

# 2015 Prescription Drug Guide

## **Humana Formulary**

List of covered drugs

**Humana Gold Plus H6859-001  
(HMO)**

**South Central Pennsylvania  
South Central Pennsylvania Area**



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

This formulary was updated on 09/05/2014. For more recent information or other questions, please contact Humana at 1-800-457-4708 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).

# **Humana®**



# Welcome to Humana!

**Note to existing members:** This formulary changes yearly. If you belonged to the plan in 2014, 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 2015 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 members who are affected by the following changes to our formulary:

- When we remove drugs 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 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 notify you if you're taking the drug.

The enclosed formulary is current as of January 1, 2015. We'll update our printed formularies each month and they'll be available on **Humana.com**.

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

For help and information, call Humana Customer Care at **1-800-457-4708**. If you use a TTY, call **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 should look for your drug in the Index that begins on page 160. 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 and find your drug. Next to your 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 your 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 this plan
- **Tier 2 - Non-Preferred 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 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](http://Humana.com)** 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-tiered 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 take a 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. We'll talk to your doctor during this time to decide the right steps for you to take.

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 **1-800-457-4708**. If you use a TTY, call 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 160.

### 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. 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:

**HI** - Home Infusion drugs that are covered in the gap

**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>SP</b>	4	QL (60 per 30 days)
abacavir-lamivudine-zidov tab <b>SP</b>	5	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION <b>MO</b>	5	
acyclovir 1,000 mg/20 ml vial <b>MO</b>	2	
acyclovir 200 mg capsule <b>MO</b>	2	
acyclovir 200 mg/5 ml susp <b>MO</b>	3	
acyclovir 400 mg tablet <b>MO</b>	2	
acyclovir 800 mg tablet <b>MO</b>	2	
acyclovir sodium 1 gm vial <b>MO</b>	3	
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>	4	
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 <b>HI,MO</b>	3	
amikacin sulf 500 mg/2 ml vial <b>MO</b>	3	
amox tr-k clv 200-28.5 tab chw <b>MO</b>	2	
amox tr-k clv 200-28.5/5 susp <b>MO</b>	2	
amox tr-k clv 250-125 mg tab <b>MO</b>	2	
amox tr-k clv 250-62.5/5 susp <b>MO</b>	2	
amox tr-k clv 400-57 tab chew <b>MO</b>	2	
amox tr-k clv 400-57/5 susp <b>MO</b>	2	
amox tr-k clv 500-125 mg tab <b>MO</b>	2	
amox tr-k clv 600-42.9/5 susp <b>MO</b>	2	
amox tr-k clv 875-125 mg tab <b>MO</b>	2	
amoxicillin 125 mg tab chew <b>MO</b>	1	
amoxicillin 125 mg/5 ml susp <b>MO</b>	1	
amoxicillin 200 mg/5 ml susp <b>MO</b>	1	
amoxicillin 250 mg capsule <b>MO</b>	1	
amoxicillin 250 mg tab chew <b>MO</b>	1	
amoxicillin 250 mg/5 ml susp <b>MO</b>	1	
amoxicillin 400 mg/5 ml susp <b>MO</b>	1	
amoxicillin 500 mg capsule <b>MO</b>	1	
amoxicillin 500 mg tablet <b>MO</b>	1	

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
amoxicillin 875 mg tablet <b>MO</b>	1	
amoxicillin-clav er 1,000-62.5 <b>MO</b>	3	
amphotericin b 50 mg vial <b>MO</b>	4	
ampicillin 1 gm a-v vial <b>MO</b>	4	
ampicillin 1 gm vial <b>HI,MO</b>	4	
ampicillin 10 gm vial <b>HI,MO</b>	4	
ampicillin 125 mg vial <b>HI,MO</b>	4	
ampicillin 125 mg/5 ml susp <b>MO</b>	2	
ampicillin 2 gm a-v vial <b>MO</b>	4	
ampicillin 2 gm vial <b>MO</b>	4	
ampicillin 250 mg capsule <b>MO</b>	2	
ampicillin 250 mg vial <b>MO</b>	4	
ampicillin 250 mg/5 ml susp <b>MO</b>	2	
ampicillin 500 mg capsule <b>MO</b>	2	
ampicillin 500 mg vial <b>MO</b>	4	
ampicillin-sulb 3 gm add vial <b>MO</b>	4	
ampicillin-sulbactam 1.5 gm vl <b>MO</b>	4	
ampicillin-sulbactam 15 gm vl <b>HI,MO</b>	4	
ampicillin-sulbactam 3 gm vial <b>HI,MO</b>	4	
ANCOBON 250 MG CAPSULE <b>MO</b>	4	
ANCOBON 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 <b>MO</b>	4	
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)
AVELOX 400 MG TABLET <b>MO</b>	4	PA
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE(ISO-OSM) INTRAVENOUS PIGGYBACK <b>HI,MO</b>	4	PA
AVELOX ABC PACK 400 MG TABLET <b>MO</b>	4	PA
azithromycin 1 gm pwd packet <b>MO</b>	2	
azithromycin 100 mg/5 ml susp <b>MO</b>	2	
azithromycin 200 mg/5 ml susp <b>MO</b>	2	
azithromycin 250 mg tablet <b>MO</b>	2	
azithromycin 500 mg tablet <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azithromycin 600 mg tablet <b>MO</b>	2	
azithromycin i.v. 500 mg vial <b>HI,MO</b>	2	
aztreonam 1 gm vial <b>HI,MO</b>	4	
aztreonam 2 gm vial <b>MO</b>	5	
AZULFIDINE 500 MG TABLET <b>MO</b>	4	
baciim 50,000 unit intramuscular solution <b>MO</b>	4	
bacitracin 50,000 units vial <b>MO</b>	2	
BARACLUDE 0.05 MG/ML ORAL SOLUTION <b>SP</b>	5	ST,QL (630 per 30 days)
BARACLUDE 0.5 MG TABLET <b>SP</b>	5	ST,QL (30 per 30 days)
BARACLUDE 1 MG TABLET <b>SP</b>	5	ST,QL (30 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 <b>HI,MO</b>	4	
BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE <b>HI,MO</b>	4	
BICILLIN L-A 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
BICILLIN L-A 2,400,000 UNIT/4 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
BICILLIN L-A 600,000 UNIT/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
BILTRICIDE 600 MG TABLET <b>MO</b>	4	
CANCIDAS 50 MG INTRAVENOUS SOLUTION <b>HI,MO</b>	5	
CANCIDAS 70 MG INTRAVENOUS SOLUTION <b>HI,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)
CEDAX 180 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
CEDAX 400 MG CAPSULE <b>MO</b>	4	
CEDAX 90 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
cefaclor 125 mg/5 ml susp <b>MO</b>	3	
cefaclor 250 mg capsule <b>MO</b>	2	
cefaclor 250 mg/5 ml susp <b>MO</b>	3	
cefaclor 375 mg/5 ml suspen <b>MO</b>	3	
cefaclor 500 mg capsule <b>MO</b>	2	
cefaclor er 500 mg tablet <b>MO</b>	3	
cefadroxil 1 gm tablet <b>MO</b>	2	
cefadroxil 250 mg/5 ml susp <b>MO</b>	2	
cefadroxil 500 mg capsule <b>MO</b>	2	
cefadroxil 500 mg/5 ml susp <b>MO</b>	2	
cefazolin 1 gm add-van vial <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefazolin 1 gm vial <b>HI,MO</b>	3	
cefazolin 1 gm-d5w bag <b>HI,MO</b>	3	
cefazolin 10 gm vial <b>MO</b>	3	
cefazolin 2 gm-d5w bag <b>MO</b>	3	
cefazolin 20 gm bulk vial <b>MO</b>	3	
cefazolin 500 mg vial <b>MO</b>	3	
cefdinir 125 mg/5 ml susp <b>MO</b>	2	
cefdinir 250 mg/5 ml susp <b>MO</b>	2	
cefdinir 300 mg capsule <b>MO</b>	2	
cefepime 1 gm injection <b>MO</b>	4	
cefepime 2 gm injection <b>MO</b>	4	
cefepime hcl 1 gm vial <b>HI,MO</b>	4	
cefepime hcl 2 gram vial <b>HI,MO</b>	4	
cefepime-dextrose 1 gm/50 ml <b>MO</b>	4	
cefepime-dextrose 2 gm/50 ml <b>MO</b>	4	
cefotaxime sodium 1 gm vial <b>HI,MO</b>	2	
cefotaxime sodium 10 gm vial <b>HI,MO</b>	2	
cefotaxime sodium 2 gm vial <b>HI,MO</b>	2	
cefotaxime sodium 500 mg vial <b>MO</b>	2	
cefotetan 1 gm vial <b>MO</b>	4	
cefotetan 10 gm vial <b>MO</b>	4	
cefotetan 2 gm vial <b>MO</b>	4	
cefotetan-dextr 1 g duplex bag <b>MO</b>	4	
cefotetan-dextr 2 g duplex bag <b>MO</b>	4	
cefoxitin 1 gm piggyback bag <b>MO</b>	4	
cefoxitin 1 gm vial <b>MO</b>	4	
cefoxitin 10 gm vial <b>MO</b>	4	
cefoxitin 2 gm piggyback bag <b>MO</b>	4	
cefoxitin 2 gm vial <b>MO</b>	4	
cefpodoxime 100 mg tablet <b>MO</b>	4	
cefpodoxime 100 mg/5 ml susp <b>MO</b>	4	
cefpodoxime 200 mg tablet <b>MO</b>	4	
cefpodoxime 50 mg/5 ml susp <b>MO</b>	4	
cefprozil 125 mg/5 ml susp <b>MO</b>	3	
cefprozil 250 mg tablet <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefprozil 250 mg/5 ml susp <b>MO</b>	3	
cefprozil 500 mg tablet <b>MO</b>	3	
ceftazidime 1 gm piggyback <b>MO</b>	3	
ceftazidime 1 gm vial <b>HI,MO</b>	3	
ceftazidime 2 gm piggyback <b>MO</b>	3	
ceftazidime 2 gm vial <b>HI,MO</b>	3	
ceftazidime 6 gm vial <b>HI,MO</b>	3	
ceftibuten 180 mg/5 ml susp <b>MO</b>	4	
ceftibuten 400 mg capsule <b>MO</b>	4	
ceftriaxone 1 gm vial <b>HI,MO</b>	3	
ceftriaxone 1 gm-d5w bag <b>MO</b>	3	
ceftriaxone 10 gm vial <b>MO</b>	3	
ceftriaxone 2 gm add vial <b>HI,MO</b>	3	
ceftriaxone 2 gm vial <b>MO</b>	3	
ceftriaxone 2 gm-d5w bag <b>MO</b>	3	
ceftriaxone 250 mg vial <b>MO</b>	3	
ceftriaxone 500 mg vial <b>HI,MO</b>	3	
cefuroxime 1.5g/50 ml bag <b>MO</b>	1	
cefuroxime 750 mg/50 ml bag <b>MO</b>	1	
cefuroxime axetil 250 mg tab <b>MO</b>	2	
cefuroxime axetil 500 mg tab <b>MO</b>	2	
cefuroxime sod 7.5 gm vial <b>HI,MO</b>	3	
cefuroxime sod 750 mg vial <b>HI,MO</b>	3	
cephalexin 125 mg/5 ml susp <b>MO</b>	2	
cephalexin 250 mg capsule <b>MO</b>	2	
cephalexin 250 mg tablet <b>MO</b>	2	
cephalexin 250 mg/5 ml susp <b>MO</b>	2	
cephalexin 500 mg capsule <b>MO</b>	2	
cephalexin 500 mg tablet <b>MO</b>	2	
cephalexin 750 mg capsule <b>MO</b>	4	
chloramphen na succ 1 gm vl <b>HI,MO</b>	3	
chloroquine ph 250 mg tablet <b>MO</b>	2	
chloroquine ph 500 mg tablet <b>MO</b>	2	
cidofovir 375 mg/5 ml vial <b>MO</b>	4	
ciprofloxacin 200 mg/20 ml vl <b>MO</b>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ciprofloxacin 400 mg/40 ml v <sup>l</sup> <b>HI,MO</b>	2	
ciprofloxacin er 1,000 mg tab <b>MO</b>	2	
ciprofloxacin er 500 mg tablet <b>MO</b>	2	
ciprofloxacin hcl 100 mg tab <b>MO</b>	1	
ciprofloxacin hcl 250 mg tab <b>MO</b>	1	
ciprofloxacin hcl 500 mg tab <b>MO</b>	1	
ciprofloxacin hcl 750 mg tab <b>MO</b>	1	
ciprofloxacin-d5w 200 mg/100 ml <b>HI,MO</b>	2	
ciprofloxacin-d5w 400 mg/200 ml <b>MO</b>	2	
clarithromycin 125 mg/5 ml sus <b>MO</b>	3	
clarithromycin 250 mg tablet <b>MO</b>	3	
clarithromycin 250 mg/5 ml sus <b>MO</b>	3	
clarithromycin 500 mg tablet <b>MO</b>	3	
clarithromycin er 500 mg tab <b>MO</b>	3	
CLEOCIN 300 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK <b>HI,MO</b>	4	
CLEOCIN 600 MG/4 ML INTRAVENOUS SOLUTION <b>MO</b>	4	
CLEOCIN 600 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK <b>HI,MO</b>	4	
CLEOCIN 900 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK <b>HI,MO</b>	4	
CLEOCIN 900 MG/6 ML INTRAVENOUS SOLUTION <b>MO</b>	4	
clindamycin 150 mg/ml addvan <b>MO</b>	2	
clindamycin 75 mg/5 ml soln <b>MO</b>	4	
clindamycin hcl 150 mg capsule <b>MO</b>	2	
clindamycin hcl 300 mg capsule <b>MO</b>	2	
clindamycin hcl 75 mg capsule <b>MO</b>	2	
clindamycin pediatric 75 mg/5 ml oral solution <b>MO</b>	4	
clindamycin ph 900 mg/6 ml v <sup>l</sup> <b>MO</b>	3	
clindamycin-d5w 300 mg/50 ml <b>HI,MO</b>	4	
clindamycin-d5w 600 mg/50 ml <b>HI,MO</b>	4	
clindamycin-d5w 900 mg/50 ml <b>HI,MO</b>	4	
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)

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
CRIXIVAN 200 MG CAPSULE <sup>SP</sup>	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE <sup>SP</sup>	4	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION <sup>HI,MO</sup>	5	
cycloserine 250 mg capsule <sup>MO</sup>	4	
CYTOVENE 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	
dapsone 100 mg tablet <sup>MO</sup>	3	
dapsone 25 mg tablet <sup>MO</sup>	3	
DARAPRIM 25 MG TABLET <sup>MO</sup>	4	
demeclocycline 150 mg tablet <sup>MO</sup>	4	
demeclocycline 300 mg tablet <sup>MO</sup>	4	
dicloxacillin 250 mg capsule <sup>MO</sup>	2	
dicloxacillin 500 mg capsule <sup>MO</sup>	2	
didanosine dr 125 mg capsule <sup>SP</sup>	4	QL (90 per 30 days)
didanosine dr 200 mg capsule <sup>SP</sup>	4	QL (60 per 30 days)
didanosine dr 250 mg capsule <sup>SP</sup>	4	QL (30 per 30 days)
didanosine dr 400 mg capsule <sup>SP</sup>	4	QL (30 per 30 days)
DIFLUCAN 10 MG/ML ORAL SUSPENSION <sup>MO</sup>	4	
DIFLUCAN 40 MG/ML ORAL SUSPENSION <sup>MO</sup>	4	
DORIBAX 250 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	
DORIBAX 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	
doxy-100 100 mg intravenous solution <sup>MO</sup>	3	
doxycycline 25 mg/5 ml susp <sup>MO</sup>	4	
doxycycline hyc 100 mg vial <sup>MO</sup>	3	
doxycycline hyclate 100 mg cap <sup>MO</sup>	3	
doxycycline hyclate 100 mg tab <sup>MO</sup>	3	
doxycycline hyclate 50 mg cap <sup>MO</sup>	3	
doxycycline mono 100 mg cap <sup>MO</sup>	3	QL (60 per 30 days)
doxycycline mono 100 mg tablet <sup>MO</sup>	3	
doxycycline mono 150 mg cap <sup>MO</sup>	4	
doxycycline mono 150 mg tablet <sup>MO</sup>	3	
doxycycline mono 50 mg cap <sup>MO</sup>	3	QL (60 per 30 days)
doxycycline mono 50 mg tablet <sup>MO</sup>	3	
doxycycline mono 75 mg capsule <sup>MO</sup>	4	QL (30 per 30 days)
doxycycline mono 75 mg tablet <sup>MO</sup>	3	
E.E.S. 400 400 MG TABLET <sup>MO</sup>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
EDURANT 25 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <b>SP</b>	4	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE <b>SP</b>	4	QL (30 per 30 days)
EPIVIR 10 MG/ML ORAL SOLUTION <b>SP</b>	4	QL (960 per 30 days)
EPZICOM 600 MG-300 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
ERY-TAB 250 MG TABLET,DELAYED RELEASE <b>MO</b>	4	
ERY-TAB 333 MG TABLET,DELAYED RELEASE <b>MO</b>	4	
ERY-TAB 500 MG TABLET,DELAYED RELEASE <b>MO</b>	4	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
ERYPED 400 400 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
ERYTHROCIN (AS STEARATE) 250 MG TABLET <b>MO</b>	2	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION <b>HI,MO</b>	1	
erythromycin 250 mg filmtab <b>MO</b>	4	
erythromycin 500 mg filmtab <b>MO</b>	4	
erythromycin ec 250 mg cap <b>MO</b>	4	
erythromycin es 400 mg tab <b>MO</b>	2	
erythromycin-sulfisox susp <b>MO</b>	2	
ethambutol hcl 100 mg tablet <b>MO</b>	4	
ethambutol hcl 400 mg tablet <b>MO</b>	4	
FACTIVE 320 MG TABLET <b>MO</b>	4	
famciclovir 125 mg tablet <b>MO</b>	3	QL (60 per 30 days)
famciclovir 250 mg tablet <b>MO</b>	3	QL (60 per 30 days)
famciclovir 500 mg tablet <b>MO</b>	3	QL (60 per 30 days)
fluconazole 10 mg/ml susp <b>MO</b>	2	
fluconazole 100 mg tablet <b>MO</b>	2	
fluconazole 150 mg tablet <b>MO</b>	2	
fluconazole 200 mg tablet <b>MO</b>	2	
fluconazole 40 mg/ml susp <b>MO</b>	2	
fluconazole 50 mg tablet <b>MO</b>	2	
fluconazole-dext 200 mg/100 ml <b>MO</b>	2	
fluconazole-dext 400 mg/200 ml <b>HI,MO</b>	2	
fluconazole-ns 100 mg/50 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
fluconazole-ns 200 mg/100 ml <b>MO</b>	2	
fluconazole-ns 400 mg/200 ml <b>MO</b>	2	
flucytosine 250 mg capsule <b>MO</b>	5	
flucytosine 500 mg capsule <b>MO</b>	5	
FLUMADINE 100 MG TABLET <b>MO</b>	4	
foscarnet 24 mg/ml infus bttl <b>MO</b>	4	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	QL (60 per 30 days)
ganciclovir 500 mg vial <b>HI,MO</b>	3	
gentamicin 10 mg/ml vial <b>MO</b>	2	
gentamicin 70 mg/ns 50 ml pb <b>HI,MO</b>	3	
gentamicin 80 mg/2 ml vial <b>HI,MO</b>	2	
gentamicin 90 mg/ns 100 ml pb <b>HI,MO</b>	3	
gentamicin ped 20 mg/2 ml vial <b>MO</b>	2	
GRIFULVIN V 500 MG TABLET <b>MO</b>	4	
GRIS-PEG (ULTRAMICROSIZE) 125 MG TABLET <b>MO</b>	4	
GRIS-PEG (ULTRAMICROSIZE) 250 MG TABLET <b>MO</b>	4	
griseofulvin 125 mg/5 ml susp <b>MO</b>	4	
griseofulvin micro 500 mg tab <b>MO</b>	4	
griseofulvin ultra 125 mg tab <b>MO</b>	4	
griseofulvin ultra 250 mg tab <b>MO</b>	4	
HIPREX 1 GRAM TABLET <b>MO</b>	4	PA
hydroxychloroquine 200 mg tab <b>MO</b>	2	
imipenem-cilastatin 250 mg vl <b>HI,MO</b>	3	
imipenem-cilastatin 500 mg vl <b>HI,MO</b>	3	
INCIVEK 375 MG TABLET <b>SP</b>	5	PA,QL (168 per 28 days)
INFERGEN 15 MCG/0.5 ML VIAL <b>SP</b>	5	PA,QL (30 per 30 days)
INFERGEN 9 MCG/0.3 ML VIAL <b>SP</b>	5	PA,QL (12 per 30 days)
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) SOLUTION FOR INJECTION <b>SP</b>	5	PA
INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION <b>SP</b>	5	PA
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <b>SP</b>	5	PA
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <b>SP</b>	5	PA
INTRON A 6 MILLION UNIT/ML INJECTION SOLUTION <b>SP</b>	5	PA

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVANZ 1 GRAM INTRAVENOUS SOLUTION <b>MO</b>	4	
INVANZ 1 GRAM SOLUTION FOR INJECTION <b>HI,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>	3	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <b>SP</b>	4	QL (120 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)
iso gentamicin 100 mg/100 ml <b>HI,MO</b>	3	
iso gentamicin 120 mg/100 ml <b>MO</b>	3	
isonarif capsule <b>MO</b>	2	
isoniazid 100 mg tablet <b>MO</b>	1	
isoniazid 100 mg/ml vial <b>MO</b>	1	
isoniazid 300 mg tablet <b>MO</b>	1	
isoniazid 50 mg/5 ml solution <b>MO</b>	1	
isoton gentamicin 100 mg/50 ml <b>MO</b>	3	
isoton gentamicin 60 mg/50 ml <b>HI,MO</b>	3	
isoton gentamicin 80 mg/100 ml <b>HI,MO</b>	3	
isoton gentamicin 80 mg/50 ml <b>HI,MO</b>	3	
itraconazole 100 mg capsule <b>MO</b>	4	QL (120 per 30 days)
KALETRA 100 MG-25 MG TABLET <b>SP</b>	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET <b>SP</b>	5	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION <b>SP</b>	5	
kanamycin 1 gm/3 ml vial <b>MO</b>	1	
KEFLEX 750 MG CAPSULE <b>MO</b>	4	
KETEK 300 MG TABLET <b>MO</b>	4	
KETEK 400 MG TABLET <b>MO</b>	4	
ketoconazole 200 mg tablet <b>MO</b>	2	
lamivudine 150 mg tablet <b>SP</b>	4	QL (60 per 30 days)
lamivudine 300 mg tablet <b>SP</b>	4	QL (30 per 30 days)
lamivudine hbv 100 mg tablet <b>SP</b>	4	
lamivudine-zidovudine tablet <b>SP</b>	4	QL (60 per 30 days)
levofloxacin 25 mg/ml solution <b>MO</b>	3	
levofloxacin 250 mg tablet <b>MO</b>	2	
levofloxacin 500 mg tablet <b>MO</b>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levofloxacin 500 mg/20 ml vial <b>HI,MO</b>	4	
levofloxacin 750 mg tablet <b>MO</b>	2	
levofloxacin-d5w 250 mg/50 ml <b>MO</b>	4	
levofloxacin-d5w 500 mg/100 ml <b>HI,MO</b>	4	
levofloxacin-d5w 750 mg/150 ml <b>MO</b>	4	
LEXIVA 50 MG/ML ORAL SUSPENSION <b>SP</b>	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
LINCOCIN 300 MG/ML INJECTION SOLUTION <b>HI,MO</b>	4	
MALARONE 250 MG-100 MG TABLET <b>MO</b>	4	
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET <b>MO</b>	4	PA
mefloquine hcl 250 mg tablet <b>MO</b>	3	
MEPRON 750 MG/5 ML ORAL SUSPENSION <b>MO</b>	5	
meropenem iv 1 gm vial <b>MO</b>	4	
meropenem iv 500 mg vial <b>HI,MO</b>	4	
methenamine hipp 1 gm tablet <b>MO</b>	4	
methenamine md 1 gm tablet <b>MO</b>	4	
methenamine md 500 mg tablet <b>MO</b>	4	
metronidazole 250 mg tablet <b>MO</b>	2	
metronidazole 375 mg capsule <b>MO</b>	2	
metronidazole 500 mg tablet <b>MO</b>	2	
metronidazole 500 mg/100 ml <b>HI,MO</b>	4	
minocycline 100 mg capsule <b>MO</b>	2	
minocycline 50 mg capsule <b>MO</b>	2	
minocycline 75 mg capsule <b>MO</b>	2	
minocycline er 135 mg tablet <b>MO</b>	3	QL (30 per 30 days)
minocycline er 45 mg tablet <b>MO</b>	3	QL (30 per 30 days)
minocycline er 90 mg tablet <b>MO</b>	3	QL (30 per 30 days)
minocycline hcl 100 mg tablet <b>MO</b>	2	
minocycline hcl 50 mg tablet <b>MO</b>	2	
minocycline hcl 75 mg tablet <b>MO</b>	2	
MONUROL 3 GRAM ORAL PACKET <b>MO</b>	4	
moxifloxacin hcl 400 mg tablet <b>MO</b>	3	
MYAMBUTOL 400 MG TABLET <b>MO</b>	4	
MYCAMINE 100 MG INTRAVENOUS SOLUTION <b>MO</b>	5	
MYCAMINE 50 MG INTRAVENOUS SOLUTION <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MYCOBUTIN 150 MG CAPSULE <b>MO</b>	4	
nafcillin 1 gm add-van vial <b>MO</b>	5	
nafcillin 1 gm vial <b>HI,MO</b>	4	
nafcillin 1 gm/ 50 ml inj <b>HI,MO</b>	4	
nafcillin 10 gm vial <b>HI,MO</b>	5	
nafcillin 2 gm add-vant vial <b>MO</b>	5	
nafcillin 2 gm vial <b>MO</b>	5	
nafcillin 2 gm/ 100 ml inj <b>MO</b>	5	
NEBUPENT 300 MG SOLUTION FOR INHALATION <b>MO</b>	4	B vs D
neomycin 500 mg tablet <b>MO</b>	3	
nevirapine 200 mg tablet <b>SP</b>	3	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp <b>SP</b>	4	QL (1200 per 30 days)
nevirapine er 400 mg tablet <b>SP</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 cap <b>MO</b>	4	PA
nitrofurantoin mcr 50 mg cap <b>MO</b>	4	PA
nitrofurantoin mono-mcr 100 mg <b>MO</b>	4	PA
NOROXIN 400 MG TABLET <b>MO</b>	4	
NORVIR 100 MG CAPSULE <b>SP</b>	4	QL (360 per 30 days)
NORVIR 100 MG TABLET <b>SP</b>	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <b>SP</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 units/ml susp <b>MO</b>	2	
nystatin 500,000 unit oral tab <b>MO</b>	2	
ofloxacin 200 mg tablet <b>MO</b>	2	
ofloxacin 300 mg tablet <b>MO</b>	2	
ofloxacin 400 mg tablet <b>MO</b>	2	
OLYSIO 150 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
oxacillin 1 gm add-vantage vl <b>MO</b>	4	
oxacillin 1 gm vial <b>HI,MO</b>	4	
oxacillin 1 gm/ 50 ml inj <b>HI,MO</b>	4	
oxacillin 10 gm vial <b>HI,MO</b>	4	
oxacillin 2 gm add-vantage vl <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxacillin 2 gm vial <b>MO</b>	4	
oxacillin 2 gm/ 50 ml inj <b>HI,MO</b>	4	
paromomycin 250 mg capsule <b>MO</b>	4	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET <b>MO</b>	2	
PCE 333 MG PARTICLES IN TABLET <b>MO</b>	4	
PCE 500 MG PARTICLES IN TABLET <b>MO</b>	4	
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (2 per 28 days)
PEGASYS 180 MCG/0.5 ML SYRINGE <b>SP</b>	5	PA,QL (4 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>SP</b>	5	PA,QL (2 per 28 days)
PEGASYS PROCLICK 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>SP</b>	5	PA,QL (2 per 28 days)
PEGINTRON 120 MCG/0.5 ML SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
PEGINTRON 150 MCG/0.5 ML SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
PEGINTRON 80 MCG/0.5 ML SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
pen g 1.2 million unit/2 ml <b>MO</b>	4	
pen g k 1 million unit/50 ml <b>MO</b>	3	
pen g k 2 million unit/50 ml <b>HI,MO</b>	3	
pen g k 3 million unit/50 ml <b>HI,MO</b>	4	
penicillin g 600,000 unit/1 ml <b>MO</b>	4	
penicillin g k 5 million unit <b>HI,MO</b>	3	
penicillin g na 5 million unit <b>HI,MO</b>	3	
penicillin gk 20 million unit <b>MO</b>	3	
penicillin vk 125 mg/5 ml soln <b>MO</b>	2	
penicillin vk 250 mg tablet <b>MO</b>	2	
penicillin vk 250 mg/5 ml soln <b>MO</b>	2	
penicillin vk 500 mg tablet <b>MO</b>	2	
PENTAM 300 MG SOLUTION FOR INJECTION <b>MO</b>	4	B vs D
pfizerpen-g 20 million unit solution for injection <b>MO</b>	2	
pfizerpen-g 5 million unit solution for injection <b>MO</b>	2	
piperacil-tazobact 2.25 gm vl <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
piperacil-tazobact 3.375 gm vial <b>HI,MO</b>	4	
piperacil-tazobact 4.5 gm vial <b>HI,MO</b>	4	
piperacil-tazobact 40.5 gram <b>MO</b>	4	
polymyxin b sulfate vial <b>HI,MO</b>	2	
PREZISTA 100 MG/ML ORAL SUSPENSION <b>SP</b>	5	QL (360 per 30 days)
PREZISTA 150 MG TABLET <b>SP</b>	4	QL (240 per 30 days)
PREZISTA 400 MG TABLET <b>SP</b>	5	QL (90 per 30 days)
PREZISTA 600 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET <b>SP</b>	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
PRIFTIN 150 MG TABLET <b>MO</b>	4	
primaquine 26.3 mg tablet <b>MO</b>	2	
PRIMSOL 50 MG/5 ML ORAL SOLUTION <b>MO</b>	2	
PYLERA 140 MG-125 MG-125 MG CAPSULE <b>MO</b>	4	QL (144 per 30 days)
pyrazinamide 500 mg tablet <b>MO</b>	4	
quinine sulfate 324 mg capsule <b>MO</b>	4	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION <b>SP</b>	4	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION <b>MO</b>	4	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET <b>SP</b>	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET <b>SP</b>	4	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION <b>SP</b>	4	
RETROVIR 10 MG/ML SYRUP <b>SP</b>	4	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE <b>SP</b>	4	QL (180 per 30 days)
RETROVIR 300 MG TABLET <b>SP</b>	4	QL (60 per 30 days)
REYATAZ 100 MG CAPSULE <b>SP</b>	4	QL (120 per 30 days)
REYATAZ 150 MG CAPSULE <b>SP</b>	5	QL (60 per 30 days)
REYATAZ 200 MG CAPSULE <b>SP</b>	5	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE <b>SP</b>	5	QL (30 per 30 days)
ribavirin 200 mg capsule <b>SP</b>	3	QL (168 per 28 days)
ribavirin 200 mg tablet <b>SP</b>	3	QL (168 per 28 days)
rifabutin 150 mg capsule <b>MO</b>	4	
RIFADIN 150 MG CAPSULE <b>MO</b>	4	
RIFADIN 300 MG CAPSULE <b>MO</b>	4	
RIFADIN 600 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
RIFAMATE 300 MG-150 MG CAPSULE <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
rifampin 150 mg capsule <b>MO</b>	3	
rifampin 300 mg capsule <b>MO</b>	3	
rifampin iv 600 mg vial <b>MO</b>	2	
RIFATER 50 MG-120 MG-300 MG TABLET <b>MO</b>	4	
rimantadine hcl 100 mg tablet <b>MO</b>	3	
SELZENTRY 150 MG TABLET <b>SP</b>	5	QL (240 per 30 days)
SELZENTRY 300 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
SEROMYCIN 250 MG CAPSULE <b>MO</b>	4	
SIRTURO 100 MG TABLET <b>MO</b>	5	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION <b>MO</b>	5	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET <b>MO</b>	5	QL (6 per 28 days)
SOVALDI 400 MG TABLET <b>SP</b>	5	PA,QL (28 per 28 days)
stavudine 1 mg/ml solution <b>SP</b>	3	QL (2400 per 30 days)
stavudine 15 mg capsule <b>SP</b>	3	QL (120 per 30 days)
stavudine 20 mg capsule <b>SP</b>	3	QL (120 per 30 days)
stavudine 30 mg capsule <b>SP</b>	3	QL (60 per 30 days)
stavudine 40 mg capsule <b>SP</b>	3	QL (60 per 30 days)
streptomycin sulf 1 gm vial <b>HI,MO</b>	3	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
STROMEKTOL 3 MG TABLET <b>MO</b>	3	
sulfadiazine 500 mg tablet <b>MO</b>	4	
sulfamethoxazole-tmp ds tablet <b>MO</b>	1	
sulfamethoxazole-tmp ss tablet <b>MO</b>	1	
sulfamethoxazole-tmp susp <b>MO</b>	1	
sulfamethoxazole-tmp vial <b>MO</b>	1	
sulfasalazine 500 mg tablet <b>MO</b>	2	
sulfasalazine dr 500 mg tab <b>MO</b>	2	
sulfazine 500 mg tablet <b>MO</b>	2	
sulfazine ec 500 mg tablet,delayed release <b>MO</b>	2	
SUSTIVA 200 MG CAPSULE <b>SP</b>	5	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 296 MCG SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
SYLATRON 4-PACK 296 MCG SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
SYLATRON 4-PACK 444 MCG SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYLATRON 444 MCG SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
SYLATRON 888 MCG SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
SYNAGIS 100 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	5	PA
SYNAGIS 50 MG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	5	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION <b>HI,MO</b>	5	
TAMIFLU 30 MG CAPSULE <b>MO</b>	4	QL (112 per 365 days)
TAMIFLU 45 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)
TAMIFLU 75 MG CAPSULE <b>MO</b>	4	QL (56 per 365 days)
TEFLARO 400 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
TEFLARO 600 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
terbinafine hcl 250 mg tablet <b>MO</b>	2	QL (90 per 365 days)
tetracycline 250 mg capsule <b>MO</b>	1	
tetracycline 500 mg capsule <b>MO</b>	1	
TIMENTIN 3.1 G INTRAVENOUS SOLUTION <b>HI,MO</b>	4	
TIMENTIN 31 GRAM INTRAVENOUS SOLUTION <b>MO</b>	4	
tinidazole 250 mg tablet <b>MO</b>	3	
tinidazole 500 mg tablet <b>MO</b>	3	
TIVICAY 50 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE <b>SP</b>	5	PA,QL (224 per 28 days)
TOBI PODHALER 28 MG CAPSULES FOR INHALATION <b>SP</b>	5	PA,QL (224 per 28 days)
tobramycin 1.2 gm vial <b>MO</b>	3	
tobramycin 40 mg/ml vial <b>HI,MO</b>	1	
tobramycin 80 mg/100 ml ns <b>HI,MO</b>	2	
TRECTOR 250 MG TABLET <b>MO</b>	4	
trimethoprim 100 mg tablet <b>MO</b>	2	
TRIZIVIR 300 MG-150 MG-300 MG TABLET <b>SP</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>HI,MO</b>	5	
TYZEKA 600 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
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 450 MG TABLET <b>MO</b>	5	
VALCYTE 50 MG/ML ORAL SOLUTION <b>MO</b>	5	
vancomycin 1 gm vial <b>HI,MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vancomycin 500 mg vial <b>HI,MO</b>	3	
vancomycin 750 mg/150 ml bag <b>MO</b>	4	
vancomycin hcl 10 gm vial <b>HI,MO</b>	3	
vancomycin hcl 125 mg capsule <b>MO</b>	5	
vancomycin hcl 1g/200 ml bag <b>MO</b>	4	
vancomycin hcl 250 mg capsule <b>MO</b>	5	
vancomycin hcl 5 gm vial <b>MO</b>	3	
vancomycin hcl 750 mg vial <b>MO</b>	3	
vancomycin-d5w 500 mg/100 ml <b>MO</b>	4	
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <b>MO</b>	5	PA,QL (400 per 30 days)
VFEND IV 200 MG INTRAVENOUS SOLUTION <b>HI,MO</b>	4	
VICTRELIS 200 MG CAPSULE <b>SP</b>	5	PA,QL (336 per 28 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>SP</b>	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>SP</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>SP</b>	4	QL (90 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE <b>SP</b>	4	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION <b>MO</b>	5	B vs D
VIREAD 150 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
VIREAD 200 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
VIREAD 250 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
VIREAD 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)
VISTIDE 75 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	5	
voriconazole 200 mg tablet <b>MO</b>	5	PA,QL (120 per 30 days)
voriconazole 200 mg vial <b>MO</b>	4	
voriconazole 40 mg/ml susp <b>MO</b>	5	PA,QL (400 per 30 days)
voriconazole 50 mg tablet <b>MO</b>	5	PA,QL (120 per 30 days)
XIFAXAN 200 MG TABLET <b>MO</b>	5	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET <b>MO</b>	5	PA,QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION <b>SP</b>	4	QL (960 per 30 days)
zidovudine 100 mg capsule <b>SP</b>	3	QL (180 per 30 days)
zidovudine 300 mg tablet <b>SP</b>	3	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup <b>SP</b>	3	QL (1680 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZINACEF 1.5 GRAM INTRAVENOUS SOLUTION <b>MO</b>	4	
ZINACEF 1.5 GRAM SOLUTION FOR INJECTION <b>MO</b>	4	
ZINACEF 7.5 GRAM INTRAVENOUS SOLUTION <b>MO</b>	4	
ZINACEF 750 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
ZINACEF 750 MG SOLUTION FOR INJECTION <b>MO</b>	4	
ZINACEF IN STERILE WATER 1.5 GRAM/50 ML INTRAVENOUS PIGGYBACK <b>MO</b>	4	
ZINACEF-DEXTROSE 750 MG/50 ML <b>MO</b>	4	
ZYVOX 100 MG/5 ML ORAL SUSPENSION <b>MO</b>	5	
ZYVOX 200 MG/100 ML INTRAVENOUS SOLUTION <b>MO</b>	5	
ZYVOX 600 MG TABLET <b>MO</b>	5	
ZYVOX 600 MG/300 ML INTRAVENOUS SOLUTION <b>HI,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
cyproheptadine 4 mg tablet <b>MO</b>	4	PA
diphenhydramine 50 mg/ml vial <b>MO</b>	4	PA
levocetirizine 5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
phenergan 25 mg/ml injection solution <b>MO</b>	4	PA
phenergan 50 mg/ml injection solution <b>MO</b>	4	PA
promethazine 12.5 mg tablet <b>MO</b>	3	PA
promethazine 25 mg tablet <b>MO</b>	3	PA
promethazine 50 mg tablet <b>MO</b>	3	PA
promethazine 6.25 mg/5 ml syrpr <b>MO</b>	3	PA
promethegan 12.5 mg rectal suppository <b>MO</b>	4	PA
promethegan 25 mg rectal suppository <b>MO</b>	4	PA
promethegan 50 mg rectal suppository <b>MO</b>	4	PA
XYZAL 2.5 MG/5 ML ORAL SOLUTION <b>MO</b>	4	QL (300 per 30 days)
<b>ANTINEOPLASTIC AGENTS</b>		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION <b>MO</b>	5	PA,QL (900 per 21 days)
adriamycin 10 mg intravenous solution <b>MO</b>	3	B vs D
adriamycin 10 mg/5 ml intravenous solution <b>MO</b>	3	B vs D
adriamycin 20 mg intravenous solution <b>MO</b>	3	B vs D
adriamycin 20 mg/10 ml intravenous solution <b>MO</b>	3	B vs D
ADRIAMYCIN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
adriamycin 50 mg/25 ml intravenous solution <b>MO</b>	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
adriamycin pfs 2 mg/ml intravenous solution <b>MO</b>	3	B vs D
AFINITOR 10 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
AFINITOR 2.5 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
AFINITOR 5 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
AFINITOR 7.5 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG TABLET FOR ORAL SUSPENSION <b>SP</b>	5	PA
AFINITOR DISPERZ 3 MG TABLET FOR ORAL SUSPENSION <b>SP</b>	5	PA
AFINITOR DISPERZ 5 MG TABLET FOR ORAL SUSPENSION <b>SP</b>	5	PA
ALIMTA 100 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (60 per 21 days)
ALIMTA 500 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
ALKERAN 2 MG TABLET <b>SP</b>	5	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
anastrozole 1 mg tablet <b>MO</b>	1	QL (30 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA
ARZERRA 1,000 MG/50 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (400 per 28 days)
ARZERRA 100 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA
azacitidine 100 mg vial <b>MO</b>	5	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (25 per 21 days)
bicalutamide 50 mg tablet <b>MO</b>	3	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
bleomycin sulfate 15 unit vial <b>MO</b>	3	B vs D
bleomycin sulfate 30 unit vial <b>MO</b>	3	B vs D
BOSULIF 100 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
BOSULIF 500 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CAMPATH 30 MG/ML VIAL <b>MO</b>	5	QL (12 per 28 days)
CAMPTOSAR 100 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CAMPTOSAR 300 MG/15 ML INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
CAMPTOSAR 40 MG/2 ML INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
CAPRELSA 100 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
carboplatin 50 mg/5 ml vial <b>MO</b>	3	
CEENU 10 MG CAPSULE <b>SP</b>	4	
CEENU 100 MG CAPSULE <b>SP</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CEENU 40 MG CAPSULE <sup>SP</sup>	4	
cisplatin 100 mg/100 ml vial <sup>MO</sup>	3	B vs D
cladribine 10 mg/10 ml vial <sup>MO</sup>	5	
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION <sup>MO</sup>	5	B vs D
COMETRIQ 100 MG/DAY(80 MGÝ1"-20 MGÝ1") CAPSULE <sup>SP</sup>	5	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY(80 MGÝ1"-20 MGÝ3") CAPSULE <sup>SP</sup>	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG Ý3"/DAY) CAPSULE <sup>SP</sup>	5	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	B vs D
cyclophosphamide 1 gm vial <sup>MO</sup>	4	B vs D
cyclophosphamide 2 gm vial <sup>MO</sup>	4	B vs D
cyclophosphamide 25 mg tab <sup>SP</sup>	4	B vs D
cyclophosphamide 50 mg tablet <sup>SP</sup>	4	B vs D
cyclophosphamide 500 mg vial <sup>MO</sup>	4	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA,QL (200 per 28 days)
cytarabine 1 gm vial <sup>MO</sup>	1	B vs D
cytarabine 100 mg vial <sup>MO</sup>	1	B vs D
cytarabine 2 g/20 ml vial <sup>MO</sup>	1	B vs D
cytarabine 20 mg/ml vial <sup>MO</sup>	1	B vs D
cytarabine 500 mg vial <sup>MO</sup>	1	B vs D
dacarbazine 100 mg vial <sup>MO</sup>	1	B vs D
dacarbazine 200 mg vial <sup>MO</sup>	1	B vs D
DACOGEN 50 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	PA
daunorubicin 50 mg/10 ml vial <sup>MO</sup>	1	B vs D
DAUNOXOME 2 MG/ML INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
decitabine 50 mg vial <sup>MO</sup>	5	PA
DEPOCYT (PF) 50 MG/5 ML (10 MG/ML) INTRATHECAL SUSPENSION <sup>MO</sup>	5	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION <sup>MO</sup>	5	B vs D
docetaxel 140 mg/7 ml vial <sup>MO</sup>	5	B vs D
docetaxel 160 mg/16 ml vial <sup>MO</sup>	5	B vs D
docetaxel 160 mg/8 ml vial <sup>MO</sup>	5	B vs D
docetaxel 20 mg/0.5 ml vial <sup>MO</sup>	5	B vs D
docetaxel 20 mg/2 ml vial <sup>MO</sup>	5	B vs D
docetaxel 20 mg/ml vial <sup>MO</sup>	5	B vs D
docetaxel 80 mg/2 ml vial <sup>MO</sup>	5	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
docetaxel 80 mg/4 ml vial <b>MO</b>	5	B vs D
docetaxel 80 mg/8 ml vial <b>MO</b>	5	B vs D
doxorubicin 10 mg vial <b>MO</b>	4	B vs D
doxorubicin 10 mg/5 ml vial <b>MO</b>	4	B vs D
doxorubicin 150 mg/75 ml vial <b>MO</b>	4	B vs D
doxorubicin 20 mg/10 ml vial <b>MO</b>	4	B vs D
doxorubicin 50 mg vial <b>MO</b>	4	B vs D
doxorubicin 50 mg/25 ml vial <b>MO</b>	4	B vs D
doxorubicin liposome 50mg/25ml <b>MO</b>	4	B vs D
DROXIA 200 MG CAPSULE <b>MO</b>	4	
DROXIA 300 MG CAPSULE <b>MO</b>	4	
DROXIA 400 MG CAPSULE <b>MO</b>	4	
ELIGARD 22.5 MG SUBCUTANEOUS SYRINGE <b>SP</b>	4	PA
ELIGARD 30 MG SUBCUTANEOUS SYRINGE <b>SP</b>	4	PA
ELIGARD 45 MG SUBCUTANEOUS SYRINGE <b>SP</b>	4	PA
ELIGARD 7.5 MG SUBCUTANEOUS SYRINGE <b>SP</b>	4	PA
ELLENC 200 MG/100 ML INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
ELLENC 50 MG/25 ML INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
EMCYT 140 MG CAPSULE <b>MO</b>	4	
epirubicin 200 mg/100 ml vial <b>MO</b>	4	B vs D
epirubicin 50 mg/25 ml vial <b>MO</b>	4	B vs D
epirubicin hcl 200 mg vial <b>MO</b>	4	B vs D
epirubicin hcl 50 mg vial <b>MO</b>	4	B vs D
ERBITUX 100 MG/50 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA
ERBITUX 200 MG/100 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA
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	B vs D
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)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	5	B vs D,QL (30 per 30 days)
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
FIRMAGON 80 MG SUBCUTANEOUS SOLUTION <b>SP</b>	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION <b>SP</b>	4	PA
floxuridine 500 mg vial <b>MO</b>	1	B vs D
fludarabine 50 mg vial <b>MO</b>	4	B vs D
fludarabine 50 mg/2 ml vial <b>MO</b>	4	B vs D
fluorouracil 1,000 mg/20 ml vial <b>MO</b>	4	B vs D
fluorouracil 2,500 mg/50 ml vial <b>MO</b>	4	B vs D
fluorouracil 5,000 mg/100 ml <b>MO</b>	4	B vs D
fluorouracil 500 mg/10 ml vial <b>MO</b>	4	B vs D
flutamide 125 mg capsule <b>MO</b>	4	
FOLOTYN 20 MG/ML (1 ML) INTRAVENOUS SOLUTION <b>MO</b>	5	PA
FOLOTYN 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	5	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vial <b>MO</b>	5	B vs D
gemcitabine 2 gram/52.6 ml vial <b>MO</b>	5	B vs D
gemcitabine 200 mg/5.26 ml vial <b>MO</b>	5	B vs D
gemcitabine hcl 1 gram vial <b>MO</b>	5	B vs D
gemcitabine hcl 2 gram vial <b>MO</b>	5	B vs D
gemcitabine hcl 200 mg vial <b>MO</b>	5	B vs D
GILOTRIF 20 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
GILOTRIF 30 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
GILOTRIF 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)
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	5	PA
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	B vs D
HYDREA 500 MG CAPSULE <b>MO</b>	4	
hydroxyurea 500 mg capsule <b>MO</b>	2	
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	B vs D
idarubicin pfs 10 mg/10 ml vial <b>MO</b>	5	B vs D
ifosfamide 1 gm vial <b>MO</b>	3	B vs D
ifosfamide 1 gm/ 20 ml vial <b>MO</b>	3	B vs D

