

2013 Prescription Drug Guide

Humana Formulary

List of covered drugs

Humana Walmart-Preferred Rx
Plan (PDP)

Region 6
States of Pennsylvania and West
Virginia



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

Other pharmacies are available in our network.
Other plans may be available in the service area.

Humana®

Walmart  Preferred

Rx Plan (PDP)

Welcome to Humana!

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

What is the formulary?

A formulary is a list of covered drugs selected by Humana, which worked with a team of healthcare providers, that represents the prescription therapies believed to be a necessary part of 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, if you take a drug on our 2013 formulary that was covered at the beginning of the year, we won't discontinue or reduce coverage of the drug during the 2013 coverage 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 are required to notify members who are affected by the following changes to our formulary:

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

When one of these changes happens, we will notify members at least 60 days before the change or when the member requests 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 removes the drug from the market, we'll immediately remove the drug from our formulary and notify members who take the drug.

The enclosed formulary is current as of January 1, 2013. We will update our printed formularies each month, and they will be available on **Humana.com**.

To get updated information about the drugs that Humana covers, please visit **Humana.com**. Select "Medicare Drug List" from the Humana Medicare Plans tab at the top left of the website. The Medicare Drug List search tool lets you search for your drug by name or drug type.

For help and information, call Humana Customer Care at **1-800-281-6918**. If you use a TTY, call **711**. From Oct. 1 - Feb. 14, you can call us seven days a week from 8 a.m. - 8 p.m. From Feb. 15 - Sept. 30, you can leave us a voicemail message after hours, Saturdays, Sundays and some public holidays. Just leave a message and select the reason for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana ID card with you when you call.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Drugs." If you know what 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.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 155. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will 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 - Tier 1, Tier 2, Tier 3, Tier 4, or Tier 5. Generic drugs have the same active ingredients as brand drugs and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity, and stability as brand drugs. Your cost for generic drugs is usually lower than your cost for brand 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?

The amount of money you pay depends on which drug tier your drug falls under in the formulary and whether you fill your prescription at a network pharmacy. Humana pays part of the costs for your covered drugs and you pay part of the costs, too. 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 requirements and limits may include:

- **Prior Authorization (PA):** Humana requires you or your doctor to get prior authorization for certain drugs. This means that you will 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 certain 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 is 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 describing 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 that fall outside of the noted 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** to get more information about the restrictions applied to specific covered drugs. Just select "Medicare Drug List" from the Humana Medicare Plans tab at the top left of the website. The Medicare Drug List search tool lets you search for your drug by name or drug type.

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?

Medicare Coverage Gap Discount Program beginning in 2011: Starting Jan. 1, 2011, Medicare made changes to help with the cost of medicines while members are in the Prescription Drug Plan coverage gap, often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with the companies that make prescription medicines and health plans to give you nearly 52.5 percent off on many covered brand-name prescriptions while you are in the coverage gap. Remember that Medicare members who now receive the low-income subsidy ("Extra Help") or are covered by a qualified, commercial prescription plan through an employer will not receive this discount.

Coverage in the "gap" for generic prescription medicines: Starting Jan. 1, 2011, Medicare made changes to help with the cost of medicines while members are in the Prescription Drug Plan coverage gap, often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with health plans to provide some generic drug coverage while you are in the coverage gap.

What if my drug is not on the formulary?

If your drug isn't included in this list of covered drugs, you should visit **Humana.com** to see if your drug is covered. You can also contact 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 are covered by Humana. When you receive the list, show it 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.

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.

- You can ask us to cover your drug even if it's not on our formulary.
- 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.
- 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 instead. This would lower the amount of money you must pay for your drug. Please remember, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

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 condition and/or would cause adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. When you're requesting an exception, you should submit a statement from your doctor supporting your request. This is called a supporting statement. Generally, we must make our decision within 72 hours of getting your prescribing doctor's supporting statement. You can request a quicker, or expedited, exception if you or your doctor believe that your health could be seriously harmed by waiting 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 prescribing doctor's supporting statement.

What do I need to do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that aren't on our formulary. Or you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you can switch to an appropriate drug that we cover or if you should request a formulary exception so that we'll cover your drug. 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 while you talk to your doctor to decide the right steps for you to take.

Here is what we will 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 have 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 currently take Part D drugs that aren't on our formulary, we'll cover a temporary 98-day transition 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 the level of care you require. Such transitions 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 are served by 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 makes arrangements on a case-by case basis to continue to provide necessary drugs to you with an extension of the transition period in the event your exception request or appeal has not been processed by the end of your transition period.

A member 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

For 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 research your coverage options, 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 review your Evidence of Coverage (EOC) and other plan materials.

If you have questions about Humana, please visit our website at **Humana.com**. Select "Medicare Drug List" from the Humana Medicare Plans tab at the top left of the website. The Medicare Drug List search tool lets you search for your drug by name or drug type.

You can also call Humana Customer Care at **1-800-281-6918**. If you use a TTY, call **711**. You can call seven days a week from 8 a.m. - 8 p.m. From Feb. 15 until the following Annual Election Period (AEP), you can leave us a voicemail message after hours, Saturdays, Sundays and some public holidays. Just leave a message and select the reason for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana ID card with you when you call.

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

Humana Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 155.

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:

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 details on these requirements for your plan.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTI-INFECTIVE AGENTS		
abacavir 300 mg tablet SP	4	QL (60 per 30 days)
acyclovir 200 mg capsule MO	1	
acyclovir 200 mg/5 ml susp MO	2	
acyclovir 400 mg tablet MO	2	
acyclovir 500 mg/10 ml vial MO	2	
acyclovir 800 mg tablet MO	2	
acyclovir sodium 1 gm vial MO	2	
acyclovir sodium 500 mg vial MO	2	
ALBENZA 200 MG TABLET MO	4	
ALINIA 100 MG/5 ML ORAL SUSP MO	4	QL (150 per 30 days)
ALINIA 500 MG TABLET MO	4	QL (40 per 30 days)
amikacin (pf) 100 mg/2 ml MO	3	
amikacin 1,000 mg/4 ml vial MO	3	
amikacin 250 mg/ml disp syr MO	4	
amikacin 500 mg/2 ml MO	3	
amikacin sulfate 100 mg/2 ml MO	3	
amox tr-k clv 200-28.5 tab chw MO	2	
amox tr-k clv 200-28.5/5 susp MO	2	
amox tr-k clv 250-125 mg tab MO	3	
amox tr-k clv 250-62.5/5 susp MO	2	
amox tr-k clv 400-57 tab chew MO	2	
amox tr-k clv 400-57/5 susp MO	2	
amox tr-k clv 500-125 mg tab MO	2	
amox tr-k clv 600-42.9/5 susp MO	3	
amox tr-k clv 875-125 mg tab MO	2	
amoxicillin 125 mg tab chew MO	2	
amoxicillin 125 mg/5 ml susp MO	1	
amoxicillin 200 mg/5 ml susp MO	1	
amoxicillin 250 mg capsule MO	1	
amoxicillin 250 mg tab chew MO	2	
amoxicillin 250 mg/5 ml susp MO	1	
amoxicillin 400 mg/5 ml susp MO	1	
amoxicillin 500 mg capsule MO	1	
amoxicillin 500 mg tablet MO	2	
amoxicillin 875 mg tablet MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin-clav er 1,000-62.5 MO	3	
AMPHOTEC 100 MG VIAL MO	4	
AMPHOTEC 50 MG VIAL MO	4	
amphotericin b 50 mg vial MO	3	
ampicillin 1 gm a-v vial MO	4	
ampicillin 1 gm vial MO	4	
ampicillin 10 gm vial MO	4	
ampicillin 125 mg vial MO	4	
ampicillin 125 mg/5 ml susp MO	2	
ampicillin 2 gm a-v vial MO	4	
ampicillin 2 gm vial MO	4	
ampicillin 250 mg vial MO	4	
ampicillin 250 mg/5 ml susp MO	2	
ampicillin 500 mg vial MO	4	
ampicillin tr 250 mg capsule MO	2	
ampicillin tr 500 mg capsule MO	2	
ampicillin-sulb 3 gm add vial MO	4	
ampicillin-sulbactam 1.5 gm vl MO	4	
ampicillin-sulbactam 15 gm vl MO	4	
ampicillin-sulbactam 3 gm vial MO	4	
ANCOBON 250 MG CAPSULE MO	4	
ANCOBON 500 MG CAPSULE MO	4	
APTIVUS 100 MG/ML ORAL SOLN SP	5	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE SP	5	QL (120 per 30 days)
atovaquone-proguanil 250-100 MO	4	
atovaquone-proguanil 62.5-25 MO	4	
ATRIPLA 600 MG-200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
AVELOX IN SODIUM CHLORIDE (ISO-OSMOTIC) 400 MG/250 ML IV PIGGY BACK MO	4	
azithromycin 1 gm pwd packet MO	2	
azithromycin 100 mg/5 ml susp MO	2	
azithromycin 2.5 gm bulk vial MO	4	
azithromycin 200 mg/5 ml susp MO	2	
azithromycin 250 mg tablet MO	2	
azithromycin 500 mg tablet MO	2	
azithromycin 600 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azithromycin i.v. 500 mg vial MO	2	
aztreonam 1 gm vial MO	2	
aztreonam 2 gm vial MO	4	
bacitracin 50,000 units vial MO	2	
BARACLUDE 0.05 MG/ML ORAL SOLN SP	4	QL (630 per 30 days)
BARACLUDE 0.5 MG TABLET SP	5	QL (30 per 30 days)
BARACLUDE 1 MG TABLET SP	5	QL (30 per 30 days)
BILTRICIDE 600 MG TABLET MO	4	
CANCIDAS 50 MG IV SOLUTION MO	5	B vs D
CANCIDAS 70 MG IV SOLUTION MO	5	B vs D
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	4	
CAYSTON 75 MG/ML NEB SOLUTION MO	5	PA,QL (84 per 28 days)
cefaclor 250 mg capsule MO	2	
cefaclor 500 mg capsule MO	2	
cefaclor er 500 mg tablet MO	3	
cefadroxil 1 gm tablet MO	2	
cefadroxil 250 mg/5 ml susp MO	2	
cefadroxil 500 mg capsule MO	2	
cefadroxil 500 mg/5 ml susp MO	2	
cefazolin 1 gm add-van vial MO	3	
cefazolin 1 gm vial MO	3	
cefazolin 1 gm-d5w bag MO	3	
cefazolin 10 gm vial MO	3	
cefazolin 2 gm-d5w bag MO	3	
cefazolin 20 gm bulk vial MO	3	
cefazolin 500 mg vial MO	3	
cefdinir 125 mg/5 ml susp MO	3	
cefdinir 250 mg/5 ml susp MO	3	
cefdinir 300 mg capsule MO	3	
cefepime 1 gm injection MO	4	
cefepime 2 gm injection MO	4	
cefepime hcl 1 gm vial MO	4	
cefepime hcl 2 gram vial MO	4	
cefepime-dextrose 1 gm/50 ml MO	4	
cefepime-dextrose 2 gm/50 ml MO	4	
cefotaxime sodium 1 gm vial MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefotaxime sodium 10 gm vial MO	2	
cefotaxime sodium 2 gm vial MO	2	
cefotaxime sodium 20 gm vial MO	2	
cefotaxime sodium 500 mg vial MO	2	
cefotetan 1 gm vial MO	4	
cefotetan 10 gm vial MO	4	
cefotetan 2 gm vial MO	4	
cefotetan-dextr 1 g duplex bag MO	4	
cefotetan-dextr 2 g duplex bag MO	4	
cefoxitin 1 gm piggyback bag MO	4	
cefoxitin 1 gm vial MO	4	
cefoxitin 10 gm vial MO	4	
cefoxitin 2 gm piggyback bag MO	4	
cefoxitin 2 gm vial MO	4	
cefpodoxime 100 mg tablet MO	4	
cefpodoxime 100 mg/5 ml susp MO	4	
cefpodoxime 200 mg tablet MO	4	
cefpodoxime 50 mg/5 ml susp MO	4	
cefprozil 125 mg/5 ml susp MO	3	
cefprozil 250 mg tablet MO	3	
cefprozil 250 mg/5 ml susp MO	3	
cefprozil 500 mg tablet MO	3	
ceftazidime 1 gm piggyback MO	2	
ceftazidime 1 gm vial MO	2	
ceftazidime 2 gm piggyback MO	2	
ceftazidime 2 gm vial MO	2	
ceftazidime 500 mg vial MO	2	
ceftazidime 6 gm vial MO	2	
ceftriaxone 1 gm piggyback MO	3	
ceftriaxone 1 gm vial MO	3	
ceftriaxone 1 gm-d5w bag MO	3	
ceftriaxone 10 gm vial MO	3	
ceftriaxone 2 gm add vial MO	3	
ceftriaxone 2 gm piggyback MO	3	
ceftriaxone 2 gm vial MO	3	
ceftriaxone 2 gm-d5w bag MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ceftriaxone 250 mg vial MO	3	
ceftriaxone 500 mg vial MO	3	
cefuroxime 1.5g/50 ml bag MO	2	
cefuroxime 750 mg/50 ml bag MO	2	
cefuroxime axetil 250 mg tab MO	2	
cefuroxime axetil 500 mg tab MO	2	
cefuroxime sod 7.5 gm vial MO	3	
cefuroxime sod 750 mg vial MO	3	
cephalexin 125 mg/5 ml susp MO	2	
cephalexin 250 mg capsule MO	1	
cephalexin 250 mg tablet MO	2	
cephalexin 250 mg/5 ml susp MO	2	
cephalexin 500 mg capsule MO	1	
cephalexin 500 mg tablet MO	2	
chloramphen na succ 1 gm vl MO	2	
chloroquine ph 250 mg tablet MO	2	
chloroquine ph 500 mg tablet MO	2	
ciprofloxacin 10 mg/ml vial MO	2	
ciprofloxacin 200 mg/20 ml vl MO	2	
ciprofloxacin 400 mg/40 ml vl MO	2	
ciprofloxacin hcl 100 mg tab MO	2	
ciprofloxacin hcl 250 mg tab MO	1	
ciprofloxacin hcl 500 mg tab MO	1	
ciprofloxacin hcl 750 mg tab MO	2	
ciprofloxacin-d5w 200 mg/100 ml MO	2	
ciprofloxacin-d5w 400 mg/200 ml MO	2	
clarithromycin 125 mg/5 ml sus MO	2	
clarithromycin 250 mg tablet MO	2	
clarithromycin 250 mg/5 ml sus MO	2	
clarithromycin 500 mg tablet MO	2	
clarithromycin er 500 mg tab MO	3	
CLEOCIN IN D5W 300 MG/50 ML IV PIGGY BACK MO	4	
CLEOCIN IN D5W 600 MG/50 ML IV PIGGY BACK MO	4	
CLEOCIN IN D5W 900 MG/50 ML IV PIGGY BACK MO	4	
clindamycin 150 mg/ml addvan MO	2	
clindamycin 75 mg/5 ml soln MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin hcl 150 mg capsule MO	2	
clindamycin hcl 300 mg capsule MO	2	
clindamycin hcl 75 mg capsule MO	2	
clindamycin ph 900 mg/6 ml vl MO	2	
COARTEM 20 MG-120 MG TABLET MO	4	QL (24 per 30 days)
colistimethate 150 mg vial MO	4	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION MO	4	
COMPLERA 200 MG-25 MG-300 MG TABLET SP	5	QL (30 per 30 days)
CRIXIVAN 100 MG CAPSULE SP	5	QL (720 per 30 days)
CRIXIVAN 200 MG CAPSULE SP	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE SP	4	QL (270 per 30 days)
CUBICIN 500 MG IV SOLUTION MO	5	B vs D
CYTOVENE 500 MG IV SOLUTION MO	4	
dapsone 100 mg tablet MO	2	
dapsone 25 mg tablet MO	2	
DARAPRIM 25 MG TABLET MO	4	
demeclocycline 150 mg tablet MO	4	
demeclocycline 300 mg tablet MO	4	
dicloxacillin 250 mg capsule MO	2	
dicloxacillin 500 mg capsule MO	2	
didanosine dr 125 mg capsule SP	4	QL (90 per 30 days)
didanosine dr 200 mg capsule SP	4	QL (60 per 30 days)
didanosine dr 250 mg capsule SP	4	QL (30 per 30 days)
didanosine dr 400 mg capsule SP	4	QL (30 per 30 days)
DIFICID 200 MG TABLET MO	5	QL (20 per 10 days)
DIFLUCAN-DEXTR 400 MG/200 ML MO	4	
DIFLUCAN-SALINE 200 MG/100 ML MO	4	
DIFLUCAN-SALINE 400 MG/200 ML MO	4	
DORIBAX 250 MG IV SUSP MO	4	
DORIBAX 500 MG IV SUSP MO	4	
doxycycline hyc 100 mg vial MO	2	
doxycycline hyc dr 100 mg cap MO	2	
doxycycline hyc dr 100 mg tab MO	3	
doxycycline hyc dr 75 mg tab MO	3	
doxycycline hyclate 100 mg cap MO	1	
doxycycline hyclate 100 mg tab MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxycycline hyclate 50 mg cap MO	1	
doxycycline mono 100 mg cap MO	2	QL (60 per 30 days)
doxycycline mono 100 mg tablet MO	2	
doxycycline mono 150 mg cap MO	3	
doxycycline mono 150 mg tablet MO	2	
doxycycline mono 50 mg cap MO	2	QL (60 per 30 days)
doxycycline mono 50 mg tablet MO	2	
doxycycline mono 75 mg capsule MO	3	QL (30 per 30 days)
doxycycline mono 75 mg tablet MO	2	
E.E.S. 400 400 MG TABLET MO	4	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSP MO	4	
EDURANT 25 MG TABLET SP	4	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLN SP	4	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE SP	4	QL (30 per 30 days)
EPIVIR 10 MG/ML ORAL SOLN SP	4	QL (960 per 30 days)
EPIVIR 150 MG TABLET SP	4	QL (60 per 30 days)
EPIVIR 300 MG TABLET SP	4	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET SP	4	QL (90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLN SP	4	QL (1680 per 28 days)
EPZICOM 600 MG-300 MG TABLET SP	5	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG IV SOLUTION MO	4	B vs D
ERAXIS(WATER DILUENT) 50 MG IV SOLUTION MO	4	B vs D
ERY-TAB 250 MG TABLET,DELAYED RELEASE MO	4	
ERY-TAB 333 MG TABLET,DELAYED RELEASE MO	4	
ERY-TAB 500 MG TABLET,DELAYED RELEASE MO	4	
ERYPED 200 200 MG/5 ML ORAL SUSP MO	4	
ERYPED 400 400 MG/5 ML ORAL SUSP MO	4	
ERYTHROCIN 1,000 MG IV SOLUTION MO	2	
ERYTHROCIN 500 MG FILMTAB MO	2	
ERYTHROCIN 500 MG IV SOLUTION MO	2	
ERYTHROCIN STEARATE 250 MG TABLET MO	2	
erythromycin 250 mg filmtab MO	2	
erythromycin 500 mg filmtab MO	2	
erythromycin ec 250 mg cap MO	2	
erythromycin es 400 mg tab MO	2	
erythromycin-sulfisox susp MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ethambutol hcl 100 mg tablet MO	3	
ethambutol hcl 400 mg tablet MO	3	
FACTIVE 320 MG TABLET MO	4	
famciclovir 125 mg tablet MO	3	QL (60 per 30 days)
famciclovir 250 mg tablet MO	3	QL (60 per 30 days)
famciclovir 500 mg tablet MO	3	QL (60 per 30 days)
fluconazole 10 mg/ml susp MO	2	
fluconazole 100 mg tablet MO	2	
fluconazole 150 mg tablet MO	1	QL (4 per 28 days)
fluconazole 200 mg tablet MO	2	
fluconazole 40 mg/ml susp MO	2	
fluconazole 50 mg tablet MO	2	
fluconazole-dext 200 mg/100 ml MO	2	
fluconazole-dext 400 mg/200 ml MO	2	
fluconazole-ns 100 mg/50 ml MO	2	
fluconazole-ns 200 mg/100 ml MO	2	
fluconazole-ns 400 mg/200 ml MO	2	
flucytosine 250 mg capsule MO	3	
flucytosine 500 mg capsule MO	3	
FUZEON 90 MG SUB-Q KIT SP	3	QL (60 per 30 days)
FUZEON 90 MG SUB-Q SOLN MO	3	QL (60 per 30 days)
ganciclovir 500 mg vial MO	3	
gentamicin 10 mg/ml vial MO	3	
gentamicin 40 mg/ml vial MO	2	
gentamicin 70 mg/ns 50 ml pb MO	3	
gentamicin 80 mg/ns 50 ml pb MO	3	
gentamicin 90 mg/ns 100 ml pb MO	3	
gentamicin ped 10 mg/ml vial MO	3	
GRIS-PEG 125 MG TABLET MO	4	
GRIS-PEG 250 MG TABLET MO	4	
griseofulvin 125 mg/5 ml susp MO	4	
HEPSERA 10 MG TABLET SP	5	
hydroxychloroquine 200 mg tab MO	2	
imipenem-cilastatin 250 mg vl MO	4	
imipenem-cilastatin 500 mg vl MO	4	
INCIVEK 375 MG TABLET SP	5	PA,QL (168 per 28 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
INFERGEN 15 MCG/0.5 ML SUB-Q SP	5	PA,QL (30 per 30 days)
INFERGEN 9 MCG/0.3 ML SUB-Q SP	5	PA,QL (12 per 30 days)
INTELENCE 100 MG TABLET SP	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET SP	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET MO	4	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	4	PA
INTRON A 10 MILLION UNIT/ML SP	4	PA
INTRON A 10 MILLION UNIT/ML INJECTION SP	4	PA
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	4	PA
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	4	PA
INTRON A 6 MILLION UNIT/ML INJECTION SP	5	PA
INVIRASE 200 MG CAPSULE SP	5	QL (300 per 30 days)
INVIRASE 500 MG TABLET SP	5	QL (120 per 30 days)
ISENTRESS 400 MG TABLET SP	5	QL (120 per 30 days)
iso gentamicin 100 mg/100 ml MO	3	
iso gentamicin 120 mg/100 ml MO	3	
isonarif 300 mg-150 mg capsule MO	2	
isoniazid 100 mg tablet MO	2	
isoniazid 100 mg/ml vial MO	2	
isoniazid 300 mg tablet MO	1	
isoniazid 50 mg/5 ml syrup MO	2	
isoton gentamicin 100 mg/50 ml MO	3	
isoton gentamicin 60 mg/100 ml MO	3	
isoton gentamicin 60 mg/50 ml MO	3	
isoton gentamicin 80 mg/100 ml MO	3	
itraconazole 100 mg capsule MO	4	QL (120 per 30 days)
KALETRA 100 MG-25 MG TABLET SP	5	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET SP	5	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLN SP	5	
kanamycin 1 gm/3 ml vial MO	2	
KEFLEX 750 MG CAPSULE MO	4	
KETEK 300 MG TABLET MO	4	
KETEK 400 MG TABLET MO	4	
ketoconazole 200 mg tablet MO	2	
lamivudine 150 mg tablet SP	4	QL (60 per 30 days)
lamivudine 300 mg tablet SP	4	QL (30 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamivudine-zidovudine tablet SP	4	QL (60 per 30 days)
LEVAQUIN 250 MG/10 ML ORAL SOLN MO	4	
LEVAQUIN I.V. 25 MG/ML VIAL MO	4	
LEVAQUIN IN D5W 250 MG/50 ML IV PIGGY BACK MO	4	
LEVAQUIN IN D5W 500 MG/100 ML IV PIGGY BACK MO	4	
LEVAQUIN IN D5W 750 MG/150 ML IV PIGGY BACK MO	4	
levofloxacin 25 mg/ml solution MO	2	
levofloxacin 250 mg tablet MO	2	
levofloxacin 500 mg tablet MO	2	
levofloxacin 500 mg/20 ml vial MO	4	
levofloxacin 750 mg tablet MO	2	
levofloxacin-d5w 250 mg/50 ml MO	4	
levofloxacin-d5w 500 mg/100 ml MO	4	
levofloxacin-d5w 750 mg/150 ml MO	4	
LEXIVA 50 MG/ML ORAL SUSP SP	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET SP	5	QL (120 per 30 days)
MALARONE 250 MG-100 MG TABLET MO	4	
MALARONE 62.5 MG-25 MG TABLET MO	4	
MAXIPIME 1 GM ADD-VANTAGE VL MO	4	
MAXIPIME 1 GRAM VIAL MO	4	
MAXIPIME 2 GM ADD-VANTAGE VL MO	4	
MAXIPIME 2 GRAM VIAL MO	4	
mebendazole 100 mg tab chew MO	2	
mefloquine hcl 250 mg tablet MO	2	
MEFOXIN IN DEXTROSE (ISO-OSMOTIC) 1 GRAM/50 ML IV PIGGY BACK MO	2	
MEFOXIN IN DEXTROSE (ISO-OSMOTIC) 2 GRAM/50 ML IV PIGGY BACK MO	2	
MEPRON 750 MG/5 ML ORAL SUSP MO	5	
meropenem iv 1 gm vial MO	4	
meropenem iv 500 mg vial MO	4	
MERREM 500 MG IV SOLUTION MO	4	
methenamine hipp 1 gm tablet MO	3	
methenamine md 1 gm tablet MO	3	
methenamine md 500 mg tablet MO	3	
METRO I.V. 500 MG/100 ML PIGGY BACK MO	4	

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
metronidazole 250 mg tablet MO	2	
metronidazole 375 mg capsule MO	2	
metronidazole 500 mg tablet MO	2	
minocycline 100 mg capsule MO	2	
minocycline 50 mg capsule MO	2	
minocycline 75 mg capsule MO	2	
minocycline hcl 100 mg tablet MO	2	
minocycline hcl 50 mg tablet MO	2	
minocycline hcl 75 mg tablet MO	2	
morgidox 100 mg capsule MO	1	
MYCOBUTIN 150 MG CAPSULE MO	4	
nafcillin 1 gm add-van vial MO	5	
nafcillin 1 gm vial MO	5	
nafcillin 1 gm/ 50 ml inj MO	5	
nafcillin 10 gm vial MO	5	
nafcillin 2 gm add-vant vial MO	5	
nafcillin 2 gm vial MO	5	
nafcillin 2 gm/ 100 ml inj MO	5	
neo-fradin 25 mg/ml oral soln MO	2	
neomycin 500 mg tablet MO	2	
nevirapine 200 mg tablet SP	3	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp SP	4	QL (1200 per 30 days)
nitrofurantoin 25 mg/5 ml susp MO	4	PA,QL (90 per 120 days)
nitrofurantoin mcr 100 mg cap MO	3	PA
nitrofurantoin mcr 50 mg cap MO	3	PA
nitrofurantoin mono-mcr 100 mg MO	3	PA
NORVIR 100 MG CAPSULE SP	4	QL (360 per 30 days)
NORVIR 100 MG TABLET SP	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLN SP	4	QL (480 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSP MO	5	PA,QL (840 per 28 days)
nystatin 100,000 units/ml susp MO	2	
nystatin 500,000 unit oral tab MO	2	
OCUDOX 50 MG KIT MO	1	
ofloxacin 200 mg tablet MO	2	
ofloxacin 300 mg tablet MO	2	
ofloxacin 400 mg tablet MO	2	

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
oxacillin 1 gm add-vantage vl MO	4	
oxacillin 1 gm vial MO	4	
oxacillin 1 gm/ 50 ml inj MO	4	
oxacillin 10 gm vial MO	4	
oxacillin 2 gm add-vantage vl MO	4	
oxacillin 2 gm vial MO	4	
oxacillin 2 gm/ 50 ml inj MO	4	
paromomycin 250 mg capsule MO	4	
PASER 4 GRAM ORAL PACKET MO	2	
PCE 333 MG PARTICLES IN TABLET MO	4	
PCE 500 MG PARTICLES IN TABLET MO	4	
PEGASYS 180 MCG/0.5 ML SUB-Q SYRINGE SP	5	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUB-Q SP	5	PA,QL (4 per 28 days)
PEGASYS CONVENIENCE PACK 180 MCG/0.5 ML SUB-Q KIT SP	5	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML SUB-Q PEN INJECTOR SP	5	PA,QL (2 per 28 days)
PEGASYS PROCLICK 180 MCG/0.5 ML SUB-Q PEN INJECTOR SP	5	PA,QL (2 per 28 days)
PEGINTRON 120 MCG/0.5 ML SUB-Q KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON 150 MCG/0.5 ML SUB-Q KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUB-Q KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON 80 MCG/0.5 ML SUB-Q KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBQ KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBQ KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBQ KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBQ KIT SP	5	PA,QL (4 per 28 days)
pen g 1.2 million unit/2 ml MO	4	
pen g k 1 million unit/50 ml MO	2	
pen g k 2 million unit/50 ml MO	2	
pen g k 3 million unit/50 ml MO	2	
penicillin g 600,000 unit/1 ml MO	4	
penicillin g k 5 million unit MO	2	
penicillin g na 5 million unit MO	2	
penicillin gk 20 million unit MO	2	
penicillin vk 125 mg/5 ml sus MO	1	
penicillin vk 250 mg tablet MO	1	
penicillin vk 250 mg/5 ml soln MO	1	
penicillin vk 500 mg tablet MO	2	

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
pfizerpen-g 20 million unit solution for injection MO	2	
pfizerpen-g 5 million unit solution for injection MO	2	
phosphasal 81.6 mg-10.8 mg-40.8 mg tablet MO	2	PA
piperacil-tazobact 2.25 gm vial MO	2	
piperacil-tazobact 3.375 gm vial MO	2	
piperacil-tazobact 4.5 gm vial MO	2	
piperacil-tazobact 40.5 gram MO	2	
piperacillin 2 gm vial MO	2	
piperacillin 3 gm vial MO	2	
piperacillin 4 gm vial MO	2	
piperacillin 40 gm bulk vial MO	2	
polymyxin b sulfate vial MO	2	
PREZISTA 150 MG TABLET SP	4	QL (240 per 30 days)
PREZISTA 400 MG TABLET SP	5	QL (90 per 30 days)
PREZISTA 600 MG TABLET SP	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET SP	4	QL (480 per 30 days)
PRIFTIN 150 MG TABLET MO	4	
PRIMAXIN I.M. 500 MG VIAL MO	4	
PRIMAXIN IV 250 MG IV SOLUTION MO	4	
PRIMAXIN IV 500 MG IV SOLUTION MO	4	
PRIMSOL 50 MG/5 ML ORAL SOLN MO	2	
pyrazinamide 500 mg tablet MO	3	
QUALAQUIN 324 MG CAPSULE MO	4	PA,QL (42 per 7 days)
quinine sulfate 324 mg capsule MO	4	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLN SP	4	PA,QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION FOR INHALATION MO	4	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET SP	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET SP	4	QL (180 per 30 days)
RETROVIR 10 MG/ML IV SP	4	
RETROVIR 10 MG/ML SYRUP SP	4	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE SP	4	QL (180 per 30 days)
RETROVIR 300 MG TABLET SP	4	QL (60 per 30 days)
REYATAZ 100 MG CAPSULE SP	5	QL (120 per 30 days)
REYATAZ 150 MG CAPSULE SP	5	QL (60 per 30 days)
REYATAZ 200 MG CAPSULE SP	5	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE SP	5	QL (30 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
ribavirin 200 mg capsule SP	3	PA,QL (168 per 28 days)
ribavirin 200 mg tablet SP	3	PA,QL (168 per 28 days)
RIFAMATE 300 MG-150 MG CAPSULE MO	4	
rifampin 150 mg capsule MO	3	
rifampin 300 mg capsule MO	3	
rifampin iv 600 mg vial MO	3	
rimantadine hcl 100 mg tablet MO	2	
ROCEPHIN 1 GRAM SOLUTION FOR INJECTION MO	4	
ROCEPHIN 500 MG SOLUTION FOR INJECTION MO	4	
SELZENTRY 150 MG TABLET SP	5	QL (240 per 30 days)
SELZENTRY 300 MG TABLET SP	5	QL (120 per 30 days)
SEROMYCIN 250 MG CAPSULE MO	4	
stavudine 1 mg/ml solution SP	2	QL (2400 per 30 days)
stavudine 15 mg capsule SP	2	QL (120 per 30 days)
stavudine 20 mg capsule SP	2	QL (120 per 30 days)
stavudine 30 mg capsule SP	2	QL (30 per 30 days)
stavudine 40 mg capsule SP	2	QL (60 per 30 days)
streptomycin sulf 1 gm vial MO	3	
STROMEKTOL 3 MG TABLET MO	3	
sulfadiazine 500 mg tablet MO	4	
sulfamethoxazole-tmp ds tablet MO	1	
sulfamethoxazole-tmp ss tablet MO	1	
sulfamethoxazole-tmp susp MO	1	
sulfamethoxazole-tmp vial MO	2	
sulfasalazine 500 mg tablet MO	2	
sulfasalazine dr 500 mg tab MO	2	
sulfazine 500 mg tablet MO	2	
SUPRAX 200 MG/5 ML ORAL SUSP MO	4	
SUSTIVA 200 MG CAPSULE SP	3	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE SP	3	QL (480 per 30 days)
SUSTIVA 600 MG TABLET SP	3	QL (30 per 30 days)
SYLATRON 296 MCG SUB-Q KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 4-PACK 296 MCG SUB-Q KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 4-PACK 444 MCG SUB-Q KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 4-PACK 888 MCG SUB-Q KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 444 MCG SUB-Q KIT SP	5	PA,QL (4 per 28 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
SYLATRON 888 MCG SUB-Q KIT SP	5	PA,QL (4 per 28 days)
SYNERCID 500 MG IV SOLUTION MO	5	
TAMIFLU 12 MG/ML SUSPENSION MO	4	QL (350 per 365 days)
TAMIFLU 30 MG CAPSULE MO	4	QL (112 per 365 days)
TAMIFLU 45 MG CAPSULE MO	4	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSP MO	4	QL (720 per 365 days)
TAMIFLU 75 MG CAPSULE MO	4	QL (56 per 365 days)
tazicef 1 gram iv solution MO	3	
tazicef 1 gram solution for injection MO	3	
tazicef 2 gram iv solution MO	3	
tazicef 2 gram solution for injection MO	3	
tazicef 6 gram solution for injection MO	3	
TEFLARO 400 MG IV SOLUTION MO	4	
TEFLARO 600 MG IV SOLUTION MO	4	
terbinafine hcl 250 mg tablet MO	1	QL (90 per 365 days)
TERRAMYCIN 250 MG/2 ML IM MO	4	
TERRAMYCIN IM 100 MG/2 ML IM MO	4	
tetracycline 250 mg capsule MO	1	
tetracycline 500 mg capsule MO	1	
TIMENTIN 3.1 G IV SOLUTION MO	4	
TIMENTIN 3.1 G/100 ML IV PIGGY BACK MO	4	
TIMENTIN 31 G IV SOLUTION MO	4	
tinidazole 250 mg tablet MO	3	
tinidazole 500 mg tablet MO	3	
TOBI 300 MG/5 ML NEB SOLUTION MO	5	PA,QL (280 per 28 days)
tobramycin 1.2 gm vial MO	2	
tobramycin 10 mg/ml vial MO	2	
tobramycin 40 mg/ml syringe MO	2	
tobramycin 40 mg/ml vial MO	2	
tobramycin 60 mg/50 ml ns MO	2	
tobramycin 80 mg/100 ml ns MO	2	
TRECTOR 250 MG TABLET MO	4	
trimethoprim 100 mg tablet MO	2	
TRIZIVIR 300 MG-150 MG-300 MG TABLET SP	3	QL (60 per 30 days)
TRUVADA 200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
TYGACIL 50 MG IV SOLUTION MO	4	

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
TYZEKA 600 MG TABLET SP	4	QL (30 per 30 days)
ur n-c 81.6 mg-10.8 mg-40.8 mg tablet MO	2	PA
URETRON D-S 120 MG-0.12 MG-10.8 MG TABLET MO	4	PA
URETRON D-S 81.6 MG-10.8 MG-40.8 MG TABLET MO	4	PA
urin ds 81.6 mg-10.8 mg-40.8 mg tablet MO	4	PA
UROQID-ACID NO.2 500 MG-500 MG TABLET MO	4	
ustell 120 mg-0.12 mg capsule MO	3	PA
utira-c tablet MO	3	PA
valacyclovir hcl 1 gram tablet MO	3	QL (90 per 30 days)
valacyclovir hcl 500 mg tablet MO	3	QL (60 per 30 days)
VALCYTE 450 MG TABLET MO	5	QL (120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION MO	5	QL (1056 per 30 days)
VANCOGIN 125 MG CAPSULE MO	5	
VANCOGIN 250 MG CAPSULE MO	5	
vancomycin 1 gm vial MO	3	B vs D
vancomycin 500 mg vial MO	3	B vs D
vancomycin 750 mg/150 ml bag MO	3	
vancomycin hcl 10 gm vial MO	3	B vs D
vancomycin hcl 125 mg capsule MO	5	
vancomycin hcl 1g/200 ml bag MO	3	B vs D
vancomycin hcl 250 mg capsule MO	5	
vancomycin hcl 5 gm vial MO	3	B vs D
vancomycin hcl 750 mg vial MO	3	B vs D
vancomycin-d5w 500 mg/100 ml MO	3	B vs D
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSP MO	5	PA,QL (400 per 30 days)
VFEND IV 200 MG SOLN MO	4	
VIBATIV 250 MG IV SOLUTION MO	4	B vs D
VIBATIV 750 MG IV SOLUTION MO	4	B vs D
VIBRAMYCIN 25 MG/5 ML ORAL SUSP MO	4	
VIBRAMYCIN 50 MG/5 ML SYRUP MO	4	
VICTRELIS 200 MG CAPSULE SP	5	PA,QL (336 per 28 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION SP	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION SP	4	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE,DELAYED RELEASE SP	4	QL (90 per 30 days)
VIDEX EC 200 MG CAPSULE,DELAYED RELEASE SP	4	QL (60 per 30 days)
VIDEX EC 250 MG CAPSULE,DELAYED RELEASE SP	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIDEX EC 400 MG CAPSULE, DELAYED RELEASE SP	4	QL (30 per 30 days)
VIRACEPT 250 MG TABLET SP	4	QL (300 per 30 days)
VIRACEPT 625 MG TABLET SP	5	QL (120 per 30 days)
VIRACEPT POWDER SP	4	
VIRAMUNE 200 MG TABLET SP	4	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSP SP	4	QL (1200 per 30 days)
VIRAMUNE XR 400 MG TABLET, EXTENDED RELEASE SP	4	QL (30 per 30 days)
VIREAD 150 MG TABLET MO	4	QL (30 per 30 days)
VIREAD 200 MG TABLET MO	4	QL (30 per 30 days)
VIREAD 250 MG TABLET MO	4	QL (30 per 30 days)
VIREAD 300 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER MO	4	QL (240 per 30 days)
visqid a-a tablet MO	2	
voriconazole 200 mg tablet MO	5	PA, QL (120 per 30 days)
voriconazole 200 mg vial MO	4	
voriconazole 50 mg tablet MO	5	PA, QL (120 per 30 days)
XIFAXAN 200 MG TABLET MO	4	PA, QL (9 per 30 days)
XIFAXAN 550 MG TABLET MO	5	PA, QL (60 per 30 days)
YODOXIN 210 MG TABLET MO	4	
YODOXIN 650 MG TABLET MO	4	
ZERIT 1 MG/ML ORAL SOLUTION SP	4	QL (2400 per 30 days)
ZERIT 15 MG CAPSULE SP	4	QL (120 per 30 days)
ZERIT 30 MG CAPSULE SP	4	QL (30 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLN SP	4	QL (960 per 30 days)
ZIAGEN 300 MG TABLET SP	4	QL (60 per 30 days)
zidovudine 100 mg capsule SP	3	QL (180 per 30 days)
zidovudine 300 mg tablet SP	3	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup SP	3	QL (1680 per 28 days)
ZOSYN 40.5 GRAM IV SOLUTION MO	4	
ZOSYN IN DEXTROSE (ISO-OSMOTIC) 4.5 GRAM/100 ML IV PIGGY BACK MO	4	
ZYVOX 100 MG/5 ML ORAL SUSP MO	5	
ZYVOX 200 MG/100 ML IV MO	5	
ZYVOX 600 MG TABLET MO	5	
ZYVOX 600 MG/300 ML IV MO	5	

