

2023

Prescription Drug Guide

Humana Formulary

List of covered drugs

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

Humana Gold Plus Lung (HMO C-SNP)

This formulary was updated on 10/12/2022. For more recent information or other questions, please contact Humana with any questions at 1-800-457-4708 or for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting Humana.com.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if your plan has a deductible and you haven't paid it. Call Humana for more information.

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if your plan has a deductible and you haven't paid it.

For a complete list of Contract/PBP numbers this document relates to, please see the final page of this document.

Humana®

Welcome to Humana!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan," it means Humana. This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2023. For an updated formulary, please contact us on our website at Humana.com/PlanDocuments or you can call the number below to request a paper copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

What is the Humana Medicare formulary?

A formulary is the entire list of covered drugs or medicines selected by Humana. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. Humana worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. Humana will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the Humana Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

We will notify members who are affected by the following changes to the formulary:

- When a drug is removed from the formulary
- When prior authorization, quantity limits, or step-therapy restrictions are added to a drug or made more restrictive
- When a drug is moved to a higher cost sharing tier

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the Humana Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

What if you are affected by a Drug List change?

We will notify you by mail at least 30 days before one of these changes happens or we will provide a 30-day refill of the affected medicine with notice of the change.

The enclosed formulary is current as of January 1, 2023. We will update the printed formularies each month and they will be available on Humana.com/medicaredruglist.

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

Please contact Humana Customer Care with any questions at **1-800-457-4708 (TTY: 711)**, five days a week April 1- September 30 or seven days a week October 1 – March 31 from 8 a.m. – 8 p.m. (EST). Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting Humana.com.

How do I use the formulary?

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

Medical condition

The formulary starts on page 11. We have put the drugs into groups depending on the type of medical conditions that they are used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Agents." If you know what medical condition your drug is used for, look for the category name in the list that begins on page 11. 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 are not sure about your drug's group, you should look for your drug in the Index that begins on page 106. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of five tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

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

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

Insulin Savings Program

Your plan participates in the Insulin Savings Program which provides affordable, predictable copayments for Select Insulins through the first three drug payment stages (Deductible (if applicable), Initial Coverage, and Coverage Gap) of the Part D benefit. To find out more about the Insulin Savings Program, visit [Humana.com/insulin](https://www.humana.com/insulin) or refer to your Evidence of Coverage for additional details.

To identify which Select Insulins are included within in the Insulin Savings Program, look for the **ISP** indicator in the Utilization Management column.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11.

You can also visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to get more information about the restrictions applied to specific covered drugs.

You can ask Humana to make an exception to these restrictions or limits. See the section "**How do I request an exception to the formulary?**" on page 7 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this list of covered drugs, visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to see if your plan covers your drug. You can also call Customer Care and ask if your drug is covered.

If Humana does not cover your drug, you have two options:

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

Talk to your health care provider to decide if you should switch to another drug that is covered or if you should request a formulary exception so that it can be considered for coverage.

What is a compounded drug?

A compounded drug is used to provide drug therapies that are not commercially available as FDA-approved finished products in the same dose, formulation, and/or combination of ingredients, but are instead created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. While some compounded drugs may be Part D eligible, most compounded drugs are non-formulary drugs (not covered) by your plan. You may need to ask for and receive an approved coverage determination from us to have your compounded drug covered.

How do I request an exception to the Humana formulary?

You can ask Humana to make an exception to the coverage rules. There are several types of exceptions that you can ask to be made.

- **Formulary exception:** You can request that your drug be covered if it is not on the formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- **Utilization restriction exception:** You can request coverage restrictions or limits not be applied to your drug. For example, if your drug has a quantity limit, you can ask for the limit not to be applied and to cover more doses of the drug.
- **Tier exception:** You can request a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can request it to be covered as a preferred drug instead. This would lower how much money you must pay for your drug. Please remember a higher level of coverage cannot be requested for the drug if approval was granted to cover a drug that was not on the formulary. *You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier.*

Generally, Humana will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost sharing drug, or other restrictions would not 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 health care provider that supports your request. This is called a supporting statement.

Generally, we must make the decision within 72 hours of receiving your health care provider's supporting statement. You can request a fast, or expedited, exception if you or your health care provider 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 receive your health care provider's supporting statement.

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

You may take drugs that your plan does not cover. Or you may talk to your provider about taking a different drug that your plan covers, but that drug might have a Utilization Management Requirement, such as a Prior Authorization or Step Therapy, that keeps you from getting the drug right away. In certain cases, we may cover as much as a 30-day supply of your drug during the first 90 days you are a member of the plan.

Here is what we will do for each of your current Part D drugs that are not on the formulary, or if you have limited ability to get your drugs:

- We will temporarily cover a 30-day supply of your drug unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 30 days of a drug) when you go to a pharmacy.
- There will be no coverage for the drugs after your first 30-day supply, even if you have been a member of the plan for less than 90 days, unless a formulary exception has been approved.

If you are a resident of a long-term care facility and you take Part D drugs that are not on the formulary, we will cover a 31-day supply unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 31 days of a drug) during the first 90 days you are a member of our plan. We will cover a 31-day emergency supply of your drug unless you have a prescription for fewer days (in which we will allow multiple fills to provide up to a total of 31 days of a drug) while you request a formulary exception if:

- You need a drug that is not on the formulary or
- You have limited ability to get your drugs and
- You are past the first 90 days of membership in the plan

Throughout the plan year, your treatment setting (the place where you receive and take your medicine) may change. These changes include:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting

- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

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

Transition extension

Humana will consider on a case-by-case basis an extension of the transition period if your exception request or appeal has not been processed by the end of your initial transition period. We will 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.

CenterWell Pharmacy™

You may fill your medicines at any network pharmacy. CenterWell Pharmacy – Humana's mail-delivery pharmacy is one option. CenterWell Pharmacy is the preferred cost-sharing mail order pharmacy for many Humana MAPD and prescription drug plans (PDP). You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that is most convenient for you. You should get your new prescription by mail in 7 – 10 days after CenterWell Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. To get started or learn more, visit **CenterWellpharmacy.com**. You can also call CenterWell Pharmacy at **1-844-222-2151 (TTY: 711)** Monday – Friday, 8 a.m. to 11 p.m. (EST), and Saturday, 8 a.m. to 6:30 p.m. (EST).

Other pharmacies are available in our network.

For More Information

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

Please contact Humana Customer Care with any questions at **1-800-457-4708 (TTY: 711)**, five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. – 8 p.m. (EST). Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com**.

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

Humana Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 106.

Your Humana plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D and are not subject to the Medicare appeals process. These drugs are listed separately on page 105.

How to read your formulary

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

GC - Tier 1 or Tier 2 drugs that are covered in the gap

DL - Dispensing Limit; Drugs that may be limited to a 30 day supply, regardless of tier placement.

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

LA - Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number on the back of your ID card for additional information.

The second column lists the tier of the drug. See page 5 for more details on the drug tiers in your plan.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Analgesics		
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION DL	3	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET DL	3	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET DL	3	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET DL	3	QL(180 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG FILM DL	4	QL(60 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY DL	4	QL(4 per 28 days)
celecoxib 100 mg, 200 mg CAPSULE GC,MO	2	QL(60 per 30 days)
celecoxib 400 mg, 50 mg CAPSULE GC,MO	2	QL(60 per 30 days)
diclofenac epolamine 1.3 % PATCH, 12 HR. MO	4	PA,QL(60 per 30 days)
diclofenac sodium 1 % GEL MO	3	QL(1000 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. GC,MO	2	
diclofenac sodium 25 mg TABLET, DR/EC GC,MO	2	
diclofenac sodium 50 mg TABLET, DR/EC GC,MO	1	
diclofenac sodium 75 mg TABLET, DR/EC GC,MO	1	
diclofenac-misoprostol 50-200 mg-mcg, 75-200 mg-mcg TABLET MO	4	
ec-naproxen 500 mg TABLET, DR/EC GC,MO	1	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	3	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE MO	3	
etodolac 400 mg, 500 mg TABLET MO	3	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. MO	3	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. DL	4	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE DL	5	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE DL	4	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION DL,GC	2	BvsD,QL(720 per 30 days)
flurbiprofen 100 mg TABLET GC,MO	2	
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	3	QL(390 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	3	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml(15 ml) SOLUTION DL	3	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET DL	3	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION DL	3	QL(5520 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO - Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
 • DL - Dispensing Limit • GC - Gap Coverage • ISP - Insulin Savings Program • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocodone-ibuprofen 10-200 mg, 5-200 mg TABLET DL	4	QL(150 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET DL	3	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET DL	3	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION DL	4	BvsD,QL(360 per 30 days)
hydromorphone 8 mg TABLET DL	3	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET GC,MO	1	
ibuprofen 100 mg/5 ml SUSPENSION GC,MO	2	
ibuprofen 400 mg TABLET GC,MO	1	
ibuprofen 600 mg, 800 mg TABLET GC,MO	1	
indomethacin 25 mg, 50 mg CAPSULE GC,MO	2	
indomethacin 75 mg CAPSULE, ER GC,MO	2	
ketorolac 10 mg TABLET GC,MO	2	QL(20 per 30 days)
meloxicam 15 mg TABLET GC,MO	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET GC,MO	1	QL(60 per 30 days)
methadone 10 mg TABLET DL	3	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION DL	3	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE DL	3	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION DL	3	QL(360 per 30 days)
methadone 5 mg TABLET DL	3	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION DL	3	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE DL	3	QL(360 per 30 days)
morphine 10 mg/5 ml SOLUTION DL	3	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION DL	4	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER DL	3	QL(180 per 30 days)
morphine 15 mg TABLET ER DL	3	QL(120 per 30 days)
morphine 15 mg, 30 mg TABLET DL	3	QL(180 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) SOLUTION DL	3	QL(1350 per 30 days)
morphine 200 mg TABLET ER DL	3	QL(90 per 30 days)
morphine 30 mg, 60 mg TABLET ER DL	3	QL(120 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION DL	3	QL(540 per 30 days)
nabumetone 500 mg, 750 mg TABLET GC,MO	1	
naproxen 250 mg, 375 mg TABLET GC,MO	1	
naproxen 375 mg, 500 mg TABLET, DR/EC GC,MO	1	
naproxen 500 mg TABLET GC,MO	1	
naproxen sodium 275 mg, 550 mg TABLET MO	3	
naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE MO	4	ST,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO - Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
 • DL - Dispensing Limit • GC- Gap Coverage • ISP - Insulin Savings Program • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
naproxen sodium 500 mg TABLET, ER 24 HR., MULTIPHASE MO	4	ST,QL(90 per 30 days)
naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE MO	4	ST,QL(60 per 30 days)
oxycodone 10 mg, 15 mg, 5 mg TABLET DL	3	QL(360 per 30 days)
oxycodone 20 mg, 30 mg TABLET DL	3	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE DL	4	QL(270 per 30 days)
oxycodone 5 mg CAPSULE DL	4	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION DL	3	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	3	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET DL	3	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION DL	4	QL(1800 per 30 days)
oxycodone-aspirin 4.8355-325 mg TABLET DL	3	QL(360 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE MO	3	
sulindac 150 mg, 200 mg TABLET GC,MO	1	
tramadol 100 mg TABLET DL	4	QL(120 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. DL	3	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE DL	3	ST,QL(30 per 30 days)
tramadol 50 mg TABLET DL,GC	2	QL(240 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET DL,GC	2	QL(240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. DL	3	QL(60 per 30 days)
Anesthetics		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION GC,MO	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION GC,MO	1	
lidocaine 5 % PATCH MO	4	PA,QL(90 per 30 days)
lidocaine (pf) in d7.5w 50 mg/ml (5 %) SOLUTION GC,MO	1	
lidocaine hcl 2 % JELLY MO	3	
lidocaine hcl 2 % JELLY IN APPLICATOR GC,MO	2	
lidocaine hcl 2 % SOLUTION GC,MO	2	
lidocaine viscous 2 % SOLUTION GC,MO	2	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION GC,MO	1	
lidocaine-prilocaine 2.5-2.5 % CREAM MO	4	
polocaine 1 % (10 mg/ml), 2 % SOLUTION GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION GC,MO	1	
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION MO	4	
Anti-addiction/substance Abuse Treatment Agents		
acamprosate 333 mg TABLET, DR/EC MO	4	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET GC,MO	2	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM GC,MO	2	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM GC,MO	2	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. MO	3	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET GC,MO	2	
nalmefene 1 mg/ml SOLUTION GC,MO	1	
naloxone 0.4 mg/ml SOLUTION GC,MO	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE GC,MO	1	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL MO	3	QL(2 per 30 days)
naltrexone 50 mg TABLET GC,MO	2	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO	4	
varenicline 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK MO	3	QL(53 per 28 days)
varenicline 0.5 mg, 1 mg TABLET MO	3	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON DL	5	QL(1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG SUBLINGUAL TABLET GC,MO	2	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET GC,MO	2	QL(30 per 30 days)
ZUBSOLV 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET GC,MO	2	QL(90 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET GC,MO	2	QL(60 per 30 days)
Antibacterials		
acetic acid 2 % SOLUTION GC,MO	2	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION MO	3	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET GC,MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION GC,MO	1	
amoxicillin 250 mg CAPSULE GC,MO	1	
amoxicillin 500 mg CAPSULE GC,MO	1	
amoxicillin 500 mg TABLET GC,MO	1	
amoxicillin 875 mg TABLET GC,MO	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET GC,MO	2	
amoxicillin-pot clavulanate 875-125 mg TABLET GC,MO	2	
ampicillin 250 mg, 500 mg CAPSULE GC,MO	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	3	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION MO	3	
AUGMENTIN 500-125 MG TABLET MO	4	PA
azithromycin 1 gram PACKET MO	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
azithromycin 250 mg TABLET GC,MO	2	
azithromycin 500 mg RECON SOLUTION GC,MO	2	
azithromycin 500 mg, 600 mg TABLET GC,MO	2	
aztreonam 1 gram, 2 gram RECON SOLUTION MO	4	
bacitracin 50,000 unit RECON SOLUTION GC,MO	1	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE MO	4	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE MO	4	
cefaclor 250 mg, 500 mg CAPSULE GC,MO	2	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION GC,MO	2	
cefadroxil 500 mg CAPSULE GC,MO	2	
cefazolin 1 gram, 10 gram, 2 gram, 500 mg RECON SOLUTION GC,MO	2	
cefazolin in dextrose (iso-osm) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml PIGGYBACK MO	3	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION GC,MO	2	
cefdinir 300 mg CAPSULE GC,MO	2	
cefepime 1 gram, 2 gram RECON SOLUTION MO	3	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	3	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK MO	3	
cefixime 400 mg CAPSULE MO	4	
cefotaxime 1 gram RECON SOLUTION GC,MO	2	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION MO	4	
cefotetan in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	4	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	3	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	3	
cefpodoxime 100 mg, 200 mg TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
cefprozil 250 mg, 500 mg TABLET GC,MO	2	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION MO	4	
ceftazidime in d5w 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	4	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION GC,MO	2	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	3	
cefuroxime axetil 250 mg, 500 mg TABLET GC,MO	2	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION GC,MO	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION GC,MO	2	
cephalexin 250 mg CAPSULE GC,MO	1	
cephalexin 500 mg CAPSULE GC,MO	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION GC,MO	2	
ciprofloxacin hcl 100 mg TABLET MO	4	
ciprofloxacin hcl 250 mg, 750 mg TABLET GC,MO	1	
ciprofloxacin hcl 500 mg TABLET GC,MO	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK GC,MO	2	
clarithromycin 125 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
clarithromycin 250 mg, 500 mg TABLET GC,MO	2	
clarithromycin 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
clarithromycin 500 mg TABLET, ER 24 HR. GC,MO	2	
CLEOCIN 100 MG SUPPOSITORY MO	4	
clindamycin hcl 150 mg, 75 mg CAPSULE GC,MO	2	
clindamycin hcl 300 mg CAPSULE GC,MO	2	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	3	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	3	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION MO	4	
clindamycin phosphate 150 mg/ml SOLUTION MO	3	
clindamycin phosphate 2 % CREAM MO	3	
colistin (colistimethate na) 150 mg RECON SOLUTION MO	4	
daptomycin 350 mg, 500 mg RECON SOLUTION DL	5	
demeclocycline 150 mg TABLET MO	4	QL(240 per 30 days)
demeclocycline 300 mg TABLET MO	4	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIFICID 200 MG TABLET DL	5	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	
doxy-100 100 mg RECON SOLUTION MO	4	
doxycycline hyclate 100 mg CAPSULE MO	3	
doxycycline hyclate 100 mg TABLET MO	3	
doxycycline hyclate 20 mg TABLET GC,MO	2	
doxycycline hyclate 50 mg CAPSULE MO	3	
doxycycline monohydrate 100 mg, 50 mg CAPSULE GC,MO	2	
doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET MO	3	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	4	
ertapenem 1 gram RECON SOLUTION MO	4	
ERYTHROCIN 500 MG RECON SOLUTION MO	4	
erythromycin 250 mg CAPSULE, DR/EC MO	4	
erythromycin lactobionate 500 mg RECON SOLUTION MO	4	
gentamicin 0.1 % CREAM MO	3	
gentamicin 0.1 % OINTMENT MO	3	
gentamicin 20 mg/2 ml, 40 mg/ml SOLUTION GC,MO	1	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml PIGGYBACK GC,MO	1	
gentamicin in nacl (iso-osm) 100 mg/50 ml PIGGYBACK GC,MO	2	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION GC,MO	1	
gentamicin sulfate (pf) 100 mg/10 ml, 60 mg/6 ml SOLUTION GC,MO	1	
imipenem-cilastatin 250 mg RECON SOLUTION MO	3	
imipenem-cilastatin 500 mg RECON SOLUTION MO	4	
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION MO	4	
levofloxacin 250 mg, 750 mg TABLET GC,MO	2	
levofloxacin 500 mg TABLET GC,MO	2	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	3	
lincomycin 300 mg/ml SOLUTION MO	4	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION DL	5	QL(1800 per 30 days)
linezolid 600 mg TABLET MO	4	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK MO	4	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION MO	4	
meropenem 1 gram, 500 mg RECON SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK MO	3	
methenamine hippurate 1 gram TABLET MO	3	
metronidazole 0.75 % (37.5mg/5 gram) GEL MO	3	
metronidazole 0.75 % CREAM MO	4	
metronidazole 0.75 % LOTION MO	4	
metronidazole 0.75 %, 1 % GEL MO	4	
metronidazole 1 % GEL WITH PUMP MO	4	
metronidazole 250 mg TABLET GC,MO	2	
metronidazole 500 mg TABLET GC,MO	2	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK GC,MO	2	
minocycline 100 mg, 50 mg, 75 mg CAPSULE GC,MO	2	
monodoxine nl 100 mg CAPSULE GC,MO	2	
moxifloxacin 400 mg TABLET MO	3	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	4	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK DL	5	
neomycin 500 mg TABLET MO	3	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE MO	3	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE MO	3	
NUZYRA 150 MG TABLET DL	5	QL(30 per 14 days)
ofloxacin 300 mg, 400 mg TABLET GC,MO	2	
ORBACTIV 400 MG RECON SOLUTION DL	5	QL(3 per 28 days)
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	4	
oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	4	
paromomycin 250 mg CAPSULE MO	4	
penicillin g pot in dextrose 1 million unit/50 ml PIGGYBACK MO	3	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK MO	4	
penicillin g potassium 20 million unit RECON SOLUTION MO	4	
penicillin g potassium 5 million unit RECON SOLUTION MO	3	
penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE MO	4	
penicillin g sodium 5 million unit RECON SOLUTION DL	5	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION GC,MO	2	
penicillin v potassium 250 mg, 500 mg TABLET GC,MO	1	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION MO	3	
polymyxin b sulfate 500,000 unit RECON SOLUTION MO	3	
PRIMSON 50 MG/5 ML SOLUTION MO	4	
SIVEXTRO 200 MG RECON SOLUTION DL	5	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET DL	5	QL(6 per 28 days)
streptomycin 1 gram RECON SOLUTION DL	5	
sulfacetamide sodium 10 % OINTMENT GC,MO	2	
sulfacetamide sodium (acne) 10 % SUSPENSION MO	4	QL(118 per 30 days)
sulfadiazine 500 mg TABLET MO	4	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION MO	4	
sulfamethoxazole-trimethoprim 400-80 mg TABLET GC,MO	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION MO	4	
sulfamethoxazole-trimethoprim 800-160 mg TABLET GC,MO	1	
SUPRAX 400 MG CAPSULE MO	4	
SYNERCID 500 MG RECON SOLUTION DL	5	
TEFLARO 400 MG, 600 MG RECON SOLUTION DL	5	
tigecycline 50 mg RECON SOLUTION DL	5	
tinidazole 250 mg, 500 mg TABLET MO	3	
tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION DL	5	PA
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION GC,MO	1	
tobramycin with nebulizer 300 mg/5 ml SOLUTION FOR NEBULIZATION DL	5	PA
trimethoprim 100 mg TABLET GC,MO	2	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg RECON SOLUTION MO	4	
vancomycin 125 mg CAPSULE MO	4	PA,QL(120 per 30 days)
vancomycin 250 mg CAPSULE MO	4	PA,QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
vancomycin-water inject (peg) 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
ZERBAXA 1.5 GRAM RECON SOLUTION DL	5	
Anticonvulsants		
APTIOM 200 MG, 400 MG TABLET DL	5	PA,QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
APTIOM 600 MG, 800 MG TABLET DL	5	PA,QL(60 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	5	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION DL	5	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION DL	5	PA
carbamazepine 100 mg CHEWABLE TABLET GC,MO	2	
carbamazepine 100 mg, 200 mg TABLET, ER 12 HR. MO	4	QL(120 per 30 days)
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. MO	4	
carbamazepine 100 mg/5 ml, 200 mg/10 ml SUSPENSION MO	4	
carbamazepine 200 mg TABLET GC,MO	2	
carbamazepine 400 mg TABLET, ER 12 HR. MO	4	QL(225 per 30 days)
CELONTIN 300 MG CAPSULE MO	4	
clobazam 10 mg, 20 mg TABLET DL	4	PA
clobazam 2.5 mg/ml SUSPENSION DL	4	PA
DIACOMIT 250 MG, 500 MG CAPSULE DL	5	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT DL	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	4	
DILANTIN-125 125 MG/5 ML SUSPENSION MO	4	
divalproex 125 mg CAPSULE, DR SPRINKLE MO	3	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC GC,MO	2	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. MO	3	
EPIDIOLEX 100 MG/ML SOLUTION DL	5	PA
epitol 200 mg TABLET GC,MO	2	
ethosuximide 250 mg CAPSULE MO	3	
ethosuximide 250 mg/5 ml SOLUTION MO	4	
felbamate 400 mg, 600 mg TABLET MO	4	
felbamate 600 mg/5 ml SUSPENSION MO	4	
FINTEPLA 2.2 MG/ML SOLUTION DL,LA	5	PA,QL(360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION MO	3	
FYCOMPA 0.5 MG/ML SUSPENSION DL	5	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET MO	4	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE GC,MO	2	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION MO	4	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET GC,MO	2	QL(180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lacosamide 10 mg/ml SOLUTION MO	4	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET MO	4	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION MO	4	
lamotrigine 100 mg, 200 mg TABLET GC,MO	1	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. MO	4	
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING MO	4	
lamotrigine 150 mg, 25 mg TABLET GC,MO	1	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK MO	4	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK GC,MO	2	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE GC,MO	2	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET GC,MO	2	
levetiracetam 100 mg/ml SOLUTION GC,MO	2	
levetiracetam 500 mg TABLET GC,MO	2	
levetiracetam 500 mg TABLET, ER 24 HR. GC,MO	2	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION GC,MO	2	QL(900 per 30 days)
levetiracetam 500 mg/5 ml SOLUTION MO	4	
levetiracetam 750 mg TABLET, ER 24 HR. GC,MO	2	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK GC,MO	2	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	4	QL(10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET MO	3	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION MO	4	
PEGANONE 250 MG TABLET MO	4	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET MO	3	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET MO	3	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR MO	4	QL(1500 per 30 days)
phenobarbital 30 mg TABLET MO	3	QL(300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE MO	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION GC,MO	2	
phenytoin 50 mg CHEWABLE TABLET GC,MO	2	
phenytoin sodium 50 mg/ml SOLUTION MO	4	
phenytoin sodium 50 mg/ml SYRINGE MO	4	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE GC,MO	2	
primidone 250 mg TABLET GC,MO	2	

