2014

Prescription Drug Guide

Humana Medicare Employer Plan Formulary

List of covered drugs

Humana Group Medicare
Enhanced Plus WV PEIA

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

This formulary was updated on 08/27/2013. For more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern time. Our automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

Humana®

Welcome to Humana Medicare Employer Plan!

Note to existing members: This formulary changes yearly. If you belonged to the plan in 2013, please review this document to make sure that it still contains the drugs you take.

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

Can the formulary change?
Generally, we won't discontinue or reduce coverage of the drug during the 2014 coverage year if you take a drug on our 2014 formulary that was covered at the beginning of the year. However, we may change the formulary when a new, less-expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

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

We'll notify members at least 60 days before one of these changes happens 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 takes the drug off 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, 2014. We'll update our printed formularies each month, and they'll be available on **Humana.com**.

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

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

How do I use the formulary?
There are two ways to find your drug in the formulary:

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

Alphabetical listing
If you're not sure about your drug's category or group, you should look for your drug in the Index that begins on page 246. The Index is 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'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Prescription drugs are grouped into one of four tiers - Tier 1, Tier 2, Tier 3, or Tier 4. The Humana Medicare Employer Plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

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

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

The amount of money you pay depends on:

- Which drug tier your drug falls under in the formulary
- Whether you fill your prescription at a network pharmacy
- Your current drug payment stage - read your Evidence of Coverage (EOC) for more information

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

Are there any restrictions on my coverage?
Some covered drugs may have additional requirements or limits on coverage. These are called Utilization Management Requirements. These requirements and limits may include:

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

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

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

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

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

What if my drug isn't on the formulary?
If your drug isn't included in this list of covered drugs, visit **Humana.com** to see if your plan covers your drug. You can also call Group Medicare Customer Care and ask if your drug is covered.

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

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

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

How do I request an exception to the formulary?
You can ask the Humana Medicare Employer Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

Will my plan cover my drugs if they are not on the formulary?
You may take drugs that your plan doesn't cover. Or, you may take a drug that your plan covers, but that drug might have a Utilization Management Requirement, such as a Prior Authorization or Step Therapy, that keeps you from getting the drug right away. In certain cases, we may cover as much as a 30-day supply of your drug during the first 90 days you're a member of our plan. We'll talk to your doctor during this time to decide the right steps for you to take.

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

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

If you're a resident of a long-term care facility and you take Part D drugs that aren't on our formulary, we'll cover a temporary 93-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 how much care you need. These changes include:

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

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

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

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

For More Information

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

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

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

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 Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 246.

Your Humana Medicare Employer Plan plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D. These drugs aren't subject to the Medicare appeals process. These drugs are listed separately on page 236.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTI-INFECTIVE AGENTS		
abacavir 300 mg tablet SP	1	QL (60 per 30 days)
ABELCET 5 MG/ML IV MO	4	
acyclovir 1,000 mg/20 ml vial MO	1	
acyclovir 200 mg capsule MO	1	
acyclovir 200 mg/5 ml susp MO	1	
acyclovir 400 mg tablet MO	1	
acyclovir 800 mg tablet MO	1	
acyclovir sodium 1 gm vial MO	1	
acyclovir sodium 500 mg vial MO	1	
ADOXA 150 MG CAPSULE MO	1	PA
ALBENZA 200 MG TABLET MO	3	
ALINIA 100 MG/5 ML ORAL SUSP MO	3	QL (150 per 30 days)
ALINIA 500 MG TABLET MO	3	QL (40 per 30 days)
AMBISOME 50 MG IV SUSP MO	3	
amikacin 1,000 mg/4 ml vial MO	1	
amikacin 500 mg/2 ml MO	1	
amox tr-k clv 200-28.5 tab chw MO	1	
amox tr-k clv 200-28.5/5 susp MO	1	
amox tr-k clv 250-125 mg tab MO	1	
amox tr-k clv 250-62.5/5 susp MO	1	
amox tr-k clv 400-57 tab chew MO	1	
amox tr-k clv 400-57/5 susp MO	1	
amox tr-k clv 500-125 mg tab MO	1	
amox tr-k clv 600-42.9/5 susp MO	1	
amox tr-k clv 875-125 mg tab MO	1	
amoxicillin 125 mg tab chew MO	1	
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	1	
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	1	
amoxicillin 875 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin-clav er 1,000-62.5 MO	1	
AMPHOTEC 100 MG VIAL MO	3	
AMPHOTEC 50 MG VIAL MO	3	
amphotericin b 50 mg vial MO	1	
ampicillin 1 gm a-v vial MO	1	
ampicillin 1 gm vial MO	1	
ampicillin 10 gm vial MO	1	
ampicillin 125 mg vial MO	1	
ampicillin 125 mg/5 ml susp MO	1	
ampicillin 2 gm a-v vial MO	1	
ampicillin 2 gm vial MO	1	
ampicillin 250 mg vial MO	1	
ampicillin 250 mg/5 ml susp MO	1	
ampicillin 500 mg vial MO	1	
ampicillin tr 250 mg capsule MO	1	
ampicillin tr 500 mg capsule MO	1	
ampicillin-sulb 3 gm add vial MO	1	
ampicillin-sulbactam 1.5 gm vl MO	1	
ampicillin-sulbactam 15 gm vl MO	1	
ampicillin-sulbactam 3 gm vial MO	1	
ANCOBON 250 MG CAPSULE MO	3	
ANCOBON 500 MG CAPSULE MO	3	
APTIVUS 100 MG/ML ORAL SOLN SP	4	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE SP	4	QL (120 per 30 days)
atovaquone-proguanil 250-100 MO	1	
atovaquone-proguanil 62.5-25 MO	1	
ATRIPLA 600 MG-200 MG-300 MG TABLET SP	4	QL (30 per 30 days)
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSP MO	3	
AUGMENTIN 250 MG-62.5 MG/5 ML ORAL SUSP MO	3	
AUGMENTIN 500 MG-125 MG TABLET MO	3	
AUGMENTIN 875 MG-125 MG TABLET MO	3	
AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSP MO	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE MO	3	
AVELOX 400 MG TABLET MO	2	
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE (ISO-OSMOTIC) IV PIGGY BACK MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVELOX ABC PACK 400 MG TABLET MO	2	
avidoxy 100 mg tablet MO	1	
AZACTAM 1 GRAM SOLUTION FOR INJECTION MO	3	PA
AZACTAM 1 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) IV PIGGY BACK MO	3	
AZACTAM 2 GRAM SOLUTION FOR INJECTION MO	3	PA
AZACTAM 2 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) IV PIGGY BACK MO	3	
azithromycin 1 gm pwd packet MO	1	
azithromycin 100 mg/5 ml susp MO	1	
azithromycin 200 mg/5 ml susp MO	1	
azithromycin 250 mg tablet MO	1	
azithromycin 500 mg tablet MO	1	
azithromycin 600 mg tablet MO	1	
azithromycin i.v. 500 mg vial MO	1	
aztreonam 1 gm vial MO	1	
aztreonam 2 gm vial MO	1	
AZULFIDINE 500 MG TABLET MO	3	
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE MO	3	
baciim 50,000 unit im MO	1	
bacitracin 50,000 units vial MO	1	
BACTRIM 400 MG-80 MG TABLET MO	3	
BACTRIM DS 800 MG-160 MG TABLET MO	1	
BARACLUDE 0.05 MG/ML ORAL SOLN SP	3	QL (630 per 30 days)
BARACLUDE 0.5 MG TABLET SP	4	QL (30 per 30 days)
BARACLUDE 1 MG TABLET SP	4	QL (30 per 30 days)
BIAXIN 250 MG TABLET MO	3	
BIAXIN 250 MG/5 ML ORAL SUSP MO	3	
BIAXIN 500 MG TABLET MO	3	
BIAXIN XL 500 MG TABLET,EXTENDED RELEASE MO	3	
BIAXIN XL PAK 500 MG TABLET,EXTENDED RELEASE MO	3	
BICILLIN C-R 1,200,000 UNIT/2 ML IM SYRINGE MO	3	
BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML IM SYRINGE MO	3	
BICILLIN L-A 1,200,000 UNIT/2 ML IM SYRINGE MO	3	
BICILLIN L-A 2,400,000 UNIT/4 ML IM SYRINGE MO	3	
BICILLIN L-A 600,000 UNIT/ML IM SYRINGE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BILTRICIDE 600 MG TABLET MO	3	
CANCIDAS 50 MG IV SOLUTION MO	4	B vs D
CANCIDAS 70 MG IV SOLUTION MO	4	B vs D
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	3	
CAYSTON 75 MG/ML NEB SOLUTION MO	4	PA,QL (84 per 28 days)
CEDAX 180 MG/5 ML ORAL SUSP MO	3	
CEDAX 400 MG CAPSULE MO	3	
CEDAX 90 MG/5 ML ORAL SUSP MO	3	
cefaclor 125 mg/5 ml susp MO	1	
cefaclor 250 mg capsule MO	1	
cefaclor 250 mg/5 ml susp MO	1	
cefaclor 375 mg/5 ml suspen MO	1	
cefaclor 500 mg capsule MO	1	
cefaclor er 500 mg tablet MO	1	
cefadroxil 1 gm tablet MO	1	
cefadroxil 250 mg/5 ml susp MO	1	
cefadroxil 500 mg capsule MO	1	
cefadroxil 500 mg/5 ml susp MO	1	
cefazolin 1 gm add-van vial MO	1	
cefazolin 1 gm vial MO	1	
cefazolin 1 gm-d5w bag MO	1	
cefazolin 10 gm vial MO	1	
cefazolin 2 gm-d5w bag MO	1	
cefazolin 20 gm bulk vial MO	1	
cefazolin 500 mg vial MO	1	
cefdinir 125 mg/5 ml susp MO	1	
cefdinir 250 mg/5 ml susp MO	1	
cefdinir 300 mg capsule MO	1	
cefditoren pivoxil 200 mg tab MO	1	
cefditoren pivoxil 400 mg tab MO	1	
cefepime 1 gm injection MO	2	
cefepime 2 gm injection MO	2	
cefepime hcl 1 gm vial MO	1	
cefepime hcl 2 gram vial MO	1	
cefepime-dextrose 1 gm/50 ml MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefepime-dextrose 2 gm/50 ml MO	1	
cefotaxime sodium 1 gm vial MO	1	
cefotaxime sodium 10 gm vial MO	1	
cefotaxime sodium 2 gm vial MO	1	
cefotaxime sodium 500 mg vial MO	1	
cefotetan 1 gm vial MO	1	
cefotetan 10 gm vial MO	1	
cefotetan 2 gm vial MO	1	
cefotetan-dextr 1 g duplex bag MO	1	
cefotetan-dextr 2 g duplex bag MO	1	
cefoxitin 1 gm piggyback bag MO	1	
cefoxitin 1 gm vial MO	1	
cefoxitin 10 gm vial MO	1	
cefoxitin 2 gm piggyback bag MO	1	
cefoxitin 2 gm vial MO	1	
cefpodoxime 100 mg tablet MO	1	
cefpodoxime 100 mg/5 ml susp MO	1	
cefpodoxime 200 mg tablet MO	1	
cefpodoxime 50 mg/5 ml susp MO	1	
cefprozil 125 mg/5 ml susp MO	1	
cefprozil 250 mg tablet MO	1	
cefprozil 250 mg/5 ml susp MO	1	
cefprozil 500 mg tablet MO	1	
ceftazidime 1 gm piggyback MO	1	
ceftazidime 1 gm vial MO	1	
ceftazidime 2 gm piggyback MO	1	
ceftazidime 2 gm vial MO	1	
ceftazidime 500 mg vial MO	1	
ceftazidime 6 gm vial MO	1	
CEFTIN 125 MG/5 ML ORAL SUSP MO	3	
CEFTIN 250 MG TABLET MO	3	
CEFTIN 250 MG/5 ML ORAL SUSP MO	3	
CEFTIN 500 MG TABLET MO	3	
ceftriaxone 1 gm piggyback MO	1	
ceftriaxone 1 gm vial MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ceftriaxone 1 gm-d5w bag MO	1	
ceftriaxone 10 gm vial MO	1	
ceftriaxone 2 gm add vial MO	1	
ceftriaxone 2 gm piggyback MO	1	
ceftriaxone 2 gm vial MO	1	
ceftriaxone 2 gm-d5w bag MO	1	
ceftriaxone 250 mg vial MO	1	
ceftriaxone 500 mg vial MO	1	
cefuroxime 1.5g/50 ml bag MO	1	
cefuroxime 750 mg/50 ml bag MO	1	
cefuroxime axetil 250 mg tab MO	1	
cefuroxime axetil 500 mg tab MO	1	
cefuroxime sod 7.5 gm vial MO	1	
cefuroxime sod 750 mg vial MO	1	
cephalexin 125 mg/5 ml susp MO	1	
cephalexin 250 mg capsule MO	1	
cephalexin 250 mg tablet MO	1	
cephalexin 250 mg/5 ml susp MO	1	
cephalexin 500 mg capsule MO	1	
cephalexin 500 mg tablet MO	1	
cephalexin 750 mg capsule MO	1	
chloramphen na succ 1 gm vl MO	1	
chloroquine ph 250 mg tablet MO	1	
chloroquine ph 500 mg tablet MO	1	
cidofovir 375 mg/5 ml vial MO	1	
CIPRO 200 MG/100 ML IN D5W IV PIGGY BACK MO	3	
CIPRO 250 MG TABLET MO	3	
CIPRO 250 MG/5 ML ORAL SUSP MO	3	
CIPRO 400 MG/200 ML IN D5W IV PIGGY BACK MO	3	
CIPRO 500 MG TABLET MO	3	
CIPRO 500 MG/5 ML ORAL SUSP MO	3	
CIPRO XR 1,000 MG TABLET,EXTENDED RELEASE MO	3	PA
CIPRO XR 500 MG TABLET,EXTENDED RELEASE MO	3	PA
ciprofloxacin 200 mg/20 ml vl MO	1	
ciprofloxacin 400 mg/40 ml vl MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ciprofloxacin er 1,000 mg tab MO	1	
ciprofloxacin er 500 mg tablet MO	1	
ciprofloxacin hcl 100 mg tab MO	1	
ciprofloxacin hcl 250 mg tab MO	1	
ciprofloxacin hcl 500 mg tab MO	1	
ciprofloxacin hcl 750 mg tab MO	1	
ciprofloxacn-d5w 200 mg/100 ml MO	1	
ciprofloxacn-d5w 400 mg/200 ml MO	1	
CLAFORAN 1 GRAM IV SOLUTION MO	3	
CLAFORAN 1 GRAM SOLUTION FOR INJECTION MO	3	
CLAFORAN 10 GRAM SOLUTION FOR INJECTION MO	3	
CLAFORAN 2 GRAM IV SOLUTION MO	3	
CLAFORAN 2 GRAM SOLUTION FOR INJECTION MO	3	
CLAFORAN 500 MG SOLUTION FOR INJECTION MO	3	
clarithromycin 125 mg/5 ml sus MO	1	
clarithromycin 250 mg tablet MO	1	
clarithromycin 250 mg/5 ml sus MO	1	
clarithromycin 500 mg tablet MO	1	
clarithromycin er 500 mg tab MO	1	
CLEOCIN 150 MG CAPSULE MO	3	
CLEOCIN 150 MG/ML INJECTION MO	3	
CLEOCIN 300 MG CAPSULE MO	3	
CLEOCIN 300 MG/50 ML IN 5 % DEXTROSE IV PIGGY BACK MO	3	
CLEOCIN 600 MG/4 ML IV MO	3	
CLEOCIN 600 MG/50 ML IN 5 % DEXTROSE IV PIGGY BACK MO	3	
CLEOCIN 75 MG CAPSULE MO	3	
CLEOCIN 75 MG/5 ML ORAL SOLUTION MO	1	
CLEOCIN 900 MG/50 ML IN 5 % DEXTROSE IV PIGGY BACK MO	3	
CLEOCIN 900 MG/6 ML IV MO	3	
clindamycin 150 mg/ml addvan MO	1	
clindamycin 75 mg/5 ml soln MO	1	
clindamycin hcl 150 mg capsule MO	1	
clindamycin hcl 300 mg capsule MO	1	
clindamycin hcl 75 mg capsule MO	1	
clindamycin pediatric 75 mg/5 ml oral solution MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin ph 300 mg/2 ml vl MO	1	
clindamycin-d5w 300 mg/50 ml MO	1	
clindamycin-d5w 600 mg/50 ml MO	1	
clindamycin-d5w 900 mg/50 ml MO	1	
COARTEM 20 MG-120 MG TABLET MO	3	QL (24 per 30 days)
colistimethate 150 mg vial MO	1	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION MO	3	
COMBIVIR 150 MG-300 MG TABLET SP	4	QL (60 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET SP	4	QL (30 per 30 days)
COPEGUS 200 MG TABLET SP	4	PA,QL (168 per 28 days)
CRIXIVAN 200 MG CAPSULE SP	3	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE SP	3	QL (270 per 30 days)
CUBICIN 500 MG IV SOLUTION MO	4	B vs D
CYTOVENE 500 MG IV SOLUTION MO	3	
dapsone 100 mg tablet MO	1	
dapsone 25 mg tablet MO	1	
DARAPRIM 25 MG TABLET MO	3	
demeclocycline 150 mg tablet MO	1	
demeclocycline 300 mg tablet MO	1	
dicloxacillin 250 mg capsule MO	1	
dicloxacillin 500 mg capsule MO	1	
didanosine dr 125 mg capsule SP	1	QL (90 per 30 days)
didanosine dr 200 mg capsule SP	1	QL (60 per 30 days)
didanosine dr 250 mg capsule SP	1	QL (30 per 30 days)
didanosine dr 400 mg capsule SP	1	QL (30 per 30 days)
DIFICID 200 MG TABLET MO	4	QL (20 per 10 days)
DIFLUCAN 10 MG/ML ORAL SUSP MO	3	
DIFLUCAN 100 MG TABLET MO	3	
DIFLUCAN 150 MG TABLET MO	3	
DIFLUCAN 200 MG TABLET MO	3	
DIFLUCAN 40 MG/ML ORAL SUSP MO	3	
DIFLUCAN 50 MG TABLET MO	3	
DORIBAX 250 MG IV SUSP MO	3	
DORIBAX 500 MG IV SUSP MO	3	
DORYX 150 MG TABLET,DELAYED RELEASE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DORYX 200 MG TABLET,DELAYED RELEASE MO	3	QL (30 per 30 days)
DORYX DR 100 MG TABLET MO	3	
doxy-100 100 mg iv solution MO	1	
doxycycline 25 mg/5 ml susp MO	1	
doxycycline hyc 100 mg vial MO	1	
doxycycline hyc dr 100 mg tab MO	1	
doxycycline hyc dr 150 mg tab MO	1	
doxycycline hyc dr 75 mg tab MO	1	
doxycycline hyclate 100 mg cap MO	1	
doxycycline hyclate 100 mg tab MO	1	
doxycycline hyclate 50 mg cap MO	1	
doxycycline mono 100 mg cap MO	1	QL (60 per 30 days)
doxycycline mono 100 mg tablet MO	1	
doxycycline mono 150 mg cap MO	1	
doxycycline mono 150 mg tablet MO	1	
doxycycline mono 50 mg cap MO	1	QL (60 per 30 days)
doxycycline mono 50 mg tablet MO	1	
doxycycline mono 75 mg capsule MO	1	QL (30 per 30 days)
doxycycline mono 75 mg tablet MO	1	
dynacin 100 mg tablet MO	1	PA
dynacin 50 mg tablet MO	1	PA
DYNACIN 75 MG TABLET MO	1	PA
E.E.S. 400 400 MG TABLET MO	1	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSP MO	3	
EDURANT 25 MG TABLET SP	3	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLN SP	3	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE SP	3	QL (30 per 30 days)
EPIVIR 10 MG/ML ORAL SOLN SP	3	QL (960 per 30 days)
EPIVIR 150 MG TABLET SP	3	QL (60 per 30 days)
EPIVIR 300 MG TABLET SP	3	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET SP	3	
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLN SP	3	
EPZICOM 600 MG-300 MG TABLET SP	4	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG IV SOLUTION MO	3	B vs D
ERAXIS(WATER DILUENT) 50 MG IV SOLUTION MO	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERY-TAB 250 MG TABLET,DELAYED RELEASE MO	1	
ERY-TAB 333 MG TABLET,DELAYED RELEASE MO	1	
ERY-TAB 500 MG TABLET,DELAYED RELEASE MO	1	
ERYPED 200 200 MG/5 ML ORAL SUSP MO	3	
ERYPED 400 400 MG/5 ML ORAL SUSP MO	3	
ERYTHROCIN 1,000 MG IV SOLUTION MO	1	
ERYTHROCIN 500 MG IV SOLUTION MO	1	
ERYTHROCIN STEARATE 250 MG TABLET MO	1	
erythromycin 250 mg filmtab MO	1	
erythromycin 500 mg filmtab MO	1	
erythromycin ec 250 mg cap MO	1	
erythromycin es 400 mg tab MO	1	
erythromycin-sulfisox susp MO	1	
ethambutol hcl 100 mg tablet MO	1	
ethambutol hcl 400 mg tablet MO	1	
FACTIVE 320 MG TABLET MO	3	
famciclovir 125 mg tablet MO	1	QL (60 per 30 days)
famciclovir 250 mg tablet MO	1	QL (60 per 30 days)
famciclovir 500 mg tablet MO	1	QL (60 per 30 days)
FAMVIR 125 MG TABLET MO	3	PA,QL (60 per 30 days)
FAMVIR 250 MG TABLET MO	3	PA,QL (60 per 30 days)
FAMVIR 500 MG TABLET MO	3	PA,QL (60 per 30 days)
FLAGYL 250 MG TABLET MO	3	
FLAGYL 375 MG CAPSULE MO	3	
FLAGYL 500 MG TABLET MO	3	
FLAGYL ER 750 MG TABLET,EXTENDED RELEASE MO	3	
fluconazole 10 mg/ml susp MO	1	
fluconazole 100 mg tablet MO	1	
fluconazole 150 mg tablet MO	1	
fluconazole 200 mg tablet MO	1	
fluconazole 40 mg/ml susp MO	1	
fluconazole 50 mg tablet MO	1	
fluconazole-dext 200 mg/100 ml MO	1	
fluconazole-dext 400 mg/200 ml MO	1	
fluconazole-ns 100 mg/50 ml MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluconazole-ns 200 mg/100 ml MO	1	
fluconazole-ns 400 mg/200 ml MO	1	
flucytosine 250 mg capsule MO	1	
flucytosine 500 mg capsule MO	1	
FLUMADINE 100 MG TABLET MO	3	
FORTAZ 1 GRAM IV SOLUTION MO	3	
FORTAZ 1 GRAM SOLUTION FOR INJECTION MO	3	
FORTAZ 1 GRAM/50 ML IN DEXTROSE 5 % IV PIGGY BACK MO	3	
FORTAZ 2 GRAM IV SOLUTION MO	3	
FORTAZ 2 GRAM SOLUTION FOR INJECTION MO	3	
FORTAZ 2 GRAM/50 ML IN DEXTROSE 5 % IV PIGGY BACK MO	3	
FORTAZ 500 MG SOLUTION FOR INJECTION MO	3	
FORTAZ 6 GRAM SOLUTION FOR INJECTION MO	3	
foscarnet 24 mg/ml infus bttl MO	1	B vs D
FOSCAVIR 24 MG/ML IV MO	3	B vs D
FURADANTIN 25 MG/5 ML ORAL SUSP MO	3	PA,QL (7590 per 120 days)
FUZEON 90 MG SUB-Q KIT SP	4	QL (60 per 30 days)
FUZEON 90 MG SUB-Q SOLN SP	4	QL (60 per 30 days)
ganciclovir 500 mg vial MO	1	
gentamicin 10 mg/ml vial MO	1	
gentamicin 40 mg/ml vial MO	1	
gentamicin 70 mg/ns 50 ml pb MO	1	
gentamicin 90 mg/ns 100 ml pb MO	1	
gentamicin ped 10 mg/ml vial MO	1	
GRIFULVIN V 500 MG TABLET MO	1	
GRIS-PEG 125 MG TABLET MO	3	
GRIS-PEG 250 MG TABLET MO	3	
griseofulvin 125 mg/5 ml susp MO	1	
griseofulvin micro 500 mg tab MO	1	
griseofulvin ultra 125 mg tab MO	1	
griseofulvin ultra 250 mg tab MO	1	
HELIDAC 250 MG-500 MG-262.4 MG ORAL PACK MO	3	
HEPSERA 10 MG TABLET SP	4	
HIPREX 1 GRAM TABLET MO	3	PA
hydroxychloroquine 200 mg tab MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
imipenem-cilastatin 250 mg vl MO	1	
imipenem-cilastatin 500 mg vl MO	1	
INCIVEK 375 MG TABLET SP	4	PA,QL (168 per 28 days)
INFERGEN 15 MCG/0.5 ML SUB-Q SP	4	PA,QL (30 per 30 days)
INFERGEN 9 MCG/0.3 ML SUB-Q SP	4	PA,QL (12 per 30 days)
INTELENCE 100 MG TABLET SP	4	QL (120 per 30 days)
INTELENCE 200 MG TABLET SP	4	QL (60 per 30 days)
INTELENCE 25 MG TABLET SP	2	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION 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	4	PA
INVANZ 1 GRAM IV SOLUTION MO	3	
INVANZ 1 GRAM SOLUTION FOR INJECTION MO	3	
INVIRASE 200 MG CAPSULE SP	4	QL (300 per 30 days)
INVIRASE 500 MG TABLET SP	4	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET SP	3	QL (180 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET SP	3	QL (180 per 30 days)
ISENTRESS 400 MG TABLET SP	4	QL (120 per 30 days)
iso gentamicin 100 mg/100 ml MO	1	
iso gentamicin 120 mg/100 ml MO	1	
isonarif capsule MO	1	
isoniazid 100 mg tablet MO	1	
isoniazid 100 mg/ml vial MO	1	
isoniazid 300 mg tablet MO	1	
isoniazid 50 mg/5 ml solution MO	1	
isoton gentamicin 100 mg/50 ml MO	1	
isoton gentamicin 60 mg/50 ml MO	1	
isoton gentamicin 80 mg/100 ml MO	1	
isoton gentamicin 80 mg/50 ml MO	1	
itraconazole 100 mg capsule MO	1	QL (120 per 30 days)
KALETRA 100 MG-25 MG TABLET SP	3	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET SP	4	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLN SP	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
kanamycin 1 gm/3 ml vial MO	1	
KEFLEX 250 MG CAPSULE MO	3	
KEFLEX 500 MG CAPSULE MO	3	
KEFLEX 750 MG CAPSULE MO	3	
KETEK 300 MG TABLET MO	3	
KETEK 400 MG TABLET MO	3	
ketoconazole 200 mg tablet MO	1	
LAMISIL 125 MG ORAL GRANULES IN PACKET MO	3	QL (30 per 30 days)
LAMISIL 187.5 MG ORAL GRANULES IN PACKET MO	3	QL (30 per 30 days)
LAMISIL 250 MG TABLET MO	3	PA,QL (90 per 365 days)
lamivudine 150 mg tablet SP	1	QL (60 per 30 days)
lamivudine 300 mg tablet SP	1	QL (30 per 30 days)
lamivudine-zidovudine tablet SP	1	QL (60 per 30 days)
LEVAQUIN 250 MG TABLET MO	3	
LEVAQUIN 250 MG/10 ML ORAL SOLN MO	3	
LEVAQUIN 250 MG/50 ML IN 5 % DEXTROSE IV PIGGY BACK MO	3	
LEVAQUIN 500 MG TABLET MO	3	
LEVAQUIN 500 MG/100 ML IN 5% DEXTROSE IV PIGGY BACK MO	3	
LEVAQUIN 750 MG TABLET MO	3	
LEVAQUIN 750 MG/150 ML IN 5 % DEXTROSE IV PIGGY BACK MO	3	
LEVAQUIN I.V. 25 MG/ML VIAL MO	3	
levofloxacin 25 mg/ml solution MO	1	
levofloxacin 250 mg tablet MO	1	
levofloxacin 500 mg tablet MO	1	
levofloxacin 500 mg/20 ml vial MO	1	
levofloxacin 750 mg tablet MO	1	
levofloxacin-d5w 250 mg/50 ml MO	1	
levofloxacin-d5w 500 mg/100 ml MO	1	
levofloxacin-d5w 750 mg/150 ml MO	1	
LEXIVA 50 MG/ML ORAL SUSP SP	2	QL (1575 per 28 days)
LEXIVA 700 MG TABLET SP	4	QL (120 per 30 days)
LINCOCIN 300 MG/ML INJECTION MO	3	
MACROBID 100 MG CAPSULE MO	3	PA
MACRODANTIN 100 MG CAPSULE MO	3	PA
MACRODANTIN 25 MG CAPSULE MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MACRODANTIN 50 MG CAPSULE MO	3	PA
MALARONE 250 MG-100 MG TABLET MO	3	
MALARONE 62.5 MG-25 MG TABLET MO	3	
MAXIPIME 1 GRAM IV SOLUTION MO	3	
MAXIPIME 1 GRAM SOLUTION FOR INJECTION MO	3	PA
MAXIPIME 2 GRAM IV SOLUTION MO	3	
MAXIPIME 2 GRAM SOLUTION FOR INJECTION MO	3	PA
mebendazole 100 mg tab chew MO	1	
mefloquine hcl 250 mg tablet MO	1	
MEFOXIN 1 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) IV PIGGY BACK MO	1	
MEFOXIN 2 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) IV PIGGY BACK MO	1	
MEPRON 750 MG/5 ML ORAL SUSP MO	4	
meropenem iv 1 gm vial MO	1	
meropenem iv 500 mg vial MO	1	
MERREM 1 GRAM IV SOLUTION MO	3	
MERREM 500 MG IV SOLUTION MO	3	
methenamine hipp 1 gm tablet MO	1	
methenamine md 1 gm tablet MO	1	
methenamine md 500 mg tablet MO	1	
METRO I.V. 500 MG/100 ML PIGGY BACK MO	3	
metronidazole 250 mg tablet MO	1	
metronidazole 375 mg capsule MO	1	
metronidazole 500 mg tablet MO	1	
metronidazole 500 mg/100 ml MO	1	
MINOCIN 100 MG CAPSULE MO	3	PA
MINOCIN 100 MG COMBO PACK MO	3	PA
MINOCIN 100 MG IV SOLUTION MO	3	PA
MINOCIN 50 MG CAPSULE MO	3	PA
MINOCIN 50 MG COMBO PACK MO	3	PA
minocycline 100 mg capsule MO	1	
minocycline 50 mg capsule MO	1	
minocycline 75 mg capsule MO	1	
minocycline er 135 mg tablet MO	1	QL (30 per 30 days)
minocycline er 45 mg tablet MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
minocycline er 90 mg tablet MO	1	QL (30 per 30 days)
minocycline hcl 100 mg tablet MO	1	
minocycline hcl 50 mg tablet MO	1	
minocycline hcl 75 mg tablet MO	1	
MONODOX 100 MG CAPSULE MO	3	QL (60 per 30 days)
MONODOX 50 MG CAPSULE MO	3	QL (60 per 30 days)
MONODOX 75 MG CAPSULE MO	3	QL (30 per 30 days)
MONUROL 3 GRAM ORAL PACKET MO	3	
morgidox 100 mg capsule MO	1	
MORGIDOX 1X100 100 MG KIT MO	3	
MORGIDOX 2X100 100 MG KIT MO	3	
MOXATAG 775 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MYAMBUTOL 100 MG TABLET MO	3	
MYAMBUTOL 400 MG TABLET MO	3	
MYCAMINE 100 MG IV SOLUTION MO	4	
MYCAMINE 50 MG IV SOLUTION MO	4	
MYCOBUTIN 150 MG CAPSULE MO	3	
nafcillin 1 gm add-van vial MO	1	
nafcillin 1 gm vial MO	1	
nafcillin 1 gm/ 50 ml inj MO	4	
nafcillin 10 gm vial MO	1	
nafcillin 2 gm add-vant vial MO	1	
nafcillin 2 gm vial MO	1	
nafcillin 2 gm/ 100 ml inj MO	4	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	3	B vs D
neomycin 500 mg tablet MO	1	
nevirapine 200 mg tablet SP	1	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp SP	1	QL (1200 per 30 days)
nitrofurantoin 25 mg/5 ml susp MO	1	PA,QL (7590 per 120 days)
nitrofurantoin mcr 100 mg cap MO	1	PA
nitrofurantoin mcr 50 mg cap MO	1	PA
nitrofurantoin mono-mcr 100 mg MO	1	PA
NOROXIN 400 MG TABLET MO	3	
NORVIR 100 MG CAPSULE SP	3	QL (360 per 30 days)
NORVIR 100 MG TABLET SP	3	QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORVIR 80 MG/ML ORAL SOLN SP	3	QL (480 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSP MO	4	PA,QL (840 per 28 days)
nystatin 100,000 units/ml susp MO	1	
nystatin 150,000,000 units pwd MO	1	
nystatin 50,000,000 units pwd MO	1	
nystatin 500,000 unit oral tab MO	1	
nystatin 500,000,000 units pwd MO	1	
OCUDOX 50 MG KIT MO	1	
ofloxacin 200 mg tablet MO	1	
ofloxacin 300 mg tablet MO	1	
ofloxacin 400 mg tablet MO	1	
ONMEL 200 MG TABLET MO	4	QL (28 per 28 days)
ORACEA 40 MG CAPSULE, EXTENDED RELEASE MO	3	PA
oxacillin 1 gm add-vantage vl MO	1	
oxacillin 1 gm vial MO	1	
oxacillin 1 gm/ 50 ml inj MO	1	
oxacillin 10 gm vial MO	1	
oxacillin 2 gm add-vantage vl MO	1	
oxacillin 2 gm vial MO	1	
oxacillin 2 gm/ 50 ml inj MO	1	
paromomycin 250 mg capsule MO	1	
PASER 4 GRAM ORAL PACKET MO	1	
PCE 333 MG PARTICLES IN TABLET MO	3	
PCE 500 MG PARTICLES IN TABLET MO	3	
PEGASYS 180 MCG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUB-Q SP	4	PA,QL (4 per 28 days)
PEGASYS CONVENIENCE PACK 180 MCG/0.5 ML SUB-Q KIT SP	4	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML SUB-Q PEN INJECTOR SP	4	PA,QL (2 per 28 days)
PEGASYS PROCLICK 180 MCG/0.5 ML SUB-Q PEN INJECTOR SP	4	PA,QL (2 per 28 days)
PEGINTRON 120 MCG/0.5 ML SUB-Q KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON 150 MCG/0.5 ML SUB-Q KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUB-Q KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON 80 MCG/0.5 ML SUB-Q KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBQ KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBQ KIT SP	4	PA,QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBQ KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBQ KIT SP	4	PA,QL (4 per 28 days)
pen g 1.2 million unit/2 ml MO	1	
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	1	
penicillin g k 5 million unit MO	1	
penicillin g na 5 million unit MO	1	
penicillin gk 20 million unit MO	1	
penicillin vk 125 mg/5 ml soln MO	1	
penicillin vk 250 mg tablet MO	1	
penicillin vk 250 mg/5 ml soln MO	1	
penicillin vk 500 mg tablet MO	1	
PENTAM 300 MG SOLUTION FOR INJECTION MO	3	B vs D
pfizerpen-g 20 million unit solution for injection MO	1	
pfizerpen-g 5 million unit solution for injection MO	1	
phosphasal 81.6 mg-10.8 mg-40.8 mg tablet MO	1	
piperacil-tazobact 2.25 gm vl MO	1	
piperacil-tazobact 3.375 gm vl MO	1	
piperacil-tazobact 4.5 gm vial MO	1	
piperacil-tazobact 40.5 gram MO	1	
PLAQUENIL 200 MG TABLET MO	3	PA
polymyxin b sulfate vial MO	1	
PREZISTA 100 MG/ML ORAL SUSP SP	4	QL (360 per 30 days)
PREZISTA 150 MG TABLET SP	3	QL (240 per 30 days)
PREZISTA 400 MG TABLET SP	4	QL (90 per 30 days)
PREZISTA 600 MG TABLET SP	4	QL (60 per 30 days)
PREZISTA 75 MG TABLET SP	3	QL (480 per 30 days)
PREZISTA 800 MG TABLET SP	4	QL (30 per 30 days)
PRIFTIN 150 MG TABLET MO	3	
primaquine 26.3 mg tablet MO	1	
PRIMAXIN IV 250 MG SOLUTION MO	2	
PRIMAXIN IV 500 MG SOLUTION MO	2	
PRIMSOL 50 MG/5 ML ORAL SOLN 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
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	3	QL (144 per 30 days)
pyrazinamide 500 mg tablet MO	1	
QUALAQUIN 324 MG CAPSULE MO	3	PA,QL (42 per 7 days)
quinine sulfate 324 mg capsule MO	3	PA,QL (42 per 7 days)
REBETOL 200 MG CAPSULE SP	4	PA,QL (168 per 28 days)
REBETOL 40 MG/ML ORAL SOLN SP	3	PA,QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET SP	3	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET SP	3	QL (180 per 30 days)
RETROVIR 10 MG/ML IV SP	3	
RETROVIR 10 MG/ML SYRUP SP	3	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE SP	3	QL (180 per 30 days)
RETROVIR 300 MG TABLET SP	3	QL (60 per 30 days)
REYATAZ 100 MG CAPSULE SP	3	QL (120 per 30 days)
REYATAZ 150 MG CAPSULE SP	4	QL (60 per 30 days)
REYATAZ 200 MG CAPSULE SP	4	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE SP	4	QL (30 per 30 days)
RIBAPAK DOSE PACK 200 MG (28)-400 MG (28) TABLETS SP	1	PA,QL (112 per 28 days)
RIBAPAK DOSE PACK 200 MG (7)-400 MG (7) TABLETS SP	1	PA,QL (112 per 28 days)
RIBAPAK DOSE PACK 400 MG (28)-400 MG (28) TABLETS SP	1	PA
RIBAPAK DOSE PACK 400 MG (7)-400 MG (7) TABLETS SP	1	PA,QL (84 per 28 days)
RIBAPAK DOSE PACK 600 MG (28)-400 MG (28) TABLETS SP	1	PA,QL (112 per 30 days)
RIBAPAK DOSE PACK 600 MG (28)-600 MG (28) TABLETS SP	1	PA,QL (56 per 28 days)
RIBAPAK DOSE PACK 600 MG (7)-400 MG (7) TABLETS SP	1	PA,QL (112 per 30 days)
RIBAPAK DOSE PACK 600 MG (7)-600 MG (7) TABLETS SP	1	PA,QL (56 per 28 days)
ribasphere 200 mg capsule SP	1	PA,QL (168 per 28 days)
ribasphere 200 mg tablet SP	1	PA,QL (168 per 28 days)
ribasphere 400 mg tablet SP	1	PA,QL (112 per 30 days)
ribasphere 600 mg tablet SP	1	PA
RIBATAB DOSE PACK 400 MG (28)-400 MG (28) TABLETS SP	1	PA
RIBATAB DOSE PACK 600 MG (28)-400 MG (28) TABLETS SP	1	PA,QL (112 per 30 days)
RIBATAB DOSE PACK 600 MG (28)-600 MG (28) TABLETS SP	1	PA,QL (56 per 28 days)
ribavirin 200 mg capsule SP	1	PA,QL (168 per 28 days)
ribavirin 200 mg tablet SP	1	PA,QL (168 per 28 days)
RIFADIN 150 MG CAPSULE MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RIFADIN 300 MG CAPSULE MO	3	
RIFADIN 600 MG IV SOLUTION MO	3	
RIFAMATE 300 MG-150 MG CAPSULE MO	1	
rifampin 150 mg capsule MO	1	
rifampin 300 mg capsule MO	1	
rifampin iv 600 mg vial MO	1	
RIFATER 50 MG-120 MG-300 MG TABLET MO	3	
rimantadine hcl 100 mg tablet MO	1	
ROCEPHIN 1 GRAM SOLUTION FOR INJECTION MO	1	
ROCEPHIN 500 MG SOLUTION FOR INJECTION MO	1	
SELZENTRY 150 MG TABLET SP	4	QL (240 per 30 days)
SELZENTRY 300 MG TABLET SP	4	QL (120 per 30 days)
SEPTRA DS TABLET MO	3	
SEROMYCIN 250 MG CAPSULE MO	1	
SIRTURO 100 MG TABLET MO	4	PA,QL (68 per 28 days)
SOLODYN 105 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SOLODYN 115 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
SOLODYN 45 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
SOLODYN 55 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SOLODYN 65 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
SOLODYN 80 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SOLODYN ER 135 MG TABLET MO	4	PA,QL (30 per 30 days)
SOLODYN ER 90 MG TABLET MO	4	PA,QL (30 per 30 days)
SPECTRACEF 200 MG DOSE PACK TB MO	3	PA
SPECTRACEF 400 MG DOSE PACK TB MO	3	PA
SPORANOX 10 MG/ML ORAL SOLN MO	3	
SPORANOX 100 MG CAPSULE MO	3	PA,QL (120 per 30 days)
SPORANOX PULSEPAK 100 MG CAPSULE MO	3	PA,QL (120 per 30 days)
stavudine 1 mg/ml solution SP	1	QL (2400 per 30 days)
stavudine 15 mg capsule SP	1	QL (120 per 30 days)
stavudine 20 mg capsule SP	1	QL (120 per 30 days)
stavudine 30 mg capsule SP	1	QL (60 per 30 days)
stavudine 40 mg capsule SP	1	QL (60 per 30 days)
streptomycin sulf 1 gm vial MO	1	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET SP	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STROMECTOL 3 MG TABLET MO	2	
sulfadiazine 500 mg tablet MO	1	
sulfamethoxazole-tmp ds tablet MO	1	
sulfamethoxazole-tmp ss tablet MO	1	
sulfamethoxazole-tmp susp MO	1	
sulfamethoxazole-tmp vial MO	1	
sulfasalazine 500 mg tablet MO	1	
sulfasalazine dr 500 mg tab MO	1	
sulfazine 500 mg tablet MO	1	
sulfazine ec 500 mg tablet,delayed release MO	1	
SUPRAX 100 MG CHEWABLE TABLET MO	3	
SUPRAX 100 MG/5 ML ORAL SUSP MO	1	
SUPRAX 200 MG CHEWABLE TABLET MO	3	
SUPRAX 200 MG/5 ML ORAL SUSP MO	1	
SUPRAX 400 MG CAPSULE MO	3	
SUPRAX 400 MG TABLET MO	3	
SUPRAX 500 MG/5 ML ORAL SUSP MO	3	
SUSTIVA 200 MG CAPSULE SP	2	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE SP	2	QL (480 per 30 days)
SUSTIVA 600 MG TABLET SP	4	QL (30 per 30 days)
SYLATRON 296 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)
SYLATRON 4-PACK 296 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)
SYLATRON 4-PACK 444 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)
SYLATRON 4-PACK 888 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)
SYLATRON 444 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)
SYLATRON 888 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)
SYNERCID 500 MG IV SOLUTION MO	4	
TAMIFLU 12 MG/ML SUSPENSION MO	3	QL (350 per 365 days)
TAMIFLU 30 MG CAPSULE MO	3	QL (112 per 365 days)
TAMIFLU 45 MG CAPSULE MO	3	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSP MO	3	QL (720 per 365 days)
TAMIFLU 75 MG CAPSULE MO	3	QL (56 per 365 days)
tazicef 1 gram iv solution MO	1	
tazicef 1 gram solution for injection MO	1	
tazicef 2 gram iv solution MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tazicef 2 gram solution for injection MO	1	
tazicef 6 gram solution for injection MO	1	
TEFLARO 400 MG IV SOLUTION MO	3	
TEFLARO 600 MG IV SOLUTION MO	3	
terbinafine hcl 250 mg tablet MO	1	QL (90 per 365 days)
TERBINEX 250 MG-1 % KIT MO	3	
tetracycline 250 mg capsule MO	1	
tetracycline 500 mg capsule MO	1	
TIMENTIN 3.1 G IV SOLUTION MO	3	
TIMENTIN 3.1 G/100 ML IV PIGGY BACK MO	1	
TIMENTIN 31 G IV SOLUTION MO	3	
TINDAMAX 250 MG TABLET MO	3	
TINDAMAX 500 MG TABLET MO	3	
tinidazole 250 mg tablet MO	1	
tinidazole 500 mg tablet MO	1	
TOBI 300 MG/5 ML NEB SOLUTION MO	4	PA,QL (280 per 28 days)
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE MO	4	PA,QL (224 per 28 days)
TOBI PODHALER 28 MG CAPSULES FOR INHALATION MO	4	PA,QL (224 per 28 days)
tobramycin 1.2 gm vial MO	1	
tobramycin 40 mg/ml vial MO	1	
tobramycin 60 mg/50 ml ns MO	1	
tobramycin 80 mg/100 ml ns MO	1	
TRECATOR 250 MG TABLET MO	3	
trimethoprim 100 mg tablet MO	1	
TRIZIVIR 300 MG-150 MG-300 MG TABLET SP	4	QL (60 per 30 days)
TRUVADA 200 MG-300 MG TABLET SP	4	QL (30 per 30 days)
TYGACIL 50 MG IV SOLUTION MO	4	
TYZEKA 600 MG TABLET SP	3	QL (30 per 30 days)
UNASYN 1.5 GM ADD-VANTAGE VL MO	1	
UNASYN 1.5 GM PIGGYBACK BOTTLE MO	3	
UNASYN 1.5 GRAM SOLUTION FOR INJECTION MO	3	
UNASYN 15 GRAM SOLUTION FOR INJECTION MO	3	
UNASYN 3 GM ADD-VANTAGE VIAL MO	1	
UNASYN 3 GM PIGGYBACK BOTTLE MO	3	
UNASYN 3 GRAM SOLUTION FOR INJECTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ur n-c 81.6 mg-10.8 mg-40.8 mg tablet MO	1	
URELLE 81 MG-0.12 MG TABLET MO	3	
URETRON D-S 120 MG-0.12 MG-10.8 MG TABLET MO	3	
URETRON D-S 81.6 MG-10.8 MG-40.8 MG TABLET MO	3	
urin ds 81.6 mg-10.8 mg-40.8 mg tablet MO	3	
UROQID-ACID NO.2 500 MG-500 MG TABLET MO	3	
ustell 120 mg-0.12 mg capsule MO	1	
UTA 120 MG-0.12 MG CAPSULE MO	3	PA
utira-c tablet MO	1	
valacyclovir hcl 1 gram tablet MO	1	QL (90 per 30 days)
valacyclovir hcl 500 mg tablet MO	1	QL (60 per 30 days)
VALCYTE 450 MG TABLET MO	4	QL (120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION MO	4	QL (1056 per 30 days)
VALTREX 1 G TABLET MO	3	PA,QL (90 per 30 days)
VALTREX 500 MG TABLET MO	3	PA,QL (60 per 30 days)
VANCOCIN 125 MG CAPSULE MO	4	PA
VANCOCIN 250 MG CAPSULE MO	4	PA
vancomycin 1 gm vial MO	1	B vs D
vancomycin 500 mg vial MO	1	B vs D
vancomycin 750 mg/150 ml bag MO	3	
vancomycin hcl 10 gm vial MO	1	B vs D
vancomycin hcl 125 mg capsule MO	4	
vancomycin hcl 1g/200 ml bag MO	3	B vs D
vancomycin hcl 250 mg capsule MO	4	
vancomycin hcl 5 gm vial MO	1	B vs D
vancomycin hcl 750 mg vial MO	1	B vs D
vancomycin-d5w 500 mg/100 ml MO	3	B vs D
VFEND 200 MG TABLET MO	4	PA,QL (120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSP MO	4	PA,QL (400 per 30 days)
VFEND 50 MG TABLET MO	4	PA,QL (120 per 30 days)
VFEND IV 200 MG SOLN MO	3	
VIBATIV 250 MG IV SOLUTION MO	3	B vs D
VIBATIV 750 MG IV SOLUTION MO	3	B vs D
VIBRAMYCIN 100 MG CAPSULE MO	3	
VIBRAMYCIN 25 MG/5 ML ORAL SUSP MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIBRAMYCIN 50 MG/5 ML SYRUP MO	3	
VICTRELIS 200 MG CAPSULE SP	4	PA,QL (336 per 28 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION SP	3	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION SP	3	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE,DELAYED RELEASE SP	3	QL (90 per 30 days)
VIDEX EC 200 MG CAPSULE,DELAYED RELEASE SP	3	QL (60 per 30 days)
VIDEX EC 250 MG CAPSULE,DELAYED RELEASE SP	3	QL (30 per 30 days)
VIDEX EC 400 MG CAPSULE,DELAYED RELEASE SP	3	QL (30 per 30 days)
VIRACEPT 250 MG TABLET SP	3	QL (300 per 30 days)
VIRACEPT 625 MG TABLET SP	4	QL (120 per 30 days)
VIRAMUNE 200 MG TABLET SP	3	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSP SP	3	QL (1200 per 30 days)
VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE SP	3	QL (90 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE SP	3	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION MO	4	B vs D
VIREAD 150 MG TABLET SP	3	QL (30 per 30 days)
VIREAD 200 MG TABLET SP	3	QL (30 per 30 days)
VIREAD 250 MG TABLET SP	3	QL (30 per 30 days)
VIREAD 300 MG TABLET SP	4	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER SP	3	QL (240 per 30 days)
VISTIDE 75 MG/ML IV MO	4	
voriconazole 200 mg tablet MO	1	PA,QL (120 per 30 days)
voriconazole 200 mg vial MO	1	
voriconazole 50 mg tablet MO	1	PA,QL (120 per 30 days)
XIFAXAN 200 MG TABLET MO	3	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET MO	4	PA,QL (60 per 30 days)
YODOXIN 210 MG TABLET MO	3	
YODOXIN 650 MG TABLET MO	3	
ZERIT 1 MG/ML ORAL SOLUTION SP	3	QL (2400 per 30 days)
ZERIT 15 MG CAPSULE SP	3	QL (120 per 30 days)
ZERIT 20 MG CAPSULE SP	3	QL (120 per 30 days)
ZERIT 30 MG CAPSULE SP	3	QL (60 per 30 days)
ZERIT 40 MG CAPSULE SP	3	QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLN SP	3	QL (960 per 30 days)
ZIAGEN 300 MG TABLET SP	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zidovudine 100 mg capsule **SP**	1	QL (180 per 30 days)
zidovudine 300 mg tablet **SP**	1	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup **SP**	1	QL (1680 per 28 days)
ZINACEF 1.5 GRAM IV SOLUTION **MO**	3	
ZINACEF 1.5 GRAM SOLUTION FOR INJECTION **MO**	3	
ZINACEF 7.5 GRAM IV SOLUTION **MO**	3	
ZINACEF 750 MG IV SOLUTION **MO**	3	
ZINACEF 750 MG SOLUTION FOR INJECTION **MO**	3	
ZINACEF IN STERILE WATER 1.5 GRAM/50 ML IV PIGGY BACK **MO**	3	
ZINACEF-DEXTROSE 750 MG/50 ML **MO**	3	
ZITHROMAX 1 GRAM ORAL PACKET **MO**	3	
ZITHROMAX 100 MG/5 ML ORAL SUSP **MO**	3	
ZITHROMAX 200 MG/5 ML ORAL SUSP **MO**	3	
ZITHROMAX 250 MG TABLET **MO**	3	
ZITHROMAX 500 MG IV SOLUTION **MO**	3	
ZITHROMAX 500 MG TABLET **MO**	3	
ZITHROMAX 600 MG TABLET **MO**	3	
ZITHROMAX TRI-PAK 500 MG TABLET **MO**	3	
ZITHROMAX Z-PAK 250 MG TABLET **MO**	3	
ZMAX 2 GRAM/60 ML ORAL SUSPENSION,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
ZOSYN 2.25 GRAM IV SOLUTION **MO**	3	
ZOSYN 2.25 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) IV PIGGY BACK **MO**	3	
ZOSYN 3.375 GRAM IV SOLUTION **MO**	3	
ZOSYN 3.375 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) IV PIGGY BACK **MO**	3	
ZOSYN 4.5 GRAM IV SOLUTION **MO**	3	
ZOSYN 4.5 GRAM/100 ML IN DEXTROSE (ISO-OSMOTIC) IV PIGGY BACK **MO**	3	
ZOSYN 40.5 GRAM IV SOLUTION **MO**	3	
ZOVIRAX 200 MG CAPSULE **MO**	3	PA
ZOVIRAX 200 MG/5 ML ORAL SUSP **MO**	3	PA
ZOVIRAX 400 MG TABLET **MO**	3	PA
ZOVIRAX 800 MG TABLET **MO**	3	PA
ZYVOX 100 MG/5 ML ORAL SUSP **MO**	4	
ZYVOX 200 MG/100 ML IV **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYVOX 600 MG TABLET MO	4	
ZYVOX 600 MG/300 ML IV MO	4	
ANTIHISTAMINE DRUGS		
ALLEGRA 180 MG TABLET MO	3	QL (30 per 30 days)
ALLEGRA 30 MG/5 ML ORAL SUSP MO	3	QL (300 per 30 days)
ALLEGRA 60 MG TABLET MO	3	QL (60 per 30 days)
ALLEGRA ODT 30 MG TABLET MO	3	
ALLEGRA-D 12 HOUR 60 MG-120 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
ALLEGRA-D 24 HOUR 180 MG-240 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
arbinoxa 4 mg tablet MO	1	PA
arbinoxa 4 mg/5 ml oral liquid MO	1	PA
carbinoxamine 4 mg/5 ml liquid MO	1	PA
carbinoxamine maleate 4 mg tab MO	1	PA
cetirizine hcl 1 mg/ml syrup MO	1	QL (300 per 30 days)
CLARINEX 2.5 MG DISINTEGRATING TABLET MO	3	ST,QL (30 per 30 days)
CLARINEX 2.5 MG/5 ML (0.5 MG/ML) SYRUP MO	3	ST,QL (300 per 30 days)
CLARINEX 5 MG DISINTEGRATING TABLET MO	3	ST,QL (30 per 30 days)
CLARINEX 5 MG TABLET MO	3	ST,QL (30 per 30 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
CLARINEX-D 24 HOUR 5 MG-240 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
clemastine 0.5 mg/5 ml syrup MO	1	PA
clemastine fum 2.68 mg tab MO	1	PA
cyproheptadine 2 mg/5 ml syrup MO	1	PA
cyproheptadine 4 mg tablet MO	1	PA
desloratadine 2.5 mg odt MO	1	ST,QL (30 per 30 days)
desloratadine 5 mg odt MO	1	ST,QL (30 per 30 days)
desloratadine 5 mg tablet MO	1	ST,QL (30 per 30 days)
dexchlorphen 2 mg/5 ml syrup MO	1	PA
diphenhydramine 12.5 mg/5 ml MO	1	PA
diphenhydramine 50 mg capsule MO	1	PA
diphenhydramine 50 mg/ml syrng MO	1	PA
diphenhydramine 50 mg/ml vial MO	1	PA
fexofenadine hcl 180 mg tablet MO	1	QL (30 per 30 days)
fexofenadine hcl 30 mg tablet MO	1	QL (60 per 30 days)
fexofenadine hcl 60 mg tablet MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fexofenadine-pse er 180-240 tb MO	1	QL (30 per 30 days)
levocetirizine 2.5 mg/5 ml sol MO	1	QL (300 per 30 days)
levocetirizine 5 mg tablet MO	1	QL (30 per 30 days)
NOREL SR TABLET MO	3	
palgic 4 mg tablet MO	1	PA
palgic 4 mg/5 ml oral liquid MO	1	PA
phenadoz 12.5 mg rectal suppository MO	1	PA
phenadoz 25 mg rectal suppository MO	1	PA
PHENERGAN 25 MG/ML INJECTION MO	3	PA
PHENERGAN 50 MG/ML INJECTION MO	3	PA
promethazine 12.5 mg suppos MO	1	PA
promethazine 12.5 mg tablet MO	1	PA
promethazine 25 mg suppository MO	1	PA
promethazine 25 mg tablet MO	1	PA
promethazine 25 mg/ml syringe MO	1	PA
promethazine 25 mg/ml vial MO	1	PA
promethazine 50 mg tablet MO	1	PA
promethazine 50 mg/ml ampul MO	1	PA
promethazine 6.25 mg/5 ml syrp MO	1	PA
promethazine vc 6.25 mg-5 mg/5 ml syrup MO	1	PA
promethegan 12.5 mg rectal suppository MO	1	PA
promethegan 25 mg rectal suppository MO	1	PA
promethegan 50 mg rectal suppository MO	1	PA
PROTID ER 8 MG-40 MG-500 MG TABLET,EXTENDED RELEASE MO	3	
RESPA-AR 8 MG-90 MG-0.24 MG TABLET,EXTENDED RELEASE MO	3	
SEMPREX-D 8 MG-60 MG CAPSULE MO	3	
XYZAL 2.5 MG/5 ML ORAL SOLN MO	3	QL (300 per 30 days)
XYZAL 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG IV SOLUTION MO	4	PA,QL (700 per 21 days)
adriamycin 10 mg iv solution MO	1	B vs D
adriamycin 10 mg/5 ml iv MO	1	B vs D
adriamycin 20 mg iv solution MO	1	B vs D
adriamycin 20 mg/10 ml iv MO	1	B vs D
ADRIAMYCIN 50 MG IV SOLUTION MO	1	B vs D

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CAPRELSA 300 MG TABLET SP	4	PA,QL (30 per 30 days)
carboplatin 150 mg vial MO	1	B vs D
carboplatin 50 mg/5 ml vial MO	1	B vs D
CASODEX 50 MG TABLET MO	3	QL (30 per 30 days)
CEENU 10 MG CAPSULE SP	3	
CEENU 100 MG CAPSULE SP	3	
CEENU 40 MG CAPSULE SP	3	
CERUBIDINE 20 MG IV SOLUTION MO	1	B vs D
cisplatin 1 mg/ml vial MO	1	B vs D
cladribine 10 mg/10 ml vial MO	1	B vs D
CLOLAR 20 MG/20 ML IV MO	4	B vs D
COMETRIQ 100 MG/DAY(80 MG[1]-20 MG[1]) CAPSULE SP	4	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG[1]-20 MG[3]) CAPSULE SP	4	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG [3]/DAY) CAPSULE SP	4	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG IV SOLUTION MO	4	B vs D
cyclophosphamide 1 gm vial MO	1	B vs D
cyclophosphamide 2 gm vial MO	1	B vs D
cyclophosphamide 25 mg tab MO	1	B vs D
cyclophosphamide 50 mg tablet MO	1	B vs D
cyclophosphamide 500 mg vial MO	1	B vs D
cytarabine 1 gm vial MO	1	B vs D
cytarabine 100 mg vial MO	1	B vs D
cytarabine 100 mg/ml vial MO	1	B vs D
cytarabine 20 mg/ml vial MO	1	B vs D
cytarabine 500 mg vial MO	1	B vs D
dacarbazine 100 mg vial MO	1	B vs D
dacarbazine 200 mg vial MO	1	B vs D
DACOGEN 50 MG IV SOLUTION MO	4	PA
dactinomycin 0.5 mg vial MO	1	B vs D
daunorubicin 20 mg vial MO	1	B vs D
daunorubicin 50 mg/10 ml vial MO	1	B vs D
DAUNOXOME 2 MG/ML IV MO	3	B vs D
decitabine 50 mg vial MO	4	PA
DEPOCYT (PF) 50 MG/5 ML (10 MG/ML) SUSP, INTRATHECAL MO	4	B vs D
DOCEFREZ 20 MG IV SOLUTION MO	3	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOCEFREZ 80 MG IV SOLUTION MO	4	B vs D
docetaxel 140 mg/7 ml vial MO	4	B vs D
docetaxel 160 mg/16 ml vial MO	4	B vs D
docetaxel 160 mg/8 ml vial MO	4	B vs D
docetaxel 20 mg/0.5 ml vial MO	4	B vs D
docetaxel 20 mg/2 ml vial MO	4	B vs D
docetaxel 20 mg/ml vial MO	4	B vs D
docetaxel 80 mg/2 ml vial MO	4	B vs D
docetaxel 80 mg/4 ml vial MO	4	B vs D
docetaxel 80 mg/8 ml vial MO	4	B vs D
DOXIL 2 MG/ML IV MO	4	B vs D
doxorubicin 10 mg vial MO	1	B vs D
doxorubicin 10 mg/5 ml vial MO	1	B vs D
doxorubicin 150 mg/75 ml vial MO	1	B vs D
doxorubicin 20 mg/10 ml vial MO	1	B vs D
doxorubicin 50 mg vial MO	1	B vs D
doxorubicin 50 mg/25 ml vial MO	1	B vs D
doxorubicin liposome 50mg/25ml MO	1	B vs D
DROXIA 200 MG CAPSULE MO	3	
DROXIA 300 MG CAPSULE MO	3	
DROXIA 400 MG CAPSULE MO	3	
ELIGARD 22.5 MG SUB-Q SYRINGE MO	3	PA
ELIGARD 30 MG SUB-Q SYRINGE MO	3	PA
ELIGARD 45 MG SUB-Q SYRINGE MO	3	PA
ELIGARD 7.5 MG SUB-Q SYRINGE MO	3	PA
ELLENCE 200 MG/100 ML IV MO	4	B vs D
ELLENCE 50 MG/25 ML IV MO	4	B vs D
ELOXATIN 100 MG/20 ML SOLN MO	4	PA
ELOXATIN 200 MG/40 ML SOLN MO	4	PA
ELOXATIN 50 MG/10 ML (5 MG/ML) SOLN MO	4	PA
ELSPAR 10,000 UNIT SOLUTION FOR INJECTION MO	3	B vs D
EMCYT 140 MG CAPSULE MO	3	
epirubicin 200 mg/100 ml vial MO	1	B vs D
epirubicin 50 mg/25 ml vial MO	1	B vs D
epirubicin hcl 200 mg vial MO	3	B vs D

