

2016 Prescription Drug Guide

Humana Formulary

List of covered drugs

Humana Preferred Rx Plan (PDP)

Region 31
States of Idaho and Utah



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

This formulary was updated on 09/24/2015. For more recent information or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Other pharmacies are available in our network.

Humana[®]

Preferred Rx Plan (PDP)

Walmart  Preferred
Retail Pharmacy

Welcome to Humana!

Note to existing members: This formulary changes yearly. If you belonged to the plan in 2015, please review this document to make sure that it still contains the drugs you take.

What is the formulary?

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

Can the formulary change?

Generally, we won't discontinue or reduce coverage of the drug during the 2016 coverage year if you take a drug that was covered at the beginning of the year. However, we may change the formulary when a new, less-expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

We'll notify you if you are affected by the following changes to our formulary:

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

What if you're affected by a formulary change?

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

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

The enclosed formulary is current as of January 1, 2016. We'll update our printed formularies each month and they'll be available on **Humana.com/medicaredruglist**.

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

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

How do I use the formulary?

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

Medical condition

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

Alphabetical listing

If you're not sure about your drug's category or group, you can look for your drug in the Index that begins on page 84. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of five tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

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

For drugs that need prior authorization or step therapy or drugs that fall outside of quantity limits, your doctor can fax information about your condition and need for those drugs to Humana at **1-877-486-2621**. Representatives are available Monday - Friday, 8 a.m. - 6 p.m.

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

You can also visit Humana.com/medicaredruglist to get more information about the restrictions applied to specific covered drugs.

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

Does healthcare reform impact my coverage?

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

What if my drug isn't on the formulary?

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

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

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

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

How do I request an exception to the formulary?

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

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

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

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

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

You may take drugs that your plan doesn't cover. Or, you may 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 our plan.

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

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

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

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

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

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

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

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

Transition extension

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

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

Humana-Medicare.com - Find a Plan

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

For More Information

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

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

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

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

Humana Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

How to read your formulary

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

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

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

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

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

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

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 |
|--|------|-------------------------------------|
| azithromycin 1 gm pwd packet; azithromycin 100 mg/5 ml, 200 mg/5 ml susp; azithromycin i.v. 500 mg vial MO | 3 | |
| azithromycin 250 mg, 500 mg, 600 mg tablet MO | 2 | |
| aztreonam 1 gm vial MO | 4 | |
| aztreonam 2 gm vial MO | 5 | |
| bacitracin 50,000 units vial; bacitracin 500 unit/gm ophth MO | 3 | |
| BARACLUDE 0.05 MG/ML ORAL SOLUTION SP | 5 | QL (630 per 30 days) |
| BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION SP | 5 | PA,QL (224 per 28 days) |
| BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE MO | 4 | |
| BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE MO | 4 | |
| CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION MO | 5 | |
| CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO | 4 | |
| CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION SP | 5 | PA,QL (84 per 28 days) |
| cefaclor 125 mg/5 ml, 375 mg/5 ml susp; cefaclor 125 mg/5 ml, 375 mg/5 ml suspen; cefaclor 250 mg, 500 mg capsule MO | 3 | |
| cefaclor 250 mg/5 ml susp; cefaclor er 500 mg tablet MO | 4 | |
| cefadroxil 1 gm tablet; cefadroxil 250 mg/5 ml, 500 mg/5 ml susp; cefadroxil 500 mg capsule MO | 3 | |
| cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 1 gram, 10 gram, 20 gram, 500 mg vial; cefazolin 10 gm vial; cefazolin 20 gm bulk vial MO | 3 | |
| cefazolin 1 gm-d5w bag; cefazolin 2 gm-d5w bag MO | 3 | |
| cefdinir 125 mg/5 ml, 250 mg/5 ml susp; cefdinir 300 mg capsule MO | 3 | |
| cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial MO | 4 | |
| cefotaxime sodium 1 gm vial MO | 3 | |
| cefotaxime sodium 10 gm vial; cefotaxime sodium 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 2 gm vial MO | 2 | |
| cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial MO | 4 | |
| cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial MO | 4 | |
| cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag MO | 4 | |
| cefpodoxime 100 mg, 200 mg tablet; cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp MO | 4 | |
| cefprozil 125 mg/5 ml, 250 mg/5 ml susp; cefprozil 250 mg, 500 mg tablet MO | 3 | |
| ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial MO | 3 | |
| ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback MO | 2 | |

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 2 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial MO | 3 | |
| cefuroxime axetil 250 mg, 500 mg tab MO | 3 | |
| cefuroxime sod 7.5 gm vial; cefuroxime sod 7.5 gram, 750 mg vial MO | 3 | |
| cephalexin 125 mg/5 ml, 250 mg/5 ml susp; cephalexin 250 mg, 500 mg tablet MO | 2 | |
| cephalexin 250 mg, 500 mg capsule MO | 1 | |
| cephalexin 750 mg capsule MO | 4 | |
| chloramphen na succ 1 gm vl MO | 2 | |
| chloroquine ph 250 mg, 500 mg tablet MO | 2 | |
| ciprofloxacin 0.3% eye drop; ciprofloxacin hcl 100 mg, 750 mg tab MO | 2 | |
| ciprofloxacin hcl 250 mg, 500 mg tab MO | 1 | |
| ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml MO | 2 | |
| ciprofloxacin 400 mg/40 ml vl MO | 2 | |
| clarithromycin 125 mg/5 ml, 250 mg/5 ml sus; clarithromycin 250 mg, 500 mg tablet; clarithromycin er 500 mg tab MO | 3 | |
| clindamycin hcl 150 mg, 300 mg, 75 mg capsule MO | 2 | |
| clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml MO | 4 | |
| clindamycin 75 mg/5 ml soln MO | 4 | |
| clindamycin pediatric 75 mg/5 ml oral solution MO | 4 | |
| clindamycin 2% vaginal cream; clindamycin ph 1% gel; clindamycin ph 1% solution; clindamycin ph 600 mg/4 ml vl; clindamycin phos 1% pledget; clindamycin phosp 1% lotion MO | 3 | |
| COARTEM 20 MG-120 MG TABLET MO | 4 | QL (24 per 30 days) |
| colistimethate 150 mg vial MO | 4 | |
| COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION MO | 4 | |
| COMPLERA 200 MG-25 MG-300 MG TABLET SP | 5 | QL (30 per 30 days) |
| CRESEMBA 186 MG CAPSULE; CRESEMBA 372 MG INTRAVENOUS SOLUTION MO | 5 | PA |
| CRIXIVAN 200 MG CAPSULE MO | 4 | QL (450 per 30 days) |
| CRIXIVAN 400 MG CAPSULE MO | 4 | QL (270 per 30 days) |
| CUBICIN 500 MG INTRAVENOUS SOLUTION MO | 5 | |
| cycloserine 250 mg capsule MO | 4 | |
| dapsone 100 mg, 25 mg tablet MO | 3 | |
| DARAPRIM 25 MG TABLET MO | 4 | |
| demeclocycline 150 mg, 300 mg tablet MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| dicloxacillin 250 mg, 500 mg capsule MO | 2 | |
| didanosine dr 125 mg capsule MO | 4 | QL (90 per 30 days) |
| didanosine dr 200 mg capsule MO | 4 | QL (60 per 30 days) |
| didanosine dr 250 mg, 400 mg capsule MO | 4 | QL (30 per 30 days) |
| DORIBAX 250 MG, 500 MG INTRAVENOUS SOLUTION MO | 4 | |
| doxycycline hyc 100 mg vial MO | 2 | |
| doxycycline hyclate 100 mg, 20 mg tab; doxycycline hyclate 100 mg, 50 mg cap MO | 3 | |
| doxycycline 25 mg/5 ml susp; doxycycline mono 150 mg cap MO | 4 | |
| doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet MO | 3 | |
| doxycycline mono 100 mg, 50 mg cap MO | 3 | QL (60 per 30 days) |
| doxycycline mono 75 mg capsule MO | 4 | QL (60 per 30 days) |
| E.E.S. 400 400 MG TABLET MO | 4 | |
| EDURANT 25 MG TABLET SP | 4 | QL (30 per 30 days) |
| EMTRIVA 10 MG/ML ORAL SOLUTION MO | 4 | QL (680 per 28 days) |
| EMTRIVA 200 MG CAPSULE MO | 4 | QL (30 per 30 days) |
| entecavir 0.5 mg, 1 mg tablet SP | 5 | QL (30 per 30 days) |
| EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION MO | 4 | |
| EPZICOM 600 MG-300 MG TABLET SP | 5 | QL (30 per 30 days) |
| ERAXIS(WATER DILUENT) 100 MG, 50 MG INTRAVENOUS SOLUTION MO | 4 | |
| ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE MO | 4 | |
| ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO | 2 | |
| ERYTHROCIN (AS STEARATE) 250 MG TABLET MO | 3 | |
| erythromycin es 400 mg tab MO | 4 | |
| erythromycin-sulfisox susp MO | 2 | |
| ethambutol hcl 100 mg, 400 mg tablet MO | 4 | |
| EVOTAZ 300 MG-150 MG TABLET SP | 5 | QL (30 per 30 days) |
| famciclovir 125 mg, 250 mg, 500 mg tablet MO | 3 | QL (60 per 30 days) |
| fluconazole 10 mg/ml, 40 mg/ml susp; fluconazole 100 mg, 200 mg, 50 mg tablet MO | 3 | |
| fluconazole 150 mg tablet MO | 1 | |
| fluconazole-dext 200 mg/100 ml, 400 mg/200 ml MO | 2 | |
| flucytosine 250 mg, 500 mg capsule MO | 5 | |
| foscarnet 24 mg/ml infus bttl MO | 3 | |
| FUZEON 90 MG SUBCUTANEOUS SOLUTION SP | 5 | QL (60 per 30 days) |
| ganciclovir 500 mg vial MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| gentamicin 80 mg/2 ml vial ^{MO} | 3 | |
| 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/1 ^{MO} | | |
| griseofulvin ultra 125 mg, 250 mg tab ^{MO} | 4 | |
| HARVONI 90 MG-400 MG TABLET ^{SP} | 5 | PA,QL (28 per 28 days) |
| hydroxychloroquine 200 mg tab ^{MO} | 3 | |
| imipenem-cilastatin 250 mg vl ^{MO} | 4 | |
| imipenem-cilastatin 500 mg vl ^{MO} | 3 | |
| INTELENCE 100 MG TABLET ^{SP} | 5 | QL (120 per 30 days) |
| INTELENCE 200 MG TABLET ^{SP} | 5 | QL (60 per 30 days) |
| INTELENCE 25 MG TABLET ^{SP} | 4 | QL (120 per 30 days) |
| INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (^{MO} | | |
| INVANZ 1 GRAM, 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM, 1 GRAM SOLUTION FOR INJECTION ^{MO} | 4 | |
| INVIRASE 200 MG CAPSULE ^{SP} | 5 | QL (300 per 30 days) |
| INVIRASE 500 MG TABLET ^{SP} | 5 | QL (120 per 30 days) |
| ISENTRESS 100 MG CHEWABLE TABLET ^{SP} | 5 | QL (180 per 30 days) |
| ISENTRESS 100 MG ORAL POWDER PACKET ^{SP} | 3 | QL (300 per 30 days) |
| ISENTRESS 25 MG CHEWABLE TABLET ^{SP} | 4 | QL (180 per 30 days) |
| ISENTRESS 400 MG TABLET ^{SP} | 5 | QL (120 per 30 days) |
| isoniazid 100 mg tablet; isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial ^{MO} | 2 | |
| isoniazid 300 mg tablet ^{MO} | 1 | |
| itraconazole 100 mg capsule ^{MO} | 4 | QL (120 per 30 days) |
| ivermectin 3 mg tablet ^{MO} | 3 | |
| KALETRA 100 MG-25 MG TABLET ^{SP} | 4 | QL (300 per 30 days) |
| KALETRA 200 MG-50 MG TABLET ^{SP} | 5 | QL (150 per 30 days) |
| KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION ^{SP} | 5 | |
| KETEK 300 MG, 400 MG TABLET ^{MO} | 4 | |
| ketoconazole 2% cream; ketoconazole 2% shampoo; ketoconazole 200 mg tablet ^{MO} | 2 | |
| lamivudine 10 mg/ml oral soln ^{MO} | 4 | QL (960 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| lamivudine 150 mg tablet ^{MO} | 4 | QL (60 per 30 days) |
| lamivudine 300 mg tablet ^{MO} | 4 | QL (30 per 30 days) |
| lamivudine hbv 100 mg tablet ^{MO} | 4 | |
| lamivudine-zidovudine tablet ^{MO} | 4 | QL (60 per 30 days) |
| levofloxacin 0.5% eye drops; levofloxacin 25 mg/ml solution ^{MO} | 3 | |
| levofloxacin 250 mg, 500 mg, 750 mg tablet ^{MO} | 2 | |
| levofloxacin 500 mg/20 ml vial ^{MO} | 4 | |
| levofloxacin-d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml ^{MO} | 4 | |
| LEXIVA 50 MG/ML ORAL SUSPENSION ^{SP} | 3 | QL (1575 per 28 days) |
| LEXIVA 700 MG TABLET ^{SP} | 5 | QL (120 per 30 days) |
| linezolid 600 mg tablet; linezolid 600 mg/300 ml iv sol ^{MO} | 5 | |
| linezolid-0.9% nacl 600 mg/300 ^{MO} | 5 | |
| mefloquine hcl 250 mg tablet ^{MO} | 3 | |
| meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial ^{MO} | 4 | |
| methenamine hipp 1 gm tablet ^{MO} | 4 | |
| metronidazole 0.75% cream; metronidazole 0.75% lotion; metronidazole 375 mg capsule; metronidazole topical 0.75% gl; metronidazole topical 1% gel; metronidazole topical 1% gel ^{MO} | 4 | |
| metronidazole 250 mg, 500 mg tablet; metronidazole vaginal 0.75% gl ^{MO} | 2 | |
| metronidazole 500 mg/100 ml ^{MO} | 4 | |
| minocycline 100 mg, 50 mg, 75 mg capsule ^{MO} | 2 | |
| minocycline hcl 100 mg, 50 mg, 75 mg tablet ^{MO} | 3 | |
| nafcillin 1 gm vial ^{MO} | 4 | |
| nafcillin 10 gm vial ^{MO} | 5 | |
| nafcillin 1 gm/ 50 ml inj ^{MO} | 4 | |
| NEBUPENT 300 MG SOLUTION FOR INHALATION ^{MO} | 4 | B vs D |
| neomycin 500 mg tablet ^{MO} | 3 | |
| nevirapine 200 mg tablet ^{MO} | 2 | QL (60 per 30 days) |
| nevirapine 50 mg/5 ml susp ^{MO} | 4 | QL (1200 per 30 days) |
| nevirapine er 400 mg tablet ^{MO} | 4 | QL (30 per 30 days) |
| nitrofurantoin 25 mg/5 ml susp ^{MO} | 4 | PA,QL (7590 per 120 days) |
| nitrofurantoin mcr 100 mg, 50 mg cap ^{MO} | 4 | PA |
| nitrofurantoin mono-mcr 100 mg ^{MO} | 4 | PA |
| NORVIR 100 MG CAPSULE; NORVIR 100 MG TABLET ^{MO} | 4 | QL (360 per 30 days) |
| NORVIR 80 MG/ML ORAL SOLUTION ^{MO} | 4 | QL (480 per 30 days) |
| NOXAFIL 100 MG TABLET,DELAYED RELEASE ^{MO} | 5 | PA,QL (93 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 |
|---|-------------|--|
| NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION MO | 5 | PA,QL (840 per 28 days) |
| NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION MO | 5 | PA |
| <i>nystatin 100,000 unit/gm powd; nystatin 500,000 unit oral tab</i> MO | 3 | |
| <i>nystatin 100,000 units/gm oint; nystatin 100,000 units/ml susp</i> MO | 2 | |
| <i>ofloxacin 200 mg, 300 mg, 400 mg tablet</i> MO | 3 | |
| <i>paromomycin 250 mg capsule</i> MO | 4 | |
| PASER GRANULES DELAYED-RELEASE PACKET MO | 2 | |
| PCE 333 MG, 500 MG PARTICLES IN TABLET MO | 4 | |
| PEGINTRON 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT SP | 5 | PA,QL (2 per 28 days) |
| PEGINTRON REDIPEN 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT SP | 5 | PA,QL (2 per 28 days) |
| <i>penicillin g k 5 million unit</i> MO | 3 | |
| <i>penicillin gk 20 million unit</i> MO | 4 | |
| <i>penicillin g na 5 million unit</i> MO | 3 | |
| <i>penicillin vk 125 mg/5 ml, 250 mg/5 ml soln; penicillin vk 250 mg tablet</i> MO | 1 | |
| <i>penicillin vk 500 mg tablet</i> MO | 2 | |
| PENTAM 300 MG SOLUTION FOR INJECTION MO | 4 | |
| <i>pfizerpen-g 20 million unit, 5 million unit solution for injection</i> MO | 3 | |
| <i>piperacil-tazobact 2.25 gm vl; piperacil-tazobact 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial</i> MO | 4 | |
| <i>polymyxin b sulfatate vial</i> MO | 3 | |
| PREZCOBIX 800 MG-150 MG TABLET SP | 5 | QL (30 per 30 days) |
| PREZISTA 100 MG/ML ORAL SUSPENSION SP | 5 | QL (360 per 30 days) |
| PREZISTA 150 MG TABLET SP | 4 | QL (240 per 30 days) |
| PREZISTA 400 MG TABLET SP | 5 | QL (90 per 30 days) |
| PREZISTA 600 MG TABLET SP | 5 | QL (60 per 30 days) |
| PREZISTA 75 MG TABLET SP | 4 | QL (480 per 30 days) |
| PREZISTA 800 MG TABLET SP | 5 | QL (30 per 30 days) |
| PRIFTIN 150 MG TABLET MO | 4 | |
| <i>primaquine 26.3 mg tablet</i> MO | 4 | |
| PRIMSOL 50 MG/5 ML ORAL SOLUTION MO | 2 | |
| <i>pyrazinamide 500 mg tablet</i> MO | 4 | |
| <i>quinine sulfatate 324 mg capsule</i> MO | 4 | PA,QL (42 per 7 days) |
| REBETOL 40 MG/ML ORAL SOLUTION MO | 4 | QL (1000 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION MO | 4 | QL (60 per 180 days) |
| RESCRIPTOR 100 MG DISPERSIBLE TABLET MO | 4 | QL (360 per 30 days) |
| RESCRIPTOR 200 MG TABLET MO | 4 | QL (180 per 30 days) |
| RETROVIR 10 MG/ML INTRAVENOUS SOLUTION MO | 4 | |
| REYATAZ 150 MG, 200 MG CAPSULE SP | 5 | QL (60 per 30 days) |
| REYATAZ 300 MG CAPSULE SP | 5 | QL (30 per 30 days) |
| REYATAZ 50 MG ORAL POWDER PACKET SP | 4 | |
| <i>ribasphere 200 mg capsule; ribasphere 200 mg tablet</i> MO | 3 | QL (168 per 28 days) |
| <i>ribavirin 200 mg capsule; ribavirin 200 mg tablet</i> MO | 3 | QL (168 per 28 days) |
| <i>rifabutin 150 mg capsule</i> MO | 4 | |
| RIFAMATE 300 MG-150 MG CAPSULE MO | 4 | |
| <i>rifampin 150 mg, 300 mg capsule; rifampin iv 600 mg vial</i> MO | 3 | |
| RIFATER 50 MG-120 MG-300 MG TABLET MO | 4 | |
| <i>rimantadine hcl 100 mg tablet</i> MO | 3 | |
| SELZENTRY 150 MG TABLET SP | 5 | QL (240 per 30 days) |
| SELZENTRY 300 MG TABLET SP | 5 | QL (120 per 30 days) |
| SIRTURO 100 MG TABLET MO | 5 | PA,QL (68 per 28 days) |
| SIVEXTRO 200 MG INTRAVENOUS SOLUTION; SIVEXTRO 200 MG TABLET MO | 5 | QL (6 per 28 days) |
| SOVALDI 400 MG TABLET SP | 5 | PA,QL (28 per 28 days) |
| <i>stavudine 1 mg/ml solution</i> MO | 4 | QL (2400 per 30 days) |
| <i>stavudine 15 mg, 20 mg capsule</i> MO | 3 | QL (120 per 30 days) |
| <i>stavudine 30 mg, 40 mg capsule</i> MO | 3 | QL (60 per 30 days) |
| <i>streptomycin sulf 1 gm vial</i> MO | 3 | |
| STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET SP | 5 | QL (30 per 30 days) |
| <i>sulfadiazine 500 mg tablet</i> MO | 4 | |
| <i>sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet</i> MO | 1 | |
| <i>sulfamethoxazole-tmp inj vial; sulfamethoxazole-tmp susp</i> MO | 3 | |
| <i>sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab</i> MO | 2 | |
| <i>sulfazine 500 mg tablet</i> MO | 2 | |
| <i>sulfazine ec 500 mg tablet, delayed release</i> MO | 2 | |
| SUSTIVA 200 MG CAPSULE SP | 4 | QL (120 per 30 days) |
| SUSTIVA 50 MG CAPSULE SP | 4 | QL (480 per 30 days) |
| SUSTIVA 600 MG TABLET SP | 5 | QL (30 per 30 days) |
| SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT SP | 5 | PA,QL (2 per 28 days) |
| SYLATRON 200 MCG, 300 MCG 4-PACK SP | 5 | PA,QL (2 per 28 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 |
|---|------|-------------------------------------|
| SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION MO | 5 | PA |
| SYNERCID 500 MG INTRAVENOUS SOLUTION MO | 5 | |
| TAMIFLU 30 MG CAPSULE MO | 4 | QL (112 per 365 days) |
| TAMIFLU 45 MG, 75 MG CAPSULE MO | 4 | QL (56 per 365 days) |
| TAMIFLU 6 MG/ML ORAL SUSPENSION MO | 4 | QL (720 per 365 days) |
| TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION MO | 4 | |
| <i>terbinafine hcl 250 mg tablet</i> MO | 1 | QL (90 per 365 days) |
| <i>tetracycline 250 mg, 500 mg capsule</i> MO | 3 | |
| <i>tinidazole 250 mg, 500 mg tablet</i> MO | 3 | |
| TIVICAY 50 MG TABLET SP | 5 | QL (60 per 30 days) |
| TOBI PODHALER 28 MG, 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, 28 MG CAPSULES FOR INHALATION SP | 5 | PA,QL (224 per 28 days) |
| <i>tobramycin 80 mg/100 ml ns</i> MO | 3 | |
| <i>tobramycin 40 mg/ml vial</i> MO | 3 | |
| TRECTOR 250 MG TABLET MO | 4 | |
| <i>trimethoprim 100 mg tablet</i> MO | 2 | |
| TRIUMEQ 600 MG-50 MG-300 MG TABLET SP | 5 | QL (30 per 30 days) |
| TRIZIVIR 300 MG-150 MG-300 MG TABLET MO | 5 | QL (60 per 30 days) |
| TRUVADA 200 MG-300 MG TABLET SP | 5 | QL (30 per 30 days) |
| TYGACIL 50 MG INTRAVENOUS SOLUTION MO | 5 | |
| TYZEKA 600 MG TABLET SP | 5 | QL (30 per 30 days) |
| <i>valacyclovir hcl 1 gram tablet</i> MO | 3 | QL (90 per 30 days) |
| <i>valacyclovir hcl 500 mg tablet</i> MO | 3 | QL (60 per 30 days) |
| VALCYTE 50 MG/ML ORAL SOLUTION MO | 5 | |
| <i>valganciclovir 450 mg tablet</i> MO | 5 | |
| <i>vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 500 mg vial; vancomycin hcl 10 gm vial</i> MO | 3 | |
| <i>vancomycin hcl 125 mg, 250 mg capsule</i> MO | 5 | |
| VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO | 4 | QL (1200 per 30 days) |
| VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO | 4 | QL (1200 per 30 days) |
| VIRACEPT 250 MG TABLET SP | 5 | QL (300 per 30 days) |
| VIRACEPT 625 MG TABLET SP | 5 | QL (120 per 30 days) |
| VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE MO | 4 | QL (90 per 30 days) |
| VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE MO | 4 | QL (30 per 30 days) |
| VIRAZOLE 6 GRAM SOLUTION FOR INHALATION MO | 5 | B vs D |
| VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET SP | 5 | QL (30 per 30 days) |