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
ANTI-HISTAMINE DRUGS		
cetirizine hcl 1 mg/ml syrup MO	2	QL (300 per 30 days)
fexofenadine hcl 180 mg tablet MO	2	QL (30 per 30 days)
fexofenadine hcl 30 mg tablet MO	2	QL (60 per 30 days)
fexofenadine hcl 60 mg tablet MO	2	QL (60 per 30 days)
fexofenadine-pse er 180-240 tb MO	3	QL (30 per 30 days)
fexofenadine-pse er 60-120 tab MO	3	QL (60 per 30 days)
levocetirizine 5 mg tablet MO	2	QL (30 per 30 days)
NOREL SR TABLET MO	4	
phenadoz 12.5 mg rectal suppository MO	3	PA
phenadoz 25 mg rectal suppository MO	3	PA
promethegan 12.5 mg rectal suppository MO	3	PA
promethegan 25 mg rectal suppository MO	3	PA
promethegan 50 mg rectal suppository MO	3	PA
PROTID ER 8 MG-40 MG-500 MG TABLET,EXTENDED RELEASE MO	4	
ru-tuss tablet MO	4	
SEMPREX-D 8 MG-60 MG CAPSULE MO	4	
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG IV SOLUTION MO	5	PA,QL (700 per 21 days)
adriamycin 10 mg iv solution MO	3	B vs D
adriamycin 10 mg/5 ml iv MO	3	B vs D
adriamycin 20 mg iv solution MO	3	B vs D
adriamycin 20 mg/10 ml iv MO	3	B vs D
ADRIAMYCIN 50 MG IV SOLUTION MO	3	B vs D
adriamycin 50 mg/25 ml iv MO	3	B vs D
adriamycin pfs 2 mg/ml iv MO	3	B vs D
AFINITOR 10 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR 2.5 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR 5 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR 7.5 MG TABLET MO	5	PA,QL (30 per 30 days)
ALIMTA 100 MG IV SOLUTION MO	5	PA,QL (60 per 21 days)
ALIMTA 500 MG IV SOLUTION MO	5	PA,QL (60 per 21 days)
ALKERAN 2 MG TABLET MO	5	B vs D
ALKERAN 50 MG IV SOLUTION MO	4	B vs D
anastrozole 1 mg tablet MO	2	QL (30 per 30 days)
ARRANON 250 MG/50 ML IV MO	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARZERRA 1,000 MG/50 ML IV MO	5	PA,QL (400 per 28 days)
ARZERRA 100 MG/5 ML IV MO	5	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML IV MO	5	PA
bicalutamide 50 mg tablet MO	2	QL (30 per 30 days)
BICNU 100 MG IV SOLUTION MO	4	B vs D
bleomycin sulfate 15 unit vial MO	3	B vs D
bleomycin sulfate 30 unit vial MO	3	B vs D
BUSULFEX 60 MG/10 ML IV MO	4	B vs D
CAMPATH 30 MG/ML IV MO	5	PA,QL (12 per 28 days)
CAPRELSA 100 MG TABLET SP	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET SP	5	PA,QL (30 per 30 days)
carboplatin 150 mg vial MO	3	B vs D
carboplatin 50 mg/5 ml vial MO	3	B vs D
CEENU 10 MG CAPSULE SP	4	
CEENU 100 MG CAPSULE SP	4	
CEENU 40 MG CAPSULE SP	4	
CERUBIDINE 20 MG IV SOLUTION MO	4	B vs D
cisplatin 1 mg/ml vial MO	3	B vs D
cladribine 10 mg/10 ml vial MO	2	B vs D
CLOLAR 20 MG/20 ML IV MO	5	B vs D
COSMEGEN 0.5 MG IV SOLUTION MO	5	B vs D
cyclophosphamide 1 gm vial MO	4	B vs D
cyclophosphamide 2 gm vial MO	4	B vs D
cyclophosphamide 25 mg tab MO	4	B vs D
cyclophosphamide 50 mg tablet MO	4	B vs D
cyclophosphamide 500 mg vial MO	4	B vs D
cytarabine 1 gm vial MO	2	B vs D
cytarabine 100 mg vial MO	2	B vs D
cytarabine 100 mg/ml vial MO	2	B vs D
cytarabine 2 gm vial MO	2	B vs D
cytarabine 20 mg/ml vial MO	2	B vs D
cytarabine 500 mg vial MO	2	B vs D
dacarbazine 100 mg vial MO	2	B vs D
dacarbazine 200 mg vial MO	2	B vs D
DACOGEN 50 MG IV SOLUTION MO	5	PA
dactinomycin 0.5 mg vial MO	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
daunorubicin 20 mg vial MO	2	B vs D
daunorubicin 50 mg/10 ml vial MO	2	B vs D
DAUNOXOME 2 MG/ML IV MO	4	B vs D
DEPOCYT (PF) 50 MG/5 ML (10 MG/ML) SUSP, INTRATHECAL MO	5	B vs D
DOCEFREZ 20 MG IV SOLUTION MO	4	B vs D
DOCEFREZ 80 MG IV SOLUTION MO	5	B vs D
docetaxel 160 mg/16 ml vial MO	5	B vs D
docetaxel 160 mg/8 ml vial MO	5	B vs D
docetaxel 20 mg/0.5 ml vial MO	5	B vs D
docetaxel 20 mg/2 ml vial MO	5	B vs D
docetaxel 20 mg/ml vial MO	5	B vs D
docetaxel 80 mg/2 ml vial MO	5	B vs D
docetaxel 80 mg/4 ml vial MO	5	B vs D
docetaxel 80 mg/8 ml vial MO	5	B vs D
doxorubicin 10 mg vial MO	4	B vs D
doxorubicin 10 mg/5 ml vial MO	4	B vs D
doxorubicin 150 mg/75 ml vial MO	4	B vs D
doxorubicin 20 mg/10 ml vial MO	4	B vs D
doxorubicin 50 mg vial MO	4	B vs D
doxorubicin 50 mg/25 ml vial MO	4	B vs D
DROXIA 200 MG CAPSULE MO	4	
DROXIA 300 MG CAPSULE MO	4	
DROXIA 400 MG CAPSULE MO	4	
ELOXATIN 100 MG/20 ML SOLN MO	5	PA
ELOXATIN 200 MG/40 ML SOLN MO	5	PA
ELOXATIN 50 MG/10 ML (5 MG/ML) SOLN MO	5	PA
EMCYT 140 MG CAPSULE MO	4	
epirubicin 200 mg/100 ml vial MO	3	PA
epirubicin 50 mg/25 ml vial MO	3	PA
epirubicin hcl 200 mg vial MO	3	B vs D
epirubicin hcl 50 mg vial MO	3	B vs D
ERBITUX 100 MG/50 ML IV MO	5	PA
ERBITUX 200 MG/100 ML IV MO	5	PA
ERIVEDGE 150 MG CAPSULE MO	5	PA,QL (28 per 28 days)
ETOPOPHOS 100 MG IV SOLUTION MO	5	B vs D
etoposide 100 mg/5 ml vial MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
etoposide 50 mg capsule MO	5	
exemestane 25 mg tablet MO	4	QL (60 per 30 days)
FARESTON 60 MG TABLET MO	5	QL (30 per 30 days)
FASLODEX 250 MG/5 ML IM SYRINGE MO	5	B vs D,QL (30 per 30 days)
FIRMAGON 120 MG SUB-Q SOLN MO	5	PA
FIRMAGON 80 MG SUB-Q SOLN MO	4	PA
floxuridine 500 mg vial MO	2	B vs D
fludarabine 50 mg vial MO	2	B vs D
fludarabine 50 mg/2 ml vial MO	2	B vs D
fluorouracil 1,000 mg/20 ml vl MO	4	B vs D
fluorouracil 2,500 mg/50 ml vl MO	4	B vs D
fluorouracil 5,000 mg/100 ml MO	4	B vs D
fluorouracil 500 mg/10 ml vial MO	4	B vs D
flutamide 125 mg capsule MO	4	
FOLOTYN 20 MG/ML (1 ML) IV MO	5	PA
FOLOTYN 40 MG/2 ML (20 MG/ML) IV MO	5	PA
gemcitabine 1 gram/26.3 ml vl MO	5	B vs D
gemcitabine 2 gram/52.6 ml vl MO	5	B vs D
gemcitabine 200 mg/5.26 ml vl MO	5	B vs D
gemcitabine hcl 1 gram vial MO	5	B vs D
gemcitabine hcl 2 gram vial MO	5	B vs D
gemcitabine hcl 200 mg vial MO	5	B vs D
GEMZAR 1 GRAM IV SOLUTION MO	5	PA
GEMZAR 200 MG IV SOLUTION MO	5	PA
GLEEVEC 100 MG TABLET SP	5	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET SP	5	PA,QL (60 per 30 days)
HALAVEN 1 MG/2 ML (0.5 MG/ML) IV MO	5	PA,QL (10 per 21 days)
HERCEPTIN 440 MG IV SOLUTION MO	5	PA
HEXALEN 50 MG CAPSULE MO	5	
HYCAMTIN 0.25 MG CAPSULE SP	5	B vs D
HYCAMTIN 1 MG CAPSULE SP	5	B vs D
HYCAMTIN 4 MG IV SOLUTION MO	5	B vs D
hydroxyurea 500 mg capsule MO	2	
IDAMYCIN PFS 1 MG/ML IV MO	5	B vs D
idarubicin pfs 10 mg/10 ml vl MO	5	B vs D
IFEX 1 GRAM IV SOLUTION MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IFEX 3 GRAM IV SOLUTION MO	4	B vs D
ifosfamide 1 gm vial MO	3	B vs D
ifosfamide 1 gm/ 20 ml vial MO	3	B vs D
ifosfamide 3 gm vial MO	3	B vs D
ifosfamide 3 gm/ 60 ml vial MO	3	B vs D
ifosfamide-mesna kit MO	3	B vs D
INLYTA 1 MG TABLET MO	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET MO	5	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET SP	3	QL (30 per 30 days)
irinotecan hcl 100 mg/5 ml vl MO	3	B vs D
irinotecan hcl 40 mg/2 ml vial MO	3	B vs D
irinotecan hcl 500 mg/25 ml vl MO	3	B vs D
ISTODAX 10 MG/2 ML IV SOLUTION MO	5	PA
IXEMPRA 15 MG IV SOLUTION MO	5	PA,QL (45 per 21 days)
IXEMPRA 45 MG IV SOLUTION MO	5	PA,QL (45 per 21 days)
JAKAFI 10 MG TABLET MO	5	PA,QL (60 per 30 days)
JAKAFI 15 MG TABLET MO	5	PA,QL (60 per 30 days)
JAKAFI 20 MG TABLET MO	5	PA,QL (60 per 30 days)
JAKAFI 25 MG TABLET MO	5	PA,QL (60 per 30 days)
JAKAFI 5 MG TABLET MO	5	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FINAL CONC.) IV MO	5	PA,QL (4 per 21 days)
letrozole 2.5 mg tablet MO	2	QL (30 per 30 days)
LEUKERAN 2 MG TABLET MO	4	
leuprolide 2wk 1 mg/0.2 ml kt MO	3	PA,QL (3 per 14 days)
LEUSTATIN 10 MG/10 ML VIAL MO	5	B vs D
LUPRON DEPOT (3 MONTH) 11.25 MG IM SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT (3 MONTH) 22.5 MG IM SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG IM SYRINGE KIT MO	4	PA,QL (1 per 120 days)
LUPRON DEPOT (6 MONTH) 45 MG IM SYRINGE KIT MO	5	PA,QL (1 per 180 days)
LUPRON DEPOT 3.75 MG IM SYRINGE KIT MO	4	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG IM SYRINGE KIT MO	5	PA,QL (1 per 30 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG IM SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT-PED (3 MONTH) 30 MG IM SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT-PED 11.25 MG IM KIT SP	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 15 MG IM KIT SP	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 7.5 MG (PED) IM KIT SP	5	PA,QL (1 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LYSODREN 500 MG TABLET MO	3	
MATULANE 50 MG CAPSULE SP	5	
megestrol 20 mg tablet MO	1	PA
megestrol 40 mg tablet MO	3	PA
megestrol acet 40 mg/ml susp MO	3	PA
melphalan hcl 50 mg vial MO	2	B vs D
mercaptopurine 50 mg tablet MO	3	
methotrexate 1 gm vial MO	2	
methotrexate 1 gm/40 ml vial MO	2	
methotrexate 2.5 mg tablet MO	2	B vs D
methotrexate 25 mg/ml vial MO	2	
mitomycin 20 mg vial MO	4	B vs D
mitomycin 40 mg vial MO	4	B vs D
mitomycin 5 mg vial MO	4	B vs D
mitoxantrone 25 mg/12.5 ml vl MO	3	B vs D
MUSTARGEN 10 MG SOLUTION FOR INJECTION MO	4	B vs D
MYLERAN 2 MG TABLET MO	4	
NEXAVAR 200 MG TABLET SP	5	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET MO	4	QL (60 per 30 days)
NIPENT 10 MG IV SOLUTION MO	5	B vs D
NOVANTRONE 2 MG/ML VIAL MO	5	B vs D
OFORTA 10 MG TABLET SP	5	
ONCASPAR 750 UNIT/ML INJECTION MO	5	B vs D
ONTAK 150 MCG/ML IV MO	5	PA,QL (108 per 21 days)
onxol 6 mg/ml concentrate, iv MO	5	B vs D
oxaliplatin 100 mg vial MO	2	B vs D
oxaliplatin 100 mg/20 ml vial MO	2	PA
oxaliplatin 50 mg vial MO	2	B vs D
oxaliplatin 50 mg/10 ml vial MO	2	PA
paclitaxel 100 mg/16.7 ml vial MO	3	B vs D
pentostatin 10 mg vial MO	2	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) IV MO	5	PA,QL (14 per 21 days)
PHOTOFRIN 75 MG IV SOLUTION MO	5	B vs D
PROLEUKIN 22 MILLION UNIT IV SOLUTION MO	5	
REVLIMID 10 MG CAPSULE SP	5	PA,QL (28 per 28 days)
REVLIMID 15 MG CAPSULE SP	5	PA,QL (28 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REVLIMID 2.5 MG CAPSULE MO	5	PA,QL (28 per 28 days)
REVLIMID 25 MG CAPSULE SP	5	PA,QL (28 per 28 days)
REVLIMID 5 MG CAPSULE SP	5	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLETS IN A DOSE PACK MO	4	B vs D
RITUXAN 10 MG/ML CONCENTRATE, IV MO	3	PA
SPRYCEL 100 MG TABLET SP	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET SP	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET SP	5	PA,QL (90 per 30 days)
SPRYCEL 50 MG TABLET SP	5	PA,QL (60 per 30 days)
SPRYCEL 70 MG TABLET SP	5	PA,QL (60 per 30 days)
SPRYCEL 80 MG TABLET SP	5	PA,QL (60 per 30 days)
SUTENT 12.5 MG CAPSULE SP	5	PA,QL (28 per 28 days)
SUTENT 25 MG CAPSULE SP	5	PA,QL (28 per 28 days)
SUTENT 50 MG CAPSULE SP	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET MO	4	
tamoxifen 10 mg tablet MO	1	
tamoxifen 20 mg tablet MO	1	
TARCEVA 100 MG TABLET SP	5	PA,QL (30 per 30 days)
TARCEVA 150 MG TABLET SP	5	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET SP	5	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE SP	5	PA,QL (300 per 30 days)
TASIGNA 150 MG CAPSULE SP	5	PA,QL (120 per 30 days)
TASIGNA 200 MG CAPSULE SP	5	PA,QL (120 per 30 days)
TAXOTERE 20 MG/0.5 ML VIAL MO	5	B vs D
TAXOTERE 20 MG/ML (1 ML) IV MO	5	B vs D
TAXOTERE 80 MG/4 ML (20 MG/ML) IV MO	5	B vs D
TAXOTERE 80 MG/8 ML (FINAL CONC.) IV MO	5	B vs D
TEMODAR 100 MG IV SOLUTION MO	5	PA,QL (27 per 30 days)
thiotepa 15 mg vial MO	2	B vs D
toposar 20 mg/ml iv MO	4	B vs D
topotecan hcl 4 mg vial MO	5	B vs D
topotecan hcl 4 mg/4 ml vial MO	5	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FINAL) IV SOLUTION MO	5	PA,QL (100 per 28 days)
TREANDA 100 MG IV SOLUTION MO	5	PA,QL (600 per 21 days)
TREANDA 25 MG IV SOLUTION MO	5	PA,QL (300 per 21 days)
TRELSTAR 11.25 MG/2 ML IM SYRINGE MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRELSTAR 22.5 MG IM SUSP MO	4	PA
TRELSTAR 22.5 MG/2 ML IM SYRINGE MO	4	PA
TRELSTAR 3.75 MG/2 ML IM SYRINGE MO	4	PA
TRELSTAR DEPOT 3.75 MG IM SUSP MO	4	PA,QL (1 per 28 days)
TRELSTAR LA 11.25 MG IM SUSP MO	4	PA,QL (1 per 84 days)
tretinoin 10 mg capsule SP	3	
TREXALL 10 MG TABLET MO	4	B vs D
TREXALL 15 MG TABLET MO	4	B vs D
TREXALL 5 MG TABLET MO	4	B vs D
TREXALL 7.5 MG TABLET MO	4	B vs D
TRISENOX 10 MG/10 ML IV MO	4	B vs D
TYKERB 250 MG TABLET SP	3	PA,QL (150 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL MO	5	PA,QL (80 per 28 days)
VANDETANIB 100 MG TABLET SP	5	PA,QL (60 per 30 days)
VANDETANIB 300 MG TABLET SP	5	PA,QL (30 per 30 days)
VECTIBIX 100 MG/5 ML (20 MG/ML) IV MO	5	PA
VECTIBIX 400 MG/20 ML (20 MG/ML) IV MO	5	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION MO	5	PA,QL (14 per 21 days)
VIDAZA 100 MG SUB-Q SOLN MO	5	PA
vinblastine 1 mg/ml vial MO	2	B vs D
vinblastine sulf 10 mg vial MO	2	B vs D
vincasar pfs 2 mg/2 ml iv MO	2	B vs D
vincristine 1 mg/ml vial MO	2	B vs D
vincristine 2 mg/2 ml vial MO	2	B vs D
vinorelbine 10 mg/ml vial MO	4	B vs D
vinorelbine 50 mg/5 ml vial MO	4	
VOTRIENT 200 MG TABLET SP	5	PA,QL (120 per 30 days)
VUMON 10 MG/ML IV MO	4	B vs D
XALKORI 200 MG CAPSULE SP	5	PA,QL (60 per 30 days)
XALKORI 250 MG CAPSULE SP	5	PA,QL (60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) IV MO	5	PA,QL (40 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) IV MO	5	PA,QL (70 per 21 days)
ZALTRAP 100 MG/4 ML (25 MG/ML) IV SP	5	PA,QL (5 per 28 days)
ZALTRAP 200 MG/8 ML (25 MG/ML) IV SP	5	PA,QL (5 per 28 days)
ZANOSAR 1 GRAM IV SOLUTION MO	4	B vs D
ZELBORAF 240 MG TABLET SP	5	PA,QL (240 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOLADEX 10.8 MG SUBQ IMPLANT MO	5	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBQ IMPLANT MO	4	PA,QL (1 per 28 days)
ZOLINZA 100 MG CAPSULE SP	5	PA,QL (120 per 30 days)
ZYTIGA 250 MG TABLET SP	5	PA,QL (120 per 30 days)
AUTONOMIC DRUGS		
albuterol 0.083% inhal soln MO	1	B vs D
albuterol 2.5 mg/0.5 ml sol MO	2	B vs D
albuterol 5 mg/ml solution MO	1	B vs D
albuterol sul 0.63 mg/3 ml sol MO	2	B vs D
albuterol sul 1.25 mg/3 ml sol MO	2	B vs D
albuterol sulf 2 mg/5 ml syrup MO	1	
albuterol sulfate 2 mg tab MO	1	
albuterol sulfate 4 mg tab MO	1	
albuterol sulfate er 4 mg tab MO	3	
albuterol sulfate er 8 mg tab MO	3	
alfuzosin hcl er 10 mg tablet MO	3	QL (30 per 30 days)
ANASPAZ 0.125 MG DISINTEGRATING TABLET MO	4	PA
atracurium 100 mg/10 ml vial MO	2	
atropine 0.05 mg/ml syringe MO	2	
atropine 0.1 mg/ml abboject MO	2	
atropine 0.4 mg/0.5 ml ampul MO	2	
atropine 0.4 mg/ml vial MO	2	
atropine 1 mg/ml vial MO	2	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MO	4	QL (30 per 30 days)
baclofen 10 mg tablet MO	1	
baclofen 20 mg tablet MO	2	
bethanechol 10 mg tablet MO	3	
bethanechol 25 mg tablet MO	3	
bethanechol 5 mg tablet MO	3	
bethanechol 50 mg tablet MO	3	
BROVANA 15 MCG/2 ML NEB SOLUTION MO	4	PA,QL (124 per 30 days)
carisoprodol 350 mg tablet MO	2	PA
carisoprodol compound tab MO	3	PA
carisoprodol cpd-codeine tab MO	3	PA,QL (360 per 30 days)
CHANTIX 0.5 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX 1 MG TABLET MO	4	QL (56 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH PAK 1 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	4	QL (56 per 28 days)
CHANTIX STARTING MONTH PAK 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	4	QL (56 per 28 days)
cisatracurium 20 mg/10 ml vial MO	4	
cisatracurium 200 mg/20 ml vl MO	4	
dantrolene sodium 100 mg cap MO	3	
dantrolene sodium 25 mg cap MO	3	
dantrolene sodium 50 mg cap MO	3	
dihydroergotamine 1 mg/ml am MO	4	
dobutamine 1 gm-d5w 250 ml MO	2	
dobutamine 12.5 mg/ml vial MO	2	
dobutamine 250 mg-d5w 250 ml MO	2	
dobutamine 250 mg-d5w 500 ml MO	2	
dobutamine 500 mg-d5w 250 ml MO	2	
dobutamine 500 mg-d5w 500 ml MO	2	
donepezil hcl 10 mg tablet MO	2	QL (60 per 30 days)
donepezil hcl 5 mg tablet MO	2	QL (30 per 30 days)
donepezil hcl odt 10 mg tablet MO	2	QL (30 per 30 days)
donepezil hcl odt 5 mg tablet MO	2	QL (30 per 30 days)
dopamine 160 mg/ml vial MO	2	
dopamine 200 mg-d5w 250 ml MO	2	
dopamine 40 mg/ml vial MO	2	
dopamine 400 mg-d5w 250 ml MO	2	
dopamine 400 mg-d5w 500 ml MO	2	
dopamine 80 mg/ml vial MO	2	
dopamine 800 mg-d5w 250 ml MO	2	
dopamine 800 mg-d5w 500 ml MO	2	
DUONEB 0.5 MG-3 MG(2.5 MG BASE)/3 ML NEB SOLUTION MO	4	B vs D
ed-spaz 0.125 mg disintegrating tablet MO	2	PA
ephedrine su 50 mg/ml vial MO	2	
epinephrine 0.1 mg/ml syringe MO	2	
epinephrine 0.15 mg auto-inject MO	2	
epinephrine 0.3 mg auto-inject MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
epinephrine 1 mg/ml ampul MO	2	
epinephrine 1 mg/ml vial MO	2	
EPIPEN 0.3 MG/0.3 ML (1:1,000) IM INJECTOR MO	4	
EPIPEN JR 0.15 MG/0.3 ML (1:2,000) IM INJECTOR MO	4	
ERGOMAR 2 MG SUBLINGUAL TABLET MO	2	
ergotamine-caffeine tablet MO	2	
EXELON 2 MG/ML ORAL SOLN MO	4	QL (240 per 30 days)
EXELON 4.6 MG/24 HOUR TRANSDERM 24 HR PATCH MO	4	QL (30 per 30 days)
EXELON 9.5 MG/24 HOUR TRANSDERM 24 HR PATCH MO	4	QL (30 per 30 days)
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE MO	3	QL (60 per 30 days)
galantamine 4 mg/ml oral soln MO	4	QL (200 per 30 days)
galantamine er 16 mg capsule MO	4	QL (30 per 30 days)
galantamine er 24 mg capsule MO	4	QL (30 per 30 days)
galantamine er 8 mg capsule MO	4	QL (30 per 30 days)
galantamine hbr 12 mg tablet MO	4	QL (60 per 30 days)
galantamine hbr 4 mg tablet MO	4	QL (60 per 30 days)
galantamine hbr 8 mg tablet MO	4	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial MO	2	
glycopyrrolate 1 mg tablet MO	2	
glycopyrrolate 2 mg tablet MO	2	
guanidine hcl 125 mg tablet MO	3	
iprat-albut 0.5-3(2.5) mg/3 ml MO	3	B vs D
ipratropium br 0.02% soln MO	1	B vs D
isoproterenol 0.2 mg/ml syrn MO	2	
ISUPREL 0.2 MG/ML INJECTION MO	4	
levalbuterol conc 1.25 mg/0.5 MO	2	B vs D
LIORESAL 2,000 MCG/ML INTRATHECAL MO	5	
LIORESAL 50 MCG/ML INTRATHECAL MO	4	
LIORESAL 500 MCG/ML INTRATHECAL MO	4	
metaproterenol 10 mg tablet MO	2	
metaproterenol 10 mg/5 ml syr MO	3	
metaproterenol 20 mg tablet MO	2	
metaxalone 800 mg tablet MO	3	PA,QL (120 per 30 days)
methocarbamol 500 mg tablet MO	2	PA
methocarbamol 750 mg tablet MO	2	PA
methscopolamine brom 2.5 mg tb MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methscopolamine brom 5 mg tab MO	3	
midodrine hcl 10 mg tablet MO	3	
midodrine hcl 2.5 mg tablet MO	3	
midodrine hcl 5 mg tablet MO	3	
migergot 2 mg-100 mg rectal suppository MO	4	
NEO-SYNEPHRINE 10 MG/ML INJECTION MO	4	
neostigmine 1:1,000 vial MO	2	
neostigmine 1:2,000 vial MO	2	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	4	
NIMBEX 10 MG/ML IV MO	4	
NIMBEX 2 MG/ML IV MO	4	
norepinephrine 4 mg/4 ml ampul MO	2	
nulev 0.125 mg disintegrating tablet MO	4	PA
orphenadrine 30 mg/ml ampule MO	3	PA
orphenadrine er 100 mg tablet MO	3	PA
pancuronium 1 mg/ml vial MO	2	
pancuronium 2 mg/ml vial MO	2	
PERFOROMIST 20 MCG/2 ML NEB SOLUTION MO	4	PA,QL (120 per 30 days)
phentolamine 5 mg vial MO	2	
phenylephrine 10 mg/ml vial MO	2	
pilocarpine hcl 5 mg tablet MO	3	
pilocarpine hcl 7.5 mg tablet MO	3	
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
propantheline 15 mg tablet MO	2	PA
PROSTIGMIN 15 MG TABLET MO	4	
pyridostigmine br 60 mg tablet MO	2	
revonto 20 mg iv solution MO	3	
rivastigmine 1.5 mg capsule MO	2	QL (90 per 30 days)
rivastigmine 3 mg capsule MO	2	QL (90 per 30 days)
rivastigmine 4.5 mg capsule MO	2	QL (60 per 30 days)
rivastigmine 6 mg capsule MO	2	QL (60 per 30 days)
rocuronium 100 mg/10 ml vial MO	2	
SEREVENT DISKUS 50 MCG/DOSE FOR INHALATION MO	3	QL (60 per 30 days)
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES MO	3	QL (30 per 30 days)
tamsulosin hcl 0.4 mg capsule MO	2	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial MO	5	