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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
ifosfamide 3 gm vial <b>MO</b>	3	B vs D
ifosfamide 3 gm/ 60 ml vial <b>MO</b>	3	B vs D
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)
irinotecan hcl 100 mg/5 ml vl <b>MO</b>	4	B vs D
irinotecan hcl 40 mg/2 ml vial <b>MO</b>	4	B vs D
irinotecan hcl 500 mg/25 ml vl <b>MO</b>	4	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA
IXEMPRA 15 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (45 per 21 days)
IXEMPRA 45 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
JAKAFI 10 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
JAKAFI 15 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
JAKAFI 20 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
JAKAFI 25 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
JAKAFI 5 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FINAL CONC.) INTRAVENOUS SOLUTION <b>MO</b>	5	PA
KADCYLA 100 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
KADCYLA 160 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (3 per 21 days)
letrozole 2.5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
LEUKERAN 2 MG TABLET <b>SP</b>	3	
leuprolide 2wk 1 mg/0.2 ml kit <b>SP</b>	3	PA,QL (3 per 14 days)
lipodox 2 mg/ml intravenous solution <b>MO</b>	5	B vs D
lipodox 50 2 mg/ml intravenous solution <b>MO</b>	5	B vs D
lomustine 10 mg capsule <b>SP</b>	4	
lomustine 100 mg capsule <b>SP</b>	4	
lomustine 40 mg capsule <b>SP</b>	4	
LUPRON DEPOT (3 MONTH) 11.25 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 90 days)
LUPRON DEPOT (3 MONTH) 22.5 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	5	PA,QL (1 per 168 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	5	PA,QL (1 per 30 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	5	PA,QL (1 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT-PED (3 MONTH) 30 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	5	PA,QL (1 per 90 days)
LUPRON DEPOT-PED 11.25 MG INTRAMUSCULAR KIT <b>MO</b>	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 15 MG INTRAMUSCULAR KIT <b>MO</b>	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 7.5 MG (PED) INTRAMUSCULAR KIT <b>MO</b>	5	PA,QL (1 per 28 days)
LYSODREN 500 MG TABLET <b>SP</b>	3	
MATULANE 50 MG CAPSULE <b>SP</b>	5	
megestrol 20 mg tablet <b>MO</b>	3	PA
megestrol 40 mg tablet <b>MO</b>	3	PA
megestrol acet 40 mg/ml susp <b>MO</b>	3	PA
megestrol acet 400 mg/10 ml <b>MO</b>	3	PA
MEKINIST 0.5 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
melphalan hcl 50 mg vial <b>MO</b>	1	B vs D
mercaptopurine 50 mg tablet <b>MO</b>	3	
methotrexate 1 gm vial <b>MO</b>	2	
methotrexate 1 gm/40 ml vial <b>MO</b>	2	
methotrexate 2.5 mg tablet <b>MO</b>	2	B vs D
methotrexate 25 mg/ml vial <b>MO</b>	2	
mitomycin 20 mg vial <b>MO</b>	4	B vs D
mitomycin 40 mg vial <b>MO</b>	4	B vs D
mitomycin 5 mg vial <b>MO</b>	4	B vs D
mitoxantrone 20 mg/10 ml vial <b>MO</b>	3	
MUSTARGEN 10 MG SOLUTION FOR INJECTION <b>MO</b>	4	B vs D
NEXAVAR 200 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
NIPENT 10 MG INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
ONCASPAR 750 UNIT/ML INJECTION SOLUTION <b>MO</b>	5	B vs D
oxaliplatin 100 mg vial <b>MO</b>	5	PA
oxaliplatin 100 mg/20 ml vial <b>MO</b>	5	PA
oxaliplatin 50 mg vial <b>MO</b>	5	PA
oxaliplatin 50 mg/10 ml vial <b>MO</b>	5	PA
paclitaxel 100 mg/16.7 ml vial <b>MO</b>	3	B vs D
pentostatin 10 mg vial <b>MO</b>	1	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	5	PA
PHOTOFRIN 75 MG INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
POMALYST 1 MG CAPSULE <b>SP</b>	5	PA,QL (21 per 28 days)
POMALYST 2 MG CAPSULE <b>SP</b>	5	PA,QL (21 per 28 days)
POMALYST 3 MG CAPSULE <b>SP</b>	5	PA,QL (21 per 28 days)
POMALYST 4 MG CAPSULE <b>SP</b>	5	PA,QL (21 per 28 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION <b>MO</b>	5	
PURINETHOL 50 MG TABLET <b>MO</b>	4	
REVLIMID 10 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
REVLIMID 15 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
REVLIMID 2.5 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
REVLIMID 20 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
REVLIMID 25 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
REVLIMID 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 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)
SPRYCEL 50 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
SPRYCEL 70 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
SPRYCEL 80 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
STIVARGA 40 MG TABLET <b>SP</b>	5	PA,QL (84 per 28 days)
SUTENT 12.5 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
SUTENT 25 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
SUTENT 37.5 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
SUTENT 50 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
SYLVANT 100 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (13 per 30 days)
SYLVANT 400 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (4 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 tablet <b>MO</b>	2	
tamoxifen 20 mg tablet <b>MO</b>	2	
TARCEVA 100 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TARCEVA 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 CAPSULE <b>SP</b>	5	PA,QL (120 per 30 days)
TASIGNA 200 MG CAPSULE <b>SP</b>	5	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML) INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
TAXOTERE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
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	B vs D
thiotepa 15 mg vial <b>MO</b>	1	B vs D
toposar 20 mg/ml intravenous solution <b>MO</b>	4	B vs D
topotecan hcl 4 mg vial <b>MO</b>	5	B vs D
topotecan hcl 4 mg/4 ml vial <b>MO</b>	5	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FINAL) INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (100 per 28 days)
TREANDA 100 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (600 per 21 days)
TREANDA 25 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (300 per 21 days)
TRELSTAR 11.25 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	PA
TRELSTAR 22.5 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	4	PA
TRELSTAR 22.5 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	PA
TRELSTAR 3.75 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	PA
TRELSTAR DEPOT 3.75 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	4	PA,QL (1 per 28 days)
TRELSTAR LA 11.25 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	4	PA,QL (1 per 84 days)
tretinoin 10 mg capsule <b>SP</b>	3	
TREXALL 10 MG TABLET <b>MO</b>	4	B vs D
TREXALL 15 MG TABLET <b>MO</b>	4	B vs D
TREXALL 5 MG TABLET <b>MO</b>	4	B vs D
TREXALL 7.5 MG TABLET <b>MO</b>	4	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
TYKERB 250 MG TABLET <b>SP</b>	5	PA,QL (150 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) INTRAVENOUS SOLUTION <b>MO</b>	5	PA
VECTIBIX 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)
vinblastine 1 mg/ml vial <b>MO</b>	1	B vs D
vinblastine sulf 10 mg vial <b>MO</b>	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vincasar pfs 2 mg/2 ml intravenous solution <b>MO</b>	1	B vs D
vincristine 1 mg/ml vial <b>MO</b>	1	B vs D
vincristine 2 mg/2 ml vial <b>MO</b>	1	B vs D
vinorelbine 10 mg/ml vial <b>MO</b>	4	B vs D
vinorelbine 50 mg/5 ml vial <b>MO</b>	4	
VOTRIENT 200 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
VUMON 50 MG/5 ML AMPULE <b>MO</b>	4	B vs D
XALKORI 200 MG CAPSULE <b>SP</b>	5	PA,QL (60 per 30 days)
XALKORI 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 200 MG/40 ML (5 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (40 per 21 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) INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (40 per 28 days)
ZALTRAP 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (5 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
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 TABLET <b>MO</b>	5	PA,QL (60 per 30 days)
ZYDELIG 150 MG TABLET <b>MO</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>		
albuterol 0.083% inhal soln <b>MO</b>	2	B vs D
albuterol 2.5 mg/0.5 ml sol <b>MO</b>	2	B vs D
albuterol 5 mg/ml solution <b>MO</b>	2	B vs D
albuterol sul 0.63 mg/3 ml sol <b>MO</b>	2	B vs D
albuterol sul 1.25 mg/3 ml sol <b>MO</b>	2	B vs D
albuterol sulf 2 mg/5 ml syrup <b>MO</b>	2	
albuterol sulfate 2 mg tab <b>MO</b>	4	
albuterol sulfate 4 mg tab <b>MO</b>	4	
albuterol sulfate er 4 mg tab <b>MO</b>	4	
albuterol sulfate er 8 mg tab <b>MO</b>	4	
alfuzosin hcl er 10 mg tablet <b>MO</b>	2	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE <b>MO</b>	4	QL (30 per 30 days)
atropine 0.05 mg/ml syringe <b>MO</b>	2	
atropine 0.1 mg/ml syringe <b>MO</b>	2	
atropine 1 mg/ml vial <b>MO</b>	2	
atropine 8 mg/20 ml vial <b>MO</b>	2	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	4	QL (30 per 30 days)
baclofen 10 mg tablet <b>MO</b>	2	
baclofen 20 mg tablet <b>MO</b>	2	
bethanechol 10 mg tablet <b>MO</b>	3	
bethanechol 25 mg tablet <b>MO</b>	3	
bethanechol 5 mg tablet <b>MO</b>	3	
bethanechol 50 mg tablet <b>MO</b>	4	
CAFERGOT 1 MG-100 MG TABLET <b>MO</b>	4	
CANTIL 25 MG TABLET <b>MO</b>	4	
carisoprodol 350 mg tablet <b>MO</b>	2	PA
CHANTIX 0.5 MG TABLET <b>MO</b>	4	QL (56 per 28 days)
CHANTIX 1 MG TABLET <b>MO</b>	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <b>MO</b>	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK <b>MO</b>	4	QL (56 per 28 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	4	QL (4 per 20 days)
cyclobenzaprine 10 mg tablet <b>MO</b>	4	PA
cyclobenzaprine 5 mg tablet <b>MO</b>	4	PA
D.H.E.45 1 MG/ML INJECTION SOLUTION <b>MO</b>	5	
dantrolene sodium 100 mg cap <b>MO</b>	4	
dantrolene sodium 25 mg cap <b>MO</b>	4	
dantrolene sodium 50 mg cap <b>MO</b>	4	
dicyclomine 10 mg capsule <b>MO</b>	1	
dicyclomine 10 mg/5 ml soln <b>MO</b>	2	
dicyclomine 20 mg tablet <b>MO</b>	1	
dihydroergotamine 1 mg/ml am <b>MO</b>	4	
dihydroergotamine 4 mg/ml spry <b>MO</b>	4	QL (8 per 30 days)
dobutamine 1 gm-d5w 250 ml <b>MO</b>	2	
dobutamine 12.5 mg/ml vial <b>MO</b>	2	
dobutamine 250 mg-d5w 250 ml <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dobutamine 500 mg-d5w 250 ml <b>MO</b>	2	
donepezil hcl 10 mg tablet <b>MO</b>	1	QL (60 per 30 days)
donepezil hcl 5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
donepezil hcl odt 10 mg tablet <b>MO</b>	1	QL (30 per 30 days)
donepezil hcl odt 5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
dopamine 160 mg/ml vial <b>MO</b>	1	
dopamine 200 mg-d5w 250 ml <b>MO</b>	1	
dopamine 40 mg/ml vial <b>MO</b>	1	
dopamine 400 mg-d5w 250 ml <b>MO</b>	1	
dopamine 400 mg-d5w 500 ml <b>MO</b>	1	
dopamine 80 mg/ml vial <b>MO</b>	1	
dopamine 800 mg-d5w 250 ml <b>MO</b>	1	
dopamine 800 mg-d5w 500 ml <b>MO</b>	1	
DUONEB 0.5 MG-3 MG/3 ML SOLN <b>MO</b>	4	B vs D
epinephrine 0.1 mg/ml syringe <b>MO</b>	1	
epinephrine 1 mg/ml ampul <b>MO</b>	1	
epinephrine 1 mg/ml vial <b>MO</b>	1	
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) INJECTION,AUTO-INJECTOR <b>MO</b>	3	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) INJECTION,AUTO-INJECTOR <b>MO</b>	3	
ERGOMAR 2 MG SUBLINGUAL TABLET <b>MO</b>	2	
EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL <b>MO</b>	4	QL (30 per 30 days)
EXELON PATCH 4.6 MG/24 HR TRANSDERMAL <b>MO</b>	4	QL (30 per 30 days)
EXELON PATCH 9.5 MG/24 HR TRANSDERMAL <b>MO</b>	4	QL (30 per 30 days)
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE <b>MO</b>	3	QL (60 per 30 days)
galantamine 4 mg/ml oral soln <b>MO</b>	4	QL (200 per 30 days)
galantamine er 16 mg capsule <b>MO</b>	4	QL (30 per 30 days)
galantamine er 24 mg capsule <b>MO</b>	4	QL (30 per 30 days)
galantamine er 8 mg capsule <b>MO</b>	4	QL (30 per 30 days)
galantamine hbr 12 mg tablet <b>MO</b>	4	QL (60 per 30 days)
galantamine hbr 4 mg tablet <b>MO</b>	4	QL (60 per 30 days)
galantamine hbr 8 mg tablet <b>MO</b>	4	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial <b>MO</b>	3	
glycopyrrolate 1 mg tablet <b>MO</b>	3	
glycopyrrolate 2 mg tablet <b>MO</b>	3	
guanidine hcl 125 mg tablet <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
iprat-albut 0.5-3(2.5) mg/3 ml <b>MO</b>	2	B vs D
ipratropium br 0.02% soln <b>MO</b>	2	B vs D
ISUPREL 0.2 MG/ML INJECTION SOLUTION <b>MO</b>	4	
LEVOPHED 1 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	
LIORESAL 2,000 MCG/ML INTRATHECAL SOLUTION <b>MO</b>	5	B vs D
LIORESAL 50 MCG/ML INTRATHECAL SOLUTION <b>MO</b>	4	B vs D
LIORESAL 500 MCG/ML INTRATHECAL SOLUTION <b>MO</b>	4	B vs D
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	
metaproterenol 10 mg tablet <b>MO</b>	4	
metaproterenol 10 mg/5 ml syr <b>MO</b>	4	
metaproterenol 20 mg tablet <b>MO</b>	4	
methocarbamol 500 mg tablet <b>MO</b>	2	PA
methocarbamol 750 mg tablet <b>MO</b>	2	PA
methscopolamine brom 2.5 mg tb <b>MO</b>	4	
methscopolamine brom 5 mg tab <b>MO</b>	4	
midodrine hcl 10 mg tablet <b>MO</b>	3	
midodrine hcl 2.5 mg tablet <b>MO</b>	3	
midodrine hcl 5 mg tablet <b>MO</b>	3	
migergot 2 mg-100 mg rectal suppository <b>MO</b>	4	
neostigmine 1:1,000 vial <b>MO</b>	2	
neostigmine 1:2,000 vial <b>MO</b>	2	
NICOTROL NS 10 MG/ML NASAL SPRAY <b>MO</b>	4	
norepinephrine 1 mg/ml vial <b>MO</b>	1	
orphenadrine er 100 mg tablet <b>MO</b>	3	PA
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <b>MO</b>	4	PA,QL (120 per 30 days)
phentolamine 5 mg vial <b>MO</b>	3	
phenylephrine 10 mg/ml vial <b>MO</b>	1	
pilocarpine hcl 5 mg tablet <b>MO</b>	4	
pilocarpine hcl 7.5 mg tablet <b>MO</b>	4	
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (36 per 30 days)
propantheline 15 mg tablet <b>MO</b>	2	
PROSTIGMIN 15 MG TABLET <b>MO</b>	4	
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	4	QL (36 per 30 days)
pyridostigmine br 60 mg tablet <b>MO</b>	3	
RAPAFLO 4 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RAPAFLO 8 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION SOLUTION <b>MO</b>	4	
revonto 20 mg intravenous solution <b>MO</b>	3	
rivastigmine 1.5 mg capsule <b>MO</b>	4	QL (90 per 30 days)
rivastigmine 3 mg capsule <b>MO</b>	4	QL (90 per 30 days)
rivastigmine 4.5 mg capsule <b>MO</b>	4	QL (60 per 30 days)
rivastigmine 6 mg capsule <b>MO</b>	4	QL (60 per 30 days)
ROBINUL 1 MG TABLET <b>MO</b>	4	
ROBINUL FORTE 2 MG TABLET <b>MO</b>	4	PA
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES <b>MO</b>	3	QL (30 per 30 days)
tamsulosin hcl 0.4 mg capsule <b>MO</b>	2	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial <b>MO</b>	5	
terbutaline sulfate 2.5 mg tab <b>MO</b>	4	
terbutaline sulfate 5 mg tab <b>MO</b>	4	
tizanidine hcl 2 mg tablet <b>MO</b>	2	
tizanidine hcl 4 mg tablet <b>MO</b>	2	
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED <b>MO</b>	4	QL (1 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (36 per 30 days)
<b>BLOOD FORMATION,COAGULATION &amp; THROMBOSIS</b>		
aminocaproic acid 1,000 mg tab <b>MO</b>	3	
aminocaproic acid 25% solution <b>MO</b>	3	
aminocaproic acid 250 mg/ml <b>MO</b>	3	
aminocaproic acid 500 mg tab <b>MO</b>	3	
anagrelide hcl 0.5 mg capsule <b>MO</b>	3	
anagrelide hcl 1 mg capsule <b>MO</b>	3	
argatroban 250 mg/2.5 ml vial <b>MO</b>	1	
BRILINTA 90 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
cilostazol 100 mg tablet <b>MO</b>	2	
cilostazol 50 mg tablet <b>MO</b>	2	
clopidogrel 300 mg tablet <b>MO</b>	2	QL (1 per 30 days)
clopidogrel 75 mg tablet <b>MO</b>	2	QL (30 per 30 days)
COUMADIN 1 MG TABLET <b>MO</b>	4	
COUMADIN 10 MG TABLET <b>MO</b>	4	
COUMADIN 2 MG TABLET <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUMADIN 2.5 MG TABLET <b>MO</b>	4	
COUMADIN 3 MG TABLET <b>MO</b>	4	
COUMADIN 4 MG TABLET <b>MO</b>	4	
COUMADIN 5 MG TABLET <b>MO</b>	4	
COUMADIN 5 MG VIAL <b>MO</b>	4	
COUMADIN 6 MG TABLET <b>MO</b>	4	
COUMADIN 7.5 MG TABLET <b>MO</b>	4	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	PA
EFFIENT 10 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EFFIENT 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 (60 per 30 days)
enoxaparin 100 mg/ml syringe <b>HI,SP</b>	4	QL (28 per 30 days)
enoxaparin 120 mg/0.8 ml syr <b>HI,SP</b>	4	QL (28 per 30 days)
enoxaparin 150 mg/ml syringe <b>HI,SP</b>	4	QL (28 per 30 days)
enoxaparin 30 mg/0.3 ml syr <b>HI,SP</b>	4	QL (28 per 30 days)
enoxaparin 300 mg/3 ml vial <b>SP</b>	4	QL (14 per 30 days)
enoxaparin 40 mg/0.4 ml syr <b>HI,SP</b>	4	QL (28 per 30 days)
enoxaparin 60 mg/0.6 ml syr <b>HI,SP</b>	4	QL (28 per 30 days)
enoxaparin 80 mg/0.8 ml syr <b>HI,SP</b>	4	QL (28 per 30 days)
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	5	PA,QL (14 per 30 days)
EPOGEN 2,000 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 (14 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	5	PA,QL (14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	4	PA,QL (14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	4	PA,QL (14 per 30 days)
fondaparinux 10 mg/0.8 ml syr <b>HI,SP</b>	5	QL (14 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr <b>HI,SP</b>	4	QL (14 per 30 days)
fondaparinux 5 mg/0.4 ml syr <b>HI,SP</b>	5	QL (14 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr <b>HI,SP</b>	5	QL (14 per 30 days)
FRAGMIN 10,000 UNIT/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	QL (14 per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	QL (14 per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	QL (14 per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	QL (14 per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SUBCUTANEOUS SYRINGE <b>SP</b>	4	QL (14 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FRAGMIN 25,000 UNIT/ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	QL (2 per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SUBCUTANEOUS SYRINGE <b>SP</b>	4	QL (14 per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	QL (14 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (14 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (14 per 28 days)
heparin 2,000 unit/2 ml vial <b>MO</b>	3	
heparin sod 10,000 unit/ml vial <b>HI,MO</b>	3	
heparin sod 20,000 unit/ml vial <b>HI,MO</b>	3	
heparin sod 5,000 unit/ 0.5 ml <b>MO</b>	3	
heparin sod 5,000 unit/0.5 ml <b>MO</b>	3	
heparin sod 5,000 unit/ml syr <b>MO</b>	3	
heparin sod 5,000 unit/ml vial <b>HI,MO</b>	3	
heparin-1/2ns 12,500 units/250 <b>MO</b>	1	
heparin-1/2ns 25,000 units/250 <b>HI,MO</b>	1	
heparin-1/2ns 25,000 units/500 <b>HI,MO</b>	1	
heparin-d5w 12,500 unit/250 ml <b>MO</b>	1	
heparin-d5w 20,000 unit/500 ml <b>MO</b>	1	
heparin-d5w 25,000 unit/250 ml <b>MO</b>	1	
heparin-d5w 25,000 unit/500 ml <b>MO</b>	1	
heparin-ns 1,000 units/500 ml <b>MO</b>	1	
heparin-ns 2,000 unit/1,000 ml <b>HI,MO</b>	1	
jantoven 1 mg tablet <b>MO</b>	2	
jantoven 10 mg tablet <b>MO</b>	2	
jantoven 2 mg tablet <b>MO</b>	2	
jantoven 2.5 mg tablet <b>MO</b>	2	
jantoven 3 mg tablet <b>MO</b>	2	
jantoven 4 mg tablet <b>MO</b>	2	
jantoven 5 mg tablet <b>MO</b>	2	
jantoven 6 mg tablet <b>MO</b>	2	
jantoven 7.5 mg tablet <b>MO</b>	2	
LEUKINE 250 MCG SOLUTION FOR INJECTION <b>SP</b>	5	PA
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION <b>MO</b>	5	PA,QL (8 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (2 per 28 days)
NEUMEGA 5 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <b>SP</b>	5	PA,QL (14 per 30 days)

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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 (14 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <b>SP</b>	5	PA,QL (14 per 30 days)
pentoxifylline er 400 mg tab <b>MO</b>	2	
PRADAXA 150 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
PRADAXA 75 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	4	PA,QL (14 per 30 days)
PROCRIT 2,000 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>	5	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	5	PA,QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	4	PA,QL (14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	4	PA,QL (14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	5	PA,QL (14 per 30 days)
PROMACTA 12.5 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 (30 per 30 days)
PROMACTA 75 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
protamine 250 mg/25 ml vial <b>MO</b>	1	
REOPRO 10 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	5	
ticlopidine 250 mg tablet <b>MO</b>	4	PA
TNKASE 50 MG INTRAVENOUS KIT <b>MO</b>	5	
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)
TRENTAL ER 400 MG TABLET <b>MO</b>	4	
warfarin sodium 1 mg tablet <b>MO</b>	1	
warfarin sodium 10 mg tablet <b>MO</b>	1	
warfarin sodium 2 mg tablet <b>MO</b>	1	
warfarin sodium 2.5 mg tablet <b>MO</b>	1	
warfarin sodium 3 mg tablet <b>MO</b>	1	
warfarin sodium 4 mg tablet <b>MO</b>	1	
warfarin sodium 5 mg tablet <b>MO</b>	1	
warfarin sodium 6 mg tablet <b>MO</b>	1	
warfarin sodium 7.5 mg tablet <b>MO</b>	1	
XARELTO 10 MG TABLET <b>MO</b>	3	QL (35 per 60 days)
XARELTO 15 MG TABLET <b>MO</b>	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XARELTO 20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ZONTIVITY 2.08 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
<b>CARDIOVASCULAR DRUGS</b>		
acebutolol 200 mg capsule <b>MO</b>	2	
acebutolol 400 mg capsule <b>MO</b>	2	
ADALAT CC 30 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
ADALAT CC 60 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
ADALAT CC 90 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
ADCIRCA 20 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
ADENOCARD 3 MG/ML INTRAVENOUS SYRINGE <b>MO</b>	4	
adenosine 12 mg/4 ml syringe <b>MO</b>	1	
adenosine 12 mg/4 ml vial <b>MO</b>	1	
afeditab cr 30 mg tablet,extended release <b>MO</b>	3	QL (60 per 30 days)
afeditab cr 60 mg tablet,extended release <b>MO</b>	3	QL (60 per 30 days)
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	ST
amiodarone 150 mg/3 ml syringe <b>MO</b>	2	
amiodarone 900 mg/18 ml vial <b>MO</b>	2	
amiodarone hcl 100 mg tablet <b>MO</b>	3	
amiodarone hcl 200 mg tablet <b>MO</b>	2	
amiodarone hcl 400 mg tablet <b>MO</b>	2	
amlodipine besylate 10 mg tab <b>MO</b>	1	
amlodipine besylate 2.5 mg tab <b>MO</b>	1	
amlodipine besylate 5 mg tab <b>MO</b>	1	
amlodipine-atorvast 10-10 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-atorvast 10-20 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-atorvast 10-40 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-atorvast 10-80 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-atorvast 2.5-10 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-atorvast 2.5-20 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-atorvast 2.5-40 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-atorvast 5-10 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-atorvast 5-20 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-atorvast 5-40 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-atorvast 5-80 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg <b>MO</b>	3	QL (60 per 30 days)