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
epirubicin hcl 50 mg vial MO	3	B vs D
ERBITUX 100 MG/50 ML IV MO	4	PA
ERBITUX 200 MG/100 ML IV MO	4	PA
ERIVEDGE 150 MG CAPSULE SP	4	PA,QL (28 per 28 days)
ETOPOPHOS 100 MG IV SOLUTION MO	4	B vs D
etoposide 100 mg/5 ml vial MO	1	
exemestane 25 mg tablet MO	1	QL (60 per 30 days)
FARESTON 60 MG TABLET MO	4	QL (30 per 30 days)
FASLODEX 250 MG/5 ML IM SYRINGE MO	4	B vs D,QL (30 per 30 days)
FEMARA 2.5 MG TABLET MO	3	PA,QL (30 per 30 days)
FIRMAGON 120 MG SUB-Q SOLN MO	4	PA
FIRMAGON 80 MG SUB-Q SOLN MO	3	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUB-Q SOLN MO	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUB-Q SOLN MO	3	PA
floxuridine 500 mg vial MO	1	B vs D
FLUDARA 50 MG VIAL MO	4	B vs D
fludarabine 50 mg vial MO	1	B vs D
fludarabine 50 mg/2 ml vial MO	1	B vs D
fluorouracil 1,000 mg/20 ml vl MO	1	B vs D
fluorouracil 2,500 mg/50 ml vl MO	1	B vs D
fluorouracil 5,000 mg/100 ml MO	1	B vs D
fluorouracil 500 mg/10 ml vial MO	1	B vs D
flutamide 125 mg capsule MO	1	
FOLOTYN 20 MG/ML (1 ML) IV MO	4	PA
FOLOTYN 40 MG/2 ML (20 MG/ML) IV MO	4	PA
gemcitabine 1 gram/26.3 ml vl MO	1	B vs D
gemcitabine 2 gram/52.6 ml vl MO	1	B vs D
gemcitabine 200 mg/5.26 ml vl MO	1	B vs D
gemcitabine hcl 1 gram vial MO	1	B vs D
gemcitabine hcl 2 gram vial MO	1	B vs D
gemcitabine hcl 200 mg vial MO	1	B vs D
GEMZAR 1 GRAM IV SOLUTION MO	4	PA
GEMZAR 200 MG IV SOLUTION MO	4	PA
GLEEVEC 100 MG TABLET SP	4	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET SP	4	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HALAVEN 1 MG/2 ML (0.5 MG/ML) IV MO	4	PA,QL (16 per 21 days)
HERCEPTIN 440 MG IV SOLUTION MO	4	PA
HEXALEN 50 MG CAPSULE MO	4	
HYCAMTIN 0.25 MG CAPSULE SP	4	B vs D
HYCAMTIN 1 MG CAPSULE SP	4	B vs D
HYCAMTIN 4 MG IV SOLUTION MO	4	B vs D
HYDREA 500 MG CAPSULE MO	3	
hydroxyurea 500 mg capsule MO	1	
ICLUSIG 15 MG TABLET SP	4	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET SP	4	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML IV MO	4	B vs D
idarubicin pfs 10 mg/10 ml vl MO	1	B vs D
IFEX 1 GRAM IV SOLUTION MO	3	B vs D
IFEX 3 GRAM IV SOLUTION MO	3	B vs D
ifosfamide 1 gm vial MO	1	B vs D
ifosfamide 1 gm/ 20 ml vial MO	1	B vs D
ifosfamide 3 gm vial MO	1	B vs D
ifosfamide 3 gm/ 60 ml vial MO	1	B vs D
ifosfamide-mesna kit MO	1	B vs D
INLYTA 1 MG TABLET SP	4	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET SP	4	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET SP	4	QL (30 per 30 days)
irinotecan hcl 100 mg/5 ml vl MO	1	B vs D
irinotecan hcl 40 mg/2 ml vial MO	1	B vs D
irinotecan hcl 500 mg/25 ml vl MO	1	B vs D
ISTODAX 10 MG/2 ML IV SOLUTION MO	4	PA
IXEMPRA 15 MG IV SOLUTION MO	4	PA,QL (45 per 21 days)
IXEMPRA 45 MG IV SOLUTION MO	4	PA,QL (47 per 21 days)
JAKAFI 10 MG TABLET SP	4	PA,QL (60 per 30 days)
JAKAFI 15 MG TABLET SP	4	PA,QL (60 per 30 days)
JAKAFI 20 MG TABLET SP	4	PA,QL (60 per 30 days)
JAKAFI 25 MG TABLET SP	4	PA,QL (60 per 30 days)
JAKAFI 5 MG TABLET SP	4	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FINAL CONC.) IV MO	4	PA,QL (6 per 21 days)
KADCYLA 100 MG IV SOLUTION MO	4	PA,QL (5 per 21 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
KADCYLA 160 MG IV SOLUTION MO	4	PA,QL (3 per 21 days)
letrozole 2.5 mg tablet MO	1	QL (30 per 30 days)
LEUKERAN 2 MG TABLET MO	2	
leuprolide 2wk 1 mg/0.2 ml kit MO	1	PA,QL (3 per 14 days)
LEUSTATIN 10 MG/10 ML VIAL MO	4	B vs D
lipodox 2 mg/ml iv MO	4	B vs D
lipodox 50 2 mg/ml iv MO	4	B vs D
lomustine 10 mg capsule SP	1	
lomustine 100 mg capsule SP	1	
lomustine 40 mg capsule SP	1	
LUPRON DEPOT (3 MONTH) 11.25 MG IM SYRINGE KIT MO	3	PA,QL (1 per 90 days)
LUPRON DEPOT (3 MONTH) 22.5 MG IM SYRINGE KIT MO	3	PA,QL (1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG IM SYRINGE KIT MO	3	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG IM SYRINGE KIT MO	4	PA,QL (1 per 168 days)
LUPRON DEPOT 3.75 MG IM SYRINGE KIT MO	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG IM SYRINGE KIT MO	4	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	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 15 MG IM KIT SP	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 7.5 MG (PED) IM KIT SP	4	PA,QL (1 per 28 days)
LYSODREN 500 MG TABLET MO	3	
MATULANE 50 MG CAPSULE SP	4	
MEGACE 400 MG/10 ML (40 MG/ML) ORAL SUSP MO	3	PA
MEGACE ES 625 MG/5 ML ORAL SUSP MO	3	PA
megestrol 20 mg tablet MO	1	PA
megestrol 40 mg tablet MO	1	PA
megestrol acet 40 mg/ml susp MO	1	PA
megestrol acet 40 mg/ml susp MO	1	PA
megestrol acet 40 mg/ml susp MO	1	PA
MEKINIST 0.5 MG TABLET MO	4	PA,QL (30 per 30 days)
MEKINIST 2 MG TABLET MO	4	PA,QL (30 per 30 days)
melphalan hcl 50 mg vial MO	1	B vs D
mercaptopurine 50 mg tablet MO	1	
methotrexate 1 gm vial MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methotrexate 1 gm/40 ml vial MO	1	
methotrexate 2.5 mg tablet MO	1	B vs D
methotrexate 25 mg/ml vial MO	1	
mitomycin 20 mg vial MO	1	B vs D
mitomycin 40 mg vial MO	1	B vs D
mitomycin 5 mg vial MO	1	B vs D
mitoxantrone 20 mg/10 ml vial MO	1	B vs D
MUSTARGEN 10 MG SOLUTION FOR INJECTION MO	3	B vs D
NEXAVAR 200 MG TABLET SP	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET MO	3	QL (60 per 30 days)
NIPENT 10 MG IV SOLUTION MO	4	B vs D
ONCASPAR 750 UNIT/ML INJECTION MO	4	B vs D
ONTAK 150 MCG/ML IV MO	4	PA
onxol 6 mg/ml concentrate, iv MO	1	B vs D
oxaliplatin 100 mg vial MO	1	PA
oxaliplatin 100 mg/20 ml vial MO	1	PA
oxaliplatin 50 mg vial MO	1	PA
oxaliplatin 50 mg/10 ml vial MO	1	PA
paclitaxel 30 mg/5 ml vial MO	1	B vs D
pentostatin 10 mg vial MO	1	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) IV MO	4	PA,QL (28 per 21 days)
PHOTOFRIN 75 MG IV SOLUTION MO	4	B vs D
POMALYST 1 MG CAPSULE SP	4	PA,QL (21 per 28 days)
POMALYST 2 MG CAPSULE SP	4	PA,QL (21 per 28 days)
POMALYST 3 MG CAPSULE SP	4	PA,QL (21 per 28 days)
POMALYST 4 MG CAPSULE SP	4	PA,QL (21 per 28 days)
PROLEUKIN 22 MILLION UNIT IV SOLUTION MO	4	
PURINETHOL 50 MG TABLET MO	3	
REVLIMID 10 MG CAPSULE SP	4	PA,QL (28 per 28 days)
REVLIMID 15 MG CAPSULE SP	4	PA,QL (28 per 28 days)
REVLIMID 2.5 MG CAPSULE SP	4	PA,QL (28 per 28 days)
REVLIMID 20 MG CAPSULE SP	4	PA,QL (28 per 28 days)
REVLIMID 25 MG CAPSULE SP	4	PA,QL (28 per 28 days)
REVLIMID 5 MG CAPSULE SP	4	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLETS IN A DOSE PACK MO	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RITUXAN 10 MG/ML CONCENTRATE, IV MO	4	PA
SOLTAMOX 10 MG/5 ML ORAL SOLN MO	3	
SPRYCEL 100 MG TABLET SP	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET SP	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET SP	4	PA,QL (90 per 30 days)
SPRYCEL 50 MG TABLET SP	4	PA,QL (60 per 30 days)
SPRYCEL 70 MG TABLET SP	4	PA,QL (60 per 30 days)
SPRYCEL 80 MG TABLET SP	4	PA,QL (60 per 30 days)
STIVARGA 40 MG TABLET SP	4	PA,QL (84 per 28 days)
SUTENT 12.5 MG CAPSULE SP	4	PA,QL (28 per 28 days)
SUTENT 25 MG CAPSULE SP	4	PA,QL (28 per 28 days)
SUTENT 50 MG CAPSULE SP	4	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG SUB-Q SOLN SP	4	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET MO	1	
TAFINLAR 50 MG CAPSULE SP	4	PA,QL (120 per 30 days)
TAFINLAR 75 MG CAPSULE SP	4	PA,QL (120 per 30 days)
tamoxifen 10 mg tablet MO	1	
tamoxifen 20 mg tablet MO	1	
TARCEVA 100 MG TABLET SP	4	PA,QL (30 per 30 days)
TARCEVA 150 MG TABLET SP	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET SP	4	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE SP	4	PA,QL (300 per 30 days)
TASIGNA 150 MG CAPSULE SP	4	PA,QL (120 per 30 days)
TASIGNA 200 MG CAPSULE SP	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/0.5 ML VIAL MO	4	B vs D
TAXOTERE 20 MG/ML (1 ML) IV MO	4	B vs D
TAXOTERE 80 MG/2 ML VIAL MO	4	B vs D
TAXOTERE 80 MG/4 ML (20 MG/ML) IV MO	4	B vs D
TEMODAR 100 MG IV SOLUTION MO	4	PA,QL (27 per 30 days)
teniposide 50 mg/5 ml ampule MO	1	B vs D
thiotepa 15 mg vial MO	1	B vs D
toposar 20 mg/ml iv MO	1	B vs D
topotecan hcl 4 mg vial MO	1	B vs D
topotecan hcl 4 mg/4 ml vial MO	4	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FINAL) IV SOLUTION MO	4	PA,QL (100 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TREANDA 100 MG IV SOLUTION MO	4	PA,QL (600 per 21 days)
TREANDA 25 MG IV SOLUTION MO	4	PA,QL (300 per 21 days)
TRELSTAR 11.25 MG/2 ML IM SYRINGE MO	3	PA
TRELSTAR 22.5 MG IM SUSP MO	3	PA
TRELSTAR 22.5 MG/2 ML IM SYRINGE MO	3	PA
TRELSTAR 3.75 MG/2 ML IM SYRINGE MO	3	PA
TRELSTAR DEPOT 3.75 MG IM SUSP MO	3	PA,QL (1 per 28 days)
TRELSTAR LA 11.25 MG IM SUSP MO	3	PA,QL (1 per 84 days)
tretinoin 10 mg capsule SP	1	
TREXALL 10 MG TABLET MO	1	B vs D
TREXALL 15 MG TABLET MO	1	B vs D
TREXALL 5 MG TABLET MO	1	B vs D
TREXALL 7.5 MG TABLET MO	1	B vs D
TRISENOX 10 MG/10 ML IV MO	3	B vs D
TYKERB 250 MG TABLET SP	4	PA,QL (150 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL MO	4	PA,QL (80 per 28 days)
VANDETANIB 100 MG TABLET SP	4	PA,QL (60 per 30 days)
VANDETANIB 300 MG TABLET SP	4	PA,QL (30 per 30 days)
VECTIBIX 100 MG/5 ML (20 MG/ML) IV MO	4	PA
VECTIBIX 400 MG/20 ML (20 MG/ML) IV MO	4	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION MO	4	PA,QL (14 per 21 days)
VIDAZA 100 MG SOLUTION FOR INJECTION MO	4	PA
vinblastine 1 mg/ml vial MO	1	B vs D
vinblastine sulf 10 mg vial MO	1	B vs D
vincasar pfs 2 mg/2 ml iv MO	1	B vs D
vincristine 1 mg/ml vial MO	1	B vs D
vincristine 2 mg/2 ml vial MO	1	B vs D
vinorelbine 10 mg/ml vial MO	1	B vs D
vinorelbine 50 mg/5 ml vial MO	1	
VOTRIENT 200 MG TABLET SP	4	PA,QL (120 per 30 days)
VUMON 50 MG/5 ML AMPULE MO	3	B vs D
XALKORI 200 MG CAPSULE SP	4	PA,QL (60 per 30 days)
XALKORI 250 MG CAPSULE SP	4	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE SP	4	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) IV MO	4	PA,QL (40 per 21 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
YERVOY 50 MG/10 ML (5 MG/ML) IV MO	4	PA,QL (70 per 21 days)
ZALTRAP 100 MG/4 ML (25 MG/ML) IV MO	4	PA,QL (40 per 28 days)
ZALTRAP 200 MG/8 ML (25 MG/ML) IV MO	4	PA,QL (5 per 28 days)
ZANOSAR 1 GRAM IV SOLUTION MO	3	B vs D
ZELBORAF 240 MG TABLET SP	4	PA,QL (240 per 30 days)
ZOLADEX 10.8 MG SUBQ IMPLANT MO	4	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBQ IMPLANT MO	3	PA,QL (1 per 28 days)
ZOLINZA 100 MG CAPSULE SP	4	PA,QL (120 per 30 days)
ZYTIGA 250 MG TABLET SP	4	PA,QL (120 per 30 days)
AUTONOMIC DRUGS		
ACCUNEB 0.63 MG/3 ML NEB SOLUTION MO	3	B vs D
ACCUNEB 1.25 MG/3 ML NEB SOLUTION MO	3	B vs D
ADRENACLICK 0.15 MG/0.15 ML (1:1,000) IM PEN INJECTOR MO	3	
ADRENACLICK 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR MO	3	
adrenalin 1 mg/ml (1:1,000) (1 ml) injection MO	3	
ADRENALIN 1 MG/ML (1:1,000) INJECTION MO	3	
albuterol 0.083% inhal soln MO	1	B vs D
albuterol 2.5 mg/0.5 ml sol MO	1	B vs D
albuterol 5 mg/ml solution MO	1	B vs D
albuterol sul 0.63 mg/3 ml sol MO	1	B vs D
albuterol sul 1.25 mg/3 ml sol MO	1	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	1	
albuterol sulfate er 8 mg tab MO	1	
alfuzosin hcl er 10 mg tablet MO	1	QL (30 per 30 days)
AMRIX 15 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (21 per 30 days)
AMRIX 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (21 per 30 days)
ANASPAZ 0.125 MG DISINTEGRATING TABLET MO	3	
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE MO	3	QL (30 per 30 days)
ARICEPT 10 MG TABLET MO	3	PA,QL (60 per 30 days)
ARICEPT 23 MG TABLET MO	3	ST,QL (30 per 30 days)
ARICEPT 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ARICEPT ODT 10 MG DISINTEGRATING TABLET MO	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARICEPT ODT 5 MG DISINTEGRATING TABLET MO	3	PA,QL (30 per 30 days)
atracurium 100 mg/10 ml vial MO	1	
atropine 0.05 mg/ml syringe MO	1	
atropine 0.1 mg/ml abboject MO	1	
atropine 0.4 mg/0.5 ml ampul MO	1	
atropine 0.4 mg/ml vial MO	1	
atropine 1 mg/ml vial MO	1	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MO	3	QL (30 per 30 days)
AUVI-Q 0.15 MG/0.15 ML (1:1,000) AUTO-INJECTOR MO	3	
AUVI-Q 0.3 MG/0.3 ML (1:1,000) AUTO-INJECTOR MO	3	
baclofen 10 mg tablet MO	1	
baclofen 20 mg tablet MO	1	
BENTYL 10 MG CAPSULE MO	1	PA
BENTYL 10 MG/5 ML SYRUP MO	3	PA
BENTYL 10 MG/ML IM MO	3	PA
BENTYL 20 MG TABLET MO	1	PA
bethanechol 10 mg tablet MO	1	
bethanechol 25 mg tablet MO	1	
bethanechol 5 mg tablet MO	1	
bethanechol 50 mg tablet MO	1	
BROVANA 15 MCG/2 ML NEB SOLUTION MO	3	PA,QL (124 per 30 days)
CAFERGOT 1 MG-100 MG TABLET MO	1	
CANTIL 25 MG TABLET MO	3	
carisoprodol 250 mg tablet MO	1	PA,QL (120 per 30 days)
carisoprodol 350 mg tablet MO	1	PA
carisoprodol compound tab MO	1	PA
carisoprodol cpd-codeine tab MO	1	PA,QL (360 per 30 days)
cevimeline hcl 30 mg capsule MO	1	
CHANTIX 0.5 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH PAK 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	3	QL (56 per 28 days)
CHANTIX STARTING MONTH PAK 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	3	QL (56 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorzoxazone 500 mg tablet MO	1	PA
cisatracurium 10 mg/5 ml vial MO	1	
cisatracurium 200 mg/20 ml vl MO	1	
COMBIVENT 18 MCG-103 MCG/ACTUATION AEROSOL INHALER MO	3	QL (30 per 28 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION AEROSOL INHALER MO	3	QL (4 per 20 days)
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLN MO	3	
cyclobenzaprine 10 mg tablet MO	1	PA
cyclobenzaprine 5 mg tablet MO	1	PA
cyclobenzaprine 7.5 mg tablet MO	1	PA,QL (90 per 30 days)
cyclobenzaprine er 15 mg cap MO	3	PA,QL (21 per 30 days)
cyclobenzaprine er 30 mg cap MO	3	PA,QL (21 per 30 days)
D.H.E.45 1 MG/ML INJECTION MO	4	
DANTRIUM 100 MG CAPSULE MO	3	
DANTRIUM 20 MG IV SOLUTION MO	3	
DANTRIUM 25 MG CAPSULE MO	3	
DANTRIUM 50 MG CAPSULE MO	3	
dantrolene sodium 100 mg cap MO	1	
dantrolene sodium 25 mg cap MO	1	
dantrolene sodium 50 mg cap MO	1	
DIBENZYLINE 10 MG CAPSULE MO	3	
dicyclomine 10 mg capsule MO	1	
dicyclomine 10 mg/5 ml soln MO	1	
dicyclomine 20 mg tablet MO	1	
dihydroergotamine 1 mg/ml am MO	1	
dihydroergotamine 4 mg/ml spry MO	1	QL (8 per 30 days)
dobutamine 1 gm-d5w 250 ml MO	1	
dobutamine 12.5 mg/ml vial MO	1	
dobutamine 250 mg-d5w 250 ml MO	1	
dobutamine 500 mg-d5w 250 ml MO	1	
dobutamine 500 mg-d5w 500 ml MO	1	
donepezil hcl 10 mg tablet MO	1	QL (60 per 30 days)
donepezil hcl 23 mg tablet MO	1	ST,QL (30 per 30 days)
donepezil hcl 5 mg tablet MO	1	QL (30 per 30 days)
donepezil hcl odt 10 mg tablet MO	1	QL (30 per 30 days)
donepezil hcl odt 5 mg tablet MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dopamine 160 mg/ml vial MO	1	
dopamine 200 mg-d5w 250 ml MO	1	
dopamine 40 mg/ml vial MO	1	
dopamine 400 mg-d5w 250 ml MO	1	
dopamine 400 mg-d5w 500 ml MO	1	
dopamine 80 mg/ml vial MO	1	
dopamine 800 mg-d5w 250 ml MO	1	
dopamine 800 mg-d5w 500 ml MO	1	
DUONEB 0.5 MG-3 MG(2.5 MG BASE)/3 ML NEB SOLUTION MO	3	B vs D
ed-spaz 0.125 mg disintegrating tablet MO	1	
ephedrine su 50 mg/ml vial MO	1	
epinephrine 0.1 mg/ml syringe MO	1	
epinephrine 0.15 mg auto-injct MO	1	
epinephrine 0.3 mg auto-inject MO	2	
epinephrine 1 mg/ml ampul MO	1	
epinephrine 1 mg/ml vial MO	1	
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR MO	2	
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR MO	2	
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR MO	2	
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR MO	2	
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR MO	2	
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR MO	2	
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR MO	2	
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) IM PEN INJECTOR MO	2	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) IM PEN INJECTOR MO	2	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) IM PEN INJECTOR MO	2	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) IM PEN INJECTOR MO	2	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) IM PEN INJECTOR MO	2	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) IM PEN INJECTOR MO	2	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) IM PEN INJECTOR MO	2	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) IM PEN INJECTOR MO	2	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) IM PEN INJECTOR MO	2	
ergoloid mesylates 1 mg tab MO	1	PA
ERGOMAR 2 MG SUBLINGUAL TABLET MO	1	
ergotamine-caffeine tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EVOXAC 30 MG CAPSULE MO	3	
EXELON 1.5 MG CAPSULE MO	3	PA,QL (90 per 30 days)
EXELON 13.3 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
EXELON 2 MG/ML ORAL SOLN MO	3	QL (240 per 30 days)
EXELON 3 MG CAPSULE MO	3	PA,QL (90 per 30 days)
EXELON 4.5 MG CAPSULE MO	3	PA,QL (60 per 30 days)
EXELON 4.6 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
EXELON 6 MG CAPSULE MO	3	PA,QL (60 per 30 days)
EXELON 9.5 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
FEXMID 7.5 MG TABLET MO	1	PA,QL (90 per 30 days)
FLEXERIL 10 MG TABLET MO	3	PA
FLEXERIL 5 MG TABLET MO	3	PA
FLOMAX 0.4 MG CAPSULE MO	3	QL (60 per 30 days)
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE MO	2	QL (60 per 30 days)
galantamine 4 mg/ml oral soln MO	1	QL (200 per 30 days)
galantamine er 16 mg capsule MO	1	QL (30 per 30 days)
galantamine er 24 mg capsule MO	1	QL (30 per 30 days)
galantamine er 8 mg capsule MO	1	QL (30 per 30 days)
galantamine hbr 12 mg tablet MO	1	QL (60 per 30 days)
galantamine hbr 4 mg tablet MO	1	QL (60 per 30 days)
galantamine hbr 8 mg tablet MO	1	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial MO	1	
glycopyrrolate 1 mg tablet MO	1	
glycopyrrolate 2 mg tablet MO	1	
guanidine hcl 125 mg tablet MO	1	
hyomax-sl 0.125 mg sublingual tablet MO	1	
hyoscyamine 0.125 mg odt MO	1	
hyoscyamine 0.125 mg tab sl MO	1	
hyoscyamine 0.125 mg/ml drop MO	1	
hyoscyamine 125 mcg/5 ml elix MO	1	
hyoscyamine sulf 0.125 mg tab MO	1	
hyosyne 0.125 mg/5 ml elixir MO	1	
hyosyne 0.125 mg/ml oral drops MO	1	
iprat-albut 0.5-3(2.5) mg/3 ml MO	1	B vs D
ipratropium br 0.02% soln MO	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISUPREL 0.2 MG/ML INJECTION MO	3	
levalbuterol 0.31 mg/3 ml sol MO	1	B vs D
levalbuterol 0.63 mg/3 ml sol MO	1	B vs D
levalbuterol 1.25 mg/3 ml sol MO	1	B vs D
levalbuterol conc 1.25 mg/0.5 MO	1	B vs D
LEVOPHED 1 MG/ML IV MO	3	
LEVSIN 0.125 MG TABLET MO	3	
LEVSIN 0.5 MG/ML INJECTION MO	3	
LEVSIN/SL 0.125 MG SUBLINGUAL TABLET MO	1	
LIORESAL 2,000 MCG/ML INTRATHECAL MO	4	
LIORESAL 50 MCG/ML INTRATHECAL MO	3	
LIORESAL 500 MCG/ML INTRATHECAL MO	3	
LORZONE 375 MG TABLET MO	1	PA,QL (120 per 30 days)
LORZONE 750 MG TABLET MO	1	PA,QL (120 per 30 days)
MAXAIR AUTOHALER 200 MCG/INHALATION BREATH ACTIVATED MO	3	QL (14 per 30 days)
MESTINON 60 MG TABLET MO	3	PA
MESTINON 60 MG/5 ML SYRUP MO	3	
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE MO	3	
metaproterenol 10 mg tablet MO	1	
metaproterenol 10 mg/5 ml syr MO	1	
metaproterenol 20 mg tablet MO	1	
metaxalone 800 mg tablet MO	1	PA,QL (120 per 30 days)
methocarbamol 500 mg tablet MO	1	PA
methocarbamol 750 mg tablet MO	1	PA
methscopolamine brom 2.5 mg tb MO	1	
methscopolamine brom 5 mg tab MO	1	
midodrine hcl 10 mg tablet MO	1	
midodrine hcl 2.5 mg tablet MO	1	
midodrine hcl 5 mg tablet MO	1	
migergot 2 mg-100 mg rectal suppository MO	1	
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY MO	3	QL (8 per 30 days)
MYTELASE 10 MG CAPLET MO	3	
NEO-SYNEPHRINE (PHENYLEPHRINE) 10 MG/ML INJECTION MO	3	
neostigmine 1:1,000 vial MO	1	
neostigmine 1:2,000 vial MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NICOTROL 10 MG INHALATION CARTRIDGE MO	3	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	3	
NIMBEX 10 MG/ML IV MO	3	
NIMBEX 2 MG/ML IV MO	3	
norepinephrine 4 mg/4 ml ampul MO	1	
NORFLEX 60 MG/2 ML AMPUL MO	3	PA
nulev 0.125 mg disintegrating tablet MO	3	
orphenadrine 30 mg/ml ampule MO	1	PA
orphenadrine compound 25 mg-385 mg-30 mg tablet MO	1	PA
orphenadrine compound-ds 50 mg-770 mg-60 mg tablet MO	1	PA
orphenadrine er 100 mg tablet MO	1	PA
oscimin 0.125 mg disintegrating tablet MO	1	
oscimin 0.125 mg tablet MO	1	
oscimin sl 0.125 mg sublingual tablet MO	1	
PAMINE 2.5 MG TABLET MO	3	
PAMINE FORTE 5 MG TABLET MO	3	
pancuronium 1 mg/ml vial MO	1	
PARAFON FORTE DSC 500 MG TABLET MO	3	PA
PERFOROMIST 20 MCG/2 ML NEB SOLUTION MO	3	PA,QL (120 per 30 days)
phentolamine 5 mg vial MO	1	
phenylephrine 10 mg/ml vial MO	1	
physostigmine 1 mg/ml ampul MO	1	
pilocarpine hcl 5 mg tablet MO	1	
pilocarpine hcl 7.5 mg tablet MO	1	
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER MO	2	QL (36 per 30 days)
propantheline 15 mg tablet MO	1	
PROSTIGMIN 15 MG TABLET MO	3	
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
pyridostigmine br 60 mg tablet MO	1	
RAPAFLO 4 MG CAPSULE MO	2	QL (30 per 30 days)
RAPAFLO 8 MG CAPSULE MO	2	QL (30 per 30 days)
RAZADYNE 12 MG TABLET MO	3	PA,QL (60 per 30 days)
RAZADYNE 4 MG TABLET MO	3	PA,QL (60 per 30 days)
RAZADYNE 4 MG/ML ORAL SOLN MO	3	PA,QL (200 per 30 days)
RAZADYNE 8 MG TABLET MO	3	PA,QL (60 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RAZADYNE ER 16 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
RAZADYNE ER 24 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
RAZADYNE ER 8 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION MO	3	
revonto 20 mg iv solution MO	1	
rivastigmine 1.5 mg capsule MO	1	QL (90 per 30 days)
rivastigmine 3 mg capsule MO	1	QL (90 per 30 days)
rivastigmine 4.5 mg capsule MO	1	QL (60 per 30 days)
rivastigmine 6 mg capsule MO	1	QL (60 per 30 days)
ROBAXIN 100 MG/ML INJECTION MO	3	PA
ROBAXIN 500 MG TABLET MO	3	PA
ROBAXIN-750 750 MG TABLET MO	3	PA
ROBINUL 0.2 MG/ML INJECTION MO	3	
ROBINUL 1 MG TABLET MO	3	
ROBINUL FORTE 2 MG TABLET MO	3	
rocuronium 100 mg/10 ml vial MO	1	
sal-tropine 0.4 mg tablet MO	1	
SALAGEN 5 MG TABLET MO	3	
SALAGEN 7.5 MG TABLET MO	3	
scopolamine 0.4 mg/ml vial MO	1	PA
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
SKELAXIN 800 MG TABLET MO	3	PA,QL (120 per 30 days)
SOMA 250 MG TABLET MO	3	PA,QL (120 per 30 days)
SOMA 350 MG TABLET MO	3	PA
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES MO	2	QL (30 per 30 days)
symax fastabs 0.125 mg disintegrating tablet MO	1	
symax-sl 0.125 mg sublingual tablet MO	1	
tamsulosin hcl 0.4 mg capsule MO	1	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial MO	1	
terbutaline sulfate 2.5 mg tab MO	1	
terbutaline sulfate 5 mg tab MO	1	
tizanidine hcl 2 mg capsule MO	3	ST
tizanidine hcl 2 mg tablet MO	1	
tizanidine hcl 4 mg capsule MO	3	ST
tizanidine hcl 4 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tizanidine hcl 6 mg capsule MO	3	ST
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED MO	3	QL (1 per 30 days)
TWINJECT 0.15 MG AUTO-INJECTOR MO	3	
TWINJECT 0.3 MG AUTO-INJECTOR MO	3	
URECHOLINE 10 MG TABLET MO	1	PA
URECHOLINE 25 MG TABLET MO	1	PA
URECHOLINE 5 MG TABLET MO	1	PA
URECHOLINE 50 MG TABLET MO	1	PA
UROXATRAL 10 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
vecuronium 10 mg vial MO	1	
vecuronium 20 mg vial MO	1	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	2	QL (36 per 30 days)
VOSPIRE ER 4 MG TABLET,EXTENDED RELEASE MO	1	PA
VOSPIRE ER 8 MG TABLET,EXTENDED RELEASE MO	1	PA
XOPENEX 0.31 MG/3 ML NEB SOLUTION MO	3	B vs D
XOPENEX 0.63 MG/3 ML NEB SOLUTION MO	3	B vs D
XOPENEX 1.25 MG/3 ML NEB SOLUTION MO	3	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML NEB SOLUTION MO	3	B vs D
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (30 per 30 days)
ZANAFLEX 2 MG CAPSULE MO	3	ST
ZANAFLEX 4 MG CAPSULE MO	3	ST
ZANAFLEX 4 MG TABLET MO	3	PA
ZANAFLEX 6 MG CAPSULE MO	3	ST
ZEMURON 10 MG/ML IV MO	3	
BLOOD FORMATION,COAGULATION & THROMBOSIS		
AGRYLIN 0.5 MG CAPSULE MO	3	PA
AMICAR 1,000 MG TABLET MO	3	
AMICAR 25% SOLUTION MO	1	
AMICAR 500 MG TABLET MO	4	
aminocaproic acid 1,000 mg tab MO	1	
aminocaproic acid 25% solution MO	1	
aminocaproic acid 250 mg/ml MO	1	
aminocaproic acid 500 mg tab MO	1	
anagrelide hcl 0.5 mg capsule MO	1	
anagrelide hcl 1 mg capsule MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) SYRINGE SP	4	PA,QL (4 per 30 days)
ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION SP	4	PA,QL (4 per 30 days)
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) SYRINGE SP	4	PA,QL (4 per 30 days)
ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION SP	4	PA,QL (4 per 30 days)
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) SYRINGE SP	4	PA,QL (4 per 30 days)
ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION SP	4	PA,QL (4 per 30 days)
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) SYRINGE SP	3	PA,QL (4 per 30 days)
ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION SP	3	PA,QL (4 per 30 days)
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) SYRINGE SP	4	PA,QL (4 per 30 days)
ARANESP 300 MCG/ML (IN POLYSORBATE) INJECTION SP	4	PA,QL (4 per 30 days)
ARANESP 40 MCG/0.4 ML (IN POLYSORBATE) SYRINGE SP	3	PA,QL (4 per 30 days)
ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION SP	3	PA,QL (4 per 30 days)
ARANESP 500 MCG/ML (IN POLYSORBATE) SYRINGE SP	4	PA,QL (4 per 30 days)
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) SYRINGE SP	3	PA,QL (4 per 30 days)
ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION SP	3	PA,QL (4 per 30 days)
argatroban 250 mg/2.5 ml vial MO	1	B vs D
ARIXTRA 10 MG/0.8 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
ARIXTRA 5 MG/0.4 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
BRILINTA 90 MG TABLET MO	2	QL (60 per 30 days)
CEPROTIN (BLUE BAR) 500 UNIT IV SOLUTION MO	3	
CEPROTIN (GREEN BAR) 1,000 UNIT IV SOLUTION MO	3	
cilostazol 100 mg tablet MO	1	
cilostazol 50 mg tablet MO	1	
clopidogrel 300 mg tablet MO	1	QL (1 per 30 days)
clopidogrel 75 mg tablet MO	1	QL (30 per 30 days)
COUMADIN 1 MG TABLET MO	3	
COUMADIN 10 MG TABLET MO	3	
COUMADIN 2 MG TABLET MO	3	
COUMADIN 2.5 MG TABLET MO	3	
COUMADIN 3 MG TABLET MO	3	
COUMADIN 4 MG TABLET MO	3	
COUMADIN 5 MG IV SOLUTION MO	3	
COUMADIN 5 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUMADIN 6 MG TABLET MO	3	
COUMADIN 7.5 MG TABLET MO	3	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) IV MO	2	PA,QL (400 per 30 days)
EFFIENT 10 MG TABLET MO	2	QL (30 per 30 days)
EFFIENT 5 MG TABLET MO	2	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	2	QL (60 per 30 days)
ELIQUIS 5 MG TABLET MO	2	QL (60 per 30 days)
enoxaparin 100 mg/ml syringe MO	1	QL (28 per 30 days)
enoxaparin 120 mg/0.8 ml syr MO	1	QL (28 per 30 days)
enoxaparin 150 mg/ml syringe MO	1	QL (28 per 30 days)
enoxaparin 30 mg/0.3 ml syr MO	1	QL (28 per 30 days)
enoxaparin 300 mg/3 ml vial MO	1	QL (14 per 30 days)
enoxaparin 40 mg/0.4 ml syr MO	1	QL (28 per 30 days)
enoxaparin 60 mg/0.6 ml syr MO	1	QL (28 per 30 days)
enoxaparin 80 mg/0.8 ml syr MO	1	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	2	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SP	3	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SP	3	PA,QL (14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION SP	2	PA,QL (14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION SP	2	PA,QL (14 per 30 days)
fe c plus 100 mg-250 mg-25 mcg-1 mg tablet MO	1	
fondaparinux 10 mg/0.8 ml syr MO	1	QL (14 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr MO	1	QL (14 per 30 days)
fondaparinux 5 mg/0.4 ml syr MO	1	QL (14 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr MO	1	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	3	QL (14 per 30 days)
FRAGMIN 25,000 UNIT/ML SUB-Q MO	3	QL (2 per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SUB-Q SYRINGE MO	4	QL (14 per 30 days)
heparin 2,000 unit/2 ml vial MO	1	B vs D

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin sod 10,000 unit/ml vl MO	1	
heparin sod 20,000 unit/ml vl MO	1	
heparin sod 5,000 unit/ 0.5 ml MO	1	
heparin sod 5,000 unit/0.5 ml MO	1	
heparin sod 5,000 unit/ml syr MO	1	
heparin sod 5,000 unit/ml vial MO	1	
heparin-1/2ns 12,500 units/250 MO	1	
heparin-1/2ns 25,000 units/250 MO	1	
heparin-1/2ns 25,000 units/500 MO	1	
heparin-d5w 12,500 unit/250 ml MO	1	
heparin-d5w 20,000 unit/500 ml MO	1	
heparin-d5w 25,000 unit/250 ml MO	1	
heparin-d5w 25,000 unit/500 ml MO	1	
heparin-ns 1,000 units/500 ml MO	1	
heparin-ns 2,000 unit/1,000 ml MO	1	
ICAR-C PLUS 100 MG-250 MG-25 MCG-1 MG TABLET MO	3	
INTEGRILIN 0.75 MG/ML IV MO	3	
INTEGRILIN 2 MG/ML IV MO	3	
jantoven 1 mg tablet MO	1	
jantoven 10 mg tablet MO	1	
jantoven 2 mg tablet MO	1	
jantoven 2.5 mg tablet MO	1	
jantoven 3 mg tablet MO	1	
jantoven 4 mg tablet MO	1	
jantoven 5 mg tablet MO	1	
jantoven 6 mg tablet MO	1	
jantoven 7.5 mg tablet MO	1	
LEUKINE 250 MCG SOLUTION FOR INJECTION SP	4	PA
LEUKINE 500 MCG/ML INJECTION SP	4	PA
LOVENOX 100 MG/ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 120 MG/0.8 ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 150 MG/ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 30 MG/0.3 ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 300 MG/3 ML SUB-Q MO	3	QL (14 per 30 days)
LOVENOX 40 MG/0.4 ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOVENOX 60 MG/0.6 ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 80 MG/0.8 ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LYSTEDA 650 MG TABLET MO	3	PA,QL (30 per 5 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUB-Q SP	4	PA,QL (8 per 30 days)
NEULASTA 6 MG/0.6 ML SUB-Q SYRINGE SP	4	PA,QL (2 per 28 days)
NEUMEGA 5 MG SUB-Q SOLN SP	4	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML SYRINGE SP	4	PA,QL (14 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SP	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML SYRINGE SP	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SP	4	PA,QL (14 per 30 days)
OMONTYS 20 MG/2 ML VIAL SP	4	PA,QL (2 per 28 days)
pentoxifylline er 400 mg tab MO	1	
PLAVIX 300 MG TABLET MO	3	PA,QL (1 per 30 days)
PLAVIX 75 MG TABLET MO	3	PA,QL (30 per 30 days)
PLETAL 100 MG TABLET MO	3	
PLETAL 50 MG TABLET MO	3	
PRADAXA 150 MG CAPSULE MO	2	QL (60 per 30 days)
PRADAXA 75 MG CAPSULE MO	2	QL (60 per 30 days)
PROCRIT 10,000 UNIT/ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION SP	2	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SP	2	PA,QL (14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION SP	2	PA,QL (14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)
PROMACTA 12.5 MG TABLET SP	4	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET SP	4	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET SP	4	PA,QL (30 per 30 days)
PROMACTA 75 MG TABLET SP	4	PA,QL (30 per 30 days)
protamine 10 mg/ml vial MO	1	B vs D
REOPRO 10 MG/5 ML IV MO	4	
RIASTAP 1 GRAM (900 MG-1,300 MG) IV SOLUTION MO	3	
ticlopidine 250 mg tablet MO	1	PA
TNKASE 50 MG IV KIT MO	4	
tranexamic acid 1,000 mg/10 ml MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tranexamic acid 650 mg tablet MO	1	PA,QL (30 per 5 days)
TRENTAL 400 MG TABLET,EXTENDED RELEASE MO	3	
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	
XARELTO 10 MG TABLET MO	2	QL (35 per 60 days)
XARELTO 15 MG TABLET MO	2	QL (60 per 30 days)
XARELTO 20 MG TABLET MO	2	QL (30 per 30 days)
CARDIOVASCULAR DRUGS		
ACCUPRIL 10 MG TABLET MO	3	
ACCUPRIL 20 MG TABLET MO	3	
ACCUPRIL 40 MG TABLET MO	3	
ACCUPRIL 5 MG TABLET MO	3	
ACCURETIC 10 MG-12.5 MG TABLET MO	3	
ACCURETIC 20 MG-12.5 MG TABLET MO	3	
ACCURETIC 20 MG-25 MG TABLET MO	3	
acebutolol 200 mg capsule MO	1	
acebutolol 400 mg capsule MO	1	
ACEON 2 MG TABLET MO	3	
ACEON 4 MG TABLET MO	3	
ACEON 8 MG TABLET MO	3	
ADALAT CC 30 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ADALAT CC 60 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ADALAT CC 90 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ADCIRCA 20 MG TABLET SP	4	PA,QL (60 per 30 days)
ADENOCARD 3 MG/ML IV SYRINGE MO	3	
adenosine 12 mg/4 ml syringe MO	1	
adenosine 6 mg/2 ml vial MO	1	
ADVICOR 1,000 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADVICOR 1,000 MG-40 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ADVICOR 500 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ADVICOR 750 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
afeditab cr 30 mg tablet,extended release MO	1	QL (60 per 30 days)
afeditab cr 60 mg tablet,extended release MO	1	QL (60 per 30 days)
AGGRENOX 200 MG-25 MG CAPSULE, EXTENDED RELEASE MO	3	ST
ALDACTAZIDE 25 MG-25 MG TABLET MO	3	
ALDACTAZIDE 50 MG-50 MG TABLET MO	3	
ALDACTONE 100 MG TABLET MO	3	
ALDACTONE 25 MG TABLET MO	3	
ALDACTONE 50 MG TABLET MO	3	
ALTACE 1.25 MG CAPSULE MO	3	PA
ALTACE 10 MG CAPSULE MO	3	PA
ALTACE 2.5 MG CAPSULE MO	3	PA
ALTACE 5 MG CAPSULE MO	3	PA
ALTOPREV 20 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ALTOPREV 40 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ALTOPREV 60 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
amiodarone 150 mg/3 ml syringe MO	1	
amiodarone 900 mg/18 ml vial MO	1	
amiodarone hcl 200 mg tablet MO	1	
amiodarone hcl 400 mg tablet MO	1	
amlodipine besylate 10 mg tab MO	1	
amlodipine besylate 2.5 mg tab MO	1	
amlodipine besylate 5 mg tab MO	1	
amlodipine-atorvast 10-10 mg MO	1	QL (30 per 30 days)
amlodipine-atorvast 10-20 mg MO	1	QL (30 per 30 days)
amlodipine-atorvast 10-40 mg MO	1	QL (30 per 30 days)
amlodipine-atorvast 10-80 mg MO	1	QL (30 per 30 days)
amlodipine-atorvast 2.5-10 mg MO	1	QL (30 per 30 days)
amlodipine-atorvast 2.5-20 mg MO	1	QL (30 per 30 days)
amlodipine-atorvast 2.5-40 mg MO	1	QL (30 per 30 days)
amlodipine-atorvast 5-10 mg MO	1	QL (30 per 30 days)
amlodipine-atorvast 5-20 mg MO	1	QL (30 per 30 days)
amlodipine-atorvast 5-40 mg MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine-atorvast 5-80 mg MO	1	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg MO	1	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg MO	1	QL (30 per 30 days)
amlodipine-benazepril 2.5-10 MO	1	QL (60 per 30 days)
amlodipine-benazepril 5-10 mg MO	1	QL (60 per 30 days)
amlodipine-benazepril 5-20 mg MO	1	QL (60 per 30 days)
amlodipine-benazepril 5-40 mg MO	1	QL (30 per 30 days)
AMTURNIDE 150 MG-5 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-25 MG TABLET MO	2	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-25 MG TABLET MO	2	QL (30 per 30 days)
ANTARA 130 MG CAPSULE MO	3	QL (30 per 30 days)
ANTARA 43 MG CAPSULE MO	3	QL (30 per 30 days)
ATACAND 16 MG TABLET MO	3	QL (60 per 30 days)
ATACAND 32 MG TABLET MO	3	QL (30 per 30 days)
ATACAND 4 MG TABLET MO	3	QL (60 per 30 days)
ATACAND 8 MG TABLET MO	3	QL (60 per 30 days)
ATACAND HCT 16 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
ATACAND HCT 32 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
ATACAND HCT 32 MG-25 MG TABLET MO	3	QL (30 per 30 days)
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	1	QL (30 per 30 days)
atorvastatin 20 mg tablet MO	1	QL (30 per 30 days)
atorvastatin 40 mg tablet MO	1	QL (30 per 30 days)
atorvastatin 80 mg tablet MO	1	QL (30 per 30 days)
AVALIDE 150 MG-12.5 MG TABLET MO	3	PA,QL (30 per 30 days)
AVALIDE 300 MG-12.5 MG TABLET MO	3	PA,QL (30 per 30 days)
AVALIDE 300-25 MG TABLET MO	3	PA,QL (30 per 30 days)
AVAPRO 150 MG TABLET MO	3	PA,QL (30 per 30 days)
AVAPRO 300 MG TABLET MO	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVAPRO 75 MG TABLET MO	3	PA,QL (30 per 30 days)
AZOR 10 MG-20 MG TABLET MO	2	QL (30 per 30 days)
AZOR 10 MG-40 MG TABLET MO	2	QL (30 per 30 days)
AZOR 5 MG-20 MG TABLET MO	2	QL (30 per 30 days)
AZOR 5 MG-40 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	1	
benazepril-hctz 20-12.5 mg tab MO	1	
benazepril-hctz 20-25 mg tab MO	1	
benazepril-hctz 5-6.25 mg tab MO	1	
BENICAR 20 MG TABLET MO	2	QL (30 per 30 days)
BENICAR 40 MG TABLET MO	2	QL (30 per 30 days)
BENICAR 5 MG TABLET MO	2	QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
BENICAR HCT 40 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
BENICAR HCT 40 MG-25 MG TABLET MO	2	QL (30 per 30 days)
BETAPACE 120 MG TABLET MO	3	PA
BETAPACE 160 MG TABLET MO	3	PA
BETAPACE 240 MG TABLET MO	3	PA
BETAPACE 80 MG TABLET MO	3	PA
BETAPACE AF 120 MG TABLET MO	3	PA
BETAPACE AF 160 MG TABLET MO	3	PA
BETAPACE AF 80 MG TABLET MO	3	PA
betaxolol 10 mg tablet MO	1	
betaxolol 20 mg tablet MO	1	
BIDIL 20 MG-37.5 MG TABLET MO	2	QL (180 per 30 days)
bisoprolol fumarate 10 mg tab MO	1	
bisoprolol fumarate 5 mg tab MO	1	
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	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BREVIBLOC 2,000 MG/100 ML (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV MO	3	
BREVIBLOC 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV MO	3	
BYSTOLIC 10 MG TABLET MO	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG TABLET MO	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET MO	2	QL (60 per 30 days)
BYSTOLIC 5 MG TABLET MO	2	QL (30 per 30 days)
CADUET 10 MG-10 MG TABLET MO	3	PA,QL (30 per 30 days)
CADUET 10 MG-20 MG TABLET MO	3	PA,QL (30 per 30 days)
CADUET 10 MG-40 MG TABLET MO	3	PA,QL (30 per 30 days)
CADUET 10 MG-80 MG TABLET MO	3	PA,QL (30 per 30 days)
CADUET 2.5 MG-10 MG TABLET MO	3	PA,QL (30 per 30 days)
CADUET 2.5 MG-20 MG TABLET MO	3	PA,QL (30 per 30 days)
CADUET 2.5 MG-40 MG TABLET MO	3	PA,QL (30 per 30 days)
CADUET 5 MG-10 MG TABLET MO	3	PA,QL (30 per 30 days)
CADUET 5 MG-20 MG TABLET MO	3	PA,QL (30 per 30 days)
CADUET 5 MG-40 MG TABLET MO	3	PA,QL (30 per 30 days)
CADUET 5 MG-80 MG TABLET MO	3	PA,QL (30 per 30 days)
CALAN 120 MG TABLET MO	3	
CALAN 80 MG TABLET MO	3	
CALAN SR 120 MG TABLET,EXTENDED RELEASE MO	3	
CALAN SR 180 MG TABLET,EXTENDED RELEASE MO	3	
CALAN SR 240 MG TABLET,EXTENDED RELEASE MO	3	
candesartan cilexetil 16 mg tb MO	1	QL (60 per 30 days)
candesartan cilexetil 32 mg tb MO	1	QL (30 per 30 days)
candesartan cilexetil 4 mg tab MO	1	QL (60 per 30 days)
candesartan cilexetil 8 mg tab MO	1	QL (60 per 30 days)
candesartan-hctz 16-12.5 mg tb MO	1	QL (30 per 30 days)
candesartan-hctz 32-12.5 mg tb MO	1	QL (30 per 30 days)
candesartan-hctz 32-25 mg tab MO	1	QL (30 per 30 days)
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	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
captopril-hctz 25-25 mg tablet MO	1	
captopril-hctz 50-15 mg tablet MO	1	
captopril-hctz 50-25 mg tablet MO	1	
CARDENE SR 30 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARDENE SR 60 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARDIZEM 120 MG TABLET MO	3	
CARDIZEM 30 MG TABLET MO	3	
CARDIZEM 60 MG TABLET MO	3	
CARDIZEM 90 MG TABLET MO	3	
CARDIZEM CD 120 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CARDIZEM CD 180 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CARDIZEM CD 240 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CARDIZEM CD 300 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CARDIZEM CD 360 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 120 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 180 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARDIZEM LA 240 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARDIZEM LA 300 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 360 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 420 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDURA 1 MG TABLET MO	3	
CARDURA 2 MG TABLET MO	3	
CARDURA 4 MG TABLET MO	3	
CARDURA 8 MG TABLET MO	3	
CARDURA XL 4 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDURA XL 8 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
cartia xt 120 mg capsule,extended release MO	1	QL (60 per 30 days)
cartia xt 180 mg capsule,extended release MO	1	QL (60 per 30 days)
cartia xt 240 mg capsule,extended release MO	1	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release MO	1	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	
CATAPRES 0.1 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CATAPRES 0.2 MG TABLET MO	3	
CATAPRES 0.3 MG TABLET MO	3	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
cholestyramine light 4 gram oral powder MO	1	
cholestyramine light 4 gram powder for susp in a packet MO	1	
cholestyramine packet MO	1	
cholestyramine powder MO	1	
CIALIS 2.5 MG TABLET MO	3	PA,QL (30 per 30 days)
CIALIS 5 MG TABLET MO	3	PA,QL (30 per 30 days)
clonidine 0.1 mg/day patch MO	1	QL (4 per 28 days)
clonidine 0.2 mg/day patch MO	1	QL (4 per 28 days)
clonidine 0.3 mg/day patch MO	1	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	1	
clorpres 0.1 mg-15 mg tablet MO	1	
clorpres 0.2 mg-15 mg tablet MO	1	
clorpres 0.3 mg-15 mg tablet MO	1	
COLESTID 1 GRAM TABLET MO	3	
COLESTID 5 GRAM ORAL GRANULES MO	3	
COLESTID 5 GRAM ORAL PACKET MO	3	
COLESTID FLAVORED 5 GRAM ORAL GRANULES MO	3	
COLESTID FLAVORED 7.5 G PACKET MO	3	
colestipol hcl granules MO	1	
colestipol hcl granules packet MO	1	
colestipol micronized 1 gm tab MO	1	
CORDARONE 200 MG TABLET MO	3	
COREG 12.5 MG TABLET MO	3	PA
COREG 25 MG TABLET MO	3	PA
COREG 3.125 MG TABLET MO	3	PA
COREG 6.25 MG TABLET MO	3	PA
COREG CR 10 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
COREG CR 20 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COREG CR 40 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
COREG CR 80 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
CORGARD 20 MG TABLET MO	3	
CORGARD 40 MG TABLET MO	3	PA
CORGARD 80 MG TABLET MO	3	PA
CORLOPAM 10 MG/ML IV MO	3	
CORVERT 0.1 MG/ML IV MO	3	
CORZIDE 40 MG-5 MG TABLET MO	3	
CORZIDE 80 MG-5 MG TABLET MO	3	
COVERA-HS ER 180 MG TABLET MO	3	QL (90 per 30 days)
COZAAR 100 MG TABLET MO	3	QL (60 per 30 days)
COZAAR 25 MG TABLET MO	3	QL (60 per 30 days)
COZAAR 50 MG TABLET MO	3	QL (60 per 30 days)
CRESTOR 10 MG TABLET MO	2	QL (30 per 30 days)
CRESTOR 20 MG TABLET MO	2	QL (30 per 30 days)
CRESTOR 40 MG TABLET MO	2	QL (30 per 30 days)
CRESTOR 5 MG TABLET MO	2	QL (30 per 30 days)
digoxin 0.25 mg/ml ampul MO	1	PA
digoxin 0.25 mg/ml syringe MO	1	
digoxin 125 mcg tablet MO	1	QL (30 per 30 days)
digoxin 250 mcg tablet MO	1	PA
digoxin 50 mcg/ml solution MO	1	PA
DILACOR XR 240 MG CAPSULE, EXTENDED RELEASE MO	1	QL (60 per 30 days)
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE MO	3	
dilt-cd 120 mg capsule,extended release MO	1	QL (60 per 30 days)
dilt-cd 180 mg capsule,extended release MO	1	QL (60 per 30 days)
dilt-cd 240 mg capsule,extended release MO	1	QL (60 per 30 days)
dilt-cd 300 mg capsule,extended release MO	1	QL (30 per 30 days)
dilt-xr 120 mg capsule, extended release MO	1	QL (60 per 30 days)
dilt-xr 180 mg capsule, extended release MO	1	QL (60 per 30 days)
dilt-xr 240 mg capsule, extended release MO	1	QL (60 per 30 days)
diltia xt 120 mg capsule, extended release MO	1	QL (60 per 30 days)
diltia xt 180 mg capsule, extended release MO	1	QL (60 per 30 days)
diltia xt 240 mg capsule, extended release MO	1	QL (60 per 30 days)
diltiazem 120 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem 125 mg/25 ml vial MO	1	
diltiazem 24hr cd 120 mg cap MO	1	QL (60 per 30 days)
diltiazem 24hr er 180 mg cap MO	1	QL (60 per 30 days)
diltiazem 24hr er 240 mg cap MO	1	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap MO	1	QL (30 per 30 days)
diltiazem 24hr er 360 mg cap MO	1	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	1	
diltiazem er 120 mg capsule MO	1	QL (60 per 30 days)
diltiazem er 180 mg capsule MO	1	QL (60 per 30 days)
diltiazem er 240 mg capsule MO	1	QL (60 per 30 days)
diltiazem er 60 mg 12-hr cap MO	1	
diltiazem er 90 mg 12-hr cap MO	1	
diltiazem hcl 100 mg vial MO	1	
diltiazem hcl er 240 mg cap MO	1	QL (60 per 30 days)
diltiazem hcl er 300 mg cap MO	1	QL (30 per 30 days)
diltiazem hcl er 360 mg cap MO	1	QL (30 per 30 days)
diltiazem hcl er 420 mg cap MO	1	QL (30 per 30 days)
diltzac er 120 mg capsule,extended release MO	1	QL (60 per 30 days)
diltzac er 180 mg capsule,extended release MO	1	QL (60 per 30 days)
diltzac er 240 mg capsule,extended release MO	1	QL (60 per 30 days)
diltzac er 300 mg capsule,extended release MO	1	QL (30 per 30 days)
diltzac er 360 mg capsule,extended release MO	1	QL (30 per 30 days)
DIOVAN 160 MG TABLET MO	2	PA,QL (60 per 30 days)
DIOVAN 320 MG TABLET MO	2	PA,QL (60 per 30 days)
DIOVAN 40 MG TABLET MO	2	PA,QL (60 per 30 days)
DIOVAN 80 MG TABLET MO	2	PA,QL (60 per 30 days)
DIOVAN HCT 160 MG-12.5 MG TABLET MO	2	PA,QL (30 per 30 days)
DIOVAN HCT 160 MG-25 MG TABLET MO	2	PA,QL (30 per 30 days)
DIOVAN HCT 320 MG-12.5 MG TABLET MO	2	PA,QL (30 per 30 days)
DIOVAN HCT 320 MG-25 MG TABLET MO	2	PA,QL (30 per 30 days)
DIOVAN HCT 80 MG-12.5 MG TABLET MO	2	PA,QL (30 per 30 days)
dipyridamole 25 mg tablet MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dipyridamole 50 mg tablet MO	1	PA
dipyridamole 75 mg tablet MO	1	PA
disopyramide 100 mg capsule MO	1	PA
disopyramide 150 mg capsule MO	1	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	
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
DYNACIRC CR 10 MG TABLET MO	3	QL (60 per 30 days)
DYNACIRC CR 5 MG TABLET MO	3	QL (90 per 30 days)
EDARBI 40 MG TABLET MO	2	QL (30 per 30 days)
EDARBI 80 MG TABLET MO	2	QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
EDARBYCLOR 40 MG-25 MG TABLET MO	2	QL (30 per 30 days)
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	1	
enalapril-hctz 5-12.5 mg tab MO	1	
enalaprilat 1.25 mg/ml vial MO	1	
eplerenone 25 mg tablet MO	1	
eplerenone 50 mg tablet MO	1	
epoprostenol sodium 0.5 mg vl MO	1	PA
epoprostenol sodium 1.5 mg vl MO	1	PA
eprosartan mesylate 600 mg tab MO	1	QL (60 per 30 days)
esmolol hcl 100 mg/10 ml vial MO	1	
EXFORGE 10 MG-160 MG TABLET MO	2	QL (30 per 30 days)
EXFORGE 10 MG-320 MG TABLET MO	2	QL (30 per 30 days)
EXFORGE 5 MG-160 MG TABLET MO	2	QL (30 per 30 days)
EXFORGE 5 MG-320 MG TABLET MO	2	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EXFORGE HCT 10 MG-160 MG-25 MG TABLET MO	2	QL (30 per 30 days)
EXFORGE HCT 10 MG-320 MG-25 MG TABLET MO	2	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-25 MG TABLET MO	2	QL (30 per 30 days)
felodipine er 10 mg tablet MO	1	QL (30 per 30 days)
felodipine er 2.5 mg tablet MO	1	QL (30 per 30 days)
felodipine er 5 mg tablet MO	1	QL (30 per 30 days)
fenofibrate 130 mg capsule MO	1	QL (30 per 30 days)
fenofibrate 134 mg capsule MO	1	QL (30 per 30 days)
fenofibrate 145 mg tablet MO	1	QL (30 per 30 days)
fenofibrate 160 mg tablet MO	1	QL (30 per 30 days)
fenofibrate 200 mg capsule MO	1	QL (30 per 30 days)
fenofibrate 43 mg capsule MO	1	QL (30 per 30 days)
fenofibrate 48 mg tablet MO	1	QL (60 per 30 days)
fenofibrate 54 mg tablet MO	1	QL (60 per 30 days)
fenofibrate 67 mg capsule MO	1	QL (60 per 30 days)
fenofibric acid 105 mg tablet MO	2	QL (30 per 30 days)
fenofibric acid 35 mg tablet MO	2	QL (30 per 30 days)
fenofibric acid dr 135 mg cap MO	1	QL (30 per 30 days)
fenofibric acid dr 45 mg cap MO	1	QL (30 per 30 days)
FIBRICOR 105 MG TABLET MO	3	QL (30 per 30 days)
FIBRICOR 35 MG TABLET MO	3	QL (30 per 30 days)
flecainide acetate 100 mg tab MO	1	
flecainide acetate 150 mg tab MO	1	
flecainide acetate 50 mg tab MO	1	
fluvastatin sodium 20 mg cap MO	1	QL (60 per 30 days)
fluvastatin sodium 40 mg cap MO	1	QL (60 per 30 days)
fosinopril sodium 10 mg tab MO	1	
fosinopril sodium 20 mg tab MO	1	
fosinopril sodium 40 mg tab MO	1	
fosinopril-hctz 10-12.5 mg tab MO	1	
fosinopril-hctz 20-12.5 mg tab MO	1	
gemfibrozil 600 mg tablet MO	1	QL (60 per 30 days)
guanfacine 1 mg tablet MO	1	PA
guanfacine 2 mg tablet MO	1	PA

