

# 2016 Prescription Drug Guide

## Humana Formulary

List of covered drugs

Humana Walmart 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](http://Humana.com).

Other pharmacies are available in our network.

**Humana**<sup>®</sup>  
**Walmart** 

Rx Plan (PDP)



# 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](http://Humana.com/medicaredruglist)**.

To get updated information about the drugs that Humana covers, please visit **[Humana.com/medicaredruglist](http://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 90. 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](http://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](http://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](http://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](http://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 90.

### 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
<b>ANTI-INFECTIVE AGENTS</b>		
abacavir 300 mg tablet <b>MO</b>	4	QL (60 per 30 days)
abacavir-lamivudine-zidov tab <b>MO</b>	5	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION <b>MO</b>	5	
acyclovir 200 mg capsule <b>MO</b>	1	
acyclovir 200 mg/5 ml susp <b>MO</b>	4	
acyclovir 400 mg, 800 mg tablet <b>MO</b>	2	
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial <b>MO</b>	4	
acyclovir sodium 500 mg vial <b>MO</b>	2	
adefovir dipivoxil 10 mg tab <b>SP</b>	5	
ALBENZA 200 MG TABLET <b>MO</b>	5	
ALINIA 100 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	QL (150 per 30 days)
ALINIA 500 MG TABLET <b>MO</b>	4	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION <b>MO</b>	4	
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial <b>MO</b>	4	
amoxicillin 125 mg, 250 mg tab chew; amoxicillin 500 mg, 875 mg tablet <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>		
amoxicillin-clav er 1,000-62.5 <b>MO</b>	4	
amphotericin b 50 mg vial <b>MO</b>	4	
ampicillin 125 mg/5 ml, 250 mg/5 ml susp; ampicillin 250 mg, 500 mg capsule <b>MO</b>	2	
ampicillin 1 gm a-v vial; ampicillin 1 gm vial; ampicillin 1 gram, 1 gram, 10 gram, 125 mg, 2 gram, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm a-v vial; ampicillin 2 gm vial <b>MO</b>	4	
ampicillin-sulb 3 gm add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial <b>MO</b>	4	
ANCOBON 250 MG, 500 MG CAPSULE <b>MO</b>	4	
APTIVUS 100 MG/ML ORAL SOLUTION <b>SP</b>	5	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE <b>SP</b>	5	QL (120 per 30 days)
atovaquone 750 mg/5 ml susp <b>MO</b>	5	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 <b>MO</b>	4	
ATRIPLA 600 MG-200 MG-300 MG TABLET <b>SP</b>	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 <b>MO</b>	3	
azithromycin 250 mg, 500 mg, 600 mg tablet <b>MO</b>	2	
aztreonam 1 gm vial <b>MO</b>	4	
aztreonam 2 gm vial <b>MO</b>	5	
bacitracin 50,000 units vial; bacitracin 500 unit/gm ophth <b>MO</b>	3	
BARACLUDE 0.05 MG/ML ORAL SOLUTION <b>SP</b>	5	QL (630 per 30 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION <b>SP</b>	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 <b>MO</b>	4	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION <b>MO</b>	5	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <b>SP</b>	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 <b>MO</b>	3	
cefaclor 250 mg/5 ml susp; cefaclor er 500 mg tablet <b>MO</b>	4	
cefadroxil 1 gm tablet; cefadroxil 250 mg/5 ml, 500 mg/5 ml susp; cefadroxil 500 mg capsule <b>MO</b>	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 <b>MO</b>	3	
cefazolin 1 gm-d5w bag; cefazolin 2 gm-d5w bag <b>MO</b>	3	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp; cefdinir 300 mg capsule <b>MO</b>	3	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial <b>MO</b>	4	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml <b>MO</b>	4	
cefepime 1 gm injection; cefepime 2 gm injection <b>MO</b>	4	
cefotaxime sodium 1 gm vial <b>MO</b>	3	
cefotaxime sodium 10 gm vial; cefotaxime sodium 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 2 gm vial <b>MO</b>	2	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial <b>MO</b>	4	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag <b>MO</b>	4	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial <b>MO</b>	4	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag <b>MO</b>	4	
cefpodoxime 100 mg, 200 mg tablet; cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp <b>MO</b>	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp; cefprozil 250 mg, 500 mg tablet <b>MO</b>	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
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial <b>MO</b>	3	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback <b>MO</b>	2	
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 <b>MO</b>	3	
cefuroxime axetil 250 mg, 500 mg tab <b>MO</b>	3	
cefuroxime sod 7.5 gm vial; cefuroxime sod 7.5 gram, 750 mg vial <b>MO</b>	3	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp; cephalexin 250 mg, 500 mg tablet <b>MO</b>	2	
cephalexin 250 mg, 500 mg capsule <b>MO</b>	1	
cephalexin 750 mg capsule <b>MO</b>	4	
chloramphen na succ 1 gm vl <b>MO</b>	2	
chloroquine ph 250 mg, 500 mg tablet <b>MO</b>	2	
ciprofloxacin 0.3% eye drop; ciprofloxacin hcl 100 mg, 750 mg tab <b>MO</b>	2	
ciprofloxacin hcl 250 mg, 500 mg tab <b>MO</b>	1	
ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml <b>MO</b>	2	
ciprofloxacin 200 mg/20 ml, 400 mg/40 ml vl <b>MO</b>	2	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus; clarithromycin 250 mg, 500 mg tablet; clarithromycin er 500 mg tab <b>MO</b>	3	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule <b>MO</b>	2	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml <b>MO</b>	4	
clindamycin 75 mg/5 ml soln <b>MO</b>	4	
clindamycin pediatric 75 mg/5 ml oral solution <b>MO</b>	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 <b>MO</b>	3	
COARTEM 20 MG-120 MG TABLET <b>MO</b>	4	QL (24 per 30 days)
colistimethate 150 mg vial <b>MO</b>	4	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION <b>MO</b>	4	
COMPLERA 200 MG-25 MG-300 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
CRESEMBA 186 MG CAPSULE; CRESEMBA 372 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
CRIXIVAN 200 MG CAPSULE <b>MO</b>	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE <b>MO</b>	4	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION <b>MO</b>	5	
cycloserine 250 mg capsule <b>MO</b>	4	
dapsone 100 mg, 25 mg tablet <b>MO</b>	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
DARAPRIM 25 MG TABLET <b>MO</b>	4	
demeclocycline 150 mg, 300 mg tablet <b>MO</b>	4	
dicloxacillin 250 mg, 500 mg capsule <b>MO</b>	2	
didanosine dr 125 mg capsule <b>MO</b>	4	QL (90 per 30 days)
didanosine dr 200 mg capsule <b>MO</b>	4	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule <b>MO</b>	4	QL (30 per 30 days)
DORIBAX 250 MG, 500 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
doxycycline hyc 100 mg vial <b>MO</b>	2	
doxycycline hyclate 100 mg, 20 mg tab; doxycycline hyclate 100 mg, 50 mg cap <b>MO</b>	3	
doxycycline 25 mg/5 ml susp; doxycycline mono 150 mg cap <b>MO</b>	4	
doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet <b>MO</b>	3	
doxycycline mono 100 mg, 50 mg cap <b>MO</b>	3	QL (60 per 30 days)
doxycycline mono 75 mg capsule <b>MO</b>	4	QL (60 per 30 days)
E.E.S. 400 400 MG TABLET <b>MO</b>	4	
EDURANT 25 MG TABLET <b>SP</b>	4	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE <b>MO</b>	4	QL (30 per 30 days)
entecavir 0.5 mg, 1 mg tablet <b>SP</b>	5	QL (30 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION <b>MO</b>	4	
EPZICOM 600 MG-300 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG, 50 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE <b>MO</b>	4	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION <b>MO</b>	2	
ERYTHROCIN (AS STEARATE) 250 MG TABLET <b>MO</b>	3	
erythromycin es 400 mg tab <b>MO</b>	4	
erythromycin-sulfisox susp <b>MO</b>	2	
ethambutol hcl 100 mg, 400 mg tablet <b>MO</b>	4	
EVOTAZ 300 MG-150 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg tablet <b>MO</b>	3	QL (60 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml susp; fluconazole 100 mg, 200 mg, 50 mg tablet <b>MO</b>	3	
fluconazole 150 mg tablet <b>MO</b>	1	
fluconazole-dext 200 mg/100 ml, 400 mg/200 ml <b>MO</b>	2	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml; fluconazole-ns 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml <b>MO</b>	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
flucytosine 250 mg, 500 mg capsule <b>MO</b>	5	
foscarnet 24 mg/ml infus bttl <b>MO</b>	3	
FUZEON 90 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	QL (60 per 30 days)
ganciclovir 500 mg vial <b>MO</b>	4	
gentamicin 80 mg/2 ml vial <b>MO</b>	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 <b>MO</b>		
gentamicin ped 20 mg/2 ml vial <b>MO</b>	3	
gentamicin 10 mg/ml vial <b>MO</b>	3	
griseofulvin ultra 125 mg, 250 mg tab <b>MO</b>	4	
HARVONI 90 MG-400 MG TABLET <b>SP</b>	5	PA,QL (28 per 28 days)
hydroxychloroquine 200 mg tab <b>MO</b>	3	
imipenem-cilastatin 250 mg vl <b>MO</b>	4	
imipenem-cilastatin 500 mg vl <b>MO</b>	3	
INTELENCE 100 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET <b>SP</b>	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 ( <b>MO</b>		
INVANZ 1 GRAM, 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM, 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	4	
INVIRASE 200 MG CAPSULE <b>SP</b>	5	QL (300 per 30 days)
INVIRASE 500 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET <b>SP</b>	5	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <b>SP</b>	3	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET <b>SP</b>	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET <b>SP</b>	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 <b>MO</b>	2	
isoniazid 300 mg tablet <b>MO</b>	1	
itraconazole 100 mg capsule <b>MO</b>	4	QL (120 per 30 days)
ivermectin 3 mg tablet <b>MO</b>	3	
KALETRA 100 MG-25 MG TABLET <b>SP</b>	4	QL (300 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
KALETRA 200 MG-50 MG TABLET <sup>SP</sup>	5	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION <sup>SP</sup>	5	
KETEK 300 MG, 400 MG TABLET <sup>MO</sup>	4	
ketoconazole 2% cream; ketoconazole 2% shampoo; ketoconazole 200 mg tablet <sup>MO</sup>	2	
lamivudine 10 mg/ml oral soln <sup>MO</sup>	4	QL (960 per 30 days)
lamivudine 150 mg tablet <sup>MO</sup>	4	QL (60 per 30 days)
lamivudine 300 mg tablet <sup>MO</sup>	4	QL (30 per 30 days)
lamivudine hbv 100 mg tablet <sup>MO</sup>	4	
lamivudine-zidovudine tablet <sup>MO</sup>	4	QL (60 per 30 days)
levofloxacin 0.5% eye drops; levofloxacin 25 mg/ml solution <sup>MO</sup>	3	
levofloxacin 250 mg, 500 mg, 750 mg tablet <sup>MO</sup>	2	
levofloxacin 500 mg/20 ml vial <sup>MO</sup>	4	
levofloxacin-d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml <sup>MO</sup>	4	
LEXIVA 50 MG/ML ORAL SUSPENSION <sup>SP</sup>	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET <sup>SP</sup>	5	QL (120 per 30 days)
linezolid 600 mg tablet; linezolid 600 mg/300 ml iv sol <sup>MO</sup>	5	
linezolid-0.9% nacl 600 mg/300 <sup>MO</sup>	5	
mefloquine hcl 250 mg tablet <sup>MO</sup>	3	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial <sup>MO</sup>	4	
methenamine hipp 1 gm tablet <sup>MO</sup>	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 <sup>MO</sup>	4	
metronidazole 250 mg, 500 mg tablet; metronidazole vaginal 0.75% gl <sup>MO</sup>	2	
metronidazole 500 mg/100 ml <sup>MO</sup>	4	
minocycline 100 mg, 50 mg, 75 mg capsule <sup>MO</sup>	2	
minocycline hcl 100 mg, 50 mg, 75 mg tablet <sup>MO</sup>	3	
nafcillin 1 gm add-van vial; nafcillin 10 gm vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial <sup>MO</sup>	5	
nafcillin 1 gm vial <sup>MO</sup>	4	
nafcillin 1 gm/ 50 ml inj <sup>MO</sup>	4	
nafcillin 2 gm/ 100 ml inj <sup>MO</sup>	5	
NEBUPENT 300 MG SOLUTION FOR INHALATION <sup>MO</sup>	4	B vs D
neomycin 500 mg tablet <sup>MO</sup>	3	
nevirapine 200 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nevirapine 50 mg/5 ml susp <b>MO</b>	4	QL (1200 per 30 days)
nevirapine er 400 mg tablet <b>MO</b>	4	QL (30 per 30 days)
nitrofurantoin 25 mg/5 ml susp <b>MO</b>	4	PA,QL (7590 per 120 days)
nitrofurantoin mcr 100 mg, 50 mg cap <b>MO</b>	4	PA
nitrofurantoin mono-mcr 100 mg <b>MO</b>	4	PA
NORVIR 100 MG CAPSULE; NORVIR 100 MG TABLET <b>MO</b>	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (480 per 30 days)
NOXAFIL 100 MG TABLET,DELAYED RELEASE <b>MO</b>	5	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <b>MO</b>	5	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA
nystatin 100,000 unit/gm powd; nystatin 500,000 unit oral tab <b>MO</b>	3	
nystatin 100,000 units/gm oint; nystatin 100,000 units/ml susp <b>MO</b>	2	
ofloxacin 200 mg, 300 mg, 400 mg tablet <b>MO</b>	3	
oxacillin 1 gm add-vantage vl; oxacillin 1 gm vial; oxacillin 10 gm vial; oxacillin 2 gm add-vantage vl; oxacillin 2 gm vial <b>MO</b>	4	
oxacillin 1 gm/ 50 ml inj; oxacillin 2 gm/ 50 ml inj <b>MO</b>	4	
paramomycin 250 mg capsule <b>MO</b>	4	
PASER GRANULES DELAYED-RELEASE PACKET <b>MO</b>	2	
PCE 333 MG, 500 MG PARTICLES IN TABLET <b>MO</b>	4	
PEGINTRON 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT <b>SP</b>	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 <b>SP</b>	5	PA,QL (2 per 28 days)
pen g k 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml <b>MO</b>	3	
penicillin g k 5 million unit <b>MO</b>	3	
penicillin gk 20 million unit <b>MO</b>	4	
pen g 1.2 million unit/2 ml, 600,000 unit/ml; penicillin g 600,000 unit/1 ml <b>MO</b>	4	
penicillin g na 5 million unit <b>MO</b>	3	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln; penicillin vk 250 mg tablet <b>MO</b>	1	
penicillin vk 500 mg tablet <b>MO</b>	2	
PENTAM 300 MG SOLUTION FOR INJECTION <b>MO</b>	4	
pfizerpen-g 20 million unit, 5 million unit solution for injection <b>MO</b>	3	
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 <b>MO</b>	4	
polymyxin b sulfatate vial <b>MO</b>	3	
PREZCOBIX 800 MG-150 MG TABLET <b>SP</b>	5	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREZISTA 100 MG/ML ORAL SUSPENSION <sup>SP</sup>	5	QL (360 per 30 days)
PREZISTA 150 MG TABLET <sup>SP</sup>	4	QL (240 per 30 days)
PREZISTA 400 MG TABLET <sup>SP</sup>	5	QL (90 per 30 days)
PREZISTA 600 MG TABLET <sup>SP</sup>	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET <sup>SP</sup>	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET <sup>SP</sup>	5	QL (30 per 30 days)
PRIFTIN 150 MG TABLET <sup>MO</sup>	4	
<i>primaquine 26.3 mg tablet</i> <sup>MO</sup>	4	
PRIMSOL 50 MG/5 ML ORAL SOLUTION <sup>MO</sup>	2	
<i>pyrazinamide 500 mg tablet</i> <sup>MO</sup>	4	
<i>quinine sulfate 324 mg capsule</i> <sup>MO</sup>	4	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION <sup>MO</sup>	4	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION <sup>MO</sup>	4	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET <sup>MO</sup>	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET <sup>MO</sup>	4	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	4	
REYATAZ 150 MG, 200 MG CAPSULE <sup>SP</sup>	5	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE <sup>SP</sup>	5	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET <sup>SP</sup>	4	
<i>ribasphere 200 mg capsule; ribasphere 200 mg tablet</i> <sup>MO</sup>	3	QL (168 per 28 days)
<i>ribavirin 200 mg capsule; ribavirin 200 mg tablet</i> <sup>MO</sup>	3	QL (168 per 28 days)
<i>rifabutin 150 mg capsule</i> <sup>MO</sup>	4	
RIFAMATE 300 MG-150 MG CAPSULE <sup>MO</sup>	4	
<i>rifampin 150 mg, 300 mg capsule; rifampin iv 600 mg vial</i> <sup>MO</sup>	3	
RIFATER 50 MG-120 MG-300 MG TABLET <sup>MO</sup>	4	
<i>rimantadine hcl 100 mg tablet</i> <sup>MO</sup>	3	
SELZENTRY 150 MG TABLET <sup>SP</sup>	5	QL (240 per 30 days)
SELZENTRY 300 MG TABLET <sup>SP</sup>	5	QL (120 per 30 days)
SIRTURO 100 MG TABLET <sup>MO</sup>	5	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION; SIVEXTRO 200 MG TABLET <sup>MO</sup>	5	QL (6 per 28 days)
SOVALDI 400 MG TABLET <sup>SP</sup>	5	PA,QL (28 per 28 days)
<i>stavudine 1 mg/ml solution</i> <sup>MO</sup>	4	QL (2400 per 30 days)
<i>stavudine 15 mg, 20 mg capsule</i> <sup>MO</sup>	3	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> <sup>MO</sup>	3	QL (60 per 30 days)
<i>streptomycin sulf 1 gm vial</i> <sup>MO</sup>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
<i>sulfadiazine 500 mg tablet</i> <b>MO</b>	4	
<i>sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet</i> <b>MO</b>	1	
<i>sulfamethoxazole-tmp inj vial; sulfamethoxazole-tmp susp</i> <b>MO</b>	3	
<i>sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab</i> <b>MO</b>	2	
<i>sulfazine 500 mg tablet</i> <b>MO</b>	2	
<i>sulfazine ec 500 mg tablet, delayed release</i> <b>MO</b>	2	
SUSTIVA 200 MG CAPSULE <b>SP</b>	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE <b>SP</b>	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (2 per 28 days)
SYLATRON 200 MCG, 300 MCG 4-PACK <b>SP</b>	5	PA,QL (2 per 28 days)
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	5	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION <b>MO</b>	5	
TAMIFLU 30 MG CAPSULE <b>MO</b>	4	QL (112 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE <b>MO</b>	4	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION <b>MO</b>	4	QL (720 per 365 days)
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
<i>terbinafine hcl 250 mg tablet</i> <b>MO</b>	1	QL (90 per 365 days)
<i>tetracycline 250 mg, 500 mg capsule</i> <b>MO</b>	3	
TIMENTIN 3.1 GM VIAL; TIMENTIN 3.1 GRAM, 31 GRAM INTRAVENOUS SOLUTION <b>MO</b>	4	
<i>tinidazole 250 mg, 500 mg tablet</i> <b>MO</b>	3	
TIVICAY 50 MG TABLET <b>SP</b>	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 <b>SP</b>	5	PA,QL (224 per 28 days)
<i>tobramycin 80 mg/100 ml ns</i> <b>MO</b>	3	
<i>tobramycin 1.2 gm vial</i> <b>MO</b>	5	
<i>tobramycin 40 mg/ml vial</i> <b>MO</b>	3	
TRECTOR 250 MG TABLET <b>MO</b>	4	
<i>trimethoprim 100 mg tablet</i> <b>MO</b>	2	
TRIUMEQ 600 MG-50 MG-300 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
TRIZIVIR 300 MG-150 MG-300 MG TABLET <b>MO</b>	5	QL (60 per 30 days)
TRUVADA 200 MG-300 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
TYGACIL 50 MG INTRAVENOUS SOLUTION <b>MO</b>	5	
TYZEKA 600 MG TABLET <b>SP</b>	5	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
valacyclovir hcl 1 gram tablet <b>MO</b>	3	QL (90 per 30 days)
valacyclovir hcl 500 mg tablet <b>MO</b>	3	QL (60 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION <b>MO</b>	5	
valganciclovir 450 mg tablet <b>MO</b>	5	
vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial <b>MO</b>	3	
vancomycin hcl 125 mg, 250 mg capsule <b>MO</b>	5	
vancomycin hcl 1g/200 ml bag; vancomycin-d5w 1 gram/200 ml, 500 mg/100 ml <b>MO</b>	3	
vancomycin 750 mg/150 ml bag <b>MO</b>	3	
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	4	QL (1200 per 30 days)
VIRACEPT 250 MG TABLET <b>SP</b>	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (90 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION <b>MO</b>	5	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <b>SP</b>	5	QL (240 per 30 days)
VITEKTA 150 MG, 85 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
voriconazole 200 mg vial <b>MO</b>	4	
voriconazole 200 mg, 50 mg tablet <b>MO</b>	5	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp <b>MO</b>	5	PA,QL (400 per 30 days)
XIFAXAN 200 MG TABLET <b>MO</b>	4	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET <b>MO</b>	5	PA,QL (60 per 30 days)
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION <b>MO</b>	5	
ZIAGEN 20 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (960 per 30 days)
zidovudine 100 mg capsule <b>MO</b>	3	QL (180 per 30 days)
zidovudine 300 mg tablet <b>MO</b>	3	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup <b>MO</b>	4	QL (1680 per 28 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION; ZYVOX 200 MG/100 ML INTRAVENOUS SOLUTION; ZYVOX 600 MG TABLET <b>MO</b>	5	
<b>ANTIHISTAMINE DRUGS</b>		
cetirizine hcl 1 mg/ml syrup <b>MO</b>	2	QL (300 per 30 days)
clemastine 0.5 mg/5 ml syrup <b>MO</b>	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>clemastine fum 2.68 mg tab</i> <sup>MO</sup>	4	PA
<i>cyproheptadine 4 mg tablet</i> <sup>MO</sup>	4	PA
<i>diphenhydramine 50 mg/ml vial</i> <sup>MO</sup>	4	PA
<i>levocetirizine 5 mg tablet</i> <sup>MO</sup>	2	QL (30 per 30 days)
<i>promethazine 12.5 mg, 50 mg tablet</i> <sup>MO</sup>	3	PA
<i>promethazine 25 mg tablet; promethazine 6.25 mg/5 ml syrup</i> <sup>MO</sup>	1	PA
<i>promethegan 12.5 mg, 25 mg, 50 mg rectal suppository</i> <sup>MO</sup>	4	PA
<b>ANTINEOPLASTIC AGENTS</b>		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION <sup>MO</sup>	5	PA,QL (180 per 21 days)
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ TABLET FOR ORAL SUSPENSION <sup>SP</sup>	5	PA
ALIMTA 100 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA,QL (68 per 21 days)
ALIMTA 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA
ALKERAN 2 MG TABLET <sup>MO</sup>	5	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	
<i>anastrozole 1 mg tablet</i> <sup>MO</sup>	2	QL (30 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION <sup>MO</sup>	5	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA
<i>azacitidine 100 mg vial</i> <sup>MO</sup>	5	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA
<i>bexarotene 75 mg capsule</i> <sup>SP</sup>	5	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> <sup>MO</sup>	3	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	
<i>bleomycin sulfate 15 unit, 30 unit vial</i> <sup>MO</sup>	3	
BOSULIF 100 MG TABLET <sup>SP</sup>	5	PA,QL (120 per 30 days)
BOSULIF 500 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION <sup>MO</sup>	4	
CAPRELSA 100 MG TABLET <sup>SP</sup>	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> <sup>MO</sup>	3	
<i>cisplatin 50 mg/50 ml vial</i> <sup>MO</sup>	3	
<i>cladribine 10 mg/10 ml vial</i> <sup>MO</sup>	5	
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION <sup>MO</sup>	5	
COMETRIQ 100 MG/DAY(80 MGÝ1"-20 MGÝ1") CAPSULE <sup>SP</sup>	5	PA,QL (56 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMETRIQ 140 MG/DAY(80 MGÝ1"-20 MGÝ3") CAPSULE <b>SP</b>	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG Ý3"/DAY) CAPSULE <b>SP</b>	5	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION <b>MO</b>	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 <b>MO</b>	4	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (200 per 28 days)
cytarabine 20 mg/ml vial <b>MO</b>	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 <b>MO</b>	2	
dacarbazine 100 mg, 200 mg vial <b>MO</b>	4	
daunorubicin 20 mg/4 ml vial <b>MO</b>	2	
DAUNOXOME 2 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	
decitabine 50 mg vial <b>MO</b>	5	PA
DEPOCYT (PF) 50 MG/5 ML (10 MG/ML) INTRATHECAL SUSPENSION <b>MO</b>	5	
DOCEFREZ 20 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
DOCEFREZ 80 MG INTRAVENOUS SOLUTION <b>MO</b>	5	
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 <b>MO</b>		
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 <b>MO</b>	4	
doxorubicin liposome 20mg/10ml <b>MO</b>	4	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE <b>MO</b>	4	
EMCYT 140 MG CAPSULE <b>MO</b>	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 <b>MO</b>	4	
ERIVEDGE 150 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	5	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
etoposide 100 mg/5 ml vial <b>MO</b>	3	
exemestane 25 mg tablet <b>MO</b>	4	QL (60 per 30 days)
FARESTON 60 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE <b>SP</b>	5	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	5	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION <b>MO</b>	5	PA
FIRMAGON 80 MG SUBCUTANEOUS SOLUTION <b>MO</b>	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION <b>MO</b>	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION <b>MO</b>	4	PA
<i>floxuridine 500 mg vial</i> <b>MO</b>	2	
<i>fludarabine 50 mg, 50 mg/2 ml vial</i> <b>MO</b>	4	
<i>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</i> <b>MO</b>		
<i>flutamide 125 mg capsule</i> <b>MO</b>	4	
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (120 per 28 days)
<i>gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml) vial</i> <b>MO</b>	5	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET <b>SP</b>	5	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG CAPSULE <b>MO</b>	4	
HERCEPTIN 440 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
HEXALEN 50 MG CAPSULE <b>SP</b>	5	
HYCANTIN 4 MG INTRAVENOUS SOLUTION <b>MO</b>	5	
<i>hydroxyurea 500 mg capsule</i> <b>MO</b>	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE <b>SP</b>	5	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	5	
<i>idarubicin pfs 10 mg/10 ml vl</i> <b>MO</b>	5	
<i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial</i> <b>MO</b>	3	
IMBRUVICA 140 MG CAPSULE <b>SP</b>	5	PA,QL (120 per 30 days)
INLYTA 1 MG TABLET <b>SP</b>	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial <sup>MO</sup>	4	
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA
IXEMPRA 15 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA,QL (45 per 21 days)
IXEMPRA 45 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET <sup>SP</sup>	5	PA,QL (60 per 30 days)
KADCYLA 100 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA
KADCYLA 160 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA,QL (24 per 21 days)
KEYTRUDA 100 MG/4 ML (25 MG/ML), 50 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA
LENVIMA 10 MG/DAY (10 MG $\dot{Y}1$ /DAY) CAPSULE <sup>SP</sup>	5	PA,QL (30 per 30 days)
LENVIMA 14 MG (10 MG $\dot{Y}1$ -4 MG $\dot{Y}1$ )/DAY, 20 MG/DAY (10 MG $\dot{Y}2$ /DAY) CAPSULE; LENVIMA 14 MG (10 MG $\dot{Y}1$ -4 MG $\dot{Y}1$ )/DAY CAPSULE <sup>SP</sup>	5	PA,QL (60 per 30 days)
LENVIMA 24 MG (10 MG $\dot{Y}2$ -4 MG $\dot{Y}1$ )/DAY CAPSULE <sup>SP</sup>	5	PA,QL (90 per 30 days)
letrozole 2.5 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
LEUKERAN 2 MG TABLET <sup>MO</sup>	4	
leuprolide 2wk 1 mg/0.2 ml kit <sup>MO</sup>	3	PA,QL (2.8 per 14 days)
lomustine 10 mg, 100 mg, 40 mg capsule <sup>MO</sup>	4	
LYNPARZA 50 MG CAPSULE <sup>SP</sup>	5	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET <sup>SP</sup>	5	
MATULANE 50 MG CAPSULE <sup>SP</sup>	5	
megestrol 20 mg tablet <sup>MO</sup>	1	PA
megestrol 40 mg tablet; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml <sup>MO</sup>	3	PA
MEKINIST 0.5 MG TABLET <sup>SP</sup>	5	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
melphalan hcl 50 mg vial <sup>MO</sup>	2	
mercaptopurine 50 mg tablet <sup>MO</sup>	3	
methotrexate 2.5 mg tablet <sup>MO</sup>	3	B vs D
methotrexate 50 mg/2 ml vial <sup>MO</sup>	2	
methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial <sup>MO</sup>	2	
mitomycin 20 mg, 40 mg, 5 mg vial <sup>MO</sup>	4	
mitoxantrone 20 mg/10 ml vial <sup>MO</sup>	3	
MUSTARGEN 10 MG SOLUTION FOR INJECTION <sup>MO</sup>	4	
NEXAVAR 200 MG TABLET <sup>SP</sup>	5	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET <sup>SP</sup>	4	QL (60 per 30 days)
NIPENT 10 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ONCASPAR 750 UNIT/ML INJECTION SOLUTION <b>MO</b>	5	
OPDIVO 100 MG/10 ML, 40 MG/4 ML INTRAVENOUS SOLUTION <b>MO</b>	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 <b>MO</b>	5	
paclitaxel 100 mg/16.7 ml vial <b>MO</b>	3	
pentostatin 10 mg vial <b>MO</b>	2	
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE <b>SP</b>	5	PA,QL (21 per 28 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION <b>MO</b>	5	
PURIXAN 20 MG/ML ORAL SUSPENSION <b>SP</b>	5	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLETS IN A DOSE PACK <b>MO</b>	4	B vs D
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS <b>MO</b>	5	PA
SOLTAMOX 10 MG/5 ML ORAL SOLUTION <b>MO</b>	4	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET <b>SP</b>	5	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET <b>SP</b>	5	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
SYLVANT 100 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (65 per 30 days)
SYLVANT 400 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (80 per 30 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION <b>MO</b>	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET <b>MO</b>	4	
TAFINLAR 50 MG CAPSULE <b>SP</b>	5	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE <b>SP</b>	5	PA,QL (120 per 30 days)
tamoxifen 10 mg, 20 mg tablet <b>MO</b>	2	
TARCEVA 100 MG, 150 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET <b>SP</b>	5	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE <b>SP</b>	5	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG CAPSULE <b>SP</b>	5	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	5	
TEMODAR 100 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (27 per 30 days)
teniposide 50 mg/5 ml ampule <b>MO</b>	4	
thiotepa 15 mg vial <b>MO</b>	2	
toposar 20 mg/ml intravenous solution <b>MO</b>	4	
topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial <b>MO</b>	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (8 per 28 days)
TREANDA 100 MG INTRAVENOUS POWDER FOR SOLUTION <b>MO</b>	5	PA,QL (120 per 21 days)
TREANDA 180 MG/2 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (6 per 21 days)
TREANDA 25 MG INTRAVENOUS POWDER FOR SOLUTION <b>MO</b>	5	PA,QL (60 per 21 days)
TREANDA 45 MG/0.5 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA
<i>tretinoin 10 mg capsule</i> <b>SP</b>	5	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	4	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION <b>MO</b>	4	
TYKERB 250 MG TABLET <b>SP</b>	5	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (40 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION <b>MO</b>	5	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	5	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION <b>MO</b>	5	PA,QL (14 per 21 days)
<i>vinblastine 1 mg/ml, 10 mg vial; vinblastine sulf 1 mg/ml, 10 mg vial</i> <b>MO</b>	3	
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution</i> <b>MO</b>	2	
<i>vincristine 1 mg/ml, 2 mg/2 ml vial</i> <b>MO</b>	3	
<i>vinorelbine 10 mg/ml, 50 mg/5 ml vial</i> <b>MO</b>	4	
VOTRIENT 200 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE <b>SP</b>	5	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE <b>SP</b>	5	PA,QL (120 per 30 days)
YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (70 per 21 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION <b>MO</b>	4	
ZELBORAF 240 MG TABLET <b>SP</b>	5	PA,QL (240 per 30 days)
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT <b>MO</b>	4	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT <b>MO</b>	4	PA,QL (1 per 28 days)
ZOLINZA 100 MG CAPSULE <b>SP</b>	5	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE <b>SP</b>	5	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
<b>AUTONOMIC DRUGS</b>		
<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> <b>MO</b>		