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primidone 50 mg TABLET GC,MO	2	
roweepra 1,000 mg, 500 mg, 750 mg TABLET GC,MO	1	
roweepra xr 500 mg TABLET, ER 24 HR. GC,MO	2	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. GC,MO	2	QL(120 per 30 days)
rufinamide 200 mg TABLET MO	4	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION MO	4	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET DL	5	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION MO	4	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION MO	4	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION MO	4	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION MO	4	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET GC,MO	2	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK GC,MO	2	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK GC,MO	2	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK GC,MO	2	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM DL	5	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET MO	4	
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION MO	3	
valproic acid 250 mg CAPSULE GC,MO	2	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION GC,MO	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	5	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET DL	5	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
XCOPRI 100 MG, 50 MG TABLET DL	5	QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	5	QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET DL	5	QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK MO	4	QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK DL	5	QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION DL	5	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE GC,MO	2	
ZTALMY 50 MG/ML SUSPENSION DL	5	PA,QL(1080 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Antidementia Agents		
donepezil 10 mg TABLET GC,MO	1	QL(60 per 30 days)
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING GC,MO	1	QL(30 per 30 days)
donepezil 5 mg TABLET GC,MO	1	QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET MO	3	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. MO	3	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION MO	3	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET GC,MO	2	PA,QL(60 per 30 days)
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION MO	3	PA,QL(360 per 30 days)
memantine 5-10 mg TABLET, DOSE PACK GC,MO	2	PA,QL(98 per 30 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. MO	3	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. MO	3	QL(28 per 28 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. MO	4	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE GC,MO	2	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE GC,MO	2	QL(60 per 30 days)
Antidepressants		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET GC,MO	2	
amitriptyline 25 mg TABLET GC,MO	2	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET MO	3	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC DL	5	PA,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. MO	3	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET MO	3	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. MO	3	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. MO	3	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. MO	3	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
citalopram 10 mg, 40 mg TABLET GC,MO	1	QL(30 per 30 days)
citalopram 10 mg/5 ml SOLUTION GC,MO	2	
citalopram 20 mg TABLET GC,MO	1	QL(60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE MO	4	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET MO	3	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE MO	4	PA,QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
duloxetine 20 mg, 60 mg CAPSULE, DR/EC GC,MO	2	QL(60 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC GC,MO	2	QL(90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. DL	5	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg TABLET GC,MO	1	QL(45 per 30 days)
escitalopram oxalate 20 mg, 5 mg TABLET GC,MO	1	QL(30 per 30 days)
escitalopram oxalate 5 mg/5 ml SOLUTION MO	4	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. MO	4	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE GC,MO	1	QL(60 per 30 days)
fluoxetine 20 mg CAPSULE GC,MO	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION GC,MO	2	
fluoxetine 40 mg CAPSULE GC,MO	1	QL(60 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC MO	3	QL(4 per 28 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET GC,MO	2	QL(90 per 30 days)
imipramine hcl 10 mg TABLET MO	3	
imipramine hcl 25 mg, 50 mg TABLET MO	3	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE MO	4	
MARPLAN 10 MG TABLET MO	4	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING MO	3	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET GC,MO	2	
mirtazapine 45 mg TABLET GC,MO	2	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET MO	3	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	4	
nortriptyline 10 mg/5 ml SOLUTION MO	4	
paroxetine hcl 10 mg TABLET GC,MO	1	QL(30 per 30 days)
paroxetine hcl 10 mg/5 ml SUSPENSION MO	4	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
paroxetine hcl 20 mg TABLET GC,MO	1	QL(30 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR. MO	4	QL(90 per 30 days)
paroxetine hcl 30 mg, 40 mg TABLET GC,MO	1	QL(60 per 30 days)
PAXIL 10 MG/5 ML SUSPENSION MO	4	
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET MO	3	
phenelzine 15 mg TABLET GC,MO	2	
protriptyline 10 mg, 5 mg TABLET MO	4	
sertraline 100 mg TABLET GC,MO	1	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sertraline 20 mg/ml CONCENTRATE GC,MO	2	
sertraline 25 mg, 50 mg TABLET GC,MO	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET MO	4	
trazodone 100 mg, 150 mg, 50 mg TABLET GC,MO	1	
trazodone 300 mg TABLET GC,MO	2	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE MO	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	4	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET GC,MO	2	
venlafaxine 150 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. GC,MO	2	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. GC,MO	2	QL(90 per 30 days)
VIIBRYD 10 MG (7)- 20 MG (23) TABLET, DOSE PACK MO	4	PA,QL(30 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET MO	4	PA,QL(30 per 30 days)
Antiemetics		
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK MO	4	BvsD,QL(6 per 28 days)
aprepitant 125 mg, 40 mg CAPSULE MO	4	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE MO	4	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY MO	4	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE MO	4	BvsD,QL(120 per 30 days)
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION GC,MO	2	
granisetron hcl 1 mg TABLET GC,MO	2	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION GC,MO	2	
meclizine 12.5 mg TABLET GC,MO	2	
meclizine 25 mg TABLET GC,MO	2	
metoclopramide hcl 10 mg, 5 mg TABLET GC,MO	1	
ondansetron 4 mg TABLET, DISINTEGRATING GC,MO	2	BvsD,QL(90 per 30 days)
ondansetron 8 mg TABLET, DISINTEGRATING GC,MO	2	BvsD,QL(90 per 30 days)
ondansetron hcl 2 mg/ml SOLUTION MO	4	
ondansetron hcl 4 mg TABLET GC,MO	1	BvsD,QL(90 per 30 days)
ondansetron hcl 4 mg/5 ml SOLUTION MO	4	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET GC,MO	1	BvsD,QL(90 per 30 days)
ondansetron hcl (pf) 4 mg/2 ml SOLUTION MO	4	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE MO	4	
procyclizine 25 mg SUPPOSITORY MO	4	
procyclizine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION MO	4	
procyclizine maleate 10 mg, 5 mg TABLET GC,MO	1	BvsD

