



2012

— Prescription Drug Guide —

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Humana Group Medicare Formulary
List of covered drugs

Humana Group Medicare Plus
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PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.

Welcome to Humana Group Medicare!

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

What is the formulary?

A formulary is a list of covered drugs selected by Humana Group Medicare who worked with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Humana Group Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Humana Group Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Generally, if you take a drug on our 2012 formulary that was covered at the beginning of the year, we won't discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less-expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, won't affect members who currently take the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it's important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits, 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 60 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 60-day supply of the drug. 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'll immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 2012. Our printed formularies will be updated each month and will be available on **Humana.com**.

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

For help and information, prospective members please call the Customer Care number listed in your enrollment materials. Current members should call the number listed in your Annual Notice of Change or Evidence of Coverage or the number on the back of your Membership card.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Drugs". If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 209. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

- **Tier 1 - Generic:** Drugs that have the same active ingredients as brand drugs and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity, and stability as brand drugs. Your cost for generic drugs is usually lower than your cost for brand drugs.
- **Tier 2 - Preferred Brand:** Drugs that Humana Group Medicare offers at a lower cost to you than non-preferred brand drugs.
- **Tier 3 - Non-Preferred Brand:** Drugs that Humana Group Medicare offers at a higher cost to you than preferred brands.
- **Tier 4 - Specialty Tier:** Some injectables and other high-cost drugs.

How much will I pay for Covered Drugs?

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 or call Customer Care to find out what your costs are. Humana Group Medicare pays part of the costs for your covered drugs and you pay part of the costs, as well.

The amount you pay depends on which drug category your drug falls under in the formulary and whether you fill your prescription at a network pharmacy.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

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

For drugs that require prior authorization, step therapy, or fall outside of the noted quantity limits, the doctor must fax the request to Humana Group Medicare at **1-877-486-2621**. Representatives are available Monday through Friday, 8 a.m. to 6 p.m.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9.

You also can get more information about the restrictions applied to specific covered drugs by visiting our website at **Humana.com**. Simply select "Medicare Drug List" from the Humana Medicare Plans tab at the top left of the website. The Medicare Drug List search tool lets you search for your drug by name or drug type.

You can ask Humana Group Medicare to make an exception to these restrictions or limits. See the section, "How do I request an exception to the formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug isn't included in this list of covered drugs, you should visit **Humana.com** to see if your drug is covered. Or contact Customer Care and ask if your drug is covered.

If you learn that Humana Group Medicare does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Humana Group Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Humana Group Medicare.
- You can ask Humana Group Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the formulary?

You can ask Humana Group Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it's not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Humana Group Medicare limits the amount of the drug that we'll cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is usually considered a non-preferred drug, you can ask us to cover it as a preferred instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

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

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. When you're requesting a formulary tier or utilization restriction exception you should submit a statement from your doctor supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing doctor's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing doctor's supporting statement.

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

As a new or continuing member in our plan you may be taking drugs that aren't on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we'll cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you're a member of our plan.

For each of your current Part D drugs that are not on our formulary or if your ability to get your drugs is limited, we'll cover a temporary 30-day supply (unless you have a prescription written for fewer days in which case we'll allow multiple fills to provide up to a total of 30 days of medication) when you go to a pharmacy. After your first 30-day supply, we won't pay for these drugs, even if you have been a member of the plan less than 90 days unless a formulary exception has otherwise been granted.

If you're a resident of a long-term care facility, we'll cover a temporary 102-day transition supply of your current drug therapy (unless you have a prescription written for fewer days). We'll cover more than one refill of these drugs for the first 90 days you're a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited and you're past the first 90 days of membership in our plan, we'll cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Throughout the plan year, you may have a change in your treatment setting due to the level of care you require. Such transitions include:

- Members who are discharged from a hospital or skilled nursing facility to a home setting.
- Members who are admitted to a hospital or skilled nursing facility from a home setting.
- Members who transfer from one skilled nursing facility to another and are served by a different pharmacy.
- Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to now use their Part D plan benefit.
- Members who give up Hospice Status and revert 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 Group Medicare will cover up to a 34-day temporary supply of a Part D covered drug when your prescription is filled 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 Group Medicare will review these requests for continuation of therapy on a case-by-case basis when you're on a stabilized drug regimen that, if altered, is known to have risks.

Transition Extension

Humana Group Medicare makes arrangements to continue to provide necessary drugs to you via an extension of the transition period, on a case-by case basis, when your exception request or appeal has not been processed by the end of your transition period.

A member Transition Policy is available on Humana's Medicare website, **Humana.com**, in the same area where the Part D formulary is displayed.

For More Information

For more detailed information about your Humana Group Medicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

If you have questions, prospective members please call the Customer Care number listed in your enrollment materials. For current members please call the number listed in your ANOC or EOC or the number on the back of your Membership card.

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**. Or, visit **www.medicare.gov**.

Humana Group Medicare Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Humana Group Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 209.

How to read your formulary

The first column of the chart lists categories of medical condition in alphabetical order. The drug names are then listed in alphabetical order within each category. Brand name drugs are CAPITALIZED and generic drugs are listed in lower case. Next to the drug name you may see an indicator to tell you about additional coverage for that drug. The following indicators may be displayed:

GB - Select brand drugs that are covered in the gap.

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

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

SP - Drugs that are typically available through a specialty pharmacy. Please check with your specialty pharmacy to make sure your drug is available.

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

The second column lists the tier of the drug. See page 4 for more details on the drug tiers in your plan.

The third column shows the Utilization Management Requirements for the drug. Humana Group Medicare may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply is based on benefits and whether your doctor prescribes a 30-, 60-, or 90-day supply. The amount of any quantity limits will also be in this column (Example: QL - 30 for 30 days). See page 4 for more details on these requirements for your plan.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTI-INFECTIVE AGENTS		
abacavir 300 mg tablet GC,SP	1	
ABELCET 5 MG/ML IV MO	4	
acyclovir 200 mg capsule GC,MO	1	
acyclovir 200 mg/5 ml susp GC,MO	1	
acyclovir 400 mg tablet GC,MO	1	
acyclovir 500 mg/10 ml vial GC,MO	1	
acyclovir 800 mg tablet GC,MO	1	
acyclovir sodium 1 gm vial GC,MO	1	
acyclovir sodium 500 mg vial GC,MO	1	
ADOXA 100 MG TABLET GC,MO	1	PA
ADOXA 150 MG CAPSULE GC,MO	1	PA
ADOXA 50 MG TABLET GC,MO	1	PA
ADOXA 75 MG TABLET GC,MO	1	PA
ADOXA PAK 100 MG TABLET GC,MO	1	PA
ADOXA PAK 150 MG TABLET GC,MO	1	PA
ADOXA PAK 75 MG TABLET MO	3	PA
ALBENZA 200 MG TABLET GB,MO	3	
ALINIA 100 MG/5 ML ORAL SUSP MO	3	QL (150 per 30 days)
ALINIA 500 MG TABLET MO	3	QL (40 per 30 days)
AMBISOME 50 MG IV SUSP MO	3	
amikacin (pf) 100 mg/2 ml GC,MO	1	
amikacin 1,000 mg/4 ml vial GC,MO	1	
amikacin 250 mg/ml disp syr MO	3	
amikacin 500 mg/2 ml HI,GC,MO	1	
amikacin sulfate 100 mg/2 ml HI,GC,MO	1	
amox tr-k clv 200-28.5 tab chw GC,MO	1	
amox tr-k clv 200-28.5/5 susp GC,MO	1	
amox tr-k clv 250-125 mg tab GC,MO	1	
amox tr-k clv 250-62.5/5 susp GC,MO	1	
amox tr-k clv 400-57 tab chew GC,MO	1	
amox tr-k clv 400-57/5 susp GC,MO	1	
amox tr-k clv 500-125 mg tab GC,MO	1	
amox tr-k clv 600-42.9/5 susp GC,MO	1	
amox tr-k clv 875-125 mg tab GC,MO	1	
amoxicillin 125 mg tab chew GC,MO	1	
amoxicillin 125 mg/5 ml susp GC,MO	1	
amoxicillin 200 mg/5 ml susp GC,MO	1	
amoxicillin 250 mg capsule GC,MO	1	
amoxicillin 250 mg tab chew GC,MO	1	
amoxicillin 250 mg/5 ml susp GC,MO	1	