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
albuterol sulf 2 mg/5 ml syrup; albuterol sulfate 2 mg, 4 mg tab <sup>MO</sup>	1	
albuterol sulfate er 4 mg, 8 mg tab <sup>MO</sup>	4	
alfuzosin hcl er 10 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION <sup>MO</sup>	3	QL (60 per 30 days)
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE <sup>MO</sup>	4	QL (30 per 30 days)
atropine 0.05 mg/ml, 0.1 mg/ml syringe; atropine 0.4 mg/ml, 1 mg/ml vial; atropine 1% eye ointment <sup>MO</sup>	2	
baclofen 10 mg, 20 mg tablet <sup>MO</sup>	2	
bethanechol 10 mg, 25 mg, 5 mg tablet <sup>MO</sup>	3	
bethanechol 50 mg tablet <sup>MO</sup>	4	
CHANTIX 0.5 MG, 1 MG TABLET <sup>MO</sup>	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <sup>MO</sup>	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK <sup>MO</sup>	4	QL (56 per 28 days)
dantrolene sodium 100 mg, 25 mg, 50 mg cap <sup>MO</sup>	4	
dicyclomine 10 mg capsule; dicyclomine 20 mg tablet <sup>MO</sup>	1	
dicyclomine 10 mg/5 ml soln <sup>MO</sup>	3	
dihydroergotamine 1 mg/ml am <sup>MO</sup>	4	
donepezil hcl 10 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
donepezil hcl 10 mg, 5 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg, 5 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
DUONEB 0.5 MG-3 MG/3 ML SOLN <sup>MO</sup>	4	B vs D
epinephrine 1 mg/ml ampul; epinephrine 1 mg/ml vial <sup>MO</sup>	2	
EPIPEN 2-PAK INJECTION,AUTO-INJECTOR <sup>MO</sup>	4	
EPIPEN JR 2-PAK INJECTION,AUTO-INJECTOR <sup>MO</sup>	4	
ERGOMAR 2 MG SUBLINGUAL TABLET <sup>MO</sup>	2	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL <sup>MO</sup>	4	QL (30 per 30 days)
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE <sup>MO</sup>	3	QL (60 per 30 days)
galantamine 4 mg/ml oral soln <sup>MO</sup>	4	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule <sup>MO</sup>	4	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet <sup>MO</sup>	4	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial <sup>MO</sup>	4	
glycopyrrolate 1 mg, 2 mg tablet <sup>MO</sup>	3	
guanidine hcl 125 mg tablet <sup>MO</sup>	3	
ipratropium br 0.02% soln <sup>MO</sup>	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i> <sup>MO</sup>	2	B vs D
LIORESAL 2,000 MCG/ML INTRATHECAL SOLUTION <sup>MO</sup>	5	B vs D
LIORESAL 50 MCG/ML, 500 MCG/ML INTRATHECAL SOLUTION <sup>MO</sup>	4	B vs D
<i>metaproterenol 10 mg, 20 mg tablet; metaproterenol 10 mg/5 ml syr</i> <sup>MO</sup>	4	
<i>methocarbamol 500 mg, 750 mg tablet</i> <sup>MO</sup>	4	PA
<i>midodrine hcl 10 mg, 2.5 mg, 5 mg tablet</i> <sup>MO</sup>	4	
<i>neostigmine 1:1,000 vial; neostigmine 1:2,000 vial</i> <sup>MO</sup>	2	
NICOTROL NS 10 MG/ML NASAL SPRAY <sup>MO</sup>	4	
<i>norepinephrine 1 mg/ml vial</i> <sup>MO</sup>	2	
NORTHERA 100 MG CAPSULE <sup>SP</sup>	5	PA,QL (42 per 365 days)
NORTHERA 200 MG, 300 MG CAPSULE <sup>SP</sup>	5	PA,QL (90 per 365 days)
<i>orphenadrine er 100 mg tablet</i> <sup>MO</sup>	3	PA
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <sup>MO</sup>	4	PA,QL (120 per 30 days)
<i>phentolamine 5 mg vial</i> <sup>MO</sup>	3	
<i>phenylephrine 10 mg/ml vial</i> <sup>MO</sup>	2	
<i>pilocarpine 4% eye drops; pilocarpine hcl 5 mg, 7.5 mg tablet</i> <sup>MO</sup>	4	
<i>propantheline 15 mg tablet</i> <sup>MO</sup>	2	
PROSTIGMIN 15 MG TABLET <sup>MO</sup>	4	
<i>pyridostigmine br 60 mg tablet</i> <sup>MO</sup>	3	
<i>rivastigmine 1.5 mg, 3 mg capsule</i> <sup>MO</sup>	4	QL (90 per 30 days)
<i>rivastigmine 4.5 mg, 6 mg capsule</i> <sup>MO</sup>	4	QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <sup>MO</sup>	3	QL (60 per 30 days)
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MO</sup>	3	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES <sup>MO</sup>	3	QL (30 per 30 days)
<i>tamsulosin hcl 0.4 mg capsule</i> <sup>MO</sup>	2	QL (60 per 30 days)
<i>terbutaline sulf 1 mg/ml vial</i> <sup>MO</sup>	5	
<i>terbutaline sulfate 2.5 mg, 5 mg tab</i> <sup>MO</sup>	4	
<i>tizanidine hcl 2 mg, 4 mg tablet</i> <sup>MO</sup>	2	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	3	QL (36 per 30 days)
<b>BLOOD FORMATION,COAGULATION &amp; THROMBOSIS</b>		
<i>aminocaproic acid 1,000 mg, 500 mg tab; aminocaproic acid 25% solution</i> <sup>SP</sup>	4	
<i>aminocaproic acid 5 g/20 ml vl</i> <sup>MO</sup>	3	
<i>anagrelide hcl 0.5 mg, 1 mg capsule</i> <sup>MO</sup>	3	
BRILINTA 60 MG, 90 MG TABLET <sup>MO</sup>	3	QL (60 per 30 days)
<i>cilostazol 100 mg, 50 mg tablet</i> <sup>MO</sup>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>clopidogrel 300 mg tablet</i> <b>MO</b>	2	QL (1 per 30 days)
<i>clopidogrel 75 mg tablet</i> <b>MO</b>	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 <b>MO</b>	4	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	PA
EFFIENT 10 MG, 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
ELIQUIS 5 MG TABLET <b>MO</b>	3	QL (74 per 30 days)
<i>enoxaparin 100 mg/ml, 150 mg/ml syringe</i> <b>MO</b>	4	QL (28 per 28 days)
<i>enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr</i> <b>MO</b>	4	QL (22.4 per 28 days)
<i>enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr</i> <b>MO</b>	4	QL (16.8 per 28 days)
<i>enoxaparin 300 mg/3 ml vial</i> <b>MO</b>	4	QL (84 per 28 days)
<i>enoxaparin 40 mg/0.4 ml syr</i> <b>MO</b>	4	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	5	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION <b>SP</b>	4	PA,QL (28 per 30 days)
<i>fondaparinux 10 mg/0.8 ml syr</i> <b>MO</b>	5	QL (24 per 30 days)
<i>fondaparinux 2.5 mg/0.5 ml syr</i> <b>MO</b>	4	QL (15 per 30 days)
<i>fondaparinux 5 mg/0.4 ml syr</i> <b>MO</b>	5	QL (12 per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr</i> <b>MO</b>	5	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE <b>MO</b>	5	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE <b>MO</b>	5	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE <b>MO</b>	5	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE <b>MO</b>	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 <b>MO</b>	4	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	5	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE <b>MO</b>	5	QL (9 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (7 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (11.2 per 28 days)
<i>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</i> <b>MO</b>		
<i>heparin-d5w 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml); heparin-d5w 20,000 unit/500 ml; heparin-d5w 25,000 unit/250 ml; heparin-d5w 25,000</i> <b>MO</b>		