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
promethazine 12.5 mg, 50 mg TABLET MO	4	
promethazine 25 mg TABLET MO	4	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY DL	5	QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY MO	3	QL(10 per 30 days)
trimethobenzamide 300 mg CAPSULE MO	4	BvsD
Antifungals		
ABELCET 5 MG/ML SUSPENSION MO	3	BvsD
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION DL	5	BvsD
amphotericin b 50 mg RECON SOLUTION GC,MO	2	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION DL	5	BvsD
caspofungin 50 mg RECON SOLUTION DL	5	
caspofungin 70 mg RECON SOLUTION MO	4	
ciclodan 8 % SOLUTION GC,MO	2	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM GC,MO	2	QL(90 per 30 days)
ciclopirox 0.77 % GEL MO	4	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION MO	3	QL(60 per 30 days)
ciclopirox 8 % SOLUTION GC,MO	2	QL(13.2 per 30 days)
clotrimazole 1 % CREAM GC,MO	2	
clotrimazole 1 % SOLUTION GC,MO	2	
clotrimazole 10 mg TROCHE GC,MO	2	
clotrimazole-betamethasone 1-0.05 % CREAM MO	3	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION MO	3	QL(90 per 28 days)
econazole 1 % CREAM MO	4	PA,QL(85 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION MO	3	
fluconazole 100 mg, 200 mg, 50 mg TABLET GC,MO	2	
fluconazole 150 mg TABLET GC,MO	2	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK GC,MO	2	
flucytosine 250 mg, 500 mg CAPSULE DL	5	
griseofulvin microsize 125 mg/5 ml SUSPENSION MO	3	
griseofulvin microsize 500 mg TABLET MO	4	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	4	
itraconazole 100 mg CAPSULE MO	4	QL(120 per 30 days)
ketoconazole 2 % CREAM GC,MO	2	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO GC,MO	2	QL(120 per 30 days)
ketoconazole 200 mg TABLET MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
micafungin 100 mg, 50 mg RECON SOLUTION DL	5	
miconazole-3 200 mg SUPPOSITORY MO	3	
NOXAFILE 100 MG TABLET, DR/EC DL	5	PA
NOXAFILE 200 MG/5 ML (40 MG/ML) SUSPENSION DL	5	PA,QL(840 per 28 days)
NOXAFILE 300 MG/16.7 ML SOLUTION DL	5	PA
nyamyc 100,000 unit/gram POWDER MO	4	PA
nystatin 100,000 unit/gram CREAM GC,MO	2	
nystatin 100,000 unit/gram OINTMENT GC,MO	2	
nystatin 100,000 unit/gram POWDER MO	4	PA
nystatin 100,000 unit/ml SUSPENSION GC,MO	2	
nystatin 500,000 unit TABLET GC,MO	2	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM MO	4	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT MO	4	
nystop 100,000 unit/gram POWDER MO	4	PA
posaconazole 100 mg TABLET, DR/EC DL	5	PA
terbinafine hcl 250 mg TABLET GC,MO	1	
terconazole 0.4 %, 0.8 % CREAM GC,MO	2	
terconazole 80 mg SUPPOSITORY MO	3	
voriconazole 200 mg RECON SOLUTION DL	5	PA
voriconazole 200 mg, 50 mg TABLET MO	3	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(400 per 30 days)
Antigout Agents		
allopurinol 100 mg, 300 mg TABLET GC,MO	1	
colchicine 0.6 mg TABLET MO	3	QL(120 per 30 days)
MITIGARE 0.6 MG CAPSULE MO	3	
probenecid 500 mg TABLET MO	3	
probenecid-colchicine 500-0.5 mg TABLET MO	3	
Antimigraine Agents		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR MO	4	PA,QL(1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR MO	4	PA,QL(2 per 30 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	5	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION DL	5	PA
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	4	PA,QL(3 per 30 days)
EPRONTIA 25 MG/ML SOLUTION MO	4	PA,QL(480 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ergotamine-caffeine 1-100 mg TABLET MO	3	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET GC,MO	2	QL(9 per 30 days)
rizatriptan 10 mg TABLET GC,MO	1	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING MO	3	QL(12 per 30 days)
rizatriptan 5 mg TABLET GC,MO	1	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL MO	4	QL(12 per 30 days)
sumatriptan succinate 100 mg TABLET GC,MO	1	QL(9 per 30 days)
sumatriptan succinate 25 mg, 50 mg TABLET GC,MO	1	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE MO	4	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR MO	4	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION MO	4	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SYRINGE MO	4	QL(6 per 30 days)
topiramate 100 mg, 200 mg TABLET GC,MO	2	QL(120 per 30 days)
topiramate 15 mg, 25 mg CAPSULE, SPRINKLE MO	3	
topiramate 25 mg TABLET GC,MO	2	QL(90 per 30 days)
topiramate 50 mg TABLET GC,MO	2	QL(120 per 30 days)
Antimyasthenic Agents		
guanidine 125 mg TABLET MO	3	
pyridostigmine bromide 30 mg, 60 mg TABLET MO	3	
Antimycobacterials		
CAPASTAT 1 GRAM RECON SOLUTION MO	4	
cycloserine 250 mg CAPSULE DL	5	
dapsone 100 mg, 25 mg TABLET MO	3	
ethambutol 100 mg, 400 mg TABLET GC,MO	2	
isoniazid 100 mg, 300 mg TABLET GC,MO	1	
isoniazid 100 mg/ml SOLUTION GC,MO	1	
isoniazid 50 mg/5 ml SOLUTION MO	3	
PASER 4 GRAM DR GRANULES IN PACKET MO	4	
PRIFTIN 150 MG TABLET MO	4	
pyrazinamide 500 mg TABLET MO	4	
rifabutin 150 mg CAPSULE MO	4	
rifampin 150 mg, 300 mg CAPSULE MO	3	
rifampin 600 mg RECON SOLUTION MO	4	
SIRTURO 100 MG TABLET DL	5	PA,QL(68 per 28 days)
SIRTURO 20 MG TABLET DL	5	PA,QL(340 per 28 days)
TRECATOR 250 MG TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Antineoplastics		
abiraterone 250 mg TABLET DL	5	PA,QL(120 per 30 days)
ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION DL	5	PA
ADCETRIS 50 MG RECON SOLUTION DL	5	PA
adriamycin 10 mg RECON SOLUTION MO	3	BvsD
adriamycin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION MO	3	BvsD
ADRIAMYCIN 50 MG RECON SOLUTION MO	3	BvsD
ALECensa 150 MG CAPSULE DL	5	PA,QL(240 per 30 days)
ALIMTA 100 MG, 500 MG RECON SOLUTION DL	5	PA
ALIQOPA 60 MG RECON SOLUTION DL	5	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET DL	5	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET DL	5	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK DL	5	PA,QL(30 per 30 days)
anastrozole 1 mg TABLET GC,MO	1	QL(30 per 30 days)
ARRANON 250 MG/50 ML SOLUTION DL	5	
arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION DL	5	PA
ASPARLAS 750 UNIT/ML SOLUTION DL	5	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
azacitidine 100 mg RECON SOLUTION DL	5	PA
BALVERSA 3 MG TABLET DL	5	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET DL	5	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	5	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION DL	5	PA
BELEODAQ 500 MG RECON SOLUTION DL	5	PA
BENDEKA 25 MG/ML SOLUTION DL	5	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION DL	5	PA
bexarotene 1 % GEL DL	5	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE DL	5	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET MO	3	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION MO	4	
BLENREP 100 MG RECON SOLUTION DL	5	PA
bleomycin 15 unit, 30 unit RECON SOLUTION MO	3	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION DL	5	PA
bortezomib 3.5 mg RECON SOLUTION DL	5	PA
BOSULIF 100 MG TABLET DL	5	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	5	PA,QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BRAFTOVI 50 MG CAPSULE DL	5	PA,QL(120 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	5	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
busulfan 60 mg/10 ml SOLUTION MO	4	
BUSULFEX 60 MG/10 ML SOLUTION MO	4	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL(30 per 30 days)
CALQUENCE 100 MG CAPSULE DL	5	PA,QL(60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	5	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET DL,LA	5	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
carboplatin 10 mg/ml SOLUTION GC,MO	2	
carmustine 100 mg RECON SOLUTION MO	4	
cisplatin 1 mg/ml SOLUTION MO	4	
cladribine 10 mg/10 ml SOLUTION DL	5	BvsD
clofarabine 1 mg/ml SOLUTION DL	5	
CLOLAR 1 MG/ML SOLUTION DL	5	
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE DL	5	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE DL	5	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE DL	5	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	5	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION DL	5	
COTELLIC 20 MG TABLET DL	5	PA,QL(63 per 28 days)
cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION MO	4	BvsD
CYCLOPHOSPHAMIDE 200 MG/ML SOLUTION MO	4	BvsD
cyclophosphamide 200 mg/ml SOLUTION MO	4	BvsD
cyclophosphamide 25 mg, 50 mg CAPSULE MO	4	BvsD
cyclophosphamide 25 mg, 50 mg TABLET MO	3	BvsD
CYRAMZA 10 MG/ML SOLUTION DL	5	PA
cytarabine 20 mg/ml SOLUTION GC,MO	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION GC,MO	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION MO	4	
dactinomycin 0.5 mg RECON SOLUTION DL	5	
DANYELZA 4 MG/ML SOLUTION DL	5	PA,QL(120 per 28 days)
DARZALEX 20 MG/ML SOLUTION DL	5	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION DL	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
daunorubicin 5 mg/ml SOLUTION GC,MO	1	
DAURISMO 100 MG TABLET DL	5	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET DL	5	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION DL	5	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION MO	4	
DOCEFREZ 20 MG RECON SOLUTION MO	4	
DOCEFREZ 80 MG RECON SOLUTION DL	5	
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION MO	4	
doxorubicin 10 mg, 50 mg RECON SOLUTION MO	3	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION GC,MO	2	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION DL	5	PA
ELZONRIS 1,000 MCG/ML SOLUTION DL	5	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE DL	5	
EMPLICITI 300 MG, 400 MG RECON SOLUTION DL	5	PA
ENHERTU 100 MG RECON SOLUTION DL	5	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION MO	4	
epirubicin 50 mg RECON SOLUTION MO	4	
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION DL	5	PA
ERIVEDGE 150 MG CAPSULE DL	5	PA,QL(28 per 28 days)
ERLEADA 60 MG TABLET DL	5	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET DL	5	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET DL	5	PA,QL(90 per 30 days)
ERWINAZE 10,000 UNIT RECON SOLUTION DL	5	PA
ETOPOPHOS 100 MG RECON SOLUTION MO	4	
etoposide 20 mg/ml SOLUTION GC,MO	2	
EULEXIN 125 MG CAPSULE DL	5	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET DL	5	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION DL	5	PA
EVOMELA 50 MG RECON SOLUTION DL	5	PA
exemestane 25 mg TABLET MO	4	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE DL	5	PA,QL(120 per 30 days)
floxuridine 0.5 gram RECON SOLUTION GC,MO	1	BvsD
fludarabine 50 mg RECON SOLUTION MO	4	
fludarabine 50 mg/2 ml SOLUTION DL	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION GC,MO	2	BvsD
flutamide 125 mg CAPSULE MO	4	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION DL	5	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE DL	5	PA,QL(21 per 28 days)
fulvestrant 250 mg/5 ml SYRINGE MO	4	PA,QL(30 per 30 days)
GAVRETO 100 MG CAPSULE DL,LA	5	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION DL	5	PA,QL(120 per 28 days)
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION MO	4	
gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION MO	4	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION DL	5	PA
hydroxyurea 500 mg CAPSULE GC,MO	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	5	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET DL	5	PA,QL(21 per 28 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET DL	5	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET DL	5	PA,QL(60 per 30 days)
idarubicin 1 mg/ml SOLUTION DL	5	
IDHIFA 100 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
ifosfamide 1 gram, 3 gram RECON SOLUTION MO	3	
ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION MO	3	
imatinib 100 mg TABLET DL	5	PA,QL(90 per 30 days)
imatinib 400 mg TABLET DL	5	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	5	PA,QL(90 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION DL	5	PA
IMFINZI 50 MG/ML SOLUTION DL	5	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION DL	5	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION DL	5	PA,QL(8 per 28 days)
INLYTA 1 MG TABLET DL	5	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET DL	5	PA,QL(60 per 30 days)
INQOVI 35-100 MG TABLET DL	5	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET DL	5	PA,QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION MO	4	
ISTODAX 10 MG/2 ML RECON SOLUTION DL	5	PA
IXEMpra 15 MG, 45 MG RECON SOLUTION DL	5	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	5	PA,QL(60 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	5	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION DL	5	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION DL	5	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION DL	5	PA
KEYTRUDA 25 MG/ML SOLUTION DL	5	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION DL	5	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	5	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	5	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	5	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	5	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	5	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE DL	5	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE DL	5	PA,QL(120 per 30 days)
KYPROLIS 10 MG RECON SOLUTION DL	5	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION DL	5	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION DL	5	PA,QL(12 per 28 days)
lapatinib 250 mg TABLET DL	5	PA,QL(180 per 30 days)
lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE DL	5	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	5	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE DL	5	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL	5	PA,QL(60 per 30 days)
letrozole 2.5 mg TABLET GC,MO	1	QL(30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET GC,MO	2	
leucovorin calcium 10 mg/ml SOLUTION GC,MO	2	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION MO	3	
LEUKERAN 2 MG TABLET DL	5	
levoleucovorin calcium 10 mg/ml SOLUTION DL	5	PA
levoleucovorin calcium 50 mg RECON SOLUTION DL	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEVULAN 20 % SOLUTION MO	4	
LIBTAYO 50 MG/ML SOLUTION DL	5	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET DL	5	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET DL	5	PA,QL(80 per 30 days)
LORBRENA 100 MG TABLET DL	5	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET DL	5	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET DL	5	PA,QL(240 per 30 days)
LUMOXITI 1 MG RECON SOLUTION DL	5	PA
LYNPARZA 100 MG, 150 MG TABLET DL	5	PA,QL(120 per 30 days)
MARGENZA 25 MG/ML SOLUTION DL	5	PA
MATULANE 50 MG CAPSULE DL	5	
MEKINIST 0.5 MG TABLET DL	5	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET DL	5	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET DL	5	PA,QL(180 per 30 days)
melphalan 2 mg TABLET MO	4	BvsD
melphalan hcl 50 mg RECON SOLUTION GC,MO	1	
mercaptopurine 50 mg TABLET MO	3	
MESNEX 400 MG TABLET DL	5	
mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION DL	5	
mitoxantrone 2 mg/ml CONCENTRATE MO	3	
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION DL	5	
MVASI 25 MG/ML SOLUTION DL	5	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION DL	5	PA
nelarabine 250 mg/50 ml SOLUTION DL	5	
NERLYNX 40 MG TABLET DL	5	PA,QL(180 per 30 days)
nilutamide 150 mg TABLET DL	5	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(3 per 28 days)
NIPENT 10 MG RECON SOLUTION DL	5	
NUBEQA 300 MG TABLET DL	5	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE DL	5	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION DL	5	PA
ONIVYDE 4.3 MG/ML DISPERSION DL	5	PA
ONUREG 200 MG, 300 MG TABLET DL	5	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION DL	5	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL	5	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION DL	5	PA,QL(16 per 28 days)

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OPDUALAG 240-80 MG/20 ML SOLUTION DL	5	PA,QL(40 per 28 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION MO	4	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION MO	4	
paclitaxel 6 mg/ml CONCENTRATE MO	3	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION DL	5	PA
PADCEV 20 MG RECON SOLUTION DL	5	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION DL	5	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL DL	5	PA
paraplatin 10 mg/ml SOLUTION GC,MO	2	
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	5	PA,QL(14 per 21 days)
pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION DL	5	PA
pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION DL	5	PA
pemetrexed disodium 25 mg/ml SOLUTION DL	5	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION DL	5	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	5	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION DL	5	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION DL	5	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION DL	5	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION DL	5	PA
PROLEUKIN 22 MILLION UNIT RECON SOLUTION DL	5	
PURIXAN 20 MG/ML SUSPENSION DL	5	QL(300 per 30 days)
QINLOCK 50 MG TABLET DL	5	PA,QL(90 per 30 days)
RETEVMO 40 MG CAPSULE DL	5	PA,QL(180 per 30 days)
RETEVMO 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
RIABNI 10 MG/ML SOLUTION DL	5	PA
romidepsin 10 mg/2 ml RECON SOLUTION DL	5	PA
ROMIDEPSIN 5 MG/ML SOLUTION DL	5	PA
ROZLYTREK 100 MG CAPSULE DL	5	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	5	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION DL	5	PA
RYBREVANT 50 MG/ML SOLUTION DL	5	PA,QL(784 per 365 days)

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RYDAPT 25 MG CAPSULE DL	5	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION DL	5	PA
SARCLISA 20 MG/ML SOLUTION DL	5	PA,QL(16 per 28 days)
SCEMBLIX 20 MG TABLET DL	5	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET DL	5	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION DL	5	
sorafenib 200 mg TABLET DL	5	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	5	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET DL	5	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET DL	5	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET DL	5	PA,QL(84 per 28 days)
sunitinib 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE DL	5	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION DL	5	PA
TABLOID 40 MG TABLET MO	3	
TABRECTA 150 MG, 200 MG TABLET DL	5	PA,QL(112 per 28 days)
TAFINLAR 50 MG CAPSULE DL	5	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	5	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	5	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	5	PA,QL(90 per 30 days)
TALZENNA 0.5 MG, 0.75 MG, 1 MG CAPSULE DL	5	PA,QL(30 per 30 days)
tamoxifen 10 mg, 20 mg TABLET GC,MO	1	
TARGETIN 75 MG CAPSULE DL	5	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	5	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET DL	5	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION DL	5	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION DL	5	PA,QL(28 per 28 days)
temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION DL	5	PA,QL(8 per 28 days)
teniposide 50 mg/5 ml SOLUTION MO	4	
TEPMETKO 225 MG TABLET DL	5	PA,QL(60 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	5	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
thiotepa 100 mg RECON SOLUTION DL	5	
thiotepa 15 mg RECON SOLUTION GC,MO	1	
TIBSOVO 250 MG TABLET DL	5	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION DL	5	PA,QL(5 per 21 days)
topotecan 4 mg RECON SOLUTION MO	4	

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topotecan 4 mg/4 ml (1 mg/ml) SOLUTION MO	3	
toremifene 60 mg TABLET DL	5	QL(30 per 30 days)
TRAZIMERA 150 MG, 420 MG RECON SOLUTION DL	5	PA
TREANDA 100 MG, 25 MG RECON SOLUTION DL	5	PA
tretinoin (antineoplastic) 10 mg CAPSULE DL	5	
TRISENOX 2 MG/ML SOLUTION DL	5	PA
TRODELVY 180 MG RECON SOLUTION DL	5	PA
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE DL	5	PA,QL(21 per 28 days)
TRUSELTIQ 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2) CAPSULE DL	5	PA,QL(42 per 28 days)
TRUSELTIQ 75 MG/DAY (25 MG X 3) CAPSULE DL	5	PA,QL(63 per 28 days)
TUKYSA 150 MG TABLET DL	5	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET DL	5	PA,QL(300 per 30 days)
TURALIO 200 MG CAPSULE DL,LA	5	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION DL	5	PA
VALCHLOR 0.016 % GEL DL	5	PA,QL(60 per 28 days)
valrubicin 40 mg/ml SOLUTION DL	5	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION DL	5	PA,QL(80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION DL	5	PA
VENCLEXTA 10 MG TABLET MO	3	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET DL	5	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET MO	3	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK DL	5	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	5	PA,QL(60 per 30 days)
vinblastine 1 mg/ml SOLUTION MO	3	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION MO	3	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION MO	3	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION MO	4	
VISTOGARD 10 GRAM GRANULES IN PACKET DL	5	QL(20 per 365 days)
VITRAKVI 100 MG CAPSULE DL	5	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	5	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	5	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
VOTRIENT 200 MG TABLET DL	5	PA,QL(120 per 30 days)
VYXEOS 44-100 MG RECON SOLUTION DL	5	PA