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amlodipine-benazepril 10-40 mg <b>MO</b>	3	QL (30 per 30 days)
amlodipine-benazepril 2.5-10 <b>MO</b>	3	QL (60 per 30 days)
amlodipine-benazepril 5-10 mg <b>MO</b>	3	QL (60 per 30 days)
amlodipine-benazepril 5-20 mg <b>MO</b>	3	QL (60 per 30 days)
amlodipine-benazepril 5-40 mg <b>MO</b>	3	QL (30 per 30 days)
AMTURNIDE 150 MG-5 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
atenolol 100 mg tablet <b>MO</b>	1	
atenolol 25 mg tablet <b>MO</b>	1	
atenolol 50 mg tablet <b>MO</b>	1	
atenolol-chlorthal 50-25 tb <b>MO</b>	2	
atenolol-chlorthalidone 100-25 <b>MO</b>	2	
atorvastatin 10 mg tablet <b>MO</b>	2	QL (30 per 30 days)
atorvastatin 20 mg tablet <b>MO</b>	2	QL (30 per 30 days)
atorvastatin 40 mg tablet <b>MO</b>	2	QL (30 per 30 days)
atorvastatin 80 mg tablet <b>MO</b>	2	QL (30 per 30 days)
AZOR 10 MG-20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
AZOR 10 MG-40 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
AZOR 5 MG-20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
AZOR 5 MG-40 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
benazepril hcl 10 mg tablet <b>MO</b>	1	
benazepril hcl 20 mg tablet <b>MO</b>	1	
benazepril hcl 40 mg tablet <b>MO</b>	1	
benazepril hcl 5 mg tablet <b>MO</b>	1	
benazepril-hctz 10-12.5 mg tab <b>MO</b>	2	
benazepril-hctz 20-12.5 mg tab <b>MO</b>	2	
benazepril-hctz 20-25 mg tab <b>MO</b>	2	
benazepril-hctz 5-6.25 mg tab <b>MO</b>	2	
BENICAR 20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
BENICAR 40 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
BENICAR 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BENICAR HCT 40 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
BENICAR HCT 40 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
BIDIL 20 MG-37.5 MG TABLET <b>MO</b>	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg tab <b>MO</b>	2	
bisoprolol fumarate 5 mg tab <b>MO</b>	2	
bisoprolol-hctz 10-6.25 mg tab <b>MO</b>	2	
bisoprolol-hctz 2.5-6.25 mg tb <b>MO</b>	2	
bisoprolol-hctz 5-6.25 mg tab <b>MO</b>	2	
BREVIBLOC 100 MG/10 ML (10 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	4	
BREVIBLOC 2,000 MG/100 ML (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV <b>MO</b>	4	
BREVIBLOC 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV <b>MO</b>	4	
BYSTOLIC 10 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
BYSTOLIC 2.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
BYSTOLIC 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
candesartan cilexetil 16 mg tb <b>MO</b>	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb <b>MO</b>	3	QL (30 per 30 days)
candesartan cilexetil 4 mg tab <b>MO</b>	3	QL (60 per 30 days)
candesartan cilexetil 8 mg tab <b>MO</b>	3	QL (60 per 30 days)
candesartan-hctz 16-12.5 mg tb <b>MO</b>	3	QL (30 per 30 days)
candesartan-hctz 32-12.5 mg tb <b>MO</b>	3	QL (30 per 30 days)
candesartan-hctz 32-25 mg tab <b>MO</b>	3	QL (30 per 30 days)
captopril 100 mg tablet <b>MO</b>	1	
captopril 12.5 mg tablet <b>MO</b>	1	
captopril 25 mg tablet <b>MO</b>	1	
captopril 50 mg tablet <b>MO</b>	1	
captopril-hctz 25-15 mg tablet <b>MO</b>	2	
captopril-hctz 25-25 mg tablet <b>MO</b>	2	
captopril-hctz 50-15 mg tablet <b>MO</b>	2	
captopril-hctz 50-25 mg tablet <b>MO</b>	2	
CARDENE SR 30 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
CARDENE SR 60 MG CAPSULE <b>MO</b>	4	QL (60 per 30 days)
cartia xt 120 mg capsule,extended release <b>MO</b>	2	QL (60 per 30 days)
cartia xt 180 mg capsule,extended release <b>MO</b>	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cartia xt 240 mg capsule,extended release <b>MO</b>	2	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release <b>MO</b>	2	QL (30 per 30 days)
carvedilol 12.5 mg tablet <b>MO</b>	1	
carvedilol 25 mg tablet <b>MO</b>	1	
carvedilol 3.125 mg tablet <b>MO</b>	1	
carvedilol 6.25 mg tablet <b>MO</b>	1	
cholestyramine light 4 gram oral powder <b>MO</b>	3	
cholestyramine light 4 gram powder for susp in a packet <b>MO</b>	3	
cholestyramine packet <b>MO</b>	3	
cholestyramine powder <b>MO</b>	3	
clonidine 0.1 mg/day patch <b>MO</b>	4	QL (4 per 28 days)
clonidine 0.2 mg/day patch <b>MO</b>	4	QL (4 per 28 days)
clonidine 0.3 mg/day patch <b>MO</b>	4	QL (4 per 28 days)
clonidine hcl 0.1 mg tablet <b>MO</b>	2	
clonidine hcl 0.2 mg tablet <b>MO</b>	2	
clonidine hcl 0.3 mg tablet <b>MO</b>	2	
clonidine hcl er 0.1 mg tablet <b>MO</b>	4	QL (120 per 30 days)
clorpres 0.1 mg-15 mg tablet <b>MO</b>	4	
clorpres 0.2 mg-15 mg tablet <b>MO</b>	4	
clorpres 0.3 mg-15 mg tablet <b>MO</b>	4	
colestipol hcl granules <b>MO</b>	3	
colestipol hcl granules packet <b>MO</b>	3	
colestipol micronized 1 gm tab <b>MO</b>	3	
COREG CR 10 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
COREG CR 20 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
COREG CR 40 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
COREG CR 80 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	
CORZIDE 40 MG-5 MG TABLET <b>MO</b>	4	
CORZIDE 80 MG-5 MG TABLET <b>MO</b>	4	
CRESTOR 10 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
CRESTOR 20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
CRESTOR 40 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
CRESTOR 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
digox 125 mcg tablet <b>MO</b>	1	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
digox 250 mcg tablet <b>MO</b>	1	PA
digoxin 0.25 mg/ml ampul <b>MO</b>	1	PA
digoxin 125 mcg tablet <b>MO</b>	1	QL (30 per 30 days)
digoxin 250 mcg tablet <b>MO</b>	1	PA
digoxin 50 mcg/ml solution <b>MO</b>	2	PA
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	
dilt-cd 120 mg capsule <b>MO</b>	2	QL (60 per 30 days)
dilt-cd 180 mg capsule <b>MO</b>	2	QL (60 per 30 days)
dilt-cd 240 mg capsule <b>MO</b>	2	QL (60 per 30 days)
dilt-cd er 300 mg capsule <b>MO</b>	2	QL (30 per 30 days)
dilt-xr 120 mg capsule, extended release <b>MO</b>	2	QL (60 per 30 days)
dilt-xr 180 mg capsule, extended release <b>MO</b>	2	QL (60 per 30 days)
dilt-xr 240 mg capsule, extended release <b>MO</b>	2	QL (60 per 30 days)
diltiazem 120 mg tablet <b>MO</b>	2	
diltiazem 125 mg/25 ml vial <b>MO</b>	2	
diltiazem 24hr cd 120 mg cap <b>MO</b>	2	QL (60 per 30 days)
diltiazem 24hr er 180 mg cap <b>MO</b>	2	QL (60 per 30 days)
diltiazem 24hr er 240 mg cap <b>MO</b>	2	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap <b>MO</b>	2	QL (30 per 30 days)
diltiazem 30 mg tablet <b>MO</b>	2	
diltiazem 60 mg tablet <b>MO</b>	2	
diltiazem 90 mg tablet <b>MO</b>	2	
diltiazem er 120 mg 12-hr cap <b>MO</b>	2	
diltiazem er 120 mg capsule <b>MO</b>	2	QL (60 per 30 days)
diltiazem er 180 mg capsule <b>MO</b>	2	QL (60 per 30 days)
diltiazem er 240 mg capsule <b>MO</b>	2	QL (60 per 30 days)
diltiazem er 60 mg 12-hr cap <b>MO</b>	2	
diltiazem er 90 mg 12-hr cap <b>MO</b>	2	
diltiazem hcl 100 mg vial <b>MO</b>	4	
diltiazem hcl er 240 mg cap <b>MO</b>	2	QL (60 per 30 days)
diltiazem hcl er 300 mg cap <b>MO</b>	2	QL (30 per 30 days)
diltiazem hcl er 360 mg cap <b>MO</b>	2	QL (30 per 30 days)
diltiazem hcl er 420 mg cap <b>MO</b>	2	QL (30 per 30 days)
diltzac er 120 mg capsule <b>MO</b>	2	QL (60 per 30 days)
diltzac er 180 mg capsule <b>MO</b>	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltzac er 240 mg capsule <b>MO</b>	2	QL (60 per 30 days)
diltzac er 300 mg capsule <b>MO</b>	2	QL (30 per 30 days)
diltzac er 360 mg capsule <b>MO</b>	2	QL (30 per 30 days)
DIOVAN 160 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
DIOVAN 320 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
DIOVAN 40 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
DIOVAN 80 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
disopyramide 100 mg capsule <b>MO</b>	3	PA
disopyramide 150 mg capsule <b>MO</b>	4	PA
doxazosin mesylate 1 mg tab <b>MO</b>	2	
doxazosin mesylate 2 mg tab <b>MO</b>	2	
doxazosin mesylate 4 mg tab <b>MO</b>	2	
doxazosin mesylate 8 mg tab <b>MO</b>	2	
EDARBI 40 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EDARBI 80 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EDARBYCLOR 40 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
enalapril maleate 10 mg tab <b>MO</b>	1	
enalapril maleate 2.5 mg tab <b>MO</b>	1	
enalapril maleate 20 mg tab <b>MO</b>	1	
enalapril maleate 5 mg tablet <b>MO</b>	1	
enalapril-hctz 10-25 mg tablet <b>MO</b>	1	
enalapril-hctz 5-12.5 mg tab <b>MO</b>	1	
enalaprilat 1.25 mg/ml vial <b>MO</b>	2	
eplerenone 25 mg tablet <b>MO</b>	4	
eplerenone 50 mg tablet <b>MO</b>	4	
esmolol hcl 100 mg/10 ml vial <b>MO</b>	1	
EXFORGE 10 MG-160 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EXFORGE 10 MG-320 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EXFORGE 5 MG-160 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EXFORGE 5 MG-320 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EXFORGE HCT 10 MG-320 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EXFORGE HCT 5 MG-160 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
felodipine er 10 mg tablet <b>MO</b>	3	QL (30 per 30 days)
felodipine er 2.5 mg tablet <b>MO</b>	3	QL (30 per 30 days)
felodipine er 5 mg tablet <b>MO</b>	3	QL (30 per 30 days)
fenofibrate 130 mg capsule <b>MO</b>	4	QL (30 per 30 days)
fenofibrate 134 mg capsule <b>MO</b>	3	QL (30 per 30 days)
fenofibrate 145 mg tablet <b>MO</b>	4	QL (30 per 30 days)
fenofibrate 160 mg tablet <b>MO</b>	2	QL (30 per 30 days)
fenofibrate 200 mg capsule <b>MO</b>	3	QL (30 per 30 days)
fenofibrate 43 mg capsule <b>MO</b>	4	QL (30 per 30 days)
fenofibrate 48 mg tablet <b>MO</b>	4	QL (60 per 30 days)
fenofibrate 54 mg tablet <b>MO</b>	2	QL (60 per 30 days)
fenofibrate 67 mg capsule <b>MO</b>	3	QL (60 per 30 days)
fenofibric acid dr 135 mg cap <b>MO</b>	4	QL (30 per 30 days)
fenofibric acid dr 45 mg cap <b>MO</b>	4	QL (30 per 30 days)
flecainide acetate 100 mg tab <b>MO</b>	3	
flecainide acetate 150 mg tab <b>MO</b>	3	
flecainide acetate 50 mg tab <b>MO</b>	3	
fluvastatin sodium 20 mg cap <b>MO</b>	4	QL (60 per 30 days)
fluvastatin sodium 40 mg cap <b>MO</b>	4	QL (60 per 30 days)
fosinopril sodium 10 mg tab <b>MO</b>	1	
fosinopril sodium 20 mg tab <b>MO</b>	1	
fosinopril sodium 40 mg tab <b>MO</b>	1	
fosinopril-hctz 10-12.5 mg tab <b>MO</b>	3	
fosinopril-hctz 20-12.5 mg tab <b>MO</b>	3	
gemfibrozil 600 mg tablet <b>MO</b>	2	QL (60 per 30 days)
guanfacine 1 mg tablet <b>MO</b>	2	PA
guanfacine 2 mg tablet <b>MO</b>	2	PA
hydralazine 10 mg tablet <b>MO</b>	2	
hydralazine 100 mg tablet <b>MO</b>	2	
hydralazine 20 mg/ml vial <b>MO</b>	2	
hydralazine 25 mg tablet <b>MO</b>	2	
hydralazine 50 mg tablet <b>MO</b>	2	
ibutilide fum 1 mg/10 ml vial <b>MO</b>	1	
IMDUR 120 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
imdur 30 mg tablet,extended release <b>MO</b>	4	PA
imdur 60 mg tablet,extended release <b>MO</b>	4	PA
irbesartan 150 mg tablet <b>MO</b>	2	QL (30 per 30 days)
irbesartan 300 mg tablet <b>MO</b>	2	QL (30 per 30 days)
irbesartan 75 mg tablet <b>MO</b>	2	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb <b>MO</b>	2	QL (30 per 30 days)
irbesartan-hctz 300-12.5 mg tb <b>MO</b>	2	QL (30 per 30 days)
ISORDIL 40 MG TABLET <b>MO</b>	4	
ISORDIL TITRADOSE 5 MG TABLET <b>MO</b>	4	
isosorbide dn 10 mg tablet <b>MO</b>	2	
isosorbide dn 2.5 mg tab sl <b>MO</b>	2	
isosorbide dn 20 mg tablet <b>MO</b>	2	
isosorbide dn 30 mg tablet <b>MO</b>	2	
isosorbide dn 5 mg tablet <b>MO</b>	2	
isosorbide dn 5 mg tablet sl <b>MO</b>	2	
isosorbide dn er 40 mg tablet <b>MO</b>	3	
isosorbide mn 10 mg tablet <b>MO</b>	2	
isosorbide mn 20 mg tablet <b>MO</b>	2	
isosorbide mn er 120 mg tab <b>MO</b>	2	
isosorbide mn er 30 mg tablet <b>MO</b>	2	
isosorbide mn er 60 mg tablet <b>MO</b>	2	
isradipine 2.5 mg capsule <b>MO</b>	4	
isradipine 5 mg capsule <b>MO</b>	4	
labetalol hcl 100 mg tablet <b>MO</b>	2	
labetalol hcl 100 mg/20 ml vl <b>MO</b>	2	
labetalol hcl 20 mg/4 ml crpj <b>MO</b>	2	
labetalol hcl 200 mg tablet <b>MO</b>	2	
labetalol hcl 300 mg tablet <b>MO</b>	2	
LANOXIN 125 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 <b>MO</b>	4	PA
LANOXIN 250 MCG/ML INJECTION SOLUTION <b>MO</b>	4	PA
LANOXIN 62.5 MCG TABLET <b>MO</b>	4	QL (30 per 30 days)
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION <b>MO</b>	4	PA
LEVATOL 20 MG TABLET <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine 0.4% in d5w soln <b>MO</b>	1	
lidocaine 0.8% in d5w soln <b>MO</b>	1	
lidocaine hcl 1% syringe <b>MO</b>	2	
lidocaine hcl 2% luer-jet <b>MO</b>	2	
LIPTRUZET 10 MG-10 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
LIPTRUZET 10 MG-20 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
LIPTRUZET 10 MG-40 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
LIPTRUZET 10 MG-80 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
lisinopril 10 mg tablet <b>MO</b>	1	
lisinopril 2.5 mg tablet <b>MO</b>	1	
lisinopril 20 mg tablet <b>MO</b>	1	
lisinopril 30 mg tablet <b>MO</b>	1	
lisinopril 40 mg tablet <b>MO</b>	1	
lisinopril 5 mg tablet <b>MO</b>	1	
lisinopril-hctz 10-12.5 mg tab <b>MO</b>	1	
lisinopril-hctz 20-12.5 mg tab <b>MO</b>	1	
lisinopril-hctz 20-25 mg tab <b>MO</b>	1	
LIVALO 1 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
LIVALO 2 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
LIVALO 4 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
LOPRESSOR 5 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	4	
losartan potassium 100 mg tab <b>MO</b>	1	QL (60 per 30 days)
losartan potassium 25 mg tab <b>MO</b>	1	QL (60 per 30 days)
losartan potassium 50 mg tab <b>MO</b>	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg tab <b>MO</b>	1	QL (60 per 30 days)
losartan-hctz 100-25 mg tab <b>MO</b>	1	QL (60 per 30 days)
losartan-hctz 50-12.5 mg tab <b>MO</b>	1	QL (60 per 30 days)
lovastatin 10 mg tablet <b>MO</b>	2	QL (60 per 30 days)
lovastatin 20 mg tablet <b>MO</b>	2	QL (60 per 30 days)
lovastatin 40 mg tablet <b>MO</b>	2	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE <b>MO</b>	4	PA,QL (120 per 30 days)
metoprolol 1 mg/ml carpuject <b>MO</b>	1	
metoprolol succ er 100 mg tab <b>MO</b>	2	QL (60 per 30 days)
metoprolol succ er 200 mg tab <b>MO</b>	2	QL (60 per 30 days)
metoprolol succ er 25 mg tab <b>MO</b>	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoprolol succ er 50 mg tab <b>MO</b>	2	QL (60 per 30 days)
metoprolol tart 5 mg/5 ml vial <b>MO</b>	1	
metoprolol tartrate 100 mg tab <b>MO</b>	1	
metoprolol tartrate 25 mg tab <b>MO</b>	1	
metoprolol tartrate 50 mg tab <b>MO</b>	1	
metoprolol-hctz 100-25 mg tab <b>MO</b>	3	
metoprolol-hctz 100-50 mg tab <b>MO</b>	3	
metoprolol-hctz 50-25 mg tab <b>MO</b>	3	
mexiletine 150 mg capsule <b>MO</b>	4	
mexiletine 200 mg capsule <b>MO</b>	4	
mexiletine 250 mg capsule <b>MO</b>	4	
minoxidil 10 mg tablet <b>MO</b>	2	
minoxidil 2.5 mg tablet <b>MO</b>	2	
moexipril hcl 15 mg tablet <b>MO</b>	3	
moexipril hcl 7.5 mg tablet <b>MO</b>	3	
moexipril-hctz 15-12.5 mg tab <b>MO</b>	2	
moexipril-hctz 15-25 mg tablet <b>MO</b>	2	
moexipril-hctz 7.5-12.5 mg tab <b>MO</b>	2	
MULTAQ 400 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
nadolol 20 mg tablet <b>MO</b>	3	
nadolol 40 mg tablet <b>MO</b>	3	
nadolol 80 mg tablet <b>MO</b>	3	
nadolol-bendroflu 40-5 mg tab <b>MO</b>	3	
nadolol-bendroflu 80-5 mg tab <b>MO</b>	3	
NATRECOR 1.5 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
NEXTERONE 150 MG/100 ML (1.5 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	4	
NEXTERONE 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	4	
niacin er 1,000 mg tablet <b>MO</b>	4	
niacin er 500 mg tablet <b>MO</b>	4	
niacin er 750 mg tablet <b>MO</b>	4	
niacor 500 mg tablet <b>MO</b>	3	
nicardipine 20 mg capsule <b>MO</b>	2	
nicardipine 25 mg/10 ml ampule <b>MO</b>	2	
nicardipine 30 mg capsule <b>MO</b>	2	
nifediac cc 90 mg tablet <b>MO</b>	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nifedical xl 30 mg tablet,extended release <b>MO</b>	3	QL (60 per 30 days)
nifedical xl 60 mg tablet,extended release <b>MO</b>	3	QL (60 per 30 days)
nifedipine er 30 mg tablet <b>MO</b>	3	QL (60 per 30 days)
nifedipine er 60 mg tablet <b>MO</b>	3	QL (60 per 30 days)
nifedipine er 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 patch <b>MO</b>	2	QL (30 per 30 days)
nitroglycerin 0.2 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 0.6 mg/hr patch <b>MO</b>	2	QL (30 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	
NITROPRESS 25 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	
NITROSTAT 0.3 MG SUBLINGUAL TABLET <b>MO</b>	3	
NITROSTAT 0.4 MG SUBLINGUAL TABLET <b>MO</b>	3	
NITROSTAT 0.6 MG SUBLINGUAL TABLET <b>MO</b>	3	
ntg 0.2 mg/ml in d5w <b>MO</b>	2	
ntg 100 mg/250 ml in d5w <b>MO</b>	2	
ntg 200 mg/500 ml in d5w <b>MO</b>	2	
ntg 25 mg/250 ml in d5w <b>MO</b>	2	
ntg 50 mg/500 ml in d5w <b>MO</b>	2	
omega-3 ethyl esters 1 gm cap <b>MO</b>	3	QL (120 per 30 days)
PACERONE 100 MG TABLET <b>MO</b>	3	
pacerone 200 mg tablet <b>MO</b>	2	
PACERONE 400 MG TABLET <b>MO</b>	3	
papaverine 60 mg/2 ml vial <b>MO</b>	2	
perindopril erbumine 2 mg tab <b>MO</b>	3	
perindopril erbumine 4 mg tab <b>MO</b>	2	
perindopril erbumine 8 mg tab <b>MO</b>	2	
pindolol 10 mg tablet <b>MO</b>	3	
pindolol 5 mg tablet <b>MO</b>	3	
pravastatin sodium 10 mg tab <b>MO</b>	2	QL (30 per 30 days)
pravastatin sodium 20 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)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
spironolactone-hctz 25-25 tab <b>MO</b>	2	
taztia xt 120 mg capsule,extended release <b>MO</b>	2	QL (60 per 30 days)
taztia xt 180 mg capsule,extended release <b>MO</b>	2	QL (60 per 30 days)
taztia xt 240 mg capsule,extended release <b>MO</b>	2	QL (60 per 30 days)
taztia xt 300 mg capsule,extended release <b>MO</b>	2	QL (30 per 30 days)
taztia xt 360 mg capsule,extended release <b>MO</b>	2	QL (30 per 30 days)
TEKAMLO 150 MG-10 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TEKAMLO 150 MG-5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TEKAMLO 300 MG-10 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TEKAMLO 300 MG-5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TEKTURNA 150 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TEKTURNA 300 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TEKTURNA HCT 300 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TEKTURNA HCT 300 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
terazosin 1 mg capsule <b>MO</b>	2	
terazosin 10 mg capsule <b>MO</b>	2	
terazosin 2 mg capsule <b>MO</b>	2	
terazosin 5 mg capsule <b>MO</b>	2	
TIAZAC 120 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
TIAZAC 180 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
TIAZAC 240 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
TIAZAC 300 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
TIAZAC 360 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
TIAZAC 420 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
TIKOSYN 125 MCG CAPSULE <b>SP</b>	4	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE <b>SP</b>	4	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE <b>SP</b>	4	QL (60 per 30 days)
timolol maleate 10 mg tablet <b>MO</b>	2	
timolol maleate 20 mg tablet <b>MO</b>	2	
timolol maleate 5 mg tablet <b>MO</b>	2	
TOPROL XL 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
TOPROL XL 200 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
TOPROL XL 25 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOPROL XL 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
TRANDATE 100 MG TABLET <b>MO</b>	4	
TRANDATE 200 MG TABLET <b>MO</b>	4	
TRANDATE 300 MG TABLET <b>MO</b>	4	
trandolapril 1 mg tablet <b>MO</b>	2	
trandolapril 2 mg tablet <b>MO</b>	2	
trandolapril 4 mg tablet <b>MO</b>	2	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TRIBENZOR 40 MG-10 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TRIBENZOR 40 MG-10 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TRIBENZOR 40 MG-5 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TRIBENZOR 40 MG-5 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
UNIVASC 15 MG TABLET <b>MO</b>	4	
UNIVASC 7.5 MG TABLET <b>MO</b>	4	
valsartan-hctz 160-12.5 mg tab <b>MO</b>	2	QL (30 per 30 days)
valsartan-hctz 160-25 mg tab <b>MO</b>	2	QL (30 per 30 days)
valsartan-hctz 320-12.5 mg tab <b>MO</b>	2	QL (30 per 30 days)
valsartan-hctz 320-25 mg tab <b>MO</b>	2	QL (30 per 30 days)
valsartan-hctz 80-12.5 mg tab <b>MO</b>	2	QL (30 per 30 days)
verapamil 120 mg tablet <b>MO</b>	2	
verapamil 2.5 mg/ml syringe <b>MO</b>	2	
verapamil 2.5 mg/ml vial <b>MO</b>	2	
verapamil 360 mg cap pellet <b>MO</b>	2	QL (60 per 30 days)
verapamil 40 mg tablet <b>MO</b>	2	
verapamil 80 mg tablet <b>MO</b>	2	
verapamil er 120 mg capsule <b>MO</b>	2	QL (60 per 30 days)
verapamil er 120 mg tablet <b>MO</b>	2	
verapamil er 180 mg capsule <b>MO</b>	2	QL (60 per 30 days)
verapamil er 180 mg tablet <b>MO</b>	2	
verapamil er 240 mg capsule <b>MO</b>	2	QL (60 per 30 days)
verapamil er 240 mg tablet <b>MO</b>	2	
verapamil er pm 100 mg capsule <b>MO</b>	2	QL (30 per 30 days)
verapamil er pm 200 mg capsule <b>MO</b>	2	QL (60 per 30 days)
verapamil er pm 300 mg capsule <b>MO</b>	2	QL (30 per 30 days)
VYTORIN 10 MG-10 MG TABLET <b>MO</b>	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYTORIN 10 MG-20 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET <b>MO</b>	3	
WELCHOL 625 MG TABLET <b>MO</b>	3	
XYLOCAINE (CARDIAC) (PF) 20 MG/ML (2 %) INTRAVENOUS SOLUTION <b>MO</b>	4	
ZETIA 10 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TABLET <b>MO</b>	4	PA
ZIAC 2.5 MG-6.25 MG TABLET <b>MO</b>	4	PA
ZIAC 5 MG-6.25 MG TABLET <b>MO</b>	4	PA
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
ABILIFY 1 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (750 per 30 days)
ABILIFY 10 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
ABILIFY 15 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
ABILIFY 2 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
ABILIFY 20 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
ABILIFY 30 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
ABILIFY 5 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
ABILIFY 9.75 MG/1.3 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	QL (120 per 30 days)
ABILIFY DISCMELT 10 MG DISINTEGRATING TABLET <b>MO</b>	4	QL (60 per 30 days)
ABILIFY DISCMELT 15 MG DISINTEGRATING TABLET <b>MO</b>	4	QL (60 per 30 days)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>MO</b>	5	PA,QL (1 per 28 days)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>MO</b>	5	PA,QL (1 per 28 days)
acamprosate calc dr 333 mg tab <b>MO</b>	4	
acetaminophen-cod #2 tablet <b>MO</b>	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet <b>MO</b>	3	QL (390 per 30 days)
acetaminophen-cod #4 tablet <b>MO</b>	3	QL (390 per 30 days)
acetaminophen-codeine solution <b>MO</b>	3	QL (5010 per 30 days)
acetaminophen-codeine solution <b>MO</b>	3	QL (5010 per 30 days)
acetaminophen-codeine solution <b>MO</b>	3	QL (5010 per 30 days)
acetaminophen-codeine solution <b>MO</b>	3	QL (5010 per 30 days)
acetaminophn-butalbital 325-50 <b>MO</b>	4	PA,QL (180 per 30 days)
alfentanil 500 mcg/ml ampul <b>MO</b>	3	QL (450 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
alprazolam 0.25 mg tablet <b>MO</b>	3	QL (120 per 30 days)
alprazolam 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 <b>MO</b>	3	
amantadine 100 mg tablet <b>MO</b>	3	
amantadine 50 mg/5 ml syrup <b>MO</b>	3	
amitriptyline hcl 10 mg tab <b>MO</b>	1	PA
amitriptyline hcl 100 mg tab <b>MO</b>	1	PA
amitriptyline hcl 150 mg tab <b>MO</b>	1	PA
amitriptyline hcl 25 mg tab <b>MO</b>	1	PA
amitriptyline hcl 50 mg tab <b>MO</b>	1	PA
amitriptyline hcl 75 mg tab <b>MO</b>	1	PA
amoxapine 100 mg tablet <b>MO</b>	2	
amoxapine 150 mg tablet <b>MO</b>	2	
amoxapine 25 mg tablet <b>MO</b>	2	
amoxapine 50 mg tablet <b>MO</b>	2	
amphetamine salt combo 10 mg tablet <b>MO</b>	3	QL (90 per 30 days)
amphetamine salt combo 12.5 mg tablet <b>MO</b>	3	QL (90 per 30 days)
amphetamine salt combo 15 mg tablet <b>MO</b>	3	QL (90 per 30 days)
amphetamine salt combo 20 mg tablet <b>MO</b>	3	QL (90 per 30 days)
amphetamine salt combo 30 mg tablet <b>MO</b>	3	QL (60 per 30 days)
amphetamine salt combo 5 mg tablet <b>MO</b>	3	QL (90 per 30 days)
amphetamine salt combo 7.5 mg tablet <b>MO</b>	3	QL (90 per 30 days)
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE <b>SP</b>	5	QL (60 per 28 days)
APTiom 200 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
APTiom 400 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)
APTiom 800 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
AZILECT 0.5 MG TABLET <b>MO</b>	3	
AZILECT 1 MG TABLET <b>MO</b>	3	
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)