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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 |
|--|------|-------------------------------------|
| VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER ^{SP} | 5 | QL (240 per 30 days) |
| VITEKTA 150 MG, 85 MG TABLET ^{SP} | 5 | QL (30 per 30 days) |
| voriconazole 200 mg vial ^{MO} | 4 | |
| voriconazole 200 mg, 50 mg tablet ^{MO} | 5 | PA,QL (120 per 30 days) |
| voriconazole 40 mg/ml susp ^{MO} | 5 | PA,QL (400 per 30 days) |
| XIFAXAN 200 MG TABLET ^{MO} | 4 | PA,QL (9 per 30 days) |
| XIFAXAN 550 MG TABLET ^{MO} | 5 | PA,QL (60 per 30 days) |
| ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION ^{MO} | 5 | |
| ZIAGEN 20 MG/ML ORAL SOLUTION ^{MO} | 4 | QL (960 per 30 days) |
| zidovudine 100 mg capsule ^{MO} | 3 | QL (180 per 30 days) |
| zidovudine 300 mg tablet ^{MO} | 3 | QL (60 per 30 days) |
| zidovudine 50 mg/5 ml syrup ^{MO} | 4 | QL (1680 per 28 days) |
| ZYVOX 100 MG/5 ML ORAL SUSPENSION; ZYVOX 200 MG/100 ML INTRAVENOUS SOLUTION; ZYVOX 600 MG TABLET ^{MO} | 5 | |
| ANTIHISTAMINE DRUGS | | |
| cetirizine hcl 1 mg/ml syrup ^{MO} | 2 | QL (300 per 30 days) |
| clemastine 0.5 mg/5 ml syrup ^{MO} | 3 | PA |
| clemastine fum 2.68 mg tab ^{MO} | 4 | PA |
| cyproheptadine 4 mg tablet ^{MO} | 4 | PA |
| diphenhydramine 50 mg/ml vial ^{MO} | 4 | PA |
| levocetirizine 5 mg tablet ^{MO} | 2 | QL (30 per 30 days) |
| promethazine 12.5 mg, 50 mg tablet ^{MO} | 3 | PA |
| promethazine 25 mg tablet; promethazine 6.25 mg/5 ml syr ^{MO} | 1 | PA |
| promethegan 12.5 mg, 25 mg, 50 mg rectal suppository ^{MO} | 4 | PA |
| ANTINEOPLASTIC AGENTS | | |
| ABRAXANE 100 MG INTRAVENOUS SUSPENSION ^{MO} | 5 | PA,QL (180 per 21 days) |
| AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET ^{SP} | 5 | PA,QL (30 per 30 days) |
| AFINITOR DISPERZ TABLET FOR ORAL SUSPENSION ^{SP} | 5 | PA |
| ALIMTA 100 MG INTRAVENOUS SOLUTION ^{MO} | 5 | PA,QL (68 per 21 days) |
| ALIMTA 500 MG INTRAVENOUS SOLUTION ^{MO} | 5 | PA |
| ALKERAN 2 MG TABLET ^{MO} | 5 | B vs D |
| ALKERAN 50 MG INTRAVENOUS SOLUTION ^{MO} | 4 | |
| anastrozole 1 mg tablet ^{MO} | 2 | QL (30 per 30 days) |
| ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION ^{MO} | 5 | |
| ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION ^{MO} | 5 | PA,QL (400 per 28 days) |
| AVASTIN 25 MG/ML INTRAVENOUS SOLUTION ^{MO} | 5 | PA |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| azacitidine 100 mg vial MO | 5 | PA |
| BELEODAQ 500 MG INTRAVENOUS SOLUTION MO | 5 | PA |
| bexarotene 75 mg capsule SP | 5 | PA,QL (300 per 30 days) |
| bicalutamide 50 mg tablet MO | 3 | QL (30 per 30 days) |
| BICNU 100 MG INTRAVENOUS SOLUTION MO | 4 | |
| bleomycin sulfate 15 unit, 30 unit vial MO | 3 | |
| BOSULIF 100 MG TABLET SP | 5 | PA,QL (120 per 30 days) |
| BOSULIF 500 MG TABLET SP | 5 | PA,QL (30 per 30 days) |
| BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION MO | 4 | |
| CAPRELSA 100 MG TABLET SP | 5 | PA,QL (60 per 30 days) |
| CAPRELSA 300 MG TABLET SP | 5 | PA,QL (30 per 30 days) |
| carboplatin 50 mg/5 ml vial MO | 3 | |
| cisplatin 50 mg/50 ml vial MO | 3 | |
| cladribine 10 mg/10 ml vial MO | 5 | |
| CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION MO | 5 | |
| COMETRIQ 100 MG/DAY(80 MG ¹ "-20 MG ¹ ") CAPSULE SP | 5 | PA,QL (56 per 28 days) |
| COMETRIQ 140 MG/DAY(80 MG ¹ "-20 MG ³ ") CAPSULE SP | 5 | PA,QL (112 per 28 days) |
| COMETRIQ 60 MG/DAY (20 MG ³ " /DAY) CAPSULE SP | 5 | PA,QL (84 per 28 days) |
| COSMEGEN 0.5 MG INTRAVENOUS SOLUTION MO | 5 | |
| cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial; cyclophosphamide 25 mg, 50 mg capsule; cyclophosphamide 25 mg, 50 mg tab; cyclophosphamide 25 mg, 50 mg tablet MO | 4 | B vs D |
| CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION MO | 5 | PA,QL (200 per 28 days) |
| cytarabine 20 mg/ml vial MO | 2 | |
| cytarabine 1 gm vial; cytarabine 1 gram, 100 mg, 2 gram/20 ml (100 mg/ml), 500 mg vial; cytarabine 2 g/20 ml vial MO | 2 | |
| dacarbazine 100 mg, 200 mg vial MO | 4 | |
| daunorubicin 20 mg/4 ml vial MO | 2 | |
| DAUNOXOME 2 MG/ML INTRAVENOUS SOLUTION MO | 4 | |
| decitabine 50 mg vial MO | 5 | PA |
| DEPOCYT (PF) 50 MG/5 ML (10 MG/ML) INTRATHECAL SUSPENSION MO | 5 | |
| DOCEFREZ 20 MG INTRAVENOUS SOLUTION MO | 4 | |
| DOCEFREZ 80 MG INTRAVENOUS SOLUTION MO | 5 | |

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|---|------|-------------------------------------|
| docetaxel 140 mg/7 ml vial; docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/0.5 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/20 ml vial; docetaxel 80 mg/2 ml vial; docetaxel MO | | |
| doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial MO | 4 | |
| doxorubicin liposome 20mg/10ml MO | 4 | |
| DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO | 4 | |
| EMCYT 140 MG CAPSULE MO | 4 | |
| epirubicin 200 mg, 200 mg/100 ml, 50 mg, 50 mg/25 ml vial; epirubicin hcl 200 mg, 200 mg/100 ml, 50 mg, 50 mg/25 ml vial MO | 4 | |
| ERIVEDGE 150 MG CAPSULE SP | 5 | PA,QL (28 per 28 days) |
| ERWINAZE 10,000 UNIT INTRAMUSCULAR SOLUTION MO | 5 | PA,QL (60 per 28 days) |
| ETOPOPHOS 100 MG INTRAVENOUS SOLUTION MO | 4 | |
| etoposide 100 mg/5 ml vial MO | 3 | |
| exemestane 25 mg tablet MO | 4 | QL (60 per 30 days) |
| FARESTON 60 MG TABLET SP | 5 | QL (30 per 30 days) |
| FARYDAK 10 MG, 15 MG, 20 MG CAPSULE SP | 5 | PA,QL (6 per 21 days) |
| FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE MO | 5 | QL (30 per 30 days) |
| FIRMAGON 120 MG SUBCUTANEOUS SOLUTION MO | 5 | PA |
| FIRMAGON 80 MG SUBCUTANEOUS SOLUTION MO | 4 | PA |
| FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION MO | 5 | PA |
| FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION MO | 4 | PA |
| fludarabine 50 mg, 50 mg/2 ml vial MO | 4 | |
| fluorouracil 1 gram/20 ml, 2 %, 2.5 gram/50 ml, 5 %, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vl; fluorouracil 2% topical soln; fluorouracil 2,500 mg/50 ml vl; fluorouracil 5% cream; fluorouracil 5% top solut MO | | |
| flutamide 125 mg capsule MO | 4 | |
| GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION MO | 5 | PA,QL (120 per 28 days) |
| gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml) vial MO | 5 | |
| GILOTRIF 20 MG, 30 MG, 40 MG TABLET SP | 5 | PA,QL (30 per 30 days) |
| GLEEVEC 100 MG TABLET SP | 5 | PA,QL (180 per 30 days) |
| GLEEVEC 400 MG TABLET SP | 5 | PA,QL (60 per 30 days) |

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|---|------|-------------------------------------|
| GLEOSTINE 10 MG, 100 MG, 40 MG CAPSULE MO | 4 | |
| HERCEPTIN 440 MG INTRAVENOUS SOLUTION MO | 5 | PA |
| HEXALEN 50 MG CAPSULE SP | 5 | |
| HYCANTIN 4 MG INTRAVENOUS SOLUTION MO | 5 | |
| <i>hydroxyurea 500 mg capsule</i> MO | 2 | |
| IBRANCE 100 MG, 125 MG, 75 MG CAPSULE SP | 5 | PA,QL (21 per 28 days) |
| ICLUSIG 15 MG TABLET SP | 5 | PA,QL (60 per 30 days) |
| ICLUSIG 45 MG TABLET SP | 5 | PA,QL (30 per 30 days) |
| IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION MO | 5 | |
| <i>idarubicin pfs 10 mg/10 ml vl</i> MO | 5 | |
| <i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial</i> MO | 3 | |
| IMBRUVICA 140 MG CAPSULE SP | 5 | PA,QL (120 per 30 days) |
| INLYTA 1 MG TABLET SP | 5 | PA,QL (180 per 30 days) |
| INLYTA 5 MG TABLET SP | 5 | PA,QL (60 per 30 days) |
| IRESSA 250 MG TABLET SP | 5 | PA,QL (30 per 30 days) |
| <i>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 vl</i> MO | 4 | |
| ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION MO | 5 | PA |
| IXEMPRA 15 MG INTRAVENOUS SOLUTION MO | 5 | PA,QL (45 per 21 days) |
| IXEMPRA 45 MG INTRAVENOUS SOLUTION MO | 5 | PA |
| JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET SP | 5 | PA,QL (60 per 30 days) |
| KADCYLA 100 MG INTRAVENOUS SOLUTION MO | 5 | PA |
| KADCYLA 160 MG INTRAVENOUS SOLUTION MO | 5 | PA,QL (24 per 21 days) |
| KEYTRUDA 100 MG/4 ML (25 MG/ML), 50 MG INTRAVENOUS SOLUTION MO | 5 | PA |
| LENVIMA 10 MG/DAY (10 MG Ý1"/DAY) CAPSULE SP | 5 | PA,QL (30 per 30 days) |
| LENVIMA 14 MG (10 MGÝ1" -4 MGÝ1")/DAY, 20 MG/DAY (10 MG Ý2"/DAY) CAPSULE; LENVIMA 14 MG (10 MGÝ1" -4 MGÝ1")/DAY CAPSULE SP | 5 | PA,QL (60 per 30 days) |
| LENVIMA 24 MG (10 MGÝ2" -4 MGÝ1")/DAY CAPSULE SP | 5 | PA,QL (90 per 30 days) |
| <i>letrozole 2.5 mg tablet</i> MO | 2 | QL (30 per 30 days) |
| LEUKERAN 2 MG TABLET MO | 4 | |
| <i>leuprolide 2wk 1 mg/0.2 ml kit</i> MO | 3 | PA,QL (2.8 per 14 days) |
| <i>lomustine 10 mg, 100 mg, 40 mg capsule</i> MO | 4 | |
| LYNPARZA 50 MG CAPSULE SP | 5 | PA,QL (448 per 28 days) |
| LYSODREN 500 MG TABLET SP | 5 | |
| MATULANE 50 MG CAPSULE SP | 5 | |

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 |
|---|------|-------------------------------------|
| megestrol 20 mg tablet MO | 1 | PA |
| megestrol 40 mg tablet; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml MO | 3 | PA |
| MEKINIST 0.5 MG TABLET SP | 5 | PA,QL (120 per 30 days) |
| MEKINIST 2 MG TABLET SP | 5 | PA,QL (30 per 30 days) |
| melphalan hcl 50 mg vial MO | 2 | |
| mercaptopurine 50 mg tablet MO | 3 | |
| methotrexate 2.5 mg tablet MO | 3 | B vs D |
| methotrexate 50 mg/2 ml vial MO | 2 | |
| methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial MO | 2 | |
| mitomycin 20 mg, 40 mg, 5 mg vial MO | 4 | |
| mitoxantrone 20 mg/10 ml vial MO | 3 | |
| MUSTARGEN 10 MG SOLUTION FOR INJECTION MO | 4 | |
| NEXAVAR 200 MG TABLET SP | 5 | PA,QL (120 per 30 days) |
| NILANDRON 150 MG TABLET SP | 4 | QL (60 per 30 days) |
| NIPENT 10 MG INTRAVENOUS SOLUTION MO | 5 | |
| ONCASPAR 750 UNIT/ML INJECTION SOLUTION MO | 5 | |
| OPDIVO 100 MG/10 ML, 40 MG/4 ML INTRAVENOUS SOLUTION MO | 5 | PA,QL (80 per 28 days) |
| oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial MO | 5 | |
| paclitaxel 100 mg/16.7 ml vial MO | 3 | |
| pentostatin 10 mg vial MO | 2 | |
| POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE SP | 5 | PA,QL (21 per 28 days) |
| PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION MO | 5 | |
| PURIXAN 20 MG/ML ORAL SUSPENSION SP | 5 | QL (300 per 30 days) |
| REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE SP | 5 | PA,QL (28 per 28 days) |
| RHEUMATREX 2.5 MG TABLETS IN A DOSE PACK MO | 4 | B vs D |
| RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS MO | 5 | PA |
| SOLTAMOX 10 MG/5 ML ORAL SOLUTION MO | 4 | |
| SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET SP | 5 | PA,QL (60 per 30 days) |
| SPRYCEL 140 MG TABLET SP | 5 | PA,QL (30 per 30 days) |
| SPRYCEL 20 MG TABLET SP | 5 | PA,QL (90 per 30 days) |
| STIVARGA 40 MG TABLET SP | 5 | PA,QL (84 per 28 days) |
| SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE SP | 5 | PA,QL (28 per 28 days) |
| SYLVANT 100 MG INTRAVENOUS SOLUTION MO | 5 | PA,QL (65 per 30 days) |
| SYLVANT 400 MG INTRAVENOUS SOLUTION MO | 5 | PA,QL (80 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 |
|---|------|-------------------------------------|
| SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION MO | 5 | PA,QL (28 per 28 days) |
| TABLOID 40 MG TABLET MO | 4 | |
| TAFINLAR 50 MG CAPSULE SP | 5 | PA,QL (180 per 30 days) |
| TAFINLAR 75 MG CAPSULE SP | 5 | PA,QL (120 per 30 days) |
| <i>tamoxifen 10 mg, 20 mg tablet</i> MO | 2 | |
| TARCEVA 100 MG, 150 MG TABLET SP | 5 | PA,QL (30 per 30 days) |
| TARCEVA 25 MG TABLET SP | 5 | PA,QL (90 per 30 days) |
| TARGETIN 75 MG CAPSULE SP | 5 | PA,QL (300 per 30 days) |
| TASIGNA 150 MG, 200 MG CAPSULE SP | 5 | PA,QL (120 per 30 days) |
| TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION MO | 5 | |
| TEMODAR 100 MG INTRAVENOUS SOLUTION MO | 5 | PA,QL (27 per 30 days) |
| <i>teniposide 50 mg/5 ml ampule</i> MO | 4 | |
| <i>thiotepa 15 mg vial</i> MO | 2 | |
| <i>toposar 20 mg/ml intravenous solution</i> MO | 4 | |
| <i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial</i> MO | 5 | |
| TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION MO | 5 | PA,QL (8 per 28 days) |
| TREANDA 100 MG INTRAVENOUS POWDER FOR SOLUTION MO | 5 | PA,QL (120 per 21 days) |
| TREANDA 180 MG/2 ML INTRAVENOUS SOLUTION MO | 5 | PA,QL (6 per 21 days) |
| TREANDA 25 MG INTRAVENOUS POWDER FOR SOLUTION MO | 5 | PA,QL (60 per 21 days) |
| TREANDA 45 MG/0.5 ML INTRAVENOUS SOLUTION MO | 5 | PA |
| <i>tretinoin 10 mg capsule</i> SP | 5 | |
| TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO | 4 | B vs D |
| TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION MO | 4 | |
| TYKERB 250 MG TABLET SP | 5 | PA,QL (150 per 30 days) |
| UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION MO | 5 | PA,QL (40 per 30 days) |
| VALSTAR 40 MG/ML INTRAVESICAL SOLUTION MO | 5 | PA,QL (80 per 28 days) |
| VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION MO | 5 | PA |
| VELCADE 3.5 MG SOLUTION FOR INJECTION MO | 5 | PA,QL (14 per 21 days) |
| <i>vinblastine 1 mg/ml, 10 mg vial; vinblastine sulf 1 mg/ml, 10 mg vial</i> MO | 3 | |
| <i>vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution</i> MO | 2 | |
| <i>vincristine 1 mg/ml, 2 mg/2 ml vial</i> MO | 3 | |
| <i>vinorelbine 10 mg/ml, 50 mg/5 ml vial</i> MO | 4 | |
| VOTRIENT 200 MG TABLET SP | 5 | PA,QL (120 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 |
|---|------|-------------------------------------|
| XALKORI 200 MG, 250 MG CAPSULE ^{SP} | 5 | PA,QL (60 per 30 days) |
| XTANDI 40 MG CAPSULE ^{SP} | 5 | PA,QL (120 per 30 days) |
| YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION ^{MO} | 5 | PA,QL (70 per 21 days) |
| ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION ^{MO} | 5 | PA,QL (40 per 28 days) |
| ZANOSAR 1 GRAM INTRAVENOUS SOLUTION ^{MO} | 4 | |
| ZELBORAF 240 MG TABLET ^{SP} | 5 | PA,QL (240 per 30 days) |
| ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT ^{MO} | 4 | PA,QL (1 per 84 days) |
| ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT ^{MO} | 4 | PA,QL (1 per 28 days) |
| ZOLINZA 100 MG CAPSULE ^{SP} | 5 | PA,QL (120 per 30 days) |
| ZYDELIG 100 MG, 150 MG TABLET ^{SP} | 5 | PA,QL (60 per 30 days) |
| ZYKADIA 150 MG CAPSULE ^{SP} | 5 | PA,QL (150 per 30 days) |
| ZYTIGA 250 MG TABLET ^{SP} | 5 | PA,QL (120 per 30 days) |
| AUTONOMIC DRUGS | | |
| <i>albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 m</i> ^{MO} | | |
| <i>albuterol sulf 2 mg/5 ml syrup; albuterol sulfate 2 mg, 4 mg tab</i> ^{MO} | 1 | |
| <i>albuterol sulfate er 4 mg, 8 mg tab</i> ^{MO} | 4 | |
| <i>alfuzosin hcl er 10 mg tablet</i> ^{MO} | 2 | QL (30 per 30 days) |
| ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE ^{MO} | 4 | QL (30 per 30 days) |
| <i>atropine 0.05 mg/ml, 0.1 mg/ml syringe; atropine 0.4 mg/ml, 1 mg/ml vial; atropine 1% eye ointment</i> ^{MO} | 2 | |
| <i>baclofen 10 mg, 20 mg tablet</i> ^{MO} | 2 | |
| <i>bethanechol 10 mg, 25 mg, 5 mg tablet</i> ^{MO} | 3 | |
| <i>bethanechol 50 mg tablet</i> ^{MO} | 4 | |
| CHANTIX 0.5 MG, 1 MG TABLET ^{MO} | 4 | QL (56 per 28 days) |
| CHANTIX CONTINUING MONTH BOX 1 MG TABLET ^{MO} | 4 | QL (56 per 28 days) |
| CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK ^{MO} | 4 | QL (56 per 28 days) |
| <i>dantrolene sodium 100 mg, 25 mg, 50 mg cap</i> ^{MO} | 4 | |
| <i>dicyclomine 10 mg capsule; dicyclomine 20 mg tablet</i> ^{MO} | 1 | |
| <i>dicyclomine 10 mg/5 ml soln</i> ^{MO} | 3 | |
| <i>dihydroergotamine 1 mg/ml am</i> ^{MO} | 4 | |
| <i>donepezil hcl 10 mg tablet</i> ^{MO} | 2 | QL (60 per 30 days) |
| <i>donepezil hcl 10 mg, 5 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg, 5 mg tablet</i> ^{MO} | 2 | QL (30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| DUONEB 0.5 MG-3 MG/3 ML SOLN MO | 4 | B vs D |
| <i>epinephrine 1 mg/ml ampul; epinephrine 1 mg/ml vial</i> MO | 2 | |
| EPIPEN 2-PAK INJECTION,AUTO-INJECTOR MO | 4 | |
| EPIPEN JR 2-PAK INJECTION,AUTO-INJECTOR MO | 4 | |
| ERGOMAR 2 MG SUBLINGUAL TABLET MO | 2 | |
| EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL MO | 4 | QL (30 per 30 days) |
| FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE MO | 3 | QL (60 per 30 days) |
| <i>galantamine 4 mg/ml oral soln</i> MO | 4 | QL (200 per 30 days) |
| <i>galantamine er 16 mg, 24 mg, 8 mg capsule</i> MO | 4 | QL (30 per 30 days) |
| <i>galantamine hbr 12 mg, 4 mg, 8 mg tablet</i> MO | 4 | QL (60 per 30 days) |
| <i>glycopyrrolate 0.2 mg/ml vial</i> MO | 4 | |
| <i>glycopyrrolate 1 mg, 2 mg tablet</i> MO | 3 | |
| <i>guanidine hcl 125 mg tablet</i> MO | 3 | |
| <i>ipratropium br 0.02% soln</i> MO | 1 | B vs D |
| <i>iprat-albut 0.5-3(2.5) mg/3 ml</i> MO | 2 | B vs D |
| <i>metaproterenol 10 mg, 20 mg tablet; metaproterenol 10 mg/5 ml syr</i> MO | 4 | |
| <i>methocarbamol 500 mg, 750 mg tablet</i> MO | 4 | PA |
| <i>midodrine hcl 10 mg, 2.5 mg, 5 mg tablet</i> MO | 4 | |
| NICOTROL NS 10 MG/ML NASAL SPRAY MO | 4 | |
| NORTHERA 100 MG CAPSULE SP | 5 | PA,QL (42 per 365 days) |
| NORTHERA 200 MG, 300 MG CAPSULE SP | 5 | PA,QL (90 per 365 days) |
| <i>orphenadrine er 100 mg tablet</i> MO | 3 | PA |
| PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO | 4 | PA,QL (120 per 30 days) |
| <i>pilocarpine 4% eye drops; pilocarpine hcl 5 mg, 7.5 mg tablet</i> MO | 4 | |
| <i>proprantherline 15 mg tablet</i> MO | 2 | |
| <i>pyridostigmine br 60 mg tablet</i> MO | 3 | |
| <i>rivastigmine 1.5 mg, 3 mg capsule</i> MO | 4 | QL (90 per 30 days) |
| <i>rivastigmine 4.5 mg, 6 mg capsule</i> MO | 4 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO | 3 | QL (4 per 28 days) |
| SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES MO | 3 | QL (30 per 30 days) |
| <i>tamsulosin hcl 0.4 mg capsule</i> MO | 2 | QL (60 per 30 days) |
| <i>terbutaline sulf 1 mg/ml vial</i> MO | 5 | |
| <i>terbutaline sulfate 2.5 mg, 5 mg tab</i> MO | 4 | |
| <i>tizanidine hcl 2 mg, 4 mg tablet</i> MO | 2 | |
| VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO | 3 | QL (36 per 30 days) |