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin 400 mg/5 ml susp 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-clav er 1,000-62.5 GC,MO	1	
AMPHOTEC 100 MG VIAL MO	3	
AMPHOTEC 50 MG VIAL MO	3	
amphotericin b 50 mg vial GC,MO	1	
ampicillin 1 gm a-v vial GC,MO	1	
ampicillin 1 gm vial GC,MO	1	
ampicillin 10 gm vial HI,GC,MO	1	
ampicillin 125 mg vial HI,GC,MO	1	
ampicillin 125 mg/5 ml susp GC,MO	1	
ampicillin 2 gm a-v vial GC,MO	1	
ampicillin 2 gm vial GC,MO	1	
ampicillin 250 mg vial GC,MO	1	
ampicillin 250 mg/5 ml susp GC,MO	1	
ampicillin 500 mg vial GC,MO	1	
ampicillin tr 250 mg capsule GC,MO	1	
ampicillin tr 500 mg capsule GC,MO	1	
ampicillin-sulb 3 gm add vial GC,MO	1	
ampicillin-sulbactam 1.5 gm vl GC,MO	1	
ampicillin-sulbactam 15 gm vl HI,GC,MO	1	
ampicillin-sulbactam 3 gm vial HI,GC,MO	1	
ANCOBON 250 MG CAPSULE MO	3	
ANCOBON 500 MG CAPSULE MO	3	
APTIVUS 100 MG/ML ORAL SOLN SP	4	
APTIVUS 250 MG CAPSULE SP	4	
ARALEN 500 MG TABLET MO	3	
atovaquone-proguanil 250-100 GC,MO	1	
atovaquone-proguanil 62.5-25 GC,MO	1	
ATRIPLA 600 MG-200 MG-300 MG TABLET SP	4	
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSP MO	3	
AUGMENTIN 250 MG-62.5 MG/5 ML ORAL SUSP MO	3	
AUGMENTIN 250-125 TABLET MO	3	
AUGMENTIN 500 MG-125 MG TABLET MO	3	
AUGMENTIN 875 MG-125 MG TABLET MO	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE MO	3	
AVELOX 400 MG TABLET MO	3	
AVELOX ABC PACK 400 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVELOX IN SODIUM CHLORIDE (ISO-OSMOTIC) 400 MG/250 ML IV PIGGY BACK HI,MO	3	
avidoxy 100 mg tablet GC,MO	1	
AZACTAM 1 GRAM SOLUTION FOR INJECTION MO	3	
AZACTAM 2 GRAM SOLUTION FOR INJECTION HI,MO	3	
AZACTAM IN ISO-OSMOTIC DEXTROSE 1 GRAM/50 ML IV PIGGY BACK MO	3	
AZACTAM IN ISO-OSMOTIC DEXTROSE 2 GRAM/50 ML IV PIGGY BACK HI,MO	3	
azithromycin 1 gm pwd packet GC,MO	1	
azithromycin 100 mg/5 ml susp GC,MO	1	
azithromycin 2.5 gm bulk vial MO	3	
azithromycin 200 mg/5 ml susp GC,MO	1	
azithromycin 250 mg tablet GC,MO	1	
azithromycin 500 mg tablet GC,MO	1	
azithromycin 600 mg tablet GC,MO	1	
azithromycin i.v. 500 mg vial GC,MO	1	
aztreonam 1 gm vial GC,MO	1	
aztreonam 2 gm vial GC,MO	1	
AZULFIDINE 500 MG TABLET MO	3	
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE MO	3	
baciiim 50,000 unit im GC,MO	1	
bacitracin 50,000 units vial GC,MO	1	
BACTRIM 400 MG-80 MG TABLET MO	3	
BACTRIM DS 800 MG-160 MG TABLET GC,MO	1	
BARACLUDGE 0.05 MG/ML ORAL SOLN SP	3	QL (630 per 30 days)
BARACLUDGE 0.5 MG TABLET SP	4	QL (30 per 30 days)
BARACLUDGE 1 MG TABLET SP	4	QL (30 per 30 days)
BIAXIN 250 MG TABLET MO	3	
BIAXIN 250 MG/5 ML ORAL SUSP MO	3	
BIAXIN 500 MG TABLET MO	3	
BIAXIN XL 500 MG TABLET,EXTENDED RELEASE MO	3	
BIAXIN XL PAK 500 MG TABLET,EXTENDED RELEASE MO	3	
BICILLIN C-R 1,200,000 UNIT/2 ML IM SYRINGE HI,MO	3	
BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML IM SYRINGE HI,MO	3	
BICILLIN L-A 1,200,000 UNIT/2 ML IM SYRINGE MO	3	
BICILLIN L-A 2,400,000 UNIT/4 ML IM SYRINGE MO	3	
BICILLIN L-A 600,000 UNIT/ML IM SYRINGE MO	3	
BILTRICIDE 600 MG TABLET MO	3	
CANCIDAS 50 MG IV SOLUTION HI,MO	4	B vs D
CANCIDAS 70 MG IV SOLUTION HI,MO	4	B vs D
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CAYSTON 75 MG/ML NEB SOLUTION MO	4	PA,QL (84 per 28 days)
CEDAX 180 MG/5 ML ORAL SUSP MO	3	
CEDAX 400 MG CAPSULE MO	3	
CEDAX 90 MG/5 ML ORAL SUSP MO	3	
cefaclor 250 mg capsule GC,MO	1	
cefaclor 500 mg capsule GC,MO	1	
cefaclor er 500 mg tablet GC,MO	1	
cefadroxil 1 gm tablet GC,MO	1	
cefadroxil 250 mg/5 ml susp GC,MO	1	
cefadroxil 500 mg capsule GC,MO	1	
cefadroxil 500 mg/5 ml susp GC,MO	1	
cefazolin 1 gm add-van vial GC,MO	1	
cefazolin 1 gm vial GC,MO	1	
cefazolin 1 gm-d5w bag HI,GC,MO	1	
cefazolin 10 gm vial GC,MO	1	
cefazolin 2 gm-d5w bag GC,MO	1	
cefazolin 20 gm bulk vial HI,GC,MO	1	
cefazolin 500 mg vial GC,MO	1	
cefdinir 125 mg/5 ml susp GC,MO	1	
cefdinir 250 mg/5 ml susp GC,MO	1	
cefdinir 300 mg capsule GC,MO	1	
cefditoren pivoxil 200 mg tab GC,MO	1	
cefditoren pivoxil 400 mg tab GC,MO	1	
cefepime 1 gm injection GC,MO	2	
cefepime 2 gm injection GC,MO	2	
cefepime hcl 1 gm vial HI,GC,MO	1	
cefepime hcl 2 gram vial GC,MO	1	
cefepime-dextrose 1 gm/50 ml GC,MO	1	
cefepime-dextrose 2 gm/50 ml GC,MO	1	
cefotaxime sodium 1 gm vial GC,MO	1	
cefotaxime sodium 10 gm vial HI,GC,MO	1	
cefotaxime sodium 2 gm vial GC,MO	1	
cefotaxime sodium 20 gm vial GC,MO	1	
cefotaxime sodium 500 mg vial GC,MO	1	
cefotetan 1 gm vial GC,MO	1	
cefotetan 10 gm vial GC,MO	1	
cefotetan 2 gm vial GC,MO	1	
cefotetan-dextr 1 g duplex bag GC,MO	1	
cefotetan-dextr 2 g duplex bag GC,MO	1	
cefoxitin 1 gm piggyback bag GC,MO	1	
cefoxitin 1 gm vial GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefoxitin 10 gm vial GC,MO	1	
cefoxitin 2 gm piggyback bag GC,MO	1	
cefoxitin 2 gm vial GC,MO	1	
cefpodoxime 100 mg tablet GC,MO	1	
cefpodoxime 100 mg/5 ml susp GC,MO	1	
cefpodoxime 200 mg tablet GC,MO	1	
cefpodoxime 50 mg/5 ml susp GC,MO	1	
cefprozil 125 mg/5 ml susp GC,MO	1	
cefprozil 250 mg tablet GC,MO	1	
cefprozil 250 mg/5 ml susp GC,MO	1	
cefprozil 500 mg tablet GC,MO	1	
ceftazidime 1 gm piggyback GC,MO	1	
ceftazidime 1 gm vial GC,MO	1	
ceftazidime 2 gm piggyback GC,MO	1	
ceftazidime 2 gm vial HI,GC,MO	1	
ceftazidime 500 mg vial GC,MO	1	
ceftazidime 6 gm vial HI,GC,MO	1	
CEFTIN 125 MG/5 ML ORAL SUSP MO	3	
CEFTIN 250 MG TABLET MO	3	
CEFTIN 250 MG/5 ML ORAL SUSP MO	3	
CEFTIN 500 MG TABLET MO	3	
ceftriaxone 1 gm piggyback GC,MO	1	
ceftriaxone 1 gm vial HI,GC,MO	1	
ceftriaxone 1 gm-d5w bag GC,MO	1	
ceftriaxone 10 gm vial GC,MO	1	
ceftriaxone 2 gm add vial HI,GC,MO	1	
ceftriaxone 2 gm piggyback GC,MO	1	
ceftriaxone 2 gm vial GC,MO	1	
ceftriaxone 2 gm-d5w bag GC,MO	1	
ceftriaxone 250 mg vial GC,MO	1	
ceftriaxone 500 mg vial HI,GC,MO	1	
cefuroxime 1.5g/50 ml bag GC,MO	1	
cefuroxime 750 mg/50 ml bag GC,MO	1	
cefuroxime axetil 250 mg tab GC,MO	1	
cefuroxime axetil 500 mg tab GC,MO	1	
cefuroxime sod 7.5 gm vial HI,GC,MO	1	
cefuroxime sod 750 mg vial HI,GC,MO	1	
cephalexin 125 mg/5 ml susp GC,MO	1	
cephalexin 250 mg capsule GC,MO	1	
cephalexin 250 mg tablet GC,MO	1	
cephalexin 250 mg/5 ml susp GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cephalexin 500 mg capsule GC,MO	1	
cephalexin 500 mg tablet GC,MO	1	
chloramphen na succ 1 gm vl HI,GC,MO	1	
chloroquine ph 250 mg tablet GC,MO	1	
chloroquine ph 500 mg tablet GC,MO	1	
CIPRO 250 MG TABLET MO	3	
CIPRO 250 MG/5 ML ORAL SUSP MO	3	
CIPRO 500 MG TABLET MO	3	
CIPRO 500 MG/5 ML ORAL SUSP MO	3	
CIPRO 750 MG TABLET MO	3	
CIPRO I.V. 200 MG/20 ML SOLN GC,MO	2	
CIPRO IN D5W 200 MG/100 ML IV PIGGY BACK HI,MO	3	
ciprofloxacin 10 mg/ml vial GC,MO	1	
ciprofloxacin 200 mg/20 ml vl GC,MO	1	
ciprofloxacin 400 mg/40 ml vl GC,MO	1	
ciprofloxacin er 1,000 mg tab GC,MO	1	
ciprofloxacin er 500 mg tablet GC,MO	1	
ciprofloxacin hcl 100 mg tab GC,MO	1	
ciprofloxacin hcl 250 mg tab GC,MO	1	
ciprofloxacin hcl 500 mg tab GC,MO	1	
ciprofloxacin hcl 750 mg tab GC,MO	1	
ciprofloxacin-d5w 200 mg/100 ml GC,MO	1	
ciprofloxacin-d5w 400 mg/200 ml GC,MO	1	
CLAFORAN 1 GRAM IV SOLUTION HI,MO	3	
CLAFORAN 1 GRAM SOLUTION FOR INJECTION MO	3	
CLAFORAN 10 GRAM SOLUTION FOR INJECTION MO	3	
CLAFORAN 2 GRAM IV SOLUTION MO	3	
CLAFORAN 2 GRAM SOLUTION FOR INJECTION MO	3	
CLAFORAN 500 MG SOLUTION FOR INJECTION MO	3	
clarithromycin 125 mg/5 ml sus GC,MO	1	
clarithromycin 250 mg tablet GC,MO	1	
clarithromycin 250 mg/5 ml sus GC,MO	1	
clarithromycin 500 mg tablet GC,MO	1	
clarithromycin er 500 mg tab GC,MO	1	
CLEOCIN 150 MG CAPSULE MO	3	
CLEOCIN 150 MG/ML INJECTION HI,MO	3	
CLEOCIN 300 MG CAPSULE MO	3	
CLEOCIN 600 MG/4 ML IV MO	3	
CLEOCIN 75 MG CAPSULE MO	3	
CLEOCIN 75 MG/5 ML ORAL SOLUTION GC,MO	1	
CLEOCIN 900 MG/6 ML IV MO	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLEOCIN IN D5W 300 MG/50 ML IV PIGGY BACK HI,MO	3	
CLEOCIN IN D5W 600 MG/50 ML IV PIGGY BACK HI,MO	3	
CLEOCIN IN D5W 900 MG/50 ML IV PIGGY BACK HI,MO	3	
clindamycin 150 mg/ml addvan GC,MO	1	
clindamycin 75 mg/5 ml soln GC,MO	1	
clindamycin hcl 150 mg capsule GC,MO	1	
clindamycin hcl 300 mg capsule GC,MO	1	
clindamycin hcl 75 mg capsule GC,MO	1	
clindamycin ph 900 mg/6 ml vl GC,MO	1	