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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
benztropine 2 mg/2 ml ampule <b>MO</b>	2	PA
benztropine mes 0.5 mg tab <b>MO</b>	2	PA
benztropine mes 1 mg tablet <b>MO</b>	2	PA
benztropine mes 2 mg tablet <b>MO</b>	2	PA
BRINTELLIX 10 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
BRINTELLIX 20 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
BRINTELLIX 5 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
bromocriptine 2.5 mg tablet <b>MO</b>	4	
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)
budeprion xl 300 mg tablet <b>MO</b>	3	QL (90 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION SOLUTION <b>MO</b>	5	PA,QL (240 per 30 days)
buprenorphine 0.3 mg/ml syrn <b>MO</b>	4	PA,QL (240 per 30 days)
buprenorphine 2 mg tablet sl <b>MO</b>	4	PA,QL (90 per 30 days)
buprenorphine 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 <b>MO</b>	3	QL (90 per 30 days)
bupropion hcl sr 200 mg tab <b>MO</b>	3	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet <b>MO</b>	3	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet <b>MO</b>	3	QL (90 per 30 days)
buspirone hcl 10 mg tablet <b>MO</b>	2	
buspirone hcl 15 mg tablet <b>MO</b>	2	
buspirone hcl 30 mg tablet <b>MO</b>	2	
buspirone hcl 5 mg tablet <b>MO</b>	2	
buspirone hcl 7.5 mg tablet <b>MO</b>	2	
butalb-acetamin-caff 50-325-40 <b>MO</b>	4	PA,QL (180 per 30 days)
butalbit-acetaminophen-caff cp <b>MO</b>	4	PA,QL (180 per 30 days)
butalbital compound tablet <b>MO</b>	4	PA,QL (180 per 30 days)
butalbital-asa-caffeine cap <b>MO</b>	4	PA,QL (180 per 30 days)
butalbital-asa-caffeine tablet <b>MO</b>	4	PA,QL (180 per 30 days)
BUTISOL 30 MG TABLET <b>MO</b>	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BUTISOL 30 MG/5 ML ORAL ELIXIR <b>MO</b>	4	PA
BUTISOL 50 MG TABLET <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)
caff-sod benzoate 500 mg vl <b>MO</b>	1	
caffeine cit 60 mg/3 ml oral <b>MO</b>	1	
caffeine cit 60 mg/3 ml vial <b>MO</b>	1	
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 <b>MO</b>	3	
carbamazepine 200 mg tablet <b>MO</b>	2	
carbamazepine er 100 mg cap <b>MO</b>	4	
carbamazepine er 200 mg cap <b>MO</b>	4	
carbamazepine er 300 mg cap <b>MO</b>	4	
carbamazepine xr 200 mg tablet <b>MO</b>	4	
carbamazepine xr 400 mg tablet <b>MO</b>	4	
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	
carbidopa-levo 10-100 mg odt <b>MO</b>	3	
carbidopa-levo 25-100 mg odt <b>MO</b>	3	
carbidopa-levo 25-250 mg odt <b>MO</b>	3	
carbidopa-levo er 25-100 tab <b>MO</b>	3	
carbidopa-levo er 50-200 tab <b>MO</b>	3	
carbidopa-levodopa 10-100 tab <b>MO</b>	3	
carbidopa-levodopa 25-100 tab <b>MO</b>	3	
carbidopa-levodopa 25-250 tab <b>MO</b>	3	
CELEBREX 100 MG CAPSULE <b>MO</b>	4	QL (60 per 30 days)
CELEBREX 200 MG CAPSULE <b>MO</b>	4	QL (60 per 30 days)
CELEBREX 400 MG CAPSULE <b>MO</b>	4	QL (60 per 30 days)
CELEBREX 50 MG CAPSULE <b>MO</b>	4	QL (60 per 30 days)
CELONTIN 300 MG CAPSULE <b>MO</b>	4	
chlorpromazine 10 mg tablet <b>MO</b>	3	B vs D
chlorpromazine 100 mg tablet <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorpromazine 200 mg tablet <b>MO</b>	3	
chlorpromazine 25 mg tablet <b>MO</b>	3	B vs D
chlorpromazine 25 mg/ml amp <b>MO</b>	3	
chlorpromazine 50 mg tablet <b>MO</b>	3	
choline mag trisal liquid <b>MO</b>	2	
citalopram hbr 10 mg tablet <b>MO</b>	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln <b>MO</b>	2	
citalopram hbr 20 mg tablet <b>MO</b>	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet <b>MO</b>	1	QL (30 per 30 days)
clomipramine 25 mg capsule <b>MO</b>	4	PA
clomipramine 50 mg capsule <b>MO</b>	4	PA
clomipramine 75 mg capsule <b>MO</b>	4	PA
clonazepam 0.125 mg dis tab <b>MO</b>	4	
clonazepam 0.25 mg odt <b>MO</b>	4	
clonazepam 0.5 mg dis tablet <b>MO</b>	4	
clonazepam 0.5 mg tablet <b>MO</b>	3	
clonazepam 1 mg dis tablet <b>MO</b>	4	
clonazepam 1 mg tablet <b>MO</b>	3	
clonazepam 2 mg odt <b>MO</b>	4	
clonazepam 2 mg tablet <b>MO</b>	3	
clorazepate 15 mg tablet <b>MO</b>	4	
clorazepate 3.75 mg tablet <b>MO</b>	4	
clorazepate 7.5 mg tablet <b>MO</b>	4	
clozapine 100 mg tablet <b>MO</b>	3	
clozapine 200 mg tablet <b>MO</b>	3	
clozapine 25 mg tablet <b>MO</b>	3	
clozapine 50 mg tablet <b>MO</b>	3	
clozapine odt 100 mg tablet <b>MO</b>	4	ST
clozapine odt 12.5 mg tablet <b>MO</b>	4	ST
clozapine odt 25 mg tablet <b>MO</b>	4	ST
codeine sulfate 15 mg tablet <b>MO</b>	3	QL (360 per 30 days)
codeine sulfate 30 mg tablet <b>MO</b>	3	QL (360 per 30 days)
codeine sulfate 60 mg tablet <b>MO</b>	3	QL (180 per 30 days)
CYCLOSET 0.8 MG TABLET <b>MO</b>	4	ST,QL (180 per 30 days)
d-amphetamine er 10 mg capsule <b>MO</b>	4	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
d-amphetamine er 15 mg capsule <b>MO</b>	4	QL (120 per 30 days)
d-amphetamine er 5 mg capsule <b>MO</b>	4	QL (60 per 30 days)
DAYTRANA 10 MG/9 HR DAILY PATCH <b>MO</b>	4	QL (30 per 30 days)
DAYTRANA 15 MG/9 HR DAILY PATCH <b>MO</b>	4	QL (30 per 30 days)
DAYTRANA 20 MG/9 HR DAILY PATCH <b>MO</b>	4	QL (30 per 30 days)
DAYTRANA 30 MG/9 HR DAILY PATCH <b>MO</b>	4	QL (30 per 30 days)
DEPACon 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	4	
desipramine 10 mg tablet <b>MO</b>	4	
desipramine 100 mg tablet <b>MO</b>	4	
desipramine 150 mg tablet <b>MO</b>	4	
desipramine 25 mg tablet <b>MO</b>	4	
desipramine 50 mg tablet <b>MO</b>	4	
desipramine 75 mg tablet <b>MO</b>	4	
dexmethylphenidate 10 mg tab <b>MO</b>	3	QL (60 per 30 days)
dexmethylphenidate 2.5 mg tab <b>MO</b>	3	QL (60 per 30 days)
dexmethylphenidate 5 mg tab <b>MO</b>	3	QL (60 per 30 days)
dexmethylphenidate er 15 mg cp <b>MO</b>	4	QL (30 per 30 days)
dexmethylphenidate er 30 mg cp <b>MO</b>	4	QL (30 per 30 days)
dexmethylphenidate er 40 mg cp <b>MO</b>	4	QL (30 per 30 days)
dextroamp-amphet er 10 mg cap <b>MO</b>	4	QL (30 per 30 days)
dextroamp-amphet er 15 mg cap <b>MO</b>	4	QL (30 per 30 days)
dextroamp-amphet er 20 mg cap <b>MO</b>	4	QL (60 per 30 days)
dextroamp-amphet er 25 mg cap <b>MO</b>	4	QL (60 per 30 days)
dextroamp-amphet er 30 mg cap <b>MO</b>	4	QL (60 per 30 days)
dextroamp-amphet er 5 mg cap <b>MO</b>	4	QL (30 per 30 days)
dextroamphetamine 10 mg tab <b>MO</b>	4	QL (180 per 30 days)
dextroamphetamine 5 mg tab <b>MO</b>	4	QL (150 per 30 days)
diazepam 10 mg rectal gel syst <b>MO</b>	4	
diazepam 10 mg tablet <b>MO</b>	4	QL (120 per 30 days)
diazepam 2 mg tablet <b>MO</b>	4	QL (90 per 30 days)
diazepam 2.5 mg rectal gel sys <b>MO</b>	4	
diazepam 20 mg rectal gel syst <b>MO</b>	4	
diazepam 5 mg tablet <b>MO</b>	4	QL (90 per 30 days)
diazepam 5 mg/5 ml solution <b>MO</b>	4	QL (1200 per 30 days)
diazepam intensol 5 mg/ml oral concentrate <b>MO</b>	4	QL (1200 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diclofenac pot 50 mg tablet <b>MO</b>	2	
diclofenac sod ec 25 mg tab <b>MO</b>	2	
diclofenac sod ec 50 mg tab <b>MO</b>	2	
diclofenac sod ec 75 mg tab <b>MO</b>	2	
diclofenac sod er 100 mg tab <b>MO</b>	2	
diclofenac sodium 1.5% soln <b>MO</b>	4	
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 tab <b>MO</b>	2	
divalproex sod dr 250 mg tab <b>MO</b>	2	
divalproex sod dr 500 mg tab <b>MO</b>	2	
divalproex sod er 250 mg tab <b>MO</b>	3	
divalproex sod er 500 mg tab <b>MO</b>	3	
divalproex sodium 125 mg cap <b>MO</b>	2	
DOPRAM 20 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	
doxepin 10 mg capsule <b>MO</b>	2	PA
doxepin 10 mg/ml oral conc <b>MO</b>	2	PA
doxepin 100 mg capsule <b>MO</b>	2	PA
doxepin 150 mg capsule <b>MO</b>	2	PA
doxepin 25 mg capsule <b>MO</b>	2	PA
doxepin 50 mg capsule <b>MO</b>	2	PA
doxepin 75 mg capsule <b>MO</b>	2	PA
droperidol 2.5 mg/ml vial <b>MO</b>	3	
duloxetine hcl dr 20 mg cap <b>MO</b>	3	QL (60 per 30 days)
duloxetine hcl dr 30 mg cap <b>MO</b>	3	QL (60 per 30 days)
duloxetine hcl dr 60 mg cap <b>MO</b>	3	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)
EC-NAPROSYN 375 MG TABLET,DELAYED RELEASE <b>MO</b>	4	PA
EC-NAPROSYN 500 MG TABLET,DELAYED RELEASE <b>MO</b>	4	PA
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	5	QL (30 per 30 days)
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	5	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	5	QL (30 per 30 days)
endocet 10 mg-325 mg tablet <b>MO</b>	3	QL (360 per 30 days)
endocet 2.5 mg-325 mg tablet <b>MO</b>	3	QL (360 per 30 days)
endocet 5 mg-325 mg tablet <b>MO</b>	3	QL (360 per 30 days)
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 CAPSULE, EXTENDED RELEASE <b>MO</b>	4	
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	
EQUETRO 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 tablet <b>MO</b>	2	QL (30 per 30 days)
escitalopram 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 tablet <b>MO</b>	4	PA
eszopiclone 2 mg tablet <b>MO</b>	4	PA
eszopiclone 3 mg tablet <b>MO</b>	4	PA
ethosuximide 250 mg capsule <b>MO</b>	3	
ethosuximide 250 mg/5 ml soln <b>MO</b>	4	
etodolac 200 mg capsule <b>MO</b>	2	
etodolac 300 mg capsule <b>MO</b>	2	
etodolac 400 mg tablet <b>MO</b>	2	
etodolac 500 mg tablet <b>MO</b>	2	
etodolac er 400 mg tablet <b>MO</b>	3	
etodolac er 500 mg tablet <b>MO</b>	3	
etodolac er 600 mg tablet <b>MO</b>	3	
FANAPT 1 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
FANAPT 10 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
FANAPT 12 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
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)
FANAPT 2 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
FANAPT 4 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
FANAPT 6 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
FANAPT 8 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
FAZACLO 100 MG DISINTEGRATING TABLET <b>MO</b>	4	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FAZACLO 12.5 MG DISINTEGRATING TABLET <b>MO</b>	4	ST
FAZACLO 150 MG DISINTEGRATING TABLET <b>MO</b>	4	ST
FAZACLO 200 MG DISINTEGRATING TABLET <b>MO</b>	4	ST
FAZACLO 25 MG DISINTEGRATING TABLET <b>MO</b>	4	ST
felbamate 400 mg tablet <b>MO</b>	4	
felbamate 600 mg tablet <b>MO</b>	4	
felbamate 600 mg/5 ml susp <b>MO</b>	5	
fenoprofen 600 mg tablet <b>MO</b>	4	
fenoprofen calcium 400 mg cap <b>MO</b>	4	
fentanyl 0.05 mg/ml ampul <b>MO</b>	4	QL (720 per 30 days)
fentanyl 0.05 mg/ml syringe <b>MO</b>	4	QL (240 per 30 days)
fentanyl 100 mcg/hr patch <b>MO</b>	4	QL (20 per 30 days)
fentanyl 12 mcg/hr patch <b>MO</b>	4	QL (20 per 30 days)
fentanyl 25 mcg/hr patch <b>MO</b>	4	QL (20 per 30 days)
fentanyl 50 mcg/hr patch <b>MO</b>	4	QL (20 per 30 days)
fentanyl 75 mcg/hr patch <b>MO</b>	4	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg <b>MO</b>	5	PA,QL (120 per 30 days)
fentanyl cit otfc 1,600 mcg <b>MO</b>	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 200 mcg <b>MO</b>	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 400 mcg <b>MO</b>	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 600 mcg <b>MO</b>	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 800 mcg <b>MO</b>	5	PA,QL (120 per 30 days)
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK <b>MO</b>	4	PA,QL (28 per 28 days)
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH <b>MO</b>	4	PA,QL (60 per 30 days)
flumazenil 0.1 mg/ml vial <b>MO</b>	2	
fluoxetine 20 mg/5 ml solution <b>MO</b>	2	
fluoxetine dr 90 mg capsule <b>MO</b>	4	QL (4 per 28 days)
fluoxetine hcl 10 mg capsule <b>MO</b>	2	QL (60 per 30 days)
fluoxetine hcl 10 mg tablet <b>MO</b>	2	
fluoxetine hcl 20 mg capsule <b>MO</b>	2	QL (120 per 30 days)
fluoxetine hcl 20 mg tablet <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoxetine hcl 40 mg capsule <b>MO</b>	2	QL (60 per 30 days)
fluoxetine hcl 60 mg tablet <b>MO</b>	2	QL (30 per 30 days)
fluphenazine 1 mg tablet <b>MO</b>	2	
fluphenazine 10 mg tablet <b>MO</b>	2	
fluphenazine 2.5 mg tablet <b>MO</b>	2	
fluphenazine 2.5 mg/5 ml elix <b>MO</b>	2	
fluphenazine 2.5 mg/ml vial <b>MO</b>	2	
fluphenazine 5 mg tablet <b>MO</b>	2	
fluphenazine 5 mg/ml conc <b>MO</b>	2	
fluphenazine dec 25 mg/ml vial <b>MO</b>	4	
flurbiprofen 100 mg tablet <b>MO</b>	2	
flurbiprofen 50 mg tablet <b>MO</b>	2	
fluvoxamine er 100 mg capsule <b>MO</b>	4	QL (60 per 30 days)
fluvoxamine er 150 mg capsule <b>MO</b>	4	QL (60 per 30 days)
fluvoxamine maleate 100 mg tab <b>MO</b>	3	QL (90 per 30 days)
fluvoxamine maleate 25 mg tab <b>MO</b>	3	QL (90 per 30 days)
fluvoxamine maleate 50 mg tab <b>MO</b>	3	QL (90 per 30 days)
fosphenytoin 100 mg pe/2 ml vl <b>MO</b>	1	
fosphenytoin 500 mg pe/10 ml <b>MO</b>	1	
FYCOMPA 10 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
FYCOMPA 12 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
FYCOMPA 2 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
FYCOMPA 4 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
FYCOMPA 6 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
FYCOMPA 8 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
gabapentin 100 mg capsule <b>MO</b>	2	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln <b>MO</b>	3	
gabapentin 250 mg/5 ml soln <b>MO</b>	3	
gabapentin 300 mg capsule <b>MO</b>	2	QL (270 per 30 days)
gabapentin 300 mg/6 ml soln <b>MO</b>	3	
gabapentin 400 mg capsule <b>MO</b>	2	QL (270 per 30 days)
gabapentin 600 mg tablet <b>MO</b>	2	QL (180 per 30 days)
gabapentin 800 mg tablet <b>MO</b>	2	QL (180 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION <b>MO</b>	4	
HALDOL 5 MG/ML INJECTION SOLUTION <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	PA
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
haloperidol 0.5 mg tablet <b>MO</b>	2	
haloperidol 1 mg tablet <b>MO</b>	2	
haloperidol 10 mg tablet <b>MO</b>	2	
haloperidol 2 mg tablet <b>MO</b>	2	
haloperidol 20 mg tablet <b>MO</b>	2	
haloperidol 5 mg tablet <b>MO</b>	2	
haloperidol dec 100 mg/ml vial <b>MO</b>	4	
haloperidol dec 50 mg/ml vial <b>MO</b>	4	
haloperidol lac 2 mg/ml conc <b>MO</b>	2	
haloperidol lac 5 mg/ml vial <b>MO</b>	2	
hydrocodon-acetaminoph 2.5-325 <b>MO</b>	3	QL (360 per 30 days)
hydrocodon-acetaminoph 7.5-325 <b>MO</b>	3	QL (360 per 30 days)
hydrocodon-acetaminophen 5-325 <b>MO</b>	3	QL (360 per 30 days)
hydrocodon-acetaminophn 10-325 <b>MO</b>	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15 <b>MO</b>	3	QL (5520 per 30 days)
hydrocodone-acetamin 5-163/7.5 <b>MO</b>	3	QL (5520 per 30 days)
hydromorphone 0.5 mg/0.5 ml <b>MO</b>	4	QL (720 per 30 days)
hydromorphone 1 mg/ml syringe <b>MO</b>	4	QL (720 per 30 days)
hydromorphone 2 mg tablet <b>MO</b>	3	QL (360 per 30 days)
hydromorphone 2 mg/ml syringe <b>MO</b>	4	QL (360 per 30 days)
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 tablet <b>MO</b>	3	QL (360 per 30 days)
hydromorphone 4 mg/ml syrin <b>MO</b>	4	QL (180 per 30 days)
hydromorphone 50 mg/5 ml vial <b>MO</b>	4	QL (144 per 30 days)
hydromorphone 8 mg tablet <b>MO</b>	3	QL (240 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 <b>MO</b>	1	
ibuprofen 400 mg tablet <b>MO</b>	1	
ibuprofen 600 mg tablet <b>MO</b>	1	
ibuprofen 800 mg tablet <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
imipramine hcl 10 mg tablet <b>MO</b>	2	PA
imipramine hcl 25 mg tablet <b>MO</b>	2	PA
imipramine hcl 50 mg tablet <b>MO</b>	2	PA
imipramine pamoate 100 mg cap <b>MO</b>	4	PA
imipramine pamoate 125 mg cap <b>MO</b>	4	PA
imipramine pamoate 150 mg cap <b>MO</b>	4	PA
imipramine pamoate 75 mg cap <b>MO</b>	4	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 TABLET,EXTENDED RELEASE <b>MO</b>	5	ST,QL (30 per 30 days)
INVEGA 3 MG TABLET,EXTENDED RELEASE <b>MO</b>	5	ST,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE <b>MO</b>	5	ST,QL (60 per 30 days)
INVEGA 9 MG TABLET,EXTENDED RELEASE <b>MO</b>	5	ST,QL (30 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE <b>MO</b>	5	QL (2 per 30 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	5	QL (2 per 30 days)
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	5	QL (2 per 30 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (2 per 30 days)
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (2 per 30 days)
ketoprofen 50 mg capsule <b>MO</b>	2	
ketoprofen 75 mg capsule <b>MO</b>	2	
ketoprofen er 200 mg capsule <b>MO</b>	4	
LAMICTAL 2 MG CHEWABLE DISPERSIBLE TABLET <b>MO</b>	4	
LAMICTAL ODT 100 MG DISINTEGRATING TABLET <b>MO</b>	4	
LAMICTAL ODT 200 MG DISINTEGRATING TABLET <b>MO</b>	4	
LAMICTAL ODT 25 MG DISINTEGRATING TABLET <b>MO</b>	4	
LAMICTAL ODT 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
lamotrigine 100 mg tablet <b>MO</b>	2	
lamotrigine 150 mg tablet <b>MO</b>	2	
lamotrigine 200 mg tablet <b>MO</b>	2	
lamotrigine 25 mg disper tab <b>MO</b>	2	
lamotrigine 25 mg tablet <b>MO</b>	2	
lamotrigine 25 mg tb start kit <b>MO</b>	2	
lamotrigine 5 mg disper tablet <b>MO</b>	2	
lamotrigine er 100 mg tablet <b>MO</b>	4	
lamotrigine er 200 mg tablet <b>MO</b>	4	
lamotrigine er 25 mg tablet <b>MO</b>	4	
lamotrigine er 250 mg tablet <b>MO</b>	4	
lamotrigine er 300 mg tablet <b>MO</b>	4	
lamotrigine er 50 mg tablet <b>MO</b>	4	
LATUDA 120 MG TABLET <b>MO</b>	5	PA,QL (30 per 30 days)
LATUDA 20 MG TABLET <b>MO</b>	5	PA,QL (30 per 30 days)
LATUDA 40 MG TABLET <b>MO</b>	5	PA,QL (30 per 30 days)
LATUDA 60 MG TABLET <b>MO</b>	5	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET <b>MO</b>	5	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY NASAL SPRAY <b>MO</b>	5	PA,QL (30 per 30 days)
LAZANDA 400 MCG/SPRAY NASAL SPRAY <b>MO</b>	5	PA,QL (30 per 30 days)
levetiracetam 1,000 mg tablet <b>MO</b>	2	
levetiracetam 100 mg/ml soln <b>MO</b>	3	
levetiracetam 250 mg tablet <b>MO</b>	2	
levetiracetam 500 mg tablet <b>MO</b>	2	
levetiracetam 500 mg/5 ml soln <b>MO</b>	4	
levetiracetam 500 mg/5 ml vial <b>MO</b>	4	
levetiracetam 750 mg tablet <b>MO</b>	2	
levetiracetam er 500 mg tablet <b>MO</b>	2	
levetiracetam er 750 mg tablet <b>MO</b>	2	
levetiracetam-nacl 1,000mg/100 <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levetiracetam-nacl 1,500mg/100 <b>MO</b>	2	
levetiracetam-nacl 500 mg/100 <b>MO</b>	2	
levorphanol 2 mg tablet <b>MO</b>	4	QL (240 per 30 days)
lithium 8 meq/5 ml solution <b>MO</b>	2	
lithium 8 meq/5 ml solution <b>MO</b>	2	
lithium carbonate 150 mg cap <b>MO</b>	2	
lithium carbonate 300 mg cap <b>MO</b>	2	
lithium carbonate 300 mg tab <b>MO</b>	2	
lithium carbonate 600 mg cap <b>MO</b>	2	
lithium carbonate er 300 mg tb <b>MO</b>	2	
lithium er 450 mg tablet <b>MO</b>	2	
lorazepam 0.5 mg tablet <b>MO</b>	3	QL (90 per 30 days)
lorazepam 1 mg tablet <b>MO</b>	3	QL (90 per 30 days)
lorazepam 2 mg tablet <b>MO</b>	3	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent <b>MO</b>	3	QL (150 per 30 days)
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE <b>MO</b>	3	QL (150 per 30 days)
loxapine 10 mg capsule <b>MO</b>	3	
loxapine 25 mg capsule <b>MO</b>	3	
loxapine 5 mg capsule <b>MO</b>	3	
loxapine 50 mg capsule <b>MO</b>	3	
LUNESTA 1 MG TABLET <b>MO</b>	4	PA
LUNESTA 2 MG TABLET <b>MO</b>	4	PA
LUNESTA 3 MG TABLET <b>MO</b>	4	PA
LYRICA 100 MG CAPSULE <b>MO</b>	4	QL (90 per 30 days)
LYRICA 150 MG CAPSULE <b>MO</b>	4	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (900 per 30 days)
LYRICA 200 MG CAPSULE <b>MO</b>	4	QL (90 per 30 days)
LYRICA 225 MG CAPSULE <b>MO</b>	4	QL (60 per 30 days)
LYRICA 25 MG CAPSULE <b>MO</b>	4	QL (90 per 30 days)
LYRICA 300 MG CAPSULE <b>MO</b>	4	QL (60 per 30 days)
LYRICA 50 MG CAPSULE <b>MO</b>	4	QL (90 per 30 days)
LYRICA 75 MG CAPSULE <b>MO</b>	4	QL (90 per 30 days)
magnesium chl 200 mg/ml vial <b>MO</b>	2	
magnesium sulf 4% iv soln <b>MO</b>	2	
magnesium sulf 8% iv soln <b>MO</b>	2	

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
magnesium sulfate 50% syringe <b>MO</b>	2	
magnesium sulfate 50% vial <b>MO</b>	2	
magnesium-d5w 1 gm/100 ml soln <b>MO</b>	2	
maprotiline 25 mg tablet <b>MO</b>	4	
maprotiline 50 mg tablet <b>MO</b>	4	
maprotiline 75 mg tablet <b>MO</b>	4	
MARPLAN 10 MG TABLET <b>MO</b>	4	
meclofenamate 100 mg capsule <b>MO</b>	4	
meclofenamate 50 mg capsule <b>MO</b>	4	
meloxicam 15 mg tablet <b>MO</b>	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet <b>MO</b>	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp <b>MO</b>	3	QL (300 per 30 days)
methadone 10 mg/5 ml solution <b>MO</b>	3	QL (1800 per 30 days)
methadone 10 mg/ml oral conc <b>MO</b>	3	QL (360 per 30 days)
methadone 5 mg/5 ml solution <b>MO</b>	3	QL (3600 per 30 days)
methadone hcl 10 mg tablet <b>MO</b>	3	QL (240 per 30 days)
methadone hcl 10 mg/ml vial <b>MO</b>	3	QL (360 per 30 days)
methadone hcl 5 mg tablet <b>MO</b>	3	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate <b>MO</b>	3	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE <b>MO</b>	3	QL (360 per 30 days)
methamphetamine 5 mg tablet <b>MO</b>	4	QL (150 per 30 days)
METHYLIN 10 MG CHEWABLE TABLET <b>MO</b>	4	QL (180 per 30 days)
METHYLIN 2.5 MG CHEWABLE TABLET <b>MO</b>	4	QL (150 per 30 days)
METHYLIN 5 MG CHEWABLE TABLET <b>MO</b>	4	QL (150 per 30 days)
methylphenidate 10 mg tablet <b>MO</b>	3	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol <b>MO</b>	4	QL (900 per 30 days)
methylphenidate 20 mg tablet <b>MO</b>	3	QL (90 per 30 days)
methylphenidate 5 mg tablet <b>MO</b>	3	QL (90 per 30 days)
methylphenidate 5 mg/5 ml soln <b>MO</b>	4	QL (1800 per 30 days)
methylphenidate er 10 mg tab <b>MO</b>	4	QL (90 per 30 days)
methylphenidate er 18 mg tab <b>MO</b>	4	QL (30 per 30 days)
methylphenidate er 20 mg tab <b>MO</b>	4	QL (90 per 30 days)
methylphenidate er 27 mg tab <b>MO</b>	4	QL (30 per 30 days)
methylphenidate er 36 mg tab <b>MO</b>	4	QL (60 per 30 days)
methylphenidate er 54 mg tab <b>MO</b>	4	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
methylphenidate la 20 mg cap <b>MO</b>	4	QL (30 per 30 days)
methylphenidate la 30 mg cap <b>MO</b>	4	QL (60 per 30 days)
methylphenidate la 40 mg cap <b>MO</b>	4	QL (30 per 30 days)
mirtazapine 15 mg odt <b>MO</b>	4	QL (30 per 30 days)
mirtazapine 15 mg tablet <b>MO</b>	2	QL (30 per 30 days)
mirtazapine 30 mg odt <b>MO</b>	4	QL (30 per 30 days)
mirtazapine 30 mg tablet <b>MO</b>	2	QL (30 per 30 days)
mirtazapine 45 mg odt <b>MO</b>	4	QL (30 per 30 days)
mirtazapine 45 mg tablet <b>MO</b>	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet <b>MO</b>	2	
modafinil 100 mg tablet <b>MO</b>	4	PA,QL (60 per 30 days)
modafinil 200 mg tablet <b>MO</b>	4	PA,QL (60 per 30 days)
morphine 0.5 mg/ml vial <b>MO</b>	3	QL (7200 per 30 days)
morphine 1 mg/ml vial p-f <b>MO</b>	3	QL (3600 per 30 days)
morphine 10 mg/ml carpuject <b>MO</b>	3	QL (360 per 30 days)
morphine 10 mg/ml syringe <b>MO</b>	3	QL (360 per 30 days)
morphine 10 mg/ml vial <b>MO</b>	3	QL (360 per 30 days)
morphine 15 mg/ml carpuject <b>MO</b>	3	QL (240 per 30 days)
morphine 2 mg/ml carpuject <b>MO</b>	3	QL (1800 per 30 days)
morphine 2 mg/ml isecure syr <b>MO</b>	3	QL (1800 per 30 days)
morphine 2 mg/ml syringe <b>MO</b>	3	QL (1800 per 30 days)
morphine 300 mg/20 ml vial <b>MO</b>	3	QL (600 per 30 days)
morphine 4 mg/ml carpuject <b>MO</b>	3	QL (900 per 30 days)
morphine 4 mg/ml isecure syr <b>MO</b>	3	QL (900 per 30 days)
morphine 5 mg/ml syringe <b>MO</b>	3	QL (720 per 30 days)
morphine 5 mg/ml vial <b>MO</b>	3	QL (720 per 30 days)
morphine 8 mg/ml syringe <b>MO</b>	3	QL (450 per 30 days)
morphine 8 mg/ml vial <b>MO</b>	3	QL (450 per 30 days)
morphine sulf 10 mg suppos <b>MO</b>	3	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln <b>MO</b>	3	QL (2700 per 30 days)
morphine sulf 100 mg/5 ml soln <b>MO</b>	3	QL (600 per 30 days)
morphine sulf 20 mg suppos <b>MO</b>	3	QL (180 per 30 days)
morphine sulf 20 mg/5 ml soln <b>MO</b>	3	QL (1350 per 30 days)
morphine sulf 30 mg suppos <b>MO</b>	3	QL (180 per 30 days)
morphine sulf 5 mg suppos <b>MO</b>	3	QL (180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine sulf er 100 mg tablet <b>MO</b>	3	QL (180 per 30 days)
morphine sulf er 15 mg tablet <b>MO</b>	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet <b>MO</b>	3	QL (90 per 30 days)
morphine sulf er 30 mg tablet <b>MO</b>	3	QL (120 per 30 days)
morphine sulf er 60 mg tablet <b>MO</b>	3	QL (120 per 30 days)
morphine sulfate 1 mg/ml vial <b>MO</b>	3	QL (3600 per 30 days)
morphine sulfate 25 mg/ml vial <b>MO</b>	3	QL (150 per 30 days)
morphine sulfate 25 mg/ml vl <b>MO</b>	3	QL (150 per 30 days)
morphine sulfate 50 mg/ml vial <b>MO</b>	3	QL (240 per 30 days)
morphine sulfate er 10 mg cap <b>MO</b>	3	QL (60 per 30 days)
morphine sulfate er 100 mg cap <b>MO</b>	3	QL (60 per 30 days)
morphine sulfate er 120 mg cap <b>MO</b>	3	QL (60 per 30 days)
morphine sulfate er 20 mg cap <b>MO</b>	3	QL (60 per 30 days)
morphine sulfate er 30 mg cap <b>MO</b>	3	QL (60 per 30 days)
morphine sulfate er 30 mg cap <b>MO</b>	3	QL (30 per 30 days)
morphine sulfate er 45 mg cap <b>MO</b>	3	QL (30 per 30 days)
morphine sulfate er 50 mg cap <b>MO</b>	3	QL (60 per 30 days)
morphine sulfate er 60 mg cap <b>MO</b>	3	QL (60 per 30 days)
morphine sulfate er 60 mg cap <b>MO</b>	3	QL (60 per 30 days)
morphine sulfate er 75 mg cap <b>MO</b>	3	QL (60 per 30 days)
morphine sulfate er 80 mg cap <b>MO</b>	3	QL (60 per 30 days)
morphine sulfate er 90 mg cap <b>MO</b>	3	QL (60 per 30 days)
morphine sulfate ir 15 mg tab <b>MO</b>	3	QL (180 per 30 days)
morphine sulfate ir 30 mg tab <b>MO</b>	3	QL (180 per 30 days)
nabumetone 500 mg tablet <b>MO</b>	2	
nabumetone 750 mg tablet <b>MO</b>	2	
nalbuphine 100 mg/10 ml vial <b>MO</b>	4	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial <b>MO</b>	4	QL (120 per 30 days)
NALFON 400 MG CAPSULE <b>MO</b>	4	
naloxone 0.4 mg/ml syringe <b>MO</b>	2	
naloxone 0.4 mg/ml vial <b>MO</b>	2	
naloxone 2 mg/2 ml syringe <b>MO</b>	2	
naltrexone 50 mg tablet <b>MO</b>	2	
NAMENDA 10 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
NAMENDA 10 MG/5 ML ORAL SOLUTION <b>MO</b>	3	PA,QL (360 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
NAMENDA 5 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK <b>MO</b>	3	PA,QL (98 per 30 days)
NAMENDA XR 14 MG CAPSULE SPRINKLE,ER 24HR <b>MO</b>	3	PA,QL (30 per 30 days)
NAMENDA XR 21 MG CAPSULE SPRINKLE,ER 24HR <b>MO</b>	3	PA,QL (30 per 30 days)
NAMENDA XR 28 MG CAPSULE SPRINKLE,ER 24HR <b>MO</b>	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG CAPSULE SPRINKLE,ER 24HR <b>MO</b>	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <b>MO</b>	3	PA,QL (28 per 28 days)
naproxen 125 mg/5 ml suspen <b>MO</b>	3	
naproxen 250 mg tablet <b>MO</b>	2	
naproxen 375 mg tablet <b>MO</b>	2	
naproxen 500 mg tablet <b>MO</b>	2	
naproxen dr 375 mg tablet <b>MO</b>	2	
naproxen dr 500 mg tablet <b>MO</b>	2	
naproxen sodium 275 mg tab <b>MO</b>	2	
naproxen sodium 550 mg tab <b>MO</b>	2	
naratriptan hcl 1 mg tablet <b>MO</b>	4	QL (9 per 30 days)
naratriptan hcl 2.5 mg tablet <b>MO</b>	4	QL (9 per 30 days)
nefazodone hcl 100 mg tablet <b>MO</b>	4	
nefazodone hcl 150 mg tablet <b>MO</b>	4	
nefazodone hcl 200 mg tablet <b>MO</b>	4	
nefazodone hcl 250 mg tablet <b>MO</b>	4	
nefazodone hcl 50 mg tablet <b>MO</b>	4	
NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	4	QL (30 per 30 days)
NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	4	QL (30 per 30 days)
NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	4	QL (30 per 30 days)
NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	4	QL (30 per 30 days)
NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	4	QL (30 per 30 days)
NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	4	QL (30 per 30 days)
nortriptyline 10 mg/5 ml sol <b>MO</b>	2	
nortriptyline hcl 10 mg cap <b>MO</b>	2	
nortriptyline hcl 25 mg cap <b>MO</b>	2	
nortriptyline hcl 50 mg cap <b>MO</b>	2	
nortriptyline hcl 75 mg cap <b>MO</b>	2	
NUDEXTA 20 MG-10 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
NUVIGIL 150 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUVIGIL 200 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
NUVIGIL 250 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
olanzapine 10 mg tablet <b>MO</b>	3	QL (30 per 30 days)
olanzapine 10 mg vial <b>MO</b>	3	QL (60 per 30 days)
olanzapine 15 mg tablet <b>MO</b>	3	QL (60 per 30 days)
olanzapine 2.5 mg tablet <b>MO</b>	3	QL (30 per 30 days)
olanzapine 20 mg tablet <b>MO</b>	3	QL (60 per 30 days)
olanzapine 5 mg tablet <b>MO</b>	3	QL (30 per 30 days)
olanzapine 7.5 mg tablet <b>MO</b>	3	QL (30 per 30 days)
olanzapine odt 10 mg tablet <b>MO</b>	4	QL (30 per 30 days)
olanzapine odt 15 mg tablet <b>MO</b>	4	QL (60 per 30 days)
olanzapine odt 20 mg tablet <b>MO</b>	4	QL (60 per 30 days)
olanzapine odt 5 mg tablet <b>MO</b>	4	QL (30 per 30 days)
ONFI 10 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION <b>MO</b>	4	PA,QL (480 per 30 days)
ONFI 20 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
ONFI 5 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 15 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
OPANA ER 7.5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
ORAP 1 MG TABLET <b>MO</b>	4	
ORAP 2 MG TABLET <b>MO</b>	4	
oxaprozin 600 mg tablet <b>MO</b>	4	
oxazepam 10 mg capsule <b>MO</b>	4	
oxazepam 15 mg capsule <b>MO</b>	4	
oxazepam 30 mg capsule <b>MO</b>	4	
oxcarbazepine 150 mg tablet <b>MO</b>	3	
oxcarbazepine 300 mg tablet <b>MO</b>	3	
oxcarbazepine 300 mg/5 ml susp <b>MO</b>	3	
oxcarbazepine 600 mg tablet <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodon-acetaminophen 2.5-325 <b>MO</b>	3	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-325 <b>MO</b>	3	QL (360 per 30 days)
oxycodone hcl 10 mg tablet <b>MO</b>	3	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml soln <b>MO</b>	4	QL (270 per 30 days)
oxycodone hcl 15 mg tablet <b>MO</b>	3	QL (360 per 30 days)
oxycodone hcl 20 mg tablet <b>MO</b>	3	QL (360 per 30 days)
oxycodone hcl 30 mg tablet <b>MO</b>	3	QL (360 per 30 days)
oxycodone hcl 5 mg capsule <b>MO</b>	3	QL (360 per 30 days)
oxycodone hcl 5 mg tablet <b>MO</b>	3	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln <b>MO</b>	3	QL (5400 per 30 days)
oxycodone-acetaminophen 10-325 <b>MO</b>	3	QL (360 per 30 days)
oxycodone-acetaminophen 5-325 <b>MO</b>	3	QL (360 per 30 days)
oxycodone-aspirin 4.83-325 mg <b>MO</b>	4	QL (360 per 30 days)
oxycodone-ibuprofen 5-400 tab <b>MO</b>	3	QL (240 per 30 days)
paroxetine cr 12.5 mg tablet <b>MO</b>	4	QL (60 per 30 days)
paroxetine cr 25 mg tablet <b>MO</b>	4	QL (90 per 30 days)
paroxetine cr 37.5 mg tablet <b>MO</b>	4	QL (60 per 30 days)
paroxetine hcl 10 mg tablet <b>MO</b>	2	QL (30 per 30 days)
paroxetine hcl 20 mg tablet <b>MO</b>	2	QL (30 per 30 days)
paroxetine hcl 30 mg tablet <b>MO</b>	2	QL (60 per 30 days)
paroxetine hcl 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	
perphen-amitrip 2 mg-10 mg tab <b>MO</b>	3	PA
perphen-amitrip 2 mg-25 mg tab <b>MO</b>	3	PA
perphen-amitrip 4 mg-10 mg tab <b>MO</b>	3	PA
perphen-amitrip 4 mg-25 mg tab <b>MO</b>	3	PA
perphen-amitrip 4 mg-50 mg tab <b>MO</b>	3	PA
perphenazine 16 mg tablet <b>MO</b>	4	
perphenazine 2 mg tablet <b>MO</b>	4	
perphenazine 4 mg tablet <b>MO</b>	4	
perphenazine 8 mg tablet <b>MO</b>	4	
phenelzine sulfate 15 mg tab <b>MO</b>	3	
phenobarbital 100 mg tablet <b>MO</b>	3	PA,QL (90 per 30 days)
phenobarbital 15 mg tablet <b>MO</b>	3	PA,QL (120 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital 16.2 mg tablet <b>MO</b>	3	PA,QL (90 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)
phenobarbital 32.4 mg tablet <b>MO</b>	3	PA,QL (90 per 30 days)
phenobarbital 60 mg tablet <b>MO</b>	3	PA,QL (120 per 30 days)
phenobarbital 64.8 mg tablet <b>MO</b>	3	PA,QL (90 per 30 days)
phenobarbital 97.2 mg tablet <b>MO</b>	3	PA,QL (90 per 30 days)
PHENYTEK 200 MG CAPSULE <b>MO</b>	3	
PHENYTEK 300 MG CAPSULE <b>MO</b>	3	
phenytoin 100 mg/4 ml susp <b>MO</b>	2	
phenytoin 125 mg/5 ml susp <b>MO</b>	3	
phenytoin 50 mg tablet chew <b>MO</b>	3	
phenytoin 50 mg/ml syringe <b>MO</b>	2	
phenytoin 50 mg/ml vial <b>MO</b>	2	
phenytoin sod ext 100 mg cap <b>MO</b>	2	
phenytoin sod ext 200 mg cap <b>MO</b>	2	
phenytoin sod ext 300 mg cap <b>MO</b>	2	
piroxicam 10 mg capsule <b>MO</b>	3	
piroxicam 20 mg capsule <b>MO</b>	3	
POTIGA 200 MG TABLET <b>MO</b>	5	PA
POTIGA 300 MG TABLET <b>MO</b>	5	PA
POTIGA 400 MG TABLET <b>MO</b>	5	PA
POTIGA 50 MG TABLET <b>MO</b>	5	PA
pramipexole 0.125 mg tablet <b>MO</b>	2	
pramipexole 0.25 mg tablet <b>MO</b>	2	
pramipexole 0.5 mg tablet <b>MO</b>	2	
pramipexole 0.75 mg tablet <b>MO</b>	2	
pramipexole 1 mg tablet <b>MO</b>	2	
pramipexole 1.5 mg tablet <b>MO</b>	2	
PRIALT 100 MCG/ML INTRATHECAL SOLUTION <b>MO</b>	5	
PRIALT 25 MCG/ML INTRATHECAL SOLUTION <b>MO</b>	5	
primidone 250 mg tablet <b>MO</b>	2	
primidone 50 mg tablet <b>MO</b>	2	
PRISTIQ 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
protriptyline hcl 10 mg tablet <b>MO</b>	4	
protriptyline hcl 5 mg tablet <b>MO</b>	4	
quetiapine fumarate 100 mg tab <b>MO</b>	2	QL (90 per 30 days)
quetiapine fumarate 200 mg tab <b>MO</b>	2	QL (120 per 30 days)
quetiapine fumarate 25 mg tab <b>MO</b>	2	QL (120 per 30 days)
quetiapine fumarate 300 mg tab <b>MO</b>	2	QL (90 per 30 days)
quetiapine fumarate 400 mg tab <b>MO</b>	2	QL (90 per 30 days)
quetiapine fumarate 50 mg tab <b>MO</b>	2	QL (120 per 30 days)
revia 50 mg tablet <b>MO</b>	4	
riluzole 50 mg tablet <b>SP</b>	4	
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (2 per 28 days)
RISPERDAL CONSTA 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 odt <b>MO</b>	4	QL (60 per 30 days)
risperidone 0.25 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)
risperidone 0.5 mg tablet <b>MO</b>	2	QL (120 per 30 days)
risperidone 1 mg odt <b>MO</b>	4	QL (60 per 30 days)
risperidone 1 mg tablet <b>MO</b>	2	QL (60 per 30 days)
risperidone 1 mg/ml solution <b>MO</b>	3	
risperidone 2 mg odt <b>MO</b>	4	QL (60 per 30 days)
risperidone 2 mg tablet <b>MO</b>	2	QL (60 per 30 days)
risperidone 3 mg odt <b>MO</b>	4	QL (60 per 30 days)
risperidone 3 mg tablet <b>MO</b>	2	QL (60 per 30 days)
risperidone 4 mg odt <b>MO</b>	4	QL (60 per 30 days)
risperidone 4 mg tablet <b>MO</b>	2	QL (60 per 30 days)
rizatriptan 10 mg odt <b>MO</b>	4	QL (12 per 30 days)
rizatriptan 10 mg tablet <b>MO</b>	4	QL (12 per 30 days)
rizatriptan 5 mg odt <b>MO</b>	4	QL (12 per 30 days)
rizatriptan 5 mg tablet <b>MO</b>	4	QL (12 per 30 days)
ropinirole hcl 0.25 mg tablet <b>MO</b>	2	
ropinirole hcl 0.5 mg tablet <b>MO</b>	2	
ropinirole hcl 1 mg tablet <b>MO</b>	2	
ropinirole hcl 2 mg tablet <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ropinirole hcl 3 mg tablet <b>MO</b>	2	
ropinirole hcl 4 mg tablet <b>MO</b>	2	
ropinirole hcl 5 mg tablet <b>MO</b>	2	
ropinirole hcl er 12 mg tablet <b>MO</b>	4	QL (90 per 30 days)
ropinirole hcl er 2 mg tablet <b>MO</b>	4	QL (90 per 30 days)
ropinirole hcl er 4 mg tablet <b>MO</b>	4	QL (90 per 30 days)
ropinirole hcl er 6 mg tablet <b>MO</b>	4	QL (90 per 30 days)
ropinirole hcl er 8 mg tablet <b>MO</b>	4	QL (90 per 30 days)
ROXICET 5 MG-325 MG TABLET <b>MO</b>	3	QL (360 per 30 days)
ROXICET 5 MG-325 MG/5 ML ORAL SOLUTION <b>MO</b>	3	QL (1830 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET <b>SP</b>	5	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET <b>SP</b>	5	PA,QL (180 per 30 days)
salsalate 500 mg tablet <b>MO</b>	3	
salsalate 750 mg tablet <b>MO</b>	3	
SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET <b>MO</b>	5	PA,QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
SAPHRIS 10 MG SUBLINGUAL TABLET <b>MO</b>	5	PA,QL (60 per 30 days)
SAPHRIS 5 MG SUBLINGUAL TABLET <b>MO</b>	5	PA,QL (60 per 30 days)
SAVELLA 100 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK <b>MO</b>	3	QL (60 per 30 days)
SAVELLA 12.5 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
SAVELLA 25 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
SAVELLA 50 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
selegiline hcl 5 mg capsule <b>MO</b>	4	
selegiline hcl 5 mg tablet <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 TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
SEROQUEL XR 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)
sertraline 20 mg/ml oral conc <b>MO</b>	1	
sertraline hcl 100 mg tablet <b>MO</b>	1	QL (60 per 30 days)
sertraline hcl 25 mg tablet <b>MO</b>	1	QL (90 per 30 days)
sertraline hcl 50 mg tablet <b>MO</b>	1	QL (90 per 30 days)
STAVZOR 125 MG CAPSULE,DELAYED RELEASE <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STAVZOR 250 MG CAPSULE,DELAYED RELEASE <b>MO</b>	4	
STAVZOR 500 MG CAPSULE,DELAYED RELEASE <b>MO</b>	4	
STRATTERA 10 MG CAPSULE <b>MO</b>	4	PA,QL (60 per 30 days)
STRATTERA 100 MG CAPSULE <b>MO</b>	4	PA,QL (30 per 30 days)
STRATTERA 18 MG CAPSULE <b>MO</b>	4	PA,QL (60 per 30 days)
STRATTERA 25 MG CAPSULE <b>MO</b>	4	PA,QL (60 per 30 days)
STRATTERA 40 MG CAPSULE <b>MO</b>	4	PA,QL (60 per 30 days)
STRATTERA 60 MG CAPSULE <b>MO</b>	4	PA,QL (30 per 30 days)
STRATTERA 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 <b>MO</b>	4	PA,QL (90 per 30 days)
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM <b>MO</b>	4	PA,QL (90 per 30 days)
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM <b>MO</b>	4	PA,QL (90 per 30 days)
sufentanil 250 mcg/5 ml ampul <b>MO</b>	3	QL (1440 per 30 days)
sulindac 150 mg tablet <b>MO</b>	2	
sulindac 200 mg tablet <b>MO</b>	2	
sumatriptan 20 mg nasal spray <b>MO</b>	4	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml cart <b>MO</b>	4	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml inject <b>MO</b>	4	QL (6 per 30 days)
sumatriptan 5 mg nasal spray <b>MO</b>	4	QL (12 per 30 days)
sumatriptan 6 mg/0.5 ml inject <b>MO</b>	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml refill <b>MO</b>	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng <b>MO</b>	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial <b>MO</b>	4	QL (6 per 30 days)
sumatriptan succ 100 mg tablet <b>MO</b>	2	QL (9 per 30 days)
sumatriptan succ 25 mg tablet <b>MO</b>	2	QL (9 per 30 days)
sumatriptan succ 50 mg tablet <b>MO</b>	2	QL (9 per 30 days)
SURMONTIL 100 MG CAPSULE <b>MO</b>	4	PA
SURMONTIL 25 MG CAPSULE <b>MO</b>	4	PA
SURMONTIL 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	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	
temazepam 15 mg capsule <b>MO</b>	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
temazepam 30 mg capsule <b>MO</b>	4	QL (30 per 30 days)
thioridazine 10 mg tablet <b>MO</b>	2	PA
thioridazine 100 mg tablet <b>MO</b>	2	PA
thioridazine 25 mg tablet <b>MO</b>	2	PA
thioridazine 50 mg tablet <b>MO</b>	2	PA
thiothixene 1 mg capsule <b>MO</b>	2	
thiothixene 10 mg capsule <b>MO</b>	2	
thiothixene 2 mg capsule <b>MO</b>	2	
thiothixene 5 mg capsule <b>MO</b>	2	
tiagabine hcl 2 mg tablet <b>MO</b>	4	
tiagabine hcl 4 mg tablet <b>MO</b>	4	
tolmetin sodium 200 mg tab <b>MO</b>	3	
tolmetin sodium 400 mg cap <b>MO</b>	4	
tolmetin sodium 600 mg tab <b>MO</b>	4	
topiramate 100 mg tablet <b>MO</b>	2	QL (120 per 30 days)
topiramate 15 mg sprinkle cap <b>MO</b>	2	
topiramate 200 mg tablet <b>MO</b>	2	QL (120 per 30 days)
topiramate 25 mg sprinkle cap <b>MO</b>	2	
topiramate 25 mg tablet <b>MO</b>	2	QL (90 per 30 days)
topiramate 50 mg tablet <b>MO</b>	2	QL (120 per 30 days)
tramadol hcl 50 mg tablet <b>MO</b>	2	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 <b>MO</b>	3	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab <b>MO</b>	4	
trazodone 100 mg tablet <b>MO</b>	2	
trazodone 150 mg tablet <b>MO</b>	2	
trazodone 300 mg tablet <b>MO</b>	2	
trazodone 50 mg tablet <b>MO</b>	2	
TREXIMET 85 MG-500 MG TABLET <b>MO</b>	4	QL (18 per 30 days)
trifluoperazine 1 mg tablet <b>MO</b>	3	
trifluoperazine 10 mg tablet <b>MO</b>	3	
trifluoperazine 2 mg tablet <b>MO</b>	3	
trifluoperazine 5 mg tablet <b>MO</b>	3	
trihexyphenidyl 2 mg tablet <b>MO</b>	2	PA
trihexyphenidyl 2 mg/5 ml elx <b>MO</b>	2	PA
trihexyphenidyl 5 mg tablet <b>MO</b>	2	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trimipramine maleate 100 mg cp <b>MO</b>	4	PA
trimipramine maleate 25 mg cap <b>MO</b>	4	PA
trimipramine maleate 50 mg cap <b>MO</b>	4	PA
ULTIVA 1 MG INTRAVENOUS SOLUTION <b>MO</b>	4	QL (450 per 30 days)
ULTIVA 2 MG INTRAVENOUS SOLUTION <b>MO</b>	4	QL (240 per 30 days)
ULTIVA 5 MG INTRAVENOUS SOLUTION <b>MO</b>	4	QL (90 per 30 days)
valproate sod 500 mg/5 ml vl <b>MO</b>	2	
valproic acid 250 mg capsule <b>MO</b>	2	
valproic acid 250 mg/5 ml soln <b>MO</b>	2	
valproic acid 500 mg/10 ml sol <b>MO</b>	2	
venlafaxine hcl 100 mg tablet <b>MO</b>	3	
venlafaxine hcl 25 mg tablet <b>MO</b>	3	
venlafaxine hcl 37.5 mg tablet <b>MO</b>	3	
venlafaxine hcl 50 mg tablet <b>MO</b>	3	
venlafaxine hcl 75 mg tablet <b>MO</b>	3	
venlafaxine hcl er 150 mg cap <b>MO</b>	2	QL (60 per 30 days)
venlafaxine hcl er 150 mg tab <b>MO</b>	4	QL (30 per 30 days)
venlafaxine hcl er 225 mg tab <b>MO</b>	4	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap <b>MO</b>	2	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg tab <b>MO</b>	4	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap <b>MO</b>	2	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab <b>MO</b>	4	QL (60 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION <b>MO</b>	4	ST,QL (540 per 30 days)
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK <b>MO</b>	4	PA,QL (30 per 30 days)
VIIBRYD 10 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
VIIBRYD 20 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
VIIBRYD 40 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (1395 per 30 days)
VIMPAT 100 MG TABLET <b>MO</b>	4	
VIMPAT 150 MG TABLET <b>MO</b>	4	
VIMPAT 200 MG TABLET <b>MO</b>	4	
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION <b>MO</b>	4	
VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK <b>MO</b>	4	
VIMPAT 50 MG TABLET <b>MO</b>	4	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>MO</b>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
zaleplon 10 mg capsule <b>MO</b>	2	QL (90 per 365 days)
zaleplon 5 mg capsule <b>MO</b>	2	QL (90 per 365 days)
ZARONTIN 250 MG CAPSULE <b>MO</b>	4	
ZARONTIN 250 MG/5 ML ORAL SOLUTION <b>MO</b>	4	
zenzedi 10 mg tablet <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 TABLET <b>MO</b>	4	QL (90 per 30 days)
ZENZEDI 20 MG TABLET <b>MO</b>	4	QL (90 per 30 days)
ZENZEDI 30 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
zenzedi 5 mg tablet <b>MO</b>	4	QL (150 per 30 days)
ZENZEDI 7.5 MG TABLET <b>MO</b>	4	QL (90 per 30 days)
ziprasidone hcl 20 mg capsule <b>MO</b>	4	QL (60 per 30 days)
ziprasidone hcl 40 mg capsule <b>MO</b>	4	QL (60 per 30 days)
ziprasidone hcl 60 mg capsule <b>MO</b>	4	QL (60 per 30 days)
ziprasidone hcl 80 mg capsule <b>MO</b>	4	QL (60 per 30 days)
zolpidem tartrate 10 mg tablet <b>MO</b>	1	QL (90 per 365 days)
zolpidem tartrate 5 mg tablet <b>MO</b>	1	QL (90 per 365 days)
zonisamide 100 mg capsule <b>MO</b>	2	
zonisamide 25 mg capsule <b>MO</b>	2	
zonisamide 50 mg capsule <b>MO</b>	2	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	4	PA,QL (2 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 X 1/2" NEEDLE <b>MO</b>	1	
1ST TIER UNIFINE PENTIPS 31 X 1/4" NEEDLE <b>MO</b>	1	
1ST TIER UNIFINE PENTIPS 31 X 3/16" NEEDLE <b>MO</b>	1	
1ST TIER UNIFINE PENTIPS 31 X 5/16" NEEDLE <b>MO</b>	1	
1ST TIER UNIFINE PENTIPS 32 X 5/32" NEEDLE <b>MO</b>	1	
ADVOCATE PEN NEEDLES 29 X 1/2" <b>MO</b>	1	
ADVOCATE PEN NEEDLES 31 X 3/16" <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADVOCATE PEN NEEDLES 31 X 5/16" <b>MO</b>	1	
ADVOCATE SYRINGES 0.3 ML 29 X 1/2" <b>MO</b>	1	
ADVOCATE SYRINGES 0.3 ML 30 X 5/16" <b>MO</b>	1	
ADVOCATE SYRINGES 0.3 ML 31 X 5/16" <b>MO</b>	1	
ADVOCATE SYRINGES 1 ML 29 X 1/2" <b>MO</b>	1	
ADVOCATE SYRINGES 1 ML 30 X 5/16" <b>MO</b>	1	
ADVOCATE SYRINGES 1 ML 31 X 5/16" <b>MO</b>	1	
ADVOCATE SYRINGES 1/2 ML 29 X 1/2" <b>MO</b>	1	
ADVOCATE SYRINGES 1/2 ML 30 X 5/16" <b>MO</b>	1	
ADVOCATE SYRINGES 1/2 ML 31 X 5/16" <b>MO</b>	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
ASSURE ID INSULIN SAFETY 1 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <b>MO</b>	1	
AUTOPEN 1 TO 16 UNITS SUBCUTANEOUS <b>MO</b>	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <b>MO</b>	1	
AUTOPEN 2 TO 32 UNITS SUBCUTANEOUS <b>MO</b>	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <b>MO</b>	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 X 3/16" <b>MO</b>	1	
BD AUTOSHIELD PEN NEEDLE 29 X 3/16" <b>MO</b>	1	
BD AUTOSHIELD PEN NEEDLE 29 X 5/16" <b>MO</b>	1	
BD ECLIPSE LUER-LOK 1 ML 30 X 1/2" SYRINGE <b>MO</b>	1	
BD INSULIN PEN NEEDLE UF MINI 31 X 3/16" <b>MO</b>	1	
BD INSULIN PEN NEEDLE UF ORIG 29 X 1/2" <b>MO</b>	1	
BD INSULIN PEN NEEDLE UF SHORT 31 X 5/16" <b>MO</b>	1	
BD INSULIN SYR 1 ML 25GX5/8" <b>MO</b>	1	
BD INSULIN SYR 1 ML 28GX1/2" <b>MO</b>	1	
BD INSULIN SYRINGE 1 ML 25 X 1" <b>MO</b>	1	
BD INSULIN SYRINGE 1 ML 25 X 5/8" <b>MO</b>	1	
BD INSULIN SYRINGE 1 ML 26 X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 15/64" <b>MO</b>	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>MO</b>	1	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 <b>MO</b>	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 X 1/2" <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE SLIP TIP 1 ML <b>MO</b>	1	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 X 5/16" <b>MO</b>	1	
BD INSULIN SYRINGE ULT-FINE II 1 ML 31 X 5/16" <b>MO</b>	1	
BD INSULIN SYRINGE ULT-FINE II 1/2 ML 31 X 5/16" <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 15/64" <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 5/16" <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 29 X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 15/64" <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 5/16" <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 30 X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 15/64" <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 5/16" <b>MO</b>	1	
BD INTEGRA INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 X 1/2" SYRINGE <b>MO</b>	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 X 1/2" SYRINGE <b>MO</b>	1	
BD LO-DOSE ULTRA-FINE 0.3 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
BD LO-DOSE ULTRA-FINE 1/2 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
BD LUER-LOK SYRINGE 1 ML <b>MO</b>	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>MO</b>	1	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 X 5/8" <b>MO</b>	1	
BD ULTRA-FINE NANO PEN NEEDLES 32 X 5/32" <b>MO</b>	1	
CAREFINE PEN NEEDLE 29 X 1/2" <b>MO</b>	1	
CAREFINE PEN NEEDLE 30 X 5/16" <b>MO</b>	1	
CAREFINE PEN NEEDLE 31 X 1/4" <b>MO</b>	1	
CAREONE SYR 0.3 ML 29GX0.5" <b>MO</b>	1	
CAREONE SYR 0.3 ML 30GX5/16" <b>MO</b>	1	
CAREONE SYR 0.5 ML 29GX0.5" <b>MO</b>	1	
CAREONE SYR 0.5 ML 30GX5/16" <b>MO</b>	1	
CAREONE SYR 1 ML 29GX0.5" <b>MO</b>	1	