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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 |
|---|------|-------------------------------------|
| BLOOD FORMATION, COAGULATION & THROMBOSIS | | |
| <i>anagrelide hcl 0.5 mg, 1 mg capsule</i> ^{MO} | 3 | |
| BRILINTA 60 MG, 90 MG TABLET ^{MO} | 3 | QL (60 per 30 days) |
| <i>cilostazol 100 mg, 50 mg tablet</i> ^{MO} | 2 | |
| <i>clopidogrel 300 mg tablet</i> ^{MO} | 2 | QL (1 per 30 days) |
| <i>clopidogrel 75 mg tablet</i> ^{MO} | 2 | QL (30 per 30 days) |
| COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET; COUMADIN 5 MG VIAL ^{MO} | 4 | |
| CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION ^{MO} | 3 | PA |
| EFFIENT 10 MG, 5 MG TABLET ^{MO} | 3 | QL (30 per 30 days) |
| ELIQUIS 2.5 MG TABLET ^{MO} | 3 | QL (60 per 30 days) |
| ELIQUIS 5 MG TABLET ^{MO} | 3 | QL (74 per 30 days) |
| <i>enoxaparin 100 mg/ml, 150 mg/ml syringe</i> ^{MO} | 4 | QL (28 per 28 days) |
| <i>enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr</i> ^{MO} | 4 | QL (22.4 per 28 days) |
| <i>enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr</i> ^{MO} | 4 | QL (16.8 per 28 days) |
| <i>enoxaparin 300 mg/3 ml vial</i> ^{MO} | 4 | QL (84 per 28 days) |
| <i>enoxaparin 40 mg/0.4 ml syr</i> ^{MO} | 4 | QL (11.2 per 28 days) |
| EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION ^{SP} | 5 | PA,QL (14 per 30 days) |
| EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION ^{SP} | 4 | PA,QL (14 per 30 days) |
| EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION ^{SP} | 4 | PA,QL (28 per 30 days) |
| <i>fondaparinux 10 mg/0.8 ml syr</i> ^{MO} | 5 | QL (24 per 30 days) |
| <i>fondaparinux 2.5 mg/0.5 ml syr</i> ^{MO} | 4 | QL (15 per 30 days) |
| <i>fondaparinux 5 mg/0.4 ml syr</i> ^{MO} | 5 | QL (12 per 30 days) |
| <i>fondaparinux 7.5 mg/0.6 ml syr</i> ^{MO} | 5 | QL (18 per 30 days) |
| FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE ^{MO} | 5 | QL (30 per 30 days) |
| FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE ^{MO} | 5 | QL (15 per 30 days) |
| FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE ^{MO} | 5 | QL (18 per 30 days) |
| FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE ^{MO} | 5 | QL (21.6 per 30 days) |
| FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE ^{MO} | 4 | QL (6 per 30 days) |
| FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION ^{MO} | 5 | QL (22.8 per 30 days) |
| FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE ^{MO} | 5 | QL (9 per 30 days) |
| GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE ^{SP} | 5 | PA,QL (7 per 28 days) |
| GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE ^{SP} | 5 | PA,QL (11.2 per 28 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| heparin 30,000 unit/30 ml vial; heparin 40,000 units/4 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vl; hepa ^{MO} | | |
| heparin-d5w 20,000 unit/500 ml ^{MO} | 2 | |
| heparin-ns 2,000 unit/1,000 ml ^{MO} | 2 | |
| heparin-1/2ns 25,000 units/250; heparin-1/2ns 25,000 units/500 ^{MO} | 2 | |
| heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml; heparin sod 5,000 unit/0.5 ml ^{MO} | 3 | |
| jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet ^{MO} | 2 | |
| LEUKINE 250 MCG SOLUTION FOR INJECTION ^{SP} | 5 | PA |
| NEULASTA WITH WEARABLE SUBCUTANEOUS INJECTOR; NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{SP} | 5 | PA,QL (1.2 per 28 days) |
| NEUMEGA 5 MG VIAL ^{SP} | 5 | QL (42 per 30 days) |
| NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE ^{SP} | 5 | PA,QL (7 per 30 days) |
| NEUPOGEN 300 MCG/ML INJECTION SOLUTION ^{SP} | 5 | PA,QL (14 per 30 days) |
| NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE ^{SP} | 5 | PA,QL (11.2 per 30 days) |
| NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION ^{SP} | 5 | PA,QL (22.4 per 30 days) |
| pentoxifylline er 400 mg tab ^{MO} | 2 | |
| PRADAXA 150 MG, 75 MG CAPSULE ^{MO} | 4 | QL (60 per 30 days) |
| PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION ^{SP} | 4 | PA,QL (14 per 30 days) |
| PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION ^{SP} | 4 | PA,QL (28 per 30 days) |
| PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION ^{SP} | 5 | PA,QL (14 per 30 days) |
| PROMACTA 12.5 MG, 75 MG TABLET ^{SP} | 5 | PA,QL (60 per 30 days) |
| PROMACTA 25 MG TABLET ^{SP} | 5 | PA,QL (30 per 30 days) |
| PROMACTA 50 MG TABLET ^{SP} | 5 | PA,QL (90 per 30 days) |
| ticlopidine 250 mg tablet ^{MO} | 4 | PA |
| tranexamic acid 1,000 mg/10 ml ^{MO} | 3 | PA |
| tranexamic acid 650 mg tablet ^{MO} | 4 | QL (30 per 5 days) |
| warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet ^{MO} | 1 | |
| XARELTO 10 MG TABLET ^{MO} | 3 | QL (35 per 60 days) |
| XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK ^{MO} | 3 | QL (51 per 30 days) |
| XARELTO 15 MG TABLET ^{MO} | 3 | QL (60 per 30 days) |
| XARELTO 20 MG TABLET ^{MO} | 3 | QL (30 per 30 days) |
| ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE ^{SP} | 5 | PA,QL (7 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE ^{SP} | 5 | PA,QL (11.2 per 30 days) |
| ZONTIVITY 2.08 MG TABLET ^{MO} | 4 | PA,QL (30 per 30 days) |
| CARDIOVASCULAR DRUGS | | |
| acebutolol 200 mg, 400 mg capsule ^{MO} | 2 | |
| ADCIRCA 20 MG TABLET ^{SP} | 5 | PA,QL (60 per 30 days) |
| afeditab cr 30 mg, 60 mg tablet,extended release ^{MO} | 3 | QL (60 per 30 days) |
| amiodarone 150 mg/3 ml syringe; amiodarone 150 mg/3 ml vial; amiodarone hcl 200 mg tablet ^{MO} | 2 | |
| amiodarone hcl 100 mg, 400 mg tablet ^{MO} | 4 | |
| amlodipine besylate 10 mg, 2.5 mg, 5 mg tab ^{MO} | 2 | |
| amlodipine-atorvast 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg ^{MO} | 4 | QL (30 per 30 days) |
| amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 ^{MO} | 3 | QL (60 per 30 days) |
| amlodipine-benazepril 10-40 mg, 5-40 mg ^{MO} | 3 | QL (30 per 30 days) |
| atenolol 100 mg, 25 mg, 50 mg tablet ^{MO} | 1 | |
| atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 ^{MO} | 1 | |
| atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet ^{MO} | 2 | 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 ^{MO} | 3 | QL (30 per 30 days) |
| benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO} | 1 | |
| benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab ^{MO} | 2 | |
| BENICAR 20 MG, 40 MG, 5 MG TABLET ^{MO} | 3 | 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 ^{MO} | 3 | QL (30 per 30 days) |
| BIDIL 20 MG-37.5 MG TABLET ^{MO} | 3 | QL (180 per 30 days) |
| bisoprolol fumarate 10 mg, 5 mg tab ^{MO} | 2 | |
| bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb ^{MO} | 1 | |
| candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb ^{MO} | 3 | QL (60 per 30 days) |
| candesartan cilexetil 32 mg tb ^{MO} | 3 | QL (30 per 30 days) |
| candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb ^{MO} | 3 | QL (30 per 30 days) |
| captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet ^{MO} | 2 | |
| captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet ^{MO} | 3 | |
| cartia xt 120 mg, 180 mg, 240 mg capsule,extended release ^{MO} | 3 | QL (60 per 30 days) |

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 |
|--|------|-------------------------------------|
| cartia xt 300 mg capsule,extended release ^{MO} | 3 | QL (30 per 30 days) |
| carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet ^{MO} | 1 | |
| cholestyramine packet; cholestyramine powder ^{MO} | 3 | |
| cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet ^{MO} | 3 | |
| clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch ^{MO} | 4 | QL (4 per 28 days) |
| clonidine hcl 0.1 mg, 0.2 mg tablet ^{MO} | 1 | |
| clonidine hcl 0.3 mg tablet ^{MO} | 2 | |
| clonidine hcl er 0.1 mg tablet ^{MO} | 4 | QL (120 per 30 days) |
| clorpres 0.1 mg-15 mg tablet; clorpres 0.2 mg-15 mg tablet; clorpres 0.3 mg-15 mg tablet ^{MO} | 4 | |
| colestipol hcl granules; colestipol hcl granules packet; colestipol micronized 1 gm tab ^{MO} | 4 | |
| CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET ^{MO} | 3 | QL (30 per 30 days) |
| digitek 125 mcg tablet ^{MO} | 2 | QL (30 per 30 days) |
| digitek 250 mcg tablet ^{MO} | 2 | PA |
| digox 125 mcg tablet ^{MO} | 2 | QL (30 per 30 days) |
| digox 250 mcg tablet ^{MO} | 2 | PA |
| digoxin 125 mcg tablet ^{MO} | 2 | QL (30 per 30 days) |
| digoxin 250 mcg tablet ^{MO} | 2 | PA |
| digoxin 250 mcg/ml, 50 mcg/ml solution; digoxin 500 mcg/2 ml ampule ^{MO} | 3 | PA |
| DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE ^{MO} | 4 | |
| dilt-cd 120 mg, 180 mg, 240 mg capsule ^{MO} | 3 | QL (60 per 30 days) |
| dilt-cd er 300 mg capsule ^{MO} | 3 | QL (30 per 30 days) |
| dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release ^{MO} | 3 | QL (60 per 30 days) |
| diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet ^{MO} | 2 | |
| diltiazem 12hr er 120 mg, 60 mg, 90 mg cap ^{MO} | 3 | |
| diltiazem 24hr cd 120 mg, 180 mg, 240 mg cap; diltiazem 24hr er 120 mg, 180 mg, 240 mg cap; diltiazem er 120 mg, 180 mg, 240 mg, 240 mg capsule; diltiazem hcl er 120 mg, 180 mg, 240 mg, 240 mg cap ^{MO} | 3 | QL (60 per 30 days) |
| diltiazem 24hr er 300 mg cap; diltiazem hcl er 300 mg, 360 mg, 420 mg cap ^{MO} | 3 | QL (30 per 30 days) |
| diltiazem hcl 100 mg vial ^{MO} | 4 | |
| diltzac er 120 mg, 180 mg, 240 mg capsule ^{MO} | 3 | QL (60 per 30 days) |
| diltzac er 300 mg, 360 mg capsule ^{MO} | 3 | QL (30 per 30 days) |
| disopyramide 100 mg, 150 mg capsule ^{MO} | 2 | PA |
| doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab ^{MO} | 2 | |

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet MO | 1 | |
| enalapril-hctz 10-25 mg tablet MO | 2 | |
| enalapril-hctz 5-12.5 mg tab MO | 1 | |
| eplerenone 25 mg, 50 mg tablet MO | 4 | |
| felodipine er 10 mg, 2.5 mg, 5 mg tablet MO | 3 | QL (30 per 30 days) |
| fenofibrate 160 mg tablet MO | 2 | QL (30 per 30 days) |
| fenofibrate 54 mg tablet MO | 2 | QL (60 per 30 days) |
| fenofibrate 134 mg, 200 mg capsule MO | 3 | QL (30 per 30 days) |
| fenofibrate 67 mg capsule MO | 3 | QL (60 per 30 days) |
| fenofibrate 145 mg tablet MO | 4 | QL (30 per 30 days) |
| fenofibrate 48 mg tablet MO | 4 | QL (60 per 30 days) |
| fenofibric acid dr 135 mg, 45 mg cap MO | 4 | QL (30 per 30 days) |
| flecainide acetate 100 mg, 150 mg, 50 mg tab MO | 3 | |
| fosinopril sodium 10 mg, 20 mg, 40 mg tab MO | 2 | |
| fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab MO | 2 | |
| gemfibrozil 600 mg tablet MO | 2 | QL (60 per 30 days) |
| guanfacine 1 mg tablet MO | 1 | PA |
| guanfacine 2 mg tablet MO | 2 | PA |
| hydralazine 10 mg, 25 mg tablet MO | 1 | |
| hydralazine 100 mg, 50 mg tablet MO | 2 | |
| hydralazine 20 mg/ml vial MO | 3 | |
| irbesartan 150 mg, 300 mg, 75 mg tablet MO | 2 | QL (30 per 30 days) |
| irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb MO | 2 | QL (30 per 30 days) |
| isosorbide dn 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 5 mg tab sl; isosorbide dn 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 5 mg tablet; isosorbide dn 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 5 mg tablet sl MO | 2 | |
| isosorbide dn er 40 mg tablet MO | 3 | |
| isosorbide mn 10 mg, 20 mg tablet; isosorbide mn er 120 mg, 60 mg tab; isosorbide mn er 120 mg, 60 mg tablet MO | 2 | |
| isosorbide mn er 30 mg tablet MO | 1 | |
| isradipine 2.5 mg, 5 mg capsule MO | 4 | |
| KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE SP | 5 | PA,QL (4 per 28 days) |
| labetalol hcl 100 mg, 200 mg, 300 mg tablet; labetalol hcl 100 mg/20 ml vl MO | 2 | |
| LANOXIN 125 MCG, 62.5 MCG TABLET MO | 4 | QL (30 per 30 days) |
| LANOXIN 187.5 MCG TABLET MO | 4 | 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 |
|--|------|-------------------------------------|
| LANOXIN 250 MCG TABLET; LANOXIN 250 MCG/ML INJECTION SOLUTION ^{MO} | 4 | PA |
| LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION ^{MO} | 4 | PA |
| lidocaine hcl 1% ampul; lidocaine hcl 1% syringe; lidocaine hcl 2% luer-jet; lidocaine hcl 2% vial; lidocaine hcl 4% ampul ^{MO} | 2 | |
| lisinopril 10 mg, 2.5 mg, 20 mg, 5 mg tablet ^{MO} | 1 | |
| lisinopril 30 mg, 40 mg tablet ^{MO} | 2 | |
| lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab ^{MO} | 1 | |
| losartan potassium 100 mg, 25 mg, 50 mg tab ^{MO} | 2 | QL (60 per 30 days) |
| losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab ^{MO} | 2 | QL (60 per 30 days) |
| lovastatin 10 mg, 20 mg tablet ^{MO} | 1 | QL (60 per 30 days) |
| lovastatin 40 mg tablet ^{MO} | 2 | QL (60 per 30 days) |
| methyldopa 250 mg tablet ^{MO} | 1 | PA |
| metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab ^{MO} | 3 | QL (60 per 30 days) |
| metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab ^{MO} | 3 | |
| metoprolol tart 5 mg/5 ml vial ^{MO} | 2 | |
| metoprolol tartrate 100 mg, 25 mg, 50 mg tab ^{MO} | 1 | |
| mexiletine 150 mg, 200 mg, 250 mg capsule ^{MO} | 4 | |
| minoxidil 10 mg, 2.5 mg tablet ^{MO} | 2 | |
| moexipril hcl 15 mg, 7.5 mg tablet ^{MO} | 2 | |
| moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet ^{MO} | 2 | |
| MULTAQ 400 MG TABLET ^{MO} | 4 | QL (60 per 30 days) |
| nadolol 20 mg, 40 mg, 80 mg tablet ^{MO} | 3 | |
| nadolol-bendroflu 40-5 mg, 80-5 mg tab ^{MO} | 3 | |
| niacor 500 mg tablet ^{MO} | 2 | |
| nicardipine 20 mg, 30 mg capsule ^{MO} | 3 | |
| nicardipine 25 mg/10 ml ampule ^{MO} | 2 | |
| nifedical xl 30 mg, 60 mg tablet, extended release ^{MO} | 3 | QL (60 per 30 days) |
| nifedipine er 30 mg tablet; nifedipine er 60 mg, 90 mg tablet ^{MO} | 3 | QL (60 per 30 days) |
| nimodipine 30 mg capsule ^{MO} | 4 | |
| nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch ^{MO} | 2 | QL (30 per 30 days) |
| nitroglycerin 0.4 mg/hr patch ^{MO} | 2 | QL (60 per 30 days) |
| nitroglycerin 5 mg/ml vial ^{MO} | 2 | |
| nitroglycerin lingual 0.4 mg ^{MO} | 4 | |
| NITROLINGUAL 400 MCG/SPRAY ^{MO} | 4 | |
| NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET ^{MO} | 3 | |

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| PACERONE 100 MG, 400 MG TABLET ^{MO} | 4 | |
| <i>pacerone 200 mg tablet</i> ^{MO} | 4 | |
| <i>perindopril erbumine 2 mg, 4 mg, 8 mg tab</i> ^{MO} | 2 | |
| <i>pindolol 10 mg, 5 mg tablet</i> ^{MO} | 3 | |
| <i>pravastatin sodium 10 mg, 20 mg, 80 mg tab</i> ^{MO} | 2 | QL (30 per 30 days) |
| <i>pravastatin sodium 40 mg tab</i> ^{MO} | 2 | QL (60 per 30 days) |
| <i>prazosin 1 mg, 2 mg, 5 mg capsule</i> ^{MO} | 2 | |
| <i>prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet</i> ^{MO} | 3 | |
| <i>procainamide 100 mg/ml, 500 mg/ml vial</i> ^{MO} | 2 | |
| <i>propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet</i> ^{MO} | 3 | |
| <i>propafenone hcl er 225 mg, 325 mg, 425 mg cap</i> ^{MO} | 4 | |
| <i>propranolol 1 mg/ml, 20 mg/5 ml, 40 mg/5 ml soln; propranolol 1 mg/ml, 20 mg/5 ml, 40 mg/5 ml vial; propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet</i> ^{MO} | 2 | |
| <i>propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule</i> ^{MO} | 4 | |
| <i>propranolol-hctz 40-25 mg, 80-25 mg tab</i> ^{MO} | 3 | |
| <i>quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet</i> ^{MO} | 2 | |
| <i>quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab</i> ^{MO} | 2 | |
| <i>quinidine gluc 80 mg/ml vial</i> ^{MO} | 2 | |
| <i>quinidine gluc er 324 mg tab</i> ^{MO} | 4 | |
| <i>quinidine sulf er 200 mg, 300 mg, 300 mg tab; quinidine sulfate 200 mg, 300 mg, 300 mg tab</i> ^{MO} | 2 | |
| <i>ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule</i> ^{MO} | 2 | |
| RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE ^{MO} | 4 | ST,QL (120 per 30 days) |
| <i>reserpine 0.1 mg, 0.25 mg tablet</i> ^{MO} | 2 | PA |
| REVATIO 10 MG/ML ORAL SUSPENSION ^{SP} | 5 | PA,QL (180 per 30 days) |
| <i>sildenafil 20 mg tablet</i> ^{MO} | 3 | PA,QL (90 per 30 days) |
| <i>simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet</i> ^{MO} | 2 | QL (30 per 30 days) |
| <i>sorine 120 mg, 160 mg, 240 mg, 80 mg tablet</i> ^{MO} | 2 | |
| <i>sotalol 120 mg, 160 mg, 240 mg tablet; sotalol hcl 150 mg/10 ml vial</i> ^{MO} | 2 | |
| <i>sotalol 80 mg tablet</i> ^{MO} | 1 | |
| <i>sotalol af 120 mg, 160 mg, 80 mg tablet</i> ^{MO} | 2 | |
| <i>spironolactone-hctz 25-25 tab</i> ^{MO} | 2 | |
| <i>spironolactone 100 mg, 50 mg tablet</i> ^{MO} | 2 | |
| <i>spironolactone 25 mg tablet</i> ^{MO} | 1 | |

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| taztia xt 120 mg, 180 mg, 240 mg capsule,extended release ^{MO} | 3 | QL (60 per 30 days) |
| taztia xt 300 mg, 360 mg capsule,extended release ^{MO} | 3 | QL (30 per 30 days) |
| TEKTURNA 150 MG, 300 MG TABLET ^{MO} | 3 | QL (30 per 30 days) |
| terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule ^{MO} | 1 | |
| TIKOSYN 125 MCG CAPSULE ^{MO} | 4 | QL (240 per 30 days) |
| TIKOSYN 250 MCG CAPSULE ^{MO} | 4 | QL (120 per 30 days) |
| TIKOSYN 500 MCG CAPSULE ^{MO} | 4 | QL (60 per 30 days) |
| timolol maleate 10 mg, 20 mg, 5 mg tablet ^{MO} | 2 | |
| trandolapril 1 mg, 2 mg, 4 mg tablet ^{MO} | 2 | |
| TRIBENZOR 20 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-25 MG TABLET; TRIBENZOR 40 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-5 MG-25 MG TABLET ^{MO} | 3 | QL (30 per 30 days) |
| valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet ^{MO} | 3 | QL (60 per 30 days) |
| valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab ^{MO} | 2 | QL (30 per 30 days) |
| VASCEPA 1 GRAM CAPSULE ^{MO} | 4 | QL (120 per 30 days) |
| verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule; verapamil er pm 200 mg capsule ^{MO} | 2 | QL (60 per 30 days) |
| verapamil 120 mg, 180 mg, 240 mg, 40 mg tablet; verapamil 2.5 mg/ml vial; verapamil er 120 mg, 180 mg, 240 mg, 40 mg tablet ^{MO} | 2 | |
| verapamil 120 mg, 80 mg tablet ^{MO} | 1 | |
| verapamil er pm 100 mg, 300 mg capsule ^{MO} | 2 | QL (30 per 30 days) |
| ZETIA 10 MG TABLET ^{MO} | 3 | QL (30 per 30 days) |
| CENTRAL NERVOUS SYSTEM AGENTS | | |
| ABILIFY 9.7 MG/1.3 ML VIAL ^{MO} | 4 | QL (120 per 30 days) |
| ABILIFY DISCMELT 10 MG, 15 MG TABLET ^{MO} | 5 | PA,QL (60 per 30 days) |
| ABILIFY MAINTENA SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE; ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE ^{MO} | 5 | QL (1 per 28 days) |
| ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE ^{MO} | 5 | QL (1.5 per 28 days) |
| acamprosate calc dr 333 mg tab ^{MO} | 4 | |
| acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 ^{MO} | 3 | QL (5010 per 30 days) |
| acetaminophen-cod #2 tablet; acetaminophen-cod #3 tablet; acetaminophen-cod #4 tablet ^{MO} | 3 | QL (390 per 30 days) |
| alprazolam 0.25 mg, 0.5 mg tablet ^{MO} | 3 | QL (120 per 30 days) |
| alprazolam 1 mg tablet ^{MO} | 3 | QL (240 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| alprazolam 2 mg tablet MO | 3 | QL (150 per 30 days) |
| ALSUMA 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO | 4 | QL (6 per 30 days) |
| amantadine 100 mg capsule; amantadine 100 mg tablet MO | 4 | |
| amantadine 50 mg/5 ml solution MO | 3 | |
| amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab MO | 2 | PA |
| amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet MO | 3 | |
| amphetamine salt combo 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tablet MO | 4 | QL (90 per 30 days) |
| amphetamine salt combo 30 mg tablet MO | 4 | QL (60 per 30 days) |
| APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE SP | 5 | QL (60 per 28 days) |
| APTIOM 200 MG, 400 MG, 800 MG TABLET MO | 4 | PA,QL (30 per 30 days) |
| APTIOM 600 MG TABLET MO | 4 | PA,QL (60 per 30 days) |
| aripiprazole 1 mg/ml solution MO | 4 | QL (750 per 30 days) |
| aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet MO | 4 | QL (30 per 30 days) |
| AZILECT 0.5 MG, 1 MG TABLET MO | 3 | |
| BANZEL 200 MG TABLET MO | 4 | PA,QL (480 per 30 days) |
| BANZEL 40 MG/ML ORAL SUSPENSION MO | 5 | PA,QL (2760 per 30 days) |
| BANZEL 400 MG TABLET MO | 5 | PA,QL (240 per 30 days) |
| benztropine 2 mg/2 ml ampule MO | 4 | PA |
| benztropine mes 0.5 mg, 1 mg tab; benztropine mes 0.5 mg, 1 mg tablet MO | 2 | PA |
| benztropine mes 2 mg tablet MO | 1 | PA |
| BRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO | 4 | ST,QL (30 per 30 days) |
| bromocriptine 2.5 mg tablet; bromocriptine 5 mg capsule MO | 4 | |
| budeprion sr 100 mg tablet MO | 3 | QL (120 per 30 days) |
| budeprion sr 150 mg tablet MO | 3 | QL (90 per 30 days) |
| buprenorphine 0.3 mg/ml syrn MO | 4 | PA,QL (240 per 30 days) |
| buprenorphine 2 mg, 8 mg tablet sl MO | 4 | PA,QL (90 per 30 days) |
| buproban 150 mg tablet,extended release MO | 3 | QL (90 per 30 days) |
| bupropion hcl 100 mg tablet MO | 3 | QL (180 per 30 days) |
| bupropion hcl 75 mg tablet MO | 3 | |
| bupropion hcl sr 100 mg tablet MO | 3 | QL (120 per 30 days) |
| bupropion hcl sr 150 mg tablet; bupropion hcl xl 150 mg, 300 mg tablet MO | 3 | QL (90 per 30 days) |
| bupropion hcl sr 200 mg tab MO | 3 | QL (60 per 30 days) |
| bupirone hcl 10 mg, 5 mg tablet MO | 1 | |
| bupirone hcl 15 mg, 30 mg, 7.5 mg tablet MO | 2 | |
| butalbital-acetaminophn 50-325 MO | 4 | PA,QL (180 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| butalb-acetamin-caff 50-325-40; butalbit-acetaminophen-caff cp ^{MO} | 4 | PA,QL (180 per 30 days) |
| butalbital-asa-caffeine cap; butalbital-asa-caffeine tablet ^{MO} | 4 | PA,QL (180 per 30 days) |
| BUTISOL 30 MG, 50 MG TABLET; BUTISOL SODIUM 30 MG, 50 MG TABLET; BUTISOL SODIUM 30 MG/5 ML ELX ^{MO} | 4 | PA |
| butorphanol 1 mg/ml vial ^{MO} | 3 | QL (960 per 30 days) |
| butorphanol 10 mg/ml spray ^{MO} | 3 | QL (5 per 28 days) |
| butorphanol 2 mg/ml vial ^{MO} | 3 | QL (480 per 30 days) |
| CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION ^{MO} | 4 | QL (5010 per 30 days) |
| carbamazepine 100 mg tab chew ^{MO} | 2 | |
| carbamazepine 100 mg/5 ml susp; carbamazepine er 100 mg, 200 mg, 300 mg cap; carbamazepine xr 200 mg, 400 mg tablet ^{MO} | 4 | |
| carbamazepine 200 mg tablet ^{MO} | 3 | |
| CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE ^{MO} | 4 | |
| carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt ^{MO} | 4 | |
| carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab ^{MO} | 3 | |
| carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab ^{MO} | 2 | |
| CELONTIN 300 MG CAPSULE ^{MO} | 4 | |
| chlorpromazine 10 mg, 25 mg tablet ^{MO} | 3 | B vs D |
| chlorpromazine 100 mg, 200 mg, 50 mg tablet; chlorpromazine 25 mg/ml amp ^{MO} | 3 | |
| citalopram hbr 10 mg tablet ^{MO} | 2 | QL (30 per 30 days) |
| citalopram hbr 10 mg/5 ml soln ^{MO} | 3 | |
| citalopram hbr 20 mg tablet ^{MO} | 1 | QL (60 per 30 days) |
| citalopram hbr 40 mg tablet ^{MO} | 1 | QL (30 per 30 days) |
| clomipramine 25 mg, 50 mg, 75 mg capsule ^{MO} | 4 | PA |
| clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg odt ^{MO} | | |
| clorazepate 15 mg, 3.75 mg, 7.5 mg tablet ^{MO} | 4 | |
| clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet ^{MO} | 3 | |
| clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet ^{MO} | 4 | ST |
| codeine sulfate 15 mg, 30 mg tablet ^{MO} | 3 | QL (360 per 30 days) |
| codeine sulfate 60 mg tablet ^{MO} | 3 | QL (180 per 30 days) |
| CYCLOSET 0.8 MG TABLET ^{MO} | 4 | PA,QL (180 per 30 days) |
| desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet ^{MO} | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab ^{MO} | 4 | QL (60 per 30 days) |
| dexmethylphenidate er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg cp ^{MO} | 4 | QL (30 per 30 days) |
| d-amphetamine er 10 mg capsule; dextroamphetamine 10 mg tab ^{MO} | 4 | QL (180 per 30 days) |
| d-amphetamine er 15 mg capsule ^{MO} | 4 | QL (120 per 30 days) |
| d-amphetamine er 5 mg capsule ^{MO} | 4 | QL (60 per 30 days) |
| dextroamphetamine 5 mg tab ^{MO} | 3 | QL (150 per 30 days) |
| dextroamp-amphet er 10 mg, 15 mg, 5 mg cap ^{MO} | 4 | QL (30 per 30 days) |
| dextroamp-amphet er 20 mg, 25 mg, 30 mg cap ^{MO} | 4 | QL (60 per 30 days) |
| diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg rectal gel sys; diazepam 20 mg rectal gel syst ^{MO} | 4 | |
| diazepam 10 mg tablet ^{MO} | 4 | QL (120 per 30 days) |
| diazepam 2 mg, 5 mg tablet ^{MO} | 4 | QL (90 per 30 days) |
| diazepam 5 mg/5 ml solution; diazepam 5 mg/ml oral conc ^{MO} | 4 | QL (1200 per 30 days) |
| diazepam intensol 5 mg/ml oral concentrate ^{MO} | 4 | QL (1200 per 30 days) |
| diclofenac pot 50 mg tablet ^{MO} | 3 | |
| diclofenac 0.1% eye drops; diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab ^{MO} | 2 | |
| diflunisal 500 mg tablet ^{MO} | 4 | |
| dilantin 30 mg capsule ^{MO} | 4 | |
| dilantin extended 100 mg capsule ^{MO} | 4 | |
| DILANTIN INFATABS 50 MG CHEWABLE TABLET ^{MO} | 4 | |
| DILANTIN-125 125 MG/5 ML ORAL SUSPENSION ^{MO} | 4 | |
| divalproex sod dr 125 mg, 250 mg, 500 mg tab; divalproex sodium 125 mg cap ^{MO} | 3 | |
| divalproex sod er 250 mg, 500 mg tab ^{MO} | 4 | |
| doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule; doxepin 10 mg/ml oral conc ^{MO} | 2 | PA |
| duloxetine hcl dr 20 mg, 30 mg, 60 mg cap ^{MO} | 3 | QL (60 per 30 days) |
| duloxetine hcl dr 40 mg cap ^{MO} | 4 | QL (60 per 30 days) |
| DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION ^{MO} | 4 | QL (7200 per 30 days) |
| DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION ^{MO} | 4 | QL (3600 per 30 days) |
| EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH ^{MO} | 4 | QL (30 per 30 days) |
| endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet ^{MO} | 3 | QL (360 per 30 days) |
| entacapone 200 mg tablet ^{MO} | 4 | QL (300 per 30 days) |