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
hydralazine 10 mg tablet MO	1	
hydralazine 100 mg tablet MO	1	
hydralazine 20 mg/ml vial MO	1	
hydralazine 25 mg tablet MO	1	
hydralazine 50 mg tablet MO	1	
HYZAAR 100 MG-12.5 MG TABLET MO	3	QL (60 per 30 days)
HYZAAR 100 MG-25 MG TABLET MO	3	QL (60 per 30 days)
HYZAAR 50 MG-12.5 MG TABLET MO	3	QL (60 per 30 days)
ibutilide fum 1 mg/10 ml vial MO	1	
IMDUR 120 MG TABLET,EXTENDED RELEASE MO	3	
IMDUR 30 MG TABLET,EXTENDED RELEASE MO	3	
IMDUR 60 MG TABLET,EXTENDED RELEASE MO	3	
INDERAL LA 120 MG CAPSULE,EXTENDED RELEASE MO	3	PA
INDERAL LA 160 MG CAPSULE,EXTENDED RELEASE MO	3	
INDERAL LA 60 MG CAPSULE,EXTENDED RELEASE MO	3	PA
INDERAL LA 80 MG CAPSULE,EXTENDED RELEASE MO	3	PA
INNOPRAN XL 120 MG CAPSULE,EXTENDED RELEASE MO	3	
INNOPRAN XL 80 MG CAPSULE,EXTENDED RELEASE MO	3	
INSPRA 25 MG TABLET MO	3	PA
INSPRA 50 MG TABLET MO	3	PA
irbesartan 150 mg tablet MO	1	QL (30 per 30 days)
irbesartan 300 mg tablet MO	1	QL (30 per 30 days)
irbesartan 75 mg tablet MO	1	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb MO	1	QL (30 per 30 days)
irbesartan-hctz 300-12.5 mg tb MO	1	QL (30 per 30 days)
isochron 40 mg tablet,extended release MO	1	
isoditrate 40 mg tablet,extended release MO	1	
ISORDIL 40 MG TABLET MO	3	
ISORDIL TITRADOSE 5 MG TABLET MO	3	
isosorbide dn 10 mg tablet MO	1	
isosorbide dn 2.5 mg tab sl MO	1	
isosorbide dn 20 mg tablet MO	1	
isosorbide dn 30 mg tablet MO	1	
isosorbide dn 5 mg tablet MO	1	
isosorbide dn 5 mg tablet sl MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
isosorbide dn er 40 mg tablet MO	1	
isosorbide mn 10 mg tablet MO	1	
isosorbide mn 20 mg tablet MO	1	
isosorbide mn er 120 mg tab MO	1	
isosorbide mn er 30 mg tablet MO	1	
isosorbide mn er 60 mg tablet MO	1	
isradipine 2.5 mg capsule MO	1	
isradipine 5 mg capsule MO	1	
JUXTAPID 10 MG CAPSULE SP	4	PA,QL (28 per 28 days)
JUXTAPID 20 MG CAPSULE SP	4	PA,QL (84 per 28 days)
JUXTAPID 5 MG CAPSULE SP	4	PA,QL (28 per 28 days)
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (120 per 30 days)
KAPVAY DOSE PACK 0.1 MG-0.2 MG TABLET,EXTENDED RELEASE DOSE PACK MO	3	ST,QL (60 per 30 days)
KERLONE 10 MG TABLET MO	1	
KERLONE 20 MG TABLET MO	3	
KYNAMRO 200 MG/ML SUB-Q SYRINGE SP	4	PA,QL (4 per 28 days)
labetalol hcl 100 mg tablet MO	1	
labetalol hcl 20 mg/4 ml crpj MO	1	
labetalol hcl 200 mg tablet MO	1	
labetalol hcl 300 mg tablet MO	1	
labetalol hcl 5 mg/ml vial MO	1	
LANOXIN 125 MCG TABLET MO	3	QL (30 per 30 days)
LANOXIN 250 MCG TABLET MO	3	PA
LANOXIN 250 MCG/ML INJECTION MO	3	PA
LANOXIN PEDIATRIC 100 MCG/ML INJECTION MO	3	PA
LESCOL 20 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LESCOL 40 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
LETAIRIS 10 MG TABLET SP	4	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET SP	4	PA,QL (30 per 30 days)
LEVATOL 20 MG TABLET MO	3	
lidocaine 0.4% in d5w soln MO	1	
lidocaine 0.8% in d5w soln MO	1	
lidocaine hcl 1% syringe MO	1	
lidocaine hcl 2% luer-jet 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
LIPITOR 10 MG TABLET MO	2	PA,QL (30 per 30 days)
LIPITOR 20 MG TABLET MO	2	PA,QL (30 per 30 days)
LIPITOR 40 MG TABLET MO	2	PA,QL (30 per 30 days)
LIPITOR 80 MG TABLET MO	2	PA,QL (30 per 30 days)
LIPOFEN 150 MG CAPSULE MO	3	QL (30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	3	QL (60 per 30 days)
LIPTRUZET 10 MG-10 MG TABLET MO	3	QL (30 per 30 days)
LIPTRUZET 10 MG-20 MG TABLET MO	3	QL (30 per 30 days)
LIPTRUZET 10 MG-40 MG TABLET MO	3	QL (30 per 30 days)
LIPTRUZET 10 MG-80 MG TABLET MO	3	QL (30 per 30 days)
lisinopril 10 mg tablet MO	1	
lisinopril 2.5 mg tablet MO	1	
lisinopril 20 mg tablet MO	1	
lisinopril 30 mg tablet MO	1	
lisinopril 40 mg tablet MO	1	
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	
LIVALO 1 MG TABLET MO	3	ST,QL (30 per 30 days)
LIVALO 2 MG TABLET MO	3	ST,QL (30 per 30 days)
LIVALO 4 MG TABLET MO	3	ST,QL (30 per 30 days)
lofibra 134 mg capsule MO	1	QL (30 per 30 days)
LOFIBRA 160 MG TABLET MO	1	QL (30 per 30 days)
lofibra 200 mg capsule MO	1	QL (30 per 30 days)
LOFIBRA 54 MG TABLET MO	1	QL (60 per 30 days)
lofibra 67 mg capsule MO	1	QL (60 per 30 days)
LOPID 600 MG TABLET MO	3	PA,QL (60 per 30 days)
LOPRESSOR 100 MG TABLET MO	3	
LOPRESSOR 5 MG/5 ML IV MO	3	
LOPRESSOR 50 MG TABLET MO	3	
LOPRESSOR HCT 100-25 TABLET MO	3	
LOPRESSOR HCT 50 MG-25 MG TABLET MO	3	
losartan potassium 100 mg tab MO	1	QL (60 per 30 days)
losartan potassium 25 mg tab MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
losartan potassium 50 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 100-25 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 50-12.5 mg tab MO	1	QL (60 per 30 days)
LOTENSIN 10 MG TABLET MO	3	
LOTENSIN 20 MG TABLET MO	3	
LOTENSIN 40 MG TABLET MO	3	
LOTENSIN HCT 10-12.5 TABLET MO	3	
LOTENSIN HCT 20-12.5 TABLET MO	3	
LOTENSIN HCT 20-25 TABLET MO	3	
LOTREL 10 MG-20 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LOTREL 10 MG-40 MG CAPSULE MO	3	PA,QL (30 per 30 days)
LOTREL 2.5 MG-10 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LOTREL 5 MG-10 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LOTREL 5 MG-20 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LOTREL 5 MG-40 MG CAPSULE MO	3	PA,QL (30 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	1	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE MO	2	QL (120 per 30 days)
matzim la 180 mg tablet,extended release MO	1	QL (60 per 30 days)
matzim la 240 mg tablet,extended release MO	1	QL (60 per 30 days)
matzim la 300 mg tablet,extended release MO	1	QL (30 per 30 days)
matzim la 360 mg tablet,extended release MO	1	QL (30 per 30 days)
matzim la 420 mg tablet,extended release MO	1	QL (30 per 30 days)
MAVIK 1 MG TABLET MO	3	
MAVIK 2 MG TABLET MO	3	
MAVIK 4 MG TABLET MO	3	
methyldopa 250 mg tablet MO	1	PA
methyldopa 500 mg tablet MO	1	PA
methyldopa-hctz 250-15 mg tab MO	1	PA
methyldopa-hctz 250-25 mg tab MO	1	PA
methyldopate 250 mg/5 ml vial MO	1	PA
metoprolol 1 mg/ml carpuject MO	1	
metoprolol succ er 100 mg tab MO	1	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
metoprolol succ er 200 mg tab MO	1	QL (60 per 30 days)
metoprolol succ er 25 mg tab MO	1	QL (60 per 30 days)
metoprolol succ er 50 mg tab MO	1	QL (60 per 30 days)
metoprolol tart 5 mg/5 ml vial MO	1	
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	1	
metoprolol-hctz 100-50 mg tab MO	1	
metoprolol-hctz 50-25 mg tab MO	1	
MEVACOR 20 MG TABLET MO	3	PA,QL (60 per 30 days)
MEVACOR 40 MG TABLET MO	3	PA,QL (60 per 30 days)
mexiletine 150 mg capsule MO	1	
mexiletine 200 mg capsule MO	1	
mexiletine 250 mg capsule MO	1	
MICARDIS 20 MG TABLET MO	3	QL (30 per 30 days)
MICARDIS 40 MG TABLET MO	3	QL (30 per 30 days)
MICARDIS 80 MG TABLET MO	3	QL (60 per 30 days)
MICARDIS HCT 40 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
MICARDIS HCT 80 MG-12.5 MG TABLET MO	3	QL (60 per 30 days)
MICARDIS HCT 80 MG-25 MG TABLET MO	3	QL (30 per 30 days)
milrinone lact 50 mg/50 ml vl MO	1	
milrinone-d5w 20 mg/100 ml MO	1	
milrinone-d5w 40 mg/200 ml MO	1	
MINIPRESS 1 MG CAPSULE MO	3	
MINIPRESS 2 MG CAPSULE MO	3	
MINIPRESS 5 MG CAPSULE MO	3	
minoxidil 10 mg tablet MO	1	
minoxidil 2.5 mg tablet MO	1	
moexipril hcl 15 mg tablet MO	1	
moexipril hcl 7.5 mg tablet MO	1	
moexipril-hctz 15-12.5 mg tab MO	1	
moexipril-hctz 15-25 mg tablet MO	1	
moexipril-hctz 7.5-12.5 mg tab MO	1	
MONOKET 10 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONOKET 20 MG TABLET MO	3	
MULTAQ 400 MG TABLET MO	2	QL (60 per 30 days)
nadolol 20 mg tablet MO	1	
nadolol 40 mg tablet MO	1	
nadolol 80 mg tablet MO	1	
nadolol-bendroflu 40-5 mg tab MO	1	
nadolol-bendroflu 80-5 mg tab MO	1	
NATRECOR 1.5 MG IV SOLUTION MO	3	
NEXTERONE 150 MG/100 ML (1.5 MG/ML) IV MO	3	
NEXTERONE 360 MG/200 ML (1.8 MG/ML) IV MO	3	
niacor 500 mg tablet MO	1	
NIASPAN EXTENDED-RELEASE 1,000 MG TABLET,EXTENDED RELEASE MO	2	
NIASPAN EXTENDED-RELEASE 500 MG TABLET,EXTENDED RELEASE MO	2	
NIASPAN EXTENDED-RELEASE 750 MG TABLET,EXTENDED RELEASE MO	2	
nicardipine 20 mg capsule MO	1	
nicardipine 25 mg/10 ml ampule MO	1	
nicardipine 30 mg capsule MO	1	
nifediac cc 30 mg tablet MO	1	QL (60 per 30 days)
nifediac cc 60 mg tablet MO	1	QL (60 per 30 days)
nifediac cc 90 mg tablet MO	1	QL (60 per 30 days)
nifedical xl 30 mg tablet,extended release MO	1	QL (60 per 30 days)
nifedical xl 60 mg tablet,extended release MO	1	QL (60 per 30 days)
nifedipine 10 mg capsule MO	1	PA
nifedipine 20 mg capsule MO	1	PA
nifedipine er 30 mg tablet MO	1	QL (60 per 30 days)
nifedipine er 60 mg tablet MO	1	QL (60 per 30 days)
nifedipine er 90 mg tablet MO	1	QL (60 per 30 days)
nimodipine 30 mg capsule MO	1	
nisoldipine er 17 mg tablet MO	1	QL (30 per 30 days)
nisoldipine er 20 mg tablet MO	1	QL (30 per 30 days)
nisoldipine er 25.5 mg tablet MO	1	QL (60 per 30 days)
nisoldipine er 30 mg tablet MO	1	QL (60 per 30 days)
nisoldipine er 34 mg tablet MO	1	QL (30 per 30 days)
nisoldipine er 40 mg tablet MO	1	QL (30 per 30 days)
nisoldipine er 8.5 mg tablet MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NITRO-BID 2 % TRANSDERMAL OINTMENT MO	1	
NITRO-DUR 0.1 MG/HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
NITRO-DUR 0.2 MG/HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR TRANSDERM 24 HR PATCH MO	3	
NITRO-DUR 0.4 MG/HR TRANSDERM 24 HR PATCH MO	3	QL (60 per 30 days)
NITRO-DUR 0.6 MG/HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
NITRO-DUR 0.8 MG/HR TRANSDERM 24 HR PATCH MO	3	
nitroglycerin 0.1 mg/hr patch MO	1	QL (30 per 30 days)
nitroglycerin 0.2 mg/hr patch MO	1	QL (30 per 30 days)
nitroglycerin 0.4 mg/hr patch MO	1	QL (60 per 30 days)
nitroglycerin 0.6 mg/hr patch MO	1	QL (30 per 30 days)
nitroglycerin 400 mcg spray MO	1	
nitroglycerin 5 mg/ml vial MO	1	
nitroglycerin lingual 0.4 mg MO	2	
NITROLINGUAL 0.4 MG/DOSE SPRAY MO	3	
NITROMIST 0.4 MG/DOSE SPRAY, AEROSOL MO	3	
NITROPRESS 25 MG/ML IV MO	1	
NITROSTAT 0.3 MG SUBLINGUAL TABLET MO	2	
NITROSTAT 0.4 MG SUBLINGUAL TABLET MO	2	
NITROSTAT 0.6 MG SUBLINGUAL TABLET MO	2	
NORPACE 100 MG CAPSULE MO	3	PA
NORPACE 150 MG CAPSULE MO	3	PA
NORPACE CR 100 MG CAPSULE,EXTENDED RELEASE MO	3	PA
NORPACE CR 150 MG CAPSULE,EXTENDED RELEASE MO	3	PA
NORVASC 10 MG TABLET MO	3	PA
NORVASC 2.5 MG TABLET MO	3	PA
NORVASC 5 MG TABLET MO	3	PA
ntg 0.2 mg/ml in d5w MO	1	
ntg 100 mg/250 ml in d5w MO	1	
ntg 200 mg/500 ml in d5w MO	1	
ntg 25 mg/250 ml in d5w MO	1	
ntg 50 mg/500 ml in d5w MO	1	
NYMALIZE 60 MG/20 ML ORAL SOLN MO	4	QL (2838 per 28 days)
PACERONE 100 MG TABLET MO	1	
pacerone 200 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PACERONE 400 MG TABLET MO	1	
papaverine 150 mg capsule sa MO	1	
papaverine 300 mg/10 ml vial MO	1	
perindopril erbumine 2 mg tab MO	1	
perindopril erbumine 4 mg tab MO	1	
perindopril erbumine 8 mg tab MO	1	
PERSANTINE 25 MG TABLET MO	3	PA
PERSANTINE 50 MG TABLET MO	3	PA
PERSANTINE 75 MG TABLET MO	3	PA
pindolol 10 mg tablet MO	1	
pindolol 5 mg tablet MO	1	
PRAVACHOL 10 MG TABLET MO	3	PA,QL (30 per 30 days)
PRAVACHOL 20 MG TABLET MO	3	PA,QL (30 per 30 days)
PRAVACHOL 40 MG TABLET MO	3	PA,QL (60 per 30 days)
PRAVACHOL 80 MG TABLET MO	3	PA,QL (30 per 30 days)
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	1	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 powder MO	1	
prevalite 4 gram powder for susp in a packet MO	1	
PRINIVIL 10 MG TABLET MO	3	
PRINIVIL 20 MG TABLET MO	3	
PRINIVIL 5 MG TABLET MO	3	
PRINZIDE 10-12.5 MG TABLET MO	3	
PRINZIDE 20-12.5 MG TABLET MO	3	
procainamide 100 mg/ml vial MO	1	
procainamide 500 mg/ml vial MO	1	
PROCARDIA 10 MG CAPSULE MO	3	PA
PROCARDIA XL 30 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
PROCARDIA XL 60 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
PROCARDIA XL 90 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROGLYCEM 50 MG/ML ORAL SUSP MO	3	
propafenone hcl 150 mg tablet MO	1	
propafenone hcl 225 mg tab MO	1	
propafenone hcl 300 mg tab MO	1	
propafenone hcl er 225 mg cap MO	1	
propafenone hcl sr 325 mg cap MO	1	
propafenone hcl sr 425 mg cap MO	1	
propranolol 1 mg/ml vial MO	1	
propranolol 10 mg tablet MO	1	
propranolol 20 mg tablet MO	1	
propranolol 20 mg/5 ml soln MO	1	
propranolol 40 mg tablet MO	1	
propranolol 40 mg/5 ml soln MO	1	
propranolol 60 mg tablet MO	1	
propranolol 80 mg tablet MO	1	
propranolol er 120 mg capsule MO	1	
propranolol er 160 mg capsule MO	1	
propranolol er 60 mg capsule MO	1	
propranolol er 80 mg capsule MO	1	
propranolol-hctz 40-25 mg tab MO	1	
propranolol-hctz 80-25 mg tab MO	1	
QUESTRAN 4 GRAM POWDER FOR SUSP IN A PACKET MO	1	
QUESTRAN LIGHT 4 GRAM POWDER FOR SUSP IN A PACKET MO	1	
quinapril 10 mg tablet MO	1	
quinapril 20 mg tablet MO	1	
quinapril 40 mg tablet MO	1	
quinapril 5 mg tablet MO	1	
quinapril-hctz 10-12.5 mg tab MO	1	
quinapril-hctz 20-12.5 mg tab MO	1	
quinapril-hctz 20-25 mg tab MO	1	
quinidine gluc 80 mg/ml vial MO	1	
quinidine gluc er 324 mg tab MO	1	
quinidine sulf er 300 mg tab MO	1	
quinidine sulfate 200 mg tab MO	1	
quinidine sulfate 300 mg tab MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ramipril 1.25 mg capsule MO	1	
ramipril 10 mg capsule MO	1	
ramipril 2.5 mg capsule MO	1	
ramipril 5 mg capsule MO	1	
RANEXA 1,000 MG TABLET,EXTENDED RELEASE MO	2	ST,QL (120 per 30 days)
RANEXA 500 MG TABLET,EXTENDED RELEASE MO	2	ST,QL (120 per 30 days)
REMODULIN 1 MG/ML INJECTION MO	4	PA
REMODULIN 10 MG/ML INJECTION MO	4	PA
REMODULIN 2.5 MG/ML INJECTION MO	4	PA
REMODULIN 5 MG/ML INJECTION MO	4	PA
reserpine 0.1 mg tablet MO	1	
reserpine 0.25 mg tablet MO	1	PA
REVATIO 20 MG TABLET SP	4	PA,QL (90 per 30 days)
RYTHMOL 150 MG TABLET MO	3	PA
RYTHMOL 225 MG TABLET MO	3	PA
RYTHMOL SR 225 MG CAPSULE,EXTENDED RELEASE MO	3	PA
RYTHMOL SR 325 MG CAPSULE,EXTENDED RELEASE MO	3	PA
RYTHMOL SR 425 MG CAPSULE,EXTENDED RELEASE MO	3	PA
SECTRAL 200 MG CAPSULE MO	3	PA
SECTRAL 400 MG CAPSULE MO	3	PA
sildenafil 20 mg tablet SP	1	PA,QL (90 per 30 days)
SIMCOR 1,000 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SIMCOR 1,000 MG-40 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
SIMCOR 500 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SIMCOR 500 MG-40 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
SIMCOR 750 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
simvastatin 10 mg tablet MO	1	QL (30 per 30 days)
simvastatin 20 mg tablet MO	1	QL (30 per 30 days)
simvastatin 40 mg tablet MO	1	QL (30 per 30 days)
simvastatin 5 mg tablet MO	1	QL (30 per 30 days)
simvastatin 80 mg tablet MO	1	QL (30 per 30 days)
sorine 120 mg tablet MO	1	
sorine 160 mg tablet MO	1	
sorine 240 mg tablet MO	1	
sorine 80 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sotalol 120 mg tablet MO	1	
sotalol 160 mg tablet MO	1	
sotalol 240 mg tablet MO	1	
sotalol 80 mg tablet MO	1	
sotalol af 120 mg tablet MO	1	
sotalol af 160 mg tablet MO	1	
sotalol af 80 mg tablet MO	1	
sotalol hcl 150 mg/10 ml vial MO	1	
spironolactone 100 mg tablet MO	1	
spironolactone 25 mg tablet MO	1	
spironolactone 50 mg tablet MO	1	
spironolactone-hctz 25-25 tab MO	1	
SULAR 17 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SULAR 34 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SULAR 8.5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SULAR ER 25.5 MG TABLET MO	3	PA,QL (60 per 30 days)
TARKA 1 MG-240 MG TABLET,EXTENDED RELEASE MO	3	
TARKA 2 MG-180 MG TABLET,EXTENDED RELEASE MO	3	
TARKA 2 MG-240 MG TABLET,EXTENDED RELEASE MO	3	
TARKA 4 MG-240 MG TABLET,EXTENDED RELEASE MO	3	
taztia xt 120 mg capsule,extended release MO	1	QL (60 per 30 days)
taztia xt 180 mg capsule,extended release MO	1	QL (60 per 30 days)
taztia xt 240 mg capsule,extended release MO	1	QL (60 per 30 days)
taztia xt 300 mg capsule,extended release MO	1	QL (30 per 30 days)
taztia xt 360 mg capsule,extended release MO	1	QL (30 per 30 days)
TEKAMLO 150 MG-10 MG TABLET MO	2	QL (30 per 30 days)
TEKAMLO 150 MG-5 MG TABLET MO	2	QL (30 per 30 days)
TEKAMLO 300 MG-10 MG TABLET MO	2	QL (30 per 30 days)
TEKAMLO 300 MG-5 MG TABLET MO	2	QL (30 per 30 days)
TEKTURNA 150 MG TABLET MO	2	QL (30 per 30 days)
TEKTURNA 300 MG TABLET MO	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-25 MG TABLET MO	2	QL (30 per 30 days)
TEKTURNA HCT 300 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
TEKTURNA HCT 300 MG-25 MG TABLET MO	2	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TENEX 1 MG TABLET MO	3	PA
TENEX 2 MG TABLET MO	3	PA
TENORETIC 100 100 MG-25 MG TABLET MO	3	
TENORETIC 50 50 MG-25 MG TABLET MO	3	PA
TENORMIN 100 MG TABLET MO	3	
TENORMIN 25 MG TABLET MO	3	
TENORMIN 50 MG TABLET MO	3	
terazosin 1 mg capsule MO	1	
terazosin 10 mg capsule MO	1	
terazosin 2 mg capsule MO	1	
terazosin 5 mg capsule MO	1	
TEVETEN 400 MG TABLET MO	3	QL (60 per 30 days)
TEVETEN 600 MG TABLET MO	3	QL (60 per 30 days)
TEVETEN HCT 600 MG-12.5 MG TABLET MO	3	QL (60 per 30 days)
TEVETEN HCT 600 MG-25 MG TABLET MO	3	QL (60 per 30 days)
TIAZAC 120 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TIAZAC 180 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TIAZAC 240 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TIAZAC 300 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
TIAZAC 360 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
TIAZAC 420 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
TIKOSYN 125 MCG CAPSULE SP	3	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE SP	3	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE SP	3	QL (60 per 30 days)
timolol maleate 10 mg tablet MO	1	
timolol maleate 20 mg tablet MO	1	
timolol maleate 5 mg tablet MO	1	
TOPROL XL 100 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TOPROL XL 200 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TOPROL XL 25 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TOPROL XL 50 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TRACLEER 125 MG TABLET SP	4	PA,QL (60 per 30 days)
TRACLEER 62.5 MG TABLET SP	4	PA,QL (60 per 30 days)
TRANDATE 100 MG TABLET MO	3	
TRANDATE 200 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRANDATE 300 MG TABLET MO	3	
trandolapr-verapam er 1-240 mg MO	1	
trandolapr-verapam er 2-180 mg MO	1	
trandolapr-verapam er 2-240 mg MO	1	
trandolapr-verapam er 4-240 mg MO	1	
trandolapril 1 mg tablet MO	1	
trandolapril 2 mg tablet MO	1	
trandolapril 4 mg tablet MO	1	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
TRIBENZOR 40 MG-10 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
TRIBENZOR 40 MG-10 MG-25 MG TABLET MO	2	QL (30 per 30 days)
TRIBENZOR 40 MG-5 MG-12.5 MG TABLET MO	2	QL (30 per 30 days)
TRIBENZOR 40 MG-5 MG-25 MG TABLET MO	2	QL (30 per 30 days)
TRICOR 145 MG TABLET MO	2	PA,QL (30 per 30 days)
TRICOR 48 MG TABLET MO	2	PA,QL (60 per 30 days)
TRIGLIDE 160 MG TABLET MO	3	QL (30 per 30 days)
TRIGLIDE 50 MG TABLET MO	3	QL (60 per 30 days)
TRILIPIX 135 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
TRILIPIX 45 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
TWYNSTA 40 MG-10 MG TABLET MO	3	QL (30 per 30 days)
TWYNSTA 40 MG-5 MG TABLET MO	3	QL (30 per 30 days)
TWYNSTA 80 MG-10 MG TABLET MO	3	QL (30 per 30 days)
TWYNSTA 80 MG-5 MG TABLET MO	3	QL (30 per 30 days)
UNIRETIC 15 MG-12.5 MG TABLET MO	3	
UNIRETIC 15 MG-25 MG TABLET MO	3	PA
UNIRETIC 7.5 MG-12.5 MG TABLET MO	3	
UNIVASC 15 MG TABLET MO	3	
UNIVASC 7.5 MG TABLET MO	3	
valsartan-hctz 160-12.5 mg tab MO	1	QL (30 per 30 days)
valsartan-hctz 160-25 mg tab MO	1	QL (30 per 30 days)
valsartan-hctz 320-12.5 mg tab MO	1	QL (30 per 30 days)
valsartan-hctz 320-25 mg tab MO	1	QL (30 per 30 days)
valsartan-hctz 80-12.5 mg tab MO	1	QL (30 per 30 days)
VALTURNA 150-160 MG TABLET MO	2	QL (30 per 30 days)
VALTURNA 300-320 MG TABLET MO	2	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VASCEPA 1 GRAM CAPSULE MO	3	PA,QL (120 per 30 days)
VASERETIC 10 MG-25 MG TABLET MO	3	
VASOTEC 10 MG TABLET MO	3	PA
VASOTEC 2.5 MG TABLET MO	3	
VASOTEC 20 MG TABLET MO	3	PA
VASOTEC 5 MG TABLET MO	3	PA
VELETRI 0.5 MG IV SOLUTION SP	4	PA
VELETRI 1.5 MG IV SOLUTION MO	4	PA
VENTAVIS 10 MCG/ML NEB SOLUTION SP	4	PA,QL (270 per 30 days)
VENTAVIS 20 MCG/ML NEB SOLUTION SP	4	PA,QL (270 per 30 days)
verapamil 120 mg tablet MO	1	
verapamil 2.5 mg/ml syringe MO	1	
verapamil 2.5 mg/ml vial MO	1	
verapamil 360 mg cap pellet MO	1	QL (60 per 30 days)
verapamil 40 mg tablet MO	1	
verapamil 80 mg tablet MO	1	
verapamil er 120 mg capsule MO	1	QL (60 per 30 days)
verapamil er 120 mg tablet MO	1	
verapamil er 180 mg capsule MO	1	QL (60 per 30 days)
verapamil er 180 mg tablet MO	1	
verapamil er 240 mg capsule MO	1	QL (60 per 30 days)
verapamil er 240 mg tablet MO	1	
verapamil er pm 100 mg capsule MO	1	QL (30 per 30 days)
verapamil er pm 200 mg capsule MO	1	QL (60 per 30 days)
verapamil er pm 300 mg capsule MO	1	QL (30 per 30 days)
VERELAN 120 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
VERELAN 180 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
VERELAN 240 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
VERELAN 360 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
VERELAN PM 100 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
VERELAN PM 300 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
VYTORIN 10-10 10 MG-10 MG TABLET MO	3	QL (30 per 30 days)
VYTORIN 10-20 10 MG-20 MG TABLET MO	3	QL (30 per 30 days)
VYTORIN 10-40 10 MG-40 MG TABLET MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYTORIN 10-80 10 MG-80 MG TABLET MO	3	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACK MO	2	
WELCHOL 625 MG TABLET MO	2	
XYLOCAINE (CARDIAC) (PF) 20 MG/ML (2 %) IV MO	3	
ZEBETA 10 MG TABLET MO	3	
ZEBETA 5 MG TABLET MO	3	
ZESTORETIC 10 MG-12.5 MG TABLET MO	3	
ZESTORETIC 20 MG-12.5 MG TABLET MO	3	
ZESTORETIC 20 MG-25 MG TABLET MO	3	
ZESTRIL 10 MG TABLET MO	3	
ZESTRIL 2.5 MG TABLET MO	3	
ZESTRIL 20 MG TABLET MO	3	
ZESTRIL 30 MG TABLET MO	3	
ZESTRIL 40 MG TABLET MO	3	
ZESTRIL 5 MG TABLET MO	3	
ZETIA 10 MG TABLET MO	2	QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TABLET MO	3	PA
ZIAC 2.5 MG-6.25 MG TABLET MO	3	PA
ZIAC 5 MG-6.25 MG TABLET MO	3	PA
ZOCOR 10 MG TABLET MO	3	PA,QL (30 per 30 days)
ZOCOR 20 MG TABLET MO	3	PA,QL (30 per 30 days)
ZOCOR 40 MG TABLET MO	3	PA,QL (30 per 30 days)
ZOCOR 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ZOCOR 80 MG TABLET MO	3	PA,QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY 1 MG/ML ORAL SOLN MO	3	QL (750 per 30 days)
ABILIFY 10 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 15 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 2 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 20 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 30 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 5 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 9.75 MG/1.3 ML IM MO	3	QL (120 per 30 days)
ABILIFY DISCMELT 10 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
ABILIFY DISCMELT 15 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABILIFY MAINTENA 300 MG IM SUSPENSION,EXTENDED RELEASE MO	4	PA,QL (1 per 28 days)
ABILIFY MAINTENA 400 MG IM SUSPENSION,EXTENDED RELEASE MO	4	PA,QL (1 per 28 days)
ABSTRAL 100 MCG SUBLINGUAL TABLET MO	3	PA,QL (128 per 30 days)
ABSTRAL 200 MCG SUBLINGUAL TABLET MO	4	PA,QL (128 per 30 days)
ABSTRAL 300 MCG SUBLINGUAL TABLET MO	4	PA,QL (128 per 30 days)
ABSTRAL 400 MCG SUBLINGUAL TABLET MO	4	PA,QL (128 per 30 days)
ABSTRAL 600 MCG SUBLINGUAL TABLET MO	4	PA,QL (128 per 30 days)
ABSTRAL 800 MCG SUBLINGUAL TABLET MO	4	PA,QL (128 per 30 days)
acetaminoph-caff-dihydrocodein MO	1	QL (180 per 30 days)
acetaminophen-cod #2 tablet MO	1	QL (390 per 30 days)
acetaminophen-cod #3 tablet MO	1	QL (390 per 30 days)
acetaminophen-cod #4 tablet MO	1	QL (390 per 30 days)
acetaminophen-codeine solution MO	1	QL (5010 per 30 days)
acetaminophen-codeine solution MO	1	QL (5010 per 30 days)
acetaminophen-codeine solution MO	1	QL (5010 per 30 days)
acetaminophen-codeine solution MO	1	QL (5010 per 30 days)
acetaminophen-codeine solution MO	1	QL (5010 per 30 days)
acetaminophn-butalbital 325-50 MO	1	PA,QL (180 per 30 days)
ACTIQ 1,200 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)
ACTIQ 1,600 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)
ACTIQ 200 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)
ACTIQ 400 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)
ACTIQ 600 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)
ACTIQ 800 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)
adderall 10 mg tablet MO	1	PA,QL (90 per 30 days)
ADDERALL 12.5 MG TABLET MO	1	PA,QL (90 per 30 days)
ADDERALL 15 MG TABLET MO	1	PA,QL (90 per 30 days)
adderall 20 mg tablet MO	1	PA,QL (90 per 30 days)
adderall 30 mg tablet MO	1	PA,QL (60 per 30 days)
adderall 5 mg tablet MO	1	PA,QL (90 per 30 days)
ADDERALL 7.5 MG TABLET MO	1	PA,QL (90 per 30 days)
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
alagesic lq 50 mg-325 mg-40 mg/15 ml oral soln MO	1	QL (450 per 30 days)
ALFENTA 500 MCG/ML INJECTION MO	3	QL (450 per 30 days)
alfentanil 500 mcg/ml amp MO	1	QL (450 per 30 days)
ali-flex tablet MO	1	
alprazolam 0.25 mg tablet MO	1	QL (120 per 30 days)
alprazolam 0.5 mg tablet MO	1	QL (120 per 30 days)
alprazolam 1 mg odt MO	1	
alprazolam 1 mg tablet MO	1	QL (240 per 30 days)
alprazolam 2 mg tablet MO	1	QL (150 per 30 days)
alprazolam er 0.5 mg tablet MO	1	
alprazolam er 1 mg tablet MO	1	
alprazolam er 2 mg tablet MO	1	
alprazolam er 3 mg tablet MO	1	
alprazolam intensol 1 mg/ml oral concentrate MO	1	
alprazolam odt 0.25 mg tab MO	1	
alprazolam odt 0.5 mg tab MO	1	
alprazolam odt 2 mg tab MO	1	
ALSUMA 6 MG/0.5 ML SUB-Q PEN INJECTOR MO	3	QL (6 per 30 days)
amantadine 100 mg capsule MO	1	
amantadine 100 mg tablet MO	1	
amantadine 50 mg/5 ml syrup MO	1	
AMBIEN 10 MG TABLET MO	3	QL (90 per 365 days)
AMBIEN 5 MG TABLET MO	3	QL (90 per 365 days)
AMBIEN CR 12.5 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 365 days)
AMBIEN CR 6.25 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 365 days)
AMERGE 1 MG TABLET MO	3	PA,QL (9 per 30 days)
AMERGE 2.5 MG TABLET MO	3	PA,QL (9 per 30 days)
amitriptyline hcl 10 mg tab MO	1	PA
amitriptyline hcl 100 mg tab MO	1	PA
amitriptyline hcl 150 mg tab MO	1	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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxapine 100 mg tablet MO	1	
amoxapine 150 mg tablet MO	1	
amoxapine 25 mg tablet MO	1	
amoxapine 50 mg tablet MO	1	
amphetamine salt combo 10 mg tablet MO	1	QL (90 per 30 days)
amphetamine salt combo 12.5 mg tablet MO	1	QL (90 per 30 days)
amphetamine salt combo 15 mg tablet MO	1	QL (90 per 30 days)
amphetamine salt combo 20 mg tablet MO	1	QL (90 per 30 days)
amphetamine salt combo 30 mg tablet MO	1	QL (60 per 30 days)
amphetamine salt combo 5 mg tablet MO	1	QL (90 per 30 days)
amphetamine salt combo 7.5 mg tablet MO	1	QL (90 per 30 days)
AMYTAL 500 MG SOLUTION FOR INJECTION MO	3	PA
anabar 20 mg-300 mg-200 mg tablet MO	1	
ANAFRANIL 25 MG CAPSULE MO	3	PA
ANAFRANIL 50 MG CAPSULE MO	3	PA
ANAFRANIL 75 MG CAPSULE MO	3	PA
ANAPROX 275 MG TABLET MO	3	
ANAPROX DS 550 MG TABLET MO	3	
ANSAID 100 MG TABLET MO	3	
APLENZIN 174 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
APLENZIN 348 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
APLENZIN 522 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
APOKYN 10 MG/ML SUBQ CARTRIDGE MO	4	QL (60 per 30 days)
ARTHROTEC 50 50 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ascomp w/codeine 30 mg-50 mg-325 mg-40 mg capsule MO	1	PA,QL (360 per 30 days)
aspirin-caff-dihydrocodein cap MO	1	QL (330 per 30 days)
astramorph-pf 0.5 mg/ml injection MO	1	QL (7200 per 30 days)
astramorph-pf 1 mg/ml injection MO	1	QL (3600 per 30 days)
ATIVAN 0.5 MG TABLET MO	3	PA,QL (90 per 30 days)
ATIVAN 1 MG TABLET MO	3	PA,QL (90 per 30 days)
ATIVAN 2 MG TABLET MO	3	PA,QL (150 per 30 days)
ATIVAN 2 MG/ML INJECTION MO	3	PA
ATIVAN 4 MG/ML INJECTION MO	3	PA
AVINZA 120 MG CAPSULE, EXTENDED RELEASE MO	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVINZA 30 MG CAPSULE, EXTENDED RELEASE MO	2	QL (30 per 30 days)
AVINZA 45 MG CAPSULE, EXTENDED RELEASE MO	2	QL (30 per 30 days)
AVINZA 60 MG CAPSULE, EXTENDED RELEASE MO	2	QL (60 per 30 days)
AVINZA 75 MG CAPSULE, EXTENDED RELEASE MO	2	QL (60 per 30 days)
AVINZA 90 MG CAPSULE, EXTENDED RELEASE MO	2	QL (60 per 30 days)
AXERT 12.5 MG TABLET MO	3	QL (9 per 30 days)
AXERT 6.25 MG TABLET MO	3	QL (9 per 30 days)
AZILECT 0.5 MG TABLET MO	2	
AZILECT 1 MG TABLET MO	2	
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)
belladonna-opium 16.2 mg-30 mg rectal suppository MO	1	QL (120 per 30 days)
belladonna-opium 16.2-60 supp MO	1	QL (120 per 30 days)
benztropine 2 mg/2 ml ampule MO	1	
benztropine mes 0.5 mg tab MO	1	PA
benztropine mes 1 mg tablet MO	1	PA
benztropine mes 2 mg tablet MO	1	PA
BRISDELLE 7.5 MG CAPSULE MO	3	ST,QL (30 per 30 days)
bromocriptine 2.5 mg tablet MO	1	
bromocriptine 5 mg capsule MO	1	
budeprion sr 100 mg tablet,extended release MO	1	QL (120 per 30 days)
budeprion sr 150 mg tablet,extended release MO	1	QL (90 per 30 days)
budeprion xl 150 mg tablet MO	1	QL (90 per 30 days)
budeprion xl 300 mg tablet MO	1	QL (90 per 30 days)
BUPAP 50 MG-300 MG TABLET MO	1	PA,QL (180 per 30 days)
bupap tablet MO	1	PA,QL (180 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION MO	4	PA,QL (240 per 30 days)
buprenorphin-naloxon 8-2 mg tb MO	1	PA,QL (90 per 30 days)
buprenorphine 0.3 mg/ml syrn MO	1	PA,QL (240 per 30 days)
buprenorphine 0.3 mg/ml vial MO	1	PA,QL (240 per 30 days)
buprenorphine 2 mg tablet sl MO	1	PA,QL (90 per 30 days)
buprenorphine 8 mg tablet sl MO	1	PA,QL (90 per 30 days)
buprenorphn-naloxn 2-0.5 mg tb MO	1	PA,QL (90 per 30 days)
buproban 150 mg tablet,extended release MO	1	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupropion hcl 100 mg tablet MO	1	QL (180 per 30 days)
bupropion hcl 75 mg tablet MO	1	
bupropion hcl sr 100 mg tablet MO	1	QL (120 per 30 days)
bupropion hcl sr 200 mg tab MO	1	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet MO	1	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet MO	1	QL (90 per 30 days)
bupropion sr 150 mg tablet MO	1	QL (90 per 30 days)
buspirone hcl 10 mg tablet MO	1	
buspirone hcl 15 mg tablet MO	1	
buspirone hcl 30 mg tablet MO	1	
buspirone hcl 5 mg tablet MO	1	
buspirone hcl 7.5 mg tablet MO	1	
butalb-acetamin-caff 50-325-40 MO	1	PA,QL (180 per 30 days)
butalb-acetamin-caff 50-500-40 MO	1	PA,QL (180 per 30 days)
butalb-caff-acetaminoph-codein MO	1	PA,QL (360 per 30 days)
butalbit-acetaminophen-caff cp MO	1	PA,QL (180 per 30 days)
butalbital compound 50 mg-325 mg-40 mg tablet MO	1	PA,QL (180 per 30 days)
butalbital compound w/codeine 30 mg-50 mg-325 mg-40 mg capsule MO	1	PA,QL (360 per 30 days)
butalbital-asa-caffeine cap MO	1	PA,QL (180 per 30 days)
butalbital-asa-caffeine tablet MO	1	PA,QL (180 per 30 days)
BUTISOL 30 MG TABLET MO	3	PA
BUTISOL 30 MG/5 ML ELIXIR MO	3	PA
BUTISOL 50 MG TABLET MO	3	PA
butorphanol 1 mg/ml vial MO	1	QL (960 per 30 days)
butorphanol 10 mg/ml spray MO	1	QL (5 per 28 days)
butorphanol 2 mg/ml vial MO	1	QL (480 per 30 days)
BUTRANS 10 MCG/HOUR TRANSDERM PATCH MO	3	ST,QL (4 per 28 days)
BUTRANS 20 MCG/HOUR TRANSDERM PATCH MO	3	ST,QL (4 per 28 days)
BUTRANS 5 MCG/HOUR TRANSDERM PATCH MO	3	ST,QL (4 per 28 days)
cabergoline 0.5 mg tablet MO	1	QL (16 per 28 days)
CAFCIT 60 MG/3 ML (20 MG/ML) IV MO	3	
CAFCIT 60 MG/3 ML (20 MG/ML) ORAL SOLN MO	3	
caff-sod benzoate 500 mg vl MO	1	
caffeine cit 60 mg/3 ml oral MO	1	
caffeine cit 60 mg/3 ml vial MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CAMBIA 50 MG ORAL POWDER PACKET MO	3	ST,QL (9 per 30 days)
CAMPRAL 333 MG TABLET,DELAYED RELEASE MO	3	
capacet 50 mg-325 mg-40 mg capsule MO	1	PA,QL (180 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSP MO	1	QL (5010 per 30 days)
carbamazepine 100 mg tab chew MO	1	
carbamazepine 100 mg/5 ml susp MO	1	
carbamazepine 200 mg tablet MO	1	
carbamazepine er 100 mg cap MO	1	
carbamazepine er 200 mg cap MO	1	
carbamazepine er 300 mg cap MO	1	
carbamazepine xr 200 mg tablet MO	1	
carbamazepine xr 400 mg tablet MO	1	
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE MO	3	
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE MO	3	
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE MO	3	
carbidopa-levo 10-100 mg odt MO	1	
carbidopa-levo 25-100 mg odt MO	1	
carbidopa-levo 25-250 mg odt MO	1	
carbidopa-levo er 25-100 tab MO	1	
carbidopa-levo er 50-200 tab MO	1	
carbidopa-levodopa 10-100 tab MO	1	
carbidopa-levodopa 25-100 tab MO	1	
carbidopa-levodopa 25-250 tab MO	1	
carbidopa-levodopa-enta 100 mg MO	1	
carbidopa-levodopa-enta 125 mg MO	1	
carbidopa-levodopa-enta 150 mg MO	1	
carbidopa-levodopa-enta 200 mg MO	1	
carbidopa-levodopa-enta 50 mg MO	1	
carbidopa-levodopa-enta 75 mg MO	1	
CATAFLAM 50 MG TABLET MO	3	
CELEBREX 100 MG CAPSULE MO	2	QL (60 per 30 days)
CELEBREX 200 MG CAPSULE MO	2	QL (60 per 30 days)
CELEBREX 400 MG CAPSULE MO	2	QL (60 per 30 days)
CELEBREX 50 MG CAPSULE MO	2	QL (60 per 30 days)
CELEXA 10 MG TABLET MO	3	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
CELEXA 20 MG TABLET MO	3	QL (60 per 30 days)
CELEXA 40 MG TABLET MO	3	QL (30 per 30 days)
CELONTIN 300 MG CAPSULE MO	3	
cephadyn tablet MO	1	PA,QL (180 per 30 days)
chloral hydrate 500 mg/5 ml MO	1	PA
chlordiazepo-amitriptyl 5-12.5 MO	1	PA
chlordiazepox-amitriptyl 10-25 MO	1	PA
chlordiazepoxide 10 mg capsule MO	1	QL (120 per 30 days)
chlordiazepoxide 25 mg capsule MO	1	QL (120 per 30 days)
chlordiazepoxide 5 mg capsule MO	1	QL (120 per 30 days)
chlorpromazine 10 mg tablet MO	1	B vs D
chlorpromazine 100 mg tablet MO	1	
chlorpromazine 200 mg tablet MO	1	
chlorpromazine 25 mg tablet MO	1	B vs D
chlorpromazine 25 mg/ml amp MO	1	
chlorpromazine 50 mg tablet MO	1	
choline mag trisal 500 mg tb MO	1	
choline mag trisal 750 mg tb MO	1	
choline mag trisal liquid MO	1	
citalopram hbr 10 mg tablet MO	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln MO	1	
citalopram hbr 20 mg tablet MO	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet MO	1	QL (30 per 30 days)
CLINORIL 200 MG TABLET MO	3	
clomipramine 25 mg capsule MO	1	PA
clomipramine 50 mg capsule MO	1	PA
clomipramine 75 mg capsule MO	1	PA
clonazepam 0.125 mg dis tab MO	1	
clonazepam 0.25 mg odt MO	1	
clonazepam 0.5 mg dis tablet MO	1	
clonazepam 0.5 mg tablet MO	1	
clonazepam 1 mg dis tablet MO	1	
clonazepam 1 mg tablet MO	1	
clonazepam 2 mg odt MO	1	
clonazepam 2 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clonidine 1000 mcg/10 ml vial MO	1	
clorazepate 15 mg tablet MO	1	
clorazepate 3.75 mg tablet MO	1	
clorazepate 7.5 mg tablet MO	1	
clozapine 100 mg tablet MO	1	
clozapine 200 mg tablet MO	1	
clozapine 25 mg tablet MO	1	
clozapine 50 mg tablet MO	1	
clozapine odt 100 mg tablet MO	1	ST
clozapine odt 12.5 mg tablet MO	1	ST
clozapine odt 25 mg tablet MO	1	ST
CLOZARIL 100 MG TABLET MO	3	PA
CLOZARIL 25 MG TABLET MO	3	PA
co-gesic 5 mg-500 mg tablet MO	1	QL (240 per 30 days)
COCET PLUS TABLET MO	1	QL (180 per 30 days)
cocet tablet MO	1	QL (180 per 30 days)
codeine sulfate 15 mg tablet MO	1	QL (360 per 30 days)
codeine sulfate 30 mg tablet MO	1	QL (360 per 30 days)
codeine sulfate 60 mg tablet MO	1	QL (180 per 30 days)
COGENTIN 2 MG/2 ML INJECTION MO	3	
COMTAN 200 MG TABLET MO	2	QL (300 per 30 days)
CONCERTA 18 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CONCERTA 27 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CONCERTA 36 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CONCERTA 54 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CONZIP 100 MG CAPSULE,EXTENDED RELEASE (25-75) MO	3	ST,QL (30 per 30 days)
CONZIP 200 MG CAPSULE,EXTENDED RELEASE (25-75) MO	3	ST,QL (30 per 30 days)
CONZIP 300 MG CAPSULE, EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
CYCLOSET 0.8 MG TABLET MO	3	ST,QL (180 per 30 days)
CYMBALTA 20 MG CAPSULE,DELAYED RELEASE MO	2	QL (60 per 30 days)
CYMBALTA 30 MG CAPSULE,DELAYED RELEASE MO	2	QL (60 per 30 days)
CYMBALTA 60 MG CAPSULE,DELAYED RELEASE MO	2	QL (60 per 30 days)
d-amphetamine er 10 mg capsule MO	1	QL (180 per 30 days)
d-amphetamine er 15 mg capsule MO	1	QL (120 per 30 days)
d-amphetamine er 5 mg capsule MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DAYPRO 600 MG TABLET MO	3	
DAYTRANA 10 MG/9 HR DAILY PATCH MO	3	QL (30 per 30 days)
DAYTRANA 15 MG/9 HR DAILY PATCH MO	3	QL (30 per 30 days)
DAYTRANA 20 MG/9 HR DAILY PATCH MO	3	QL (30 per 30 days)
DAYTRANA 30 MG/9 HR DAILY PATCH MO	3	QL (30 per 30 days)
DEMEROL (PF) 100 MG/2 ML INJECTION MO	3	PA,QL (360 per 30 days)
DEMEROL (PF) 100 MG/ML INJECTION MO	3	PA,QL (360 per 30 days)
DEMEROL (PF) 100 MG/ML SYRINGE MO	3	PA,QL (360 per 30 days)
DEMEROL (PF) 25 MG/0.5 ML INJECTION MO	3	PA,QL (720 per 30 days)
DEMEROL (PF) 25 MG/ML SYRINGE MO	3	PA,QL (1440 per 30 days)
DEMEROL (PF) 50 MG/ML INJECTION MO	3	PA,QL (720 per 30 days)
DEMEROL (PF) 50 MG/ML SYRINGE MO	3	PA,QL (720 per 30 days)
DEMEROL (PF) 75 MG/1.5 ML INJECTION MO	3	PA,QL (720 per 30 days)
DEMEROL (PF) 75 MG/ML SYRINGE MO	3	PA,QL (480 per 30 days)
DEMEROL 100 MG TABLET MO	3	PA,QL (360 per 30 days)
DEMEROL 100 MG/ML INJECTION MO	3	PA,QL (360 per 30 days)
DEMEROL 50 MG TABLET MO	3	PA,QL (480 per 30 days)
DEMEROL 50 MG/ML INJECTION MO	3	PA,QL (720 per 30 days)
DEPACON 500 MG/5 ML (100 MG/ML) IV MO	3	
depade 50 mg tablet MO	1	
DEPAKENE 250 MG CAPSULE MO	3	
DEPAKENE 250 MG/5 ML ORAL SOLN MO	3	
DEPAKOTE 125 MG TABLET,DELAYED RELEASE MO	3	
DEPAKOTE 250 MG TABLET,DELAYED RELEASE MO	3	
DEPAKOTE 500 MG TABLET,DELAYED RELEASE MO	3	
DEPAKOTE ER 250 MG TABLET,EXTENDED RELEASE MO	3	
DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE MO	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE MO	3	
desipramine 10 mg tablet MO	1	
desipramine 100 mg tablet MO	1	
desipramine 150 mg tablet MO	1	
desipramine 25 mg tablet MO	1	
desipramine 50 mg tablet MO	1	
desipramine 75 mg tablet MO	1	
DESOXYN 5 MG TABLET MO	3	PA,QL (150 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desvenlafaxine er 100 mg tab MO	3	QL (30 per 30 days)
desvenlafaxine er 50 mg tab MO	3	QL (30 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
DEXEDRINE SPANSULE 5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
dexmethylphenidate 10 mg tab MO	1	QL (60 per 30 days)
dexmethylphenidate 2.5 mg tab MO	1	QL (60 per 30 days)
dexmethylphenidate 5 mg tab MO	1	QL (60 per 30 days)
dextroamp-amphet er 10 mg cap MO	1	QL (30 per 30 days)
dextroamp-amphet er 15 mg cap MO	1	QL (30 per 30 days)
dextroamp-amphet er 20 mg cap MO	1	QL (60 per 30 days)
dextroamp-amphet er 25 mg cap MO	1	QL (60 per 30 days)
dextroamp-amphet er 30 mg cap MO	1	QL (60 per 30 days)
dextroamp-amphet er 5 mg cap MO	1	QL (30 per 30 days)
dextroamphetamine 10 mg tab MO	1	QL (180 per 30 days)
dextroamphetamine 5 mg tab MO	1	QL (150 per 30 days)
dextroamphetamine 5 mg/5 ml MO	1	QL (1800 per 30 days)
DIASTAT 2.5 MG RECTAL KIT MO	3	
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT MO	3	
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT MO	3	
diazepam 10 mg rectal gel MO	1	
diazepam 10 mg tablet MO	1	QL (120 per 30 days)
diazepam 2 mg tablet MO	1	QL (90 per 30 days)
diazepam 2.5 mg rectal gel MO	1	
diazepam 20 mg rectal gel MO	1	
diazepam 5 mg tablet MO	1	QL (90 per 30 days)
diazepam 5 mg/5 ml solution MO	1	QL (1200 per 30 days)
diazepam 5 mg/5 ml solution MO	1	QL (1200 per 30 days)
diazepam 5 mg/ml syringe MO	1	
diazepam 5 mg/ml vial MO	1	
diazepam intensol 5 mg/ml oral concentrate MO	1	QL (1200 per 30 days)
diclofenac pot 50 mg tablet MO	1	
diclofenac sod ec 25 mg tab MO	1	
diclofenac sod ec 50 mg tab MO	1	
diclofenac sod ec 75 mg tab MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diclofenac sod er 100 mg tab MO	1	
diclofenac-misoprost 50-0.2 tb MO	1	ST
diclofenac-misoprost 75-0.2 tb MO	1	ST
diflunisal 500 mg tablet MO	1	
DILANTIN 30 MG CAPSULE MO	3	
DILANTIN EXTENDED 100 MG CAPSULE MO	3	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	3	
DILANTIN-125 125 MG/5 ML ORAL SUSP MO	3	
DILAUDID (PF) 1 MG/ML INJECTION MO	3	PA,QL (720 per 30 days)
DILAUDID (PF) 2 MG/ML INJECTION MO	3	PA,QL (360 per 30 days)
DILAUDID (PF) 4 MG/ML INJECTION MO	3	PA,QL (180 per 30 days)
DILAUDID 1 MG/ML ORAL LIQUID MO	3	PA,QL (2400 per 30 days)
DILAUDID 2 MG TABLET MO	3	PA,QL (360 per 30 days)
DILAUDID 4 MG TABLET MO	3	PA,QL (360 per 30 days)
DILAUDID 8 MG TABLET MO	3	PA,QL (240 per 30 days)
DILAUDID-HP (PF) 10 MG/ML INJECTION MO	3	PA,QL (144 per 30 days)
DILAUDID-HP (PF) 250 MG SOLUTION FOR INJECTION MO	3	PA,QL (60 per 30 days)
divalproex sod dr 125 mg tab MO	1	
divalproex sod dr 250 mg tab MO	1	
divalproex sod dr 500 mg tab MO	1	
divalproex sod er 250 mg tab MO	1	
divalproex sod er 500 mg tab MO	1	
divalproex sodium 125 mg cap MO	1	
DOLGIC PLUS 50 MG-750 MG-40 MG TABLET MO	1	PA,QL (150 per 30 days)
DOLOPHINE 10 MG TABLET MO	1	QL (240 per 30 days)
DOLOPHINE 5 MG TABLET MO	1	QL (480 per 30 days)
DOPRAM 20 MG/ML IV MO	3	
DORAL 15 MG TABLET MO	3	
doxapram hcl 20 mg/ml vial MO	1	
doxepin 10 mg capsule MO	1	PA
doxepin 10 mg/ml oral conc MO	1	PA
doxepin 100 mg capsule MO	1	PA
doxepin 150 mg capsule MO	1	PA
doxepin 25 mg capsule MO	1	PA
doxepin 50 mg capsule MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxepin 75 mg capsule MO	1	PA
droperidol 2.5 mg/ml vial MO	1	
DUEXIS 800 MG-26.6 MG TABLET MO	3	ST,QL (90 per 30 days)
DURABAC CAPSULE MO	3	
DURACLON (PF) 1,000 MCG/10 ML (100 MCG/ML) EPIDURAL MO	3	
DURAGESIC 100 MCG/HR TRANSDERM PATCH MO	3	PA,QL (20 per 30 days)
DURAGESIC 12 MCG/HR TRANSDERM PATCH MO	3	PA,QL (20 per 30 days)
DURAGESIC 25 MCG/HR TRANSDERM PATCH MO	3	PA,QL (20 per 30 days)
DURAGESIC 50 MCG/HR TRANSDERM PATCH MO	3	PA,QL (20 per 30 days)
DURAGESIC 75 MCG/HR TRANSDERM PATCH MO	3	PA,QL (20 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION MO	3	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION MO	3	QL (3600 per 30 days)
duraxin 20 mg-300 mg-200 mg capsule MO	1	
EC-NAPROSYN 375 MG TABLET,DELAYED RELEASE MO	3	
EC-NAPROSYN 500 MG TABLET,DELAYED RELEASE MO	3	
ed-flex capsule MO	1	
EDLUAR 10 MG SUBLINGUAL TABLET MO	3	QL (90 per 365 days)
EDLUAR 5 MG SUBLINGUAL TABLET MO	3	QL (90 per 365 days)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
ELDEPRYL 5 MG CAPSULE MO	3	PA
EMSAM 12 MG/24 HR TRANSDERM 24 HR PATCH MO	4	QL (30 per 30 days)
EMSAM 6 MG/24 HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
EMSAM 9 MG/24 HR TRANSDERM 24 HR PATCH MO	4	QL (30 per 30 days)
endocet 10 mg-325 mg tablet MO	1	QL (360 per 30 days)
endocet 10 mg-650 mg tablet MO	1	QL (180 per 30 days)
endocet 5 mg-325 mg tablet MO	1	QL (360 per 30 days)
endocet 7.5 mg-325 mg tablet MO	1	QL (360 per 30 days)
endocet 7.5 mg-500 mg tablet MO	1	QL (240 per 30 days)
endodan 4.8355 mg-325 mg tablet MO	3	QL (360 per 30 days)
entacapone 200 mg tablet MO	1	QL (300 per 30 days)
epitol 200 mg tablet MO	1	
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE MO	3	
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE MO	3	
escitalopram 10 mg tablet MO	1	QL (45 per 30 days)
escitalopram 20 mg tablet MO	1	QL (30 per 30 days)
escitalopram 5 mg tablet MO	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml MO	1	QL (600 per 30 days)
ESGIC 50 MG-325 MG-40 MG CAPSULE MO	1	PA,QL (180 per 30 days)
ESGIC 50 MG-325 MG-40 MG TABLET MO	1	PA,QL (180 per 30 days)
ESGIC-PLUS 50 MG-500 MG-40 MG CAPSULE MO	1	PA,QL (180 per 30 days)
ESGIC-PLUS 50 MG-500 MG-40 MG TABLET MO	1	PA,QL (180 per 30 days)
estazolam 1 mg tablet MO	1	
estazolam 2 mg tablet MO	1	
ethosuximide 250 mg capsule MO	1	
ethosuximide 250 mg/5 ml soln MO	1	
etodolac 200 mg capsule MO	1	
etodolac 300 mg capsule MO	1	
etodolac 400 mg tablet MO	1	
etodolac 500 mg tablet MO	1	
etodolac er 400 mg tablet MO	1	
etodolac er 500 mg tablet MO	1	
etodolac er 600 mg tablet MO	1	
EXALGO ER 12 MG TABLET,EXTENDED RELEASE MO	3	QL (180 per 30 days)
EXALGO ER 16 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
EXALGO ER 32 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
EXALGO ER 8 MG TABLET,EXTENDED RELEASE MO	3	QL (240 per 30 days)
FANAPT 1 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 10 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 12 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	3	PA,QL (60 per 30 days)
FANAPT 2 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 4 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 6 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 8 MG TABLET MO	3	PA,QL (60 per 30 days)
FAZACLO 100 MG DISINTEGRATING TABLET MO	3	ST
FAZACLO 12.5 MG DISINTEGRATING TABLET MO	3	ST
FAZACLO 150 MG DISINTEGRATING TABLET MO	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FAZACLO 200 MG DISINTEGRATING TABLET MO	3	ST
FAZACLO 25 MG DISINTEGRATING TABLET MO	3	ST
felbamate 400 mg tablet MO	1	
felbamate 600 mg tablet MO	1	
felbamate 600 mg/5 ml susp MO	1	
FELBATOL 400 MG TABLET MO	4	
FELBATOL 600 MG TABLET MO	4	
FELBATOL 600 MG/5 ML ORAL SUSP MO	4	
FELDENE 10 MG CAPSULE MO	3	
FELDENE 20 MG CAPSULE MO	3	
fenoprofen 600 mg tablet MO	1	
fentanyl 0.05 mg/ml ampul MO	1	QL (720 per 30 days)
fentanyl 0.05 mg/ml syringe MO	1	QL (240 per 30 days)
fentanyl 100 mcg/hr patch MO	1	QL (20 per 30 days)
fentanyl 12 mcg/hr patch MO	1	QL (20 per 30 days)
fentanyl 25 mcg/hr patch MO	1	QL (20 per 30 days)
fentanyl 50 mcg/hr patch MO	1	QL (20 per 30 days)
fentanyl 75 mcg/hr patch MO	1	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg MO	1	PA,QL (120 per 30 days)
fentanyl cit otfc 1,600 mcg MO	1	PA,QL (120 per 30 days)
fentanyl citrate otfc 200 mcg MO	1	PA,QL (120 per 30 days)
fentanyl citrate otfc 400 mcg MO	1	PA,QL (120 per 30 days)
fentanyl citrate otfc 600 mcg MO	1	PA,QL (120 per 30 days)
fentanyl citrate otfc 800 mcg MO	1	PA,QL (120 per 30 days)
FENTORA 100 MCG BUCCAL TABLET, EFFERVESCENT MO	4	PA,QL (120 per 30 days)
FENTORA 200 MCG BUCCAL TABLET, EFFERVESCENT MO	4	PA,QL (120 per 30 days)
FENTORA 400 MCG BUCCAL TABLET, EFFERVESCENT MO	4	PA,QL (120 per 30 days)
FENTORA 600 MCG BUCCAL TABLET, EFFERVESCENT MO	4	PA,QL (120 per 30 days)
FENTORA 800 MCG BUCCAL TABLET, EFFERVESCENT MO	4	PA,QL (120 per 30 days)
fioricet 50 mg-300 mg-40 mg capsule MO	1	PA,QL (180 per 30 days)
fioricet 50 mg-325 mg-40 mg tablet MO	1	PA,QL (180 per 30 days)
FIORICET WITH CODEINE 50 MG-300 MG-40 MG-30 MG CAPSULE MO	3	PA,QL (360 per 30 days)
FIORICET-COD 30-50-325-40 CAP MO	3	PA,QL (360 per 30 days)
FIORINAL 50 MG-325 MG-40 MG CAPSULE MO	3	PA,QL (180 per 30 days)
FIORINAL-CODEINE #3 30 MG-50 MG-325 MG-40 MG CAPSULE MO	3	PA,QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FLECTOR 1.3 % TRANSDERM 12 HR PATCH MO	3	QL (60 per 30 days)
FLEXTRA PLUS CAPSULE MO	3	
FLEXTRA-650 TABLET MO	3	
flumazenil 0.1 mg/ml vial MO	1	
fluoxetine 20 mg/5 ml solution MO	1	
fluoxetine dr 90 mg capsule MO	1	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	1	
fluoxetine hcl 40 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 60 mg tablet MO	1	QL (30 per 30 days)
fluphenazine 1 mg tablet MO	1	
fluphenazine 10 mg tablet MO	1	
fluphenazine 2.5 mg tablet MO	1	
fluphenazine 2.5 mg/5 ml elix MO	1	
fluphenazine 2.5 mg/ml vial MO	1	
fluphenazine 5 mg tablet MO	1	
fluphenazine 5 mg/ml conc MO	1	
fluphenazine dec 25 mg/ml vl MO	1	
flurazepam 15 mg capsule MO	1	QL (60 per 30 days)
flurazepam 30 mg capsule MO	1	QL (30 per 30 days)
flurbiprofen 100 mg tablet MO	1	
flurbiprofen 50 mg tablet MO	1	
fluvoxamine er 100 mg capsule MO	1	QL (60 per 30 days)
fluvoxamine er 150 mg capsule MO	1	QL (60 per 30 days)
fluvoxamine maleate 100 mg tab MO	1	QL (90 per 30 days)
fluvoxamine maleate 25 mg tab MO	1	QL (90 per 30 days)
fluvoxamine maleate 50 mg tab MO	1	QL (90 per 30 days)
FOCALIN 10 MG TABLET MO	3	PA,QL (60 per 30 days)
FOCALIN 2.5 MG TABLET MO	3	PA,QL (60 per 30 days)
FOCALIN 5 MG TABLET MO	3	PA,QL (60 per 30 days)
FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
FORFIVO XL 450 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
fosphenytoin 100 mg pe/2 ml vl MO	1	
fosphenytoin 500 mg pe/10 ml MO	1	
FROVA 2.5 MG TABLET MO	3	QL (12 per 30 days)
gabapentin 100 mg capsule MO	1	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln MO	1	
gabapentin 250 mg/5 ml soln MO	1	
gabapentin 300 mg capsule MO	1	QL (270 per 30 days)
gabapentin 300 mg/6 ml soln MO	1	
gabapentin 400 mg capsule MO	1	QL (270 per 30 days)
gabapentin 600 mg tablet MO	1	QL (180 per 30 days)
gabapentin 800 mg tablet MO	1	QL (180 per 30 days)
GABITRIL 12 MG TABLET MO	3	
GABITRIL 16 MG TABLET MO	3	
GABITRIL 2 MG TABLET MO	3	
GABITRIL 4 MG TABLET MO	3	
GEODON 20 MG CAPSULE MO	3	PA,QL (60 per 30 days)
GEODON 20 MG IM MO	3	
GEODON 40 MG CAPSULE MO	3	PA,QL (60 per 30 days)
GEODON 60 MG CAPSULE MO	3	PA,QL (60 per 30 days)
GEODON 80 MG CAPSULE MO	3	PA,QL (60 per 30 days)
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE MO	3	ST,QL (78 per 30 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (90 per 30 days)
HALCION 0.25 MG TABLET MO	3	PA
HALDOL 5 MG/ML INJECTION MO	3	
HALDOL DECANOATE 100 MG/ML IM MO	3	PA
HALDOL DECANOATE 50 MG/ML IM MO	3	
haloperidol 0.5 mg tablet MO	1	
haloperidol 1 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
haloperidol 10 mg tablet MO	1	
haloperidol 2 mg tablet MO	1	
haloperidol 20 mg tablet MO	1	
haloperidol 5 mg tablet MO	1	
haloperidol dec 100 mg/ml vial MO	1	
haloperidol dec 50 mg/ml vial MO	1	
haloperidol lac 2 mg/ml conc MO	1	
haloperidol lac 5 mg/ml vial MO	1	
HORIZANT ER 600 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
HYCET 7.5 MG-325 MG/15 ML ORAL SOLN MO	1	QL (5520 per 30 days)
hydrocodon-acetamin 7.5-325/15 MO	1	QL (5520 per 30 days)
hydrocodon-acetaminoph 2.5-325 MO	1	QL (360 per 30 days)
hydrocodon-acetaminoph 2.5-500 MO	1	QL (240 per 30 days)
hydrocodon-acetaminoph 7.5-300 MO	1	QL (390 per 30 days)
hydrocodon-acetaminoph 7.5-325 MO	1	QL (360 per 30 days)
hydrocodon-acetaminoph 7.5-500 MO	1	QL (240 per 30 days)
hydrocodon-acetaminoph 7.5-650 MO	1	QL (180 per 30 days)
hydrocodon-acetaminoph 7.5-750 MO	1	QL (150 per 30 days)
hydrocodon-acetaminophen 5-300 MO	1	QL (390 per 30 days)
hydrocodon-acetaminophen 5-325 MO	1	QL (360 per 30 days)
hydrocodon-acetaminophen 5-500 MO	1	QL (240 per 30 days)
hydrocodon-acetaminophn 10-300 MO	1	QL (390 per 30 days)
hydrocodon-acetaminophn 10-325 MO	1	QL (360 per 30 days)
hydrocodon-acetaminophn 10-500 MO	1	QL (240 per 30 days)
hydrocodon-acetaminophn 10-650 MO	1	QL (180 per 30 days)
hydrocodon-acetaminophn 10-660 MO	1	QL (180 per 30 days)
hydrocodon-acetaminophn 10-750 MO	1	QL (150 per 30 days)
hydrocodone-ibuprofen 10-200 MO	1	QL (150 per 30 days)
hydrocodone-ibuprofen 2.5-200 MO	1	QL (150 per 30 days)
hydrocodone-ibuprofen 5-200 mg MO	1	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 MO	1	QL (150 per 30 days)
hydromorphone 0.5 mg/0.5 ml MO	1	QL (720 per 30 days)
hydromorphone 1 mg/ml solution MO	1	QL (2400 per 30 days)
hydromorphone 1 mg/ml syringe MO	1	QL (720 per 30 days)
hydromorphone 2 mg tablet MO	1	QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 2 mg/ml syringe MO	1	QL (360 per 30 days)
hydromorphone 2 mg/ml vial MO	1	QL (360 per 30 days)
hydromorphone 3 mg suppos MO	1	QL (120 per 30 days)
hydromorphone 4 mg tablet MO	1	QL (360 per 30 days)
hydromorphone 4 mg/ml syrin MO	1	QL (180 per 30 days)
hydromorphone 50 mg/5 ml vial MO	1	QL (144 per 30 days)
hydromorphone 8 mg tablet MO	1	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp MO	1	QL (720 per 30 days)
hydromorphone hcl 2 mg/ml vl MO	1	QL (360 per 30 days)
hydromorphone hcl 4 mg/ml amp MO	1	QL (180 per 30 days)
hydroxyzine 10 mg/5 ml syrup MO	1	PA
hydroxyzine 25 mg/ml vial MO	1	PA
hydroxyzine 50 mg/ml vial MO	1	PA
hydroxyzine hcl 10 mg tablet MO	1	PA
hydroxyzine hcl 25 mg tablet MO	1	PA
hydroxyzine hcl 50 mg tablet MO	1	PA
hydroxyzine pam 100 mg cap MO	1	PA
hydroxyzine pam 25 mg cap MO	1	PA
hydroxyzine pam 50 mg cap MO	1	PA
IBUDONE 10 MG-200 MG TABLET MO	1	QL (150 per 30 days)
ibudone 5 mg-200 mg tablet MO	1	QL (150 per 30 days)
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	1	PA
imipramine hcl 25 mg tablet MO	1	PA
imipramine hcl 50 mg tablet MO	1	PA
imipramine pamoate 100 mg cap MO	1	PA
imipramine pamoate 125 mg cap MO	1	PA
imipramine pamoate 150 mg cap MO	1	PA
imipramine pamoate 75 mg cap MO	1	PA
IMITREX 100 MG TABLET MO	3	PA,QL (9 per 30 days)
IMITREX 20 MG/ACTUATION NASAL SPRAY MO	3	PA,QL (12 per 30 days)
IMITREX 25 MG TABLET MO	3	PA,QL (9 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMITREX 5 MG/ACTUATION NASAL SPRAY MO	3	PA,QL (12 per 30 days)
IMITREX 50 MG TABLET MO	3	PA,QL (9 per 30 days)
IMITREX 6 MG/0.5 ML SUB-Q MO	3	PA,QL (6 per 30 days)
IMITREX STATDOSE KIT REFILL 4 MG/0.5 ML SUBQ CARTRIDGE MO	3	PA,QL (6 per 30 days)
IMITREX STATDOSE KIT REFILL 6 MG/0.5 ML SUBQ CARTRIDGE MO	3	PA,QL (6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML SUB-Q PEN INJECTOR MO	3	QL (6 per 30 days)
IMITREX STATDOSE PEN 6 MG/0.5 ML SUB-Q PEN INJECTOR MO	3	PA,QL (6 per 30 days)
INDOCIN 1 MG IV SOLUTION MO	3	
INDOCIN 25 MG/5 ML ORAL SUSP MO	3	
INDOCIN 50 MG RECTAL SUPPOSITORY MO	1	
indomethacin 1 mg vial MO	1	
indomethacin 25 mg capsule MO	1	
indomethacin 50 mg capsule MO	1	
indomethacin er 75 mg capsule MO	1	
INFUMORPH P/F 10 MG/ML INJECTION MO	3	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION MO	3	QL (150 per 30 days)
INTERMEZZO 1.75 MG SUBLINGUAL TABLET MO	3	QL (90 per 365 days)
INTERMEZZO 3.5 MG SUBLINGUAL TABLET MO	3	QL (90 per 365 days)
INTUNIV ER 1 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
INTUNIV ER 2 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
INTUNIV ER 3 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
INTUNIV ER 4 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
INVEGA 1.5 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
INVEGA 3 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
INVEGA 9 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML IM SYRINGE MO	4	QL (2 per 30 days)
INVEGA SUSTENNA 156 MG/ML IM SYRINGE MO	4	QL (2 per 30 days)
INVEGA SUSTENNA 234 MG/1.5 ML IM SYRINGE MO	4	QL (2 per 30 days)
INVEGA SUSTENNA 39 MG/0.25 ML IM SYRINGE MO	3	QL (2 per 30 days)
INVEGA SUSTENNA 78 MG/0.5 ML IM SYRINGE MO	3	QL (2 per 30 days)
KADIAN 10 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KADIAN 100 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KADIAN 130 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KADIAN 150 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KADIAN 20 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KADIAN 200 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KADIAN 30 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KADIAN 40 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KADIAN 50 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KADIAN 60 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KADIAN 70 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KADIAN 80 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KEPPRA 1,000 MG TABLET MO	3	
KEPPRA 100 MG/ML ORAL SOLN MO	3	
KEPPRA 250 MG TABLET MO	3	
KEPPRA 500 MG TABLET MO	3	
KEPPRA 500 MG/5 ML IV MO	3	
KEPPRA 750 MG TABLET MO	3	
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE MO	3	PA
KEPPRA XR 750 MG TABLET,EXTENDED RELEASE MO	3	PA
ketoprofen 50 mg capsule MO	1	
ketoprofen 75 mg capsule MO	1	
ketoprofen er 200 mg capsule MO	1	
ketorolac 10 mg tablet MO	1	PA,QL (20 per 30 days)
ketorolac 15 mg/ml carpuject MO	1	PA
ketorolac 15 mg/ml vial MO	1	PA
ketorolac 30 mg/ml carpuject MO	1	PA
ketorolac 30 mg/ml vial MO	1	PA
ketorolac 300 mg/10 ml vial MO	1	PA
ketorolac 60 mg/2 ml vial MO	1	PA
KLONOPIN 0.5 MG TABLET MO	3	PA
KLONOPIN 1 MG TABLET MO	3	PA
KLONOPIN 2 MG TABLET MO	3	PA
LAMICTAL 100 MG TABLET MO	3	
LAMICTAL 150 MG TABLET MO	3	
LAMICTAL 200 MG TABLET MO	3	
LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET MO	3	
LAMICTAL 25 MG TABLET MO	3	
LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL ODT 100 MG DISINTEGRATING TABLET MO	3	
LAMICTAL ODT 200 MG DISINTEGRATING TABLET MO	3	
LAMICTAL ODT 25 MG DISINTEGRATING TABLET MO	3	
LAMICTAL ODT 50 MG DISINTEGRATING TABLET MO	3	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING MO	3	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TAB,DISINTEGRATING MO	3	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT MO	3	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK MO	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK MO	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK MO	3	
LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE MO	3	
LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE MO	3	
LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE MO	3	
LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE MO	3	
LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE MO	3	
LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE MO	3	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE MO	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200MG(7) TAB,EXT.REL MO	3	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50MG (14)-100MG (7) TAB,EXT.REL MO	3	
lamotrigine 100 mg tablet MO	1	
lamotrigine 150 mg tablet MO	1	
lamotrigine 200 mg tablet MO	1	
lamotrigine 25 mg disper tab MO	1	
lamotrigine 25 mg tablet MO	1	
lamotrigine 25 mg tb start kit MO	1	
lamotrigine 5 mg disper tablet MO	1	
lamotrigine er 100 mg tablet MO	1	
lamotrigine er 200 mg tablet MO	1	
lamotrigine er 25 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine er 250 mg tablet MO	1	
lamotrigine er 300 mg tablet MO	1	
lamotrigine er 50 mg tablet MO	1	
LATUDA 120 MG TABLET MO	3	PA,QL (30 per 30 days)
LATUDA 20 MG TABLET MO	3	PA,QL (30 per 30 days)
LATUDA 40 MG TABLET MO	3	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET MO	3	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY NASAL SPRAY MO	4	PA,QL (30 per 30 days)
LAZANDA 400 MCG/SPRAY NASAL SPRAY MO	4	PA,QL (30 per 30 days)
LEVACET 500 MG-250 MG-150 MG-32.5 MG TABLET MO	3	
levetiraceta-nacl 1,000 mg/100 MO	1	
levetiraceta-nacl 1,500 mg/100 MO	1	
levetiracetam 1,000 mg tablet MO	1	
levetiracetam 100 mg/ml soln MO	1	
levetiracetam 250 mg tablet MO	1	
levetiracetam 500 mg tablet MO	1	
levetiracetam 500 mg/5 ml soln MO	1	
levetiracetam 500 mg/5 ml vial MO	1	
levetiracetam 750 mg tablet MO	1	
levetiracetam er 500 mg tablet MO	1	
levetiracetam er 750 mg tablet MO	1	
levetiracetam-nacl 500 mg/100 MO	1	
levorphanol 2 mg tablet MO	1	QL (240 per 30 days)
LEXAPRO 10 MG TABLET MO	3	PA,QL (45 per 30 days)
LEXAPRO 20 MG TABLET MO	3	PA,QL (30 per 30 days)
LEXAPRO 5 MG TABLET MO	3	PA,QL (30 per 30 days)
LEXAPRO 5 MG/5 ML ORAL SOLN MO	3	PA,QL (600 per 30 days)
lithium 8 meq/5 ml solution MO	1	
lithium 8 meq/5 ml solution MO	1	
lithium carbonate 150 mg cap MO	1	
lithium carbonate 300 mg cap MO	1	
lithium carbonate 300 mg tab MO	1	
lithium carbonate 600 mg cap MO	1	
lithium carbonate er 300 mg tb MO	1	
lithium er 450 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LITHOBID 300 MG TABLET,EXTENDED RELEASE MO	3	
LODOSYN 25 MG TABLET MO	3	
lorazepam 0.5 mg tablet MO	1	QL (90 per 30 days)
lorazepam 1 mg tablet MO	1	QL (90 per 30 days)
lorazepam 2 mg tablet MO	1	QL (150 per 30 days)
lorazepam 2 mg/ml carpuject MO	1	
lorazepam 2 mg/ml oral concent MO	1	QL (150 per 30 days)
lorazepam 2 mg/ml vial MO	1	
lorazepam 4 mg/ml carpuject MO	1	
lorazepam 4 mg/ml vial MO	1	
lorazepam intensol 2 mg/ml oral concentrate MO	1	QL (150 per 30 days)
LORCET 10/650 10-650 MG TABLET MO	1	PA,QL (180 per 30 days)
LORCET PLUS 7.5 MG-650 MG TABLET MO	1	PA,QL (180 per 30 days)
LORTAB 10 MG-500 MG TABLET MO	1	PA,QL (240 per 30 days)
lortab 5 mg-500 mg tablet MO	1	PA,QL (240 per 30 days)
LORTAB 7.5 MG-500 MG TABLET MO	1	PA,QL (240 per 30 days)
LORTAB ELIXIR 7.5 MG-500 MG/15 ML ORAL SOLN MO	1	PA,QL (3600 per 30 days)
loxapine 10 mg capsule MO	1	
loxapine 25 mg capsule MO	1	
loxapine 5 mg capsule MO	1	
loxapine 50 mg capsule MO	1	
LOXITANE 10 MG CAPSULE MO	1	
LOXITANE 25 MG CAPSULE MO	1	
LOXITANE 5 MG CAPSULE MO	1	
LOXITANE 50 MG CAPSULE MO	1	
luminal 130 mg/ml syringe MO	2	PA
luminal 60 mg/ml carpuject MO	2	PA
LUNESTA 1 MG TABLET MO	3	PA
LUNESTA 2 MG TABLET MO	3	PA
LUNESTA 3 MG TABLET MO	3	PA
LUVOX CR 100 MG CAPSULE,EXTENDED RELEASE MO	2	QL (60 per 30 days)
LUVOX CR 150 MG CAPSULE,EXTENDED RELEASE MO	2	QL (60 per 30 days)
LYRICA 100 MG CAPSULE MO	3	QL (90 per 30 days)
LYRICA 150 MG CAPSULE MO	3	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLN MO	3	QL (900 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LYRICA 200 MG CAPSULE MO	3	QL (90 per 30 days)
LYRICA 225 MG CAPSULE MO	3	QL (60 per 30 days)
LYRICA 25 MG CAPSULE MO	3	QL (90 per 30 days)
LYRICA 300 MG CAPSULE MO	3	QL (60 per 30 days)
LYRICA 50 MG CAPSULE MO	3	QL (90 per 30 days)
LYRICA 75 MG CAPSULE MO	3	QL (90 per 30 days)
MAGNACET 10 MG-400 MG TABLET MO	1	QL (300 per 30 days)
MAGNACET 5 MG-400 MG TABLET MO	1	QL (300 per 30 days)
MAGNACET 7.5 MG-400 MG TABLET MO	1	QL (300 per 30 days)
magnesium chl 200 mg/ml vial MO	1	
magnesium sulf 4% iv soln MO	1	
magnesium sulf 8% iv soln MO	1	
magnesium sulfate 50% syringe MO	1	
magnesium sulfate 50% vial MO	1	
magnesium-d5w 1 gm/100 ml soln MO	1	
maprotiline 25 mg tablet MO	1	
maprotiline 50 mg tablet MO	1	
maprotiline 75 mg tablet MO	1	
MARGESIC 50 MG-325 MG-40 MG CAPSULE MO	1	PA,QL (180 per 30 days)
MARPLAN 10 MG TABLET MO	3	
MARTEN-TAB 50 MG-325 MG TABLET MO	1	PA,QL (180 per 30 days)
MAXALT 10 MG TABLET MO	3	QL (12 per 30 days)
MAXALT 5 MG TABLET MO	3	QL (12 per 30 days)
MAXALT-MLT 10 MG DISINTEGRATING TABLET MO	3	QL (12 per 30 days)
MAXALT-MLT 5 MG DISINTEGRATING TABLET MO	3	QL (12 per 30 days)
MAXIDONE 10 MG-750 MG TABLET MO	1	QL (150 per 30 days)
meclofenamate 100 mg capsule MO	1	
meclofenamate 50 mg capsule MO	1	
mefenamic acid 250 mg capsule MO	1	
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	1	QL (300 per 30 days)
meperidine 10 mg/ml cartrdge MO	1	PA,QL (3600 per 30 days)
meperidine 100 mg tablet MO	1	PA,QL (360 per 30 days)
meperidine 100 mg/ml vial MO	1	PA,QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meperidine 25 mg/ml vial MO	1	PA,QL (1440 per 30 days)
meperidine 50 mg tablet MO	1	PA,QL (480 per 30 days)
meperidine 50 mg/5 ml solution MO	1	PA,QL (720 per 30 days)
meperidine 50 mg/ml vial MO	1	PA,QL (720 per 30 days)
meperitab 100 mg tablet MO	1	PA,QL (360 per 30 days)
meprobamate 200 mg tablet MO	1	PA
meprobamate 400 mg tablet MO	1	PA
METADATE CD 10 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
METADATE CD 20 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
METADATE CD 30 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
METADATE CD 40 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
METADATE CD 50 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
METADATE CD 60 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
metadate er 20 mg tablet,extended release MO	1	QL (90 per 30 days)
methadone 10 mg/5 ml solution MO	1	QL (1800 per 30 days)
methadone 10 mg/ml oral conc MO	1	QL (360 per 30 days)
methadone 5 mg/5 ml solution MO	1	QL (3600 per 30 days)
methadone hcl 10 mg tablet MO	1	QL (240 per 30 days)
methadone hcl 10 mg/ml vial MO	1	QL (360 per 30 days)
methadone hcl 5 mg tablet MO	1	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate MO	1	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE MO	1	QL (360 per 30 days)
methamphetamine 5 mg tablet MO	1	QL (150 per 30 days)
methyl salicylate liquid MO	1	
METHYLIN 10 MG CHEWABLE TABLET MO	1	QL (180 per 30 days)
METHYLIN 10 MG/5 ML ORAL SOLN MO	1	PA,QL (900 per 30 days)
METHYLIN 2.5 MG CHEWABLE TABLET MO	1	QL (150 per 30 days)
METHYLIN 5 MG CHEWABLE TABLET MO	1	QL (150 per 30 days)
METHYLIN 5 MG/5 ML ORAL SOLN MO	1	PA,QL (1800 per 30 days)
methylphenidate 10 mg tablet MO	1	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol MO	1	QL (900 per 30 days)
methylphenidate 20 mg tablet MO	1	QL (90 per 30 days)
methylphenidate 5 mg tablet MO	1	QL (90 per 30 days)
methylphenidate 5 mg/5 ml soln MO	1	QL (1800 per 30 days)
methylphenidate cd 10 mg cap MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylphenidate cd 20 mg cap MO	1	QL (60 per 30 days)
methylphenidate cd 30 mg cap MO	1	QL (60 per 30 days)
methylphenidate cd 40 mg cap MO	1	QL (30 per 30 days)
methylphenidate cd 50 mg cap MO	1	QL (30 per 30 days)
methylphenidate cd 60 mg cap MO	1	QL (30 per 30 days)
methylphenidate er 10 mg tab MO	1	QL (90 per 30 days)
methylphenidate er 18 mg tab MO	2	QL (30 per 30 days)
methylphenidate er 20 mg tab MO	1	QL (90 per 30 days)
methylphenidate er 27 mg tab MO	2	QL (30 per 30 days)
methylphenidate er 36 mg tab MO	2	QL (60 per 30 days)
methylphenidate er 54 mg tab MO	2	QL (30 per 30 days)
methylphenidate er-la 20 mg cp MO	1	QL (30 per 30 days)
methylphenidate er-la 30 mg cp MO	1	QL (60 per 30 days)
methylphenidate er-la 40 mg cp MO	1	QL (30 per 30 days)
midazolam 2 mg/2 ml syringe MO	1	
midazolam 5 mg/ml isecure syr MO	1	
midazolam hcl 1 mg/ml syringe MO	1	
midazolam hcl 1 mg/ml vial MO	1	
midazolam hcl 2 mg/ml syrup MO	1	
midazolam hcl 5 mg/ml vial MO	1	
MIRAPEX 0.125 MG TABLET MO	3	PA
MIRAPEX 0.25 MG TABLET MO	3	PA
MIRAPEX 0.5 MG TABLET MO	3	PA
MIRAPEX 0.75 MG TABLET MO	3	PA
MIRAPEX 1 MG TABLET MO	3	PA
MIRAPEX 1.5 MG TABLET MO	3	PA
MIRAPEX ER 0.375 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MIRAPEX ER 0.75 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MIRAPEX ER 1.5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MIRAPEX ER 2.25 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MIRAPEX ER 3 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MIRAPEX ER 3.75 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MIRAPEX ER 4.5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
mirtazapine 15 mg odt MO	1	QL (30 per 30 days)
mirtazapine 15 mg tablet MO	1	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
mirtazapine 30 mg odt MO	1	QL (30 per 30 days)
mirtazapine 30 mg tablet MO	1	QL (30 per 30 days)
mirtazapine 45 mg odt MO	1	QL (30 per 30 days)
mirtazapine 45 mg tablet MO	1	QL (30 per 30 days)
mirtazapine 7.5 mg tablet MO	1	
MOBAN 10 MG TABLET MO	3	
MOBAN 50 MG TABLET MO	3	
MOBIC 15 MG TABLET MO	3	PA,QL (30 per 30 days)
MOBIC 7.5 MG TABLET MO	3	PA,QL (60 per 30 days)
MOBIC 7.5 MG/5 ML ORAL SUSP MO	3	PA,QL (300 per 30 days)
modafinil 100 mg tablet MO	1	PA,QL (60 per 30 days)
modafinil 200 mg tablet MO	3	PA,QL (60 per 30 days)
morphine 0.5 mg/ml vial MO	1	QL (7200 per 30 days)
morphine 1 mg/ml syringe MO	1	QL (3600 per 30 days)
morphine 1 mg/ml vial p-f MO	1	QL (3600 per 30 days)
morphine 1 mg/ml-d5w 100 ml MO	1	QL (3600 per 30 days)
morphine 10 mg/ml carpuject MO	1	QL (360 per 30 days)
morphine 10 mg/ml syringe MO	1	QL (360 per 30 days)
morphine 10 mg/ml vial MO	1	QL (360 per 30 days)
morphine 15 mg/ml carpuject MO	1	QL (240 per 30 days)
morphine 15 mg/ml syringe MO	1	QL (240 per 30 days)
morphine 2 mg/ml carpuject MO	1	QL (1800 per 30 days)
morphine 2 mg/ml syringe MO	1	QL (1800 per 30 days)
morphine 300 mg/20 ml vial MO	1	QL (600 per 30 days)
morphine 4 mg/ml carpuject MO	1	QL (900 per 30 days)
morphine 4 mg/ml syringe MO	1	QL (900 per 30 days)
morphine 5 mg/ml vial MO	1	QL (720 per 30 days)
morphine 8 mg/ml syringe MO	1	QL (450 per 30 days)
morphine 8 mg/ml syringe MO	1	QL (450 per 30 days)
morphine 8 mg/ml vial MO	1	QL (450 per 30 days)
morphine sulf 10 mg suppos MO	1	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln MO	1	QL (2700 per 30 days)
morphine sulf 100 mg/5 ml soln MO	1	QL (600 per 30 days)
morphine sulf 20 mg suppos MO	1	QL (180 per 30 days)
morphine sulf 20 mg/5 ml soln MO	1	QL (1350 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine sulf 30 mg suppos MO	1	QL (180 per 30 days)
morphine sulf 5 mg suppos MO	1	QL (180 per 30 days)
morphine sulf er 100 mg tablet MO	1	QL (180 per 30 days)
morphine sulf er 15 mg tablet MO	1	QL (120 per 30 days)
morphine sulf er 200 mg tablet MO	1	QL (90 per 30 days)
morphine sulf er 30 mg tablet MO	1	QL (120 per 30 days)
morphine sulf er 60 mg tablet MO	1	QL (120 per 30 days)
morphine sulfate 1 mg/ml vial MO	1	QL (3600 per 30 days)
morphine sulfate 25 mg/ml vial MO	1	QL (150 per 30 days)
morphine sulfate 25 mg/ml vl MO	1	QL (150 per 30 days)
morphine sulfate 50 mg/ml vial MO	1	QL (240 per 30 days)
morphine sulfate er 100 mg cap MO	1	QL (60 per 30 days)
morphine sulfate er 20 mg cap MO	1	QL (60 per 30 days)
morphine sulfate er 30 mg cap MO	1	QL (60 per 30 days)
morphine sulfate er 50 mg cap MO	1	QL (60 per 30 days)
morphine sulfate er 60 mg cap MO	1	QL (60 per 30 days)
morphine sulfate er 80 mg cap MO	1	QL (60 per 30 days)
morphine sulfate ir 15 mg tab MO	1	QL (180 per 30 days)
morphine sulfate ir 30 mg tab MO	1	QL (180 per 30 days)
MS CONTIN 100 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (180 per 30 days)
MS CONTIN 15 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
MS CONTIN 200 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
MS CONTIN 30 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
MS CONTIN 60 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
mst 600 tablet MO	1	
MYSOLINE 250 MG TABLET MO	3	PA
MYSOLINE 50 MG TABLET MO	3	PA
nabumetone 500 mg tablet MO	1	
nabumetone 750 mg tablet MO	1	
nalbuphine 100 mg/10 ml vial MO	1	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial MO	1	QL (120 per 30 days)
NALFON 200 MG PULVULE MO	3	
NALFON 400 MG CAPSULE MO	3	
naloxone 0.4 mg/ml syringe MO	1	
naloxone 0.4 mg/ml vial MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
naloxone 2 mg/2 ml syringe MO	1	
naltrexone 50 mg tablet MO	1	
NAMENDA 10 MG TABLET MO	2	QL (60 per 30 days)
NAMENDA 10 MG/5 ML ORAL SOLN MO	2	QL (360 per 30 days)
NAMENDA 5 MG TABLET MO	2	QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK MO	2	QL (98 per 30 days)
NAMENDA XR 14 MG CAPSULE SPRINKLE,ER 24HR MO	2	QL (30 per 30 days)
NAMENDA XR 21 MG CAPSULE SPRINKLE,ER 24HR MO	2	QL (30 per 30 days)
NAMENDA XR 28 MG CAPSULE SPRINKLE,ER 24HR MO	2	QL (30 per 30 days)
NAMENDA XR 7 MG CAPSULE SPRINKLE,ER 24HR MO	2	QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO	2	QL (28 per 28 days)
NAPRELAN CR 375 MG TABLET,EXTENDED RELEASE MO	3	
NAPRELAN CR 500 MG TABLET,EXTENDED RELEASE MO	3	
NAPRELAN CR 750 MG TABLET,EXTENDED RELEASE MO	3	
NAPROSYN 125 MG/5 ML ORAL SUSP MO	3	
NAPROSYN 250 MG TABLET MO	3	
NAPROSYN 375 MG TABLET MO	3	
NAPROSYN 500 MG TABLET MO	3	PA
naproxen 125 mg/5 ml suspen MO	1	
naproxen 250 mg tablet MO	1	
naproxen 375 mg tablet MO	1	
naproxen 500 mg tablet MO	1	
naproxen dr 375 mg tablet MO	1	
naproxen dr 500 mg tablet MO	1	
naproxen sodium 275 mg tab MO	1	
naproxen sodium 550 mg tab MO	1	
naratriptan hcl 1 mg tablet MO	1	QL (9 per 30 days)
naratriptan hcl 2.5 mg tablet MO	1	QL (9 per 30 days)
NARDIL 15 MG TABLET MO	3	
NAVANE 2 MG CAPSULE MO	3	
NAVANE 20 MG CAPSULE MO	3	
nefazodone hcl 100 mg tablet MO	1	
nefazodone hcl 150 mg tablet MO	1	
nefazodone hcl 200 mg tablet MO	1	
nefazodone hcl 250 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nefazodone hcl 50 mg tablet MO	1	
NEMBUTAL SODIUM 50 MG/ML INJECTION MO	3	PA
NEUPRO 1 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEUPRO 2 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEUPRO 3 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEUPRO 4 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEUPRO 6 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEUPRO 8 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEURONTIN 100 MG CAPSULE MO	3	PA,QL (270 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLN MO	3	
NEURONTIN 300 MG CAPSULE MO	3	PA,QL (270 per 30 days)
NEURONTIN 400 MG CAPSULE MO	3	PA,QL (270 per 30 days)
NEURONTIN 600 MG TABLET MO	3	PA,QL (180 per 30 days)
NEURONTIN 800 MG TABLET MO	3	PA,QL (180 per 30 days)
NIRAVAM 0.25 MG DISINTEGRATING TABLET MO	3	PA
NIRAVAM 0.5 MG DISINTEGRATING TABLET MO	3	PA
NIRAVAM 1 MG DISINTEGRATING TABLET MO	3	PA
NIRAVAM 2 MG DISINTEGRATING TABLET MO	3	PA
NORCO 10 MG-325 MG TABLET MO	1	PA,QL (360 per 30 days)
NORCO 5 MG-325 MG TABLET MO	1	PA,QL (360 per 30 days)
NORCO 7.5 MG-325 MG TABLET MO	1	PA,QL (360 per 30 days)
NORPRAMIN 10 MG TABLET MO	3	
NORPRAMIN 100 MG TABLET MO	3	
NORPRAMIN 150 MG TABLET MO	3	
NORPRAMIN 25 MG TABLET MO	3	
NORPRAMIN 50 MG TABLET MO	3	
NORPRAMIN 75 MG TABLET MO	3	
nortriptyline 10 mg/5 ml sol MO	1	
nortriptyline hcl 10 mg cap MO	1	
nortriptyline hcl 25 mg cap MO	1	
nortriptyline hcl 50 mg cap MO	1	
nortriptyline hcl 75 mg cap MO	1	
NUCYNTA 100 MG TABLET MO	3	ST,QL (181 per 30 days)
NUCYNTA 50 MG TABLET MO	3	ST,QL (181 per 30 days)
NUCYNTA 75 MG TABLET MO	3	ST,QL (181 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUCYNTA ER 100 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
NUCYNTA ER 150 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
NUCYNTA ER 200 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
NUCYNTA ER 250 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
NUCYNTA ER 50 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE MO	2	QL (60 per 30 days)
NUVIGIL 150 MG TABLET MO	3	PA,QL (30 per 30 days)
NUVIGIL 250 MG TABLET MO	3	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET MO	3	PA,QL (60 per 30 days)
olanzapine 10 mg tablet MO	1	QL (30 per 30 days)
olanzapine 10 mg vial MO	1	QL (60 per 30 days)
olanzapine 15 mg tablet MO	1	QL (60 per 30 days)
olanzapine 2.5 mg tablet MO	1	QL (30 per 30 days)
olanzapine 20 mg tablet MO	1	QL (60 per 30 days)
olanzapine 5 mg tablet MO	1	QL (30 per 30 days)
olanzapine 7.5 mg tablet MO	1	QL (30 per 30 days)
olanzapine odt 10 mg tablet MO	1	QL (30 per 30 days)
olanzapine odt 15 mg tablet MO	1	QL (60 per 30 days)
olanzapine odt 20 mg tablet MO	1	QL (60 per 30 days)
olanzapine odt 5 mg tablet MO	1	QL (30 per 30 days)
olanzapine-fluoxetine 12-25 mg MO	1	QL (30 per 30 days)
olanzapine-fluoxetine 12-50 mg MO	1	QL (30 per 30 days)
olanzapine-fluoxetine 3-25 mg MO	1	QL (30 per 30 days)
olanzapine-fluoxetine 6-25 mg MO	1	QL (30 per 30 days)
olanzapine-fluoxetine 6-50 mg MO	1	QL (30 per 30 days)
OLEPTRO ER 150 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
OLEPTRO ER 300 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
ONFI 10 MG TABLET MO	3	PA,QL (60 per 30 days)
ONFI 20 MG TABLET MO	3	PA,QL (60 per 30 days)
ONFI 5 MG TABLET MO	3	PA,QL (60 per 30 days)
ONSOLIS 1,200 MCG BUCCAL FILM MO	3	PA,QL (120 per 30 days)
ONSOLIS 200 MCG BUCCAL FILM MO	3	PA,QL (120 per 30 days)
ONSOLIS 400 MCG BUCCAL FILM MO	3	PA,QL (120 per 30 days)
ONSOLIS 600 MCG BUCCAL FILM MO	3	PA,QL (120 per 30 days)
ONSOLIS 800 MCG BUCCAL FILM MO	3	PA,QL (120 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPANA 1 MG/ML INJECTION MO	3	QL (270 per 30 days)
OPANA 10 MG TABLET MO	3	PA,QL (360 per 30 days)
OPANA 5 MG TABLET MO	3	PA,QL (360 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 10 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 15 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPANA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
OPANA ER 7.5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE MO	2	QL (60 per 30 days)
ORAMORPH SR 100 MG TABLET MO	3	PA,QL (180 per 30 days)
ORAMORPH SR 15 MG TABLET MO	3	PA,QL (120 per 30 days)
ORAMORPH SR 30 MG TABLET MO	3	PA,QL (120 per 30 days)
ORAMORPH SR 60 MG TABLET MO	3	PA,QL (120 per 30 days)
ORAP 1 MG TABLET MO	3	
ORAP 2 MG TABLET MO	3	
ORBIVAN 50 MG-300 MG-40 MG CAPSULE MO	1	PA,QL (180 per 30 days)
ORBIVAN CF TABLET MO	1	PA,QL (180 per 30 days)
oxaprozin 600 mg tablet MO	1	
oxazepam 10 mg capsule MO	1	
oxazepam 15 mg capsule MO	1	
oxazepam 30 mg capsule MO	1	
oxcarbazepine 150 mg tablet MO	1	
oxcarbazepine 300 mg tablet MO	1	
oxcarbazepine 300 mg/5 ml susp MO	1	
oxcarbazepine 600 mg tablet MO	1	
OXECTA 5 MG TABLET,ORAL ONLY(NOT FEEDING TUBES) MO	3	PA,QL (360 per 30 days)
OXECTA 7.5 MG TABLET,ORAL ONLY(NOT FEEDING TUBES) MO	3	PA,QL (360 per 30 days)
oxycodon-acetaminophen 2.5-325 MO	1	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-325 MO	1	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-500 MO	1	QL (240 per 30 days)
oxycodone hcl 10 mg tablet MO	1	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml soln MO	1	QL (270 per 30 days)
oxycodone hcl 15 mg tablet MO	1	QL (360 per 30 days)
oxycodone hcl 20 mg tablet MO	1	QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodone hcl 30 mg tablet MO	1	QL (360 per 30 days)
oxycodone hcl 5 mg capsule MO	1	QL (360 per 30 days)
oxycodone hcl 5 mg tablet MO	1	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln MO	2	QL (5400 per 30 days)
oxycodone-acetaminophen 10-325 MO	1	QL (360 per 30 days)
oxycodone-acetaminophen 10-650 MO	1	QL (180 per 30 days)
oxycodone-acetaminophen 5-325 MO	1	QL (360 per 30 days)
oxycodone-acetaminophen 5-500 MO	1	QL (240 per 30 days)
oxycodone-asa 4.5-0.38-325 tab MO	1	QL (360 per 30 days)
oxycodone-aspirin 4.83-325 mg MO	1	QL (360 per 30 days)
oxycodone-ibuprofen 5-400 tab MO	1	QL (240 per 30 days)
OXYCONTIN 10 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 15 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 20 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 30 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 40 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 60 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 80 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
oxymorphone hcl 10 mg tablet MO	1	QL (360 per 30 days)
oxymorphone hcl 5 mg tablet MO	1	QL (360 per 30 days)
oxymorphone hcl er 10 mg tab MO	1	QL (60 per 30 days)
oxymorphone hcl er 15 mg tab MO	1	QL (60 per 30 days)
oxymorphone hcl er 20 mg tab MO	1	QL (60 per 30 days)
oxymorphone hcl er 30 mg tab MO	1	QL (60 per 30 days)
oxymorphone hcl er 40 mg tab MO	1	QL (60 per 30 days)
oxymorphone hcl er 5 mg tablet MO	1	QL (60 per 30 days)
oxymorphone hcl er 7.5 mg tab MO	1	QL (60 per 30 days)
PAMELOR 10 MG CAPSULE MO	3	PA
PAMELOR 25 MG CAPSULE MO	3	PA
PAMELOR 50 MG CAPSULE MO	3	PA
PAMELOR 75 MG CAPSULE MO	3	PA
PARCOPA 10 MG-100 MG DISINTEGRATING TABLET MO	1	
PARCOPA 25 MG-100 MG DISINTEGRATING TABLET MO	1	
PARCOPA 25 MG-250 MG DISINTEGRATING TABLET MO	1	
PARLODEL 2.5 MG TABLET MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PARLODEL 5 MG CAPSULE MO	3	PA
PARNATE 10 MG TABLET MO	3	
paroxetine cr 12.5 mg tablet MO	1	QL (60 per 30 days)
paroxetine cr 25 mg tablet MO	1	QL (90 per 30 days)
paroxetine cr 37.5 mg tablet MO	1	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	1	
paroxetine hcl 20 mg tablet MO	1	QL (30 per 30 days)
paroxetine hcl 30 mg tablet MO	1	QL (60 per 30 days)
paroxetine hcl 40 mg tablet MO	1	QL (60 per 30 days)
PAXIL 10 MG TABLET MO	3	QL (30 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSP MO	3	
PAXIL 20 MG TABLET MO	3	QL (30 per 30 days)
PAXIL 30 MG TABLET MO	3	QL (60 per 30 days)
PAXIL 40 MG TABLET MO	3	QL (60 per 30 days)
PAXIL CR 12.5 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
PAXIL CR 37.5 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
PEGANONE 250 MG TABLET MO	3	
PENNSAID 1.5 % TOPICAL DROPS MO	3	
pentazocin-acetaminophn 25-650 MO	1	PA,QL (180 per 30 days)
pentazocine-naloxone tablet MO	1	PA,QL (360 per 30 days)
PERCOCET 10 MG-325 MG TABLET MO	1	PA,QL (360 per 30 days)
PERCOCET 10 MG-650 MG TABLET MO	1	PA,QL (180 per 30 days)
PERCOCET 2.5 MG-325 MG TABLET MO	1	PA,QL (360 per 30 days)
PERCOCET 5 MG-325 MG TABLET MO	1	PA,QL (360 per 30 days)
PERCOCET 7.5 MG-325 MG TABLET MO	1	PA,QL (360 per 30 days)
PERCOCET 7.5 MG-500 MG TABLET MO	1	PA,QL (240 per 30 days)
PERCODAN 4.8355 MG-325 MG TABLET MO	3	PA,QL (360 per 30 days)
perphen-amitrip 2 mg-10 mg tab MO	1	PA
perphen-amitrip 2 mg-25 mg tab MO	1	PA
perphen-amitrip 4 mg-10 mg tab MO	1	PA
perphen-amitrip 4 mg-25 mg tab MO	1	PA
perphen-amitrip 4 mg-50 mg tab MO	1	PA
perphenazine 16 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
perphenazine 2 mg tablet MO	1	
perphenazine 4 mg tablet MO	1	
perphenazine 8 mg tablet MO	1	
PEXEVA 10 MG TABLET MO	3	QL (30 per 30 days)
PEXEVA 20 MG TABLET MO	3	QL (30 per 30 days)
PEXEVA 30 MG TABLET MO	3	QL (60 per 30 days)
PEXEVA 40 MG TABLET MO	3	QL (60 per 30 days)
phenelzine sulfate 15 mg tab MO	1	
phenobarbital 100 mg tablet MO	1	PA,QL (90 per 30 days)
phenobarbital 130 mg/ml vial MO	1	PA
phenobarbital 15 mg tablet MO	1	PA,QL (120 per 30 days)
phenobarbital 16.2 mg tablet MO	1	PA,QL (90 per 30 days)
phenobarbital 20 mg/5 ml elix MO	1	PA,QL (1500 per 30 days)
phenobarbital 30 mg tablet MO	1	PA,QL (300 per 30 days)
phenobarbital 32.4 mg tablet MO	1	PA,QL (90 per 30 days)
phenobarbital 60 mg tablet MO	1	PA,QL (120 per 30 days)
phenobarbital 64.8 mg tablet MO	1	PA,QL (90 per 30 days)
phenobarbital 65 mg/ml vial MO	1	PA
phenobarbital 97.2 mg tablet MO	1	PA,QL (90 per 30 days)
PHENYTEK 200 MG CAPSULE MO	1	
PHENYTEK 300 MG CAPSULE MO	1	
phenytoin 100 mg/4 ml susp MO	1	
phenytoin 125 mg/5 ml susp MO	1	
phenytoin 50 mg tablet chew MO	1	
phenytoin 50 mg/ml syringe MO	1	
phenytoin 50 mg/ml vial MO	1	
phenytoin sod ext 100 mg cap MO	1	
phenytoin sod ext 200 mg cap MO	1	
phenytoin sod ext 300 mg cap MO	1	
PHRENILIN FORTE 50 MG-650 MG CAPSULE MO	1	PA,QL (180 per 30 days)
piroxicam 10 mg capsule MO	1	
piroxicam 20 mg capsule MO	1	
PONSTEL 250 MG CAPSULE MO	3	PA
POTIGA 200 MG TABLET MO	3	PA
POTIGA 300 MG TABLET MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
POTIGA 400 MG TABLET MO	3	PA
POTIGA 50 MG TABLET MO	3	PA
pramipexole 0.125 mg tablet MO	1	
pramipexole 0.25 mg tablet MO	1	
pramipexole 0.5 mg tablet MO	1	
pramipexole 0.75 mg tablet MO	1	
pramipexole 1 mg tablet MO	1	
pramipexole 1.5 mg tablet MO	1	
PRECEDEX 200 MCG/2 ML IV MO	3	
PRIALT 100 MCG/ML INTRATHECAL MO	4	
PRIALT 25 MCG/ML INTRATHECAL MO	4	
primidone 250 mg tablet MO	1	
primidone 50 mg tablet MO	1	
primlev 10 mg-300 mg tablet MO	1	QL (390 per 30 days)
primlev 5 mg-300 mg tablet MO	1	QL (390 per 30 days)
primlev 7.5 mg-300 mg tablet MO	1	QL (390 per 30 days)
PRISTIQ 100 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
procentra 5 mg/5 ml oral soln MO	1	QL (1800 per 30 days)
promacet 50 mg-650 mg tablet MO	1	PA,QL (180 per 30 days)
protriptyline hcl 10 mg tablet MO	1	
protriptyline hcl 5 mg tablet MO	1	
PROVIGIL 100 MG TABLET MO	3	PA,QL (60 per 30 days)
PROVIGIL 200 MG TABLET MO	4	PA,QL (60 per 30 days)
PROZAC 10 MG CAPSULE MO	3	PA,QL (60 per 30 days)
PROZAC 20 MG CAPSULE MO	3	PA,QL (120 per 30 days)
PROZAC 40 MG CAPSULE MO	3	PA,QL (60 per 30 days)
PROZAC WEEKLY 90 MG CAPSULE,DELAYED RELEASE MO	3	QL (4 per 28 days)
quazepam 15 mg tablet MO	3	
quetiapine fumarate 100 mg tab MO	1	QL (90 per 30 days)
quetiapine fumarate 200 mg tab MO	1	QL (120 per 30 days)
quetiapine fumarate 25 mg tab MO	1	QL (120 per 30 days)
quetiapine fumarate 300 mg tab MO	1	QL (90 per 30 days)
quetiapine fumarate 400 mg tab MO	1	QL (90 per 30 days)
quetiapine fumarate 50 mg tab MO	1	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR MO	3	PA,QL (360 per 30 days)
RELAGESIC 50 MG-650 MG TABLET MO	3	
RELPAX 20 MG TABLET MO	3	QL (9 per 30 days)
RELPAX 40 MG TABLET MO	3	QL (9 per 30 days)
REMERON 15 MG TABLET MO	3	QL (30 per 30 days)
REMERON 30 MG TABLET MO	3	QL (30 per 30 days)
REMERON 45 MG TABLET MO	3	QL (30 per 30 days)
REMERON SOLTAB 15 MG DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
REMERON SOLTAB 30 MG DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
REMERON SOLTAB 45 MG DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
REPAN 50-325-40 MG TABLET MO	1	PA,QL (180 per 30 days)
reprexain 10 mg-200 mg tablet MO	1	QL (150 per 30 days)
REPREXAIN 2.5 MG-200 MG TABLET MO	1	QL (150 per 30 days)
REPREXAIN 5 MG-200 MG TABLET MO	1	QL (150 per 30 days)
REQUIP 0.25 MG TABLET MO	3	PA
REQUIP 0.5 MG TABLET MO	3	PA
REQUIP 1 MG TABLET MO	3	PA
REQUIP 2 MG TABLET MO	3	PA
REQUIP 3 MG TABLET MO	3	PA
REQUIP 4 MG TABLET MO	3	PA
REQUIP 5 MG TABLET MO	3	PA
REQUIP XL 12 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
REQUIP XL 2 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
REQUIP XL 4 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
REQUIP XL 6 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
REQUIP XL 8 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
RESTORIL 15 MG CAPSULE MO	3	PA,QL (30 per 30 days)
RESTORIL 22.5 MG CAPSULE MO	3	PA
RESTORIL 30 MG CAPSULE MO	3	PA,QL (30 per 30 days)
RESTORIL 7.5 MG CAPSULE MO	3	PA
revia 50 mg tablet MO	1	
rhinoflex 500 mg-50 mg tablet MO	1	
rhinoflex-650 50 mg-650 mg tablet MO	1	
RILUTEK 50 MG TABLET MO	4	
riluzole 50 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RISPERDAL 0.25 MG TABLET MO	3	QL (60 per 30 days)
RISPERDAL 0.5 MG TABLET MO	3	QL (120 per 30 days)
RISPERDAL 1 MG TABLET MO	3	QL (60 per 30 days)
RISPERDAL 1 MG/ML ORAL SOLN MO	3	
RISPERDAL 2 MG TABLET MO	3	QL (60 per 30 days)
RISPERDAL 3 MG TABLET MO	3	QL (60 per 30 days)
RISPERDAL 4 MG TABLET MO	3	QL (60 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML IM SYRINGE MO	3	QL (2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML IM SYRINGE MO	3	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML IM SYRINGE MO	3	QL (4 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML IM SYRINGE MO	4	QL (4 per 28 days)
RISPERDAL M-TAB 0.5 MG DISINTEGRATING TABLET MO	3	QL (120 per 30 days)
RISPERDAL M-TAB 1 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
RISPERDAL M-TAB 2 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
RISPERDAL M-TAB 3 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
RISPERDAL M-TAB 4 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
risperidone 0.25 mg odt MO	1	QL (60 per 30 days)
risperidone 0.25 mg tablet MO	1	QL (60 per 30 days)
risperidone 0.5 mg odt MO	1	QL (120 per 30 days)
risperidone 0.5 mg tablet MO	1	QL (120 per 30 days)
risperidone 1 mg odt MO	1	QL (60 per 30 days)
risperidone 1 mg tablet MO	1	QL (60 per 30 days)
risperidone 1 mg/ml solution MO	1	
risperidone 2 mg odt MO	1	QL (60 per 30 days)
risperidone 2 mg tablet MO	1	QL (60 per 30 days)
risperidone 3 mg odt MO	1	QL (60 per 30 days)
risperidone 3 mg tablet MO	1	QL (60 per 30 days)
risperidone 4 mg odt MO	1	QL (60 per 30 days)
risperidone 4 mg tablet MO	1	QL (60 per 30 days)
RITALIN 10 MG TABLET MO	3	PA,QL (90 per 30 days)
RITALIN 20 MG TABLET MO	3	PA,QL (90 per 30 days)
RITALIN 5 MG TABLET MO	3	PA,QL (90 per 30 days)
RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
RITALIN SR 20 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
rizatriptan 10 mg odt MO	1	QL (12 per 30 days)
rizatriptan 10 mg tablet MO	1	QL (12 per 30 days)
rizatriptan 5 mg odt MO	1	QL (12 per 30 days)
rizatriptan 5 mg tablet MO	1	QL (12 per 30 days)
ROMAZICON 0.1 MG/ML VIAL MO	3	
ropinirole hcl 0.25 mg tablet MO	1	
ropinirole hcl 0.5 mg tablet MO	1	
ropinirole hcl 1 mg tablet MO	1	
ropinirole hcl 2 mg tablet MO	1	
ropinirole hcl 3 mg tablet MO	1	
ropinirole hcl 4 mg tablet MO	1	
ropinirole hcl 5 mg tablet MO	1	
ropinirole hcl er 12 mg tablet MO	1	QL (90 per 30 days)
ropinirole hcl er 2 mg tablet MO	1	QL (90 per 30 days)
ropinirole hcl er 4 mg tablet MO	1	QL (90 per 30 days)
ropinirole hcl er 6 mg tablet MO	1	QL (90 per 30 days)
ropinirole hcl er 8 mg tablet MO	1	QL (90 per 30 days)
roxicet 5 mg-325 mg tablet MO	1	QL (360 per 30 days)
ROXICET 5 MG-325 MG/5 ML ORAL SOLN MO	1	QL (1830 per 30 days)
ROXICET 5-500 CAPLET MO	1	QL (240 per 30 days)
ROXICODONE 15 MG TABLET MO	3	PA,QL (360 per 30 days)
ROXICODONE 30 MG TABLET MO	3	PA,QL (360 per 30 days)
ROXICODONE 5 MG TABLET MO	3	QL (360 per 30 days)
ROZEREM 8 MG TABLET MO	3	ST,QL (30 per 30 days)
RYBIX ODT 50 MG TABLET MO	3	QL (240 per 30 days)
RYZOLT ER 100 MG TABLET MO	3	ST,QL (30 per 30 days)
RYZOLT ER 200 MG TABLET MO	3	ST,QL (30 per 30 days)
RYZOLT ER 300 MG TABLET MO	3	ST,QL (30 per 30 days)
SABRIL 500 MG ORAL POWDER IN PACKET MO	4	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET MO	4	PA,QL (180 per 30 days)
salsalate 500 mg tablet MO	1	
salsalate 750 mg tablet MO	1	
SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET MO	3	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET MO	3	PA,QL (60 per 30 days)
SAPHRIS 10 MG SUBLINGUAL TABLET MO	3	PA,QL (60 per 30 days)
SAPHRIS 5 MG SUBLINGUAL TABLET MO	3	PA,QL (60 per 30 days)
SARAFEM 10 MG TABLET MO	3	
SARAFEM 20 MG TABLET MO	3	
SAVELLA 100 MG TABLET MO	2	QL (60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	2	QL (60 per 30 days)
SAVELLA 12.5 MG TABLET MO	2	QL (60 per 30 days)
SAVELLA 25 MG TABLET MO	2	QL (60 per 30 days)
SAVELLA 50 MG TABLET MO	2	QL (60 per 30 days)
SECONAL SODIUM 100 MG CAPSULE MO	3	PA,QL (90 per 30 days)
SEDAPAP TABLET MO	1	PA,QL (180 per 30 days)
selegiline hcl 5 mg capsule MO	1	
selegiline hcl 5 mg tablet MO	1	
SEROQUEL 100 MG TABLET MO	3	PA,QL (90 per 30 days)
SEROQUEL 200 MG TABLET MO	3	PA,QL (120 per 30 days)
SEROQUEL 25 MG TABLET MO	3	PA,QL (120 per 30 days)
SEROQUEL 300 MG TABLET MO	3	PA,QL (90 per 30 days)
SEROQUEL 400 MG TABLET MO	3	PA,QL (90 per 30 days)
SEROQUEL 50 MG TABLET MO	3	PA,QL (120 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE MO	2	QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE MO	2	QL (60 per 30 days)
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE MO	2	QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE MO	2	QL (120 per 30 days)
sertraline 20 mg/ml oral conc MO	1	
sertraline hcl 100 mg tablet MO	1	QL (60 per 30 days)
sertraline hcl 25 mg tablet MO	1	QL (90 per 30 days)
sertraline hcl 50 mg tablet MO	1	QL (90 per 30 days)
SILENOR 3 MG TABLET MO	3	QL (30 per 30 days)
SILENOR 6 MG TABLET MO	3	QL (30 per 30 days)
SINEMET 10 MG-100 MG TABLET MO	3	
SINEMET 25 MG-100 MG TABLET MO	3	PA
SINEMET 25 MG-250 MG TABLET MO	3	PA
SINEMET CR 25 MG-100 MG TABLET,EXTENDED RELEASE MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SINEMET CR 50 MG-200 MG TABLET,EXTENDED RELEASE MO	3	PA
somnote 500 mg softgel MO	1	PA
SONATA 10 MG CAPSULE MO	3	QL (90 per 365 days)
SONATA 5 MG CAPSULE MO	3	QL (90 per 365 days)
SPRIX 15.75 MG/SPRAY NASAL SPRAY MO	3	PA,QL (5 per 30 days)
stagesic 5-500 capsule MO	1	QL (240 per 30 days)
STALEVO 100 25 MG-100 MG-200 MG TABLET MO	3	
STALEVO 125 31.25 MG-125 MG-200 MG TABLET MO	3	
STALEVO 150 37.5 MG-150 MG-200 MG TABLET MO	3	
STALEVO 200 50 MG-200 MG-200 MG TABLET MO	3	
STALEVO 50 12.5 MG-50 MG-200 MG TABLET MO	3	
STALEVO 75 18.75 MG-75 MG-200 MG TABLET MO	3	
STAVZOR 125 MG CAPSULE,DELAYED RELEASE MO	3	
STAVZOR 250 MG CAPSULE,DELAYED RELEASE MO	3	
STAVZOR 500 MG CAPSULE,DELAYED RELEASE MO	3	
STRATTERA 10 MG CAPSULE MO	3	QL (60 per 30 days)
STRATTERA 100 MG CAPSULE MO	3	QL (30 per 30 days)
STRATTERA 18 MG CAPSULE MO	3	QL (60 per 30 days)
STRATTERA 25 MG CAPSULE MO	3	QL (60 per 30 days)
STRATTERA 40 MG CAPSULE MO	3	QL (60 per 30 days)
STRATTERA 60 MG CAPSULE MO	3	QL (30 per 30 days)
STRATTERA 80 MG CAPSULE MO	3	QL (30 per 30 days)
SUBLIMAZE (PF) 50 MCG/ML INJECTION MO	3	QL (720 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MO	3	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM MO	3	PA,QL (90 per 30 days)
SUBOXONE 2 MG-0.5 MG TABLET SL MO	3	PA,QL (90 per 30 days)
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM MO	3	PA,QL (90 per 30 days)
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	3	PA,QL (90 per 30 days)
SUBOXONE 8 MG-2 MG TABLET SL MO	3	PA,QL (90 per 30 days)
SUBSYS 1,200 MCG (600 MCG/SPRAY X2) SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBSYS 1,600 MCG (800 MCG/SPRAY X2) SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBSYS 100 MCG/SPRAY SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBSYS 200 MCG/SPRAY SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBSYS 400 MCG/SPRAY SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBSYS 600 MCG/SPRAY SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUBSYS 800 MCG/SPRAY SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBUTEX 2 MG TABLET SL MO	3	PA,QL (90 per 30 days)
SUBUTEX 8 MG TABLET SL MO	3	PA,QL (90 per 30 days)
SUFENTA 50 MCG/ML IV MO	3	QL (1440 per 30 days)
sufentanil 250 mcg/5 ml ampul MO	1	QL (1440 per 30 days)
sulindac 150 mg tablet MO	1	
sulindac 200 mg tablet MO	1	
sumatriptan 20 mg nasal spray MO	2	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	1	QL (6 per 30 days)
sumatriptan 5 mg nasal spray MO	2	QL (12 per 30 days)
sumatriptan 6 mg/0.5 ml inject MO	1	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	1	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial MO	1	QL (6 per 30 days)
sumatriptan succ 100 mg tablet MO	1	QL (9 per 30 days)
sumatriptan succ 25 mg tablet MO	1	QL (9 per 30 days)
sumatriptan succ 50 mg tablet MO	1	QL (9 per 30 days)
SURMONTIL 100 MG CAPSULE MO	3	PA
SURMONTIL 25 MG CAPSULE MO	3	PA
SURMONTIL 50 MG CAPSULE MO	3	PA
SYMBYAX 12 MG-25 MG CAPSULE MO	3	PA,QL (30 per 30 days)
SYMBYAX 12 MG-50 MG CAPSULE MO	3	PA,QL (30 per 30 days)
SYMBYAX 3 MG-25 MG CAPSULE MO	3	PA,QL (30 per 30 days)
SYMBYAX 6 MG-25 MG CAPSULE MO	3	PA,QL (30 per 30 days)
SYMBYAX 6 MG-50 MG CAPSULE MO	3	PA,QL (30 per 30 days)
SYNALGOS-DC 16 MG-356.4 MG-30 MG CAPSULE MO	3	QL (330 per 30 days)
TALWIN 30 MG/ML INJECTION MO	3	QL (360 per 30 days)
TASMAR 100 MG TABLET MO	3	PA
TEGRETOL 100 MG TABLET CHEW MO	3	
TEGRETOL 100 MG/5 ML ORAL SUSP MO	3	
TEGRETOL 200 MG TABLET MO	3	
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE MO	3	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE MO	3	
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
temazepam 15 mg capsule MO	1	QL (30 per 30 days)
temazepam 22.5 mg capsule MO	1	
temazepam 30 mg capsule MO	1	QL (30 per 30 days)
temazepam 7.5 mg capsule MO	1	
tencon 50 mg-650 mg tablet MO	1	PA,QL (180 per 30 days)
thioridazine 10 mg tablet MO	1	PA
thioridazine 100 mg tablet MO	1	PA
thioridazine 25 mg tablet MO	1	PA
thioridazine 50 mg tablet MO	1	PA
thiothixene 1 mg capsule MO	1	
thiothixene 10 mg capsule MO	1	
thiothixene 2 mg capsule MO	1	
thiothixene 5 mg capsule MO	1	
tiagabine hcl 2 mg tablet MO	1	
tiagabine hcl 4 mg tablet MO	1	
TOFRANIL 10 MG TABLET MO	1	PA
TOFRANIL 25 MG TABLET MO	1	PA
TOFRANIL 50 MG TABLET MO	1	PA
TOFRANIL-PM 100 MG CAPSULE MO	3	PA
TOFRANIL-PM 125 MG CAPSULE MO	3	PA
TOFRANIL-PM 150 MG CAPSULE MO	3	PA
TOFRANIL-PM 75 MG CAPSULE MO	3	PA
tolmetin sodium 200 mg tab MO	1	
tolmetin sodium 400 mg cap MO	1	
tolmetin sodium 600 mg tab MO	1	
TOPAMAX 100 MG TABLET MO	3	QL (120 per 30 days)
TOPAMAX 15 MG SPRINKLE CAPSULE MO	3	
TOPAMAX 200 MG TABLET MO	3	QL (120 per 30 days)
TOPAMAX 25 MG SPRINKLE CAPSULE MO	3	
TOPAMAX 25 MG TABLET MO	3	QL (90 per 30 days)
TOPAMAX 50 MG TABLET MO	3	QL (120 per 30 days)
topiragen 100 mg tablet MO	1	QL (120 per 30 days)
topiragen 200 mg tablet MO	1	QL (120 per 30 days)
topiragen 25 mg tablet MO	1	QL (90 per 30 days)
topiragen 50 mg tablet MO	1	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
topiramate 100 mg tablet MO	1	QL (120 per 30 days)
topiramate 15 mg sprinkle cap MO	1	
topiramate 200 mg tablet MO	1	QL (120 per 30 days)
topiramate 25 mg sprinkle cap MO	1	
topiramate 25 mg tablet MO	1	QL (90 per 30 days)
topiramate 50 mg tablet MO	1	QL (120 per 30 days)
tramadol er 100 mg tablet MO	1	ST,QL (30 per 30 days)
tramadol er 200 mg tablet MO	1	ST,QL (30 per 30 days)
tramadol er 300 mg tablet MO	1	ST,QL (30 per 30 days)
tramadol hcl 50 mg tablet MO	1	QL (240 per 30 days)
tramadol hcl er 100 mg tablet MO	1	ST,QL (30 per 30 days)
tramadol hcl er 200 mg tablet MO	1	ST,QL (30 per 30 days)
tramadol hcl er 300 mg tablet MO	1	ST,QL (30 per 30 days)
tramadol-acetaminophn 37.5-325 MO	1	QL (240 per 30 days)
TRANXENE T-TAB 15 MG TABLET MO	3	PA
TRANXENE T-TAB 3.75 MG TABLET MO	3	PA
TRANXENE T-TAB 7.5 MG TABLET MO	3	PA
tranylcypromine sulf 10 mg tab MO	1	
trazodone 100 mg tablet MO	1	
trazodone 150 mg tablet MO	1	
trazodone 300 mg tablet MO	1	
trazodone 50 mg tablet MO	1	
TREXIMET 85 MG-500 MG TABLET MO	3	QL (12 per 30 days)
trezix 16 mg-356.4 mg-30 mg capsule MO	1	QL (330 per 30 days)
triazolam 0.125 mg tablet MO	1	
triazolam 0.25 mg tablet MO	1	
trifluoperazine 1 mg tablet MO	1	
trifluoperazine 10 mg tablet MO	1	
trifluoperazine 2 mg tablet MO	1	
trifluoperazine 5 mg tablet MO	1	
trihexyphenidyl 2 mg tablet MO	1	PA
trihexyphenidyl 2 mg/5 ml elx MO	1	PA
trihexyphenidyl 5 mg tablet MO	1	PA
TRILEPTAL 150 MG TABLET MO	3	PA
TRILEPTAL 300 MG TABLET MO	3	PA

