sup>	1	
OMNIPRED 1 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	ST
PATADAY 0.2 % EYE DROPS <sup>MO</sup>	3	ST
PATANOL 0.1 % EYE DROPS <sup>MO</sup>	3	ST
PAZEO 0.7 % EYE DROPS <sup>MO</sup>	2	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <sup>MO</sup>	3	
<i>pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops</i> <sup>MO</sup>	2	
<i>polycin 500 unit-10,000 unit/gram eye ointment</i> <sup>MO</sup>	1	
<i>polymyxin b-tmp eye drops</i> <sup>MO</sup>	1	
POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS <sup>MO</sup>	3	
PRED FORTE 1 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	ST
PRED MILD 0.12 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	ST
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT <sup>MO</sup>	3	
<i>prednisolone ac 1% eye drop</i> <sup>MO</sup>	1	
<i>prednisolone sod 1% eye drop</i> <sup>MO</sup>	1	
PROLENSA 0.07 % EYE DROPS <sup>MO</sup>	3	ST,QL (3 per 30 days)
<i>proparacaine 0.5% eye drops</i> <sup>MO</sup>	1	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE <sup>MO</sup>	2	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS <sup>MO</sup>	2	QL (5.5 per 25 days)
RHOPRESSA 0.02 % EYE DROPS <sup>MO</sup>	3	PA,QL (2.5 per 25 days)
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	ST,QL (16 per 30 days)
<i>sulf-pred 10-0.23% eye drops</i> <sup>MO</sup>	1	
<i>timolol 0.25% gel-solution; timolol 0.5% gel-solution</i> <sup>MO</sup>	1	
<i>timolol 0.5% eye drop; timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops</i> <sup>MO</sup>	1	
TIMOPTIC 0.25 %, 0.5 % EYE DROPS <sup>MO</sup>	3	ST
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % EYE DROPS IN A DROPPERETTE <sup>MO</sup>	3	ST
TIMOPTIC-XE 0.25 %, 0.5 % EYE GEL <sup>MO</sup>	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT <b>MO</b>	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION <b>MO</b>	3	
<i>tobramycin-dexameth ophth susp</i> <b>MO</b>	1	
TRAVATAN Z 0.004 % EYE DROPS <b>MO</b>	2	QL (2.5 per 25 days)
<i>tropicamide 0.5% eye drop; tropicamide 1% eye drops</i> <b>MO</b>	1	
TRUSOPT 2 % EYE DROPS <b>MO</b>	3	QL (10 per 30 days)
VYZULTA 0.024 % EYE DROPS <b>MO</b>	3	ST,QL (5 per 30 days)
XALATAN 0.005 % EYE DROPS <b>MO</b>	3	PA,QL (5 per 25 days)
XIIDRA 5 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	PA,QL (60 per 30 days)
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	ST,QL (30 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION <b>MO</b>	3	
<b>Otic Agents</b>		
<i>acetic acid-aluminum drops</i> <b>MO</b>	1	
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION <b>MO</b>	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION <b>MO</b>	3	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION <b>MO</b>	3	
DERMOTIC OIL 0.01 % EAR DROPS <b>MO</b>	3	
<i>flac otic (ear) oil 0.01 % drops</i> <b>MO</b>	1	
<i>fluocinolone oil 0.01% ear drp</i> <b>MO</b>	1	
<i>hydrocortison-acetic acid soln</i> <b>MO</b>	1	
<i>neomycin-polymyxin-hc ear soln</i> <b>MO</b>	1	
<i>neomycin-polymyxin-hc ear susp</i> <b>MO</b>	1	
OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION <b>MO</b>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
ACCOLATE 10 MG, 20 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> <b>MO</b>	1	B vs D
ADCIRCA 20 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) INJECTION SOLUTION <b>MO</b>	3	
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (12 per 30 days)
AEROSPAN 80 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL (17.8 per 30 days)

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AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED <b>MO</b>	3	ST,QL (1 per 30 days)
albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln <b>MO</b>	1	B vs D
albuterol sulf 2 mg/5 ml syrup <b>MO</b>	1	
albuterol sulfate 2 mg, 4 mg tab <b>MO</b>	1	
albuterol sulfate er 4 mg, 8 mg tab <b>MO</b>	1	
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	ST,QL (18.3 per 28 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml vl <b>MO</b>	1	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
arbinoxa 4 mg tablet <b>MO</b>	1	PA
arbinoxa 4 mg/5 ml liquid <b>MO</b>	1	PA
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE <b>MO</b>	3	ST,QL (30 per 30 days)
ARMONAIR RESPICLICK 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER <b>MO</b>	3	ST,QL (1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	2	QL (30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	ST,QL (13 per 30 days)
ASMANEX TWISTHALER 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES) BREATH ACTIVATED <b>MO</b>	3	ST,QL (1 per 28 days)