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
CAREONE SYR 1 ML 30GX5/16" <b>MO</b>	1	
CLICKFINE 31 X 1/4" NEEDLE <b>MO</b>	1	
CLICKFINE 31 X 5/16" NEEDLE <b>MO</b>	1	
CLICKFINE 32 X 5/32" NEEDLE <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 31 X 1/4" <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 31 X 3/16" <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 31 X 5/16" <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16" <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 32 X 1/4" <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 32 X 5/16" <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 32 X 5/32" <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4" <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16" <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16" <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32" <b>MO</b>	1	
COMFORT EZ SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
COMFORT EZ SYRINGE 0.3 ML 30 X 1/2" <b>MO</b>	1	
COMFORT EZ SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	
COMFORT EZ SYRINGE 0.3 ML 31 X 5/16" <b>MO</b>	1	
COMFORT EZ SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
COMFORT EZ SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
COMFORT EZ SYRINGE 1 ML 30 X 1/2" <b>MO</b>	1	
COMFORT EZ SYRINGE 1 ML 30 X 5/16" <b>MO</b>	1	
COMFORT EZ SYRINGE 1 ML 31 X 5/16" <b>MO</b>	1	
COMFORT EZ SYRINGE 1/2 ML 28 X 1/2" <b>MO</b>	1	
COMFORT EZ SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	
COMFORT EZ SYRINGE 1/2 ML 30 X 1/2" <b>MO</b>	1	
COMFORT EZ SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
COMFORT EZ SYRINGE 1/2 ML 31 X 5/16" <b>MO</b>	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" <b>MO</b>	1	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" <b>MO</b>	1	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" <b>MO</b>	1	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
EASY COMFORT PEN NEEDLES 31 X 3/16" <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY COMFORT PEN NEEDLES 31 X 5/16" <b>MO</b>	1	
EASY COMFORT PEN NEEDLES 32 X 5/32" <b>MO</b>	1	
EASY TOUCH 29 X 1/2" NEEDLE <b>MO</b>	1	
EASY TOUCH 31 X 1/4" NEEDLE <b>MO</b>	1	
EASY TOUCH 31 X 3/16" NEEDLE <b>MO</b>	1	
EASY TOUCH 31 X 5/16" NEEDLE <b>MO</b>	1	
EASY TOUCH 32 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
EASY TOUCH 32 X 1/4" NEEDLE <b>MO</b>	1	
EASY TOUCH 32 X 5/32" NEEDLE <b>MO</b>	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 X 5/16" <b>MO</b>	1	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 27 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 5/16" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>MO</b>	1	
EQL INSULIN 1 ML SYRINGE <b>MO</b>	1	
EXEL INSULIN 0.3 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
EXEL INSULIN 1 ML 27 X 1/2" SYRINGE <b>MO</b>	1	
EXEL INSULIN 1 ML 30 X 5/16" SYRINGE <b>MO</b>	1	
EXEL INSULIN 1/2 ML 28 X 1/2" SYRINGE <b>MO</b>	1	
EXEL INSULIN 1/2 ML 30 X 5/16" SYRINGE <b>MO</b>	1	
GLUCOPRO INSUL SYR U100 0.5 ML <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCOPRO INSULIN SYR 0.3 ML <b>MO</b>	1	
GLUCOPRO INSULIN SYR 0.5 ML <b>MO</b>	1	
GLUCOPRO INSULIN SYR 0.5 ML <b>MO</b>	1	
GLUCOPRO INSULIN SYR 1 ML <b>MO</b>	1	
GLUCOPRO INSULIN SYR 1 ML <b>MO</b>	1	
GLUCOPRO SYRINGE U100 0.5 ML <b>MO</b>	1	
GLUCOPRO SYRINGE U100 1 ML <b>MO</b>	1	
GLUCOPRO U100 INSUL SYR 0.3 ML <b>MO</b>	1	
GLUCOPRO U100 INSUL SYR 0.3 ML <b>MO</b>	1	
GLUCOPRO U100 INSUL SYR 0.3 ML <b>MO</b>	1	
GLUCOPRO U100 INSULIN 1 ML SYR <b>MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 X 1/2" NEEDLE <b>MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 1/4" NEEDLE <b>MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 3/16" NEEDLE <b>MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 5/16" NEEDLE <b>MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 32 X 5/32" NEEDLE <b>MO</b>	1	
HUMAPEN LUXURA HD SUBCUTANEOUS <b>MO</b>	1	
IN CONTROL PEN NEEDLE 29 X 1/2" <b>MO</b>	1	
IN CONTROL PEN NEEDLE 31 X 1/4" <b>MO</b>	1	
IN CONTROL PEN NEEDLE 31 X 5/16" <b>MO</b>	1	
INCONTROL 32 X 5/32" NEEDLE <b>MO</b>	1	
INCONTROL PEN NEEDLES 31 X 3/16" <b>MO</b>	1	
INSULIN 1 ML SYRINGE <b>MO</b>	1	
INSULIN 1/2 ML SYRINGE <b>MO</b>	1	
INSULIN 3/10 ML SYRINGE <b>MO</b>	1	
INSULIN PEN NEEDLE 29 X 1/2" <b>MO</b>	1	
INSULIN PEN NEEDLE 31 <b>MO</b>	1	
INSULIN PEN NEEDLE 31 X 1/4" <b>MO</b>	1	
INSULIN SYRIN 0.3 ML 30GX1/2" <b>MO</b>	1	
INSULIN SYRIN 0.3 ML 31GX5/16" <b>MO</b>	1	
INSULIN SYRIN 0.5 ML 30GX1/2" <b>MO</b>	1	
INSULIN SYRIN 0.5 ML 31GX5/16" <b>MO</b>	1	
INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
INSULIN SYRINGE 1 ML 30 X 5/16" <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN SYRINGE 1 ML 30GX1/2" <b>MO</b>	1	
INSULIN SYRINGE 1 ML 31GX5/16" <b>MO</b>	1	
INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>MO</b>	1	
INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	
INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
INSULIN SYRINGE MICROFINE 0.3 ML 28 X 1/2" <b>MO</b>	1	
INSULIN SYRINGE MICROFINE 1 ML 27 X 5/8" <b>MO</b>	1	
INSULIN SYRINGE MICROFINE 1/2 ML 28 X 1/2" <b>MO</b>	1	
INSULIN SYRINGE U100 1 ML <b>MO</b>	1	
INSULIN SYRINGE ULTRAFINE 1/2 ML 29 X 1/2" <b>MO</b>	1	
INSULIN SYRINGE/NEEDLE 0.5CC/27G 1/2 ML 27 X 1/2" <b>MO</b>	1	
INSUPEN 29 X 1/2" NEEDLE <b>MO</b>	1	
INSUPEN 30 X 5/16" NEEDLE <b>MO</b>	1	
INSUPEN 31 X 1/4" NEEDLE <b>MO</b>	1	
INSUPEN 31 X 5/16" NEEDLE <b>MO</b>	1	
INSUPEN 32 X 1/4" NEEDLE <b>MO</b>	1	
INSUPEN 32 X 5/16" NEEDLE <b>MO</b>	1	
INSUPEN 32 X 5/32" NEEDLE <b>MO</b>	1	
KMART VALU PLUS SYR 1/2 ML <b>MO</b>	1	
LEADER PEN NEEDLES 12MM 29G <b>MO</b>	1	
LEADER PEN NEEDLES 31G <b>MO</b>	1	
LITE TOUCH INSULIN PEN NEEDLES 29 X 1/2" <b>MO</b>	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 1/4" <b>MO</b>	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 3/16" <b>MO</b>	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 5/16" <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1 ML 28 <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1 ML 29 <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>MO</b>	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" <b>MO</b>	1	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 X 5/16" <b>MO</b>	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	
MAGELLAN SYRINGE 0.5 ML 30 X 5/16" <b>MO</b>	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>MO</b>	1	
MEDI-JECTOR VISION <b>MO</b>	1	
MINI ULTRA-THIN II 31 X 3/16" NEEDLE <b>MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 29 X 1/2" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 25 X 5/8" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 27 X 1/2" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 30 X 5/16" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 31 X 5/16" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>MO</b>	1	
MONOJECT SYRINGE 1/2 ML 28 <b>MO</b>	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 SYRINGE <b>MO</b>	1	
NOVOFINE 30 30 X 1/3" NEEDLE <b>MO</b>	1	
NOVOFINE 32 32 X 1/4" NEEDLE <b>MO</b>	1	
NOVOFINE AUTOCOVER 30 X 1/3" NEEDLE <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOPEN 3 INSULIN DEVICE <b>MO</b>	1	
NOVOPEN 3 PENMATE DEVICE <b>MO</b>	1	
NOVOPEN ECHO SUBCUTANEOUS <b>MO</b>	1	
NOVOPEN JR INSULIN DEVICE <b>MO</b>	1	
NOVOTWIST 30 X 1/3" NEEDLE <b>MO</b>	1	
NOVOTWIST 32 X 1/5" NEEDLE <b>MO</b>	1	
ORSINI INSUL SYR U100 0.5 ML <b>MO</b>	1	
ORSINI INSUL SYR U100 0.5 ML <b>MO</b>	1	
ORSINI INSUL SYR U100 1 ML <b>MO</b>	1	
PEN NEEDLE 29 GAUGE <b>MO</b>	1	
PEN NEEDLE 29 X 1/2" <b>MO</b>	1	
PEN NEEDLE 30 X 5/16" <b>MO</b>	1	
PEN NEEDLE 31 X 1/4" <b>MO</b>	1	
PEN NEEDLE 31 X 3/16" <b>MO</b>	1	
PEN NEEDLE 31 X 5/16" <b>MO</b>	1	
PEN NEEDLE 32 X 5/32" <b>MO</b>	1	
PEN NEEDLES 6MM 31G <b>MO</b>	1	
PREFERRED PLUS SYRINGE 0.5 ML <b>MO</b>	1	
PREFERRED PLUS SYRINGE 1 ML <b>MO</b>	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>MO</b>	1	
PRODIGY INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
PRODIGY INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>MO</b>	1	
PRODIGY PEN NEEDLE 29 X 1/2" <b>MO</b>	1	
PRODIGY PEN NEEDLE 31 X 3/16" <b>MO</b>	1	
PRODIGY PEN NEEDLE 31 X 5/16" <b>MO</b>	1	
PRODIGY SYRNG 1 ML 29GX1/2" <b>MO</b>	1	
RELI-ON INSULIN 0.3 ML SYR <b>MO</b>	1	
RELION INS SYR 0.3 ML 29GX1/2" <b>MO</b>	1	
RELION INS SYR 0.3 ML 30GX5/16" <b>MO</b>	1	
RELION INS SYR 1 ML 29GX1/2" <b>MO</b>	1	
RELION INS SYR 1 ML 30GX5/16" <b>MO</b>	1	
RELION NEEDLES 31 X 1/4" <b>MO</b>	1	
RELION PEN NEEDLES 32 X 5/32" <b>MO</b>	1	
RELION SYR 0.5 ML 30GX5/16" <b>MO</b>	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SAFESNAP INSULIN SYRINGE 0.5 ML 29 X 1/2" <b>MO</b>	1	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 X 5/16" <b>MO</b>	1	
SAFESNAP INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
SAFESNAP INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 1/2" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE U-100 1/2 ML 29 X 1/2" <b>MO</b>	1	
SURE COMFORT PEN NEEDLE 29 X 1/2" <b>MO</b>	1	
SURE COMFORT PEN NEEDLE 30 X 5/16" <b>MO</b>	1	
SURE COMFORT PEN NEEDLE 31 X 3/16" <b>MO</b>	1	
SURE COMFORT PEN NEEDLE 31 X 5/16" <b>MO</b>	1	
SURE COMFORT PEN NEEDLE 32 X 5/32" <b>MO</b>	1	
SURE-FINE PEN NEEDLES 29 X 1/2" <b>MO</b>	1	
SURE-FINE PEN NEEDLES 31 X 3/16" <b>MO</b>	1	
SURE-FINE PEN NEEDLES 31 X 5/16" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 1 ML 30 X 5/16" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 1 ML 31 X 5/16" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	

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
SURE-JECT INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>MO</b>	1	
TERUMO INS SYRINGE U100-1 ML <b>MO</b>	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" <b>MO</b>	1	
TERUMO INSULIN SYRINGE 0.5CC/27G 1/2 ML 27 X 1/2" <b>MO</b>	1	
TERUMO INSULIN SYRINGE 1 ML 27 X 1/2" <b>MO</b>	1	
TERUMO INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
TERUMO INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
TERUMO INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>MO</b>	1	
TERUMO INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 1 ML 30 X 3/8" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" <b>MO</b>	1	
TOPCARE CLICKFINE 31 X 1/4" NEEDLE <b>MO</b>	1	
TOPCARE CLICKFINE 31 X 5/16" NEEDLE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 0.3 ML 30 X 5/16" SYRINGE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 0.3 ML 31 X 5/16" SYRINGE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 1 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 1 ML 30 X 5/16" SYRINGE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 1 ML 31 X 5/16" SYRINGE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 1/2 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 1/2 ML 30 X 5/16" SYRINGE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 1/2 ML 31 X 5/16" SYRINGE <b>MO</b>	1	
TRUEPLUS INSULIN 0.3 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
TRUEPLUS INSULIN 0.3 ML 30 X 5/16" SYRINGE <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUEPLUS INSULIN 0.3 ML 31 X 5/16" SYRINGE <b>MO</b>	1	
TRUEPLUS INSULIN 1 ML 28 X 1/2" SYRINGE <b>MO</b>	1	
TRUEPLUS INSULIN 1 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
TRUEPLUS INSULIN 1 ML 30 X 5/16" SYRINGE <b>MO</b>	1	
TRUEPLUS INSULIN 1 ML 31 X 5/16" SYRINGE <b>MO</b>	1	
TRUEPLUS INSULIN 1/2 ML 28 X 1/2" SYRINGE <b>MO</b>	1	
TRUEPLUS INSULIN 1/2 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
TRUEPLUS INSULIN 1/2 ML 30 X 5/16" SYRINGE <b>MO</b>	1	
TRUEPLUS INSULIN 1/2 ML 31 X 5/16" SYRINGE <b>MO</b>	1	
ULTICARE 0.3 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
ULTICARE 0.3 ML 30 X 1/2" SYRINGE <b>MO</b>	1	
ULTICARE 0.3 ML 30 X 5/16" SYRINGE <b>MO</b>	1	
ULTICARE 0.3 ML 31 X 5/16" SYRINGE <b>MO</b>	1	
ULTICARE 1 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
ULTICARE 1 ML 30 X 1/2" SYRINGE <b>MO</b>	1	
ULTICARE 1 ML 30 X 5/16" SYRINGE <b>MO</b>	1	
ULTICARE 1 ML 31 X 5/16" SYRINGE <b>MO</b>	1	
ULTICARE 1/2 ML 29 X 1/2" SYRINGE <b>MO</b>	1	
ULTICARE 1/2 ML 30 X 1/2" SYRINGE <b>MO</b>	1	
ULTICARE 1/2 ML 30 X 5/16" SYRINGE <b>MO</b>	1	
ULTICARE 1/2 ML 31 X 5/16" SYRINGE <b>MO</b>	1	
ULTICARE 29 X 1/2" NEEDLE <b>MO</b>	1	
ULTICARE 31 X 1/4" NEEDLE <b>MO</b>	1	
ULTICARE 31 X 5/16" NEEDLE <b>MO</b>	1	
ULTICARE 32 X 5/32" NEEDLE <b>MO</b>	1	
ULTICARE SYR 0.5 ML 29GX1/2" <b>MO</b>	1	
ULTICARE SYRIN 0.5 ML 28GX1/2" <b>MO</b>	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 <b>MO</b>	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
ULTILET INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	
ULTILET INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>MO</b>	1	
ULTILET INSULIN SYRINGE 1 ML 29 <b>MO</b>	1	
ULTILET INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
ULTILET INSULIN SYRINGE 1 ML 30 X 5/16" <b>MO</b>	1	
ULTILET INSULIN SYRINGE 1 ML 31 X 5/16" <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTILET INSULIN SYRINGE 1/2 ML 29 <b>MO</b>	1	
ULTILET INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	
ULTILET INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
ULTILET INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>MO</b>	1	
ULTILET PEN NEEDLE 29 GAUGE <b>MO</b>	1	
ULTILET PEN NEEDLE 32 X 5/32" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>MO</b>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>MO</b>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 X 5/16" <b>MO</b>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>MO</b>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>MO</b>	1	
ULTRA-THIN II (SHORT) PEN NDL 31 X 5/16" NEEDLE <b>MO</b>	1	
ULTRA-THIN II INS PEN NEEDLES 29 X 1/2" <b>MO</b>	1	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>MO</b>	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
ULTRA-THIN II INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>MO</b>	1	
ULTRA-THIN II SHORT NEEDLE 31 X 5/16" <b>MO</b>	1	
ULTRACOMFORT 29GX0.5 ML SYR <b>MO</b>	1	
ULTRACOMFORT 29GX1 ML SYRINGE <b>MO</b>	1	
ULTRACOMFORT 30GX0.5 ML SYR <b>MO</b>	1	
ULTRACOMFORT 30GX1 ML SYRINGE <b>MO</b>	1	
ULTRACOMFORT 31GX0.5 ML SYR <b>MO</b>	1	
ULTRACOMFORT 31GX1 ML SYRINGE <b>MO</b>	1	
ULTRACOMFORT INSUL SYR 0.5 ML <b>MO</b>	1	
ULTRACOMFORT INSUL SYR 0.5 ML <b>MO</b>	1	
ULTRACOMFORT INSUL SYR 0.5 ML <b>MO</b>	1	
ULTRACOMFORT INSULIN SYR 1 ML <b>MO</b>	1	
ULTRACOMFORT INSULIN SYR 1 ML <b>MO</b>	1	
ULTRACOMFORT INSULIN SYR 1 ML <b>MO</b>	1	
ULTRACOMFORT PEN NEEDLES 6MM <b>MO</b>	1	
ULTRACOMFORT PEN NEEDLES 8MM <b>MO</b>	1	
UNIFINE PENTIPS 29 GAUGE NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS 29 X 1/2" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS 29 X 5/16" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS 30 X 5/16" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS 31 NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS 31 X 1/4" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS 31 X 3/16" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS 31 X 5/16" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS 32 X 5/32" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS PLUS 31 X 1/4" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS PLUS 31 X 3/16" NEEDLE <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UNIFINE PENTIPS PLUS 31 X 5/16" NEEDLE <b>MO</b>	1	
VANISHPOINT SYRINGE 1 ML 29 X 1/2" <b>MO</b>	1	
VANISHPOINT SYRINGE 1/2 ML 30 X 1/2" <b>MO</b>	1	
VGO 20 DEVICE <b>MO</b>	4	
VGO 30 DEVICE <b>MO</b>	4	
VGO 40 DEVICE <b>MO</b>	4	
<b>DIAGNOSTIC AGENTS</b>		
enlon 10 mg/ml injection solution <b>MO</b>	1	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
acetic acid 0.25% irrig soln <b>MO</b>	2	
amiloride hcl 5 mg tablet <b>MO</b>	3	
amiloride hcl-hctz 5-50 mg tab <b>MO</b>	2	
amino acids 15 % intravenous solution <b>MO</b>	4	B vs D
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
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
ammonium chloride 5 meq/ml <b>MO</b>	1	
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION <b>MO</b>	5	
bumetanide 0.25 mg/ml vial <b>MO</b>	2	
bumetanide 0.5 mg tablet <b>MO</b>	2	
bumetanide 1 mg tablet <b>MO</b>	2	
bumetanide 2 mg tablet <b>MO</b>	2	
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER <b>SP</b>	5	
BUPHENYL 500 MG TABLET <b>SP</b>	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcium acetate 667 mg gelcap <b>MO</b>	4	
calcium acetate 667 mg tablet <b>MO</b>	4	
calcium chloride 10% syringe <b>MO</b>	1	
calcium chloride 10% vial <b>MO</b>	1	
calcium gluconate 10% vial <b>MO</b>	1	
CARBAGLU 200 MG DISPERSIBLE TABLET <b>SP</b>	5	PA
chlorothiazide 250 mg tablet <b>MO</b>	2	
chlorothiazide 500 mg tablet <b>MO</b>	2	
chlorothiazide sod 500 mg vial <b>MO</b>	2	
chlorthalidone 25 mg tablet <b>MO</b>	2	
chlorthalidone 50 mg tablet <b>MO</b>	2	
CLINIMIX 2.75 % IN 5 % 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 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 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 5 % IN 15 % 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 5 % IN 25 % 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
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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
clinisol sf 15 % intravenous solution <b>MO</b>	4	B vs D
constulose 10 gram/15 ml oral solution <b>MO</b>	2	
CYTRA K CRYSTALS 3,300 MG-1,002 MG ORAL PACKET <b>MO</b>	4	
cytra-3 550 mg-500 mg-334 mg/5 ml oral solution <b>MO</b>	2	
cytra-k 1,100 mg-334 mg/5 ml oral solution <b>MO</b>	2	
d10%-1/2ns soln/excel cont <b>MO</b>	1	
d5%-1/2ns-kcl 10 meq/l iv sol <b>MO</b>	2	
d5%-1/2ns-kcl 30 meq/l iv sol <b>MO</b>	2	
d5%-1/2ns-kcl 40 meq/l iv sol <b>MO</b>	2	
d5%-1/4ns-kcl 30 meq/l iv sol <b>MO</b>	2	
d5%-1/4ns-kcl 40 meq/l iv sol <b>MO</b>	2	
d5w-kcl 30 meq/l iv solution <b>MO</b>	2	
dextrose 10%-1/4ns iv soln <b>MO</b>	2	
dextrose 10%-water iv solution <b>MO</b>	2	
dextrose 2.5%-1/2ns iv soln <b>MO</b>	2	
dextrose 20%-water iv soln <b>MO</b>	2	
dextrose 25%-water syringe <b>MO</b>	2	
dextrose 30%-water iv soln <b>MO</b>	2	
dextrose 40%-water iv soln <b>MO</b>	2	
dextrose 5%-1/2ns iv solution <b>MO</b>	2	
dextrose 5%-1/3ns iv solution <b>MO</b>	2	
dextrose 5%-electrolyte 48 <b>MO</b>	2	
dextrose 5%-lr iv solution <b>MO</b>	2	
dextrose 5%-ns iv solution <b>MO</b>	2	
dextrose 5%-sod chloride 0.2% <b>MO</b>	2	
dextrose 5%-water iv soln <b>MO</b>	2	
dextrose 5%-water vial <b>MO</b>	2	
dextrose 50%-water syringe <b>MO</b>	2	
dextrose 50%-water vial <b>MO</b>	2	
dextrose 70%-water iv soln <b>MO</b>	2	
DIURIL 250 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
DIURIL 500 MG INTRAVENOUS SOLUTION <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DYRENIUM 100 MG CAPSULE <b>MO</b>	4	
DYRENIUM 50 MG CAPSULE <b>MO</b>	4	
enulose 10 gram/15 ml oral solution <b>MO</b>	2	
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
furosemide 10 mg/ml solution <b>MO</b>	1	
furosemide 10 mg/ml syringe <b>MO</b>	1	
furosemide 20 mg tablet <b>MO</b>	1	
furosemide 40 mg tablet <b>MO</b>	1	
furosemide 40 mg/4 ml vial <b>MO</b>	1	
furosemide 40 mg/5 ml soln <b>MO</b>	1	
furosemide 80 mg tablet <b>MO</b>	1	
generlac 10 gram/15 ml oral solution <b>MO</b>	2	
glycine 1.5% irrigation <b>MO</b>	4	
GLYCINE UROLOGIC 1.5 % IRRIGATION SOLUTION <b>MO</b>	4	
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION <b>MO</b>	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
HEPATASOL 8 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
hydrochlorothiazide 12.5 mg cp <b>MO</b>	1	
hydrochlorothiazide 12.5 mg tb <b>MO</b>	1	
hydrochlorothiazide 25 mg tab <b>MO</b>	1	
hydrochlorothiazide 50 mg tab <b>MO</b>	1	
HYPERLYTE CR 25 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION <b>MO</b>	4	
indapamide 1.25 mg tablet <b>MO</b>	1	
indapamide 2.5 mg tablet <b>MO</b>	1	
INTRALIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
INTRALIPID 30 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION <b>MO</b>	4	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION <b>MO</b>	4	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION <b>MO</b>	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	4	
ISOLYTE-S INTRAVENOUS SOLUTION <b>MO</b>	4	
k-effervescent 25 meq tablet <b>MO</b>	2	
K-TAB 10 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	4	
K-TAB 20 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	4	