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>epitol 200 mg tablet</i> ^{MO} | 1 | |
| EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE ^{MO} | 4 | |
| <i>escitalopram 10 mg tablet</i> ^{MO} | 2 | QL (45 per 30 days) |
| <i>escitalopram 20 mg, 5 mg tablet</i> ^{MO} | 2 | QL (30 per 30 days) |
| <i>escitalopram oxalate 5 mg/5 ml</i> ^{MO} | 4 | QL (600 per 30 days) |
| <i>ethosuximide 250 mg capsule; ethosuximide 250 mg/5 ml soln</i> ^{MO} | 4 | |
| <i>etodolac 200 mg, 300 mg capsule; etodolac 400 mg, 500 mg tablet</i> ^{MO} | 3 | |
| <i>etodolac er 400 mg, 500 mg, 600 mg tablet</i> ^{MO} | 4 | |
| FANAPT 1 MG, 10 MG, 12 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG, 6 MG, 8 MG TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK ^{MO} | 4 | PA,QL (60 per 30 days) |
| FAZACLO 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG DISINTEGRATING TABLET ^{MO} | 4 | ST |
| <i>felbamate 400 mg, 600 mg tablet; felbamate 600 mg/5 ml susp</i> ^{MO} | 4 | |
| <i>fenoprofen calcium 400 mg cap</i> ^{MO} | 4 | |
| <i>fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch</i> ^{MO} | 4 | QL (20 per 30 days) |
| <i>fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> ^{MO} | 5 | PA,QL (120 per 30 days) |
| <i>fentanyl 0.05 mg/ml ampul</i> ^{MO} | 4 | QL (720 per 30 days) |
| <i>fentanyl 0.05 mg/ml syringe</i> ^{MO} | 4 | QL (240 per 30 days) |
| FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE ^{MO} | 4 | PA,QL (30 per 30 days) |
| FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK ^{MO} | 4 | PA,QL (28 per 28 days) |
| <i>fluoxetine 20 mg/5 ml solution</i> ^{MO} | 2 | |
| <i>fluoxetine dr 90 mg capsule</i> ^{MO} | 4 | QL (4 per 28 days) |
| <i>fluoxetine hcl 10 mg capsule</i> ^{MO} | 1 | QL (60 per 30 days) |
| <i>fluoxetine hcl 10 mg tablet</i> ^{MO} | 1 | |
| <i>fluoxetine hcl 20 mg capsule</i> ^{MO} | 2 | QL (120 per 30 days) |
| <i>fluoxetine hcl 20 mg tablet</i> ^{MO} | 3 | |
| <i>fluoxetine hcl 40 mg capsule</i> ^{MO} | 2 | QL (60 per 30 days) |
| <i>fluoxetine hcl 60 mg tablet</i> ^{MO} | 4 | QL (30 per 30 days) |
| <i>fluphenazine dec 25 mg/ml vial</i> ^{MO} | 4 | |
| <i>fluphenazine 1 mg tablet</i> ^{MO} | 1 | |
| <i>fluphenazine 10 mg, 2.5 mg, 5 mg tablet; fluphenazine 5 mg/ml conc</i> ^{MO} | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| fluphenazine 2.5 mg/5 ml elix; fluphenazine 2.5 mg/ml vial MO | 4 | |
| flurbiprofen 100 mg, 50 mg tablet MO | 2 | |
| fluvoxamine er 100 mg, 150 mg capsule MO | 4 | QL (60 per 30 days) |
| fluvoxamine maleate 100 mg, 25 mg, 50 mg tab MO | 2 | QL (90 per 30 days) |
| fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml vial MO | 2 | |
| FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET MO | 4 | PA,QL (30 per 30 days) |
| gabapentin 100 mg, 300 mg, 400 mg capsule MO | 2 | QL (270 per 30 days) |
| gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln MO | 3 | |
| gabapentin 600 mg, 800 mg tablet MO | 2 | QL (180 per 30 days) |
| GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION MO | 4 | |
| haloperidol 0.5 mg, 1 mg, 2 mg, 5 mg tablet MO | 1 | |
| haloperidol 10 mg, 20 mg tablet MO | 2 | |
| haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp MO | 4 | |
| haloperidol lac 2 mg/ml conc; haloperidol lac 5 mg/ml vial MO | 2 | |
| HETLIOZ 20 MG CAPSULE SP | 5 | PA,QL (30 per 30 days) |
| hydrocodon-acetaminoph 2.5-325; hydrocodon-acetaminoph 7.5-325; hydrocodon-acetaminophen 5-325; hydrocodon-acetaminophn 10-325 MO | 3 | QL (360 per 30 days) |
| hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 MO | 4 | QL (5520 per 30 days) |
| hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 2.5-200 mg, 5-200 mg; hydrocodone-ibuprofen 2.5-200 MO | 4 | QL (150 per 30 days) |
| hydrocodone-ibuprofen 7.5-200 MO | 3 | QL (150 per 30 days) |
| hydromorphone 0.5 mg/0.5 ml, 1 mg/ml; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml syringe MO | 4 | QL (720 per 30 days) |
| hydromorphone 2 mg, 4 mg tablet MO | 3 | QL (360 per 30 days) |
| hydromorphone 2 mg/ml syringe; hydromorphone 2 mg/ml vial MO | 4 | QL (360 per 30 days) |
| hydromorphone 4 mg/ml syrin MO | 4 | QL (180 per 30 days) |
| hydromorphone 8 mg tablet MO | 3 | QL (240 per 30 days) |
| hydromorphone 10 mg/ml vial MO | 4 | QL (144 per 30 days) |
| hydromorphone hcl 1 mg/ml amp MO | 4 | QL (720 per 30 days) |
| hydromorphone hcl 2 mg/ml amp MO | 4 | QL (360 per 30 days) |
| hydromorphone hcl 4 mg/ml amp MO | 4 | QL (180 per 30 days) |
| ibuprofen 100 mg/5 ml susp; ibuprofen 400 mg, 800 mg tablet MO | 1 | |
| ibuprofen 600 mg tablet MO | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| <i>oxycodone-ibuprofen 5-400 tab</i> MO | 4 | QL (240 per 30 days) |
| <i>imipramine hcl 10 mg, 25 mg, 50 mg tablet</i> MO | 2 | PA |
| <i>imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap</i> MO | 4 | PA |
| <i>indomethacin 25 mg capsule</i> MO | 1 | PA |
| INFUMORPH P/F 10 MG/ML INJECTION SOLUTION MO | 4 | QL (360 per 30 days) |
| INFUMORPH P/F 25 MG/ML INJECTION SOLUTION MO | 4 | QL (150 per 30 days) |
| INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE MO | 4 | ST,QL (30 per 30 days) |
| INVEGA 6 MG TABLET,EXTENDED RELEASE MO | 4 | ST,QL (60 per 30 days) |
| INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE MO | 5 | QL (1.5 per 30 days) |
| INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE MO | 5 | QL (1 per 30 days) |
| INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | QL (1.5 per 30 days) |
| IRENKA 40 MG CAPSULE,DELAYED RELEASE MO | 4 | QL (60 per 30 days) |
| <i>ketoprofen 50 mg, 75 mg capsule</i> MO | 2 | |
| LAMICTAL DISPER TABLET MO | 4 | |
| LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET MO | 4 | |
| LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK MO | 4 | |
| LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK MO | 4 | |
| LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK MO | 4 | |
| LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE MO | 4 | |
| LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL MO | 4 | |
| LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL MO | 4 | |
| <i>lamotrigine disper tab; lamotrigine disper tablet; lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (35) tablet; lamotrigine 25 mg tb start kit</i> MO | 2 | |
| <i>lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet; lamotrigine odt 100 mg, 200 mg, 25 mg, 50 mg tablet</i> MO | 4 | |
| LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET MO | 4 | PA,QL (30 per 30 days) |
| LATUDA 80 MG TABLET MO | 4 | PA,QL (60 per 30 days) |
| LAZANDA 100 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY MO | 5 | PA,QL (30 per 30 days) |
| <i>levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet; levetiracetam 100 mg/ml soln; levetiracetam er 500 mg, 750 mg tablet</i> MO | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| levetiracetam 500 mg/5 ml soln; levetiracetam 500 mg/5 ml, 500 mg/5 ml (5 ml) vial MO | 4 | |
| levorphanol 2 mg tablet MO | 4 | QL (240 per 30 days) |
| lithium carbonate 150 mg, 600 mg cap; lithium carbonate 300 mg, 300 mg, 450 mg tab; lithium carbonate er 300 mg, 300 mg, 450 mg tb MO | 2 | |
| lithium carbonate 300 mg cap MO | 1 | |
| lithium 8 meq/5 ml solution MO | 2 | |
| lorazepam 0.5 mg, 1 mg tablet MO | 2 | QL (90 per 30 days) |
| lorazepam 2 mg tablet MO | 2 | QL (150 per 30 days) |
| lorazepam 2 mg/ml oral concent MO | 3 | QL (150 per 30 days) |
| LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE MO | 3 | QL (150 per 30 days) |
| loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule MO | 2 | |
| LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MO | 4 | QL (90 per 30 days) |
| LYRICA 20 MG/ML ORAL SOLUTION MO | 4 | QL (900 per 30 days) |
| LYRICA 225 MG, 300 MG CAPSULE MO | 4 | QL (60 per 30 days) |
| magnesium sulfate 50% syringe; magnesium sulfate 50% vial MO | 2 | |
| magnesium-d5w 1 gm/100 ml soln MO | 2 | |
| magnesium sulf 8% iv soln MO | 2 | |
| maprotiline 25 mg, 50 mg, 75 mg tablet MO | 4 | |
| MARPLAN 10 MG TABLET MO | 4 | |
| meclofenamate 100 mg, 50 mg capsule MO | 4 | |
| meloxicam 15 mg tablet MO | 1 | QL (30 per 30 days) |
| meloxicam 7.5 mg tablet MO | 1 | QL (60 per 30 days) |
| meloxicam 7.5 mg/5 ml susp MO | 3 | QL (300 per 30 days) |
| memantine 5-10 mg titration pk MO | 3 | PA,QL (98 per 30 days) |
| memantine hcl 10 mg, 5 mg tablet MO | 3 | PA,QL (60 per 30 days) |
| methadone 10 mg/5 ml solution MO | 4 | QL (1800 per 30 days) |
| methadone 10 mg/ml oral conc; methadone hcl 10 mg/ml vial MO | 4 | QL (360 per 30 days) |
| methadone 5 mg/5 ml solution MO | 4 | QL (3600 per 30 days) |
| methadone hcl 10 mg tablet MO | 4 | QL (240 per 30 days) |
| methadone hcl 5 mg tablet MO | 4 | QL (480 per 30 days) |
| methadone intensol 10 mg/ml oral concentrate MO | 4 | QL (360 per 30 days) |
| METHADOSE 10 MG/ML ORAL CONCENTRATE MO | 4 | QL (360 per 30 days) |
| METHYLIN 10 MG CHEWABLE TABLET MO | 4 | QL (180 per 30 days) |
| METHYLIN 2.5 MG, 5 MG CHEWABLE TABLET MO | 4 | QL (150 per 30 days) |
| methylphenidate 10 mg chew tab MO | 4 | QL (180 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| methylphenidate 10 mg, 10 mg, 20 mg, 20 mg, 5 mg tablet; methylphenidate er 10 mg, 10 mg, 20 mg, 20 mg, 5 mg tab ^{MO} | 4 | QL (90 per 30 days) |
| methylphenidate 10 mg/5 ml sol ^{MO} | 4 | QL (900 per 30 days) |
| methylphenidate 2.5 mg, 5 mg chew tab; methylphenidate 2.5 mg, 5 mg chew tb ^{MO} | 4 | QL (150 per 30 days) |
| methylphenidate 5 mg/5 ml soln ^{MO} | 4 | QL (1800 per 30 days) |
| methylphenidate la 20 mg, 40 mg cap ^{MO} | 4 | QL (30 per 30 days) |
| methylphenidate la 30 mg cap ^{MO} | 4 | QL (60 per 30 days) |
| mirtazapine 15 mg, 30 mg, 45 mg odt ^{MO} | 4 | QL (30 per 30 days) |
| mirtazapine 15 mg, 30 mg, 45 mg tablet ^{MO} | 2 | QL (30 per 30 days) |
| mirtazapine 7.5 mg tablet ^{MO} | 2 | |
| modafinil 100 mg, 200 mg tablet ^{MO} | 4 | PA,QL (60 per 30 days) |
| morphine 10 mg/ml carpject; morphine 10 mg/ml, 10 mg/ml isecure syr; morphine 10 mg/ml, 10 mg/ml syringe ^{MO} | 3 | QL (360 per 30 days) |
| morphine 15 mg/ml carpject ^{MO} | 3 | QL (240 per 30 days) |
| morphine 2 mg/ml carpject; morphine 2 mg/ml, 2 mg/ml isecure syr; morphine 2 mg/ml, 2 mg/ml syringe ^{MO} | 3 | QL (1800 per 30 days) |
| morphine 4 mg/ml carpject; morphine 4 mg/ml isecure syr ^{MO} | 3 | QL (900 per 30 days) |
| morphine 5 mg/ml syringe ^{MO} | 3 | QL (720 per 30 days) |
| morphine 8 mg/ml isecure syr; morphine 8 mg/ml syringe; morphine 8 mg/ml vial ^{MO} | 3 | QL (450 per 30 days) |
| morphine sulf 10 mg, 20 mg, 30 mg, 5 mg suppos; morphine sulf er 100 mg, 15 mg, 30 mg tablet; morphine sulfate ir 100 mg, 15 mg, 30 mg tab ^{MO} | 3 | QL (180 per 30 days) |
| morphine sulf 10 mg/5 ml soln ^{MO} | 3 | QL (2700 per 30 days) |
| morphine sulf 20 mg/5 ml soln ^{MO} | 3 | QL (1350 per 30 days) |
| morphine sulf er 15 mg, 30 mg, 60 mg tablet ^{MO} | 3 | QL (120 per 30 days) |
| morphine sulf er 200 mg tablet ^{MO} | 3 | QL (90 per 30 days) |
| morphine 0.5 mg/ml vial ^{MO} | 3 | QL (7200 per 30 days) |
| morphine 1 mg/ml vial p-f ^{MO} | 3 | QL (3600 per 30 days) |
| morphine sulf 100 mg/5 ml soln ^{MO} | 3 | QL (600 per 30 days) |
| nabumetone 500 mg, 750 mg tablet ^{MO} | 2 | |
| nalbuphine 100 mg/10 ml vial ^{MO} | 4 | QL (240 per 30 days) |
| nalbuphine 200 mg/10 ml vial ^{MO} | 4 | QL (120 per 30 days) |
| NALFON 400 MG CAPSULE ^{MO} | 4 | |
| naloxone 0.4 mg/ml vial; naloxone 0.4 mg/ml, 1 mg/ml syringe; naloxone 2 mg/2 ml syringe ^{MO} | 2 | |
| naltrexone 50 mg tablet ^{MO} | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| NAMENDA XR CAPSULE SPRINKLE,EXTENDED RELEASE MO | 3 | PA,QL (30 per 30 days) |
| NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO | 3 | PA,QL (28 per 28 days) |
| <i>naproxen 125 mg/5 ml suspen</i> MO | 3 | |
| <i>naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet</i> MO | 2 | |
| <i>naproxen 375 mg, 500 mg tablet</i> MO | 1 | |
| <i>naproxen sodium 275 mg, 550 mg tab</i> MO | 2 | |
| <i>naratriptan hcl 1 mg, 2.5 mg tablet</i> MO | 3 | QL (9 per 30 days) |
| <i>nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet</i> MO | 4 | |
| NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO | 4 | QL (30 per 30 days) |
| <i>nortriptyline 10 mg/5 ml sol</i> MO | 3 | |
| <i>nortriptyline hcl 10 mg, 25 mg cap</i> MO | 1 | |
| <i>nortriptyline hcl 50 mg, 75 mg cap</i> MO | 2 | |
| NUJEXTA 20 MG-10 MG CAPSULE MO | 3 | QL (60 per 30 days) |
| NUVIGIL 150 MG, 200 MG, 250 MG TABLET MO | 3 | PA,QL (30 per 30 days) |
| NUVIGIL 50 MG TABLET MO | 3 | PA,QL (60 per 30 days) |
| <i>olanzapine 10 mg vial; olanzapine 15 mg, 20 mg tablet</i> MO | 3 | QL (60 per 30 days) |
| <i>olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet</i> MO | 3 | QL (30 per 30 days) |
| <i>olanzapine odt 10 mg, 5 mg tablet</i> MO | 4 | QL (30 per 30 days) |
| <i>olanzapine odt 15 mg, 20 mg tablet</i> MO | 4 | QL (60 per 30 days) |
| ONFI 10 MG, 20 MG TABLET MO | 4 | PA,QL (60 per 30 days) |
| ONFI 2.5 MG/ML ORAL SUSPENSION MO | 4 | PA,QL (480 per 30 days) |
| ORAP 1 MG, 2 MG TABLET MO | 4 | |
| <i>oxaprozin 600 mg tablet</i> MO | 4 | |
| <i>oxazepam 10 mg, 15 mg, 30 mg capsule</i> MO | 4 | |
| <i>oxcarbazepine 150 mg, 300 mg, 600 mg tablet</i> MO | 3 | |
| <i>oxcarbazepine 300 mg/5 ml susp</i> MO | 4 | |
| <i>oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet; oxycodone hcl 5 mg capsule</i> MO | 3 | QL (360 per 30 days) |
| <i>oxycodone hcl 100 mg/5 ml soln</i> MO | 4 | QL (270 per 30 days) |
| <i>oxycodone hcl 5 mg/5 ml soln</i> MO | 3 | QL (5400 per 30 days) |
| <i>oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325</i> MO | 3 | QL (360 per 30 days) |
| <i>oxycodone-aspirin 4.8355-325</i> MO | 4 | QL (360 per 30 days) |
| <i>paroxetine hcl 10 mg, 20 mg tablet</i> MO | 1 | QL (30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| paroxetine hcl 30 mg, 40 mg tablet MO | 2 | QL (60 per 30 days) |
| PAXIL 10 MG/5 ML ORAL SUSPENSION MO | 4 | |
| PEGANONE 250 MG TABLET MO | 4 | |
| perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet MO | 4 | |
| perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab MO | 3 | PA |
| phenelzine sulfate 15 mg tab MO | 3 | |
| phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet MO | 3 | PA,QL (90 per 30 days) |
| phenobarbital 15 mg, 60 mg tablet MO | 3 | PA,QL (120 per 30 days) |
| phenobarbital 20 mg/5 ml elix MO | 3 | PA,QL (1500 per 30 days) |
| phenobarbital 30 mg tablet MO | 3 | PA,QL (300 per 30 days) |
| PHENYTEK 200 MG, 300 MG CAPSULE MO | 4 | |
| phenytoin 100 mg/4 ml, 125 mg/5 ml susp; phenytoin 50 mg tablet chew MO | 2 | |
| phenytoin 50 mg/ml syringe; phenytoin 50 mg/ml vial MO | 3 | |
| phenytoin sod ext 100 mg, 200 mg, 300 mg cap MO | 2 | |
| piroxicam 10 mg, 20 mg capsule MO | 3 | |
| POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET MO | 4 | PA |
| pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet MO | 2 | |
| primidone 250 mg, 50 mg tablet MO | 2 | |
| PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE MO | 4 | QL (30 per 30 days) |
| protriptyline hcl 10 mg, 5 mg tablet MO | 4 | |
| quetiapine fumarate 100 mg, 300 mg, 400 mg tab MO | 2 | QL (90 per 30 days) |
| quetiapine fumarate 200 mg, 25 mg, 50 mg tab MO | 2 | QL (120 per 30 days) |
| REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET SP | 5 | PA,QL (30 per 30 days) |
| riluzole 50 mg tablet SP | 4 | |
| RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE MO | 4 | QL (4 per 28 days) |
| RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE MO | 5 | QL (4 per 28 days) |
| risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt MO | 4 | QL (60 per 30 days) |
| risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet MO | 2 | QL (60 per 30 days) |
| risperidone 0.5 mg odt MO | 4 | QL (120 per 30 days) |
| risperidone 0.5 mg tablet MO | 2 | QL (120 per 30 days) |
| risperidone 1 mg/ml solution MO | 2 | |
| rizatriptan 10 mg, 5 mg odt MO | 4 | QL (12 per 30 days) |
| rizatriptan 10 mg, 5 mg tablet MO | 3 | QL (12 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 |
|--|------|-------------------------------------|
| <i>ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg tablet</i> MO | 2 | |
| <i>ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet</i> MO | 4 | QL (90 per 30 days) |
| ROXICET 5-325 TABLET MO | 3 | QL (360 per 30 days) |
| SABRIL 500 MG ORAL POWDER PACKET; SABRIL 500 MG TABLET SP | 5 | PA,QL (180 per 30 days) |
| SAPHRIS (BLACK CHERRY) 10 MG, 5 MG SUBLINGUAL TABLET MO | 4 | PA,QL (60 per 30 days) |
| SAPHRIS (BLACK CHERRY) 2.5 MG SUBLINGUAL TABLET MO | 5 | PA,QL (60 per 30 days) |
| SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO | 3 | QL (60 per 30 days) |
| <i>selegiline hcl 5 mg capsule; selegiline hcl 5 mg tablet</i> MO | 4 | |
| SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE MO | 3 | QL (90 per 30 days) |
| SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MO | 3 | QL (30 per 30 days) |
| SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE MO | 3 | QL (60 per 30 days) |
| SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE MO | 3 | QL (120 per 30 days) |
| <i>sertraline 20 mg/ml oral conc</i> MO | 3 | |
| <i>sertraline hcl 100 mg tablet</i> MO | 2 | QL (60 per 30 days) |
| <i>sertraline hcl 25 mg, 50 mg tablet</i> MO | 2 | QL (90 per 30 days) |
| STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE MO | 4 | PA,QL (60 per 30 days) |
| STRATTERA 100 MG, 60 MG, 80 MG CAPSULE MO | 4 | PA,QL (30 per 30 days) |
| SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MO | 4 | PA,QL (60 per 30 days) |
| SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO | 4 | PA,QL (90 per 30 days) |
| <i>sulindac 150 mg, 200 mg tablet</i> MO | 2 | |
| <i>sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray</i> MO | 4 | 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 inject; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill; sumatriptan 6 mg/0.5 ml vial</i> MO | 4 | QL (6 per 30 days) |
| <i>sumatriptan succ 100 mg, 25 mg, 50 mg tablet</i> MO | 2 | QL (9 per 30 days) |
| SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE MO | 4 | PA |
| TASMAR 100 MG TABLET MO | 4 | PA |
| TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE MO | 4 | |
| <i>temazepam 15 mg, 30 mg capsule</i> MO | 4 | QL (30 per 30 days) |
| <i>tetrabenazine 12.5 mg tablet</i> SP | 5 | PA,QL (240 per 30 days) |
| <i>tetrabenazine 25 mg tablet</i> SP | 5 | PA,QL (120 per 30 days) |
| <i>thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet</i> MO | 2 | PA |
| <i>thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule</i> MO | 3 | |
| <i>tiagabine hcl 2 mg, 4 mg tablet</i> MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| tolcapone 100 mg tablet MO | 4 | PA |
| tolmetin sodium 200 mg, 600 mg tab; tolmetin sodium 400 mg cap MO | 4 | |
| topiramate 100 mg, 200 mg, 50 mg tablet MO | 2 | QL (120 per 30 days) |
| topiramate 15 mg, 25 mg sprinkle cap MO | 2 | |
| topiramate 25 mg tablet MO | 2 | QL (90 per 30 days) |
| tramadol hcl 50 mg tablet MO | 2 | QL (240 per 30 days) |
| tramadol-acetaminophn 37.5-325 MO | 4 | QL (240 per 30 days) |
| tranylcypromine sulf 10 mg tab MO | 4 | |
| trazodone 100 mg, 150 mg, 50 mg tablet MO | 1 | |
| trazodone 300 mg tablet MO | 2 | |
| trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet MO | 3 | |
| trihexyphenidyl 2 mg tablet MO | 1 | PA |
| trihexyphenidyl 2 mg/5 ml elx; trihexyphenidyl 5 mg tablet MO | 2 | PA |
| trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp MO | 4 | PA |
| valproate sod 500 mg/5 ml vl MO | 2 | |
| valproic acid 250 mg capsule MO | 2 | |
| valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml) soln MO | 2 | |
| venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet MO | 2 | |
| venlafaxine hcl er 150 mg cap MO | 2 | QL (60 per 30 days) |
| venlafaxine hcl er 150 mg, 225 mg, 37.5 mg tab MO | 4 | QL (30 per 30 days) |
| venlafaxine hcl er 37.5 mg cap MO | 2 | QL (30 per 30 days) |
| venlafaxine hcl er 75 mg cap MO | 2 | QL (90 per 30 days) |
| venlafaxine hcl er 75 mg tab MO | 4 | QL (60 per 30 days) |
| VERSACLOZ 50 MG/ML ORAL SUSPENSION MO | 4 | ST,QL (540 per 30 days) |
| VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 10 MG (7)-20 MG (7)-40 MG (16), 20 MG, 40 MG TABLET; VIIBRYD 10-20-40 MG STARTER PK MO | 4 | PA,QL (30 per 30 days) |
| VIMPAT 10 MG/ML ORAL SOLUTION MO | 4 | PA,QL (1395 per 30 days) |
| VIMPAT 100 MG, 150 MG, 200 MG, 50 MG, 50 MG (14)- 100 MG (14) TABLET; VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION; VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK MO | 4 | PA |
| VOLTAREN 1 % TOPICAL GEL MO | 4 | |
| XENAZINE 12.5 MG TABLET SP | 5 | PA,QL (240 per 30 days) |
| XENAZINE 25 MG TABLET SP | 5 | PA,QL (120 per 30 days) |
| XYREM 500 MG/ML ORAL SOLUTION SP | 5 | PA,QL (540 per 30 days) |