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
TRILEPTAL 300 MG/5 ML ORAL SUSP MO	3	PA
TRILEPTAL 600 MG TABLET MO	3	PA
trimipramine maleate 100 mg cp MO	1	PA
trimipramine maleate 25 mg cap MO	1	PA
trimipramine maleate 50 mg cap MO	1	PA
TYLENOL-CODEINE #3 300 MG-30 MG TABLET MO	1	PA,QL (390 per 30 days)
TYLENOL-CODEINE #4 300 MG-60 MG TABLET MO	1	PA,QL (390 per 30 days)
TYLOX 5-500 MG CAPSULE MO	1	PA,QL (240 per 30 days)
ULTIVA 1 MG IV SOLUTION MO	3	QL (450 per 30 days)
ULTIVA 2 MG IV SOLUTION MO	3	QL (240 per 30 days)
ULTIVA 5 MG IV SOLUTION MO	3	QL (90 per 30 days)
ULTRACET 37.5 MG-325 MG TABLET MO	3	QL (240 per 30 days)
ULTRAM 50 MG TABLET MO	3	QL (240 per 30 days)
ULTRAM ER 100 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ULTRAM ER 200 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ULTRAM ER 300 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
VALIUM 10 MG TABLET MO	3	PA,QL (120 per 30 days)
VALIUM 2 MG TABLET MO	3	PA,QL (90 per 30 days)
VALIUM 5 MG TABLET MO	3	PA,QL (90 per 30 days)
valproate sod 500 mg/5 ml vl MO	1	
valproic acid 250 mg capsule MO	1	
valproic acid 250 mg/5 ml soln MO	1	
valproic acid 500 mg/10 ml sol MO	1	
VANSPAR 7.5 MG TABLET MO	1	
venlafaxine hcl 100 mg tablet MO	1	
venlafaxine hcl 25 mg tablet MO	1	
venlafaxine hcl 37.5 mg tablet MO	1	
venlafaxine hcl 50 mg tablet MO	1	
venlafaxine hcl 75 mg tablet MO	1	
venlafaxine hcl er 150 mg cap MO	1	QL (60 per 30 days)
VENLAFAXINE HCL ER 150 MG TAB MO	3	QL (30 per 30 days)
VENLAFAXINE HCL ER 225 MG TAB MO	3	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap MO	1	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg tab MO	3	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap MO	1	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
venlafaxine hcl er 75 mg tab MO	3	QL (60 per 30 days)
vicodin 5 mg-300 mg tablet MO	1	QL (390 per 30 days)
VICODIN 5-500 TABLET MO	1	PA,QL (240 per 30 days)
vicodin es 7.5 mg-300 mg tablet MO	1	QL (390 per 30 days)
VICODIN ES 7.5-750 MG TABLET MO	1	PA,QL (150 per 30 days)
vicodin hp 10 mg-300 mg tablet MO	1	QL (390 per 30 days)
vicodin hp 10-660 mg tablet MO	1	QL (180 per 30 days)
VICOPROFEN 7.5 MG-200 MG TABLET MO	3	PA,QL (150 per 30 days)
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK MO	3	QL (30 per 30 days)
VIIBRYD 10 MG TABLET MO	3	QL (30 per 30 days)
VIIBRYD 20 MG TABLET MO	3	QL (30 per 30 days)
VIIBRYD 40 MG TABLET MO	3	QL (30 per 30 days)
VIMOVO 375 MG-20 MG TABLET,IMMEDIATE & DELAYED RELEASE MO	2	QL (60 per 30 days)
VIMOVO 500 MG-20 MG TABLET,IMMEDIATE & DELAYED RELEASE MO	2	QL (60 per 30 days)
VIMPAT 10 MG/ML ORAL SOLN MO	3	QL (1395 per 30 days)
VIMPAT 100 MG TABLET MO	3	
VIMPAT 150 MG TABLET MO	3	
VIMPAT 200 MG TABLET MO	3	
VIMPAT 200 MG/20 ML IV MO	3	
VIMPAT 50 MG TABLET MO	3	
VISTARIL 25 MG CAPSULE MO	3	PA
VISTARIL 50 MG CAPSULE MO	3	PA
VIVACTIL 10 MG TABLET MO	1	
VIVACTIL 5 MG TABLET MO	1	
VIVITROL 380 MG IM SUSPENSION,EXTENDED RELEASE MO	4	PA
VOLTAREN 1 % TOPICAL GEL MO	3	
VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE MO	3	PA
VYVANSE 20 MG CAPSULE MO	3	QL (30 per 30 days)
VYVANSE 30 MG CAPSULE MO	3	QL (30 per 30 days)
VYVANSE 40 MG CAPSULE MO	3	QL (30 per 30 days)
VYVANSE 50 MG CAPSULE MO	3	QL (30 per 30 days)
VYVANSE 60 MG CAPSULE MO	3	QL (30 per 30 days)
VYVANSE 70 MG CAPSULE MO	3	QL (30 per 30 days)
WELLBUTRIN 100 MG TABLET MO	3	QL (180 per 30 days)
WELLBUTRIN 75 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WELLBUTRIN SR 100 MG TABLET,SUSTAINED-RELEASE MO	3	QL (120 per 30 days)
WELLBUTRIN SR 150 MG TABLET,SUSTAINED-RELEASE MO	3	QL (90 per 30 days)
WELLBUTRIN SR 200 MG TABLET,SUSTAINED-RELEASE MO	3	QL (60 per 30 days)
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
XANAX 0.25 MG TABLET MO	3	PA,QL (120 per 30 days)
XANAX 0.5 MG TABLET MO	3	PA,QL (120 per 30 days)
XANAX 1 MG TABLET MO	3	PA,QL (240 per 30 days)
XANAX 2 MG TABLET MO	3	PA,QL (150 per 30 days)
XANAX XR 0.5 MG TABLET,EXTENDED RELEASE MO	3	PA
XANAX XR 1 MG TABLET,EXTENDED RELEASE MO	3	PA
XANAX XR 2 MG TABLET,EXTENDED RELEASE MO	3	PA
XANAX XR 3 MG TABLET,EXTENDED RELEASE MO	3	PA
XENAZINE 12.5 MG TABLET SP	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET SP	4	PA,QL (120 per 30 days)
XODOL 10/300 10 MG-300 MG TABLET MO	1	QL (390 per 30 days)
XODOL 5/300 5 MG-300 MG TABLET MO	1	QL (390 per 30 days)
XODOL 7.5/300 7.5 MG-300 MG TABLET MO	1	QL (390 per 30 days)
xolox 10 mg-500 mg tablet MO	3	QL (240 per 30 days)
XYREM 500 MG/ML ORAL SOLN SP	4	PA,QL (540 per 30 days)
zaleplon 10 mg capsule MO	1	QL (90 per 365 days)
zaleplon 5 mg capsule MO	1	QL (90 per 365 days)
ZAMICET 10 MG-325 MG/15 ML ORAL SOLN MO	1	QL (5430 per 30 days)
ZARONTIN 250 MG CAPSULE MO	3	
ZARONTIN 250 MG/5 ML ORAL SOLN MO	1	
zebutal 50 mg-500 mg-40 mg capsule MO	1	PA,QL (180 per 30 days)
ZELAPAR 1.25 MG DISINTEGRATING TABLET MO	3	
zenzedi 10 mg tablet MO	1	QL (180 per 30 days)
ZENZEDI 2.5 MG TABLET MO	1	QL (90 per 30 days)
zenzedi 5 mg tablet MO	1	QL (150 per 30 days)
ZENZEDI 7.5 MG TABLET MO	1	QL (90 per 30 days)
zgesic 66 mg-600 mg tablet,extended release MO	1	
ziprasidone hcl 20 mg capsule MO	1	QL (60 per 30 days)
ziprasidone hcl 40 mg capsule MO	1	QL (60 per 30 days)
ziprasidone hcl 60 mg capsule MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ziprasidone hcl 80 mg capsule MO	1	QL (60 per 30 days)
ZIPSOR 25 MG CAPSULE MO	3	QL (120 per 30 days)
zolmitriptan 2.5 mg odt MO	1	QL (9 per 30 days)
zolmitriptan 2.5 mg tablet MO	1	QL (9 per 30 days)
zolmitriptan 5 mg odt MO	1	QL (9 per 30 days)
zolmitriptan 5 mg tablet MO	1	QL (9 per 30 days)
ZOLOFT 100 MG TABLET MO	3	PA,QL (60 per 30 days)
ZOLOFT 20 MG/ML ORAL CONCENTRATE MO	3	PA
ZOLOFT 25 MG TABLET MO	3	PA,QL (90 per 30 days)
ZOLOFT 50 MG TABLET MO	3	PA,QL (90 per 30 days)
zolpidem tart er 12.5 mg tab MO	1	QL (90 per 365 days)
zolpidem tart er 6.25 mg tab MO	1	QL (90 per 365 days)
zolpidem tartrate 10 mg tablet MO	1	QL (90 per 365 days)
zolpidem tartrate 5 mg tablet MO	1	QL (90 per 365 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY MO	3	QL (23 per 365 days)
ZOLVIT 10 MG-300 MG/15 ML ORAL SOLN MO	1	QL (6000 per 30 days)
ZOMIG 2.5 MG TABLET MO	3	QL (9 per 30 days)
ZOMIG 5 MG NASAL SPRAY MO	3	QL (6 per 30 days)
ZOMIG 5 MG TABLET MO	3	QL (9 per 30 days)
ZOMIG ZMT 2.5 MG DISINTEGRATING TABLET MO	3	QL (9 per 30 days)
ZOMIG ZMT 5 MG DISINTEGRATING TABLET MO	3	QL (9 per 30 days)
ZONEGRAN 100 MG CAPSULE MO	3	PA
ZONEGRAN 25 MG CAPSULE MO	3	PA
zonisamide 100 mg capsule MO	1	
zonisamide 25 mg capsule MO	1	
zonisamide 50 mg capsule MO	1	
ZYBAN 150 MG TABLET,SUSTAINED-RELEASE MO	2	QL (90 per 30 days)
ZYDONE 10 MG-400 MG TABLET MO	1	QL (300 per 30 days)
ZYDONE 5 MG-400 MG TABLET MO	1	QL (300 per 30 days)
ZYDONE 7.5 MG-400 MG TABLET MO	1	QL (300 per 30 days)
ZYPREXA 10 MG IM MO	3	PA,QL (60 per 30 days)
ZYPREXA 10 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYPREXA 15 MG TABLET MO	3	PA,QL (60 per 30 days)
ZYPREXA 2.5 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYPREXA 20 MG TABLET MO	3	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYPREXA 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYPREXA 7.5 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYPREXA RELPREVV 210 MG IM SUSP MO	3	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 300 MG IM SUSP MO	4	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG IM SUSP MO	4	PA,QL (1 per 28 days)
ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET MO	3	PA,QL (30 per 30 days)
ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET MO	3	PA,QL (60 per 30 days)
ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET MO	3	PA,QL (60 per 30 days)
ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET MO	3	PA,QL (30 per 30 days)
DEVICES		
1ST TIER UNIFINE PENTIPS 29 X 1/2" NEEDLE MO	1	
1ST TIER UNIFINE PENTIPS 31 X 1/4" NEEDLE MO	1	
1ST TIER UNIFINE PENTIPS 31 X 3/16" NEEDLE MO	1	
1ST TIER UNIFINE PENTIPS 31 X 5/16" NEEDLE MO	1	
1ST TIER UNIFINE PENTIPS 32 X 5/32" NEEDLE MO	1	
ADVOCATE PEN NEEDLES 31 X 3/16" MO	1	
ADVOCATE PEN NEEDLES 31 X 5/16" MO	1	
ADVOCATE SYRINGES 0.3 ML 29 X 1/2" MO	1	
ADVOCATE SYRINGES 0.3 ML 30 X 5/16" MO	1	
ADVOCATE SYRINGES 0.3 ML 31 X 5/16" MO	1	
ADVOCATE SYRINGES 1 ML 29 X 1/2" MO	1	
ADVOCATE SYRINGES 1 ML 30 X 5/16" MO	1	
ADVOCATE SYRINGES 1 ML 31 X 5/16" MO	1	
ADVOCATE SYRINGES 1/2 ML 29 X 1/2" MO	1	
ADVOCATE SYRINGES 1/2 ML 30 X 5/16" MO	1	
ADVOCATE SYRINGES 1/2 ML 31 X 5/16" MO	1	
AIMSCO INS PEN NDL 29GX1/2" MO	1	
AIMSCO INS PEN NDL 31GX5/16" MO	1	
AIMSCO INS SYR 0.5 ML 28GX1/2" MO	1	
AIMSCO INS SYR 1 ML 28GX1/2" MO	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 X 1/2" SYRINGE MO	1	
ASSURE ID INSULIN SAFETY 1 ML 29 X 1/2" SYRINGE MO	1	
AUTOJECT 2 INJECTION DEVICE MO	1	
AUTOJECT 2 INJECTION DEVICE SUB-Q INSULIN PEN MO	1	
AUTOPEN 1 TO 16 UNITS SUB-Q INSULIN PEN MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUTOPEN 1 TO 21 UNITS SUB-Q INSULIN PEN MO	1	
AUTOPEN 2 TO 32 UNITS SUB-Q INSULIN PEN MO	1	
AUTOPEN 2 TO 42 UNITS SUB-Q INSULIN PEN MO	1	
BD AUTOSHIELD PEN NEEDLE 29 X 1/2" MO	1	
BD AUTOSHIELD PEN NEEDLE 29 X 3/16" MO	1	
BD AUTOSHIELD PEN NEEDLE 29 X 5/16" MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 X 1/2" SYRINGE MO	1	
BD INSULIN PEN NEEDLE UF MINI 31 X 3/16" MO	1	
BD INSULIN PEN NEEDLE UF ORIG 29 X 1/2" MO	1	
BD INSULIN PEN NEEDLE UF SHORT 31 X 5/16" MO	1	
BD INSULIN SYR 1 ML 25GX5/8" MO	1	
BD INSULIN SYR 1 ML 27GX5/8" MO	1	
BD INSULIN SYRINGE 1 ML 25 X 1" MO	1	
BD INSULIN SYRINGE 1 ML 25 X 5/8" MO	1	
BD INSULIN SYRINGE 1 ML 26 X 1/2" MO	1	
BD INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 15/64" MO	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 MO	1	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 X 1/2" MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 X 1/2" MO	1	
BD INSULIN SYRINGE MICRO-FINE 1/2 ML 28 X 1/2" MO	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 X 1/2" MO	1	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	1	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE ULT-FINE II 1 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE ULT-FINE II 1/2 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 X 1/2" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 29 X 1/2" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 X 1/2" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 5/16" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 30 X 1/2" MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 5/16" MO	1	
BD INTEGRA INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 X 1/2" SYRINGE MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 X 1/2" SYRINGE MO	1	
BD LO-DOSE ULTRA-FINE 0.3 ML 29 X 1/2" SYRINGE MO	1	
BD LO-DOSE ULTRA-FINE 1/2 ML 29 X 1/2" SYRINGE MO	1	
BD LUER-LOK SYRINGE 1 ML MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 X 5/8" MO	1	
BD ULTRA-FINE NANO PEN NEEDLES 32 X 5/32" MO	1	
CAREONE SYR 0.3 ML 29GX0.5" MO	1	
CAREONE SYR 0.3 ML 30GX5/16" MO	1	
CAREONE SYR 0.5 ML 29GX0.5" MO	1	
CAREONE SYR 0.5 ML 30GX5/16" MO	1	
CAREONE SYR 1 ML 29GX0.5" MO	1	
CAREONE SYR 1 ML 30GX5/16" MO	1	
CLICKFINE 31 X 1/4" NEEDLE MO	1	
CLICKFINE 31 X 5/16" NEEDLE MO	1	
CLICKFINE 32 X 5/32" NEEDLE MO	1	
COMFORT EZ 0.3 ML 29 X 1/2" SYRINGE MO	1	
COMFORT EZ 0.3 ML 30 X 1/2" SYRINGE MO	1	
COMFORT EZ 0.3 ML 30 X 5/16" SYRINGE MO	1	
COMFORT EZ 0.3 ML 31 X 5/16" SYRINGE MO	1	
COMFORT EZ 1 ML 28 X 1/2" SYRINGE MO	1	
COMFORT EZ 1 ML 29 X 1/2" SYRINGE MO	1	
COMFORT EZ 1 ML 30 X 1/2" SYRINGE MO	1	
COMFORT EZ 1 ML 30 X 5/16" SYRINGE MO	1	
COMFORT EZ 1 ML 31 X 5/16" SYRINGE MO	1	
COMFORT EZ 1/2 ML 28 X 1/2" SYRINGE MO	1	
COMFORT EZ 1/2 ML 29 X 1/2" SYRINGE MO	1	
COMFORT EZ 1/2 ML 30 X 1/2" SYRINGE MO	1	
COMFORT EZ 1/2 ML 30 X 5/16" SYRINGE MO	1	
COMFORT EZ 1/2 ML 31 X 5/16" SYRINGE MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMFORT EZ 31 X 1/4" NEEDLE MO	1	
COMFORT EZ 31 X 3/16" NEEDLE MO	1	
COMFORT EZ 31 X 5/16" NEEDLE MO	1	
COMFORT EZ 32 X 5/32" NEEDLE MO	1	
DISCOVISC 40 MG-17 MG/ML INTRAOCULAR SYRINGE MO	3	
DUOVISC VISCO ELASTIC 3 %-4 % (0.35 ML) 1 %(0.4 ML) INTRAOCULAR KIT MO	3	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
EASY TOUCH 29 X 1/2" NEEDLE MO	1	
EASY TOUCH 31 X 1/4" NEEDLE MO	1	
EASY TOUCH 31 X 3/16" NEEDLE MO	1	
EASY TOUCH 31 X 5/16" NEEDLE MO	1	
EASY TOUCH 32 X 1/4" NEEDLE MO	1	
EASY TOUCH 32 X 3/16" NEEDLE MO	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" MO	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 X 5/16" MO	1	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 27 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
EQL INSULIN 1 ML SYRINGE MO	1	
EXEL INSULIN 0.3 ML 29 X 1/2" SYRINGE MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EXEL INSULIN 1 ML 27 X 1/2" SYRINGE MO	1	
EXEL INSULIN 1 ML 30 X 5/16" SYRINGE MO	1	
EXEL INSULIN 1/2 ML 28 X 1/2" SYRINGE MO	1	
EXEL INSULIN 1/2 ML 30 X 5/16" SYRINGE MO	1	
GLUCOPRO 0.3 ML 29 X 1/2" SYRINGE MO	1	
GLUCOPRO 0.3 ML 30 X 1/2" SYRINGE MO	1	
GLUCOPRO 0.3 ML 30 X 5/16" SYRINGE MO	1	
GLUCOPRO 0.3 ML 31 X 5/16" SYRINGE MO	1	
GLUCOPRO 1 ML 29 X 1/2" SYRINGE MO	1	
GLUCOPRO 1 ML 30 X 1/2" SYRINGE MO	1	
GLUCOPRO 1 ML 30 X 5/16" SYRINGE MO	1	
GLUCOPRO 1 ML 31 X 5/16" SYRINGE MO	1	
GLUCOPRO 1/2 ML 29 X 1/2" SYRINGE MO	1	
GLUCOPRO 1/2 ML 30 X 1/2" SYRINGE MO	1	
GLUCOPRO 1/2 ML 30 X 5/16" SYRINGE MO	1	
GLUCOPRO 1/2 ML 31 X 5/16" SYRINGE MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 X 1/2" NEEDLE MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 1/4" NEEDLE MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 3/16" NEEDLE MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 5/16" NEEDLE MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 32 X 5/32" NEEDLE MO	1	
HUMAPEN LUXURA HD SUB-Q INSULIN PEN MO	3	
IN CONTROL PEN NEEDLE 29 X 1/2" MO	1	
IN CONTROL PEN NEEDLE 31 X 1/4" MO	1	
IN CONTROL PEN NEEDLE 31 X 5/16" MO	1	
INCONTROL 32 X 5/32" NEEDLE MO	1	
INCONTROL PEN NEEDLES 31 X 3/16" MO	1	
INNOVO SUB-Q INSULIN PEN MO	1	
INSULIN 1 ML SYRINGE MO	1	
INSULIN 1/2 ML SYRINGE MO	1	
INSULIN 3/10 ML SYRINGE MO	1	
INSULIN PEN NEEDLE 29 X 1/2" MO	1	
INSULIN PEN NEEDLE 31 MO	1	
INSULIN PEN NEEDLE 31 X 1/4" MO	1	
INSULIN SYRIN 0.3 ML 31GX5/16" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN SYRIN 0.5 ML 31GX5/16" MO	1	
INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
INSULIN SYRINGE 1 ML 30GX1/2" MO	1	
INSULIN SYRINGE 1 ML 31GX5/16" MO	1	
INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
INSULIN SYRINGE MICROFINE 0.3 ML 28 X 1/2" MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 X 5/8" MO	1	
INSULIN SYRINGE MICROFINE 1/2 ML 28 X 1/2" MO	1	
INSULIN SYRINGE U100 1 ML MO	1	
INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 15/64" MO	1	
INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 15/64" MO	1	
INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 15/64" MO	1	
INSULIN SYRINGE ULTRAFINE 1/2 ML 29 X 1/2" MO	1	
INSULIN SYRINGE/NEEDLE 0.5CC/27G 1/2 ML 27 X 1/2" MO	1	
INSUPEN 29 X 1/2" NEEDLE MO	1	
INSUPEN 30 X 5/16" NEEDLE MO	1	
INSUPEN 31 X 1/4" NEEDLE MO	1	
INSUPEN 31 X 5/16" NEEDLE MO	1	
INSUPEN 32 X 1/4" NEEDLE MO	1	
INSUPEN 32 X 5/16" NEEDLE MO	1	
INSUPEN 32 X 5/32" NEEDLE MO	1	
KMART VALU PLUS SYR 1/2 ML MO	1	
LEADER INS SYR 0.5 ML 30GX1/2" MO	1	
LEADER PEN NEEDLES 12MM 29G MO	1	
LEADER PEN NEEDLES 31G MO	1	
LITE TOUCH INSULIN PEN NEEDLES 29 X 1/2" MO	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 1/4" MO	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 3/16" MO	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 5/16" MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
MONOJECT INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
MONOJECT SYRINGE 1/2 ML 28 MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 SYRINGE MO	1	
NOVOFINE 30 30 X 1/3" NEEDLE MO	1	
NOVOFINE 32 32 X 1/4" NEEDLE MO	1	
NOVOFINE AUTOCOVER 30 X 1/3" NEEDLE MO	1	
NOVOPEN 3 PENMATE SUB-Q INSULIN PEN MO	1	
NOVOPEN 3 SUB-Q INSULIN PEN MO	1	
NOVOPEN JR SUB-Q INSULIN PEN MO	1	
NOVOTWIST 30 X 1/3" NEEDLE MO	1	
NOVOTWIST 32 X 1/5" NEEDLE MO	1	
ORSINI INSUL SYR U100 0.5 ML MO	1	
ORSINI INSUL SYR U100 0.5 ML MO	1	
ORSINI INSUL SYR U100 1 ML MO	1	
PEN NEEDLE 29 GAUGE MO	1	
PEN NEEDLE 29 X 1/2" MO	1	
PEN NEEDLE 30 X 3/16" MO	1	
PEN NEEDLE 30 X 5/16" MO	1	
PEN NEEDLE 31 X 1/4" MO	1	
PEN NEEDLE 31 X 3/16" MO	1	
PEN NEEDLE 31 X 5/16" MO	1	
PEN NEEDLE 32 X 5/32" MO	1	
PEN NEEDLES 6MM 31G MO	1	
PREFERRED PLUS SYRINGE 0.5 ML MO	1	
PREFERRED PLUS SYRINGE 1 ML MO	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
PRODIGY INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
PRODIGY INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
PRODIGY PEN NEEDLE 29 X 1/2" MO	1	
PRODIGY PEN NEEDLE 31 X 3/16" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRODIGY PEN NEEDLE 31 X 5/16" MO	1	
PRODIGY SYRNG 1 ML 29GX1/2" MO	1	
PUB INS SYRIN 0.3 ML 30GX1/2" MO	1	
RELI-ON INSULIN 0.3 ML SYR MO	1	
RELION INS SYR 0.3 ML 29GX1/2" MO	1	
RELION INS SYR 0.3 ML 30GX5/16 MO	1	
RELION INS SYR 1 ML 29GX1/2" MO	1	
RELION INS SYR 1 ML 30GX5/16" MO	1	
RELION NEEDLES 31 X 1/4" MO	1	
RELION PEN NEEDLES 32 X 5/32" MO	1	
RELION SYR 0.5 ML 30GX5/16" MO	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
SAFESNAP INSULIN SYRINGE 0.5 ML 29 X 1/2" MO	1	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 X 5/16" MO	1	
SAFESNAP INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
SAFESNAP INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
SURE COMFORT INSULIN SYRINGE U-100 1/2 ML 29 X 1/2" MO	1	
SURE COMFORT PEN NEEDLE 29 X 1/2" MO	1	
SURE COMFORT PEN NEEDLE 30 X 5/16" MO	1	
SURE COMFORT PEN NEEDLE 31 X 3/16" MO	1	
SURE COMFORT PEN NEEDLE 31 X 5/16" MO	1	
SURE COMFORT PEN NEEDLE 32 X 5/32" MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE-FINE PEN NEEDLES 29 X 1/2" MO	1	
SURE-FINE PEN NEEDLES 31 X 3/16" MO	1	
SURE-FINE PEN NEEDLES 31 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
TERUMO INS SYRINGE U100-1 ML MO	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" MO	1	
TERUMO INSULIN SYRINGE 0.5CC/27G 1/2 ML 27 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1 ML 27 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
THINPRO INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
THINPRO INSULIN SYRINGE 1 ML 30 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
THINPRO INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" MO	1	
TOPCARE CLICKFINE 31 X 1/4" NEEDLE MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOPCARE CLICKFINE 31 X 5/16" NEEDLE MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 X 1/2" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 30 X 5/16" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 31 X 5/16" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1 ML 29 X 1/2" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1 ML 30 X 5/16" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1 ML 31 X 5/16" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 29 X 1/2" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 30 X 5/16" SYRINGE MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 31 X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 0.3 ML 29 X 1/2" SYRINGE MO	1	
TRUEPLUS INSULIN 0.3 ML 30 X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 0.3 ML 31 X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 1 ML 28 X 1/2" SYRINGE MO	1	
TRUEPLUS INSULIN 1 ML 29 X 1/2" SYRINGE MO	1	
TRUEPLUS INSULIN 1 ML 30 X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 1 ML 31 X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 1/2 ML 28 X 1/2" SYRINGE MO	1	
TRUEPLUS INSULIN 1/2 ML 29 X 1/2" SYRINGE MO	1	
TRUEPLUS INSULIN 1/2 ML 30 X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 1/2 ML 31 X 5/16" SYRINGE MO	1	
ULTICARE 0.3 ML 29 X 1/2" SYRINGE MO	1	
ULTICARE 0.3 ML 30 X 1/2" SYRINGE MO	1	
ULTICARE 0.3 ML 30 X 5/16" SYRINGE MO	1	
ULTICARE 0.3 ML 31 X 5/16" SYRINGE MO	1	
ULTICARE 1 ML 29 X 1/2" SYRINGE MO	1	
ULTICARE 1 ML 30 X 1/2" SYRINGE MO	1	
ULTICARE 1 ML 30 X 5/16" SYRINGE MO	1	
ULTICARE 1 ML 31 X 5/16" SYRINGE MO	1	
ULTICARE 1/2 ML 29 X 1/2" SYRINGE MO	1	
ULTICARE 1/2 ML 30 X 1/2" SYRINGE MO	1	
ULTICARE 1/2 ML 30 X 5/16" SYRINGE MO	1	
ULTICARE 1/2 ML 31 X 5/16" SYRINGE MO	1	
ULTICARE 29 X 1/2" NEEDLE MO	1	
ULTICARE 31 X 1/4" NEEDLE MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTICARE 31 X 5/16" NEEDLE MO	1	
ULTICARE 32 X 5/32" NEEDLE MO	1	
ULTICARE INS SYR 1 ML 28GX1/2" MO	1	
ULTICARE SYR 0.5 ML 29GX1/2" MO	1	
ULTICARE SYRIN 0.5 ML 28GX1/2" MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
ULTILET INSULIN SYRINGE 1 ML 29 MO	1	
ULTILET INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
ULTILET INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
ULTILET INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 29 MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
ULTILET PEN NEEDLE 29 GAUGE MO	1	
ULTRA COMFORT INSULIN SYRINGE MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 7/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 X 5/16" MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	1	
ULTRA-THIN II (SHORT) PEN NDL 31 X 5/16" NEEDLE MO	1	
ULTRA-THIN II INS PEN NEEDLES 29 X 1/2" MO	1	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 X 1/2" MO	1	
ULTRA-THIN II INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	1	
ULTRA-THIN II SHORT NEEDLE 31 X 5/16" MO	1	
ULTRACOMFORT 29GX0.5 ML SYR MO	1	
ULTRACOMFORT 29GX1 ML SYRINGE MO	1	
ULTRACOMFORT 30GX0.5 ML SYR MO	1	
ULTRACOMFORT 30GX1 ML SYRINGE MO	1	
ULTRACOMFORT 31GX0.5 ML SYR MO	1	
ULTRACOMFORT 31GX1 ML SYRINGE MO	1	
ULTRACOMFORT INSUL SYR 0.5 ML MO	1	
ULTRACOMFORT INSUL SYR 0.5 ML MO	1	
ULTRACOMFORT INSUL SYR 0.5 ML MO	1	
ULTRACOMFORT INSULIN SYR 1 ML MO	1	
ULTRACOMFORT INSULIN SYR 1 ML MO	1	
ULTRACOMFORT INSULIN SYR 1 ML MO	1	
ULTRACOMFORT PEN NEEDLES 6MM MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRACOMFORT PEN NEEDLES 8MM MO	1	
UNIFINE PENTIPS 29 GAUGE NEEDLE MO	1	
UNIFINE PENTIPS 29 X 1/2" NEEDLE MO	1	
UNIFINE PENTIPS 29 X 5/16" NEEDLE MO	1	
UNIFINE PENTIPS 30 X 5/16" NEEDLE MO	1	
UNIFINE PENTIPS 31 NEEDLE MO	1	
UNIFINE PENTIPS 31 X 1/4" NEEDLE MO	1	
UNIFINE PENTIPS 31 X 3/16" NEEDLE MO	1	
UNIFINE PENTIPS 31 X 5/16" NEEDLE MO	1	
UNIFINE PENTIPS 32 X 5/32" NEEDLE MO	1	
UNIFINE PENTIPS PLUS 31 X 1/4" NEEDLE MO	1	
UNIFINE PENTIPS PLUS 31 X 3/16" NEEDLE MO	1	
UNIFINE PENTIPS PLUS 31 X 5/16" NEEDLE MO	1	
VANISHPOINT SYRINGE 1 ML 29 X 1/2" MO	1	
VANISHPOINT SYRINGE 1/2 ML 30 X 1/2" MO	1	
VGO 20 DEVICE MO	3	
VGO 30 DEVICE MO	3	
VGO 40 DEVICE MO	3	
VISCOAT 4 %-3 % (40 MG-30 MG/ML) INTRAOCULAR SYRINGE MO	3	
DIAGNOSTIC AGENTS		
ACTHAR H.P. 80 UNIT/ML INJECTION GEL SP	4	PA
enlon 10 mg/ml injection MO	1	
ENLON-PLUS 10 MG-0.14 MG/ML IV MO	3	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE)		
glutaraldehyde 25% aq solution MO	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
acetic acid 0.25% irrig soln MO	1	
amiloride hcl 5 mg tablet MO	1	
amiloride hcl-hctz 5-50 mg tab MO	1	
amino acids 15 % iv MO	1	B vs D
AMINOSYN 10 % IV MO	3	B vs D
AMINOSYN 3.5 % IV MO	3	B vs D
AMINOSYN 7 % IV MO	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES IV MO	3	B vs D
AMINOSYN 8.5 % IV MO	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN 8.5 % WITH ELECTROLYTES IV MO	3	B vs D
AMINOSYN II 10 % IV MO	3	B vs D
AMINOSYN II 15% IV MO	3	B vs D
AMINOSYN II 7 % IV MO	3	B vs D
AMINOSYN II 8.5 % IV MO	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES IV MO	3	B vs D
AMINOSYN M 3.5 % IV MO	3	B vs D
AMINOSYN-HBC 7% IV MO	3	B vs D
AMINOSYN-PF 10 % IV MO	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) IV MO	3	B vs D
AMINOSYN-RF 5.2 % IV MO	3	B vs D
ammonium chloride 5 meq/ml MO	1	
AMMONUL 10 %-10 % IV MO	4	
AXONA 20 GRAM/40 GRAM ORAL POWDER PACKET MO	3	
bumetanide 0.5 mg tablet MO	1	
bumetanide 1 mg tablet MO	1	
bumetanide 2 mg tablet MO	1	
bumetanide 2.5 mg/10 ml vial MO	1	
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER MO	4	
BUPHENYL 500 MG TABLET MO	4	
calcium acetate 667 mg capsule MO	1	
calcium acetate 667 mg tablet MO	1	
calcium chloride 10% syrng MO	1	
calcium chloride 10% vial MO	1	
calcium gluconate 10% vial MO	1	B vs D
CARBAGLU 200 MG DISPERSIBLE TABLET SP	4	PA
chlorothiazide 250 mg tablet MO	1	
chlorothiazide 500 mg tablet MO	1	
chlorothiazide sod 500 mg vial MO	1	
chlorthalidone 25 mg tablet MO	1	
chlorthalidone 50 mg tablet MO	1	
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE IV MO	3	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE IV MO	3	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE SULFITE FREE IV MO	3	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE SULFITE FREE IV MO	3	B vs D