COARTEM 20 MG-120 MG TABLET MO	3	QL (24 per 30 days)
colistimethate 150 mg vial GC,MO	1	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION MO	3	
COMBIVIR 150 MG-300 MG TABLET SP	3	
COMPLERA 200 MG-25 MG-300 MG TABLET SP	4	QL (30 per 30 days)
COPEGUS 200 MG TABLET SP	4	PA,QL (168 per 28 days)
CRIXIVAN 100 MG CAPSULE GC,SP	2	
CRIXIVAN 200 MG CAPSULE GC,SP	2	
CRIXIVAN 400 MG CAPSULE GC,SP	2	
CUBICIN 500 MG IV SOLUTION HI,MO	4	B vs D
CYTOVENE 500 MG IV SOLUTION MO	3	
dapsone 100 mg tablet GC,MO	1	
dapsone 25 mg tablet GC,MO	1	
DARAPRIM 25 MG TABLET GB,MO	3	
demeclocycline 150 mg tablet GC,MO	1	
demeclocycline 300 mg tablet GC,MO	1	
dicloxacillin 250 mg capsule GC,MO	1	
dicloxacillin 500 mg capsule GC,MO	1	
didanosine dr 125 mg capsule GC,SP	1	
didanosine dr 200 mg capsule GC,SP	1	
didanosine dr 250 mg capsule GC,SP	1	
didanosine dr 400 mg capsule GC,SP	1	
DIFICID 200 MG TABLET MO	4	QL (20 per 10 days)
DIFLUCAN 10 MG/ML ORAL SUSP MO	3	
DIFLUCAN 100 MG TABLET MO	3	
DIFLUCAN 150 MG TABLET MO	3	QL (4 per 28 days)
DIFLUCAN 200 MG TABLET MO	3	
DIFLUCAN 40 MG/ML ORAL SUSP MO	3	
DIFLUCAN 50 MG TABLET MO	3	
DIFLUCAN-DEXTR 400 MG/200 ML MO	3	
DIFLUCAN-SALINE 200 MG/100 ML HI,MO	3	
DIFLUCAN-SALINE 400 MG/200 ML MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DORIBAX 250 MG IV SUSP MO	3	
DORIBAX 500 MG IV SUSP MO	3	
DORYX 150 MG TABLET,DELAYED RELEASE MO	3	
DORYX DR 100 MG TABLET MO	3	
DORYX DR 75 MG TABLET MO	3	
doxycycline hyc 100 mg vial GC,MO	1	
doxycycline hyc dr 100 mg cap GC,MO	1	
doxycycline hyc dr 100 mg tab GC,MO	1	
doxycycline hyc dr 150 mg tab GC,MO	1	
doxycycline hyc dr 75 mg tab GC,MO	1	
doxycycline hyclate 100 mg cap GC,MO	1	
doxycycline hyclate 100 mg tab GC,MO	1	
doxycycline hyclate 50 mg cap GC,MO	1	
doxycycline mono 100 mg cap GC,MO	1	QL (60 per 30 days)
doxycycline mono 100 mg tablet GC,MO	1	
doxycycline mono 150 mg cap GC,MO	1	
doxycycline mono 150 mg tablet GC,MO	1	
doxycycline mono 50 mg cap GC,MO	1	QL (60 per 30 days)
doxycycline mono 50 mg tablet GC,MO	1	
doxycycline mono 75 mg capsule GC,MO	1	QL (30 per 30 days)
doxycycline mono 75 mg tablet GC,MO	1	
dynacin 100 mg tablet GC,MO	1	PA
dynacin 50 mg tablet GC,MO	1	PA
DYNACIN 75 MG TABLET GC,MO	1	PA
E.E.S. 400 400 MG TABLET GC,MO	1	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSP MO	3	
EDURANT 25 MG TABLET SP	3	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLN SP	3	
EMTRIVA 200 MG CAPSULE SP	3	
EPIVIR 10 MG/ML ORAL SOLN SP	3	
EPIVIR 150 MG TABLET SP	3	
EPIVIR 300 MG TABLET SP	3	
EPIVIR HBV 100 MG TABLET SP	3	
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLN SP	3	
EPZICOM 600 MG-300 MG TABLET GC,SP	2	
ERAXIS(WATER DILUENT) 100 MG IV SOLUTION MO	3	B vs D
ERAXIS(WATER DILUENT) 50 MG IV SOLUTION MO	3	B vs D
ERY-TAB 250 MG TABLET,DELAYED RELEASE GC,MO	1	
ERY-TAB 333 MG TABLET,DELAYED RELEASE GC,MO	1	
ERY-TAB 500 MG TABLET,DELAYED RELEASE GC,MO	1	
ERYPED 200 200 MG/5 ML ORAL SUSP MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERYPED 400 400 MG/5 ML ORAL SUSP MO	3	
ERYTHROCIN 1,000 MG IV SOLUTION GC,MO	1	
ERYTHROCIN 500 MG FILMTAB GC,MO	1	
ERYTHROCIN 500 MG IV SOLUTION HI,GC,MO	1	
ERYTHROCIN STEARATE 250 MG TABLET GC,MO	1	
erythromycin 250 mg filmtab GC,MO	1	
erythromycin 500 mg filmtab GC,MO	1	
erythromycin ec 250 mg cap GC,MO	1	
erythromycin es 400 mg tab GC,MO	1	
erythromycin-sulfisox susp GC,MO	1	
ethambutol hcl 100 mg tablet GC,MO	1	
ethambutol hcl 400 mg tablet GC,MO	1	
FACTIVE 320 MG TABLET MO	3	
famciclovir 125 mg tablet GC,MO	1	QL (60 per 30 days)
famciclovir 250 mg tablet GC,MO	1	QL (60 per 30 days)
famciclovir 500 mg tablet GC,MO	1	QL (60 per 30 days)
FAMVIR 125 MG TABLET MO	3	PA,QL (60 per 30 days)
FAMVIR 250 MG TABLET MO	3	PA,QL (60 per 30 days)
FAMVIR 500 MG TABLET MO	3	PA,QL (60 per 30 days)
FLAGYL 250 MG TABLET MO	3	
FLAGYL 375 MG CAPSULE MO	3	
FLAGYL 500 MG TABLET MO	3	
FLAGYL ER 750 MG TABLET,EXTENDED RELEASE MO	3	
fluconazole 10 mg/ml susp GC,MO	1	
fluconazole 100 mg tablet GC,MO	1	
fluconazole 150 mg tablet GC,MO	1	QL (4 per 28 days)
fluconazole 200 mg tablet GC,MO	1	
fluconazole 40 mg/ml susp GC,MO	1	
fluconazole 50 mg tablet GC,MO	1	
fluconazole-dext 200 mg/100 ml GC,MO	1	
fluconazole-dext 400 mg/200 ml HI,GC,MO	1	
fluconazole-ns 100 mg/50 ml GC,MO	1	
fluconazole-ns 200 mg/100 ml GC,MO	1	
fluconazole-ns 400 mg/200 ml GC,MO	1	
flucytosine 250 mg capsule GC,MO	1	
flucytosine 500 mg capsule GC,MO	1	
FLUMADINE 100 MG TABLET MO	3	
FORTAZ 1 GRAM IV SOLUTION MO	3	
FORTAZ 1 GRAM SOLUTION FOR INJECTION MO	3	
FORTAZ 2 GRAM IV SOLUTION MO	3	
FORTAZ 2 GRAM SOLUTION FOR INJECTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FORTAZ 500 MG SOLUTION FOR INJECTION MO	3	
FORTAZ 6 GRAM SOLUTION FOR INJECTION MO	3	
FORTAZ IN D5W 1 GRAM/50 ML IV PIGGY BACK HI,MO	3	
FORTAZ IN D5W 2 GRAM/50 ML IV PIGGY BACK HI,MO	3	
foscarnet 24 mg/ml infus btll GC,MO	1	B vs D
FOSCAVIR 24 MG/ML IV MO	3	B vs D
FURADANTIN 25 MG/5 ML ORAL SUSP MO	3	PA
FUZEON 90 MG SUB-Q KIT SP	4	QL (60 per 30 days)
FUZEON 90 MG SUB-Q SOLN MO	4	QL (60 per 30 days)
ganciclovir 500 mg vial GC,MO	1	
gentamicin 10 mg/ml vial GC,MO	1	
gentamicin 40 mg/ml vial GC,MO	1	
gentamicin 70 mg/ns 50 ml pb GC,MO	1	
gentamicin 80 mg/ns 50 ml pb GC,MO	1	
gentamicin 90 mg/ns 100 ml pb GC,MO	1	
gentamicin ped 10 mg/ml vial GC,MO	1	
GRIFULVIN V 500 MG TABLET GC,MO	1	
GRIS-PEG 125 MG TABLET MO	3	
GRIS-PEG 250 MG TABLET MO	3	
griseofulvin 125 mg/5 ml susp GC,MO	1	
HELIDAC 250 MG-500 MG-262.4 MG ORAL PACK MO	3	
HEPSERA 10 MG TABLET SP	4	
HIPREX 1 GRAM TABLET MO	3	
hydroxychloroquine 200 mg tab GC,MO	1	
imipenem-cilastatin 250 mg vl GC,MO	1	
imipenem-cilastatin 500 mg vl GC,MO	1	
INCIVEK 375 MG TABLET SP	4	PA,QL (168 per 28 days)
INFERGEN 15 MCG/0.5 ML SUB-Q SP	4	PA,QL (30 per 30 days)
INFERGEN 9 MCG/0.3 ML SUB-Q SP	4	PA,QL (12 per 30 days)
INTELENCE 100 MG TABLET SP	4	QL (120 per 30 days)
INTELENCE 200 MG TABLET SP	4	QL (60 per 30 days)
INTELENCE 25 MG TABLET MO	3	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	3	PA
INTRON A 10 MILLION UNIT/ML SP	3	PA
INTRON A 10 MILLION UNIT/ML INJECTION SP	3	PA
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	3	PA
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	3	PA
INTRON A 6 MILLION UNIT/ML INJECTION SP	4	PA
INVANZ 1 GRAM IV SOLUTION MO	3	
INVANZ 1 GRAM SOLUTION FOR INJECTION HI,MO	3	
INVIRASE 200 MG CAPSULE SP	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVIRASE 500 MG TABLET SP	4	
ISENTRESS 400 MG TABLET SP	4	QL (60 per 30 days)
iso gentamicin 100 mg/100 ml GC,MO	1	
iso gentamicin 120 mg/100 ml GC,MO	1	
isonarif 300 mg-150 mg capsule GC,MO	1	
isoniazid 100 mg tablet GC,MO	1	
isoniazid 100 mg/ml vial GC,MO	1	
isoniazid 300 mg tablet GC,MO	1	
isoniazid 50 mg/5 ml syrup GC,MO	1	
isoton gentamicin 100 mg/50 ml GC,MO	1	
isoton gentamicin 60 mg/100 ml GC,MO	1	
isoton gentamicin 60 mg/50 ml GC,MO	1	
isoton gentamicin 80 mg/100 ml GC,MO	1	
itraconazole 100 mg capsule GC,MO	1	QL (120 per 30 days)
KALETRA 100 MG-25 MG TABLET SP	3	
KALETRA 200 MG-50 MG TABLET SP	4	
KALETRA 400 MG-100 MG/5 ML ORAL SOLN SP	4	
kanamycin 1 gm/3 ml vial GC,MO	1	
KEFLEX 250 MG CAPSULE MO	3	
KEFLEX 500 MG CAPSULE MO	3	
KEFLEX 750 MG CAPSULE MO	3	
KETEK 300 MG TABLET MO	3	
KETEK 400 MG TABLET MO	3	
ketoconazole 200 mg tablet GC,MO	1	
LAMISIL 125 MG ORAL GRANULES IN PACKET MO	3	QL (30 per 30 days)
LAMISIL 187.5 MG ORAL GRANULES IN PACKET MO	3	QL (30 per 30 days)
LAMISIL 250 MG TABLET MO	3	PA,QL (90 per 365 days)
lamivudine 150 mg tablet GC,SP	1	
lamivudine 300 mg tablet GC,SP	1	
lamivudine-zidovudine tablet GC,SP	1	
LEVAQUIN 250 MG TABLET MO	3	
LEVAQUIN 250 MG/10 ML ORAL SOLN MO	3	
LEVAQUIN 500 MG TABLET MO	3	
LEVAQUIN 750 MG TABLET MO	3	
LEVAQUIN I.V. 25 MG/ML VIAL HI,MO	3	
LEVAQUIN IN D5W 250 MG/50 ML IV PIGGY BACK MO	3	
LEVAQUIN IN D5W 500 MG/100 ML IV PIGGY BACK MO	3	
LEVAQUIN IN D5W 750 MG/150 ML IV PIGGY BACK HI,MO	3	
levofloxacin 25 mg/ml solution GC,MO	1	
levofloxacin 250 mg tablet GC,MO	1	
levofloxacin 500 mg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levofloxacin 500 mg/20 ml vial GC,MO	1	
levofloxacin 750 mg tablet GC,MO	1	
levofloxacin-d5w 250 mg/50 ml GC,MO	1	