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|--|------|-------------------------------------|
| zaleplon 10 mg, 5 mg capsule MO | 2 | QL (90 per 365 days) |
| zenzedi 10 mg tablet MO | 4 | QL (180 per 30 days) |
| ZENZEDI 15 MG TABLET MO | 4 | QL (120 per 30 days) |
| ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET MO | 4 | QL (90 per 30 days) |
| ZENZEDI 30 MG TABLET MO | 4 | QL (60 per 30 days) |
| zenzedi 5 mg tablet MO | 4 | QL (150 per 30 days) |
| ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule MO | 4 | QL (60 per 30 days) |
| zolpidem tartrate 10 mg, 5 mg tablet MO | 2 | QL (90 per 365 days) |
| zonisamide 100 mg, 25 mg, 50 mg capsule MO | 2 | |
| ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION MO | 4 | PA,QL (4 per 28 days) |
| ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION MO | 5 | PA,QL (2 per 28 days) |
| ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION MO | 5 | PA,QL (1 per 28 days) |
| DEVICES | | |
| 1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE; 1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE; 1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE; 1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE; 1ST TIER UNIFINE PE MO | | |
| 1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE; 1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE; 1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE; 1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NE MO | | |
| ADVOCATE PEN NEEDLES 29 GAUGE X 1/2"; ADVOCATE PEN NEEDLES 31 GAUGE X 3/16"; ADVOCATE PEN NEEDLES 31 GAUGE X 5/16" MO | 2 | |
| ADVOCATE SYRINGES 0.3 ML 29 X 1/2"; ADVOCATE SYRINGES 0.3 ML 30 X 5/16"; ADVOCATE SYRINGES 0.3 ML 31 X 5/16"; ADVOCATE SYRINGES 1 ML 29 X 1/2"; ADVOCATE SYRINGES 1 ML 30 X 5/16"; ADVOCATE SYRINGES 1 ML 31 X 5/16"; ADVOCATE S MO | | |
| ASSURE ID INSULIN SAFETY 0.5 ML 29 X 1/2" SYRINGE; ASSURE ID INSULIN SAFETY 1 ML 29 X 1/2" SYRINGE MO | 2 | |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO | 2 | |
| AUTOPEN 1 TO 16 UNITS SUBCUTANEOUS MO | 2 | |
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO | 2 | |
| AUTOPEN 2 TO 32 UNITS SUBCUTANEOUS MO | 2 | |
| AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO | 2 | |
| BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MO | 2 | |
| BD AUTOSHIELD PEN NEEDLE 29 GAUGE X 3/16"; BD AUTOSHIELD PEN NEEDLE 29 GAUGE X 5/16" MO | 2 | |
| BD ECLIPSE LUER-LOK 1 ML 30 X 1/2" SYRINGE MO | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" MO | 2 | |
| BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" MO | 2 | |
| BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" MO | 2 | |
| BD INSULIN SYRINGE 1 ML 25 X 1"; BD INSULIN SYRINGE 1 ML 25 X 5/8"; BD INSULIN SYRINGE 1 ML 26 X 1/2"; BD INSULIN SYRINGE 1 ML 28 X 1/2" MO | 2 | |
| BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 15/64"; BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO | 2 | |
| BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28; BD INSULIN SYRINGE MICRO-FINE 1 ML 28 X 1/2"; BD INSULIN SYRINGE MICRO-FINE 1/2 ML 28 X 1/2" MO | 2 | |
| BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 X 1/2" MO | 2 | |
| BD INSULIN SYRINGE SLIP TIP 1 ML MO | 2 | |
| BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 X 5/16"; BD INSULIN SYRINGE ULT-FINE II 1 ML 31 X 5/16"; BD INSULIN SYRINGE ULT-FINE II 1/2 ML 31 X 5/16" MO | 2 | |
| BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 X 1/2"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 5/16"; BD INSULIN SYRINGE ULTRA-FINE 1 ML 29 X 1/2"; BD INSULIN SYRINGE MO | | |
| BD INTEGRA INSULIN SYRINGE 1 ML 29 X 1/2" MO | 2 | |
| BD LO-DOSE MICRO-FINE IV 0.3 ML 28 X 1/2" SYRINGE; BD LO-DOSE MICRO-FINE IV 1/2 ML 28 X 1/2" SYRINGE MO | 2 | |
| BD LO-DOSE ULTRA-FINE 0.3 ML 29 X 1/2" SYRINGE; BD LO-DOSE ULTRA-FINE 1/2 ML 29 X 1/2" SYRINGE MO | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 X 1/2"; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 X 5/16"; BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 X 1/2"; BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 29 X 1/2"; BD SAFETYGLIDE I MO | | |
| BD SAFETYGLIDE SYRINGE 1 ML 27 X 5/8" MO | 2 | |
| BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" MO | 2 | |
| CAREFINE PEN NEEDLE 29 GAUGE X 1/2"; CAREFINE PEN NEEDLE 30 GAUGE X 5/16"; CAREFINE PEN NEEDLE 31 GAUGE X 1/4"; CAREFINE PEN NEEDLE 31 GAUGE X 5/16"; CAREFINE PEN NEEDLE 32 GAUGE X 1/4"; CAREFINE PEN NEEDLE 32 GAUGE X 3/16" MO | | |
| CLICKFINE 31 GAUGE X 1/4" NEEDLE; CLICKFINE 31 GAUGE X 5/16" NEEDLE; CLICKFINE 32 GAUGE X 5/32" NEEDLE MO | 2 | |
| COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4"; COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16"; COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16"; COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4"; COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16"; COMFORT EZ PEN N MO | | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| COMFORT EZ SYRINGE 0.3 ML 29 X 1/2"; COMFORT EZ SYRINGE 0.3 ML 30 X 1/2"; COMFORT EZ SYRINGE 0.3 ML 30 X 5/16"; COMFORT EZ SYRINGE 0.3 ML 31 X 5/16"; COMFORT EZ SYRINGE 1 ML 28 X 1/2"; COMFORT EZ SYRINGE 1 ML 29 X 1/2"; COM MO | | |
| EASY COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16"; EASY COMFORT INSULIN SYRINGE 1 ML 30 X 1/2"; EASY COMFORT INSULIN SYRINGE 1 ML 30 X 5/16"; EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2"; EASY COMFORT INSULIN SYRING MO | | |
| EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4"; EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16"; EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16"; EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32" MO | 2 | |
| EASY TOUCH 29 GAUGE X 1/2" NEEDLE; EASY TOUCH 31 GAUGE X 1/4" NEEDLE; EASY TOUCH 31 GAUGE X 3/16" NEEDLE; EASY TOUCH 31 GAUGE X 5/16" NEEDLE; EASY TOUCH 32 GAUGE X 1/4" NEEDLE; EASY TOUCH 32 GAUGE X 3/16" NEEDLE; EASY TOUCH 32 GAUG MO | | |
| EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2"; EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 X 5/16"; EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 X 1/2"; EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 X 1/2" MO | 2 | |
| EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 1/2"; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16"; EASY TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16"; EASY TOUCH INSULIN SYRINGE 1 ML 27 X 1/2"; EASY TOUCH INSULIN SYRINGE 1 ML 28 MO | | |
| EXEL INSULIN 0.3 ML 29 X 1/2" SYRINGE; EXEL INSULIN 1 ML 27 X 1/2" SYRINGE; EXEL INSULIN 1 ML 30 X 5/16" SYRINGE; EXEL INSULIN 1/2 ML 28 X 1/2" SYRINGE; EXEL INSULIN 1/2 ML 30 X 5/16" SYRINGE MO | 2 | |
| FREESTYLE PRECISION 1 ML 30 X 5/16" SYRINGE; FREESTYLE PRECISION 1 ML 31 X 5/16" SYRINGE; FREESTYLE PRECISION 1/2 ML 30 X 5/16" SYRINGE; FREESTYLE PRECISION 1/2 ML 31 X 5/16" SYRINGE MO | 2 | |
| HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLE; HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE; HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE; HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/1 MO | | |
| HUMAPEN LUXURA HD SUBCUTANEOUS MO | 2 | |
| INCONTROL PEN NEEDLE 29 GAUGE X 1/2"; INCONTROL PEN NEEDLE 31 GAUGE X 1/4"; INCONTROL PEN NEEDLE 31 GAUGE X 3/16"; INCONTROL PEN NEEDLE 31 GAUGE X 5/16"; INCONTROL PEN NEEDLE 32 GAUGE X 5/32" MO | 2 | |
| EXEL INSULIN SYRN 27G-1/2 ML MO | 2 | |
| INSULIN SYRINGE 1 ML 28 X 1/2"; INSULIN SYRINGE 1 ML 29 X 1/2"; INSULIN SYRINGE 1 ML 30 X 5/16"; INSULIN SYRINGE 1/2 ML 28 X 1/2"; INSULIN SYRINGE 1/2 ML 29 X 1/2"; INSULIN SYRINGE 1/2 ML 30 X 5/16" MO | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| INSULIN SYRINGE MICROFINE 0.3 ML 28 X 1/2"; INSULIN SYRINGE MICROFINE 1 ML 27 X 5/8"; INSULIN SYRINGE MICROFINE 1/2 ML 28 X 1/2" MO | 2 | |
| BD LUER-LOK SYRINGE 1 ML MO | 2 | |
| INSULIN SYRINGE ULTRAFINE 1/2 ML 29 X 1/2" MO | 2 | |
| BD INSULIN SYR 1 ML 25GX5/8"; BD INSULIN SYR 1 ML 28GX1/2"; EQL INSULIN 1 ML SYRINGE; 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 31GX MO | | |
| INSULIN SYRINGE U100 1 ML MO | 2 | |
| INSUPEN 29 GAUGE X 1/2" NEEDLE; INSUPEN 30 GAUGE X 5/16" NEEDLE; INSUPEN 31 GAUGE X 1/4" NEEDLE; INSUPEN 31 GAUGE X 5/16" NEEDLE; INSUPEN 32 GAUGE X 1/4" NEEDLE; INSUPEN 32 GAUGE X 5/16" NEEDLE; INSUPEN 32 GAUGE X 5/32" NEEDLE; INSUPE MO | | |
| LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2"; LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4"; LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16"; LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16" MO | 2 | |
| LITE TOUCH INSULIN SYRINGE 0.3 ML 29 X 1/2"; LITE TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16"; LITE TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16"; LITE TOUCH INSULIN SYRINGE 1 ML 28; LITE TOUCH INSULIN SYRINGE 1 ML 29; LITE T MO | | |
| MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 X 1/2", 1 ML 29 X 1/2", 1 ML 30 X 5/16" MO | 2 | |
| MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 X 5/16" MO | 2 | |
| MAXI-COMFORT INSULIN SYRINGE 1 ML 28 X 1/2"; MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO | 2 | |
| MEDI-JECTOR VISION MO | 2 | |
| MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE MO | 2 | |
| MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 0.3 ML, 0.3 ML 30 X 5/16", 1/2 ML 29 X 1/2", 1/2 ML 30 X 5/16"; MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2"; MONOJECT INSULIN SAFETY SYRINGE 29 X 1/2" MO | 2 | |
| MONOJECT INSULIN SYRINGE 0.3 ML 29 X 1/2"; MONOJECT INSULIN SYRINGE 0.3 ML 30 X 5/16"; MONOJECT INSULIN SYRINGE 0.3 ML 31 X 5/16"; MONOJECT INSULIN SYRINGE 1 ML; MONOJECT INSULIN SYRINGE 1 ML 25 X 5/8"; MONOJECT INSUL MO | | |
| MONOJECT SYRINGE 1/2 ML 28 MO | 2 | |
| MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 SYRINGE MO | 2 | |
| NOVOFINE 30 30 GAUGE X 1/3" NEEDLE MO | 2 | |
| NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MO | 2 | |
| NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE MO | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MO | 2 | |
| NOVOPEN 3 INSULIN DEVICE MO | 2 | |
| NOVOPEN 3 PENMATE DEVICE MO | 2 | |
| NOVOPEN ECHO SUBCUTANEOUS MO | 2 | |
| NOVOPEN JR INSULIN DEVICE MO | 2 | |
| NOVOTWIST 30 GAUGE X 1/3" NEEDLE; NOVOTWIST 32 X 1/5" NEEDLE MO | 2 | |
| KROGER PEN NEEDLES 29G; PEN NEEDLE 29 29, 29 GAUGE 29 GAUGE, 30 GAUGE X 5/16", 31 GAUGE 31 GAUGE, 31 GAUGE 31 GAUGE, 31 GAUGE 31 GAUGE, 32 GAUGE 32 GAUGE; PEN NEEDLE 29 GAUGE X 1/2"; PEN NEEDLE 31 GAUGE X 1/4"; PEN NEEDLE 31 GAUGE MO | | |
| COMFORT POINT PEN NDL 31GX1/6"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE, DIABETIC 31; PEN NEEDLES 6MM 31G MO | 2 | |
| PENTIPS 31 GAUGE X 3/16" NEEDLE; PENTIPS 31 GAUGE X 5/16" NEEDLE; PENTIPS 32 GAUGE X 5/32" NEEDLE MO | 2 | |
| PRODIGY INSULIN SYRINGE 0.3 ML 31 X 5/16"; PRODIGY INSULIN SYRINGE 1 ML 28 X 1/2"; PRODIGY INSULIN SYRINGE 1/2 ML 31 X 5/16" MO | 2 | |
| RELION NEEDLES 31 GAUGE X 1/4" MO | 2 | |
| RELION PEN NEEDLES 32 GAUGE X 5/32" MO | 2 | |
| SAFESNAP INSULIN SYRINGE 0.3 ML 30 X 5/16"; SAFESNAP INSULIN SYRINGE 0.5 ML 29 X 1/2"; SAFESNAP INSULIN SYRINGE 0.5 ML 30 X 5/16"; SAFESNAP INSULIN SYRINGE 1 ML 28 X 1/2"; SAFESNAP INSULIN SYRINGE 1 ML 29 X 1/2" MO | 2 | |
| SURE COMFORT INSULIN SYRINGE U-100 1/2 ML 29 X 1/2" MO | 2 | |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2"; SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 1/2"; SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16"; SURE COMFORT INSULIN SYRINGE 0.3 ML 31 X 5/16"; SURE COMFORT INSULIN SY MO | | |
| SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2"; SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16"; SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16"; SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16"; SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4"; SURE COMFO MO | | |
| SURE-FINE PEN NEEDLES 29 GAUGE X 1/2"; SURE-FINE PEN NEEDLES 31 GAUGE X 3/16"; SURE-FINE PEN NEEDLES 31 GAUGE X 5/16" MO | 2 | |
| SURE-JECT INSULIN SYRINGE 0.3 ML 29 X 1/2"; SURE-JECT INSULIN SYRINGE 0.3 ML 30 X 5/16"; SURE-JECT INSULIN SYRINGE 0.3 ML 31 X 5/16"; SURE-JECT INSULIN SYRINGE 1 ML 28 X 1/2"; SURE-JECT INSULIN SYRINGE 1 ML 29 X 1/2" MO | | |
| TERUMO INSULIN SYRINGE 0.5CC/27G 1/2 ML 27 X 1/2" MO | 2 | |