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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
terbutaline sulfate 2.5 mg tab MO	3	
terbutaline sulfate 5 mg tab MO	3	
tizanidine hcl 2 mg tablet MO	2	
tizanidine hcl 4 mg tablet MO	2	
tubocurarine cl 3 mg/ml syrn MO	2	
TWINJECT 0.15 MG AUTO-INJECTOR MO	4	
TWINJECT 0.3 MG AUTO-INJECTOR MO	4	
vecuronium 10 mg vial MO	2	
vecuronium 20 mg vial MO	2	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
ZEMURON 10 MG/ML IV MO	4	
BLOOD FORMATION, COAGULATION & THROMBOSIS		
ACTIVASE 100 MG SOLUTION MO	5	B vs D
ACTIVASE 50 MG SOLUTION MO	5	B vs D
ADVATE 1,000 (+/-) UNIT IV SOLUTION MO	4	
ADVATE 1,500 (+/-) UNIT IV SOLUTION MO	4	
ADVATE 2,000 (+/-) UNIT IV SOLUTION MO	4	
ADVATE 250 (+/-) UNIT IV SOLUTION MO	4	
ADVATE 3,000 (+/-) UNIT IV SOLUTION MO	4	
ADVATE 500 (+/-) UNIT IV SOLUTION MO	4	
ALPHANATE 1,000 (400 VWF) UNIT/10 ML IV SOLUTION MO	4	
ALPHANATE 1,500 (600 VWF) UNIT/10 ML IV SOLUTION MO	4	
ALPHANATE 250 (100 VWF) UNIT/5 ML IV SOLUTION MO	4	
ALPHANATE 500 (200 VWF) UNIT/5 ML IV SOLUTION MO	4	
ALPHANINE SD 1,000 (+/-) UNIT IV SOLUTION MO	4	
ALPHANINE SD 1,500 (+/-) UNIT IV SOLUTION MO	4	
ALPHANINE SD 500 (+/-) UNIT IV SOLUTION MO	4	
ALPHANINE SD 812 (+/-) UNIT IV SOLUTION MO	4	
AMICAR 1,000 MG TABLET MO	4	
AMICAR 25% SOLUTION MO	4	
AMICAR 500 MG TABLET MO	5	
aminocaproic acid 1,000 mg tab MO	4	
aminocaproic acid 25% solution MO	2	
aminocaproic acid 250 mg/ml MO	2	
aminocaproic acid 500 mg tab MO	2	
anagrelide hcl 0.5 mg capsule MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
anagrelide hcl 1 mg capsule MO	2	
argatroban 100 mg/ml vial MO	2	B vs D
BEBULIN VH 700 (+/-) UNIT IV SOLUTION MO	4	
CATHFLO ACTIVASE 2 MG SOLUTION FOR INJECTION MO	4	B vs D
CEPROTIN (BLUE BAR) 500 UNIT IV SOLUTION MO	4	
CEPROTIN (GREEN BAR) 1,000 UNIT IV SOLUTION MO	4	
cilostazol 100 mg tablet MO	2	
cilostazol 50 mg tablet MO	2	
clopidogrel 300 mg tablet MO	2	QL (1 per 30 days)
clopidogrel 75 mg tablet MO	2	QL (30 per 30 days)
COUMADIN 1 MG TABLET MO	4	
COUMADIN 10 MG TABLET MO	4	
COUMADIN 2 MG TABLET MO	4	
COUMADIN 2.5 MG TABLET MO	4	
COUMADIN 3 MG TABLET MO	4	
COUMADIN 4 MG TABLET MO	4	
COUMADIN 5 MG IV SOLUTION MO	4	
COUMADIN 5 MG TABLET MO	4	
COUMADIN 6 MG TABLET MO	4	
COUMADIN 7.5 MG TABLET MO	4	
CYKLOKAPRON 100 MG/ML IV MO	3	PA,QL (400 per 30 days)
EFFIENT 10 MG TABLET MO	4	QL (30 per 30 days)
EFFIENT 5 MG TABLET MO	4	QL (30 per 30 days)
enoxaparin 100 mg/ml syr MO	4	QL (28 per 30 days)
enoxaparin 120 mg/0.8 ml syr MO	4	QL (28 per 30 days)
enoxaparin 150 mg/ml syr MO	4	QL (28 per 30 days)
enoxaparin 30 mg/0.3 ml syr MO	4	QL (28 per 30 days)
enoxaparin 300 mg/3 ml vial MO	4	QL (28 per 30 days)
enoxaparin 40 mg/0.4 ml syr MO	4	QL (28 per 30 days)
enoxaparin 60 mg/0.6 ml syr MO	4	QL (28 per 30 days)
enoxaparin 80 mg/0.8 ml syr MO	4	QL (28 per 30 days)
EPOGEN 10,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SP	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPOGEN 4,000 UNIT/ML INJECTION ^{SP}	4	PA,QL (14 per 30 days)
fe c plus 100 mg-250 mg-25 mcg-1 mg tablet ^{MO}	4	
FEIBA VH IMMUNO 1,750 UNIT-3,250 UNIT IV SOLUTION ^{MO}	4	
FEIBA VH IMMUNO 400 UNIT-650 UNIT IV SOLUTION ^{MO}	4	
FEIBA VH IMMUNO 651 UNIT-1,200 UNIT IV SOLUTION ^{MO}	4	
fondaparinux 10 mg/0.8 ml syr ^{MO}	4	QL (14 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr ^{MO}	4	QL (14 per 30 days)
fondaparinux 5 mg/0.4 ml syr ^{MO}	4	QL (14 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr ^{MO}	4	QL (14 per 30 days)
FRAGMIN 10,000 UNIT/ML SUB-Q SYRINGE ^{MO}	4	QL (14 per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SUB-Q SYRINGE ^{MO}	4	QL (14 per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SUB-Q SYRINGE ^{MO}	4	QL (14 per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML SUB-Q SYRINGE ^{MO}	4	QL (14 per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SUB-Q SYRINGE ^{MO}	4	QL (14 per 30 days)
FRAGMIN 25,000 UNIT/ML SUB-Q ^{MO}	4	QL (2 per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SUB-Q SYRINGE ^{MO}	4	QL (14 per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SUB-Q SYRINGE ^{MO}	4	QL (14 per 30 days)
HELIXATE FS 1,000 (+/-) UNIT IV SOLUTION ^{MO}	3	
HELIXATE FS 250 (+/-) UNIT IV SOLUTION ^{MO}	3	
HELIXATE FS 3,000 (+/-) UNIT IV SOLUTION ^{MO}	3	
HELIXATE FS 500 (+/-) UNIT IV SOLUTION ^{MO}	3	
HEMOFIL M HIGH 801 UNIT-1,500 UNIT IV SOLUTION ^{MO}	4	
HEMOFIL M LOW 220 UNIT-400 UNIT IV SOLUTION ^{MO}	4	
HEMOFIL M MID 401 UNIT-800 UNIT IV SOLUTION ^{MO}	4	
HEMOFIL M SUPER HIGH 1,501 UNIT-2,000 UNIT IV SOLUTION ^{MO}	4	
HEMOFIL M SUPER HIGH 1,501 UNIT-2,000 UNIT IV SOLUTION ^{MO}	4	
HEMOFIL M SUPER HIGH 1,501 UNIT-2,000 UNIT IV SOLUTION ^{MO}	4	
HEMOFIL M SUPER HIGH 1,501 UNIT-2,000 UNIT IV SOLUTION ^{MO}	4	
HEMOFIL M SUPER HIGH 1,501 UNIT-2,000 UNIT IV SOLUTION ^{MO}	4	
HEMOFIL M SUPER HIGH 1,501 UNIT-2,000 UNIT IV SOLUTION ^{MO}	4	
HEMOFIL M SUPER HIGH 1,501 UNIT-2,000 UNIT IV SOLUTION ^{MO}	4	
HEMOFIL M SUPER HIGH 1,501 UNIT-2,000 UNIT IV SOLUTION ^{MO}	4	
hep flush-10 (pf) 10 unit/ml iv ^{MO}	3	
heparin iv flush 10 unit/ml sy ^{MO}	3	
heparin lock 10 unit/ml iv ^{MO}	3	
heparin lock 100 unit/ml iv ^{MO}	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin lock flush (porcine) (pf) 10 unit/ml iv syringe MO	3	
heparin lock flush 10 unit/ml iv MO	3	
heparin lock flush 10 unit/ml iv syringe MO	3	
heparin lock flush 10 units/ml MO	3	
heparin sod 1,000 unit/ml vial MO	3	B vs D
heparin sod 10,000 unit/ml vl MO	3	
heparin sod 2,000 unit/ml vial MO	3	
heparin sod 2,500 unit/ml vial MO	3	
heparin sod 20,000 unit/ml vl MO	3	
heparin sod 5,000 unit/ 0.5 ml MO	3	
heparin sod 5,000 unit/0.5 ml MO	3	
heparin sod 5,000 unit/ml syr MO	3	
heparin sod 5,000 unit/ml vial MO	3	
heparin-1/2ns 12,500 unit/250 MO	2	
heparin-1/2ns 25,000 unit/250 MO	2	
heparin-1/2ns 25,000 unit/500 MO	2	
heparin-d5w 12,500 unit/250 ml MO	2	
heparin-d5w 20,000 unit/500 ml MO	2	
heparin-d5w 25,000 unit/250 ml MO	2	
heparin-d5w 25,000 unit/500 ml MO	2	
heparin-ns 1,000 unit/500 ml MO	2	
heparin-ns 2,000 unit/1,000 ml MO	2	
INNOHEP 20,000 UNIT/ML VIAL MO	4	QL (14 per 30 days)
INTEGRILIN 0.75 MG/ML IV MO	4	
INTEGRILIN 2 MG/ML IV MO	4	
jantoven 1 mg tablet MO	2	
jantoven 10 mg tablet MO	2	
jantoven 2 mg tablet MO	2	
jantoven 2.5 mg tablet MO	2	
jantoven 3 mg tablet MO	2	
jantoven 4 mg tablet MO	2	
jantoven 5 mg tablet MO	2	
jantoven 6 mg tablet MO	2	
jantoven 7.5 mg tablet MO	2	
KOATE-DVI 1,000 (+/-) UNIT IV KIT MO	4	
KOATE-DVI 250 (+/-) UNIT IV KIT MO	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KOATE-DVI 500 (+/-) UNIT IV KIT MO	4	
KOGENATE FS 1,000 (+/-) UNIT IV SOLUTION MO	3	
KOGENATE FS 250 (+/-) UNIT IV SOLUTION MO	3	
KOGENATE FS 3,000 (+/-) UNIT IV SOLUTION MO	3	
KOGENATE FS 500 (+/-) UNIT IV SOLUTION MO	3	
LEUKINE 250 MCG SOLUTION FOR INJECTION SP	5	PA
LEUKINE 500 MCG/ML INJECTION SP	5	PA
MONOCLATE-P 1,000 (+/-) UNIT IV KIT MO	4	
MONOCLATE-P 1,500 (+/-) UNIT IV KIT MO	4	
MONOCLATE-P 250 (+/-) UNIT IV KIT MO	4	
MONOCLATE-P 500 (+/-) UNIT IV KIT MO	4	
monoject prefill (pf) 10 unit/ml iv syringe MO	3	
monoject prefill advanced (pf) 10 unit/ml iv syringe MO	3	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUB-Q SP	5	PA,QL (8 per 30 days)
NEULASTA 6 MG/0.6 ML SUB-Q SYRINGE SP	5	PA,QL (2 per 28 days)
NEUMEGA 5 MG SUB-Q SOLN SP	5	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML SYRINGE SP	5	PA,QL (14 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SP	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML SYRINGE SP	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SP	5	PA,QL (14 per 30 days)
NOVOSEVEN 1,200 MCG VIAL MO	4	
NOVOSEVEN 2,400 MCG VIAL MO	4	
NOVOSEVEN 4,800 MCG VIAL MO	4	
NOVOSEVEN RT 1 MG (1,000 MCG) IV SOLUTION MO	4	
NOVOSEVEN RT 2 MG (2,000 MCG) IV SOLUTION MO	4	
NOVOSEVEN RT 5 MG (5,000 MCG) IV SOLUTION MO	4	
pentoxifylline er 400 mg tab MO	2	
PRADAXA 150 MG CAPSULE MO	4	QL (60 per 30 days)
PRADAXA 75 MG CAPSULE MO	4	QL (60 per 30 days)
PROCRIT 10,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SP	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SP	5	PA,QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SP	5	PA,QL (4 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
PROFILNINE SD 1,000 (+/-) UNIT IV SOLUTION MO	4	
PROFILNINE SD 1,000-1,500 UNIT MO	4	
PROFILNINE SD 1,500 (+/-) UNIT IV SOLUTION MO	4	
PROFILNINE SD 500 (+/-) UNIT IV SOLUTION MO	4	
PROMACTA 12.5 MG TABLET MO	5	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET SP	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET SP	5	PA,QL (30 per 30 days)
PROMACTA 75 MG TABLET SP	5	PA,QL (30 per 30 days)
protamine 10 mg/ml vial MO	2	B vs D
RECOMBINATE 1,000 (+/-) UNIT IV SOLUTION MO	3	
RECOMBINATE 250 (+/-) UNIT IV SOLUTION MO	3	
RECOMBINATE 500 (+/-) UNIT IV SOLUTION MO	3	
REFLUDAN 50 MG IV SOLUTION MO	5	B vs D
REOPRO 10 MG/5 ML IV MO	5	
RIASTAP 1 GRAM (900 MG-1,300 MG) IV SOLUTION MO	4	
ticlopidine 250 mg tablet MO	3	PA
TNKASE 50 MG IV KIT MO	5	
tranexamic acid 1,000 mg/10 ml MO	3	
tranexamic acid 1000 mg/10 ml MO	3	PA,QL (400 per 30 days)
warfarin sodium 1 mg tablet MO	1	
warfarin sodium 10 mg tablet MO	1	
warfarin sodium 2 mg tablet MO	1	
warfarin sodium 2.5 mg tablet MO	1	
warfarin sodium 3 mg tablet MO	1	
warfarin sodium 4 mg tablet MO	1	
warfarin sodium 5 mg tablet MO	1	
warfarin sodium 6 mg tablet MO	1	
warfarin sodium 7.5 mg tablet MO	1	
WILATE 450 UNIT-450 UNIT IV KIT MO	4	
WILATE 900 UNIT-900 UNIT IV KIT MO	4	
XARELTO 10 MG TABLET MO	4	QL (35 per 60 days)
XARELTO 15 MG TABLET MO	4	QL (30 per 30 days)
XARELTO 20 MG TABLET MO	4	QL (30 per 30 days)
XYNTHA 1,000 (+/-) UNIT IV KIT MO	4	
XYNTHA 2,000 (+/-) UNIT IV KIT MO	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XYNTHA 250 (+/-) UNIT IV KIT ^{MO}	4	
XYNTHA 500 (+/-) UNIT IV KIT ^{MO}	4	
CARDIOVASCULAR DRUGS		
acebutolol 200 mg capsule ^{MO}	2	
acebutolol 400 mg capsule ^{MO}	2	
ADCIRCA 20 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
ADENOCARD 3 MG/ML IV SYRINGE ^{MO}	4	
adenosine 12 mg/4 ml syringe ^{MO}	2	
adenosine 12 mg/4 ml vial ^{MO}	2	
afeditab cr 30 mg tablet,extended release ^{MO}	3	QL (60 per 30 days)
afeditab cr 60 mg tablet,extended release ^{MO}	3	QL (60 per 30 days)
AGGRENOX 200 MG-25 MG CAPSULE, EXTENDED RELEASE ^{MO}	4	
amiodarone 150 mg/3 ml syringe ^{MO}	2	
amiodarone 900 mg/18 ml vial ^{MO}	2	
amiodarone hcl 200 mg tablet ^{MO}	2	
amiodarone hcl 400 mg tablet ^{MO}	2	
amlodipine besylate 10 mg tab ^{MO}	2	
amlodipine besylate 2.5 mg tab ^{MO}	2	
amlodipine besylate 5 mg tab ^{MO}	2	
amlodipine-atorvast 10-10 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 10-20 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 10-40 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 10-80 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 2.5-10 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 2.5-20 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 2.5-40 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 5-10 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 5-20 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 5-40 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-atorvast 5-80 mg ^{MO}	2	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg ^{MO}	3	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg ^{MO}	3	QL (30 per 30 days)
amlodipine-benazepril 2.5-10 mg ^{MO}	3	QL (60 per 30 days)
amlodipine-benazepril 5-10 mg ^{MO}	3	QL (60 per 30 days)
amlodipine-benazepril 5-20 mg ^{MO}	3	QL (60 per 30 days)
amlodipine-benazepril 5-40 mg ^{MO}	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMTURNIDE 150 MG-5 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-25 MG TABLET MO	3	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-25 MG TABLET MO	3	QL (30 per 30 days)
amyl nitrite ampul MO	2	
atenolol 100 mg tablet MO	1	
atenolol 25 mg tablet MO	1	
atenolol 50 mg tablet MO	1	
atenolol-chlorthal 50-25 tb MO	1	
atenolol-chlorthalidone 100-25 MO	1	
atorvastatin 10 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 20 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 40 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 80 mg tablet MO	2	QL (30 per 30 days)
benazepril hcl 10 mg tablet MO	1	
benazepril hcl 20 mg tablet MO	1	
benazepril hcl 40 mg tablet MO	1	
benazepril hcl 5 mg tablet MO	1	
benazepril-hctz 10-12.5 mg tab MO	2	
benazepril-hctz 20-12.5 mg tab MO	2	
benazepril-hctz 20-25 mg tab MO	2	
benazepril-hctz 5-6.25 mg tab MO	2	
betaxolol 10 mg tablet MO	2	
betaxolol 20 mg tablet MO	2	
BIDIL 20 MG-37.5 MG TABLET MO	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg tab MO	2	
bisoprolol fumarate 5 mg tab MO	2	
bisoprolol-hctz 10-6.25 mg tab MO	1	
bisoprolol-hctz 2.5-6.25 mg tb MO	1	
bisoprolol-hctz 5-6.25 mg tab MO	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) IV MO	4	
BREVIBLOC IN SODIUM CHLORIDE (ISO-OSM) 2,000 MG/100 ML (20 MG/ML) IV MO	4	
BREVIBLOC IN SODIUM CHLORIDE (ISO-OSM) 2,500 MG/250 ML (10 MG/ML) IV MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
captopril 100 mg tablet MO	1	
captopril 12.5 mg tablet MO	1	
captopril 25 mg tablet MO	1	
captopril 50 mg tablet MO	1	
captopril-hctz 25-15 mg tablet MO	2	
captopril-hctz 25-25 mg tablet MO	2	
captopril-hctz 50-15 mg tablet MO	2	
captopril-hctz 50-25 mg tablet MO	2	
cartia xt 120 mg capsule,extended release MO	3	QL (60 per 30 days)
cartia xt 180 mg capsule,extended release MO	3	QL (60 per 30 days)
cartia xt 240 mg capsule,extended release MO	3	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release MO	3	QL (30 per 30 days)
carvedilol 12.5 mg tablet MO	1	
carvedilol 25 mg tablet MO	1	
carvedilol 3.125 mg tablet MO	1	
carvedilol 6.25 mg tablet MO	1	
cholestyramine light 4 gram oral powder MO	3	
cholestyramine light 4 gram packet MO	3	
cholestyramine packet MO	3	
cholestyramine powder MO	3	
clonidine 0.1 mg/day patch MO	3	QL (4 per 28 days)
clonidine 0.2 mg/day patch MO	3	QL (4 per 28 days)
clonidine 0.3 mg/day patch MO	3	QL (4 per 28 days)
clonidine hcl 0.1 mg tablet MO	1	
clonidine hcl 0.2 mg tablet MO	1	
clonidine hcl 0.3 mg tablet MO	3	
clorpres 0.1 mg-15 mg tablet MO	4	
clorpres 0.2 mg-15 mg tablet MO	4	
clorpres 0.3 mg-15 mg tablet MO	4	
colestipol hcl 1 gm tablet MO	3	
colestipol hcl granules MO	3	
colestipol hcl granules packet MO	3	
colestipol micronized 1 gm tab MO	3	
CORVERT 0.1 MG/ML IV MO	4	
COVERA-HS ER 180 MG TABLET MO	4	QL (90 per 30 days)
COVERA-HS ER 240 MG TABLET MO	4	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CRESTOR 10 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 20 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 40 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 5 MG TABLET MO	3	QL (30 per 30 days)
digoxin 0.25 mg/ml ampul MO	2	PA
digoxin 0.25 mg/ml syringe MO	2	
digoxin 125 mcg tablet MO	1	QL (30 per 30 days)
digoxin 250 mcg tablet MO	1	PA
digoxin 50 mcg/ml solution MO	2	PA
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE MO	4	
dilt-cd 120 mg capsule,extended release MO	3	QL (60 per 30 days)
dilt-cd 180 mg capsule,extended release MO	3	QL (60 per 30 days)
dilt-cd 240 mg capsule,extended release MO	3	QL (60 per 30 days)
dilt-cd 300 mg capsule,extended release MO	3	QL (30 per 30 days)
dilt-xr 120 mg capsule, extended release MO	3	QL (60 per 30 days)
dilt-xr 180 mg capsule, extended release MO	3	QL (60 per 30 days)
dilt-xr 240 mg capsule, extended release MO	3	QL (60 per 30 days)
diltia xt 120 mg capsule, extended release MO	3	QL (60 per 30 days)
diltia xt 180 mg capsule, extended release MO	3	QL (60 per 30 days)
diltia xt 240 mg capsule, extended release MO	3	QL (60 per 30 days)
diltiazem 120 mg tablet MO	1	
diltiazem 24hr cd 120 mg cap MO	3	QL (60 per 30 days)
diltiazem 24hr cd 180 mg cap MO	3	QL (60 per 30 days)
diltiazem 24hr er 240 mg cap MO	3	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap MO	3	QL (30 per 30 days)
diltiazem 30 mg tablet MO	1	
diltiazem 60 mg tablet MO	1	
diltiazem 90 mg tablet MO	1	
diltiazem er 120 mg 12-hr cap MO	3	
diltiazem er 120 mg capsule MO	3	QL (60 per 30 days)
diltiazem er 180 mg capsule MO	3	QL (60 per 30 days)
diltiazem er 240 mg capsule MO	3	QL (60 per 30 days)
diltiazem er 60 mg 12-hr cap MO	3	
diltiazem er 90 mg 12-hr cap MO	3	
diltiazem hcl 100 mg vial MO	4	
diltiazem hcl er 240 mg cap MO	3	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem hcl er 300 mg cap MO	3	QL (30 per 30 days)
diltiazem hcl er 360 mg cap MO	3	QL (30 per 30 days)
diltiazem hcl er 420 mg cap MO	3	QL (30 per 30 days)
diltzac er 120 mg capsule,extended release MO	3	QL (60 per 30 days)
diltzac er 180 mg capsule,extended release MO	3	QL (60 per 30 days)
diltzac er 240 mg capsule,extended release MO	3	QL (60 per 30 days)
diltzac er 300 mg capsule,extended release MO	3	QL (30 per 30 days)
diltzac er 360 mg capsule,extended release MO	3	QL (30 per 30 days)
DIOVAN 160 MG TABLET MO	3	QL (60 per 30 days)
DIOVAN 320 MG TABLET MO	3	QL (60 per 30 days)
DIOVAN 40 MG TABLET MO	3	QL (60 per 30 days)
DIOVAN 80 MG TABLET MO	3	QL (60 per 30 days)
DIOVAN HCT 160 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
DIOVAN HCT 160 MG-25 MG TABLET MO	3	QL (30 per 30 days)
DIOVAN HCT 320 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
DIOVAN HCT 320 MG-25 MG TABLET MO	3	QL (30 per 30 days)
DIOVAN HCT 80 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
disopyramide 100 mg capsule MO	2	PA
disopyramide 150 mg cap sa MO	2	PA
disopyramide 150 mg capsule MO	2	PA
doxazosin mesylate 1 mg tab MO	1	
doxazosin mesylate 2 mg tab MO	1	
doxazosin mesylate 4 mg tab MO	1	
doxazosin mesylate 8 mg tab MO	1	
enalapril maleate 10 mg tab MO	1	
enalapril maleate 2.5 mg tab MO	1	
enalapril maleate 20 mg tab MO	1	
enalapril maleate 5 mg tablet MO	1	
enalapril-hctz 10-25 mg tablet MO	2	
enalapril-hctz 5-12.5 mg tab MO	1	
enalaprilat 1.25 mg/ml vial MO	2	
eplerenone 25 mg tablet MO	3	
eplerenone 50 mg tablet MO	3	
epoprostenol sodium 0.5 mg vl MO	5	PA
epoprostenol sodium 1.5 mg vl MO	5	PA
esmolol hcl 100 mg/10 ml vial MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EXFORGE 10 MG-160 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE 10 MG-320 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE 5 MG-160 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE 5 MG-320 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-25 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE HCT 10 MG-320 MG-25 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-25 MG TABLET MO	3	QL (30 per 30 days)
felodipine er 10 mg tablet MO	3	QL (30 per 30 days)
felodipine er 2.5 mg tablet MO	3	QL (30 per 30 days)
felodipine er 5 mg tablet MO	3	QL (30 per 30 days)
fenofibrate 134 mg capsule MO	3	QL (30 per 30 days)
fenofibrate 160 mg tablet MO	3	QL (30 per 30 days)
fenofibrate 200 mg capsule MO	3	QL (30 per 30 days)
fenofibrate 54 mg tablet MO	3	QL (60 per 30 days)
fenofibrate 67 mg capsule MO	3	QL (60 per 30 days)
fenoldopam 10 mg/ml ampule MO	2	
flecainide acetate 100 mg tab MO	3	
flecainide acetate 150 mg tab MO	3	
flecainide acetate 50 mg tab MO	3	
fosinopril sodium 10 mg tab MO	2	
fosinopril sodium 20 mg tab MO	2	
fosinopril sodium 40 mg tab MO	2	
fosinopril-hctz 10-12.5 mg tab MO	3	
fosinopril-hctz 20-12.5 mg tab MO	3	
gemfibrozil 600 mg tablet MO	2	QL (60 per 30 days)
guanfacine 1 mg tablet MO	1	PA
guanfacine 2 mg tablet MO	1	PA
hydralazine 10 mg tablet MO	1	
hydralazine 100 mg tablet MO	3	
hydralazine 20 mg/ml vial MO	3	
hydralazine 25 mg tablet MO	1	
hydralazine 50 mg tablet MO	3	
ibutilide fum 1 mg/10 ml vial MO	2	
inamrinone 100 mg/20 ml vial MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
irbesartan 150 mg tablet MO	3	QL (30 per 30 days)
irbesartan 300 mg tablet MO	3	QL (30 per 30 days)
irbesartan 75 mg tablet MO	3	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb MO	3	QL (30 per 30 days)
irbesartan-hctz 300-12.5 mg tb MO	3	QL (30 per 30 days)
isoditrate 40 mg tablet,extended release MO	3	
ISORDIL 40 MG TABLET MO	4	
isosorbide dn 10 mg tablet MO	2	
isosorbide dn 2.5 mg tab sl MO	2	
isosorbide dn 20 mg tablet MO	2	
isosorbide dn 30 mg tablet MO	2	
isosorbide dn 5 mg tablet MO	2	
isosorbide dn 5 mg tablet sl MO	2	
isosorbide dn er 40 mg tablet MO	3	
isosorbide mn 10 mg tablet MO	2	
isosorbide mn 20 mg tablet MO	2	
isosorbide mn er 120 mg tab MO	2	
isosorbide mn er 30 mg tablet MO	1	
isosorbide mn er 60 mg tablet MO	1	
isradipine 2.5 mg capsule MO	3	
isradipine 5 mg capsule MO	3	
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (120 per 30 days)
labetalol hcl 100 mg tablet MO	2	
labetalol hcl 20 mg/4 ml crpj MO	2	
labetalol hcl 200 mg tablet MO	2	
labetalol hcl 300 mg tablet MO	2	
labetalol hcl 5 mg/ml vial MO	2	
LANOXIN 125 MCG TABLET MO	4	QL (30 per 30 days)
LANOXIN 250 MCG TABLET MO	4	PA
LANOXIN 250 MCG/ML INJECTION MO	4	PA
LANOXIN PEDIATRIC 100 MCG/ML INJECTION MO	4	PA
LETAIRIS 10 MG TABLET SP	5	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET SP	5	PA,QL (30 per 30 days)
lidocaine 0.4% in d5w soln MO	2	
lidocaine 0.8% in d5w soln MO	2	
lidocaine hcl 1% syringe MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine hcl 2% abboject MO	2	
lisinopril 10 mg tablet MO	1	
lisinopril 2.5 mg tablet MO	1	
lisinopril 20 mg tablet MO	1	
lisinopril 30 mg tablet MO	2	
lisinopril 40 mg tablet MO	2	
lisinopril 5 mg tablet MO	1	
lisinopril-hctz 10-12.5 mg tab MO	1	
lisinopril-hctz 20-12.5 mg tab MO	1	
lisinopril-hctz 20-25 mg tab MO	1	
losartan potassium 100 mg tab MO	2	QL (60 per 30 days)
losartan potassium 25 mg tab MO	2	QL (60 per 30 days)
losartan potassium 50 mg tab MO	2	QL (60 per 30 days)
losartan-hctz 100-12.5 mg tab MO	2	QL (60 per 30 days)
losartan-hctz 100-25 mg tab MO	2	QL (60 per 30 days)
losartan-hctz 50-12.5 mg tab MO	2	QL (60 per 30 days)
lovastatin 10 mg tablet MO	1	QL (60 per 30 days)
lovastatin 20 mg tablet MO	1	QL (60 per 30 days)
lovastatin 40 mg tablet MO	2	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE MO	3	QL (120 per 30 days)
metoprolol 1 mg/ml carpuject MO	2	
metoprolol succ er 100 mg tab MO	2	QL (60 per 30 days)
metoprolol succ er 200 mg tab MO	2	QL (60 per 30 days)
metoprolol succ er 25 mg tab MO	2	QL (60 per 30 days)
metoprolol succ er 50 mg tab MO	2	QL (60 per 30 days)
metoprolol tart 5 mg/5 ml amp MO	2	
metoprolol tartrate 100 mg tab MO	1	
metoprolol tartrate 25 mg tab MO	1	
metoprolol tartrate 50 mg tab MO	1	
metoprolol-hctz 100-25 mg tab MO	3	
metoprolol-hctz 100-50 mg tab MO	3	
metoprolol-hctz 50-25 mg tab MO	3	
mexiletine 150 mg capsule MO	2	
mexiletine 200 mg capsule MO	2	
mexiletine 250 mg capsule MO	2	
milrinone lact 10 mg/10 ml vl MO	2	

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
milrinone-d5w 20 mg/100 ml MO	2	
milrinone-d5w 40 mg/200 ml MO	2	
minoxidil 10 mg tablet MO	2	
minoxidil 2.5 mg tablet MO	2	
moexipril hcl 15 mg tablet MO	2	
moexipril hcl 7.5 mg tablet MO	2	
moexipril-hctz 15-12.5 mg tab MO	2	
moexipril-hctz 15-25 mg tablet MO	2	
moexipril-hctz 7.5-12.5 mg tab MO	2	
MULTAQ 400 MG TABLET MO	4	QL (60 per 30 days)
nadolol 20 mg tablet MO	1	
nadolol 40 mg tablet MO	1	
nadolol 80 mg tablet MO	2	
nadolol-bendroflu 40-5 mg tab MO	3	
nadolol-bendroflu 80-5 mg tab MO	3	
NATRECOR 1.5 MG IV SOLUTION MO	4	
NEXTERONE 150 MG/100 ML (1.5 MG/ML) IV MO	4	
NEXTERONE 360 MG/200 ML (1.8 MG/ML) IV MO	4	
niacor 500 mg tablet MO	2	
NIASPAN EXTENDED-RELEASE 1,000 MG TABLET,EXTENDED RELEASE MO	3	
NIASPAN EXTENDED-RELEASE 500 MG TABLET,EXTENDED RELEASE MO	3	
NIASPAN EXTENDED-RELEASE 750 MG TABLET,EXTENDED RELEASE MO	3	
nicardipine 20 mg capsule MO	2	
nicardipine 25 mg/10 ml ampule MO	2	
nicardipine 30 mg capsule MO	2	
nifediac cc 30 mg tablet,extended release MO	3	QL (60 per 30 days)
nifediac cc 60 mg tablet,extended release MO	3	QL (60 per 30 days)
nifediac cc 90 mg tablet,extended release MO	3	QL (60 per 30 days)
nifedical xl 30 mg tablet,extended release MO	3	QL (60 per 30 days)
nifedical xl 60 mg tablet,extended release MO	3	QL (60 per 30 days)
nifedipine er 30 mg tablet MO	3	QL (60 per 30 days)
nifedipine er 60 mg tablet MO	3	QL (60 per 30 days)
nifedipine er 90 mg tablet MO	3	QL (60 per 30 days)
nimodipine 30 mg capsule MO	4	
nisoldipine er 17 mg tablet MO	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
nisoldipine er 20 mg tablet MO	4	QL (30 per 30 days)
nisoldipine er 25.5 mg tablet MO	4	QL (60 per 30 days)
nisoldipine er 30 mg tablet MO	4	QL (60 per 30 days)
nisoldipine er 34 mg tablet MO	4	QL (30 per 30 days)
nisoldipine er 40 mg tablet MO	4	QL (30 per 30 days)
nisoldipine er 8.5 mg tablet MO	4	QL (30 per 30 days)
NITRO-DUR 0.1 MG/HR TRANSDERM 24 HR PATCH MO	4	QL (30 per 30 days)
NITRO-DUR 0.2 MG/HR TRANSDERM 24 HR PATCH MO	4	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR TRANSDERM 24 HR PATCH MO	4	
NITRO-DUR 0.4 MG/HR TRANSDERM 24 HR PATCH MO	4	QL (60 per 30 days)
NITRO-DUR 0.6 MG/HR TRANSDERM 24 HR PATCH MO	4	QL (30 per 30 days)
NITRO-DUR 0.8 MG/HR TRANSDERM 24 HR PATCH MO	4	
nitroglycerin 0.1 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 0.2 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 0.3 mg tab sl MO	2	
nitroglycerin 0.4 mg tablet sl MO	2	
nitroglycerin 0.4 mg/hr patch MO	2	QL (60 per 30 days)
nitroglycerin 0.6 mg tab sl MO	2	
nitroglycerin 0.6 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 5 mg/ml vial MO	2	
nitroglycerin lingual 0.4 mg MO	3	
NITROLINGUAL 0.4 MG/DOSE SPRAY MO	4	
NITROPRESS 25 MG/ML IV MO	4	
NITROSTAT 0.3 MG SUBLINGUAL TABLET MO	3	
NITROSTAT 0.4 MG SUBLINGUAL TABLET MO	3	
NITROSTAT 0.6 MG SUBLINGUAL TABLET MO	3	
ntg 0.2 mg/ml in d5w MO	2	
ntg 100 mg/250 ml in d5w MO	2	
ntg 200 mg/500 ml in d5w MO	2	
ntg 25 mg/250 ml in d5w MO	2	
ntg 50 mg/500 ml in d5w MO	2	
PACERONE 100 MG TABLET MO	4	
pacerone 200 mg tablet MO	4	
PACERONE 400 MG TABLET MO	4	
papaverine 150 mg capsule sa MO	2	
papaverine 300 mg/10 ml vial MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
perindopril erbumine 2 mg tab MO	3	
perindopril erbumine 4 mg tab MO	3	
perindopril erbumine 8 mg tab MO	3	
pindolol 10 mg tablet MO	2	
pindolol 5 mg tablet MO	2	
pravastatin sodium 10 mg tab MO	1	QL (30 per 30 days)
pravastatin sodium 20 mg tab MO	1	QL (30 per 30 days)
pravastatin sodium 40 mg tab MO	1	QL (60 per 30 days)
pravastatin sodium 80 mg tab MO	2	QL (30 per 30 days)
prazosin 1 mg capsule MO	1	
prazosin 2 mg capsule MO	1	
prazosin 5 mg capsule MO	1	
prevalite 4 gram oral packet MO	3	
prevalite 4 gram oral powder MO	3	
procainamide 100 mg/ml vial MO	2	
procainamide 500 mg/ml vial MO	2	
PROGLYCEM 50 MG/ML ORAL SUSP MO	4	
propafenone hcl 150 mg tablet MO	3	
propafenone hcl 225 mg tab MO	3	
propafenone hcl 300 mg tab MO	3	
propafenone hcl er 225 mg cap MO	3	
propafenone hcl sr 325 mg cap MO	3	
propafenone hcl sr 425 mg cap MO	3	
propranolol 1 mg/ml vial MO	2	
propranolol 10 mg tablet MO	1	
propranolol 20 mg tablet MO	1	
propranolol 20 mg/5 ml soln MO	2	
propranolol 40 mg tablet MO	1	
propranolol 40 mg/5 ml soln MO	2	
propranolol 60 mg tablet MO	2	
propranolol 80 mg tablet MO	1	
propranolol er 120 mg capsule MO	3	
propranolol er 160 mg capsule MO	3	
propranolol er 60 mg capsule MO	3	
propranolol er 80 mg capsule MO	3	
propranolol-hctz 40-25 mg tab MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
propranolol-hctz 80-25 mg tab MO	2	
PROSTIN VR PEDIATRIC 500 MCG/ML INJECTION MO	4	
quinapril 10 mg tablet MO	2	
quinapril 20 mg tablet MO	2	
quinapril 40 mg tablet MO	2	
quinapril 5 mg tablet MO	2	
quinapril-hctz 10-12.5 mg tab MO	3	
quinapril-hctz 20-12.5 mg tab MO	3	
quinapril-hctz 20-25 mg tab MO	3	
quinidine gluc 80 mg/ml vial MO	2	
quinidine gluc er 324 mg tab MO	3	
quinidine sulf er 300 mg tab MO	2	
quinidine sulfate 200 mg tab MO	2	
quinidine sulfate 300 mg tab MO	2	
ramipril 1.25 mg capsule MO	2	
ramipril 10 mg capsule MO	2	
ramipril 2.5 mg capsule MO	2	
ramipril 5 mg capsule MO	2	
REMODULIN 1 MG/ML INJECTION MO	5	PA
REMODULIN 10 MG/ML INJECTION MO	5	PA
REMODULIN 2.5 MG/ML INJECTION MO	5	PA
REMODULIN 5 MG/ML INJECTION MO	5	PA
reserpine 0.1 mg tablet MO	2	
reserpine 0.25 mg tablet MO	2	PA
REVATIO 20 MG TABLET SP	3	PA,QL (90 per 30 days)
simvastatin 10 mg tablet MO	2	QL (30 per 30 days)
simvastatin 20 mg tablet MO	2	QL (30 per 30 days)
simvastatin 40 mg tablet MO	2	QL (30 per 30 days)
simvastatin 5 mg tablet MO	2	QL (30 per 30 days)
simvastatin 80 mg tablet MO	2	QL (30 per 30 days)
sorine 120 mg tablet MO	2	
sorine 160 mg tablet MO	2	
sorine 240 mg tablet MO	2	
sorine 80 mg tablet MO	2	
sotalol 120 mg tablet MO	2	
sotalol 160 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sotalol 240 mg tablet MO	2	
sotalol 80 mg tablet MO	1	
sotalol af 120 mg tablet MO	2	
sotalol af 160 mg tablet MO	2	
sotalol af 80 mg tablet MO	2	
sotalol hcl 150 mg/10 ml vial MO	2	
spironolactone 100 mg tablet MO	2	
spironolactone 25 mg tablet MO	1	
spironolactone 50 mg tablet MO	2	
spironolactone-hctz 25-25 tab MO	2	
taztia xt 120 mg capsule,extended release MO	3	QL (60 per 30 days)
taztia xt 180 mg capsule,extended release MO	3	QL (60 per 30 days)
taztia xt 240 mg capsule,extended release MO	3	QL (60 per 30 days)
taztia xt 300 mg capsule,extended release MO	3	QL (30 per 30 days)
taztia xt 360 mg capsule,extended release MO	3	QL (30 per 30 days)
TEKAMLO 150 MG-10 MG TABLET MO	3	QL (30 per 30 days)
TEKAMLO 150 MG-5 MG TABLET MO	3	QL (30 per 30 days)
TEKAMLO 300 MG-10 MG TABLET MO	3	QL (30 per 30 days)
TEKAMLO 300 MG-5 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA 150 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA 300 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-25 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA HCT 300 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA HCT 300 MG-25 MG TABLET MO	3	QL (30 per 30 days)
terazosin 1 mg capsule MO	1	
terazosin 10 mg capsule MO	1	
terazosin 2 mg capsule MO	1	
terazosin 5 mg capsule MO	1	
TIKOSYN 125 MCG CAPSULE SP	4	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE SP	4	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE SP	4	QL (60 per 30 days)
timolol maleate 10 mg tablet MO	2	
timolol maleate 20 mg tablet MO	2	
timolol maleate 5 mg tablet MO	2	
TRACLEER 125 MG TABLET SP	5	PA,QL (60 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
TRACLEER 62.5 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
trandolapril 1 mg tablet ^{MO}	2	
trandolapril 2 mg tablet ^{MO}	2	
trandolapril 4 mg tablet ^{MO}	2	
TRICOR 145 MG TABLET ^{MO}	3	QL (30 per 30 days)
TRICOR 48 MG TABLET ^{MO}	3	QL (60 per 30 days)
VALTURNA 150-160 MG TABLET ^{MO}	3	QL (30 per 30 days)
VALTURNA 300-320 MG TABLET ^{MO}	3	QL (30 per 30 days)
VELETRI 1.5 MG IV SOLUTION ^{MO}	5	PA
verapamil 120 mg tablet ^{MO}	1	
verapamil 2.5 mg/ml syringe ^{MO}	2	
verapamil 2.5 mg/ml vial ^{MO}	2	
verapamil 360 mg cap pellet ^{MO}	2	QL (60 per 30 days)
verapamil 40 mg tablet ^{MO}	2	
verapamil 80 mg tablet ^{MO}	1	
verapamil er 120 mg capsule ^{MO}	2	QL (60 per 30 days)
verapamil er 120 mg tablet ^{MO}	2	
verapamil er 180 mg capsule ^{MO}	2	QL (60 per 30 days)
verapamil er 180 mg tablet ^{MO}	2	
verapamil er 240 mg capsule ^{MO}	2	QL (60 per 30 days)
verapamil er 240 mg tablet ^{MO}	2	
verapamil er pm 100 mg capsule ^{MO}	2	QL (30 per 30 days)
verapamil er pm 200 mg capsule ^{MO}	2	QL (60 per 30 days)
verapamil er pm 300 mg capsule ^{MO}	2	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACK ^{MO}	3	
WELCHOL 625 MG TABLET ^{MO}	3	
ZETIA 10 MG TABLET ^{MO}	3	QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY 1 MG/ML ORAL SOLN ^{MO}	4	QL (750 per 30 days)
ABILIFY 10 MG TABLET ^{MO}	4	QL (30 per 30 days)
ABILIFY 15 MG TABLET ^{MO}	4	QL (30 per 30 days)
ABILIFY 2 MG TABLET ^{MO}	4	QL (30 per 30 days)
ABILIFY 20 MG TABLET ^{MO}	4	QL (30 per 30 days)
ABILIFY 30 MG TABLET ^{MO}	4	QL (30 per 30 days)
ABILIFY 5 MG TABLET ^{MO}	4	QL (30 per 30 days)
ABILIFY 9.75 MG/1.3 ML IM ^{MO}	4	QL (120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABILIFY DISCMELT 10 MG DISINTEGRATING TABLET MO	4	QL (60 per 30 days)
ABILIFY DISCMELT 15 MG DISINTEGRATING TABLET MO	4	QL (60 per 30 days)
acetaminoph-caff-dihydrocodein MO	4	QL (180 per 30 days)
acetaminophen-cod #2 tablet MO	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet MO	3	QL (390 per 30 days)
acetaminophen-cod #4 tablet MO	3	QL (390 per 30 days)
acetaminophen-codeine elixir MO	3	QL (5010 per 30 days)
ACUFLEX CAPLET MO	4	
alfentanil 500 mcg/ml amp MO	3	QL (450 per 30 days)
ali-flex tablet MO	2	
alprazolam 0.25 mg tablet MO	2	QL (120 per 30 days)
alprazolam 0.5 mg tablet MO	2	QL (120 per 30 days)
alprazolam 1 mg tablet MO	2	QL (240 per 30 days)
alprazolam 2 mg tablet MO	2	QL (150 per 30 days)
amantadine 100 mg capsule MO	2	
amantadine 100 mg tablet MO	2	
amantadine 50 mg/5 ml syrup MO	2	
amitriptyline hcl 10 mg tab MO	1	PA
amitriptyline hcl 100 mg tab MO	1	PA
amitriptyline hcl 150 mg tab MO	2	PA
amitriptyline hcl 25 mg tab MO	1	PA
amitriptyline hcl 50 mg tab MO	1	PA
amitriptyline hcl 75 mg tab MO	1	PA
amoxapine 100 mg tablet MO	2	
amoxapine 150 mg tablet MO	2	
amoxapine 25 mg tablet MO	2	
amoxapine 50 mg tablet MO	2	
anabar 20 mg-300 mg-200 mg tablet MO	2	
APOKYN 10 MG/ML SUBQ CARTRIDGE MO	5	QL (60 per 30 days)
astramorph-pf 0.5 mg/ml injection MO	3	QL (7200 per 30 days)
astramorph-pf 1 mg/ml injection MO	3	QL (3600 per 30 days)
AZILECT 0.5 MG TABLET MO	3	QL (30 per 30 days)
AZILECT 1 MG TABLET MO	3	QL (30 per 30 days)
BANZEL 200 MG TABLET MO	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSP MO	4	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET MO	4	PA,QL (240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
be-flex plus capsule MO	2	
benztropine 2 mg/2 ml ampule MO	2	
benztropine mes 0.5 mg tab MO	2	PA
benztropine mes 1 mg tablet MO	2	PA
benztropine mes 2 mg tablet MO	1	PA
bioregesic tablet MO	2	
bp poly-650 tablet MO	2	
bromocriptine 2.5 mg tablet MO	4	
bromocriptine 5 mg capsule MO	4	
budeprion sr 100 mg tablet,extended release MO	3	QL (120 per 30 days)
budeprion sr 150 mg tablet,extended release MO	3	QL (90 per 30 days)
budeprion xl 150 mg tablet MO	3	QL (90 per 30 days)
budeprion xl 300 mg 24 hr tablet, extended release MO	3	QL (90 per 30 days)
buprenorphine 0.3 mg/ml syrn MO	4	PA,QL (240 per 30 days)
buprenorphine 0.3 mg/ml vial MO	4	PA,QL (240 per 30 days)
buprenorphine 2 mg tablet sl MO	4	PA,QL (90 per 30 days)
buprenorphine 8 mg tablet sl MO	4	PA,QL (90 per 30 days)
buproban 150 mg tablet,extended release MO	3	QL (90 per 30 days)
bupropion hcl 100 mg tablet MO	3	QL (180 per 30 days)
bupropion hcl 75 mg tablet MO	3	
bupropion hcl sr 100 mg tablet MO	3	QL (120 per 30 days)
bupropion hcl sr 200 mg tab MO	3	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet MO	3	QL (90 per 30 days)
bupropion sr 150 mg tablet MO	3	QL (90 per 30 days)
buspirone hcl 10 mg tablet MO	1	
buspirone hcl 15 mg tablet MO	2	
buspirone hcl 30 mg tablet MO	2	
buspirone hcl 5 mg tablet MO	1	
buspirone hcl 7.5 mg tablet MO	2	
BUTISOL 30 MG TABLET MO	4	PA
BUTISOL 30 MG/5 ML ELIXIR MO	4	PA
BUTISOL 50 MG TABLET MO	4	PA
butorphanol 1 mg/ml syringe MO	3	QL (960 per 30 days)
butorphanol 1 mg/ml vial MO	3	QL (960 per 30 days)
butorphanol 10 mg/ml spray MO	3	QL (5 per 28 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
butorphanol 2 mg/ml syringe MO	3	QL (480 per 30 days)
butorphanol 2 mg/ml vial MO	3	QL (480 per 30 days)
cabergoline 0.5 mg tablet MO	2	QL (16 per 28 days)
CAFCIT 60 MG/3 ML (20 MG/ML) IV MO	4	
CAFCIT 60 MG/3 ML (20 MG/ML) ORAL SOLN MO	4	
caff-sod benzoate 500 mg vl MO	2	
caffeine cit 60 mg/3 ml oral MO	2	
caffeine cit 60 mg/3 ml vial MO	2	
cafgesic capsule MO	2	
cafgesic forte tablet MO	2	
CAMPRAL 333 MG TABLET,DELAYED RELEASE MO	4	
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSP MO	4	QL (5010 per 30 days)
carbamazepine 100 mg tab chew MO	2	
carbamazepine 100 mg/5 ml susp MO	2	
carbamazepine 200 mg tablet MO	2	
carbamazepine 200 mg/10 ml liq MO	2	
carbamazepine er 100 mg cap MO	4	QL (60 per 30 days)
carbamazepine er 200 mg cap MO	4	QL (240 per 30 days)
carbamazepine er 300 mg cap MO	4	QL (150 per 30 days)
carbamazepine xr 200 mg tablet MO	2	
carbamazepine xr 400 mg tablet MO	2	
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE MO	4	QL (60 per 30 days)
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE MO	4	QL (240 per 30 days)
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE MO	4	QL (150 per 30 days)
carbidopa-levo 10-100 mg odt MO	3	
carbidopa-levo 25-100 mg odt MO	3	
carbidopa-levo 25-250 mg odt MO	3	
carbidopa-levo er 25-100 tab MO	2	
carbidopa-levo er 50-200 tab MO	2	
carbidopa-levodopa 10-100 tab MO	3	
carbidopa-levodopa 25-100 tab MO	3	
carbidopa-levodopa 25-250 tab MO	3	
carbidopa-levodopa-enta 100 mg MO	3	
carbidopa-levodopa-enta 125 mg MO	3	
carbidopa-levodopa-enta 150 mg MO	3	
carbidopa-levodopa-enta 200 mg MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbidopa-levodopa-enta 50 mg ^{MO}	3	
carbidopa-levodopa-enta 75 mg ^{MO}	3	
CELONTIN 300 MG CAPSULE ^{MO}	4	
chlorpromazine 10 mg tablet ^{MO}	2	B vs D
chlorpromazine 100 mg tablet ^{MO}	2	
chlorpromazine 200 mg tablet ^{MO}	2	
chlorpromazine 25 mg tablet ^{MO}	2	B vs D
chlorpromazine 25 mg/ml amp ^{MO}	2	
chlorpromazine 50 mg tablet ^{MO}	2	
choline mag trisal 1 gm tab ^{MO}	2	
choline mag trisal 500 mg tb ^{MO}	2	
choline mag trisal 750 mg tb ^{MO}	2	
choline mag trisal liquid ^{MO}	2	
citalopram hbr 10 mg tablet ^{MO}	2	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln ^{MO}	2	
citalopram hbr 20 mg tablet ^{MO}	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet ^{MO}	1	QL (30 per 30 days)
clomipramine 25 mg capsule ^{MO}	2	PA
clomipramine 50 mg capsule ^{MO}	2	PA
clomipramine 75 mg capsule ^{MO}	2	PA
clonazepam 0.125 mg dis tab ^{MO}	4	
clonazepam 0.25 mg odt ^{MO}	4	
clonazepam 0.5 mg dis tablet ^{MO}	4	
clonazepam 0.5 mg tablet ^{MO}	2	
clonazepam 1 mg dis tablet ^{MO}	4	
clonazepam 1 mg tablet ^{MO}	2	
clonazepam 2 mg odt ^{MO}	4	
clonazepam 2 mg tablet ^{MO}	2	
clonidine 1000 mcg/10 ml vial ^{MO}	3	
clonidine 5,000 mcg/10 ml vial ^{MO}	3	
clorazepate 15 mg tablet ^{MO}	4	
clorazepate 3.75 mg tablet ^{MO}	4	
clorazepate 7.5 mg tablet ^{MO}	4	
clozapine 100 mg tablet ^{MO}	3	
clozapine 200 mg tablet ^{MO}	3	
clozapine 25 mg tablet ^{MO}	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clozapine 50 mg tablet MO	3	
codeine ph 15 mg/ml syringe MO	2	
codeine ph 30 mg/ml syringe MO	2	
codeine sulfate 15 mg tablet MO	3	QL (360 per 30 days)
codeine sulfate 30 mg tablet MO	3	QL (360 per 30 days)
codeine sulfate 60 mg tablet MO	3	QL (180 per 30 days)
COMTAN 200 MG TABLET MO	4	QL (300 per 30 days)
CYMBALTA 20 MG CAPSULE,DELAYED RELEASE MO	3	QL (60 per 30 days)
CYMBALTA 30 MG CAPSULE,DELAYED RELEASE MO	3	QL (60 per 30 days)
CYMBALTA 60 MG CAPSULE,DELAYED RELEASE MO	3	QL (60 per 30 days)
d-amphetamine er 10 mg capsule MO	3	PA,QL (180 per 30 days)
d-amphetamine er 15 mg capsule MO	3	PA,QL (120 per 30 days)
d-amphetamine er 5 mg capsule MO	3	PA,QL (60 per 30 days)
desipramine 10 mg tablet MO	3	
desipramine 100 mg tablet MO	3	
desipramine 150 mg tablet MO	3	
desipramine 25 mg tablet MO	3	
desipramine 50 mg tablet MO	3	
desipramine 75 mg tablet MO	3	
dexmethylphenidate 10 mg tab MO	2	PA,QL (60 per 30 days)
dexmethylphenidate 2.5 mg tab MO	2	PA,QL (60 per 30 days)
dexmethylphenidate 5 mg tab MO	2	PA,QL (60 per 30 days)
dextroamphetamine 10 mg tab MO	3	PA,QL (180 per 30 days)
dextroamphetamine 5 mg tab MO	3	PA,QL (150 per 30 days)
diazepam 10 mg tablet MO	4	QL (120 per 30 days)
diazepam 2 mg tablet MO	4	QL (90 per 30 days)
diazepam 2.5 mg rectal gel MO	4	
diazepam 20 mg rectal gel MO	4	
diazepam 5 mg tablet MO	4	QL (90 per 30 days)
diazepam 5 mg/5 ml solution MO	4	QL (1200 per 30 days)
diazepam 5-7.5-10 mg gel kit MO	4	
diazepam intensol 5 mg/ml oral concentrate MO	4	QL (1200 per 30 days)
diclofenac pot 50 mg tablet MO	2	
diclofenac sod ec 25 mg tab MO	2	
diclofenac sod ec 50 mg tab MO	2	
diclofenac sod ec 75 mg tab MO	1	