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WELIREG 40 MG TABLET DL	5	PA,QL(90 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XOSPATA 40 MG TABLET DL	5	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET DL	5	PA,QL(20 per 28 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET DL	5	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET DL	5	PA,QL(4 per 28 days)
XPOVIO 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4) TABLET DL	5	PA,QL(16 per 28 days)
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET DL	5	PA,QL(12 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET DL	5	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET DL	5	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET DL	5	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET DL	5	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION DL	5	PA
YONDELIS 1 MG RECON SOLUTION DL	5	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION DL	5	PA
ZANOSAR 1 GRAM RECON SOLUTION MO	4	
ZEJULA 100 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ZELBORAF 240 MG TABLET DL	5	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION DL	5	PA
ZIRABEV 25 MG/ML SOLUTION DL	5	PA
ZOLINZA 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET DL	5	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION DL	5	PA
Antiparasitics		
albendazole 200 mg TABLET MO	4	
atovaquone 750 mg/5 ml SUSPENSION MO	4	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET MO	4	
chloroquine phosphate 250 mg, 500 mg TABLET GC,MO	2	
COARTEM 20-120 MG TABLET MO	4	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET GC,MO	2	
hydroxychloroquine 200 mg TABLET GC,MO	2	
ivermectin 3 mg TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KRINTAFEL 150 MG TABLET MO	3	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET MO	4	
mefloquine 250 mg TABLET GC,MO	2	
NEBUPENT 300 MG RECON SOLUTION MO	4	BvsD
nitazoxanide 500 mg TABLET DL	5	QL(40 per 30 days)
PENTAM 300 MG RECON SOLUTION MO	4	
pentamidine 300 mg RECON SOLUTION MO	4	
pentamidine 300 mg RECON SOLUTION MO	4	BvsD
praziquantel 600 mg TABLET MO	4	
primaquine 26.3 mg TABLET MO	3	
pyrimethamine 25 mg TABLET DL	5	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE MO	4	PA,QL(42 per 7 days)
Antiparkinson Agents		
amantadine hcl 100 mg CAPSULE MO	4	
amantadine hcl 50 mg/5 ml SOLUTION MO	3	
benztropine 0.5 mg, 1 mg, 2 mg TABLET GC,MO	2	
benztropine 1 mg/ml SOLUTION MO	4	
bromocriptine 2.5 mg TABLET MO	3	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING MO	4	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET GC,MO	2	
carbidopa-levodopa 25-100 mg TABLET GC,MO	2	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER MO	3	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg TABLET MO	4	QL(240 per 30 days)
carbidopa-levodopa-entacapone 50-200-200 mg TABLET MO	4	
entacapone 200 mg TABLET MO	3	QL(300 per 30 days)
KYNMOBI 10 MG, 15 MG, 20 MG, 25 MG, 30 MG FILM DL	5	PA,QL(150 per 30 days)
KYNMOBI 10-15-20-25-30 MG FILM DL	5	PA,QL(150 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET GC,MO	2	
rasagiline 0.5 mg, 1 mg TABLET MO	3	PA,QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET GC,MO	2	
RYTARY 23.75-95 MG CAPSULE, ER MO	4	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER MO	4	ST,QL(270 per 30 days)
RYTARY 48.75-195 MG CAPSULE, ER MO	4	ST,QL(360 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER MO	4	ST,QL(300 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
selegiline hcl 5 mg CAPSULE GC,MO	2	
selegiline hcl 5 mg TABLET GC,MO	2	
trihexyphenidyl 0.4 mg/ml ELIXIR MO	3	
trihexyphenidyl 2 mg, 5 mg TABLET MO	3	
Antipsychotics		
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON DL	5	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL	5	QL(1 per 28 days)
ariPIPRAZOLE 1 mg/ml SOLUTION MO	4	QL(750 per 30 days)
ariPIPRAZOLE 10 mg, 15 mg TABLET, DISINTEGRATING MO	4	QL(60 per 30 days)
ariPIPRAZOLE 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET MO	3	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	5	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE DL	5	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	5	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL	5	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	5	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET MO	4	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE DL	5	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET MO	4	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET MO	4	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE MO	4	
chlorpromazine 25 mg/ml SOLUTION MO	4	
clozapine 100 mg TABLET MO	3	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING MO	4	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING MO	4	PA
clozapine 150 mg TABLET, DISINTEGRATING MO	4	PA,QL(180 per 30 days)
clozapine 200 mg TABLET MO	3	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING MO	4	PA,QL(135 per 30 days)
clozapine 25 mg TABLET MO	3	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING MO	4	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET MO	3	
droperidol 2.5 mg/ml SOLUTION MO	3	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)-4MG(2)-6MG(2) TABLET, DOSE PACK MO	4	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION MO	4	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET MO	4	
fluphenazine hcl 2.5 mg/5 ml ELIXIR MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluphenazine hcl 2.5 mg/ml SOLUTION MO	4	
fluphenazine hcl 5 mg/ml CONCENTRATE MO	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET GC,MO	2	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION MO	3	
haloperidol lactate 2 mg/ml CONCENTRATE GC,MO	2	
haloperidol lactate 5 mg/ml SOLUTION GC,MO	2	
haloperidol lactate 5 mg/ml SYRINGE GC,MO	2	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	5	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	5	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE DL	5	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE DL	5	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE MO	4	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	5	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	5	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	5	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	5	QL(2.63 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL(30 per 30 days)
LATUDA 80 MG TABLET DL	5	PA,QL(60 per 30 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE GC,MO	2	
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET DL	5	PA,QL(30 per 30 days)
molindone 10 mg TABLET MO	4	PA,QL(240 per 30 days)
molindone 25 mg TABLET MO	4	PA,QL(270 per 30 days)
molindone 5 mg TABLET MO	4	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET DL	5	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE DL	5	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION MO	3	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	3	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING MO	3	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING MO	3	QL(60 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET MO	3	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE DL	5	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET MO	3	
quetiapine 100 mg TABLET GC,MO	2	QL(90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quetiapine 150 mg TABLET GC,MO	2	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. MO	3	QL(90 per 30 days)
quetiapine 200 mg TABLET GC,MO	2	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET GC,MO	2	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET GC,MO	2	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. MO	3	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET MO	4	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON MO	4	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON DL	5	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET GC,MO	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING MO	4	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET GC,MO	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING MO	4	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION GC,MO	2	
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. DL	5	PA,QL(30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET GC,MO	2	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE GC,MO	2	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET GC,MO	2	
VERSACLOZ 50 MG/ML SUSPENSION DL	5	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG (1)- 3 MG (6) CAPSULE, DOSE PACK MO	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE DL	5	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE MO	3	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION MO	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION MO	4	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION DL	5	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION DL	5	QL(1 per 28 days)
Antispasticity Agents		
baclofen 10 mg TABLET GC,MO	1	
baclofen 20 mg TABLET GC,MO	1	
baclofen 5 mg TABLET GC,MO	1	QL(90 per 30 days)
dantrolene 100 mg, 25 mg, 50 mg CAPSULE MO	3	
tizanidine 2 mg, 4 mg TABLET GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Antivirals		
abacavir 20 mg/ml SOLUTION MO	4	QL(960 per 30 days)
abacavir 300 mg TABLET MO	4	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET MO	4	QL(30 per 30 days)
abacavir-lamivudine-zidovudine 300-150-300 mg TABLET DL	5	QL(60 per 30 days)
acyclovir 200 mg CAPSULE GC,MO	1	
acyclovir 400 mg TABLET GC,MO	1	
acyclovir 5 % OINTMENT MO	4	PA,QL(30 per 30 days)
acyclovir 800 mg TABLET GC,MO	1	
acyclovir sodium 1,000 mg, 500 mg RECON SOLUTION GC,MO	2	BvsD
acyclovir sodium 50 mg/ml SOLUTION GC,MO	2	BvsD
adefovir 10 mg TABLET MO	4	
APRETUDE 600 MG/3 ML (200 MG/ML) SUSPENSION, ER DL	5	QL(21 per 365 days)
APTIVUS 250 MG CAPSULE DL	5	QL(120 per 30 days)
APTIVUS (WITH VITAMIN E) 100 MG/ML SOLUTION DL	5	QL(285 per 28 days)
atazanavir 150 mg, 200 mg CAPSULE MO	4	QL(60 per 30 days)
atazanavir 300 mg CAPSULE MO	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION DL	5	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET DL	5	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER DL	5	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION DL	5	
CIMDUO 300-300 MG TABLET DL	5	QL(30 per 30 days)
COMPLERA 200-25-300 MG TABLET DL	5	QL(30 per 30 days)
CRIVAN 200 MG CAPSULE MO	3	QL(450 per 30 days)
DELSTRIGO 100-300-300 MG TABLET DL	5	QL(30 per 30 days)
DESCOVY 120-15 MG TABLET DL	5	QL(30 per 30 days)
DESCOVY 200-25 MG TABLET DL	5	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC MO	3	QL(30 per 30 days)
DOVATO 50-300 MG TABLET DL	5	QL(30 per 30 days)
EDURANT 25 MG TABLET DL	5	QL(30 per 30 days)
efavirenz 200 mg CAPSULE MO	4	QL(120 per 30 days)
efavirenz 50 mg CAPSULE MO	4	QL(480 per 30 days)
efavirenz 600 mg TABLET MO	4	QL(30 per 30 days)
efavirenz-emtricitabin-tenofovir 600-200-300 mg TABLET MO	3	QL(30 per 30 days)
efavirenz-lamivu-tenofovir disop 400-300-300 mg, 600-300-300 mg TABLET DL	5	QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
emtricitabine 200 mg CAPSULE MO	4	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET MO	4	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION MO	4	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE MO	4	QL(30 per 30 days)
entecavir 0.5 mg, 1 mg TABLET MO	4	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET DL	5	PA,QL(28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) SOLUTION MO	4	
etravirine 100 mg TABLET DL	5	QL(120 per 30 days)
etravirine 200 mg TABLET DL	5	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET DL	5	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET GC,MO	2	QL(90 per 30 days)
fosamprenavir 700 mg TABLET DL	5	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION DL	5	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
HARVONI 33.75-150 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
HARVONI 45-200 MG TABLET DL	5	PA,QL(28 per 28 days)
HARVONI 90-400 MG TABLET DL	5	PA,QL(28 per 28 days)
INTELENCE 200 MG TABLET DL	5	QL(60 per 30 days)
INTELENCE 25 MG TABLET MO	4	QL(120 per 30 days)
INVIRASE 500 MG TABLET DL	5	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	5	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET MO	3	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	4	QL(180 per 30 days)
ISENTRESS 400 MG TABLET DL	5	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	5	QL(60 per 30 days)
JULUCA 50-25 MG TABLET DL	5	QL(30 per 30 days)
lamivudine 10 mg/ml SOLUTION GC,MO	2	QL(900 per 30 days)
lamivudine 100 mg TABLET MO	3	QL(90 per 30 days)
lamivudine 150 mg TABLET GC,MO	2	QL(60 per 30 days)
lamivudine 300 mg TABLET GC,MO	2	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET MO	4	QL(60 per 30 days)
ledipasvir-sofosbuvir 90-400 mg TABLET DL	5	PA,QL(28 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEXIVA 50 MG/ML SUSPENSION MO	4	QL(1575 per 28 days)
lopinavir-ritonavir 100-25 mg TABLET MO	4	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET MO	4	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION MO	4	
maraviroc 150 mg TABLET DL	5	QL(240 per 30 days)
maraviroc 300 mg TABLET DL	5	QL(120 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. MO	4	QL(120 per 30 days)
nevirapine 200 mg TABLET GC,MO	2	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION MO	4	QL(1200 per 30 days)
NORVIR 100 MG POWDER IN PACKET MO	4	QL(360 per 30 days)
NORVIR 80 MG/ML SOLUTION MO	4	QL(480 per 30 days)
ODEFSEY 200-25-25 MG TABLET DL	5	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE MO	3	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE MO	3	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION MO	4	QL(1440 per 365 days)
PIFELTRO 100 MG TABLET DL	5	QL(60 per 30 days)
PREVYMIS 240 MG TABLET DL	5	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET DL	5	PA
PREZCOBIX 800-150 MG-MG TABLET DL	5	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION DL	5	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	5	QL(240 per 30 days)
PREZISTA 600 MG TABLET DL	5	QL(60 per 30 days)
PREZISTA 75 MG TABLET MO	4	QL(480 per 30 days)
PREZISTA 800 MG TABLET DL	5	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	4	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	4	
REYATAZ 50 MG POWDER IN PACKET MO	4	
ribavirin 200 mg CAPSULE MO	3	QL(168 per 28 days)
ribavirin 200 mg TABLET MO	3	QL(168 per 28 days)
rimantadine 100 mg TABLET MO	3	
ritonavir 100 mg TABLET GC,MO	2	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. DL	5	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION DL	5	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET MO	4	QL(240 per 30 days)
SELZENTRY 75 MG TABLET DL	5	QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
stavudine 15 mg, 20 mg CAPSULE MO	3	QL(120 per 30 days)
stavudine 30 mg, 40 mg CAPSULE MO	3	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET DL	5	QL(30 per 30 days)
SYMFI 600-300-300 MG TABLET DL	5	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET DL	5	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
TEMIXYS 300-300 MG TABLET DL	5	QL(30 per 30 days)
tenofovir disoproxil fumarate 300 mg TABLET GC,MO	2	QL(30 per 30 days)
TIVICAY 10 MG TABLET MO	4	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	5	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET DL	5	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET DL	5	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL	5	
TYBOST 150 MG TABLET MO	3	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET MO	3	
valganciclovir 450 mg TABLET MO	3	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION DL	5	QL(1056 per 30 days)
VIRACEPT 250 MG TABLET DL	5	QL(300 per 30 days)
VIRACEPT 625 MG TABLET DL	5	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET DL	5	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER DL	5	QL(240 per 30 days)
VOCABRIA 30 MG TABLET DL	5	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET DL	5	PA,QL(28 per 28 days)
XOFLUZA 20 MG TABLET MO	4	QL(10 per 365 days)
XOFLUZA 40 MG TABLET MO	4	QL(10 per 365 days)
XOFLUZA 80 MG TABLET MO	4	QL(5 per 365 days)
zidovudine 10 mg/ml SYRUP MO	3	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE MO	4	QL(180 per 30 days)
zidovudine 300 mg TABLET GC,MO	2	QL(60 per 30 days)
ZIRGAN 0.15 % GEL MO	4	QL(5 per 30 days)
Anxiolytics		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET DL,GC	2	QL(120 per 30 days)
alprazolam 2 mg TABLET DL,GC	2	QL(150 per 30 days)
buspirone 10 mg, 15 mg, 5 mg TABLET GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
buspirone 30 mg, 7.5 mg TABLET GC,MO	1	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	4	
clonazepam 0.5 mg, 1 mg TABLET DL	3	
clonazepam 2 mg TABLET DL	3	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET DL	4	
diazepam 10 mg TABLET DL	3	QL(120 per 30 days)
diazepam 2 mg TABLET DL	3	QL(90 per 30 days)
diazepam 5 mg TABLET DL	3	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION DL	4	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE DL	4	QL(240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE DL	4	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	4	
doxepin 10 mg/ml CONCENTRATE MO	4	
hydroxyzine hcl 10 mg, 50 mg TABLET MO	3	
hydroxyzine hcl 10 mg/5 ml SOLUTION MO	3	
hydroxyzine hcl 25 mg TABLET MO	3	
lorazepam 0.5 mg, 1 mg TABLET DL,GC	2	QL(90 per 30 days)
lorazepam 2 mg TABLET DL,GC	2	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE DL	3	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE DL	3	QL(150 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg CAPSULE DL	4	
Bipolar Agents		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE GC,MO	1	
lithium carbonate 300 mg TABLET GC,MO	1	
lithium carbonate 300 mg, 450 mg TABLET ER GC,MO	2	
Blood Glucose Regulators		
acarbose 100 mg, 25 mg, 50 mg TABLET GC,MO	2	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	
BYDUREON 2 MG/0.65 ML PEN INJECTOR MO	4	QL(4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML AUTO-INJECTOR MO	4	QL(3.4 per 28 days)
diazoxide 50 mg/ml SUSPENSION DL	5	
FARXIGA 10 MG TABLET MO	4	QL(30 per 30 days)
FARXIGA 5 MG TABLET MO	4	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE MO	3	ISP

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIASPU-100 INSULIN 100 UNIT/ML SOLUTION GC,MO	2	ISP
glimepiride 1 mg TABLET GC,MO	1	
glimepiride 2 mg, 4 mg TABLET GC,MO	1	
glipizide 10 mg TABLET, ER 24 HR. GC,MO	1	
glipizide 10 mg, 5 mg TABLET GC,MO	1	
glipizide 2.5 mg, 5 mg TABLET, ER 24 HR. GC,MO	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET GC,MO	1	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION MO	3	
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET GC,MO	2	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET GC,MO	2	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET GC,MO	2	
GLYXAMBI 10-5 MG, 25-5 MG TABLET MO	3	QL(30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION MO	3	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	3	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	3	
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	3	
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	3	
HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION DL	5	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN DL	5	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET MO	3	QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	3	QL(30 per 30 days)
JANUMET 50-1,000 MG TABLET MO	3	QL(60 per 30 days)
JANUMET 50-500 MG TABLET MO	3	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(30 per 30 days)
JANUMET XR 50-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(60 per 30 days)
JANUMET XR 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	3	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	3	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG TABLET MO	3	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
KOMBIGLYZE XR 2.5-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	4	QL(60 per 30 days)
KOMBIGLYZE XR 5-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	4	QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KOMBIGLYZE XR 5-500 MG TABLET, ER 24 HR., MULTIPHASE MO	4	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION GC,MO	2	ISP
LEVEMIR FLEXTOUCH U-100 INSULN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
LEVEMIR U-100 INSULIN 100 UNIT/ML SOLUTION GC,MO	2	ISP
metformin 1,000 mg, 500 mg TABLET GC,MO	1	
metformin 500 mg TABLET, ER 24 HR. GC,MO	1	QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR. GC,MO	1	QL(60 per 30 days)
metformin 850 mg TABLET GC,MO	1	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR MO	3	QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET MO	3	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN GC,MO	2	ISP
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION GC,MO	2	ISP
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION GC,MO	2	ISP
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
NOVOLIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION GC,MO	2	ISP
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION GC,MO	2	ISP
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN MO	3	ISP
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE MO	3	ISP
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION GC,MO	2	ISP
ONGLYZA 2.5 MG, 5 MG TABLET MO	4	QL(30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG(2 MG/1.5 ML) PEN INJECTOR MO	3	QL(1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) PEN INJECTOR MO	3	QL(3 per 28 days)
OZEMPIC 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR MO	3	QL(3 per 28 days)
pioglitazone 15 mg, 30 mg TABLET GC,MO	1	QL(30 per 30 days)
pioglitazone 45 mg TABLET GC,MO	1	QL(30 per 30 days)
pioglitazone-metformin 15-500 mg, 15-850 mg TABLET MO	3	QL(90 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET MO	3	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET MO	3	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN MO	3	QL(15 per 24 days),ISP
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR DL	5	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR DL	5	QL(10.5 per 28 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET MO	3	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN MO	3	ISP
TRADJENTA 5 MG TABLET MO	3	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION GC,MO	2	ISP
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR MO	3	QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	3	QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	3	QL(9 per 30 days)
XIGDUO XR 10-1,000 MG, 10-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	QL(60 per 30 days)
XIGDUO XR 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	QL(30 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN MO	3	QL(15 per 30 days),ISP
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR MO	3	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE MO	3	
Blood Products And Modifiers		
aminocaproic acid 1,000 mg, 500 mg TABLET DL	5	
aminocaproic acid 250 mg/ml (25 %) SOLUTION DL	5	
anagrelide 0.5 mg, 1 mg CAPSULE MO	3	
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. MO	4	ST,QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET MO	3	QL(60 per 30 days)
CABLIVI 11 MG KIT DL	5	PA,QL(30 per 30 days)
cilostazol 100 mg, 50 mg TABLET GC,MO	2	
clopidogrel 300 mg TABLET MO	4	
clopidogrel 75 mg TABLET GC,MO	1	QL(30 per 30 days)
dabigatran etexilate 150 mg, 75 mg CAPSULE MO	4	QL(60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET MO	4	
ELIQUIS 2.5 MG TABLET MO	3	QL(60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL(74 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK MO	3	QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE MO	3	
enoxaparin 300 mg/3 ml SOLUTION MO	3	
FULPHILA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION MO	3	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE MO	3	
heparin (porcine) 5,000 unit/ml SYRINGE MO	3	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION MO	3	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE MO	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET GC,MO	1	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION DL	5	PA,QL(9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	5	PA,QL(1.2 per 28 days)
NIVESTYM 300 MCG/0.5 ML SYRINGE DL	5	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION DL	5	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE DL	5	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION DL	5	PA,QL(22.4 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	4	QL(60 per 30 days)
prasugrel 10 mg, 5 mg TABLET MO	4	QL(30 per 30 days)
PROCIT 10,000 UNIT/ML SOLUTION MO	4	PA,QL(14 per 30 days)
PROCIT 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	4	PA,QL(14 per 30 days)
PROCIT 20,000 UNIT/2 ML SOLUTION	5	PA,QL(28 per 30 days)
PROCIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION	5	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET DL,LA	5	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET DL,LA	5	PA,QL(60 per 30 days)
PROMACTA 25 MG POWDER IN PACKET DL,LA	5	PA,QL(180 per 30 days)
PROMACTA 25 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
PROMACTA 50 MG TABLET DL,LA	5	PA,QL(90 per 30 days)
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK DL	5	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET DL	5	PA,QL(60 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML SOLUTION MO	4	PA,QL(14 per 30 days)
tranexamic acid 650 mg TABLET MO	3	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET GC,MO	1	
warfarin 5 mg TABLET GC,MO	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION MO	3	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	3	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK MO	3	QL(51 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE DL	5	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE DL	5	PA,QL(11.2 per 30 days)
Cardiovascular Agents		
acebutolol 200 mg, 400 mg CAPSULE GC,MO	1	
acetazolamide 125 mg, 250 mg TABLET MO	4	
acetazolamide 500 mg CAPSULE, ER MO	3	
acetazolamide sodium 500 mg RECON SOLUTION GC,MO	1	
adenosine 3 mg/ml SOLUTION GC,MO	1	
adenosine 3 mg/ml SYRINGE GC,MO	1	
aliskiren 150 mg, 300 mg TABLET MO	4	QL(30 per 30 days)
amiloride 5 mg TABLET MO	3	
amiloride-hydrochlorothiazide 5-50 mg TABLET GC,MO	1	
amiodarone 100 mg TABLET MO	4	
amiodarone 150 mg/3 ml SYRINGE GC,MO	2	
amiodarone 200 mg TABLET GC,MO	2	
amiodarone 400 mg TABLET MO	4	QL(60 per 30 days)
amiodarone 50 mg/ml SOLUTION GC,MO	2	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET GC,MO	1	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET MO	4	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE GC,MO	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE GC,MO	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET GC,MO	2	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET GC,MO	2	QL(30 per 30 days)
atenolol 100 mg TABLET GC,MO	1	
atenolol 25 mg, 50 mg TABLET GC,MO	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET GC,MO	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET GC,MO	1	