levofloxacin-d5w 500 mg/100 ml GC,MO	1	
levofloxacin-d5w 750 mg/150 ml GC,MO	1	
LEXIVA 50 MG/ML ORAL SUSP GC,SP	2	
LEXIVA 700 MG TABLET GC,SP	2	
LINCOCIN 300 MG/ML INJECTION HI,MO	3	
MACROBID 100 MG CAPSULE MO	3	PA
MACRODANTIN 100 MG CAPSULE MO	3	PA
MACRODANTIN 25 MG CAPSULE MO	3	
MACRODANTIN 50 MG CAPSULE MO	3	PA
MALARONE 250 MG-100 MG TABLET MO	3	
MALARONE 62.5 MG-25 MG TABLET MO	3	
MAXIPIME 1 GM ADD-VANTAGE VL MO	3	
MAXIPIME 1 GRAM VIAL MO	3	
MAXIPIME 2 GM ADD-VANTAGE VL MO	3	
MAXIPIME 2 GRAM VIAL MO	3	
mebendazole 100 mg tab chew GC,MO	1	
mefloquine hcl 250 mg tablet GC,MO	1	
MEFOXIN IN DEXTROSE (ISO-OSMOTIC) 1 GRAM/50 ML IV PIGGY BACK GC,MO	1	
MEFOXIN IN DEXTROSE (ISO-OSMOTIC) 2 GRAM/50 ML IV PIGGY BACK GC,MO	1	
MEPRON 750 MG/5 ML ORAL SUSP MO	4	
meropenem iv 1 gm vial GC,MO	1	
meropenem iv 500 mg vial HI,GC,MO	1	
MERREM 1 GRAM IV SOLUTION MO	3	
MERREM 500 MG IV SOLUTION MO	3	
methenamine hipp 1 gm tablet GC,MO	1	
methenamine md 1 gm tablet GC,MO	1	
methenamine md 500 mg tablet GC,MO	1	
METRO I.V. 500 MG/100 ML PIGGY BACK MO	3	
metronidazole 250 mg tablet GC,MO	1	
metronidazole 375 mg capsule GC,MO	1	
metronidazole 500 mg tablet GC,MO	1	
metronidazole 500 mg/100 ml HI,GC,MO	1	
MINOCIN 100 MG CAPSULE MO	3	PA
MINOCIN 100 MG COMBO PACK MO	3	PA
MINOCIN 100 MG IV SOLUTION MO	3	PA
MINOCIN 50 MG CAPSULE MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MINOCIN 50 MG COMBO PACK MO	3	PA
minocycline 100 mg capsule GC,MO	1	
minocycline 50 mg capsule GC,MO	1	
minocycline 75 mg capsule GC,MO	1	
minocycline er 135 mg tablet GC,MO	1	QL (30 per 30 days)
minocycline er 45 mg tablet GC,MO	1	QL (30 per 30 days)
minocycline er 90 mg tablet GC,MO	1	QL (30 per 30 days)
minocycline hcl 100 mg tablet GC,MO	1	
minocycline hcl 50 mg tablet GC,MO	1	
minocycline hcl 75 mg tablet GC,MO	1	
MONODOX 100 MG CAPSULE MO	3	QL (60 per 30 days)
MONODOX 50 MG CAPSULE MO	3	QL (60 per 30 days)
MONODOX 75 MG CAPSULE MO	3	QL (30 per 30 days)
MONUROL 3 GRAM ORAL PACKET MO	3	
morgidox 100 mg capsule GC,MO	1	
MOXATAG 775 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MYAMBUTOL 100 MG TABLET MO	3	
MYAMBUTOL 400 MG TABLET MO	3	
MYCAMINE 100 MG IV SOLUTION MO	4	
MYCAMINE 50 MG IV SOLUTION MO	4	
MYCOBUTIN 150 MG CAPSULE MO	3	
nafcillin 1 gm add-van vial GC,MO	1	
nafcillin 1 gm vial HI,GC,MO	1	
nafcillin 1 gm/ 50 ml inj MO	3	
nafcillin 10 gm vial GC,MO	1	
nafcillin 2 gm add-vant vial GC,MO	1	
nafcillin 2 gm vial GC,MO	1	
nafcillin 2 gm/ 100 ml inj MO	4	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	3	B vs D
neo-fradin 25 mg/ml oral soln GC,MO	1	
neomycin 500 mg tablet GC,MO	1	
nevirapine 200 mg tablet GC,SP	1	
nevirapine 50 mg/5 ml susp GC,SP	1	
nitrofurantoin 25 mg/5 ml susp GC,MO	1	PA
nitrofurantoin mcr 100 mg cap GC,MO	1	PA
nitrofurantoin mcr 50 mg cap GC,MO	1	PA
nitrofurantoin mono-mcr 100 mg GC,MO	1	PA
NOROXIN 400 MG TABLET MO	3	
NORVIR 100 MG CAPSULE SP	3	
NORVIR 100 MG TABLET SP	3	
NORVIR 80 MG/ML ORAL SOLN SP	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSP MO	4	PA,QL (840 per 28 days)
nystatin 100,000 units/ml susp GC,MO	1	
nystatin 150,000,000 units pwd GC,MO	1	
nystatin 50,000,000 units pwd GC,MO	1	
nystatin 500,000 unit oral tab GC,MO	1	
nystatin 500,000,000 units pwd GC,MO	1	
OCUDOX 50 MG KIT GC,MO	1	
ofloxacin 200 mg tablet GC,MO	1	
ofloxacin 300 mg tablet GC,MO	1	
ofloxacin 400 mg tablet GC,MO	1	
ORACEA 40 MG CAPSULE, EXTENDED RELEASE MO	3	PA
oxacillin 1 gm add-vantage vl GC,MO	1	
oxacillin 1 gm vial GC,MO	1	
oxacillin 1 gm/ 50 ml inj HI,GC,MO	1	
oxacillin 10 gm vial HI,GC,MO	1	
oxacillin 2 gm add-vantage vl GC,MO	1	
oxacillin 2 gm vial GC,MO	1	
oxacillin 2 gm/ 50 ml inj HI,GC,MO	1	
paromomycin 250 mg capsule GC,MO	1	
PASER 4 GRAM ORAL PACKET GC,MO	1	
PCE 333 MG PARTICLES IN TABLET MO	3	
PCE 500 MG PARTICLES IN TABLET MO	3	
PEGASYS 180 MCG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUB-Q SP	4	PA,QL (4 per 28 days)
PEGASYS CONVENIENCE PACK 180 MCG/0.5 ML SUB-Q KIT SP	4	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML SUB-Q PEN INJECTOR SP	4	PA,QL (2 per 28 days)
PEGASYS PROCLICK 180 MCG/0.5 ML SUB-Q PEN INJECTOR SP	4	PA,QL (2 per 28 days)
PEGINTRON 120 MCG/0.5 ML SUB-Q KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON 150 MCG/0.5 ML SUB-Q KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUB-Q KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON 80 MCG/0.5 ML SUB-Q KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBQ KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBQ KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBQ KIT SP	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBQ KIT SP	4	PA,QL (4 per 28 days)
pen g 1.2 million unit/2 ml GC,MO	1	
pen g k 1 million unit/50 ml GC,MO	2	
pen g k 2 million unit/50 ml GC,MO	2	
pen g k 3 million unit/50 ml GC,MO	2	
penicillin g 600,000 unit/1 ml GC,MO	1	
penicillin g k 5 million unit GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
penicillin g na 5 million unit GC,MO	1	
penicillin gk 20 million unit GC,MO	1	
penicillin vk 125 mg/5 ml sus GC,MO	1	
penicillin vk 250 mg tablet GC,MO	1	
penicillin vk 250 mg/5 ml soln GC,MO	1	
penicillin vk 500 mg tablet GC,MO	1	
PENTAM 300 MG SOLUTION FOR INJECTION MO	3	B vs D
pfizerpen-g 20 million unit solution for injection GC,MO	1	
pfizerpen-g 5 million unit solution for injection GC,MO	1	
phosenaminate capsule GC,MO	1	PA
phosphasal 81.6 mg-10.8 mg-40.8 mg tablet GC,MO	1	PA
piperacil-tazobact 2.25 gm vl GC,MO	1	
piperacil-tazobact 3.375 gm vl GC,MO	1	
piperacil-tazobact 4.5 gm vial GC,MO	1	
piperacil-tazobact 40.5 gram GC,MO	1	
piperacillin 2 gm vial GC,MO	1	
piperacillin 3 gm vial GC,MO	1	
piperacillin 4 gm vial GC,MO	1	
piperacillin 40 gm bulk vial GC,MO	1	
PLAQUENIL 200 MG TABLET MO	3	
polymyxin b sulfate vial HI,GC,MO	1	
PREZISTA 150 MG TABLET SP	3	
PREZISTA 400 MG TABLET SP	3	
PREZISTA 600 MG TABLET SP	3	
PREZISTA 75 MG TABLET SP	3	
PRIFTIN 150 MG TABLET MO	3	
primaquine 26.3 mg tablet GC,MO	1	
PRIMAXIN I.M. 500 MG VIAL HI,GC,MO	2	
PRIMAXIN IV 250 MG IV SOLUTION HI,GC,MO	2	
PRIMAXIN IV 500 MG IV SOLUTION HI,GC,MO	2	
PRIMSOL 50 MG/5 ML ORAL SOLN GC,MO	1	
PROQUIN XR 500 MG TABLET MO	3	
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	3	QL (144 per 30 days)
pyrazinamide 500 mg tablet GC,MO	1	
QUALAQUIN 324 MG CAPSULE MO	3	PA,QL (42 per 7 days)
quinine sulfate 324 mg capsule MO	3	PA,QL (42 per 7 days)
REBETOL 200 MG CAPSULE SP	4	PA,QL (168 per 28 days)
REBETOL 40 MG/ML ORAL SOLN SP	3	PA,QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION FOR INHALATION MO	3	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET SP	3	
RESCRIPTOR 200 MG TABLET SP	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RETROVIR 10 MG/ML IV SP	3	
RETROVIR 10 MG/ML SYRUP SP	3	
RETROVIR 100 MG CAPSULE SP	3	
RETROVIR 300 MG TABLET SP	3	
REYATAZ 100 MG CAPSULE GC,SP	2	
REYATAZ 150 MG CAPSULE GC,SP	2	
REYATAZ 200 MG CAPSULE GC,SP	2	
REYATAZ 300 MG CAPSULE GC,SP	2	
RIBAPAK DOSE PACK 200 MG (28)-400 MG (28) TABLETS GC,MO	1	PA,QL (112 per 28 days)
RIBAPAK DOSE PACK 200 MG (7)-400 MG (7) TABLETS GC,MO	1	PA,QL (112 per 28 days)
RIBAPAK DOSE PACK 400 MG (28)-400 MG (28) TABLETS GC,SP	1	PA,QL (84 per 28 days)
RIBAPAK DOSE PACK 400 MG (7)-400 MG (7) TABLETS GC,MO	1	PA,QL (84 per 28 days)
RIBAPAK DOSE PACK 600 MG (28)-400 MG (28) TABLETS GC,SP	1	PA,QL (112 per 30 days)
RIBAPAK DOSE PACK 600 MG (28)-600 MG (28) TABLETS GC,SP	1	PA,QL (56 per 28 days)
RIBAPAK DOSE PACK 600 MG (7)-400 MG (7) TABLETS GC,MO	1	PA,QL (112 per 30 days)
RIBAPAK DOSE PACK 600 MG (7)-600 MG (7) TABLETS GC,MO	1	PA,QL (56 per 28 days)
ribasphere 200 mg capsule GC,SP	1	PA,QL (168 per 28 days)
ribasphere 200 mg tablet GC,SP	1	PA,QL (168 per 28 days)
ribasphere 400 mg tablet GC,SP	1	PA,QL (112 per 30 days)
ribasphere 600 mg tablet GC,SP	1	PA,QL (56 per 28 days)
RIBATAB DOSE PACK 400 MG (28)-400 MG (28) TABLETS GC,SP	1	PA,QL (84 per 28 days)
RIBATAB DOSE PACK 600 MG (28)-400 MG (28) TABLETS GC,SP	1	PA,QL (112 per 30 days)
RIBATAB DOSE PACK 600 MG (28)-600 MG (28) TABLETS GC,SP	1	PA,QL (56 per 28 days)
ribavirin 200 mg capsule GC,SP	1	PA,QL (168 per 28 days)