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8"; TERUMO INSULIN SYRINGE 1 ML 27 X 1/2"; TERUMO INSULIN SYRINGE 1 ML 28 X 1/2"; TERUMO INSULIN SYRINGE 1 ML 29 X 1/2"; TERUMO INSULIN SYRINGE 1/2 ML 28 X 1/2"; TERUMO INSULIN SYRIN MO | | |
| THINPRO INSULIN SYRINGE 0.3 ML 29 X 1/2"; THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8"; THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8"; THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8"; THINPRO INSULIN SYRINGE 1 ML 28 X 1/2"; THINPRO IN MO | | |
| TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE; TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE MO | 2 | |
| TOPCARE ULTRA COMFORT 0.3 ML 29 X 1/2" SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 30 X 5/16" SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 31 X 5/16" SYRINGE; TOPCARE ULTRA COMFORT 1 ML 29 X 1/2" SYRINGE; TOPCARE ULTRA COMFORT 1 ML 3 MO | | |
| TRUEPLUS INSULIN 0.3 ML 29 X 1/2" SYRINGE; TRUEPLUS INSULIN 0.3 ML 30 X 5/16" SYRINGE; TRUEPLUS INSULIN 0.3 ML 31 X 5/16" SYRINGE; TRUEPLUS INSULIN 1 ML 28 X 1/2" SYRINGE; TRUEPLUS INSULIN 1 ML 29 X 1/2" SYRINGE; TRUEPLUS INS MO | | |
| ULTICARE 0.3 ML 29 X 1/2" SYRINGE; ULTICARE 0.3 ML 30 X 1/2" SYRINGE; ULTICARE 0.3 ML 30 X 5/16" SYRINGE; ULTICARE 0.3 ML 31 X 5/16" SYRINGE; ULTICARE 1 ML 29 X 1/2" SYRINGE; ULTICARE 1 ML 30 X 1/2" SYRINGE; ULTICARE 1 ML 30 X 5/16" MO | | |
| ULTILET INSULIN SYRINGE 0.3 ML 29; ULTILET INSULIN SYRINGE 0.3 ML 29 X 1/2"; ULTILET INSULIN SYRINGE 0.3 ML 30 X 5/16"; ULTILET INSULIN SYRINGE 0.3 ML 31 X 5/16"; ULTILET INSULIN SYRINGE 1 ML 29; ULTILET INSULIN SYRING MO | | |
| ULTILET PEN NEEDLE 29 GAUGE; ULTILET PEN NEEDLE 32 GAUGE X 5/32" MO | 2 | |
| ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2"; ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 X 5/16"; ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO | 2 | |
| ULTRA COMFORT INSULIN SYRINGE; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2"; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16"; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 31 X 5 MO | | |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 X 5/16"; ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 X 5/16"; ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 X 5/16"; ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML MO | | |
| ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE MO | 2 | |
| ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" MO | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 X 1/2"; ULTRA-THIN II INSULIN SYRINGE 1 ML 29 X 1/2"; ULTRA-THIN II INSULIN SYRINGE 1/2 ML 29 X 1/2" MO | 2 | |
| UNIFINE PENTIPS 29 GAUGE NEEDLE; UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE; UNIFINE PENTIPS 29 GAUGE X 5/16" NEEDLE; UNIFINE PENTIPS 30 GAUGE X 5/16" NEEDLE; UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE; UNIFINE PENTIPS 31 GAUGE X 3/16" MO | | |
| UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE; UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE; UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE; UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE; UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" N MO | | |
| VANISHPOINT SYRINGE 1 ML 29 X 1/2"; VANISHPOINT SYRINGE 1/2 ML 30 X 1/2" MO | 2 | |
| ELECTROLYTIC, CALORIC, AND WATER BALANCE | | |
| <i>amiloride hcl 5 mg tablet</i> MO | 3 | |
| <i>amiloride hcl-hctz 5-50 mg tab</i> MO | 2 | |
| AMINOSYN 10 % INTRAVENOUS SOLUTION MO | 4 | B vs D |
| AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO | 4 | B vs D |
| AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO | 4 | B vs D |
| AMINOSYN II 10 % INTRAVENOUS SOLUTION MO | 4 | B vs D |
| AMINOSYN II 15 % INTRAVENOUS SOLUTION MO | 4 | B vs D |
| AMINOSYN II 7 % INTRAVENOUS SOLUTION MO | 4 | B vs D |
| AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO | 4 | B vs D |
| AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO | 4 | B vs D |
| AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO | 4 | B vs D |
| AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO | 4 | B vs D |
| AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO | 4 | B vs D |
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO | 4 | B vs D |
| <i>ammonium chloride 5 meq/ml</i> MO | 2 | |
| <i>bumetanide 0.5 mg, 1 mg, 2 mg tablet; bumetanide 2.5 mg/10 ml vial</i> MO | 2 | |
| BUPHENYL 500 MG TABLET SP | 5 | |
| <i>calcium acetate 667 mg gelcap</i> MO | 3 | |
| <i>calcium acetate 667 mg tablet</i> MO | 4 | |
| CARBAGLU 200 MG DISPERSIBLE TABLET SP | 5 | PA |
| <i>chlorothiazide 250 mg, 500 mg tablet</i> MO | 2 | |
| <i>chlorothiazide sod 500 mg vial</i> MO | 2 | |
| <i>chlorthalidone 25 mg, 50 mg tablet</i> MO | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| <i>probenecid-colchicine tabs</i> ^{MO} | 3 | |
| <i>constulose 10 gram/15 ml oral solution</i> ^{MO} | 2 | |
| <i>dextrose 10%-0.45% nacl iv sol</i> ^{MO} | 2 | |
| <i>dextrose 2.5%-0.45% nacl iv</i> ^{MO} | 2 | |
| <i>dextrose 5%-0.9% nacl iv soln</i> ^{MO} | 2 | |
| <i>dextrose 5%-0.45% nacl iv soln</i> ^{MO} | 2 | |
| <i>dextrose 10%-0.2% nacl iv soln</i> ^{MO} | 2 | |
| <i>dextrose 10%-water iv solution</i> ^{MO} | 2 | |
| <i>dextrose 5%-water iv soln</i> ^{MO} | 2 | |
| <i>dextrose 5%-0.2% nacl iv soln</i> ^{MO} | 2 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| dextrose 5%-0.3% nacl iv soln MO | 2 | |
| DIURIL 250 MG/5 ML ORAL SUSPENSION MO | 4 | |
| DYRENIUM 100 MG, 50 MG CAPSULE MO | 4 | |
| dextrose 5%-electrolyte 48 MO | 2 | |
| enulose 10 gram/15 ml oral solution MO | 2 | |
| ethacrynate sodium 50 mg vial MO | 4 | |
| furosemide 10 mg/ml, 10 mg/ml, 40 mg/5 ml soln; furosemide 10 mg/ml, 10 mg/ml, 40 mg/5 ml solution; furosemide 40 mg/4 ml vial MO | 2 | |
| furosemide 20 mg, 40 mg, 80 mg tablet MO | 1 | |
| generlac 10 gram/15 ml oral solution MO | 2 | |
| glycine 1.5% irrigation MO | 4 | |
| GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION MO | 2 | |
| HEPATAMINE 8% INTRAVENOUS SOLUTION MO | 4 | B vs D |
| hydrochlorothiazide 12.5 mg cp; hydrochlorothiazide 25 mg, 50 mg tab MO | 1 | |
| hydrochlorothiazide 12.5 mg tb MO | 2 | |
| indapamide 1.25 mg, 2.5 mg tablet MO | 1 | |
| INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION MO | 4 | B vs D |
| IONOSOL-B IN D5W INTRAVENOUS SOLUTION MO | 4 | |
| IONOSOL-MB IN D5W INTRAVENOUS SOLUTION MO | 4 | |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO | 4 | |
| ISOLYTE-S INTRAVENOUS SOLUTION MO | 4 | |
| k-sol 20 meq/15 ml oral liquid MO | 1 | |
| KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION MO | 4 | B vs D |
| kionex 15 gram/60 ml oral suspension MO | 3 | |
| kionex oral powder MO | 4 | |
| KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MO | 2 | |
| KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MO | 2 | |
| klor-con m10 meq tablet,extended release MO | 2 | |
| KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MO | 2 | |
| klor-con m20 meq tablet,extended release MO | 2 | |
| klor-con sprinkle 10 meq, 8 meq capsule,extended release MO | 2 | |
| lactated ringers injection; lactated ringers irrigation MO | 2 | |
| lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution MO | 2 | |
| LIPOSYN II 20 % INTRAVENOUS EMULSION MO | 4 | B vs D |
| LIPOSYN III 10 %, 20 % INTRAVENOUS EMULSION MO | 4 | B vs D |
| LITHOSTAT 250 MG TABLET MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| <i>methylothiazide 5 mg tablet</i> ^{MO} | 2 | |
| NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO} | 4 | |
| NORMOSOL-R INTRAVENOUS SOLUTION ^{MO} | 4 | |
| NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO} | 4 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION ^{MO} | 4 | |
| NUTRILIPID 20 % INTRAVENOUS EMULSION ^{MO} | 4 | B vs D |
| PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION ^{MO} | 4 | B vs D |
| PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION ^{MO} | 4 | |
| PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION ^{MO} | 2 | |
| PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION ^{MO} | 2 | |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION ^{MO} | 4 | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION ^{MO} | 4 | |
| PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO} | 4 | |
| <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> ^{MO} | 2 | |
| <i>potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml sol; potassium cl 10% (40 meq/30 ml; potassium cl 20% (20 meq/15 ml, 40 meq/15 ml; potassium cl 40 meq/20 ml conc; potassium cl er 10 meq, 10 meq, 20 meq</i> ^{MO} | | |
| <i>kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln</i> ^{MO} | 2 | |
| <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> ^{MO} | 2 | |
| <i>kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer</i> ^{MO} | 2 | |
| <i>potassium cl 20 meq-0.45% nacl</i> ^{MO} | 2 | |
| <i>d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.2% nacl</i> ^{MO} | 2 | |
| <i>kcl 20 meq in d5w-0.3% nacl</i> ^{MO} | 2 | |
| <i>kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9%</i> ^{MO} | 2 | |
| <i>potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab</i> ^{MO} | 3 | |
| PREMASOL 10 % INTRAVENOUS SOLUTION ^{MO} | 2 | B vs D |
| PREMASOL 6 % INTRAVENOUS SOLUTION ^{MO} | 2 | B vs D |
| <i>probenecid 500 mg tablet</i> ^{MO} | 3 | |
| PROCALAMINE 3% INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| REVELA 0.8 GRAM ORAL POWDER PACKET; REVELA 800 MG TABLET ^{MO} | 4 | PA,QL (540 per 30 days) |
| REVELA 2.4 GRAM ORAL POWDER PACKET ^{MO} | 4 | PA,QL (180 per 30 days) |

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|---|------|-------------------------------------|
| <i>ringer's iv solution; ringers irrigation solution</i> ^{MO} | 2 | |
| SAMSCA 15 MG, 30 MG TABLET ^{SP} | 5 | QL (60 per 30 days) |
| sevelamer carbonate 800 mg tab ^{MO} | 3 | QL (540 per 30 days) |
| sodium bicarb 7.5% abboject; sodium bicarb 8.4% abboject; sodium bicarb 8.4% vial ^{MO} | 2 | |
| sodium chloride 0.9% irrig. ^{MO} | 2 | |
| sodium chloride 2.5 meq/ml, 4 meq/ml vl; sodium cl 2.5 meq/ml, 4 meq/ml vial ^{MO} | 3 | |
| saline 0.45% soln-excel con ^{MO} | 2 | |
| sodium chloride 0.9% solution; sodium chloride 0.9% solution; sodium chloride 0.9% vial ^{MO} | 3 | |
| sodium chloride 3% iv soln ^{MO} | 2 | |
| sodium chloride 5% iv soln ^{MO} | 2 | |
| SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION ^{MO} | 4 | |
| sodium lactate 5 meq/ml vial ^{MO} | 2 | |
| sodium phenylbutyrate powder ^{SP} | 5 | |
| sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp ^{MO} | 3 | |
| sps 15 gm/60 ml suspension ^{MO} | 3 | |
| SPS 15 GRAM/60 ML ORAL SUSPENSION ^{MO} | 3 | |
| torse mide 10 mg, 100 mg, 20 mg, 5 mg tablet ^{MO} | 2 | |
| TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION ^{MO} | 4 | |
| TRAVASOL 10 % INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp ^{MO} | 2 | |
| triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb ^{MO} | 1 | |
| TROPHAMINE 10 % INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| TROPHAMINE 6% INTRAVENOUS SOLUTION ^{MO} | 4 | B vs D |
| sterile water for irrigation ^{MO} | 2 | |
| ENZYMES | | |
| ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION ^{MO} | 5 | |
| ELELYSO 200 UNIT INTRAVENOUS SOLUTION ^{MO} | 5 | PA,QL (350 per 30 days) |
| ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION ^{MO} | 5 | PA |
| FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION ^{MO} | 5 | PA |
| LUMIZYME 50 MG INTRAVENOUS SOLUTION ^{MO} | 5 | PA |
| MYOZYME 50 MG INTRAVENOUS SOLUTION ^{MO} | 5 | PA |

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|--|------|-------------------------------------|
| NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION ^{MO} | 5 | PA |
| SUCRAID 8,500 UNIT/ML ORAL SOLUTION ^{SP} | 5 | |
| VPRIV 400 UNIT INTRAVENOUS SOLUTION ^{MO} | 5 | PA |
| EYE, EAR, NOSE AND THROAT (EENT) PREPS. | | |
| acetazolamide 125 mg, 250 mg tablet ^{MO} | 2 | |
| acetazolamide er 500 mg cap ^{MO} | 4 | |
| acetazolamide sod 500 mg vial ^{MO} | 3 | |
| acetic acid 2% ear solution ^{MO} | 2 | |
| ak-poly-bac 500 unit-10,000 unit/gram eye ointment ^{MO} | 2 | |
| apraclonidine hcl 0.5% drops ^{MO} | 4 | |
| atropine 0.05 mg/ml, 0.1 mg/ml syringe; atropine 0.4 mg/ml, 1 mg/ml vial; atropine 1% eye ointment ^{MO} | 2 | |
| AZASITE 1 % EYE DROPS ^{MO} | 3 | |
| azelastine 0.1% (137 mcg) spry ^{MO} | 3 | QL (30 per 25 days) |
| azelastine hcl 0.05% drops ^{MO} | 3 | |
| AZOPT 1 % EYE DROPS,SUSPENSION ^{MO} | 3 | |
| bacitracin 50,000 units vial; bacitracin 500 unit/gm ophth ^{MO} | 3 | |
| bacitracin-polymyxin eye oint ^{MO} | 3 | |
| BESIVANCE 0.6 % EYE DROPS,SUSPENSION ^{MO} | 3 | |
| betaxolol hcl 0.5% eye drop ^{MO} | 3 | |
| BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION ^{MO} | 4 | |
| BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT ^{MO} | 4 | |
| brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp ^{MO} | 3 | |
| carteolol hcl 1% eye drops ^{MO} | 2 | |
| chlorhexidine 0.12% rinse ^{MO} | 1 | |
| ciprofloxacin 0.3% eye drop; ciprofloxacin hcl 100 mg, 750 mg tab ^{MO} | 2 | |
| COMBIGAN 0.2 %-0.5 % EYE DROPS ^{MO} | 3 | |
| CYSTARAN 0.44 % EYE DROPS ^{SP} | 5 | PA,QL (60 per 28 days) |
| dexamethasone 0.1% eye drop; dexamethasone 10 mg/ml, 4 mg/ml vial ^{MO} | 2 | |
| diclofenac 0.1% eye drops; diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab ^{MO} | 2 | |
| dorzolamide hcl 2% eye drops ^{MO} | 2 | QL (10 per 30 days) |
| dorzolamide-timolol eye drops ^{MO} | 2 | QL (10 per 30 days) |
| doxycycline hyclate 100 mg, 20 mg tab; doxycycline hyclate 100 mg, 50 mg cap ^{MO} | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| DUREZOL 0.05 % EYE DROPS MO | 3 | |
| epinastine hcl 0.05% eye drops MO | 3 | |
| erythromycin 0.5% eye ointment MO | 1 | |
| flunisolide 0.025% spray MO | 4 | QL (50 per 30 days) |
| fluorometholone 0.1% drops MO | 3 | |
| flurbiprofen 0.03% eye drop MO | 2 | |
| fluticasone prop 50 mcg spray MO | 2 | QL (16 per 30 days) |
| garamycin 0.3 % eye drops; garamycin 3 mg/gm eye ointment MO | 3 | |
| gatifloxacin 0.5% eye drops MO | 4 | QL (2.5 per 25 days) |
| gentak 0.3 % (3 mg/gram) eye ointment MO | 2 | |
| gentamicin 0.1% cream; gentamicin 0.1% ointment; gentamicin 0.3% eye drops MO | 1 | |
| gentamicin 0.3% eye ointment MO | 2 | |
| hydrocortison-acetic acid soln MO | 4 | |
| ILEVRO 0.3 % EYE DROPS,SUSPENSION MO | 3 | |
| ipratropium 0.03% spray MO | 2 | QL (30 per 30 days) |
| ipratropium 0.06% spray MO | 2 | QL (45 per 30 days) |
| ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS MO | 4 | |
| ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution MO | 2 | |
| LACRISERT 5 MG EYE INSERTS MO | 4 | |
| latanoprost 0.005% eye drops MO | 2 | QL (2.5 per 25 days) |
| levobunolol 0.25% eye drops; levobunolol 0.5% eye drops MO | 2 | |
| levofloxacin 0.5% eye drops; levofloxacin 25 mg/ml solution MO | 3 | |
| lidocaine 2% viscous soln; lidocaine hcl 1% vial; lidocaine hcl 2% vial; lidocaine hcl 4% solution MO | 2 | |
| lidocaine hcl 2% jelly MO | 3 | |
| lidocaine viscous 2 % mucosal solution MO | 1 | |
| LUMIGAN 0.01 % EYE DROPS MO | 3 | QL (2.5 per 25 days) |
| methazolamide 25 mg, 50 mg tablet MO | 4 | |
| metipranolol 0.3% eye drops MO | 2 | |
| naphazoline 0.1% eye drops MO | 2 | |
| neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment MO | 2 | |
| neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment MO | 3 | |
| neo-bacit-poly-hc eye ointment MO | 3 | |
| neomyc-bacit-polymix eye oint MO | 2 | |
| neomyc-polym-dexamet eye ointm; neomyc-polym-dexameth eye drop MO | 3 | |

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 |
|---|------|-------------------------------------|
| neomyc-polym-gramicid eye drop ^{MO} | 2 | |
| neomycin-poly-hc eye drops ^{MO} | 4 | |
| neomycin-polymyxin-hc ear soln; neomycin-polymyxin-hc ear susp ^{MO} | 2 | |
| neosporin (neo-polym-gramicid) 1.75mg-10,000 unit-0.025mg/ml eye drops ^{MO} | 2 | |
| ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops ^{MO} | 2 | |
| PATADAY 0.2 % EYE DROPS ^{MO} | 3 | |
| PHOSPHOLINE IODIDE 0.125 % EYE DROPS ^{MO} | 4 | |
| pilocarpine 1% eye drops; pilocarpine 2% eye drops ^{MO} | 2 | |
| pilocarpine 4% eye drops; pilocarpine hcl 5 mg, 7.5 mg tablet ^{MO} | 4 | |
| polycin 500 unit-10,000 unit/gram eye ointment ^{MO} | 2 | |
| polymyxin b-tmp eye drops ^{MO} | 1 | |
| PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION ^{MO} | 4 | |
| PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT ^{MO} | 4 | |
| prednisolone 5 mg/5 ml soln; prednisolone sod 1% eye drop; prednisolone sod ph 25 mg/5 ml ^{MO} | 3 | |
| proparacaine 0.5% eye drops ^{MO} | 2 | |
| RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE ^{MO} | 4 | QL (60 per 30 days) |
| sulfacetamide 10% eye drops ^{MO} | 1 | |
| sulfacetamide 10% eye ointment ^{MO} | 3 | |
| sulf-pred 10-0.23% eye drops ^{MO} | 2 | |
| timolol 0.25% eye drops; timolol 0.5% eye drops ^{MO} | 1 | |
| timolol 0.25% gel-solution; timolol 0.5% gel-solution ^{MO} | 3 | |
| tobramycin 0.3% eye drops ^{MO} | 1 | |
| tobramycin-dexameth ophth susp ^{MO} | 4 | |
| TOBREX 0.3 % EYE OINTMENT ^{MO} | 4 | |
| TRAVATAN Z 0.004 % EYE DROPS ^{MO} | 3 | QL (2.5 per 25 days) |
| trifluridine 1% eye drops ^{MO} | 4 | |
| tropicamide 0.5% eye drops; tropicamide 1% eye drops ^{MO} | 2 | |
| TYZINE 0.05 % NASAL DROPS ^{MO} | 4 | |
| VIGAMOX 0.5 % EYE DROPS ^{MO} | 4 | |
| ZIRGAN 0.15 % EYE GEL ^{MO} | 4 | QL (5 per 30 days) |
| GASTROINTESTINAL DRUGS | | |
| alosetron hcl 0.5 mg, 1 mg tablet ^{MO} | 5 | QL (60 per 30 days) |
| APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE ^{MO} | 3 | QL (120 per 30 days) |
| balsalazide disodium 750 mg cp ^{MO} | 4 | |

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| CANASA 1,000 MG RECTAL SUPPOSITORY MO | 3 | QL (30 per 30 days) |
| CHENODAL 250 MG TABLET SP | 5 | PA |
| <i>cimetidine 200 mg, 300 mg, 400 mg tablet</i> MO | 2 | |
| <i>cimetidine 800 mg tablet</i> MO | 1 | |
| <i>cimetidine 300 mg/5 ml soln</i> MO | 2 | |
| <i>compro 25 mg rectal suppository</i> MO | 3 | |
| CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000-114,000-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6 MO | | |
| DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE MO | 4 | QL (30 per 30 days) |
| <i>diphenoxylat-atrop 2.5-0.025/5</i> MO | 3 | |
| <i>diphenoxylate-atrop 2.5-0.025</i> MO | 2 | |
| <i>dronabinol 10 mg capsule</i> MO | 5 | B vs D,QL (120 per 30 days) |
| <i>dronabinol 2.5 mg, 5 mg capsule</i> MO | 4 | B vs D,QL (120 per 30 days) |
| EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK MO | 4 | B vs D,QL (6 per 28 days) |
| EMEND 125 MG, 40 MG CAPSULE MO | 4 | B vs D,QL (2 per 28 days) |
| EMEND 80 MG CAPSULE MO | 4 | B vs D,QL (4 per 28 days) |
| <i>famotidine 20 mg tablet</i> MO | 1 | |
| <i>famotidine 40 mg tablet; famotidine 40 mg/4 ml vial</i> MO | 2 | |
| <i>famotidine 40 mg/5 ml susp</i> MO | 3 | |
| <i>famotidine 20 mg/2 ml vial</i> MO | 2 | |
| <i>famotidine 20 mg piggyback</i> MO | 2 | |
| GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT SP | 5 | PA,QL (30 per 30 days) |
| GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT SP | 5 | PA,QL (30 per 30 days) |
| <i>gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution</i> MO | 2 | |
| <i>gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution</i> MO | 2 | |
| <i>gavilyte-n 420 gram oral solution</i> MO | 2 | |
| <i>granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial</i> MO | 4 | |
| <i>granisetron hcl 1 mg tablet</i> MO | 3 | B vs D,QL (28 per 28 days) |
| <i>granisetron hcl 4 mg/4 ml vial</i> MO | 4 | QL (4 per 28 days) |
| LIALDA 1.2 GRAM TABLET,DELAYED RELEASE MO | 3 | QL (120 per 30 days) |
| LINZESS 145 MCG, 290 MCG CAPSULE MO | 3 | QL (30 per 30 days) |
| <i>loperamide 2 mg capsule</i> MO | 2 | |
| LOTRONEX 0.5 MG, 1 MG TABLET MO | 5 | QL (60 per 30 days) |
| <i>meclizine 12.5 mg, 25 mg tablet</i> MO | 3 | |

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| mesalamine 4 gm/60 ml enema ^{MO} | 4 | QL (1800 per 30 days) |
| mesalamine 4 gm/60 ml kit ^{MO} | 4 | |
| metoclopramide 10 mg tablet; metoclopramide 5 mg/5 ml soln ^{MO} | 1 | |
| metoclopramide 10 mg/2 ml syr; metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg tablet ^{MO} | 2 | |
| misoprostol 100 mcg, 200 mcg tablet ^{MO} | 3 | |
| omeprazole dr 10 mg, 20 mg capsule ^{MO} | 2 | QL (60 per 30 days) |
| omeprazole dr 40 mg capsule ^{MO} | 2 | QL (30 per 30 days) |
| ondansetron odt 4 mg, 8 mg tablet ^{MO} | 3 | B vs D,QL (90 per 30 days) |
| ondansetron 4 mg/5 ml solution ^{MO} | 4 | B vs D,QL (450 per 30 days) |
| ondansetron 40 mg/20 ml vial ^{MO} | 3 | |
| ondansetron hcl 24 mg tablet ^{MO} | 3 | B vs D,QL (30 per 30 days) |
| ondansetron hcl 4 mg, 8 mg tablet ^{MO} | 2 | B vs D,QL (90 per 30 days) |
| ondansetron 4 mg/2 ml isecure; ondansetron hcl 4 mg/2 ml vial ^{MO} | 3 | |
| pantoprazole sod dr 20 mg, 40 mg tab ^{MO} | 2 | QL (60 per 30 days) |
| pantoprazole sodium 40 mg vial ^{MO} | 4 | |
| peg 3350 electrolyte soln; peg-3350 and electrolytes soln ^{MO} | 2 | |
| peg-3350 with flavor packs 420 gram oral solution ^{MO} | 2 | |
| peg-3350 solution ^{MO} | 2 | |
| polyethylene glycol 3350 powd ^{MO} | 3 | |
| prochlorperazine 25 mg supp ^{MO} | 4 | |
| prochlorperazine 5 mg/ml vial ^{MO} | 4 | |
| prochlorperazine 10 mg tab ^{MO} | 1 | B vs D |
| prochlorperazine 5 mg tablet ^{MO} | 2 | B vs D |
| PROTONIX 40 MG INTRAVENOUS SOLUTION ^{MO} | 4 | |
| ranitidine 1,000 mg/40 ml vial; ranitidine 150 mg, 300 mg capsule ^{MO} | 3 | |
| ranitidine 15 mg/ml syrup ^{MO} | 2 | |
| ranitidine 150 mg, 300 mg tablet ^{MO} | 1 | |
| RELISTOR 12 MG/0.6 ML KIT; RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION; RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{SP} | 5 | PA,QL (36 per 28 days) |
| RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE ^{SP} | 5 | PA,QL (12 per 30 days) |
| SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH ^{MO} | 4 | QL (4 per 30 days) |
| sucralfate 1 gm tablet ^{MO} | 2 | |
| SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION ^{MO} | 3 | |
| TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) ^{MO} | 4 | PA,QL (4 per 12 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 |
|--|------|-------------------------------------|
| trilyte with flavor packets 420 gram oral solution ^{MO} | 2 | |
| trimethobenzamide 300 mg cap ^{MO} | 4 | PA |
| ursodiol 250 mg, 500 mg tablet ^{MO} | 4 | |
| GOLD COMPOUNDS | | |
| RIDAURA 3 MG CAPSULE ^{MO} | 5 | |
| HEAVY METAL ANTAGONISTS | | |
| CHEMET 100 MG CAPSULE ^{MO} | 4 | |
| CUPRIMINE 250 MG CAPSULE ^{MO} | 4 | |
| EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET ^{SP} | 5 | PA |
| SYPRINE 250 MG CAPSULE ^{MO} | 4 | |
| HORMONES AND SYNTHETIC SUBSTITUTES | | |
| a-hydrocort 100 mg solution for injection ^{MO} | 2 | |
| acarbose 100 mg, 25 mg, 50 mg tablet ^{MO} | 4 | |
| altavera (28) 0.15 mg-0.03 mg tablet ^{MO} | 4 | |
| amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack ^{MO} | 4 | QL (91 per 90 days) |
| ANADROL-50 50 MG TABLET ^{MO} | 5 | |
| ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET ^{MO} | 3 | QL (37.5 per 30 days) |
| ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET ^{MO} | 3 | QL (150 per 30 days) |
| ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP ^{MO} | 3 | QL (176 per 30 days) |
| androxy 10 mg tablet ^{MO} | 4 | |
| apri 0.15 mg-0.03 mg tablet ^{MO} | 4 | |
| aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet ^{MO} | 4 | |
| aubra 0.1 mg-20 mcg tablet ^{MO} | 4 | |
| AVANDIA 2 MG, 4 MG TABLET ^{MO} | 4 | QL (60 per 30 days) |
| AVANDIA 8 MG TABLET ^{MO} | 4 | QL (30 per 30 days) |
| aviane 0.1 mg-20 mcg tablet ^{MO} | 4 | |
| azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO} | 4 | |
| budesonide ec capsule ^{MO} | 5 | |
| calcitonin-salmon 200 units sp ^{MO} | 3 | QL (3.7 per 28 days) |
| camila 0.35 mg tablet ^{MO} | 4 | |
| CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK ^{MO} | 4 | QL (91 per 90 days) |
| caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet ^{MO} | 4 | |
| chateal 0.15 mg-0.03 mg tablet ^{MO} | 4 | |
| chorionic gonad 10,000 unit vl ^{MO} | 3 | PA |
| cortisone 25 mg tablet ^{MO} | 3 | |