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

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

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 20%-water iv soln MO	1	
dextrose 25%-water syringe MO	1	
dextrose 30%-water iv soln MO	1	
dextrose 40%-water iv soln MO	1	
dextrose 5%-1/2ns iv solution MO	1	
dextrose 5%-1/3ns iv solution MO	1	
dextrose 5%-electrolyte 48 MO	1	
dextrose 5%-lr iv solution MO	1	
dextrose 5%-ns iv solution MO	1	
dextrose 5%-ringers iv soln MO	1	
dextrose 5%-sod chloride 0.2% MO	1	
dextrose 5%-water iv soln MO	1	
dextrose 5%-water vial MO	1	
dextrose 50%-water syringe MO	1	
dextrose 50%-water vial MO	1	
dextrose 70%-water iv soln MO	1	
DIURIL 250 MG/5 ML ORAL SUSP MO	3	
DIURIL IV 500 MG SOLUTION MO	3	
DYAZIDE 37.5 MG-25 MG CAPSULE MO	3	
DYRENIUM 100 MG CAPSULE MO	3	
DYRENIUM 50 MG CAPSULE MO	3	
EDECRIN 25 MG TABLET MO	3	
effer-k 25 meq effervescent tablet MO	1	
eliphos 667 mg tablet MO	1	
enulose 10 gram/15 ml oral soln MO	1	
epiklor 20 meq packet MO	1	
epiklor 25 meq packet MO	1	
FOSRENOL 1,000 MG CHEWABLE TABLET MO	3	ST
FOSRENOL 500 MG CHEWABLE TABLET MO	3	ST
FOSRENOL 750 MG CHEWABLE TABLET MO	3	ST
FREAMINE HBC 6.9 % IV MO	3	B vs D
FREAMINE III 10 % IV MO	3	B vs D
FREAMINE III 8.5% IV SOLN. MO	3	B vs D
FREAMINE III-ELECTROLYTES MO	3	B vs D
furosemide 10 mg/ml solution 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
furosemide 10 mg/ml syringe MO	1	
furosemide 10 mg/ml vial MO	1	
furosemide 20 mg tablet MO	1	
furosemide 40 mg tablet MO	1	
furosemide 40 mg/5 ml soln MO	1	
furosemide 80 mg tablet MO	1	
generlac 10 gram/15 ml oral soln MO	1	
glycine 1.5% irrigation MO	3	
GLYCINE UROLOGIC 1.5 % IRRIGATION SOLN MO	3	
GLYCOPHOS 1 MMOL/ML IV MO	1	
HEPATAMINE 8% IV MO	3	B vs D
HEPATASOL 8 % IV MO	3	B vs D
hydrochlorothiazide 12.5 mg cp MO	1	
hydrochlorothiazide 12.5 mg tb MO	1	
hydrochlorothiazide 25 mg tab MO	1	
hydrochlorothiazide 50 mg tab MO	1	
HYPERLYTE-CR 25 MEQ-20 MEQ-5 MEQ/20 ML IV MO	3	
indapamide 1.25 mg tablet MO	1	
indapamide 2.5 mg tablet MO	1	
INTRALIPID 20 % IV MO	3	B vs D
INTRALIPID 30 % IV MO	3	B vs D
IONOSOL-B IN D5W IV MO	3	
IONOSOL-MB IN D5W IV MO	3	
ISOLYTE H-DEXTROSE 5% SOLN MO	3	
ISOLYTE-M IN D5W IV MO	3	
ISOLYTE-P IN D5W IV MO	3	
ISOLYTE-S IV MO	3	
ISOLYTE-S PH 7.4 IV MO	3	
k-effervescent 25 meq tablet MO	1	
K-PHOS M.F. TABLET MO	3	
K-PHOS NO 2 305 MG-700 MG TABLET MO	3	
K-PHOS ORIGINAL 500 MG SOLUBLE TABLET MO	3	
K-PHOS-NEUTRAL 250 MG TABLET MO	3	
K-TAB 10 MEQ TABLET,EXTENDED RELEASE MO	3	
kalexate oral powder MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KAYEXALATE ORAL POWDER MO	3	
kcl 10 meq in d5w-1/3 ns MO	1	
kcl 20 meq in d5w solution MO	1	
kcl 20 meq in d5w-1/2 ns MO	1	
kcl 20 meq in d5w-1/4 ns MO	1	
kcl 20 meq in d5w-lact ringer MO	1	
kcl 20 meq in d5w-ns MO	1	
kcl 20 meq-ns 1,000 ml iv soln MO	1	
kcl 40 meq in d5w solution MO	1	
kcl 40 meq in d5w-lact ringer MO	1	
kcl 40 meq in d5w-nacl 0.9% MO	1	
kcl 40 meq-ns 1,000 ml iv soln MO	1	
kionex 15 gram/60 ml oral susp MO	1	
kionex oral powder MO	1	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MO	1	
klor-con 20 meq oral packet MO	1	
KLOR-CON 25 MEQ ORAL PACKET MO	1	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MO	1	
klor-con m10 meq tablet,extended release MO	1	
klor-con m15 meq tablet,extended release MO	1	
klor-con m20 meq tablet,extended release MO	1	
klor-con/ef 25 meq effervescent tablet MO	1	
KRISTALOSE 10 GRAM ORAL PACKET MO	1	
KRISTALOSE 20 GRAM ORAL PACKET MO	1	
l-cysteine 50 mg/ml vial MO	1	
lactated ringers injection MO	1	
lactated ringers irrigation MO	1	
lactulose 10 gm/15 ml solution MO	1	
lactulose 20 gm/30 ml solution MO	1	
LASIX 20 MG TABLET MO	3	
LASIX 40 MG TABLET MO	3	
LASIX 80 MG TABLET MO	3	
LIPOSYN II 20 % IV MO	3	B vs D
LIPOSYN III 10 % IV MO	3	B vs D
LIPOSYN III 20 % IV MO	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LIPOSYN III 30 % IV MO	3	B vs D
LITHOSTAT 250 MG TABLET MO	3	
MAGNEBIND 400 400 MG-200 MG-1 MG TABLET MO	3	
mannitol 10% iv solution MO	1	
mannitol 20% iv solution MO	1	
mannitol 25% vial MO	1	
mannitol 5% iv solution MO	1	
MAXZIDE 75 MG-50 MG TABLET MO	3	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET MO	3	
methyclothiazide 5 mg tablet MO	1	
metolazone 10 mg tablet MO	1	
metolazone 2.5 mg tablet MO	1	
metolazone 5 mg tablet MO	1	
MICROZIDE 12.5 MG CAPSULE MO	3	
MIDAMOR 5 MG TABLET MO	3	
NEPHRAMINE 5.4 % IV MO	3	B vs D
NEUT 4 % IV MO	3	
NORMOSOL-M IN D5W IV MO	3	
NORMOSOL-R IN D5W IV MO	3	
NORMOSOL-R IV MO	3	
NORMOSOL-R PH 7.4 IV MO	3	
NUTRILYTE 25 MEQ-40.6 MEQ-5 MEQ/20 ML IV MO	3	
nutrilyte ii 35 meq-20 meq-5 meq/20 ml iv MO	3	
ORACIT 490 MG-640 MG/5 ML ORAL SOLN MO	3	
OSMITROL 10 % IV MO	3	
OSMITROL 15 % IV MO	3	
OSMITROL 20 % IV MO	3	
OSMITROL 5 % IV MO	3	
PHOSLO 667 MG CAPSULE MO	2	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLN MO	2	
phospha 250 neutral 250 mg tablet MO	1	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLN MO	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLN MO	1	
PLASMA-LYTE 148 IV MO	3	
PLASMA-LYTE A IV 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
PLASMA-LYTE-56 IN D5W IV MO	3	
potassium 25 meq tablet eff MO	1	
potassium acet 2 meq/ml vial MO	1	
potassium acet 4 meq/ml vial MO	1	
potassium cit-citric acid sln MO	1	
potassium citrate er 10 meq tb MO	1	
potassium citrate er 5 meq tab MO	1	
potassium cl 10 meq/100 ml sol MO	1	
potassium cl 10 meq/50 ml sol MO	1	
potassium cl 10% (20 meq/15 ml MO	1	
potassium cl 2 meq/ml vial MO	1	
potassium cl 20 meq-0.45% nacl MO	1	
potassium cl 20 meq/100 ml sol MO	1	
potassium cl 20 meq/50 ml sol MO	1	
potassium cl 20% (40 meq/15 ml MO	1	
potassium cl 25 meq tab eff MO	1	
potassium cl 30 meq/100 ml sol MO	1	
potassium cl 40 meq/100 ml sol MO	1	
potassium cl er 10 meq capsule MO	1	
potassium cl er 10 meq tablet MO	1	
potassium cl er 20 meq tablet MO	1	
potassium cl er 8 meq capsule MO	1	
potassium cl er 8 meq tablet MO	1	
potassium ph 3mm/ml vial MO	1	
PREMASOL 10 % IV MO	1	B vs D
PREMASOL 6 % IV MO	1	B vs D
probenecid 500 mg tablet MO	1	
probenecid-colchicine tabs MO	1	
PROCALAMINE 3% IV MO	3	B vs D
PROSOL 20% IV MO	3	B vs D
RAVICTI 1.1 GRAM/ML ORAL LIQUID SP	4	PA,QL (21 per 30 days)
RENACIDIN 6.602 G-0.198 G/100 ML IRRIGATION SOLN MO	3	
RENAGEL 400 MG TABLET MO	3	ST
RENAGEL 800 MG TABLET MO	3	ST
RENVELA 0.8 GRAM ORAL POWDER PACKET MO	2	QL (540 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RENVELA 2.4 GRAM ORAL POWDER PACKET MO	2	QL (180 per 30 days)
RENVELA 800 MG TABLET MO	2	QL (540 per 30 days)
RESECTISOL 5 % URETHRAL MO	3	
ringer's iv solution MO	1	
ringers irrigation solution MO	1	
saline 0.45% soln-excel con MO	1	
SAMSCA 15 MG TABLET SP	4	QL (60 per 30 days)
SAMSCA 30 MG TABLET SP	4	QL (60 per 30 days)
sodium acetate 2 meq/ml vial MO	1	
sodium acetate 4 meq/ml vial MO	1	
sodium bicarb 4.2% abbjct MO	1	
sodium bicarb 4.2% vial MO	1	
sodium bicarb 7.5% abboject MO	1	
sodium bicarb 7.5% vial MO	1	
sodium bicarb 8.4% abboject MO	1	
sodium bicarb 8.4% abboject MO	1	
sodium bicarb 8.4% vial MO	1	
sodium chloride 0.45% soln MO	1	
sodium chloride 0.9% irrig. MO	1	
sodium chloride 0.9% soln. MO	1	
sodium chloride 0.9% solution MO	1	
sodium chloride 10% vial MO	1	
sodium chloride 3% iv soln MO	1	
sodium chloride 3% vial MO	1	
sodium chloride 4 meq/ml vl MO	1	
sodium chloride 5% iv soln MO	1	
sodium cl 2.5 meq/ml vial MO	1	
SODIUM EDECRIN 50 MG IV SOLUTION MO	3	
sodium lactate 1/6molar inj MO	1	
sodium lactate 5 meq/ml vial MO	1	
sodium phenylbutyrate powder MO	1	
sodium phosphate 3mm/ml vial MO	1	
sodium polystyrene sulf pwd MO	1	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp MO	1	
sorbitol-mannitol irrig MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sps 15 gm/60 ml suspension MO	1	
SPS 15 GRAM/60 ML ORAL SUSP MO	1	
sps 30 gm/120 ml enema MO	1	
SPS 30 GRAM/120 ML ENEMA MO	1	
sps 50 gm/200 ml enema MO	1	
sterile water for irrigation MO	1	
taron-crystals 3,300 mg-1,002 mg oral packet MO	1	
THALITONE 15 MG TABLET MO	3	
THAM 36 MG/ML (0.3 M) IV SOLUTION MO	3	
torsemide 10 mg tablet MO	1	
torsemide 100 mg tablet MO	1	
torsemide 20 mg tablet MO	1	
torsemide 20 mg/2 ml vial MO	1	
torsemide 5 mg tablet MO	1	
torsemide 50 mg/5 ml vial MO	1	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML IV MO	3	
TPN ELECTROLYTES II 18 MEQ-18 MEQ-5 MEQ/20 ML IV MO	3	
TRAVASOL 10 % IV MO	3	B vs D
triamterene-hctz 37.5-25 mg cp MO	1	
triamterene-hctz 37.5-25 mg tb MO	1	
triamterene-hctz 75-50 mg tab MO	1	
tricitrates 550 mg-500 mg-334 mg/5 ml oral soln MO	1	
TROPHAMINE 10 % IV MO	3	B vs D
TROPHAMINE 6% IV MO	3	B vs D
UROCIT-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE MO	3	
UROCIT-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE MO	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET,EXTENDED RELEASE MO	3	
VOLUVEN 6 % IV MO	3	
ZAROXOLYN 2.5 MG TABLET MO	3	
ZAROXOLYN 5 MG TABLET MO	3	
ENZYMES		
ADAGEN 250 UNIT/ML IM MO	4	
ALDURAZYME 2.9 MG/5 ML IV MO	4	PA
CEREDASE 80 UNITS/ML VIAL MO	4	PA
CEREZYME 200 UNIT IV SOLUTION MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CEREZYME 400 UNIT IV SOLUTION MO	4	PA
ELAPRASE 6 MG/3 ML IV MO	4	PA
ELELYSO 200 UNIT IV SOLUTION MO	4	PA,QL (300 per 30 days)
ELITEK 1.5 MG IV SOLUTION MO	4	PA
ELITEK 7.5 MG IV SOLUTION MO	4	PA
FABRAZYME 35 MG IV SOLUTION MO	4	PA
FABRAZYME 5 MG IV SOLUTION MO	4	PA
HYLENEX 150 UNIT/ML INJECTION MO	3	
LUMIZYME 50 MG IV SOLUTION MO	4	PA
MYOZYME 50 MG IV SOLUTION MO	4	PA
NAGLAZYME 5 MG/5 ML IV MO	4	PA
VITRASE 200 UNIT/ML INJECTION MO	3	
VPRIV 400 UNIT IV SOLUTION MO	4	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetasol hc 1 %-2 % ear drops MO	1	
acetazolamide 125 mg tablet MO	1	
acetazolamide 250 mg tablet MO	1	
acetazolamide er 500 mg cap MO	1	
acetazolamide sod 500 mg vial MO	1	
acetic acid 2% ear solution MO	1	
acetic acid-aluminum drops MO	1	
ACULAR 0.5 % EYE DROPS MO	3	ST
ACULAR LS 0.4 % EYE DROPS MO	3	ST
ACUVAIL (PF) 0.45 % EYE DROPPERETTE MO	3	ST
AK-PENTOLATE 1 % EYE DROPS MO	1	
ak-poly-bac 500 unit-10,000 unit/gram eye ointment MO	1	
akorn balanced salt intraocular MO	1	
AKTEN (PF) 3.5 % EYE GEL MO	3	
ALAMAST 0.1% DROPS MO	3	
ALCAINE 0.5 % EYE DROPS MO	1	
ALOMIDE 0.1 % EYE DROPS MO	3	
ALPHAGAN P 0.1 % EYE DROPS MO	2	
ALPHAGAN P 0.15 % EYE DROPS MO	2	
ALREX 0.2 % EYE DROPS MO	3	
altafrin 10 % eye drops MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
altafrin 2.5 % eye drops MO	1	
antipyrine-benzocaine ear drop MO	1	
apraclonidine hcl 0.5% drops MO	1	
ARESTIN 1 MG DENTAL CARTRIDGE MO	3	
ASTELIN 137 MCG NASAL SPRAY AEROSOL MO	3	PA,QL (30 per 25 days)
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY MO	2	QL (30 per 25 days)
atropine 1% eye drops MO	1	
atropine 1% eye ointment MO	1	
atropine-care 1 % eye drops MO	1	
ATROVENT 0.03 % NASAL SPRAY MO	3	QL (30 per 30 days)
ATROVENT 0.06 % NASAL SPRAY MO	3	QL (45 per 30 days)
aurodex 5.4 %-1.4 % ear drops MO	1	
auroguard 5.4 %-1.4 % ear drops MO	1	
AZASITE 1 % EYE DROPS MO	2	
azelastine 137 mcg nasal spray MO	1	QL (30 per 25 days)
azelastine hcl 0.05% drops MO	1	
AZOPT 1 % EYE DROPS MO	2	
bacitracin 500 unit/gm ointmnt MO	1	
bacitracin-polymyxin eye oint MO	1	
BACTROBAN NASAL 2 % OINTMENT MO	3	
balanced salt intraocular MO	1	
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY MO	3	ST,QL (50 per 30 days)
BEPREVE 1.5 % EYE DROPS MO	3	
BESIVANCE 0.6 % EYE DROPS MO	2	
BETADINE OPHTHALMIC PREP 5 % SOLN MO	3	
BETAGAN 0.5 % EYE DROPS MO	3	
betaxolol hcl 0.5% eye drop MO	1	
BETIMOL 0.25 % EYE DROPS MO	3	
BETIMOL 0.5 % EYE DROPS MO	3	
BETOPTIC S 0.25 % EYE DROPS MO	3	
BLEPH-10 10 % EYE DROPS MO	1	
BLEPHAMIDE 10 %-0.2 % EYE DROPS MO	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT MO	1	
brimonidine 0.2% eye drop MO	1	
brimonidine tartrate 0.15% drp MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BROMDAY 0.09 % EYE DROPS MO	3	ST
BROMDAY TWINPACK 0.09 % EYE DROPS MO	3	ST
bromfenac sodium 0.09% eye drp MO	1	ST
BSS INTRAOCULAR MO	3	
BSS PLUS INTRAOCULAR MO	3	
carteolol hcl 1% eye drops MO	1	
chlorhexidine 0.12% rinse MO	1	
CILOXAN 0.3 % EYE DROPS MO	3	
CILOXAN 0.3 % EYE OINTMENT MO	3	
CIPRO HC 0.2 %-1 % EAR DROPS, SUSP MO	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS, SUSP MO	3	
ciprofloxacin 0.3% eye drop MO	1	
cocaine 10% solution MO	1	
cocaine 4% solution MO	1	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS, SUSP MO	3	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	2	
CORTISPORIN 3.5 MG-10,000 UNIT/ML-1 % EAR SOLN MO	3	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS, SUSP MO	3	
COSOPT 2 %-0.5 % EYE DROPS MO	3	QL (10 per 30 days)
COSOPT PF 2 %-0.5 % EYE DROPPERETTE MO	3	QL (60 per 30 days)
CRESYLATE 25 % EAR DROPS MO	3	
CYCLOGYL 0.5 % EYE DROPS MO	1	
CYCLOGYL 1 % EYE DROPS MO	1	
CYCLOGYL 2 % EYE DROPS MO	1	
cyclopentolate 1% eye drops MO	1	
cyclopentolate hcl 2% drops MO	1	
CYSTARAN 0.44 % EYE DROPS SP	4	PA,QL (60 per 28 days)
DERMOTIC OIL 0.01 % EAR DROPS MO	3	
dexamethasone 0.1% eye drop MO	1	
dexasol 0.1% eye drops MO	1	
DIAMOX SEQUELS 500 MG CAPSULE,EXTENDED RELEASE MO	3	PA
diclofenac 0.1% eye drops MO	1	
dorzolamide hcl 2% eye drops MO	1	QL (10 per 30 days)
dorzolamide-timolol eye drops MO	1	QL (10 per 30 days)
doxycycline hyclate 20 mg tab MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DUREZOL 0.05 % EYE DROPS MO	2	
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY MO	2	QL (23 per 28 days)
ELESTAT 0.05 % EYE DROPS MO	3	
EMADINE 0.05 % EYE DROPS MO	3	
epinastine hcl 0.05% eye drops MO	1	
erythromycin 0.5% eye ointment MO	1	
FLAREX 0.1 % EYE DROPS MO	3	
FLONASE 50 MCG/ACTUATION NASAL SPRAY MO	3	PA,QL (16 per 30 days)
FLUCAINE 0.25 %-0.5 % EYE DROPS MO	1	
flunisolide 0.025% spray MO	1	QL (50 per 30 days)
flunisolide 29 mcg-0.025% spr MO	1	QL (50 per 30 days)
fluocinolone oil 0.01% ear drp MO	1	
fluorometholone 0.1% drops MO	1	
flurbiprofen 0.03% eye drop MO	1	
fluticasone prop 50 mcg spray MO	1	QL (16 per 30 days)
FML FORTE 0.25 % EYE DROPS MO	3	
FML LIQUIFILM 0.1 % EYE DROPS MO	3	
FML S.O.P. 0.1 % EYE OINTMENT MO	3	
GARAMYCIN 0.3 % (3 MG/GRAM) EYE OINTMENT MO	1	
GARAMYCIN 0.3 % EYE DROPS MO	1	
gentak 0.3 % (3 mg/gram) eye ointment MO	1	
gentak 0.3 % eye drops MO	1	
gentamicin 3 mg/gm eye oint MO	1	
gentamicin 3 mg/ml eye drops MO	1	
homatropaire 5 % eye drops MO	1	
hydrocortison-acetic acid soln MO	1	
ILEVRO 0.3 % EYE DROPS MO	3	
ILOTYCIN 5 MG/GRAM (0.5 %) EYE OINTMENT MO	1	
IOPIDINE 0.5 % EYE DROPS MO	3	
IOPIDINE 1 % EYE DROPPERETTE MO	3	
ipratropium 0.03% spray MO	1	QL (30 per 30 days)
ipratropium 0.06% spray MO	1	QL (45 per 30 days)
IQUIX 1.5% EYE DROPS MO	3	
ISOPTO ATROPINE 1 % EYE DROPS MO	3	
ISOPTO CARPINE 1 % EYE DROPS MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISOPTO CARPINE 2 % EYE DROPS MO	3	
ISOPTO CARPINE 4 % EYE DROPS MO	3	
ISOPTO HOMATROPINE 2 % EYE DROPS MO	3	
ISOPTO HOMATROPINE 5 % EYE DROPS MO	3	
ISOPTO HYOSCINE 0.25 % EYE DROPS MO	3	
ISTALOL 0.5 % EYE DROPS MO	3	
ketorolac 0.4% ophth solution MO	1	
ketorolac 0.5% ophth solution MO	1	
LACRISERT 5 MG EYE INSERTS MO	3	
LASTACAFT 0.25 % EYE DROPS MO	3	
latanoprost 0.005% eye drops MO	1	QL (3 per 25 days)
levobunolol 0.25% eye drops MO	1	
levobunolol 0.5% eye drops MO	1	
levofloxacin 0.5% eye drops MO	1	
lidocaine 2% viscous soln MO	1	
lidocaine hcl 2% jelly MO	1	
lidocaine hcl 4% solution MO	1	
lidocaine viscous 2 % mucosal soln MO	1	
LOTEMAX 0.5 % EYE DROPS MO	3	
LOTEMAX 0.5 % EYE GEL MO	3	
LOTEMAX 0.5 % EYE OINTMENT MO	3	
LUMIGAN 0.01 % EYE DROPS MO	2	QL (3 per 25 days)
LUMIGAN 0.03% EYE DROPS MO	2	QL (3 per 25 days)
MAXIDEX 0.1 % EYE DROPS MO	3	
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	1	
methazolamide 25 mg tablet MO	1	
methazolamide 50 mg tablet MO	1	
metipranolol 0.3% eye drops MO	1	
MIOCHOL-E 1:100 (20 MG/2 ML) INTRAOCULAR KIT MO	3	
MIOSTAT 0.01 % INTRAOCULAR MO	3	
MOXEZA 0.5 % EYE DROPS MO	3	
mydfrin 2.5 % eye drops MO	3	
MYDRIACYL 1 % EYE DROPS MO	1	
naphazoline 0.1% eye drops MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NASACORT AQ 55 MCG NASAL SPRAY AEROSOL MO	3	ST,QL (17 per 30 days)
NASONEX 50 MCG/ACTUATION SPRAY MO	2	QL (34 per 30 days)
NATACYN 5 % EYE DROPS MO	3	
neo-bacit-poly-hc eye ointment MO	1	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment MO	1	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment MO	1	
neofrin 10 % eye drops MO	1	
neofrin 2.5 % eye drops MO	1	
neomyc-bacit-polymix eye oint MO	1	
neomyc-polym-dexamet eye ointm MO	1	
neomyc-polym-dexameth eye drop MO	1	
neomyc-polym-gramicid eye drop MO	1	
neomycin-poly-hc eye drops MO	1	
neomycin-polymyxin-hc ear soln MO	1	
neomycin-polymyxin-hc ear susp MO	1	
neosporin (neo-polym-gramicid) 1.75 mg-10k unit-0.025 mg/ml eye drops MO	1	
NEPTAZANE 25 MG TABLET MO	1	
NEPTAZANE 50 MG TABLET MO	1	
NEVANAC 0.1 % EYE DROPS MO	3	
OCUFEN 0.03 % EYE DROPS MO	3	ST
OCUFLOX 0.3 % EYE DROPS MO	3	
ofloxacin 0.3% ear drops MO	1	
ofloxacin 0.3% eye drops MO	1	
OMNARIS 50 MCG NASAL SPRAY MO	2	QL (13 per 30 days)
OMNIPRED 1 % EYE DROPS MO	3	
OPTIPRANOLOL 0.3% EYE DROPS MO	3	
OPTIVAR 0.05 % EYE DROPS MO	3	
oticin 0.1 %-1 % ear drops MO	1	
parcaine 0.5 % eye drops MO	1	
PAREMYD 1 %-0.25 % EYE DROPS MO	3	
PATADAY 0.2 % EYE DROPS MO	2	
PATANASE 0.6 % NASAL SPRAY MO	3	QL (31 per 30 days)
PATANOL 0.1 % EYE DROPS MO	3	
periogard 0.12 % mouthwash MO	1	
PERIOSTAT 20 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenylephrine 2.5% eye drop MO	1	
phenylephrine hcl 10% drops MO	1	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	3	
pilocarpine 1% eye drops MO	2	
pilocarpine 2% eye drops MO	2	
pilocarpine 4% eye drops MO	2	
PILOPINE HS 4 % EYE GEL MO	3	
polycin 500 unit-10,000 unit/gram eye ointment MO	1	
polymyxin b-tmp eye drops MO	1	
POLYTRIM 0.1 %-10,000 UNIT/ML EYE DROPS MO	1	
PRED FORTE 1 % EYE DROPS MO	3	
PRED MILD 0.12 % EYE DROPS MO	3	
PRED-G 0.3 %-1 % EYE DROPS MO	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	3	
prednisolone ac 1% eye drop MO	1	
prednisolone sod 1% eye drop MO	1	
PROLENSA 0.07 % EYE DROPS MO	3	ST,QL (3 per 30 days)
proparacaine 0.5% eye drops MO	1	
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY MO	3	QL (9 per 30 days)
QUIXIN 0.5% EYE DROPS MO	3	
RESCULA 0.15 % EYE DROPS MO	3	ST,QL (5 per 25 days)
RESTASIS 0.05 % EYE DROPPERETTE MO	2	QL (60 per 30 days)
RHINOCORT AQUA 32 MCG/ACTUATION NASAL SPRAY MO	3	ST,QL (18 per 30 days)
romycin eye ointment MO	1	
SIMBRINZA 1 %-0.2 % EYE DROPS MO	3	ST,QL (16 per 30 days)
sulf-pred 10-0.23% eye drops MO	1	
sulfacetamide 10% eye drops MO	1	
sulfacetamide 10% eye ointment MO	1	
sulfamide 10% eye drops MO	1	
tetcaine 0.5 % eye drops MO	1	
tetracaine 0.5% eye drops MO	1	
TETRAVISC 0.5 % VISCOUS EYE DROPPERETTE MO	3	
TETRAVISC 0.5 % VISCOUS EYE DROPS MO	3	
TETRAVISC FORTE 0.5 % DROPPERETTE, HYPERVISCOUS MO	3	
TETRAVISC FORTE 0.5 % DROPS, HYPERVISCOUS MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
timolol 0.25% eye drops MO	1	
timolol 0.25% gfs gel-solution MO	1	
timolol 0.5% eye drops MO	1	
timolol 0.5% gfs gel-solution MO	1	
TIMOPTIC 0.25 % EYE DROPS MO	3	
TIMOPTIC 0.5 % EYE DROPS MO	3	
TIMOPTIC OCUDOSE (PF) 0.25 % EYE DROPPERETTE MO	3	
TIMOPTIC OCUDOSE (PF) 0.5 % EYE DROPPERETTE MO	3	
TIMOPTIC-XE 0.25 % EYE GEL MO	3	
TIMOPTIC-XE 0.5 % EYE GEL MO	3	PA
TOBRADEX 0.3 %-0.1 % EYE DROPS MO	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT MO	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS MO	3	
tobramycin 0.3% eye drops MO	1	
tobramycin-dexameth ophth susp MO	1	
tobrasol 0.3% eye drops MO	1	
TOBREX 0.3 % EYE DROPS MO	1	
TOBREX 0.3 % EYE OINTMENT MO	3	
TRAVATAN Z 0.004 % EYE DROPS MO	2	QL (3 per 25 days)
travoprost 0.004% eye drop MO	1	QL (3 per 25 days)
treagan otic 5.4 %-1.4 % ear drops MO	1	
triamcinolone 55 mcg nasal spr MO	1	ST,QL (17 per 30 days)
TRIESENCE (PF) 40 MG/ML INTRAOCULAR SUSP MO	3	
trifluridine 1% eye drops MO	1	
tropicamide 0.5% eye drops MO	1	
tropicamide 1% eye drops MO	1	
TRUSOPT 2 % EYE DROPS MO	3	QL (10 per 30 days)
TYZINE 0.05 % NASAL DROPS MO	1	
TYZINE 0.1 % NASAL DROPS MO	1	
TYZINE 0.1 % NASAL SPRAY MO	1	
VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY MO	3	QL (10 per 30 days)
VEXOL 1 % EYE DROPS MO	3	
VIGAMOX 0.5 % EYE DROPS MO	3	
VIROPTIC 1 % EYE DROPS MO	3	
VOLTAREN 0.1% EYE DROPS MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VOSOL-HC 1 %-2 % EAR DROPS MO	3	
XALATAN 0.005 % EYE DROPS MO	3	QL (3 per 25 days)
XYLOCAINE 2% JELLY MO	3	
XYLOCAINE 4 % MUCOSAL SOLN MO	3	
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER MO	2	QL (6 per 28 days)
ZINOTIC ES EAR DROPS MO	3	
ZIOPTAN (PF) 0.0015 % EYE DROPPERETTE MO	3	ST,QL (30 per 30 days)
ZIRGAN 0.15 % EYE GEL MO	3	QL (5 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS MO	3	
ZYMAXID 0.5 % EYE DROPS MO	3	QL (3 per 25 days)
GASTROINTESTINAL DRUGS		
ACIPHEX 20 MG TABLET,DELAYED RELEASE MO	3	ST,QL (30 per 30 days)
ACTIGALL 300 MG CAPSULE MO	3	PA
AMITIZA 24 MCG CAPSULE MO	2	
AMITIZA 8 MCG CAPSULE MO	2	
ANTIVERT 12.5 MG TABLET MO	3	
ANTIVERT 25 MG TABLET MO	3	
ANTIVERT 50 MG TABLET MO	3	
ANZEMET 100 MG TABLET MO	3	ST,QL (4 per 28 days)
ANZEMET 100 MG/5 ML IV MO	3	ST
ANZEMET 12.5 MG/0.625 ML IV MO	3	ST
ANZEMET 20 MG/ML IV MO	3	ST
ANZEMET 50 MG TABLET MO	3	ST,QL (4 per 28 days)
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE MO	2	QL (120 per 30 days)
ASACOL EC 400 MG TABLET MO	3	ST,QL (360 per 30 days)
ASACOL HD 800 MG TABLET,DELAYED RELEASE MO	3	ST
AXID 150 MG/10 ML ORAL SOLN MO	3	
balsalazide disodium 750 mg cp MO	1	
CANASA 1,000 MG RECTAL SUPPOSITORY MO	2	QL (30 per 30 days)
CARAFATE 1 GRAM TABLET MO	3	
CARAFATE 100 MG/ML ORAL SUSP MO	3	
CESAMET 1 MG CAPSULE MO	4	PA,QL (180 per 30 days)
CHENODAL 250 MG TABLET SP	1	
cimetidine 200 mg tablet MO	1	
cimetidine 300 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cimetidine 300 mg/5 ml soln MO	1	
cimetidine 400 mg tablet MO	1	
cimetidine 800 mg tablet MO	1	
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBQ SYRINGE KIT SP	4	PA,QL (6 per 30 days)
CIMZIA POWDER FOR RECONSTITUTION 400 MG (200 MG X 2 VIALS) SUB-Q KIT MO	4	PA,QL (6 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SUBQ SYRINGE KIT SP	4	PA,QL (6 per 30 days)
COLAZAL 750 MG CAPSULE MO	3	PA
COLYTE WITH FLAVOR PACKS 227.1 GRAM-21.5 GRAM-6.36GRAM ORAL SOLUTION MO	3	
COLYTE WITH FLAVOR PACKS 240 G-22.72 G-6.72 G-5.84 G ORAL SOLUTION MO	3	
compro 25 mg rectal suppository MO	1	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
CREON 36,000-114,000-180,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
CYTOTEC 100 MCG TABLET MO	3	
CYTOTEC 200 MCG TABLET MO	3	
DELZICOL 400 MG CAPSULE,DELAYED RELEASE MO	3	ST,QL (180 per 30 days)
DEXILANT 30 MG CAPSULE, DELAYED RELEASE MO	3	QL (30 per 30 days)
DEXILANT 60 MG CAPSULE, DELAYED RELEASE MO	3	QL (30 per 30 days)
dimenhydrinate 50 mg/ml vial MO	1	
DIPENTUM 250 MG CAPSULE MO	3	
diphenoxylate-atropine liq MO	1	
diphenoxylate-atropine tablet MO	1	
dronabinol 10 mg capsule MO	4	B vs D,QL (120 per 30 days)
dronabinol 2.5 mg capsule MO	1	B vs D,QL (120 per 30 days)
dronabinol 5 mg capsule MO	1	B vs D,QL (120 per 30 days)
EMEND 115 MG VIAL MO	3	PA,QL (2 per 28 days)
EMEND 125 MG (1)-80 MG (1)-80 MG (1) CAPSULES IN A DOSE PACK MO	3	B vs D,QL (6 per 28 days)
EMEND 125 MG CAPSULE MO	3	B vs D,QL (2 per 28 days)
EMEND 150 MG IV SOLUTION MO	3	PA,QL (2 per 28 days)
EMEND 40 MG CAPSULE MO	3	B vs D,QL (2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMEND 80 MG CAPSULE MO	3	B vs D,QL (4 per 28 days)
famotidine 10 mg/ml vial MO	1	
famotidine 20 mg piggyback MO	1	
famotidine 20 mg tablet MO	1	
famotidine 20 mg/2 ml vial MO	1	
famotidine 40 mg tablet MO	1	
famotidine 40 mg/5 ml susp MO	1	
FULYZAQ 125 MG TABLET,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
GATTEX 30-VIAL 5 MG SUB-Q KIT SP	4	PA,QL (30 per 30 days)
GATTEX ONE-VIAL 5 MG SUB-Q KIT SP	4	PA,QL (30 per 30 days)
gavilyte-c 240 g-22.72 g-6.72 g-5.84 g oral solution MO	1	
gavilyte-g 236 g-22.74 g-6.74 g-5.86 g oral solution MO	1	
gavilyte-n 420 gram oral solution MO	1	
GIAZO 1.1 GRAM TABLET MO	3	PA,QL (180 per 30 days)
GOLYTELY 227.1 G-21.5 G-6.36 G-5.53 G PACKET MO	2	
GOLYTELY 236 G-22.74 G-6.74 G-5.86 G ORAL SOLUTION MO	2	
granisetron hcl 0.1 mg/ml vial MO	1	
granisetron hcl 1 mg tablet MO	1	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial MO	1	
granisetron hcl 4 mg/4 ml vial MO	1	QL (4 per 28 days)
granisol 1 mg/5 ml oral soln MO	1	B vs D,QL (150 per 28 days)
HALFLYTELY-BISACODYL W-FLAVOR PACK 5 MG-210 GRAM ORAL KIT MO	2	
lansoprazole dr 15 mg capsule MO	1	QL (60 per 30 days)
lansoprazole dr 30 mg capsule MO	1	QL (30 per 30 days)
lansoprazole odt 15 mg tablet MO	1	QL (30 per 30 days)
lansoprazole odt 30 mg tablet MO	1	QL (30 per 30 days)
LIALDA 1.2 G TABLET,DELAYED RELEASE MO	2	QL (120 per 30 days)
LINZESS 145 MCG CAPSULE MO	2	QL (30 per 30 days)
LINZESS 290 MCG CAPSULE MO	2	QL (30 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET MO	3	PA
loperamide 2 mg capsule MO	1	
LOTRONEX 0.5 MG TABLET MO	4	QL (60 per 30 days)
LOTRONEX 1 MG TABLET MO	4	QL (60 per 30 days)
MARINOL 10 MG CAPSULE MO	3	PA,QL (120 per 30 days)
MARINOL 2.5 MG CAPSULE MO	3	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MARINOL 5 MG CAPSULE MO	3	PA,QL (120 per 30 days)
meclizine 12.5 mg tablet MO	1	
meclizine 25 mg tablet MO	1	
mesalamine 4 gm/60 ml enema MO	1	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit MO	1	
metoclopramide 10 mg tablet MO	1	
metoclopramide 10 mg/2 ml syr MO	1	
metoclopramide 5 mg tablet MO	1	
metoclopramide 5 mg/5 ml soln MO	1	
metoclopramide 5 mg/ml vial MO	1	
METOZOLV ODT 10 MG DISINTEGRATING TABLET MO	3	ST,QL (120 per 30 days)
METOZOLV ODT 5 MG DISINTEGRATING TABLET MO	3	ST,QL (360 per 30 days)
misoprostol 100 mcg tablet MO	1	
misoprostol 200 mcg tablet MO	1	
MOTOFEN 1 MG-0.025 MG TABLET MO	3	
MOVIPREP 100 G-7.5 G-2.691 G-4.7 G ORAL POWDER PACKET MO	3	
NEXIUM 20 MG CAPSULE,DELAYED RELEASE MO	2	QL (30 per 30 days)
NEXIUM 40 MG CAPSULE,DELAYED RELEASE MO	2	QL (30 per 30 days)
NEXIUM IV 20 MG SOLUTION MO	3	
NEXIUM IV 40 MG SOLUTION MO	3	
NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP MO	2	QL (30 per 30 days)
NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP MO	2	QL (30 per 30 days)
NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP MO	2	QL (30 per 30 days)
NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP MO	2	QL (30 per 30 days)
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP MO	2	QL (30 per 30 days)
nizatidine 15 mg/ml solution MO	1	
nizatidine 150 mg capsule MO	1	
nizatidine 300 mg capsule MO	1	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION MO	2	
NUTRESTORE 5 GRAM ORAL POWDER PACKET MO	3	
OMECLAMOX-PAK 20 MG (20)-500 MG (20) ORAL PACK MO	3	
omeprazole dr 10 mg capsule MO	1	QL (60 per 30 days)
omeprazole dr 20 mg capsule MO	1	QL (60 per 30 days)
omeprazole dr 40 mg capsule MO	1	QL (30 per 30 days)
omeprazole-bicarb 20-1,100 cap MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
omeprazole-bicarb 40-1,100 cap MO	1	QL (30 per 30 days)
ondansetron 32 mg/50 ml bag MO	1	
ondansetron 4 mg/5 ml solution MO	1	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial MO	1	
ondansetron hcl 24 mg tablet MO	1	B vs D,QL (30 per 30 days)
ondansetron hcl 32 mg/50 ml bg MO	1	
ondansetron hcl 4 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr MO	1	
ondansetron hcl 4 mg/2 ml vial MO	1	
ondansetron hcl 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron odt 4 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron odt 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
opium tincture 10 mg/ml MO	2	QL (180 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET MO	3	
PANCREAZE 10,500-25,000-43,750 UNIT CAPSULE,DELAYED RELEASE MO	3	
PANCREAZE 16,800-40,000-70,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
PANCREAZE 21,000-37,000-61,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
PANCREAZE 4,200-10,000-17,500 UNIT CAPSULE,DELAYED RELEASE MO	3	
pancrelipase 5000 5,000-17,000-27,000 unit capsule,delayed release MO	3	
pantoprazole sod dr 20 mg tab MO	1	QL (60 per 30 days)
pantoprazole sod dr 40 mg tab MO	1	QL (60 per 30 days)
pantoprazole sodium 40 mg vial MO	1	
paregoric liquid MO	1	
peg 3350 electrolyte soln MO	1	
peg-3350 and electrolytes soln MO	1	
peg-3350 solution MO	1	
peg-3350 with flavor packs 420 gram oral solution MO	1	
PENTASA 250 MG CAPSULE,EXTENDED RELEASE MO	3	QL (150 per 30 days)
PENTASA 500 MG CAPSULE,EXTENDED RELEASE MO	3	QL (300 per 30 days)
PEPCID 20 MG TABLET MO	3	PA
PEPCID 40 MG TABLET MO	3	PA
PEPCID 40 MG/5 ML ORAL SUSP MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PERTZYE 16,000-57,500-60,500 UNIT CAPSULE,DELAYED RELEASE MO	3	
PERTZYE 8,000-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE MO	3	
polyethylene glycol 3350 powd MO	1	
PREPOPIK 10 MG-3.5 GRAM/16.1 GRAM ORAL POWDER PACKET MO	3	
PREVACID 15 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
PREVACID 30 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
PREVPAC 500 MG-500 MG-30 MG ORAL PACK MO	3	
PRILOSEC 10 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
PRILOSEC 10 MG ORAL SUSPENSION,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PRILOSEC 2.5 MG ORAL SUSPENSION,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PRILOSEC 20 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
PRILOSEC 40 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
prochlorperazine 10 mg tab MO	1	B vs D
prochlorperazine 25 mg supp MO	1	
prochlorperazine 5 mg tablet MO	1	B vs D
prochlorperazine 5 mg/ml vial MO	1	
PROTONIX 20 MG TABLET,DELAYED RELEASE MO	3	QL (60 per 30 days)
PROTONIX 40 MG GRANULES DELAYED RELEASE FOR SUSP IN PACKET MO	3	QL (30 per 30 days)
PROTONIX 40 MG IV SOLUTION MO	3	
PROTONIX 40 MG TABLET,DELAYED RELEASE MO	3	QL (60 per 30 days)
ranitidine 1,000 mg/40 ml vial MO	1	
ranitidine 15 mg/ml syrup MO	1	
ranitidine 150 mg capsule MO	1	
ranitidine 150 mg tablet MO	1	
ranitidine 300 mg capsule MO	1	
ranitidine 300 mg tablet MO	1	
ranitidine hcl 25 mg/ml vial MO	1	
REGLAN 10 MG TABLET MO	3	
REGLAN 5 MG TABLET MO	3	
REGLAN 5 MG/ML VIAL MO	3	
RELISTOR 12 MG/0.6 ML SUB-Q MO	3	PA,QL (18 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
RELISTOR 12 MG/0.6 ML SUB-Q KIT MO	4	PA,QL (28 per 28 days)
RELISTOR 12 MG/0.6 ML SUB-Q SYRINGE MO	3	PA,QL (18 per 30 days)
RELISTOR 8 MG/0.4 ML SUB-Q SYRINGE MO	3	PA,QL (12 per 30 days)
ROWASA 4 GRAM/60 ML RECTAL KIT MO	3	
SANCUSO 3.1 MG/24 HOUR TRANSDERM PATCH MO	3	QL (4 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA MO	3	QL (1800 per 30 days)
SUCLEAR 210 GRAM-17.5 GRAM-3.13 GRAM ORAL SOLUTION & SOLUTION RECONST. MO	3	
sucralfate 1 gm tablet MO	1	
sucralfate 1 gm/10 ml susp MO	1	
SUPREP 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	2	
TIGAN 100 MG/ML IM MO	3	PA
TIGAN 300 MG CAPSULE MO	3	PA
TRANSDERM-SCOP 1.5 MG 72 HR TRANSDERM PATCH MO	3	PA,QL (4 per 12 days)
trilyte with flavor packets 420 gram oral solution MO	1	
trimethobenzamide 200 mg/2 ml MO	1	PA
trimethobenzamide 300 mg cap MO	1	PA
ULTRESA 13,800 UNIT-27,600 UNIT CAPSULE,DELAYED RELEASE MO	3	
ULTRESA 20,700 UNIT-41,400 UNIT CAPSULE,DELAYED RELEASE MO	3	
ULTRESA 23,000 UNIT-46,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
URSO 250 250 MG TABLET MO	3	PA
URSO FORTE 500 MG TABLET MO	3	PA
ursodiol 250 mg tablet MO	1	
ursodiol 300 mg capsule MO	1	
ursodiol 500 mg tablet MO	1	
VIOKACE 10,440-39,150-39,150 UNIT TABLET MO	3	
VIOKACE 20,880-78,300-78,300 UNIT TABLET MO	3	
VIOKASE 16 TABLET MO	3	
VIOKASE 8 TABLET MO	3	
XENICAL 120 MG CAPSULE MO	3	
ZANTAC 15 MG/ML SYRUP MO	3	PA
ZANTAC 150 MG TABLET MO	3	PA
ZANTAC 25 EFFERDOSE TABLET MO	3	
ZANTAC 25 MG/ML INJECTION MO	3	PA
ZANTAC 300 MG TABLET MO	3	PA
ZANTAC 50 MG/2 ML (25 MG/ML) INJECTION MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZANTAC 50 MG/50 ML PLAST-BAG MO	3	
ZEGERID 20 MG-1,680 MG ORAL PACKET MO	3	QL (30 per 30 days)
ZEGERID 20 MG-1.1 GRAM CAPSULE MO	3	PA,QL (30 per 30 days)
ZEGERID 40 MG-1,680 MG ORAL PACKET MO	3	QL (30 per 30 days)
ZEGERID 40 MG-1.1 GRAM CAPSULE MO	3	PA,QL (30 per 30 days)
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
ZENPEP 25,000-85,000-136,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
ZENPEP 3,000-10,000-16,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
ZOFRAN 2 MG/ML IV MO	3	PA
ZOFRAN 4 MG TABLET MO	3	PA,QL (90 per 30 days)
ZOFRAN 4 MG/5 ML ORAL SOLN MO	3	PA,QL (450 per 30 days)
ZOFRAN 8 MG TABLET MO	3	PA,QL (90 per 30 days)
ZOFRAN ODT 4 MG DISINTEGRATING TABLET MO	3	PA,QL (90 per 30 days)
ZOFRAN ODT 8 MG DISINTEGRATING TABLET MO	3	PA,QL (90 per 30 days)
ZUPLENZ 4 MG ORAL SOLUBLE FILM MO	3	PA,QL (90 per 30 days)
ZUPLENZ 8 MG ORAL SOLUBLE FILM MO	3	PA,QL (90 per 30 days)
GOLD COMPOUNDS		
MYOCHRYSINE 50 MG/ML VIAL MO	3	
RIDAURA 3 MG CAPSULE MO	3	
HEAVY METAL ANTAGONISTS		
BAL IN OIL 100 MG/ML IM MO	3	
CAL DISOD VERSENAT 200 MG/ML MO	1	
CHEMET 100 MG CAPSULE MO	3	
CUPRIMINE 250 MG CAPSULE MO	3	
deferoxamine 2 gram vial MO	1	B vs D
deferoxamine 500 mg vial MO	1	B vs D
DEPEN TITRATABS 250 MG TABLET MO	3	
DESFERAL 2 GRAM SOLUTION FOR INJECTION MO	3	B vs D
DESFERAL 500 MG SOLUTION FOR INJECTION MO	3	B vs D
EXJADE 125 MG DISPERSIBLE TABLET SP	4	PA
EXJADE 250 MG DISPERSIBLE TABLET SP	4	PA
EXJADE 500 MG DISPERSIBLE TABLET SP	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FERRIPROX 500 MG TABLET SP	4	PA,QL (720 per 30 days)
SYPRINE 250 MG CAPSULE MO	3	
HORMONES AND SYNTHETIC SUBSTITUTES		
a-hydrocort 100 mg solution for injection MO	1	
a-methapred 125 mg vial MO	1	
a-methapred 40 mg/ml solution for injection MO	1	
acarbose 100 mg tablet MO	1	
acarbose 25 mg tablet MO	1	
acarbose 50 mg tablet MO	1	
ACTIVELLA 0.5 MG-0.1 MG TABLET MO	3	PA
ACTIVELLA 1 MG-0.5 MG TABLET MO	3	PA
ACTOPLUS MET 15 MG-500 MG TABLET MO	2	PA,QL (90 per 30 days)
ACTOPLUS MET 15 MG-850 MG TABLET MO	2	PA,QL (90 per 30 days)
ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
ACTOPLUS MET XR 30 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
ACTOS 15 MG TABLET MO	2	PA,QL (30 per 30 days)
ACTOS 30 MG TABLET MO	2	PA,QL (30 per 30 days)
ACTOS 45 MG TABLET MO	2	PA,QL (30 per 30 days)
ALORA 0.025 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
ALORA 0.05 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
ALORA 0.075 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
ALORA 0.1 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
altavera (28) 0.15 mg-30 mcg tablet MO	1	
alyacen 1/35 (28) 1 mg-35 mcg tablet MO	1	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	1	
AMARYL 1 MG TABLET MO	3	PA
AMARYL 2 MG TABLET MO	3	PA
AMARYL 4 MG TABLET MO	3	PA
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
amethyst 90 mcg-20 mcg tablet MO	1	
ANADROL-50 50 MG TABLET MO	4	
ANDRODERM 2 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (90 per 30 days)
ANDRODERM 2.5 MG/24HR PATCH MO	3	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANDRODERM 4 MG/24 HR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
ANDRODERM 5 MG/24HR PATCH MO	3	PA,QL (30 per 30 days)
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL PACKET MO	2	QL (300 per 30 days)
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL PACKET MO	2	QL (300 per 30 days)
ANDROGEL 1.25 GRAM/ACTUATION (1%) TRANSDERMAL GEL PUMP MO	2	QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL PACKET MO	2	QL (38 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL PACKET MO	2	QL (150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MO	2	QL (176 per 30 days)
ANDROID 10 MG CAPSULE MO	1	
androxy 10 mg tablet MO	1	
ANGELIQ 0.25 MG-0.5 MG TABLET MO	3	PA
ANGELIQ 0.5 MG-1 MG TABLET MO	3	PA
APIDRA 100 UNIT/ML SUB-Q MO	3	
APIDRA SOLOSTAR 100 UNIT/ML SUB-Q INSULIN PEN MO	3	
apri 0.15 mg-30 mcg tablet MO	1	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet MO	1	
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSP FOR INJECTION MO	3	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSP FOR INJECTION MO	3	
ARMOUR THYROID 120 MG TABLET MO	3	PA
ARMOUR THYROID 15 MG TABLET MO	3	PA
ARMOUR THYROID 180 MG TABLET MO	3	PA
ARMOUR THYROID 240 MG TABLET MO	3	PA
ARMOUR THYROID 30 MG TABLET MO	3	PA
ARMOUR THYROID 300 MG TABLET MO	3	PA
ARMOUR THYROID 60 MG TABLET MO	3	PA
ARMOUR THYROID 90 MG TABLET MO	3	PA
AVANDAMET 2 MG-1,000 MG TABLET MO	3	QL (60 per 30 days)
AVANDAMET 2 MG-500 MG TABLET MO	3	QL (60 per 30 days)
AVANDAMET 4 MG-1,000 MG TABLET MO	3	QL (60 per 30 days)
AVANDAMET 4 MG-500 MG TABLET MO	3	QL (60 per 30 days)
AVANDARYL 4 MG-1 MG TABLET MO	3	QL (60 per 30 days)
AVANDARYL 4 MG-2 MG TABLET MO	3	QL (60 per 30 days)
AVANDARYL 4 MG-4 MG TABLET MO	3	QL (60 per 30 days)
AVANDARYL 8 MG-2 MG TABLET MO	3	QL (30 per 30 days)
AVANDARYL 8 MG-4 MG TABLET MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVANDIA 2 MG TABLET MO	3	QL (60 per 30 days)
AVANDIA 4 MG TABLET MO	3	QL (60 per 30 days)
AVANDIA 8 MG TABLET MO	3	QL (30 per 30 days)
aviane 0.1 mg-20 mcg tablet MO	1	
AXIRON 30 MG/1.5 ML/ACTUATION TRANSDERM SOLUTION IN METERED PUMP MO	3	ST,QL (180 per 30 days)
AYGESTIN 5 MG TABLET MO	3	
azurette (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet MO	1	
balziva (28) 0.4 mg-35 mcg tablet MO	1	
baycadron 0.5 mg/5 ml elixir MO	1	
betamethasone ac-sp 6 mg/ml vl MO	1	
BEYAZ 3 MG-0.02 MG-0.451 MG (24) TABLET MO	3	
BREVICON (28) 0.5 MG-35 MCG TABLET MO	3	
briellyn 0.4 mg-35 mcg tablet MO	1	
budesonide ec 3 mg capsule MO	1	
BYDUREON 2 MG SUBQ SUSPENSION,EXTENDED RELEASE MO	3	ST,QL (4 per 28 days)
BYETTA 10 MCG/0.04 ML PER DOSE SUB-Q PEN INJECTOR MO	3	ST,QL (3 per 30 days)
BYETTA 5 MCG/0.02 ML PER DOSE SUB-Q PEN INJECTOR MO	3	ST,QL (3 per 30 days)
calcitonin-salmon 200 units sp MO	1	B vs D,QL (4 per 28 days)
camila 0.35 mg tablet MO	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	3	QL (91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	1	
CELESTONE 0.6 MG/5 ML ORAL SOLN MO	3	
CELESTONE SOLUSPAN 6 MG/ML SUSP FOR INJECTION MO	3	
CENESTIN 0.3 MG TABLET MO	3	PA
CENESTIN 0.45 MG TABLET MO	3	PA
CENESTIN 0.625 MG TABLET MO	3	PA
CENESTIN 0.9 MG TABLET MO	3	PA
CENESTIN 1.25 MG TABLET MO	3	PA
chateal 0.15 mg-30 mcg tablet MO	1	
chlorpropamide 100 mg tablet MO	1	PA
chlorpropamide 250 mg tablet MO	1	PA
chorionic gonad 10,000 unit vl MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLIMARA 0.025 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA 0.0375 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA 0.05 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA 0.06 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA 0.075 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA 0.1 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL MO	3	PA,QL (8 per 28 days)
COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL MO	3	PA,QL (8 per 28 days)
CORTEF 10 MG TABLET MO	3	
CORTEF 20 MG TABLET MO	3	
CORTEF 5 MG TABLET MO	3	
cortisone 25 mg tablet MO	1	
CRINONE 4 % VAGINAL GEL MO	3	
CRINONE 8 % VAGINAL GEL MO	3	
cryselle (28) 0.3 mg-30 mcg tablet MO	1	
cyclafem 1/35 (28) 1 mg-35 mcg tablet MO	1	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	1	
CYCLESSA (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET MO	3	
CYTOMEL 25 MCG TABLET MO	3	
CYTOMEL 5 MCG TABLET MO	3	
CYTOMEL 50 MCG TABLET MO	3	
danazol 100 mg capsule MO	1	
danazol 200 mg capsule MO	1	
danazol 50 mg capsule MO	1	
dasetta 1/35 (28) 1 mg-35 mcg tablet MO	1	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	1	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
DDAVP 0.1 MG TABLET MO	3	PA
DDAVP 0.1 MG/ML (REFRIGERATE) NASAL SOLN MO	3	PA
DDAVP 0.2 MG TABLET MO	3	PA
DDAVP 10 MCG/SPRAY (0.1 ML) NASAL SPRAY AEROSOL MO	3	PA
DDAVP 4 MCG/ML INJECTION MO	3	PA
DELATESTRYL 200 MG/ML IM OIL MO	3	
DELESTROGEN 10 MG/ML IM OIL MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DELESTROGEN 20 MG/ML IM OIL MO	3	PA
DELESTROGEN 40 MG/ML IM OIL MO	3	PA
DEPO-ESTRADIOL 5 MG/ML IM OIL MO	1	PA
DEPO-MEDROL 20 MG/ML SUSP FOR INJECTION MO	3	
DEPO-MEDROL 40 MG/ML SUSP FOR INJECTION MO	3	
DEPO-MEDROL 80 MG/ML SUSP FOR INJECTION MO	3	
DEPO-PROVERA 150 MG/ML IM SUSP MO	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML IM SYRINGE MO	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML IM MO	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	3	QL (1 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML IM OIL MO	1	
DEPO-TESTOSTERONE 200 MG/ML IM OIL MO	1	
desmopressin 0.1 mg/ml sol MO	1	
desmopressin 0.1 mg/ml spray MO	1	
desmopressin ac 4 mcg/ml ampul MO	1	
desmopressin acetate 0.1 mg tb MO	1	
desmopressin acetate 0.2 mg tb MO	1	
DESOGEN 0.15 MG-30 MCG TABLET MO	3	
dexamethasone 0.5 mg tablet MO	1	
dexamethasone 0.5 mg/5 ml elx MO	1	
dexamethasone 0.5 mg/5 ml liq MO	1	
dexamethasone 0.75 mg tablet MO	1	
dexamethasone 1 mg tablet MO	1	
dexamethasone 1.5 mg tablet MO	1	
dexamethasone 10 mg/ml vial MO	1	
dexamethasone 2 mg tablet MO	1	
dexamethasone 4 mg tablet MO	1	
dexamethasone 4 mg/ml vial MO	1	
dexamethasone 6 mg tablet MO	1	
dexamethasone intensol 1 mg/ml drops (concentrate) MO	1	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK MO	1	
DEXPAK 13 DAY 1.5 MG (51 TABS) TABLETS IN A DOSE PACK MO	1	
DEXPAK 6 DAY 1.5 MG (21 TABS) TABLETS IN A DOSE PACK MO	1	
DIABETA 1.25 MG TABLET MO	3	PA
DIABETA 2.5 MG TABLET MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIABETA 5 MG TABLET MO	3	PA
DIVIGEL 0.25 MG (0.1 %) TRANSDERMAL GEL PACKET MO	3	PA
DIVIGEL 0.5 MG (0.1 %) TRANSDERMAL GEL PACKET MO	3	PA
DIVIGEL 1 MG (0.1 %) TRANSDERMAL GEL PACKET MO	3	PA
drospirenone-eth estradiol tab MO	1	
DUETACT 30 MG-2 MG TABLET MO	3	QL (30 per 30 days)
DUETACT 30 MG-4 MG TABLET MO	3	QL (30 per 30 days)
EGRIFTA 1 MG VIAL SP	4	PA,QL (60 per 30 days)
EGRIFTA 2 MG SUB-Q SOLN SP	4	PA,QL (30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP MO	3	PA
elinest 0.3 mg-30 mcg tablet MO	1	
ELLA 30 MG TABLET MO	3	QL (1 per 30 days)
emoquette 0.15 mg-30 mcg tablet MO	1	
ENDOMETRIN 100 MG VAGINAL INSERTS MO	3	
ENJUVIA 0.3 MG TABLET MO	3	PA
ENJUVIA 0.45 MG TABLET MO	3	PA
ENJUVIA 0.625 MG TABLET MO	3	PA
ENJUVIA 0.9 MG TABLET MO	3	PA
ENJUVIA 1.25 MG TABLET MO	3	PA
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
enskyce 0.15 mg-30 mcg tablet MO	1	
ENTOCORT EC 3 MG CAPSULE,DELAYED & EXTENDED RELEASE MO	4	PA
errin 0.35 mg tablet MO	1	
estarylla 0.25 mg-35 mcg tablet MO	1	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM MO	1	
ESTRACE 0.5 MG TABLET MO	1	PA
ESTRACE 1 MG TABLET MO	1	PA
ESTRACE 2 MG TABLET MO	1	PA
ESTRADERM 0.05 MG PATCH MO	3	PA,QL (8 per 28 days)
ESTRADERM 0.1 MG PATCH MO	3	PA,QL (8 per 28 days)
estradiol 0.5 mg tablet MO	1	PA
estradiol 1 mg tablet MO	1	PA
estradiol 10 mg/ml vial MO	1	PA
estradiol 2 mg tablet MO	1	PA
estradiol tds 0.025 mg/day MO	1	PA,QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol tds 0.0375 mg/day MO	1	PA,QL (4 per 28 days)
estradiol tds 0.05 mg/day MO	1	PA,QL (4 per 28 days)
estradiol tds 0.06 mg/day MO	1	PA,QL (4 per 28 days)
estradiol tds 0.075 mg/day MO	1	PA,QL (4 per 28 days)
estradiol tds 0.1 mg/day MO	1	PA,QL (4 per 28 days)
estradiol valerate 20 mg/ml vl MO	1	PA
estradiol valerate 40 mg/ml vl MO	1	PA
estradiol-noreth 0.5-0.1 mg tb MO	1	PA
estradiol-noreth 1-0.5 mg tab MO	1	PA
ESTRASORB 2.5 MG/GRAM (1.74 GRAM) TRANSDERMAL EMULSION PKT MO	3	PA,QL (56 per 28 days)
ESTRING 2 MG VAGINAL MO	3	QL (1 per 90 days)
estropipate 0.625(0.75 mg) tab MO	1	PA
estropipate 1.25(1.5 mg) tab MO	1	PA
estropipate 2.5(3 mg) tab MO	1	PA
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET MO	3	
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY MO	3	PA
EVISTA 60 MG TABLET MO	2	QL (30 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet MO	1	
FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO	3	
FEMHRT 1-5 TABLET MO	3	PA
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET MO	3	PA
FEMRING 0.05 MG/24 HR VAGINAL MO	3	QL (1 per 90 days)
FEMRING 0.1 MG/24 HR VAGINAL MO	3	QL (1 per 90 days)
FEMTRACE 0.45 MG TABLET MO	3	PA
FEMTRACE 0.9 MG TABLET MO	3	PA
FEMTRACE 1.8 MG TABLET MO	3	PA
FLO-PRED 15 MG/5 ML ORAL SUSP MO	3	
fludrocortisone 0.1 mg tablet MO	1	
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
FORTAMET 500 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (120 per 30 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUB-Q PEN INJECTOR MO	3	ST,QL (2 per 28 days)
FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP MO	3	ST
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY MO	3	B vs D,QL (4 per 28 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBQ CARTRIDGE SP	4	PA
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBQ CARTRIDGE SP	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUB-Q SYRINGE SP	3	PA
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUB-Q SYRINGE SP	3	PA
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUB-Q SYRINGE SP	3	PA
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUB-Q SYRINGE SP	4	PA
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUB-Q SYRINGE SP	4	PA
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUB-Q SYRINGE SP	4	PA
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUB-Q SYRINGE SP	4	PA
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUB-Q SYRINGE SP	4	PA
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUB-Q SYRINGE SP	4	PA
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUB-Q SYRINGE SP	4	PA
gianvi 3 mg-20 mcg (24) tablet MO	1	
gildagia 0.4 mg-35 mcg tablet MO	1	
gildess 1 mg-20 mcg tablet MO	1	
gildess 1.5 mg-30 mcg tablet MO	1	
gildess fe 1 mg-20 mcg tablet MO	1	
gildess fe 1.5 mg-30 mcg tablet MO	1	
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	
glipizide er 10 mg tablet MO	1	
glipizide er 2.5 mg tablet MO	1	
glipizide er 5 mg tablet MO	1	
glipizide-metformin 2.5-250 mg MO	1	
glipizide-metformin 2.5-500 mg MO	1	
glipizide-metformin 5-500 mg MO	1	
GLUCAGEN 1 MG SOLUTION FOR INJECTION MO	3	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	3	
GLUCAGON EMERGENCY 1 MG INJECTION KIT MO	2	
GLUCOPHAGE 1,000 MG TABLET MO	3	
GLUCOPHAGE 500 MG TABLET MO	3	
GLUCOPHAGE 850 MG TABLET MO	3	
GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCOTROL 10 MG TABLET MO	3	
GLUCOTROL 5 MG TABLET MO	3	
GLUCOTROL XL 10 MG TABLET,EXTENDED RELEASE MO	3	
GLUCOTROL XL 2.5 MG TABLET,EXTENDED RELEASE MO	3	
GLUCOTROL XL 5 MG TABLET,EXTENDED RELEASE MO	3	
GLUCOVANCE 2.5 MG-500 MG TABLET MO	3	PA
GLUCOVANCE 5 MG-500 MG TABLET MO	3	PA
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
glyburid-metformin 1.25-250 mg MO	1	PA
glyburide 1.25 mg tablet MO	1	PA
glyburide 2.5 mg tablet MO	1	PA
glyburide 5 mg tablet MO	1	PA
glyburide micro 1.5 mg tab MO	1	PA
glyburide micro 3 mg tablet MO	1	PA
glyburide micro 6 mg tablet MO	1	PA
glyburide-metformin 2.5-500 mg MO	1	PA
glyburide-metformin 5-500 mg MO	1	PA
GLYNASE 1.5 MG TABLET MO	3	PA
GLYNASE 3 MG TABLET MO	3	PA
GLYNASE 6 MG TABLET MO	3	PA
GLYSET 100 MG TABLET MO	3	
GLYSET 25 MG TABLET MO	3	
GLYSET 50 MG TABLET MO	3	
heather 0.35 mg tablet MO	1	
HUMALOG 100 UNIT/ML SUB-Q MO	2	QL (240 per 30 days)
HUMALOG 100 UNIT/ML SUBQ CARTRIDGE MO	2	QL (240 per 30 days)
HUMALOG KWIKPEN 100 UNIT/ML SUB-Q PEN MO	2	
HUMALOG MIX 50-50 100 UNIT/ML (50-50) SUSP, SUB-Q INJ MO	2	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) SUB-Q PEN MO	2	
HUMALOG MIX 75-25 100 UNIT/ML (75-25) SUSP, SUB-Q INJ MO	2	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) SUB-Q PEN MO	2	
HUMATROPE 12 MG (36 UNIT) INJECTION, CARTRIDGE SP	4	PA
HUMATROPE 24 MG (72 UNIT) INJECTION, CARTRIDGE SP	4	PA
HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION SP	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMATROPE 6 MG (18 UNIT) INJECTION, CARTRIDGE SP	4	PA
HUMULIN 70/30 100 UNIT/ML (70-30) SUSP, SUB-Q INJ MO	2	
HUMULIN 70/30 PEN 100 UNIT/ML (70-30) SUBQ MO	2	
HUMULIN N 100 UNIT/ML SUSP, SUB-Q INJ MO	2	
HUMULIN N PEN 100 UNIT/ML (3 ML) SUBQ MO	2	
HUMULIN R 100 UNIT/ML INJECTION MO	2	
HUMULIN R U-500 "CONCENTRATED" INSULIN 500 UNIT/ML SUB-Q MO	2	
hydrocortisone 10 mg tablet MO	1	
hydrocortisone 20 mg tablet MO	1	
hydrocortisone 5 mg tablet MO	1	
INCRELEX 10 MG/ML SUB-Q SP	4	PA
introvale 0.15 mg-30 mcg tablets,3 month dose pack MO	1	QL (91 per 90 days)
INVOKANA 100 MG TABLET MO	3	PA,QL (30 per 30 days)
INVOKANA 300 MG TABLET MO	3	PA,QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET MO	2	ST,QL (60 per 30 days)
JANUMET 50 MG-500 MG TABLET MO	2	ST,QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	2	ST,QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE MO	2	ST,QL (60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	2	ST,QL (60 per 30 days)
JANUVIA 100 MG TABLET MO	2	ST,QL (30 per 30 days)
JANUVIA 25 MG TABLET MO	2	ST,QL (30 per 30 days)
JANUVIA 50 MG TABLET MO	2	ST,QL (30 per 30 days)
jencycla 0.35 mg tablet MO	1	
JENTADUETO 2.5 MG-1,000 MG TABLET MO	3	ST,QL (60 per 30 days)
JENTADUETO 2.5 MG-500 MG TABLET MO	3	ST,QL (60 per 30 days)
JENTADUETO 2.5 MG-850 MG TABLET MO	3	ST,QL (60 per 30 days)
jevantique 1 mg-5 mcg tablet MO	1	PA
jinteli 1 mg-5 mcg tablet MO	1	PA
jolessa 0.15 mg-30 mcg tablets,3 month dose pack MO	1	QL (91 per 90 days)
jolivette 0.35 mg tablet MO	1	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet MO	1	
junel 1/20 (21) 1 mg-20 mcg tablet MO	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg tablet MO	1	
junel fe 1/20 (28) 1 mg-20 mcg tablet MO	1	
JUVISYNC 100 MG-10 MG TABLET MO	2	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JUVISYNC 100 MG-20 MG TABLET MO	2	ST,QL (30 per 30 days)
JUVISYNC 100 MG-40 MG TABLET MO	2	ST,QL (30 per 30 days)