ribavirin 200 mg tablet GC,SP	1	PA,QL (168 per 28 days)
RIFADIN 150 MG CAPSULE GC,MO	1	
RIFADIN 300 MG CAPSULE MO	3	
RIFADIN 600 MG IV SOLUTION MO	3	
RIFAMATE 300 MG-150 MG CAPSULE GC,MO	1	
rifampin 150 mg capsule GC,MO	1	
rifampin 300 mg capsule GC,MO	1	
rifampin iv 600 mg vial GC,MO	1	
RIFATER 50 MG-120 MG-300 MG TABLET MO	3	
rimantadine hcl 100 mg tablet GC,MO	1	
ROCEPHIN 1 GRAM SOLUTION FOR INJECTION GC,MO	1	
ROCEPHIN 500 MG SOLUTION FOR INJECTION GC,MO	1	
SELZENTRY 150 MG TABLET SP	4	QL (120 per 30 days)
SELZENTRY 300 MG TABLET SP	4	QL (120 per 30 days)
SEPTRA 80-400 TABLET MO	3	
SEPTRA DS TABLET MO	3	
SEROMYCIN 250 MG CAPSULE GC,MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOLODYN 105 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SOLODYN 115 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
SOLODYN 135 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
SOLODYN 45 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
SOLODYN 55 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SOLODYN 65 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
SOLODYN 80 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SOLODYN 90 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
SPECTRACEF 200 MG TABLET MO	3	PA
SPECTRACEF 400 MG TABLET MO	3	PA
SPORANOX 10 MG/ML ORAL SOLN MO	3	PA
SPORANOX 100 MG CAPSULE MO	3	PA,QL (120 per 30 days)
SPORANOX PULSEPAK 100 MG CAPSULE MO	3	PA,QL (120 per 30 days)
stavudine 1 mg/ml solution GC,SP	1	
stavudine 15 mg capsule GC,SP	1	
stavudine 20 mg capsule GC,SP	1	
stavudine 30 mg capsule GC,SP	1	
stavudine 40 mg capsule GC,SP	1	
streptomycin sulf 1 gm vial HI,GC,MO	1	
STROMECTOL 3 MG TABLET MO	3	
sulfadiazine 500 mg tablet GC,MO	1	
sulfamethoxazole-tmp ds tablet GC,MO	1	
sulfamethoxazole-tmp ss tablet GC,MO	1	
sulfamethoxazole-tmp susp GC,MO	1	
sulfamethoxazole-tmp vial GC,MO	1	
sulfasalazine 500 mg tablet GC,MO	1	
sulfasalazine dr 500 mg tab GC,MO	1	
sulfazine 500 mg tablet GC,MO	1	
sulfazine ec 500 mg tablet,delayed release GC,MO	1	
SUPRAX 100 MG/5 ML ORAL SUSP GC,MO	1	
SUPRAX 200 MG/5 ML ORAL SUSP GC,MO	1	
SUPRAX 400 MG TABLET MO	3	
SUSTIVA 200 MG CAPSULE GC,SP	2	
SUSTIVA 50 MG CAPSULE GC,SP	2	
SUSTIVA 600 MG TABLET GC,SP	2	
SYLATRON 296 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)
SYLATRON 4-PACK 296 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)
SYLATRON 4-PACK 444 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)
SYLATRON 4-PACK 888 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)
SYLATRON 444 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)
SYLATRON 888 MCG SUB-Q KIT SP	4	PA,QL (4 per 28 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNERCID 500 MG IV SOLUTION HI,MO	4	
TAMIFLU 12 MG/ML SUSPENSION MO	3	QL (350 per 365 days)
TAMIFLU 30 MG CAPSULE MO	3	QL (112 per 365 days)
TAMIFLU 45 MG CAPSULE MO	3	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSP MO	3	QL (720 per 365 days)
TAMIFLU 75 MG CAPSULE MO	3	QL (56 per 365 days)
tazicef 1 gram iv solution GC,MO	1	
tazicef 1 gram solution for injection GC,MO	1	
tazicef 2 gram iv solution HI,GC,MO	1	
tazicef 2 gram solution for injection GC,MO	1	
tazicef 6 gram solution for injection GC,MO	1	
TEFLARO 400 MG IV SOLUTION MO	3	QL (28 per 14 days)
TEFLARO 600 MG IV SOLUTION MO	3	QL (28 per 14 days)
terbinafine hcl 250 mg tablet GC,MO	1	QL (90 per 365 days)
TERRAMYCIN 250 MG/2 ML IM MO	3	
TERRAMYCIN IM 100 MG/2 ML IM MO	3	
tetracycline 250 mg capsule GC,MO	1	
tetracycline 500 mg capsule GC,MO	1	
TIMENTIN 3.1 G IV SOLUTION HI,MO	3	
TIMENTIN 3.1 G/100 ML IV PIGGY BACK GC,MO	1	
TIMENTIN 31 G IV SOLUTION MO	3	
tinidazole 250 mg tablet GC,MO	1	
tinidazole 500 mg tablet GC,MO	1	
TOBI 300 MG/5 ML NEB SOLUTION MO	4	PA,QL (280 per 28 days)
tobramycin 1.2 gm vial GC,MO	1	
tobramycin 10 mg/ml vial GC,MO	1	
tobramycin 40 mg/ml syringe GC,MO	1	
tobramycin 40 mg/ml vial HI,GC,MO	1	
tobramycin 60 mg/50 ml ns HI,GC,MO	1	
tobramycin 80 mg/100 ml ns HI,GC,MO	1	
TRECTOR 250 MG TABLET MO	3	
trimethoprim 100 mg tablet GC,MO	1	
TRIZIVIR 300 MG-150 MG-300 MG TABLET SP	4	
TRUVADA 200 MG-300 MG TABLET SP	4	
TYGACIL 50 MG IV SOLUTION HI,MO	3	
TYZEKA 600 MG TABLET SP	3	QL (30 per 30 days)
UNASYN 1.5 GM ADD-VANTAGE VL GC,MO	1	
UNASYN 1.5 GRAM IV PIGGY BACK MO	3	
UNASYN 1.5 GRAM SOLUTION FOR INJECTION MO	3	
UNASYN 15 GRAM SOLUTION FOR INJECTION MO	3	
UNASYN 3 GM ADD-VANTAGE VIAL GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UNASYN 3 GM PIGGYBACK BOTTLE MO	3	
UNASYN 3 GRAM SOLUTION FOR INJECTION MO	3	
ur n-c 81.6 mg-10.8 mg-40.8 mg tablet GC,MO	1	PA
URELLE 81 MG-0.12 MG TABLET MO	3	PA
URETRON D-S 120 MG-0.12 MG-10.8 MG TABLET MO	3	PA
URETRON D-S 81.6 MG-10.8 MG-40.8 MG TABLET MO	3	PA
urin ds 81.6 mg-10.8 mg-40.8 mg tablet MO	3	PA
UROQID-ACID NO.2 500 MG-500 MG TABLET MO	3	
ustell 120 mg-0.12 mg capsule GC,MO	1	PA
UTA 120 MG-0.12 MG CAPSULE MO	3	PA
uticap capsule GC,MO	1	PA
utira-c tablet GC,MO	1	PA
valacyclovir hcl 1 gram tablet GC,MO	1	QL (90 per 30 days)
valacyclovir hcl 500 mg tablet GC,MO	1	QL (60 per 30 days)
VALCYTE 450 MG TABLET MO	4	QL (120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION MO	4	QL (1056 per 30 days)
VALTRES 1 G TABLET MO	3	PA,QL (90 per 30 days)
VALTRES 500 MG TABLET MO	3	PA,QL (60 per 30 days)
VANCOGIN 125 MG CAPSULE MO	4	
VANCOGIN 250 MG CAPSULE MO	4	
vancomycin 1 gm vial HI,GC,MO	1	B vs D
vancomycin 500 mg vial HI,GC,MO	1	B vs D
vancomycin 750 mg/150 ml bag MO	3	
vancomycin hcl 10 gm vial HI,GC,MO	1	B vs D
vancomycin hcl 125 mg capsule MO	4	
vancomycin hcl 1g/200 ml bag MO	3	B vs D
vancomycin hcl 250 mg capsule MO	4	
vancomycin hcl 5 gm vial GC,MO	1	B vs D
vancomycin hcl 750 mg vial GC,MO	1	B vs D
vancomycin-d5w 500 mg/100 ml MO	3	B vs D
VFEND 200 MG TABLET MO	4	PA,QL (120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSP MO	4	PA,QL (400 per 30 days)
VFEND 50 MG TABLET MO	4	PA,QL (120 per 30 days)
VFEND IV 200 MG SOLN HI,MO	3	
VIBATIV 250 MG IV SOLUTION MO	3	B vs D
VIBATIV 750 MG IV SOLUTION MO	3	B vs D
VIBRAMYCIN 100 MG CAPSULE MO	3	
VIBRAMYCIN 25 MG/5 ML ORAL SUSP MO	3	
VIBRAMYCIN 50 MG CAPSULE MO	3	
VIBRAMYCIN 50 MG/5 ML SYRUP MO	3	
VICTRELIS 200 MG CAPSULE SP	4	PA,QL (336 per 28 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION SP	3	
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION SP	3	
VIDEX EC 125 MG CAPSULE,DELAYED RELEASE SP	3	
VIDEX EC 200 MG CAPSULE,DELAYED RELEASE SP	3	
VIDEX EC 250 MG CAPSULE,DELAYED RELEASE SP	3	
VIDEX EC 400 MG CAPSULE,DELAYED RELEASE SP	3	
VIRACEPT 250 MG TABLET SP	3	
VIRACEPT 625 MG TABLET SP	4	
VIRACEPT POWDER SP	3	
VIRAMUNE 200 MG TABLET SP	3	
VIRAMUNE 50 MG/5 ML ORAL SUSP SP	3	
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE SP	3	
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION MO	4	B vs D
VIREAD 150 MG TABLET MO	3	QL (30 per 30 days)
VIREAD 200 MG TABLET MO	3	QL (30 per 30 days)
VIREAD 250 MG TABLET MO	3	QL (30 per 30 days)
VIREAD 300 MG TABLET SP	3	
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER MO	3	QL (240 per 30 days)
visqid a-a tablet GC,MO	1	
VISTIDE 75 MG/ML IV MO	4	
voriconazole 200 mg tablet GC,MO	1	PA,QL (120 per 30 days)
voriconazole 200 mg vial GC,MO	1	
voriconazole 50 mg tablet GC,MO	1	PA,QL (120 per 30 days)
XIFAXAN 200 MG TABLET MO	3	ST,QL (60 per 30 days)
XIFAXAN 550 MG TABLET MO	3	ST,QL (60 per 30 days)
YODOXIN 210 MG TABLET MO	3	
YODOXIN 650 MG TABLET MO	3	
ZERIT 1 MG/ML ORAL SOLUTION SP	3	
ZERIT 15 MG CAPSULE SP	3	
ZERIT 20 MG CAPSULE SP	3	
ZERIT 30 MG CAPSULE SP	3	
ZERIT 40 MG CAPSULE SP	3	
ZIAGEN 20 MG/ML ORAL SOLN GC,SP	2	
ZIAGEN 300 MG TABLET GC,SP	2	
zidovudine 100 mg capsule GC,SP	1	
zidovudine 300 mg tablet GC,SP	1	
zidovudine 50 mg/5 ml syrup GC,SP	1	
ZINACEF 1.5 GRAM IV SOLUTION MO	3	
ZINACEF 1.5 GRAM SOLUTION FOR INJECTION MO	3	
ZINACEF 7.5 GRAM IV SOLUTION MO	3	
ZINACEF 750 MG IV SOLUTION HI,MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZINACEF 750 MG SOLUTION FOR INJECTION MO	3	
ZINACEF IN DEXTROSE (ISO-OSMOTIC) 750 MG/50 ML IV PIGGY BACK HI,MO	3	
ZINACEF IN STERILE WATER 1.5 GRAM/50 ML IV PIGGY BACK HI,MO	3	
ZITHROMAX 1 GRAM ORAL PACKET MO	3	
ZITHROMAX 100 MG/5 ML ORAL SUSP MO	3	