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| cryselle (28) 0.3 mg-30 mcg tablet MO | 4 | |
| cyclafem 1/35 (28) 1 mg-35 mcg tablet MO | 4 | |
| cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO | 4 | |
| cyred 0.15 mg-0.03 mg tablet MO | 4 | |
| CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET MO | 4 | |
| danazol 100 mg, 200 mg, 50 mg capsule MO | 4 | |
| dasetta 1/35 (28) 1 mg-35 mcg tablet MO | 4 | |
| dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO | 4 | |
| deblitane 0.35 mg tablet MO | 4 | |
| delyla (28) 0.1 mg-20 mcg tablet MO | 4 | |
| DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO | 2 | PA |
| desmopressin 0.1 mg/ml sol; desmopressin 10 mcg/0.1 ml spr; desmopressin ac 0.1 mg/ml (refrigerate), 4 mcg/ml ampul; desmopressin acetate 0.1 mg, 0.2 mg tb MO | 4 | |
| desogestr-eth estrad eth estra MO | 4 | |
| desogestrel-ethinyl estrad tab MO | 4 | |
| dexamethasone 0.5 mg, 0.75 mg, 4 mg tablet MO | 1 | |
| dexamethasone 0.5 mg/5 ml elx; dexamethasone 0.5 mg/5 ml liq MO | 3 | |
| dexamethasone 1 mg, 1.5 mg, 2 mg, 6 mg tablet MO | 2 | |
| DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) MO | 3 | |
| dexamethasone 0.1% eye drop; dexamethasone 10 mg/ml, 4 mg/ml vial MO | 2 | |
| drospirenone-ee 3-0.02 mg, 3-0.03 mg tab; drospirenone-eth estradiol tab MO | 4 | |
| DUAVEE 0.45 MG-20 MG TABLET MO | 4 | PA,QL (30 per 30 days) |
| EGRIFTA 1 MG, 2 MG SUBCUTANEOUS SOLUTION SP | 5 | PA,QL (60 per 30 days) |
| elinest 0.3 mg-30 mcg tablet MO | 4 | |
| ELLA 30 MG TABLET MO | 3 | QL (1 per 30 days) |
| emoquette 0.15 mg-0.03 mg tablet MO | 4 | |
| enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO | 4 | |
| enskyce 0.15 mg-0.03 mg tablet MO | 4 | |
| errin 0.35 mg tablet MO | 4 | |
| estradiol 0.025 mg/day patch; estradiol 0.0375 mg/day patch; estradiol 0.05 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol 0.1 mg/day patch MO | 3 | PA,QL (4 per 28 days) |
| estradiol 0.5 mg, 1 mg, 2 mg tablet MO | 1 | PA |
| estradiol 10 mg/ml, 20 mg/ml, 40 mg/ml vial; estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml vl MO | 4 | PA |
| falmina (28) 0.1 mg-20 mcg tablet MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO | 4 | |
| <i>fludrocortisone 0.1 mg tablet</i> MO | 2 | |
| FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR SP | 4 | ST,QL (2.4 per 28 days) |
| FORTICAL 200 UNIT/ACTUATION NASAL SPRAY MO | 4 | QL (3.7 per 28 days) |
| GIANVI (28) 3 MG-20 MCG TABLET MO | 4 | |
| <i>gildess 1 mg-20 mcg tablet; gildess 1.5 mg-30 mcg tablet</i> MO | 4 | |
| <i>gildess fe 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> MO | 4 | |
| <i>glimepiride 1 mg, 2 mg, 4 mg tablet</i> MO | 1 | |
| <i>glipizide 10 mg, 5 mg tablet</i> MO | 1 | |
| <i>glipizide er 10 mg, 2.5 mg, 5 mg tablet; glipizide xl 10 mg, 2.5 mg, 5 mg tablet</i> MO | 2 | |
| <i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> MO | 3 | |
| GLUCAGEN HYPOKIT 1 MG INJECTION MO | 4 | |
| GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION MO | 3 | |
| <i>glyburide 1.25 mg tablet</i> MO | 2 | PA |
| <i>glyburide 2.5 mg, 5 mg tablet</i> MO | 1 | PA |
| <i>glyburide micro 1.5 mg tab</i> MO | 2 | PA |
| <i>glyburide micro 3 mg, 6 mg tablet</i> MO | 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> MO | 2 | PA |
| GLYSET 100 MG, 25 MG, 50 MG TABLET MO | 4 | |
| GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MO | 3 | QL (30 per 30 days) |
| <i>heather 0.35 mg tablet</i> MO | 4 | |
| HUMALOG 100 UNIT/ML SUBCUTANEOUS CARTRIDGE; HUMALOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO | 3 | |
| HUMALOG KWIKPEN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS MO | 3 | |
| HUMALOG MIX 50-50 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO | 3 | |
| HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML SUBCUTANEOUS PEN MO | 3 | |
| HUMALOG MIX 75-25 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO | 3 | |
| HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML SUBCUTANEOUS INSULIN PEN MO | 3 | |
| HUMULIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO | 3 | |
| HUMULIN 70/30 KWIKPEN 100 UNIT/ML (70-30) SUBCUTANEOUS MO | 3 | |
| HUMULIN 70-30 PEN MO | 3 | |
| HUMULIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO | 3 | |
| HUMULIN N KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS MO | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| HUMULIN N 100 UNITS/ML PEN MO | 3 | |
| HUMULIN R 100 UNIT/ML INJECTION SOLUTION MO | 3 | |
| HUMULIN R U-500 "CONCENTRATED" INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN MO | 3 | |
| <i>hydrocortisone 1% ointment; hydrocortisone 10 mg, 20 mg, 5 mg tablet; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment</i> MO | 2 | |
| INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION SP | 5 | PA |
| <i>introvale 0.15 mg-30 mcg tablets,3 month dose pack</i> MO | 4 | QL (91 per 90 days) |
| INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET MO | 3 | QL (60 per 30 days) |
| INVOKANA 100 MG, 300 MG TABLET MO | 3 | QL (30 per 30 days) |
| JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MO | 3 | QL (60 per 30 days) |
| JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO | 3 | QL (30 per 30 days) |
| JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO | 3 | QL (60 per 30 days) |
| JANUVIA 100 MG, 25 MG, 50 MG TABLET MO | 3 | QL (30 per 30 days) |
| JARDIANCE 10 MG, 25 MG TABLET MO | 3 | QL (30 per 30 days) |
| <i>jencycla 0.35 mg tablet</i> MO | 4 | |
| JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MO | 3 | QL (60 per 30 days) |
| <i>junel 1.5/30 (21) 1.5 mg-30 mcg tablet</i> MO | 4 | |
| <i>junel 1/20 (21) 1 mg-20 mcg tablet</i> MO | 4 | |
| <i>junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> MO | 4 | |
| <i>junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MO | 4 | |
| JUVISYNC 100-10 MG, 100-20 MG, 100-40 MG, 50-10 MG, 50-20 MG, 50-40 MG TABLET MO | 3 | QL (30 per 30 days) |
| <i>kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> MO | 4 | |
| <i>kelnor 1/35 (28) 1 mg-35 mcg tablet</i> MO | 4 | |
| <i>kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> MO | 4 | |
| KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MO | 4 | QL (60 per 30 days) |
| KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO | 4 | QL (30 per 30 days) |
| KORLYM 300 MG TABLET SP | 5 | PA,QL (120 per 30 days) |
| <i>kurvelo 0.15 mg-0.03 mg tablet</i> MO | 4 | |
| <i>levono-e estrad 0.10-0.02-0.01</i> MO | 4 | QL (91 per 90 days) |
| LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION MO | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO | 3 | |
| larin 1.5/30 (21) 1.5 mg-30 mcg tablet MO | 4 | |
| larin 1/20 (21) 1 mg-20 mcg tablet MO | 4 | |
| larin fe 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) tablet MO | 4 | |
| lessina 0.1 mg-20 mcg tablet MO | 4 | |
| LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION MO | 3 | |
| LEVEMIR FLEXPEN 100 UNITS/ML MO | 3 | |
| LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO | 3 | |
| levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO | 4 | |
| levonorgestrel 1.5 mg tablet MO | 4 | |
| levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 MO | 4 | |
| levonor-eth estrad 0.15-0.03 MO | 4 | QL (91 per 90 days) |
| levora-28 0.15 mg-0.03 mg tablet MO | 4 | |
| levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg tablet MO | 1 | |
| levothyroxine 300 mcg tablet MO | 2 | |
| LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO | 3 | |
| liothyronine sod 10 mcg/ml vl; liothyronine sod 25 mcg, 5 mcg, 50 mcg tab MO | 3 | |
| loryna (28) 3 mg-20 mcg tablet MO | 4 | |
| low-ogestrel (28) 0.3 mg-30 mcg tablet MO | 4 | |
| lutera (28) 0.1 mg-20 mcg tablet MO | 4 | |
| lyza 0.35 mg tablet MO | 4 | |
| marlissa 0.15 mg-0.03 mg tablet MO | 4 | |
| medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab MO | 1 | |
| medroxyprogesterone 150 mg/ml; medroxyprogesterone 150 mg/ml MO | 2 | QL (1 per 90 days) |
| MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO | 4 | PA |
| metformin hcl 1,000 mg, 500 mg, 850 mg tablet MO | 1 | |
| metformin hcl er 500 mg tablet MO | 1 | QL (120 per 30 days) |
| metformin hcl er 750 mg tablet MO | 2 | QL (60 per 30 days) |
| methimazole 10 mg, 5 mg tablet MO | 2 | |
| METHITEST 10 MG TABLET MO | 4 | |
| methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg dosepk; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tablet MO | 2 | B vs D |
| methylprednisolone 40 mg/ml, 80 mg/ml vl MO | 2 | |

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| <i>methylprednisolone 1,000 mg, 125 mg, 40 mg vial; methylprednisolone ss 1 gm v1</i> MO | 4 | |
| MIACALCIN 200 UNIT/ML INJECTION SOLUTION MO | 4 | |
| MICROGESTIN 1.5/30 (21) 1.5 MG-30 MCG TABLET MO | 4 | |
| <i>microgestin 1/20 (21) 1 mg-20 mcg tablet</i> MO | 4 | |
| MICROGESTIN FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO | 4 | |
| MICROGESTIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET MO | 4 | |
| <i>mimvey 1 mg-0.5 mg tablet</i> MO | 4 | PA |
| <i>my way 1.5 mg tablet</i> MO | 4 | |
| MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION SP | 5 | PA,QL (60 per 30 days) |
| <i>myzilra 50-30 (6)/75-40(5)/125-30(10) tablet</i> MO | 4 | |
| <i>nateglinide 120 mg, 60 mg tablet</i> MO | 3 | |
| NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE SP | 5 | PA,QL (2 per 28 days) |
| <i>necon 0.5/35 (28) 0.5 mg-35 mcg tablet</i> MO | 4 | |
| <i>necon 1/35 (28) 1 mg-35 mcg tablet</i> MO | 4 | |
| <i>necon 10/11 (28) 0.5 mg-35 mcg(10)/1 mg-35 mcg(11) tablet</i> MO | 4 | |
| <i>next choice one dose 1.5 mg tablet</i> MO | 4 | |
| <i>nikki (28) 3 mg-20 mcg tablet</i> MO | 4 | |
| <i>norethindrone 0.35 mg tablet</i> MO | 4 | |
| <i>norethind-eth estrad 1-0.02 mg</i> MO | 4 | |
| <i>norethindrone 5 mg tablet</i> MO | 4 | |
| <i>norethin-estrad-ferr 1-0.02 mg</i> MO | 4 | |
| <i>norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg</i> MO | 4 | |
| <i>norlyroc 0.35 mg tablet</i> MO | 4 | |
| <i>nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet</i> MO | 4 | |
| <i>nortrel 1/35 (21) 1 mg-35 mcg tablet</i> MO | 4 | |
| <i>nortrel 1/35 (28) 1 mg-35 mcg tablet</i> MO | 4 | |
| <i>nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> MO | 4 | |
| NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO | 3 | |
| NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO | 3 | |
| NOVOLIN R 100 UNIT/ML INJECTION SOLUTION MO | 3 | |
| NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO | 3 | |
| NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS MO | 3 | |
| NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION MO | 3 | |
| NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN MO | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE ^{MO} | 3 | |
| octreotide 1,000 mcg/5 ml vial; octreotide acet 100 mcg/ml, 200 mcg/ml, 50 mcg/ml amp; octreotide acet 100 mcg/ml, 200 mcg/ml, 50 mcg/ml vial ^{SP} | 4 | PA |
| octreotide 1,000 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 500 mcg/ml vial ^{SP} | 5 | PA |
| ogestrel (28) 0.5 mg-50 mcg tablet ^{MO} | 4 | |
| OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE; OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION ^{SP} | 5 | PA |
| ONGLYZA 2.5 MG, 5 MG TABLET ^{MO} | 4 | QL (30 per 30 days) |
| orsythia 0.1 mg-20 mcg tablet ^{MO} | 4 | |
| oxandrolone 10 mg tablet ^{MO} | 5 | PA,QL (60 per 30 days) |
| oxandrolone 2.5 mg tablet ^{MO} | 3 | PA,QL (120 per 30 days) |
| pimtrex (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO} | 4 | |
| pioglitazone hcl 15 mg, 30 mg, 45 mg tablet ^{MO} | 2 | QL (30 per 30 days) |
| pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 ^{MO} | 4 | QL (30 per 30 days) |
| pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 ^{MO} | 4 | QL (90 per 30 days) |
| pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet ^{MO} | 4 | |
| portia 0.15 mg-0.03 mg tablet ^{MO} | 4 | |
| prednisolone 15 mg/5 ml syrup ^{MO} | 2 | |
| prednisolone 15 mg/5 ml soln ^{MO} | 2 | |
| prednisolone 5 mg/5 ml soln; prednisolone sod 1% eye drop; prednisolone sod ph 25 mg/5 ml ^{MO} | 3 | |
| prednisone 1 mg, 10 mg, 10 mg, 20 mg, 5 mg, 50 mg tab dose pack; prednisone 1 mg, 10 mg, 10 mg, 20 mg, 5 mg, 50 mg tablet; prednisone 5 mg/5 ml solution ^{MO} | 2 | B vs D |
| prednisone 2.5 mg, 5 mg tablet ^{MO} | 1 | B vs D |
| PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE ^{MO} | 3 | B vs D |
| PREMARIN 0.625 MG/GRAM VAGINAL CREAM ^{MO} | 3 | |
| previfem 0.25 mg-35 mcg tablet ^{MO} | 4 | |
| progesterone oil 50 mg/ml vial ^{MO} | 4 | |
| progesterone in oil 50 mg/ml intramuscular ^{MO} | 4 | |
| progesterone 100 mg, 200 mg capsule ^{MO} | 4 | |
| PROGLYCEM 50 MG/ML ORAL SUSPENSION ^{MO} | 4 | |
| propylthiouracil 50 mg tablet ^{MO} | 3 | |
| quasense 0.15 mg-30 mcg tablets, 3 month dose pack ^{MO} | 4 | QL (91 per 90 days) |
| raloxifene hcl 60 mg tablet ^{MO} | 3 | QL (30 per 30 days) |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| <i>reclipsen</i> (28) 0.15 mg-0.03 mg tablet MO | 4 | |
| <i>repaglinide</i> 0.5 mg, 1 mg, 2 mg tablet MO | 4 | |
| SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION SP | 5 | PA |
| <i>sharobel</i> 0.35 mg tablet MO | 4 | |
| SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION SP | 5 | PA,QL (60 per 30 days) |
| SOLU-MEDROL 1,000 MG, 2 GRAM INTRAVENOUS SOLUTION MO | 4 | |
| SOLU-MEDROL (PF) 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION MO | 4 | |
| SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE SP | 5 | PA,QL (0.5 per 28 days) |
| SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE SP | 5 | PA,QL (0.2 per 28 days) |
| SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE SP | 5 | PA,QL (0.3 per 28 days) |
| SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION SP | 5 | PA,QL (60 per 30 days) |
| SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION SP | 5 | PA,QL (30 per 30 days) |
| <i>sprintec</i> (28) 0.25 mg-35 mcg tablet MO | 4 | |
| <i>sronyx</i> 0.1 mg-20 mcg tablet MO | 4 | |
| STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY MO | 4 | |
| <i>syeda</i> 3 mg-0.03 mg tablet MO | 4 | |
| SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR MO | 4 | QL (10.8 per 30 days) |
| SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR MO | 4 | QL (10.5 per 30 days) |
| SYNAREL 2 MG/ML NASAL SPRAY SP | 5 | |
| SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET MO | 3 | QL (60 per 30 days) |
| SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO | 3 | |
| <i>tarina fe</i> 1 mg-20 mcg (21)/75 mg (7) tablet MO | 4 | |
| testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml MO | 3 | |
| testosteron enan 1,000 mg/5 ml MO | 4 | |
| TESTRED 10 MG CAPSULE MO | 5 | |
| THYROLAR-1 12.5 MCG-50 MCG TABLET MO | 2 | |
| THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO | 2 | |
| THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO | 2 | |
| THYROLAR-2 25 MCG-100 MCG TABLET MO | 2 | |
| THYROLAR-3 37.5 MCG-150 MCG TABLET MO | 2 | |
| <i>tilia fe</i> 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO | 4 | |
| tolazamide 250 mg, 500 mg tablet MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| tolbutamide 500 mg tablet ^{MO} | 4 | |
| TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN ^{MO} | 3 | |
| TRADJENTA 5 MG TABLET ^{MO} | 3 | QL (30 per 30 days) |
| tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet ^{MO} | 4 | |
| tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet ^{MO} | 4 | |
| tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet ^{MO} | 4 | |
| triamcinolone 0.147 mg/g spray; triamcinolone acet 40mg/ml vl; triamcinolone acet 50mg/5ml vl ^{MO} | 4 | |
| TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET ^{MO} | 4 | |
| trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet ^{MO} | 4 | |
| TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR ^{MO} | 3 | QL (2 per 28 days) |
| UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO} | 2 | |
| velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet ^{MO} | 4 | |
| VERIPRED 20 20 MG/5 ML ORAL SOLUTION ^{MO} | 4 | |
| vestura (28) 3 mg-20 mcg tablet ^{MO} | 2 | |
| VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR ^{MO} | 3 | QL (9 per 30 days) |
| VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR ^{MO} | 3 | QL (9 per 30 days) |
| viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO} | 4 | |
| wera (28) 0.5 mg-35 mcg tablet ^{MO} | 4 | |
| WYMZYA FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET ^{MO} | 4 | |
| zarah 3 mg-0.03 mg tablet ^{MO} | 4 | |
| zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet ^{MO} | 4 | |
| zeosa 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet ^{MO} | 4 | |
| zovia 1/35e (28) 1 mg-35 mcg tablet ^{MO} | 4 | |
| zovia 1/50e (28) 1 mg-50 mcg tablet ^{MO} | 4 | |
| LOCAL ANESTHETICS (PARENTERAL) | | |
| lidocaine hcl 1% ampul; lidocaine hcl 1% syringe; lidocaine hcl 2% luer-jet; lidocaine hcl 2% vial; lidocaine hcl 4% ampul ^{MO} | 2 | |
| lidocaine 2% viscous soln; lidocaine hcl 1% vial; lidocaine hcl 2% vial; lidocaine hcl 4% solution ^{MO} | 2 | |
| MISCELLANEOUS THERAPEUTIC AGENTS | | |
| acetylcysteine 6 gram/30 ml vl ^{MO} | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION SP | 5 | PA |
| <i>alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet</i> MO | 2 | QL (30 per 30 days) |
| <i>alendronate sodium 35 mg, 70 mg tab</i> MO | 2 | QL (4 per 28 days) |
| <i>allopurinol 100 mg, 300 mg tablet</i> MO | 1 | |
| <i>amifostine 500 mg vial</i> MO | 5 | |
| AMPYRA 10 MG TABLET,EXTENDED RELEASE SP | 5 | PA,QL (60 per 30 days) |
| ARCALYST 220 MG SUBCUTANEOUS SOLUTION SP | 5 | PA |
| ATELVIA 35 MG TABLET,DELAYED RELEASE MO | 4 | QL (4 per 28 days) |
| AVODART 0.5 MG CAPSULE MO | 4 | PA,QL (30 per 30 days) |
| AZASAN 100 MG, 75 MG TABLET MO | 4 | B vs D |
| <i>azathioprine 50 mg tablet</i> MO | 2 | B vs D |
| BENLYSTA 120 MG, 400 MG INTRAVENOUS SOLUTION MO | 5 | PA,QL (30 per 28 days) |
| BINOSTO 70 MG EFFERVESCENT TABLET MO | 4 | QL (4 per 28 days) |
| CELLCEPT 200 MG/ML ORAL SUSPENSION; CELLCEPT 500 MG TABLET MO | 5 | B vs D |
| CELLCEPT 250 MG CAPSULE MO | 4 | B vs D |
| CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO | 4 | B vs D |
| CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION MO | 5 | PA,QL (100 per 30 days) |
| <i>colchicine 0.6 mg tablet</i> MO | 3 | QL (120 per 30 days) |
| COLCRYS 0.6 MG TABLET MO | 3 | QL (120 per 30 days) |
| COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE SP | 5 | PA,QL (30 per 30 days) |
| COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE SP | 5 | PA,QL (12 per 28 days) |
| <i>cyclosporine 100 mg, 25 mg capsule; cyclosporine 50 mg/ml ampul</i> MO | 4 | B vs D |
| <i>cyclosporine modified 100 mg, 25 mg, 50 mg</i> MO | 4 | B vs D |
| CYSTADANE 1 GRAM/1.7 ML ORAL POWDER SP | 5 | |
| CYSTAGON 150 MG, 50 MG CAPSULE MO | 4 | |
| DEMSER 250 MG CAPSULE MO | 5 | |
| <i>dexrazoxane 250 mg, 500 mg vial</i> MO | 4 | |
| <i>disulfiram 250 mg, 500 mg tablet</i> MO | 4 | |
| ELMIRON 100 MG CAPSULE MO | 4 | |
| ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION; ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE SP | 5 | PA,QL (8 per 28 days) |
| ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE SP | 5 | PA,QL (4.08 per 28 days) |
| ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR SP | 5 | PA,QL (8 per 28 days) |
| <i>etidronate disodium 200 mg, 400 mg tab</i> MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| <i>finasteride 5 mg tablet</i> MO | 2 | QL (30 per 30 days) |
| FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE SP | 5 | PA,QL (9 per 30 days) |
| <i>fomepizole 1.5 gm/1.5 ml vial</i> MO | 2 | |
| <i>gengraf 100 mg, 25 mg capsule; gengraf 100 mg/ml oral solution</i> MO | 4 | B vs D |
| GILENYA 0.5 MG CAPSULE SP | 5 | PA,QL (30 per 30 days) |
| HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT SP | 5 | PA,QL (0.4 per 28 days) |
| HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT SP | 5 | PA,QL (2.4 per 28 days) |
| HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT SP | 5 | PA,QL (4.8 per 28 days) |
| HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT SP | 5 | PA,QL (4.8 per 28 days) |
| HUMIRA PEDIATRIC CROHN'S START PCK 40 MG/0.8 ML SUBCUTANEOUS SYRIN KIT SP | 5 | PA,QL (4.8 per 28 days) |
| HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS SP | 5 | PA,QL (4.8 per 28 days) |
| HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT SP | 5 | PA,QL (4.8 per 28 days) |
| IMURAN 50 MG TABLET MO | 4 | B vs D |
| JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MO | 4 | PA,QL (30 per 30 days) |
| KUVAN 100 MG SOLUBLE TABLET; KUVAN 100 MG, 500 MG ORAL POWDER PACKET SP | 5 | PA |
| <i>leflunomide 10 mg, 20 mg tablet</i> MO | 2 | QL (30 per 30 days) |
| <i>leucovorin cal 100 mg, 200 mg, 350 mg, 50 mg, 500 mg, 500 mg/50 ml vl; leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg, 500 mg/50 ml vial; leucovorin calcium 100 mg</i> MO | | |
| <i>levocarnitine 200 mg/ml vial; levocarnitine 330 mg tablet</i> MO | 3 | |
| <i>levocarnitine 100 mg/ml soln</i> MO | 3 | |
| <i>levoleucovorin 175 mg/17.5 ml</i> MO | 5 | PA |
| <i>mesna 1 gram/10 ml vial</i> MO | 4 | |
| MESNEX 400 MG TABLET SP | 4 | |
| <i>mycophenolate 200 mg/ml susp</i> MO | 4 | B vs D |
| <i>mycophenolate 250 mg capsule; mycophenolate 500 mg tablet</i> MO | 3 | B vs D |
| <i>mycophenolic acid dr 180 mg, 360 mg tb</i> MO | 4 | B vs D |
| MYFORTIC 180 MG, 360 MG TABLET, DELAYED RELEASE MO | 4 | B vs D |
| NULOJIX 250 MG INTRAVENOUS SOLUTION MO | 5 | PA,QL (200 per 30 days) |
| ORFADIN 10 MG, 2 MG, 5 MG CAPSULE SP | 5 | |
| <i>pamidronate 30 mg/10 ml vial; pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial</i> MO | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR; 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 PEN INJECTOR; PLEGRIDY 63 MO | | |
| PROGRAF 5 MG/ML INTRAVENOUS SOLUTION MO | 4 | B vs D |
| PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MO | 4 | QL (1 per 180 days) |
| RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET; RAPAMUNE 1 MG/ML ORAL SOLUTION MO | 4 | B vs D |
| REMICADE 100 MG INTRAVENOUS SOLUTION MO | 5 | PA |
| <i>risedronate sod dr 35 mg tab</i> MO | 4 | QL (4 per 28 days) |
| SANDIMMUNE 100 MG/ML ORAL SOLUTION MO | 4 | B vs D |
| SENSIPAR 30 MG TABLET MO | 3 | QL (60 per 30 days) |
| SENSIPAR 60 MG TABLET MO | 5 | QL (60 per 30 days) |
| SENSIPAR 90 MG TABLET MO | 5 | QL (120 per 30 days) |
| SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR; SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE SP | 5 | PA,QL (3 per 30 days) |
| SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION MO | 5 | B vs D |
| <i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> MO | 4 | B vs D |
| <i>fluoride 0.25 mg tablet chew</i> MO | 1 | |
| <i>fluoride 0.5 mg tablet chew; fluoride 1 mg tablet chewable; sodium fluoride 0.5 mg/ml drop</i> MO | 2 | |
| <i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> MO | 3 | B vs D |
| THALOMID 100 MG, 200 MG, 50 MG CAPSULE SP | 5 | PA,QL (30 per 30 days) |
| THALOMID 150 MG CAPSULE SP | 5 | PA,QL (60 per 30 days) |
| THIOLA 100 MG TABLET MO | 5 | |
| THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION MO | 3 | B vs D |
| TYBOST 150 MG TABLET MO | 4 | QL (30 per 30 days) |
| TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION MO | 5 | PA |
| XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION MO | 5 | PA,QL (1.7 per 28 days) |
| ZAVESCA 100 MG CAPSULE SP | 5 | QL (90 per 30 days) |
| <i>zoledronic acid 4 mg vial</i> MO | 5 | PA,QL (15 per 21 days) |
| <i>zoledronic acid 4 mg/5 ml vial</i> MO | 4 | PA,QL (15 per 21 days) |
| <i>zoledronic acid 4 mg/100 ml</i> MO | 4 | PA,QL (300 per 21 days) |
| <i>zoledronic acid 5 mg/100 ml</i> MO | 4 | PA,QL (100 per 365 days) |
| ZORTRESS 0.25 MG, 0.75 MG TABLET MO | 4 | B vs D,QL (60 per 30 days) |
| ZORTRESS 0.5 MG TABLET MO | 4 | B vs D,QL (120 per 30 days) |