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benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET GC,MO	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET GC,MO	2	
bisoprolol fumarate 10 mg, 5 mg TABLET GC,MO	2	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET GC,MO	1	
bumetanide 0.25 mg/ml SOLUTION GC,MO	2	
bumetanide 0.5 mg, 2 mg TABLET GC,MO	2	
bumetanide 1 mg TABLET GC,MO	2	
candesartan 16 mg, 4 mg, 8 mg TABLET GC,MO	2	QL(60 per 30 days)
candesartan 32 mg TABLET GC,MO	2	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET GC,MO	2	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET MO	3	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET MO	3	
cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. GC,MO	2	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET GC,MO	1	
carvedilol phosphate 10 mg, 20 mg, 40 mg, 80 mg CAPSULE ER MULTIPHASE 24 HR. MO	4	QL(30 per 30 days)
chlorothiazide sodium 500 mg RECON SOLUTION GC,MO	1	
chlorthalidone 25 mg TABLET GC,MO	2	
chlorthalidone 50 mg TABLET GC,MO	2	
cholestyramine (with sugar) 4 gram POWDER MO	3	
cholestyramine (with sugar) 4 gram POWDER IN PACKET MO	3	
cholestyramine light 4 gram POWDER MO	3	
cholestyramine light 4 gram POWDER IN PACKET MO	3	
cholestyramine-aspartame 4 gram POWDER IN PACKET MO	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY MO	4	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET GC,MO	1	
clonidine hcl 0.2 mg, 0.3 mg TABLET GC,MO	1	
colestipol 1 gram TABLET MO	3	
colestipol 5 gram GRANULES MO	4	QL(1000 per 30 days)
colestipol 5 gram PACKET MO	4	
CORLANOR 5 MG, 7.5 MG TABLET MO	4	PA,QL(60 per 30 days)
CORLOPAM 10 MG/ML SOLUTION MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEMSER 250 MG CAPSULE DL	5	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET GC,MO	2	QL(30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET GC,MO	2	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg) TABLET GC,MO	2	QL(30 per 30 days)
digoxin 250 mcg (0.25 mg) TABLET GC,MO	2	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION MO	4	
diltiazem hcl 120 mg CAPSULE, ER 12 HR. GC,MO	2	QL(90 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET GC,MO	2	
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. GC,MO	2	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION GC,MO	2	
diltiazem hcl 60 mg, 90 mg CAPSULE, ER 12 HR. GC,MO	2	QL(180 per 30 days)
DIURIL 250 MG/5 ML SUSPENSION MO	4	
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE MO	4	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET GC,MO	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET GC,MO	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET GC,MO	1	
enalaprilat 1.25 mg/ml SOLUTION GC,MO	1	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET MO	3	QL(60 per 30 days)
ethacrynone sodium 50 mg RECON SOLUTION MO	4	
ezetimibe 10 mg TABLET GC,MO	1	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET GC,MO	2	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. GC,MO	2	QL(30 per 30 days)
fenofibrate 160 mg TABLET GC,MO	2	QL(30 per 30 days)
fenofibrate 54 mg TABLET GC,MO	2	QL(60 per 30 days)
fenofibrate micronized 130 mg, 43 mg CAPSULE MO	4	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE MO	3	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE MO	3	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET MO	3	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET MO	3	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET MO	3	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET MO	3	
fluvastatin 20 mg, 40 mg CAPSULE MO	4	ST,QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluvastatin 80 mg TABLET, ER 24 HR. MO	4	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET GC,MO	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET GC,MO	2	
furosemide 10 mg/ml SYRINGE GC,MO	2	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION GC,MO	2	
furosemide 20 mg, 40 mg TABLET GC,MO	1	
furosemide 80 mg TABLET GC,MO	1	
gemfibrozil 600 mg TABLET GC,MO	1	QL(60 per 30 days)
guanfacine 1 mg TABLET GC,MO	1	
guanfacine 2 mg TABLET GC,MO	1	
hydralazine 10 mg, 100 mg TABLET GC,MO	2	
hydralazine 20 mg/ml SOLUTION MO	4	
hydralazine 25 mg, 50 mg TABLET GC,MO	2	
hydrochlorothiazide 12.5 mg CAPSULE GC,MO	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET GC,MO	1	
hydrochlorothiazide 50 mg TABLET GC,MO	1	
ibutilide fumarate 0.1 mg/ml SOLUTION GC,MO	1	
indapamide 1.25 mg, 2.5 mg TABLET GC,MO	1	
irbesartan 150 mg, 75 mg TABLET GC,MO	1	QL(30 per 30 days)
irbesartan 300 mg TABLET GC,MO	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET GC,MO	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET GC,MO	1	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET GC,MO	2	
isosorbide mononitrate 10 mg, 20 mg TABLET GC,MO	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. GC,MO	2	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. GC,MO	1	
isradipine 2.5 mg, 5 mg CAPSULE MO	3	
ISUPREL 0.2 MG/ML SOLUTION MO	4	
KERENDIA 10 MG, 20 MG TABLET MO	3	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg TABLET GC,MO	2	
labetalol 5 mg/ml SOLUTION MO	4	
lidocaine (pf) 20 mg/ml (2 %) SOLUTION GC,MO	2	
lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION GC,MO	1	
LIPOFEN 150 MG CAPSULE MO	4	QL(30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	4	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET GC,MO	1	
lisinopril 30 mg TABLET GC,MO	1	
lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET GC,MO	1	
losartan 100 mg, 25 mg, 50 mg TABLET GC,MO	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET GC,MO	1	QL(60 per 30 days)
lovastatin 10 mg TABLET GC,MO	1	
lovastatin 20 mg, 40 mg TABLET GC,MO	1	
mannitol 10 % 10 % PARENTERAL SOLUTION GC,MO	1	
mannitol 20 % 20 % PARENTERAL SOLUTION GC,MO	1	
mannitol 25 % 25 % SOLUTION GC,MO	2	
mannitol 5 % 5 % PARENTERAL SOLUTION GC,MO	1	
methazolamide 25 mg, 50 mg TABLET MO	4	
methyldopa 250 mg, 500 mg TABLET GC,MO	1	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET MO	3	
metolazone 10 mg, 2.5 mg, 5 mg TABLET GC,MO	2	
metoprolol succinate 100 mg, 50 mg TABLET, ER 24 HR. GC,MO	1	QL(60 per 30 days)
metoprolol succinate 200 mg TABLET, ER 24 HR. GC,MO	1	QL(60 per 30 days)
metoprolol succinate 25 mg TABLET, ER 24 HR. GC,MO	1	QL(90 per 30 days)
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET GC,MO	2	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET GC,MO	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET GC,MO	1	
metoprolol tartrate 5 mg/5 ml SOLUTION MO	3	
metyrosine 250 mg CAPSULE DL	5	
midodrine 10 mg, 2.5 mg, 5 mg TABLET MO	3	
minoxidil 10 mg, 2.5 mg TABLET GC,MO	2	
moexipril 15 mg, 7.5 mg TABLET GC,MO	2	
MULTAQ 400 MG TABLET MO	3	QL(60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET MO	3	
nebivolol 10 mg TABLET MO	3	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET MO	3	QL(30 per 30 days)
nebivolol 20 mg TABLET MO	3	QL(60 per 30 days)
NEXLETOL 180 MG TABLET MO	3	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET MO	3	PA,QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) SOLUTION MO	4	
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. MO	4	
niacin 500 mg TABLET MO	3	
niacor 500 mg TABLET MO	3	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER MO	3	QL(60 per 30 days)
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
nimodipine 30 mg CAPSULE MO	4	
nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr PATCH, 24 HR. GC,MO	2	QL(30 per 30 days)
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET MO	3	
nitroglycerin 0.4 mg SUBLINGUAL TABLET MO	3	
nitroglycerin 0.4 mg/hr PATCH, 24 HR. GC,MO	2	QL(60 per 30 days)
nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION GC,MO	1	
nitroglycerin in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml) SOLUTION GC,MO	2	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	3	
norepinephrine bitartrate 1 mg/ml SOLUTION GC,MO	1	
olmesartan 20 mg, 5 mg TABLET GC,MO	1	QL(30 per 30 days)
olmesartan 40 mg TABLET GC,MO	1	QL(30 per 30 days)
olmesartan-amlodipin-hctiazid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET MO	4	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET GC,MO	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE MO	4	QL(120 per 30 days)
OSMITROL 10 % 10 % PARENTERAL SOLUTION MO	4	
OSMITROL 15 % 15 % PARENTERAL SOLUTION MO	4	
OSMITROL 20 % 20 % PARENTERAL SOLUTION MO	4	
OSMITROL 5 % 5 % PARENTERAL SOLUTION MO	4	
PACERONE 100 MG TABLET MO	4	
pacerone 200 mg TABLET GC,MO	2	
PACERONE 400 MG TABLET MO	4	QL(60 per 30 days)
pentoxifylline 400 mg TABLET ER GC,MO	2	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET GC,MO	2	
pravastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prazosin 1 mg, 2 mg, 5 mg CAPSULE GC,MO	2	
prevalite 4 gram POWDER MO	3	
prevalite 4 gram POWDER IN PACKET MO	3	
procainamide 100 mg/ml, 500 mg/ml SOLUTION GC,MO	1	
propafenone 150 mg, 225 mg, 300 mg TABLET MO	3	
propafenone 225 mg, 325 mg CAPSULE, ER 12 HR. MO	4	QL(60 per 30 days)
propafenone 425 mg CAPSULE, ER 12 HR. MO	4	
propranolol 1 mg/ml SOLUTION GC,MO	2	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET GC,MO	2	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. GC,MO	2	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET MO	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET GC,MO	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET GC,MO	2	
quinidine sulfate 200 mg, 300 mg TABLET GC,MO	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE GC,MO	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. MO	3	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR MO	3	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR MO	3	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE MO	3	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET GC,MO	1	
simvastatin 10 mg, 20 mg, 40 mg TABLET GC,MO	1	
simvastatin 5 mg, 80 mg TABLET GC,MO	1	
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET GC,MO	2	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET GC,MO	2	
sotalol af 120 mg, 160 mg, 80 mg TABLET GC,MO	2	
spironolacton-hydrochlorothiaz 25-25 mg TABLET GC,MO	2	
spironolactone 100 mg TABLET GC,MO	1	
spironolactone 25 mg, 50 mg TABLET GC,MO	1	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. GC,MO	2	QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET GC,MO	1	QL(30 per 30 days)
telmisartan 80 mg TABLET GC,MO	1	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET MO	4	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET MO	3	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET MO	3	QL(60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. GC,MO	2	QL(30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg TABLET MO	4	
torsemide 10 mg, 100 mg, 5 mg TABLET GC,MO	2	
torsemide 20 mg TABLET GC,MO	2	
trandolapril 1 mg, 2 mg, 4 mg TABLET GC,MO	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC MO	3	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE GC,MO	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET GC,MO	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET GC,MO	1	
valsartan 160 mg TABLET GC,MO	1	QL(60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET GC,MO	1	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET GC,MO	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	3	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	3	QL(120 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg CAPSULE ER PELLETS 24 HR. GC,MO	2	
verapamil 120 mg, 180 mg, 240 mg TABLET ER GC,MO	1	
verapamil 120 mg, 40 mg, 80 mg TABLET GC,MO	1	QL(120 per 30 days)
verapamil 2.5 mg/ml SOLUTION GC,MO	1	
verapamil 2.5 mg/ml SYRINGE GC,MO	1	
verapamil 360 mg CAPSULE ER PELLETS 24 HR. GC,MO	2	QL(60 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLET MO	3	ST,QL(30 per 30 days)
Central Nervous System Agents		
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE MO	3	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE MO	3	QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	5	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET DL	5	PA,QL(60 per 30 days)
BETASERON 0.3 MG KIT DL	5	PA,QL(15 per 30 days)
COPAXONE 20 MG/ML SYRINGE DL	5	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE DL	5	PA,QL(12 per 28 days)
dalfampridine 10 mg TABLET, ER 12 HR. MO	3	PA,QL(60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET MO	3	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET MO	4	QL(180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextroamphetamine sulfate 15 mg TABLET MO	4	QL(120 per 30 days)
dextroamphetamine sulfate 20 mg TABLET MO	4	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET MO	4	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET MO	4	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	3	QL(90 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET MO	3	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC DL	5	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC DL	5	PA,QL(14 per 30 days)
fingolimod 0.5 mg CAPSULE DL	5	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET DL	5	PA,QL(240 per 30 days)
GILENYA 0.25 MG CAPSULE DL	5	PA,QL(30 per 30 days)
GILENYA 0.5 MG CAPSULE DL	5	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. GC,MO	2	QL(30 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE DL	5	PA,QL(30 per 30 days)
INGREZZA INITIATION PACK 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK DL	5	PA,QL(28 per 28 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR DL	5	PA,QL(1.2 per 28 days)
methylphenidate hcl 10 mg TABLET ER MO	4	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET MO	3	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER MO	4	QL(90 per 30 days)
NUEDEXTA 20-10 MG CAPSULE DL	5	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE MO	3	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION MO	3	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE MO	3	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE MO	3	QL(60 per 30 days)
riluzole 50 mg TABLET MO	3	
RUZURGI 10 MG TABLET DL	5	PA,QL(300 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET MO	3	QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK MO	3	QL(55 per 28 days)
tetrabenazine 12.5 mg TABLET MO	4	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET DL	5	PA,QL(120 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC DL	5	PA,QL(120 per 30 days)

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Dental & Oral Agents		
cevimeline 30 mg CAPSULE MO	4	
chlorhexidine gluconate 0.12 % MOUTHWASH GC,MO	1	
oralone 0.1 % PASTE MO	3	
paroex oral rinse 0.12 % MOUTHWASH GC,MO	1	
periogard 0.12 % MOUTHWASH GC,MO	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET MO	3	
triamcinolone acetonide 0.1 % PASTE MO	3	
Dermatological Agents		
accutane 10 mg, 20 mg, 30 mg CAPSULE MO	4	QL(60 per 30 days)
accutane 40 mg CAPSULE MO	4	QL(120 per 30 days)
acitretin 10 mg CAPSULE MO	4	PA,QL(90 per 30 days)
acitretin 17.5 mg CAPSULE MO	4	PA,QL(60 per 30 days)
acitretin 25 mg CAPSULE MO	4	PA
adapalene 0.1 %, 0.3 % GEL MO	3	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP MO	3	QL(45 per 30 days)
ammonium lactate 12 % CREAM GC,MO	2	
ammonium lactate 12 % LOTION GC,MO	2	
amnesteem 10 mg, 20 mg CAPSULE MO	4	QL(60 per 30 days)
amnesteem 40 mg CAPSULE MO	4	QL(120 per 30 days)
azelaic acid 15 % GEL MO	4	ST,QL(50 per 30 days)
betamethasone dipropionate 0.05 % CREAM MO	3	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION MO	3	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT MO	3	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM GC,MO	2	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION GC,MO	2	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT GC,MO	2	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM GC,MO	2	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL MO	3	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION MO	3	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT MO	3	QL(100 per 30 days)
calcipotriene 0.005 % CREAM MO	4	PA,QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION MO	4	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg CAPSULE MO	4	QL(60 per 30 days)
claravis 40 mg CAPSULE MO	4	QL(120 per 30 days)
clindamycin phosphate 1 % GEL MO	3	QL(60 per 30 days)

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clindamycin phosphate 1 % LOTION MO	3	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION MO	3	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB GC,MO	2	
clobetasol 0.05 % CREAM MO	4	QL(120 per 30 days)
clobetasol 0.05 % GEL MO	4	QL(120 per 28 days)
clobetasol 0.05 % LOTION MO	4	QL(240 per 28 days)
clobetasol 0.05 % OINTMENT MO	4	QL(120 per 28 days)
clobetasol 0.05 % SOLUTION GC,MO	2	QL(100 per 30 days)
clobetasol-emollient 0.05 % CREAM MO	4	QL(120 per 30 days)
diclofenac sodium 3 % GEL MO	3	PA
ENSTILAR 0.005-0.064 % FOAM MO	4	QL(120 per 30 days)
ery pads 2 % SWAB MO	3	QL(60 per 30 days)
erythromycin with ethanol 2 % SOLUTION MO	3	QL(120 per 30 days)
fluocinolone 0.01 % OIL MO	4	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION MO	4	QL(180 per 30 days)
fluocinolone 0.01 %, 0.025 % CREAM MO	4	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT MO	4	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL MO	4	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM MO	3	QL(120 per 30 days)
fluocinonide 0.05 % GEL MO	3	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT MO	3	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION MO	3	QL(120 per 30 days)
fluocinonide-e 0.05 % CREAM MO	4	QL(120 per 30 days)
fluocinonide-emollient 0.05 % CREAM MO	4	QL(120 per 30 days)
fluorouracil 2 % SOLUTION GC,MO	2	QL(30 per 30 days)
fluorouracil 5 % CREAM MO	4	
fluorouracil 5 % SOLUTION GC,MO	2	QL(60 per 30 days)
fluticasone propionate 0.005 % OINTMENT GC,MO	2	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM GC,MO	2	QL(240 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR GC,MO	2	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM GC,MO	2	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT GC,MO	2	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET GC,MO	2	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION GC,MO	2	QL(236 per 30 days)
HYFTOR 0.2 % GEL DL	5	PA