ZITHROMAX 200 MG/5 ML ORAL SUSP MO	3	
ZITHROMAX 250 MG TABLET MO	3	
ZITHROMAX 500 MG IV SOLUTION MO	3	
ZITHROMAX 500 MG TABLET MO	3	
ZITHROMAX 600 MG TABLET MO	3	
ZITHROMAX TRI-PAK 500 MG TABLET MO	3	
ZITHROMAX Z-PAK 250 MG TABLET MO	3	
ZMAX 2 GRAM/60 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ZOSYN 2.25 GRAM IV SOLUTION MO	3	
ZOSYN 3.375 GRAM IV SOLUTION MO	3	
ZOSYN 4.5 GRAM IV SOLUTION MO	3	
ZOSYN 40.5 GRAM IV SOLUTION MO	3	
ZOSYN IN DEXTROSE (ISO-OSMOTIC) 2.25 GRAM/50 ML IV PIGGY BACK MO	3	
ZOSYN IN DEXTROSE (ISO-OSMOTIC) 3.375 GRAM/50 ML IV PIGGY BACK HI,MO	3	
ZOSYN IN DEXTROSE (ISO-OSMOTIC) 4.5 GRAM/100 ML IV PIGGY BACK MO	3	
ZOVIRAX 200 MG CAPSULE MO	3	PA
ZOVIRAX 200 MG/5 ML ORAL SUSP MO	3	PA
ZOVIRAX 400 MG TABLET MO	3	PA
ZOVIRAX 800 MG TABLET MO	3	PA
ZYVOX 100 MG/5 ML ORAL SUSP MO	4	
ZYVOX 200 MG/100 ML IV MO	4	
ZYVOX 600 MG TABLET MO	4	
ZYVOX 600 MG/300 ML IV MO	4	
ANTI-HISTAMINE DRUGS		
AHIST 12 MG TABLET MO	3	
ALLEGRA 180 MG TABLET MO	3	QL (30 per 30 days)
ALLEGRA 30 MG/5 ML ORAL SUSP MO	3	QL (300 per 30 days)
ALLEGRA 60 MG TABLET MO	3	QL (60 per 30 days)
ALLEGRA ODT 30 MG DISINTEGRATING TABLET MO	3	
ALLEGRA-D 12 HOUR 60 MG-120 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
ALLEGRA-D 24 HOUR 180 MG-240 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
arbinoxa 4 mg tablet GC,MO	1	
arbinoxa 4 mg/5 ml oral liquid GC,MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbinoxamine 4 mg/5 ml liquid GC,MO	1	
carbinoxamine maleate 4 mg tab GC,MO	1	
cetirizine hcl 1 mg/ml syrup GC,MO	1	QL (300 per 30 days)
CLARINEX 2.5 MG DISINTEGRATING TABLET MO	3	ST,QL (30 per 30 days)
CLARINEX 2.5 MG/5 ML (0.5 MG/ML) SYRUP MO	3	ST,QL (300 per 30 days)
CLARINEX 5 MG DISINTEGRATING TABLET MO	3	ST,QL (30 per 30 days)
CLARINEX 5 MG TABLET MO	3	ST,QL (30 per 30 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
CLARINEX-D 24 HOUR 5 MG-240 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
clemastine 0.67 mg/5 ml syrup GC,MO	1	
clemastine fum 2.68 mg tab GC,MO	1	
complete allergy medicine GC,MO	1	
cyproheptadine 2 mg/5 ml syrup GC,MO	1	PA
cyproheptadine 4 mg tablet GC,MO	1	PA
desloratadine 5 mg tablet GC,MO	1	ST,QL (30 per 30 days)
dexchlorphen 2 mg/5 ml syrup GC,MO	1	PA
diphenhydramine 12.5 mg/5 ml GC,MO	1	PA
diphenhydramine 50 mg capsule GC,MO	1	PA
diphenhydramine 50 mg/ml syrng GC,MO	1	PA
diphenhydramine 50 mg/ml vial GC,MO	1	PA
dytuss cough syrup MO	3	PA
fexofenadine hcl 180 mg tablet GC,MO	1	QL (30 per 30 days)
fexofenadine hcl 30 mg tablet GC,MO	1	QL (60 per 30 days)
fexofenadine hcl 60 mg tablet GC,MO	1	QL (60 per 30 days)
fexofenadine-pse er 180-240 tb GC,MO	1	QL (30 per 30 days)
fexofenadine-pse er 60-120 tab GC,MO	2	QL (60 per 30 days)
levocetirizine 2.5 mg/5 ml sol GC,MO	1	QL (300 per 30 days)
levocetirizine 5 mg tablet GC,MO	1	QL (30 per 30 days)
NOREL SR TABLET MO	3	
palgic 4 mg tablet GC,MO	1	
palgic 4 mg/5 ml oral liquid GC,MO	1	
phenadoz 12.5 mg rectal suppository GC,MO	1	PA
phenadoz 25 mg rectal suppository GC,MO	1	PA
PHENERGAN 25 MG/ML INJECTION MO	3	PA
PHENERGAN 50 MG/ML INJECTION MO	3	PA
promethazine 12.5 mg suppos GC,MO	1	PA
promethazine 12.5 mg tablet GC,MO	1	PA
promethazine 25 mg suppository GC,MO	1	PA
promethazine 25 mg tablet GC,MO	1	PA
promethazine 25 mg/ml syringe GC,MO	1	PA
promethazine 25 mg/ml vial GC,MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
promethazine 50 mg tablet GC,MO	1	PA
promethazine 50 mg/ml ampul GC,MO	1	PA
promethazine 6.25 mg/5 ml syrp GC,MO	1	PA
promethazine vc 6.25 mg-5 mg/5 ml syrup GC,MO	1	PA
promethegan 12.5 mg rectal suppository GC,MO	1	PA
promethegan 25 mg rectal suppository GC,MO	1	PA
promethegan 50 mg rectal suppository GC,MO	1	
PROTID ER 8 MG-40 MG-500 MG TABLET,EXTENDED RELEASE MO	3	
RESPA-AR 8 MG-90 MG-0.24 MG TABLET,EXTENDED RELEASE MO	3	
ru-tuss tablet MO	3	
SEMPREX-D 8 MG-60 MG CAPSULE MO	3	
XYZAL 2.5 MG/5 ML ORAL SOLN MO	3	QL (300 per 30 days)
XYZAL 5 MG TABLET MO	3	QL (30 per 30 days)
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG IV SOLUTION MO	4	PA,QL (700 per 21 days)
adriamycin 10 mg iv solution GC,MO	1	B vs D
adriamycin 10 mg/5 ml iv GC,MO	1	B vs D
adriamycin 20 mg iv solution GC,MO	1	B vs D
adriamycin 20 mg/10 ml iv GC,MO	1	B vs D
ADRIAMYCIN 50 MG IV SOLUTION GC,MO	1	B vs D
adriamycin 50 mg/25 ml iv GC,MO	1	B vs D
adriamycin pfs 2 mg/ml iv GC,MO	1	B vs D
adrucil 2.5 gram/50 ml iv GC,MO	1	B vs D
adrucil 5 gram/100 ml iv GC,MO	1	B vs D
adrucil 500 mg/10 ml iv GC,MO	1	B vs D
AFINITOR 10 MG TABLET SP	4	PA,QL (30 per 30 days)
AFINITOR 2.5 MG TABLET SP	4	PA,QL (30 per 30 days)
AFINITOR 5 MG TABLET SP	4	PA,QL (30 per 30 days)
AFINITOR 7.5 MG TABLET MO	4	PA,QL (30 per 30 days)
ALIMTA 100 MG IV SOLUTION MO	4	PA
ALIMTA 500 MG IV SOLUTION MO	4	PA
ALKERAN 2 MG TABLET MO	4	B vs D
ALKERAN 50 MG IV SOLUTION MO	4	B vs D
anastrozole 1 mg tablet GC,MO	1	QL (30 per 30 days)
ARIMIDEX 1 MG TABLET MO	3	PA,QL (30 per 30 days)
AROMASIN 25 MG TABLET MO	3	PA
ARRANON 250 MG/50 ML IV MO	4	PA
ARZERRA 1,000 MG/50 ML IV MO	4	PA,QL (400 per 28 days)
ARZERRA 100 MG/5 ML IV MO	4	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML IV MO	4	PA
bicalutamide 50 mg tablet GC,MO	1	QL (30 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOCEFREZ 80 MG IV SOLUTION MO	4	B vs D
docetaxel 160 mg/16 ml vial MO	4	B vs D
docetaxel 160 mg/8 ml vial MO	4	B vs D
docetaxel 20 mg/0.5 ml vial MO	4	B vs D
docetaxel 20 mg/2 ml vial MO	4	B vs D
docetaxel 20 mg/ml vial MO	4	B vs D
docetaxel 80 mg/2 ml vial MO	4	B vs D
docetaxel 80 mg/4 ml vial MO	4	B vs D
docetaxel 80 mg/8 ml vial MO	4	B vs D
DOXIL 2 MG/ML IV MO	4	B vs D
doxorubicin 10 mg vial GC,MO	1	B vs D
doxorubicin 10 mg/5 ml vial GC,MO	1	B vs D
doxorubicin 150 mg/75 ml vial GC,MO	1	B vs D
doxorubicin 20 mg/10 ml vial GC,MO	1	B vs D
doxorubicin 50 mg vial GC,MO	1	B vs D
doxorubicin 50 mg/25 ml vial GC,MO	1	B vs D
DROXIA 200 MG CAPSULE MO	3	
DROXIA 300 MG CAPSULE MO	3	
DROXIA 400 MG CAPSULE MO	3	
ELIGARD 22.5 MG SUB-Q SYRINGE MO	3	PA
ELIGARD 30 MG SUB-Q SYRINGE MO	3	PA
ELIGARD 45 MG SUB-Q SYRINGE MO	3	PA
ELIGARD 7.5 MG SUB-Q SYRINGE MO	3	PA
ELLENCEN 200 MG/100 ML IV MO	4	B vs D
ELLENCEN 50 MG/25 ML IV MO	4	B vs D
ELOXATIN 100 MG/20 ML SOLN MO	4	B vs D
ELOXATIN 200 MG/40 ML SOLN MO	4	B vs D
ELOXATIN 50 MG/10 ML (5 MG/ML) SOLN MO	4	B vs D
ELSPAR 10,000 UNIT SOLUTION FOR INJECTION MO	3	B vs D
EMCYT 140 MG CAPSULE MO	3	
epirubicin 200 mg/100 ml vial GC,MO	1	B vs D
epirubicin 50 mg/25 ml vial GC,MO	1	B vs D
epirubicin hcl 200 mg vial MO	3	B vs D
epirubicin hcl 50 mg vial MO	3	B vs D
ERBITUX 100 MG/50 ML IV MO	4	PA
ERBITUX 200 MG/100 ML IV MO	4	PA
ERIVEDGE 150 MG CAPSULE MO	4	PA, QL (28 per 28 days)
ETOPOPHOS 100 MG IV SOLUTION MO	4	B vs D
etoposide 100 mg/5 ml vial GC,MO	1	
etoposide 50 mg capsule GC,MO	1	
exemestane 25 mg tablet GC,MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FARESTON 60 MG TABLET MO	3	QL (30 per 30 days)
FASLODEX 250 MG/5 ML IM SYRINGE MO	4	B vs D,QL (30 per 30 days)
FEMARA 2.5 MG TABLET MO	3	PA,QL (30 per 30 days)
FIRMAGON 120 MG SUB-Q SOLN MO	4	PA,QL (6 per 365 days)
FIRMAGON 80 MG SUB-Q SOLN MO	3	PA,QL (4 per 28 days)
floxuridine 500 mg vial GC,MO	1	B vs D
FLUDARA 50 MG IV SOLUTION MO	4	B vs D
fludarabine 50 mg vial GC,MO	1	B vs D
fludarabine 50 mg/2 ml vial GC,MO	1	B vs D
fluorouracil 1,000 mg/20 ml vl GC,MO	1	B vs D
fluorouracil 2,500 mg/50 ml vl GC,MO	1	B vs D
fluorouracil 5,000 mg/100 ml GC,MO	1	B vs D
fluorouracil 500 mg/10 ml vial GC,MO	1	B vs D
flutamide 125 mg capsule GC,MO	1	
FOLOTYN 20 MG/ML (1 ML) IV MO	4	
FOLOTYN 40 MG/2 ML (20 MG/ML) IV MO	4	
gemcitabine 1 gram/26.3 ml vl GC,MO	1	B vs D
gemcitabine 2 gram/52.6 ml vl GC,MO	1	B vs D
gemcitabine 200 mg/5.26 ml vl GC,MO	1	B vs D
gemcitabine hcl 1 gram vial GC,MO	1	B vs D
gemcitabine hcl 2 gram vial GC,MO	1	B vs D
gemcitabine hcl 200 mg vial GC,MO	1	B vs D
GEMZAR 1 GRAM IV SOLUTION MO	4	B vs D
GEMZAR 200 MG IV SOLUTION MO	4	B vs D
GLEEVEC 100 MG TABLET SP	4	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET SP	4	PA,QL (60 per 30 days)
HALAVEN 1 MG/2 ML (0.5 MG/ML) IV MO	4	PA,QL (8 per 21 days)
HERCEPTIN 440 MG IV SOLUTION MO	4	PA