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY <b>MO</b>	3	PA,QL (30 per 25 days)
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (25.8 per 30 days)
azelastine 0.1% (137 mcg) spry <b>MO</b>	1	QL (30 per 25 days)
azelastine 0.15% nasal spray <b>MO</b>	1	QL (30 per 25 days)
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY <b>MO</b>	3	ST,QL (50 per 30 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER <b>MO</b>	3	QL (10.7 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <b>MO</b>	3	PA
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh susp; budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml susp <b>MO</b>	1	B vs D
budesonide 32 mcg nasal spray <b>MO</b>	1	ST,QL (17.2 per 30 days)
carbinoxamine 4 mg/5 ml liquid <b>MO</b>	1	PA

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<i>carbinoxamine maleate 4 mg tab</i> <b>MO</b>	1	PA
<i>carbinoxamine maleate 6 mg tab</i> <b>MO</b>	1	PA,QL (120 per 30 days)
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (84 per 28 days)
<i>cetirizine hcl 1 mg/ml soln</i> <b>MO</b>	1	QL (300 per 30 days)
CINQAIR 10 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
CLARINEX 2.5 MG/5 ML (0.5 MG/ML) SYRUP <b>MO</b>	3	ST,QL (300 per 30 days)
CLARINEX 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (60 per 30 days)
<i>clemastine fum 2.68 mg tab</i> <b>MO</b>	1	
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 20 days)
<i>cromolyn 100 mg/5 ml oral conc</i> <b>MO</b>	3	
<i>cromolyn 20 mg/2 ml neb soln</i> <b>MO</b>	1	B vs D
<i>cyproheptadine 2 mg/5 ml syrup</i> <b>MO</b>	1	
<i>cyproheptadine 4 mg tablet</i> <b>MO</b>	1	
DALIRESP 250 MCG TABLET <b>MO</b>	2	QL (28 per 365 days)
DALIRESP 500 MCG TABLET <b>MO</b>	2	QL (30 per 30 days)
<i>desloratadine 2.5 mg, 5 mg odt</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>desloratadine 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>diphenhydramine 12.5 mg/5 ml</i> <b>MO</b>	1	
<i>diphenhydramine 50 mg/ml syrng</i> <b>MO</b>	1	
<i>diphenhydramine 50 mg/ml vial</i> <b>MO</b>	1	
DOPRAM 20 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL (13 per 30 days)
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY <b>MO</b>	3	ST,QL (23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR <b>MO</b>	1	
EPINEPHRINE 0.15 MG AUTO-INJCT <b>MO</b>	1	QL (4 per 30 days)
<i>epinephrine 0.15 mg auto-injct; epinephrine 0.3 mg auto-inject</i> <b>MO</b>	1	QL (4 per 30 days)
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR <b>MO</b>	3	PA,QL (4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR <b>MO</b>	3	PA,QL (4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR <b>MO</b>	3	PA,QL (4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR <b>MO</b>	3	PA,QL (4 per 30 days)
<i>epoprostenol sodium 0.5 mg, 1.5 mg vl</i> <b>DL</b>	4	PA
ESBRIET 267 MG CAPSULE <b>DL</b>	4	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET <b>DL</b>	4	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET <b>DL</b>	4	PA,QL (90 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
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (10.6 per 30 days)
<i>flunisolide 0.025% spray</i> <b>MO</b>	1	QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray</i> <b>MO</b>	1	QL (16 per 30 days)
<i>fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14</i> <b>MO</b>	2	QL (1 per 30 days)
GASTROCROM 100 MG/5 ML ORAL CONCENTRATE <b>DL</b>	4	
GRASTEK 2,800 BAU SUBLINGUAL TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>hydroxyzine pam 100 mg, 25 mg, 50 mg cap</i> <b>MO</b>	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	2	QL (30 per 30 days)
<i>ipratropium 0.03% spray</i> <b>MO</b>	1	QL (30 per 30 days)
<i>ipratropium 0.06% spray</i> <b>MO</b>	1	QL (45 per 30 days)
<i>ipratropium br 0.02% soln</i> <b>MO</b>	1	B vs D
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i> <b>MO</b>	1	B vs D
KALYDECO 150 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (56 per 28 days)
KARBINAL ER 4 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE <b>MO</b>	3	PA
LETAIRIS 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>levalbuterol 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml sol; levalbuterol conc 1.25 mg/0.5</i> <b>MO</b>	1	B vs D
<i>levalbuterol tar hfa 45mcg inh</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>levocetirizine 2.5 mg/5 ml sol</i> <b>MO</b>	1	QL (300 per 30 days)
<i>levocetirizine 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (60 per 30 days)
LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (60 per 365 days)
<i>metaproterenol 10 mg, 20 mg tablet</i> <b>MO</b>	1	
<i>metaproterenol 10 mg/5 ml syr</i> <b>MO</b>	1	
<i>mometasone furoate 50 mcg spry</i> <b>MO</b>	1	ST,QL (34 per 30 days)
<i>montelukast sod 10 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>montelukast sod 4 mg granules</i> <b>MO</b>	1	QL (30 per 30 days)
<i>montelukast sod 4 mg, 5 mg tab chew</i> <b>MO</b>	1	QL (30 per 30 days)
NASONEX 50 MCG/ACTUATION SPRAY <b>MO</b>	3	ST,QL (34 per 30 days)
NUCALA 100 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (3 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OFEV 100 MG, 150 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
olopatadine 665 mcg nasal spray <b>MO</b>	1	ST,QL (30.5 per 30 days)
OMNARIS 50 MCG NASAL SPRAY <b>MO</b>	3	ST,QL (12.5 per 30 days)
OPSUMIT 10 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
ORALAIR 100 INDEX OF REACTIVITY SUBLINGUAL TABLET; ORALAIR 100 INDEX OF REACTIVITY(3)/300 IDX REACT.(6) SUBLINGUAL TABLET; ORALAIR 300 IR SUBLINGUAL TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (1000 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (500 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (720 per 30 days)
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (300 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE <b>DL</b>	4	PA,QL (150 per 30 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET; ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET <b>DL</b>	4	PA,QL (112 per 28 days)
PATANASE 0.6 % NASAL SPRAY <b>MO</b>	3	ST,QL (30.5 per 30 days)
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <b>MO</b>	3	PA
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	ST,QL (36 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED <b>MO</b>	3	ST,QL (2 per 30 days)
promethazine vc 6.25 mg-5 mg/5 ml syrup <b>MO</b>	1	PA
promethazine-phenylephrine syr <b>MO</b>	1	PA
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	ST,QL (36 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION <b>MO</b>	3	B vs D
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION BREATH ACTIVATED <b>MO</b>	3	ST,QL (2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION <b>DL</b>	4	B vs D
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY <b>MO</b>	3	ST,QL (4.9 per 30 days)
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY <b>MO</b>	3	ST,QL (8.7 per 30 days)
QVAR 40 MCG ORAL INHALER; QVAR 80 MCG ORAL INHALER <b>MO</b>	3	ST,QL (17.4 per 30 days)
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL <b>MO</b>	3	ST,QL (10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL <b>MO</b>	3	ST,QL (21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION <b>DL</b>	4	PA
REVATIO 10 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (180 per 30 days)
REVATIO 20 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
RYVENT 6 MG TABLET <b>MO</b>	1	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SEEBRI NEOHALER 15.6 MCG CAPSULE WITH INHALATION DEVICE <b>MO</b>	3	PA,QL (60 per 30 days)
SEMPREX-D 8 MG-60 MG CAPSULE <b>MO</b>	3	
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
<i>sildenafil 20 mg tablet</i> <b>MO</b>	1	PA,QL (90 per 30 days)
SINGULAIR 10 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET <b>MO</b>	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	2	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES <b>MO</b>	2	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	2	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	2	QL (4 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL (10.2 per 30 days)
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS <b>DL</b>	4	PA,QL (56 per 28 days)
<i>tadalafil 20 mg tablet</i> <b>DL</b>	4	PA,QL (60 per 30 days)
<i>terbutaline sulf 1 mg/ml vial</i> <b>DL</b>	4	
<i>terbutaline sulfate 2.5 mg, 5 mg tab</i> <b>MO</b>	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	1	
<i>theophylline 80 mg/15 ml soln</i> <b>MO</b>	1	
<i>theophylline er 100 mg, 200 mg, 300 mg, 450 mg tab; theophylline er 100 mg, 200 mg, 300 mg, 450 mg tablet</i> <b>MO</b>	1	
<i>theophylline er 400 mg, 600 mg tablet</i> <b>MO</b>	1	
<i>theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w</i> <b>MO</b>	1	
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG CAPSULES FOR INHALATION <b>DL</b>	4	PA,QL (224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION <b>DL</b>	4	PA,QL (120 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED <b>MO</b>	3	QL (1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION <b>DL</b>	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (200 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