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
heparin-ns 1,000 unit/500 ml, 2,000 unit/1,000 ml; heparin-ns 1,000 units/500 ml <b>MO</b>	2	
heparin-1/2ns 12,500 units/250; heparin-1/2ns 25,000 units/250; heparin-1/2ns 25,000 units/500 <b>MO</b>	2	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml; heparin sod 5,000 unit/0.5 ml <b>MO</b>	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet <b>MO</b>	2	
LEUKINE 250 MCG SOLUTION FOR INJECTION <b>SP</b>	5	PA
NEULASTA WITH WEARABLE SUBCUTANEOUS INJECTOR; NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (1.2 per 28 days)
NEUMEGA 5 MG VIAL <b>SP</b>	5	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <b>SP</b>	5	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION <b>SP</b>	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE <b>SP</b>	5	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <b>SP</b>	5	PA,QL (22.4 per 30 days)
pentoxifylline er 400 mg tab <b>MO</b>	2	
PRADAXA 150 MG, 75 MG CAPSULE <b>MO</b>	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 <b>SP</b>	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION <b>SP</b>	4	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	5	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET <b>SP</b>	5	PA,QL (90 per 30 days)
protamine 250 mg/25 ml vial <b>MO</b>	2	
ticlopidine 250 mg tablet <b>MO</b>	4	PA
tranexamic acid 1,000 mg/10 ml <b>MO</b>	3	PA
tranexamic acid 650 mg tablet <b>MO</b>	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 <b>MO</b>	1	
XARELTO 10 MG TABLET <b>MO</b>	3	QL (35 per 60 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK <b>MO</b>	3	QL (51 per 30 days)
XARELTO 15 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
XARELTO 20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE <b>SP</b>	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 <sup>SP</sup>	5	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET <sup>MO</sup>	4	PA,QL (30 per 30 days)
<b>CARDIOVASCULAR DRUGS</b>		
acebutolol 200 mg, 400 mg capsule <sup>MO</sup>	2	
ADCIRCA 20 MG TABLET <sup>SP</sup>	5	PA,QL (60 per 30 days)
afeditab cr 30 mg, 60 mg tablet,extended release <sup>MO</sup>	3	QL (60 per 30 days)
amiodarone 150 mg/3 ml syringe; amiodarone 150 mg/3 ml vial; amiodarone hcl 200 mg tablet <sup>MO</sup>	2	
amiodarone hcl 100 mg, 400 mg tablet <sup>MO</sup>	4	
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab <sup>MO</sup>	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 <sup>MO</sup>	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 <sup>MO</sup>	3	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg <sup>MO</sup>	3	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg <sup>MO</sup>	4	QL (30 per 30 days)
amlod-vals-a-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-vals-a-hctz 10-160-12.5mg <sup>MO</sup>	3	QL (30 per 30 days)
AMTURNIDE 150-5-12.5 MG, 300-10-12.5 MG, 300-10-25 MG, 300-5-12.5 MG, 300-5-25 MG TAB <sup>MO</sup>	3	QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 <sup>MO</sup>	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet <sup>MO</sup>	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 <sup>MO</sup>	3	QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet <sup>MO</sup>	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab <sup>MO</sup>	2	
BENICAR 20 MG, 40 MG, 5 MG TABLET <sup>MO</sup>	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 <sup>MO</sup>	3	QL (30 per 30 days)
BIDIL 20 MG-37.5 MG TABLET <sup>MO</sup>	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab <sup>MO</sup>	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 <sup>MO</sup>	1	
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb <sup>MO</sup>	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb <sup>MO</sup>	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <sup>MO</sup>	3	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet <sup>MO</sup>	2	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet <sup>MO</sup>	3	
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release <sup>MO</sup>	3	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release <sup>MO</sup>	3	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet <sup>MO</sup>	1	
cholestyramine packet; cholestyramine powder <sup>MO</sup>	3	
cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet <sup>MO</sup>	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch <sup>MO</sup>	4	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg tablet <sup>MO</sup>	1	
clonidine hcl 0.3 mg tablet <sup>MO</sup>	2	
clonidine hcl er 0.1 mg tablet <sup>MO</sup>	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 <sup>MO</sup>	4	
colestipol hcl granules; colestipol hcl granules packet; colestipol micronized 1 gm tab <sup>MO</sup>	4	
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET <sup>MO</sup>	3	QL (30 per 30 days)
digitek 125 mcg tablet <sup>MO</sup>	2	QL (30 per 30 days)
digitek 250 mcg tablet <sup>MO</sup>	2	PA
digox 125 mcg tablet <sup>MO</sup>	2	QL (30 per 30 days)
digox 250 mcg tablet <sup>MO</sup>	2	PA
digoxin 125 mcg tablet <sup>MO</sup>	2	QL (30 per 30 days)
digoxin 250 mcg tablet <sup>MO</sup>	2	PA
digoxin 250 mcg/ml, 50 mcg/ml solution; digoxin 500 mcg/2 ml ampule <sup>MO</sup>	3	PA
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE <sup>MO</sup>	4	
dilt-cd 120 mg, 180 mg, 240 mg capsule <sup>MO</sup>	3	QL (60 per 30 days)
dilt-cd er 300 mg capsule <sup>MO</sup>	3	QL (30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release <sup>MO</sup>	3	QL (60 per 30 days)
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet <sup>MO</sup>	2	
diltiazem 12hr er 120 mg, 60 mg, 90 mg cap <sup>MO</sup>	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 <sup>MO</sup>	3	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap; diltiazem hcl er 300 mg, 360 mg, 420 mg cap <sup>MO</sup>	3	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
diltiazem hcl 100 mg vial <sup>MO</sup>	4	
diltzac er 120 mg, 180 mg, 240 mg capsule <sup>MO</sup>	3	QL (60 per 30 days)
diltzac er 300 mg, 360 mg capsule <sup>MO</sup>	3	QL (30 per 30 days)
disopyramide 100 mg, 150 mg capsule <sup>MO</sup>	2	PA
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab <sup>MO</sup>	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet <sup>MO</sup>	1	
enalapril-hctz 10-25 mg tablet <sup>MO</sup>	2	
enalapril-hctz 5-12.5 mg tab <sup>MO</sup>	1	
enalaprilat 1.25 mg/ml vial <sup>MO</sup>	2	
eplerenone 25 mg, 50 mg tablet <sup>MO</sup>	4	
esmolol hcl 100 mg/10 ml vial <sup>MO</sup>	2	
felodipine er 10 mg, 2.5 mg, 5 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
fenofibrate 160 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
fenofibrate 54 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
fenofibrate 134 mg, 200 mg capsule <sup>MO</sup>	3	QL (30 per 30 days)
fenofibrate 67 mg capsule <sup>MO</sup>	3	QL (60 per 30 days)
fenofibrate 145 mg tablet <sup>MO</sup>	4	QL (30 per 30 days)
fenofibrate 48 mg tablet <sup>MO</sup>	4	QL (60 per 30 days)
fenofibric acid dr 135 mg, 45 mg cap <sup>MO</sup>	4	QL (30 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab <sup>MO</sup>	3	
fosinopril sodium 10 mg, 20 mg, 40 mg tab <sup>MO</sup>	2	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab <sup>MO</sup>	2	
gemfibrozil 600 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
guanfacine 1 mg tablet <sup>MO</sup>	1	PA
guanfacine 2 mg tablet <sup>MO</sup>	2	PA
hydralazine 10 mg, 25 mg tablet <sup>MO</sup>	1	
hydralazine 100 mg, 50 mg tablet <sup>MO</sup>	2	
hydralazine 20 mg/ml vial <sup>MO</sup>	3	
ibutilide fum 1 mg/10 ml vial <sup>MO</sup>	2	
irbesartan 150 mg, 300 mg, 75 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb <sup>MO</sup>	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 <sup>MO</sup>	2	
isosorbide dn er 40 mg tablet <sup>MO</sup>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
isosorbide mn 10 mg, 20 mg tablet; isosorbide mn er 120 mg, 60 mg tab; isosorbide mn er 120 mg, 60 mg tablet <b>MO</b>	2	
isosorbide mn er 30 mg tablet <b>MO</b>	1	
isradipine 2.5 mg, 5 mg capsule <b>MO</b>	4	
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (4 per 28 days)
labetalol hcl 100 mg, 200 mg, 300 mg tablet; labetalol hcl 100 mg/20 ml vl; labetalol hcl 20 mg/4 ml crpj <b>MO</b>	2	
LANOXIN 125 MCG, 62.5 MCG TABLET <b>MO</b>	4	QL (30 per 30 days)
LANOXIN 187.5 MCG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
LANOXIN 250 MCG TABLET; LANOXIN 250 MCG/ML INJECTION SOLUTION <b>MO</b>	4	PA
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION <b>MO</b>	4	PA
lidocaine hcl 1% ampul; lidocaine hcl 1% syringe; lidocaine hcl 1.5% ampul; lidocaine hcl 2% luer-jet; lidocaine hcl 2% vial; lidocaine hcl 4% ampul <b>MO</b>	2	
lisinopril 10 mg, 2.5 mg, 20 mg, 5 mg tablet <b>MO</b>	1	
lisinopril 30 mg, 40 mg tablet <b>MO</b>	2	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab <b>MO</b>	1	
losartan potassium 100 mg, 25 mg, 50 mg tab <b>MO</b>	2	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab <b>MO</b>	2	QL (60 per 30 days)
lovastatin 10 mg, 20 mg tablet <b>MO</b>	1	QL (60 per 30 days)
lovastatin 40 mg tablet <b>MO</b>	2	QL (60 per 30 days)
methyl dopa 250 mg tablet <b>MO</b>	1	PA
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab <b>MO</b>	2	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab <b>MO</b>	3	
metoprolol 1 mg/ml carpuject; metoprolol tart 5 mg/5 ml vial <b>MO</b>	2	
metoprolol tartrate 100 mg, 25 mg, 50 mg tab <b>MO</b>	1	
mexiletine 150 mg, 200 mg, 250 mg capsule <b>MO</b>	4	
minoxidil 10 mg, 2.5 mg tablet <b>MO</b>	2	
moexipril hcl 15 mg, 7.5 mg tablet <b>MO</b>	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 <b>MO</b>	2	
MULTAQ 400 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet <b>MO</b>	3	
nadolol-bendroflu 40-5 mg, 80-5 mg tab <b>MO</b>	3	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	4	
niacin er 1,000 mg, 500 mg, 750 mg tablet <b>MO</b>	4	
niacor 500 mg tablet <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nicardipine 20 mg, 30 mg capsule <b>MO</b>	3	
nicardipine 25 mg/10 ml ampule <b>MO</b>	2	
nifedical xl 30 mg, 60 mg tablet, extended release <b>MO</b>	3	QL (60 per 30 days)
nifedipine er 30 mg tablet; nifedipine er 60 mg, 90 mg tablet <b>MO</b>	3	QL (60 per 30 days)
nimodipine 30 mg capsule <b>MO</b>	4	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch <b>MO</b>	2	QL (30 per 30 days)
nitroglycerin 0.4 mg/hr patch <b>MO</b>	2	QL (60 per 30 days)
nitroglycerin 5 mg/ml vial <b>MO</b>	2	
nitroglycerin lingual 0.4 mg <b>MO</b>	4	
NITROLINGUAL 400 MCG/SPRAY <b>MO</b>	4	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET <b>MO</b>	3	
PACERONE 100 MG, 400 MG TABLET <b>MO</b>	4	
pacerone 200 mg tablet <b>MO</b>	4	
perindopril erbumine 2 mg, 4 mg, 8 mg tab <b>MO</b>	2	
pindolol 10 mg, 5 mg tablet <b>MO</b>	3	
pravastatin sodium 10 mg, 20 mg, 80 mg tab <b>MO</b>	2	QL (30 per 30 days)
pravastatin sodium 40 mg tab <b>MO</b>	2	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule <b>MO</b>	2	
prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet <b>MO</b>	3	
procainamide 100 mg/ml, 500 mg/ml vial <b>MO</b>	2	
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet <b>MO</b>	3	
propafenone hcl er 225 mg, 325 mg, 425 mg cap <b>MO</b>	4	
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 <b>MO</b>	2	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule <b>MO</b>	4	
propranolol-hctz 40-25 mg, 80-25 mg tab <b>MO</b>	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet <b>MO</b>	2	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab <b>MO</b>	2	
quinidine gluc 80 mg/ml vial <b>MO</b>	2	
quinidine gluc er 324 mg tab <b>MO</b>	4	
quinidine sulf er 200 mg, 300 mg, 300 mg tab; quinidine sulfate 200 mg, 300 mg, 300 mg tab <b>MO</b>	2	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule <b>MO</b>	2	
RANEXA 1,000 MG, 500 MG TABLET, EXTENDED RELEASE <b>MO</b>	4	ST, QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
reserpine 0.1 mg, 0.25 mg tablet <sup>MO</sup>	2	PA
REVATIO 10 MG/ML ORAL SUSPENSION <sup>SP</sup>	5	PA,QL (180 per 30 days)
sildenafil 20 mg tablet <sup>MO</sup>	3	PA,QL (90 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet <sup>MO</sup>	2	
sotalol 120 mg, 160 mg, 240 mg tablet; sotalol hcl 150 mg/10 ml vial <sup>MO</sup>	2	
sotalol 80 mg tablet <sup>MO</sup>	1	
sotalol af 120 mg, 160 mg, 80 mg tablet <sup>MO</sup>	2	
spironolactone-hctz 25-25 tab <sup>MO</sup>	2	
spironolactone 100 mg, 50 mg tablet <sup>MO</sup>	2	
spironolactone 25 mg tablet <sup>MO</sup>	1	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release <sup>MO</sup>	3	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release <sup>MO</sup>	3	QL (30 per 30 days)
TEKAMLO 150 MG-10 MG TABLET; TEKAMLO 150 MG-5 MG TABLET; TEKAMLO 300 MG-10 MG TABLET; TEKAMLO 300 MG-5 MG TABLET <sup>MO</sup>	3	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET <sup>MO</sup>	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET <sup>MO</sup>	3	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
telmisartan 80 mg tablet <sup>MO</sup>	3	QL (60 per 30 days)
telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb <sup>MO</sup>	3	QL (30 per 30 days)
telmisartan-hctz 80-12.5 mg tb <sup>MO</sup>	3	QL (60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule <sup>MO</sup>	1	
TIKOSYN 125 MCG CAPSULE <sup>MO</sup>	4	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE <sup>MO</sup>	4	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE <sup>MO</sup>	4	QL (60 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet <sup>MO</sup>	2	
trandolapril 1 mg, 2 mg, 4 mg tablet <sup>MO</sup>	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 <sup>MO</sup>	3	QL (30 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet <sup>MO</sup>	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 <sup>MO</sup>	2	QL (30 per 30 days)
VASCEPA 1 GRAM CAPSULE <sup>MO</sup>	4	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
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 <b>MO</b>	2	QL (60 per 30 days)
verapamil 120 mg, 180 mg, 240 mg, 40 mg tablet; verapamil 2.5 mg/ml syringe; verapamil 2.5 mg/ml vial; verapamil er 120 mg, 180 mg, 240 mg, 40 mg tablet <b>MO</b>	2	
verapamil 120 mg, 80 mg tablet <b>MO</b>	1	
verapamil er pm 100 mg, 300 mg capsule <b>MO</b>	2	QL (30 per 30 days)
ZETIA 10 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
ABILIFY 9.7 MG/1.3 ML VIAL <b>MO</b>	4	QL (120 per 30 days)
ABILIFY DISCMELT 10 MG, 15 MG TABLET <b>MO</b>	5	PA,QL (60 per 30 days)
ABILIFY MAINTENA SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE; ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>MO</b>	5	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>MO</b>	5	QL (1.5 per 28 days)
acamprosate calc dr 333 mg tab <b>MO</b>	4	
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 <b>MO</b>	3	QL (5010 per 30 days)
acetaminophen-cod #2 tablet; acetaminophen-cod #3 tablet; acetaminophen-cod #4 tablet <b>MO</b>	3	QL (390 per 30 days)
alprazolam 0.25 mg, 0.5 mg tablet <b>MO</b>	3	QL (120 per 30 days)
alprazolam 1 mg tablet <b>MO</b>	3	QL (240 per 30 days)
alprazolam 2 mg tablet <b>MO</b>	3	QL (150 per 30 days)
ALSUMA 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	QL (6 per 30 days)
amantadine 100 mg capsule; amantadine 100 mg tablet <b>MO</b>	4	
amantadine 50 mg/5 ml solution <b>MO</b>	3	
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab <b>MO</b>	2	PA
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet <b>MO</b>	3	
amphetamine salt combo 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tablet <b>MO</b>	4	QL (90 per 30 days)
amphetamine salt combo 30 mg tablet <b>MO</b>	4	QL (60 per 30 days)
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE <b>SP</b>	5	QL (60 per 28 days)
APTIOM 200 MG, 400 MG, 800 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
APTIOM 600 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
aripiprazole 1 mg/ml solution <b>MO</b>	4	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet <b>MO</b>	4	QL (30 per 30 days)
AZILECT 0.5 MG, 1 MG TABLET <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BANZEL 200 MG TABLET <b>MO</b>	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION <b>MO</b>	5	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET <b>MO</b>	5	PA,QL (240 per 30 days)
benztropine 2 mg/2 ml ampule <b>MO</b>	4	PA
benztropine mes 0.5 mg, 1 mg tab; benztropine mes 0.5 mg, 1 mg tablet <b>MO</b>	2	PA
benztropine mes 2 mg tablet <b>MO</b>	1	PA
BRINTELLIX 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
bromocriptine 2.5 mg tablet; bromocriptine 5 mg capsule <b>MO</b>	4	
budeprion sr 100 mg tablet <b>MO</b>	3	QL (120 per 30 days)
budeprion sr 150 mg tablet <b>MO</b>	3	QL (90 per 30 days)
buprenorphine 0.3 mg/ml syrn <b>MO</b>	4	PA,QL (240 per 30 days)
buprenorphine 2 mg, 8 mg tablet sl <b>MO</b>	4	PA,QL (90 per 30 days)
buproban 150 mg tablet,extended release <b>MO</b>	3	QL (90 per 30 days)
bupropion hcl 100 mg tablet <b>MO</b>	3	QL (180 per 30 days)
bupropion hcl 75 mg tablet <b>MO</b>	3	
bupropion hcl sr 100 mg tablet <b>MO</b>	3	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet; bupropion hcl xl 150 mg, 300 mg tablet <b>MO</b>	3	QL (90 per 30 days)
bupropion hcl sr 200 mg tab <b>MO</b>	3	QL (60 per 30 days)
bupirone hcl 10 mg, 5 mg tablet <b>MO</b>	1	
bupirone hcl 15 mg, 30 mg, 7.5 mg tablet <b>MO</b>	2	
butalbital-acetaminophn 50-325 <b>MO</b>	4	PA,QL (180 per 30 days)
butalb-acetamin-caff 50-325-40; butalbit-acetaminophen-caff cp <b>MO</b>	4	PA,QL (180 per 30 days)
butalbital-asa-caffeine cap; butalbital-asa-caffeine tablet <b>MO</b>	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 <b>MO</b>	4	PA
butorphanol 1 mg/ml vial <b>MO</b>	3	QL (960 per 30 days)
butorphanol 10 mg/ml spray <b>MO</b>	3	QL (5 per 28 days)
butorphanol 2 mg/ml vial <b>MO</b>	3	QL (480 per 30 days)
caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial <b>MO</b>	2	
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	QL (5010 per 30 days)
carbamazepine 100 mg tab chew <b>MO</b>	2	
carbamazepine 100 mg/5 ml susp; carbamazepine er 100 mg, 200 mg, 300 mg cap; carbamazepine xr 200 mg, 400 mg tablet <b>MO</b>	4	
carbamazepine 200 mg tablet <b>MO</b>	3	
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	
carbidopa-leva 10-100 mg, 25-100 mg, 25-250 mg odt <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab <sup>MO</sup>	3	
carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab <sup>MO</sup>	2	
CELONTIN 300 MG CAPSULE <sup>MO</sup>	4	
chlorpromazine 10 mg, 25 mg tablet <sup>MO</sup>	3	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet; chlorpromazine 25 mg/ml amp <sup>MO</sup>	3	
citalopram hbr 10 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln <sup>MO</sup>	3	
citalopram hbr 20 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule <sup>MO</sup>	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 <sup>MO</sup>		
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet <sup>MO</sup>	4	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet <sup>MO</sup>	3	
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet <sup>MO</sup>	4	ST
codeine sulfate 15 mg, 30 mg tablet <sup>MO</sup>	3	QL (360 per 30 days)
codeine sulfate 60 mg tablet <sup>MO</sup>	3	QL (180 per 30 days)
CYCLOSET 0.8 MG TABLET <sup>MO</sup>	4	PA,QL (180 per 30 days)
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet <sup>MO</sup>	4	
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab <sup>MO</sup>	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 <sup>MO</sup>	4	QL (30 per 30 days)
d-amphetamine er 10 mg capsule; dextroamphetamine 10 mg tab <sup>MO</sup>	4	QL (180 per 30 days)
d-amphetamine er 15 mg capsule <sup>MO</sup>	4	QL (120 per 30 days)
d-amphetamine er 5 mg capsule <sup>MO</sup>	4	QL (60 per 30 days)
dextroamphetamine 5 mg tab <sup>MO</sup>	3	QL (150 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap <sup>MO</sup>	4	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap <sup>MO</sup>	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 <sup>MO</sup>	4	
diazepam 10 mg tablet <sup>MO</sup>	4	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet <sup>MO</sup>	4	QL (90 per 30 days)
diazepam 5 mg/5 ml solution; diazepam 5 mg/ml oral conc <sup>MO</sup>	4	QL (1200 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diazepam intensol 5 mg/ml oral concentrate <b>MO</b>	4	QL (1200 per 30 days)
diclofenac pot 50 mg tablet <b>MO</b>	3	
diclofenac 0.1% eye drops; diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab <b>MO</b>	2	
diflunisal 500 mg tablet <b>MO</b>	4	
dilantin 30 mg capsule <b>MO</b>	4	
dilantin extended 100 mg capsule <b>MO</b>	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET <b>MO</b>	4	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
divalproex sod dr 125 mg, 250 mg, 500 mg tab; divalproex sodium 125 mg cap <b>MO</b>	3	
divalproex sod er 250 mg, 500 mg tab <b>MO</b>	4	
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule; doxepin 10 mg/ml oral conc <b>MO</b>	2	PA
duloxetine hcl dr 20 mg, 30 mg, 60 mg cap <b>MO</b>	3	QL (60 per 30 days)
duloxetine hcl dr 40 mg cap <b>MO</b>	4	QL (60 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION <b>MO</b>	4	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION <b>MO</b>	4	QL (3600 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	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 <b>MO</b>	3	QL (360 per 30 days)
entacapone 200 mg tablet <b>MO</b>	4	QL (300 per 30 days)
epitol 200 mg tablet <b>MO</b>	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	
escitalopram 10 mg tablet <b>MO</b>	2	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml <b>MO</b>	4	QL (600 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg tablet <b>MO</b>	4	PA
ethosuximide 250 mg capsule; ethosuximide 250 mg/5 ml soln <b>MO</b>	4	
etodolac 200 mg, 300 mg capsule; etodolac 400 mg, 500 mg tablet <b>MO</b>	3	
etodolac er 400 mg, 500 mg, 600 mg tablet <b>MO</b>	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 <b>MO</b>	4	PA,QL (60 per 30 days)
FAZACLO 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG DISINTEGRATING TABLET <b>MO</b>	4	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
felbamate 400 mg, 600 mg tablet; felbamate 600 mg/5 ml susp <sup>MO</sup>	4	
fenoprofen calcium 400 mg cap <sup>MO</sup>	4	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch <sup>MO</sup>	4	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg <sup>MO</sup>	5	PA,QL (120 per 30 days)
fentanyl 0.05 mg/ml ampul <sup>MO</sup>	4	QL (720 per 30 days)
fentanyl 0.05 mg/ml syringe <sup>MO</sup>	4	QL (240 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE <sup>MO</sup>	4	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK <sup>MO</sup>	4	PA,QL (28 per 28 days)
flumazenil 0.1 mg/ml vial <sup>MO</sup>	2	
fluoxetine 20 mg/5 ml solution <sup>MO</sup>	2	
fluoxetine dr 90 mg capsule <sup>MO</sup>	4	QL (4 per 28 days)
fluoxetine hcl 10 mg capsule <sup>MO</sup>	1	QL (60 per 30 days)
fluoxetine hcl 10 mg tablet <sup>MO</sup>	1	
fluoxetine hcl 20 mg capsule <sup>MO</sup>	2	QL (120 per 30 days)
fluoxetine hcl 20 mg tablet <sup>MO</sup>	3	
fluoxetine hcl 40 mg capsule <sup>MO</sup>	2	QL (60 per 30 days)
fluoxetine hcl 60 mg tablet <sup>MO</sup>	4	QL (30 per 30 days)
fluphenazine dec 25 mg/ml vial <sup>MO</sup>	4	
fluphenazine 1 mg tablet <sup>MO</sup>	1	
fluphenazine 10 mg, 2.5 mg, 5 mg tablet; fluphenazine 5 mg/ml conc <sup>MO</sup>	3	
fluphenazine 2.5 mg/5 ml elix; fluphenazine 2.5 mg/ml vial <sup>MO</sup>	4	
flurbiprofen 100 mg, 50 mg tablet <sup>MO</sup>	2	
fluvoxamine er 100 mg, 150 mg capsule <sup>MO</sup>	4	QL (60 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab <sup>MO</sup>	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 v <sup>l</sup> <sup>MO</sup>	2	
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET <sup>MO</sup>	4	PA,QL (30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule <sup>MO</sup>	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 <sup>MO</sup>	3	
gabapentin 600 mg, 800 mg tablet <sup>MO</sup>	2	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION <b>MO</b>	4	
haloperidol 0.5 mg, 1 mg, 2 mg, 5 mg tablet <b>MO</b>	1	
haloperidol 10 mg, 20 mg tablet <b>MO</b>	2	
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp <b>MO</b>	4	
haloperidol lac 2 mg/ml conc; haloperidol lac 5 mg/ml vial <b>MO</b>	2	
HETLIOZ 20 MG CAPSULE <b>SP</b>	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 <b>MO</b>	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 <b>MO</b>	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 <b>MO</b>	4	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 <b>MO</b>	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 <b>MO</b>	4	QL (720 per 30 days)
hydromorphone 2 mg, 4 mg tablet <b>MO</b>	3	QL (360 per 30 days)
hydromorphone 2 mg/ml syringe; hydromorphone 2 mg/ml vial <b>MO</b>	4	QL (360 per 30 days)
hydromorphone 3 mg suppos <b>MO</b>	4	QL (120 per 30 days)
hydromorphone 4 mg/ml syrin <b>MO</b>	4	QL (180 per 30 days)
hydromorphone 8 mg tablet <b>MO</b>	3	QL (240 per 30 days)
hydromorphone 10 mg/ml vial <b>MO</b>	4	QL (144 per 30 days)
hydromorphone hcl 1 mg/ml amp <b>MO</b>	4	QL (720 per 30 days)
hydromorphone hcl 2 mg/ml amp <b>MO</b>	4	QL (360 per 30 days)
hydromorphone hcl 4 mg/ml amp <b>MO</b>	4	QL (180 per 30 days)
ibuprofen 100 mg/5 ml susp; ibuprofen 400 mg, 800 mg tablet <b>MO</b>	1	
ibuprofen 600 mg tablet <b>MO</b>	2	
oxycodone-ibuprofen 5-400 tab <b>MO</b>	4	QL (240 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet <b>MO</b>	2	PA
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap <b>MO</b>	4	PA
indomethacin 25 mg capsule <b>MO</b>	1	PA
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION <b>MO</b>	4	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION <b>MO</b>	4	QL (150 per 30 days)
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	ST,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	ST,QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	5	QL (1.5 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	5	QL (1 per 30 days)
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (1.5 per 30 days)
IRENKA 40 MG CAPSULE,DELAYED RELEASE <b>MO</b>	4	QL (60 per 30 days)
<i>ketoprofen 50 mg, 75 mg capsule</i> <b>MO</b>	2	
LAMICTAL DISPER TABLET <b>MO</b>	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET <b>MO</b>	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING <b>MO</b>	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT <b>MO</b>	4	
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT <b>MO</b>	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK <b>MO</b>	4	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK <b>MO</b>	4	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK <b>MO</b>	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE <b>MO</b>	4	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL <b>MO</b>	4	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL <b>MO</b>	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> <b>MO</b>	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> <b>MO</b>	4	
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY <b>MO</b>	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> <b>MO</b>	2	
<i>levetiracetam 500 mg/5 ml soln; levetiracetam 500 mg/5 ml, 500 mg/5 ml (5 ml) vial</i> <b>MO</b>	4	
<i>levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100</i> <b>MO</b>	2	
<i>levorphanol 2 mg tablet</i> <b>MO</b>	4	QL (240 per 30 days)