HEXALEN 50 MG CAPSULE MO	4	
HYCAMTIN 0.25 MG CAPSULE SP	4	B vs D
HYCAMTIN 1 MG CAPSULE SP	4	B vs D
HYCAMTIN 4 MG IV SOLUTION MO	4	B vs D
HYDREA 500 MG CAPSULE MO	3	
hydroxyurea 500 mg capsule GC,MO	1	
IDAMYCIN PFS 1 MG/ML IV MO	4	B vs D
idarubicin pfs 10 mg/10 ml vl GC,MO	1	B vs D
IFEX 1 GRAM IV SOLUTION MO	3	B vs D
IFEX 3 GRAM IV SOLUTION MO	3	B vs D
ifosfamide 1 gm vial GC,MO	1	B vs D
ifosfamide 1 gm/ 20 ml vial GC,MO	1	B vs D
ifosfamide 3 gm vial GC,MO	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ifosfamide 3 gm/ 60 ml vial GC,MO	1	B vs D
ifosfamide-mesna kit GC,MO	1	B vs D
INLYTA 1 MG TABLET MO	4	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET MO	4	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET SP	4	QL (30 per 30 days)
irinotecan hcl 100 mg/5 ml vl GC,MO	1	B vs D
irinotecan hcl 40 mg/2 ml vial GC,MO	1	B vs D
irinotecan hcl 500 mg/25 ml vl GC,MO	1	B vs D
ISTODAX 10 MG/2 ML IV SOLUTION MO	4	PA
IXEMPRA 15 MG IV SOLUTION MO	4	PA
IXEMPRA 45 MG IV SOLUTION MO	4	PA
JAKAFI 10 MG TABLET MO	4	PA,QL (60 per 30 days)
JAKAFI 15 MG TABLET MO	4	PA,QL (60 per 30 days)
JAKAFI 20 MG TABLET MO	4	PA,QL (60 per 30 days)
JAKAFI 25 MG TABLET MO	4	PA,QL (60 per 30 days)
JAKAFI 5 MG TABLET MO	4	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FINAL CONC.) IV MO	4	PA,QL (4 per 30 days)
letrozole 2.5 mg tablet GC,MO	1	QL (30 per 30 days)
LEUKERAN 2 MG TABLET GC,MO	2	
leuprolide 2wk 1 mg/0.2 ml kt GC,MO	1	PA,QL (3 per 14 days)
LEUSTATIN 10 MG/10 ML VIAL MO	4	B vs D
lipodox 2 mg/ml iv MO	4	B vs D
lipodox 50 2 mg/ml iv MO	4	B vs D
LUPRON DEPOT (3 MONTH) 11.25 MG IM SYRINGE KIT MO	3	PA,QL (1 per 90 days)
LUPRON DEPOT (3 MONTH) 22.5 MG IM SYRINGE KIT MO	3	PA,QL (1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG IM SYRINGE KIT MO	3	PA,QL (1 per 120 days)
LUPRON DEPOT (6 MONTH) 45 MG IM SYRINGE KIT MO	4	PA,QL (1 per 180 days)
LUPRON DEPOT 3.75 MG IM SYRINGE KIT MO	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG IM SYRINGE KIT MO	3	PA,QL (1 per 30 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG IM SYRINGE KIT MO	3	PA,QL (1 per 90 days)
LUPRON DEPOT-PED (3 MONTH) 30 MG IM SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT-PED 11.25 MG IM KIT SP	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 15 MG IM KIT SP	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 7.5 MG (PED) IM KIT SP	4	PA,QL (1 per 28 days)
LYSODREN 500 MG TABLET MO	3	
MATULANE 50 MG CAPSULE SP	4	
MEGACE ES 625 MG/5 ML ORAL SUSP MO	3	
MEGACE ORAL 400 MG/10 ML (40 MG/ML) ORAL SUSP MO	3	
megestrol 20 mg tablet GC,MO	1	
megestrol 40 mg tablet GC,MO	1	
megestrol acet 40 mg/ml susp GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
melphalan hcl 50 mg vial GC,MO	1	B vs D
mercaptopurine 50 mg tablet GC,MO	1	
methotrexate 1 gm vial GC,MO	1	
methotrexate 1 gm/40 ml vial GC,MO	1	
methotrexate 2.5 mg tablet GC,MO	1	
methotrexate 25 mg/ml vial GC,MO	1	
mitomycin 20 mg vial GC,MO	1	B vs D
mitomycin 40 mg vial GC,MO	1	B vs D
mitomycin 5 mg vial GC,MO	1	B vs D
mitoxantrone 25 mg/12.5 ml vial GC,MO	1	B vs D
MUSTARGEN 10 MG SOLUTION FOR INJECTION MO	3	B vs D
MYLERAN 2 MG TABLET MO	3	
NEXAVAR 200 MG TABLET SP	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET MO	3	QL (60 per 30 days)
NIPENT 10 MG IV SOLUTION MO	4	B vs D
NOVANTRONE 2 MG/ML VIAL MO	4	B vs D
OFORTA 10 MG TABLET SP	4	
ONCASPAR 750 UNIT/ML INJECTION MO	4	B vs D
ONTAK 150 MCG/ML IV MO	4	
onxol 6 mg/ml concentrate, iv GC,MO	1	B vs D
oxaliplatin 100 mg vial GC,MO	1	B vs D
oxaliplatin 100 mg/20 ml vial GC,MO	1	B vs D
oxaliplatin 50 mg vial GC,MO	1	B vs D
oxaliplatin 50 mg/10 ml vial GC,MO	1	B vs D
paclitaxel 100 mg/16.7 ml vial GC,MO	1	B vs D
pentostatin 10 mg vial GC,MO	1	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) IV MO	4	PA,QL (14 per 21 days)
PHOTOFRIN 75 MG IV SOLUTION MO	4	B vs D
PROLEUKIN 22 MILLION UNIT IV SOLUTION MO	4	
PURINETHOL 50 MG TABLET MO	3	
REVLIMID 10 MG CAPSULE SP	4	PA,QL (28 per 28 days)
REVLIMID 15 MG CAPSULE SP	4	PA,QL (28 per 28 days)
REVLIMID 2.5 MG CAPSULE MO	4	PA,QL (28 per 28 days)
REVLIMID 25 MG CAPSULE SP	4	PA,QL (28 per 28 days)
REVLIMID 5 MG CAPSULE SP	4	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLETS IN A DOSE PACK MO	3	
RITUXAN 10 MG/ML CONCENTRATE, IV MO	4	PA
SPRYCEL 100 MG TABLET SP	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET SP	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET SP	4	PA,QL (90 per 30 days)
SPRYCEL 50 MG TABLET SP	4	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPRYCEL 70 MG TABLET SP	4	PA,QL (60 per 30 days)
SPRYCEL 80 MG TABLET SP	4	PA,QL (60 per 30 days)
SUTENT 12.5 MG CAPSULE SP	4	PA,QL (28 per 28 days)
SUTENT 25 MG CAPSULE SP	4	PA,QL (28 per 28 days)
SUTENT 50 MG CAPSULE SP	4	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET GC,MO	1	
tamoxifen 10 mg tablet GC,MO	1	
tamoxifen 20 mg tablet GC,MO	1	
TARCEVA 100 MG TABLET SP	4	PA,QL (30 per 30 days)
TARCEVA 150 MG TABLET SP	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET SP	4	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE SP	4	PA
TASIGNA 150 MG CAPSULE SP	4	PA,QL (120 per 30 days)
TASIGNA 200 MG CAPSULE SP	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/0.5 ML VIAL MO	4	B vs D
TAXOTERE 20 MG/ML (1 ML) IV MO	4	B vs D
TAXOTERE 80 MG/4 ML (20 MG/ML) IV MO	4	B vs D
TAXOTERE 80 MG/8 ML (FINAL CONC.) IV MO	4	B vs D
TEMODAR 100 MG CAPSULE SP	4	QL (60 per 30 days)
TEMODAR 100 MG IV SOLUTION MO	4	QL (27 per 30 days)
TEMODAR 140 MG CAPSULE SP	4	QL (30 per 30 days)
TEMODAR 180 MG CAPSULE SP	4	QL (30 per 30 days)
TEMODAR 20 MG CAPSULE SP	3	QL (270 per 30 days)
TEMODAR 250 MG CAPSULE SP	4	QL (10 per 30 days)
TEMODAR 5 MG CAPSULE SP	3	QL (90 per 30 days)
thiotepa 15 mg vial GC,MO	1	B vs D
toposar 20 mg/ml iv GC,MO	1	B vs D
topotecan hcl 4 mg vial GC,MO	1	B vs D
topotecan hcl 4 mg/4 ml vial MO	4	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FINAL) IV SOLUTION MO	4	PA,QL (100 per 28 days)
TREANDA 100 MG IV SOLUTION MO	4	PA,QL (600 per 21 days)
TREANDA 25 MG IV SOLUTION MO	4	PA,QL (300 per 21 days)
TRELSTAR 11.25 MG/2 ML IM SYRINGE MO	3	PA,QL (1 per 84 days)
TRELSTAR 22.5 MG IM SUSP MO	3	PA,QL (1 per 168 days)
TRELSTAR 22.5 MG/2 ML IM SYRINGE MO	3	PA,QL (1 per 168 days)
TRELSTAR 3.75 MG/2 ML IM SYRINGE MO	3	PA,QL (1 per 28 days)
TRELSTAR DEPOT 3.75 MG IM SUSP MO	3	PA,QL (1 per 28 days)
TRELSTAR LA 11.25 MG IM SUSP MO	3	PA,QL (1 per 84 days)
tretinoin 10 mg capsule GC,SP	1	
TREXALL 10 MG TABLET GC,MO	1	
TREXALL 15 MG TABLET GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TREXALL 5 MG TABLET GC,MO	1	
TREXALL 7.5 MG TABLET GC,MO	1	
TRISENOX 10 MG/10 ML IV MO	3	B vs D
TYKERB 250 MG TABLET SP	4	PA,QL (150 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL MO	4	
VANDETANIB 100 MG TABLET SP	4	PA,QL (60 per 30 days)
VANDETANIB 300 MG TABLET SP	4	PA,QL (30 per 30 days)
VECTIBIX 100 MG/5 ML (20 MG/ML) IV MO	4	PA
VECTIBIX 400 MG/20 ML (20 MG/ML) IV MO	4	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION MO	4	PA
VIDAZA 100 MG SUB-Q SOLN MO	4	PA
vinblastine 1 mg/ml vial GC,MO	1	B vs D
vinblastine sulf 10 mg vial GC,MO	1	B vs D
vincasar pfs 2 mg/2 ml iv GC,MO	1	B vs D
vincristine 1 mg/ml vial GC,MO	1	B vs D
vincristine 2 mg/2 ml vial GC,MO	1	B vs D
vinorelbine 10 mg/ml vial GC,MO	1	B vs D
vinorelbine 50 mg/5 ml vial GC,MO	1	
VOTRIENT 200 MG TABLET SP	4	PA,QL (120 per 30 days)
VUMON 10 MG/ML IV MO	3	B vs D
XALKORI 200 MG CAPSULE SP	4	PA,QL (60 per 30 days)
XALKORI 250 MG CAPSULE SP	4	PA,QL (60 per 30 days)
XELODA 150 MG TABLET SP	3	
XELODA 500 MG TABLET SP	3	
YERVOY 200 MG/40 ML (5 MG/ML) IV MO	4	PA,QL (1 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) IV MO	4	PA,QL (3 per 21 days)
ZANOSAR 1 GRAM IV SOLUTION MO	3	B vs D
ZELBORAF 240 MG TABLET SP	4	PA,QL (240 per 30 days)
ZOLADEX 10.8 MG SUBQ IMPLANT MO	4	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBQ IMPLANT MO	3	PA,QL (1 per 28 days)
ZOLINZA 100 MG CAPSULE SP	4	PA,QL (120 per 30 days)
ZYTIGA 250 MG TABLET SP	4	PA,QL (120 per 30 days)
AUTONOMIC DRUGS		
ACCUNEB 0.63 MG/3 ML NEB SOLUTION MO	3	B vs D
ACCUNEB 1.25 MG/3 ML NEB SOLUTION MO	3	B vs D