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 |
|--|------|-------------------------------------|
| OXYTOCICS | | |
| <i>methylergonovine 0.2 mg tablet</i> ^{MO} | 4 | |
| PHARMACEUTICAL AIDS | | |
| BAND-AID GAUZE PADS 2" X 2" BANDAGE ^{MO} | 2 | |
| BORDERED GAUZE 2" X 2" BANDAGE ^{MO} | 2 | |
| CURITY GAUZE 2" X 2" BANDAGE ^{MO} | 2 | |
| GAUZE PADS 2"X2" ^{MO} | 2 | |
| GAUZE PAD 2" X 2" BANDAGE ^{MO} | 2 | |
| STERILE GAUZE PAD 2" X 2" BANDAGE ^{MO} | 2 | |
| RESPIRATORY TRACT AGENTS | | |
| <i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> ^{MO} | 2 | B vs D |
| ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{SP} | 5 | PA,QL (90 per 30 days) |
| ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION ^{MO} | 5 | PA |
| ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER ^{MO} | 3 | 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 ^{MO} | 3 | QL (1 per 30 days) |
| <i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp</i> ^{MO} | 4 | B vs D |
| <i>cromolyn 100 mg/5 ml oral conc</i> ^{MO} | 5 | |
| <i>cromolyn 20 mg/2 ml neb soln</i> ^{MO} | 3 | B vs D |
| <i>cromolyn 4% eye drops</i> ^{MO} | 2 | |
| DALIRESP 500 MCG TABLET ^{MO} | 3 | QL (30 per 30 days) |
| DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER ^{MO} | 3 | QL (13 per 30 days) |
| GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION ^{MO} | 5 | PA |
| KALYDECO 150 MG TABLET ^{SP} | 5 | PA,QL (60 per 30 days) |
| KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET ^{SP} | 5 | PA,QL (56 per 28 days) |
| LETAIRIS 10 MG, 5 MG TABLET ^{SP} | 5 | PA,QL (30 per 30 days) |
| <i>montelukast sod 10 mg tablet; montelukast sod 4 mg, 5 mg tab chew</i> ^{MO} | 2 | QL (30 per 30 days) |
| <i>montelukast sod 4 mg granules</i> ^{MO} | 4 | QL (30 per 30 days) |
| OFEV 100 MG, 150 MG CAPSULE ^{SP} | 5 | PA,QL (60 per 30 days) |
| OPSUMIT 10 MG TABLET ^{SP} | 5 | PA,QL (30 per 30 days) |
| PULMOZYME 1 MG/ML SOLUTION FOR INHALATION ^{SP} | 5 | B vs D,QL (150 per 30 days) |
| REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION ^{MO} | 5 | PA |

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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 |
|--|------|-------------------------------------|
| SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO | 3 | QL (11 per 30 days) |
| TRACLEER 125 MG, 62.5 MG TABLET SP | 5 | PA,QL (60 per 30 days) |
| XOLAIR 150 MG SUBCUTANEOUS SOLUTION MO | 5 | PA,QL (7.2 per 28 days) |
| <i>zafirlukast 10 mg, 20 mg tablet</i> MO | 4 | QL (60 per 30 days) |
| SERUMS, TOXOIDS, AND VACCINES | | |
| ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO | 4 | |
| ADACEL (TDAP ADOLESCENT/ADULT)(PF) 2 LF-(5-3-5MCG)-5 LF/0.5 ML IM SUSP; ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE MO | 4 | |
| <i>bcg vaccine (tice strain) vial</i> MO | 4 | |
| BEXSERO (PF) 50MCG-50MCG-50MCG-25MCG/0.5ML INTRAMUSCULAR SYRINGE MO | 4 | |
| BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION; BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | |
| CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | |
| COMVAX (PF) 5 MCG-7.5 MCG-125 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO | 4 | |
| DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO | 4 | |
| ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION; ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO | 4 | B vs D |
| ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION; ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | B vs D |
| GAMMAGARD LIQUID 10 % INJECTION SOLUTION MO | 5 | PA |
| GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM INTRAVENOUS SOLUTION MO | 5 | PA |
| GAMMAGARD S-D 10 GM VL W/ST; GAMMAGARD S-D 5 GM VL W/SET MO | 5 | PA |
| GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION; GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE MO | 4 | QL (1.5 per 365 days) |
| GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION; GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | QL (1.5 per 365 days) |
| HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | |
| HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO | 4 | B vs D |
| INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP; INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO | 4 | |
| IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION MO | 4 | |
| IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | |
| KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION; KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | |
| M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION MO | 4 | |
| MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO | 4 | |
| MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO | 4 | |
| MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION MO | 4 | |
| MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION MO | 4 | |
| MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO | 4 | |
| MENVEO MENA COMPONENT (PF) 10 MCG/0.5 ML (FINAL) IM SOLUTION MO | 4 | |
| MENVEO MENCYW-135 COMPONENT (PF) 5 MCG X 3/0.5 ML (FINAL) IM SOLUTION MO | 4 | |
| PEDIARIX (PF) 10MCG-25LF-25MCG-10LF-40-8-32 INTRAMUSCULAR SYRINGE MO | 4 | |
| PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO | 4 | |
| PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF/0.5 ML INTRAMUSCULAR KIT MO | 4 | |
| PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO | 4 | |
| QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO | 4 | |
| RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO | 4 | B vs D |
| RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION; RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | B vs D |
| ROTARIX 10EXP6 CCID50/ML SUSPENSION MO | 4 | |
| ROTATEQ VACCINE 2 ML ORAL SUSPENSION MO | 4 | |
| TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | |
| <i>tetanus toxoid adsorbed vial</i> MO | 4 | B vs D |
| <i>diphtheria-tetanus toxoids-ped</i> MO | 4 | |
| <i>tetanus diphtheria toxoids</i> MO | 4 | |
| THERACYS 81 MG INTRAVESICAL SUSPENSION MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | |
| TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION; TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE MO | 4 | |
| TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION; TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO | 4 | |
| VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION; VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE MO | 4 | |
| VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO | 3 | |
| VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION MO | 5 | PA,QL (10 per 30 days) |
| VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION MO | 5 | 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 MO | 5 | |
| YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO | 4 | |
| ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION MO | 4 | QL (0.65 per 365 days) |
| SKIN AND MUCOUS MEMBRANE AGENTS | | |
| 8-MOP 10 MG CAPSULE MO | 4 | |
| <i>acitretin 10 mg, 17.5 mg, 25 mg capsule</i> MO | 5 | |
| <i>acyclovir 5% ointment</i> MO | 4 | PA |
| <i>alclometasone dipr 0.05% oint; alclometasone dipro 0.05% crm</i> MO | 3 | |
| ALCOHOL PADS MO | 1 | |
| ALCOHOL PREP PADS MO | 1 | |
| ALCOHOL PREP SWABS MO | 1 | |
| ALCOHOL 70% SWABS MO | 1 | |
| ALCOHOL WIPES MO | 1 | |
| ALTABAX 1 % TOPICAL OINTMENT MO | 4 | |
| <i>amcinonide 0.1% cream; amcinonide 0.1% lotion; amcinonide 0.1% ointment</i> MO | 4 | |
| <i>ammonium lactate 12% cream; ammonium lactate 12% lotion</i> MO | 2 | |
| <i>amnestem 10 mg, 20 mg, 40 mg capsule</i> MO | 4 | |
| BD ALCOHOL SWABS MO | 1 | |
| <i>betamethasone dp 0.05% crm; betamethasone dp 0.05% lot; betamethasone dp 0.05% oint</i> MO | 3 | |
| <i>betamethasone va 0.1% cream; betamethasone va 0.1% lotion; betamethasone valer 0.1% ointm</i> MO | 2 | |
| <i>betamethasone dp aug 0.05% crm; betamethasone dp aug 0.05% gel; betamethasone dp aug 0.05% lot; betamethasone dp aug 0.05% oin</i> MO | 3 | |
| <i>calcipotriene 0.005% cream</i> MO | 4 | QL (120 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 |
|--|-------------|--|
| calcipotriene 0.005% ointment MO | 4 | |
| calcipotriene 0.005% solution MO | 4 | QL (60 per 30 days) |
| ciclodan 0.77 % topical cream; ciclodan 8 % topical solution MO | 3 | |
| ciclopirox 0.77% cream; ciclopirox 0.77% gel; ciclopirox 0.77% topical susp; ciclopirox 1% shampoo; ciclopirox 8% solution MO | 4 | |
| claravis 10 mg, 20 mg, 30 mg, 40 mg capsule MO | 4 | |
| clindamycin 2% vaginal cream; clindamycin ph 1% gel; clindamycin ph 1% solution; clindamycin ph 600 mg/4 ml vl; clindamycin phos 1% pledget; clindamycin phosp 1% lotion MO | 3 | |
| clindamycin-benzoyl perox gel MO | 4 | |
| clobetasol 0.05% cream; clobetasol 0.05% gel; clobetasol 0.05% ointment; clobetasol 0.05% solution MO | 3 | |
| clobetasol emollient 0.05% crm MO | 3 | |
| clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche MO | 2 | |
| clotrimazole-betamethasone crm; clotrimazole-betamethasone lot MO | 3 | |
| colocort 100 mg/60 ml enema MO | 4 | |
| cormax 0.05 % topical solution MO | 4 | |
| CORTIFOAM 10 % (80 MG) RECTAL MO | 4 | |
| COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE SP | 5 | PA,QL (2 per 28 days) |
| COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS SP | 5 | PA,QL (2 per 28 days) |
| COSENTYX PEN 150 MG/ML SUBCUTANEOUS SP | 5 | PA,QL (2 per 28 days) |
| COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS SP | 5 | PA,QL (2 per 28 days) |
| CURITY ALCOHOL SWABS MO | 1 | |
| DENAVIR 1 % TOPICAL CREAM MO | 4 | |
| desonide 0.05% cream; desonide 0.05% lotion; desonide 0.05% ointment MO | 4 | |
| desoximetasone 0.05% cream; desoximetasone 0.05% gel; desoximetasone 0.05% ointment; desoximetasone 0.25% cream; desoximetasone 0.25% ointment MO | 4 | |
| EASY TOUCH ALCOHOL PREP PADS MO | 1 | |
| econazole nitrate 1% cream MO | 3 | |
| ELIDEL 1 % TOPICAL CREAM MO | 4 | |
| ery pads 2 % topical swab MO | 3 | |
| erythromycin 2% gel MO | 2 | |
| erythromycin 2% pledgets; erythromycin 2% solution MO | 3 | |
| erythromycin-benzoyl gel MO | 3 | |
| EURAX 10 % LOTION; EURAX 10 % TOPICAL CREAM MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| fluocinolone 0.01% cream; fluocinolone 0.01% solution; fluocinolone 0.025% cream; fluocinolone 0.025% ointment MO | 4 | |
| fluocinolone 0.01% scalp oil MO | 3 | |
| fluocinonide 0.05% cream; fluocinonide 0.05% gel; fluocinonide 0.05% ointment MO | 3 | |
| fluocinonide 0.05% solution MO | 4 | |
| fluocinonide-e 0.05 % topical cream MO | 4 | |
| fluorouracil 1 gram/20 ml, 2 %, 2.5 gram/50 ml, 5 %, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vl; fluorouracil 2% topical soln; fluorouracil 2,500 mg/50 ml vl; fluorouracil 5% cream; fluorouracil 5% top solut MO | | |
| fluticasone prop 0.005% oint; fluticasone prop 0.05% cream MO | 2 | |
| gentamicin 0.1% cream; gentamicin 0.1% ointment; gentamicin 0.3% eye drops MO | 1 | |
| halobetasol prop 0.05% cream; halobetasol prop 0.05% ointmnt MO | 4 | |
| HALOG 0.1 % TOPICAL CREAM; HALOG 0.1 % TOPICAL OINTMENT MO | 4 | |
| hydrocortisone 1% cream; hydrocortisone 2.5% cream MO | 1 | |
| hydrocortisone 1% ointment; hydrocortisone 10 mg, 20 mg, 5 mg tablet; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment MO | 2 | |
| hydrocortisone 100 mg/60 ml MO | 3 | |
| hydrocortisone 0.1% soln; hydrocortisone buty 0.1% cream; hydrocortisone butyr 0.1% oint MO | 3 | |
| hydrocortisone val 0.2% cream; hydrocortisone val 0.2% ointmt MO | 4 | |
| imiquimod 5% cream packet MO | 4 | QL (12 per 30 days) |
| IV PREP WIPES MEDICATED MO | 1 | |
| KENALOG 0.147 MG/GRAM TOPICAL AEROSOL MO | 4 | |
| KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION MO | 5 | |
| ketoconazole 2% cream; ketoconazole 2% shampoo; ketoconazole 200 mg tablet MO | 2 | |
| lidocaine 5% ointment MO | 4 | |
| lidocaine 5% patch MO | 4 | PA,QL (90 per 30 days) |
| lindane 1% lotion; lindane 1% shampoo MO | 4 | |
| malathion 0.5% lotion MO | 4 | |
| MENTAX 1 % TOPICAL CREAM MO | 4 | |
| methoxsalen 10 mg capsule MO | 5 | |
| metronidazole 0.75% cream; metronidazole 0.75% lotion; metronidazole 375 mg capsule; metronidazole topical 0.75% gl; metronidazole topical 1% gel; metronidazole topical 1% gel MO | 4 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|------|-------------------------------------|
| metronidazole 250 mg, 500 mg tablet; metronidazole vaginal 0.75% gl ^{MO} | 2 | |
| miconazole-3 200 mg vaginal suppository ^{MO} | 3 | |
| mometasone furoate 0.1% cream; mometasone furoate 0.1% oint; mometasone furoate 0.1% soln ^{MO} | 2 | |
| mupirocin 2% ointment ^{MO} | 2 | |
| mupirocin 2% cream ^{MO} | 4 | |
| neomy-polymyxin b 40 mg/ml amp ^{MO} | 3 | |
| nyamyc 100,000 unit/gram topical powder ^{MO} | 3 | |
| nystatin 100,000 unit/gm cream ^{MO} | 1 | |
| nystatin 100,000 unit/gm powd; nystatin 500,000 unit oral tab ^{MO} | 3 | |
| nystatin 100,000 units/gm oint; nystatin 100,000 units/ml susp ^{MO} | 2 | |
| nystatin-triamcinolone cream; nystatin-triamcinolone ointm ^{MO} | 4 | |
| nystop 100,000 unit/gram topical powder ^{MO} | 3 | |
| oralone 0.1 % dental paste ^{MO} | 2 | |
| OXSORALEN 1 % LOTION ^{MO} | 4 | |
| PANRETIN 0.1 % TOPICAL GEL ^{SP} | 5 | |
| pedi-dri topical powder ^{MO} | 2 | |
| permethrin 5% cream ^{MO} | 3 | |
| podofilox 0.5% topical soln ^{MO} | 4 | |
| prednicarbate 0.1% cream; prednicarbate 0.1% ointment ^{MO} | 3 | |
| procto-pak 1 % rectal cream ^{MO} | 2 | |
| PROCTOSOL HC 2.5 % RECTAL CREAM ^{MO} | 2 | |
| proctozone-hc 2.5 % rectal cream ^{MO} | 3 | |
| RECTIV 0.4 % (W/W) OINTMENT ^{MO} | 4 | QL (30 per 30 days) |
| REGRANEX 0.01 % TOPICAL GEL ^{MO} | 5 | |
| SANTYL 250 UNIT/GRAM TOPICAL OINTMENT ^{MO} | 4 | |
| silver sulfadiazine 1% cream ^{MO} | 1 | |
| SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE ^{MO} | 5 | |
| sulfacetamide sod 10% top susp ^{MO} | 3 | |
| SURE COMFORT ALCOHOL PREP PADS ^{MO} | 1 | |
| SURE-PREP ALCOHOL PREP PADS ^{MO} | 1 | |
| TARGRETIN 1 % TOPICAL GEL ^{SP} | 5 | PA |
| TAZORAC 0.05 %, 0.1 % TOPICAL CREAM; TAZORAC 0.05 %, 0.1 % TOPICAL GEL ^{MO} | 4 | PA |
| terconazole 0.4% cream; terconazole 0.8% cream; terconazole 80 mg suppository ^{MO} | 3 | |

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| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|--|------|-------------------------------------|
| THERMAZENE 1 % TOPICAL CREAM MO | 2 | |
| tretinoin 0.01% gel; tretinoin 0.025% cream; tretinoin 0.025% gel; tretinoin 0.05% cream; tretinoin 0.1% cream MO | 3 | PA |
| triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.1% ointment; triamcinolone 0.5% cream MO | 1 | |
| triamcinolone 0.025% lotion; triamcinolone 0.1% lotion; triamcinolone 0.1% paste MO | 3 | |
| triamcinolone 0.025% oint; triamcinolone 0.5% ointment MO | 2 | |
| triamcinolone 0.147 mg/g spray; triamcinolone acet 40mg/ml vl; triamcinolone acet 50mg/5ml vl MO | 4 | |
| triderm 0.1 % topical cream MO | 2 | |
| u-cort 1 %-10 % topical cream MO | 2 | |
| ULTILET ALCOHOL SWAB MO | 1 | |
| UVADEX 20 MCG/ML INJECTION SOLUTION MO | 4 | |
| VALCHLOR 0.016 % TOPICAL GEL SP | 5 | PA,QL (60 per 28 days) |
| VEREGEN 15 % TOPICAL OINTMENT MO | 5 | |
| WEBCOL TOPICAL PADS MO | 1 | |
| ZOVIRAX 5 % TOPICAL CREAM MO | 5 | PA |
| SMOOTH MUSCLE RELAXANTS | | |
| aminophylline 250 mg/10 ml vl MO | 2 | |
| ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MO | 2 | |
| flavoxate hcl 100 mg tablet MO | 3 | |
| oxybutynin 5 mg tablet; oxybutynin 5 mg/5 ml syrup MO | 2 | |
| oxybutynin cl er 10 mg, 15 mg, 5 mg tablet MO | 3 | QL (60 per 30 days) |
| theophylline er 100 mg, 200 mg, 300 mg, 450 mg tab; theophylline er 100 mg, 200 mg, 300 mg, 450 mg tablet; theophylline er 400 mg, 600 mg tablet MO | 2 | |
| tolterodine tart er 2 mg, 4 mg cap MO | 2 | QL (30 per 30 days) |
| tolterodine tartrate 1 mg, 2 mg tab MO | 3 | QL (60 per 30 days) |
| TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE MO | 3 | QL (30 per 30 days) |
| tropium chloride 20 mg tablet MO | 4 | |
| VITAMINS | | |
| calcitriol 0.25 mcg, 0.5 mcg capsule MO | 2 | |
| calcitriol 1 mcg/ml ampul MO | 3 | |
| calcitriol 1 mcg/ml solution MO | 4 | |
| HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION MO | 3 | |
| paricalcitol 1 mcg, 2 mcg capsule; paricalcitol 10 mcg/2 ml vial; paricalcitol 2 mcg/ml, 5 mcg/ml vial MO | 3 | |

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 |
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| <i>paricalcitol 4 mcg capsule</i> MO | 4 | |
| <i>pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack</i> MO | 4 | |
| <i>pr natal 400 29 mg-1 mg-400 mg oral pack</i> MO | 4 | |
| <i>pr natal 400 ec 29 mg-1 mg-400 mg tablet&capsule, delayed release</i> MO | 4 | |
| <i>pr natal 430 29 mg-1 mg-430 mg oral pack</i> MO | 4 | |
| <i>pr natal 430 ec 29 mg-1 mg-430 mg tablet&capsule, delayed release</i> MO | 4 | |
| PRENATABS FA 29 MG-1 MG TABLET MO | 4 | |
| <i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> MO | 4 | |
| <i>prenatal plus iron tablet</i> MO | 4 | |
| <i>preplus 27 mg iron-1 mg tablet</i> MO | 1 | |
| <i>virt-care one 27 mg-1 mg-330 mg capsule</i> MO | 4 | |
| ZEMPLAR 2 MCG/ML, 5 MCG/ML INTRAVENOUS SOLUTION MO | 3 | |

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

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

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