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

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

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylphenidate 10 mg/5 ml sol <sup>MO</sup>	4	QL (900 per 30 days)
methylphenidate 2.5 mg, 5 mg chew tab; methylphenidate 2.5 mg, 5 mg chew tb <sup>MO</sup>	4	QL (150 per 30 days)
methylphenidate 5 mg/5 ml soln <sup>MO</sup>	4	QL (1800 per 30 days)
methylphenidate la 20 mg, 40 mg cap <sup>MO</sup>	4	QL (30 per 30 days)
methylphenidate la 30 mg cap <sup>MO</sup>	4	QL (60 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg odt <sup>MO</sup>	4	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet <sup>MO</sup>	2	
modafinil 100 mg, 200 mg tablet <sup>MO</sup>	4	PA,QL (60 per 30 days)
morphine 10 mg/ml carpject; morphine 10 mg/ml vial; morphine 10 mg/ml, 10 mg/ml isecure syr; morphine 10 mg/ml, 10 mg/ml syringe <sup>MO</sup>	3	QL (360 per 30 days)
morphine 15 mg/ml carpject; morphine sulfate 50 mg/ml vial <sup>MO</sup>	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 <sup>MO</sup>	3	QL (1800 per 30 days)
morphine 300 mg/20 ml vial <sup>MO</sup>	3	QL (600 per 30 days)
morphine 4 mg/ml carpject; morphine 4 mg/ml isecure syr <sup>MO</sup>	3	QL (900 per 30 days)
morphine 5 mg/ml syringe; morphine 5 mg/ml vial <sup>MO</sup>	3	QL (720 per 30 days)
morphine 8 mg/ml isecure syr; morphine 8 mg/ml syringe; morphine 8 mg/ml vial <sup>MO</sup>	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 <sup>MO</sup>	3	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln <sup>MO</sup>	3	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln <sup>MO</sup>	3	QL (1350 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet <sup>MO</sup>	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet <sup>MO</sup>	3	QL (90 per 30 days)
morphine sulfate 100 mg/4 ml, 25 mg/ml vial; morphine sulfate 25 mg/ml vl <sup>MO</sup>	3	QL (150 per 30 days)
morphine 0.5 mg/ml vial <sup>MO</sup>	3	QL (7200 per 30 days)
morphine 1 mg/ml, 30 mg/30 ml vial p-f; morphine sulfate 1 mg/ml vial <sup>MO</sup>	3	QL (3600 per 30 days)
morphine sulf 100 mg/5 ml soln <sup>MO</sup>	3	QL (600 per 30 days)
nabumetone 500 mg, 750 mg tablet <sup>MO</sup>	2	
nalbuphine 100 mg/10 ml vial <sup>MO</sup>	4	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial <sup>MO</sup>	4	QL (120 per 30 days)
NALFON 400 MG CAPSULE <sup>MO</sup>	4	
naloxone 0.4 mg/ml vial; naloxone 0.4 mg/ml, 1 mg/ml syringe; naloxone 2 mg/2 ml syringe <sup>MO</sup>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>naltrexone 50 mg tablet</i> <sup>MO</sup>	2	
NAMENDA XR CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MO</sup>	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <sup>MO</sup>	3	PA,QL (28 per 28 days)
NAPRELAN CR 375 MG, 500 MG, 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE <sup>MO</sup>	4	
<i>naproxen 125 mg/5 ml suspen</i> <sup>MO</sup>	3	
<i>naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet</i> <sup>MO</sup>	2	
<i>naproxen 375 mg, 500 mg tablet</i> <sup>MO</sup>	1	
<i>naproxen sod cr 375 mg, 500 mg tablet</i> <sup>MO</sup>	4	
<i>naproxen sodium 275 mg, 550 mg tab</i> <sup>MO</sup>	2	
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> <sup>MO</sup>	3	QL (9 per 30 days)
<i>nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet</i> <sup>MO</sup>	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 <sup>MO</sup>	4	QL (30 per 30 days)
<i>nortriptyline 10 mg/5 ml sol</i> <sup>MO</sup>	3	
<i>nortriptyline hcl 10 mg, 25 mg cap</i> <sup>MO</sup>	1	
<i>nortriptyline hcl 50 mg, 75 mg cap</i> <sup>MO</sup>	2	
NUEDEXTA 20 MG-10 MG CAPSULE <sup>MO</sup>	3	QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET <sup>MO</sup>	3	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET <sup>MO</sup>	3	PA,QL (60 per 30 days)
<i>olanzapine 10 mg vial; olanzapine 15 mg, 20 mg tablet</i> <sup>MO</sup>	3	QL (60 per 30 days)
<i>olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet</i> <sup>MO</sup>	3	QL (30 per 30 days)
<i>olanzapine odt 10 mg, 5 mg tablet</i> <sup>MO</sup>	4	QL (30 per 30 days)
<i>olanzapine odt 15 mg, 20 mg tablet</i> <sup>MO</sup>	4	QL (60 per 30 days)
ONFI 10 MG, 20 MG TABLET <sup>MO</sup>	4	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION <sup>MO</sup>	4	PA,QL (480 per 30 days)
ORAP 1 MG, 2 MG TABLET <sup>MO</sup>	4	
<i>oxaprozin 600 mg tablet</i> <sup>MO</sup>	4	
<i>oxazepam 10 mg, 15 mg, 30 mg capsule</i> <sup>MO</sup>	4	
<i>oxcarbazepine 150 mg, 300 mg, 600 mg tablet</i> <sup>MO</sup>	3	
<i>oxcarbazepine 300 mg/5 ml susp</i> <sup>MO</sup>	4	
<i>oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet; oxycodone hcl 5 mg capsule</i> <sup>MO</sup>	3	QL (360 per 30 days)
<i>oxycodone hcl 100 mg/5 ml soln</i> <sup>MO</sup>	4	QL (270 per 30 days)
<i>oxycodone hcl 5 mg/5 ml soln</i> <sup>MO</sup>	3	QL (5400 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 <b>MO</b>	3	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 <b>MO</b>	4	QL (360 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet <b>MO</b>	1	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet <b>MO</b>	2	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
PEGANONE 250 MG TABLET <b>MO</b>	4	
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet <b>MO</b>	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 <b>MO</b>	3	PA
phenelzine sulfate 15 mg tab <b>MO</b>	3	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet <b>MO</b>	3	PA,QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet <b>MO</b>	3	PA,QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix <b>MO</b>	3	PA,QL (1500 per 30 days)
phenobarbital 30 mg tablet <b>MO</b>	3	PA,QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE <b>MO</b>	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp; phenytoin 50 mg tablet chew <b>MO</b>	2	
phenytoin 50 mg/ml syringe; phenytoin 50 mg/ml vial <b>MO</b>	3	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap <b>MO</b>	2	
piroxicam 10 mg, 20 mg capsule <b>MO</b>	3	
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET <b>MO</b>	4	PA
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet <b>MO</b>	2	
primidone 250 mg, 50 mg tablet <b>MO</b>	2	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet <b>MO</b>	4	
quetiapine fumarate 100 mg, 300 mg, 400 mg tab <b>MO</b>	2	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab <b>MO</b>	2	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
riluzole 50 mg tablet <b>SP</b>	4	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (4 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	5	QL (4 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt <b>MO</b>	4	QL (60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet <b>MO</b>	2	QL (60 per 30 days)
risperidone 0.5 mg odt <b>MO</b>	4	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>risperidone 0.5 mg tablet</i> <b>MO</b>	2	QL (120 per 30 days)
<i>risperidone 1 mg/ml solution</i> <b>MO</b>	2	
<i>rizatriptan 10 mg, 5 mg odt</i> <b>MO</b>	4	QL (12 per 30 days)
<i>rizatriptan 10 mg, 5 mg tablet</i> <b>MO</b>	3	QL (12 per 30 days)
<i>ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg tablet</i> <b>MO</b>	2	
<i>ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet</i> <b>MO</b>	4	QL (90 per 30 days)
ROXICET 5-325 TABLET <b>MO</b>	3	QL (360 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET; SABRIL 500 MG TABLET <b>SP</b>	5	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG, 5 MG SUBLINGUAL TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) 2.5 MG SUBLINGUAL TABLET <b>MO</b>	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 <b>MO</b>	3	QL (60 per 30 days)
<i>selegiline hcl 5 mg capsule; selegiline hcl 5 mg tablet</i> <b>MO</b>	4	
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
<i>sertraline 20 mg/ml oral conc</i> <b>MO</b>	3	
<i>sertraline hcl 100 mg tablet</i> <b>MO</b>	2	QL (60 per 30 days)
<i>sertraline hcl 25 mg, 50 mg tablet</i> <b>MO</b>	2	QL (90 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE <b>MO</b>	4	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE <b>MO</b>	4	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM <b>MO</b>	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 <b>MO</b>	4	PA,QL (90 per 30 days)
<i>sufentanil 250 mcg/5 ml ampul</i> <b>MO</b>	3	QL (1440 per 30 days)
<i>sulindac 150 mg, 200 mg tablet</i> <b>MO</b>	2	
<i>sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray</i> <b>MO</b>	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 syrng; sumatriptan 6 mg/0.5 ml vial</i> <b>MO</b>	4	QL (6 per 30 days)
<i>sumatriptan succ 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	2	QL (9 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE <b>MO</b>	4	PA
TASMAR 100 MG TABLET <b>MO</b>	4	PA
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	
<i>temazepam 15 mg, 30 mg capsule</i> <b>MO</b>	4	QL (30 per 30 days)