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
kcl 20 meq in d5w solution <b>MO</b>	2	
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-0.45% nacl <b>MO</b>	2	
kcl 20 meq in d5w-lact ringer <b>MO</b>	2	
kcl 20 meq in d5w-ns <b>MO</b>	2	
kcl 20 meq-ns 1,000 ml iv soln <b>MO</b>	2	
kcl 40 meq in d5w solution <b>MO</b>	2	
kcl 40 meq in d5w-lact ringer <b>MO</b>	2	
kcl 40 meq in d5w-nacl 0.9% <b>MO</b>	2	
kcl 40 meq-ns 1,000 ml iv soln <b>MO</b>	2	
kionex 15 gram/60 ml oral suspension <b>MO</b>	3	
kionex oral powder <b>MO</b>	3	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	2	
klor-con m10 meq tablet,extended release <b>MO</b>	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	2	
klor-con m20 meq tablet,extended release <b>MO</b>	2	
KLOR-CON/25 MEQ ORAL PACKET <b>MO</b>	2	
klor-con/ef 25 meq effervescent tablet <b>MO</b>	2	
KRISTALOSE 10 GRAM ORAL PACKET <b>MO</b>	4	
KRISTALOSE 20 GRAM ORAL PACKET <b>MO</b>	4	
l-cysteine 50 mg/ml vial <b>MO</b>	1	
lactated ringers injection <b>MO</b>	2	
lactated ringers irrigation <b>MO</b>	2	
lactulose 10 gm/15 ml solution <b>MO</b>	2	
lactulose 20 gm/30 ml solution <b>MO</b>	2	
LIPOSYN II 20 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
LIPOSYN III 10 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
LIPOSYN III 20 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
LITHOSTAT 250 MG TABLET <b>MO</b>	4	
mannitol 10% iv solution <b>MO</b>	2	
mannitol 20% iv solution <b>MO</b>	2	
mannitol 25% vial <b>MO</b>	2	
mannitol 5% iv solution <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAXZIDE 75 MG-50 MG TABLET <b>MO</b>	4	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET <b>MO</b>	4	PA
methyclothiazide 5 mg tablet <b>MO</b>	2	
metolazone 10 mg tablet <b>MO</b>	2	
metolazone 2.5 mg tablet <b>MO</b>	2	
metolazone 5 mg tablet <b>MO</b>	2	
MICROZIDE 12.5 MG CAPSULE <b>MO</b>	4	
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 IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-R INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION <b>MO</b>	4	
ORACIT 490 MG-640 MG/5 ML ORAL SOLUTION <b>MO</b>	4	
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	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION <b>MO</b>	3	
phospha 250 neutral 250 mg tablet <b>MO</b>	2	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION <b>MO</b>	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION <b>MO</b>	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION <b>MO</b>	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION <b>MO</b>	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	4	
pot citrate-citric acid packet <b>MO</b>	4	
potassium 25 meq tablet eff <b>MO</b>	2	
potassium acet 4 meq/ml vial <b>MO</b>	1	
potassium acet 40 meq/20 ml vl <b>MO</b>	1	
potassium citrate er 10 meq tb <b>MO</b>	3	
potassium citrate er 5 meq tab <b>MO</b>	3	
potassium cl 10 meq/100 ml sol <b>MO</b>	1	
potassium cl 10 meq/50 ml sol <b>MO</b>	1	
potassium cl 10% (20 meq/15 ml <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium cl 2 meq/ml vial <b>MO</b>	1	
potassium cl 20 meq-0.45% nacl <b>MO</b>	2	
potassium cl 20 meq/100 ml sol <b>MO</b>	1	
potassium cl 20 meq/50 ml sol <b>MO</b>	1	
potassium cl 20% (40 meq/15 ml <b>MO</b>	1	
potassium cl 25 meq tab eff <b>MO</b>	2	
potassium cl 30 meq/100 ml sol <b>MO</b>	1	
potassium cl 40 meq/100 ml sol <b>MO</b>	1	
potassium cl er 10 meq capsule <b>MO</b>	2	
potassium cl er 10 meq tablet <b>MO</b>	2	
potassium cl er 20 meq tablet <b>MO</b>	2	
potassium cl er 20 meq tablet <b>MO</b>	2	
potassium cl er 8 meq capsule <b>MO</b>	2	
potassium cl er 8 meq tablet <b>MO</b>	2	
potassium phosp 45 mmol/15 ml <b>MO</b>	1	
PREMASOL 10 % INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
probenecid 500 mg tablet <b>MO</b>	3	
probenecid-colchicine tabs <b>MO</b>	3	
PROCALAMINE 3% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
RENACIDIN 6.602 G-0.198 G/100 ML IRRIGATION SOLUTION <b>MO</b>	4	
REVELA 0.8 GRAM ORAL POWDER PACKET <b>MO</b>	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET <b>MO</b>	3	QL (180 per 30 days)
REVELA 800 MG TABLET <b>MO</b>	3	QL (540 per 30 days)
RESECTISOL 5 % URETHRAL SOLUTION <b>MO</b>	4	
ringer's iv solution <b>MO</b>	1	
ringers irrigation solution <b>MO</b>	1	
saline 0.45% soln-excel con <b>MO</b>	2	
SAMSCA 15 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
SAMSCA 30 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
sevelamer carbonate 800 mg tab <b>MO</b>	3	QL (540 per 30 days)
sodium acetate 4 meq/ml vial <b>MO</b>	1	
sodium acetate 40 meq/20 ml vl <b>MO</b>	1	
sodium bicarb 4.2% abbjct <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium bicarb 4.2% vial <b>MO</b>	4	
sodium bicarb 7.5% abboject <b>MO</b>	2	
sodium bicarb 8.4% abboject <b>MO</b>	2	
sodium bicarb 8.4% abboject <b>MO</b>	2	
sodium bicarb 8.4% vial <b>MO</b>	2	
sodium chloride 0.45% soln <b>MO</b>	2	
sodium chloride 0.9% irrig. <b>MO</b>	2	
sodium chloride 0.9% soln. <b>MO</b>	2	
sodium chloride 0.9% solution <b>MO</b>	2	
sodium chloride 0.9% vial <b>MO</b>	2	
sodium chloride 10% vial <b>MO</b>	2	B vs D
sodium chloride 3% iv soln <b>MO</b>	2	
sodium chloride 3% vial <b>MO</b>	2	B vs D
sodium chloride 4 meq/ml vl <b>MO</b>	2	
sodium chloride 5% iv soln <b>MO</b>	2	
sodium cl 2.5 meq/ml vial <b>MO</b>	2	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
sodium lactate 1/6molar inj <b>MO</b>	1	
sodium lactate 5 meq/ml vial <b>MO</b>	1	
sodium phenylbutyrate powder <b>SP</b>	5	
sodium phosphate 3mm/ml vial <b>MO</b>	1	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp <b>MO</b>	3	
sorbitol-mannitol irrig <b>MO</b>	1	
sps 15 gm/60 ml suspension <b>MO</b>	4	
SPS 15 GRAM/60 ML ORAL SUSPENSION <b>MO</b>	4	
sps 30 gm/120 ml enema <b>MO</b>	4	
SPS 30 GRAM/120 ML ENEMA <b>MO</b>	4	
sps 50 gm/200 ml enema <b>MO</b>	4	
sterile water for irrigation <b>MO</b>	2	
torsemide 10 mg tablet <b>MO</b>	2	
torsemide 100 mg tablet <b>MO</b>	2	
torsemide 20 mg tablet <b>MO</b>	2	
torsemide 20 mg/2 ml vial <b>MO</b>	2	
torsemide 5 mg tablet <b>MO</b>	2	
torsemide 50 mg/5 ml vial <b>MO</b>	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 cp <b>MO</b>	1	
triamterene-hctz 37.5-25 mg tb <b>MO</b>	2	
triamterene-hctz 50-25 mg cap <b>MO</b>	2	
triamterene-hctz 75-50 mg tab <b>MO</b>	2	
tricitrates 550 mg-500 mg-334 mg/5 ml oral solution <b>MO</b>	2	
TROPHAMINE 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
virt-phos 250 neutral 250 mg tablet <b>MO</b>	2	
VOLUVEN 6 % INTRAVENOUS SOLUTION <b>MO</b>	4	
<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 INTRAVENOUS SOLUTION <b>MO</b>	5	PA
ELITEK 7.5 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
FABRAZYME 35 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
FABRAZYME 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>		
acetasol hc 1 %-2 % ear drops <b>MO</b>	4	
acetazolamide 125 mg tablet <b>MO</b>	2	
acetazolamide 250 mg tablet <b>MO</b>	2	
acetazolamide er 500 mg cap <b>MO</b>	4	
acetazolamide sod 500 mg vial <b>MO</b>	2	
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	
akorn balanced salt soln <b>MO</b>	1	
AKTEN (PF) 3.5 % EYE GEL <b>MO</b>	4	
ALCAINE 0.5 % EYE DROPS <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALOMIDE 0.1 % EYE DROPS <b>MO</b>	4	
ALPHAGAN P 0.1 % EYE DROPS <b>MO</b>	3	
ALPHAGAN P 0.15 % EYE DROPS <b>MO</b>	3	
ALREX 0.2 % EYE DROPS,SUSPENSION <b>MO</b>	4	
antipyrine-benzocaine ear drop <b>MO</b>	2	
apraclonidine hcl 0.5% drops <b>MO</b>	4	
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY <b>MO</b>	3	QL (30 per 25 days)
atropine 1% eye drops <b>MO</b>	2	
atropine 1% eye ointment <b>MO</b>	2	
ATROPINE-CARE 1 % EYE DROPS <b>MO</b>	2	
aurodex 5.4 %-1.4 % ear drops <b>MO</b>	2	
auroguard 5.4 %-1.4 % ear drops <b>MO</b>	2	
AZASITE 1 % EYE DROPS <b>MO</b>	3	
azelastine 0.15% nasal spray <b>MO</b>	3	QL (30 per 25 days)
azelastine 137 mcg nasal spray <b>MO</b>	4	QL (30 per 25 days)
azelastine hcl 0.05% drops <b>MO</b>	3	
AZOPT 1 % EYE DROPS,SUSPENSION <b>MO</b>	3	
bacitracin 500 unit/gm ophth <b>MO</b>	3	
bacitracin-polymyxin eye oint <b>MO</b>	2	
balanced salt intraocular solution <b>MO</b>	1	
BEPREVE 1.5 % EYE DROPS <b>MO</b>	4	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION <b>MO</b>	3	
BETADINE OPHTHALMIC PREP 5 % SOLUTION <b>MO</b>	4	
BETAGAN 0.5 % EYE DROPS <b>MO</b>	4	
betaxolol hcl 0.5% eye drop <b>MO</b>	4	
BLEPH-10 10 % EYE DROPS <b>MO</b>	4	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION <b>MO</b>	4	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT <b>MO</b>	2	
brimonidine 0.2% eye drop <b>MO</b>	3	
brimonidine tartrate 0.15% drp <b>MO</b>	3	
BSS INTRAOCULAR SOLUTION <b>MO</b>	4	
BSS PLUS INTRAOCULAR SOLUTION <b>MO</b>	4	
carteolol hcl 1% eye drops <b>MO</b>	2	
chlorhexidine 0.12% rinse <b>MO</b>	1	
CILOXAN 0.3 % EYE DROPS <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CILOXAN 0.3 % EYE OINTMENT <b>MO</b>	4	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION <b>MO</b>	4	
ciprofloxacin 0.3% eye drop <b>MO</b>	1	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION <b>MO</b>	4	
COMBIGAN 0.2 %-0.5 % EYE DROPS <b>MO</b>	3	
CORTISPORIN 3.5 MG/ML-10,000 UNIT/ML-1 % EAR SOLUTION <b>MO</b>	4	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION <b>MO</b>	4	
cyclopentolate 1% eye drops <b>MO</b>	2	
cyclopentolate hcl 2% drops <b>MO</b>	4	
CYSTARAN 0.44 % EYE DROPS <b>SP</b>	5	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop <b>MO</b>	2	
diclofenac 0.1% eye drops <b>MO</b>	2	
dorzolamide hcl 2% eye drops <b>MO</b>	2	QL (10 per 30 days)
dorzolamide-timolol eye drops <b>MO</b>	2	QL (10 per 30 days)
doxycycline hyclate 20 mg tab <b>MO</b>	3	
DUREZOL 0.05 % EYE DROPS <b>MO</b>	3	
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY <b>MO</b>	3	QL (23 per 28 days)
EMADINE 0.05 % EYE DROPS <b>MO</b>	4	
epinastine hcl 0.05% eye drops <b>MO</b>	3	
erythromycin 0.5% eye ointment <b>MO</b>	2	
FLAREX 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	4	
FLONASE 50 MCG/ACTUATION NASAL SPRAY,SUSPENSION <b>MO</b>	4	PA,QL (16 per 30 days)
flunisolide 0.025% spray <b>MO</b>	3	QL (50 per 30 days)
flunisolide 29 mcg-0.025% spr <b>MO</b>	3	QL (50 per 30 days)
fluorometholone 0.1% drops <b>MO</b>	2	
flurbiprofen 0.03% eye drop <b>MO</b>	2	
fluticasone prop 50 mcg spray <b>MO</b>	2	QL (16 per 30 days)
FML FORTE 0.25 % EYE DROPS,SUSPENSION <b>MO</b>	4	
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	4	
FML S.O.P. 0.1 % EYE OINTMENT <b>MO</b>	4	
garamycin 0.3 % eye drops <b>MO</b>	3	
garamycin 3 mg/gm eye ointment <b>MO</b>	3	
gatifloxacin 0.5% eye drops <b>MO</b>	4	QL (3 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentak 0.3 % eye drops <b>MO</b>	2	
gentamicin 0.3% eye ointment <b>MO</b>	2	
gentamicin 3 mg/ml eye drops <b>MO</b>	2	
homatropaire 5 % eye drops <b>MO</b>	2	
hydrocortison-acetic acid soln <b>MO</b>	4	
ILEVRO 0.3 % EYE DROPS,SUSPENSION <b>MO</b>	4	
ILOTYCIN 5 MG/GRAM (0.5 %) EYE OINTMENT <b>MO</b>	3	
IOPIDINE 0.5 % EYE DROPS <b>MO</b>	4	PA
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE <b>MO</b>	4	
ipratropium 0.03% spray <b>MO</b>	2	QL (30 per 30 days)
ipratropium 0.06% spray <b>MO</b>	2	QL (45 per 30 days)
ISOPTO ATROPINE 1 % EYE DROPS <b>MO</b>	4	
ISOPTO CARPINE 1 % EYE DROPS <b>MO</b>	4	
ISOPTO CARPINE 2 % EYE DROPS <b>MO</b>	4	
ISOPTO CARPINE 4 % EYE DROPS <b>MO</b>	4	
ISOPTO HYOSCINE 0.25 % EYE DROPS <b>MO</b>	4	
ketorolac 0.4% ophth solution <b>MO</b>	2	
ketorolac 0.5% ophth solution <b>MO</b>	2	
LACRISERT 5 MG EYE INSERTS <b>MO</b>	4	
latanoprost 0.005% eye drops <b>MO</b>	2	QL (3 per 25 days)
levobunolol 0.25% eye drops <b>MO</b>	2	
levobunolol 0.5% eye drops <b>MO</b>	2	
levofloxacin 0.5% eye drops <b>MO</b>	2	
lidocaine 2% viscous soln <b>MO</b>	2	
lidocaine hcl 2% jelly <b>MO</b>	2	
lidocaine hcl 4% solution <b>MO</b>	2	
lidocaine viscous 2 % mucosal solution <b>MO</b>	2	
LUMIGAN 0.01 % EYE DROPS <b>MO</b>	3	QL (3 per 25 days)
LUMIGAN 0.03% EYE DROPS <b>MO</b>	3	QL (3 per 25 days)
MAXIDEX 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	4	
methazolamide 25 mg tablet <b>MO</b>	4	
methazolamide 50 mg tablet <b>MO</b>	4	
metipranolol 0.3% eye drops <b>MO</b>	4	
MIOCHOL-E 1:100 (20 MG/2 ML) INTRAOCULAR KIT <b>MO</b>	4	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MOXEZA 0.5 % EYE DROPS <b>MO</b>	4	
mydrfrin 2.5% eye drops <b>MO</b>	4	
naphazoline 0.1% eye drops <b>MO</b>	1	
NASONEX 50 MCG/ACTUATION SPRAY <b>MO</b>	3	QL (34 per 30 days)
NATACYN 5 % EYE DROPS,SUSPENSION <b>MO</b>	4	
neo-bacit-poly-hc eye ointment <b>MO</b>	3	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment <b>MO</b>	2	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment <b>MO</b>	3	
neomyc-bacit-polymix eye oint <b>MO</b>	2	
neomyc-polym-dexamet eye ointm <b>MO</b>	2	
neomyc-polym-dexameth eye drop <b>MO</b>	2	
neomyc-polym-gramicid eye drop <b>MO</b>	2	
neomycin-poly-hc eye drops <b>MO</b>	3	
neomycin-polymyxin-hc ear soln <b>MO</b>	2	
neomycin-polymyxin-hc ear susp <b>MO</b>	2	
neosporin (neo-polym-gramicid) 1.75 mg-10k unit-0.025 mg/ml eye drops <b>MO</b>	2	
NEVANAC 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	4	
OCUFEN 0.03 % EYE DROPS <b>MO</b>	4	
OCUFLOX 0.3 % EYE DROPS <b>MO</b>	4	
ofloxacin 0.3% ear drops <b>MO</b>	2	
ofloxacin 0.3% eye drops <b>MO</b>	2	
OMNARIS 50 MCG NASAL SPRAY <b>MO</b>	3	QL (13 per 30 days)
paroex oral rinse 0.12 % mouthwash <b>MO</b>	1	
PATADAY 0.2 % EYE DROPS <b>MO</b>	3	
PATANASE 0.6 % NASAL SPRAY <b>MO</b>	4	QL (31 per 30 days)
periogard 0.12 % mouthwash <b>MO</b>	1	
phenylephrine 10% eye drops <b>MO</b>	1	
phenylephrine 2.5% eye drop <b>MO</b>	1	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <b>MO</b>	4	
pilocarpine 1% eye drops <b>MO</b>	3	
pilocarpine 2% eye drops <b>MO</b>	3	
pilocarpine 4% eye drops <b>MO</b>	3	
PILOPINE HS 4% EYE GEL <b>MO</b>	4	
polycin 500 unit-10,000 unit/gram eye ointment <b>MO</b>	2	
polymyxin b-tmp eye drops <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRED MILD 0.12 % EYE DROPS,SUSPENSION <b>MO</b>	4	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION <b>MO</b>	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT <b>MO</b>	4	
prednisolone ac 1% eye drop <b>MO</b>	2	
prednisolone sod 1% eye drop <b>MO</b>	2	
proparacaine 0.5% eye drops <b>MO</b>	1	
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY <b>MO</b>	4	QL (9 per 30 days)
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	QL (60 per 30 days)
sulf-pred 10-0.23% eye drops <b>MO</b>	2	
sulfacetamide 10% eye drops <b>MO</b>	2	
sulfacetamide 10% eye ointment <b>MO</b>	2	
sulfamide 10% eye drops <b>MO</b>	2	
tetracaine 0.5% eye drops <b>MO</b>	4	
TETRAVISC 0.5 % VISCOUS EYE DROPS <b>MO</b>	4	
TETRAVISC 0.5 % VISCOUS EYE DROPS IN A DROPPERETTE <b>MO</b>	4	
TETRAVISC FORTE 0.5 % HYPERVISCOUS DROPS <b>MO</b>	4	
TETRAVISC FORTE 0.5 % HYPERVISCOUS EYE DROPS IN A DROPPERETTE <b>MO</b>	4	
timolol 0.25% eye drops <b>MO</b>	2	
timolol 0.25% gel-solution <b>MO</b>	3	
timolol 0.5% eye drops <b>MO</b>	2	
timolol 0.5% gfs gel-solution <b>MO</b>	3	
tobramycin 0.3% eye drops <b>MO</b>	2	
tobramycin-dexameth ophth susp <b>MO</b>	4	
TOBREX 0.3 % EYE DROPS <b>MO</b>	4	
TOBREX 0.3 % EYE OINTMENT <b>MO</b>	4	
TRAVATAN Z 0.004 % EYE DROPS <b>MO</b>	3	QL (3 per 25 days)
trifluridine 1% eye drops <b>MO</b>	4	
tropicamide 0.5% eye drops <b>MO</b>	1	
tropicamide 1% eye drops <b>MO</b>	1	
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)
VEXOL 1 % EYE DROPS,SUSPENSION <b>MO</b>	4	
VIGAMOX 0.5 % EYE DROPS <b>MO</b>	4	
XYLOCAINE 4 % (40 MG/ML) MUCOSAL SOLUTION <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER <b>MO</b>	3	QL (6 per 28 days)
ZIRGAN 0.15 % EYE GEL <b>MO</b>	4	QL (5 per 30 days)
<b>GASTROINTESTINAL DRUGS</b>		
AMITIZA 24 MCG CAPSULE <b>MO</b>	3	
AMITIZA 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)
CARAFATE 1 GRAM TABLET <b>MO</b>	4	
CARAFATE 100 MG/ML ORAL SUSPENSION <b>MO</b>	4	
CHENODAL 250 MG TABLET <b>SP</b>	5	PA
cimetidine 200 mg tablet <b>MO</b>	2	
cimetidine 300 mg tablet <b>MO</b>	2	
cimetidine 300 mg/5 ml soln <b>MO</b>	2	
cimetidine 400 mg tablet <b>MO</b>	2	
cimetidine 800 mg tablet <b>MO</b>	2	
COLYTE WITH FLAVOR PACKS 227.1 GRAM-21.5 GRAM-6.36GRAM ORAL SOLUTION <b>MO</b>	4	
COLYTE WITH FLAVOR PACKS 240 G-22.72 G-6.72 G-5.84 G ORAL SOLUTION <b>MO</b>	4	
compro 25 mg rectal suppository <b>MO</b>	3	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
CREON 36,000-114,000-180,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
DEXILANT 30 MG CAPSULE, DELAYED RELEASE <b>MO</b>	4	QL (30 per 30 days)
DEXILANT 60 MG CAPSULE, DELAYED RELEASE <b>MO</b>	4	QL (30 per 30 days)
dimenhydrinate 50 mg/ml vial <b>MO</b>	1	
diphenoxylat-atrop 2.5-0.025/5 <b>MO</b>	2	
diphenoxylate-atrop 2.5-0.025 <b>MO</b>	2	
dronabinol 10 mg capsule <b>MO</b>	5	B vs D,QL (120 per 30 days)
dronabinol 2.5 mg capsule <b>MO</b>	4	B vs D,QL (120 per 30 days)
dronabinol 5 mg capsule <b>MO</b>	4	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK <b>MO</b>	4	B vs D,QL (6 per 28 days)
EMEND 125 MG CAPSULE <b>MO</b>	4	B vs D,QL (2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMEND 150 MG INTRAVENOUS SOLUTION <b>MO</b>	4	PA,QL (2 per 28 days)
EMEND 40 MG CAPSULE <b>MO</b>	4	B vs D,QL (2 per 28 days)
EMEND 80 MG CAPSULE <b>MO</b>	4	B vs D,QL (4 per 28 days)
famotidine 10 mg/ml vial <b>MO</b>	2	
famotidine 20 mg piggyback <b>MO</b>	2	
famotidine 20 mg tablet <b>MO</b>	2	
famotidine 20 mg/2 ml vial <b>MO</b>	2	
famotidine 40 mg tablet <b>MO</b>	2	
famotidine 40 mg/5 ml susp <b>MO</b>	3	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (30 per 30 days)
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (30 per 30 days)
gavilyte-c 240 g-22.72 g-6.72 g-5.84 g oral solution <b>MO</b>	2	
gavilyte-g 236 g-22.74 g-6.74 g-5.86 g oral solution <b>MO</b>	2	
gavilyte-n 420 gram oral solution <b>MO</b>	2	
GOLYTELY 227.1 G-21.5 G-6.36 G-5.53 G ORAL POWDER PACKET <b>MO</b>	3	
GOLYTELY 236 G-22.74 G-6.74 G-5.86 G ORAL SOLUTION <b>MO</b>	3	
granisetron hcl 0.1 mg/ml vial <b>MO</b>	4	
granisetron hcl 1 mg tablet <b>MO</b>	4	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial <b>MO</b>	4	QL (4 per 28 days)
granisetron hcl 4 mg/4 ml vial <b>MO</b>	4	QL (4 per 28 days)
granisol 1 mg/5 ml oral solution <b>MO</b>	2	B vs D,QL (150 per 28 days)
lansoprazole dr 15 mg capsule <b>MO</b>	3	QL (60 per 30 days)
lansoprazole dr 30 mg capsule <b>MO</b>	3	QL (30 per 30 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE <b>MO</b>	3	QL (120 per 30 days)
LINZESS 145 MCG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
LINZESS 290 MCG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
loperamide 2 mg capsule <b>MO</b>	2	
LOTRONEX 0.5 MG TABLET <b>MO</b>	5	QL (60 per 30 days)
LOTRONEX 1 MG TABLET <b>MO</b>	5	QL (60 per 30 days)
meclizine 12.5 mg tablet <b>MO</b>	2	
meclizine 25 mg tablet <b>MO</b>	2	
mesalamine 4 gm/60 ml enema <b>MO</b>	4	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit <b>MO</b>	4	
metoclopramide 10 mg tablet <b>MO</b>	2	
metoclopramide 10 mg/2 ml syr <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoclopramide 10 mg/2 ml vial <b>MO</b>	2	
metoclopramide 5 mg tablet <b>MO</b>	2	
metoclopramide 5 mg/5 ml soln <b>MO</b>	2	
misoprostol 100 mcg tablet <b>MO</b>	3	
misoprostol 200 mcg tablet <b>MO</b>	3	
MOVIPREP 100 G-7.5 G-2.691 G-4.7 G ORAL POWDER PACKET <b>MO</b>	4	
NEXIUM 20 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)
NEXIUM 40 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)
NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP <b>MO</b>	3	QL (30 per 30 days)
NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP <b>MO</b>	3	QL (30 per 30 days)
NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP <b>MO</b>	3	QL (30 per 30 days)
NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP <b>MO</b>	3	QL (30 per 30 days)
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP <b>MO</b>	3	QL (30 per 30 days)
nizatidine 15 mg/ml solution <b>MO</b>	3	
nizatidine 150 mg capsule <b>MO</b>	3	
nizatidine 300 mg capsule <b>MO</b>	3	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION <b>MO</b>	3	
omeprazole dr 10 mg capsule <b>MO</b>	2	QL (60 per 30 days)
omeprazole dr 20 mg capsule <b>MO</b>	2	QL (60 per 30 days)
omeprazole dr 40 mg capsule <b>MO</b>	2	QL (30 per 30 days)
ondansetron 4 mg/5 ml solution <b>MO</b>	4	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial <b>MO</b>	2	
ondansetron hcl 24 mg tablet <b>MO</b>	2	B vs D,QL (30 per 30 days)
ondansetron hcl 32 mg/50 ml bg <b>MO</b>	2	
ondansetron hcl 4 mg tablet <b>MO</b>	2	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr <b>MO</b>	2	
ondansetron hcl 4 mg/2 ml vial <b>MO</b>	2	
ondansetron hcl 8 mg tablet <b>MO</b>	2	B vs D,QL (90 per 30 days)
ondansetron odt 4 mg tablet <b>MO</b>	2	B vs D,QL (90 per 30 days)
ondansetron odt 8 mg tablet <b>MO</b>	2	B vs D,QL (90 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET <b>MO</b>	4	
pantoprazole sod dr 20 mg tab <b>MO</b>	1	QL (60 per 30 days)
pantoprazole sod dr 40 mg tab <b>MO</b>	1	QL (60 per 30 days)
pantoprazole sodium 40 mg vial <b>MO</b>	4	
paregoric liquid <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
peg 3350 electrolyte soln <b>MO</b>	2	
peg-3350 and electrolytes soln <b>MO</b>	2	
peg-3350 solution <b>MO</b>	2	
peg-3350 with flavor packs 420 gram oral solution <b>MO</b>	2	
PENTASA 250 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	QL (150 per 30 days)
PENTASA 500 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	QL (300 per 30 days)
polyethylene glycol 3350 powd <b>MO</b>	2	
prochlorperazine 10 mg tab <b>MO</b>	1	B vs D
prochlorperazine 25 mg supp <b>MO</b>	3	
prochlorperazine 5 mg tablet <b>MO</b>	1	B vs D
prochlorperazine 5 mg/ml vial <b>MO</b>	2	
ranitidine 1,000 mg/40 ml vial <b>MO</b>	1	
ranitidine 15 mg/ml syrup <b>MO</b>	3	
ranitidine 150 mg capsule <b>MO</b>	3	
ranitidine 150 mg tablet <b>MO</b>	2	
ranitidine 300 mg capsule <b>MO</b>	3	
ranitidine 300 mg tablet <b>MO</b>	2	
ranitidine hcl 50 mg/2 ml vial <b>MO</b>	1	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS KIT <b>SP</b>	4	PA,QL (36 per 28 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (18 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH <b>MO</b>	4	QL (4 per 30 days)
sucralfate 1 gm tablet <b>MO</b>	2	
sucralfate 1 gm/10 ml susp <b>MO</b>	4	
SUPREP 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <b>MO</b>	3	
TIGAN 300 MG CAPSULE <b>MO</b>	4	PA
TRANSDERM-SCOP 1.5 MG TRANSDERMAL 72 HOUR PATCH <b>MO</b>	4	PA,QL (4 per 12 days)
trilyte with flavor packets 420 gram oral solution <b>MO</b>	2	
trimethobenzamide 300 mg cap <b>MO</b>	4	PA
ursodiol 250 mg tablet <b>MO</b>	4	
ursodiol 300 mg capsule <b>MO</b>	3	
ursodiol 500 mg tablet <b>MO</b>	4	
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
ZENPEP 25,000-85,000-136,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
ZENPEP 3,000-10,000-16,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
<b>GOLD COMPOUNDS</b>		
RIDAURA 3 MG CAPSULE <b>MO</b>	4	
<b>HEAVY METAL ANTAGONISTS</b>		
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
calcium disodium versenate 200 mg/ml injection solution <b>MO</b>	1	
CHEMET 100 MG CAPSULE <b>MO</b>	4	
CUPRIMINE 250 MG CAPSULE <b>MO</b>	5	
deferoxamine 2 gram vial <b>MO</b>	3	
deferoxamine 500 mg vial <b>MO</b>	3	
DEPEN TITRATABS 250 MG TABLET <b>MO</b>	4	
EXJADE 125 MG DISPERSIBLE TABLET <b>SP</b>	5	PA
EXJADE 250 MG DISPERSIBLE TABLET <b>SP</b>	5	PA
EXJADE 500 MG DISPERSIBLE TABLET <b>SP</b>	5	PA
SYPRINE 250 MG CAPSULE <b>MO</b>	4	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
a-hydrocort 100 mg solution for injection <b>HI,MO</b>	1	
acarbose 100 mg tablet <b>MO</b>	3	
acarbose 25 mg tablet <b>MO</b>	3	
acarbose 50 mg tablet <b>MO</b>	3	
ALORA 0.025 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	PA,QL (8 per 28 days)
ALORA 0.05 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	PA,QL (8 per 28 days)
ALORA 0.075 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	PA,QL (8 per 28 days)
ALORA 0.1 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	PA,QL (8 per 28 days)
altavera (28) 0.15 mg-30 mcg tablet <b>MO</b>	4	
alyacen 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MO</b>	4	
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
amethyst 90 mcg-20 mcg tablet <b>MO</b>	4	
ANADROL-50 50 MG TABLET <b>MO</b>	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET <b>MO</b>	3	QL (300 per 30 days)
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET <b>MO</b>	3	QL (300 per 30 days)
ANDROGEL 1.25 GRAM/ACTUATION (1%) TRANSDERMAL GEL PUMP <b>MO</b>	3	QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET <b>MO</b>	3	QL (38 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)
androxy 10 mg tablet <b>MO</b>	4	
APIDRA 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	4	
APIDRA SOLOSTAR 100 UNIT/ML SUBCUTANEOUS INSULIN PEN <b>MO</b>	4	
apri 0.15 mg-30 mcg tablet <b>MO</b>	4	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet <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	
aubra 0.1 mg-20 mcg tablet <b>MO</b>	4	
AVANDIA 2 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
AVANDIA 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)
aviane 0.1 mg-20 mcg tablet <b>MO</b>	4	
AYGESTIN 5 MG TABLET <b>MO</b>	4	
azurette (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet <b>MO</b>	4	
balziva (28) 0.4 mg-35 mcg tablet <b>MO</b>	4	
betamethasone ac-sp 6 mg/ml vl <b>MO</b>	2	
BREVICON (28) 0.5 MG-35 MCG TABLET <b>MO</b>	4	
briellyn 0.4 mg-35 mcg tablet <b>MO</b>	4	
budesonide ec 3 mg capsule <b>MO</b>	5	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION <b>MO</b>	3	ST,QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	ST,QL (4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	ST,QL (3 per 30 days)
BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	ST,QL (3 per 30 days)
calcitonin-salmon 200 units sp <b>MO</b>	3	QL (4 per 28 days)
camila 0.35 mg tablet <b>MO</b>	4	
CAMRESE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MO</b>	4	QL (91 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>MO</b>	4	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	4	
chateal 0.15 mg-30 mcg tablet <b>MO</b>	4	
chorionic gonad 10,000 unit vl <b>MO</b>	4	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	
CYCLESSA (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET <b>MO</b>	4	
CYTOMEL 25 MCG TABLET <b>MO</b>	4	
CYTOMEL 5 MCG TABLET <b>MO</b>	4	
CYTOMEL 50 MCG TABLET <b>MO</b>	4	
danazol 100 mg capsule <b>MO</b>	4	
danazol 200 mg capsule <b>MO</b>	4	
danazol 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	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
DELESTROGEN 10 MG/ML INTRAMUSCULAR OIL <b>MO</b>	4	PA
DELESTROGEN 20 MG/ML INTRAMUSCULAR OIL <b>MO</b>	4	PA
DELESTROGEN 40 MG/ML INTRAMUSCULAR OIL <b>MO</b>	4	PA
delyla (28) 0.1 mg-20 mcg tablet <b>MO</b>	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL <b>MO</b>	2	PA
DEPO-MEDROL 20 MG/ML SUSPENSION FOR INJECTION <b>HI,MO</b>	4	
DEPO-MEDROL 40 MG/ML SUSPENSION FOR INJECTION <b>HI,MO</b>	4	
DEPO-MEDROL 80 MG/ML SUSPENSION FOR INJECTION <b>HI,MO</b>	4	