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imiquimod 5 % CREAM IN PACKET MO	3	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg CAPSULE MO	4	QL(60 per 30 days)
isotretinoin 40 mg CAPSULE MO	4	QL(120 per 30 days)
lindane 1 % SHAMPOO MO	4	QL(60 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM MO	4	QL(240 per 30 days)
malathion 0.5 % LOTION MO	4	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL DL	5	
mometasone 0.1 % CREAM GC,MO	2	QL(180 per 30 days)
mometasone 0.1 % OINTMENT GC,MO	2	QL(180 per 30 days)
mometasone 0.1 % SOLUTION GC,MO	2	QL(180 per 30 days)
mupirocin 2 % OINTMENT GC,MO	1	
myorisan 10 mg, 20 mg, 30 mg CAPSULE MO	4	QL(60 per 30 days)
myorisan 40 mg CAPSULE MO	4	QL(120 per 30 days)
OTEZLA 30 MG TABLET DL	5	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK DL	5	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK DL	5	PA,QL(27 per 30 days)
permethrin 5 % CREAM MO	3	
pimecrolimus 1 % CREAM MO	4	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION MO	4	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
procto-pak 1 % CREAM W/PERINEAL APPLICATOR GC,MO	2	QL(28.4 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
REGRANEX 0.01 % GEL DL	5	PA
SANTYL 250 UNIT/GRAM OINTMENT MO	4	QL(180 per 30 days)
selenium sulfide 2.5 % LOTION GC,MO	1	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM GC,MO	2	
SSD 1 % CREAM GC,MO	2	
tacrolimus 0.03 %, 0.1 % OINTMENT MO	4	QL(200 per 30 days)
tazarotene 0.1 % CREAM MO	3	PA,QL(120 per 30 days)
tretinoin 0.01 %, 0.05 % GEL MO	3	PA,QL(45 per 30 days)
tretinoin 0.025 % GEL MO	4	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM MO	3	PA,QL(45 per 30 days)
UVADEX 20 MCG/ML SOLUTION MO	4	
zenatane 10 mg, 20 mg, 30 mg CAPSULE MO	4	QL(60 per 30 days)
zenatane 40 mg CAPSULE MO	4	QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Electrolytes/minerals/metals/vitamins		
AMINOSYN 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 7 % 7 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN-HBC 7% 7 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION MO	4	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP MO	4	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	4	
calcium acetate(phosphat bind) 667 mg CAPSULE GC,MO	2	
calcium acetate(phosphat bind) 667 mg TABLET GC,MO	2	
calcium chloride 100 mg/ml (10 %) SOLUTION GC,MO	1	
calcium chloride 100 mg/ml (10 %) SYRINGE GC,MO	1	
calcium gluconate 100 mg/ml (10%) SOLUTION GC,MO	1	
carglumic acid 200 mg TABLET, DISPERSIBLE DL	5	PA
CHEMET 100 MG CAPSULE DL	5	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION MO	4	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION MO	4	BvsD
CLINOLIPID 20 % EMULSION MO	4	BvsD
clovique 250 mg CAPSULE DL	5	QL(240 per 30 days)
complete natal dha 29-1-250-200 mg COMBO PACK MO	4	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION GC,MO	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION GC,MO	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION GC,MO	2	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION GC,MO	2	
deferasirox 125 mg, 250 mg, 500 mg TABLET, DISPERSIBLE DL	5	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION GC,MO	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION GC,MO	1	
dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION GC,MO	1	
dextrose 25 % in water (d25w) SYRINGE GC,MO	1	
dextrose 30 % in water (d30w) PARENTERAL SOLUTION GC,MO	1	
dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION GC,MO	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION GC,MO	2	
dextrose 5 % in water (d5w) 5 % PIGGYBACK GC,MO	2	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION GC,MO	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION GC,MO	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION GC,MO	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION GC,MO	1	
dextrose 50 % in water (d50w) SYRINGE GC,MO	2	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION GC,MO	2	
electrolyte-48 in d5w PARENTERAL SOLUTION GC,MO	1	
FREAMINE III 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
GLYCOPHOS 1 MMOL/ML SOLUTION GC,MO	1	
INTRALIPID 20 %, 30 % EMULSION MO	4	BvsD
IONOSOL-B IN D5W 5 % PARENTERAL SOLUTION MO	4	
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION MO	4	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION MO	4	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION MO	4	
ISOLYTE-S PARENTERAL SOLUTION MO	4	
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET ER MO	4	
KABIVEN 3.31-9.8-3.9 % EMULSION MO	4	BvsD

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
kionex (with sorbitol) 15-19.3 gram/60 ml SUSPENSION MO	3	
KLOR-CON 10 10 MEQ TABLET ER GC,MO	2	
KLOR-CON 8 8 MEQ TABLET ER GC,MO	2	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
lactated ringers PARENTERAL SOLUTION GC,MO	1	
levocarnitine 330 mg TABLET GC,MO	2	
levocarnitine (with sugar) 100 mg/ml SOLUTION MO	3	
m-natal plus 27 mg iron- 1 mg TABLET MO	4	
magnesium sulfate 4 meq/ml (50 %) SOLUTION GC,MO	1	
magnesium sulfate 4 meq/ml SYRINGE GC,MO	1	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK GC,MO	1	
magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK GC,MO	1	
magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION GC,MO	1	
NEONATAL COMPLETE 29-1 MG TABLET MO	4	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET MO	4	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK MO	4	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION MO	4	
NORMOSOL-R PARENTERAL SOLUTION MO	4	
NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION MO	4	
NORMOSOL-R PH 7.4 PARENTERAL SOLUTION MO	4	
NUTRILIPID 20 % EMULSION MO	4	BvsD
O-CAL PRENATAL 15 MG IRON- 1,000 MCG TABLET MO	4	
penicillamine 250 mg TABLET DL	5	
PERIKABIVEN 2.36-6.8-3.5 % EMULSION MO	4	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION MO	4	
PLASMA-LYTE A PARENTERAL SOLUTION MO	4	
plenamine 15 % PARENTERAL SOLUTION MO	4	BvsD
PLENAMINE 15 % PARENTERAL SOLUTION MO	4	BvsD
potassium acetate 2 meq/ml SOLUTION GC,MO	1	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride 10 meq CAPSULE, ER GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium chloride 10 meq, 20 meq TABLET ER GC,MO	2	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
potassium chloride 2 meq/ml SOLUTION GC,MO	2	
potassium chloride 20 meq/15 ml LIQUID MO	4	QL(1125 per 30 days)
potassium chloride 40 meq/15 ml LIQUID MO	4	
potassium chloride 8 meq CAPSULE, ER GC,MO	2	
potassium chloride 8 meq TABLET ER GC,MO	2	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride in 5 % dex 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride in lr-d5 20 meq/l, 40 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml PIGGYBACK GC,MO	2	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION MO	3	
potassium chloride-d5-0.2%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride-d5-0.3%nacl 20 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER MO	3	
pr natal 400 29-1-400 mg COMBO PACK MO	4	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP MO	4	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK MO	4	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP MO	4	
PREMASOL 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET MO	4	
PRENATABS FA 29-1 MG TABLET MO	4	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET MO	4	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET MO	4	
PRENATE ELITE 26 MG IRON- 1 MG TABLET MO	4	
preplus 27 mg iron- 1 mg TABLET MO	4	
PROCALAMINE 3% 3 % PARENTERAL SOLUTION MO	4	BvsD
PROSOL 20 % PARENTERAL SOLUTION MO	4	BvsD
ringer's PARENTERAL SOLUTION GC,MO	1	
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sevelamer carbonate 0.8 gram POWDER IN PACKET MO	4	QL(540 per 30 days)
sevelamer carbonate 2.4 gram POWDER IN PACKET MO	4	QL(180 per 30 days)
sevelamer carbonate 800 mg TABLET MO	4	QL(540 per 30 days)
SMOFLIPID 20 % EMULSION MO	4	BvsD
sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE MO	4	
sodium chloride 2.5 meq/ml PARENTERAL SOLUTION GC,MO	2	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION GC,MO	2	
sodium chloride 0.9 % PARENTERAL SOLUTION GC,MO	2	
sodium chloride 0.9 % PIGGYBACK GC,MO	2	
sodium chloride 0.9 % SOLUTION GC,MO	2	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION GC,MO	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION GC,MO	1	
sodium phosphate 3 mmol/ml SOLUTION GC,MO	1	
sodium polystyrene (sorb free) 15 gram/60 ml SUSPENSION MO	3	
sodium polystyrene sulfonate POWDER MO	3	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION MO	3	
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION MO	4	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
trientine 250 mg CAPSULE DL	5	QL(240 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET MO	4	
triveen-duo dha 29-1-400 mg COMBO PACK MO	4	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET MO	3	QL(30 per 30 days)
virt-c dha 35-1-200 mg CAPSULE MO	4	
virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	4	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE MO	4	
westab plus 27 mg iron- 1 mg TABLET MO	4	
Gastrointestinal Agents		
amoxicil-clarithromy-lansopraz 500-500-30 mg COMBO PACK MO	4	ST,QL(112 per 30 days)
CHENODAL 250 MG TABLET DL	5	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET GC,MO	2	
cimetidine hcl 300 mg/5 ml SOLUTION GC,MO	2	
CLENPIQ 10 MG-3.5 GRAM -12 GRAM/160 ML SOLUTION MO	3	
constulose 10 gram/15 ml SOLUTION GC,MO	2	
dicyclomine 10 mg CAPSULE GC,MO	2	
dicyclomine 10 mg/5 ml SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dicyclomine 20 mg TABLET GC,MO	2	
diphenoxylate-atropine 2.5-0.025 mg TABLET MO	4	
enulose 10 gram/15 ml SOLUTION GC,MO	2	
esomeprazole magnesium 20 mg CAPSULE, DR/EC MO	3	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC MO	3	QL(60 per 30 days)
famotidine 10 mg/ml SOLUTION GC,MO	2	
famotidine 20 mg, 40 mg TABLET GC,MO	2	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION MO	4	
famotidine (pf) 20 mg/2 ml SOLUTION GC,MO	2	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK GC,MO	1	
GATTEX 30-VIAL 5 MG KIT DL,LA	5	PA
GATTEX ONE-VIAL 5 MG KIT DL,LA	5	PA
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION GC,MO	2	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION GC,MO	2	
gavilyte-n 420 gram RECON SOLUTION GC,MO	2	
generlac 10 gram/15 ml SOLUTION GC,MO	2	
glycopyrrolate 0.2 mg/ml SOLUTION MO	4	
glycopyrrolate 1 mg, 2 mg TABLET MO	3	
lactulose 10 gram/15 ml (15 ml), 20 gram/30 ml SOLUTION GC,MO	2	
lactulose 10 gram/15 ml SOLUTION GC,MO	2	
lansoprazole 15 mg CAPSULE, DR/EC GC,MO	2	QL(60 per 30 days)
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC GC,MO	2	QL(60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	3	QL(30 per 30 days)
loperamide 2 mg CAPSULE GC,MO	2	
methscopolamine 2.5 mg, 5 mg TABLET MO	4	
misoprostol 100 mcg TABLET MO	3	
misoprostol 200 mcg TABLET MO	3	
MOVANTIK 12.5 MG, 25 MG TABLET MO	3	QL(30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION DL	5	PA,QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE GC,MO	1	
nizatidine 150 mg/10 ml SOLUTION MO	4	
omeprazole 10 mg CAPSULE, DR/EC GC,MO	1	QL(60 per 30 days)
omeprazole 20 mg, 40 mg CAPSULE, DR/EC GC,MO	1	QL(60 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC GC,MO	1	QL(60 per 30 days)
pantoprazole 40 mg RECON SOLUTION GC,MO	2	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
peg-electrolyte soln 420 gram RECON SOLUTION GC,MO	2	
propantheline 15 mg TABLET MO	4	
PYLERA 140-125-125 MG CAPSULE MO	4	QL(120 per 30 days)
rabeprazole 20 mg TABLET, DR/EC MO	3	QL(60 per 30 days)
sucralfate 1 gram TABLET GC,MO	2	
sucralfate 100 mg/ml SUSPENSION MO	4	
trilyte with flavor packets 420 gram RECON SOLUTION GC,MO	2	
ursodiol 250 mg TABLET MO	3	
ursodiol 500 mg TABLET MO	4	
XIFAXAN 200 MG TABLET DL	5	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET DL	5	PA,QL(84 per 28 days)
Genetic/enzyme/protein Disorder: Replacement, Modifiers, Treatment		
betaine 1 gram/scoop POWDER DL	5	
CERDELGA 84 MG CAPSULE DL	5	PA
CEREZYME 400 UNIT RECON SOLUTION DL	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE DL	5	PA,QL(120 per 30 days)
CREON 12,000-38,000 -60,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC MO	3	
CREON 24,000-76,000 -120,000 UNIT CAPSULE, DR/EC MO	3	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION DL	5	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION DL	5	PA,QL(6 per 28 days)
CYSTAGON 150 MG, 50 MG CAPSULE MO	4	
ELELYSO 200 UNIT RECON SOLUTION DL	5	PA
javygtor 100 mg POWDER IN PACKET DL	5	PA
javygtor 100 mg TABLET, SOLUBLE DL	5	PA
nitisinone 10 mg, 2 mg, 5 mg CAPSULE DL	5	
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION DL	5	PA
PROLASTIN-C 1,000 MG RECON SOLUTION DL	5	PA
REVCovi 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION DL	5	
sapropterin 100 mg TABLET, SOLUBLE DL	5	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET DL	5	PA
sodium phenylbutyrate 0.94 gram/gram POWDER DL	5	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION DL	5	PA
SUCRAID 8,500 UNIT/ML SOLUTION DL	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYNDAMAX 61 MG CAPSULE DL	5	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE DL	5	PA,QL(120 per 30 days)
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT CAPSULE, DR/EC MO	4	
ZENPEP 25,000-79,000- 105,000 UNIT CAPSULE, DR/EC MO	4	
ZOKINVY 50 MG, 75 MG CAPSULE DL	5	PA,QL(120 per 30 days)
Genitourinary Agents		
alfuzosin 10 mg TABLET, ER 24 HR. GC,MO	1	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET MO	3	
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. MO	4	ST,QL(30 per 30 days)
dutasteride 0.5 mg CAPSULE MO	3	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. MO	3	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE MO	4	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
finasteride 5 mg TABLET GC,MO	1	QL(30 per 30 days)
GEMTESA 75 MG TABLET MO	4	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO	3	QL(300 per 30 days)
oxybutynin chloride 10 mg, 5 mg TABLET, ER 24 HR. GC,MO	2	QL(60 per 30 days)
oxybutynin chloride 15 mg TABLET, ER 24 HR. GC,MO	2	QL(60 per 30 days)
oxybutynin chloride 5 mg TABLET GC,MO	2	
oxybutynin chloride 5 mg/5 ml SYRUP GC,MO	2	
solifenacain 10 mg, 5 mg TABLET GC,MO	2	QL(30 per 30 days)
tamsulosin 0.4 mg CAPSULE GC,MO	2	
tiopronin 100 mg TABLET DL	5	
tolterodine 1 mg, 2 mg TABLET MO	4	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. MO	4	QL(30 per 30 days)
Hormonal Agents, Stimulant/replacement/modifying (adrenal)		
a-hydrocort 100 mg RECON SOLUTION GC,MO	1	
betamethasone acet,sod phos 6 mg/ml SUSPENSION MO	3	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET GC,MO	2	
dexamethasone 0.5 mg/5 ml ELIXIR GC,MO	2	
dexamethasone 0.5 mg/5 ml SOLUTION GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone intensol 1 mg/ml DROPS GC,MO	2	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION GC,MO	2	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE GC,MO	2	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION GC,MO	2	
dexamethasone sodium phosphate 4 mg/ml SYRINGE GC,MO	2	
fludrocortisone 0.1 mg TABLET GC,MO	2	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET GC,MO	2	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK GC,MO	2	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION GC,MO	2	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION MO	4	
prednisolone 15 mg/5 ml SOLUTION GC,MO	2	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION GC,MO	2	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) SOLUTION MO	4	
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml) SOLUTION MO	3	
prednisone 1 mg, 2.5 mg, 50 mg TABLET GC,MO	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET GC,MO	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK GC,MO	2	
prednisone 5 mg/5 ml SOLUTION MO	3	BvsD
prednisone intensol 5 mg/ml CONCENTRATE MO	3	BvsD
SOLU-MEDROL 2 GRAM RECON SOLUTION MO	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION MO	4	
triamcinolone acetonide 0.025 %, 0.1 % LOTION MO	3	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT GC,MO	2	
triamcinolone acetonide 0.025 %, 0.5 % CREAM GC,MO	2	
triamcinolone acetonide 0.1 % CREAM GC,MO	2	
triderm 0.1 %, 0.5 % CREAM GC,MO	2	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION MO	4	
Hormonal Agents, Stimulant/replacement/modifying (pituitary)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION MO	4	PA
desmopressin 0.1 mg TABLET MO	3	
desmopressin 0.2 mg TABLET MO	4	
EGRIFTA SV 2 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
INCRELEX 10 MG/ML SOLUTION DL	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE DL	5	PA
OMNITROPE 5.8 MG RECON SOLUTION DL	5	PA
Hormonal Agents, Stimulant/replacement/modifying (sex Hormones/modifiers)		
afirmelle 0.1-20 mg-mcg TABLET MO	4	
altavera (28) 0.15-0.03 mg TABLET MO	4	
alyacen 1/35 (28) 1-35 mg-mcg TABLET MO	4	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
amabelz 0.5-0.1 mg, 1-0.5 mg TABLET MO	4	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
amethia lo 0.10 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET MO	4	
ANADROL-50 50 MG TABLET DL	5	
apri 0.15-0.03 mg TABLET MO	4	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET MO	4	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET MO	4	
aubra eq 0.1-20 mg-mcg TABLET MO	4	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	4	
aurovela 1/20 (21) 1-20 mg-mcg TABLET MO	4	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
aviane 0.1-20 mg-mcg TABLET MO	4	
ayuna 0.15-0.03 mg TABLET MO	4	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
balziva (28) 0.4-35 mg-mcg TABLET MO	4	
bekyree (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
briellyn 0.4-35 mg-mcg TABLET MO	4	
camila 0.35 mg TABLET MO	4	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
caziant (28) 0.1/.125/.15-25 mg-mcg TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	4	
chateal (28) 0.15-0.03 mg TABLET MO	4	
chateal eq (28) 0.15-0.03 mg TABLET MO	4	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY MO	4	QL(8 per 28 days)
cryselle (28) 0.3-30 mg-mcg TABLET MO	4	
cyclafem 1/35 (28) 1-35 mg-mcg TABLET MO	4	
cyclafem 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
cyred 0.15-0.03 mg TABLET MO	4	
cyred eq 0.15-0.03 mg TABLET MO	4	
danazol 100 mg, 200 mg, 50 mg CAPSULE MO	4	
dasetta 1/35 (28) 1-35 mg-mcg TABLET MO	4	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
deblitane 0.35 mg TABLET MO	4	
DEPO-ESTRADIOL 5 MG/ML OIL GC,MO	2	QL(5 per 30 days)
DEPO-PROVERA 400 MG/ML SUSPENSION MO	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	4	QL(0.65 per 90 days)
desog-e.estradol/e.estradol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET MO	4	
dolishale 90-20 mcg (28) TABLET MO	4	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET MO	4	
DUAVEE 0.45-20 MG TABLET MO	4	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET MO	4	
ELLA 30 MG TABLET MO	3	QL(1 per 30 days)
eluryng 0.12-0.015 mg/24 hr RING MO	4	QL(1 per 28 days)
emoquette 0.15-0.03 mg TABLET MO	4	
ENDOMETRIN 100 MG INSERT MO	4	
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	4	
enskyce 0.15-0.03 mg TABLET MO	4	
errin 0.35 mg TABLET MO	4	
estradiol 0.01 % (0.1 mg/gram) CREAM MO	3	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY GC,MO	2	QL(4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg TABLET GC, MO	1	
estradiol 10 mcg TABLET MO	3	
estradiol valerate 20 mg/ml, 40 mg/ml OIL MO	4	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET MO	3	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING MO	4	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	4	
etonogestrel-ethynodiol estradiol 0.12-0.015 mg/24 hr RING MO	4	QL(1 per 28 days)
falmina (28) 0.1-20 mg-mcg TABLET MO	4	
femynor 0.25-35 mg-mcg TABLET MO	4	
gianvi (28) 3-0.02 mg TABLET MO	4	
hailey 1.5-30 mg-mcg TABLET MO	4	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
heather 0.35 mg TABLET MO	4	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
incassia 0.35 mg TABLET MO	4	
isibloom 0.15-0.03 mg TABLET MO	4	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET MO	4	
jencycla 0.35 mg TABLET MO	4	
juleber 0.15-0.03 mg TABLET MO	4	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	4	
junel 1/20 (21) 1-20 mg-mcg TABLET MO	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
kalliga 0.15-0.03 mg TABLET MO	4	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
kelnor 1-50 (28) 1-50 mg-mcg TABLET MO	4	
kelnor 1/35 (28) 1-35 mg-mcg TABLET MO	4	
kurvelo (28) 0.15-0.03 mg TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
l norgest/e.estradol-e.estrad 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	4	
larin 1/20 (21) 1-20 mg-mcg TABLET MO	4	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
larissia 0.1-20 mg-mcg TABLET MO	4	
leena 28 0.5/1/0.5-35 mg-mcg TABLET MO	4	
lessina 0.1-20 mg-mcg TABLET MO	4	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	4	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	4	
levonorgestrel-ethynodiol estrad 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28) TABLET MO	4	
levonorgestrel-ethynodiol estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET MO	4	
lillow (28) 0.15-0.03 mg TABLET MO	4	
lo-zumandimine (28) 3-0.02 mg TABLET MO	4	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET MO	4	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET MO	4	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	4	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	4	
lojaimiess 0.10 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET MO	4	
low-ogestrel (28) 0.3-30 mg-mcg TABLET MO	4	
lutera (28) 0.1-20 mg-mcg TABLET MO	4	
lyeq 0.35 mg TABLET MO	4	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
lyza 0.35 mg TABLET MO	4	
marlissa (28) 0.15-0.03 mg TABLET MO	4	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET GC,MO	2	
medroxyprogesterone 150 mg/ml SUSPENSION GC,MO	2	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE GC,MO	2	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION MO	3	
megestrol 625 mg/5 ml (125 mg/ml) SUSPENSION MO	4	
MENEST 0.3 MG, 0.625 MG, 1.25 MG TABLET MO	4	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	4	
microgestin 1/20 (21) 1-20 mg-mcg TABLET MO	4	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
mili 0.25-35 mg-mcg TABLET MO	4	
mimvey 1-0.5 mg TABLET MO	4	
MIRCETTE (28) 0.15-0.02 MGX21 /0.01 MG X 5 TABLET MO	4	
mono-linyah 0.25-35 mg-mcg TABLET MO	4	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET MO	4	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	4	
nikki (28) 3-0.02 mg TABLET MO	4	
nora-be 0.35 mg TABLET MO	4	
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	4	
norethindrone (contraceptive) 0.35 mg TABLET MO	4	
norethindrone ac-eth estradiol 1-20 mg-mcg, 1.5-30 mg-mcg TABLET MO	4	
norethindrone acetate 5 mg TABLET MO	3	
norethindrone-e.estradol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
norethindrone-e.estradol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	4	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg TABLET MO	4	
norlyda 0.35 mg TABLET MO	4	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	4	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET MO	4	
nortrel 1/35 (28) 1-35 mg-mcg TABLET MO	4	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
nylia 1/35 (28) 1-35 mg-mcg TABLET MO	4	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
nymyo 0.25-35 mg-mcg TABLET MO	4	
ocella 3-0.03 mg TABLET MO	4	
orsythia 0.1-20 mg-mcg TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG TABLET MO	4	
OSPHENA 60 MG TABLET MO	3	PA
oxandrolone 10 mg TABLET MO	4	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET MO	3	PA,QL(120 per 30 days)
philith 0.4-35 mg-mcg TABLET MO	4	
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
pirmella 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg TABLET MO	4	
portia 28 0.15-0.03 mg TABLET MO	4	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	4	
PREMARIN 0.625 MG/GRAM CREAM MO	3	
previfem 0.25-35 mg-mcg TABLET MO	4	
progesterone 50 mg/ml OIL MO	3	
progesterone micronized 100 mg, 200 mg CAPSULE MO	3	
QUARTETTE 0.15 MG-20 MCG/ 0.15 MG-25 MCG TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
raloxifene 60 mg TABLET GC,MO	2	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET MO	4	
rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
sharobel 0.35 mg TABLET MO	4	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
SLYND 4 MG (28) TABLET MO	4	
sprintec (28) 0.25-35 mg-mcg TABLET MO	4	
sronyx 0.1-20 mg-mcg TABLET MO	4	
syeda 3-0.03 mg TABLET MO	4	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET MO	3	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET MO	3	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP MO	3	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL MO	3	
testosterone enanthate 200 mg/ml OIL GC,MO	2	QL(24 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	4	
tri femynor 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	