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tetrabenazine 12.5 mg tablet <sup>SP</sup>	5	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet <sup>SP</sup>	5	PA,QL (120 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	2	PA
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule <sup>MO</sup>	3	
tiagabine hcl 2 mg, 4 mg tablet <sup>MO</sup>	4	
tolcapone 100 mg tablet <sup>MO</sup>	4	PA
tolmetin sodium 200 mg, 600 mg tab; tolmetin sodium 400 mg cap <sup>MO</sup>	4	
topiramate 100 mg, 200 mg, 50 mg tablet <sup>MO</sup>	2	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap <sup>MO</sup>	2	
topiramate 25 mg tablet <sup>MO</sup>	2	QL (90 per 30 days)
tramadol hcl 50 mg tablet <sup>MO</sup>	2	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 <sup>MO</sup>	3	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab <sup>MO</sup>	4	
trazodone 100 mg, 150 mg, 50 mg tablet <sup>MO</sup>	1	
trazodone 300 mg tablet <sup>MO</sup>	2	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet <sup>MO</sup>	3	
trihexyphenidyl 2 mg tablet <sup>MO</sup>	1	PA
trihexyphenidyl 2 mg/5 ml elx; trihexyphenidyl 5 mg tablet <sup>MO</sup>	2	PA
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp <sup>MO</sup>	4	PA
ULTIVA 1 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	QL (450 per 30 days)
ULTIVA 2 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	QL (240 per 30 days)
ULTIVA 5 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	QL (90 per 30 days)
valproate sod 500 mg/5 ml vl <sup>MO</sup>	2	
valproic acid 250 mg capsule <sup>MO</sup>	2	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml) soln <sup>MO</sup>	2	
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet <sup>MO</sup>	2	
venlafaxine hcl er 150 mg cap <sup>MO</sup>	2	QL (60 per 30 days)
venlafaxine hcl er 150 mg, 225 mg, 37.5 mg tab <sup>MO</sup>	4	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap <sup>MO</sup>	2	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap <sup>MO</sup>	2	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab <sup>MO</sup>	4	QL (60 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION <sup>MO</sup>	4	ST,QL (540 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 10 MG (7)-20 MG (7)-40 MG (16), 20 MG, 40 MG TABLET; VIIBRYD 10-20-40 MG STARTER PK <b>MO</b>	4	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION <b>MO</b>	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 <b>MO</b>	4	PA
VOLTAREN 1 % TOPICAL GEL <b>MO</b>	4	
XENAZINE 12.5 MG TABLET <b>SP</b>	5	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION <b>SP</b>	5	PA,QL (540 per 30 days)
<i>zaleplon 10 mg, 5 mg capsule</i> <b>MO</b>	2	QL (90 per 365 days)
<i>zenzedi 10 mg tablet</i> <b>MO</b>	4	QL (180 per 30 days)
ZENZEDI 15 MG TABLET <b>MO</b>	4	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET <b>MO</b>	4	QL (90 per 30 days)
ZENZEDI 30 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
<i>zenzedi 5 mg tablet</i> <b>MO</b>	4	QL (150 per 30 days)
<i>ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule</i> <b>MO</b>	4	QL (60 per 30 days)
<i>zolpidem tartrate 10 mg, 5 mg tablet</i> <b>MO</b>	2	QL (90 per 365 days)
<i>zonisamide 100 mg, 25 mg, 50 mg capsule</i> <b>MO</b>	2	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	4	PA,QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	5	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	5	PA,QL (1 per 28 days)
<b>DEVICES</b>		
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 <b>MO</b>		
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 <b>MO</b>		
ADVOCATE PEN NEEDLES 29 GAUGE X 1/2"; ADVOCATE PEN NEEDLES 31 GAUGE X 3/16"; ADVOCATE PEN NEEDLES 31 GAUGE X 5/16" <b>MO</b>	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 <b>MO</b>		

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ASSURE ID INSULIN SAFETY 0.5 ML 29 X 1/2" SYRINGE; ASSURE ID INSULIN SAFETY 1 ML 29 X 1/2" SYRINGE <b>MO</b>	2	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	
AUTOPEN 1 TO 16 UNITS SUBCUTANEOUS <b>MO</b>	2	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <b>MO</b>	2	
AUTOPEN 2 TO 32 UNITS SUBCUTANEOUS <b>MO</b>	2	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <b>MO</b>	2	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" <b>MO</b>	2	
BD AUTOSHIELD PEN NEEDLE 29 GAUGE X 3/16"; BD AUTOSHIELD PEN NEEDLE 29 GAUGE X 5/16" <b>MO</b>	2	
BD ECLIPSE LUER-LOK 1 ML 30 X 1/2" SYRINGE <b>MO</b>	2	
BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" <b>MO</b>	2	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" <b>MO</b>	2	
BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" <b>MO</b>	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" <b>MO</b>	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" <b>MO</b>	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" <b>MO</b>	2	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 X 1/2" <b>MO</b>	2	
BD INSULIN SYRINGE SLIP TIP 1 ML <b>MO</b>	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" <b>MO</b>	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 <b>MO</b>		
BD INTEGRA INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>		

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD SAFETYGLIDE SYRINGE 1 ML 27 X 5/8" <b>MO</b>	2	
BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" <b>MO</b>	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" <b>MO</b>		
CLICKFINE 31 GAUGE X 1/4" NEEDLE; CLICKFINE 31 GAUGE X 5/16" NEEDLE; CLICKFINE 32 GAUGE X 5/32" NEEDLE <b>MO</b>	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 <b>MO</b>		
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 <b>MO</b>		
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 <b>MO</b>		
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" <b>MO</b>	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 <b>MO</b>		
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" <b>MO</b>	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" <b>MO</b>		
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 <b>MO</b>	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 <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 5/16" <b>MO</b>		
HUMAPEN LUXURA HD SUBCUTANEOUS <b>MO</b>	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" <b>MO</b>	2	
EXEL INSULIN SYRN 27G-1/2 ML <b>MO</b>	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" <b>MO</b>	2	
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" <b>MO</b>	2	
BD LUER-LOK SYRINGE 1 ML <b>MO</b>	2	
INSULIN SYRINGE ULTRAFINE 1/2 ML 29 X 1/2" <b>MO</b>	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 SYRN 0.3 ML 30GX1/2"; INSULIN SYRN 0.3 ML 31GX <b>MO</b>		
INSULIN SYRINGE U100 1 ML <b>MO</b>	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 <b>MO</b>		
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" <b>MO</b>	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 <b>MO</b>		
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" <b>MO</b>	2	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 X 5/16" <b>MO</b>	2	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 X 1/2"; MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>MO</b>	2	
MEDI-JECTOR VISION <b>MO</b>	2	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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" <b>MO</b>	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 <b>MO</b>		
MONOJECT SYRINGE 1/2 ML 28 <b>MO</b>	2	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 SYRINGE <b>MO</b>	2	
NOVOFINE 30 30 GAUGE X 1/3" NEEDLE <b>MO</b>	2	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <b>MO</b>	2	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <b>MO</b>	2	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <b>MO</b>	2	
NOVOPEN 3 INSULIN DEVICE <b>MO</b>	2	
NOVOPEN 3 PENMATE DEVICE <b>MO</b>	2	
NOVOPEN ECHO SUBCUTANEOUS <b>MO</b>	2	
NOVOPEN JR INSULIN DEVICE <b>MO</b>	2	
NOVOTWIST 30 GAUGE X 1/3" NEEDLE; NOVOTWIST 32 X 1/5" NEEDLE <b>MO</b>	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 <b>MO</b>		
COMFORT POINT PEN NDL 31GX1/6"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE, DIABETIC 31; PEN NEEDLES 6MM 31G <b>MO</b>	2	
PENTIPS 31 GAUGE X 3/16" NEEDLE; PENTIPS 31 GAUGE X 5/16" NEEDLE; PENTIPS 32 GAUGE X 5/32" NEEDLE <b>MO</b>	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" <b>MO</b>	2	
RELION NEEDLES 31 GAUGE X 1/4" <b>MO</b>	2	
RELION PEN NEEDLES 32 GAUGE X 5/32" <b>MO</b>	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" <b>MO</b>	2	
SURE COMFORT INSULIN SYRINGE U-100 1/2 ML 29 X 1/2" <b>MO</b>	2	

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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 <b>MO</b>		
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 <b>MO</b>		
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" <b>MO</b>	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" <b>MO</b>		
TERUMO INSULIN SYRINGE 0.5CC/27G 1/2 ML 27 X 1/2" <b>MO</b>	2	
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 <b>MO</b>		
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 <b>MO</b>		
TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE; TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE <b>MO</b>	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 <b>MO</b>		
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 <b>MO</b>		
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" <b>MO</b>		
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 <b>MO</b>		
ULTILET PEN NEEDLE 29 GAUGE; ULTILET PEN NEEDLE 32 GAUGE X 5/32" <b>MO</b>	2	