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (1 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML INTRAMUSCULAR OIL <b>MO</b>	3	
DEPO-TESTOSTERONE 200 MG/ML INTRAMUSCULAR OIL <b>MO</b>	3	
desmopressin 0.1 mg/ml sol <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desmopressin 0.1 mg/ml spray <b>MO</b>	4	
desmopressin 40 mcg/10 ml vial <b>MO</b>	3	
desmopressin acetate 0.1 mg tb <b>MO</b>	4	
desmopressin acetate 0.2 mg tb <b>MO</b>	4	
DESOGEN 0.15 MG-30 MCG TABLET <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 tablet <b>MO</b>	2	
dexamethasone 0.5 mg/5 ml elx <b>MO</b>	2	
dexamethasone 0.5 mg/5 ml liq <b>MO</b>	2	
dexamethasone 0.75 mg tablet <b>MO</b>	2	
dexamethasone 1 mg tablet <b>MO</b>	2	
dexamethasone 1.5 mg tablet <b>MO</b>	2	
dexamethasone 10 mg/ml vial <b>MO</b>	2	
dexamethasone 2 mg tablet <b>MO</b>	2	
dexamethasone 4 mg tablet <b>MO</b>	2	
dexamethasone 4 mg/ml vial <b>MO</b>	2	
dexamethasone 6 mg tablet <b>MO</b>	2	
DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) <b>MO</b>	3	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK <b>MO</b>	4	
DEXPAK 13 DAY 1.5 MG (51 TABS) TABLETS IN A DOSE PACK <b>MO</b>	4	
DEXPAK 6 DAY 1.5 MG (21 TABS) TABLETS IN A DOSE PACK <b>MO</b>	4	
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)
DUETACT 30 MG-2 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
DUETACT 30 MG-4 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
EGRIFTA 1 MG VIAL <b>SP</b>	5	PA,QL (60 per 30 days)
EGRIFTA 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-30 mcg tablet <b>MO</b>	4	
ENDOMETRIN 100 MG VAGINAL INSERTS <b>MO</b>	4	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
enskyce 0.15 mg-30 mcg tablet <b>MO</b>	4	
errin 0.35 mg tablet <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM <b>MO</b>	4	
estradiol 0.025 mg/day patch <b>MO</b>	3	PA,QL (4 per 28 days)
estradiol 0.0375 mg/day patch <b>MO</b>	3	PA,QL (4 per 28 days)
estradiol 0.05 mg/day patch <b>MO</b>	3	PA,QL (4 per 28 days)
estradiol 0.06 mg/day patch <b>MO</b>	3	PA,QL (4 per 28 days)
estradiol 0.075 mg/day patch <b>MO</b>	3	PA,QL (4 per 28 days)
estradiol 0.1 mg/day patch <b>MO</b>	3	PA,QL (4 per 28 days)
estradiol 0.5 mg tablet <b>MO</b>	2	PA
estradiol 1 mg tablet <b>MO</b>	2	PA
estradiol 10 mg/ml vial <b>MO</b>	4	PA
estradiol 2 mg tablet <b>MO</b>	2	PA
estradiol valerate 20 mg/ml vl <b>MO</b>	4	PA
estradiol valerate 40 mg/ml vl <b>MO</b>	4	PA
ESTRING 2 MG VAGINAL <b>MO</b>	4	QL (1 per 90 days)
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET <b>MO</b>	4	
EVISTA 60 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
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	
FEMRING 0.05 MG/24 HR VAGINAL <b>MO</b>	4	QL (1 per 90 days)
FEMRING 0.1 MG/24 HR VAGINAL <b>MO</b>	4	QL (1 per 90 days)
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 per 28 days)
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY <b>MO</b>	4	QL (4 per 28 days)
GIANVI (28) 3 MG-20 MCG TABLET <b>MO</b>	4	
gildagia 0.4 mg-35 mcg tablet <b>MO</b>	4	
gildess 1 mg-20 mcg tablet <b>MO</b>	4	
gildess 1.5 mg-30 mcg tablet <b>MO</b>	4	
gildess fe 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
gildess fe 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
glimepiride 1 mg tablet <b>MO</b>	1	
glimepiride 2 mg tablet <b>MO</b>	1	
glimepiride 4 mg tablet <b>MO</b>	1	
glipizide 10 mg tablet <b>MO</b>	1	
glipizide 5 mg tablet <b>MO</b>	1	
glipizide er 2.5 mg tablet <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glipizide er 5 mg tablet <b>MO</b>	2	
glipizide xl 10 mg tablet <b>MO</b>	2	
glipizide-metformin 2.5-250 mg <b>MO</b>	2	
glipizide-metformin 2.5-500 mg <b>MO</b>	2	
glipizide-metformin 5-500 mg <b>MO</b>	2	
GLUCAGEN 1 MG SOLUTION FOR INJECTION <b>MO</b>	4	
GLUCAGEN HYPOKIT 1 MG INJECTION <b>MO</b>	4	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION <b>MO</b>	3	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (120 per 30 days)
glyburid-metformin 1.25-250 mg <b>MO</b>	2	PA
glyburide 1.25 mg tablet <b>MO</b>	2	PA
glyburide 2.5 mg tablet <b>MO</b>	2	PA
glyburide 5 mg tablet <b>MO</b>	2	PA
glyburide micro 1.5 mg tab <b>MO</b>	2	PA
glyburide micro 3 mg tablet <b>MO</b>	2	PA
glyburide micro 6 mg tablet <b>MO</b>	2	PA
glyburide-metformin 2.5-500 mg <b>MO</b>	2	PA
glyburide-metformin 5-500 mg <b>MO</b>	2	PA
GLYSET 100 MG TABLET <b>MO</b>	4	
GLYSET 25 MG TABLET <b>MO</b>	4	
GLYSET 50 MG TABLET <b>MO</b>	4	
heather 0.35 mg tablet <b>MO</b>	4	
HUMALOG 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <b>MO</b>	3	QL (240 per 30 days)
HUMALOG 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	QL (240 per 30 days)
HUMALOG KWIKPEN 100 UNIT/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 PEN <b>MO</b>	3	
HUMULIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
HUMULIN 70/30 KWIKPEN 100 UNIT/ML (70-30) SUBCUTANEOUS <b>MO</b>	3	
HUMULIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
HUMULIN N 100 UNITS/ML PEN <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN N KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS <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	
hydrocortisone 10 mg tablet <b>MO</b>	2	
hydrocortisone 20 mg tablet <b>MO</b>	2	
hydrocortisone 5 mg tablet <b>MO</b>	2	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
introvale 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
INVOKAMET 150 MG-1,000 MG TABLET <b>MO</b>	4	ST,QL (60 per 30 days)
INVOKAMET 150 MG-500 MG TABLET <b>MO</b>	4	ST,QL (60 per 30 days)
INVOKAMET 50 MG-1,000 MG TABLET <b>MO</b>	4	ST,QL (60 per 30 days)
INVOKAMET 50 MG-500 MG TABLET <b>MO</b>	4	ST,QL (60 per 30 days)
JANUMET 50 MG-1,000 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
JANUMET 50 MG-500 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (60 per 30 days)
JANUVIA 100 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
JANUVIA 25 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
JANUVIA 50 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
jencycla 0.35 mg tablet <b>MO</b>	4	
JENTADUETO 2.5 MG-1,000 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
JENTADUETO 2.5 MG-500 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
JENTADUETO 2.5 MG-850 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
JOLESSA 0.15 MG-30 MCG TABLETS,3 MONTH DOSE PACK <b>MO</b>	4	QL (91 per 90 days)
JOLIVETTE 0.35 MG TABLET <b>MO</b>	4	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	4	
junel 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
JUVISYNC 100-10 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
JUVISYNC 100-20 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
JUVISYNC 100-40 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
JUVISYNC 50-10 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
JUVISYNC 50-20 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JUVISYNC 50-40 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
kariva (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet <b>MO</b>	4	
KAZANO 12.5 MG-1,000 MG TABLET <b>MO</b>	4	ST,QL (60 per 30 days)
KAZANO 12.5 MG-500 MG TABLET <b>MO</b>	4	ST,QL (60 per 30 days)
kelnor 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
KENALOG 10 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	4	
KENALOG 40 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	4	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	ST,QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	ST,QL (30 per 30 days)
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	ST,QL (30 per 30 days)
KORLYM 300 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
kurvelo 0.15 mg-30 mcg tablet <b>MO</b>	4	
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	4	
larin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	4	
larin fe 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
larin fe 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
LEENA 28 0.5 MG/1 MG/0.5 MG-35 MCG TABLET <b>MO</b>	4	
lessina 0.1 mg-20 mcg tablet <b>MO</b>	4	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
levonor-eth estrad 0.1-0.02 mg <b>MO</b>	4	
levonor-eth estrad 0.15-0.03 <b>MO</b>	4	
levonor-eth estrad 0.15-0.03 <b>MO</b>	4	QL (91 per 90 days)
levonorg-eth estrad eth estrad <b>MO</b>	4	QL (91 per 90 days)
levonorgestrel 0.75 mg tablet <b>MO</b>	4	
levonorgestrel 1.5 mg tablet <b>MO</b>	4	
levora-28 0.15 mg-30 mcg tablet <b>MO</b>	4	
levothyroxine 100 mcg tablet <b>MO</b>	1	
levothyroxine 100 mcg vial <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levothyroxine 112 mcg tablet <b>MO</b>	1	
levothyroxine 125 mcg tablet <b>MO</b>	1	
levothyroxine 137 mcg tablet <b>MO</b>	1	
levothyroxine 150 mcg tablet <b>MO</b>	1	
levothyroxine 175 mcg tablet <b>MO</b>	1	
levothyroxine 200 mcg tablet <b>MO</b>	1	
levothyroxine 200 mcg vial <b>MO</b>	1	
levothyroxine 25 mcg tablet <b>MO</b>	1	
levothyroxine 300 mcg tablet <b>MO</b>	1	
levothyroxine 50 mcg tablet <b>MO</b>	1	
levothyroxine 500 mcg vial <b>MO</b>	1	
levothyroxine 75 mcg tablet <b>MO</b>	1	
levothyroxine 88 mcg tablet <b>MO</b>	1	
LEVOXYL 100 MCG TABLET <b>MO</b>	3	
LEVOXYL 112 MCG TABLET <b>MO</b>	3	
LEVOXYL 125 MCG TABLET <b>MO</b>	3	
LEVOXYL 137 MCG TABLET <b>MO</b>	3	
LEVOXYL 150 MCG TABLET <b>MO</b>	3	
LEVOXYL 175 MCG TABLET <b>MO</b>	3	
LEVOXYL 200 MCG TABLET <b>MO</b>	3	
LEVOXYL 25 MCG TABLET <b>MO</b>	3	
LEVOXYL 50 MCG TABLET <b>MO</b>	3	
LEVOXYL 75 MCG TABLET <b>MO</b>	3	
LEVOXYL 88 MCG TABLET <b>MO</b>	3	
liothyronine sod 10 mcg/ml vl <b>MO</b>	2	
liothyronine sod 25 mcg tab <b>MO</b>	3	
liothyronine sod 5 mcg tab <b>MO</b>	3	
liothyronine sod 50 mcg tab <b>MO</b>	3	
loestrin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	4	
loestrin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	4	
loestrin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
LOESTRIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET <b>MO</b>	4	
lomedica 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	4	
loryna (28) 3 mg-20 mcg tablet <b>MO</b>	3	
low-ogestrel (28) 0.3 mg-30 mcg tablet <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lutera (28) 0.1 mg-20 mcg tablet <b>MO</b>	4	
lyza 0.35 mg tablet <b>MO</b>	4	
marlissa 0.15 mg-30 mcg tablet <b>MO</b>	4	
MEDROL 2 MG TABLET <b>MO</b>	4	
medroxyprogesterone 10 mg tab <b>MO</b>	2	
medroxyprogesterone 150 mg/ml <b>MO</b>	2	QL (1 per 90 days)
medroxyprogesterone 2.5 mg tab <b>MO</b>	2	
medroxyprogesterone 5 mg tab <b>MO</b>	2	
MENEST 0.3 MG TABLET <b>MO</b>	4	PA
MENEST 0.625 MG TABLET <b>MO</b>	4	PA
MENEST 1.25 MG TABLET <b>MO</b>	4	PA
MENEST 2.5 MG TABLET <b>MO</b>	4	PA
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	PA,QL (8 per 28 days)
metformin hcl 1,000 mg tablet <b>MO</b>	1	
metformin hcl 500 mg tablet <b>MO</b>	1	
metformin hcl 850 mg tablet <b>MO</b>	1	
metformin hcl er 500 mg tablet <b>MO</b>	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet <b>MO</b>	1	QL (60 per 30 days)
methimazole 10 mg tablet <b>MO</b>	2	
methimazole 5 mg tablet <b>MO</b>	2	
METHITEST 10 MG TABLET <b>MO</b>	4	
methylprednisolone 125 mg vial <b>HI,MO</b>	4	
methylprednisolone 16 mg tab <b>MO</b>	2	B vs D
methylprednisolone 32 mg tab <b>MO</b>	2	B vs D
methylprednisolone 4 mg dosepk <b>MO</b>	2	B vs D
methylprednisolone 4 mg tablet <b>MO</b>	2	B vs D
methylprednisolone 40 mg vial <b>HI,MO</b>	4	
methylprednisolone 40 mg/ml vial <b>HI,MO</b>	1	
methylprednisolone 8 mg tab <b>MO</b>	2	B vs D
methylprednisolone 80 mg/ml vial <b>HI,MO</b>	1	
methylprednisolone ss 1 gm vial <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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mimvey 1 mg-0.5 mg tablet <b>MO</b>	4	PA
MIRCETTE (28) 0.15 MG-0.02 MG(21)/0.01 MG(5) TABLET <b>MO</b>	4	
MODICON (28) 0.5 MG-35 MCG TABLET <b>MO</b>	4	
mono-lynyah 0.25 mg-35 mcg tablet <b>MO</b>	4	
MONONESSA (28) 0.25 MG-35 MCG TABLET <b>MO</b>	4	
my way 1.5 mg tablet <b>MO</b>	4	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (30 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 tablet <b>MO</b>	3	
nateglinide 60 mg tablet <b>MO</b>	3	
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	
NECON 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET <b>MO</b>	4	
NESINA 12.5 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
NESINA 25 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
NESINA 6.25 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
next choice 0.75 mg 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	
NOR-QD 0.35 MG TABLET <b>MO</b>	4	
NORA-BE 0.35 MG TABLET <b>MO</b>	4	
NORDETTE-28 TABLET <b>MO</b>	4	
norethin-estradiol 1-0.02 mg <b>MO</b>	4	
norethin-ethinyl estradiol ch tb <b>MO</b>	4	
norethin-eth estradiol 1-0.02 mg <b>MO</b>	4	
norethindrone 0.35 mg tablet <b>MO</b>	4	
norethindrone 5 mg tablet <b>MO</b>	3	
norg-ethin estradiol 0.25-0.035 mg <b>MO</b>	4	
norgestimate-eth estradiol tab <b>MO</b>	4	
NORINYL 1+35 (28) 1 MG-35 MCG TABLET <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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS <b>MO</b>	3	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	3	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <b>MO</b>	3	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL <b>MO</b>	4	QL (1 per 28 days)
OCELLA 3 MG-0.03 MG TABLET <b>MO</b>	4	
octreotide 1,000 mcg/ml vial <b>SP</b>	5	PA
octreotide acet 100 mcg/ml syr <b>SP</b>	5	PA
octreotide acet 100 mcg/ml vl <b>SP</b>	4	PA
octreotide acet 200 mcg/ml vl <b>SP</b>	4	PA
octreotide acet 50 mcg/ml syr <b>SP</b>	4	PA
octreotide acet 50 mcg/ml vial <b>SP</b>	4	PA
octreotide acet 500 mcg/ml syr <b>SP</b>	4	PA
octreotide acet 500 mcg/ml vl <b>SP</b>	5	PA
ogestrel (28) 0.5 mg-50 mcg tablet <b>MO</b>	4	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS CARTRIDGE <b>SP</b>	5	PA
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE <b>SP</b>	5	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
ONGLYZA 2.5 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
ONGLYZA 5 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
orapred 15 mg/5 ml solution <b>MO</b>	4	
orsythia 0.1 mg-20 mcg tablet <b>MO</b>	4	
ORTHO EVRA 150 MCG-35 MCG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	QL (3 per 28 days)
ORTHO MICRONOR 0.35 MG TABLET <b>MO</b>	4	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET <b>MO</b>	4	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORTHO-CEPT (28) 0.15 MG-30 MCG TABLET <b>MO</b>	4	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET <b>MO</b>	4	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET <b>MO</b>	4	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET <b>MO</b>	4	
OSENI 12.5 MG-15 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
OSENI 12.5 MG-30 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
OSENI 12.5 MG-45 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
OSENI 25 MG-15 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
OSENI 25 MG-30 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
OSENI 25 MG-45 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
ovcon-35 (28) 0.4 mg-35 mcg tablet <b>MO</b>	4	
oxandrolone 10 mg tablet <b>MO</b>	5	QL (60 per 30 days)
oxandrolone 2.5 mg tablet <b>MO</b>	3	QL (120 per 30 days)
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION <b>MO</b>	4	
philith 0.4 mg-35 mcg tablet <b>MO</b>	4	
pimtrea (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet <b>MO</b>	4	
pioglitaz-glimepir 30-2 mg tab <b>MO</b>	4	QL (30 per 30 days)
pioglitaz-glimepir 30-4 mg tab <b>MO</b>	4	QL (30 per 30 days)
pioglitazone hcl 15 mg tablet <b>MO</b>	2	QL (30 per 30 days)
pioglitazone hcl 30 mg tablet <b>MO</b>	2	QL (30 per 30 days)
pioglitazone hcl 45 mg tablet <b>MO</b>	2	QL (30 per 30 days)
pioglitazone-metformin 15-500 <b>MO</b>	4	QL (90 per 30 days)
pioglitazone-metformin 15-850 <b>MO</b>	4	QL (90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet <b>MO</b>	4	
pirmella 1 mg-35 mcg tablet <b>MO</b>	4	
pitressin 20 unit/ml injection solution <b>MO</b>	1	
portia 0.15 mg-30 mcg tablet <b>MO</b>	4	
PRANDIN 0.5 MG TABLET <b>MO</b>	4	
PRANDIN 1 MG TABLET <b>MO</b>	4	
PRANDIN 2 MG TABLET <b>MO</b>	4	
prednisolone 15 mg/5 ml soln <b>MO</b>	2	
prednisolone 15 mg/5 ml syrup <b>MO</b>	2	
prednisolone 5 mg/5 ml soln <b>MO</b>	2	
prednisolone sod ph 25 mg/5 ml <b>MO</b>	3	
prednisone 1 mg tablet <b>MO</b>	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisone 10 mg tablet <b>MO</b>	1	B vs D
prednisone 2.5 mg tablet <b>MO</b>	1	B vs D
prednisone 20 mg tablet <b>MO</b>	1	B vs D
prednisone 5 mg tablet <b>MO</b>	1	B vs D
prednisone 5 mg/5 ml solution <b>MO</b>	1	B vs D
prednisone 50 mg tablet <b>MO</b>	1	B vs D
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE <b>MO</b>	3	B vs D
PREMARIN 0.625 MG/GRAM VAGINAL CREAM <b>MO</b>	3	
previfem 0.25 mg-35 mcg tablet <b>MO</b>	4	
progesterone 100 mg capsule <b>MO</b>	3	
progesterone 200 mg capsule <b>MO</b>	3	
progesterone in oil 50 mg/ml intramuscular <b>MO</b>	3	
progesterone oil 50 mg/ml vl <b>MO</b>	3	
propylthiouracil 50 mg tablet <b>MO</b>	3	
PROVERA 10 MG TABLET <b>MO</b>	4	
PROVERA 2.5 MG TABLET <b>MO</b>	4	
PROVERA 5 MG TABLET <b>MO</b>	4	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>MO</b>	4	QL (91 per 90 days)
quasense 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
raloxifene hcl 60 mg tablet <b>MO</b>	3	QL (30 per 30 days)
reclipsen (28) 0.15 mg-30 mcg tablet <b>MO</b>	4	
repaglinide 0.5 mg tablet <b>MO</b>	4	
repaglinide 1 mg tablet <b>MO</b>	4	
repaglinide 2 mg tablet <b>MO</b>	4	
SANDOSTATIN 1,000 MCG/ML INJECTION SOLUTION <b>SP</b>	5	PA
SANDOSTATIN 100 MCG/ML INJECTION SOLUTION <b>SP</b>	5	PA
SANDOSTATIN 200 MCG/ML INJECTION SOLUTION <b>SP</b>	5	PA
SANDOSTATIN 50 MCG/ML INJECTION SOLUTION <b>SP</b>	4	PA
SANDOSTATIN 500 MCG/ML INJECTION SOLUTION <b>SP</b>	4	PA
SANDOSTATIN LAR DEPOT 10 MG INTRAMUSCULAR KIT <b>MO</b>	5	PA
SANDOSTATIN LAR DEPOT 20 MG INTRAMUSCULAR KIT <b>MO</b>	5	PA
SANDOSTATIN LAR DEPOT 30 MG INTRAMUSCULAR KIT <b>MO</b>	5	PA
SEROSTIM 4 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
SEROSTIM 5 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
SEROSTIM 6 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sharobel 0.35 mg tablet <b>MO</b>	4	
SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (60 per 30 days)
SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (60 per 30 days)
SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (60 per 30 days)
SOLU-MEDROL (PF) 1,000 MG/8 ML INTRAVENOUS SOLUTION <b>MO</b>	4	
SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION <b>HI,MO</b>	4	
SOLU-MEDROL (PF) 40 MG/ML SOLUTION FOR INJECTION <b>HI,MO</b>	4	
SOLU-MEDROL (PF) 500 MG/4 ML INTRAVENOUS SOLUTION <b>MO</b>	4	
SOLU-MEDROL 1,000 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
SOLU-MEDROL 2 GRAM INTRAVENOUS SOLUTION <b>MO</b>	4	
SOLU-MEDROL 500 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (1 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (1 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (1 per 28 days)
SOMAVERT 10 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (60 per 30 days)
SOMAVERT 15 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (60 per 30 days)
SOMAVERT 20 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (60 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet <b>MO</b>	4	
sronyx 0.1 mg-20 mcg tablet <b>MO</b>	4	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY <b>MO</b>	4	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE <b>MO</b>	4	
syeda 3 mg-0.03 mg tablet <b>MO</b>	4	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	PA,QL (11 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	PA,QL (11 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY <b>SP</b>	5	
SYNTHROID 100 MCG TABLET <b>MO</b>	3	
SYNTHROID 112 MCG TABLET <b>MO</b>	3	
SYNTHROID 125 MCG TABLET <b>MO</b>	3	
SYNTHROID 137 MCG TABLET <b>MO</b>	3	
SYNTHROID 150 MCG TABLET <b>MO</b>	3	
SYNTHROID 175 MCG TABLET <b>MO</b>	3	
SYNTHROID 200 MCG TABLET <b>MO</b>	3	
SYNTHROID 25 MCG TABLET <b>MO</b>	3	
SYNTHROID 300 MCG TABLET <b>MO</b>	3	
SYNTHROID 50 MCG TABLET <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNTHROID 75 MCG TABLET <b>MO</b>	3	
SYNTHROID 88 MCG TABLET <b>MO</b>	3	
TAPAZOLE 10 MG TABLET <b>MO</b>	4	
TAPAZOLE 5 MG TABLET <b>MO</b>	4	
testosteron cyp 1,000 mg/10 ml <b>MO</b>	3	
testosteron enan 1,000 mg/5 ml <b>MO</b>	3	
testosterone cyp 200 mg/ml <b>MO</b>	3	
TESTRED 10 MG CAPSULE <b>MO</b>	4	
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	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <b>MO</b>	4	
tolazamide 250 mg tablet <b>MO</b>	4	
tolazamide 500 mg tablet <b>MO</b>	4	
tolbutamide 500 mg tablet <b>MO</b>	4	
TRADJENTA 5 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <b>MO</b>	4	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
TRI-NORINYL (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET <b>MO</b>	4	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
triamcinolone acet 40mg/ml vl <b>MO</b>	4	
triamcinolone acet 50mg/5ml vl <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	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
UNITHROID 100 MCG TABLET <b>MO</b>	2	
UNITHROID 112 MCG TABLET <b>MO</b>	2	
UNITHROID 125 MCG TABLET <b>MO</b>	2	
UNITHROID 137 MCG TABLET <b>MO</b>	2	
UNITHROID 150 MCG TABLET <b>MO</b>	2	
UNITHROID 175 MCG TABLET <b>MO</b>	2	
UNITHROID 200 MCG TABLET <b>MO</b>	2	
UNITHROID 25 MCG TABLET <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UNITHROID 300 MCG TABLET <b>MO</b>	2	
UNITHROID 50 MCG TABLET <b>MO</b>	2	
UNITHROID 75 MCG TABLET <b>MO</b>	2	
UNITHROID 88 MCG TABLET <b>MO</b>	2	
VAGIFEM 10 MCG VAGINAL TABLET <b>MO</b>	4	
vasopressin 10 unit/0.5 ml vial <b>MO</b>	1	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>MO</b>	4	
VERIPRED 20 20 MG/5 ML ORAL SOLUTION <b>MO</b>	4	
vestura (28) 3 mg-20 mcg tablet <b>MO</b>	2	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	ST,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	ST,QL (9 per 30 days)
violele (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet <b>MO</b>	4	
VIVELLE-DOT 0.025 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	PA,QL (8 per 28 days)
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	PA,QL (8 per 28 days)
VIVELLE-DOT 0.05 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	PA,QL (8 per 28 days)
VIVELLE-DOT 0.075 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	PA,QL (8 per 28 days)
VIVELLE-DOT 0.1 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	PA,QL (8 per 28 days)
vyfemla (28) 0.4 mg-35 mcg tablet <b>MO</b>	4	
wera (28) 0.5 mg-35 mcg tablet <b>MO</b>	4	
WYMZYA FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET <b>MO</b>	4	
xulane 150 mcg-35 mcg/24 hr transdermal patch <b>MO</b>	4	QL (3 per 28 days)
YASMIN (28) 3 MG-0.03 MG TABLET <b>MO</b>	4	
YAZ (28) 3 MG-20 MCG TABLET <b>MO</b>	4	
zarah 3 mg-0.03 mg tablet <b>MO</b>	3	
zenchent (28) 0.4 mg-35 mcg tablet <b>MO</b>	4	
zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet <b>MO</b>	4	
zeosa 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet <b>MO</b>	4	
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
zovia 1/35e (28) 1 mg-35 mcg tablet <b>MO</b>	4	
zovia 1/50e (28) 1 mg-50 mcg tablet <b>MO</b>	4	
<b>LOCAL ANESTHETICS (PARENTERAL)</b>		
bupivacaine 0.25% ampul <b>MO</b>	1	
bupivacaine 0.25% vial <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupivacaine 0.5% ampul <b>MO</b>	1	
bupivacaine 0.75% vial <b>MO</b>	1	
bupivacaine-dextr 0.75% amp <b>MO</b>	1	
bupivacaine-epi 0.25%-0.0005 <b>MO</b>	1	
bupivacaine-epi 0.5%-0.0005 <b>MO</b>	1	
CARBOCAINE (PF) 10 MG/ML (1 %) INJECTION SOLUTION <b>MO</b>	4	
CARBOCAINE (PF) 15 MG/ML (1.5 %) INJECTION SOLUTION <b>MO</b>	4	
CARBOCAINE (PF) 20 MG/ML (2 %) INJECTION SOLUTION <b>MO</b>	4	
CARBOCAINE 1 % (10 MG/ML) INJECTION SOLUTION <b>MO</b>	4	
CARBOCAINE 2 % INJECTION SOLUTION <b>MO</b>	4	
chloroprocaine 2% vial <b>MO</b>	1	
chloroprocaine 3% vial <b>MO</b>	1	
lidocaine 0.5%-epi 1:200,000 <b>MO</b>	2	
lidocaine 1%-epi 1:100,000 <b>MO</b>	2	
lidocaine 1.5%-epi 1:200,000 <b>MO</b>	2	
lidocaine 2% - epi 1:100,000 <b>MO</b>	2	
lidocaine 2% - epi 1:50,000 <b>MO</b>	1	
lidocaine 2%-epi 1:100,000 <b>MO</b>	2	
lidocaine 2%-epi 1:200,000 <b>MO</b>	2	
lidocaine 5% in d7.5w ampul <b>MO</b>	1	
lidocaine hcl 0.5% vial <b>MO</b>	2	
lidocaine hcl 1% ampul <b>MO</b>	2	
lidocaine hcl 1% vial <b>MO</b>	2	
lidocaine hcl 1.5% ampul <b>MO</b>	2	
lidocaine hcl 2% ampul <b>MO</b>	2	
lidocaine hcl 2% vial <b>MO</b>	2	
lidocaine hcl 4% ampul <b>MO</b>	2	
mepivacaine hcl 3% cartridge <b>MO</b>	1	
NESACAINE 10 MG/ML (1 %) INJECTION SOLUTION <b>MO</b>	4	
NESACAINE 20 MG/ML (2 %) INJECTION SOLUTION <b>MO</b>	4	
NESACAINE-MPF 20 MG/ML (2 %) INJECTION SOLUTION <b>MO</b>	4	
NESACAINE-MPF 30 MG/ML (3 %) INJECTION SOLUTION <b>MO</b>	4	
polocaine 1 % (10 mg/ml) injection solution <b>MO</b>	1	
polocaine 2 % injection solution <b>MO</b>	1	
polocaine-mpf 10 mg/ml (1 %) injection solution <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
polocaine-mpf 15 mg/ml (1.5 %) injection solution <b>MO</b>	1	
polocaine-mpf 20 mg/ml (2 %) injection solution <b>MO</b>	1	
ropivacaine 0.5% 150 mg/30 ml <b>MO</b>	4	
ropivacaine 1% 200 mg/20 ml vl <b>MO</b>	4	
SENSORCAINE 0.25 % (2.5 MG/ML) INJECTION SOLUTION <b>MO</b>	4	
sensorcaine 0.5 % (5 mg/ml) injection solution <b>MO</b>	4	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML) INJECTION SOLUTION <b>MO</b>	4	
sensorcaine-mpf 0.5 % (5 mg/ml) injection solution <b>MO</b>	4	
sensorcaine-mpf 0.75 % (7.5 mg/ml) injection solution <b>MO</b>	4	
sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) injection solution <b>MO</b>	4	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection solution <b>MO</b>	4	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000 INJECTION SOLUTION <b>MO</b>	4	
SENSORCAINE-MPF/EPINEPHRINE 0.75 %-1:200,000 INJECTION SOLUTION <b>MO</b>	4	
sensorcaine/epinephrine 0.25 %-1:200,000 injection solution <b>MO</b>	4	
sensorcaine/epinephrine 0.5 %-1:200,000 injection solution <b>MO</b>	4	
XYLOCAINE 10 MG/ML (1 %) INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE 20 MG/ML (2 %) INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE 5 MG/ML (0.5 %) INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE-EPINEPHRINE 0.5 %-1:200,000 INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE-EPINEPHRINE 1 %-1:100,000 INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE-EPINEPHRINE 2 %-1:100,000 INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE-MPF 10 MG/ML (1 %) INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE-MPF 15 MG/ML (1.5 %) INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE-MPF 20 MG/ML (2 %) INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE-MPF 40 MG/ML (4 %) INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE-MPF 5 MG/ML (0.5 %) INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE-MPF/EPINEPHRINE 1 %-1:200,000 INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE-MPF/EPINEPHRINE 1.5 %-1:200,000 INJECTION SOLUTION <b>MO</b>	4	
XYLOCAINE-MPF/EPINEPHRINE 2 %-1:200,000 INJECTION SOLUTION <b>MO</b>	4	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
acetylcysteine 6 gram/30 ml vl <b>MO</b>	4	