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
diclofenac sod er 100 mg tab MO	2	
diflunisal 500 mg tablet MO	3	
DILANTIN 30 MG CAPSULE MO	4	
DILANTIN EXTENDED 100 MG CAPSULE MO	4	
dilantin infatabs 50 mg chewable tablet MO	4	
DILANTIN-125 125 MG/5 ML ORAL SUSP MO	4	
divalproex sod dr 125 mg tab MO	3	
divalproex sod dr 250 mg tab MO	3	
divalproex sod dr 500 mg tab MO	3	
divalproex sod er 250 mg tab MO	2	
divalproex sod er 500 mg tab MO	2	
divalproex sodium 125 mg cap MO	3	
dologesic capsule MO	2	
DOLOGESIC LIQUID MO	4	
DOPRAM 20 MG/ML IV MO	4	
doxapram hcl 20 mg/ml vial MO	4	
doxepin 10 mg capsule MO	1	PA
doxepin 10 mg/ml oral conc MO	2	PA
doxepin 100 mg capsule MO	1	PA
doxepin 150 mg capsule MO	2	PA
doxepin 25 mg capsule MO	1	PA
doxepin 50 mg capsule MO	1	PA
doxepin 75 mg capsule MO	1	PA
droperidol 2.5 mg/ml vial MO	2	
DURACLON (PF) 1,000 MCG/10 ML (100 MCG/ML) EPIDURAL MO	4	
DURACLON (PF) 5,000 MCG/10 ML EPIDURAL MO	4	
DURAMORPH (PF) 0.5 MG/ML INJECTION MO	4	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION MO	4	QL (3600 per 30 days)
duraxin 20 mg-300 mg-200 mg capsule MO	2	
ed-flex capsule MO	2	
EMSAM 12 MG/24 HR TRANSDERM 24 HR PATCH MO	5	QL (30 per 30 days)
EMSAM 6 MG/24 HR TRANSDERM 24 HR PATCH MO	4	QL (30 per 30 days)
EMSAM 9 MG/24 HR TRANSDERM 24 HR PATCH MO	5	QL (30 per 30 days)
endocet 10 mg-325 mg tablet MO	3	QL (360 per 30 days)
endocet 10 mg-650 mg tablet MO	3	QL (180 per 30 days)
endocet 5 mg-325 mg tablet MO	3	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
endocet 7.5 mg-325 mg tablet MO	3	QL (360 per 30 days)
endocet 7.5 mg-500 mg tablet MO	3	QL (240 per 30 days)
epitol 200 mg tablet MO	1	
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE MO	4	
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE MO	4	
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE MO	4	
escitalopram 10 mg tablet MO	3	QL (30 per 30 days)
escitalopram 20 mg tablet MO	3	QL (30 per 30 days)
escitalopram 5 mg tablet MO	3	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml MO	3	QL (600 per 30 days)
ethosuximide 250 mg capsule MO	3	
ethosuximide 250 mg/5 ml soln MO	3	
etodolac 200 mg capsule MO	2	
etodolac 300 mg capsule MO	2	
etodolac 400 mg tablet MO	2	
etodolac 500 mg tablet MO	2	
etodolac er 400 mg tablet MO	3	
etodolac er 500 mg tablet MO	3	
etodolac er 600 mg tablet MO	3	
FANAPT 1 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 10 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 12 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	4	PA,QL (60 per 30 days)
FANAPT 2 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 4 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 6 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 8 MG TABLET MO	4	PA,QL (60 per 30 days)
FAZACLO 100 MG DISINTEGRATING TABLET MO	4	ST
FAZACLO 12.5 MG DISINTEGRATING TABLET MO	4	ST
FAZACLO 150 MG DISINTEGRATING TABLET MO	4	ST
FAZACLO 200 MG DISINTEGRATING TABLET MO	4	ST
FAZACLO 25 MG DISINTEGRATING TABLET MO	4	ST
felbamate 400 mg tablet MO	4	
felbamate 600 mg tablet MO	4	
felbamate 600 mg/5 ml susp MO	4	
FELBATOL 400 MG TABLET MO	5	