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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" <b>MO</b>	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 <b>MO</b>		
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 <b>MO</b>		
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <b>MO</b>	2	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" <b>MO</b>	2	
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" <b>MO</b>	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" <b>MO</b>		
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 <b>MO</b>		
VANISHPOINT SYRINGE 1 ML 29 X 1/2"; VANISHPOINT SYRINGE 1/2 ML 30 X 1/2" <b>MO</b>	2	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<i>amiloride hcl 5 mg tablet</i> <b>MO</b>	3	
<i>amiloride hcl-hctz 5-50 mg tab</i> <b>MO</b>	2	
AMINOSYN 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
<i>ammonium chloride 5 meq/ml</i> <b>MO</b>	2	
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION <b>MO</b>	5	
<i>bumetanide 0.5 mg, 1 mg, 2 mg tablet; bumetanide 2.5 mg/10 ml vial</i> <b>MO</b>	2	
BUPHENYL 500 MG TABLET <b>SP</b>	5	
<i>calcium acetate 667 mg gelcap</i> <b>MO</b>	3	
<i>calcium acetate 667 mg tablet</i> <b>MO</b>	4	
<i>calcium chloride 10% syringe; calcium chloride 10% vial</i> <b>MO</b>	2	
<i>calcium gluconate 10% vial</i> <b>MO</b>	2	
CARBAGLU 200 MG DISPERSIBLE TABLET <b>SP</b>	5	PA
<i>chlorothiazide 250 mg, 500 mg tablet</i> <b>MO</b>	2	
<i>chlorothiazide sod 500 mg vial</i> <b>MO</b>	2	
<i>chlorthalidone 25 mg, 50 mg tablet</i> <b>MO</b>	2	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
<i>probenecid-colchicine tabs</i> <b>MO</b>	3	
<i>constulose 10 gram/15 ml oral solution</i> <b>MO</b>	2	
<i>dextrose 10%-0.45% nacl iv sol</i> <b>MO</b>	2	
<i>dextrose 2.5%-0.45% nacl iv</i> <b>MO</b>	2	
<i>dextrose 5%-0.9% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-0.45% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 10%-0.2% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 10%-water iv solution</i> <b>MO</b>	2	
<i>dextrose 20%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 25%-water syringe</i> <b>MO</b>	2	
<i>dextrose 30%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 40%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-lr iv solution</i> <b>MO</b>	2	
<i>dextrose 5%-0.2% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-0.3% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 50%-water syringe; dextrose 50%-water vial</i> <b>MO</b>	2	
<i>dextrose 70%-water iv soln</i> <b>MO</b>	2	
DIURIL 250 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
DYRENIUM 100 MG, 50 MG CAPSULE <b>MO</b>	4	
<i>dextrose 5%-electrolyte 48</i> <b>MO</b>	2	
<i>enulose 10 gram/15 ml oral solution</i> <b>MO</b>	2	
<i>ethacrynate sodium 50 mg vial</i> <b>MO</b>	4	
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
<i>furosemide 10 mg/ml syringe; 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</i> <b>MO</b>	2	
<i>furosemide 20 mg, 40 mg, 80 mg tablet</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
generlac 10 gram/15 ml oral solution <sup>MO</sup>	2	
glycine 1.5% irrigation <sup>MO</sup>	4	
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION <sup>MO</sup>	2	
HEPATAMINE 8% INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
hydrochlorothiazide 12.5 mg cp; hydrochlorothiazide 25 mg, 50 mg tab <sup>MO</sup>	1	
hydrochlorothiazide 12.5 mg tb <sup>MO</sup>	2	
HYPERLYTE CR 25 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION <sup>MO</sup>	4	
indapamide 1.25 mg, 2.5 mg tablet <sup>MO</sup>	1	
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION <sup>MO</sup>	4	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION <sup>MO</sup>	4	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION <sup>MO</sup>	4	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION <sup>MO</sup>	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION <sup>MO</sup>	4	
ISOLYTE-S INTRAVENOUS SOLUTION <sup>MO</sup>	4	
k-sol 20 meq/15 ml oral liquid <sup>MO</sup>	1	
k-sol 40 meq/15 ml oral liquid <sup>MO</sup>	2	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION <sup>MO</sup>	4	B vs D
kionex 15 gram/60 ml oral suspension <sup>MO</sup>	3	
kionex oral powder <sup>MO</sup>	4	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	2	
klor-con m10 meq tablet,extended release <sup>MO</sup>	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	2	
klor-con m20 meq tablet,extended release <sup>MO</sup>	2	
klor-con sprinkle 10 meq, 8 meq capsule,extended release <sup>MO</sup>	2	
lactated ringers injection; lactated ringers irrigation <sup>MO</sup>	2	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution <sup>MO</sup>	2	
LIPOSYN II 20 % INTRAVENOUS EMULSION <sup>MO</sup>	4	B vs D
LIPOSYN III 10 %, 20 % INTRAVENOUS EMULSION <sup>MO</sup>	4	B vs D
LITHOSTAT 250 MG TABLET <sup>MO</sup>	4	
mannitol 10% iv solution <sup>MO</sup>	2	
mannitol 20% iv solution <sup>MO</sup>	2	
mannitol 25% vial <sup>MO</sup>	2	
mannitol 5% iv solution <sup>MO</sup>	2	
methyclothiazide 5 mg tablet <sup>MO</sup>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
NEUT 4 % INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-R INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION <b>MO</b>	4	
NUTRILIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
OSMITROL 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	
OSMITROL 15 % INTRAVENOUS SOLUTION <b>MO</b>	4	
OSMITROL 20 % INTRAVENOUS SOLUTION <b>MO</b>	4	
OSMITROL 5 % INTRAVENOUS SOLUTION <b>MO</b>	4	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION <b>MO</b>	4	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION <b>MO</b>	2	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION <b>MO</b>	2	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION <b>MO</b>	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION <b>MO</b>	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	4	
potassium acet 2 meq/ml, 4 meq/ml vial; potassiu acet 40 meq/20 ml vial <b>MO</b>	2	
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 <b>MO</b>	2	
potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol; potassiu cl 10% (40 meq/30 ml; potassiu cl 20% (20 meq/15 ml, 40 meq/15 ml; potassiu cl 40 meq/20 ml conc; potassiu <b>MO</b>		
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln <b>MO</b>	2	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution <b>MO</b>	2	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer <b>MO</b>	2	
potassiu cl 20 meq-0.45% nacl <b>MO</b>	2	
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.2% nacl <b>MO</b>	2	
kcl 20 meq in d5w-0.3% nacl <b>MO</b>	2	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% <b>MO</b>	2	
potassiu citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassiu citrate er 10 meq tb; potassiu citrate er 5 meq tab <b>MO</b>	3	
potassiu phosp 45 mmol/15 ml <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREMASOL 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	2	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION <sup>MO</sup>	2	B vs D
<i>probenecid 500 mg tablet</i> <sup>MO</sup>	3	
PROCALAMINE 3% INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
RENACIDIN 6.602 G-0.198 G/100 ML IRRIGATION SOLUTION <sup>MO</sup>	4	
REVELA 0.8 GRAM ORAL POWDER PACKET; RENVELA 800 MG TABLET <sup>MO</sup>	4	PA,QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET <sup>MO</sup>	4	PA,QL (180 per 30 days)
RESECTISOL 5 % URETHRAL SOLUTION <sup>MO</sup>	4	
<i>ringer's iv solution; ringers irrigation solution</i> <sup>MO</sup>	2	
SAMSCA 15 MG, 30 MG TABLET <sup>SP</sup>	5	QL (60 per 30 days)
<i>sevelamer carbonate 800 mg tab</i> <sup>MO</sup>	3	QL (540 per 30 days)
<i>sodium acetate 2 meq/ml, 4 meq/ml vial; sodium acetate 200 meq/100 ml</i> <sup>MO</sup>	2	
<i>sodium bicarb 4.2% abbjct; sodium bicarb 7.5% abboject; sodium bicarb 8.4% abboject; sodium bicarb 8.4% vial</i> <sup>MO</sup>	2	
<i>sodium bicarb 4.2% vial</i> <sup>MO</sup>	4	
<i>sodium chloride 0.9% irrig.</i> <sup>MO</sup>	2	
<i>sodium chloride 10% vial; sodium chloride 3% vial</i> <sup>MO</sup>	2	B vs D
<i>sodium chloride 2.5 meq/ml, 4 meq/ml vl; sodium cl 2.5 meq/ml, 4 meq/ml vial</i> <sup>MO</sup>	3	
<i>saline 0.45% soln-excel con; sodium chloride 0.45% soln</i> <sup>MO</sup>	2	
<i>sodium chloride 0.9% solution; sodium chloride 0.9% solution; sodium chloride 0.9% vial</i> <sup>MO</sup>	3	
<i>sodium chloride 3% iv soln</i> <sup>MO</sup>	2	
<i>sodium chloride 5% iv soln</i> <sup>MO</sup>	2	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	
<i>sodium lactate 5 meq/ml vial</i> <sup>MO</sup>	2	
<i>sodium phenylbutyrate powder</i> <sup>SP</sup>	5	
<i>sodium phosphate 3mm/ml vial</i> <sup>MO</sup>	2	
<i>sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp</i> <sup>MO</sup>	3	
<i>sps 15 gm/60 ml suspension</i> <sup>MO</sup>	3	
<i>sps 30 gm/120 ml enema; sps 50 gm/200 ml enema</i> <sup>MO</sup>	4	
<i>sorbitol-mannitol irrig</i> <sup>MO</sup>	2	
SPS 15 GRAM/60 ML ORAL SUSPENSION <sup>MO</sup>	3	
SPS 30 GRAM/120 ML ENEMA <sup>MO</sup>	4	
<i>torseamide 10 mg, 100 mg, 20 mg, 5 mg tablet; torseamide 20 mg/2 ml vial; torseamide 50 mg/5 ml vial</i> <sup>MO</sup>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION <b>MO</b>	4	
TRAVASOL 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp <b>MO</b>	2	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb <b>MO</b>	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
sterile water for irrigation <b>MO</b>	2	
<b>ENZYMES</b>		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION <b>MO</b>	5	
ELELYSO 200 UNIT INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (350 per 30 days)
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
MYOZYME 50 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION <b>SP</b>	5	
VPRIV 400 UNIT INTRAVENOUS SOLUTION <b>MO</b>	5	PA
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
acetazol hc 1 %-2 % ear drops <b>MO</b>	4	
acetazolamide 125 mg, 250 mg tablet <b>MO</b>	2	
acetazolamide er 500 mg cap <b>MO</b>	4	
acetazolamide sod 500 mg vial <b>MO</b>	3	
acetic acid 2% ear solution <b>MO</b>	2	
acetic acid-aluminum drops <b>MO</b>	3	
ak-poly-bac 500 unit-10,000 unit/gram eye ointment <b>MO</b>	2	
AKTEN (PF) 3.5 % EYE GEL <b>MO</b>	4	
apraclonidine hcl 0.5% drops <b>MO</b>	4	
atropine 0.05 mg/ml, 0.1 mg/ml syringe; atropine 0.4 mg/ml, 1 mg/ml vial; atropine 1% eye ointment <b>MO</b>	2	
AZASITE 1 % EYE DROPS <b>MO</b>	3	
azelastine 0.1% (137 mcg) spry <b>MO</b>	3	QL (30 per 25 days)
azelastine hcl 0.05% drops <b>MO</b>	3	
AZOPT 1 % EYE DROPS,SUSPENSION <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>bacitracin 50,000 units vial; bacitracin 500 unit/gm ophth</i> <b>MO</b>	3	
<i>bacitracin-polymyxin eye oint</i> <b>MO</b>	3	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION <b>MO</b>	3	
BETADINE OPHTHALMIC PREP 5 % SOLUTION <b>MO</b>	4	
<i>betaxolol hcl 0.5% eye drop</i> <b>MO</b>	3	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION <b>MO</b>	4	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT <b>MO</b>	4	
<i>brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp</i> <b>MO</b>	3	
<i>carteolol hcl 1% eye drops</i> <b>MO</b>	2	
<i>chlorhexidine 0.12% rinse</i> <b>MO</b>	1	
<i>ciprofloxacin 0.3% eye drop; ciprofloxacin hcl 100 mg, 750 mg tab</i> <b>MO</b>	2	
COMBIGAN 0.2 %-0.5 % EYE DROPS <b>MO</b>	3	
<i>cyclopentolate 1% eye drops; cyclopentolate hcl 2% drops</i> <b>MO</b>	2	
CYSTARAN 0.44 % EYE DROPS <b>SP</b>	5	PA,QL (60 per 28 days)
<i>dexamethasone 0.1% eye drop; dexamethasone 10 mg/ml, 4 mg/ml vial</i> <b>MO</b>	2	
<i>diclofenac 0.1% eye drops; diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab</i> <b>MO</b>	2	
<i>dorzolamide hcl 2% eye drops</i> <b>MO</b>	2	QL (10 per 30 days)
<i>dorzolamide-timolol eye drops</i> <b>MO</b>	2	QL (10 per 30 days)
<i>doxycycline hyclate 100 mg, 20 mg tab; doxycycline hyclate 100 mg, 50 mg cap</i> <b>MO</b>	3	
DUREZOL 0.05 % EYE DROPS <b>MO</b>	3	
<i>epinastine hcl 0.05% eye drops</i> <b>MO</b>	3	
<i>erythromycin 0.5% eye ointment</i> <b>MO</b>	1	
<i>flunisolide 0.025% spray</i> <b>MO</b>	4	QL (50 per 30 days)
<i>fluorometholone 0.1% drops</i> <b>MO</b>	3	
<i>flurbiprofen 0.03% eye drop</i> <b>MO</b>	2	
<i>fluticasone prop 50 mcg spray</i> <b>MO</b>	2	QL (16 per 30 days)
<i>garamycin 0.3 % eye drops; garamycin 3 mg/gm eye ointment</i> <b>MO</b>	3	
<i>gatifloxacin 0.5% eye drops</i> <b>MO</b>	4	QL (2.5 per 25 days)
<i>gentak 0.3 % (3 mg/gram) eye ointment</i> <b>MO</b>	2	
<i>gentamicin 0.1% cream; gentamicin 0.1% ointment; gentamicin 0.3% eye drops</i> <b>MO</b>	1	
<i>gentamicin 0.3% eye ointment</i> <b>MO</b>	2	
<i>hydrocortison-acetic acid soln</i> <b>MO</b>	4	
ILEVRO 0.3 % EYE DROPS,SUSPENSION <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ipratropium 0.03% spray <sup>MO</sup>	2	QL (30 per 30 days)
ipratropium 0.06% spray <sup>MO</sup>	2	QL (45 per 30 days)
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS <sup>MO</sup>	4	
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution <sup>MO</sup>	2	
LACRISERT 5 MG EYE INSERTS <sup>MO</sup>	4	
latanoprost 0.005% eye drops <sup>MO</sup>	2	QL (2.5 per 25 days)
levobunolol 0.25% eye drops; levobunolol 0.5% eye drops <sup>MO</sup>	2	
levofloxacin 0.5% eye drops; levofloxacin 25 mg/ml solution <sup>MO</sup>	3	
lidocaine 2% viscous soln; lidocaine hcl 1% vial; lidocaine hcl 2% vial; lidocaine hcl 4% solution <sup>MO</sup>	2	
lidocaine hcl 2% jelly <sup>MO</sup>	3	
lidocaine viscous 2 % mucosal solution <sup>MO</sup>	1	
LUMIGAN 0.01 % EYE DROPS <sup>MO</sup>	3	QL (2.5 per 25 days)
methazolamide 25 mg, 50 mg tablet <sup>MO</sup>	4	
metipranolol 0.3% eye drops <sup>MO</sup>	2	
naphazoline 0.1% eye drops <sup>MO</sup>	2	
NASONEX 50 MCG/ACTUATION SPRAY <sup>MO</sup>	3	QL (34 per 30 days)
NATACYN 5 % EYE DROPS,SUSPENSION <sup>MO</sup>	4	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment <sup>MO</sup>	2	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment <sup>MO</sup>	3	
neo-bacit-poly-hc eye ointment <sup>MO</sup>	3	
neomyc-bacit-polymix eye oint <sup>MO</sup>	2	
neomyc-polym-dexamet eye ointm; neomyc-polym-dexameth eye drop <sup>MO</sup>	3	
neomyc-polym-gramicid eye drop <sup>MO</sup>	2	
neomycin-poly-hc eye drops <sup>MO</sup>	4	
neomycin-polymyxin-hc ear soln; neomycin-polymyxin-hc ear susp <sup>MO</sup>	2	
neosporin (neo-polym-gramicid) 1.75mg-10,000 unit-0.025mg/ml eye drops <sup>MO</sup>	2	
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops <sup>MO</sup>	2	
PATADAY 0.2 % EYE DROPS <sup>MO</sup>	3	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <sup>MO</sup>	4	
pilocarpine 1% eye drops; pilocarpine 2% eye drops <sup>MO</sup>	2	
pilocarpine 4% eye drops; pilocarpine hcl 5 mg, 7.5 mg tablet <sup>MO</sup>	4	
polycin 500 unit-10,000 unit/gram eye ointment <sup>MO</sup>	2	
polymyxin b-tmp eye drops <sup>MO</sup>	1	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION <sup>MO</sup>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT <b>MO</b>	4	
prednisolone 5 mg/5 ml soln; prednisolone sod 1% eye drop; prednisolone sod ph 25 mg/5 ml <b>MO</b>	3	
proparacaine 0.5% eye drops <b>MO</b>	2	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE <b>MO</b>	4	QL (60 per 30 days)
sulfacetamide 10% eye drops <b>MO</b>	1	
sulfacetamide 10% eye ointment <b>MO</b>	3	
sulf-pred 10-0.23% eye drops <b>MO</b>	2	
timolol 0.25% eye drops; timolol 0.5% eye drops <b>MO</b>	1	
timolol 0.25% gel-solution; timolol 0.5% gel-solution <b>MO</b>	3	
tobramycin 0.3% eye drops <b>MO</b>	1	
tobramycin-dexameth ophth susp <b>MO</b>	4	
TOBREX 0.3 % EYE OINTMENT <b>MO</b>	4	
TRAVATAN Z 0.004 % EYE DROPS <b>MO</b>	3	QL (2.5 per 25 days)
trifluridine 1% eye drops <b>MO</b>	4	
tropicamide 0.5% eye drops; tropicamide 1% eye drops <b>MO</b>	2	
TYZINE 0.05 % NASAL DROPS <b>MO</b>	4	
VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY,SUSPENSION <b>MO</b>	4	QL (10 per 30 days)
VIGAMOX 0.5 % EYE DROPS <b>MO</b>	4	
ZIRGAN 0.15 % EYE GEL <b>MO</b>	4	QL (5 per 30 days)
<b>GASTROINTESTINAL DRUGS</b>		
alosetron hcl 0.5 mg, 1 mg tablet <b>MO</b>	5	QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE <b>MO</b>	3	
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
balsalazide disodium 750 mg cp <b>MO</b>	4	
CANASA 1,000 MG RECTAL SUPPOSITORY <b>MO</b>	3	QL (30 per 30 days)
CHENODAL 250 MG TABLET <b>SP</b>	5	PA
cimetidine 200 mg, 300 mg, 400 mg tablet <b>MO</b>	2	
cimetidine 800 mg tablet <b>MO</b>	1	
cimetidine 300 mg/5 ml soln <b>MO</b>	2	
compro 25 mg rectal suppository <b>MO</b>	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 <b>MO</b>		
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE <b>MO</b>	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dimenhydrinate 50 mg/ml vial <sup>MO</sup>	2	
diphenoxylat-atrop 2.5-0.025/5 <sup>MO</sup>	3	
diphenoxylate-atrop 2.5-0.025 <sup>MO</sup>	2	
dronabinol 10 mg capsule <sup>MO</sup>	5	B vs D,QL (120 per 30 days)
dronabinol 2.5 mg, 5 mg capsule <sup>MO</sup>	4	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK <sup>MO</sup>	4	B vs D,QL (6 per 28 days)
EMEND 125 MG, 40 MG CAPSULE <sup>MO</sup>	4	B vs D,QL (2 per 28 days)
EMEND 150 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	PA,QL (2 per 28 days)
EMEND 80 MG CAPSULE <sup>MO</sup>	4	B vs D,QL (4 per 28 days)
famotidine 20 mg tablet <sup>MO</sup>	1	
famotidine 40 mg tablet; famotidine 40 mg/4 ml vial <sup>MO</sup>	2	
famotidine 40 mg/5 ml susp <sup>MO</sup>	3	
famotidine 20 mg/2 ml vial <sup>MO</sup>	2	
famotidine 20 mg piggyback <sup>MO</sup>	2	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <sup>SP</sup>	5	PA,QL (30 per 30 days)
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <sup>SP</sup>	5	PA,QL (30 per 30 days)
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution <sup>MO</sup>	2	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution <sup>MO</sup>	2	
gavilyte-n 420 gram oral solution <sup>MO</sup>	2	
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial <sup>MO</sup>	4	
granisetron hcl 1 mg tablet <sup>MO</sup>	3	B vs D,QL (28 per 28 days)
granisetron hcl 4 mg/4 ml vial <sup>MO</sup>	4	QL (4 per 28 days)
granisol 2 mg/10 ml solution <sup>MO</sup>	3	B vs D,QL (150 per 28 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE <sup>MO</sup>	3	QL (120 per 30 days)
LINZESS 145 MCG, 290 MCG CAPSULE <sup>MO</sup>	3	QL (30 per 30 days)
loperamide 2 mg capsule <sup>MO</sup>	2	
LOTRONEX 0.5 MG, 1 MG TABLET <sup>MO</sup>	5	QL (60 per 30 days)
meclizine 12.5 mg, 25 mg tablet <sup>MO</sup>	3	
mesalamine 4 gm/60 ml enema <sup>MO</sup>	4	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit <sup>MO</sup>	4	
metoclopramide 10 mg tablet; metoclopramide 5 mg/5 ml soln <sup>MO</sup>	1	
metoclopramide 10 mg/2 ml syr; metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg tablet <sup>MO</sup>	2	
misoprostol 100 mcg, 200 mcg tablet <sup>MO</sup>	3	
omeprazole dr 10 mg, 20 mg capsule <sup>MO</sup>	2	QL (60 per 30 days)
omeprazole dr 40 mg capsule <sup>MO</sup>	2	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron odt 4 mg, 8 mg tablet <sup>MO</sup>	3	B vs D,QL (90 per 30 days)
ondansetron 4 mg/5 ml solution <sup>MO</sup>	4	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial <sup>MO</sup>	3	
ondansetron hcl 24 mg tablet <sup>MO</sup>	3	B vs D,QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet <sup>MO</sup>	2	B vs D,QL (90 per 30 days)
ondansetron 4 mg/2 ml isecure; ondansetron hcl 4 mg/2 ml vial <sup>MO</sup>	3	
pantoprazole sod dr 20 mg, 40 mg tab <sup>MO</sup>	2	QL (60 per 30 days)
pantoprazole sodium 40 mg vial <sup>MO</sup>	4	
paregoric liquid <sup>MO</sup>	4	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln <sup>MO</sup>	2	
peg-3350 with flavor packs 420 gram oral solution <sup>MO</sup>	2	
peg-3350 solution <sup>MO</sup>	2	
polyethylene glycol 3350 powd <sup>MO</sup>	3	
prochlorperazine 25 mg supp <sup>MO</sup>	4	
prochlorperazine 5 mg/ml vial <sup>MO</sup>	4	
prochlorperazine 10 mg tab <sup>MO</sup>	1	B vs D
prochlorperazine 5 mg tablet <sup>MO</sup>	2	B vs D
PROTONIX 40 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	
ranitidine 1,000 mg/40 ml vial; ranitidine 15 mg/ml syrup; ranitidine hcl 50 mg/2 ml vial <sup>MO</sup>	2	
ranitidine 150 mg, 300 mg capsule <sup>MO</sup>	3	
ranitidine 150 mg, 300 mg tablet <sup>MO</sup>	1	
RELISTOR 12 MG/0.6 ML KIT; RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION; RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE <sup>SP</sup>	5	PA,QL (36 per 28 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE <sup>SP</sup>	5	PA,QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH <sup>MO</sup>	4	QL (4 per 30 days)
sucrafate 1 gm tablet <sup>MO</sup>	2	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <sup>MO</sup>	3	
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) <sup>MO</sup>	4	PA,QL (4 per 12 days)
trilyte with flavor packets 420 gram oral solution <sup>MO</sup>	2	
trimethobenzamide 300 mg cap <sup>MO</sup>	4	PA
ursodiol 250 mg, 500 mg tablet <sup>MO</sup>	4	
<b>GOLD COMPOUNDS</b>		
RIDAURA 3 MG CAPSULE <sup>MO</sup>	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>HEAVY METAL ANTAGONISTS</b>		
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
<i>calcium disodium versenate 200 mg/ml injection solution</i> <b>MO</b>	2	
CHEMET 100 MG CAPSULE <b>MO</b>	4	
CUPRIMINE 250 MG CAPSULE <b>MO</b>	4	
<i>deferoxamine 2 gram, 500 mg vial</i> <b>MO</b>	4	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET <b>SP</b>	5	PA
SYPRINE 250 MG CAPSULE <b>MO</b>	4	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<i>a-hydrocort 100 mg solution for injection</i> <b>MO</b>	2	
<i>acarbose 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	4	
<i>altavera (28) 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
<i>alyacen 1/35 (28) 1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>MO</b>	4	QL (91 per 90 days)
ANADROL-50 50 MG TABLET <b>MO</b>	5	
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET <b>MO</b>	3	QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET <b>MO</b>	3	QL (150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP <b>MO</b>	3	QL (176 per 30 days)
<i>androxy 10 mg tablet</i> <b>MO</b>	4	
<i>apri 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
<i>aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet</i> <b>MO</b>	4	
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	4	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	4	
<i>abra 0.1 mg-20 mcg tablet</i> <b>MO</b>	4	
AVANDIA 2 MG, 4 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
AVANDIA 8 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
<i>aviane 0.1 mg-20 mcg tablet</i> <b>MO</b>	4	
<i>azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> <b>MO</b>	4	
<i>betamethasone ac-sp 6 mg/ml vl</i> <b>MO</b>	2	
<i>budesonide ec capsule</i> <b>MO</b>	5	
<i>calcitonin-salmon 200 units sp</i> <b>MO</b>	3	QL (3.7 per 28 days)
<i>camila 0.35 mg tablet</i> <b>MO</b>	4	
CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MO</b>	4	QL (91 per 90 days)
<i>caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet</i> <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chateal 0.15 mg-0.03 mg tablet <b>MO</b>	4	
chorionic gonad 10,000 unit v1 <b>MO</b>	3	PA
cortisone 25 mg tablet <b>MO</b>	3	
cryselle (28) 0.3 mg-30 mcg tablet <b>MO</b>	4	
cyclafem 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MO</b>	4	
cyred 0.15 mg-0.03 mg tablet <b>MO</b>	4	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET <b>MO</b>	4	
danazol 100 mg, 200 mg, 50 mg capsule <b>MO</b>	4	
dasetta 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet <b>MO</b>	4	
deblitane 0.35 mg tablet <b>MO</b>	4	
delyla (28) 0.1 mg-20 mcg tablet <b>MO</b>	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL <b>MO</b>	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 <b>MO</b>	4	
desogestr-eth estrad eth estra <b>MO</b>	4	
desogestrel-ethinyl estrad tab <b>MO</b>	4	
dexamethasone 0.5 mg, 0.75 mg, 4 mg tablet <b>MO</b>	1	
dexamethasone 0.5 mg/5 ml elx; dexamethasone 0.5 mg/5 ml liq <b>MO</b>	3	
dexamethasone 1 mg, 1.5 mg, 2 mg, 6 mg tablet <b>MO</b>	2	
DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) <b>MO</b>	3	
dexamethasone 0.1% eye drop; dexamethasone 10 mg/ml, 4 mg/ml vial <b>MO</b>	2	
drospirenone-ee 3-0.02 mg, 3-0.03 mg tab; drospirenone-eth estradiol tab <b>MO</b>	4	
DUAVEE 0.45 MG-20 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
EGRIFTA 1 MG, 2 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (60 per 30 days)
elinest 0.3 mg-30 mcg tablet <b>MO</b>	4	
ELLA 30 MG TABLET <b>MO</b>	3	QL (1 per 30 days)
emoquette 0.15 mg-0.03 mg tablet <b>MO</b>	4	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
enskyce 0.15 mg-0.03 mg tablet <b>MO</b>	4	
errin 0.35 mg tablet <b>MO</b>	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 <b>MO</b>	3	PA,QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol 0.5 mg, 1 mg, 2 mg tablet <b>MO</b>	1	PA
estradiol 10 mg/ml, 20 mg/ml, 40 mg/ml vial; estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml vial <b>MO</b>	4	PA
falmina (28) 0.1 mg-20 mcg tablet <b>MO</b>	4	
FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET <b>MO</b>	4	
fludrocortisone 0.1 mg tablet <b>MO</b>	2	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR <b>SP</b>	4	ST,QL (2.4 per 28 days)
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY <b>MO</b>	4	QL (3.7 per 28 days)
GIANVI (28) 3 MG-20 MCG TABLET <b>MO</b>	4	
gildess 1 mg-20 mcg tablet; gildess 1.5 mg-30 mcg tablet <b>MO</b>	4	
gildess fe 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
glimepiride 1 mg, 2 mg, 4 mg tablet <b>MO</b>	1	
glipizide 10 mg, 5 mg tablet <b>MO</b>	1	
glipizide er 10 mg, 2.5 mg, 5 mg tablet; glipizide xl 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	2	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg <b>MO</b>	3	
GLUCAGEN HYPOKIT 1 MG INJECTION <b>MO</b>	4	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION <b>MO</b>	3	
glyburide 1.25 mg tablet <b>MO</b>	2	PA
glyburide 2.5 mg, 5 mg tablet <b>MO</b>	1	PA
glyburide micro 1.5 mg tab <b>MO</b>	2	PA
glyburide micro 3 mg, 6 mg tablet <b>MO</b>	1	PA
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 <b>MO</b>	2	PA
GLYSET 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	4	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
heather 0.35 mg tablet <b>MO</b>	4	
HUMALOG 100 UNIT/ML SUBCUTANEOUS CARTRIDGE; HUMALOG 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
HUMALOG KWIKPEN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS <b>MO</b>	3	
HUMALOG MIX 50-50 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	3	
HUMALOG MIX 75-25 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
HUMULIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN 70/30 KWIKPEN 100 UNIT/ML (70-30) SUBCUTANEOUS <b>MO</b>	3	
HUMULIN 70-30 PEN <b>MO</b>	3	
HUMULIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
HUMULIN N KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS <b>MO</b>	3	
HUMULIN N 100 UNITS/ML PEN <b>MO</b>	3	
HUMULIN R 100 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	
HUMULIN R U-500 "CONCENTRATED" INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN <b>MO</b>	3	
<i>hydrocortisone 1% ointment; hydrocortisone 10 mg, 20 mg, 5 mg tablet; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment</i> <b>MO</b>	2	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
<i>introvale 0.15 mg-30 mcg tablets,3 month dose pack</i> <b>MO</b>	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 <b>MO</b>	3	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	3	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>jencycla 0.35 mg tablet</i> <b>MO</b>	4	
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
<i>junel 1.5/30 (21) 1.5 mg-30 mcg tablet</i> <b>MO</b>	4	
<i>junel 1/20 (21) 1 mg-20 mcg tablet</i> <b>MO</b>	4	
<i>junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> <b>MO</b>	4	
<i>junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> <b>MO</b>	4	
JUVISYNC 100-10 MG, 100-20 MG, 100-40 MG, 50-10 MG, 50-20 MG, 50-40 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> <b>MO</b>	4	
<i>kelnor 1/35 (28) 1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> <b>MO</b>	4	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	4	QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KORLYM 300 MG TABLET <sup>SP</sup>	5	PA,QL (120 per 30 days)
kurvelo 0.15 mg-0.03 mg tablet <sup>MO</sup>	4	
levono-e estrad 0.10-0.02-0.01 <sup>MO</sup>	4	QL (91 per 90 days)
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	3	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MO</sup>	3	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MO</sup>	4	
larin 1/20 (21) 1 mg-20 mcg tablet <sup>MO</sup>	4	
larin fe 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MO</sup>	4	
lessina 0.1 mg-20 mcg tablet <sup>MO</sup>	4	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	3	
LEVEMIR FLEXPEN 100 UNITS/ML <sup>MO</sup>	3	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MO</sup>	3	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <sup>MO</sup>	4	
levonorgestrel 1.5 mg tablet <sup>MO</sup>	4	
levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 <sup>MO</sup>	4	
levonor-eth estrad 0.15-0.03 <sup>MO</sup>	4	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet <sup>MO</sup>	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 <sup>MO</sup>	1	
levothyroxine 300 mcg tablet <sup>MO</sup>	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 <sup>MO</sup>	3	
liothyronine sod 10 mcg/ml vl; liothyronine sod 25 mcg, 5 mcg, 50 mcg tab <sup>MO</sup>	3	
loryna (28) 3 mg-20 mcg tablet <sup>MO</sup>	4	
low-ogestrel (28) 0.3 mg-30 mcg tablet <sup>MO</sup>	4	
lutera (28) 0.1 mg-20 mcg tablet <sup>MO</sup>	4	
lyza 0.35 mg tablet <sup>MO</sup>	4	
marlissa 0.15 mg-0.03 mg tablet <sup>MO</sup>	4	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab <sup>MO</sup>	1	
medroxyprogesterone 150 mg/ml; medroxyprogesterone 150 mg/ml <sup>MO</sup>	2	QL (1 per 90 days)
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET <sup>MO</sup>	4	PA
metformin hcl 1,000 mg, 500 mg, 850 mg tablet <sup>MO</sup>	1	
metformin hcl er 500 mg tablet <sup>MO</sup>	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
methimazole 10 mg, 5 mg tablet <sup>MO</sup>	2	
METHITEST 10 MG TABLET <sup>MO</sup>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <b>MO</b>	2	B vs D
methylprednisolone 40 mg/ml, 80 mg/ml vl <b>MO</b>	2	
methylprednisolone 1,000 mg, 125 mg, 40 mg vial; methylprednisolone ss 1 gm vl <b>MO</b>	4	
MIACALCIN 200 UNIT/ML INJECTION SOLUTION <b>MO</b>	4	
MICROGESTIN 1.5/30 (21) 1.5 MG-30 MCG TABLET <b>MO</b>	4	
microgestin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	4	
MICROGESTIN FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET <b>MO</b>	4	
MICROGESTIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET <b>MO</b>	4	
mimvey 1 mg-0.5 mg tablet <b>MO</b>	4	PA
my way 1.5 mg tablet <b>MO</b>	4	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (60 per 30 days)
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <b>MO</b>	4	
nateglinide 120 mg, 60 mg tablet <b>MO</b>	3	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE <b>SP</b>	5	PA,QL (2 per 28 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	4	
necon 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
NECON 1/50 (28) 1 MG-50 MCG TABLET <b>MO</b>	4	
necon 10/11 (28) 0.5 mg-35 mcg(10)/1 mg-35 mcg(11) tablet <b>MO</b>	4	
next choice one dose 1.5 mg tablet <b>MO</b>	4	
nikki (28) 3 mg-20 mcg tablet <b>MO</b>	4	
norethindrone 0.35 mg tablet <b>MO</b>	4	
norethind-eth estrad 1-0.02 mg <b>MO</b>	4	
norethindrone 5 mg tablet <b>MO</b>	4	
norethin-estrad-ferr 1-0.02 mg <b>MO</b>	4	
norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg <b>MO</b>	4	
NORINYL 1+50 (28) 1 MG-50 MCG TABLET <b>MO</b>	4	
norlyroc 0.35 mg tablet <b>MO</b>	4	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	4	
nortrel 1/35 (21) 1 mg-35 mcg tablet <b>MO</b>	4	
nortrel 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION <sup>MO</sup>	3	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION <sup>MO</sup>	3	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION <sup>MO</sup>	3	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	3	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS <sup>MO</sup>	3	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MO</sup>	3	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN <sup>MO</sup>	3	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <sup>MO</sup>	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 vl; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr <sup>SP</sup>	4	PA
octreotide 1,000 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 500 mcg/ml vl; octreotide acet 100 mcg/ml syr <sup>SP</sup>	5	PA
ogestrel (28) 0.5 mg-50 mcg tablet <sup>MO</sup>	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 <sup>SP</sup>	5	PA
ONGLYZA 2.5 MG, 5 MG TABLET <sup>MO</sup>	4	QL (30 per 30 days)
orsythia 0.1 mg-20 mcg tablet <sup>MO</sup>	4	
oxandrolone 10 mg tablet <sup>MO</sup>	5	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet <sup>MO</sup>	3	PA,QL (120 per 30 days)
pimtrex (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MO</sup>	4	
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 <sup>MO</sup>	4	QL (30 per 30 days)
pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 <sup>MO</sup>	4	QL (90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet <sup>MO</sup>	4	
portia 0.15 mg-0.03 mg tablet <sup>MO</sup>	4	
prednisolone 15 mg/5 ml syrup <sup>MO</sup>	2	
prednisolone 15 mg/5 ml soln <sup>MO</sup>	2	
prednisolone 5 mg/5 ml soln; prednisolone sod 1% eye drop; prednisolone sod ph 25 mg/5 ml <sup>MO</sup>	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 <sup>MO</sup>	2	B vs D
prednisone 2.5 mg, 5 mg tablet <sup>MO</sup>	1	B vs D
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE <sup>MO</sup>	3	B vs D
PREMARIN 0.625 MG/GRAM VAGINAL CREAM <sup>MO</sup>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
previfem 0.25 mg-35 mcg tablet <sup>MO</sup>	4	
progesterone oil 50 mg/ml v1 <sup>MO</sup>	4	
progesterone in oil 50 mg/ml intramuscular <sup>MO</sup>	4	
progesterone 100 mg, 200 mg capsule <sup>MO</sup>	4	
PROGLYCEM 50 MG/ML ORAL SUSPENSION <sup>MO</sup>	4	
propylthiouracil 50 mg tablet <sup>MO</sup>	3	
quasense 0.15 mg-30 mcg tablets,3 month dose pack <sup>MO</sup>	4	QL (91 per 90 days)
raloxifene hcl 60 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet <sup>MO</sup>	4	
repaglinide 0.5 mg, 1 mg, 2 mg tablet <sup>MO</sup>	4	
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION <sup>SP</sup>	5	PA
sharobel 0.35 mg tablet <sup>MO</sup>	4	
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <sup>SP</sup>	5	PA,QL (60 per 30 days)
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION <sup>MO</sup>	4	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>SP</sup>	5	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE <sup>SP</sup>	5	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE <sup>SP</sup>	5	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION <sup>SP</sup>	5	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION <sup>SP</sup>	5	PA,QL (30 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet <sup>MO</sup>	4	
sronyx 0.1 mg-20 mcg tablet <sup>MO</sup>	4	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY <sup>MO</sup>	4	
syeda 3 mg-0.03 mg tablet <sup>MO</sup>	4	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MO</sup>	4	QL (10.5 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY <sup>SP</sup>	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 <sup>MO</sup>	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 <sup>MO</sup>	3	
tarina fe 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MO</sup>	4	
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml <sup>MO</sup>	3	
testosteron enan 1,000 mg/5 ml <sup>MO</sup>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TESTRED 10 MG CAPSULE <b>MO</b>	5	
THYROLAR-1 12.5 MCG-50 MCG TABLET <b>MO</b>	2	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET <b>MO</b>	2	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET <b>MO</b>	2	
THYROLAR-2 25 MCG-100 MCG TABLET <b>MO</b>	2	
THYROLAR-3 37.5 MCG-150 MCG TABLET <b>MO</b>	2	
<i>tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> <b>MO</b>	4	
<i>tolazamide 250 mg, 500 mg tablet</i> <b>MO</b>	4	
<i>tolbutamide 500 mg tablet</i> <b>MO</b>	4	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
TRADJENTA 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> <b>MO</b>	4	
<i>tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>triamcinolone 0.147 mg/g spray; triamcinolone acet 40mg/ml vl; triamcinolone acet 50mg/5ml vl</i> <b>MO</b>	4	
TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET <b>MO</b>	4	
<i>trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet</i> <b>MO</b>	4	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	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 <b>MO</b>	2	
<i>velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet</i> <b>MO</b>	4	
VERIPRED 20 20 MG/5 ML ORAL SOLUTION <b>MO</b>	4	
<i>vestura (28) 3 mg-20 mcg tablet</i> <b>MO</b>	2	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (9 per 30 days)
<i>viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> <b>MO</b>	4	
<i>wera (28) 0.5 mg-35 mcg tablet</i> <b>MO</b>	4	
WYMZYA FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET <b>MO</b>	4	
<i>zarah 3 mg-0.03 mg tablet</i> <b>MO</b>	4	
<i>zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet</i> <b>MO</b>	4	
<i>zeosa 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet</i> <b>MO</b>	4	
<i>zovia 1/35e (28) 1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>zovia 1/50e (28) 1 mg-50 mcg tablet</i> <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>LOCAL ANESTHETICS (PARENTERAL)</b>		
<i>lidocaine hcl 1% ampul; lidocaine hcl 1% syringe; lidocaine hcl 1.5% ampul; lidocaine hcl 2% luer-jet; lidocaine hcl 2% vial; lidocaine hcl 4% ampul</i> <b>MO</b>	2	
<i>lidocaine 2% viscous soln; lidocaine hcl 1% vial; lidocaine hcl 2% vial; lidocaine hcl 4% solution</i> <b>MO</b>	2	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>acetylcysteine 6 gram/30 ml vl</i> <b>MO</b>	4	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
<i>alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>alendronate sodium 35 mg, 70 mg tab</i> <b>MO</b>	2	QL (4 per 28 days)
<i>allopurinol 100 mg, 300 mg tablet</i> <b>MO</b>	1	
<i>amifostine 500 mg vial</i> <b>MO</b>	5	
AMPYRA 10 MG TABLET,EXTENDED RELEASE <b>SP</b>	5	PA,QL (60 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
ATELVIA 35 MG TABLET,DELAYED RELEASE <b>MO</b>	4	QL (4 per 28 days)
AVODART 0.5 MG CAPSULE <b>MO</b>	4	PA,QL (30 per 30 days)
AZASAN 100 MG, 75 MG TABLET <b>MO</b>	4	B vs D
<i>azathioprine 50 mg tablet</i> <b>MO</b>	2	B vs D
BENLYSTA 120 MG, 400 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (30 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET <b>MO</b>	4	QL (4 per 28 days)
<i>calcium folinate (leucovorin) 10 mg/ml injection solution</i> <b>MO</b>	2	
CARNITOR SUGAR-FREE 100 MG/ML ORAL SOLUTION <b>MO</b>	4	
CELLCEPT 200 MG/ML ORAL SUSPENSION; CELLCEPT 500 MG TABLET <b>MO</b>	5	B vs D
CELLCEPT 250 MG CAPSULE <b>MO</b>	4	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (100 per 30 days)
<i>colchicine 0.6 mg tablet</i> <b>MO</b>	3	QL (120 per 30 days)
COLCRYS 0.6 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (12 per 28 days)
<i>cyclosporine 100 mg, 25 mg capsule; cyclosporine 50 mg/ml ampul</i> <b>MO</b>	4	B vs D
<i>cyclosporine modified 100 mg, 25 mg, 50 mg</i> <b>MO</b>	4	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER <b>SP</b>	5	
CYSTAGON 150 MG, 50 MG CAPSULE <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEMSEER 250 MG CAPSULE <b>MO</b>	5	
<i>dexrazoxane 250 mg, 500 mg vial</i> <b>MO</b>	4	
<i>disulfiram 250 mg, 500 mg tablet</i> <b>MO</b>	4	
ELMIRON 100 MG CAPSULE <b>MO</b>	4	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION; ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (4.08 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR <b>SP</b>	5	PA,QL (8 per 28 days)
<i>etidronate disodium 200 mg, 400 mg tab</i> <b>MO</b>	4	
<i>finasteride 5 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (9 per 30 days)
<i>fluoritab 0.125 mg fluoride(0.275)/drop oral drops; fluoritab 0.5 mg fluoride (1.1 mg) chewable tablet</i> <b>MO</b>	2	
<i>fomepizole 1.5 gm/1.5 ml vial</i> <b>MO</b>	2	
<i>gengraf 100 mg, 25 mg capsule; gengraf 100 mg/ml oral solution</i> <b>MO</b>	4	B vs D
GILENYA 0.5 MG CAPSULE <b>SP</b>	5	PA,QL (30 per 30 days)
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <b>SP</b>	5	PA,QL (0.4 per 28 days)
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT <b>SP</b>	5	PA,QL (2.4 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <b>SP</b>	5	PA,QL (4.8 per 28 days)
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT <b>SP</b>	5	PA,QL (4.8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START PCK 40 MG/0.8 ML SUBCUTANEOUS SYRIN KIT <b>SP</b>	5	PA,QL (4.8 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS <b>SP</b>	5	PA,QL (4.8 per 28 days)
HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT <b>SP</b>	5	PA,QL (4.8 per 28 days)
<i>ibandronate sodium 150 mg tab</i> <b>MO</b>	3	QL (1 per 28 days)
IMURAN 50 MG TABLET <b>MO</b>	4	B vs D
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
KUVAN 100 MG SOLUBLE TABLET; KUVAN 100 MG, 500 MG ORAL POWDER PACKET <b>SP</b>	5	PA
<i>leflunomide 10 mg, 20 mg tablet</i> <b>MO</b>	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> <b>MO</b>		
<i>levocarnitine 200 mg/ml vial; levocarnitine 330 mg tablet</i> <b>MO</b>	3	
<i>levocarnitine 100 mg/ml soln</i> <b>MO</b>	3	