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tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	4	
tri-linyah 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-lo-estarrylla 0.18/0.215/0.25 mg-25 mcg TABLET MO	4	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg TABLET MO	4	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg TABLET MO	4	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg TABLET MO	4	
tri-mili 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-previfem (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg TABLET MO	4	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	4	
tulana 0.35 mg TABLET MO	4	
TYBLUME 0.1 MG- 20 MCG CHEWABLE TABLET MO	4	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET MO	4	
vestura (28) 3-0.02 mg TABLET MO	4	
vienna 0.1-20 mg-mcg TABLET MO	4	
viovere (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
vyfemla (28) 0.4-35 mg-mcg TABLET MO	4	
vylibra 0.25-35 mg-mcg TABLET MO	4	
wera (28) 0.5-35 mg-mcg TABLET MO	4	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	4	
xulane 150-35 mcg/24 hr PATCH, WEEKLY MO	4	QL(3 per 28 days)
zafemy 150-35 mcg/24 hr PATCH, WEEKLY MO	4	QL(3 per 28 days)
zarah 3-0.03 mg TABLET MO	4	
zovia 1-35 (28) 1-35 mg-mcg TABLET MO	4	
zovia 1/35e (28) 1-35 mg-mcg TABLET MO	4	
zumandimine (28) 3-0.03 mg TABLET MO	4	
Hormonal Agents, Stimulant/replacement/modifying (thyroid)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET MO	3	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
levothyroxine 100 mcg RECON SOLUTION MO	4	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET GC,MO	1	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET GC,MO	1	
levothyroxine 200 mcg, 500 mcg RECON SOLUTION DL	5	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET GC,MO	1	
liothyronine 10 mcg/ml SOLUTION MO	3	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET MO	3	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
Hormonal Agents, Suppressant (adrenal)		
LYSODREN 500 MG TABLET DL	5	
Hormonal Agents, Suppressant (pituitary)		
cabergoline 0.5 mg TABLET MO	4	QL(16 per 28 days)
ELIGARD 7.5 MG (1 MONTH) SYRINGE MO	4	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE MO	4	PA
ELIGARD (4 MONTH) 30 MG SYRINGE MO	4	PA
ELIGARD (6 MONTH) 45 MG SYRINGE MO	4	PA
FIRMAGON 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION MO	4	PA
lanreotide 120 mg/0.5 ml SYRINGE DL	5	PA,QL(0.5 per 28 days)
leuprolide 1 mg/0.2 ml KIT MO	4	
LUPRON DEPOT 3.75 MG SYRINGE KIT MO	4	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT DL	5	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT MO	4	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT MO	4	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	5	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG KIT DL	5	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 15 MG, 7.5 MG (PED) KIT DL	5	PA,QL(1 per 28 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	5	PA,QL(1 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION MO	4	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE MO	4	PA
octreotide acetate 50 mcg/ml SOLUTION MO	3	PA
ORGOVYX 120 MG TABLET DL	5	PA,QL(32 per 30 days)
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON DL	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION DL	5	PA,QL(60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE DL	5	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE DL	5	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION DL	5	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL DL	5	
TRELSTAR 11.25 MG, 22.5 MG SUSPENSION FOR RECONSTITUTION	5	PA
TRELSTAR 3.75 MG SUSPENSION FOR RECONSTITUTION DL	5	PA
ZOLADEX 10.8 MG IMPLANT MO	4	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT MO	4	PA,QL(1 per 28 days)
Hormonal Agents, Suppressant (thyroid)		
methimazole 10 mg, 5 mg TABLET GC,MO	2	
propylthiouracil 50 mg TABLET GC,MO	2	
Immunological Agents		
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION DL,GC	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION DL	5	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION DL,GC	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE DL,GC	1	
ARCALYST 220 MG RECON SOLUTION DL	5	PA
azathioprine 50 mg TABLET GC,MO	2	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION DL,GC	1	
BENLYSTA 120 MG RECON SOLUTION DL	5	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR DL	5	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION DL	5	PA,QL(6 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE DL,GC	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION DL,GC	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE DL,GC	1	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	BvsD
CELLCEPT 250 MG CAPSULE DL	5	BvsD
CELLCEPT 500 MG TABLET DL	5	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION MO	4	BvsD
COSENTYX 150 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE DL	5	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
cyclosporine 100 mg, 25 mg CAPSULE MO	4	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE MO	4	BvsD
cyclosporine modified 100 mg/ml SOLUTION MO	4	BvsD
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION DL,GC	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION GC,MO	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR DL	5	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE DL	5	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE DL	5	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG (1 ML) RECON SOLUTION DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION DL	5	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE DL	5	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR DL	5	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION DL,GC	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE DL,GC	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE DL,GC	1	BvsD
ENVARSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. MO	4	PA
ENVARSUS XR 4 MG TABLET, ER 24 HR. DL	4	PA
everolimus (immunosuppressive) 0.25 mg TABLET MO	4	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET DL	5	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET DL	5	BvsD,QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION DL	5	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	5	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION DL,GC	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE DL,GC	1	
genograf 100 mg, 25 mg CAPSULE MO	4	BvsD
genograf 100 mg/ml SOLUTION MO	4	BvsD
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION DL	5	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML SYRINGE DL,GC	1	
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL,GC	1	
HUMIRA 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
icatibant 30 mg/3 ml SYRINGE DL	5	PA,QL(18 per 30 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION DL,GC	1	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SUSPENSION DL,GC	1	
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE DL,GC	1	
INTRON A 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) RECON SOLUTION MO	3	PA
INTRON A 10 MILLION UNIT/ML, 6 MILLION UNIT/ML SOLUTION DL	5	PA
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION DL,GC	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE DL,GC	1	
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR DL	5	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE DL	5	PA,QL(2.28 per 28 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SUSPENSION DL,GC	1	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE DL,GC	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leflunomide 10 mg, 20 mg TABLET MO	3	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION DL,GC	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION DL,GC	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION GC,MO	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT DL,GC	1	
methotrexate sodium 2.5 mg TABLET GC,MO	2	BvsD
methotrexate sodium 25 mg/ml SOLUTION GC,MO	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION GC,MO	2	
methotrexate sodium (pf) 25 mg/ml SOLUTION GC,MO	1	
MONJUVI 200 MG RECON SOLUTION DL	5	PA
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION MO	4	BvsD
mycophenolate mofetil 250 mg CAPSULE GC,MO	2	BvsD
mycophenolate mofetil 500 mg TABLET MO	3	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION MO	4	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC MO	4	BvsD
MYFORTIC 180 MG TABLET, DR/EC MO	4	BvsD
MYFORTIC 360 MG TABLET, DR/EC DL	5	BvsD
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE DL,GC	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION DL,GC	1	
PEGASYS 180 MCG/0.5 ML SYRINGE DL	5	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	5	PA,QL(4 per 28 days)
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML KIT DL,GC	1	
PREHEVBRIOS (PF) 10 MCG/ML SUSPENSION DL,GC	1	BvsD
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION DL,GC	1	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET MO	4	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION DL,GC	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION DL,GC	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE DL,GC	1	
RABAVER (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION DL,GC	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION DL,GC	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE DL,GC	1	BvsD
REZUROCK 200 MG TABLET DL	5	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE MO	4	

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RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. DL	5	PA,QL(56 per 365 days)
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION DL,GC	1	
ROTAQUE VACCINE 2 ML SOLUTION DL,GC	1	
sajazir 30 mg/3 ml SYRINGE DL	5	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION MO	4	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION DL,GC	1	
SIMULECT 10 MG, 20 MG RECON SOLUTION DL	5	BvsD
sirolimus 0.5 mg, 1 mg, 2 mg TABLET MO	4	BvsD
sirolimus 1 mg/ml SOLUTION MO	4	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	5	PA,QL(6 per 365 days)
SKYRIZI 150 MG/ML SYRINGE	5	PA,QL(6 per 365 days)
SKYRIZI 150MG/1.66ML(75 MG/0.83 ML X2) SYRINGE KIT	5	PA,QL(6 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR DL	5	PA,QL(16.8 per 365 days)
SKYRIZI 75 MG/0.83 ML SYRINGE	5	PA,QL(9.96 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION DL	5	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE DL	5	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION DL	5	PA
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE MO	3	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION DL,GC	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION DL,GC	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE DL,GC	1	
TETANUS,DIPHTHERIA TOX PED(PF) 5-25 LF UNIT/0.5 ML SUSPENSION DL,GC	1	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE DL,GC	1	
TRUMENBA 120 MCG/0.5 ML SYRINGE DL,GC	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE DL,GC	1	
TYPHIM VI 25 MCG/0.5 ML SOLUTION DL,GC	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE DL,GC	1	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SUSPENSION DL,GC	1	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SYRINGE DL,GC	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION DL,GC	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION DL	5	PA,QL(12 per 30 days)
WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML SOLUTION DL	5	BvsD
XATMEP 2.5 MG/ML SOLUTION MO	4	PA