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
FELBATOL 600 MG TABLET MO	5	
FELBATOL 600 MG/5 ML ORAL SUSP MO	5	
fenoprofen 600 mg tablet MO	3	
fentanyl 0.05 mg/ml ampul MO	4	QL (720 per 30 days)
fentanyl 0.05 mg/ml syringe MO	4	QL (240 per 30 days)
fentanyl 100 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 12 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 25 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 50 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 75 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg MO	5	PA,QL (120 per 30 days)
fentanyl cit otfc 1,600 mcg MO	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 200 mcg MO	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 400 mcg MO	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 600 mcg MO	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 800 mcg MO	5	PA,QL (120 per 30 days)
flumazenil 0.1 mg/ml vial MO	2	
fluoxetine 20 mg/5 ml solution MO	2	
fluoxetine dr 90 mg capsule MO	3	QL (4 per 28 days)
fluoxetine hcl 10 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 10 mg tablet MO	1	
fluoxetine hcl 20 mg capsule MO	1	QL (120 per 30 days)
fluoxetine hcl 20 mg tablet MO	2	
fluoxetine hcl 40 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 60 mg tablet MO	2	QL (30 per 30 days)
fluphenazine 1 mg tablet MO	1	
fluphenazine 10 mg tablet MO	2	
fluphenazine 2.5 mg tablet MO	2	
fluphenazine 2.5 mg/5 ml elix MO	2	
fluphenazine 2.5 mg/ml vial MO	2	
fluphenazine 5 mg tablet MO	2	
fluphenazine 5 mg/ml conc MO	2	
fluphenazine dec 25 mg/ml vl MO	2	
flurbiprofen 100 mg tablet MO	2	
flurbiprofen 50 mg tablet MO	2	
flvoxamine maleate 100 mg tab MO	3	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluvoxamine maleate 25 mg tab MO	3	QL (90 per 30 days)
fluvoxamine maleate 50 mg tab MO	3	QL (90 per 30 days)
fosphenytoin 100 mg pe/2 ml vl MO	2	
fosphenytoin 500 mg pe/10 ml MO	2	
frenadol tablet MO	2	
gabapentin 100 mg capsule MO	2	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln MO	3	
gabapentin 300 mg capsule MO	2	QL (270 per 30 days)
gabapentin 400 mg capsule MO	2	QL (270 per 30 days)
gabapentin 600 mg tablet MO	2	QL (180 per 30 days)
gabapentin 800 mg tablet MO	2	QL (180 per 30 days)
GABITRIL 12 MG TABLET MO	4	QL (120 per 30 days)
GABITRIL 16 MG TABLET MO	4	QL (90 per 30 days)
GABITRIL 2 MG TABLET MO	4	QL (90 per 30 days)
GABITRIL 4 MG TABLET MO	4	
GEODON 20 MG IM MO	4	
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE MO	4	ST,QL (78 per 30 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (90 per 30 days)
HALDOL 5 MG/ML INJECTION MO	4	
haloperidol 0.5 mg tablet MO	1	
haloperidol 1 mg tablet MO	1	
haloperidol 10 mg tablet MO	2	
haloperidol 2 mg tablet MO	1	
haloperidol 20 mg tablet MO	2	
haloperidol 5 mg tablet MO	1	
haloperidol dec 100 mg/ml vial MO	3	
haloperidol dec 50 mg/ml vial MO	3	
haloperidol lac 2 mg/ml conc MO	2	
haloperidol lac 5 mg/ml vial MO	2	
HORIZANT ER 600 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (60 per 30 days)
hydrocodon-acetaminoph 2.5-325 MO	3	QL (360 per 30 days)
hydrocodon-acetaminoph 2.5-500 MO	3	QL (240 per 30 days)
hydrocodon-acetaminoph 7.5-300 MO	3	QL (390 per 30 days)
hydrocodon-acetaminoph 7.5-325 MO	3	QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocodon-acetaminoph 7.5-500 MO	3	QL (240 per 30 days)
hydrocodon-acetaminoph 7.5-650 MO	3	QL (180 per 30 days)
hydrocodon-acetaminoph 7.5-750 MO	3	QL (150 per 30 days)
hydrocodon-acetaminophen 5-300 MO	3	QL (390 per 30 days)
hydrocodon-acetaminophen 5-325 MO	3	QL (360 per 30 days)
hydrocodon-acetaminophen 5-500 MO	3	QL (240 per 30 days)
hydrocodon-acetaminophn 10-300 MO	3	QL (390 per 30 days)
hydrocodon-acetaminophn 10-325 MO	3	QL (360 per 30 days)
hydrocodon-acetaminophn 10-500 MO	3	QL (240 per 30 days)
hydrocodon-acetaminophn 10-650 MO	3	QL (180 per 30 days)
hydrocodon-acetaminophn 10-660 MO	3	QL (180 per 30 days)
hydrocodon-acetaminophn 10-750 MO	3	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 MO	3	QL (150 per 30 days)
hydromorphone 1 mg/ml syringe MO	4	QL (720 per 30 days)
hydromorphone 2 mg tablet MO	3	QL (360 per 30 days)
hydromorphone 2 mg/ml syringe MO	4	QL (360 per 30 days)
hydromorphone 2 mg/ml vial MO	3	QL (360 per 30 days)
hydromorphone 3 mg suppos MO	3	QL (120 per 30 days)
hydromorphone 4 mg tablet MO	3	QL (360 per 30 days)
hydromorphone 4 mg/ml syrin MO	4	QL (180 per 30 days)
hydromorphone 500 mg/50 ml via MO	4	QL (144 per 30 days)
hydromorphone 8 mg tablet MO	3	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp MO	4	QL (720 per 30 days)
hydromorphone hcl 2 mg/ml amp MO	4	QL (360 per 30 days)
hydromorphone hcl 4 mg/ml amp MO	4	QL (180 per 30 days)
hydroxyzine 25 mg/ml vial MO	2	PA
hydroxyzine 50 mg/ml vial MO	2	PA
ibuprofen 100 mg/5 ml susp MO	1	
ibuprofen 400 mg tablet MO	1	
ibuprofen 600 mg tablet MO	1	
ibuprofen 800 mg tablet MO	1	
imipramine hcl 10 mg tablet MO	2	PA
imipramine hcl 25 mg tablet MO	2	PA
imipramine hcl 50 mg tablet MO	2	PA
imipramine pamoate 100 mg cap MO	4	PA
imipramine pamoate 125 mg cap MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
imipramine pamoate 150 mg cap MO	4	PA
imipramine pamoate 75 mg cap MO	4	PA
INDOCIN 1 MG IV SOLUTION MO	4	
INDOCIN 25 MG/5 ML ORAL SUSP MO	4	
INDOCIN 50 MG RECTAL SUPPOSITORY MO	4	
indomethacin 1 mg vial MO	2	
indomethacin 25 mg capsule MO	1	
indomethacin 50 mg capsule MO	2	
indomethacin er 75 mg capsule MO	2	
INFUMORPH P/F 10 MG/ML INJECTION MO	4	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION MO	4	QL (150 per 30 days)
INVEGA 1.5 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
INVEGA 3 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (60 per 30 days)
INVEGA 9 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML IM SYRINGE MO	5	QL (1 per 30 days)
INVEGA SUSTENNA 156 MG/ML (1 ML) IM SYRINGE MO	5	QL (1 per 30 days)
INVEGA SUSTENNA 234 MG/1.5 ML IM SYRINGE MO	5	QL (1 per 30 days)
INVEGA SUSTENNA 39 MG/0.25 ML IM SYRINGE MO	4	QL (1 per 30 days)
INVEGA SUSTENNA 78 MG/0.5 ML IM SYRINGE MO	4	QL (1 per 30 days)
KETALAR 100 MG/ML INJECTION MO	4	
KETALAR 50 MG/ML INJECTION MO	4	
ketamine 500 mg/10 ml vial MO	2	
ketamine 500 mg/5 ml vial MO	2	
ketoprofen 50 mg capsule MO	2	
ketoprofen 75 mg capsule MO	2	
ketoprofen er 200 mg capsule MO	3	
LAGESIC CAPLET MO	4	
LAMICTAL 100 MG TABLET MO	4	QL (150 per 30 days)
LAMICTAL 150 MG TABLET MO	4	QL (90 per 30 days)
LAMICTAL 200 MG TABLET MO	4	QL (90 per 30 days)
LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET MO	4	
LAMICTAL 25 MG TABLET MO	4	QL (120 per 30 days)
LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET MO	4	
LAMICTAL ODT 100 MG DISINTEGRATING TABLET MO	4	QL (120 per 30 days)
LAMICTAL ODT 200 MG DISINTEGRATING TABLET MO	4	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL ODT 25 MG DISINTEGRATING TABLET MO	4	QL (120 per 30 days)
LAMICTAL ODT 50 MG DISINTEGRATING TABLET MO	4	QL (90 per 30 days)
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING MO	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TAB,DISINTEGRATING MO	4	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT MO	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK MO	4	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK MO	4	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK MO	4	
LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE MO	4	QL (120 per 30 days)
LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE MO	4	QL (90 per 30 days)
LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE MO	4	QL (90 per 30 days)
LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE MO	4	QL (90 per 30 days)
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE MO	4	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200MG(7) TAB,EXT.REL MO	4	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50MG (14)-100MG (7) TAB,EXT.REL MO	4	
lamotrigine 100 mg tablet MO	2	QL (150 per 30 days)
lamotrigine 150 mg tablet MO	2	QL (90 per 30 days)
lamotrigine 200 mg tablet MO	2	QL (90 per 30 days)
lamotrigine 25 mg disper tab MO	2	
lamotrigine 25 mg tablet MO	2	QL (120 per 30 days)
lamotrigine 25 mg tb start kit MO	2	
lamotrigine 5 mg disper tablet MO	2	
LATUDA 20 MG TABLET MO	4	PA,QL (30 per 30 days)
LATUDA 40 MG TABLET MO	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET MO	4	PA,QL (60 per 30 days)
LEVACET 500 MG-250 MG-150 MG-32.5 MG TABLET MO	4	
levetiraceta-nacl 1,000 mg/100 MO	2	
levetiraceta-nacl 1,500 mg/100 MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levetiracetam 1,000 mg tablet MO	2	QL (120 per 30 days)
levetiracetam 100 mg/ml soln MO	2	
levetiracetam 250 mg tablet MO	2	QL (120 per 30 days)
levetiracetam 500 mg tablet MO	2	QL (120 per 30 days)
levetiracetam 500 mg/5 ml soln MO	2	QL (900 per 30 days)
levetiracetam 500 mg/5 ml vial MO	2	
levetiracetam 750 mg tablet MO	2	QL (120 per 30 days)
levetiracetam er 500 mg tablet MO	2	QL (180 per 30 days)
levetiracetam er 750 mg tablet MO	2	QL (120 per 30 days)
levetiracetam-nacl 500 mg/100 MO	2	
levorphanol 2 mg tablet MO	3	QL (240 per 30 days)
lithium 8 meq/5 ml solution MO	2	
lithium carbonate 150 mg cap MO	2	
lithium carbonate 300 mg cap MO	1	
lithium carbonate 300 mg tab MO	2	
lithium carbonate 600 mg cap MO	2	
lithium carbonate er 300 mg tb MO	2	
lithium er 450 mg tablet MO	2	
lorazepam 0.5 mg tablet MO	2	QL (90 per 30 days)
lorazepam 1 mg tablet MO	2	QL (90 per 30 days)
lorazepam 2 mg tablet MO	2	QL (150 per 30 days)
loxapine 10 mg capsule MO	3	
loxapine 25 mg capsule MO	3	
loxapine 5 mg capsule MO	3	
loxapine 50 mg capsule MO	3	
LUVOX CR 100 MG CAPSULE,EXTENDED RELEASE MO	4	QL (60 per 30 days)
LUVOX CR 150 MG CAPSULE,EXTENDED RELEASE MO	4	QL (60 per 30 days)
LYRICA 100 MG CAPSULE MO	4	ST,QL (90 per 30 days)
LYRICA 150 MG CAPSULE MO	4	ST,QL (90 per 30 days)
LYRICA 200 MG CAPSULE MO	4	ST,QL (90 per 30 days)
LYRICA 225 MG CAPSULE MO	4	ST,QL (60 per 30 days)
LYRICA 25 MG CAPSULE MO	4	ST,QL (90 per 30 days)
LYRICA 300 MG CAPSULE MO	4	ST,QL (60 per 30 days)
LYRICA 50 MG CAPSULE MO	4	ST,QL (90 per 30 days)
LYRICA 75 MG CAPSULE MO	4	ST,QL (90 per 30 days)
magnesium chl 200 mg/ml vial MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
magnesium sulf 4% iv soln MO	2	
magnesium sulf 8% iv soln MO	2	
magnesium sulfate 50% syringe MO	2	
magnesium sulfate 50% vial MO	2	
magnesium-d5w 1 gm/100 ml soln MO	2	
maprotiline 25 mg tablet MO	2	
maprotiline 50 mg tablet MO	2	
maprotiline 75 mg tablet MO	2	
margesic h 5-500 capsule MO	3	QL (240 per 30 days)
MARPLAN 10 MG TABLET MO	4	
MAXALT 10 MG TABLET MO	4	QL (12 per 30 days)
MAXALT 5 MG TABLET MO	4	QL (12 per 30 days)
MAXALT-MLT 10 MG DISINTEGRATING TABLET MO	4	QL (12 per 30 days)
MAXALT-MLT 5 MG DISINTEGRATING TABLET MO	4	QL (12 per 30 days)
MEBARAL 100 MG TABLET MO	4	PA
MEBARAL 32 MG TABLET MO	4	PA
MEBARAL 50 MG TABLET MO	4	PA
meclofenamate 100 mg capsule MO	2	
meclofenamate 50 mg capsule MO	2	
meloxicam 15 mg tablet MO	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet MO	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp MO	2	QL (300 per 30 days)
methadone 10 mg/5 ml solution MO	3	QL (1800 per 30 days)
methadone 10 mg/ml oral conc MO	3	QL (360 per 30 days)
methadone 5 mg/5 ml solution MO	3	QL (3600 per 30 days)
methadone hcl 10 mg tablet MO	3	QL (240 per 30 days)
methadone hcl 10 mg/ml vial MO	3	QL (360 per 30 days)
methadone hcl 5 mg tablet MO	3	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate MO	3	QL (360 per 30 days)
methadose 10 mg tablet MO	3	QL (240 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE MO	3	QL (360 per 30 days)
methamphetamine 5 mg tablet MO	5	QL (150 per 30 days)
methyl salicylate liquid MO	2	
methylphenidate 10 mg tablet MO	2	PA,QL (90 per 30 days)
methylphenidate 20 mg tablet MO	2	PA,QL (90 per 30 days)
methylphenidate 5 mg tablet MO	2	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mirtazapine 15 mg odt MO	2	QL (30 per 30 days)
mirtazapine 15 mg tablet MO	2	QL (30 per 30 days)
mirtazapine 30 mg odt MO	3	QL (30 per 30 days)
mirtazapine 30 mg tablet MO	2	QL (30 per 30 days)
mirtazapine 45 mg odt MO	3	QL (30 per 30 days)
mirtazapine 45 mg tablet MO	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet MO	2	
MOBAN 10 MG TABLET MO	4	
MOBAN 25 MG TABLET MO	4	
MOBAN 5 MG TABLET MO	4	
MOBAN 50 MG TABLET MO	4	
modafinil 100 mg tablet MO	4	PA,QL (60 per 30 days)
modafinil 200 mg tablet MO	5	PA,QL (60 per 30 days)
morphine 0.5 mg/ml vial MO	3	QL (7200 per 30 days)
morphine 1 mg/ml syringe MO	3	QL (3600 per 30 days)
morphine 1 mg/ml syringe MO	3	QL (3600 per 30 days)
morphine 1 mg/ml vial p-f MO	3	QL (3600 per 30 days)
morphine 1 mg/ml-d5w 100 ml MO	3	QL (3600 per 30 days)
morphine 1 mg/ml-d5w 250 ml MO	3	QL (3600 per 30 days)
morphine 10 mg/ml syringe MO	3	QL (360 per 30 days)
morphine 10 mg/ml vial MO	3	QL (360 per 30 days)
morphine 15 mg/ml syringe MO	3	QL (240 per 30 days)
morphine 2 mg/ml syringe MO	3	QL (1800 per 30 days)
morphine 300 mg/20 ml vial MO	3	QL (600 per 30 days)
morphine 4 mg/ml syringe MO	3	QL (900 per 30 days)
morphine 5 mg/ml vial MO	3	QL (720 per 30 days)
morphine 8 mg/ml syringe MO	3	QL (450 per 30 days)
morphine 8 mg/ml vial MO	3	QL (450 per 30 days)
morphine sulf 10 mg suppos MO	3	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln MO	3	QL (2700 per 30 days)
morphine sulf 100 mg/5 ml soln MO	3	QL (600 per 30 days)
morphine sulf 20 mg suppos MO	3	QL (180 per 30 days)
morphine sulf 20 mg/5 ml soln MO	3	QL (1350 per 30 days)
morphine sulf 30 mg suppos MO	3	QL (180 per 30 days)
morphine sulf 5 mg suppos MO	3	QL (180 per 30 days)
morphine sulf er 100 mg tablet MO	3	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine sulf er 15 mg tablet MO	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet MO	3	QL (90 per 30 days)
morphine sulf er 30 mg tablet MO	3	QL (120 per 30 days)
morphine sulf er 60 mg tablet MO	3	QL (120 per 30 days)
morphine sulfate 1 mg/ml vial MO	3	QL (3600 per 30 days)
morphine sulfate 25 mg/ml vial MO	3	QL (150 per 30 days)
morphine sulfate 25 mg/ml vl MO	3	QL (150 per 30 days)
morphine sulfate 50 mg/ml vial MO	3	QL (240 per 30 days)
morphine sulfate ir 15 mg tab MO	3	QL (180 per 30 days)
morphine sulfate ir 30 mg tab MO	3	QL (180 per 30 days)
mst 600 600 mg tablet MO	2	
nabumetone 500 mg tablet MO	3	
nabumetone 750 mg tablet MO	3	
nalbuphine 100 mg/10 ml vial MO	4	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial MO	4	QL (120 per 30 days)
NALFON 200 MG PULVULE MO	4	
NALFON 400 MG CAPSULE MO	4	
naloxone 0.02 mg/ml vial MO	2	
naloxone 0.4 mg/ml syringe MO	2	
naloxone 0.4 mg/ml vial MO	2	
naloxone 2 mg/2 ml syringe MO	2	
naltrexone 50 mg tablet MO	2	
NAMENDA 10 MG TABLET MO	3	QL (60 per 30 days)
NAMENDA 10 MG/5 ML ORAL SOLN MO	3	QL (360 per 30 days)
NAMENDA 5 MG TABLET MO	3	QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK MO	3	QL (98 per 30 days)
naproxen 125 mg/5 ml suspen MO	2	
naproxen 250 mg tablet MO	2	
naproxen 375 mg tablet MO	1	
naproxen 500 mg tablet MO	1	
naproxen dr 375 mg tablet MO	2	
naproxen dr 500 mg tablet MO	2	
naproxen sodium 275 mg tab MO	2	
naproxen sodium 550 mg tab MO	2	
naratriptan hcl 1 mg tablet MO	4	QL (9 per 30 days)
naratriptan hcl 2.5 mg tablet MO	4	QL (9 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NARDIL 15 MG TABLET MO	4	
NAVANE 20 MG CAPSULE MO	4	
nefazodone hcl 100 mg tablet MO	2	
nefazodone hcl 150 mg tablet MO	2	
nefazodone hcl 200 mg tablet MO	2	
nefazodone hcl 250 mg tablet MO	2	
nefazodone hcl 50 mg tablet MO	2	
NEUPRO 1 MG/24 HOUR TRANSDERM 24 HR PATCH MO	4	PA,QL (30 per 30 days)
NEUPRO 2 MG/24 HOUR TRANSDERM 24 HR PATCH MO	4	PA,QL (30 per 30 days)
NEUPRO 3 MG/24 HOUR TRANSDERM 24 HR PATCH MO	4	PA,QL (30 per 30 days)
NEUPRO 4 MG/24 HOUR TRANSDERM 24 HR PATCH MO	4	PA,QL (30 per 30 days)
NEUPRO 6 MG/24 HOUR TRANSDERM 24 HR PATCH MO	4	PA,QL (30 per 30 days)
NEUPRO 8 MG/24 HOUR TRANSDERM 24 HR PATCH MO	4	PA,QL (30 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLN MO	4	
nortriptyline 10 mg/5 ml sol MO	2	
nortriptyline hcl 10 mg cap MO	1	
nortriptyline hcl 25 mg cap MO	1	
nortriptyline hcl 50 mg cap MO	2	
nortriptyline hcl 75 mg cap MO	2	
NUDEXTA 20 MG-10 MG CAPSULE MO	4	QL (60 per 30 days)
olanzapine 10 mg tablet MO	3	QL (30 per 30 days)
olanzapine 10 mg vial MO	3	QL (60 per 30 days)
olanzapine 15 mg tablet MO	3	QL (60 per 30 days)
olanzapine 2.5 mg tablet MO	3	QL (30 per 30 days)
olanzapine 20 mg tablet MO	3	QL (60 per 30 days)
olanzapine 5 mg tablet MO	3	QL (30 per 30 days)
olanzapine 7.5 mg tablet MO	3	QL (30 per 30 days)
olanzapine odt 10 mg tablet MO	3	QL (30 per 30 days)
olanzapine odt 15 mg tablet MO	3	QL (60 per 30 days)
olanzapine odt 20 mg tablet MO	3	QL (60 per 30 days)
olanzapine odt 5 mg tablet MO	3	QL (30 per 30 days)
ONFI 10 MG TABLET MO	4	PA,QL (60 per 30 days)
ONFI 20 MG TABLET MO	4	PA,QL (60 per 30 days)
ONFI 5 MG TABLET MO	4	PA,QL (60 per 30 days)
ORAP 1 MG TABLET MO	4	
ORAP 2 MG TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxaprozin 600 mg tablet MO	2	
oxazepam 10 mg capsule MO	4	
oxazepam 15 mg capsule MO	4	
oxazepam 30 mg capsule MO	4	
oxcarbazepine 150 mg tablet MO	3	
oxcarbazepine 300 mg tablet MO	3	
oxcarbazepine 300 mg/5 ml susp MO	3	
oxcarbazepine 600 mg tablet MO	3	
oxycodon-acetaminophen 2.5-325 MO	3	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-325 MO	3	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-500 MO	3	QL (240 per 30 days)
oxycodone conc 20 mg/ml soln MO	3	QL (270 per 30 days)
oxycodone hcl 10 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 15 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 20 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 30 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 5 mg capsule MO	3	QL (360 per 30 days)
oxycodone hcl 5 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml sol MO	3	QL (5400 per 30 days)
oxycodone-acetaminophen 10-325 MO	3	QL (360 per 30 days)
oxycodone-acetaminophen 10-650 MO	3	QL (180 per 30 days)
oxycodone-acetaminophen 5-325 MO	3	QL (360 per 30 days)
oxycodone-acetaminophen 5-500 MO	3	QL (240 per 30 days)
oxycodone-asa 4.5-0.38-325 tab MO	3	QL (360 per 30 days)
oxycodone-aspirin 4.83-325 mg MO	4	QL (360 per 30 days)
oxycodone-ibuprofen 5-400 tab MO	4	QL (240 per 30 days)
paroxetine cr 12.5 mg tablet MO	3	QL (60 per 30 days)
paroxetine cr 25 mg tablet MO	3	QL (90 per 30 days)
paroxetine er 37.5 mg tablet MO	3	QL (60 per 30 days)
paroxetine hcl 10 mg tablet MO	1	QL (30 per 30 days)
paroxetine hcl 10 mg/5 ml susp MO	2	
paroxetine hcl 20 mg tablet MO	1	QL (30 per 30 days)
paroxetine hcl 30 mg tablet MO	2	QL (60 per 30 days)
paroxetine hcl 40 mg tablet MO	2	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSP MO	4	
PEGANONE 250 MG TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
perphen-amitrip 2 mg-10 mg tab MO	2	PA
perphen-amitrip 2 mg-25 mg tab MO	2	PA
perphen-amitrip 4 mg-10 mg tab MO	2	PA
perphen-amitrip 4 mg-25 mg tab MO	2	PA
perphen-amitrip 4 mg-50 mg tab MO	2	PA
perphenazine 16 mg tablet MO	2	
perphenazine 2 mg tablet MO	2	
perphenazine 4 mg tablet MO	2	
perphenazine 8 mg tablet MO	2	
phenelzine sulfate 15 mg tab MO	3	
phenobarbital 100 mg tablet MO	3	PA,QL (60 per 30 days)
phenobarbital 15 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 16.2 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 30 mg tablet MO	3	PA,QL (210 per 30 days)
phenobarbital 32.4 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 60 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 64.8 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 97.2 mg tablet MO	3	PA,QL (90 per 30 days)
PHENYTEK 200 MG CAPSULE MO	3	
PHENYTEK 300 MG CAPSULE MO	3	
phenytoin 100 mg/4 ml susp MO	2	
phenytoin 125 mg/5 ml susp MO	2	
phenytoin 50 mg/ml syringe MO	3	
phenytoin 50 mg/ml vial MO	3	
phenytoin sod ext 100 mg cap MO	2	
phenytoin sod ext 200 mg cap MO	2	
phenytoin sod ext 300 mg cap MO	2	
piroxicam 10 mg capsule MO	2	
piroxicam 20 mg capsule MO	2	
POTIGA 200 MG TABLET MO	4	PA,QL (90 per 30 days)
POTIGA 300 MG TABLET MO	4	PA,QL (90 per 30 days)
POTIGA 400 MG TABLET MO	4	PA,QL (90 per 30 days)
POTIGA 50 MG TABLET MO	4	PA,QL (270 per 30 days)
pramipexole 0.125 mg tablet MO	2	
pramipexole 0.25 mg tablet MO	2	
pramipexole 0.5 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pramipexole 0.75 mg tablet MO	2	
pramipexole 1 mg tablet MO	2	
pramipexole 1.5 mg tablet MO	2	
PRECEDEX 200 MCG/2 ML IV MO	4	
PRIALT 100 MCG/ML INTRATHECAL MO	5	
PRIALT 25 MCG/ML INTRATHECAL MO	5	
primidone 250 mg tablet MO	3	
primidone 50 mg tablet MO	3	
PRISTIQ 100 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
protriptyline hcl 10 mg tablet MO	2	
protriptyline hcl 5 mg tablet MO	2	
quetiapine fumarate 100 mg tab MO	3	QL (90 per 30 days)
quetiapine fumarate 200 mg tab MO	3	QL (120 per 30 days)
quetiapine fumarate 25 mg tab MO	3	QL (120 per 30 days)
quetiapine fumarate 300 mg tab MO	3	QL (90 per 30 days)
quetiapine fumarate 400 mg tab MO	3	QL (90 per 30 days)
quetiapine fumarate 50 mg tab MO	3	QL (120 per 30 days)
rhinoflex 50 mg-500 mg tablet MO	2	
rhinoflex-650 50 mg-650 mg tablet MO	2	
RILUTEK 50 MG TABLET MO	3	
RISPERDAL CONSTA 12.5 MG/2 ML IM SYRINGE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML IM SYRINGE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML IM SYRINGE MO	4	QL (4 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML IM SYRINGE MO	5	QL (4 per 28 days)
risperidone 0.25 mg odt MO	3	QL (60 per 30 days)
risperidone 0.25 mg tablet MO	2	QL (60 per 30 days)
risperidone 0.5 mg odt MO	3	QL (120 per 30 days)
risperidone 0.5 mg tablet MO	2	QL (120 per 30 days)
risperidone 1 mg odt MO	3	QL (60 per 30 days)
risperidone 1 mg tablet MO	2	QL (60 per 30 days)
risperidone 1 mg/ml solution MO	3	
risperidone 2 mg odt MO	3	QL (60 per 30 days)
risperidone 2 mg tablet MO	2	QL (60 per 30 days)
risperidone 3 mg odt MO	3	QL (60 per 30 days)
risperidone 3 mg tablet MO	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
risperidone 4 mg odt MO	3	QL (60 per 30 days)
risperidone 4 mg tablet MO	2	QL (60 per 30 days)
risperidone m-tab 0.5 mg disintegrating tablet MO	3	QL (120 per 30 days)
risperidone m-tab 1 mg disintegrating tablet MO	3	QL (60 per 30 days)
risperidone m-tab 2 mg disintegrating tablet MO	3	QL (60 per 30 days)
risperidone m-tab 3 mg disintegrating tablet MO	3	QL (60 per 30 days)
risperidone m-tab 4 mg disintegrating tablet MO	3	QL (60 per 30 days)
ROMAZICON 0.1 MG/ML IV MO	4	
ropinirole hcl 0.25 mg tablet MO	2	
ropinirole hcl 0.5 mg tablet MO	2	
ropinirole hcl 1 mg tablet MO	2	
ropinirole hcl 2 mg tablet MO	2	
ropinirole hcl 3 mg tablet MO	2	
ropinirole hcl 4 mg tablet MO	2	
ropinirole hcl 5 mg tablet MO	2	
roxicet 5 mg-325 mg tablet MO	3	QL (360 per 30 days)
ROXICET 5-500 CAPLET MO	3	QL (240 per 30 days)
SABRIL 500 MG ORAL POWDER IN PACKET MO	5	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET MO	5	PA,QL (180 per 30 days)
salsalate 500 mg tablet MO	3	
salsalate 750 mg tablet MO	3	
SAPHRIS 10 MG SUBLINGUAL TABLET MO	4	PA,QL (60 per 30 days)
SAPHRIS 5 MG SUBLINGUAL TABLET MO	4	PA,QL (60 per 30 days)
SAVELLA 100 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	3	QL (60 per 30 days)
SAVELLA 12.5 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 25 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 50 MG TABLET MO	3	QL (60 per 30 days)
selegiline hcl 5 mg capsule MO	3	
selegiline hcl 5 mg tablet MO	3	
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
sertraline 20 mg/ml oral conc MO	2	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sertraline hcl 100 mg tablet MO	2	QL (60 per 30 days)
sertraline hcl 25 mg tablet MO	2	QL (60 per 30 days)
sertraline hcl 50 mg tablet MO	2	QL (60 per 30 days)
STRATTERA 10 MG CAPSULE MO	4	QL (60 per 30 days)
STRATTERA 100 MG CAPSULE MO	4	QL (30 per 30 days)
STRATTERA 18 MG CAPSULE MO	4	QL (60 per 30 days)
STRATTERA 25 MG CAPSULE MO	4	QL (60 per 30 days)
STRATTERA 40 MG CAPSULE MO	4	QL (60 per 30 days)
STRATTERA 60 MG CAPSULE MO	4	QL (30 per 30 days)
STRATTERA 80 MG CAPSULE MO	4	QL (30 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
sufentanil 250 mcg/5 ml ampul MO	3	QL (1440 per 30 days)
sulindac 150 mg tablet MO	2	
sulindac 200 mg tablet MO	2	
sumatriptan 20 mg nasal spray MO	3	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml cart MO	3	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml inject MO	3	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml syrng MO	3	QL (6 per 30 days)
sumatriptan 5 mg nasal spray MO	3	QL (12 per 30 days)
sumatriptan 6 mg/0.5 ml inject MO	3	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml refill MO	3	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng MO	3	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial MO	3	QL (6 per 30 days)
sumatriptan succ 100 mg tablet MO	2	QL (9 per 30 days)
sumatriptan succ 25 mg tablet MO	2	QL (9 per 30 days)
sumatriptan succ 50 mg tablet MO	2	QL (9 per 30 days)
SURMONTIL 100 MG CAPSULE MO	4	PA
SURMONTIL 25 MG CAPSULE MO	4	PA
SURMONTIL 50 MG CAPSULE MO	4	PA
TASMAR 100 MG TABLET MO	4	PA
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE MO	4	
temazepam 15 mg capsule MO	4	QL (30 per 30 days)
temazepam 22.5 mg capsule MO	4	
temazepam 30 mg capsule MO	4	QL (30 per 30 days)
temazepam 7.5 mg capsule MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
thioridazine 10 mg tablet MO	2	PA
thioridazine 100 mg tablet MO	2	PA
thioridazine 25 mg tablet MO	2	PA
thioridazine 50 mg tablet MO	2	PA
thiothixene 1 mg capsule MO	2	
thiothixene 10 mg capsule MO	2	
thiothixene 2 mg capsule MO	1	
thiothixene 5 mg capsule MO	2	
tolmetin sodium 200 mg tab MO	3	
tolmetin sodium 400 mg cap MO	3	
tolmetin sodium 600 mg tab MO	3	
topiragen 100 mg tablet MO	2	QL (120 per 30 days)
topiragen 200 mg tablet MO	2	QL (120 per 30 days)
topiragen 25 mg tablet MO	2	QL (90 per 30 days)
topiragen 50 mg tablet MO	2	QL (120 per 30 days)
topiramate 100 mg tablet MO	2	QL (120 per 30 days)
topiramate 15 mg sprinkle cap MO	2	
topiramate 200 mg tablet MO	2	QL (120 per 30 days)
topiramate 25 mg sprinkle cap MO	2	
topiramate 25 mg tablet MO	2	QL (90 per 30 days)
topiramate 50 mg tablet MO	2	QL (120 per 30 days)
tramadol hcl 50 mg tablet MO	1	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 MO	3	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab MO	4	
trazodone 100 mg tablet MO	1	
trazodone 150 mg tablet MO	1	
trazodone 300 mg tablet MO	2	
trazodone 50 mg tablet MO	1	
trifluoperazine 1 mg tablet MO	2	
trifluoperazine 10 mg tablet MO	2	
trifluoperazine 2 mg tablet MO	2	
trifluoperazine 5 mg tablet MO	2	
trihexyphenidyl 2 mg tablet MO	1	PA
trihexyphenidyl 2 mg/5 ml elx MO	2	PA
trihexyphenidyl 5 mg tablet MO	2	PA
TRILEPTAL 300 MG/5 ML ORAL SUSP MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trimipramine maleate 100 mg cp MO	4	PA
trimipramine maleate 25 mg cap MO	4	PA
trimipramine maleate 50 mg cap MO	4	PA
ULTIVA 1 MG SOLUTION MO	4	QL (450 per 30 days)
ULTIVA 2 MG SOLUTION MO	4	QL (240 per 30 days)
ULTIVA 5 MG SOLUTION MO	4	QL (90 per 30 days)
valproate sod 500 mg/5 ml vl MO	2	
valproic acid 250 mg capsule MO	2	
valproic acid 250 mg/5 ml soln MO	2	
valproic acid 250 mg/5 ml syr MO	2	
valproic acid 500 mg/10 ml sol MO	2	
venlafaxine hcl 100 mg tablet MO	3	
venlafaxine hcl 25 mg tablet MO	3	
venlafaxine hcl 37.5 mg tablet MO	3	
venlafaxine hcl 50 mg tablet MO	3	
venlafaxine hcl 75 mg tablet MO	3	
venlafaxine hcl er 150 mg cap MO	2	QL (60 per 30 days)
VENLAFAXINE HCL ER 150 MG TAB MO	4	QL (30 per 30 days)
VENLAFAXINE HCL ER 225 MG TAB MO	4	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap MO	2	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg tab MO	4	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap MO	2	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab MO	4	QL (60 per 30 days)
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK MO	4	PA,QL (30 per 30 days)
VIIBRYD 10 MG TABLET MO	4	PA,QL (30 per 30 days)
VIIBRYD 20 MG TABLET MO	4	PA,QL (30 per 30 days)
VIIBRYD 40 MG TABLET MO	4	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLN MO	4	PA,QL (1395 per 30 days)
VIMPAT 100 MG TABLET MO	4	PA,QL (90 per 30 days)
VIMPAT 150 MG TABLET MO	4	PA,QL (90 per 30 days)
VIMPAT 200 MG TABLET MO	4	PA,QL (60 per 30 days)
VIMPAT 200 MG/20 ML IV MO	4	PA
VIMPAT 50 MG TABLET MO	4	PA,QL (90 per 30 days)
vistra 650 tablet MO	2	
VOLTAREN 1 % TOPICAL GEL MO	4	
XENAZINE 12.5 MG TABLET SP	5	PA,QL (240 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XENAZINE 25 MG TABLET ^{SP}	5	PA,QL (120 per 30 days)
XYREM 500 MG/ML ORAL SOLN ^{SP}	5	
zaleplon 10 mg capsule ^{MO}	2	PA,QL (90 per 365 days)
zaleplon 5 mg capsule ^{MO}	2	PA,QL (90 per 365 days)
zgesic 66 mg-600 mg tablet,extended release ^{MO}	2	
ziprasidone hcl 20 mg capsule ^{MO}	3	QL (60 per 30 days)
ziprasidone hcl 40 mg capsule ^{MO}	3	QL (60 per 30 days)
ziprasidone hcl 60 mg capsule ^{MO}	3	QL (60 per 30 days)
ziprasidone hcl 80 mg capsule ^{MO}	3	QL (60 per 30 days)
zolpidem tartrate 10 mg tablet ^{MO}	2	QL (90 per 365 days)
zolpidem tartrate 5 mg tablet ^{MO}	2	QL (90 per 365 days)
zonisamide 100 mg capsule ^{MO}	2	
zonisamide 25 mg capsule ^{MO}	2	
zonisamide 50 mg capsule ^{MO}	2	
ZYBAN 150 MG TABLET,EXTENDED RELEASE ^{MO}	3	QL (90 per 30 days)
ZYPREXA 10 MG IM ^{MO}	4	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG IM SUSP ^{MO}	4	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 300 MG IM SUSP ^{MO}	5	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG IM SUSP ^{MO}	5	PA,QL (1 per 28 days)
DEVICES		
1ST TIER UNIFINE PENTIPS 31 X 3/16" NEEDLE ^{MO}	2	
ADVOCATE PEN NEEDLES 31 X 3/16" ^{MO}	2	
ADVOCATE PEN NEEDLES 31 X 5/16" ^{MO}	2	
ADVOCATE SYRINGES 0.3 ML 29 X 1/2" ^{MO}	2	
ADVOCATE SYRINGES 0.3 ML 30 X 5/16" ^{MO}	2	
ADVOCATE SYRINGES 0.3 ML 31 X 5/16" ^{MO}	2	
ADVOCATE SYRINGES 1 ML 29 X 1/2" ^{MO}	2	
ADVOCATE SYRINGES 1 ML 30 X 5/16" ^{MO}	2	
ADVOCATE SYRINGES 1 ML 31 X 5/16" ^{MO}	2	
ADVOCATE SYRINGES 1/2 ML 29 X 1/2" ^{MO}	2	
ADVOCATE SYRINGES 1/2 ML 30 X 5/16" ^{MO}	2	
ADVOCATE SYRINGES 1/2 ML 31 X 5/16" ^{MO}	2	
AIMSCO INS SYR 0.5 ML 28GX1/2" ^{MO}	2	
AIMSCO INS SYR 1 ML 28GX1/2" ^{MO}	2	
ASSURE ID INSULIN SAFETY 0.5 ML 29 X 1/2" SYRINGE ^{MO}	2	
ASSURE ID INSULIN SAFETY 1 ML 29 X 1/2" SYRINGE ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUTOJECT 2 INJECTION DEVICE MO	2	
AUTOJECT 2 INJECTION DEVICE SUB-Q INSULIN PEN MO	2	
AUTOPEN 1 TO 16 UNITS SUB-Q INSULIN PEN MO	2	
AUTOPEN 1 TO 21 UNITS SUB-Q INSULIN PEN MO	2	
AUTOPEN 2 TO 32 UNITS SUB-Q INSULIN PEN MO	2	
AUTOPEN 2 TO 42 UNITS SUB-Q INSULIN PEN MO	2	
BD ECLIPSE LUER-LOK 1 ML 30 X 1/2" SYRINGE MO	2	
BD INSULIN PEN NEEDLE UF ORIG 29 X 1/2" MO	2	
BD INSULIN SYR 1 ML 25GX5/8" MO	2	
BD INSULIN SYR 1 ML 27GX5/8" MO	2	
BD INSULIN SYRINGE 1 ML 25 X 1" MO	2	
BD INSULIN SYRINGE 1 ML 25 X 5/8" MO	2	
BD INSULIN SYRINGE 1 ML 26 X 1/2" MO	2	
BD INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 15/64" MO	2	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 MO	2	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 X 1/2" MO	2	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 X 1/2" MO	2	
BD INSULIN SYRINGE MICRO-FINE 1/2 ML 28 X 1/2" MO	2	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 X 1/2" MO	2	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	2	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 X 5/16" MO	2	
BD INSULIN SYRINGE ULT-FINE II 1 ML 31 X 5/16" MO	2	
BD INSULIN SYRINGE ULT-FINE II 1/2 ML 31 X 5/16" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 X 1/2" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 29 X 1/2" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 X 1/2" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 30 X 1/2" MO	2	
BD INTEGRA INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 X 1/2" SYRINGE MO	2	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 X 1/2" SYRINGE MO	2	
BD LO-DOSE ULTRA-FINE 0.3 ML 29 X 1/2" SYRINGE MO	2	
BD LO-DOSE ULTRA-FINE 1/2 ML 29 X 1/2" SYRINGE MO	2	
BD LUER-LOK SYRINGE 1 ML MO	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 X 5/8" MO	2	
CAREONE ULTIGUARD 0.3 ML 29 X 1/2" SYRINGE MO	2	
CAREONE ULTIGUARD 0.3 ML 30 X 5/16" SYRINGE MO	2	
CAREONE ULTIGUARD 1 ML 29 X 1/2" SYRINGE MO	2	
CAREONE ULTIGUARD 1 ML 30 X 5/16" SYRINGE MO	2	
CAREONE ULTIGUARD 1/2 ML 29 X 1/2" SYRINGE MO	2	
CAREONE ULTIGUARD 1/2 ML 30 X 5/16" SYRINGE MO	2	
COMFORT EZ 0.3 ML 29 X 1/2" SYRINGE MO	2	
COMFORT EZ 0.3 ML 30 X 1/2" SYRINGE MO	2	
COMFORT EZ 0.3 ML 30 X 5/16" SYRINGE MO	2	
COMFORT EZ 0.3 ML 31 X 5/16" SYRINGE MO	2	
COMFORT EZ 1 ML 28 X 1/2" SYRINGE MO	2	
COMFORT EZ 1 ML 29 X 1/2" SYRINGE MO	2	
COMFORT EZ 1 ML 30 X 1/2" SYRINGE MO	2	
COMFORT EZ 1 ML 30 X 5/16" SYRINGE MO	2	
COMFORT EZ 1 ML 31 X 5/16" SYRINGE MO	2	
COMFORT EZ 1/2 ML 28 X 1/2" SYRINGE MO	2	
COMFORT EZ 1/2 ML 29 X 1/2" SYRINGE MO	2	
COMFORT EZ 1/2 ML 30 X 1/2" SYRINGE MO	2	
COMFORT EZ 1/2 ML 30 X 5/16" SYRINGE MO	2	
COMFORT EZ 1/2 ML 31 X 5/16" SYRINGE MO	2	
COMFORT EZ 31 X 1/4" NEEDLE MO	2	
COMFORT EZ 31 X 3/16" NEEDLE MO	2	
COMFORT EZ 31 X 5/16" NEEDLE MO	2	
CVS SYRINGE 3/10 ML MO	2	
DISCOVISC 40 MG-17 MG/ML INTRAOCULAR SYRINGE MO	4	
DUOVISC VISCO ELASTIC 3 %-4 % (0.35 ML) 1 %(0.4 ML) INTRAOCULAR KIT MO	4	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
EASY TOUCH 32 X 1/4" NEEDLE MO	2	
EASY TOUCH 32 X 3/16" NEEDLE MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
EASY TOUCH INSULIN SYRINGE 1 ML 27 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
EASY TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
euflexxa 10 mg/ml intra-articular syringe MO	4	
EXEL INSULIN 0.3 ML 29 X 1/2" SYRINGE MO	2	
EXEL INSULIN 1 ML 27 X 1/2" SYRINGE MO	2	
EXEL INSULIN 1 ML 30 X 5/16" SYRINGE MO	2	
EXEL INSULIN 1/2 ML 28 X 1/2" SYRINGE MO	2	
EXEL INSULIN 1/2 ML 30 X 5/16" SYRINGE MO	2	
FIFTY50 RESERVOIR 1.8 ML MISC MO	2	
FIFTY50 RESERVOIR 3 ML MISC MO	4	
GENTLE DRAW LANCING DEVICE MO	2	
GLUCOPRO 0.3 ML 29 X 1/2" SYRINGE MO	2	
GLUCOPRO 0.3 ML 30 X 1/2" SYRINGE MO	2	
GLUCOPRO 0.3 ML 30 X 5/16" SYRINGE MO	2	
GLUCOPRO 0.3 ML 31 X 5/16" SYRINGE MO	2	
GLUCOPRO 1 ML 29 X 1/2" SYRINGE MO	2	
GLUCOPRO 1 ML 30 X 1/2" SYRINGE MO	2	
GLUCOPRO 1 ML 30 X 5/16" SYRINGE MO	2	
GLUCOPRO 1 ML 31 X 5/16" SYRINGE MO	2	
GLUCOPRO 1/2 ML 29 X 1/2" SYRINGE MO	2	
GLUCOPRO 1/2 ML 30 X 1/2" SYRINGE MO	2	
GLUCOPRO 1/2 ML 30 X 5/16" SYRINGE MO	2	
GLUCOPRO 1/2 ML 31 X 5/16" SYRINGE MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCOPRO SYRINGE MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 29 X 1/2" NEEDLE MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 1/4" NEEDLE MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 3/16" NEEDLE MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 5/16" NEEDLE MO	2	
HUMAPEN LUXURA HD SUB-Q INSULIN PEN MO	4	
HUMAPEN MEMOIR SUB-Q INSULIN PEN MO	4	
HYALGAN 10 MG/ML INTRA-ARTICULAR MO	4	
HYALGAN 10 MG/ML INTRA-ARTICULAR SYRINGE MO	4	
INNOVO SUB-Q INSULIN PEN MO	2	
INSULIN 1 ML SYRINGE MO	2	
INSULIN 1/2 ML SYRINGE MO	2	
INSULIN 3/10 ML SYRINGE MO	2	
INSULIN SYR 1/2 ML BULK PACK MO	2	
INSULIN SYRIN 0.3 ML 31GX5/16" MO	2	
INSULIN SYRIN 0.5 ML 31GX5/16" MO	2	
INSULIN SYRINGE 1 ML MO	2	
INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
INSULIN SYRINGE 1 ML 31GX5/16" MO	2	
INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
INSULIN SYRINGE MICROFINE 0.3 ML 28 X 1/2" MO	2	
INSULIN SYRINGE MICROFINE 1 ML 27 X 5/8" MO	2	
INSULIN SYRINGE MICROFINE 1/2 ML 28 X 1/2" MO	2	
INSULIN SYRINGE U100 0.5 ML MO	2	
INSULIN SYRINGE U100 1 ML MO	2	
INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 15/64" MO	2	
INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 15/64" MO	2	
INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 15/64" MO	2	
INSULIN SYRINGE ULTRAFINE 1/2 ML 29 X 1/2" MO	2	
INSULIN SYRINGE/NEEDLE 0.5CC/27G 1/2 ML 27 X 1/2" MO	2	
INSUMED SYR 0.3 ML 31GX5/16" MO	2	
INSUPEN 32 X 5/32" NEEDLE MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KMART VALU PLUS SYR 1/2 ML MO	2	
LITE TOUCH INSULIN PEN NEEDLES 29 X 1/2" MO	2	
LITE TOUCH INSULIN PEN NEEDLES 31 X 5/16" MO	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
LITE TOUCH INSULIN SYRINGE 1 ML 28 MO	2	
LITE TOUCH INSULIN SYRINGE 1 ML 29 MO	2	
LITE TOUCH INSULIN SYRINGE 1 ML 30 X 7/16" MO	2	
LITE TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 MO	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MO	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 MO	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" MO	2	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" MO	2	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" MO	2	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 X 5/16" MO	2	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" MO	2	
MAGELLAN SYRINGE 0.5 ML 30 X 5/16" MO	2	
MAGELLAN SYRINGE 1 ML 27 X 1/2" MO	2	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
MEDI-JECTOR VISION SUB-Q INSULIN PEN MO	2	
MINI ULTRA-THIN II 31 X 3/16" NEEDLE MO	2	
MINIMED SYRINGE RESERVOIR 3 ML MO	4	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" MO	2	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 X 5/16" MO	2	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 29 X 1/2" MO	2	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 30 X 5/16" MO	2	
MONOJECT INSULIN SAFETY SYRINGE 29 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
MONOJECT INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
MONOJECT INSULIN SYRINGE 1 ML MO	2	
MONOJECT INSULIN SYRINGE 1 ML 25 X 5/8" MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT INSULIN SYRINGE 1 ML 27 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
MONOJECT INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
MONOJECT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
MONOJECT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
MONOJECT SYRINGE 1/2 ML 28 MO	2	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 SYRINGE MO	2	
MS INS SYRINGE 1 ML 30GX1/2" MO	2	
NEEDLE-PRO EDGE 0.3 ML 29GX1/2" MO	2	
NEEDLE-PRO EDGE 0.3 ML 30GX1/2" MO	2	
NEEDLE-PRO EDGE 0.5 ML 28GX1/2" MO	2	
NEEDLE-PRO EDGE 0.5 ML 29GX1/2" MO	2	
NEEDLE-PRO EDGE 0.5 ML 30GX1/2" MO	2	
NEEDLE-PRO EDGE 1 ML 26GX1/2" MO	2	
NEEDLE-PRO EDGE 1 ML 27GX1/2" MO	2	
NEEDLE-PRO EDGE 1 ML 28GX1/2" MO	2	
NEEDLE-PRO EDGE 1 ML 29GX1/2" MO	2	
NEEDLE-PRO EDGE 1 ML 30GX1/2" MO	2	
NOVOFINE 30 30 X 1/3" NEEDLE MO	2	
NOVOFINE 32 32 X 1/4" NEEDLE MO	2	
NOVOFINE AUTOCOVER 30 X 1/3" NEEDLE MO	2	
NOVOPEN 3 PENMATE SUB-Q INSULIN PEN MO	2	
NOVOPEN 3 SUB-Q INSULIN PEN MO	2	
NOVOPEN JR SUB-Q INSULIN PEN MO	2	
NOVOTWIST 30 X 1/3" NEEDLE MO	2	
NOVOTWIST 32 X 1/5" NEEDLE MO	2	
ORSINI INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
ORSINI INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
ORSINI INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
ORTHOVISC 30 MG/2 ML INTRA-ARTICULAR SYRINGE MO	4	
PEN NEEDLE 29 GAUGE MO	2	
PEN NEEDLE 29 X 1/2" MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEN NEEDLE 30 X 3/16" MO	2	
PEN NEEDLE 30 X 5/16" MO	2	
PEN NEEDLE 31 X 1/4" MO	2	
PEN NEEDLE 31 X 3/16" MO	2	
PEN NEEDLE 31 X 5/16" MO	2	
PRECISION SURE DOSE SYRINGE MO	2	
PREFERRED PLUS SYRINGE 0.5 ML MO	2	
PREFERRED PLUS SYRINGE 1 ML MO	2	
PRODIGY CONTROL SOLUTION,HIGH MO	2	
PRODIGY INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
PRODIGY INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
PRODIGY INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
PRODIGY INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
PRODIGY PEN NEEDLE 29 X 1/2" MO	2	
PRODIGY PEN NEEDLE 31 X 3/16" MO	2	
PRODIGY PEN NEEDLE 31 X 5/16" MO	2	
provisc 10 mg/ml intraocular syringe MO	4	
PUB INS SYRIN 0.3 ML 30GX1/2" MO	2	
PUB INSUL SYR 0.5 ML 30GX1/2" MO	2	
RELION INS SYR 0.3 ML 29GX1/2" MO	2	
RELION INS SYR 0.3 ML 30GX5/16" MO	2	
RELION INS SYR 1 ML 29GX1/2" MO	2	
RELION INS SYR 1 ML 30GX5/16" MO	2	
RELION NEEDLES 31 X 1/4" MO	2	
RELION SYR 0.5 ML 30GX5/16" MO	2	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
SAFESNAP INSULIN SYRINGE 0.5 ML 29 X 1/2" MO	2	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 X 5/16" MO	2	
SAFESNAP INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
SAFESNAP INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
supartz 10 mg/ml intra-articular syringe MO	4	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 1/2" MO	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
SURE COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" MO	2	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
SURE COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" MO	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
SURE COMFORT INSULIN SYRINGE U-100 1/2 ML 29 X 1/2" MO	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
SURE-JECT INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
SURE-JECT INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
SYNVISC 16MG/2 ML INTRA-ARTICULAR SYRINGE MO	4	
SYNVISC-ONE 48 MG/6 ML INTRA-ARTICULAR SYRINGE MO	4	
TERUMO INS SYRINGE U100-1 ML MO	2	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" MO	2	
TERUMO INSULIN SYRINGE 0.5CC/27G 1/2 ML 27 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1 ML 27 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" MO	2	
TERUMO SURGUARD SYR 28G-1 ML MO	2	
TERUMO SURGUARD SYR 28G-1/2 ML MO	2	
TERUMO SURGUARD SYR 29G-0.3 ML MO	2	
TERUMO SURGUARD SYR 29G-1/2 ML MO	2	
TERUMO SURGUARD SYRN 29G-1 ML MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THINPRO INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" MO	2	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" MO	2	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" MO	2	
THINPRO INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
THINPRO INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
THINPRO INSULIN SYRINGE 1 ML 30 X 3/8" MO	2	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" MO	2	
THINPRO INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
THINPRO INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" MO	2	
THINSET RESERVOIR 1.8 ML MO	4	
THINSET RESERVOIR 3 ML MO	4	
TOPCARE ULTRA COMFORT 0.3 ML 29 X 1/2" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 0.3 ML 30 X 5/16" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 0.3 ML 31 X 5/16" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1 ML 29 X 1/2" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1 ML 30 X 5/16" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1 ML 31 X 5/16" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1/2 ML 29 X 1/2" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1/2 ML 30 X 5/16" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1/2 ML 31 X 5/16" SYRINGE MO	2	
TRUETEST HIGH GLUCOSE CONTROL SOLN MO	2	
TRUETEST NORMAL GLUCOSE CONTROL SOLN MO	2	
ULTICARE 0.3 ML 30 X 1/2" SYRINGE MO	2	
ULTICARE 1 ML 30 X 1/2" SYRINGE MO	2	
ULTICARE 1.5 ML 22 X 1 1/2" SYRINGE MO	2	
ULTICARE 1/2 ML 30 X 1/2" SYRINGE MO	2	
ULTICARE 32 X 5/32" NEEDLE MO	2	
ULTICARE INS SYR 1 ML 28GX1/2" MO	2	
ULTICARE SYRIN 0.5 ML 28GX1/2" MO	2	
ULTICARE U100 0.5 ML 29GX1/2" MO	2	
ULTIGUARD 0.3 ML 29 X 1/2" SYRINGE MO	2	
ULTIGUARD 0.3 ML 30 X 1/2" SYRINGE MO	2	
ULTIGUARD 0.3 ML 30 X 5/16" SYRINGE MO	2	
ULTIGUARD 0.3 ML 31 X 5/16" SYRINGE MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTIGUARD 1 ML 29 X 1/2" SYRINGE MO	2	
ULTIGUARD 1 ML 30 X 1/2" SYRINGE MO	2	
ULTIGUARD 1 ML 30 X 5/16" SYRINGE MO	2	
ULTIGUARD 1 ML 31 X 5/16" SYRINGE MO	2	
ULTIGUARD 1/2 ML 29 X 1/2" SYRINGE MO	2	
ULTIGUARD 1/2 ML 30 X 1/2" SYRINGE MO	2	
ULTIGUARD 1/2 ML 30 X 5/16" SYRINGE MO	2	
ULTIGUARD 1/2 ML 31 X 5/16" SYRINGE MO	2	
ULTILET INSULIN SYRINGE 0.3 ML 29 MO	2	
ULTILET INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
ULTILET INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
ULTILET INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
ULTILET INSULIN SYRINGE 1 ML 29 MO	2	
ULTILET INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
ULTILET INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
ULTILET INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
ULTILET INSULIN SYRINGE 1/2 ML 29 MO	2	
ULTILET INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
ULTILET INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
ULTILET INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE MO	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 MO	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 MO	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 7/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA-THIN II (SHORT) INS SYR 0.3 ML 30 X 5/16" SYRINGE MO	2	
ULTRA-THIN II (SHORT) INS SYR 0.3 ML 31 X 5/16" SYRINGE MO	2	
ULTRA-THIN II (SHORT) INS SYR 1 ML 30 X 5/16" SYRINGE MO	2	
ULTRA-THIN II (SHORT) INS SYR 1/2 ML 30 X 5/16" SYRINGE MO	2	
ULTRA-THIN II (SHORT) INS SYR 1/2 ML 31 X 5/16" SYRINGE MO	2	
ULTRA-THIN II (SHORT) PEN NDL 31 X 5/16" NEEDLE MO	2	
ULTRA-THIN II INS PEN NEEDLES 29 X 1/2" MO	2	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
ULTRA-THIN II INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
ULTRACOMFORT 1 ML 29 X 1/2" SYRINGE MO	2	
ULTRACOMFORT 1 ML 30 X 1/2" SYRINGE MO	2	
ULTRACOMFORT 1 ML 31 X 5/16" SYRINGE MO	2	
ULTRACOMFORT 1/2 ML 29 X 1/2" SYRINGE MO	2	
ULTRACOMFORT 1/2 ML 30 X 1/2" SYRINGE MO	2	
ULTRACOMFORT 1/2 ML 31 X 5/16" SYRINGE MO	2	
ULTRACOMFORT W/ CONTAINER 1 ML 29 X 1/2" SYRINGE MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRACOMFORT W/ CONTAINER 1 ML 30 X 1/2" SYRINGE MO	2	
ULTRACOMFORT W/ CONTAINER 1 ML 31 X 5/16" SYRINGE MO	2	
ULTRACOMFORT W/ CONTAINER 1/2 ML 29 X 1/2" SYRINGE MO	2	
ULTRACOMFORT W/ CONTAINER 1/2 ML 30 X 1/2" SYRINGE MO	2	
ULTRACOMFORT W/ CONTAINER 1/2 ML 31 X 5/16" SYRINGE MO	2	
UNIFINE PENTIPS 29 X 1/2" NEEDLE MO	2	
UNIFINE PENTIPS 31 NEEDLE MO	2	
UNIFINE PENTIPS 31 X 1/4" NEEDLE MO	2	
UNIFINE PENTIPS 31 X 3/16" NEEDLE MO	2	
UNIFINE PENTIPS 31 X 5/16" NEEDLE MO	2	
VANISHPOINT SYRINGE 1 ML 29 X 1/2" MO	2	
VANISHPOINT SYRINGE 1/2 ML 30 X 1/2" MO	2	
VISCOAT 4 %-3 % (40 MG-30 MG/ML) INTRAOCULAR SYRINGE MO	4	
DIAGNOSTIC AGENTS		
ACTHAR H.P. 80 UNIT/ML INJECTION GEL SP	5	PA
APLISOL 5 TUB. UNIT/0.1 ML INTRADERMAL MO	4	
ASSURE PLATINUM STRIPS MO	2	QL (150 per 30 days)
CANDIN FDA STANDARD ALLERGEN PREP INTRADERMAL MO	4	
CARESENS N TEST STRIPS MO	3	QL (150 per 30 days)
CORTROSYN 0.25 MG SOLUTION FOR INJECTION MO	4	
cosyntropin 0.25 mg vial MO	2	
cosyntropin 0.25 mg/ml MO	2	
EASY TRAK GLUCOSE TEST STRIPS MO	2	QL (150 per 30 days)
enlon 10 mg/ml injection MO	2	
FORA G71A STRIPS MO	2	QL (150 per 30 days)
LIBERTY TEST STRIPS MO	4	QL (150 per 30 days)
OPTIUM EZ STRIPS MO	2	QL (150 per 30 days)
RIGHTEST GS550 TEST STRIPS MO	3	QL (150 per 30 days)
SMART CARESENS N TEST STRIPS MO	3	QL (150 per 30 days)
THYROGEN 1.1 MG IM MO	4	
TUBERSOL 5 TUB. UNIT/0.1 ML INTRADERMAL MO	4	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
amiloride hcl 5 mg tablet MO	2	
amiloride hcl-hctz 5-50 mg tab MO	1	
AMINOACETIC ACID 1.5 % IRRIGATION SOLN MO	4	
AMINOSYN 10 % IV MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN 3.5 % IV MO	4	B vs D
AMINOSYN 7 % IV MO	4	B vs D
AMINOSYN 7 % WITH ELECTROLYTES IV MO	4	B vs D
AMINOSYN 8.5 % IV MO	4	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES IV MO	4	B vs D
AMINOSYN II 10 % IV MO	4	B vs D
AMINOSYN II 15% IV MO	4	B vs D
AMINOSYN II 7 % IV MO	4	B vs D
AMINOSYN II 8.5 % IV MO	4	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES IV MO	4	B vs D
AMINOSYN M 3.5 % IV MO	4	B vs D
AMINOSYN-HBC 7% IV MO	4	B vs D
AMINOSYN-PF 10 % IV MO	4	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) IV MO	4	B vs D
AMINOSYN-RF 5.2 % IV MO	4	B vs D
ammonium chloride 5 meq/ml MO	2	
AMMONUL 10 %-10 % IV MO	5	
AXONA 20 GRAM/40 GRAM ORAL POWDER PACKET MO	4	
bumetanide 0.25 mg/ml vial MO	2	
bumetanide 0.5 mg tablet MO	1	
bumetanide 1 mg tablet MO	1	
bumetanide 2 mg tablet MO	2	
BUPHENYL 500 MG TABLET MO	5	
BUPHENYL ORAL POWDER MO	5	
calcium acetate 667 mg capsule MO	3	
calcium acetate 667 mg tablet MO	2	
calcium chloride 10% abbjct MO	2	
calcium chloride 10% vial MO	2	
calcium gluconate 10% vial MO	2	B vs D
CARBAGLU 200 MG DISPERSIBLE TABLET SP	5	PA
chlorothiazide 250 mg tablet MO	2	
chlorothiazide 500 mg tablet MO	2	
chlorothiazide sod 500 mg vial MO	2	
chlorthalidone 25 mg tablet MO	2	
chlorthalidone 50 mg tablet MO	2	
CLINIMIX 2.75%/D5 SULFITE FREE IV MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 4.25%/D10 SULFITE FREE IV MO	4	B vs D
CLINIMIX 4.25%/D20 SULFITE FREE IV MO	4	B vs D
CLINIMIX 4.25%/D25 SULFITE FREE IV MO	4	B vs D
CLINIMIX 4.25%/D5 SULFITE FREE IV MO	4	B vs D
CLINIMIX 5%/D15 SULFITE FREE IV MO	4	B vs D
CLINIMIX 5%/D20 SULFITE FREE IV MO	4	B vs D
CLINIMIX 5%/D25 SULFITE FREE IV MO	4	B vs D
CLINIMIX E 2.75%/D10 SULFITE FREE IV MO	4	B vs D
CLINIMIX E 2.75%/D5 SULFITE FREE IV MO	4	B vs D
CLINIMIX E 4.25%/D10 SULFITE FREE IV MO	4	B vs D
CLINIMIX E 4.25%/D25 SULFITE FREE IV MO	4	B vs D
CLINIMIX E 4.25%/D5 SULFITE FREE IV MO	4	B vs D
CLINIMIX E 5%/D15 SULFITE FREE IV MO	4	B vs D
CLINIMIX E 5%/D20 SULFITE FREE IV MO	4	B vs D
CLINIMIX E 5%/D25 SULFITE FREE IV MO	4	B vs D
constulose 10 gram/15 ml oral soln MO	2	
cytra k crystals 3,300 mg-1,002 mg oral packet MO	4	
cytra-3 550 mg-500 mg-334 mg/5 ml oral soln MO	2	
cytra-k 1,100 mg-334 mg/5 ml oral soln MO	2	
d10%-1/2ns soln/excel cont MO	2	
d5%-1/2ns-kcl 10 meq/l iv sol MO	2	
d5%-1/2ns-kcl 30 meq/l iv sol MO	2	
d5%-1/2ns-kcl 40 meq/l iv sol MO	2	
d5%-1/4ns-kcl 10 meq/l iv sol MO	2	
d5%-1/4ns-kcl 30 meq/l iv sol MO	2	
d5%-1/4ns-kcl 40 meq/l iv sol MO	2	
d5w-kcl 30 meq/l iv solution MO	2	
dextrose 10% ampul MO	2	
dextrose 10%-1/4ns iv soln MO	2	
dextrose 10%-ns iv solution MO	2	
dextrose 10%-water iv solution MO	2	
dextrose 2.5%-1/2ns iv soln MO	2	
dextrose 2.5%-water iv soln MO	2	
dextrose 20%-water iv soln MO	2	
dextrose 25%-water syringe MO	2	
dextrose 30%-water iv soln MO	2	