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levoleucovorin 175 mg/17.5 ml <b>MO</b>	5	PA
ludent fluoride 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg) chewable tablet; ludent fluoride 0.25 mg fluoride (0.55 mg) chewable tablet <b>MO</b>	2	
mesna 1 gram/10 ml vial <b>MO</b>	4	
MESNEX 400 MG TABLET <b>SP</b>	4	
mycophenolate 200 mg/ml susp <b>MO</b>	4	B vs D
mycophenolate 250 mg capsule; mycophenolate 500 mg tablet <b>MO</b>	3	B vs D
mycophenolic acid dr 180 mg, 360 mg tb <b>MO</b>	4	B vs D
MYFORTIC 180 MG, 360 MG TABLET, DELAYED RELEASE <b>MO</b>	4	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA, QL (200 per 30 days)
ORFADIN 10 MG, 2 MG, 5 MG CAPSULE <b>SP</b>	5	
pamidronate 30 mg/10 ml vial; pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial <b>MO</b>	3	
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 <b>MO</b>		
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (1 per 180 days)
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET; RAPAMUNE 1 MG/ML ORAL SOLUTION <b>MO</b>	4	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
risedronate sod dr 35 mg tab <b>MO</b>	4	QL (4 per 28 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION <b>MO</b>	4	B vs D
SENSIPAR 30 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
SENSIPAR 60 MG TABLET <b>MO</b>	5	QL (60 per 30 days)
SENSIPAR 90 MG TABLET <b>MO</b>	5	QL (120 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR; SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA, QL (3 per 30 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
sirolimus 0.5 mg, 1 mg, 2 mg tablet <b>MO</b>	4	B vs D
fluoride 0.25 mg tablet chew <b>MO</b>	1	
fluoride 0.5 mg tablet chew; fluoride 1 mg tablet chewable; sodium fluoride 0.5 mg/ml drop <b>MO</b>	2	
sodium nitrite 300 mg/10 ml vl <b>MO</b>	2	
sodium thiosulfat 12.5 g/50 ml <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>stannous fluor 0.63% rinse</i> <b>MO</b>	2	
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> <b>MO</b>	3	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE <b>SP</b>	5	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE <b>SP</b>	5	PA,QL (60 per 30 days)
THIOLA 100 MG TABLET <b>MO</b>	5	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
TYBOST 150 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION <b>MO</b>	5	PA,QL (1.7 per 28 days)
ZAVESCA 100 MG CAPSULE <b>SP</b>	5	QL (90 per 30 days)
<i>zoledronic acid 4 mg vial</i> <b>MO</b>	5	PA,QL (15 per 21 days)
<i>zoledronic acid 4 mg/5 ml vial</i> <b>MO</b>	4	PA,QL (15 per 21 days)
<i>zoledronic acid 4 mg/100 ml</i> <b>MO</b>	4	PA,QL (300 per 21 days)
<i>zoledronic acid 5 mg/100 ml</i> <b>MO</b>	4	PA,QL (100 per 365 days)
ZORTRESS 0.25 MG, 0.75 MG TABLET <b>MO</b>	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET <b>MO</b>	4	B vs D,QL (120 per 30 days)
<b>OXYTOCICS</b>		
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
<i>methylergonovine 0.2 mg tablet; methylergonovine 0.2 mg/ml amp</i> <b>MO</b>	4	
<b>PHARMACEUTICAL AIDS</b>		
BAND-AID GAUZE PADS 2" X 2" BANDAGE <b>MO</b>	2	
BORDERED GAUZE 2" X 2" BANDAGE <b>MO</b>	2	
CURITY GAUZE 2" X 2" BANDAGE <b>MO</b>	2	
DERMACEA 2" X 2" BANDAGE <b>MO</b>	2	
GAUZE PADS 2"X2" <b>MO</b>	2	
GAUZE PAD 2" X 2" BANDAGE <b>MO</b>	2	
STERILE GAUZE PAD 2" X 2" BANDAGE <b>MO</b>	2	
<b>RESPIRATORY TRACT AGENTS</b>		
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> <b>MO</b>	2	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET <b>SP</b>	5	PA,QL (90 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (12 per 30 days)