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XOLAIR 150 MG RECON SOLUTION DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML SYRINGE DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	5	PA,QL(4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION DL,GC	1	
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUSPENSION FOR RECONSTITUTION DL,GC	1	
Inflammatory Bowel Disease Agents		
balsalazide 750 mg CAPSULE MO	3	
budesonide 3 mg CAPSULE, DR/EC MO	4	PA
budesonide 9 mg TABLET, DR/ER MO	4	PA,QL(30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA MO	3	
mesalamine 0.375 gram CAPSULE, ER 24 HR. MO	4	QL(120 per 30 days)
mesalamine 4 gram/60 ml ENEMA MO	4	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET GC,MO	1	
sulfasalazine 500 mg TABLET, DR/EC GC,MO	2	
Metabolic Bone Disease Agents		
alendronate 10 mg, 5 mg TABLET GC,MO	1	QL(30 per 30 days)
alendronate 35 mg TABLET GC,MO	1	QL(4 per 28 days)
alendronate 70 mg TABLET GC,MO	1	QL(4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL MO	3	QL(3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE GC,MO	2	
calcitriol 1 mcg/ml SOLUTION MO	4	
cinacalcet 30 mg, 60 mg TABLET MO	4	QL(60 per 30 days)
cinacalcet 90 mg TABLET MO	4	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE MO	4	
doxercalciferol 4 mcg/2 ml SOLUTION MO	4	
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR DL	5	PA,QL(2.4 per 28 days)
HECTOROL 2 MCG/ML SOLUTION MO	3	
ibandronate 150 mg TABLET GC,MO	2	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION MO	4	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE MO	4	PA,QL(3 per 90 days)
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE CARTRIDGE DL,LA	5	PA,QL(2 per 28 days)
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION GC,MO	1	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION GC,MO	1	QL(10 per 21 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paricalcitol 1 mcg, 2 mcg CAPSULE MO	4	QL(30 per 30 days)
paricalcitol 2 mcg/ml SOLUTION MO	3	QL(24 per 30 days)
paricalcitol 4 mcg CAPSULE MO	4	QL(12 per 30 days)
paricalcitol 5 mcg/ml SOLUTION MO	3	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE MO	4	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. DL	5	QL(60 per 30 days)
risedronate 150 mg TABLET MO	3	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET MO	3	QL(30 per 30 days)
risedronate 35 mg TABLET MO	3	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC MO	4	QL(4 per 28 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR DL	5	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION DL	5	PA,QL(1.7 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK MO	4	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION MO	4	
zoledronic acid 4 mg/5 ml SOLUTION MO	4	QL(15 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK GC,MO	1	PA,QL(100 per 365 days)
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
ABOUTTIME PEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
acetic acid 0.25 % SOLUTION GC,MO	2	
acetylcysteine 200 mg/ml (20 %) SOLUTION MO	4	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
ALCOHOL PADS PADS, MEDICATED GC,MO	1	
ALCOHOL PREP PADS PADS, MEDICATED GC,MO	1	
ALCOHOL SWABS PADS, MEDICATED GC,MO	1	
ALCOHOL WIPES PADS, MEDICATED GC,MO	1	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE GC,MO	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" NEEDLE GC,MO	1	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN GC,MO	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN GC,MO	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN GC,MO	1	
BAL IN OIL 100 MG/ML SOLUTION MO	4	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE GC,MO	1	
BD ALCOHOL SWABS PADS, MEDICATED GC,MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE GC,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE GC,MO	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
BD INSULIN SYRINGE SLIP TIP 1 ML SYRINGE GC,MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE GC,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE GC,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE GC,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE GC,MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE GC,MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE GC,MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE GC,MO	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE GC,MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE GC,MO	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE GC,MO	1	
BORDERED GAUZE 2 X 2 " BANDAGE GC,MO	1	
butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE DL	4	QL(360 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg CAPSULE MO	3	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET GC,MO	2	QL(180 per 30 days)
caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION GC,MO	1	
calcium disodium versenate 200 mg/ml SOLUTION GC,MO	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED GC,MO	1	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
CARETOUCH PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
CURITY ALCOHOL SWABS PADS, MEDICATED GC,MO	1	
CURITY GAUZE 2 X 2 " BANDAGE GC,MO	1	
DERMACEA 2 X 2 " BANDAGE GC,MO	1	
DOJOLVI 8.3 KCAL/ML LIQUID DL	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DROPLET INSULIN SYR(HALF UNIT) 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE GC,MO	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE GC,MO	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED GC,MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE GC,MO	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	3	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED GC,MO	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" SYRINGE GC,MO	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE GC,MO	1	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" NEEDLE GC,MO	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED GC,MO	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE GC,MO	1	
EASY TOUCH INSULIN SAFETY SYR 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" SYRINGE GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE GC,MO	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" NEEDLE GC,MO	1	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE GC,MO	1	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE GC,MO	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE GC,MO	1	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
flumazenil 0.1 mg/ml SOLUTION MO	4	
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
GAUZE BANDAGE 2 X 2 " BANDAGE GC,MO	1	
GAUZE PAD 2 X 2 " BANDAGE GC,MO	1	
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
INCONTROL ALCOHOL PADS PADS, MEDICATED GC,MO	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
INSULIN SYR/NDL U100 HALF MARK 0.3 ML 31 GAUGE X 1/4" SYRINGE GC,MO	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
INSULIN SYRINGE NEEDLELESS 1 ML SYRINGE GC,MO	1	

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INSULIN SYRINGE-NEEDLE U-100 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64" SYRINGE GC,MO	1	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
IV PREP WIPES PADS, MEDICATED GC,MO	1	
KORLYM 300 MG TABLET DL	5	PA,QL(120 per 30 days)
<i>lactated ringers</i> SOLUTION GC,MO	1	
LAGEVRIO (EUA) 200 MG CAPSULE MO	4	QL(40 per 5 days)
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE GC,MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE SYRINGE GC,MO	1	
LITHOSTAT 250 MG TABLET DL	5	
MAGELLAN INSULIN SAFETY SYRNG 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" SYRINGE GC,MO	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" SYRINGE GC,MO	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" NEEDLE GC,MO	1	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" SYRINGE GC,MO	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" NEEDLE GC,MO	1	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE GC,MO	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2" SYRINGE GC,MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE SYRINGE GC,MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE GC,MO	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE GC,MO	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE GC,MO	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE GC,MO	1	
NOVOPEN ECHO INSULIN PEN GC,MO	1	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE GC,MO	1	
OMNIPOD 5 G6 INTRO KIT (GEN 5) CARTRIDGE MO	3	
OMNIPOD 5 G6 PODS (GEN 5) CARTRIDGE MO	3	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE MO	3	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE MO	3	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE MO	3	
PAXLOVID (EUA) 150-100 MG TABLET, DOSE PACK MO	4	QL(40 per 10 days)
PAXLOVID (EUA) 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK MO	4	QL(60 per 10 days)
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 15/64", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 3/16", 31 GAUGE X 5/32" NEEDLE GC,MO	1	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION GC,MO	1	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION GC,MO	1	
PIP PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE GC,MO	1	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED GC,MO	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
protamine 10 mg/ml SOLUTION GC,MO	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED GC,MO	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL(30 per 30 days)
RELION NEEDLES 31 GAUGE X 1/4" NEEDLE GC,MO	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" NEEDLE GC,MO	1	
ribavirin 6 gram RECON SOLUTION DL	5	BvsD
ringer's SOLUTION GC,MO	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" NEEDLE GC,MO	1	
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16" NEEDLE GC,MO	1	
SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16" NEEDLE GC,MO	1	
sodium benzoate-sod phenylacet 10-10 % SOLUTION DL	5	
sodium chloride 0.9 % SOLUTION GC,MO	2	
sorbitol-mannitol 2.7-0.54 gram/100 ml SOLUTION GC,MO	1	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED GC,MO	1	
SURE COMFORT INS. SYR. U-100 0.5 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" SYRINGE GC,MO	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE GC,MO	1	

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SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE GC,MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED GC,MO	1	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
TECHLITE INSULN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" SYRINGE GC,MO	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" SYRINGE GC,MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" SYRINGE GC,MO	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE GC,MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED GC,MO	1	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" SYRINGE GC,MO	1	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
UBRELVY 100 MG, 50 MG TABLET DL	5	PA,QL(16 per 30 days)
ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" SYRINGE GC,MO	1	
ULTICARE INSULIN SYR(HALF UNIT) 0.3 ML 31 GAUGE X 1/4" SYRINGE GC,MO	1	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE GC,MO	1	
ULTIGUARD SAFEPACK-INSULIN SYR 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED GC,MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29 SYRINGE GC,MO	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" NEEDLE GC,MO	1	
ULTRA CMFT INS SYR (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" SYRINGE GC,MO	1	

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ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE SYRINGE GC,MO	1	
ULTRA FLO INSUL SYR(HALF UNIT) 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" SYRINGE GC,MO	1	
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE GC,MO	1	
ULTRA-THIN II (SHORT) INS SYR 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE GC,MO	1	
ULTRA-THIN II INS PEN NEEDLES 29 GAUGE X 1/2" NEEDLE GC,MO	1	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
UNIFINE PEN NEEDLE 32 GAUGE X 5/32" NEEDLE GC,MO	1	
UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE GC,MO	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE GC,MO	1	
UNIFINE SAFECONTROL 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	

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V-GO 20 DEVICE MO	3	
V-GO 30 DEVICE MO	3	
V-GO 40 DEVICE MO	3	
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" SYRINGE GC,MO	1	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
VERIFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
water for irrigation, sterile SOLUTION GC,MO	2	
WEBCOL PADS, MEDICATED GC,MO	1	
Ophthalmic Agents		
ak-poly-bac 500-10,000 unit/gram OINTMENT GC,MO	2	
AKTEN (PF) 3.5 % GEL MO	4	
ALCAINE 0.5 % DROPS GC,MO	2	
ALPHAGAN P 0.1 % DROPS MO	3	
apraclonidine 0.5 % DROPS MO	3	
atropine 1 % DROPS GC,MO	2	
azelastine 0.05 % DROPS GC,MO	2	
bacitracin 500 unit/gram OINTMENT MO	3	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT GC,MO	2	
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	4	
betaxolol 0.5 % DROPS GC,MO	2	
brimonidine 0.15 % DROPS MO	3	
brimonidine 0.2 % DROPS GC,MO	1	
carteolol 1 % DROPS GC,MO	1	
CILOXAN 0.3 % OINTMENT MO	4	
ciprofloxacin hcl 0.3 % DROPS GC,MO	1	
COMBIGAN 0.2-0.5 % DROPS MO	3	QL(5 per 25 days)
cromolyn 4 % DROPS GC,MO	1	
CYSTARAN 0.44 % DROPS DL	5	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS GC,MO	2	
diclofenac sodium 0.1 % DROPS GC,MO	2	
dorzolamide 2 % DROPS GC,MO	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS GC,MO	1	
DUREZOL 0.05 % DROPS MO	3	
erythromycin 5 mg/gram (0.5 %) OINTMENT GC,MO	2	QL(3.5 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EYSUVIS 0.25 % DROPS, SUSPENSION MO	3	QL(16.6 per 30 days)
fluorometholone 0.1 % DROPS, SUSPENSION MO	3	
flurbiprofen sodium 0.03 % DROPS GC,MO	2	
gatifloxacin 0.5 % DROPS MO	3	QL(2.5 per 25 days)
gentak 0.3 % (3 mg/gram) OINTMENT GC,MO	2	
gentamicin 0.3 % DROPS GC,MO	2	
ILEVRO 0.3 % DROPS, SUSPENSION MO	3	QL(3 per 30 days)
ketorolac 0.4 % DROPS GC,MO	2	QL(10 per 30 days)
ketorolac 0.5 % DROPS GC,MO	2	QL(10 per 30 days)
latanoprost 0.005 % DROPS GC,MO	1	QL(5 per 25 days)
levobunolol 0.5 % DROPS GC,MO	1	
LOTEMAX SM 0.38 % DROPS, GEL MO	4	
LUMIGAN 0.01 % DROPS MO	3	QL(2.5 per 25 days)
metipranolol 0.3 % DROPS GC,MO	2	
moxifloxacin 0.5 % DROPS MO	3	
NATACYN 5 % DROPS, SUSPENSION MO	4	
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT GC,MO	2	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	3	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	3	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT GC,MO	2	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT GC,MO	2	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION GC,MO	2	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS GC,MO	2	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION MO	3	
ofloxacin 0.3 % DROPS GC,MO	2	
olopatadine 0.1 % DROPS MO	3	ST
olopatadine 0.2 % DROPS GC,MO	2	
PHOSPHOLINE IODIDE 0.125 % DROPS MO	4	
pilocarpine hcl 1 %, 2 %, 4 % DROPS MO	3	
polycin 500-10,000 unit/gram OINTMENT GC,MO	2	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS GC,MO	1	
PRED-G 0.3-1 % DROPS, SUSPENSION MO	4	
PRED-G S.O.P. 0.3-0.6 % OINTMENT MO	4	

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prednisolone acetate 1 % DROPS, SUSPENSION MO	3	
prednisolone sodium phosphate 1 % DROPS GC,MO	2	
proparacaine 0.5 % DROPS GC,MO	2	
RESTASIS 0.05 % DROPPERETTE MO	3	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS MO	3	QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS MO	3	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS MO	3	ST,QL(2.5 per 25 days)
sulfacetamide sodium 10 % DROPS GC,MO	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS GC,MO	2	
timolol maleate 0.25 % DROPS GC,MO	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION MO	4	
timolol maleate 0.5 % DROPS MO	3	
timolol maleate 0.5 % DROPS GC,MO	1	
timolol maleate (pf) 0.25 % DROPPERETTE GC,MO	1	
timolol maleate (pf) 0.5 % DROPPERETTE MO	3	
tobramycin 0.3 % DROPS GC,MO	2	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION GC,MO	2	
travoprost 0.004 % DROPS MO	3	QL(2.5 per 25 days)
trifluridine 1 % DROPS MO	3	
VYZULTA 0.024 % DROPS MO	4	QL(5 per 30 days)
ZERVIATE 0.24 % DROPPERETTE MO	4	QL(60 per 30 days)
Otic Agents		
ciprofloxacin hcl 0.2 % DROPPERETTE MO	4	
fluocinolone acetonide oil 0.01 % DROPS GC,MO	2	
hydrocortisone-acetic acid 1-2 % DROPS MO	3	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION GC,MO	2	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION GC,MO	2	
ofloxacin 0.3 % DROPS MO	3	
Respiratory Tract/pulmonary Agents		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION MO	3	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL,LA	5	PA,QL(90 per 30 days)
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(12 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION GC,MO	2	BvsD
albuterol sulfate 2 mg, 4 mg TABLET MO	4	
albuterol sulfate 2 mg/5 ml SYRUP GC,MO	1	
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. MO	4	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER MO	3	QL(36 per 30 days)
alyq 20 mg TABLET MO	4	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET DL	5	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION GC,MO	2	
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION MO	4	PA,QL(120 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	3	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER MO	4	QL(25.8 per 30 days)
azelastine 137 mcg (0.1 %) AEROSOL SPRAY GC,MO	2	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL MO	3	QL(30 per 25 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER MO	4	QL(10.7 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.7 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION MO	4	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION GC,MO	2	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	4	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE MO	4	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION DL	5	BvsD
cyproheptadine 4 mg TABLET MO	4	
DALIRESP 250 MCG TABLET MO	3	QL(28 per 365 days)
DALIRESP 500 MCG TABLET MO	3	QL(30 per 30 days)
desloratadine 5 mg TABLET MO	3	QL(30 per 30 days)
diphenhydramine hcl 50 mg/ml SOLUTION MO	4	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR MO	3	QL(4 per 30 days)
epoprostenol (glycine) 0.5 mg, 1.5 mg RECON SOLUTION DL	5	PA
FASENRA PEN 30 MG/ML AUTO-INJECTOR DL	5	PA,QL(1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION BLISTER WITH DEVICE MO	3	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FLOVENT DISKUS 250 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.6 per 30 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL MO	3	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. MO	3	QL(1 per 30 days)
fluticasone propion-salmeterol 250-50 mcg/dose BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION GC,MO	2	QL(16 per 30 days)
formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION MO	4	PA,QL(120 per 30 days)
hydroxyzine pamoate 100 mg, 50 mg CAPSULE MO	3	
hydroxyzine pamoate 25 mg CAPSULE MO	3	
ipratropium bromide 0.02 % SOLUTION GC,MO	2	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL GC,MO	2	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL GC,MO	2	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION GC,MO	2	BvsD
KALYDECO 150 MG TABLET DL	5	PA,QL(60 per 30 days)
KALYDECO 25 MG, 50 MG, 75 MG GRANULES IN PACKET DL	5	PA,QL(56 per 28 days)
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER MO	4	ST,QL(30 per 30 days)
levocetirizine 5 mg TABLET GC,MO	1	QL(30 per 30 days)
metaproterenol 10 mg/5 ml SYRUP MO	4	
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL MO	4	QL(34 per 30 days)
montelukast 10 mg TABLET GC,MO	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET MO	4	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET GC,MO	1	QL(30 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR DL	5	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE DL	5	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE DL	5	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE DL,LA	5	PA,QL(60 per 30 days)
OPSUMIT 10 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET DL	5	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET DL	5	PA,QL(112 per 28 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pirfenidone 267 mg TABLET DL	5	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET DL	5	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION DL	5	BvsD
sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(180 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET MO	3	PA,QL(90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE MO	3	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.2 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML SYRINGE MO	3	QL(4 per 30 days)
tadalafil (pulm. hypertension) 20 mg TABLET MO	4	PA,QL(60 per 30 days)
theophylline 300 mg, 450 mg TABLET, ER 12 HR. MO	4	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. MO	4	
theophylline in dextrose 5 % 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml PARENTERAL SOLUTION MO	4	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL DL	5	PA,QL(84 per 28 days)
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(36 per 30 days)
wixela inhale 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
zafirlukast 10 mg TABLET MO	4	QL(60 per 30 days)
zafirlukast 20 mg TABLET MO	4	QL(60 per 30 days)
Skeletal Muscle Relaxants		
carisoprodol 350 mg TABLET MO	4	QL(120 per 30 days)
cyclobenzaprine 10 mg, 5 mg TABLET GC,MO	2	
methocarbamol 500 mg, 750 mg TABLET GC,MO	2	
vanadom 350 mg TABLET MO	4	QL(120 per 30 days)
Sleep Disorder Agents		
BELSOMRA 10 MG TABLET MO	3	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BELSOMRA 15 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
BELSOMRA 5 MG TABLET MO	3	QL(120 per 30 days)
HETLIOZ 20 MG CAPSULE DL	5	PA,QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML SUSPENSION DL	5	PA,QL(158 per 30 days)
modafinil 100 mg, 200 mg TABLET MO	3	PA,QL(60 per 30 days)
temazepam 15 mg, 30 mg CAPSULE DL	4	QL(30 per 30 days)
XYREM 500 MG/ML SOLUTION DL,LA	5	PA,QL(540 per 30 days)
zolpidem 10 mg, 5 mg TABLET GC,MO	2	QL(30 per 30 days)

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Humana Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Erectile Dysfunction		
sildenafil 100 mg, 25 mg, 50 mg TABLET	1	QL(6 per 30 days)
Vitamins/Minerals		
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	
dodex 1,000 mcg/ml SOLUTION	1	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
folic acid 1 mg TABLET	1	
vitamin d2 1,250 mcg (50,000 unit) CAPSULE	1	

Your Humana plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D. These drugs are not subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage).

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call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Multi-Language Insert

Multi-language Interpreter Services

English: 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 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: 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 llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-877-320-1235 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Notes

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Notes



This formulary was updated on 10/12/2022. For more recent information or other questions, please contact Humana with any questions at 1-800-457-4708 or, for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1– March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com**.

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