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
dextrose 40%-water iv soln MO	2	
dextrose 5%-1/2ns iv solution MO	2	
dextrose 5%-1/3ns iv solution MO	2	
dextrose 5%-electrolyte 48 MO	2	
dextrose 5%-lr iv solution MO	2	
dextrose 5%-ns iv solution MO	2	
dextrose 5%-ringers iv soln MO	2	
dextrose 5%-sod chloride 0.2% MO	2	
dextrose 5%-water iv soln MO	2	
dextrose 5%-water vial MO	2	
dextrose 50%-water syringe MO	2	
dextrose 50%-water vial MO	2	
dextrose 70%-water iv soln MO	2	
DIURIL 250 MG/5 ML ORAL SUSP MO	3	
DYRENIUM 100 MG CAPSULE MO	4	
DYRENIUM 50 MG CAPSULE MO	4	
effer-k 25 meq effervescent tablet MO	2	
eliphos 667 mg tablet MO	2	
enulose 10 gram/15 ml oral soln MO	2	
epiklor 20 meq packet MO	2	
epiklor 25 meq packet MO	2	
FREAMINE HBC 6.9 % IV MO	4	B vs D
FREAMINE III 10 % IV MO	4	B vs D
FREAMINE III 3 % WITH ELECTROLYTES IV MO	4	B vs D
FREAMINE III 8.5 % IV MO	4	B vs D
furosemide 10 mg/ml solution MO	2	
furosemide 10 mg/ml syringe MO	2	
furosemide 10 mg/ml vial MO	2	
furosemide 20 mg tablet MO	1	
furosemide 40 mg tablet MO	1	
furosemide 40 mg/5 ml soln MO	2	
furosemide 80 mg tablet MO	1	
generlac 10 gram/15 ml oral soln MO	2	
HEPATAMINE 8% IV MO	4	B vs D
HEPATASOL 8 % IV MO	4	B vs D
hydrochlorothiazide 12.5 mg cp MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrochlorothiazide 12.5 mg tb MO	2	
hydrochlorothiazide 25 mg tab MO	1	
hydrochlorothiazide 50 mg tab MO	1	
HYPERLYTE-CR 25 MEQ-20 MEQ-5 MEQ/20 ML IV MO	4	
indapamide 1.25 mg tablet MO	1	
indapamide 2.5 mg tablet MO	1	
INPERSOL WITH 1.5% DEXTROSE MO	4	
inpersol with 4.25% dextrose MO	4	
INTRALIPID 20 % IV MO	4	B vs D
INTRALIPID 30 % IV MO	4	B vs D
IONOSOL-B IN D5W IV MO	4	
IONOSOL-MB IN D5W IV MO	4	
ISOLYTE-H IN D5W IV MO	4	
ISOLYTE-M IN D5W IV MO	4	
ISOLYTE-P IN D5W IV MO	4	
ISOLYTE-S IN D5W IV MO	4	
ISOLYTE-S IV MO	4	
ISOLYTE-S PH 7.4 IV MO	4	
k-effervescent 25 meq tablet MO	2	
K-PHOS M.F. TABLET MO	4	
K-PHOS NO 2 305 MG-700 MG TABLET MO	4	
K-PHOS ORIGINAL 500 MG SOLUBLE TABLET MO	4	
K-PHOS-NEUTRAL 250 MG TABLET MO	4	
kalexate oral powder MO	4	
KAON-CL ER 10 MEQ TABLET MO	2	
kcl 10 meq in d5w-1/3 ns MO	2	
kcl 20 meq in d5w solution MO	2	
kcl 20 meq in d5w-1/2 ns MO	2	
kcl 20 meq in d5w-1/4 ns MO	2	
kcl 20 meq in d5w-lact ringer MO	2	
kcl 20 meq in d5w-ns MO	2	
kcl 20 meq-ns 1,000 ml iv soln MO	2	
kcl 40 meq in d5w solution MO	2	
kcl 40 meq in d5w-lact ringer MO	2	
kcl 40 meq in d5w-nacl 0.9% MO	2	
kcl 40 meq-ns 1,000 ml iv soln MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
kionex 15 gram/60 ml oral susp MO	3	
kionex oral powder MO	3	
KLOR-CON 10 10 MEQ TABLET,EXTENDED RELEASE MO	2	
klor-con 20 meq oral packet MO	2	
KLOR-CON 25 MEQ ORAL PACKET MO	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MO	2	
klor-con m10 10 meq tablet,extended release MO	2	
klor-con m15 15 meq tablet,extended release MO	2	
klor-con m20 20 meq tablet,extended release MO	2	
klor-con/ef 25 meq effervescent tablet MO	2	
l-cysteine 50 mg/ml vial MO	2	
lactated ringers injection MO	2	
lactated ringers irrigation MO	2	
lactulose 10 gm/15 ml solution MO	1	
lactulose 20 gm/30 ml solution MO	1	
LIPOSYN II 10 % IV MO	4	B vs D
LIPOSYN II 20 % IV MO	4	B vs D
LIPOSYN III 10 % IV MO	4	B vs D
LIPOSYN III 20 % IV MO	4	B vs D
LIPOSYN III 30 % IV MO	4	B vs D
MAGNEBIND 400 400 MG-200 MG-1 MG TABLET MO	4	
mannitol 10% iv solution MO	2	
mannitol 20% iv solution MO	2	
mannitol 25% vial MO	2	
mannitol 5% iv solution MO	2	
methyclothiazide 5 mg tablet MO	2	
metolazone 10 mg tablet MO	2	
metolazone 2.5 mg tablet MO	2	
metolazone 5 mg tablet MO	2	
MICRO-K 10 MEQ EXTENCAPS MO	4	
MICRO-K 8 MEQ EXTENCAPS MO	4	
monoject prefill advanced 0.9 % sodium chloride syringe MO	2	
monoject prefill saline flush syringe MO	2	
NEPHRAMINE 5.4 % IV MO	4	B vs D
NEUT 4 % IV MO	4	
NORMOSOL-M IN D5W IV MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORMOSOL-R IN D5W IV MO	4	
NORMOSOL-R IV MO	4	
NORMOSOL-R PH 7.4 IV MO	4	
NUTRILYTE 25 MEQ-40.6 MEQ-5 MEQ/20 ML IV MO	4	
nutrilyte ii 35 meq-20 meq-5 meq/20 ml iv MO	4	
ORACIT 490 MG-640 MG/5 ML ORAL SOLN MO	4	
OSMITROL 10 % IV MO	4	
OSMITROL 15 % IV MO	4	
OSMITROL 20 % IV MO	4	
OSMITROL 5 % IV MO	4	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLN MO	4	
phospha 250 neutral 250 mg tablet MO	2	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLN MO	2	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLN MO	2	
PLASMA-LYTE 148 IV MO	4	
PLASMA-LYTE A IV MO	4	
PLASMA-LYTE-56 IN D5W IV MO	4	
potassium 25 meq tablet eff MO	2	
potassium acet 2 meq/ml vial MO	2	
potassium acet 4 meq/ml vial MO	2	
potassium cit-citric acid sln MO	2	
potassium citrate er 10 meq tb MO	3	
potassium citrate er 5 meq tab MO	3	
potassium cl 10 meq/100 ml sol MO	2	
potassium cl 10 meq/50 ml sol MO	2	
potassium cl 10% (20 meq/15 ml MO	1	
potassium cl 2 meq/ml syrng MO	2	
potassium cl 2 meq/ml vial MO	2	
potassium cl 20 meq-0.45% nacl MO	2	
potassium cl 20 meq/100 ml sol MO	2	
potassium cl 20 meq/50 ml sol MO	2	
potassium cl 20% (40 meq/15 ml MO	2	
potassium cl 25 meq tab eff MO	2	
potassium cl 30 meq/100 ml sol MO	2	
potassium cl 40 meq/100 ml sol MO	2	
potassium cl er 10 meq capsule MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium cl er 10 meq tablet MO	2	
potassium cl er 20 meq tablet MO	2	
potassium cl er 8 meq capsule MO	2	
potassium cl er 8 meq tablet MO	2	
potassium ph 3mm/ml vial MO	2	
PREMASOL 10 % IV MO	2	B vs D
PREMASOL 6 % IV MO	2	B vs D
probenecid 500 mg tablet MO	2	
probenecid-colchicine tabs MO	2	
PROCALAMINE 3% IV MO	4	B vs D
RENACIDIN 6.602 G-0.198 G/100 ML IRRIGATION SOLN MO	4	
REVELA 0.8 GRAM ORAL POWDER PACKET MO	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET MO	3	QL (180 per 30 days)
REVELA 800 MG TABLET MO	3	QL (540 per 30 days)
RESECTISOL 5 % URETHRAL MO	4	
ringer's iv solution MO	2	
ringers irrigation solution MO	2	
saline 0.45% soln-excel con MO	2	
SAMSCA 15 MG TABLET SP	5	QL (60 per 30 days)
SAMSCA 30 MG TABLET SP	5	QL (60 per 30 days)
sodium acetate 2 meq/ml vial MO	2	
sodium acetate 4 meq/ml vial MO	2	
sodium bicarb 4.2% abjct MO	2	
sodium bicarb 4.2% vial MO	3	
sodium bicarb 7.5% abboject MO	2	
sodium bicarb 7.5% vial MO	2	
sodium bicarb 8.4% abboject MO	2	
sodium bicarb 8.4% abboject MO	2	
sodium bicarb 8.4% vial MO	2	
sodium chloride 0.45% soln MO	2	
sodium chloride 0.9% irrig. MO	2	
sodium chloride 0.9% soln. MO	2	
sodium chloride 0.9% solution MO	2	
sodium chloride 0.9% zr syr MO	2	
sodium chloride 0.9% zr syr MO	2	
sodium chloride 0.9% zr syr MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium chloride 0.9% zr syr MO	2	
sodium chloride 0.9% zr syr MO	2	
sodium chloride 0.9% zr syr MO	2	
sodium chloride 0.9% zr syr MO	2	
sodium chloride 0.9% zr syr MO	2	
sodium chloride 10% vial MO	2	
sodium chloride 3% iv soln MO	2	
sodium chloride 3% vial MO	2	
sodium chloride 4 meq/ml vl MO	2	
sodium chloride 5% iv soln MO	2	
sodium cl 2.5 meq/ml vial MO	2	
SODIUM EDECRIN 50 MG IV SOLUTION MO	3	
sodium lactate 1/6molar inj MO	2	
sodium lactate 5 meq/ml vial MO	2	
sodium phosphate 3mm/ml vial MO	2	
sodium polystyrene sulf pwd MO	3	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp MO	3	
sorbitol-mannitol irrig MO	2	
SPS 30 GRAM/120 ML ENEMA MO	4	
sterile water for irrigation MO	2	
syrex sodium chloride 0.9% syringe MO	2	
taron-crystals 3,300 mg-1,002 mg oral packet MO	3	
THAM 36 MG/ML (0.3 M) IV SOLUTION MO	4	
toremide 10 mg tablet MO	2	
toremide 100 mg tablet MO	2	
toremide 20 mg tablet MO	2	
toremide 20 mg/2 ml vial MO	2	
toremide 5 mg tablet MO	2	
toremide 50 mg/5 ml vial MO	2	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML IV MO	4	
TPN ELECTROLYTES II 18 MEQ-18 MEQ-5 MEQ/20 ML IV MO	4	
TRAVASOL 10 % IV MO	4	B vs D
triamterene-hctz 37.5-25 mg cp MO	1	
triamterene-hctz 37.5-25 mg tb MO	1	
triamterene-hctz 50-25 mg cap MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
triamterene-hctz 75-50 mg tab MO	1	
tricitrates 550 mg-500 mg-334 mg/5 ml oral soln MO	2	
tricitrates oral solution MO	2	
TROPHAMINE 10 % IV MO	4	B vs D
TROPHAMINE 6% IV MO	4	B vs D
vis-phos n 250 mg tablet MO	2	
VOLUVEN 6 % IV MO	4	
ENZYMES		
ADAGEN 250 UNIT/ML IM MO	5	
ALDURAZYME 2.9 MG/5 ML IV MO	5	PA,QL (480 per 28 days)
CEREDASE 80 UNITS/ML VIAL MO	4	PA
CEREZYME 200 UNIT IV SOLUTION MO	5	PA
CEREZYME 400 UNIT IV SOLUTION MO	5	PA
ELAPRASE 6 MG/3 ML IV MO	5	PA
ELELYSO 200 UNIT IV SOLUTION MO	5	PA,QL (60 per 30 days)
ELITEK 1.5 MG IV SOLUTION MO	5	PA
ELITEK 7.5 MG IV SOLUTION MO	5	PA
FABRAZYME 35 MG IV SOLUTION MO	5	PA
FABRAZYME 5 MG IV SOLUTION MO	5	PA
HYLENEX 150 UNIT/ML INJECTION MO	4	
LUMIZYME 50 MG IV SOLUTION MO	5	PA
MYOZYME 50 MG IV SOLUTION MO	5	PA
NAGLAZYME 5 MG/5 ML IV MO	5	PA,QL (480 per 28 days)
PULMOZYME 1 MG/ML SOLN FOR INHALATION SP	5	B vs D,QL (150 per 30 days)
VITRASE 200 UNIT/ML INJECTION MO	4	
VPRIV 400 UNIT SOLUTION MO	5	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetazol hc 1 %-2 % ear drops MO	4	
acetazolamide 125 mg tablet MO	2	
acetazolamide 250 mg tablet MO	2	
acetazolamide er 500 mg cap MO	2	
acetazolamide sod 500 mg vial MO	2	
acetic acid 2% ear solution MO	2	
acetic acid-aluminum drops MO	3	
ak-con 0.1 % eye drops MO	2	
ak-poly-bac 500 unit-10,000 unit/g eye ointment MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
akorn balanced salt intraocular MO	2	
AKTEN (PF) 3.5 % EYE GEL MO	4	
allersol 0.1% eye drops MO	2	
altafrin 10 % eye drops MO	2	
altafrin 2.5 % eye drops MO	2	
antipyrine-benzocaine ear drop MO	2	
APHTHASOL 5% PASTE MO	4	
apraclonidine hcl 0.5% drops MO	3	
atropine 1% eye drops MO	2	
atropine 1% eye ointment MO	2	
ATROPINE-CARE 1 % EYE DROPS MO	2	
aurodex 5.4 %-1.4 % ear drops MO	2	
auroguard 5.4 %-1.4 % ear drops MO	2	
AZASITE 1 % EYE DROPS MO	3	
azelastine hcl 0.05% drops MO	3	
AZOPT 1 % EYE DROPS MO	3	
bacitracin 500 unit/gm ointmnt MO	2	
bacitracin-polymyxin eye oint MO	2	
balanced salt intraocular MO	2	
BESIVANCE 0.6 % EYE DROPS MO	3	
BETADINE OPHTHALMIC PREP 5 % SOLN MO	4	
betaxolol hcl 0.5% eye drop MO	3	
BETIMOL 0.25 % EYE DROPS MO	4	
BETIMOL 0.5 % EYE DROPS MO	4	
BLEPHAMIDE 10 %-0.2 % EYE DROPS MO	4	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT MO	4	
brimonidine 0.2% eye drop MO	3	
brimonidine tartrate 0.15% drp MO	3	
BSS INTRAOCULAR MO	4	
BSS PLUS INTRAOCULAR MO	4	
carteolol hcl 1% eye drops MO	2	
chlorhexidine 0.12% rinse MO	1	
chloroxylenol-pramoxine hcl MO	2	
ciprofloxacin 0.3% eye drop MO	2	
cocaine 10% solution MO	2	
cocaine 4% solution MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cortomycin ear solution MO	2	
cortomycin ear suspension MO	2	
cortomycin eye ointment MO	2	
CRESYLATE 25 % EAR DROPS MO	4	
CYCLOGYL 0.5 % EYE DROPS MO	4	
CYCLOGYL 2 % EYE DROPS MO	4	
cyclopentolate 1% eye drops MO	2	
cyclopentolate hcl 2% drops MO	4	
cylate 1% eye drops MO	2	
dexamethasone 0.1% eye drop MO	2	
dexasol 0.1 % eye drops MO	2	
diclofenac 0.1% eye drops MO	2	
dorzolamide hcl 2% eye drops MO	3	QL (10 per 30 days)
dorzolamide-timolol eye drops MO	3	QL (10 per 30 days)
doxycycline hyclate 20 mg tab MO	2	
DUREZOL 0.05 % EYE DROPS MO	3	
ELESTAT 0.05 % EYE DROPS MO	4	
epinastine hcl 0.05% eye drops MO	3	
erythromycin eye ointment MO	1	
FLUCAINE 0.25 %-0.5 % EYE DROPS MO	2	
flunisolide 0.025% spray MO	3	QL (50 per 30 days)
flunisolide 29 mcg-0.025% spr MO	3	QL (50 per 30 days)
fluorometholone 0.1% drops MO	2	
flurbiprofen 0.03% eye drop MO	2	
fluticasone prop 50 mcg spray MO	2	QL (16 per 30 days)
FML FORTE 0.25 % EYE DROPS MO	4	
FML S.O.P. 0.1 % EYE OINTMENT MO	4	
GARAMYCIN 0.3 % (3 MG/G) EYE OINTMENT MO	3	
GARAMYCIN 0.3 % EYE DROPS MO	3	
gentak 0.3 % (3 mg/g) eye ointment MO	3	
gentak 0.3 % eye drops MO	3	
gentamicin 3 mg/gm eye oint MO	2	
gentamicin 3 mg/ml eye drops MO	1	
gentasol 3 mg/ml eye drops MO	3	
homatropaire 5 % eye drops MO	2	
hydrocortison-acetic acid soln MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ILOTYCIN 5 MG/GRAM (0.5 %) EYE OINTMENT MO	3	
INTROL 75% SOLUTION MO	4	
ipratropium 0.03% spray MO	2	QL (30 per 30 days)
ipratropium 0.06% spray MO	2	QL (45 per 30 days)
ISOPTO HYOSCINE 0.25 % EYE DROPS MO	4	
ketorolac 0.4% ophth solution MO	2	
ketorolac 0.5% ophth solution MO	2	
LACRISERT 5 MG EYE INSERTS MO	4	
latanoprost 0.005% eye drops MO	2	QL (3 per 25 days)
levobunolol 0.25% eye drops MO	2	
levobunolol 0.5% eye drops MO	1	
levofloxacin 0.5% eye drops MO	2	
lidocaine 2% viscous soln MO	2	
lidocaine hcl 2% jelly MO	2	
lidocaine hcl 4% solution MO	2	
lidocaine viscous 2 % mucosal soln MO	2	
LUMIGAN 0.01 % EYE DROPS MO	3	QL (3 per 25 days)
LUMIGAN 0.03 % EYE DROPS MO	3	QL (3 per 25 days)
MAXITROL 3.5 MG-10,000 UNIT/G-0.1 % EYE OINTMENT MO	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS MO	3	
methazolamide 25 mg tablet MO	3	
methazolamide 50 mg tablet MO	3	
metipranolol 0.3% eye drops MO	2	
MIOCHOL-E 1:100 (20 MG/2 ML) INTRAOCULAR KIT MO	4	
MIOSTAT 0.01 % INTRAOCULAR MO	4	
MOXEZA 0.5 % EYE DROPS MO	4	
mydral 0.5% eye drops MO	2	
mydral 1% eye drops MO	2	
NASONEX 50 MCG/ACTUATION SPRAY MO	3	QL (34 per 30 days)
NATACYN 5 % EYE DROPS MO	4	
neo-bacit-poly-hc eye ointment MO	2	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment MO	2	
neofrin 10 % eye drops MO	2	
neofrin 2.5 % eye drops MO	2	
neomyc-bacit-polymix eye oint MO	2	
neomyc-polym-dexamet eye ointm MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
neomyc-polym-dexameth eye drop MO	1	
neomyc-polym-gramicid eye drop MO	2	
neomycin-poly-hc eye drops MO	2	
neomycin-polymyxin-hc ear soln MO	2	
neomycin-polymyxin-hc ear susp MO	2	
neosporin (neo-polym-gramicid) 1.75 mg-10k unit-0.025 mg/ml eye drops MO	2	
ofloxacin 0.3% ear drops MO	2	
ofloxacin 0.3% eye drops MO	2	
otic edge otic solution MO	2	
oticin 0.1 %-1 % ear drops MO	2	
otogesic ear drops MO	2	
parcaine 0.5 % eye drops MO	2	
PAREMYD 1 %-0.25 % EYE DROPS MO	4	
PATADAY 0.2 % EYE DROPS MO	3	
periogard 0.12 % mouthwash MO	2	
phenylephrine 2.5% eye drop MO	2	
phenylephrine hcl 10% drops MO	2	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	4	
pilocarpine 1% eye drops MO	1	
pilocarpine 2% eye drops MO	1	
pilocarpine 4% eye drops MO	3	
PILOPINE HS 4 % EYE GEL MO	4	
poly-dex eye drops MO	2	
poly-dex eye ointment MO	2	
polymyxin b-tmp eye drops MO	1	
POLYTRIM 0.1 %-10,000 UNIT/ML EYE DROPS MO	2	
PRED MILD 0.12 % EYE DROPS MO	4	
PRED-G 0.3 %-1 % EYE DROPS MO	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	4	
prednisol 1% eye drops MO	2	
prednisolone ac 1% eye drop MO	2	
prednisolone sod 1% eye drop MO	2	
proparacaine 0.5% eye drops MO	2	
RESTASIS 0.05 % EYE DROPPERETTE MO	4	QL (60 per 30 days)
romycin eye ointment MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulf-pred 10-0.23% eye drops MO	2	
sulfac 10% eye drops MO	2	
sulfacetamide 10% eye drops MO	1	
sulfacetamide 10% eye ointment MO	3	
sulfamide 10 % eye drops MO	2	
TERRAMYCIN WITH POLYMYXIN B 5 MG-10,000 UNIT/GRAM EYE OINTMENT MO	4	
tetcaine 0.5 % eye drops MO	2	
tetracaine 0.5% eye drops MO	3	
TETRAVISC 0.5 % VISCOUS EYE DROPPERETTE MO	4	
TETRAVISC 0.5 % VISCOUS EYE DROPS MO	4	
TETRAVISC FORTE 0.5 % DROPPERETTE, HYPERVISCOUS MO	4	
TETRAVISC FORTE 0.5 % DROPS, HYPERVISCOUS MO	4	
timolol 0.25% eye drops MO	1	
timolol 0.25% gfs gel-solution MO	3	
timolol 0.5% eye drops MO	1	
timolol 0.5% gfs gel-solution MO	3	
TIMOPTIC OCUDOSE (PF) 0.25 % EYE DROPPERETTE MO	4	
TIMOPTIC OCUDOSE (PF) 0.5 % EYE DROPPERETTE MO	4	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT MO	4	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS MO	4	
tobramycin 0.3% eye drops MO	1	
tobramycin-dexameth ophth susp MO	3	
tobrasol 0.3% eye drops MO	2	
TOBREX 0.3 % EYE OINTMENT MO	4	
TRAVATAN Z 0.004 % EYE DROPS MO	3	QL (3 per 25 days)
treagan otic 5.4 %-1.4 % ear drops MO	3	
trifluridine 1% eye drops MO	4	
tropicamide 0.5% eye drops MO	2	
tropicamide 1% eye drops MO	2	
TYZINE 0.05 % NASAL DROPS MO	3	
TYZINE 0.1 % NASAL DROPS MO	3	
TYZINE 0.1 % NASAL SPRAY MO	3	
VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY MO	4	QL (10 per 30 days)
VIGAMOX 0.5 % EYE DROPS MO	4	
ZINOTIC ES EAR DROPS MO	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZIRGAN 0.15 % EYE GEL MO	4	QL (5 per 30 days)
ZYMAXID 0.5 % EYE DROPS MO	4	QL (3 per 25 days)
GASTROINTESTINAL DRUGS		
AMITIZA 24 MCG CAPSULE MO	3	
AMITIZA 8 MCG CAPSULE MO	3	
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE MO	3	QL (120 per 30 days)
balsalazide disodium 750 mg cp MO	3	
CANASA 1,000 MG RECTAL SUPPOSITORY MO	3	QL (30 per 30 days)
CHENODAL 250 MG TABLET SP	4	
cimetidine 150 mg/ml vial MO	2	
cimetidine 200 mg tablet MO	2	
cimetidine 300 mg tablet MO	2	
cimetidine 300 mg/5 ml soln MO	2	
cimetidine 400 mg tablet MO	2	
cimetidine 800 mg tablet MO	1	
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBQ SYRINGE KIT SP	5	PA,QL (6 per 30 days)
CIMZIA POWDER FOR RECONSTITUTION 400 MG (200 MG X 2) SUB-Q KIT MO	5	PA,QL (6 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SUBQ SYRINGE KIT SP	5	PA,QL (6 per 30 days)
compro 25 mg rectal suppository MO	2	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
dimenhydrinate 50 mg/ml vial MO	2	
diphenoxylate-atropine liq MO	2	PA
diphenoxylate-atropine tablet MO	2	PA
dronabinol 10 mg capsule MO	5	B vs D,QL (120 per 30 days)
dronabinol 2.5 mg capsule MO	4	B vs D,QL (120 per 30 days)
dronabinol 5 mg capsule MO	4	B vs D,QL (120 per 30 days)
EMEND 115 MG IV SOLUTION MO	4	PA,QL (2 per 28 days)
EMEND 125 MG (1)-80 MG (1)-80 MG(1) CAPSULES IN A DOSE PACK MO	4	B vs D,QL (6 per 28 days)
EMEND 125 MG CAPSULE MO	4	B vs D,QL (2 per 28 days)
EMEND 150 MG IV SOLUTION MO	4	PA,QL (2 per 28 days)
EMEND 40 MG CAPSULE MO	4	B vs D,QL (2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMEND 80 MG CAPSULE MO	4	B vs D,QL (4 per 28 days)
famotidine 10 mg/ml vial MO	2	
famotidine 20 mg piggyback MO	2	
famotidine 20 mg tablet MO	1	
famotidine 20 mg/2 ml vial MO	2	
famotidine 40 mg tablet MO	2	
famotidine 40 mg/5 ml susp MO	2	
gavilyte-c 240 g-22.72 g-6.72 g-5.84 g oral solution MO	2	
gavilyte-g 236 g-22.74 g-6.74 g-5.86 g oral solution MO	2	
gavilyte-n 420 g oral solution MO	2	
GOLYTELY 227.1 G-21.5 G-6.36 G-5.53 G PACKET MO	3	
GOLYTELY 236 G-22.74 G-6.74 G-5.86 G ORAL SOLUTION MO	3	
granisetron hcl 0.1 mg/ml vial MO	4	
granisetron hcl 1 mg tablet MO	4	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial MO	4	
granisetron hcl 4 mg/4 ml vial MO	4	QL (4 per 28 days)
granisol 1 mg/5 ml oral soln MO	3	B vs D,QL (150 per 28 days)
HALFLYTELY-BISACODYL W-FLAVOR PACK 5 MG-210 GRAM ORAL KIT MO	3	
lansoprazole dr 15 mg capsule MO	3	QL (30 per 30 days)
lansoprazole dr 30 mg capsule MO	3	QL (30 per 30 days)
LIALDA 1.2 G TABLET,DELAYED RELEASE MO	4	QL (120 per 30 days)
loperamide 2 mg capsule MO	2	
LOTRONEX 0.5 MG TABLET MO	5	QL (60 per 30 days)
LOTRONEX 1 MG TABLET MO	5	QL (60 per 30 days)
meclizine 12.5 mg tablet MO	2	
meclizine 25 mg tablet MO	2	
mesalamine 4 gm/60 ml enema MO	2	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit MO	3	QL (1800 per 30 days)
metoclopramide 10 mg tablet MO	2	
metoclopramide 5 mg tablet MO	2	
metoclopramide 5 mg/5 ml soln MO	2	
metoclopramide 5 mg/ml syr MO	2	
metoclopramide 5 mg/ml vial MO	2	
misoprostol 100 mcg tablet MO	2	
misoprostol 200 mcg tablet MO	2	
MOVIPREP 100 G-7.5 G-2.691 G-4.7 G ORAL POWDER PACKET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nizatidine 15 mg/ml solution MO	2	
NULYTELY WITH FLAVOR PACKS 420 G ORAL SOLUTION MO	3	
NUTRESTORE 5 GRAM ORAL POWDER PACKET MO	4	
omeprazole dr 10 mg capsule MO	2	QL (30 per 30 days)
omeprazole dr 20 mg capsule MO	2	QL (60 per 30 days)
omeprazole dr 40 mg capsule MO	2	QL (30 per 30 days)
ondansetron 32 mg/50 ml bag MO	2	
ondansetron 4 mg/5 ml solution MO	3	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial MO	3	
ondansetron hcl 24 mg tablet MO	3	B vs D,QL (30 per 30 days)
ondansetron hcl 32 mg/50 ml bg MO	2	
ondansetron hcl 4 mg tablet MO	3	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr MO	3	
ondansetron hcl 4 mg/2 ml vial MO	3	
ondansetron hcl 8 mg tablet MO	3	B vs D,QL (90 per 30 days)
ondansetron odt 4 mg tablet MO	2	B vs D,QL (90 per 30 days)
ondansetron odt 8 mg tablet MO	2	B vs D,QL (90 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET MO	4	
PANCREAZE 10,500-25,000-43,750 UNIT CAPSULE,DELAYED RELEASE MO	4	
PANCREAZE 16,800-40,000-70,000 UNIT CAPSULE,DELAYED RELEASE MO	4	
PANCREAZE 21,000-37,000-61,000 UNIT CAPSULE,DELAYED RELEASE MO	4	
PANCREAZE 4,200-10,000-17,500 UNIT CAPSULE,DELAYED RELEASE MO	4	
pancrelipase 5000 5,000-17,000-27,000 unit capsule,delayed release MO	4	
pantoprazole sod dr 20 mg tab MO	2	QL (30 per 30 days)
pantoprazole sod dr 40 mg tab MO	2	QL (30 per 30 days)
paregoric liquid MO	2	
peg 3350 electrolyte soln MO	2	
peg-3350 and electrolytes soln MO	2	
peg-3350 with flavor packs 420 g oral solution MO	2	
peg-3350 with flavor packs sol MO	2	
polyethylene glycol 3350 powd MO	2	
prochlorperazine 10 mg tab MO	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prochlorperazine 25 mg supp MO	2	
prochlorperazine 5 mg tablet MO	2	B vs D
prochlorperazine 5 mg/ml vial MO	2	
PROTONIX 40 MG IV SOLUTION MO	4	
ranitidine 1,000 mg/40 ml vial MO	2	
ranitidine 15 mg/ml syrup MO	2	
ranitidine 150 mg capsule MO	3	
ranitidine 150 mg tablet MO	1	
ranitidine 300 mg capsule MO	3	
ranitidine 300 mg tablet MO	1	
ranitidine hcl 25 mg/ml vial MO	2	
RELISTOR 12 MG/0.6 ML SUB-Q MO	4	PA,QL (18 per 30 days)
RELISTOR 12 MG/0.6 ML SUB-Q KIT MO	5	PA,QL (28 per 28 days)
RELISTOR 12 MG/0.6 ML SUB-Q SYRINGE MO	4	PA,QL (18 per 30 days)
RELISTOR 8 MG/0.4 ML SUB-Q SYRINGE MO	4	PA,QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERM PATCH MO	4	QL (4 per 30 days)
sucralfate 1 gm tablet MO	2	
sucralfate 1 gm/10 ml susp MO	2	
SUPREP 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	3	
trilyte with flavor packets 420 g oral solution MO	2	
trimethobenzamide 300 mg cap MO	3	PA
ursodiol 250 mg tablet MO	3	
ursodiol 300 mg capsule MO	3	
ursodiol 500 mg tablet MO	3	
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 25,000-85,000-136,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 3,000-10,000-16,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
GOLD COMPOUNDS		
MYOCHRYSINE 50 MG/ML VIAL MO	4	
RIDAURA 3 MG CAPSULE MO	4	
HEAVY METAL ANTAGONISTS		
BAL IN OIL 100 MG/ML IM MO	4	
CAL DISOD VERSENAT 200 MG/ML MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CHEMET 100 MG CAPSULE MO	4	
CUPRIMINE 250 MG CAPSULE MO	4	
deferoxamine 2 gram vial MO	3	B vs D
deferoxamine 500 mg vial MO	3	B vs D
EXJADE 125 MG DISPERSIBLE TABLET SP	4	PA
EXJADE 250 MG DISPERSIBLE TABLET SP	5	PA
EXJADE 500 MG DISPERSIBLE TABLET SP	5	PA
SYPRINE 250 MG CAPSULE MO	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
a-hydrocort 100 mg solution for injection MO	2	
a-methapred 125 mg/2 ml solution for injection MO	2	
a-methapred 40 mg solution for injection MO	2	
a-methapred 40 mg/ml solution for injection MO	2	
acarbose 100 mg tablet MO	3	
acarbose 25 mg tablet MO	3	
acarbose 50 mg tablet MO	3	
ACTOPLUS MET 15 MG-500 MG TABLET MO	4	ST,QL (90 per 30 days)
ACTOPLUS MET 15 MG-850 MG TABLET MO	4	ST,QL (90 per 30 days)
ACTOS 15 MG TABLET MO	4	ST,QL (30 per 30 days)
ACTOS 30 MG TABLET MO	4	ST,QL (30 per 30 days)
ACTOS 45 MG TABLET MO	4	ST,QL (30 per 30 days)
altavera (28) 0.15 mg-30 mcg tablet MO	4	
alyacen 0.5/0.75/1 mg-35 mcg tablet MO	4	
alyacen 1 mg-35 mcg tablet MO	4	
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
ANADROL-50 50 MG TABLET MO	5	
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL PACKET MO	3	QL (300 per 30 days)
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL PACKET MO	3	QL (300 per 30 days)
ANDROGEL 1.25 GRAM/ACTUATION (1%) TRANSDERMAL GEL PUMP MO	3	QL (300 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MO	3	QL (176 per 30 days)
androxy 10 mg tablet MO	4	
apri 0.15 mg-30 mcg tablet MO	4	
aranelle (28) 0.5/1/0.5 mg-35 mcg tablet MO	4	
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSP FOR INJECTION MO	4	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSP FOR INJECTION MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aviane 0.1 mg-20 mcg tablet MO	4	
azurette 0.15 mg-0.02 mg x21/0.01 mgx5 tablet MO	4	
baycadron 0.5 mg/5 ml elixir MO	2	
betamethasone ac-sp 6 mg/ml vl MO	2	
budesonide ec 3 mg capsule MO	5	
BYETTA 10 MCG/0.04 ML PER DOSE SUB-Q PEN INJECTOR MO	4	PA,QL (3 per 30 days)
BYETTA 5 MCG/0.02 ML PER DOSE SUB-Q PEN INJECTOR MO	4	PA,QL (3 per 30 days)
calcitonin-salmon 200 units sp MO	3	B vs D,QL (4 per 28 days)
camila 0.35 mg tablet MO	4	
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
caziant 0.1/0.125/0.15 mg-25 mcg tablet MO	4	
CELESTONE SOLUSPAN 6 MG/ML SUSP FOR INJECTION MO	4	
chorionic gonad 10,000 unit vl MO	4	
cortisone 25 mg tablet MO	2	
cryselle (28) 0.3 mg-30 mcg tablet MO	4	
cyclafem 1/35 (28) 1 mg-35 mcg tablet MO	4	
cyclafem 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet MO	4	
CYTOMEL 25 MCG TABLET MO	4	
CYTOMEL 5 MCG TABLET MO	4	
CYTOMEL 50 MCG TABLET MO	4	
danazol 100 mg capsule MO	4	
danazol 200 mg capsule MO	4	
danazol 50 mg capsule MO	4	
DEPO-ESTRADIOL 5 MG/ML IM OIL MO	2	PA
desmopressin 0.1 mg/ml sol MO	3	
desmopressin 0.1 mg/ml spray MO	3	
desmopressin ac 4 mcg/ml vl MO	3	
desmopressin acetate 0.1 mg tb MO	3	
desmopressin acetate 0.2 mg tb MO	3	
dexamethasone 0.5 mg tablet MO	1	
dexamethasone 0.5 mg/5 ml elx MO	2	
dexamethasone 0.5 mg/5 ml liq MO	2	
dexamethasone 0.75 mg tablet MO	1	
dexamethasone 1 mg tablet MO	2	
dexamethasone 1.5 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone 10 mg/ml vial MO	2	
dexamethasone 2 mg tablet MO	2	
dexamethasone 4 mg tablet MO	1	
dexamethasone 4 mg/ml vial MO	2	
dexamethasone 6 mg tablet MO	2	
dexamethasone intensol 1 mg/ml drops (concentrate) MO	3	
DUETACT 30 MG-2 MG TABLET MO	4	QL (30 per 30 days)
DUETACT 30 MG-4 MG TABLET MO	4	QL (30 per 30 days)
EGRIFTA 1 MG SUB-Q SOLN SP	5	PA,QL (60 per 30 days)
emoquette 0.15 mg-30 mcg tablet MO	4	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
errin 0.35 mg tablet MO	4	
estradiol 0.5 mg tablet MO	1	PA
estradiol 1 mg tablet MO	1	PA
estradiol 2 mg tablet MO	1	PA
estradiol tds 0.025 mg/day MO	2	PA,QL (4 per 28 days)
estradiol tds 0.0375 mg/day MO	2	PA,QL (4 per 28 days)
estradiol tds 0.05 mg/day MO	2	PA,QL (4 per 28 days)
estradiol tds 0.06 mg/day MO	2	PA,QL (4 per 28 days)
estradiol tds 0.075 mg/day MO	2	PA,QL (4 per 28 days)
estradiol tds 0.1 mg/day MO	2	PA,QL (4 per 28 days)
estradiol valerate 20 mg/ml vl MO	3	PA
estradiol valerate 40 mg/ml vl MO	3	PA
EVISTA 60 MG TABLET MO	3	QL (30 per 30 days)
FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO	4	
fludrocortisone 0.1 mg tablet MO	2	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUB-Q PEN INJECTOR MO	4	ST,QL (2 per 28 days)
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY MO	4	B vs D,QL (4 per 28 days)
gianvi 3 mg-20 mcg (24) tablet MO	4	
gildess fe 1 mg-20 mcg tablet MO	4	
gildess fe 1.5 mg-30 mcg tablet MO	4	
glimepiride 1 mg tablet MO	1	
glimepiride 2 mg tablet MO	1	
glimepiride 4 mg tablet MO	1	
glipizide 10 mg tablet MO	1	
glipizide 5 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glipizide er 10 mg tablet MO	2	
glipizide er 2.5 mg tablet MO	2	
glipizide er 5 mg tablet MO	2	
glipizide-metformin 2.5-250 mg MO	3	
glipizide-metformin 2.5-500 mg MO	3	
glipizide-metformin 5-500 mg MO	3	
GLUCAGEN 1 MG SOLUTION FOR INJECTION MO	4	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	3	
GLUCAGON EMERGENCY 1 MG INJECTION KIT MO	4	
glyburid-metformin 1.25-250 mg MO	2	PA
glyburide 1.25 mg tablet MO	2	PA
glyburide 2.5 mg tablet MO	1	PA
glyburide 5 mg tablet MO	1	PA
glyburide micro 1.5 mg tab MO	2	PA
glyburide micro 3 mg tablet MO	1	PA
glyburide micro 6 mg tablet MO	1	PA
glyburide-metformin 2.5-500 mg MO	2	PA
glyburide-metformin 5-500 mg MO	2	PA
GLYSET 100 MG TABLET MO	4	
GLYSET 25 MG TABLET MO	4	
GLYSET 50 MG TABLET MO	4	
heather 0.35 mg tablet MO	4	
HUMALOG 100 UNIT/ML SUB-Q MO	3	QL (240 per 30 days)
HUMALOG 100 UNIT/ML SUBQ CARTRIDGE MO	3	QL (240 per 30 days)
HUMALOG 100 UNITS/ML PEN MO	3	
HUMALOG KWIKPEN 100 UNIT/ML SUB-Q PEN MO	3	
HUMALOG MIX 50-50 100 UNIT/ML (50-50) SUSP, SUB-Q INJ MO	3	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) SUB-Q PEN MO	3	
HUMALOG MIX 50-50 PEN MO	3	
HUMALOG MIX 75-25 100 UNIT/ML (75-25) SUSP, SUB-Q INJ MO	3	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) SUB-Q PEN MO	3	
HUMALOG MIX 75-25 PEN MO	3	
HUMULIN 70/30 100 UNIT/ML (70-30) SUSP, SUB-Q INJ MO	3	
HUMULIN 70/30 PEN 100 UNIT/ML (70-30) SUBQ MO	3	
HUMULIN N 100 UNIT/ML SUSP, SUB-Q INJ MO	3	
HUMULIN N PEN 100 UNIT/ML (3 ML) SUBQ MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN R 100 UNIT/ML INJECTION MO	3	
HUMULIN R U-500 "CONCENTRATED" INSULIN 500 UNIT/ML INJECTION MO	3	
hydrocortisone 10 mg tablet MO	2	
hydrocortisone 20 mg tablet MO	2	
hydrocortisone 5 mg tablet MO	2	
INCRELEX 10 MG/ML SUB-Q SP	5	PA
introvale 0.15 mg-30 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
JANUMET 50 MG-1,000 MG TABLET MO	3	ST,QL (60 per 30 days)
JANUMET 50 MG-500 MG TABLET MO	3	ST,QL (60 per 30 days)
JANUMET XR 100 MG-1000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
JANUVIA 100 MG TABLET MO	3	ST,QL (30 per 30 days)
JANUVIA 25 MG TABLET MO	3	ST,QL (30 per 30 days)
JANUVIA 50 MG TABLET MO	3	ST,QL (30 per 30 days)
junel 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
junel 1/20 (21) 1 mg-20 mcg tablet MO	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg tablet MO	4	
junel fe 1/20 (28) 1 mg-20 mcg tablet MO	4	
JUVISYNC 100 MG-10 MG TABLET MO	3	ST,QL (30 per 30 days)
JUVISYNC 100 MG-20 MG TABLET MO	3	ST,QL (30 per 30 days)
JUVISYNC 100 MG-40 MG TABLET MO	3	ST,QL (30 per 30 days)
kariva 0.15 mg-0.02 mg x21/0.01 mgx5 tablet MO	4	
kelnor 1/35 (28) 1 mg-35 mcg tablet MO	4	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
KORLYM 300 MG TABLET MO	5	PA,QL (120 per 30 days)
LANTUS 100 UNIT/ML SUB-Q MO	3	
LANTUS 100 UNITS/ML CARTRIDGE MO	3	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUB-Q INSULIN PEN MO	3	
lessina 0.1 mg-20 mcg tablet MO	4	
LEVEMIR 100 UNIT/ML SUB-Q MO	3	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SUB-Q INSULIN PEN MO	3	
levonorg-eth estrad eth estrad MO	4	QL (91 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levora-28 0.15 mg-30 mcg tablet MO	4	
LEVOTHROID 100 MCG TABLET MO	2	
LEVOTHROID 112 MCG TABLET MO	2	
LEVOTHROID 125 MCG TABLET MO	2	
LEVOTHROID 137 MCG TABLET MO	2	
LEVOTHROID 150 MCG TABLET MO	2	
LEVOTHROID 175 MCG TABLET MO	2	
LEVOTHROID 200 MCG TABLET MO	2	
LEVOTHROID 25 MCG TABLET MO	2	
LEVOTHROID 300 MCG TABLET MO	2	
LEVOTHROID 50 MCG TABLET MO	2	
LEVOTHROID 75 MCG TABLET MO	2	
LEVOTHROID 88 MCG TABLET MO	2	
levothyroxine 100 mcg tablet MO	1	
levothyroxine 100 mcg vial MO	2	
levothyroxine 112 mcg tablet MO	1	
levothyroxine 125 mcg tablet MO	1	
levothyroxine 137 mcg tablet MO	2	
levothyroxine 150 mcg tablet MO	1	
levothyroxine 175 mcg tablet MO	1	
levothyroxine 200 mcg tablet MO	1	
levothyroxine 200 mcg vial MO	2	
levothyroxine 25 mcg tablet MO	1	
levothyroxine 300 mcg tablet MO	2	
levothyroxine 50 mcg tablet MO	1	
levothyroxine 500 mcg vial MO	2	
levothyroxine 75 mcg tablet MO	1	
levothyroxine 88 mcg tablet MO	1	
LEVOXYL 100 MCG TABLET MO	3	
LEVOXYL 112 MCG TABLET MO	3	
LEVOXYL 125 MCG TABLET MO	3	
LEVOXYL 137 MCG TABLET MO	3	
LEVOXYL 150 MCG TABLET MO	3	
LEVOXYL 175 MCG TABLET MO	3	
LEVOXYL 200 MCG TABLET MO	3	
LEVOXYL 25 MCG TABLET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEVOXYL 50 MCG TABLET MO	3	
LEVOXYL 75 MCG TABLET MO	3	
LEVOXYL 88 MCG TABLET MO	3	
liothyronine sod 10 mcg/ml vial MO	3	
liothyronine sod 25 mcg tab MO	2	
liothyronine sod 5 mcg tab MO	2	
liothyronine sod 50 mcg tab MO	2	
loryna 3 mg-20 mcg (24) tablet MO	4	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet MO	4	
lutera (28) 0.1 mg-20 mcg tablet MO	4	
marlissa 0.15 mg-30 mcg tablet MO	4	
medroxyprogesterone 10 mg tab MO	1	
medroxyprogesterone 150 mg/ml MO	2	QL (1 per 90 days)
medroxyprogesterone 2.5 mg tab MO	1	
medroxyprogesterone 5 mg tab MO	1	
MENEST 0.3 MG TABLET MO	4	PA
MENEST 0.625 MG TABLET MO	4	PA
MENEST 1.25 MG TABLET MO	4	PA
MENEST 2.5 MG TABLET MO	4	PA
metformin hcl 1,000 mg tablet MO	1	
metformin hcl 500 mg tablet MO	1	
metformin hcl 850 mg tablet MO	1	
metformin hcl er 750 mg tablet MO	2	QL (60 per 30 days)
methimazole 10 mg tablet MO	2	
methimazole 5 mg tablet MO	2	
methylprednisolone 125 mg vial MO	2	
methylprednisolone 16 mg tab MO	2	B vs D
methylprednisolone 32 mg tab MO	2	B vs D
methylprednisolone 4 mg dosepk MO	1	B vs D
methylprednisolone 4 mg tablet MO	1	B vs D
methylprednisolone 40 mg vial MO	2	
methylprednisolone 40 mg/ml vial MO	2	
methylprednisolone 500 mg vial MO	2	
methylprednisolone 8 mg tab MO	2	B vs D