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ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	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 <b>MO</b>	3	QL (1 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp</i> <b>MO</b>	4	B vs D
<i>cromolyn 100 mg/5 ml oral conc</i> <b>MO</b>	5	
<i>cromolyn 20 mg/2 ml neb soln</i> <b>MO</b>	3	B vs D
<i>cromolyn 4% eye drops</i> <b>MO</b>	2	
DALIRESP 500 MCG TABLET <b>MO</b>	3	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	4	QL (13 per 30 days)
<i>epoprostenol sodium 0.5 mg, 1.5 mg v1</i> <b>MO</b>	5	PA
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (10.6 per 30 days)
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION <b>MO</b>	5	PA
KALYDECO 150 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET <b>SP</b>	5	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
<i>montelukast sod 10 mg tablet; montelukast sod 4 mg, 5 mg tab chew</i> <b>MO</b>	2	QL (30 per 30 days)
<i>montelukast sod 4 mg granules</i> <b>MO</b>	4	QL (30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE <b>SP</b>	5	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION <b>SP</b>	5	B vs D,QL (150 per 30 days)
QVAR 40 MCG/ACTUATION METERED AEROSOL ORAL INHALER <b>MO</b>	3	QL (34.8 per 30 days)
QVAR 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER <b>MO</b>	3	QL (17.4 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION <b>MO</b>	5	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	QL (11 per 30 days)
TRACLEER 125 MG, 62.5 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)

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VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
VENTAVIS 10 MCG/ML, 20 MCG/ML SOLUTION FOR NEBULIZATION <b>SP</b>	5	PA,QL (270 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION <b>MO</b>	5	PA,QL (7.2 per 28 days)
<i>zafirlukast 10 mg, 20 mg tablet</i> <b>MO</b>	4	QL (60 per 30 days)
<b>SERUMS, TOXOIDS, AND VACCINES</b>		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	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 <b>MO</b>	4	
<i>bcg vaccine (tice strain) vial</i> <b>MO</b>	4	
BEXSERO (PF) 50MCG-50MCG-50MCG-25MCG/0.5ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
BIVIGAM 10 % INTRAVENOUS SOLUTION <b>MO</b>	5	PA
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 <b>MO</b>	4	
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
COMVAX (PF) 5 MCG-7.5 MCG-125 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (1050 per 30 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP <b>MO</b>	4	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION; ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	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 <b>MO</b>	4	B vs D
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION; GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION; GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	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 <b>MO</b>	4	
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE <b>MO</b>	4	
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	4	B vs D

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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 <b>MO</b>	4	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION <b>MO</b>	4	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	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 <b>MO</b>	4	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION <b>MO</b>	4	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION <b>MO</b>	4	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION <b>MO</b>	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT <b>MO</b>	4	
MENVEO MENA COMPONENT (PF) 10 MCG/0.5 ML (FINAL) IM SOLUTION <b>MO</b>	4	
MENVEO MENCYW-135 COMPONENT (PF) 5 MCG X 3/0.5 ML (FINAL) IM SOLUTION <b>MO</b>	4	
PEDIARIX (PF) 10MCG-25LF-25MCG-10LF-40-8-32 INTRAMUSCULAR SYRINGE <b>MO</b>	4	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT <b>MO</b>	4	
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION <b>MO</b>	4	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION <b>MO</b>	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 <b>MO</b>	4	B vs D
ROTARIX 10EXP6 CCID50/ML SUSPENSION <b>MO</b>	4	
ROTATEQ VACCINE 2 ML ORAL SUSPENSION <b>MO</b>	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 <b>MO</b>	4	
<i>tetanus toxoid adsorbed vial</i> <b>MO</b>	4	B vs D
<i>diphtheria-tetanus toxoids-ped</i> <b>MO</b>	4	
<i>tetanus diphtheria toxoids</i> <b>MO</b>	4	
THERACYS 81 MG INTRAVESICAL SUSPENSION <b>MO</b>	4	
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	

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TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION; TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION; TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	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 <b>MO</b>	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION <b>MO</b>	5	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION <b>MO</b>	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 <b>MO</b>	5	
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	4	
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	4	QL (0.65 per 365 days)
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
8-MOP 10 MG CAPSULE <b>MO</b>	4	
<i>acitretin 10 mg, 17.5 mg, 25 mg capsule</i> <b>MO</b>	5	
<i>acyclovir 5% ointment</i> <b>MO</b>	4	PA
<i>alclometasone dipr 0.05% oint; alclometasone dipro 0.05% crm</i> <b>MO</b>	3	
ALCOHOL PADS <b>MO</b>	1	
ALCOHOL PREP PADS <b>MO</b>	1	
ALCOHOL PREP SWABS <b>MO</b>	1	
ALCOHOL 70% SWABS <b>MO</b>	1	
ALCOHOL WIPES <b>MO</b>	1	
ALTABAX 1 % TOPICAL OINTMENT <b>MO</b>	4	
<i>amcinonide 0.1% cream; amcinonide 0.1% lotion; amcinonide 0.1% ointment</i> <b>MO</b>	4	
<i>ammonium lactate 12% cream; ammonium lactate 12% lotion</i> <b>MO</b>	2	
<i>amnesteem 10 mg, 20 mg, 40 mg capsule</i> <b>MO</b>	4	
<i>apexicon e 0.05 % topical cream</i> <b>MO</b>	4	
AVC VAGINAL 15 % CREAM <b>MO</b>	2	
BD ALCOHOL SWABS <b>MO</b>	1	
<i>betamethasone dp 0.05% crm; betamethasone dp 0.05% lot; betamethasone dp 0.05% oint</i> <b>MO</b>	3	
<i>betamethasone va 0.1% cream; betamethasone va 0.1% lotion; betamethasone valer 0.1% ointm</i> <b>MO</b>	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> <b>MO</b>	3	

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calcipotriene 0.005% cream <b>MO</b>	4	QL (120 per 30 days)
calcipotriene 0.005% ointment <b>MO</b>	4	
calcipotriene 0.005% solution <b>MO</b>	4	QL (60 per 30 days)
ciclodan 0.77 % topical cream; ciclodan 8 % topical solution <b>MO</b>	3	
ciclopirox 0.77% cream; ciclopirox 0.77% gel; ciclopirox 0.77% topical susp; ciclopirox 1% shampoo; ciclopirox 8% solution <b>MO</b>	4	
claravis 10 mg, 20 mg, 30 mg, 40 mg capsule <b>MO</b>	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 <b>MO</b>	3	
clindamycin-benzoyl perox gel <b>MO</b>	4	
clobetasol 0.05% cream; clobetasol 0.05% gel; clobetasol 0.05% ointment; clobetasol 0.05% solution <b>MO</b>	3	
clobetasol emollient 0.05% crm <b>MO</b>	3	
clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche <b>MO</b>	2	
clotrimazole-betamethasone crm; clotrimazole-betamethasone lot <b>MO</b>	3	
colocort 100 mg/60 ml enema <b>MO</b>	4	
cormax 0.05 % topical solution <b>MO</b>	4	
CORTIFOAM 10 % (80 MG) RECTAL <b>MO</b>	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (2 per 28 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS <b>SP</b>	5	PA,QL (2 per 28 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS <b>SP</b>	5	PA,QL (2 per 28 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS <b>SP</b>	5	PA,QL (2 per 28 days)
CURITY ALCOHOL SWABS <b>MO</b>	1	
DENAVIR 1 % TOPICAL CREAM <b>MO</b>	4	
desonide 0.05% cream; desonide 0.05% lotion; desonide 0.05% ointment <b>MO</b>	4	
desoximetasone 0.05% cream; desoximetasone 0.05% gel; desoximetasone 0.05% ointment; desoximetasone 0.25% cream; desoximetasone 0.25% ointment <b>MO</b>	4	
EASY TOUCH ALCOHOL PREP PADS <b>MO</b>	1	
econazole nitrate 1% cream <b>MO</b>	3	
ELIDEL 1 % TOPICAL CREAM <b>MO</b>	4	
ery pads 2 % topical swab <b>MO</b>	3	
erythromycin 2% gel <b>MO</b>	2	
erythromycin 2% pledgets; erythromycin 2% solution <b>MO</b>	3	
erythromycin-benzoyl gel <b>MO</b>	3	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EURAX 10 % LOTION; EURAX 10 % TOPICAL CREAM <b>MO</b>	4	
fluocinolone 0.01% cream; fluocinolone 0.01% solution; fluocinolone 0.025% cream; fluocinolone 0.025% ointment <b>MO</b>	4	
fluocinolone 0.01% scalp oil <b>MO</b>	3	
fluocinonide 0.05% cream; fluocinonide 0.05% gel; fluocinonide 0.05% ointment <b>MO</b>	3	
fluocinonide 0.05% solution <b>MO</b>	4	
fluocinonide-e 0.05 % topical cream <b>MO</b>	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 <b>MO</b>		
fluticasone prop 0.005% oint; fluticasone prop 0.05% cream <b>MO</b>	2	
gentamicin 0.1% cream; gentamicin 0.1% ointment; gentamicin 0.3% eye drops <b>MO</b>	1	
halobetasol prop 0.05% cream; halobetasol prop 0.05% ointmnt <b>MO</b>	4	
HALOG 0.1 % TOPICAL CREAM; HALOG 0.1 % TOPICAL OINTMENT <b>MO</b>	4	
HALONATE COMBO PACK <b>MO</b>	4	
halonate pac combo pack <b>MO</b>	3	
hydrocortisone 1% cream; hydrocortisone 2.5% cream <b>MO</b>	1	
hydrocortisone 1% ointment; hydrocortisone 10 mg, 20 mg, 5 mg tablet; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment <b>MO</b>	2	
hydrocortisone 100 mg/60 ml <b>MO</b>	3	
hydrocortisone 0.1% soln; hydrocortisone buty 0.1% cream; hydrocortisone butyr 0.1% oint <b>MO</b>	3	
hydrocortisone val 0.2% cream; hydrocortisone val 0.2% ointmt <b>MO</b>	4	
hydrocortisone 1% absorbase <b>MO</b>	2	
imiquimod 5% cream packet <b>MO</b>	4	QL (12 per 30 days)
IV PREP WIPES MEDICATED <b>MO</b>	1	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL <b>MO</b>	4	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION <b>MO</b>	5	
ketoconazole 2% cream; ketoconazole 2% shampoo; ketoconazole 200 mg tablet <b>MO</b>	2	
LEVULAN 20 % TOPICAL SOLUTION <b>MO</b>	4	
lidocaine 5% ointment <b>MO</b>	4	
lidocaine 5% patch <b>MO</b>	4	PA,QL (90 per 30 days)
lindane 1% lotion; lindane 1% shampoo <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
malathion 0.5% lotion <b>MO</b>	4	
MENTAX 1 % TOPICAL CREAM <b>MO</b>	4	
methoxsalen 10 mg capsule <b>MO</b>	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 <b>MO</b>	4	
metronidazole 250 mg, 500 mg tablet; metronidazole vaginal 0.75% gl <b>MO</b>	2	
miconazole-3 200 mg vaginal suppository <b>MO</b>	3	
mometasone furoate 0.1% cream; mometasone furoate 0.1% oint; mometasone furoate 0.1% soln <b>MO</b>	2	
mupirocin 2% ointment <b>MO</b>	2	
mupirocin 2% cream <b>MO</b>	4	
neomy-polymyxin b 40 mg/ml amp <b>MO</b>	3	
nyamyc 100,000 unit/gram topical powder <b>MO</b>	3	
nystatin 100,000 unit/gm cream <b>MO</b>	1	
nystatin 100,000 unit/gm powd; nystatin 500,000 unit oral tab <b>MO</b>	3	
nystatin 100,000 units/gm oint; nystatin 100,000 units/ml susp <b>MO</b>	2	
nystatin-triamcinolone cream; nystatin-triamcinolone ointm <b>MO</b>	4	
nystop 100,000 unit/gram topical powder <b>MO</b>	3	
oralone 0.1 % dental paste <b>MO</b>	2	
OXSORALEN 1 % LOTION <b>MO</b>	4	
PANRETIN 0.1 % TOPICAL GEL <b>SP</b>	5	
pedi-dri topical powder <b>MO</b>	2	
permethrin 5% cream <b>MO</b>	3	
podofilox 0.5% topical soln <b>MO</b>	4	
prednicarbate 0.1% cream; prednicarbate 0.1% ointment <b>MO</b>	3	
procto-pak 1 % rectal cream <b>MO</b>	2	
PROCTOSOL HC 2.5 % RECTAL CREAM <b>MO</b>	2	
proctozone-hc 2.5 % rectal cream <b>MO</b>	3	
RECTIV 0.4 % (W/W) OINTMENT <b>MO</b>	4	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL <b>MO</b>	5	
RIMSO-50 50 % INTRAVESICAL SOLUTION <b>MO</b>	2	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT <b>MO</b>	4	
selenium sulfide 2.5% lotion <b>MO</b>	2	
silver sulfadiazine 1% cream <b>MO</b>	1	
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE <b>MO</b>	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>sulfacetamide sod 10% top susp</i> <sup>MO</sup>	3	
SURE COMFORT ALCOHOL PREP PADS <sup>MO</sup>	1	
SURE-PREP ALCOHOL PREP PADS <sup>MO</sup>	1	
TARGRETIN 1 % TOPICAL GEL <sup>SP</sup>	5	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM; TAZORAC 0.05 %, 0.1 % TOPICAL GEL <sup>MO</sup>	4	PA
<i>terconazole 0.4% cream; terconazole 0.8% cream; terconazole 80 mg suppository</i> <sup>MO</sup>	3	
THERMAZENE 1 % TOPICAL CREAM <sup>MO</sup>	2	
<i>tretinoin 0.01% gel; tretinoin 0.025% cream; tretinoin 0.025% gel; tretinoin 0.05% cream; tretinoin 0.1% cream</i> <sup>MO</sup>	3	PA
<i>triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.1% ointment; triamcinolone 0.5% cream</i> <sup>MO</sup>	1	
<i>triamcinolone 0.025% lotion; triamcinolone 0.1% lotion; triamcinolone 0.1% paste</i> <sup>MO</sup>	3	
<i>triamcinolone 0.025% oint; triamcinolone 0.5% ointment</i> <sup>MO</sup>	2	
<i>triamcinolone 0.147 mg/g spray; triamcinolone acet 40mg/ml vl; triamcinolone acet 50mg/5ml vl</i> <sup>MO</sup>	4	
<i>triderm 0.1 % topical cream</i> <sup>MO</sup>	2	
<i>u-cort 1 %-10 % topical cream</i> <sup>MO</sup>	2	
ULTILET ALCOHOL SWAB <sup>MO</sup>	1	
UVADEX 20 MCG/ML INJECTION SOLUTION <sup>MO</sup>	4	
VALCHLOR 0.016 % TOPICAL GEL <sup>SP</sup>	5	PA,QL (60 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT <sup>MO</sup>	5	
WEBCOL TOPICAL PADS <sup>MO</sup>	1	
ZOVIRAX 5 % TOPICAL CREAM <sup>MO</sup>	5	PA
<b>SMOOTH MUSCLE RELAXANTS</b>		
<i>aminophylline 250 mg/10 ml vl</i> <sup>MO</sup>	2	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR <sup>MO</sup>	2	
<i>flavoxate hcl 100 mg tablet</i> <sup>MO</sup>	3	
<i>oxybutynin 5 mg tablet; oxybutynin 5 mg/5 ml syrup</i> <sup>MO</sup>	2	
<i>oxybutynin cl er 10 mg, 15 mg, 5 mg tablet</i> <sup>MO</sup>	3	QL (60 per 30 days)
<i>theophylline 80 mg/15 ml soln; theophylline 80 mg/15 ml soln</i> <sup>MO</sup>	4	
<i>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</i> <sup>MO</sup>	2	
<i>tolterodine tart er 2 mg, 4 mg cap</i> <sup>MO</sup>	2	QL (30 per 30 days)
<i>tolterodine tartrate 1 mg, 2 mg tab</i> <sup>MO</sup>	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	3	QL (30 per 30 days)
trosipium chloride 20 mg tablet <sup>MO</sup>	4	
<b>VITAMINS</b>		
bal-care dha 27 mg-1 mg-430 mg tablet&capsule,delayed release <sup>MO</sup>	4	
c-nate dha 28 mg-1 mg-200 mg capsule <sup>MO</sup>	4	
calcitriol 0.25 mcg, 0.5 mcg capsule <sup>MO</sup>	2	
calcitriol 1 mcg/ml ampul <sup>MO</sup>	3	
calcitriol 1 mcg/ml solution <sup>MO</sup>	4	
cavan-ec sod dha vitamins <sup>MO</sup>	4	
complete natal dha 29 mg-1 mg-250 mg oral pack <sup>MO</sup>	4	
folivane-ob 85 mg-1 mg capsule <sup>MO</sup>	4	
folivane-prx dha nf capsule <sup>MO</sup>	4	
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION <sup>MO</sup>	3	
inalat advance 90 mg-1 mg-50 mg tablet <sup>MO</sup>	4	
inalat ultra 90 mg-1 mg-50 mg tablet <sup>MO</sup>	4	
multi-vitamin with fluoride 0.25 mg, 1 mg chewable tablet <sup>MO</sup>	2	
multivitamins with fluoride 0.25 mg, 0.5 mg, 1 mg chewable tablet <sup>MO</sup>	2	
O-CAL PRENATAL 15 MG-1 MG TABLET <sup>MO</sup>	4	
paricalcitol 1 mcg, 2 mcg capsule; paricalcitol 10 mcg/2 ml vial; paricalcitol 2 mcg/ml, 5 mcg/ml vial <sup>MO</sup>	3	
paricalcitol 4 mcg capsule <sup>MO</sup>	4	
pvn ob+dha 27 mg-1 mg-50 mg-250 mg oral pack <sup>MO</sup>	4	
pr natal 400 29 mg-1 mg-400 mg oral pack <sup>MO</sup>	4	
pr natal 400 ec 29 mg-1 mg-400 mg tablet&capsule,delayed release <sup>MO</sup>	4	
pr natal 430 29 mg-1 mg-430 mg oral pack <sup>MO</sup>	4	
pr natal 430 ec 29 mg-1 mg-430 mg tablet&capsule,delayed release <sup>MO</sup>	4	
PRENATABS FA 29 MG-1 MG TABLET <sup>MO</sup>	4	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet <sup>MO</sup>	4	
prenatal plus iron tablet <sup>MO</sup>	4	
preplus 27 mg iron-1 mg tablet <sup>MO</sup>	1	
relnate dha 28 mg-1 mg-200 mg capsule <sup>MO</sup>	4	
se-natal 19 29 mg iron-1 mg chewable tablet <sup>MO</sup>	4	
se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet <sup>MO</sup>	4	
se-tan dha 30 mg-1 mg-310.1 mg capsule <sup>MO</sup>	4	
setonet prenatal vitamin <sup>MO</sup>	4	
SETONET-EC PRENATAL VITAMINS <sup>MO</sup>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
taron-bc 20 mg iron-1 mg-25 mg/25 mg tablets <b>MO</b>	4	
taron-c dha 35 mg-1 mg-200 mg capsule <b>MO</b>	4	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule <b>MO</b>	4	
thrivite-19 29 mg iron-1 mg-25 mg tablet <b>MO</b>	4	
tri-vit with fluoride & iron 0.25 mg-10 mg/ml oral drops <b>MO</b>	2	
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops <b>MO</b>	2	
triadvance 90 mg-1 mg-50 mg tablet <b>MO</b>	4	
trinatal gt 90 mg-1 mg-50 mg tablet <b>MO</b>	4	
trinatal rx 1 60 mg iron-1 mg tablet <b>MO</b>	4	
trinatal ultra tablet <b>MO</b>	4	
triveen-duo dha 29 mg-1 mg-400 mg oral pack <b>MO</b>	4	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule <b>MO</b>	4	
ultimatecare one 27 mg-1 mg-330 mg capsule <b>MO</b>	4	
ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule <b>MO</b>	4	
vena-bal dha 27 mg-1 mg-430 mg tablet&capsule,delayed release <b>MO</b>	4	
virt-c dha 35 mg-1 mg-200 mg capsule <b>MO</b>	4	
virt-care one 27 mg-1 mg-330 mg capsule <b>MO</b>	4	
zatean-ch 27 mg-1 mg-50 mg-250 mg capsule <b>MO</b>	4	
ZEMPLAR 2 MCG/ML, 5 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	

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