JUVISYNC 50 MG-10 MG TABLET MO	2	ST,QL (30 per 30 days)
JUVISYNC 50 MG-20 MG TABLET MO	2	ST,QL (30 per 30 days)
JUVISYNC 50 MG-40 MG TABLET MO	2	ST,QL (30 per 30 days)
kariva (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet MO	1	
KAZANO 12.5 MG-1,000 MG TABLET MO	3	ST,QL (60 per 30 days)
KAZANO 12.5 MG-500 MG TABLET MO	3	ST,QL (60 per 30 days)
kelnor 1/35 (28) 1 mg-35 mcg tablet MO	1	
KENALOG 10 MG/ML SUSP FOR INJECTION MO	3	
KENALOG 40 MG/ML SUSP FOR INJECTION MO	3	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	2	ST,QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	2	ST,QL (30 per 30 days)
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	2	ST,QL (30 per 30 days)
KORLYM 300 MG TABLET SP	4	PA,QL (120 per 30 days)
kurvelo 0.15 mg-30 mcg tablet MO	1	
LANTUS 100 UNIT/ML SUB-Q MO	2	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUB-Q INSULIN PEN MO	2	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet MO	1	
lessina 0.1 mg-20 mcg tablet MO	1	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN MO	2	
LEVLEN (28) 0.15 MG-30 MCG TABLET MO	1	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
levonor-eth estrad 0.1-0.02 mg MO	1	
levonor-eth estrad 0.15-0.03 MO	1	QL (91 per 90 days)
levonor-eth estrad 0.15-0.03 MO	1	
levonorg-eth estrad eth estrad MO	1	QL (91 per 90 days)
levonorgestrel 0.75 mg tablet MO	1	
levora-28 0.15 mg-30 mcg tablet MO	1	
LEVOTHROID 100 MCG TABLET MO	1	
LEVOTHROID 112 MCG TABLET MO	1	
LEVOTHROID 125 MCG TABLET MO	1	
LEVOTHROID 137 MCG TABLET MO	1	
LEVOTHROID 150 MCG TABLET MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEVOTHROID 175 MCG TABLET MO	1	
LEVOTHROID 200 MCG TABLET MO	1	
LEVOTHROID 25 MCG TABLET MO	1	
LEVOTHROID 300 MCG TABLET MO	1	
LEVOTHROID 50 MCG TABLET MO	1	
LEVOTHROID 75 MCG TABLET MO	1	
LEVOTHROID 88 MCG TABLET MO	1	
levothyroxine 100 mcg tablet MO	1	
levothyroxine 100 mcg vial MO	1	
levothyroxine 112 mcg tablet MO	1	
levothyroxine 125 mcg tablet MO	1	
levothyroxine 137 mcg tablet MO	1	
levothyroxine 150 mcg tablet MO	1	
levothyroxine 175 mcg tablet MO	1	
levothyroxine 200 mcg tablet MO	1	
levothyroxine 200 mcg vial MO	1	
levothyroxine 25 mcg tablet MO	1	
levothyroxine 300 mcg tablet MO	1	
levothyroxine 50 mcg tablet MO	1	
levothyroxine 500 mcg vial MO	1	
levothyroxine 75 mcg tablet MO	1	
levothyroxine 88 mcg tablet MO	1	
LEVOXYL 100 MCG TABLET MO	1	
LEVOXYL 112 MCG TABLET MO	1	
LEVOXYL 125 MCG TABLET MO	1	
LEVOXYL 137 MCG TABLET MO	1	
LEVOXYL 150 MCG TABLET MO	1	
LEVOXYL 175 MCG TABLET MO	1	
LEVOXYL 200 MCG TABLET MO	1	
LEVOXYL 25 MCG TABLET MO	1	
LEVOXYL 50 MCG TABLET MO	1	
LEVOXYL 75 MCG TABLET MO	1	
LEVOXYL 88 MCG TABLET MO	1	
liothyronine sod 10 mcg/ml vl MO	1	
liothyronine sod 25 mcg tab MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
liothyronine sod 5 mcg tab MO	1	
liothyronine sod 50 mcg tab MO	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET MO	3	
LO-OVRAL-28 TABLET MO	3	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET MO	1	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET MO	1	
LOESTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET MO	3	
LOESTRIN FE 1.5/30 (28) 1.5 MG-30 MCG TABLET MO	1	
LOESTRIN FE 1/20 (28) 1 MG-20 MCG TABLET MO	3	
loryna 3 mg-20 mcg (24) tablet MO	1	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet MO	1	
lutera (28) 0.1 mg-20 mcg tablet MO	1	
lyza 0.35 mg tablet MO	1	
MAKENA 250 MG/ML IM OIL MO	4	PA
marlissa 0.15 mg-30 mcg tablet MO	1	
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK MO	3	B vs D
MEDROL 16 MG TABLET MO	3	B vs D
MEDROL 2 MG TABLET MO	3	B vs D
MEDROL 32 MG TABLET MO	3	B vs D
MEDROL 4 MG TABLET MO	3	B vs D
MEDROL 8 MG TABLET MO	3	B vs D
medroxyprogesterone 10 mg tab MO	1	
medroxyprogesterone 150 mg/ml MO	1	QL (1 per 90 days)
medroxyprogesterone 2.5 mg tab MO	1	
medroxyprogesterone 5 mg tab MO	1	
MENEST 0.3 MG TABLET MO	1	PA
MENEST 0.625 MG TABLET MO	1	PA
MENEST 1.25 MG TABLET MO	1	PA
MENEST 2.5 MG TABLET MO	1	PA
MENOSTAR 14 MCG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
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 1,000 mg tab MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metformin hcl er 500 mg tablet MO	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet MO	1	QL (60 per 30 days)
methimazole 10 mg tablet MO	1	
methimazole 5 mg tablet MO	1	
METHITEST 10 MG TABLET MO	1	
methylprednisolone 125 mg vial MO	1	
methylprednisolone 16 mg tab MO	1	B vs D
methylprednisolone 32 mg tab MO	1	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	1	
methylprednisolone 40 mg/ml vl MO	1	
methylprednisolone 8 mg tab MO	1	B vs D
methylprednisolone 80 mg/ml vl MO	1	
methylprednisolone ss 1 gm vl MO	1	
MIACALCIN 200 UNIT/ACTUATION NASAL SPRAY MO	3	B vs D,QL (4 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION MO	3	B vs D
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet MO	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg tablet MO	1	
microgestin fe 1/20 (28) 1 mg-20 mcg tablet MO	1	
MILLIPRED 10 MG/5 ML ORAL SOLN MO	1	
millipred 5 mg tablet MO	3	B vs D
millipred dp 5 mg (21 tabs) tablets in a dose pack MO	2	
millipred dp 5 mg (48 tabs) tablets in a dose pack MO	1	B vs D
mimvey 1 mg-0.5 mg tablet MO	1	PA
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET MO	3	
MINIVELLE 0.0375 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
MINIVELLE 0.05 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
MINIVELLE 0.075 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
MINIVELLE 0.1 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
MIRCETTE (28) 0.15 MG-0.02 MG(21)/0.01 MG(5) TABLET MO	3	
MODICON (28) 0.5 MG-35 MCG TABLET MO	3	
mono-linyah 0.25 mg-35 mcg tablet MO	1	
mononessa (28) 0.25 mg-35 mcg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
my way 1.5 mg tablet MO	1	
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MO	3	
nateglinide 120 mg tablet MO	1	
nateglinide 60 mg tablet MO	1	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MO	1	
necon 1/35 (28) 1 mg-35 mcg tablet MO	1	
necon 1/50 (28) 1 mg-50 mcg tablet MO	3	
necon 10/11 (28) 0.5 mg-35 mcg(10)/1 mg-35 mcg(11) tablet MO	1	
necon 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	1	
NESINA 12.5 MG TABLET MO	3	ST,QL (30 per 30 days)
NESINA 25 MG TABLET MO	3	ST,QL (30 per 30 days)
NESINA 6.25 MG TABLET MO	3	ST,QL (30 per 30 days)
next choice 0.75 mg tablet MO	1	
next choice one dose 1.5 mg tablet MO	1	
NOR-QD 0.35 MG TABLET MO	3	
nora-be 0.35 mg tablet MO	1	
NORDETTE-28 TABLET MO	3	
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML) SUB-Q PEN INJECTOR SP	4	PA
NORDITROPIN FLEXPRO 15 MG/1.5 ML (10 MG/ML) SUB-Q PEN INJECTOR SP	4	PA
NORDITROPIN FLEXPRO 5 MG/1.5 ML (3.3 MG/ML) SUB-Q PEN INJECTOR SP	4	PA
NORDITROPIN NORDIFLEX 30 MG/3 ML (10 MG/ML) SUB-Q PEN INJECTOR SP	4	PA
norethin-ethinyl estrad ch tb MO	1	
norethindrone 0.35 mg tablet MO	1	
norethindrone 5 mg tablet MO	1	
norg-ethin estr 0.3-0.03 mg tb MO	1	
norg-ethin estra 0.25-0.035 mg MO	1	
norgestimate-eth estradiol tab MO	1	
NORINYL 1+35 (28) 1 MG-35 MCG TABLET MO	3	
NORINYL 1+50 (28) 1 MG-50 MCG TABLET MO	3	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet MO	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nortrel 1/35 (28) 1 mg-35 mcg tablet MO	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	1	
NOVAREL 10,000 UNIT IM MO	3	PA
NOVOLIN 70/30 100 UNIT/ML (70-30) SUSP, SUB-Q INJ MO	2	
NOVOLIN N 100 UNIT/ML SUSP, SUB-Q INJ MO	2	
NOVOLIN R 100 UNIT/ML INJECTION MO	2	
NOVOLOG 100 UNIT/ML SUB-Q MO	2	
NOVOLOG FLEXPEN 100 UNIT/ML SUB-Q MO	2	
NOVOLOG MIX 70-30 100 UNIT/ML (70-30) SUB-Q MO	2	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML (70-30) SUB-Q MO	2	
NOVOLOG PENFILL 100 UNIT/ML SUBQ CARTRIDGE MO	2	
NUTROPIN 10 MG SUB-Q SOLN SP	4	PA
NUTROPIN 5 MG VIAL SP	4	PA
NUTROPIN AQ 10 MG/2 ML (5 MG/ML) SUBQ CARTRIDGE SP	4	PA
NUTROPIN AQ 20 MG/2 ML (10 MG/ML) SUBQ CARTRIDGE SP	4	PA
NUTROPIN AQ 5 MG/ML VIAL SP	4	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML) SUBQ CARTRIDGE SP	4	PA
NUTROPIN AQ NUSPIN 20 MG/2 ML (10 MG/ML) SUBQ CARTRIDGE SP	4	PA
NUTROPIN AQ NUSPIN 5 MG/2 ML (2.5 MG/ML) SUBQ CARTRIDGE SP	4	PA
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL MO	3	QL (1 per 28 days)
ocella 3 mg-0.03 mg tablet MO	1	
OGEN 2.5 3 MG TABLET MO	1	PA
ogestrel (28) 0.5 mg-50 mcg tablet MO	1	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML) SUBQ CARTRIDGE SP	4	PA
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBQ CARTRIDGE SP	4	PA
OMNITROPE 5.8 MG SUB-Q SOLN SP	4	PA
ONGLYZA 2.5 MG TABLET MO	2	ST,QL (30 per 30 days)
ONGLYZA 5 MG TABLET MO	2	ST,QL (30 per 30 days)
ORAPRED 15 MG/5 ML ORAL SOLN MO	1	
ORAPRED ODT 10 MG DISINTEGRATING TABLET MO	3	
ORAPRED ODT 15 MG DISINTEGRATING TABLET MO	3	
ORAPRED ODT 30 MG DISINTEGRATING TABLET MO	3	
orsythia 0.1 mg-20 mcg tablet MO	1	
ORTHO EVRA 150 MCG-20 MCG/24 HR TRANSDERM PATCH MO	3	QL (3 per 28 days)
ORTHO MICRONOR 0.35 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET MO	3	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET MO	3	
ORTHO-CEPT (28) 0.15 MG-30 MCG TABLET MO	3	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET MO	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET MO	3	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET MO	3	
OSENI 12.5 MG-15 MG TABLET MO	3	ST,QL (30 per 30 days)
OSENI 12.5 MG-30 MG TABLET MO	3	ST,QL (30 per 30 days)
OSENI 12.5 MG-45 MG TABLET MO	3	ST,QL (30 per 30 days)
OSENI 25 MG-15 MG TABLET MO	3	ST,QL (30 per 30 days)
OSENI 25 MG-30 MG TABLET MO	3	ST,QL (30 per 30 days)
OSENI 25 MG-45 MG TABLET MO	3	ST,QL (30 per 30 days)
OVCON-35 (28) 0.4 MG-35 MCG TABLET MO	1	
OVCON-50 28 TABLET MO	3	
OXANDRIN 10 MG TABLET MO	4	PA,QL (60 per 30 days)
OXANDRIN 2.5 MG TABLET MO	3	PA,QL (120 per 30 days)
oxandrolone 10 mg tablet MO	1	QL (60 per 30 days)
oxandrolone 2.5 mg tablet MO	1	QL (120 per 30 days)
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLN MO	3	
philith 0.4 mg-35 mcg tablet MO	1	
pioglitaz-glimepir 30-2 mg tab MO	1	QL (30 per 30 days)
pioglitaz-glimepir 30-4 mg tab MO	1	QL (30 per 30 days)
pioglitazone hcl 15 mg tablet MO	1	QL (30 per 30 days)
pioglitazone hcl 30 mg tablet MO	1	QL (30 per 30 days)
pioglitazone hcl 45 mg tablet MO	1	QL (30 per 30 days)
pioglitazone-metformin 15-500 MO	1	QL (90 per 30 days)
pioglitazone-metformin 15-850 MO	1	QL (90 per 30 days)
pirmella 1 mg-35 mcg tablet MO	1	
PITRESSIN 20 UNIT/ML INJECTION MO	1	
portia 0.15 mg-30 mcg tablet MO	1	
PRANDIMET 1 MG-500 MG TABLET MO	3	
PRANDIMET 2 MG-500 MG TABLET MO	3	
PRANDIN 0.5 MG TABLET MO	3	
PRANDIN 1 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRANDIN 2 MG TABLET MO	3	
PRECOSE 100 MG TABLET MO	3	
PRECOSE 25 MG TABLET MO	3	
PRECOSE 50 MG TABLET MO	3	
prednisolone 15 mg/5 ml soln MO	1	
prednisolone 15 mg/5 ml syrup MO	1	
prednisolone 5 mg/5 ml soln MO	1	
prednisolone sod ph 25 mg/5 ml MO	1	
prednisone 1 mg tablet MO	1	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	1	B vs D
prednisone 50 mg tablet MO	1	B vs D
prednisone intensol 5 mg/ml oral concentrate MO	1	B vs D
PREFEST 1/1 MG (15-0.09 MG (15/15) TABLET MO	3	PA
PREGNYL 10,000 UNIT IM MO	3	PA
PRELONE 15 MG/5 ML ORAL SOLN MO	1	
PREMARIN 0.3 MG TABLET MO	3	PA
PREMARIN 0.45 MG TABLET MO	3	PA
PREMARIN 0.625 MG TABLET MO	3	PA
PREMARIN 0.625 MG/GRAM VAGINAL CREAM MO	2	
PREMARIN 0.9 MG TABLET MO	3	PA
PREMARIN 1.25 MG TABLET MO	3	PA
PREMARIN 25 MG SOLUTION FOR INJECTION MO	3	PA
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET MO	3	PA
PREMPRO 0.3 MG-1.5 MG TABLET MO	3	PA
PREMPRO 0.45 MG-1.5 MG TABLET MO	3	PA
PREMPRO 0.625 MG-2.5 MG TABLET MO	3	PA
PREMPRO 0.625 MG-5 MG TABLET MO	3	PA
previfem 0.25 mg-35 mcg tablet MO	1	
progesterone 100 mg capsule MO	1	
progesterone 200 mg capsule MO	1	
progesterone in oil 50 mg/ml im MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
progesterone oil 50 mg/ml vl MO	1	
PROMETRIUM 100 MG CAPSULE MO	3	
PROMETRIUM 200 MG CAPSULE MO	3	
propylthiouracil 50 mg tablet MO	1	
PROVERA 10 MG TABLET MO	3	
PROVERA 2.5 MG TABLET MO	3	
PROVERA 5 MG TABLET MO	3	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
quasense 0.15 mg-30 mcg tablets,3 month dose pack MO	1	QL (91 per 90 days)
RAYOS 1 MG TABLET,DELAYED RELEASE MO	3	B vs D
RAYOS 2 MG TABLET,DELAYED RELEASE MO	3	B vs D
RAYOS 5 MG TABLET,DELAYED RELEASE MO	3	B vs D
reclipsen (28) 0.15 mg-30 mcg tablet MO	1	
repaglinide 1 mg tablet MO	1	
repaglinide 2 mg tablet MO	1	
RIOMET 500 MG/5 ML ORAL SOLN MO	3	
SAFYRAL 3 MG-0.03 MG-0.451 MG (21/7) TABLET MO	3	
SAIZEN 5 MG SUB-Q SOLN SP	4	PA
SAIZEN 8.8 MG SUB-Q SOLN SP	4	PA
SAIZEN CLICK.EASY 8.8 MG/1.5 ML (FINAL CONC.) SUBQ CARTRIDGE SP	4	PA
SEASONALE 0.15-0.03 MG TAB MO	3	PA,QL (91 per 90 days)
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
SEROSTIM 4 MG SUB-Q SOLN SP	4	PA
SEROSTIM 5 MG SUB-Q SOLN SP	4	PA
SEROSTIM 6 MG SUB-Q SOLN SP	4	PA
SOLIA 0.15-0.03 MG TABLET MO	1	
SOLU-CORTEF (PF) 1,000 MG/8 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF (PF) 100 MG/2 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF (PF) 250 MG/2 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF (PF) 500 MG/4 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION MO	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML IV SOLUTION MO	3	
SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION MO	3	
SOLU-MEDROL (PF) 40 MG/ML SOLUTION FOR INJECTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOLU-MEDROL (PF) 500 MG/4 ML IV SOLUTION MO	3	
SOLU-MEDROL 1,000 MG IV SOLUTION MO	3	
SOLU-MEDROL 125 MG/2 ML SOLUTION FOR INJECTION MO	3	
SOLU-MEDROL 2 GRAM IV SOLUTION MO	3	
SOLU-MEDROL 500 MG IV SOLUTION MO	3	
SOMAVERT 10 MG SUB-Q SOLN SP	4	PA,QL (60 per 30 days)
SOMAVERT 15 MG SUB-Q SOLN SP	4	PA,QL (60 per 30 days)
SOMAVERT 20 MG SUB-Q SOLN SP	4	PA,QL (60 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet MO	1	
sronyx 0.1 mg-20 mcg tablet MO	1	
STARLIX 120 MG TABLET MO	3	PA
STARLIX 60 MG TABLET MO	3	PA
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY MO	3	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE MO	3	
syeda 3 mg-0.03 mg tablet MO	1	
SYMLINPEN 120 2,700 MCG/2.7 ML SUB-Q PEN INJECTOR MO	3	PA,QL (11 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUB-Q PEN INJECTOR MO	3	PA,QL (11 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY SP	4	
SYNTHROID 100 MCG TABLET MO	2	
SYNTHROID 112 MCG TABLET MO	2	
SYNTHROID 125 MCG TABLET MO	2	
SYNTHROID 137 MCG TABLET MO	2	
SYNTHROID 150 MCG TABLET MO	2	
SYNTHROID 175 MCG TABLET MO	2	
SYNTHROID 200 MCG TABLET MO	2	
SYNTHROID 25 MCG TABLET MO	2	
SYNTHROID 300 MCG TABLET MO	2	
SYNTHROID 50 MCG TABLET MO	2	
SYNTHROID 75 MCG TABLET MO	2	
SYNTHROID 88 MCG TABLET MO	2	
TAPAZOLE 10 MG TABLET MO	1	
TAPAZOLE 5 MG TABLET MO	1	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL MO	3	PA
testosterone cyp 100 mg/ml MO	1	
testosterone cyp 200 mg/ml MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
testosterone enan 200 mg/ml MO	1	
TESTRED 10 MG CAPSULE MO	1	
TEV-TROPIN 5 MG SUB-Q SOLN SP	3	PA
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	1	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	1	
THYROLAR-2 25 MCG-100 MCG TABLET MO	1	
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	1	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	3	
TIROSINT 100 MCG CAPSULE MO	3	
TIROSINT 112 MCG CAPSULE MO	3	
TIROSINT 125 MCG CAPSULE MO	3	
TIROSINT 13 MCG CAPSULE MO	3	
TIROSINT 137 MCG CAPSULE MO	3	
TIROSINT 150 MCG CAPSULE MO	3	
TIROSINT 25 MCG CAPSULE MO	3	
TIROSINT 50 MCG CAPSULE MO	3	
TIROSINT 75 MCG CAPSULE MO	3	
TIROSINT 88 MCG CAPSULE MO	3	
tolazamide 250 mg tablet MO	1	
tolazamide 500 mg tablet MO	1	
tolbutamide 500 mg tablet MO	1	
TRADJENTA 5 MG TABLET MO	3	ST,QL (30 per 30 days)
tri-estarylla 0.18/0.215/0.25 mg-35 mcg(28) tablet MO	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
TRI-NORINYL (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET MO	3	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
TRIOSTAT 10 MCG/ML IV MO	3	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
UCERIS 9 MG TABLET, EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
UNITHROID 100 MCG TABLET MO	1	
UNITHROID 112 MCG TABLET MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UNITHROID 125 MCG TABLET MO	1	
UNITHROID 150 MCG TABLET MO	1	
UNITHROID 175 MCG TABLET MO	1	
UNITHROID 200 MCG TABLET MO	1	
UNITHROID 25 MCG TABLET MO	1	
UNITHROID 300 MCG TABLET MO	1	
UNITHROID 50 MCG TABLET MO	1	
UNITHROID 75 MCG TABLET MO	1	
UNITHROID 88 MCG TABLET MO	1	
VAGIFEM 10 MCG VAGINAL TABLET MO	3	
vasopressin 20 units/ml vial MO	1	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	1	
VERIPRED 20 20 MG/5 ML ORAL SOLN MO	1	
vestura 3 mg-20 mcg (24) tablet MO	1	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUB-Q PEN INJECTOR MO	2	ST,QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUB-Q PEN INJECTOR MO	2	ST,QL (9 per 30 days)
viorele (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet MO	1	
VIVELLE-DOT 0.025 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
VIVELLE-DOT 0.05 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
VIVELLE-DOT 0.075 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
VIVELLE-DOT 0.1 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (8 per 28 days)
wera (28) 0.5 mg-35 mcg tablet MO	1	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	3	
YASMIN 28 3 MG-0.03 MG TABLET MO	3	
YAZ 28 3 MG-20 MCG (24) TABLET MO	3	
zarah 3 mg-0.03 mg tablet MO	1	
zenchent (28) 0.4 mg-35 mcg tablet MO	1	
zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	1	
zeosa 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	1	
ZORBTIVE 8.8 MG SUB-Q SOLN SP	4	PA
zovia 1/35e (28) 1 mg-35 mcg tablet MO	1	
zovia 1/50e (28) 1 mg-50 mcg tablet MO	1	
LOCAL ANESTHETICS (PARENTERAL)		
bupivacaine 0.25% ampul MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupivacaine 0.25% vial MO	1	
bupivacaine 0.5% ampul MO	1	
bupivacaine 0.75% vial MO	1	
bupivacaine-dextr 0.75% amp MO	1	
bupivacaine-epi 0.25%-0.0005 MO	1	
bupivacaine-epi 0.5%-0.0005 MO	1	
CARBOCAINE (PF) 10 MG/ML (1 %) INJECTION MO	3	
CARBOCAINE (PF) 15 MG/ML (1.5 %) INJECTION MO	3	
CARBOCAINE (PF) 20 MG/ML (2 %) INJECTION MO	3	
CARBOCAINE 1 % INJECTION MO	3	
CARBOCAINE 2 % INJECTION MO	3	
chloroprocaine 2% vial MO	1	
chloroprocaine 3% vial MO	1	
lidocaine 0.5%-epi 1:200,000 MO	1	
lidocaine 1%-epi 1:100,000 MO	1	
lidocaine 1.5%-epi 1:200,000 MO	1	
lidocaine 2% - epi 1:100,000 MO	1	
lidocaine 2% - epi 1:50,000 MO	1	
lidocaine 2%-epi 1:100,000 MO	1	
lidocaine 2%-epi 1:200,000 MO	1	
lidocaine 5% in d7.5w ampul MO	1	
lidocaine hcl 0.5% vial MO	1	
lidocaine hcl 1% ampul MO	1	
lidocaine hcl 1% vial MO	1	
lidocaine hcl 1.5% ampul MO	1	
lidocaine hcl 2% vial MO	1	
lidocaine hcl 2% vial MO	1	
lidocaine hcl 4% ampul MO	1	
MARCAINE (PF) 0.25 % (2.5 MG/ML) INJECTION MO	3	
MARCAINE (PF) 0.5 % (5 MG/ML) INJECTION MO	3	
MARCAINE (PF) 0.75 % (7.5 MG/ML) INJECTION MO	3	
MARCAINE 0.25 % (2.5 MG/ML) INJECTION MO	3	
MARCAINE 0.5 % (5 MG/ML) INJECTION MO	3	
MARCAINE SPINAL (PF) 7.5 MG/ML (0.75 %) INJECTION MO	3	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000 INJECTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MARCAINE-EPINEPHRINE (PF) 0.5 %-1:200,000 INJECTION MO	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000 INJECTION MO	3	
MARCAINE-EPINEPHRINE 0.5 %-1:200,000 INJECTION MO	3	
mepivacaine hcl 3% cartridge MO	1	
NAROPIN (PF) 10 MG/ML (1 %) INJECTION MO	3	
NAROPIN (PF) 2 MG/ML (0.2 %) INJECTION MO	3	
NAROPIN (PF) 5 MG/ML (0.5 %) INJECTION MO	3	
NAROPIN (PF) 7.5 MG/ML (0.75 %) INJECTION MO	3	
NESACAINE 10 MG/ML (1 %) INJECTION MO	3	
NESACAINE 20 MG/ML (2 %) INJECTION MO	3	
NESACAINE-MPF 20 MG/ML (2 %) INJECTION MO	3	
NESACAINE-MPF 30 MG/ML (3 %) INJECTION MO	3	
polocaine 1 % injection MO	1	
polocaine 2 % injection MO	1	
polocaine-mpf 10 mg/ml (1 %) injection MO	1	
polocaine-mpf 15 mg/ml (1.5 %) injection MO	1	
polocaine-mpf 20 mg/ml (2 %) injection MO	1	
PONTOCAINE (PF) 1 % (10 MG/ML) INJECTION MO	3	
PONTOCAINE (PF) 20 MG SOLUTION FOR INJECTION MO	3	
SENSORCAINE 0.25 % (2.5 MG/ML) INJECTION MO	3	
sensorcaine 0.5 % (5 mg/ml) injection MO	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML) INJECTION MO	1	
sensorcaine-mpf 0.5 % (5 mg/ml) injection MO	3	
sensorcaine-mpf 0.75 % (7.5 mg/ml) injection MO	1	
sensorcaine-mpf spinal 7.5 mg/ml (0.75 %) injection MO	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection MO	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000 INJECTION MO	3	
SENSORCAINE-MPF/EPINEPHRINE 0.75 %-1:200,000 INJECTION MO	3	
sensorcaine/epinephrine 0.25 %-1:200,000 injection MO	1	
sensorcaine/epinephrine 0.5 %-1:200,000 injection MO	1	
tetracaine hcl 1% ampul MO	1	
XYLOCAINE 10 MG/ML (1 %) INJECTION MO	3	
XYLOCAINE 20 MG/ML (2 %) INJECTION MO	3	
XYLOCAINE 5 MG/ML (0.5 %) INJECTION MO	3	
XYLOCAINE-EPINEPHRINE 0.5 %-1:200,000 INJECTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XYLOCAINE-EPINEPHRINE 1 %-1:100,000 INJECTION MO	3	
XYLOCAINE-EPINEPHRINE 2 %-1:100,000 INJECTION MO	3	
XYLOCAINE-MPF 10 MG/ML (1 %) INJECTION MO	3	
XYLOCAINE-MPF 15 MG/ML (1.5 %) INJECTION MO	3	
XYLOCAINE-MPF 20 MG/ML (2 %) INJECTION MO	3	
XYLOCAINE-MPF 40 MG/ML (4 %) INJECTION MO	3	
XYLOCAINE-MPF 5 MG/ML (0.5 %) INJECTION MO	3	
XYLOCAINE-MPF/EPINEPHRINE 1 %-1:200,000 INJECTION MO	3	
XYLOCAINE-MPF/EPINEPHRINE 1.5 %-1:200,000 INJECTION MO	3	
XYLOCAINE-MPF/EPINEPHRINE 2 %-1:200,000 INJECTION MO	3	
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine 6 gram/30 ml vl MO	1	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUB-Q SP	4	PA
ACTONEL 150 MG TABLET MO	3	QL (1 per 30 days)
ACTONEL 30 MG TABLET MO	3	QL (30 per 30 days)
ACTONEL 35 MG TABLET MO	3	QL (4 per 28 days)
ACTONEL 5 MG TABLET MO	3	QL (30 per 30 days)
alendronate sodium 10 mg tab MO	1	QL (30 per 30 days)
alendronate sodium 35 mg tab MO	1	QL (4 per 28 days)
alendronate sodium 40 mg tab MO	1	QL (30 per 30 days)
alendronate sodium 5 mg tablet MO	1	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	1	
ALOPRIM 500 MG IV SOLUTION MO	3	
amifostine 500 mg vial MO	1	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE SP	4	PA,QL (60 per 30 days)
ANTABUSE 250 MG TABLET MO	1	
ANTABUSE 500 MG TABLET MO	1	
ARAVA 10 MG TABLET MO	3	PA,QL (30 per 30 days)
ARAVA 20 MG TABLET MO	3	PA,QL (30 per 30 days)
ARCALYST 220 MG SUB-Q SOLN SP	4	PA
AREDIA 30 MG VIAL MO	3	B vs D
ATELVIA 35 MG TABLET,DELAYED RELEASE MO	3	QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ATGAM 50 MG/ML IV MO	2	PA
AUBAGIO 14 MG TABLET SP	4	PA,QL (30 per 30 days)
AUBAGIO 7 MG TABLET SP	4	PA,QL (30 per 30 days)
AVODART 0.5 MG CAPSULE MO	2	QL (30 per 30 days)
AVONEX 30 MCG IM KIT SP	4	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML IM PEN INJECTOR SP	4	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML IM PEN KIT SP	4	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML IM SYRINGE SP	4	PA,QL (4 per 28 days)
AVONEX ADMINISTRATION PACK 30 MCG/0.5 ML IM KIT SP	4	PA,QL (1 per 28 days)
AZASAN 100 MG TABLET MO	1	B vs D
AZASAN 75 MG TABLET MO	1	B vs D
azathioprine 50 mg tablet MO	1	B vs D
azathioprine sod 100 mg vial MO	1	B vs D
BENLYSTA 120 MG IV SOLUTION MO	4	PA,QL (30 per 28 days)
BENLYSTA 400 MG IV SOLUTION MO	4	PA,QL (30 per 28 days)
BETASERON 0.3 MG SUB-Q KIT SP	4	PA,QL (15 per 30 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	3	ST,QL (4 per 28 days)
BONIVA 150 MG TABLET MO	3	PA,QL (1 per 28 days)
BONIVA 3 MG/3 ML IV SYRINGE MO	3	PA,QL (3 per 90 days)
calcium folinate (leucovorin) 10 mg/ml injection MO	1	
CARNITOR 100 MG/ML ORAL SOLN MO	3	B vs D
CARNITOR 200 MG/ML IV MO	3	B vs D
CARNITOR 330 MG TABLET MO	3	B vs D
CARNITOR SUGAR-FREE 100 MG/ML ORAL SOLN MO	3	B vs D
CELLCEPT 200 MG/ML ORAL SUSP MO	4	B vs D
CELLCEPT 250 MG CAPSULE MO	3	B vs D
CELLCEPT 500 MG TABLET MO	4	B vs D
CELLCEPT INTRAVENOUS 500 MG IV SOLUTION MO	3	B vs D
COLCRYS 0.6 MG TABLET MO	2	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBQ SYRINGE KIT SP	4	PA,QL (30 per 30 days)
cyanide antidote package MO	1	
cyclosporine 100 mg capsule MO	1	B vs D
cyclosporine 25 mg capsule MO	1	B vs D
cyclosporine 50 mg/ml vial MO	1	B vs D
cyclosporine modified 100 mg MO	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cyclosporine modified 25 mg MO	1	B vs D
cyclosporine modified 50 mg MO	1	B vs D
CYSTADANE ORAL POWDER MO	3	
CYSTAGON 150 MG CAPSULE MO	3	
CYSTAGON 50 MG CAPSULE MO	3	
DEMSER 250 MG CAPSULE MO	3	
denta 5000 plus 1.1 % cream MO	1	
dentagel 1.1 % MO	1	
dexrazoxane 250 mg vial MO	1	B vs D
dexrazoxane 500 mg vial MO	1	B vs D
DIDRONEL 400 MG TABLET MO	3	
disulfiram 250 mg tablet MO	1	
disulfiram 500 mg tablet MO	1	
ELMIRON 100 MG CAPSULE MO	3	
ENBREL 25 MG (1 ML) SUB-Q KIT SP	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUB-Q SYRINGE SP	4	PA,QL (8 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUB-Q SYRINGE SP	4	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUB-Q PEN INJECTOR SP	4	PA,QL (8 per 28 days)
epiflur 0.25 mg tablet chew MO	1	
epiflur 0.5 mg tablet chewable MO	1	
epiflur 1 mg tablet chewable MO	1	
ETHYOL 500 MG VIAL MO	4	B vs D
etidronate disodium 200 mg tab MO	1	
etidronate disodium 400 mg tab MO	1	
EXTAVIA 0.3 MG SUB-Q KIT SP	4	PA,QL (15 per 30 days)
EXTAVIA 0.3 MG SUB-Q SOLN SP	4	PA,QL (15 per 30 days)
finasteride 5 mg tablet MO	1	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUB-Q SYRINGE SP	4	PA,QL (9 per 30 days)
FLUOR-A-DAY (WITH XYLITOL) 1 MG F- (2.2 MG)-236.79 MG CHEWABLE TABLET MO	3	
FLUORABON 0.25 MG FLUORIDE(0.55)/0.6 ML ORAL DROPS MO	3	
fluoride 0.25 mg tablet chew MO	1	
fluoride 0.5 mg tablet chew MO	1	
fluoritab 0.125 mg fluoride(0.275)/drop oral drops MO	1	
fluoritab 0.5 mg fluoride (1.1 mg) chewable tablet MO	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FLURA-DROPS 0.25 MG FLUORIDE (0.55)/DROP ORAL MO	3	
fomepizole 1.5 gm/1.5 ml vial MO	1	
FOSAMAX 10 MG TABLET MO	3	PA,QL (30 per 30 days)
FOSAMAX 70 MG TABLET MO	3	PA,QL (4 per 28 days)
FOSAMAX 70 MG/75 ML SOLUTION MO	3	
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET MO	3	ST,QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET MO	3	ST,QL (4 per 28 days)
FUSILEV 50 MG IV SOLUTION MO	3	PA
gengraf 100 mg capsule MO	1	B vs D
gengraf 100 mg/ml oral soln MO	1	B vs D
gengraf 25 mg capsule MO	1	B vs D
GILENYA 0.5 MG CAPSULE SP	4	PA,QL (30 per 30 days)
hecoria 0.5 mg capsule MO	1	B vs D
hecoria 1 mg capsule MO	1	B vs D
hecoria 5 mg capsule MO	1	B vs D
HUMIRA 20 MG/0.4 ML SUB-Q KIT SP	4	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUB-Q KIT SP	4	PA,QL (6 per 28 days)
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBQ PEN KIT SP	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBQ KIT SP	4	PA,QL (6 per 28 days)
HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBQ PEN KIT SP	4	PA,QL (6 per 28 days)
ibandronate sodium 150 mg tab MO	1	QL (1 per 28 days)
IMURAN 50 MG TABLET MO	3	B vs D
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MO	2	QL (30 per 30 days)
KINERET 100 MG/0.67 ML SUB-Q SYRINGE SP	4	PA,QL (30 per 30 days)
KUVAN 100 MG SOLUBLE TABLET SP	4	PA
leflunomide 10 mg tablet MO	1	QL (30 per 30 days)
leflunomide 20 mg tablet MO	1	QL (30 per 30 days)
leucovorin cal 500 mg/50 ml vl MO	1	B vs D
leucovorin calcium 10 mg tab MO	1	
leucovorin calcium 100 mg vial MO	1	B vs D
leucovorin calcium 15 mg tab MO	1	
leucovorin calcium 200 mg vial MO	1	B vs D
leucovorin calcium 25 mg tab MO	1	
leucovorin calcium 350 mg vial MO	1	B vs D
leucovorin calcium 5 mg tab MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leucovorin calcium 50 mg vial MO	1	B vs D
leucovorin calcium 500 mg vl MO	1	B vs D
levocarnitine 100 mg/ml soln MO	1	B vs D
levocarnitine 200 mg/ml vial MO	1	B vs D
levocarnitine 330 mg tablet MO	1	B vs D
lozi-flur 1 mg fluoride (2.2 mg) lozenges MO	1	
ludent fluoride 0.25 mg fluoride (0.55 mg) chewable tablet MO	1	
ludent fluoride 0.5 mg fluoride (1.1 mg) chewable tablet MO	1	
ludent fluoride 1 mg fluoride (2.2 mg) chewable tablet MO	1	
mesna 1 gram/10 ml vial MO	1	B vs D
MESNEX 100 MG/ML IV MO	3	B vs D
MESNEX 400 MG TABLET MO	3	
methylene blue 1% vial MO	1	
mycophenolate 250 mg capsule MO	1	B vs D
mycophenolate 500 mg tablet MO	1	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE MO	2	B vs D
MYFORTIC 360 MG TABLET,DELAYED RELEASE MO	2	B vs D
NAFRINSE 0.05 % DENTAL SOLN MO	3	
NEORAL 100 MG CAPSULE MO	3	B vs D
NEORAL 100 MG/ML ORAL SOLN MO	3	B vs D
NEORAL 25 MG CAPSULE MO	3	B vs D
neutral sodium fluoride MO	1	
NEXAVIR 25.5 MG/ML INJECTION MO	3	
NULOJIX 250 MG IV SOLUTION MO	4	PA,QL (200 per 30 days)
octreotide 1,000 mcg/ml vial MO	1	PA
octreotide acet 100 mcg/ml syr SP	1	PA
octreotide acet 100 mcg/ml vl MO	1	PA
octreotide acet 200 mcg/ml vl MO	1	PA
octreotide acet 50 mcg/ml syr SP	1	PA
octreotide acet 50 mcg/ml vial MO	1	PA
octreotide acet 500 mcg/ml syr SP	1	PA
octreotide acet 500 mcg/ml vl MO	1	PA
ORENCIA 125 MG/ML SUB-Q SYRINGE SP	4	PA,QL (4 per 28 days)
ORFADIN 10 MG CAPSULE MO	4	
ORFADIN 2 MG CAPSULE MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORFADIN 5 MG CAPSULE MO	4	
pamidronate 30 mg/10 ml vial MO	1	B vs D
pamidronate 60 mg/10 ml vial MO	1	B vs D
pamidronate 90 mg/10 ml vial MO	1	B vs D
pamidronate disod 30 mg vial MO	1	B vs D
pamidronate disod 90 mg vial MO	1	B vs D
PHOS-FLUR 1.1% GEL MO	3	
PREVIDENT 0.2 % DENTAL SOLN MO	3	
PREVIDENT 1.1 % GEL MO	3	
PREVIDENT 5000 BOOSTER PASTE MO	3	
PREVIDENT 5000 DRY MOUTH 1.1 % GEL MO	3	
PREVIDENT 5000 ENAMEL PROTECT 1.1 %-5 % DENTAL PASTE MO	3	
PREVIDENT 5000 PLUS 1.1 % CREAM MO	3	
PREVIDENT 5000 SENSITIVE 1.1 %-5 % DENTAL PASTE MO	3	
PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE SP	4	PA,QL (120 per 30 days)
PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE SP	4	PA,QL (780 per 30 days)
PROGRAF 0.5 MG CAPSULE MO	3	B vs D
PROGRAF 1 MG CAPSULE MO	3	B vs D
PROGRAF 5 MG CAPSULE MO	3	B vs D
PROGRAF 5 MG/ML IV MO	3	B vs D
PROLIA 60 MG/ML SUB-Q SYRINGE MO	3	PA,QL (60 per 180 days)
PROSCAR 5 MG TABLET MO	3	PA,QL (30 per 30 days)
RAPAMUNE 0.5 MG TABLET MO	3	B vs D
RAPAMUNE 1 MG TABLET MO	3	B vs D
RAPAMUNE 1 MG/ML ORAL SOLN MO	3	B vs D
RAPAMUNE 2 MG TABLET MO	3	B vs D
REBIF 22 MCG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (12 per 28 days)
REBIF 44 MCG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (12 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML SUB-Q PEN INJECTOR SP	4	PA,QL (12 per 28 days)
REBIF REBIDOSE 44 MCG/0.5 ML SUB-Q PEN INJECTOR SP	4	PA,QL (12 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUB-Q PEN INJECTOR SP	4	PA,QL (12 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (12 per 28 days)
RECLAST 5 MG/100 ML IV MO	3	PA,QL (100 per 365 days)
REMICADE 100 MG IV SOLUTION MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SANDIMMUNE 100 MG CAPSULE MO	3	B vs D
SANDIMMUNE 100 MG/ML ORAL SOLN MO	3	B vs D
SANDIMMUNE 25 MG CAPSULE MO	3	B vs D
SANDIMMUNE 250 MG/5 ML IV MO	3	B vs D
SANDOSTATIN 1,000 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 100 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 200 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 50 MCG/ML INJECTION MO	3	PA
SANDOSTATIN 500 MCG/ML INJECTION MO	4	PA
SANDOSTATIN LAR DEPOT 10 MG IM KIT MO	4	PA
SANDOSTATIN LAR DEPOT 20 MG IM KIT MO	4	PA
SANDOSTATIN LAR DEPOT 30 MG IM KIT MO	4	PA
SENSIPAR 30 MG TABLET MO	2	QL (60 per 30 days)
SENSIPAR 60 MG TABLET MO	4	QL (60 per 30 days)
SENSIPAR 90 MG TABLET MO	4	QL (120 per 30 days)
sf 1.1 % dental gel MO	1	
sf 5000 plus 1.1 % dental cream MO	1	
SIGNIFOR 0.3 MG/ML (1 ML) SUB-Q SP	4	PA,QL (60 per 30 days)
SIGNIFOR 0.6 MG/ML (1 ML) SUB-Q SP	4	PA,QL (60 per 30 days)
SIGNIFOR 0.9 MG/ML (1 ML) SUB-Q SP	4	PA,QL (60 per 30 days)
SIMPONI 100 MG/ML SUB-Q PEN INJECTOR SP	4	PA,QL (3 per 30 days)
SIMPONI 100 MG/ML SUB-Q SYRINGE SP	4	PA,QL (3 per 30 days)
SIMPONI 50 MG/0.5 ML SUB-Q PEN INJECTOR SP	4	PA,QL (1 per 30 days)
SIMPONI 50 MG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (1 per 30 days)
SIMPONI ARIA 12.5 MG/ML IV MO	4	PA,QL (6 per 30 days)
SIMULECT 10 MG IV SOLUTION MO	4	B vs D
SIMULECT 20 MG IV SOLUTION MO	4	B vs D
SKELID 200 MG TABLET MO	3	
sodium fluoride 0.5 mg/ml drop MO	1	
sodium fluoride 1 mg (2.2 mg) MO	1	
sodium nitrite 300 mg/10 ml vl MO	1	
sodium thiosulfat 12.5 g/50 ml MO	1	
sodium thiosulfate 1 g/10 ml MO	1	
SOMATULINE DEPOT 120 MG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (1 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUB-Q SYRINGE SP	4	PA,QL (1 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOMATULINE DEPOT 90 MG/0.3 ML SUB-Q SYRINGE SP	4	PA,QL (1 per 28 days)
stannous fluor 0.63% rinse MO	1	
tacrolimus 0.5 mg capsule MO	1	B vs D
tacrolimus 1 mg capsule MO	1	B vs D
tacrolimus 5 mg capsule MO	1	B vs D
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE SP	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE SP	4	PA,QL (14 per 30 days)
TECFIDERA 240 MG CAPSULE,DELAYED RELEASE SP	4	PA,QL (60 per 30 days)
THALOMID 100 MG CAPSULE SP	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE SP	4	PA,QL (60 per 30 days)
THALOMID 200 MG CAPSULE SP	4	PA,QL (30 per 30 days)
THALOMID 50 MG CAPSULE SP	4	PA,QL (30 per 30 days)
THIOLA 100 MG TABLET MO	3	
THYMOGLOBULIN 25 MG IV SOLUTION MO	2	B vs D
TYSABRI 300 MG/15 ML IV MO	4	PA
ULORIC 40 MG TABLET MO	2	ST,QL (30 per 30 days)
ULORIC 80 MG TABLET MO	2	ST,QL (30 per 30 days)
XELJANZ 5 MG TABLET SP	4	PA,QL (60 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUB-Q MO	4	PA,QL (2 per 28 days)
XIGRIS 20 MG VIAL MO	4	
XIGRIS 5 MG VIAL MO	3	
ZAVESCA 100 MG CAPSULE SP	4	QL (90 per 30 days)
ZINECARD 250 MG IV SOLUTION MO	4	B vs D
ZINECARD 500 MG IV SOLUTION MO	4	B vs D
zoledronic acid 4 mg vial MO	4	PA,QL (3 per 21 days)
zoledronic acid 4 mg/5 ml vial MO	4	PA,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml MO	1	PA,QL (100 per 365 days)
ZOMETA 4 MG/100 ML IV MO	4	PA,QL (300 per 21 days)
ZOMETA 4 MG/5 ML IV MO	4	PA,QL (15 per 21 days)
ZORTRESS 0.25 MG TABLET MO	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET MO	3	B vs D,QL (120 per 30 days)
ZORTRESS 0.75 MG TABLET MO	3	B vs D,QL (60 per 30 days)
ZYLOPRIM 100 MG TABLET MO	3	
ZYLOPRIM 300 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OXYTOCICS		
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE MO	3	
HEMABATE 250 MCG/ML IM MO	3	
METHERGINE 0.2 MG TABLET MO	3	
METHERGINE 0.2 MG/ML AMPUL MO	3	
methylergonovine 0.2 mg tablet MO	1	
methylergonovine 0.2 mg/ml amp MO	1	
oxytocin 10 units/ml vial MO	1	
PITOCIN 10 UNIT/ML INJECTION MO	3	
PREPIDIL 0.5 MG/3 G VAGINAL GEL MO	3	
PROSTIN E2 20 MG VAGINAL SUPPOSITORY MO	3	
PHARMACEUTICAL AIDS		
FORMA-RAY 20 % SOLN MO	1	
GAUZE PAD 3" X 3" BANDAGE MO	1	
STERILE GAUZE PAD 2" X 2" BANDAGE MO	1	
STERILE GAUZE PAD 4" X 4" BANDAGE MO	1	
STERILE PADS 2" X 2" BANDAGE MO	1	
STERILE PADS 3" X 3" BANDAGE MO	1	
STERILE PADS 4" X 4" BANDAGE MO	1	
STERILE PADS BANDAGE MO	1	
VEHICLE/N MILD TOPICAL SOLN MO	3	
VEHICLE/N TOPICAL SOLN MO	3	
RESPIRATORY TRACT AGENTS		
ACCOLATE 10 MG TABLET MO	2	PA,QL (60 per 30 days)
ACCOLATE 20 MG TABLET MO	2	PA,QL (60 per 30 days)
acetylcysteine 10% vial MO	1	B vs D
acetylcysteine 20% vial MO	1	B vs D
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	2	QL (12 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	2	QL (12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	2	QL (12 per 30 days)
ALOCRIL 2 % EYE DROPS MO	3	
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER MO	3	QL (18 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER MO	3	QL (18 per 28 days)
ARALAST NP 1,000 MG IV SOLUTION MO	4	PA
ARALAST NP 500 MG IV SOLUTION MO	4	PA
ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED MO	2	QL (1 per 30 days)
ASMANEX TWISTHALER 110 MCG (7 DOSES) BREATH ACTIVATED MO	2	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED MO	2	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (14 DOSES) BREATH ACTIVATED MO	2	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED MO	2	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (60 DOSES) BREATH ACTIVATED MO	2	QL (1 per 30 days)
BREO ELLIPTA INHALER MO	3	PA,QL (60 per 30 days)
budesonide 0.25 mg/2 ml susp MO	1	B vs D
budesonide 0.5 mg/2 ml susp MO	1	B vs D
cromolyn 20 mg/2 ml neb soln MO	1	B vs D
cromolyn 4% eye drops MO	1	
cromolyn sodium 100 mg/5 ml MO	1	
CUROSURF 120 MG/1.5 ML INTRATRACHEAL SUSP MO	3	
CUROSURF 240 MG/3 ML INTRATRACHEAL SUSP MO	4	
DALIRESP 500 MCG TABLET MO	2	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL (13 per 30 days)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL (13 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (60 per 30 days)
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER MO	2	QL (24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER MO	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	2	QL (11 per 30 days)
GASTROCROM 100 MG/5 ML ORAL SOLN MO	4	
GLASSIA 1 GRAM/50 ML (2 %) IV MO	4	PA
INFASURF 35 MG/ML INTRATRACHEAL SUSP MO	3	
KALYDECO 150 MG TABLET SP	4	PA,QL (60 per 30 days)
montelukast sod 10 mg tablet MO	1	QL (30 per 30 days)
montelukast sod 4 mg granules MO	1	QL (30 per 30 days)
montelukast sod 4 mg tab chew MO	1	QL (30 per 30 days)
montelukast sod 5 mg tab chew MO	1	QL (30 per 30 days)
PROLASTIN 1,000 MG VIAL MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROLASTIN 500 MG VIAL MO	4	PA
PROLASTIN C 1,000 MG IV SOLUTION MO	4	PA
PULMICORT 0.25 MG/2 ML NEB SUSPENSION MO	3	B vs D
PULMICORT 0.5 MG/2 ML NEB SUSPENSION MO	3	B vs D
PULMICORT 1 MG/2 ML NEB SUSPENSION MO	3	B vs D
PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED MO	3	QL (2 per 30 days)
PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED MO	3	QL (2 per 30 days)
PULMOZYME 1 MG/ML SOLN FOR INHALATION SP	4	B vs D,QL (150 per 30 days)
QVAR 40 MCG/ACTUATION METERED AEROSOL ORAL INHALER MO	2	QL (35 per 30 days)
QVAR 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER MO	2	QL (17 per 30 days)
SINGULAIR 10 MG TABLET MO	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG CHEWABLE TABLET MO	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET MO	3	PA,QL (30 per 30 days)
SINGULAIR 5 MG CHEWABLE TABLET MO	3	PA,QL (30 per 30 days)
SURVANTA 25 MG/ML INTRATRACHEAL SUSP MO	3	
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL (11 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL (11 per 30 days)
XOLAIR 150 MG SUB-Q SOLN MO	4	PA,QL (900 per 28 days)
zafirlukast 10 mg tablet MO	1	QL (60 per 30 days)
zafirlukast 20 mg tablet MO	1	QL (60 per 30 days)
ZEMAIRA 1,000 MG IV SOLUTION MO	4	PA
ZYFLO 600 MG TABLET MO	3	
ZYFLO CR 600 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
SERUMS, TOXOIDS, AND VACCINES		
ACTHIB (PF) 10 MCG/0.5 ML IM MO	3	
ADACEL (ADOLESCENT & ADULT) (PF) 2 LF-(5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	3	
ADACEL (ADOLESCENT & ADULT) (PF) 2 LF-(5-3-5MCG)-5 LF/0.5ML IM SYRINGE MO	3	
BIVIGAM 10 % IV SP	4	PA
BOOSTRIX 2.5 LF UNIT-8 MCG-5 LF/0.5 ML IM SUSP MO	3	
BOOSTRIX 2.5 LF UNIT-8 MCG-5 LF/0.5 ML IM SYRINGE MO	3	
carimune nf nanofiltered 12 gram iv solution MO	4	PA
carimune nf nanofiltered 3 gram iv solution MO	4	PA
carimune nf nanofiltered 6 gram iv solution MO	4	PA
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML IM SYRINGE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CERVARIX VACCINE VIAL MO	3	
COMVAX (PF) 5 MCG-7.5 MCG-125 MCG/0.5 ML IM SUSP MO	3	
CYTOGAM 50 MG/ML IV MO	4	PA,QL (1050 per 30 days)
DAPTACEL (PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	3	
DECAVAC VIAL MO	3	
DIGIFAB 40 MG IV SOLUTION MO	3	
diphtheria-tetanus tox-ped MO	3	
diphtheria-tetanus toxoids-ped MO	3	
ENGERIX-B (PF) 10 MCG/0.5 ML IM SUSP MO	3	B vs D
ENGERIX-B (PF) 10 MCG/0.5 ML IM SYRINGE MO	3	B vs D
ENGERIX-B (PF) 20 MCG/ML IM SUSP MO	3	B vs D
ENGERIX-B (PF) 20 MCG/ML IM SYRINGE MO	3	B vs D
flebogamma dif 5 % iv MO	4	PA
GAMASTAN S/D 15 %-18 % RANGE IM MO	3	PA
gammagard liquid 10 % iv SP	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM IV SOLUTION MO	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 5 GRAM IV SOLUTION MO	4	PA
GAMMAGARD S/D 10 GRAM IV SOLUTION MO	4	PA
GAMMAGARD S/D 2.5 GRAM IV SOLUTION MO	4	PA
GAMMAGARD S/D 5 GRAM IV SOLUTION MO	4	PA
GAMMAKED 1 GRAM/10 ML (10 %) INJECTION MO	4	PA
GAMMAKED 10 GRAM/100 ML (10 %) INJECTION MO	4	PA
GAMMAKED 2.5 GRAM/25 ML (10 %) INJECTION MO	4	PA
GAMMAKED 20 GRAM/200 ML (10 %) INJECTION MO	4	PA
GAMMAKED 5 GRAM/50 ML (10 %) INJECTION MO	4	PA
gammaplex 5 % iv MO	4	PA
GAMUNEX 10 % IV MO	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION MO	4	PA
GAMUNEX-C 10 GRAM/100 ML (10 %) INJECTION MO	4	PA
GAMUNEX-C 2.5 GRAM/25 ML (10 %) INJECTION MO	4	PA
GAMUNEX-C 20 GRAM/200 ML (10 %) INJECTION MO	4	PA
GAMUNEX-C 5 GRAM/50 ML (10 %) INJECTION MO	4	PA
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML IM SUSP MO	3	QL (3 per 365 days)
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML IM SYRINGE MO	3	QL (3 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML IM SUSP MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HAVRIX (PF) 1,440 ELISA UNIT/ML IM SYRINGE MO	3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML IM SUSP MO	3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML IM SYRINGE MO	3	
HIBERIX VACCINE VIAL MO	3	
HIZENTRA 1 GRAM/5 ML (20 %) SUB-Q MO	3	PA
HIZENTRA 2 GRAM/10 ML (20 %) SUB-Q MO	4	PA
HIZENTRA 4 GRAM/20 ML (20 %) SUB-Q MO	4	PA
HYPERTET S/D (PF) 250 UNIT IM SYRINGE MO	3	
IMOVAX RABIES VACCINE (PF) 2.5 UNIT IM MO	2	B vs D
INFANRIX (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML IM SUSP MO	3	
INFANRIX (PF) 25 LF UNIT-58MCG-10 LF/0.5ML IM SYRINGE MO	3	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSP FOR INJECTION MO	3	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SYRINGE MO	3	
IXIARO (PF) 6 MCG/0.5 ML IM SYRINGE MO	3	
JE-VAX SUB-Q SOLN MO	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML IM SUSP MO	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML IM SYRINGE MO	3	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUB-Q SOLN MO	3	
MENACTRA (PF) 4 MCG/0.5 ML IM MO	3	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUB-Q SOLN MO	3	
MENOMUNE - A/C/Y/W-135 50 MCG SUB-Q SOLN MO	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT MO	3	
OCTAGAM 5 % IV MO	4	PA
PEDIARIX (PF) 10MCG-25LF-25MCG-10LF-40-8-32 IM SYRINGE MO	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML IM MO	3	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5ML IM KIT MO	3	
privigen 10 % iv SP	4	PA
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUB-Q SUSP MO	3	
RABAVERT (PF) 2.5 UNIT IM KIT MO	2	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML IM SUSP MO	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML IM SYRINGE MO	3	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML IM SUSP MO	3	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML IM SUSP MO	3	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML IM SYRINGE MO	3	B vs D
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE 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
ROTARIX 10EXP6 CCID50/ML ORAL SUSP MO	3	
ROTATEQ VACCINE 2 ML ORAL SUSP MO	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML IM SUSP MO	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML IM SYRINGE MO	3	
tetanus diphtheria toxoids MO	3	
tetanus toxoid adsorbed vial MO	3	B vs D
TETANUS-DIPHTERIA-DECAVAC MO	3	
THERACYS 81 MG INTRAVESICAL SUSP MO	3	B vs D
TRIHIBIT PRESERVATIVE FREE MO	3	
TRIPEDIA PRESERVATIVE FREE MO	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML IM SUSP MO	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML IM SYRINGE MO	3	
TYPHIM VI 25 MCG/0.5 ML IM MO	3	
TYPHIM VI 25 MCG/0.5 ML IM SYRINGE MO	3	
VAQTA (PF) 25 UNIT/0.5 ML IM SUSP MO	3	
VAQTA (PF) 25 UNIT/0.5 ML IM SYRINGE MO	3	
VAQTA (PF) 50 UNIT/ML IM SUSP MO	3	
VAQTA (PF) 50 UNIT/ML IM SYRINGE MO	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUB-Q SUSP MO	2	
VARIZIG 125 UNIT IM MO	4	PA,QL (10 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML INJECTION MO	4	B vs D
WINRHO SDF 15,000 UNIT/13 ML INJECTION MO	4	B vs D
WINRHO SDF 2,500 UNIT/2.2 ML INJECTION MO	4	B vs D
WINRHO SDF 5,000 UNIT/4.4 ML INJECTION MO	4	B vs D
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUB-Q SUSP MO	3	
ZOSTAVAX (PF) 19,400 UNIT SUB-Q SUSP MO	3	QL (1 per 365 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP 10 MG CAPSULE MO	3	
ABSORICA 10 MG CAPSULE MO	3	
ABSORICA 20 MG CAPSULE MO	3	
ABSORICA 30 MG CAPSULE MO	3	
ABSORICA 40 MG CAPSULE MO	3	
ACANYA 1.2 %-2.5 % TOPICAL GEL MO	3	
acid jelly MO	1	
acitretin 10 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
acitretin 17.5 mg capsule MO	4	
acitretin 25 mg capsule MO	4	
acyclovir 5% ointment MO	1	PA
ACZONE 5 % TOPICAL GEL MO	3	
adapalene 0.1% cream MO	1	
adapalene 0.1% gel MO	1	
AKNE-MYCIN 2 % TOPICAL OINTMENT MO	3	
ALA-CORT 1 % TOPICAL CREAM MO	1	
ALA-SCALP 2 % LOTION MO	1	
alclometasone dipr 0.05% oint MO	1	
alclometasone dipro 0.05% crm MO	1	
ALCOHOL PADS MO	1	
ALCOHOL PREP PADS MO	1	
ALCOHOL PREP SWABS MO	1	
ALCOHOL SWABS MO	1	
ALCOHOL WIPES MO	1	
ALDARA 5 % TOPICAL CREAM PACKET MO	3	PA,QL (12 per 30 days)
aliclen 6 % shampoo MO	1	
ALTABAX 1 % TOPICAL OINTMENT MO	3	
amcinonide 0.1% cream MO	1	
amcinonide 0.1% lotion MO	1	
amcinonide 0.1% ointment MO	1	
AMERICAINE LUBRICANT MO	3	
AMEVIVE 15 MG VIAL MO	4	QL (4 per 30 days)
ammonium lactate 12% cream MO	1	
ammonium lactate 12% lotion MO	1	
amnesteem 10 mg capsule MO	1	
amnesteem 20 mg capsule MO	1	
amnesteem 40 mg capsule MO	1	
ANACAINE 10 % TOPICAL OINTMENT MO	3	
ANALPRAM-HC 1 %-1 % RECTAL CREAM MO	3	
ANALPRAM-HC 2.5 %-1 % RECTAL CREAM MO	3	
ANALPRAM-HC 2.5 %-1 % RECTAL LOTION MO	3	
ANALPRAM-HC SINGLES 1 %-1 % (4G) RECTAL CREAM MO	3	
ANALPRAM-HC SINGLES 2.5 %-1 % (4G) RECTAL 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
ANUSOL-HC 2.5 % RECTAL CREAM MO	1	
apexicon 0.05% ointment MO	1	
apexicon e 0.05 % topical cream MO	1	
ATRALIN 0.05 % TOPICAL GEL MO	3	
AVC VAGINAL 15 % CREAM MO	1	
AVITA 0.025 % TOPICAL CREAM MO	3	PA
AVITA 0.025 % TOPICAL GEL MO	3	PA
AZELEX 20 % TOPICAL CREAM MO	3	
BACTROBAN 2 % TOPICAL CREAM MO	3	
BACTROBAN 2 % TOPICAL OINTMENT MO	3	
BD ALCOHOL SWAB TOPICAL PADS MO	1	
bensal hp 3 %-6 % topical ointment MO	1	
BENZAC AC 10% GEL MO	3	
BENZAC AC 5 % TOPICAL GEL MO	3	
benzac ac wash 10 % topical cleanser MO	1	
BENZAC AC WASH 5% LIQUID MO	3	
benzac w wash 10 % topical cleanser MO	1	
BENZAC W WASH 5% LIQUID MO	3	
BENZACLIN 1 %-5 % TOPICAL GEL MO	3	
BENZACLIN PUMP 1 %-5 % TOPICAL GEL MO	3	
BENZAMYCIN 3 %-5 % TOPICAL GEL MO	3	
BENZAMYCINPAK 3 %-5 % TOPICAL GEL MO	3	
BENZIQ LS 2.75% GEL MO	3	
BENZOIN TINCTURE MO	1	
benzoyl peroxide 10% gel MO	1	
benzoyl peroxide 2.5% gel MO	1	
benzoyl peroxide 3% cleanser MO	1	
benzoyl peroxide 3% pad MO	1	
benzoyl peroxide 5% gel MO	1	
benzoyl peroxide 6% cleanser MO	1	
benzoyl peroxide 6% pad MO	1	
benzoyl peroxide 9% cleanser MO	1	
benzoyl peroxide 9% pad MO	1	
betamethasone dp 0.05% crm MO	1	
betamethasone dp 0.05% lot MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betamethasone dp 0.05% oint MO	1	
betamethasone dp aug 0.05% crm MO	1	
betamethasone dp aug 0.05% gel MO	1	
betamethasone dp aug 0.05% lot MO	1	
betamethasone dp aug 0.05% oin MO	1	
betamethasone va 0.1% cream MO	1	
betamethasone va 0.1% lotion MO	1	
betamethasone valer 0.1% ointm MO	1	
betamethasone valer 0.12% foam MO	1	
bp 10-1 10 %-1 % topical cleanser MO	1	
bpo 4 % topical gel MO	1	
bpo 8 % topical gel MO	1	
BREVOXYL-4 GEL MO	3	
calcipotriene 0.005% cream MO	1	ST,QL (120 per 30 days)
calcipotriene 0.005% ointment MO	1	
calcipotriene 0.005% solution MO	1	QL (60 per 30 days)
calcitrene 0.005 % topical ointment MO	1	
calcitriol 3 mcg/g ointment MO	1	ST,QL (800 per 28 days)
CAPEX 0.01 % SHAMPOO MO	3	
CARAC 0.5 % TOPICAL CREAM MO	3	
CARMOL HC 1% CREAM MO	1	
CENTANY 2 % TOPICAL OINTMENT MO	3	
CENTANY AT 2 % OINTMENT TOPICAL KIT MO	2	
cerisa 10 %-1 % topical cleanser MO	1	
CETACAINE MEDICAL KIT E MO	3	B vs D
ciclodan 0.77 % topical cream MO	1	
ciclodan 8 % topical soln MO	1	
CICLODAN KIT 0.77 % TOPICAL COMBO PACK MO	3	
CICLODAN KIT 8 % TOPICAL SOLN MO	3	
ciclopirox 0.77% cream MO	1	
ciclopirox 0.77% gel MO	1	
ciclopirox 0.77% topical susp MO	1	
ciclopirox 1% shampoo MO	1	
ciclopirox 8 % kit MO	1	
ciclopirox 8% solution MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ciclopirox 8% treatment kit MO	1	
claravis 10 mg capsule MO	1	
claravis 20 mg capsule MO	1	
claravis 30 mg capsule MO	1	
claravis 40 mg capsule MO	1	
CLEOCIN 100 MG VAGINAL SUPPOSITORY MO	3	
CLEOCIN 2 % VAGINAL CREAM MO	3	
CLEOCIN T 1 % LOTION MO	3	
CLEOCIN T 1 % SOLN MO	3	
CLEOCIN T 1 % TOPICAL GEL MO	3	
CLEOCIN T 1 % TOPICAL SWAB MO	3	
clinda-derm 1% solution MO	1	
clindacin etz 1 % topical swab MO	1	
clindacin p 1 % topical swab MO	1	
CLINDAGEL 1 % TOPICAL MO	3	
clindamycin 2% vaginal cream MO	1	
clindamycin ph 1% gel MO	1	
clindamycin ph 1% solution MO	1	
clindamycin phos 1% pledget MO	1	
clindamycin phosp 1% lotion MO	1	
clindamycin phosphate 1% foam MO	1	
clindamycin-benzoyl perox gel MO	1	
CLINDAREACH 1% KIT MO	3	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE MO	3	
clobetasol 0.05% cream MO	1	
clobetasol 0.05% gel MO	1	
clobetasol 0.05% ointment MO	1	
clobetasol 0.05% shampoo MO	1	
clobetasol 0.05% solution MO	1	
clobetasol 0.05% topical lotn MO	1	
clobetasol emollient 0.05% crm MO	1	
clobetasol emulsion 0.05% foam MO	1	
clobetasol prop 0.05% foam MO	1	
CLOBEX 0.05 % LOTION MO	3	ST
CLOBEX 0.05 % SHAMPOO MO	3	ST