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
methylprednisolone 80 mg/ml v1 MO	2	
methylprednisolone ss 1 gm v1 MO	2	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
microgestin 1/20 (21) 1 mg-20 mcg tablet MO	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg tablet MO	4	
microgestin fe 1/20 (28) 1 mg-20 mcg tablet MO	4	
mimvey 1 mg-0.5 mg tablet MO	2	PA
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MO	4	
nateglinide 120 mg tablet MO	3	
nateglinide 60 mg tablet MO	3	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MO	4	
necon 1/35 (28) 1 mg-35 mcg tablet MO	4	
necon 1/50 (28) 1 mg-50 mcg tablet MO	4	
necon 10/11 (28) 0.5mg-35mcg(10)/1mg-35mcg(11) tablet MO	4	
norethin-ethinyl estrad ch tb MO	4	
norethindrone 0.35 mg tablet MO	4	
norethindrone 5 mg tablet MO	3	
norg-ethin estr 0.3-0.03 mg tb MO	4	
norg-ethin estra 0.25-0.035 mg MO	4	
norgestimate-eth estradiol tab MO	4	
NORINYL 1+50 (28) 1 MG-50 MCG TABLET MO	4	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet MO	4	
nortrel 1/35 (21) 1 mg-35 mcg tablet MO	4	
nortrel 1/35 (28) 1 mg-35 mcg tablet MO	4	
nortrel 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet MO	4	
NOVOLIN 70/30 100 UNIT/ML (70-30) SUSP, SUB-Q INJ MO	3	
NOVOLIN N 100 UNIT/ML SUSP, SUB-Q INJ MO	3	
NOVOLIN R 100 UNIT/ML INJECTION MO	3	
NOVOLOG 100 UNIT/ML SUB-Q MO	3	
NOVOLOG FLEXPEN 100 UNIT/ML SUB-Q MO	3	
NOVOLOG MIX 70-30 100 UNIT/ML (70-30) SUB-Q MO	3	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML (70-30) SUB-Q MO	3	
NOVOLOG PENFILL 100 UNIT/ML SUBQ CARTRIDGE MO	3	
ogestrel (28) 0.5 mg-50 mcg tablet MO	4	
OMNITROPE 10 MG/1.5 ML SUBQ CARTRIDGE SP	4	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
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBQ CARTRIDGE ^{SP}	4	PA
OMNITROPE 5.8 MG SUB-Q SOLN ^{SP}	5	PA
ONGLYZA 2.5 MG TABLET ^{MO}	3	ST,QL (30 per 30 days)
ONGLYZA 5 MG TABLET ^{MO}	3	ST,QL (30 per 30 days)
ORAPRED ODT 10 MG DISINTEGRATING TABLET ^{MO}	4	
ORAPRED ODT 15 MG DISINTEGRATING TABLET ^{MO}	4	
ORAPRED ODT 30 MG DISINTEGRATING TABLET ^{MO}	4	
orsythia 0.1 mg-20 mcg tablet ^{MO}	4	
oxandrolone 10 mg tablet ^{MO}	5	QL (60 per 30 days)
oxandrolone 2.5 mg tablet ^{MO}	3	QL (120 per 30 days)
PITRESSIN 20 UNIT/ML INJECTION ^{MO}	2	
portia 0.15 mg-30 mcg tablet ^{MO}	4	
PRANDIN 0.5 MG TABLET ^{MO}	4	
PRANDIN 1 MG TABLET ^{MO}	4	
PRANDIN 2 MG TABLET ^{MO}	4	
prednisolone 15 mg/5 ml soln ^{MO}	2	
prednisolone 15 mg/5 ml syrup ^{MO}	2	
prednisolone 5 mg/5 ml soln ^{MO}	2	
prednisolone 5 mg/5 ml syrup ^{MO}	2	
prednisone 1 mg tablet ^{MO}	2	B vs D
prednisone 10 mg tablet ^{MO}	1	B vs D
prednisone 2.5 mg tablet ^{MO}	1	B vs D
prednisone 20 mg tablet ^{MO}	1	B vs D
prednisone 5 mg tablet ^{MO}	1	B vs D
prednisone 5 mg/5 ml solution ^{MO}	2	B vs D
prednisone 50 mg tablet ^{MO}	2	B vs D
prednisone intensol 5 mg/ml oral concentrate ^{MO}	3	B vs D
PREMARIN 0.625 MG/GRAM VAGINAL CREAM ^{MO}	3	
previfem 0.25 mg-35 mcg tablet ^{MO}	4	
progesterone 100 mg capsule ^{MO}	3	
progesterone 200 mg capsule ^{MO}	3	
progesterone in oil 50 mg/ml im ^{MO}	2	
progesterone oil 50 mg/ml vl ^{MO}	2	
propylthiouracil 50 mg tablet ^{MO}	2	
quasense 0.15 mg-30 mcg tablets,3 month dose pack ^{MO}	4	QL (91 per 90 days)
reclipsen (28) 0.15 mg-30 mcg tablet ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SAIZEN 5 MG SUB-Q SOLN SP	5	PA
SAIZEN 8.8 MG SUB-Q SOLN SP	5	PA
SAIZEN CLICK.EASY 8.8 MG/1.5 ML (FINAL CONC.) SUBQ CARTRIDGE SP	5	PA
SEROSTIM 4 MG SUB-Q SOLN SP	5	PA
SEROSTIM 5 MG SUB-Q SOLN SP	5	PA
SEROSTIM 6 MG SUB-Q SOLN SP	5	PA
SOLU-CORTEF (PF) 1,000 MG/8 ML SOLUTION FOR INJECTION MO	4	
SOLU-CORTEF (PF) 100 MG/2 ML SOLUTION FOR INJECTION MO	4	
SOLU-CORTEF (PF) 250 MG/2 ML SOLUTION FOR INJECTION MO	4	
SOLU-CORTEF (PF) 500 MG/4 ML SOLUTION FOR INJECTION MO	4	
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION MO	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML IV SOLUTION MO	4	
SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION MO	4	
SOLU-MEDROL (PF) 40 MG/ML SOLUTION FOR INJECTION MO	4	
SOLU-MEDROL (PF) 500 MG/4 ML IV SOLUTION MO	4	
SOLU-MEDROL 1,000 MG IV SOLUTION MO	4	
SOLU-MEDROL 125 MG/2 ML SOLUTION FOR INJECTION MO	4	
SOLU-MEDROL 2 GRAM IV SOLUTION MO	4	
SOLU-MEDROL 500 MG IV SOLUTION MO	4	
SOMAVERT 10 MG SUB-Q SOLN SP	5	PA,QL (60 per 30 days)
SOMAVERT 15 MG SUB-Q SOLN SP	5	PA,QL (60 per 30 days)
SOMAVERT 20 MG SUB-Q SOLN SP	5	PA,QL (60 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet MO	1	
sronyx 0.1 mg-20 mcg tablet MO	4	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY MO	4	
syeda 3 mg-0.03 mg tablet MO	4	
SYMLIN 600 MCG/ML SUB-Q MO	4	PA,QL (25 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUB-Q PEN INJECTOR MO	4	PA,QL (11 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUB-Q PEN INJECTOR MO	4	PA,QL (11 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY SP	5	
SYNTHROID 100 MCG TABLET MO	3	
SYNTHROID 112 MCG TABLET MO	3	
SYNTHROID 125 MCG TABLET MO	3	
SYNTHROID 137 MCG TABLET MO	3	
SYNTHROID 150 MCG TABLET MO	3	
SYNTHROID 175 MCG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNTHROID 200 MCG TABLET MO	3	
SYNTHROID 25 MCG TABLET MO	3	
SYNTHROID 300 MCG TABLET MO	3	
SYNTHROID 50 MCG TABLET MO	3	
SYNTHROID 75 MCG TABLET MO	3	
SYNTHROID 88 MCG TABLET MO	3	
testosterone cyp 100 mg/ml MO	2	
testosterone cyp 200 mg/ml MO	3	
testosterone enan 200 mg/ml MO	3	
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	2	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	2	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	2	
THYROLAR-2 25 MCG-100 MCG TABLET MO	2	
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	2	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tolazamide 250 mg tablet MO	3	
tolazamide 500 mg tablet MO	3	
tolbutamide 500 mg tablet MO	3	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tri-previfem (28) 0.18/0.215/0.25 mg-35 mcg(28) tablet MO	4	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg(28) tablet MO	4	
trinessa (28) 0.18/0.215/0.25 mg-35 mcg(28) tablet MO	4	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
UNITHROID 100 MCG TABLET MO	2	
UNITHROID 112 MCG TABLET MO	2	
UNITHROID 125 MCG TABLET MO	2	
UNITHROID 150 MCG TABLET MO	2	
UNITHROID 175 MCG TABLET MO	2	
UNITHROID 200 MCG TABLET MO	2	
UNITHROID 25 MCG TABLET MO	2	
UNITHROID 300 MCG TABLET MO	2	
UNITHROID 50 MCG TABLET MO	2	
UNITHROID 75 MCG TABLET MO	2	
UNITHROID 88 MCG TABLET MO	2	
vasopressin 10 unit/0.5 ml v1 MO	2	
velivet 0.1/0.125/0.15 mg-25 mcg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VERIPRED 20 20 MG/5 ML ORAL SOLN MO	4	
vestura 3 mg-20 mcg (24) tablet MO	2	
VICTOZA 0.6 MG/0.1 ML (18 MG/3 ML) SUB-Q PEN INJECTOR MO	4	PA,QL (9 per 30 days)
viocele 0.15 mg-0.02 mg x21/0.01 mgx5 tablet MO	4	
zarah 3 mg-0.03 mg tablet MO	4	
zema-pak 10 day 1.5 mg tablet MO	2	
zema-pak 13 day 1.5 mg tablet MO	2	
zema-pak 6 day 1.5 mg tablet MO	2	
zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
zeosa 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
zovia 1/35e (28) 1 mg-35 mcg tablet MO	4	
zovia 1/50e (28) 1 mg-50 mcg tablet MO	4	
LOCAL ANESTHETICS (PARENTERAL)		
bupivacaine 0.25% ampul MO	2	
bupivacaine 0.25% vial MO	2	
bupivacaine 0.5% ampul MO	2	
bupivacaine 0.75% vial MO	2	
bupivacaine-dextr 0.75% amp MO	2	
bupivacaine-epi 0.25%-0.0005 MO	2	
bupivacaine-epi 0.5%-0.0005 MO	2	
bupivacaine-epi 0.75%-0.0005 MO	2	
CARBOCAINE (PF) 10 MG/ML (1 %) INJECTION MO	4	
CARBOCAINE (PF) 15 MG/ML (1.5 %) INJECTION MO	4	
CARBOCAINE (PF) 20 MG/ML (2 %) INJECTION MO	4	
CARBOCAINE 1 % INJECTION MO	4	
CARBOCAINE 2 % INJECTION MO	4	
chlorprocaine 2% vial MO	2	
chlorprocaine 3% vial MO	2	
lidocaine 0.5%-epi 1:200,000 MO	2	
lidocaine 1%-epi 1:100,000 MO	2	
lidocaine 1.5%-epi 1:200,000 MO	2	
lidocaine 2% - epi 1:100,000 MO	2	
lidocaine 2% - epi 1:50,000 MO	2	
lidocaine 2%-epi 1:100,000 MO	2	
lidocaine 2%-epi 1:200,000 MO	2	
lidocaine 5% in d7.5w ampul MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine hcl 0.5% vial MO	2	
lidocaine hcl 1% ampul MO	2	
lidocaine hcl 1% vial MO	2	
lidocaine hcl 1.5% ampul MO	2	
lidocaine hcl 2% vial MO	2	
lidocaine hcl 2% vial MO	2	
lidocaine hcl 4% ampul MO	2	
MARCAINE (PF) 0.25 % (2.5 MG/ML) INJECTION MO	4	
MARCAINE (PF) 0.5 % (5 MG/ML) INJECTION MO	4	
MARCAINE (PF) 0.75 % (7.5 MG/ML) INJECTION MO	4	
MARCAINE 0.25 % (2.5 MG/ML) INJECTION MO	4	
MARCAINE SPINAL (PF) 7.5 MG/ML (0.75 %) INJECTION MO	4	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000 INJECTION MO	4	
MARCAINE-EPINEPHRINE (PF) 0.5 %-1:200,000 INJECTION MO	4	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000 INJECTION MO	4	
MARCAINE-EPINEPHRINE 0.5 %-1:200,000 INJECTION MO	4	
mepivacaine hcl 3% cartridge MO	2	
NAROPIN (PF) 10 MG/ML (1 %) INJECTION MO	4	
NAROPIN (PF) 2 MG/ML (0.2 %) INJECTION MO	4	
NAROPIN (PF) 5 MG/ML (0.5 %) INJECTION MO	4	
NAROPIN (PF) 7.5 MG/ML (0.75 %) INJECTION MO	4	
polocaine (pf) 10 mg/ml (1 %) injection MO	2	
polocaine (pf) 15 mg/ml (1.5 %) injection MO	2	
polocaine (pf) 20 mg/ml (2 %) injection MO	2	
polocaine 1 % injection MO	2	
PONTOCAINE (PF) 20 MG SOLUTION FOR INJECTION MO	4	
SENSORCAINE 0.25 % (2.5 MG/ML) INJECTION MO	4	
sensorcaine-mpf spinal 7.5 mg/ml (0.75 %) injection MO	2	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection MO	2	
SENSORCAINE-MPF/EPINEPHRINE 0.75 %-1:200,000 INJECTION MO	4	
sensorcaine/epinephrine 0.25 %-1:200,000 injection MO	2	
sensorcaine/epinephrine 0.5 %-1:200,000 injection MO	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE 2 MILLION UNIT/0.5 ML SUB-Q SP	5	PA
ACTONEL 150 MG TABLET MO	4	QL (2 per 30 days)
ACTONEL 30 MG TABLET MO	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTONEL 35 MG TABLET MO	4	QL (4 per 28 days)
ACTONEL 5 MG TABLET MO	4	QL (30 per 30 days)
alendronate sodium 10 mg tab MO	2	QL (30 per 30 days)
alendronate sodium 35 mg tab MO	1	QL (4 per 28 days)
alendronate sodium 40 mg tab MO	2	QL (30 per 30 days)
alendronate sodium 5 mg tablet MO	2	QL (30 per 30 days)
alendronate sodium 70 mg tab MO	1	QL (4 per 28 days)
allopurinol 100 mg tablet MO	1	
allopurinol 300 mg tablet MO	1	
allopurinol sodium 500 mg vial MO	2	
amifostine 500 mg vial MO	3	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE SP	5	PA,QL (60 per 30 days)
ARCALYST 220 MG SUB-Q SOLN SP	5	PA
ATELVIA 35 MG TABLET,DELAYED RELEASE MO	4	QL (4 per 28 days)
AVODART 0.5 MG CAPSULE MO	3	QL (30 per 30 days)
AVONEX 30 MCG IM KIT SP	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML IM PEN INJECTOR MO	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML IM PEN KIT MO	5	PA,QL (4 per 28 days)
AVONEX ADMINISTRATION PACK 30 MCG/0.5 ML IM KIT SP	5	PA,QL (4 per 28 days)
azathioprine 50 mg tablet MO	2	B vs D
azathioprine sod 100 mg vial MO	2	B vs D
BENLYSTA 120 MG IV SOLUTION MO	5	PA,QL (30 per 28 days)
BENLYSTA 400 MG IV SOLUTION MO	5	PA,QL (6 per 28 days)
BETASERON 0.3 MG SUB-Q KIT SP	5	PA,QL (15 per 30 days)
calcium folinate (leucovorin) 10 mg/ml injection MO	2	
CARNITOR 200 MG/ML IV MO	4	B vs D
CARNITOR SUGAR-FREE 100 MG/ML ORAL SOLN MO	4	B vs D
cavirine oral rinse MO	2	
CELLCEPT 200 MG/ML ORAL SUSP MO	5	B vs D
CELLCEPT 250 MG CAPSULE MO	4	B vs D
CELLCEPT 500 MG TABLET MO	5	B vs D
CELLCEPT INTRAVENOUS 500 MG IV SOLUTION MO	4	B vs D
COLCRYS 0.6 MG TABLET MO	3	QL (120 per 30 days)
control rx cream MO	2	
COPAXONE 20 MG SUB-Q KIT SP	5	PA,QL (30 per 30 days)
cyanide antidote 300 mg/10 ml-12.5 gram/50 ml iv kit MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cyclosporine 100 mg capsule MO	4	B vs D
cyclosporine 100 mg/ml soln MO	4	B vs D
cyclosporine 25 mg capsule MO	4	B vs D
cyclosporine 50 mg softgel MO	4	B vs D
cyclosporine 50 mg/ml vial MO	4	B vs D
cyclosporine modified 100 mg MO	4	B vs D
cyclosporine modified 25 mg MO	4	B vs D
CYSTADANE ORAL POWDER MO	4	
CYSTAGON 150 MG CAPSULE MO	4	
CYSTAGON 50 MG CAPSULE MO	4	
DEMSER 250 MG CAPSULE MO	4	
denta 5000 plus 1.1 % cream MO	2	
dentagel 1.1 % MO	2	
dexrazoxane 250 mg vial MO	3	B vs D
dexrazoxane 500 mg vial MO	3	B vs D
disulfiram 250 mg tablet MO	3	
disulfiram 500 mg tablet MO	4	
ELMIRON 100 MG CAPSULE MO	4	
ENBREL 25 MG (1 ML) SUB-Q KIT SP	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUB-Q SYRINGE SP	5	PA,QL (8 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUB-Q SYRINGE SP	5	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUB-Q PEN INJECTOR SP	5	PA,QL (8 per 28 days)
epiflur 0.25 mg tablet chew MO	2	
epiflur 0.5 mg tablet chewable MO	2	
epiflur 1 mg tablet chewable MO	2	
ETHYOL 500 MG VIAL MO	5	B vs D
etidronate disodium 200 mg tab MO	3	
etidronate disodium 400 mg tab MO	3	
finasteride 5 mg tablet MO	3	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUB-Q SYRINGE SP	5	PA,QL (9 per 30 days)
FLUORABON 0.25 MG FLUORIDE(0.55)/0.6 ML ORAL DROPS MO	4	
fluoride 0.25 mg tablet chew MO	2	
fluoride 0.5 mg tablet chew MO	2	
fluoride 1 mg chew tablet MO	2	
fluoridex defense 1.1% gel MO	2	
fluoridex whitening 1.1% gel MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoritab 0.125 mg fluoride(0.275)/drop oral drops MO	2	
fluoritab 0.5 mg fluoride (1.1 mg) chewable tablet MO	2	
FLURA-DROPS 0.25 MG FLUORIDE (0.55)/DROP ORAL MO	4	
fomepizole 1.5 gm/1.5 ml vial MO	2	
FUSILEV 50 MG IV SOLUTION MO	4	PA
gel-kam 0.63% dental rinse MO	2	
gengraf 100 mg capsule MO	4	B vs D
gengraf 100 mg/ml oral soln MO	4	B vs D
gengraf 25 mg capsule MO	4	B vs D
hecoria 0.5 mg capsule MO	2	B vs D
hecoria 1 mg capsule MO	2	B vs D
hecoria 5 mg capsule MO	2	B vs D
HUMIRA 20 MG/0.4 ML SUB-Q KIT SP	5	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUB-Q KIT SP	5	PA,QL (6 per 28 days)
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBQ PEN KIT SP	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBQ KIT SP	5	PA,QL (6 per 28 days)
HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBQ PEN KIT SP	5	PA,QL (6 per 28 days)
ibandronate sodium 150 mg tab MO	4	QL (1 per 28 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
KUVAN 100 MG SOLUBLE TABLET SP	5	PA
leflunomide 10 mg tablet MO	2	QL (30 per 30 days)
leflunomide 20 mg tablet MO	2	QL (30 per 30 days)
leucovorin cal 500 mg/50 ml vl MO	2	B vs D
leucovorin calcium 10 mg tab MO	2	
leucovorin calcium 100 mg vl MO	2	B vs D
leucovorin calcium 15 mg tab MO	2	
leucovorin calcium 200 mg vl MO	2	B vs D
leucovorin calcium 25 mg tab MO	2	
leucovorin calcium 350 mg vl MO	2	B vs D
leucovorin calcium 5 mg tab MO	2	
leucovorin calcium 50 mg vl MO	2	B vs D
leucovorin calcium 500 mg vl MO	2	B vs D
levocarnitine 100 mg/ml soln MO	3	B vs D
levocarnitine 200 mg/ml vial MO	3	B vs D
levocarnitine 330 mg tablet MO	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lozi-flur 1 mg fluoride (2.2 mg) lozenges MO	2	
ludent fluoride 0.25 mg fluoride (0.55 mg) chewable tablet MO	2	
ludent fluoride 0.5 mg fluoride (1.1 mg) chewable tablet MO	2	
ludent fluoride 1 mg fluoride (2.2 mg) chewable tablet MO	2	
mesna 1 gram/10 ml vial MO	4	B vs D
MESNEX 100 MG/ML IV MO	4	B vs D
MESNEX 400 MG TABLET MO	4	
methylene blue 1% vial MO	2	
mycophenolate 250 mg capsule MO	2	B vs D
mycophenolate 500 mg tablet MO	2	B vs D
MYFORTIC 180 MG TABLET, DELAYED RELEASE MO	3	B vs D
MYFORTIC 360 MG TABLET, DELAYED RELEASE MO	3	B vs D
MYOBLOC 10,000 UNIT/2 ML IM MO	4	PA
MYOBLOC 2,500 UNIT/0.5 ML IM MO	4	PA
MYOBLOC 5,000 UNIT/ML IM MO	4	PA
neutral sodium fluoride MO	2	
NEXAVIR 25.5 MG/ML INJECTION MO	4	
NULOJIX 250 MG IV SOLUTION MO	5	PA, QL (20 per 30 days)
octreotide 1,000 mcg/ml vial MO	5	PA
octreotide acet 100 mcg/ml syr SP	5	PA
octreotide acet 100 mcg/ml vl MO	5	PA
octreotide acet 200 mcg/ml vl MO	5	PA
octreotide acet 50 mcg/ml amp MO	3	PA
octreotide acet 50 mcg/ml syr SP	3	PA
octreotide acet 500 mcg/ml syr SP	3	PA
octreotide acet 500 mcg/ml vl MO	5	PA
ORFADIN 10 MG CAPSULE MO	5	
ORFADIN 2 MG CAPSULE MO	5	
ORFADIN 5 MG CAPSULE MO	5	
ORTHOCLONE OKT-3 5 MG/5 ML MO	5	B vs D
pamidronate 30 mg/10 ml vial MO	3	B vs D
pamidronate 60 mg/10 ml vial MO	3	B vs D
pamidronate 90 mg/10 ml vial MO	3	B vs D
pamidronate disod 30 mg vial MO	3	B vs D
pamidronate disod 90 mg vial MO	3	B vs D
PANHEMATIN 313 MG IV SOLUTION MO	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROGRAF 5 MG/ML IV MO	4	B vs D
PROLIA 60 MG/ML SUB-Q SYRINGE MO	4	PA,QL (60 per 180 days)
RAPAMUNE 0.5 MG TABLET MO	4	B vs D
RAPAMUNE 1 MG TABLET MO	4	B vs D
RAPAMUNE 1 MG/ML ORAL SOLN MO	4	B vs D
RAPAMUNE 2 MG TABLET MO	4	B vs D
REBIF 22 MCG/0.5 ML SUB-Q SYRINGE SP	5	PA,QL (12 per 30 days)
REBIF 44 MCG/0.5 ML SUB-Q SYRINGE SP	5	PA,QL (12 per 30 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUB-Q SYRINGE SP	5	PA,QL (12 per 30 days)
RECLAST 5 MG/100 ML IV MO	4	PA,QL (100 per 365 days)
REMICADE 100 MG IV SOLUTION MO	5	PA
renaf fluoride 0.25 mg tb chew MO	2	
renaf fluoride 0.5 mg tab chew MO	2	
renaf fluoride 1 mg tab chew MO	2	
SANDOSTATIN 1,000 MCG/ML INJECTION MO	5	PA
SANDOSTATIN 100 MCG/ML INJECTION MO	5	PA
SANDOSTATIN 200 MCG/ML INJECTION MO	5	PA
SANDOSTATIN 50 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 500 MCG/ML INJECTION MO	5	PA
SANDOSTATIN LAR DEPOT 10 MG IM KIT MO	5	PA
SANDOSTATIN LAR DEPOT 20 MG IM KIT MO	5	PA
SANDOSTATIN LAR DEPOT 30 MG IM KIT MO	5	PA
SENSIPAR 30 MG TABLET MO	3	QL (60 per 30 days)
SENSIPAR 60 MG TABLET MO	5	QL (60 per 30 days)
SENSIPAR 90 MG TABLET MO	5	QL (120 per 30 days)
sf 1.1 % dental gel MO	2	
sf 5000 plus 1.1 % dental cream MO	2	
SIMULECT 10 MG IV SOLUTION MO	5	B vs D
SIMULECT 20 MG IV SOLUTION MO	5	B vs D
sodiphlor 0.5 mg/ml drops MO	2	
sodium fluoride 0.5 mg/ml drop MO	2	
sodium fluoride 1 mg (2.2 mg) MO	2	
sodium nitrite 300 mg/10 ml v1 MO	2	
sodium thiosulfat 12.5 g/50 ml MO	2	
sodium thiosulfate 1 g/10 ml MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOMATULINE DEPOT 120 MG/0.5 ML SUB-Q SYRINGE ^{SP}	5	PA,QL (1 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUB-Q SYRINGE ^{SP}	5	PA,QL (1 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUB-Q SYRINGE ^{SP}	5	PA,QL (1 per 28 days)
stannous fluor 0.63% rinse ^{MO}	2	
tacrolimus 0.5 mg capsule ^{MO}	2	B vs D
tacrolimus 1 mg capsule ^{MO}	2	B vs D
tacrolimus 5 mg capsule ^{MO}	2	B vs D
THALOMID 100 MG CAPSULE ^{SP}	3	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE ^{SP}	5	PA,QL (60 per 30 days)
THALOMID 200 MG CAPSULE ^{SP}	5	PA,QL (30 per 30 days)
THALOMID 50 MG CAPSULE ^{SP}	3	PA,QL (30 per 30 days)
THYMOGLOBULIN 25 MG IV SOLUTION ^{MO}	3	B vs D
XGEVA 120 MG/1.7 ML (70 MG/ML) SUB-Q ^{MO}	5	PA,QL (2 per 28 days)
XIGRIS 20 MG VIAL ^{MO}	5	
XIGRIS 5 MG VIAL ^{MO}	4	
ZAVESCA 100 MG CAPSULE ^{SP}	5	QL (90 per 30 days)
ZOMETA 4 MG/100 ML IV ^{MO}	5	PA,QL (300 per 21 days)
ZOMETA 4 MG/5 ML IV ^{MO}	5	PA,QL (15 per 21 days)
ZORTRESS 0.25 MG TABLET ^{MO}	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET ^{MO}	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.75 MG TABLET ^{MO}	4	B vs D,QL (60 per 30 days)
OXYTOCICS		
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE ^{MO}	4	
HEMABATE 250 MCG/ML IM ^{MO}	4	
METHERGINE 0.2 MG TABLET ^{MO}	4	
METHERGINE 0.2 MG/ML AMPUL ^{MO}	4	
methylergonovine 0.2 mg tablet ^{MO}	3	
methylergonovine 0.2 mg/ml amp ^{MO}	3	
oxytocin 10 units/ml vial ^{MO}	2	
PITOCIN 10 UNIT/ML INJECTION ^{MO}	4	
PREPIDIL 0.5 MG/3 G VAGINAL GEL ^{MO}	4	
PROSTIN E2 20 MG VAGINAL SUPPOSITORY ^{MO}	4	
PHARMACEUTICAL AIDS		
FORMA-RAY 20 % SOLN ^{MO}	2	
STERILE BANDAGE ROLL 2.25"X3YD ^{MO}	2	
STERILE GAUZE PAD 2" X 2" BANDAGE ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STERILE GAUZE PAD 4" X 4" BANDAGE MO	2	
STERILE PADS 2" X 2" BANDAGE MO	2	
STERILE PADS 3" X 3" BANDAGE MO	2	
STERILE PADS 4" X 4" BANDAGE MO	2	
STERILE PADS BANDAGE MO	2	
STERILE STRETCH GAUZE BANDAGE 2" X 2 YARD MO	2	
STERILE STRETCH GAUZE BANDAGE 3" X 147" MO	2	
VEHICLE/N MILD TOPICAL SOLN MO	4	
VEHICLE/N TOPICAL SOLN MO	4	
RESPIRATORY TRACT AGENTS		
acetylcysteine 10% vial MO	2	B vs D
acetylcysteine 20% vial MO	2	B vs D
ADVAIR DISKUS 100 MCG-50 MCG/DOSE FOR INHALATION MO	3	QL (60 per 30 days)
ADVAIR DISKUS 250 MCG-50 MCG/DOSE FOR INHALATION MO	3	QL (60 per 30 days)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE FOR INHALATION MO	3	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	3	QL (12 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	3	QL (12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	3	QL (12 per 30 days)
ARALAST 1,000 MG VIAL MO	5	PA
ARALAST NP 1,000 MG IV SUSP MO	5	PA
ARALAST NP 500 MG IV SUSP MO	5	PA
ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED MO	3	QL (0 per 28 days)
ASMANEX TWISTHALER 110 MCG (7 DOSES) BREATH ACTIVATED MO	3	QL (0 per 28 days)
ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED MO	3	QL (0 per 28 days)
ASMANEX TWISTHALER 220 MCG (14 DOSES) BREATH ACTIVATED MO	3	QL (0 per 28 days)
ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED MO	3	QL (0 per 28 days)
ASMANEX TWISTHALER 220 MCG (60 DOSES) BREATH ACTIVATED MO	3	QL (0 per 28 days)
budesonide 0.25 mg/2 ml susp MO	3	B vs D
budesonide 0.5 mg/2 ml susp MO	3	B vs D
cromolyn 20 mg/2 ml neb soln MO	2	B vs D
cromolyn 4% eye drops MO	2	
cromolyn sodium 100 mg/5 ml MO	2	
CUROSURF 120 MG/1.5 ML INTRATRACHEAL SUSP MO	4	
CUROSURF 240 MG/3 ML INTRATRACHEAL SUSP MO	5	
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (13 per 30 days)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (13 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FLOVENT DISKUS 100 MCG/ACTUATION FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT DISKUS 50 MCG/ACTUATION FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER MO	3	QL (24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER MO	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	3	QL (11 per 30 days)
GLASSIA 1 GRAM/50 ML (2 %) IV MO	5	PA
INFASURF 35 MG/ML INTRATRACHEAL SUSP MO	4	
KALYDECO 150 MG TABLET MO	5	PA,QL (60 per 30 days)
montelukast sod 10 mg tablet MO	2	QL (30 per 30 days)
montelukast sod 4 mg tab chew MO	2	QL (30 per 30 days)
montelukast sod 5 mg tab chew MO	2	QL (30 per 30 days)
PROLASTIN 1,000 MG IV SUSP MO	5	PA
PROLASTIN 500 MG IV SUSP MO	5	PA
PROLASTIN C 1,000 MG IV SUSP MO	5	PA
QVAR 40 MCG/ACTUATION AEROSOL INHALER MO	3	QL (37 per 30 days)
QVAR 80 MCG/ACTUATION AEROSOL INHALER MO	3	QL (22 per 30 days)
SINGULAIR 10 MG TABLET MO	4	ST,QL (30 per 30 days)
SINGULAIR 4 MG CHEWABLE TABLET MO	4	ST,QL (30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET MO	4	ST,QL (30 per 30 days)
SINGULAIR 5 MG CHEWABLE TABLET MO	4	ST,QL (30 per 30 days)
SURVANTA 25 MG/ML INTRATRACHEAL SUSP MO	4	
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (11 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (11 per 30 days)
XOLAIR 150 MG SUB-Q SOLN MO	5	PA,QL (900 per 28 days)
zafirlukast 10 mg tablet MO	3	QL (60 per 30 days)
zafirlukast 20 mg tablet MO	3	QL (60 per 30 days)
ZEMAIRA 1,000 MG IV SUSP MO	5	PA
SERUMS, TOXOIDS, AND VACCINES		
ACTHIB (PF) 10 MCG/0.5 ML IM MO	4	
ADACEL (ADOLESCENT & ADULT) (PF) 2 LF-(5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	4	
ADACEL (ADOLESCENT & ADULT) (PF) 2 LF-(5-3-5MCG)-5 LF/0.5ML IM SYRINGE MO	4	
antivenin micrurus fulvius MO	2	
antivenin(latrodectus) vial MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BCG VACCINE (TICE STRAIN) VIAL MO	4	B vs D
BOOSTRIX (PF) 2.5 LF UNIT-8 MCG-5 LF/0.5 ML IM SUSP MO	4	
BOOSTRIX (PF) 2.5 LF UNIT-8 MCG-5 LF/0.5 ML IM SYRINGE MO	4	
carimune nf nanofiltered 12 g iv solution MO	5	PA
carimune nf nanofiltered 3 gram iv solution MO	5	PA
carimune nf nanofiltered 6 gram iv solution MO	5	PA
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML IM SYRINGE MO	3	
CERVARIX VACCINE VIAL MO	3	
COMVAX (PF) 5 MCG-7.5 MCG-125 MCG/0.5 ML IM MO	4	
CROFAB SOLUTION FOR INJECTION MO	4	
CYTOGAM 50 MG/ML IV MO	5	PA,QL (1050 per 30 days)
DAPTACEL (PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	4	
DECAVAC VIAL MO	4	
DIGIBIND 38 MG VIAL MO	5	
DIGIFAB 40 MG IV SOLUTION MO	4	
diphtheria-tetanus tox-ped MO	4	
diphtheria-tetanus toxoids-ped MO	4	
ENGERIX-B (PF) 10 MCG/0.5 ML IM SUSP MO	4	B vs D
ENGERIX-B (PF) 10 MCG/0.5 ML IM SYRINGE MO	4	B vs D
ENGERIX-B (PF) 20 MCG/ML IM SUSP MO	4	B vs D
ENGERIX-B (PF) 20 MCG/ML IM SYRINGE MO	4	B vs D
flebogamma dif 5 % iv MO	5	PA
GAMASTAN S/D 15 %-18 % RANGE IM MO	4	PA
GAMASTAN S/D SYRINGE MO	4	PA
gammagard liquid 10 % iv MO	5	PA
GAMMAGARD S-D (IGA<1UG/ML) 10 GRAM IV SOLUTION MO	5	PA
GAMMAGARD S-D (IGA<1UG/ML) 5 GRAM IV SOLUTION MO	5	PA
GAMMAGARD S-D 0.5 GM VL W-ST MO	5	PA
GAMMAGARD S/D 10 GRAM IV SOLUTION MO	5	PA
GAMMAGARD S/D 2.5 G IV SOLUTION MO	5	PA
GAMMAGARD S/D 5 GRAM IV SOLUTION MO	5	PA
GAMMAKED 1 GRAM/10 ML (10 %) INJECTION MO	5	PA
GAMMAKED 10 GRAM/100 ML (10 %) INJECTION MO	5	PA
GAMMAKED 2.5 GRAM/25 ML (10 %) INJECTION MO	5	PA
GAMMAKED 20 GRAM/200 ML (10 %) INJECTION MO	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAMMAKED 5 GRAM/50 ML (10 %) INJECTION MO	5	PA
gammaplex 5 % iv MO	5	PA
GAMUNEX 10 % IV MO	5	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION MO	5	PA
GAMUNEX-C 10 GRAM/100 ML (10 %) INJECTION MO	5	PA
GAMUNEX-C 2.5 GRAM/25 ML (10 %) INJECTION MO	5	PA
GAMUNEX-C 20 GRAM/200 ML (10 %) INJECTION MO	5	PA
GAMUNEX-C 5 GRAM/50 ML (10 %) INJECTION MO	5	PA
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML IM SUSP MO	4	QL (3 per 365 days)
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML IM SYRINGE MO	4	QL (3 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML IM SUSP MO	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML IM SYRINGE MO	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML IM SUSP MO	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML IM SYRINGE MO	4	
HIBERIX VACCINE VIAL MO	4	
HIZENTRA 1 GRAM/5 ML (20 %) SUB-Q MO	4	PA
HIZENTRA 2 GRAM/10 ML (20 %) SUB-Q MO	5	PA
HIZENTRA 4 GRAM/20 ML (20 %) SUB-Q MO	5	PA
HYPERRAB S/D (PF) 150 UNIT/ML IM MO	4	
HYPERRAB S/D SYRINGE MO	4	
HYPERRHO S/D 1,500 UNIT (300 MCG) IM SYRINGE MO	4	
hyperrho s/d 250 unit (50 mcg) im syringe MO	4	
HYPERTET S/D (PF) 250 UNIT IM SYRINGE MO	4	
IMOGAM RABIES-HT (PF) 150 UNIT/ML IM MO	4	
IMOVAX RABIES VACCINE (PF) 2.5 UNIT IM MO	4	B vs D
INFANRIX (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML IM SUSP MO	4	
INFANRIX (PF) 25 LF UNIT-58MCG-10 LF/0.5ML IM SYRINGE MO	4	
INFLUENZA A (H1N1) 2009 SYR MO	4	
INFLUENZA A (H1N1) 2009 VIAL MO	4	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSP FOR INJECTION MO	4	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SYRINGE MO	4	
IXIARO (PF) 6 MCG/0.5 ML IM SYRINGE MO	4	
JE-VAX SUB-Q SOLN MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML IM SUSP MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML IM SYRINGE MO	4	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUB-Q SUSP MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MENACTRA (PF) 4 MCG/0.5 ML IM MO	4	
MENACTRA 4 MCG/0.5 ML SYRINGE MO	4	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUB-Q SOLN MO	4	
MENOMUNE - A/C/Y/W-135 50 MCG SUB-Q SOLN MO	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT MO	4	
MICRHOGAM ULTRA-FILTERED PLUS 250 UNIT (50 MCG) IM SYRINGE MO	4	
MICRHOGAM ULTRA-FILTRD SYRN MO	4	
NABI-HB >1,560 UNIT/5 ML IM MO	4	
NABI-HB >312 UNIT/ML IM MO	4	
OCTAGAM 5 % IV MO	5	PA
PEDIARIX (PF) 10MCG-25LF-25MCG-10LF-40-8-32 IM SYRINGE MO	4	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML IM MO	4	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5ML IM KIT MO	4	
PREVNAR 13 (PF) 0.5 ML IM SYRINGE MO	4	
privigen 10 % soln MO	5	PA
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUB-Q MO	4	
RABAVERT (PF) 2.5 UNIT IM KIT MO	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML IM SUSP MO	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML IM SYRINGE MO	4	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML IM SUSP MO	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML IM SUSP MO	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML IM SYRINGE MO	4	B vs D
RHOGAM ULTRA-FILTERED PLUS 1,500 UNIT (300 MCG) IM SYRINGE MO	4	
RHOGAM ULTRA-FILTERED SYRINGE MO	4	
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE MO	4	
ROTARIX 10EXP6 CCID50/ML ORAL SUSP MO	4	
ROTATEQ VACCINE 2 ML ORAL SUSP MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML IM SUSP MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML IM SYRINGE MO	4	
tetanus diphtheria toxoids MO	4	
tetanus toxoid adsorbed vial MO	4	B vs D
TETANUS-DIPHTERIA-DECAVAC MO	4	
THERACYS 81 MG INTRAVESICAL SUSP MO	4	B vs D
TICE BCG 50 MG INTRAVESICAL SUSP MO	4	
TRIHIBIT PRESERVATIVE FREE MO	4	
TRIPEDIA (PF) 6.7 LF UNIT-46.8 MCG-5/0.5 ML IM SUSP MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML IM SUSP MO	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML IM SYRINGE MO	4	
TYPHIM VI 25 MCG/0.5 ML IM MO	4	
TYPHIM VI 25 MCG/0.5 ML IM SYRINGE MO	4	
VAQTA (PF) 25 UNIT/0.5 ML IM SUSP MO	4	
VAQTA (PF) 25 UNIT/0.5 ML IM SYRINGE MO	4	
VAQTA (PF) 50 UNIT/ML IM SUSP MO	4	
VAQTA (PF) 50 UNIT/ML IM SYRINGE MO	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUB-Q SOLN MO	3	
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUB-Q SUSP MO	4	
ZOSTAVAX (PF) 19,400 UNIT SUB-Q SOLN MO	4	QL (1 per 365 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP 10 MG CAPSULE MO	4	
acid jelly MO	2	
acticin 5% cream MO	2	
ACZONE 5 % TOPICAL GEL MO	4	
adapalene 0.1% cream MO	4	
adapalene 0.1% gel MO	4	
ALA-SCALP 2 % LOTION MO	3	
alclometasone dipr 0.05% oint MO	2	
alclometasone dipro 0.05% crm MO	2	
ALCOHOL PADS MO	1	
ALCOHOL PREP PADS MO	1	
ALCOHOL PREP SWABS MO	1	
ALCOHOL WIPES MO	1	
aliclen 6 % shampoo MO	2	
ALTABAX 1 % OINTMENT MO	4	
amcinonide 0.1% cream MO	2	
amcinonide 0.1% lotion MO	2	
amcinonide 0.1% ointment MO	2	
AMERICAINE LUBRICANT MO	4	
ammonium lactate 12% cream MO	2	
ammonium lactate 12% lotion MO	2	
ANACAINE 10 % OINTMENT MO	4	
apexicon 0.05 % ointment MO	3	
apexicon e 0.05 % topical cream MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVC VAGINAL 15 % CREAM MO	2	
BACTROBAN 2 % TOPICAL CREAM MO	4	
BD ALCOHOL SWAB TOPICAL PADS MO	1	
bencort lotion MO	2	
benprox 2.75% gel MO	2	
benprox 5.25% wash MO	2	
bensal hp 3 %-6 % ointment MO	2	
BENZASHAVE 10% CREAM MO	4	
BENZASHAVE 5% CREAM MO	4	
benzoin tincture MO	2	
benzoyl perox 4% creamy wash MO	2	
benzoyl perox 8% creamy wash MO	2	
benzoyl peroxide 10% gel MO	2	
benzoyl peroxide 10% wash MO	2	
benzoyl peroxide 2.5% gel MO	2	
benzoyl peroxide 2.5% wash MO	2	
benzoyl peroxide 3% cleanser MO	2	
benzoyl peroxide 3% pad MO	2	
benzoyl peroxide 4% lotion MO	3	
benzoyl peroxide 4.5% cleanser MO	2	
benzoyl peroxide 5% gel MO	2	
benzoyl peroxide 5% wash MO	2	
benzoyl peroxide 6% cleanser MO	3	
benzoyl peroxide 6% pad MO	2	
benzoyl peroxide 6.5% cleanser MO	2	
benzoyl peroxide 6.5% pads MO	2	
benzoyl peroxide 8% lotion MO	2	
benzoyl peroxide 8.5% cleanser MO	2	
benzoyl peroxide 8.5% pads MO	2	
benzoyl peroxide 9% cleanser MO	3	
benzoyl peroxide 9% pad MO	2	
betamethasone dp 0.05% crm MO	3	
betamethasone dp 0.05% lot MO	3	
betamethasone dp 0.05% oint MO	3	
betamethasone dp aug 0.05% crm MO	2	
betamethasone dp aug 0.05% gel MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betamethasone dp aug 0.05% lot MO	2	
betamethasone dp aug 0.05% oin MO	2	
betamethasone va 0.1% cream MO	2	
betamethasone va 0.1% lotion MO	2	
betamethasone valer 0.1% ointm MO	2	
bp 10-1 10 %-1 % topical cleanser MO	2	
bp 5.25 % topical susp MO	2	
bpo 4 % topical gel MO	2	
bpo 8 % topical gel MO	2	
calcipotriene 0.005% ointment MO	3	
calcipotriene 0.005% solution MO	3	QL (60 per 30 days)
calcitrene 0.005 % ointment MO	3	
CARAC 0.5 % TOPICAL CREAM MO	4	
cerisa 10 %-1 % topical cleanser MO	2	
CETACAINE MEDICAL KIT E 2 %-2 %-14 % TOPICAL MO	4	B vs D
ciclodan 0.77 % topical cream MO	3	
ciclodan 8 % topical soln MO	3	
ciclopirox 0.77% cream MO	3	
ciclopirox 0.77% gel MO	3	
ciclopirox 0.77% topical susp MO	3	
ciclopirox 1% shampoo MO	3	
ciclopirox 8 % kit MO	3	
ciclopirox 8% solution MO	3	
CLINAC BPO 7% GEL MO	4	
clinda-derm 1 % topical soln MO	2	
clindacin p 1 % topical swab MO	2	
clindamax 1 % lotion MO	2	
clindamax 1 % topical gel MO	2	
clindamycin 2% vaginal cream MO	2	
clindamycin ph 1% gel MO	2	
clindamycin ph 1% solution MO	2	
clindamycin phos 1% pledget MO	2	
clindamycin phosp 1% lotion MO	2	
clindamycin-benzoyl perox gel MO	2	
CLINDAREACH 1% KIT MO	4	
clindets 1% pledgets MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clobetasol 0.05% cream MO	2	
clobetasol 0.05% gel MO	2	
clobetasol 0.05% ointment MO	2	
clobetasol 0.05% solution MO	2	
clobetasol emollient 0.05% crm MO	2	
clobetasol prop 0.05% foam MO	2	
clotrimazole 1% cream MO	2	
clotrimazole 1% solution MO	2	
clotrimazole 10 mg troche MO	2	
clotrimazole-betamethasone crm MO	2	
clotrimazole-betamethasone lot MO	2	
colocort 100 mg/60 ml enema MO	3	
CONSTANT CLENS SPRAY MO	4	
cormax 0.05 % topical soln MO	4	
cortalo 2% gel MO	4	
CORTIFOAM 10 % (80 MG) RECTAL MO	4	
CURITY ALCOHOL SWABS MO	1	
CVS ALCOHOL SWABS MO	1	
DEBACTEROL 30 %-50 % MUCOSAL SWAB MO	4	
DENAVIR 1 % TOPICAL CREAM MO	4	
desonide 0.05% cream MO	2	
desonide 0.05% lotion MO	2	
desonide 0.05% ointment MO	2	
desoximetasone 0.05% cream MO	4	
desoximetasone 0.05% gel MO	4	
desoximetasone 0.25% cream MO	4	
desoximetasone 0.25% ointment MO	4	
desquam-x 5 % topical cleanser MO	2	
diflorasone 0.05% cream MO	3	
diflorasone 0.05% ointment MO	3	
DOAK TAR DISTILLATE LIQUID MO	4	
DRITHO-SCALP 0.5% CREAM MO	4	
DRITHOCREME HP 1 % TOPICAL MO	4	
DUAC CS CONVENIENCE KIT MO	4	
EASY TOUCH ALCOHOL PREP PADS MO	1	
econazole nitrate 1% cream MO	2	