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
ACTONEL 150 MG TABLET <b>MO</b>	4	PA,QL (1 per 30 days)
ACTONEL 30 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
ACTONEL 35 MG TABLET <b>MO</b>	4	PA,QL (4 per 28 days)
ACTONEL 5 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
alendronate sodium 10 mg tab <b>MO</b>	1	QL (30 per 30 days)
alendronate sodium 35 mg tab <b>MO</b>	1	QL (4 per 28 days)
alendronate sodium 40 mg tab <b>MO</b>	1	QL (30 per 30 days)
alendronate sodium 5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
alendronate sodium 70 mg tab <b>MO</b>	1	QL (4 per 28 days)
allopurinol 100 mg tablet <b>MO</b>	1	
allopurinol 300 mg tablet <b>MO</b>	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
amifostine 500 mg vial <b>MO</b>	5	B vs D
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)
ATGAM 50 MG/ML INTRAVENOUS <b>HI,MO</b>	3	PA
AUBAGIO 14 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
AUBAGIO 7 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
AVODART 0.5 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
AVONEX 30 MCG INTRAMUSCULAR KIT <b>SP</b>	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN INJECTOR <b>SP</b>	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT <b>SP</b>	5	PA,QL (1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>SP</b>	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT <b>SP</b>	5	PA,QL (1 per 28 days)
azathioprine 50 mg tablet <b>SP</b>	2	B vs D
BENLYSTA 120 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (30 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (30 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (15 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (15 per 30 days)
BINOSTO 70 MG EFFERVESCENT TABLET <b>MO</b>	4	QL (4 per 28 days)
calcium folinate (leucovorin) 10 mg/ml injection solution <b>MO</b>	2	
CARNITOR 100 MG/ML ORAL SOLUTION <b>MO</b>	4	
CARNITOR 200 MG/ML INTRAVENOUS SOLUTION <b>HI,MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARNITOR SUGAR-FREE 100 MG/ML ORAL SOLUTION <b>MO</b>	4	
CELLCEPT 200 MG/ML ORAL SUSPENSION <b>SP</b>	5	B vs D
CELLCEPT 250 MG CAPSULE <b>SP</b>	4	B vs D
CELLCEPT 500 MG TABLET <b>SP</b>	5	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)
COLCRYS 0.6 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE KIT <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)
cyclosporine 100 mg capsule <b>SP</b>	4	B vs D
cyclosporine 25 mg capsule <b>SP</b>	4	B vs D
cyclosporine 50 mg/ml vial <b>SP</b>	4	B vs D
cyclosporine modified 100 mg <b>SP</b>	4	B vs D
cyclosporine modified 25 mg <b>SP</b>	4	B vs D
cyclosporine modified 50 mg <b>SP</b>	4	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER <b>SP</b>	5	
CYSTAGON 150 MG CAPSULE <b>MO</b>	4	
CYSTAGON 50 MG CAPSULE <b>MO</b>	4	
DEMSEER 250 MG CAPSULE <b>MO</b>	4	
dexrazoxane 250 mg vial <b>MO</b>	4	B vs D
dexrazoxane 500 mg vial <b>MO</b>	4	B vs D
disulfiram 250 mg tablet <b>MO</b>	4	
disulfiram 500 mg tablet <b>MO</b>	4	
ELMIRON 100 MG CAPSULE <b>MO</b>	4	
ENBREL 25 MG (1 ML) SUBCUTANEOUS KIT <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 (8 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR <b>SP</b>	5	PA,QL (8 per 28 days)
etidronate disodium 200 mg tab <b>MO</b>	4	
etidronate disodium 400 mg tab <b>MO</b>	4	
finasteride 5 mg tablet <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)
fluoride 0.25 mg tablet chew <b>MO</b>	1	
fluoride 0.5 mg tablet chew <b>MO</b>	1	
fluoritab 0.125 mg fluoride(0.275)/drop oral drops <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoritab 0.5 mg fluoride (1.1 mg) chewable tablet <b>MO</b>	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET <b>MO</b>	4	
fomepizole 1.5 gm/1.5 ml vial <b>MO</b>	1	
FUSILEV 50 MG INTRAVENOUS SOLUTION <b>MO</b>	4	PA
gengraf 100 mg capsule <b>SP</b>	4	B vs D
gengraf 100 mg/ml oral solution <b>SP</b>	4	B vs D
gengraf 25 mg capsule <b>SP</b>	4	B vs D
GILENYA 0.5 MG CAPSULE <b>SP</b>	5	PA,QL (30 per 30 days)
hecoria 0.5 mg capsule <b>SP</b>	3	B vs D
hecoria 1 mg capsule <b>SP</b>	3	B vs D
hecoria 5 mg capsule <b>SP</b>	3	B vs D
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (6 per 28 days)
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT <b>SP</b>	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS <b>SP</b>	5	PA,QL (6 per 28 days)
HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT <b>SP</b>	5	PA,QL (6 per 28 days)
ibandronate 3 mg/3 ml vial <b>MO</b>	4	PA,QL (3 per 90 days)
ibandronate sodium 150 mg tab <b>MO</b>	4	QL (1 per 28 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
KUVAN 100 MG ORAL POWDER PACKET <b>SP</b>	5	PA
KUVAN 100 MG SOLUBLE TABLET <b>SP</b>	5	PA
leflunomide 10 mg tablet <b>MO</b>	3	QL (30 per 30 days)
leflunomide 20 mg tablet <b>MO</b>	3	QL (30 per 30 days)
leucovorin cal 500 mg/50 ml vl <b>MO</b>	2	B vs D
leucovorin calcium 10 mg tab <b>SP</b>	2	
leucovorin calcium 100 mg vial <b>MO</b>	2	B vs D
leucovorin calcium 15 mg tab <b>SP</b>	2	
leucovorin calcium 200 mg vial <b>MO</b>	2	B vs D
leucovorin calcium 25 mg tab <b>SP</b>	2	
leucovorin calcium 350 mg vial <b>MO</b>	2	B vs D
leucovorin calcium 5 mg tab <b>SP</b>	2	
leucovorin calcium 50 mg vial <b>MO</b>	2	B vs D
leucovorin calcium 500 mg vl <b>MO</b>	2	B vs D
levocarnitine 100 mg/ml soln <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levocarnitine 200 mg/ml vial <b>MO</b>	3	
levocarnitine 330 mg tablet <b>MO</b>	3	
ludent fluoride 0.25 mg fluoride (0.55 mg) chewable tablet <b>MO</b>	1	
ludent fluoride 0.5 mg fluoride (1.1 mg) chewable tablet <b>MO</b>	1	
ludent fluoride 1 mg fluoride (2.2 mg) chewable tablet <b>MO</b>	1	
mesna 100 mg/ml vial <b>MO</b>	4	B vs D
MESNEX 100 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
MESNEX 400 MG TABLET <b>SP</b>	4	
mycophenolate 250 mg capsule <b>SP</b>	3	B vs D
mycophenolate 500 mg tablet <b>SP</b>	3	B vs D
mycophenolic acid dr 180 mg tb <b>SP</b>	3	B vs D
mycophenolic acid dr 360 mg tb <b>SP</b>	3	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE <b>SP</b>	4	PA
MYFORTIC 360 MG TABLET,DELAYED RELEASE <b>SP</b>	4	PA
NULOJIX 250 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA,QL (200 per 30 days)
ORFADIN 10 MG CAPSULE <b>SP</b>	5	
ORFADIN 2 MG CAPSULE <b>SP</b>	5	
ORFADIN 5 MG CAPSULE <b>SP</b>	5	
pamidronate 30 mg/10 ml vial <b>MO</b>	3	
pamidronate 60 mg/10 ml vial <b>MO</b>	3	
pamidronate 90 mg/10 ml vial <b>MO</b>	3	
PROGRAF 0.5 MG CAPSULE <b>SP</b>	4	B vs D
PROGRAF 1 MG CAPSULE <b>SP</b>	4	B vs D
PROGRAF 5 MG CAPSULE <b>SP</b>	4	B vs D
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	PA,QL (60 per 180 days)
RAPAMUNE 0.5 MG TABLET <b>SP</b>	4	PA
RAPAMUNE 1 MG TABLET <b>SP</b>	4	PA
RAPAMUNE 1 MG/ML ORAL SOLUTION <b>SP</b>	4	PA
RAPAMUNE 2 MG TABLET <b>SP</b>	4	PA
REMICADE 100 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
risedronate sodium 150 mg tab <b>MO</b>	4	QL (1 per 30 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION <b>SP</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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SENSIPAR 90 MG TABLET <b>MO</b>	5	QL (120 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR <b>SP</b>	5	PA,QL (3 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (3 per 30 days)
SIMULECT 10 MG INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
SIMULECT 20 MG INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
sirolimus 0.5 mg tablet <b>SP</b>	4	B vs D
sodium fluoride 0.5 mg/ml drop <b>MO</b>	1	
sodium nitrite 300 mg/10 ml vial <b>MO</b>	1	
sodium thiosulfate 12.5 g/50 ml <b>MO</b>	1	
stannous fluor 0.63% rinse <b>MO</b>	2	
tacrolimus 0.5 mg capsule <b>SP</b>	3	B vs D
tacrolimus 1 mg capsule <b>SP</b>	3	B vs D
tacrolimus 5 mg capsule <b>SP</b>	3	B vs D
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE, DELAYED RELEASE <b>SP</b>	5	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE, DELAYED RELEASE <b>SP</b>	5	PA,QL (14 per 30 days)
TECFIDERA 240 MG CAPSULE, DELAYED RELEASE <b>SP</b>	5	PA,QL (60 per 30 days)
THALOMID 100 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)
THALOMID 200 MG CAPSULE <b>SP</b>	5	PA,QL (30 per 30 days)
THALOMID 50 MG CAPSULE <b>SP</b>	5	PA,QL (30 per 30 days)
THIOLA 100 MG TABLET <b>MO</b>	4	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION <b>MO</b>	5	PA
ULORIC 40 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
ULORIC 80 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION <b>MO</b>	5	PA,QL (2 per 28 days)
ZAVESCA 100 MG CAPSULE <b>SP</b>	5	QL (90 per 30 days)
ZINECARD 250 MG INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
ZINECARD 500 MG INTRAVENOUS SOLUTION <b>MO</b>	5	B vs D
zoledronic acid 4 mg vial <b>MO</b>	5	PA,QL (3 per 21 days)
zoledronic acid 4 mg/100 ml <b>MO</b>	4	PA,QL (300 per 21 days)
zoledronic acid 4 mg/5 ml vial <b>MO</b>	5	PA,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml <b>MO</b>	4	PA,QL (100 per 365 days)
zoledronic acid 5 mg/100 ml <b>MO</b>	4	PA,QL (100 per 365 days)
ZORTRESS 0.25 MG TABLET <b>SP</b>	4	B vs D,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZORTRESS 0.5 MG TABLET <sup>SP</sup>	4	B vs D,QL (120 per 30 days)
ZORTRESS 0.75 MG TABLET <sup>SP</sup>	4	B vs D,QL (60 per 30 days)
<b>OXYTOCICS</b>		
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE <sup>MO</sup>	4	
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	4	
methylergonovine 0.2 mg tablet <sup>MO</sup>	4	
methylergonovine 0.2 mg/ml amp <sup>MO</sup>	3	
oxytocin 10 units/ml vial <sup>MO</sup>	1	
PITOCIN 10 UNIT/ML INJECTION SOLUTION <sup>MO</sup>	4	
PREPIDIL 0.5 MG/3 G VAGINAL GEL <sup>MO</sup>	4	
<b>PHARMACEUTICAL AIDS</b>		
GAUZE PAD 3" X 3" BANDAGE <sup>MO</sup>	1	
STERILE GAUZE PAD 2" X 2" BANDAGE <sup>MO</sup>	1	
STERILE GAUZE PAD 4" X 4" BANDAGE <sup>MO</sup>	1	
STERILE PADS 2" X 2" BANDAGE <sup>MO</sup>	1	
STERILE PADS 3" X 3" BANDAGE <sup>MO</sup>	1	
STERILE PADS 4" X 4" BANDAGE <sup>MO</sup>	1	
STERILE PADS BANDAGE <sup>MO</sup>	1	
<b>RESPIRATORY TRACT AGENTS</b>		
acetylcysteine 10% vial <sup>MO</sup>	2	B vs D
acetylcysteine 20% vial <sup>MO</sup>	2	B vs D
ADEMPAS 0.5 MG TABLET <sup>SP</sup>	5	PA,QL (90 per 30 days)
ADEMPAS 1 MG TABLET <sup>SP</sup>	5	PA,QL (90 per 30 days)
ADEMPAS 1.5 MG TABLET <sup>SP</sup>	5	PA,QL (90 per 30 days)
ADEMPAS 2 MG TABLET <sup>SP</sup>	5	PA,QL (90 per 30 days)
ADEMPAS 2.5 MG TABLET <sup>SP</sup>	5	PA,QL (90 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION <sup>MO</sup>	3	QL (60 per 30 days)
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION <sup>MO</sup>	3	QL (60 per 30 days)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION <sup>MO</sup>	3	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	3	QL (12 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	3	QL (12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	3	QL (12 per 30 days)
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	4	QL (18 per 28 days)
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	4	QL (18 per 28 days)
ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED <sup>MO</sup>	3	QL (1 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ASMANEX TWISTHALER 110 MCG (7 DOSES) BREATH ACTIVATED <b>MO</b>	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED <b>MO</b>	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (14 DOSES) BREATH ACTIVATED <b>MO</b>	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED <b>MO</b>	3	QL (1 per 30 days)
ASMANEX TWISTHALER 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 <b>MO</b>	3	QL (60 per 30 days)
budesonide 0.25 mg/2 ml susp <b>MO</b>	4	B vs D
budesonide 0.5 mg/2 ml susp <b>MO</b>	4	B vs D
cromolyn 20 mg/2 ml neb soln <b>MO</b>	2	B vs D
cromolyn 4% eye drops <b>MO</b>	2	
cromolyn sodium 100 mg/5 ml <b>MO</b>	5	
DALIRESP 500 MCG TABLET <b>MO</b>	3	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	4	QL (13 per 30 days)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	4	QL (13 per 30 days)
epoprostenol sodium 0.5 mg vl <b>MO</b>	5	PA
epoprostenol sodium 1.5 mg vl <b>MO</b>	5	PA
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (24 per 30 days)
FLOVENT HFA 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 (11 per 30 days)
KALYDECO 150 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
LETAIRIS 10 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
montelukast sod 10 mg tablet <b>MO</b>	2	QL (30 per 30 days)
montelukast sod 4 mg granules <b>MO</b>	4	QL (30 per 30 days)
montelukast sod 4 mg tab chew <b>MO</b>	2	QL (30 per 30 days)
montelukast sod 5 mg tab chew <b>MO</b>	2	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 (35 per 30 days)
QVAR 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER <b>MO</b>	3	QL (17 per 30 days)
REMODULIN 1 MG/ML INJECTION SOLUTION <b>MO</b>	5	PA
REMODULIN 10 MG/ML INJECTION SOLUTION <b>MO</b>	5	PA
REMODULIN 2.5 MG/ML INJECTION SOLUTION <b>MO</b>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REMODULIN 5 MG/ML INJECTION SOLUTION <b>MO</b>	5	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	QL (11 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	QL (11 per 30 days)
TRACLEER 125 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
TRACLEER 62.5 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
VELETRI 0.5 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
VELETRI 1.5 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION <b>SP</b>	5	PA,QL (270 per 30 days)
VENTAVIS 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 (900 per 28 days)
zafirlukast 10 mg tablet <b>MO</b>	4	QL (60 per 30 days)
zafirlukast 20 mg tablet <b>MO</b>	4	QL (60 per 30 days)
ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION <b>MO</b>	5	PA
<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 <b>MO</b>	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(5-3-5 MCG)-5 LF/0.5 ML IM SYRINGE <b>MO</b>	4	
bcg vaccine (tice strain) vial <b>MO</b>	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
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	
diphtheria-tetanus toxoids-ped <b>MO</b>	4	
ENGRIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	B vs D
ENGRIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D
ENGRIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D
GAMUNEX 10% VIAL <b>MO</b>	5	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION SOLUTION <b>MO</b>	5	PA
GAMUNEX-C 10 GRAM/100 ML (10 %) INJECTION SOLUTION <b>MO</b>	5	PA
GAMUNEX-C 2.5 GRAM/25 ML (10 %) INJECTION SOLUTION <b>MO</b>	5	PA
GAMUNEX-C 20 GRAM/200 ML (10 %) INJECTION SOLUTION <b>MO</b>	5	PA
GAMUNEX-C 5 GRAM/50 ML (10 %) INJECTION SOLUTION <b>MO</b>	5	PA
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	QL (3 per 365 days)
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (3 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
HIZENTRA 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
HIZENTRA 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION <b>MO</b>	5	PA
HIZENTRA 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
HIZENTRA 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE <b>MO</b>	4	
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	3	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP <b>MO</b>	4	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
IPOLE 40 UNIT-8 UNIT-32 UNIT/0.5 ML INJECTION SYRINGE <b>MO</b>	4	
IPOLE 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 <b>MO</b>	4	
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 (PF) 50 MCG SUBCUTANEOUS SOLUTION <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MENOMUNE - A/C/Y/W-135 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	
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	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION <b>MO</b>	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE <b>MO</b>	4	
ROTARIX 10EXP6 CCID50/ML ORAL 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 <b>MO</b>	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
tetanus diphtheria toxoids <b>MO</b>	4	
tetanus toxoid adsorbed vial <b>MO</b>	4	B vs D
THERACYS 81 MG INTRAVESICAL SUSPENSION <b>MO</b>	4	B vs D
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
VAQTA (PF) 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 SOLUTION <b>MO</b>	5	PA,QL (10 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WINRHO SDF 1,500 UNIT/1.3 ML INJECTION SOLUTION <b>MO</b>	5	B vs D
WINRHO SDF 15,000 UNIT/13 ML INJECTION SOLUTION <b>MO</b>	5	B vs D
WINRHO SDF 2,500 UNIT/2.2 ML INJECTION SOLUTION <b>MO</b>	5	B vs D
WINRHO SDF 5,000 UNIT/4.4 ML INJECTION SOLUTION <b>MO</b>	5	B vs D
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 (1 per 365 days)
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
8-MOP 10 MG CAPSULE <b>SP</b>	4	
acitretin 10 mg capsule <b>MO</b>	5	
acitretin 17.5 mg capsule <b>MO</b>	5	
acitretin 25 mg capsule <b>MO</b>	5	
acyclovir 5% ointment <b>MO</b>	4	PA
adapalene 0.1% cream <b>MO</b>	4	
adapalene 0.1% gel <b>MO</b>	4	
AKNE-MYCIN 2 % TOPICAL OINTMENT <b>MO</b>	4	
ALA-CORT 1 % TOPICAL CREAM <b>MO</b>	2	
alclometasone dipr 0.05% oint <b>MO</b>	3	
alclometasone dipro 0.05% crm <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 SWAB <b>MO</b>	1	
ALCOHOL WIPES <b>MO</b>	1	
ALTABAX 1 % TOPICAL OINTMENT <b>MO</b>	4	
amcinonide 0.1% cream <b>MO</b>	4	
amcinonide 0.1% lotion <b>MO</b>	4	
amcinonide 0.1% ointment <b>MO</b>	4	
ammonium lactate 12% cream <b>MO</b>	2	
ammonium lactate 12% lotion <b>MO</b>	2	
amnesteam 10 mg capsule <b>MO</b>	4	
amnesteam 20 mg capsule <b>MO</b>	4	
amnesteam 40 mg capsule <b>MO</b>	4	
ANUSOL-HC 2.5 % RECTAL CREAM <b>MO</b>	4	
apexicon e 0.05 % topical cream <b>MO</b>	4	
AVC VAGINAL 15 % CREAM <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AZELEX 20 % TOPICAL CREAM <b>MO</b>	4	
BD ALCOHOL SWABS <b>MO</b>	1	
betamethasone dp 0.05% crm <b>MO</b>	3	
betamethasone dp 0.05% lot <b>MO</b>	3	
betamethasone dp 0.05% oint <b>MO</b>	3	
betamethasone dp aug 0.05% crm <b>MO</b>	3	
betamethasone dp aug 0.05% gel <b>MO</b>	3	
betamethasone dp aug 0.05% lot <b>MO</b>	3	
betamethasone dp aug 0.05% oin <b>MO</b>	3	
betamethasone va 0.1% cream <b>MO</b>	2	
betamethasone va 0.1% lotion <b>MO</b>	2	
betamethasone valer 0.1% ointm <b>MO</b>	2	
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)
calcipotriene-betameth dp oint <b>MO</b>	3	
CAPEX 0.01 % SHAMPOO <b>MO</b>	4	
CARAC 0.5 % TOPICAL CREAM <b>MO</b>	4	
CENTANY 2 % TOPICAL OINTMENT <b>MO</b>	4	
CENTANY AT 2 % OINTMENT TOPICAL KIT <b>MO</b>	3	
ciclodan 0.77 % topical cream <b>MO</b>	3	
ciclodan 8 % topical solution <b>MO</b>	3	
ciclopirox 0.77% cream <b>MO</b>	3	
ciclopirox 0.77% gel <b>MO</b>	4	
ciclopirox 0.77% topical susp <b>MO</b>	4	
ciclopirox 1% shampoo <b>MO</b>	4	
ciclopirox 8% solution <b>MO</b>	3	
claravis 10 mg capsule <b>MO</b>	4	
claravis 20 mg capsule <b>MO</b>	4	
claravis 30 mg capsule <b>MO</b>	4	
claravis 40 mg capsule <b>MO</b>	4	
CLEOCIN 100 MG VAGINAL SUPPOSITORY <b>MO</b>	4	
CLEOCIN 2 % VAGINAL CREAM <b>MO</b>	4	PA
CLINDAGEL 1 % TOPICAL <b>MO</b>	4	
clindamycin 2% vaginal cream <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin ph 1% gel <b>MO</b>	3	
clindamycin ph 1% solution <b>MO</b>	3	
clindamycin phos 1% pledget <b>MO</b>	3	
clindamycin phosp 1% lotion <b>MO</b>	3	
clindamycin-benzoyl perox gel <b>MO</b>	4	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE <b>MO</b>	4	
clobetasol 0.05% cream <b>MO</b>	3	
clobetasol 0.05% gel <b>MO</b>	2	
clobetasol 0.05% ointment <b>MO</b>	2	
clobetasol 0.05% solution <b>MO</b>	2	
clobetasol emollient 0.05% crm <b>MO</b>	2	
clocortolone pivalate 0.1% crm <b>MO</b>	4	
CLODERM 0.1 % TOPICAL CREAM <b>MO</b>	4	
clotrimazole 1% cream <b>MO</b>	2	
clotrimazole 1% solution <b>MO</b>	2	
clotrimazole 10 mg troche <b>MO</b>	2	
clotrimazole-betamethasone crm <b>MO</b>	3	
clotrimazole-betamethasone lot <b>MO</b>	3	
CNL 8 NAIL 8 % TOPICAL KIT <b>MO</b>	4	
colocort 100 mg/60 ml enema <b>MO</b>	4	
CONDYLOX 0.5 % TOPICAL GEL <b>MO</b>	4	
CONDYLOX 0.5 % TOPICAL SOLUTION <b>MO</b>	4	
cormax 0.05 % topical solution <b>MO</b>	4	
CORTIFOAM 10 % (80 MG) RECTAL <b>MO</b>	4	
CORTISPORIN 1 % TOPICAL OINTMENT <b>MO</b>	4	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM <b>MO</b>	4	
CURITY ALCOHOL SWABS <b>MO</b>	1	
DENAVIR 1 % TOPICAL CREAM <b>MO</b>	4	
DESONATE 0.05 % TOPICAL GEL <b>MO</b>	4	
desonide 0.05% cream <b>MO</b>	4	
desonide 0.05% lotion <b>MO</b>	4	
desonide 0.05% ointment <b>MO</b>	4	
desoximetasone 0.05% cream <b>MO</b>	4	
desoximetasone 0.05% gel <b>MO</b>	4	
desoximetasone 0.05% ointment <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desoximetasone 0.25% cream <b>MO</b>	4	
desoximetasone 0.25% ointment <b>MO</b>	4	
diflorasone 0.05% cream <b>MO</b>	4	
diflorasone 0.05% ointment <b>MO</b>	4	
EASY TOUCH ALCOHOL PREP PADS <b>MO</b>	1	
econazole nitrate 1% cream <b>MO</b>	2	
ELIDEL 1 % TOPICAL CREAM <b>MO</b>	4	
EMLA 2.5 %-2.5 % TOPICAL CREAM <b>MO</b>	4	
EPIDUO 0.1 %-2.5 % TOPICAL GEL <b>MO</b>	4	
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP <b>MO</b>	4	
ery pads 2 % topical swab <b>MO</b>	2	
erythromycin 2% gel <b>MO</b>	2	
erythromycin 2% pledgets <b>MO</b>	2	
erythromycin 2% solution <b>MO</b>	2	
erythromycin-benzoyl gel <b>MO</b>	3	
EURAX 10 % LOTION <b>MO</b>	4	
EURAX 10 % TOPICAL CREAM <b>MO</b>	4	
EXELDERM 1 % TOPICAL CREAM <b>MO</b>	4	
EXELDERM 1 % TOPICAL SOLUTION <b>MO</b>	4	
EXTINA 2 % TOPICAL FOAM <b>MO</b>	4	PA
fluocinolone 0.01% body oil <b>MO</b>	4	
fluocinolone 0.01% cream <b>MO</b>	3	
fluocinolone 0.01% scalp oil <b>MO</b>	3	
fluocinolone 0.01% solution <b>MO</b>	4	
fluocinolone 0.025% cream <b>MO</b>	3	
fluocinolone 0.025% ointment <b>MO</b>	3	
fluocinonide 0.05% cream <b>MO</b>	3	
fluocinonide 0.05% gel <b>MO</b>	3	
fluocinonide 0.05% ointment <b>MO</b>	3	
fluocinonide 0.05% solution <b>MO</b>	3	
fluocinonide-e 0.05 % topical cream <b>MO</b>	2	
fluocinonide-emol 0.05% cream <b>MO</b>	2	
fluorouracil 2% topical soln <b>MO</b>	4	
fluorouracil 5% cream <b>MO</b>	4	
fluorouracil 5% top solution <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluticasone prop 0.005% oint <b>MO</b>	2	
fluticasone prop 0.05% cream <b>MO</b>	2	
gentamicin 0.1% cream <b>MO</b>	2	
gentamicin 0.1% ointment <b>MO</b>	2	
GLUCOPRO ALCOHOL PREP PADS <b>MO</b>	1	
gynazole-1 2 % vaginal cream <b>MO</b>	4	
GYNAZOLE-1 CREAM <b>MO</b>	4	
halobetasol prop 0.05% cream <b>MO</b>	4	
halobetasol prop 0.05% ointmnt <b>MO</b>	4	
HALOG 0.1 % TOPICAL CREAM <b>MO</b>	4	
HALOG 0.1 % TOPICAL OINTMENT <b>MO</b>	4	
HALONATE 0.05 %-12 % TOPICAL PACK,OINTMENT AND FOAM <b>MO</b>	4	
halonate pac 0.05 %-12 % topical pack,ointment and lotion <b>MO</b>	3	
hydrocort buty 0.1% lipo cream <b>MO</b>	4	
hydrocortisone 0.1% soln <b>MO</b>	3	
hydrocortisone 1% absorbbase <b>MO</b>	1	
hydrocortisone 1% cream <b>MO</b>	2	
hydrocortisone 1% ointment <b>MO</b>	2	
hydrocortisone 100 mg/60 ml <b>MO</b>	3	
hydrocortisone 2.5% lotion <b>MO</b>	2	
hydrocortisone 2.5% ointment <b>MO</b>	2	
hydrocortisone buty 0.1% cream <b>MO</b>	3	
hydrocortisone butyr 0.1% oint <b>MO</b>	3	
hydrocortisone val 0.2% cream <b>MO</b>	3	
hydrocortisone val 0.2% ointmt <b>MO</b>	3	
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 <b>MO</b>	2	
ketoconazole 2% foam <b>MO</b>	4	
ketoconazole 2% shampoo <b>MO</b>	2	
ketodan 2 % topical foam <b>MO</b>	4	
KLARON 10 % TOPICAL SUSPENSION <b>MO</b>	4	
LAC-HYDRIN 12 % LOTION <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAC-HYDRIN 12 % TOPICAL CREAM <b>MO</b>	4	
laclotion 12% lotion <b>MO</b>	3	
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)
lidocaine-hc 3-0.5% cream <b>MO</b>	4	
lidocaine-hc 3-0.5% cream kit <b>MO</b>	4	
lidocaine-hc 3-1% cream kit <b>MO</b>	4	
lidocaine-prilocaine cream <b>MO</b>	3	
lindane 1% lotion <b>MO</b>	4	
lindane 1% shampoo <b>MO</b>	4	
LOTRISONE 1 %-0.05 % TOPICAL CREAM <b>MO</b>	4	
LTA PRE-ATTACHED 4 % LARYNGOTRACHEAL SOLUTION <b>MO</b>	4	
mafenide acetate 50 gm powd pk <b>MO</b>	4	
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 <b>MO</b>	4	
metronidazole 0.75% lotion <b>MO</b>	4	
metronidazole topical 0.75% gl <b>MO</b>	4	
metronidazole topical 1% gel <b>MO</b>	4	
metronidazole topical 1% gel <b>MO</b>	4	
metronidazole vaginal 0.75% gl <b>MO</b>	2	
miconazole-3 200 mg vaginal suppository <b>MO</b>	3	
mometasone furoate 0.1% cream <b>MO</b>	3	
mometasone furoate 0.1% oint <b>MO</b>	3	
mometasone furoate 0.1% soln <b>MO</b>	3	
mupirocin 2% cream <b>MO</b>	4	
mupirocin 2% ointment <b>MO</b>	2	
myorisan 10 mg capsule <b>MO</b>	4	
myorisan 20 mg capsule <b>MO</b>	4	
myorisan 40 mg capsule <b>MO</b>	4	
NAFTIN 1 % TOPICAL CREAM <b>MO</b>	3	
NAFTIN 1 % TOPICAL GEL <b>MO</b>	3	
NAFTIN 2 % TOPICAL CREAM <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAFTIN 2 % TOPICAL GEL <b>MO</b>	3	
neomy-polymyxin b 40 mg/ml amp <b>MO</b>	3	
NEOSPORIN GU IRRIGANT 40 MG-200,000 UNIT/ML <b>MO</b>	4	
NIZORAL 2 % SHAMPOO <b>MO</b>	4	
NORITATE 1 % TOPICAL CREAM <b>MO</b>	4	
nyamyc 100,000 unit/gram topical powder <b>MO</b>	2	
nystatin 100,000 unit/gm cream <b>MO</b>	2	
nystatin 100,000 unit/gm powd <b>MO</b>	2	
nystatin 100,000 units/gm oint <b>MO</b>	2	
nystatin-triamcinolone cream <b>MO</b>	4	
nystatin-triamcinolone ointm <b>MO</b>	4	
nystop 100,000 unit/gram topical powder <b>MO</b>	2	
oralone 0.1 % dental paste <b>MO</b>	1	
OVIDE 0.5 % LOTION <b>MO</b>	4	PA
OXISTAT 1 % LOTION <b>MO</b>	4	
OXISTAT 1 % TOPICAL CREAM <b>MO</b>	4	
OXSORALEN 1 % LOTION <b>MO</b>	4	
OXSORALEN ULTRA 10 MG CAPSULE <b>MO</b>	5	
PANDEL 0.1 % TOPICAL CREAM <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	
phenazopyridine 100 mg tab <b>MO</b>	2	
phenazopyridine 200 mg tab <b>MO</b>	2	
PICATO 0.015 % TOPICAL GEL <b>MO</b>	4	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL <b>MO</b>	4	QL (2 per 30 days)
podofilox 0.5% topical soln <b>MO</b>	4	
prednicarbate 0.1% cream <b>MO</b>	3	
prednicarbate 0.1% ointment <b>MO</b>	3	
procto-pak 1 % rectal cream <b>MO</b>	2	
proctocream-hc 2.5 % rectal <b>MO</b>	2	
PROCTOSOL HC 2.5 % RECTAL CREAM <b>MO</b>	2	
proctozone-hc 2.5 % rectal cream <b>MO</b>	2	
RECTIV 0.4 % (W/W) OINTMENT <b>MO</b>	4	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL <b>MO</b>	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
remeven 50 % topical cream <b>MO</b>	2	
RIMSO-50 50 % INTRAVESICAL SOLUTION <b>MO</b>	2	
salicylic acid 6% gel <b>MO</b>	3	
salicylic acid 6% shampoo <b>MO</b>	2	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT <b>MO</b>	4	
selenium sulfide 2.25% shampoo <b>MO</b>	3	
selenium sulfide 2.5% lotion <b>MO</b>	2	
SILVADENE 1 % TOPICAL CREAM <b>MO</b>	4	
silver sulfadiazine 1% cream <b>MO</b>	2	
sod sulfacetamide 10% shampoo <b>MO</b>	4	
sodium sulfacetamide 10% lot <b>MO</b>	2	
SORIATANE 10 MG CAPSULE <b>MO</b>	5	
SORIATANE 17.5 MG CAPSULE <b>MO</b>	5	
SORIATANE 25 MG CAPSULE <b>MO</b>	5	
SSD 1 % TOPICAL CREAM <b>MO</b>	2	
SULFAMYLON 50 GRAM TOPICAL PACKET <b>MO</b>	4	
SULFAMYLON 85 MG/G TOPICAL CREAM <b>MO</b>	4	
SURE COMFORT ALCOHOL PREP PADS <b>MO</b>	1	
SURE-PREP ALCOHOL PREP PADS <b>MO</b>	1	
SYNERA 70 MG-70 MG PATCH <b>MO</b>	4	
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT <b>MO</b>	3	
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION <b>MO</b>	3	QL (420 per 30 days)
TARGRETIN 1 % TOPICAL GEL <b>SP</b>	5	PA
TAZORAC 0.05 % TOPICAL CREAM <b>MO</b>	4	PA
TAZORAC 0.05 % TOPICAL GEL <b>MO</b>	4	PA
TAZORAC 0.1 % TOPICAL CREAM <b>MO</b>	4	PA
TAZORAC 0.1 % TOPICAL GEL <b>MO</b>	4	PA
TERAZOL 3 0.8 % VAGINAL CREAM <b>MO</b>	4	
TERAZOL 3 80 MG SUPPOSITORY <b>MO</b>	4	
TERAZOL 7 0.4 % VAGINAL CREAM <b>MO</b>	4	
terconazole 0.4% cream <b>MO</b>	2	
terconazole 0.8% cream <b>MO</b>	2	
terconazole 80 mg suppository <b>MO</b>	2	
THERMAZENE 1 % TOPICAL CREAM <b>MO</b>	2	
tretinoin 0.01% gel <b>MO</b>	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tretinoin 0.025% cream <b>MO</b>	3	PA
tretinoin 0.025% gel <b>MO</b>	3	PA
tretinoin 0.05% cream <b>MO</b>	3	PA
tretinoin 0.1% cream <b>MO</b>	3	PA
triamcinolone 0.025% cream <b>MO</b>	2	
triamcinolone 0.025% lotion <b>MO</b>	3	
triamcinolone 0.025% oint <b>MO</b>	2	
triamcinolone 0.1% cream <b>MO</b>	2	
triamcinolone 0.1% lotion <b>MO</b>	3	
triamcinolone 0.1% ointment <b>MO</b>	2	
triamcinolone 0.1% paste <b>MO</b>	3	
triamcinolone 0.5% cream <b>MO</b>	2	
triamcinolone 0.5% ointment <b>MO</b>	2	
triderm 0.1 % topical cream <b>MO</b>	2	
u-cort 1 %-10 % topical cream <b>MO</b>	2	
ULTILET ALCOHOL SWAB <b>MO</b>	1	
UMECTA 40 % TOPICAL EMULSION <b>MO</b>	4	
umecta 40 % topical foam <b>MO</b>	4	
UMECTA 40 % TOPICAL SUSPENSION <b>MO</b>	4	
UMECTA PD 40 % TOPICAL EMULSION <b>MO</b>	4	
UMECTA PD 40 % TOPICAL SUSPENSION <b>MO</b>	4	
URAMAXIN 20 % TOPICAL FOAM <b>MO</b>	4	
UVADEX 20 MCG/ML INJECTION SOLUTION <b>MO</b>	4	B vs D
VALCHLOR 0.016 % TOPICAL GEL <b>SP</b>	5	PA,QL (60 per 28 days)
VANDAZOLE 0.75 % VAGINAL GEL <b>MO</b>	3	
VELTIN 1.2 %-0.025 % TOPICAL GEL <b>MO</b>	4	
VEREGEN 15 % TOPICAL OINTMENT <b>MO</b>	4	
WEBCOL TOPICAL PADS <b>MO</b>	1	
WESTCORT 0.2% OINTMENT <b>MO</b>	4	
x-viate 40 % topical cream <b>MO</b>	2	
x-viate 40 % topical gel <b>MO</b>	2	
zenatane 10 mg capsule <b>MO</b>	4	
zenatane 20 mg capsule <b>MO</b>	4	
zenatane 40 mg capsule <b>MO</b>	4	
ZOVIRAX 5 % TOPICAL CREAM <b>MO</b>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOVIRAX 5 % TOPICAL OINTMENT <b>MO</b>	5	PA
ZYCLARA 2.5 % TOPICAL CREAM PUMP <b>MO</b>	4	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET <b>MO</b>	4	
ZYCLARA 3.75 % TOPICAL CREAM PUMP <b>MO</b>	4	QL (15 per 30 days)
<b>SMOOTH MUSCLE RELAXANTS</b>		
aminophylline 250 mg/10 ml vL <b>MO</b>	2	
aminophylline 500 mg/20 ml vL <b>MO</b>	2	
DETROL LA 2 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
DETROL LA 4 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR <b>MO</b>	2	
flavoxate hcl 100 mg tablet <b>MO</b>	4	
LUFYLLIN 200 MG TABLET <b>MO</b>	4	
MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
oxybutynin 5 mg tablet <b>MO</b>	2	
oxybutynin 5 mg/5 ml syrup <b>MO</b>	2	
oxybutynin cl er 10 mg tablet <b>MO</b>	3	QL (60 per 30 days)
oxybutynin cl er 15 mg tablet <b>MO</b>	3	QL (60 per 30 days)
oxybutynin cl er 5 mg tablet <b>MO</b>	3	QL (60 per 30 days)
theophylline 200 mg/100 ml d5w <b>MO</b>	2	
theophylline 200 mg/50 ml d5w <b>MO</b>	2	
theophylline 400 mg/250 ml d5w <b>MO</b>	2	
theophylline 400 mg/500 ml d5w <b>MO</b>	2	
theophylline 80 mg/15 ml soln <b>MO</b>	4	
theophylline 80 mg/15 ml soln <b>MO</b>	4	
theophylline 800 mg/250 ml d5w <b>MO</b>	2	
theophylline 800 mg/500 ml d5w <b>MO</b>	2	
theophylline er 100 mg tablet <b>MO</b>	2	
theophylline er 200 mg tablet <b>MO</b>	2	
theophylline er 300 mg tab <b>MO</b>	2	
theophylline er 400 mg tablet <b>MO</b>	2	
theophylline er 450 mg tab <b>MO</b>	2	
theophylline er 600 mg tablet <b>MO</b>	2	
tolterodine tart er 2 mg cap <b>MO</b>	3	QL (30 per 30 days)
tolterodine tart er 4 mg cap <b>MO</b>	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tolterodine tartrate 1 mg tab <b>MO</b>	3	QL (60 per 30 days)
tolterodine tartrate 2 mg tab <b>MO</b>	3	QL (60 per 30 days)
TOVIAZ 4 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
TOVIAZ 8 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
trospium chloride 20 mg tablet <b>MO</b>	4	
trospium chloride er 60 mg cap <b>MO</b>	4	QL (30 per 30 days)
VESICARE 10 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
VESICARE 5 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
<b>VITAMINS</b>		
bal-care dha 27 mg-1 mg-430 mg tablet&capsule,delayed release <b>MO</b>	4	
c-nate dha 28 mg-1 mg-200 mg capsule <b>MO</b>	4	
calcitriol 0.25 mcg capsule <b>MO</b>	2	
calcitriol 0.5 mcg capsule <b>MO</b>	2	
calcitriol 1 mcg/ml ampul <b>MO</b>	2	
calcitriol 1 mcg/ml solution <b>MO</b>	2	
cavan-ec sod dha vitamins <b>MO</b>	4	
CITRANATAL 90 DHA PACK <b>MO</b>	4	
CITRANATAL ASSURE COMBO PACK <b>MO</b>	4	
CITRANATAL DHA (NEW FORMULA) 27 MG-1 MG-50 MG-250 MG ORAL PACK <b>MO</b>	4	
CITRANATAL RX (NEW FORMULA) 27 MG-1 MG-50 MG TABLET <b>MO</b>	4	
complete natal dha 29 mg-1 mg-250 mg oral pack <b>MO</b>	4	
completenate 29 mg-1 mg chewable tablet <b>MO</b>	4	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE <b>MO</b>	4	
CONCEPT OB 85 MG-1 MG CAPSULE <b>MO</b>	4	
dexpanthenol 250 mg/ml vial <b>MO</b>	1	
doxercalciferol 0.5 mcg cap <b>MO</b>	3	
doxercalciferol 1 mcg capsule <b>MO</b>	3	
doxercalciferol 2.5 mcg cap <b>MO</b>	3	
doxercalciferol 4 mcg/2 ml vl <b>MO</b>	3	
elite-ob 50 mg-1.25 mg tablet <b>MO</b>	4	
folivane-ob 85 mg-1 mg capsule <b>MO</b>	4	
folivane-prx dha nf 30 mg-1.24 mg-55 mg-265 mg capsule <b>MO</b>	4	
GESTICARE DHA 27 MG-1 MG-250 MG TABLET,EXTENDED RELEASE AND CAPSULE <b>MO</b>	4	
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
inatal advance 90 mg-1 mg-50 mg tablet <b>MO</b>	4	
inatal ultra 90 mg-1 mg-50 mg tablet <b>MO</b>	4	
multi-vitamin with fluoride 0.25 mg chewable tablet <b>MO</b>	4	
multi-vitamin with fluoride 0.5 mg chewable tablet <b>MO</b>	4	
multi-vitamin with fluoride 1 mg chewable tablet <b>MO</b>	4	
multivitamin with fluoride 0.5 mg chewable tablet <b>MO</b>	1	
multivitamins with fluoride 0.5 mg chewable tablet <b>MO</b>	4	
multivitamins with fluoride 1 mg chewable tablet <b>MO</b>	4	
MVC-FLUORIDE 0.25 MG CHEWABLE TABLET <b>MO</b>	4	
MVC-FLUORIDE 0.5 MG CHEWABLE TABLET <b>MO</b>	4	
MVC-FLUORIDE 1 MG CHEWABLE TABLET <b>MO</b>	4	
NATA KOMLETE PRENATAL TABLET <b>MO</b>	4	
O-CAL PRENATAL 15 MG-1 MG TABLET <b>MO</b>	4	
paire ob plus dha 22 mg-6 mg-1 mg-200 mg oral pack <b>MO</b>	4	
paricalcitol 1 mcg capsule <b>MO</b>	3	
paricalcitol 2 mcg capsule <b>MO</b>	3	
paricalcitol 4 mcg capsule <b>MO</b>	4	
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack <b>MO</b>	4	
pnv-dha 27 mg-1 mg-300 mg capsule <b>MO</b>	4	
pnv-select 27 mg-1 mg tablet <b>MO</b>	4	
pr natal 400 29 mg-1 mg-400 mg oral pack <b>MO</b>	4	
pr natal 400 ec 29 mg-1 mg-400 mg tablet&capsule, delayed release <b>MO</b>	4	
pr natal 430 29 mg-1 mg-430 mg oral pack <b>MO</b>	4	
pr natal 430 ec 29 mg-1 mg-430 mg tablet&capsule, delayed release <b>MO</b>	4	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET <b>MO</b>	4	
PRENATABS FA 29 MG-1 MG TABLET <b>MO</b>	4	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet <b>MO</b>	4	
prenatal plus iron tablet <b>MO</b>	4	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE <b>MO</b>	4	
PRENATE ELITE 26 MG IRON-1 MG TABLET <b>MO</b>	4	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE <b>MO</b>	4	
preplus 27 mg iron-1 mg tablet <b>MO</b>	4	
PREQUE 10 15 MG IRON-0.5 MG-25 MG TABLET <b>MO</b>	4	
relnate dha 28 mg-1 mg-200 mg capsule <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROCALTROL 0.25 MCG CAPSULE <b>MO</b>	4	
ROCALTROL 0.5 MCG CAPSULE <b>MO</b>	4	
ROCALTROL 1 MCG/ML ORAL SOLUTION <b>MO</b>	4	
se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet <b>MO</b>	4	
se-natal 19 29 mg iron-1 mg chewable tablet <b>MO</b>	4	
se-tan dha 30 mg-1 mg-310.1 mg capsule <b>MO</b>	4	
setonet 29 mg-1 mg-430 mg oral pack <b>MO</b>	4	
SETONET-EC 29 MG-1 MG-430 MG TABLET&CAPSULE,DELAYED RELEASE <b>MO</b>	4	
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	
tri-vit with fluoride & iron 0.25 mg-10 mg/ml oral drops <b>MO</b>	1	
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops <b>MO</b>	1	
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	
ultimate ob dha combo pack <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-pn 27 mg-1 mg tablet <b>MO</b>	3	
virt-pn dha 27 mg-1 mg-300 mg capsule <b>MO</b>	3	
zatean-ch 27 mg-1 mg-50 mg-250 mg capsule <b>MO</b>	4	
zatean-pn 27 mg-1 mg tablet <b>MO</b>	4	
zatean-pn dha 27 mg-1 mg-300 mg capsule <b>MO</b>	4	
ZEMPLAR 2 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
ZEMPLAR 5 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	

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allopurinol .....	137	AMINOSYN 7 % WITH ELECTROLYTES .....	100
ALOMIDE .....	109	AMINOSYN 8.5 % .....	100
ALOPRIM .....	137	AMINOSYN 8.5 %-ELECTROLYTES .....	100
ALORA .....	118	AMINOSYN-HBC 7% .....	100
ALPHAGAN P .....	109	AMINOSYN-PF 10 % .....	100
alprazolam .....	60	AMINOSYN-PF 7 % (SULFITE-FREE) .....	100
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This formulary was updated on 09/05/2014. For more recent information or other questions, please contact Humana at 1-800-457-4708 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.

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