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
CLOBEX 0.05 % TOPICAL SPRAY MO	3	ST
CLODERM 0.1 % TOPICAL CREAM MO	3	
clotrimazole 1% cream MO	1	
clotrimazole 1% solution MO	1	
clotrimazole 10 mg troche MO	1	
clotrimazole-betamethasone crm MO	1	
clotrimazole-betamethasone lot MO	1	
CNL 8 NAIL 8 % TOPICAL KIT MO	1	
colocort 100 mg/60 ml enema MO	1	
CONDYLOX 0.5 % TOPICAL GEL MO	3	
CONDYLOX 0.5 % TOPICAL SOLN MO	3	
CORDRAN 0.05 % LOTION MO	3	
CORDRAN 4 MCG/CM2 TAPE MO	3	
CORDRAN SP 0.05 % TOPICAL CREAM MO	3	
cormax 0.05 % topical soln MO	1	
cormax 0.05% ointment MO	1	
CORTENEMA 100 MG/60 ML MO	3	
CORTIFOAM 10 % (80 MG) RECTAL MO	3	
CORTISPORIN 1 % TOPICAL OINTMENT MO	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM MO	3	
CURITY ALCOHOL SWABS MO	1	
CUTIVATE 0.005% OINTMENT MO	1	PA
CUTIVATE 0.05 % LOTION MO	3	PA
CUTIVATE 0.05 % TOPICAL CREAM MO	1	PA
DEBACTEROL 30 %-50 % MUCOSAL SWAB MO	3	
DENAVIR 1 % TOPICAL CREAM MO	2	
DERMA-SMOOTHE/FS BODY OIL 0.01 % TOPICAL MO	3	
DERMA-SMOOTHE/FS SCALP OIL 0.01 % TOPICAL MO	3	
DERMATOP 0.1 % TOPICAL CREAM MO	3	
DERMATOP 0.1 % TOPICAL OINTMENT MO	3	
DESONATE 0.05 % TOPICAL GEL MO	3	
desonide 0.05% cream MO	1	
desonide 0.05% lotion MO	1	
desonide 0.05% ointment MO	1	
DESOWEN 0.05 % LOTION MO	1	PA