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
ELIDEL 1 % TOPICAL CREAM MO	4	
emgel 2% topical gel MO	2	
EPIDUO 0.1 %-2.5 % TOPICAL GEL MO	4	
ery pads 2 % topical swab MO	2	
erythromycin 2% gel MO	2	
erythromycin 2% pledgets MO	2	
erythromycin 2% solution MO	2	
erythromycin-benzoyl gel MO	3	
EURAX 10 % LOTION MO	4	
EURAX 10 % TOPICAL CREAM MO	4	
exoderm 25 %-1 % lotion MO	2	
fluocinolone 0.01% cream MO	2	
fluocinolone 0.01% solution MO	2	
fluocinolone 0.025% cream MO	2	
fluocinolone 0.025% oint MO	2	
fluocinonide 0.05% cream MO	1	
fluocinonide 0.05% gel MO	2	
fluocinonide 0.05% ointment MO	2	
fluocinonide 0.05% solution MO	2	
fluocinonide-e 0.05 % topical cream MO	2	
fluocinonide-emol 0.05% cream MO	2	
FLUOROPLEX 1 % TOPICAL CREAM MO	4	
fluorouracil 2% topical soln MO	4	
fluorouracil 5% cream MO	4	
fluorouracil 5% top solution MO	4	
fluticasone prop 0.005% oint MO	2	
fluticasone prop 0.05% cream MO	2	
gentamicin 0.1% cream MO	1	
gentamicin 0.1% ointment MO	1	
GLUCOPRO ALCOHOL TOPICAL PADS MO	1	
GORDOFILM 16.7 %-16.7 % TOPICAL SOLN MO	4	
GORDONS UREA 22 % OINTMENT MO	4	
GORDONS UREA 40 % OINTMENT MO	4	
GUAIACOL LIQUID PURIFIED MO	4	
halac 0.05 %-12 % topical pack, ointment & lotion MO	3	
halobetasol prop 0.05% cream MO	3	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
halobetasol prop 0.05% ointmnt MO	3	
HALOG 0.1 % OINTMENT MO	4	
HALOG 0.1 % TOPICAL CREAM MO	4	
halonate 0.05 %-12 % topical pack, ointment & foam MO	4	
halonate pac 0.05 %-12 % topical pack, ointment & lotion MO	3	
HALOTIN 1% CREAM MO	4	
hydrocortisone 0.1% soln MO	2	
hydrocortisone 1% absorbbase MO	2	
hydrocortisone 1% cream MO	1	
hydrocortisone 1% ointment MO	2	
hydrocortisone 100 mg enema MO	2	
hydrocortisone 2.5% lotion MO	2	
hydrocortisone 2.5% ointment MO	2	
hydrocortisone acetate 2% gel MO	2	
hydrocortisone buty 0.1% cream MO	2	
hydrocortisone butyr 0.1% oint MO	2	
hydrocortisone val 0.2% cream MO	2	
hydrocortisone val 0.2% ointmt MO	2	
hypercare 20 % topical soln MO	2	
imiquimod 5% cream packet MO	4	QL (12 per 30 days)
INOVA 4 %-5 % TOPICAL COMBO PACK MO	4	
INOVA 4-1 1 %-4 %-5 % TOPICAL COMBO PACK MO	4	
IV PREP WIPES MEDICATED MO	1	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL MO	4	
KEPIVANCE 6.25 MG SOLUTION MO	5	
KERAFOAM 30 % TOPICAL FOAM MO	4	
KERAFOAM 42 % TOPICAL FOAM MO	4	
keralac cream MO	2	
ketoconazole 2% cream MO	2	
ketoconazole 2% shampoo MO	2	
laclotion 12 % MO	4	
lavoclen-4 (new cleanser) 4 % topical kit MO	2	
lavoclen-4 4 % topical cleanser MO	2	
lavoclen-8 (new cleanser) 8 % topical kit MO	2	
lavoclen-8 8 % topical cleanser MO	2	
LEVULAN 20 % TOPICAL SOLN MO	4	

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
lidocaine 5% ointment MO	2	B vs D
lidocaine-hc 3-0.5% cream MO	3	
lidocaine-hc 3-0.5% cream kit MO	3	
lidocaine-hc 3-0.5% lotion MO	3	B vs D
lidocaine-hc 3-1% cream kit MO	3	
lidocaine-prilocaine cream MO	2	B vs D
LIDODERM 5 % (700 MG/PATCH) ADHESIVE PATCH MO	4	PA,QL (90 per 30 days)
lindane 1% lotion MO	4	
lindane 1% shampoo MO	4	
lokara 0.05 % lotion MO	2	
LTA PRE-ATTACHED 4 % LARYNGOTRACHEAL SOLN MO	4	B vs D
malathion 0.5% lotion MO	2	
MENTAX 1 % TOPICAL CREAM MO	4	
metronidazole 0.75% cream MO	2	
metronidazole 0.75% lotion MO	2	
metronidazole topical 0.75% gl MO	2	
metronidazole vaginal 0.75% gl MO	2	
METVIXIA 16.8 % (168 MG/GRAM) TOPICAL CREAM MO	4	
miconazole-3 200 mg vaginal suppository MO	2	
mometasone furoate 0.1% cream MO	2	
mometasone furoate 0.1% oint MO	2	
mometasone furoate 0.1% soln MO	2	
mupirocin 2% ointment MO	3	
neomy-polymyxin b 40 mg/ml amp MO	3	
nuzole 2 % topical cream MO	3	
nyamyc 100,000 unit/g topical powder MO	2	
nystatin 100,000 unit/gm cream MO	1	
nystatin 100,000 unit/gm powd MO	2	
nystatin 100,000 units/gm oint MO	1	
nystatin vaginal tablet MO	2	
nystatin-triamcinolone cream MO	1	
nystatin-triamcinolone ointm MO	1	
nystop 100,000 unit/g topical powder MO	2	
oralone 0.1 % dental paste MO	2	
oscion 3% cleanser MO	2	
oscion 3% pad MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oscion 6% cleanser MO	2	
oscion 6% pad MO	2	
oscion 9% cleanser MO	2	
oscion 9% pad MO	2	
OVACE PLUS SHAMPOO 10 % MO	4	
OXALIS OINTMENT MO	4	
OXSORALEN 1 % LOTION MO	4	
OXSORALEN ULTRA 10 MG CAPSULE MO	5	
PAIN EASE TOPICAL SPRAY MO	4	
PANRETIN 0.1 % TOPICAL GEL MO	5	
pedi-dri 100,000 unit/g topical powder MO	2	
permethrin 5% cream MO	2	
phenazopyridine 100 mg tab MO	1	
phenazopyridine 200 mg tab MO	1	
podocon 25 % topical liquid MO	3	
podofilox 0.5% topical soln MO	3	
PONTOCAINE 2 % TOPICAL SOLN MO	4	
prednicarbate 0.1% cream MO	2	
prednicarbate 0.1% ointment MO	2	
procto-pak 1 % rectal cream MO	2	
proctocream-hc 2.5 % rectal MO	2	
proctosol hc 2.5 % rectal cream MO	2	
proctozone-hc 2.5 % rectal cream MO	2	
PYROGALLIC ACID 25 %-2 % OINTMENT MO	4	
re 40 gel MO	2	
re benzoyl peroxide 3.5% cream MO	2	
re benzoyl peroxide 5.5% cream MO	2	
re benzoyl peroxide 8.5% cream MO	2	
re sa 6% cream MO	2	
re sa 6% lotion MO	2	
re urea 40 lotion MO	3	
re-u40 foam MO	2	
REGGRANEX 0.01 % TOPICAL GEL MO	5	
relagard 0.9 %-0.025 % vaginal gel MO	2	
remeven 50 % topical cream MO	2	
RIMSO-50 50 % INTRAVESICAL MO	2	

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
rosadan 0.75 % topical gel MO	2	
salacyn 6 % lotion MO	2	
salicylic acid 6% gel MO	2	
salicylic acid 6% shampoo MO	2	
SANTYL 250 UNIT/G OINTMENT MO	4	
scalacort 2 % lotion MO	2	
scalp treatment kit MO	2	
selenium sulfide 2.25% shampoo MO	2	
selenium sulfide 2.5% lotion MO	2	
silver nitrate 0.5% soln MO	2	
silver nitrate 10% ointment MO	2	
silver nitrate 10% solution MO	2	
silver nitrate 25% solution MO	2	
silver nitrate 50% solution MO	2	
silver sulfadiazine 1% cream MO	1	
sodium sulfacetamide med pads MO	2	
SORIATANE 10 MG CAPSULE MO	5	
SORIATANE 17.5 MG CAPSULE MO	5	
SORIATANE 22.5 MG CAPSULE MO	5	
SORIATANE 25 MG CAPSULE MO	5	
SPRAY AND STRETCH TOPICAL MO	4	
STELARA 45 MG/0.5 ML SUB-Q SYRINGE MO	5	PA,QL (3 per 84 days)
STELARA 45 MG/0.5 ML VIAL MO	5	PA,QL (3 per 84 days)
STELARA 90 MG/ML SUB-Q SYRINGE MO	5	PA,QL (3 per 84 days)
sulfacetamide sod 10% top susp MO	2	
sulfacetamide sodium 10% lot MO	2	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	
TARGRETIN 1 % TOPICAL GEL SP	5	PA
TAZORAC 0.05 % TOPICAL CREAM MO	4	
TAZORAC 0.05 % TOPICAL GEL MO	4	
TAZORAC 0.1 % TOPICAL CREAM MO	4	
TAZORAC 0.1 % TOPICAL GEL MO	4	
terconazole 0.4% cream MO	2	
terconazole 0.8% cream MO	2	
terconazole 80 mg suppository MO	2	

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
TEXACORT 2.5 % TOPICAL SOLN MO	4	
THERMAZENE 1 % TOPICAL CREAM MO	2	
tretinoin 0.01% gel MO	3	PA
tretinoin 0.025% cream MO	3	PA
tretinoin 0.025% gel MO	3	PA
tretinoin 0.05% cream MO	3	PA
tretinoin 0.1% cream MO	3	PA
TRI-CHLOR 80 % TOPICAL SOLN MO	4	
triamcinolone 0.025% cream MO	1	
triamcinolone 0.025% lotion MO	2	
triamcinolone 0.025% oint MO	2	
triamcinolone 0.05% oint MO	2	
triamcinolone 0.1% cream MO	1	
triamcinolone 0.1% lotion MO	2	
triamcinolone 0.1% ointment MO	1	
triamcinolone 0.1% paste MO	2	
triamcinolone 0.5% cream MO	1	
triamcinolone 0.5% ointment MO	2	
trichloroacetic acid 25% MO	2	
trichloroacetic acid 70% MO	2	
trichloroacetic acid 75% MO	2	
trichloroacetic acid 80% MO	2	
triderm 0.1 % topical cream MO	2	
u-cort 1 %-10 % topical cream MO	2	
u40 foam MO	2	
ULTILET ALCOHOL SWAB MO	1	
UMECTA 40 % TOPICAL MO	4	
umecta 40 % topical foam MO	4	
UMECTA 40 % TOPICAL SUSP MO	4	
UMECTA PD 40 % TOPICAL EMULSION MO	4	
UMECTA PD 40 % TOPICAL SUSPENSION MO	4	
URAMAXIN 20 % TOPICAL FOAM MO	4	
urea 40 gel MO	2	
urea 40 lotion MO	2	
urea 40% cream MO	2	
urea 40% gel MO	2	

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
urea 40% nail film susp MO	4	
urea 42% cloths MO	2	
urea 50% cream MO	2	
urea 50% nailstik MO	2	
urea 50% ointment MO	2	
urea nail stick 50 % topical soln MO	4	
UVADEX 20 MCG/ML INJECTION MO	4	B vs D
VEREGEN 15 % OINTMENT MO	4	
vitazol 0.75 % topical cream MO	4	
WEBCOL TOPICAL PADS MO	1	
x-viate 40 % lotion MO	2	
x-viate 40 % topical cream MO	2	
x-viate 40 % topical gel MO	2	
XERAC AC 6.25 % TOPICAL SOLN MO	4	
zaclir 4% cleansing lotion MO	2	
zaclir 8% cleansing lotion MO	2	
ZODERM 4.5% CREAM MO	4	
ZODERM 4.5% GEL MO	4	
ZODERM 6.5% CREAM MO	4	
ZODERM 6.5% GEL MO	4	
ZODERM 8.5% CREAM MO	4	
ZODERM 8.5% GEL MO	4	
ZOVIRAX 5 % OINTMENT MO	4	PA
ZOVIRAX 5 % TOPICAL CREAM MO	4	ST
SMOOTH MUSCLE RELAXANTS		
aminophylline 100 mg tablet MO	2	
aminophylline 200 mg tablet MO	2	
aminophylline 250 mg/10 ml v ^l MO	2	
aminophylline 500 mg/20 ml v ^l MO	2	
ELIXOPHYLLIN 80 MG/15 ML MO	2	
flavoxate hcl 100 mg tablet MO	3	
oxybutynin 5 mg tablet MO	1	
oxybutynin 5 mg/5 ml syrup MO	2	
oxybutynin cl er 10 mg tablet MO	3	QL (60 per 30 days)
oxybutynin cl er 15 mg tablet MO	3	QL (60 per 30 days)
oxybutynin cl er 5 mg tablet MO	3	QL (60 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
theochron 100 mg tablet,extended release MO	2	
theochron 200 mg tablet,extended release MO	2	
theochron 300 mg tablet,extended release MO	2	
theophylline 200 mg/100 ml d5w MO	2	
theophylline 200 mg/50 ml d5w MO	2	
theophylline 400 mg/250 ml d5w MO	2	
theophylline 400 mg/500 ml d5w MO	2	
theophylline 80 mg/15 ml soln MO	2	
theophylline 800 mg/1 l d5w MO	2	
theophylline 800 mg/250 ml d5w MO	2	
theophylline 800 mg/500 ml d5w MO	2	
theophylline er 100 mg tablet MO	2	
theophylline er 200 mg tablet MO	2	
theophylline er 300 mg tab MO	2	
theophylline er 400 mg tablet MO	2	
theophylline er 450 mg tab MO	2	
theophylline er 600 mg tablet MO	2	
tropium chloride 20 mg tablet MO	4	
VITAMINS		
ATABEX EC 29 MG-1 MG-50 MG TABLET,DELAYED RELEASE MO	4	
bal-care dha 27 mg-1 mg-430 mg tablet&capsule,delayed release MO	4	
bp multinatal plus chew tablet MO	4	
bp multinatal plus tablet MO	4	
calcitriol 0.25 mcg capsule MO	3	B vs D
calcitriol 0.5 mcg capsule MO	3	B vs D
calcitriol 1 mcg/ml ampul MO	3	B vs D
calcitriol 1 mcg/ml solution MO	3	B vs D
cavan one omega softgel MO	4	
cavan-ec sod dha 30 mg-1 mg-440 mg tablet&capsule,delayed release MO	4	
cavan-folate dha combo pack MO	4	
cavan-folate ob tablet MO	4	
cavan-heme ob tablet MO	4	
co-natal fa 29 mg-1 mg tablet MO	4	
complete natal dha 29 mg-1 mg-250 mg oral pack MO	4	
complete-rf prenatal 90 mg-1 mg-50 mg tablet MO	4	

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
completenate 29 mg-1 mg chewable tablet MO	4	
corenate-dha combo pack MO	4	
dexpanthenol 250 mg/ml vial MO	2	
docosavit softgel MO	4	
ED CYTE F TABLET MO	4	
edge ob caplet MO	4	
elite-ob 28 mg-1.25 mg-200 mg capsule MO	4	
elite-ob 400 35 mg-5 mg-1.2 mg-400 mg capsule MO	4	
elite-ob 50 mg-1.25 mg tablet MO	4	
FEMECAL OB TABLET MO	4	
folbecal 1 mg-200 mg-75 mg-12 mcg tablet,extended release MO	4	
folcaps care one capsule MO	4	
folinatal plus b 1 mg-200 mg-75 mg-12 mcg tablet,extended release MO	4	
folivane-ec calcium dha combo MO	4	
folivane-ob 85 mg-1 mg capsule MO	4	
folivane-prx dha nf 30 mg-1.24 mg-55 mg-265 mg capsule MO	4	
HECTOROL 0.5 MCG CAPSULE MO	3	B vs D
HECTOROL 1 MCG CAPSULE MO	3	B vs D
HECTOROL 2 MCG/ML (1 ML) IV MO	3	B vs D
HECTOROL 2.5 MCG CAPSULE MO	3	B vs D
HECTOROL 4 MCG/2 ML IV MO	3	B vs D
ICAR-C PLUS SR CAPSULE MO	4	
inal advance 90 mg-1 mg-50 mg tablet MO	4	
inal gt tablet MO	4	
inal ultra 90 mg-1 mg-50 mg tablet MO	4	
kolnatal dha dr combo pack MO	4	
lactocal-f 65 mg-1 mg tablet MO	4	
levomefolatepvn 29 mg-0.5 mg-1.4 mg-200 mg oral pack MO	4	
M-VIT 27 MG-1 MG TABLET MO	4	
MARNATAL-F 60 MG IRON-1 MG CAPSULE MO	4	
maternity 27 mg-1 mg tablet MO	4	
MAXINATE 20 MG-0.8 MG TABLET MO	4	
MULTI-NATE 30 DHA 430 MG VIT MO	4	
MULTI-NATE 30 DHA PRENATAL VIT MO	4	
multi-nate 30 tablet MO	4	

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
MULTI-NATE DHA EXTRA PRENATAL MO	4	
multi-vitamin with fluoride 0.25 mg chewable tablet MO	2	
multi-vitamin with fluoride 1 mg chewable tablet MO	2	
multivitamins with fluoride 0.5 mg chewable tablet MO	2	
multivitamins with fluoride 1 mg chewable tablet MO	2	
MYKIDZ IRON FLUORIDE 10 MG-0.25 MG-1,500 UNIT/2 ML ORAL SUSP MO	4	
MYNATAL 65 MG-1 MG CAPSULE MO	4	
mynatal 90 mg-1 mg-50 mg tablet MO	4	
mynatal advance 90 mg-1 mg-50 mg tablet MO	4	
mynatal plus 65 mg-1 mg tablet MO	4	
mynatal-z 65 mg-1 mg tablet MO	4	
mynate 90 plus 90 mg-1 mg tablet,extended release MO	4	
NATA KOMPLETE 25 MG IRON-1 MG TABLET MO	4	
NATAFORT TABLET MO	4	
NATALVIT 75 MG-1 MG TABLET MO	4	
navatab + dha pack MO	4	
NEEVO CAPLET MO	4	
NEEVO DHA CAPSULE MO	4	
O-CAL FA 66 MG-1 MG TABLET MO	4	
O-CAL PRENATAL 15 MG-1 MG TABLET MO	4	
ob-natal one 27 mg-1 mg-330 mg capsule MO	4	
obstetrix dha 29 mg iron-1 mg-50 mg tablet&capsule,delayed release MO	4	
OBSTETRIX EC 29 MG-1 MG-50 MG TABLET,DELAYED RELEASE MO	4	
paire ob plus dha 22 mg-6 mg-1 mg-200 mg oral pack MO	4	
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack MO	4	
pnv-dha 27 mg-1 mg-300 mg capsule MO	4	
pnv-omega 28 mg-1 mg-300 mg capsule MO	4	
pnv-select 27 mg-1 mg tablet MO	4	
pnv-total 35 mg-5 mg-1.2 mg-400 mg capsule MO	4	
poly iron pn forte tablet MO	4	
poly iron pn tablet MO	4	
polyvit-iron-fl 0.5 mg/ml MO	2	
pr natal 400 29 mg-1 mg-400 mg oral pack MO	4	
pr natal 400 ec 29 mg-1 mg-400 mg tablet&capsule,delayed release MO	4	

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
pr natal 430 29 mg-1 mg-430 mg oral pack MO	4	
pr natal 430 ec 29 mg-1 mg-430 mg tablet&capsule, delayed release MO	4	
pr natal 440 ec combo pack MO	4	
prenacare tablet MO	4	
prenafirst 17 mg-1 mg tablet MO	4	
prenaplus 27 mg-1 mg tablet MO	4	
PRENATABS FA 29 MG-1 MG TABLET MO	4	
PRENATABS RX 29 MG-1 MG TABLET MO	4	
prenatal 19 29 mg-1 mg chewable tablet MO	4	
prenatal 19 29 mg-1 mg tablet MO	4	
prenatal ad 90 mg-1 mg-50 mg tablet MO	4	
prenatal low iron 27 mg-1 mg tablet MO	4	
prenatal plus (calcium carbonate) 27 mg-1 mg tablet MO	3	
prenatal plus with iron (calcium carbonate) 27 mg-1 mg tablet MO	4	
previte rx tablet MO	4	
re dualvit ob capsule MO	4	
re multivit-fluor 0.25 mg tab MO	2	
re multivit-fluor 0.5 mg tab MO	2	
re multivit-fluor 1 mg tab chw MO	2	
re ob + dha pack MO	4	
RE OB 90 + DHA PACK MO	4	
re prenatal multivit w-iron tb MO	4	
re previt+dha softgel MO	4	
re-nata 29 ob prenatal tablet MO	4	
re-nata 29 prenatal tablet MO	4	
relnate dha 28 mg-1 mg-200 mg capsule MO	4	
se-care chewable tablet MO	4	
se-care conceive tablet MO	4	
se-care gesture tablet MO	4	
se-natal 19 29 mg-1 mg chewable tablet MO	4	
se-natal 19 29 mg-1 mg tablet MO	4	
se-natal 90 dr tablet MO	4	
se-natal one tablet MO	4	
se-plete dha softgel MO	4	
se-tan dha 30 mg-1 mg-310.1 mg capsule MO	4	

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
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK MO	4	
SELECT-OB 29 MG-1 MG CHEWABLE TABLET MO	4	
setonet 29 mg-1 mg-430 mg oral pack MO	4	
SETONET-EC 29 MG-1 MG-430 MG TABLET&CAPSULE,DELAYED RELEASE MO	4	
taron ec calcium dha comb pack MO	4	
taron-bc 20 mg iron-1 mg/25 mg tablets MO	4	
taron-c dha 35 mg-1 mg-200 mg capsule MO	4	
TARON-DUO EC 29 MG-1 MG-400 MG TABLET&CAPSULE,DELAYED RELEASE MO	4	
taron-ec cal tablet MO	4	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule MO	4	
tri rx 27 mg-1 mg-50 mg tablet MO	4	
tri-vit with fluoride & iron 0.25 mg-10 mg/ml oral drops MO	2	
tri-vit-fluor-iron 0.25 mg/ml MO	2	
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops MO	2	QL (50 per 30 days)
triadvance 90 mg-1 mg-50 mg tablet MO	4	
trimesis rx 1 mg-200 mg-75 mg-12 mcg tablet,extended release MO	4	
trinatal qt 90 mg-1 mg-50 mg tablet MO	4	
trinatal rx 1 60 mg iron-1 mg tablet MO	4	
trinatal ultra 90 mg-1 mg-50 mg tablet MO	4	
TRINATE 28 MG-1 MG TABLET MO	4	
triveen-duo dha 29 mg-1 mg-400 mg oral pack MO	4	
triveen-one 27 mg-1 mg-250 mg capsule MO	4	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule MO	4	
triveen-ten 15 mg-0.5 mg-50 mg-50 mg tablet MO	4	
triveen-u 106.5 mg-1 mg capsule MO	4	
trust natal dha 29 mg-1 mg-250 mg oral pack MO	4	
ultimate ob dha 22 mg-6 mg-1 mg-200 mg oral pack MO	4	
ultimatecare advantage combo MO	4	
ultimatecare combo pack MO	4	
ultimatecare one 27 mg-1 mg-330 mg capsule MO	4	
ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule MO	4	
vena-bal dha 27 mg-1 mg-430 mg tablet&capsule,delayed release MO	4	
venatal complete dha 27 mg-1 mg-430 mg tablet &capsule,delayed release MO	4	
vinacal 27 mg-1 mg-50 mg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vinate az 27 mg-1 mg tablet MO	4	
vinate az extra tablets MO	4	
vinate c tablet MO	4	
vinate calcium 27 mg-1 mg-50 mg tablet MO	4	
vinate care 40 mg-1 mg chewable tablet MO	4	
vinate gt 90 mg-1 mg-50 mg tablet MO	4	
vinate ic 162 mg-115.2 mg (106 mg)-1 mg capsule MO	4	
vinate ii 29 mg-1 mg tablet MO	4	
vinate m 27 mg-1 mg tablet MO	4	
vinate one 60 mg iron-1 mg tablet MO	4	
vinate pn care 30 mg-1 mg-50 mg tablet MO	4	
vinate ultra 90 mg-1 mg-50 mg tablet MO	4	
virt-pn 27 mg-1 mg tablet MO	4	
virt-pn dha 27 mg-1 mg-300 mg capsule MO	4	
VITAFOL-PN (UD) 65 MG-1 MG TABLET MO	4	
vitaphil + dha pack MO	4	
vitaphil caplet MO	4	
vitaspire 29 mg-1 mg tablet MO	4	
VIVA DHA 28 MG-1 MG-200 MG CAPSULE MO	4	
vp-era ob plus 22 mg-6 mg-1 mg tablet MO	4	
vynatal fa 65 mg-1 mg tablet MO	4	
zatean-ch 27 mg-1 mg-50 mg-250 mg capsule MO	4	
zatean-pn 27 mg-1 mg tablet MO	4	
zatean-pn dha 27 mg-1 mg-300 mg capsule MO	4	
ZEMPLAR 1 MCG CAPSULE MO	3	B vs D
ZEMPLAR 2 MCG CAPSULE MO	3	B vs D
ZEMPLAR 2 MCG/ML IV SOLUTION MO	3	B vs D
ZEMPLAR 4 MCG CAPSULE MO	3	B vs D
ZEMPLAR 5 MCG/ML IV SOLUTION MO	3	B vs D

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