VENTAVIS 10 MCG/ML, 20 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (36 per 30 days)
VERAMYST 27.5 MCG NASAL SPRAY <b>MO</b>	3	ST,QL (10 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE <b>MO</b>	3	PA
XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL <b>MO</b>	3	PA,QL (32 per 30 days)
XOPENEX 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML SOLUTION FOR NEBULIZATION <b>MO</b>	3	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION <b>MO</b>	3	B vs D
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	ST,QL (30 per 30 days)
XYZAL 2.5 MG/5 ML ORAL SOLUTION <b>MO</b>	3	PA,QL (300 per 30 days)
XYZAL 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>zafirlukast 10 mg, 20 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER <b>MO</b>	3	ST,QL (6.1 per 28 days)
<i>zileuton er 600 mg tablet</i> <b>DL</b>	4	ST,QL (120 per 30 days)
ZYFLO 600 MG TABLET <b>DL</b>	4	ST,QL (120 per 30 days)
ZYFLO CR 600 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (120 per 30 days)
<b>SKELETAL MUSCLE RELAXANTS</b>		
AMRIX 15 MG, 30 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (21 per 30 days)
<i>carisoprodol 250 mg tablet</i> <b>MO</b>	1	PA,QL (120 per 30 days)
<i>carisoprodol 350 mg tablet</i> <b>MO</b>	1	PA
<i>carisoprodol-aspirin-codein tb</i> <b>DL</b>	1	PA,QL (360 per 30 days)
<i>carisoprodol compound tab</i> <b>MO</b>	1	PA
<i>chlorzoxazone 250 mg, 500 mg tablet</i> <b>MO</b>	1	PA
<i>cyclobenzaprine 10 mg, 5 mg tablet</i> <b>MO</b>	1	PA
<i>cyclobenzaprine 7.5 mg tablet</i> <b>MO</b>	1	PA,QL (90 per 30 days)
FEXMID 7.5 MG TABLET <b>MO</b>	1	PA,QL (90 per 30 days)
LORZONE 375 MG, 750 MG TABLET <b>MO</b>	1	PA,QL (120 per 30 days)
<i>metaxall 800 mg tablet</i> <b>MO</b>	1	PA,QL (120 per 30 days)
<i>metaxalone 400 mg, 800 mg tablet</i> <b>MO</b>	1	PA,QL (120 per 30 days)
<i>methocarbamol 1,000 mg/10 ml</i> <b>MO</b>	1	PA
<i>methocarbamol 500 mg, 750 mg tablet</i> <b>MO</b>	1	PA
<i>orphenadrine 30 mg/ml vial</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>orphenadrine er 100 mg tablet</i> <b>MO</b>	1	
PARAFON FORTE DSC 500 MG CAPLT <b>MO</b>	3	PA
ROBAXIN 100 MG/ML INJECTION SOLUTION <b>MO</b>	3	PA
ROBAXIN 500 MG TABLET <b>MO</b>	3	PA
ROBAXIN-750 750 MG TABLET <b>MO</b>	3	PA
SKELAXIN 800 MG TABLET <b>MO</b>	3	PA,QL (120 per 30 days)
SOMA 250 MG TABLET <b>MO</b>	3	PA,QL (120 per 30 days)
SOMA 350 MG TABLET <b>MO</b>	3	PA
<b>Sleep Disorder Agents</b>		
AMBIEN 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
<i>armodafinil 150 mg, 200 mg, 250 mg tablet</i> <b>MO</b>	1	PA,QL (30 per 30 days)
<i>armodafinil 50 mg tablet</i> <b>MO</b>	1	PA,QL (60 per 30 days)
BELSOMRA 10 MG, 15 MG, 20 MG, 5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
EDLUAR 10 MG, 5 MG SUBLINGUAL TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>eszopiclone 1 mg, 2 mg, 3 mg tablet</i> <b>MO</b>	1	PA,QL (30 per 30 days)
<i>flurazepam 15 mg capsule</i> <b>DL</b>	1	QL (60 per 30 days)
<i>flurazepam 30 mg capsule</i> <b>DL</b>	1	QL (30 per 30 days)
HETLIOZ 20 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
INTERMEZZO 1.75 MG, 3.5 MG SUBLINGUAL TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
LUNESTA 1 MG, 2 MG, 3 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>modafinil 100 mg, 200 mg tablet</i> <b>MO</b>	1	PA,QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
PROVIGIL 100 MG, 200 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE <b>DL</b>	3	PA,QL (30 per 30 days)
ROZEREM 8 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
SILENOR 3 MG, 6 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
SONATA 10 MG, 5 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
<i>temazepam 15 mg, 22.5 mg, 30 mg, 7.5 mg capsule</i> <b>DL</b>	1	QL (30 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (540 per 30 days)
<i>zaleplon 10 mg, 5 mg capsule</i> <b>MO</b>	1	PA,QL (30 per 30 days)
<i>zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab sl;</i> <i>zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet sl;</i> <i>zolpidem tart er 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab;</i> <i>zolpidem tartrate 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet</i> <b>MO</b>	1	PA,QL (30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY <b>MO</b>	3	PA,QL (23.1 per 365 days)

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