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
DESOWEN 0.05 % TOPICAL CREAM MO	3	
DESOWEN 0.05% CREAM KIT MO	3	
DESOWEN 0.05% LOTION KIT MO	1	
desowen 0.05% ointment MO	1	
DESOWEN 0.05% OINTMENT KIT MO	1	
desoximetasone 0.05% cream MO	1	
desoximetasone 0.05% gel MO	1	
desoximetasone 0.05% ointment MO	1	
desoximetasone 0.25% cream MO	1	
desoximetasone 0.25% ointment MO	1	
DESQUAM-X 10 % TOPICAL CLEANSER MO	3	
desquam-x 5 % topical cleanser MO	1	
DIFFERIN 0.1 % LOTION MO	3	
DIFFERIN 0.1 % TOPICAL CREAM MO	3	PA
DIFFERIN 0.1 % TOPICAL GEL MO	3	PA
DIFFERIN 0.3 % TOPICAL GEL MO	3	
diflorasone 0.05% cream MO	1	
diflorasone 0.05% ointment MO	1	
DIPROLENE 0.05 % LOTION MO	3	
DIPROLENE 0.05 % TOPICAL OINTMENT MO	3	
DIPROLENE AF 0.05 % TOPICAL CREAM MO	3	
DOVONEX 0.005 % TOPICAL CREAM MO	3	ST,QL (120 per 30 days)
DOVONEX 0.005% SOLUTION MO	3	ST,QL (60 per 30 days)
DRITHO-SCALP 0.5% CREAM MO	3	
DRITHOCREME HP 1 % TOPICAL MO	3	
DRYSOL DAB-O-MATIC 20 % TOPICAL SOLN MO	3	
DURASAL 26% LIQUID MO	3	
EASY TOUCH ALCOHOL PREP PADS MO	1	
econazole nitrate 1% cream MO	1	
EFUDEX 5 % TOPICAL CREAM MO	3	PA
ELIDEL 1 % TOPICAL CREAM MO	3	
elimite 5 % topical cream MO	1	
ELOCON 0.1 % LOTION MO	3	
ELOCON 0.1 % TOPICAL CREAM MO	3	
ELOCON 0.1 % TOPICAL OINTMENT MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
emgel 2% topical gel MO	1	
EMLA 2.5 %-2.5 % TOPICAL CREAM MO	3	B vs D
EPIDUO 0.1 %-2.5 % TOPICAL GEL MO	3	
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
EPIFOAM 1 %-1 % TOPICAL FOAM MO	3	
ERTACZO 2 % TOPICAL CREAM MO	3	
ery pads 2 % topical swab MO	1	
erythromycin 2% gel MO	1	
erythromycin 2% pledgets MO	1	
erythromycin 2% solution MO	1	
erythromycin-benzoyl gel MO	1	
EURAX 10 % LOTION MO	3	
EURAX 10 % TOPICAL CREAM MO	3	
EVOCLIN 1 % TOPICAL FOAM MO	3	PA
EXELDERM 1 % TOPICAL CREAM MO	3	
EXELDERM 1 % TOPICAL SOLN MO	3	
exoderm 25 %-1 % lotion MO	1	
EXTINA 2 % TOPICAL FOAM MO	3	
FEM PH 0.9 %-0.025 % VAGINAL GEL MO	3	
FINACEA 15 % TOPICAL GEL MO	3	
FINACEA PLUS KIT MO	3	
fluocinolone 0.01% body oil MO	1	
fluocinolone 0.01% cream MO	1	
fluocinolone 0.01% scalp oil MO	1	
fluocinolone 0.01% solution MO	1	
fluocinolone 0.025% cream MO	1	
fluocinolone 0.025% ointment MO	1	
fluocinonide 0.05% cream MO	1	
fluocinonide 0.05% gel MO	1	
fluocinonide 0.05% ointment MO	1	
fluocinonide 0.05% solution MO	1	
fluocinonide-e 0.05 % topical cream MO	1	
fluocinonide-emol 0.05% cream MO	1	
FLUOROPLEX 1 % TOPICAL CREAM MO	3	
fluorouracil 2% topical soln 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
fluorouracil 5% cream MO	1	
fluorouracil 5% top solution MO	1	
fluticasone prop 0.005% oint MO	1	
fluticasone prop 0.05% cream MO	1	
fluticasone prop 0.05% lotion MO	1	
FORMADON 10 % TOPICAL SOLN MO	3	
gentamicin 0.1% cream MO	1	
gentamicin 0.1% ointment MO	1	
GLUCOPRO ALCOHOL TOPICAL PADS MO	1	
GORDONS UREA 22 % TOPICAL OINTMENT MO	3	
GORDONS UREA 40 % TOPICAL OINTMENT MO	3	
GUAIACOL LIQUID PURIFIED MO	3	
GYNAZOLE-1 CREAM MO	3	
halac 0.05 %-12 % topical pack, ointment & lotion MO	2	
halobetasol prop 0.05% cream MO	1	
halobetasol prop 0.05% ointmnt MO	1	
HALOG 0.1 % TOPICAL CREAM MO	3	
HALOG 0.1 % TOPICAL OINTMENT MO	3	
halonate 0.05 %-12 % topical pack, ointment & foam MO	1	
halonate pac 0.05 %-12 % topical pack, ointment & lotion MO	2	
HYDRO 40 40 % TOPICAL FOAM MO	3	
hydrocortisone 0.1% soln MO	1	
hydrocortisone 1% absorbase MO	1	
hydrocortisone 1% cream MO	1	
hydrocortisone 1% ointment MO	1	
hydrocortisone 100 mg/60 ml MO	1	
hydrocortisone 2.5% lotion MO	1	
hydrocortisone 2.5% ointment MO	1	
hydrocortisone acetate 2% gel MO	1	
hydrocortisone buty 0.1% cream MO	1	
hydrocortisone butyr 0.1% oint MO	1	
hydrocortisone val 0.2% cream MO	1	
hydrocortisone val 0.2% ointmt MO	1	
hypercare 20 % topical soln MO	1	
imiquimod 5% cream packet MO	1	QL (12 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INOVA 4 %-5 % TOPICAL COMBO PACK MO	3	
INOVA 4-1 1 %-4 %-5 % TOPICAL COMBO PACK MO	3	
IV PREP WIPES MEDICATED MO	1	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL MO	3	
KEPIVANCE 6.25 MG IV SOLUTION MO	4	
KERAFOAM 30 % TOPICAL FOAM MO	3	
KERAFOAM 42 % TOPICAL FOAM MO	3	
KERALYT RX 6 % TOPICAL GEL MO	3	
ketoconazole 2% cream MO	1	
ketoconazole 2% foam MO	1	
ketoconazole 2% shampoo MO	1	
ketodan 2 % topical foam MO	1	
KETODAN KIT 2 % TOPICAL COMBO PACK MO	3	
KLARON 10 % TOPICAL SUSP MO	3	
LAC-HYDRIN 12 % LOTION MO	3	
LAC-HYDRIN 12 % TOPICAL CREAM MO	3	
laclotion 12% lotion MO	1	
LAMISIL 1% SOLUTION MO	3	
lavoclen-4 (new cleanser) 4 % topical kit MO	1	
lavoclen-4 4 % topical cleanser MO	1	
lavoclen-8 (new cleanser) 8 % topical kit MO	1	
lavoclen-8 8 % topical cleanser MO	1	
LEVULAN 20 % TOPICAL SOLN MO	3	
lidocaine 3% cream MO	1	
lidocaine 5% ointment MO	1	B vs D
lidocaine hcl 3% lotion MO	1	
lidocaine-hc 3-0.5% cream MO	2	
lidocaine-hc 3-0.5% cream kit MO	2	
lidocaine-hc 3-1% cream kit MO	2	
lidocaine-prilocaine cream MO	1	B vs D
LIDODERM 5 % (700 MG/PATCH) ADHESIVE PATCH MO	3	PA,QL (90 per 30 days)
lindane 1% lotion MO	1	
lindane 1% shampoo MO	1	
LOCOID 0.1 % LOTION MO	3	
LOCOID 0.1 % TOPICAL CREAM MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOCOID 0.1 % TOPICAL OINTMENT MO	3	
LOCOID 0.1 % TOPICAL SOLN MO	3	
LOCOID LIPOCREAM 0.1 % TOPICAL MO	3	
LOPROX 0.77 % TOPICAL GEL MO	3	PA
LOPROX 1 % SHAMPOO MO	3	PA
LOTRISONE 1 %-0.05 % TOPICAL CREAM MO	3	
LTA PRE-ATTACHED 4 % LARYNGOTRACHEAL SOLN MO	1	B vs D
LUXIQ 0.12 % TOPICAL FOAM MO	3	
mafenide acetate 50 gm powd pk MO	3	
malathion 0.5% lotion MO	1	
MENTAX 1 % TOPICAL CREAM MO	3	
METROCREAM 0.75 % TOPICAL MO	3	PA
METROGEL 1 % TOPICAL MO	3	
METROGEL 1 % TOPICAL GEL WITH PUMP MO	3	
METROGEL 1% KIT MO	3	
METROLOTION 0.75 % MO	3	PA
metronidazole 0.75% cream MO	1	
metronidazole 0.75% lotion MO	1	
metronidazole topical 0.75% gl MO	1	
metronidazole vaginal 0.75% gl MO	1	
METVIXIA 16.8% CREAM MO	3	
miconazole-3 200 mg vaginal suppository MO	1	
mometasone furoate 0.1% cream MO	1	
mometasone furoate 0.1% oint MO	1	
mometasone furoate 0.1% soln MO	1	
MOMEXIN 0.1 %-12 % TOPICAL COMBO PACK MO	3	
mupirocin 2% cream MO	1	
mupirocin 2% ointment MO	1	
myorisan 10 mg capsule MO	1	
myorisan 20 mg capsule MO	1	
myorisan 40 mg capsule MO	1	
NAFTIN 1 % TOPICAL CREAM MO	3	
NAFTIN 1 % TOPICAL GEL MO	2	
NAFTIN 2 % TOPICAL CREAM MO	2	
NAFTIN 2 % TOPICAL GEL MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEOBENZ MICRO CREAM PLUS PACK MO	3	
NEOBENZ MICRO SD 5.5% CREAM MO	3	
neomy-polymyxin b 40 mg/ml amp MO	1	
NEOSPORIN GU IRRIGANT 40 MG-200,000 UNIT/ML MO	1	
NIZORAL 2 % SHAMPOO MO	3	
NORITATE 1 % TOPICAL CREAM MO	3	
nyamyc 100,000 unit/gram topical powder MO	1	
nystatin 100,000 unit/gm cream MO	1	
nystatin 100,000 unit/gm powd MO	1	
nystatin 100,000 units/gm oint MO	1	
nystatin vaginal tablet MO	1	
nystatin-triamcinolone cream MO	1	
nystatin-triamcinolone ointm MO	1	
nystop 100,000 unit/gram topical powder MO	1	
OLUX 0.05 % TOPICAL FOAM MO	3	PA
OLUX-E 0.05 % TOPICAL FOAM MO	3	
oralone 0.1 % dental paste MO	1	
ORAVIG 50 MG BUCCAL TABLET MO	3	QL (14 per 30 days)
oscion 3% cleanser MO	1	
oscion 3% pad MO	1	
oscion 6% cleanser MO	1	
oscion 6% pad MO	1	
oscion 9% cleanser MO	1	
oscion 9% pad MO	1	
OVACE PLUS SHAMPOO 10 % MO	3	
OVIDE 0.5 % LOTION MO	3	
OXALIS TOPICAL OINTMENT MO	3	
OXISTAT 1 % LOTION MO	3	
OXISTAT 1 % TOPICAL CREAM MO	3	
OXSORALEN 1 % LOTION MO	3	
OXSORALEN ULTRA 10 MG CAPSULE MO	4	
PANDEL 0.1 % TOPICAL CREAM MO	3	
PANRETIN 0.1 % TOPICAL GEL MO	4	
pedi-dri 100,000 unit/gram topical powder MO	1	
PEDIADERM HC 2 % KIT, LOTION & CREAM, EMOLLIENT 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
PEDIPIROX-4 8 % TOPICAL KIT MO	3	
PENLAC 8 % TOPICAL SOLN MO	3	
permethrin 5% cream MO	1	
phenazopyridine 100 mg tab MO	1	
phenazopyridine 200 mg tab MO	1	
PHISOHEX 3 % TOPICAL LIQUID MO	3	
PICATO 0.015 % TOPICAL GEL MO	3	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL MO	3	QL (2 per 30 days)
PLIAGLIS 7 %-7 % TOPICAL CREAM MO	3	
podocon 25 % topical liquid MO	2	
podofilox 0.5% topical soln MO	1	
PONTOCAINE 2 % TOPICAL SOLN MO	3	
PRAMOSONE 1 %-1 % LOTION MO	3	
PRAMOSONE 1 %-1 % TOPICAL CREAM MO	3	
PRAMOSONE 1 %-1 % TOPICAL OINTMENT MO	3	
PRAMOSONE 2.5 %- 1 % TOPICAL OINTMENT MO	3	
PRAMOSONE 2.5 %-1 % TOPICAL CREAM MO	3	
PRAMOSONE 2.5%-1 % LOTION MO	3	
PRAMOSONE E 2.5 %-1 % TOPICAL CREAM MO	3	
prednicarbate 0.1% cream MO	1	
prednicarbate 0.1% ointment MO	1	
procto-pak 1 % rectal cream MO	1	
PROCTOCORT 1 % RECTAL CREAM MO	1	
proctocream-hc 2.5 % rectal MO	1	
PROCTOFOAM HC 1 %-1 % MO	3	
proctosol hc 2.5 % rectal cream MO	1	
proctozone-hc 2.5 % rectal cream MO	1	
PROTOPIC 0.03 % TOPICAL OINTMENT MO	3	
PROTOPIC 0.1 % TOPICAL OINTMENT MO	3	
PRUDOXIN 5 % TOPICAL CREAM MO	3	
PYROGALLIC ACID 25 %-2 % TOPICAL OINTMENT MO	3	
RECTIV 0.4 % (W/W) OINTMENT MO	3	QL (30 per 30 days)
REGRANEX 0.01% GEL MO	4	
relagard 0.9 %-0.025 % vaginal gel MO	1	
remeven 50 % topical cream MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RETIN-A 0.01 % TOPICAL GEL MO	3	PA
RETIN-A 0.025 % TOPICAL CREAM MO	3	PA
RETIN-A 0.025 % TOPICAL GEL MO	3	PA
RETIN-A 0.05 % TOPICAL CREAM MO	3	PA
RETIN-A 0.1 % TOPICAL CREAM MO	3	PA
RETIN-A MICRO 0.04 % TOPICAL GEL MO	3	PA
RETIN-A MICRO 0.1 % TOPICAL GEL MO	3	PA
RETIN-A MICRO PUMP 0.04 % TOPICAL GEL MO	3	PA
RETIN-A MICRO PUMP 0.1 % TOPICAL GEL MO	3	PA
RIMSO-50 50 % INTRAVESICAL MO	1	
ROSADAN 0.75 % TOP CLEANSER & GEL KIT MO	3	
rosadan 0.75 % topical cream MO	1	
ROSADAN 0.75 % TOPICAL CREAM KIT MO	3	
rosadan 0.75 % topical gel MO	1	
salacyn 6 % lotion MO	1	
SALEX 6 % SHAMPOO MO	3	
salicylic acid 6% gel MO	1	
salicylic acid 6% shampoo MO	1	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	3	
scalacort 2 % lotion MO	1	
selenium sulfide 2.25% shampoo MO	1	
selenium sulfide 2.5% lotion MO	1	
SILVADENE 1 % TOPICAL CREAM MO	3	
silver nitrate 0.5% soln MO	1	
silver nitrate 10% ointment MO	1	
silver nitrate 10% solution MO	1	
silver nitrate 25% solution MO	1	
silver nitrate 50% solution MO	1	
silver sulfadiazine 1% cream MO	1	
SKLICE 0.5 % LOTION MO	3	
sod sulfacet-sulfur 10-4% pad MO	1	
sod sulfacetamide-sulfur foam MO	1	
sod.sulfacet-sulfur susp MO	1	
sodium sulfacetamide med pads MO	1	
sodium sulfacetamide-sulfur MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOLARAZE 3 % TOPICAL GEL MO	2	
SORIATANE 10 MG CAPSULE MO	4	
SORIATANE 17.5 MG CAPSULE MO	4	
SORIATANE 25 MG CAPSULE MO	4	
SORILUX 0.005 % TOPICAL FOAM MO	3	ST,QL (120 per 28 days)
sotret 20 mg capsule MO	1	
spinosad 0.9% topical susp MO	1	QL (240 per 30 days)
SSD 1 % TOPICAL CREAM MO	1	
SSD AF 1% CREAM MO	1	
STELARA 45 MG/0.5 ML SUB-Q SYRINGE MO	4	PA,QL (3 per 84 days)
STELARA 90 MG/ML SUB-Q SYRINGE MO	4	PA,QL (3 per 84 days)
sulfacetamide sod 10% top susp MO	1	
SULFAMYLON 50 GRAM TOPICAL PACKET MO	3	
SULFAMYLON 85 MG/G TOPICAL CREAM MO	3	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	
SYNALAR 0.01 % TOPICAL SOLN MO	3	
SYNALAR CREAM KIT 0.025 % TOPICAL MO	3	
SYNALAR OINTMENT KIT 0.025 % TOPICAL PACK,OINTMENT & CREAM MO	3	
SYNALAR TS 0.01 % TOPICAL KIT MO	3	
SYNERA 70 MG-70 MG PATCH MO	3	B vs D
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT MO	2	
TACLONEX 0.005 %-0.064 % TOPICAL SUSP MO	2	QL (120 per 30 days)
TARGRETIN 1 % TOPICAL GEL SP	4	PA
TAZORAC 0.05 % TOPICAL CREAM MO	3	
TAZORAC 0.05 % TOPICAL GEL MO	3	
TAZORAC 0.1 % TOPICAL CREAM MO	3	
TAZORAC 0.1 % TOPICAL GEL MO	3	
TEMOVATE 0.05 % TOPICAL CREAM MO	3	PA
TEMOVATE 0.05 % TOPICAL OINTMENT MO	3	PA
TEMOVATE 0.05% GEL MO	3	PA
TEMOVATE 0.05% SOLUTION MO	3	PA
TEMOVATE E 0.05 % TOPICAL CREAM MO	3	PA
TERAZOL 3 0.8 % VAGINAL CREAM MO	3	
TERAZOL 3 80 MG VAGINAL SUPPOSITORY MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TERAZOL 7 0.4 % VAGINAL CREAM MO	3	
terconazole 0.4% cream MO	1	
terconazole 0.8% cream MO	1	
terconazole 80 mg suppository MO	1	
TEXACORT 2.5 % TOPICAL SOLN MO	1	
THERMAZENE 1 % TOPICAL CREAM MO	1	
TOPICORT 0.05 % TOPICAL CREAM MO	1	
TOPICORT 0.05 % TOPICAL GEL MO	1	
TOPICORT 0.05 % TOPICAL OINTMENT MO	1	
TOPICORT 0.25 % TOPICAL CREAM MO	1	
TOPICORT 0.25 % TOPICAL OINTMENT MO	1	
TOPICORT 0.25 % TOPICAL SPRAY MO	3	
TRETIN-X 0.01% COMBO PACK MO	1	
TRETIN-X 0.025 % TOPICAL COMBO PACK MO	3	
TRETIN-X 0.025% GEL COMBO PACK MO	1	
TRETIN-X 0.0375 % TOPICAL CREAM MO	1	
TRETIN-X 0.05 % TOPICAL COMBO PACK MO	1	
TRETIN-X 0.1 % TOPICAL COMBO PACK MO	1	
tretinoin 0.01% gel MO	1	PA
tretinoin 0.025% cream MO	1	PA
tretinoin 0.025% gel MO	1	PA
tretinoin 0.05% cream MO	1	PA
tretinoin 0.1% cream MO	1	PA
tretinoin gel micro 0.04% tube MO	1	PA
tretinoin gel micro 0.1% tube MO	1	PA
TRI-CHLOR 80 % TOPICAL SOLN MO	3	
triamcinolone 0.025% cream MO	1	
triamcinolone 0.025% lotion MO	1	
triamcinolone 0.025% oint MO	1	
triamcinolone 0.05% oint MO	1	
triamcinolone 0.1% cream MO	1	
triamcinolone 0.1% lotion MO	1	
triamcinolone 0.1% ointment MO	1	
triamcinolone 0.1% paste MO	1	
triamcinolone 0.5% cream MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
triamcinolone 0.5% ointment MO	1	
trianex 0.05 % topical ointment MO	1	
TRIAZ 3% CLEANSER MO	3	
TRIAZ 3% PAD MO	3	
TRIAZ 6% CLEANSER MO	3	
TRIAZ 6% PAD MO	3	
TRIAZ 9% CLEANSER MO	3	
TRIAZ 9% PAD MO	3	
trichloroacetic acid 25% MO	1	
trichloroacetic acid 70% MO	1	
trichloroacetic acid 75% MO	1	
triderm 0.1 % topical cream MO	1	
u-cort 1 %-10 % topical cream MO	1	
ULESFIA 5 % LOTION MO	3	
ULTILET ALCOHOL SWAB MO	1	
ULTRAVATE 0.05 % TOPICAL CREAM MO	3	
ULTRAVATE 0.05 % TOPICAL OINTMENT MO	3	
ULTRAVATE PAC 0.05 %-12 % TOPICAL PACK, CREAM & LOTION MO	3	
ULTRAVATE PAC 0.05 %-12 % TOPICAL PACK, OINTMENT & LOTION MO	3	
ULTRAVATE X 0.05 %-10 % TOPICAL COMBO PACK MO	3	
ULTRAVATE X 0.05 %-10 % TOPICAL PACK,OINTMENT & CREAM MO	3	
UMECTA 40 % TOPICAL MO	3	
umecta 40 % topical foam MO	3	
UMECTA 40 % TOPICAL SUSP MO	3	
UMECTA PD 40 % TOPICAL EMULSION MO	3	
UMECTA PD 40 % TOPICAL SUSPENSION MO	3	
URAMAXIN 20 % TOPICAL FOAM MO	3	
urea 35% foam MO	1	
urea 40% cream MO	1	
urea 40% gel MO	1	
urea 40% nail film susp MO	1	
urea 50% cream MO	1	
urea nail stick 50 % topical soln MO	1	
UVADEX 20 MCG/ML INJECTION MO	3	B vs D
VANDAZOLE 0.75 % VAGINAL GEL MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VANOS 0.1 % TOPICAL CREAM MO	3	
VANOXIDE-HC 5 %-0.5 % TOPICAL SUSP MO	3	
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT MO	3	ST,QL (800 per 28 days)
VELTIN 1.2 %-0.025 % TOPICAL GEL MO	3	
VERDESO 0.05 % TOPICAL FOAM MO	3	
VEREGEN 15 % TOPICAL OINTMENT MO	3	
VERSICLEAR LOTION MO	3	
vitazol 0.75% cream MO	1	
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT MO	3	
WEBCOL TOPICAL PADS MO	1	
WESTCORT 0.2 % TOPICAL OINTMENT MO	3	
x-viate 40 % lotion MO	1	
x-viate 40 % topical cream MO	1	
x-viate 40 % topical gel MO	1	
XERAC AC 6.25 % TOPICAL SOLN MO	3	
XERESE 5 %-1 % TOPICAL CREAM MO	3	
XOLEGEL 2 % TOPICAL MO	3	
zenatane 10 mg capsule MO	1	
zenatane 20 mg capsule MO	1	
zenatane 40 mg capsule MO	1	
ZIANA 1.2 %-0.025 % TOPICAL GEL MO	3	PA
ZONALON 5 % TOPICAL CREAM MO	3	
ZOVIRAX 5 % TOPICAL CREAM MO	3	ST
ZOVIRAX 5 % TOPICAL OINTMENT MO	3	PA
ZYCLARA 2.5 % TOPICAL CREAM PUMP MO	3	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET MO	3	
ZYCLARA 3.75 % TOPICAL CREAM PUMP MO	3	QL (15 per 30 days)
SMOOTH MUSCLE RELAXANTS		
aminophylline 100 mg tablet MO	1	
aminophylline 200 mg tablet MO	1	
aminophylline 250 mg/10 ml vl MO	1	
aminophylline 500 mg/20 ml vl MO	1	
DETROL 1 MG TABLET MO	2	QL (60 per 30 days)
DETROL 2 MG TABLET MO	2	QL (60 per 30 days)
DETROL LA 2 MG CAPSULE,EXTENDED RELEASE MO	2	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DETROL LA 4 MG CAPSULE,EXTENDED RELEASE MO	2	QL (30 per 30 days)
DITROPAN XL 10 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
DITROPAN XL 15 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
DITROPAN XL 5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML MO	1	
ENABLEX 15 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
ENABLEX 7.5 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
flavoxate hcl 100 mg tablet MO	1	
GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET MO	3	QL (30 per 30 days)
GELNIQUE 28 MG/0.92 GRAM (3 %) TRANSDERMAL GEL PUMP MO	3	QL (92 per 30 days)
LUFYLLIN 200 MG TABLET MO	1	
LUFYLLIN 400 MG TABLET MO	1	
MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
oxybutynin 5 mg tablet MO	1	
oxybutynin 5 mg/5 ml syrup MO	1	
oxybutynin cl er 10 mg tablet MO	1	QL (60 per 30 days)
oxybutynin cl er 15 mg tablet MO	1	QL (60 per 30 days)
oxybutynin cl er 5 mg tablet MO	1	QL (60 per 30 days)
OXYTROL 3.9 MG/24 HR TRANSDERM PATCH MO	3	QL (8 per 28 days)
SANCTURA 20 MG TABLET MO	3	PA
SANCTURA XR 60 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
THEO-24 100 MG CAPSULE,EXTENDED RELEASE MO	1	
THEO-24 200 MG CAPSULE,EXTENDED RELEASE MO	1	
THEO-24 300 MG CAPSULE,EXTENDED RELEASE MO	1	
THEO-24 400 MG CAPSULE,EXTENDED RELEASE MO	1	
theochron 100 mg tablet,extended release MO	1	
theochron 200 mg tablet,extended release MO	1	
theochron 300 mg tablet,extended release MO	1	
theophylline 200 mg/100 ml d5w MO	1	
theophylline 200 mg/50 ml d5w MO	1	
theophylline 400 mg/250 ml d5w MO	1	
theophylline 400 mg/500 ml d5w MO	1	
theophylline 80 mg/15 ml soln MO	1	
theophylline 80 mg/15 ml soln MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
theophylline 800 mg/250 ml d5w MO	1	
theophylline 800 mg/500 ml d5w MO	1	
theophylline er 100 mg tablet MO	1	
theophylline er 200 mg tablet MO	1	
theophylline er 300 mg tab MO	1	
theophylline er 400 mg tablet MO	1	
theophylline er 450 mg tab MO	1	
theophylline er 600 mg tablet MO	1	
tolterodine tartrate 1 mg tab MO	1	QL (60 per 30 days)
tolterodine tartrate 2 mg tab MO	1	QL (60 per 30 days)
TOVIAZ 4 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
TOVIAZ 8 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
trospium chloride 20 mg tablet MO	1	
trospium chloride er 60 mg cap MO	1	QL (30 per 30 days)
VESICARE 10 MG TABLET MO	2	QL (30 per 30 days)
VESICARE 5 MG TABLET MO	2	QL (30 per 30 days)
VITAMINS		
ATABEX EC 29 MG-1 MG-50 MG TABLET,DELAYED RELEASE MO	3	
B-NEXA 1.22 MG-42 MG-124.23 MG TABLET MO	3	
bal-care dha 27 mg-1 mg-430 mg tablet&capsule,delayed release MO	2	
bp multinatal plus chew tablet MO	1	
c-nate dha 28 mg-1 mg-200 mg capsule MO	1	
CALCIJEX 1 MCG/ML AMPUL MO	3	B vs D
calcitriol 0.25 mcg capsule MO	1	B vs D
calcitriol 0.5 mcg capsule MO	1	B vs D
calcitriol 1 mcg/ml ampul MO	1	B vs D
calcitriol 1 mcg/ml solution MO	1	B vs D
cavan one omega softgel MO	1	
cavan-ec sod dha 30 mg-1 mg-440 mg tablet&capsule,delayed release MO	1	
cavan-folate dha combo pack MO	1	
cavan-folate ob tablet MO	1	
CITRANATAL 90 DHA (NEW FORMULA) 90 MG-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL ASSURE 35 MG-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG/25 MG TABLETS MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CITRANATAL B-CALM PACK MO	3	
CITRANATAL DHA (NEW FORMULA) 27 MG-1 MG-50 MG-250 MG ORAL PACK MO	3	
CITRANATAL HARMONY CAPSULE MO	3	
CITRANATAL HARMONY CAPSULE MO	3	
CITRANATAL RX (NEW FORMULA) 27 MG-1 MG-50 MG TABLET MO	3	
complete natal dha 29 mg-1 mg-250 mg oral pack MO	1	
complete-rf prenatal tablet MO	1	
completenate 29 mg-1 mg chewable tablet MO	1	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE MO	3	
CONCEPT OB 85 MG-1 MG CAPSULE MO	3	
dexpanthenol 250 mg/ml vial MO	1	
DUET DHA BALANCED 26 MG IRON-1 MG-278 MG ORAL PACK MO	3	
DUET DHA BALANCED COMBO PACK MO	3	
DUET DHA BALANCED COMBO PACK MO	3	
DUET DHA COMPLETE COMBO PACK MO	3	
DUET DHA COMPLETE COMBO PACK MO	3	
DUET DHA EC-OM 3 25 MG IRON-1 MG-400 MG TABLET&CAPSULE,DELAYED RELEASE MO	3	
DUET DHA EC-OM 3 25 MG IRON-1 MG-430 MG TABLET&CAPSULE,DELAYED RELEASE MO	3	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK MO	3	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-430 MG ORAL PACK MO	3	
elite-ob 28 mg-1.25 mg-200 mg capsule MO	1	
elite-ob 400 35 mg-5 mg-1.2 mg-400 mg capsule MO	1	
elite-ob 50 mg-1.25 mg tablet MO	1	
folbecal 1 mg-200 mg-75 mg-12 mcg tablet,extended release MO	1	
folcaps omega-3 (asparto-gly) 27 mg-1 mg-330 mg capsule MO	3	
folinatal plus b 1 mg-200 mg-75 mg-12 mcg tablet,extended release MO	1	
folivane-ob 85 mg-1 mg capsule MO	3	
folivane-prx dha nf 30 mg-1.24 mg-55 mg-265 mg capsule MO	1	
GESTICARE DHA 27 MG-1 MG-250 MG TABLET,EXTENDED RELEASE & CAPSULE MO	3	
HECTOROL 0.5 MCG CAPSULE MO	2	B vs D
HECTOROL 1 MCG CAPSULE MO	2	B vs D
HECTOROL 2 MCG/ML (1 ML) IV MO	2	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HECTOROL 2.5 MCG CAPSULE MO	2	B vs D
HECTOROL 4 MCG/2 ML IV MO	2	B vs D
hemenatal ob + dha 28 mg-6 mg-1 mg oral pack MO	1	
hemenatal ob 28 mg-6 mg-1 mg tablet MO	3	
ICAR-C PLUS SR CAPSULE MO	3	
inatal advance 90 mg-1 mg-50 mg tablet MO	1	
inatal gt tablet MO	1	
inatal ultra 90 mg-1 mg-50 mg tablet MO	1	
l-methylfolate pnv dha 27 mg-0.4 mg-1.13 mg(fa 1mg) capsule MO	1	
lactocal-f tablet MO	1	
levomefolate dha 27 mg-400 mcg-1.13 mg-250 mg capsule MO	1	
levomefolatepnv combo pack MO	1	
M-VIT 27 MG-1 MG TABLET MO	3	
macnatal cn dha 28 mg-1 mg-50 mg-250 mg capsule MO	1	
MARNATAL-F 60 MG IRON-1 MG CAPSULE MO	3	
maternity 27 mg-1 mg tablet MO	1	
MAXINATE 20 MG-0.8 MG TABLET MO	3	
multi-vitamin with fluoride 0.25 mg chewable tablet MO	1	
multi-vitamin with fluoride 0.5 mg chewable tablet MO	1	
multi-vitamin with fluoride 1 mg chewable tablet MO	1	
multivitamin with fluoride 0.5 mg chewable tablet MO	1	
multivitamins with fluoride 0.25 mg chewable tablet MO	1	
multivitamins with fluoride 0.5 mg chewable tablet MO	1	
multivitamins with fluoride 1 mg chewable tablet MO	1	
MVC-FLUORIDE 0.25 MG CHEWABLE TABLET MO	3	
MVC-FLUORIDE 0.5 MG CHEWABLE TABLET MO	3	
MVC-FLUORIDE 1 MG CHEWABLE TABLET MO	3	
MYKIDZ IRON FLUORIDE 10 MG-0.25 MG-1,500 UNIT/2 ML ORAL SUSP MO	3	
MYNATAL 65 MG-1 MG CAPSULE MO	3	
mynatal 90 mg-1 mg-50 mg tablet MO	1	
mynatal advance 90 mg-1 mg-50 mg tablet MO	1	
mynatal plus 65 mg-1 mg tablet MO	1	
mynatal-z 65 mg-1 mg tablet MO	1	
mynate 90 plus 90 mg-1 mg tablet,extended release MO	1	
NATA KOMPLETE 25 MG IRON-1 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET MO	3	
NATALVIT 75 MG-1 MG TABLET MO	3	
NATELLE ONE 28 MG-1 MG-250 MG CAPSULE MO	3	
NEEVO DHA GELCAP MO	3	
NEXA PLUS 29 MG IRON-1.25 MG-55 MG CAPSULE MO	3	
NEXA SELECT CAPSULE MO	3	
NEXA SELECT SOFTGEL MO	3	
O-CAL FA 66 MG-1 MG TABLET MO	3	
O-CAL PRENATAL 15 MG-1 MG TABLET MO	3	
OB COMPLETE 20 MG-1 MG-100 MG CHEWABLE TABLET MO	3	
OB COMPLETE 50 MG-1.25 MG TABLET MO	3	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE MO	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE MO	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET MO	3	
ob-natal one prenatal capsule MO	1	
obstetrix dha 29 mg iron-1 mg-50 mg tablet&capsule,delayed release MO	1	
OBSTETRIX EC 29 MG-1 MG-50 MG TABLET,DELAYED RELEASE MO	3	
OBTREX 29 MG-1 MG-50 MG TABLET MO	3	
OBTREX DHA 29 MG IRON-1 MG-50 MG TABLET&CAPSULE,DELAYED RELEASE MO	3	
paire ob plus dha 22 mg-6 mg-1 mg-200 mg oral pack MO	2	
pnv folic acid + iron 27 mg iron-1 mg tablet MO	3	
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack MO	1	
pnv-dha 27 mg-1 mg-300 mg capsule MO	1	
PNV-DHA PLUS 27 MG-0.4 MG-1.13 MG(FA 1MG) CAPSULE MO	3	
PNV-IRON 29 MG-0.4 MG-1.13 MG(FA 1 MG) TABLET MO	3	
pnv-omega 28 mg-1 mg-300 mg capsule MO	1	
pnv-select 27 mg-1 mg tablet MO	1	
pnv-total 35 mg-5 mg-1.2 mg-400 mg capsule MO	1	
poly iron pn forte tablet MO	1	
poly iron pn tablet MO	1	
POLY-VI-FLOR 0.25 MG FLUORIDE CHEWABLE TABLET MO	3	
POLY-VI-FLOR 0.25 MG/ML FLUORIDE MULTIPHASE ORAL DROPS MO	3	QL (50 per 30 days)
POLY-VI-FLOR 0.5 MG FLUORIDE CHEWABLE TABLET MO	3	
POLY-VI-FLOR 1 MG FLUORIDE CHEWABLE TABLET MO	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
POLY-VI-FLOR WITH IRON 0.25 MG FLUORIDE-7 MG IRON/ML MPHASE ORAL DROPS MO	3	QL (50 per 30 days)
POLY-VI-FLOR WITH IRON 0.5 MG FLUORIDE-10 MG IRON CHEWABLE TABLET MO	3	
polyvit-iron-fl 0.5 mg/ml MO	1	
pr natal 400 29 mg-1 mg-400 mg oral pack MO	1	
pr natal 400 ec 29 mg-1 mg-400 mg tablet&capsule,delayed release MO	1	
pr natal 430 29 mg-1 mg-430 mg oral pack MO	1	
pr natal 430 ec 29 mg-1 mg-430 mg tablet&capsule,delayed release MO	1	
PREFERA-OB 28 MG-6 MG-1 MG TABLET MO	3	
PREFERA-OB ONE 22 MG-6 MG-1 MG-200 MG CAPSULE MO	3	
PREFERA-OB PLUS DHA 28 MG-6 MG-1 MG ORAL PACK MO	3	
prena1 30 mg iron-1 mg-200 mg capsule MO	1	
prena1 chew 1 mg tablet MO	1	
prena1 plus 30 mg iron-1 mg-300 mg oral pack MO	1	
prenafirst tablet MO	1	
prenaissance 29 mg-1.25 mg-55 mg-325 mg capsule MO	3	
prenaissance balance 30 mg iron-1 mg-50 mg-260 mg capsule MO	1	
prenaissance harmony dha 26 mg iron-1 mg-374 mg tab&cap,delay release MO	1	
prenaissance plus 28 mg-1 mg-50 mg-250 mg capsule MO	3	
prenaplus 27 mg-1 mg tablet MO	1	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET MO	3	
PRENATABS FA 29 MG-1 MG TABLET MO	1	
PRENATABS RX 29 MG IRON-1 MG TABLET MO	1	
prenatal ad 90 mg-1 mg-50 mg tablet MO	1	
prenatal low iron 27 mg-1 mg tablet MO	1	
prenatal mv & min capsule MO	1	
prenatal plus (calcium carbonate) 27 mg-1 mg tablet MO	1	
prenatal plus tablet MO	1	
prenatal plus with iron (calcium carbonate) 29 mg iron-1 mg tablet MO	1	
prenatal-u 106.5 mg-1 mg capsule MO	3	
PRENATE AM 1 MG-500 MG TABLET MO	3	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE MO	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRENATE ELITE TABLET MO	3	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE MO	3	
PRENATE ESSENTIAL SOFTGEL MO	3	
PRENATE MINI 29 MG IRON-1 MG-350 MG CAPSULE MO	3	
prenate plus tablet MO	1	
PRENEXA CAPSULE MO	3	
PREQUE 10 15 MG IRON-0.5 MG-25 MG TABLET MO	3	
PROTECT NATAL 13.5 MG-0.5 MG-75 MG TABLET,DELAYED RELEASE MO	3	
relnate dha 28 mg-1 mg-200 mg capsule MO	1	
ROCALTROL 0.25 MCG CAPSULE MO	3	B vs D
ROCALTROL 0.5 MCG CAPSULE MO	3	B vs D
ROCALTROL 1 MCG/ML ORAL SOLN MO	3	B vs D
se-care chewable tablet MO	1	
se-care conceive tablet MO	1	
se-care gesture tablet MO	1	
se-natal 19 29 mg-1 mg chewable tablet MO	1	
se-natal 19 29 mg-1 mg tablet MO	1	
se-natal one tablet MO	1	
se-plete dha softgel MO	1	
se-tan dha 30 mg-1 mg-310.1 mg capsule MO	1	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK MO	3	
SELECT-OB 29 MG-1 MG CHEWABLE TABLET MO	3	
setonet 29 mg-1 mg-430 mg oral pack MO	1	
SETONET-EC 29 MG-1 MG-430 MG TABLET&CAPSULE,DELAYED RELEASE MO	1	
TANDEM DHA CAPSULE MO	3	
TANDEM OB CAPSULE MO	3	
taron-bc 20 mg iron-1 mg/25 mg tablets MO	1	
taron-c dha 35 mg-1 mg-200 mg capsule MO	1	
TARON-DUO EC 29 MG-1 MG-400 MG TABLET&CAPSULE,DELAYED RELEASE MO	1	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule MO	1	
tl-fluorivite 7.5 mg iron-0.25 mg fluor. chewable tablet MO	3	
tl-select 29 mg-1.25 mg-55 mg-325 mg capsule MO	3	
tri rx tablet MO	1	
TRI-VI-FLOR 0.25 MG/ML FLUORIDE MULTIPHASE ORAL DROPS MO	3	QL (50 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRI-VI-FLOR 0.5 MG/ML FLUORIDE MULTIPHASE ORAL DROPS MO	3	QL (50 per 30 days)
tri-vi-floro 0.25 mg/ml fluoride multiphase oral drops MO	3	QL (50 per 30 days)
tri-vi-floro 0.5 mg/ml fluoride multiphase oral drops MO	3	QL (50 per 30 days)
tri-vit with fluoride & iron 0.25 mg-10 mg/ml oral drops MO	1	
tri-vit-fluor-iron 0.25 mg/ml MO	1	
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops MO	1	
triadvance 90 mg-1 mg-50 mg tablet MO	1	
TRICARE 27 MG IRON-1 MG TABLET MO	1	
TRICARE PRENATAL COMPLEAT 27 MG IRON-1 MG TABLET & SOFT CHEW CAPSULE MO	3	
TRICARE PRENATAL DHA ONE 27 MG-1 MG-25 MG-500 MG CAPSULE MO	3	
trimesis rx tablet MO	1	
trinatal gt 90 mg-1 mg-50 mg tablet MO	1	
trinatal rx 1 60 mg iron-1 mg tablet MO	1	
trinatal ultra 90 mg-1 mg-50 mg tablet MO	1	
TRINATE 28 MG-1 MG TABLET MO	1	
triveen-duo dha 29 mg-1 mg-400 mg oral pack MO	1	
triveen-one 27 mg-1 mg-250 mg capsule MO	1	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule MO	1	
triveen-ten 15 mg-0.5 mg-50 mg-50 mg tablet MO	2	
triveen-u 106.5 mg-1 mg capsule MO	1	
trust natal dha 29 mg-1 mg-250 mg oral pack MO	1	
ultimate ob dha 22 mg-6 mg-1 mg-200 mg oral pack MO	1	
ultimatecare one 27 mg-1 mg-330 mg capsule MO	1	
ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule MO	1	
vena-bal dha 27 mg-1 mg-430 mg tablet&capsule,delayed release MO	2	
venatal complete dha 27 mg-1 mg-430 mg tablet &capsule,delayed release MO	2	
venatal-fa 29 mg-1 mg tablet MO	3	
vinacal 27 mg-1 mg-50 mg tablet MO	1	
vinate az 27 mg-1 mg tablet MO	1	
vinate az extra tablets MO	1	
vinate calcium 27 mg-1 mg-50 mg tablet MO	1	
VINATE CARE 40 MG IRON-1 MG CHEWABLE TABLET MO	1	
vinate gt 90 mg-1 mg-50 mg tablet MO	1	
vinate ic 162 mg-115.2 mg (106 mg)-1 mg capsule MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vinate ii 29 mg-1 mg tablet MO	1	
vinate m 27 mg-1 mg tablet MO	1	
vinate one 60 mg iron-1 mg tablet MO	1	
vinate pn care 30 mg-1 mg-50 mg tablet MO	1	
vinate ultra 90 mg-1 mg-50 mg tablet MO	1	
VIRT-BAL DHA 26 MG IRON-1 MG-374 MG TABLET&CAPSULE,DELAYED RELEASE MO	1	
VIRT-BAL DHA PLUS 26 MG IRON-1 MG-374 MG TABLET&CAPSULE,DELAY RELEASE MO	1	
virt-pn 27 mg-1 mg tablet MO	1	
virt-pn dha 27 mg-1 mg-300 mg capsule MO	1	
virt-select 29 mg-1.25 mg-55 mg-325 mg capsule MO	1	
VITAFOL-OB 65 MG-1 MG TABLET MO	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK MO	3	
VITAFOL-PLUS CAPSULE MO	3	
VITAFOL-PN (UD) 65 MG-1 MG TABLET MO	3	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAMED MD PLUS RX 30 MG IRON-1 MG-300 MG ORAL PACK MO	3	
vitaspire 29 mg-1 mg tablet MO	1	
VIVA CT 28 MG IRON-1 MG CHEWABLE TABLET MO	3	
VIVA DHA 28 MG-1 MG-200 MG CAPSULE MO	3	
vol-nate 28 mg-1 mg tablet MO	3	
vol-plus 27 mg-1 mg tablet MO	3	
vol-tab rx 29 mg iron-1 mg tablet MO	3	
vp-ch-pnv 30 mg iron-1 mg-50 mg-260 mg capsule MO	1	
vp-era ob plus 22 mg-6 mg-1 mg tablet MO	1	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE MO	3	
vynatal fa 65 mg-1 mg tablet MO	1	
zatean-ch 27 mg-1 mg-50 mg-250 mg capsule MO	1	
zatean-pn 27 mg-1 mg tablet MO	1	
zatean-pn dha 27 mg-1 mg-300 mg capsule MO	1	
ZEMPLAR 1 MCG CAPSULE MO	2	B vs D
ZEMPLAR 2 MCG CAPSULE MO	2	B vs D
ZEMPLAR 2 MCG/ML IV SOLUTION MO	2	B vs D
ZEMPLAR 4 MCG CAPSULE MO	4	B vs D
ZEMPLAR 5 MCG/ML IV SOLUTION MO	2	B vs D

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

Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUGH & COLD		
AEROHIST CAPLET MO	3	
aerohist plus caplet MO	3	
ALDEX DM SUSPENSION MO	3	
ALLERX 10 DOSE PACK TABLET MO	3	
ALLERX 30 DOSE PACK TAB MO	3	
ALLERX DF 30 DOSE PACK TAB MO	3	
ALLERX DF DOSE PACK TABLET MO	3	
ALLERX PE DOSE PACK TABLET SA MO	3	
ALLERX-D TABLET SA MO	3	
AMBIFED 30 MG-400 MG TABLET MO	3	
AMBIFED DM 30 MG-20 MG-400 MG TABLET MO	3	
benzonatate 100 mg capsule MO	1	
benzonatate 200 mg capsule MO	1	
bromax 11 mg tablet MO	3	
bromfed dm 2 mg-30 mg-10 mg/5 ml syrup MO	1	
bromhist-dm pediatric syrup MO	3	
brompheniramine-phenylephrine MO	3	
bromspiro liquid MO	3	
BROVEX SR 9 MG-90 MG CAPSULE,EXTENDED RELEASE MO	3	
centergy 1 mg-2 mg/ml oral drops MO	3	
centergy dm 1 mg-2 mg-3 mg/ml oral drops MO	3	
ceron-dm syrup MO	3	
chlor-mes d liquid MO	3	
chlordex gp syrup MO	3	
CORZALL LIQUID MO	3	
DALLERGY CAPLET SA MO	3	
dallergy chewable tablet MO	3	
dallergy pe caplet MO	3	
DALLERGY PE SYRUP MO	3	
DALLERGY PSE ER TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUGH & COLD		
DALLERGY SYRUP **MO**	3	
DALLERGY TABLET **MO**	3	
DALLERGY-JR SUSPENSION **MO**	3	
de-chlor dm 2 mg-10 mg-15 mg/5 ml syrup **MO**	3	
de-chlor dr liquid **MO**	3	
DECONAMINE SYRUP DYE-FREE **MO**	3	
DECONAMINE TABLET DYE-FREE **MO**	3	
dehistine syrup **MO**	3	
DONATUSSIN DM SUSPENSION **MO**	3	
DONATUSSIN DM SYRUP **MO**	3	
donatussin syrup **MO**	3	
doxytex 5 mg/5 ml oral liquid **MO**	1	
ed a-hist 4 mg-10 mg/5 ml oral liquid **MO**	3	
ed a-hist dm 4 mg-10 mg-15 mg/5 ml oral liquid **MO**	3	
ed a-hist tablet sa **MO**	3	
ed chlorped d pediatric drops **MO**	3	
ED CHLORPED PEDIATRIC DROPS **MO**	3	
ED-CHLOR-TAN CAPLET **MO**	3	
entre-b suspension **MO**	3	
EXALL LIQUID **MO**	3	
EXALL-D LIQUID **MO**	3	
exefen-ir 60 mg-400 mg tablet **MO**	3	
expectuss liquid **MO**	3	
gani-tuss-dm nr liquid **MO**	1	
GENTEX 30 LIQUID **MO**	3	
guaifenesin-dm nr liquid **MO**	1	
hydrocodone-chlorpheniram susp **MO**	1	
hydrocodone-homatropine syrup **MO**	1	
hydromet 5 mg-1.5 mg/5 ml syrup **MO**	1	
J-TAN D SR TABLET **MO**	3	
J-TAN D SUSPENSION **MO**	3	
J-TAN D TAB CHEW **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUGH & COLD		
LODRANE 12D TABLET SA MO	3	
LODRANE 24 ER CAPSULE MO	3	
LODRANE 24D CAPSULE SA MO	3	
lohist 12d tablet sa MO	3	
lohist 12hr tablet sa MO	3	
lohist-dm 2 mg-5 mg-10 mg/5 ml oral liquid MO	3	
myhist-pd liquid MO	3	
nohist caplet MO	3	
nohist dmx sr tablet MO	3	
pe-hist dm syrup MO	3	
PHENA-S LIQUID MO	3	
POLY HIST DM LIQUID MO	3	
POLY HIST PD LIQUID MO	3	
poly-tussin dm syrup MO	3	
promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml syrup MO	1	
promethazine vc-codeine syrup MO	1	
promethazine-codeine syrup MO	1	
promethazine-dm syrup MO	1	
pulmari-gp liquid MO	3	
pyril d 5 mg-16 mg/5 ml oral susp MO	3	
r-tanna pediatric suspension MO	3	
r-tanna tablet MO	3	
RESCON TABLET MO	3	
RESCON-JR. SR TABLET MO	3	
RESCON-MX SR TABLET MO	3	
RESPA-BR TABLET SA MO	3	
respivent df 30 dose pack tab MO	3	
respivent df dose pack tablet MO	3	
respivent-d tablet MO	3	
robafen ac syrup MO	3	
ru-hist forte tablet sa MO	3	
RYNEZE LIQUID MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUGH & COLD		
sildec pe-dm syrup **MO**	3	
sildec-pe syrup **MO**	3	
sudahist tablet **MO**	3	
sudatex-dm tablet **MO**	3	
tanabid sr tablet **MO**	3	
TEKRAL SR 100 MG-120 MG TABLET **MO**	3	
TESSALON 200 MG CAPSULE **MO**	3	
TESSALON PERLES 100 MG CAPSULE **MO**	3	
TIME-HIST QD TABLET **MO**	3	
TRISPEC DMX LIQUID **MO**	3	
TRISPEC DMX PEDIATRIC DROPS **MO**	3	
TRISPEC PSE LIQUID **MO**	3	
TRISPEC PSE PEDIATRIC DROPS **MO**	3	
TUSNEL PEDIATRIC 15 MG-5 MG-50 MG/5 ML ORAL LIQUID **MO**	3	
TUSSAFED EX LIQUID **MO**	3	
TUSSIONEX PENNKINETIC ER 8 MG-10 MG/5 ML SUSP,EXTENDED RELEASE **MO**	3	
V-HIST SUSPENSION **MO**	3	
VANACOF CD 1 MG-5 MG-10 MG/5 ML ORAL LIQUID **MO**	3	
Z-COF 8 DM ORAL SUSPENSION **MO**	3	
z-dex syrup **MO**	3	
ZOTEX 12 SUSPENSION **MO**	3	
ZOTEX PEDIATRIC DROPS **MO**	3	
ZOTEX SYRUP **MO**	3	
zotex-12d sr tablet **MO**	3	
ERECTILE DYSFUNCTION		
VIAGRA 100 MG TABLET **MO**	1	QL (4 per 30 days)
VIAGRA 25 MG TABLET **MO**	1	QL (4 per 30 days)
VIAGRA 50 MG TABLET **MO**	1	QL (4 per 30 days)
VITAMINS & MINERALS		
advanced am-pm 650 mg-1000 mg-800 mg oral pack **MO**	1	
alz-nac tablet **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS & MINERALS		
b complex 100 100 mg-2 mg-100 mg-2mg-2mg/ml injectable solution **MO**	1	
b-plex 0.5 mg tablet **MO**	1	
b-plex plus 27 mg-0.8 mg tablet **MO**	1	
BACMIN 27 MG-1 MG TABLET **MO**	3	
BIFERA RX 22 MG-6 MG-1 MG-25 MCG TABLET **MO**	3	
CALAFOL RX TABLET **MO**	3	
CARDIOTEK-RX (BIOPERINE) 2 MG-500 MG-500 MCG-50 MG TABLET **MO**	3	
centratex 106 mg iron-1 mg capsule **MO**	1	
CEREFOLIN 6 MG-5 MG-50 MG-1 MG TABLET **MO**	3	
CEREFOLIN NAC CAPLET **MO**	3	
choice-tabs 1 mg-1,000 unit-15 mg-5mg tablet **MO**	1	
corvita 1.25 mg-2.5 mg-7 mg tablet **MO**	1	
corvita 150 150 mg-1.25 mg-120 mg-10 mg tablet **MO**	1	
CORVITE 1.25 MG-2.5 MG-7 MG TABLET **MO**	3	
CORVITE 150 150 MG-1.25 MG-120 MG-10 MG TABLET **MO**	3	
CORVITE FE 125 MG IRON-25 MG IRON-1 MG TABLET **MO**	3	
CORVITE FREE 1.25 MG-400 MCG-125 MCG-35 MG TABLET **MO**	3	
cyanocobalamin 1,000 mcg/ml **MO**	1	
DIALYVITE 1 MG-100 MG-300 MCG-50 MG TABLET **MO**	3	
DIALYVITE 100 MG-1 MG TABLET **MO**	3	
DIALYVITE 3000 3 MG-70 MCG-15 MG TABLET **MO**	3	
DIALYVITE 5000 5 MG TABLET **MO**	3	
DIALYVITE 800 WITH IRON 29 MG-800 MCG TABLET **MO**	3	
DIALYVITE SUPREME D 3 MG-2,000 UNIT TABLET **MO**	3	
DIATX ZN TABLET **MO**	3	
DRISDOL 50,000 UNIT CAPSULE **MO**	3	
ELDERCAPS 1 MG CAPSULE **MO**	3	
fabb 2.2 mg-25 mg-1 mg tablet **MO**	1	
FERAHEME 510 MG/17 ML (30 MG/ML) IV **MO**	3	
ferocon 110 mg-0.5 mg capsule **MO**	1	
ferotrin capsule **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS & MINERALS		
FEROTRINSIC 110 MG-0.5 MG CAPSULE MO	3	
FERRALET 90 DUAL-IRON DELIVERY 90 MG-1 MG-12 MCG-50 MG TABLET MO	3	
ferraplus 90 90 mg-1 mg-12 mcg-120 mg-50mg tablet MO	1	
ferrex 150 forte 150 mg-25 mcg-1 mg capsule MO	1	
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule MO	1	
ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet MO	1	
ferrocite plus 106 mg iron-1 mg tablet MO	1	
ferrogels forte 460 mg-60 mg-0.01 mg-1 mg capsule MO	1	
FETRIN 200 MG (66 MG)-60 MG-5 MCG CAPSULE,EXTENDED RELEASE MO	3	
folastin 2.5 mg-25 mg-2 mg tablet MO	1	
folbee 2.5 mg-25 mg-1 mg tablet MO	1	
folbee plus 5 mg tablet MO	1	
folbee plus 5 mg-1.5 mg-25 mg tablet MO	1	
folbic 2.5 mg-25 mg-2 mg tablet MO	1	
folcaps 2.2 mg-25 mg-0.5 mg tablet MO	1	
FOLGARD RX 2.2 MG-25 MG-1 MG TABLET MO	3	
folic acid 1 mg tablet MO	1	
folic acid 2.5 mg tablet MO	1	
folic acid-vit b6-vit b12 tab MO	1	
folivane-f 125 mg-1 mg-40 mg-3 mg capsule MO	1	
folivane-plus 125 mg-1 mg capsule MO	1	
FOLPACE RX TABLET MO	3	
folplex 2.2 2.2 mg-25 mg-0.5 mg tablet MO	1	
foltanx 3 mg-35 mg-2 mg tablet MO	1	
FOLTRATE 0.5 MG-1 MG TABLET MO	3	
FOLTX TABLET MO	3	
FORTAVIT CAPSULE MO	3	
fumatinic er capsule MO	3	
hematinic plus vit/minerals 106 mg iron-1 mg tablet MO	1	
hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet MO	1	
HEMATOGEN 200 MG (66 MG)-10 MCG-250 MG CAPSULE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS & MINERALS		
hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule **MO**	1	
hematogen forte 460 mg-60 mg-0.01 mg-1 mg capsule **MO**	1	
HEMATRON 50 MG IRON-1 MG/5 ML ORAL LIQUID **MO**	3	
HEMATRON-AF 150 MG-1 MG-50 MG TABLET,EXTENDED RELEASE **MO**	3	
hemax 150 mg-1 mg-50 mg tablet,extended release **MO**	1	
hemetab 22 mg-6 mg-1 mg-25 mcg tablet **MO**	1	
HEMOCYTE-F 324 MG (106 MG IRON)-1 MG TABLET **MO**	3	
HEMOCYTE-PLUS 106 MG IRON-1 MG CAPSULE **MO**	3	
hydroxocobalamin 1,000 mcg/ml **MO**	1	
iferex 150 forte 150 mg-25 mcg-1 mg capsule **MO**	1	
INTEGRA F 125 MG-1 MG-40 MG-3 MG CAPSULE **MO**	3	
INTEGRA PLUS 125 MG-1 MG CAPSULE **MO**	3	
IROSPAN 24/6 65 MG-65 MG-1,000 MCG (24) TABLET **MO**	3	
l-mefolate-pyridox-mecobalamin **MO**	1	
l-methyl-b6-b12 3 mg-35 mg-2 mg tablet **MO**	1	
l-methyl-mc 6 mg-5 mg-50 mg-1 mg tablet **MO**	1	
l-methyl-mc nac 600 mg-2 mg-6 mg tablet **MO**	1	
l-methylfolate-mecobalamin-nac **MO**	1	
M.V.I. ADULT 3,300 UNIT-150 MCG/10 ML IV **MO**	3	
M.V.I.-12 (WITHOUT VITAMIN K) 3,300 UNIT-200 UNIT/10 ML INJECT, IV **MO**	3	
MACUTEK 14,320 UNIT-226 UNIT-100 UNIT DISINTEGRATING TABLET **MO**	3	
MARTINIC CAPSULE **MO**	3	
MAXARON FORTE CAPSULE **MO**	3	
MEPHYTON 5 MG TABLET **MO**	3	
metafolbic 6 mg-5 mg-50 mg-1 mg tablet **MO**	1	
metafolbic plus 600 mg-2 mg-6 mg tablet **MO**	1	
METANX TABLET **MO**	3	
MULTICHEW 20 MG-1 MG TABLET **MO**	3	
multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet **MO**	1	
multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet **MO**	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS & MINERALS		
multigen plus 151 mg-60 mg-10 mcg-1 mg tablet MO	1	
myferon 150 forte 150 mg-25 mcg-1 mg capsule MO	1	
NASCOBAL 500 MCG NASAL SPRAY MO	3	
natalvirt flt 90 mg-1 mg-12 mcg-50 mg tablet MO	1	
NEPHPLEX RX 1 MG-60 MG-300 MCG-12.5 MG TABLET MO	3	
NEPHRO-VITE RX 1 MG-60 MG-300 MCG TABLET MO	3	
NEPHROCAPS QT 1 MG-1,750 UNIT DISINTEGRATING TABLET MO	3	
NEPHRON FA TABLET MO	3	
NEPHRONEX 1 MG CAPSULE MO	3	
NEURIN-SL 600 MCG-600 MCG SUBLINGUAL TABLET MO	3	
nicotinamide tablet MO	1	
nicotinamide-zinc-copper-fa tb MO	1	
NOVAFERRUM 100 MG-1 MG-60 MG/5 ML ORAL SOLUTION MO	3	
NUTRICAP 1 MG TABLET MO	3	
phytonadione 1 mg/0.5 ml syr MO	1	
poly-iron 150 forte 150 mg-25 mcg-1 mg capsule MO	1	
polysaccharide iron forte 150 mg-25 mcg-1 mg capsule MO	1	
POTABA 500 MG CAPSULE MO	3	
POTABA 500 MG TABLET MO	3	
PROBARIMIN QT 4 MG-0.3 MG DISINTEGRATING TABLET MO	3	
PROFERRIN-FORTE 12 MG-1 MG TABLET MO	3	
promar capsule MO	1	
PROTECT BONE 1 MG ORAL WAFER MO	3	
PROTECT CARDIO SOFTGEL MO	3	
PROTECT IRON 60 MG IRON-1 MG TABLET MO	3	
PROTECT PLUS NR SOFTGEL MO	3	
PROTECT PLUS ORAL LIQUID MO	3	
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule MO	1	
rena-vite rx 1 mg-60 mg-300 mcg tablet MO	1	
RENAX 5.5 TABLET MO	3	
RENAX CAPLET MO	3	
REQ49+ 200 MCG-1.5 MG-1.5 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS & MINERALS		
se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule MO	1	
SIDEROL ORAL LIQUID MO	3	
SIDEROL TABLET MO	3	
STROVITE 500 MG-0.5 MG TABLET MO	3	
STROVITE ADVANCE CAPLET MO	3	
STROVITE FORTE 10 MG-1 MG TABLET MO	3	
STROVITE ONE 1 MG-1,000 UNIT-15 MG-5MG TABLET MO	3	
STROVITE PLUS 27 MG-0.8 MG TABLET MO	3	
SUPERVITE (EC) 1 MG TABLET,DELAYED RELEASE MO	3	
SUPERVITE 1,000 MG-75 MG-1 MG/15 ML ORAL LIQUID MO	3	
SUPPORT-500 CAPSULE MO	3	
SYNAGEX 1.25 MG-30 MG-5 MG CAPSULE MO	3	
TANDEM PLUS 162 MG-115.2 MG (106 MG)-1 MG CAPSULE MO	3	
taron forte 150 mg-60 mg-25 mcg-1 mg capsule MO	1	
therapeutic formula/hematinics tablet MO	1	
therapeutic vitamins/minerals 1 mg capsule MO	1	
thiamine 100 mg/ml vial MO	1	
tl gard rx 2.2 mg-25 mg-1 mg tablet MO	1	
tl icon 110 mg-0.5 mg capsule MO	1	
tl-fol 500 105 mg iron-500 mg-800 mcg tablet,extended release MO	1	
tl-hem 150 150 mg-1 mg-50 mg tablet,extended release MO	1	
tricon 110 mg-0.5 mg capsule MO	1	
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule MO	1	
UDAMIN CAPLET MO	3	
UDAMIN SP 1,000 MCG-320 MG TABLET MO	3	
v-c forte 1 mg capsule MO	1	
VENOFER 100 MG/5 ML IRON IV MO	3	
VENOFER 50 MG/2.5 ML IRON IV MO	3	
vic-forte 1 mg capsule MO	1	
virt-vite 2.5 mg-25 mg-1 mg tablet MO	1	
virt-vite forte 2.5 mg-25 mg-2 mg tablet MO	1	
vit d2 1.25 mg (50,000 unit) MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS & MINERALS		
VITA-RESPA 2.2 MG-25 MG-1.3 MG TABLET **MO**	3	
vitacirc-b tablet **MO**	1	
VITAFOL 65 MG-1 MG TABLET **MO**	3	
VITAFOL SYRUP **MO**	3	
VITAL-D RX 1,750 UNIT-60 MG-1 MG-12.5 MG TABLET **MO**	3	
vitamin d2 50,000 unit capsule **MO**	1	
vitamin k 1 mg/0.5 ml injection **MO**	1	
vitamin k1 10 mg/ml injection **MO**	1	
vol-care rx 1 mg-60 mg-300 mcg tablet **MO**	1	
wheat germ oil **MO**	1	

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

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Humana is a Medicare Advantage organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Contact Humana for more information. You must use network pharmacies, except under non-routine circumstances. Limitations, copayments and restrictions may apply. If you are a member of a qualified State Pharmaceutical Assistance Program, please contact the Program to verify that the mail order pharmacy will coordinate with that Program. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call 1-800-MEDICARE (1-800-633-4227) (TTY or TDD users should call 1-877-486-2048, 24 hours a day/7days a week); the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY or TDD users should call 1-800-325-0778); or your State Medical Assistance (Medicaid) Office. We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the number on the back of your ID card. Someone who speaks your preferred language can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llámenos al número en el reverso de su tarjeta de identificación. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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