ADRENACLICK 0.15 MG AUTO-INJECT MO	3	
ADRENACLICK 0.3 MG AUTO-INJECT MO	3	
adrenalin 1 mg/ml (1:1,000) (1 ml) injection MO	3	
ADRENALIN 1 MG/ML (1:1,000) INJECTION MO	3	
albuterol 0.083% inhal soln GC,MO	1	B vs D
albuterol 2.5 mg/0.5 ml sol GC,MO	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
albuterol 5 mg/ml solution GC,MO	1	B vs D
albuterol sul 0.63 mg/3 ml sol GC,MO	1	B vs D
albuterol sul 1.25 mg/3 ml sol GC,MO	1	B vs D
albuterol sulf 2 mg/5 ml syrup GC,MO	1	
albuterol sulfate 2 mg tab GC,MO	1	
albuterol sulfate 4 mg tab GC,MO	1	
albuterol sulfate er 4 mg tab GC,MO	1	
albuterol sulfate er 8 mg tab GC,MO	1	
alfuzosin hcl er 10 mg tablet GC,MO	1	QL (30 per 30 days)
AMRIX 15 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (21 per 30 days)
AMRIX 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (21 per 30 days)
ANASPAZ 0.125 MG DISINTEGRATING TABLET MO	3	PA
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE MO	3	PA,QL (30 per 30 days)
ARICEPT 10 MG TABLET MO	3	PA,QL (60 per 30 days)
ARICEPT 23 MG TABLET MO	3	ST,QL (30 per 30 days)
ARICEPT 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ARICEPT ODT 10 MG DISINTEGRATING TABLET MO	3	PA,QL (30 per 30 days)
ARICEPT ODT 5 MG DISINTEGRATING TABLET MO	3	PA,QL (30 per 30 days)
atracurium 100 mg/10 ml vial GC,MO	1	
atropine 0.05 mg/ml syringe GC,MO	1	
atropine 0.1 mg/ml abboject GC,MO	1	
atropine 0.4 mg/0.5 ml ampul GC,MO	1	
atropine 0.4 mg/ml vial GC,MO	1	
atropine 1 mg/ml vial GC,MO	1	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MO	3	QL (30 per 30 days)
baclofen 10 mg tablet GC,MO	1	
baclofen 20 mg tablet GC,MO	1	
BENTYL 10 MG CAPSULE GC,MO	1	PA
BENTYL 10 MG/5 ML SYRUP MO	3	PA
BENTYL 10 MG/ML IM MO	3	PA
BENTYL 20 MG TABLET GC,MO	1	PA
bethanechol 10 mg tablet GC,MO	1	
bethanechol 25 mg tablet GC,MO	1	
bethanechol 5 mg tablet GC,MO	1	
bethanechol 50 mg tablet GC,MO	1	
BROVANA 15 MCG/2 ML NEB SOLUTION MO	3	B vs D,QL (120 per 30 days)
CAFERGOT 1 MG-100 MG TABLET GC,MO	1	
CANTIL 25 MG TABLET MO	3	
carisoprodol 250 mg tablet GC,MO	2	PA,QL (120 per 30 days)
carisoprodol 350 mg tablet GC,MO	1	PA
carisoprodol compound tab GC,MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carisoprodol cpd-codeine tab GC,MO	1	PA
CHANTIX 0.5 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH PAK 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	3	QL (56 per 28 days)
CHANTIX STARTING MONTH PAK 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	3	QL (56 per 28 days)
chlorzoxazone 500 mg tablet GC,MO	1	PA
cisatracurium 20 mg/10 ml vial GC,MO	1	
cisatracurium 200 mg/20 ml vial GC,MO	1	
COMBIVENT 18 MCG-103 MCG/ACTUATION AEROSOL INHALER MO	3	QL (30 per 28 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION AEROSOL INHALER MO	3	QL (4 per 20 days)
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLN MO	3	
cyclobenzaprine 10 mg tablet GC,MO	1	PA
cyclobenzaprine 5 mg tablet GC,MO	1	PA
cyclobenzaprine 7.5 mg tablet GC,MO	1	PA,QL (90 per 30 days)
cyclobenzaprine er 15 mg cap MO	3	PA,QL (21 per 30 days)
cyclobenzaprine er 30 mg cap MO	3	PA,QL (21 per 30 days)
D.H.E.45 1 MG/ML INJECTION MO	4	
DANTRIUM 100 MG CAPSULE MO	3	
DANTRIUM 20 MG IV SOLUTION MO	3	
DANTRIUM 25 MG CAPSULE MO	3	
DANTRIUM 50 MG CAPSULE MO	3	
dantrolene sodium 100 mg cap GC,MO	1	
dantrolene sodium 25 mg cap GC,MO	1	
dantrolene sodium 50 mg cap GC,MO	1	
DIBENZYLINE 10 MG CAPSULE MO	3	
dicyclomine 10 mg capsule GC,MO	1	PA
dicyclomine 10 mg/5 ml syrup GC,MO	1	PA
dicyclomine 10 mg/ml vial GC,MO	1	PA
dicyclomine 20 mg tablet GC,MO	1	PA
dihydroergotamine 1 mg/ml am GC,MO	1	
dobutamine 1 gm-d5w 250 ml GC,MO	1	
dobutamine 12.5 mg/ml vial GC,MO	1	
dobutamine 250 mg-d5w 250 ml GC,MO	1	
dobutamine 250 mg-d5w 500 ml GC,MO	1	
dobutamine 500 mg-d5w 250 ml GC,MO	1	
dobutamine 500 mg-d5w 500 ml GC,MO	1	
donepezil hcl 10 mg tablet GC,MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
donepezil hcl 5 mg tablet GC,MO	1	QL (30 per 30 days)
donepezil hcl odt 10 mg tablet GC,MO	1	QL (30 per 30 days)
donepezil hcl odt 5 mg tablet GC,MO	1	QL (30 per 30 days)
dopamine 160 mg/ml vial GC,MO	1	
dopamine 200 mg-d5w 250 ml GC,MO	1	
dopamine 40 mg/ml vial GC,MO	1	
dopamine 400 mg-d5w 250 ml GC,MO	1	
dopamine 400 mg-d5w 500 ml GC,MO	1	
dopamine 80 mg/ml vial GC,MO	1	
dopamine 800 mg-d5w 250 ml GC,MO	1	
dopamine 800 mg-d5w 500 ml GC,MO	1	
DUONEB 0.5 MG-3 MG(2.5 MG BASE)/3 ML NEB SOLUTION MO	3	B vs D
ed-spaz 0.125 mg disintegrating tablet GC,MO	1	PA
ephedrine su 50 mg/ml vial GC,MO	1	
epinephrine 0.1 mg/ml syringe GC,MO	1	
epinephrine 0.15 mg auto-inject GC,MO	1	
epinephrine 0.3 mg auto-inject GC,MO	2	
epinephrine 1 mg/ml ampul GC,MO	1	
epinephrine 1 mg/ml vial GC,MO	1	
EPIPEN 0.3 MG/0.3 ML (1:1,000) IM INJECTOR GB,GC,MO	2	
EPIPEN JR 0.15 MG/0.3 ML (1:2,000) IM INJECTOR GB,GC,MO	2	
ergoloid mesylates 1 mg tab GC,MO	1	PA
ERGOMAR 2 MG SUBLINGUAL TABLET GC,MO	1	
ergotamine-caffeine tablet GC,MO	1	
EVOXAC 30 MG CAPSULE MO	3	
EXELON 1.5 MG CAPSULE MO	3	PA,QL (90 per 30 days)
EXELON 2 MG/ML ORAL SOLN MO	3	QL (240 per 30 days)
EXELON 3 MG CAPSULE MO	3	PA,QL (90 per 30 days)
EXELON 4.5 MG CAPSULE MO	3	PA,QL (60 per 30 days)
EXELON 4.6 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
EXELON 6 MG CAPSULE MO	3	PA,QL (60 per 30 days)
EXELON 9.5 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
FEXMID 7.5 MG TABLET GC,MO	1	PA,QL (90 per 30 days)
FLEXERIL 10 MG TABLET MO	3	PA
FLEXERIL 5 MG TABLET MO	3	PA
FLOMAX 0.4 MG CAPSULE MO	3	QL (60 per 30 days)
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE GC,MO	2	QL (60 per 30 days)
galantamine 4 mg/ml oral soln GC,MO	1	QL (200 per 30 days)
galantamine er 16 mg capsule GC,MO	1	QL (30 per 30 days)
galantamine er 24 mg capsule GC,MO	1	QL (30 per 30 days)
galantamine er 8 mg capsule GC,MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
galantamine hbr 12 mg tablet GC,MO	1	QL (60 per 30 days)
galantamine hbr 4 mg tablet GC,MO	1	QL (60 per 30 days)
galantamine hbr 8 mg tablet GC,MO	1	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial GC,MO	1	
glycopyrrolate 1 mg tablet GC,MO	1	
glycopyrrolate 2 mg tablet GC,MO	1	
guanidine hcl 125 mg tablet GC,MO	1	
hyomax 0.125 mg tablet GC,MO	1	PA
hyomax-ft 0.125 mg disintegrating tablet GC,MO	1	PA
hyomax-sl 0.125 mg sublingual tablet GC,MO	1	PA
hyoscyamine 0.125 mg odt GC,MO	1	PA
hyoscyamine 0.125 mg tab sl GC,MO	1	PA
hyoscyamine 0.125 mg/ml drop GC,MO	1	PA
hyoscyamine 125 mcg/5 ml elix GC,MO	1	PA
hyoscyamine sulf 0.125 mg tab GC,MO	1	PA
hyosyne 0.125 mg/5 ml elixir GC,MO	1	PA
hyosyne 0.125 mg/ml oral drops GC,MO	1	PA
iprat-albut 0.5-3(2.5) mg/3 ml GC,MO	1	B vs D
ipratropium br 0.02% soln GC,MO	1	B vs D
isoproterenol 0.2 mg/ml syrn GC,MO	1	
ISUPREL 0.2 MG/ML INJECTION MO	3	
levalbuterol conc 1.25 mg/0.5 GC,MO	1	B vs D
LEVOPHED 1 MG/ML IV MO	3	
LEVSIN 0.125 MG TABLET MO	3	PA
LEVSIN 0.5 MG/ML INJECTION MO	3	PA
LEVSIN/SL 0.125 MG SUBLINGUAL TABLET GC,MO	1	PA
LIORESAL 2,000 MCG/ML INTRATHECAL MO	3	B vs D
LIORESAL 50 MCG/ML INTRATHECAL MO	3	B vs D
LIORESAL 500 MCG/ML INTRATHECAL MO	3	B vs D
LORZONE 375 MG TABLET GC,MO	1	PA,QL (120 per 30 days)
LORZONE 750 MG TABLET GC,MO	1	PA,QL (120 per 30 days)
MAXAIR AUTOHALER 200 MCG/INHALATION BREATH ACTIVATED MO	3	QL (14 per 30 days)
MESTINON 60 MG TABLET MO	3	PA
MESTINON 60 MG/5 ML SYRUP MO	3	
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE MO	3	
metaproterenol 10 mg tablet GC,MO	1	
metaproterenol 10 mg/5 ml syr GC,MO	1	
metaproterenol 20 mg tablet GC,MO	1	
metaxalone 800 mg tablet GC,MO	1	PA,QL (120 per 30 days)
methocarbamol 500 mg tablet GC,MO	1	PA
methocarbamol 750 mg tablet GC,MO	1	PA

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methscopolamine brom 2.5 mg tb GC,MO	1	
methscopolamine brom 5 mg tab GC,MO	1	
midodrine hcl 10 mg tablet GC,MO	1	
midodrine hcl 2.5 mg tablet GC,MO	1	
midodrine hcl 5 mg tablet GC,MO	1	
migergot 2 mg-100 mg rectal suppository GC,MO	1	
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY MO	3	QL (8 per 30 days)
MYTELASE 10 MG TABLET MO	3	
NEO-SYNEPHRINE 10 MG/ML INJECTION MO	3	
neostigmine 1:1,000 vial GC,MO	1	
neostigmine 1:2,000 vial GC,MO	1	
NICOTROL 10 MG INHALATION CARTRIDGE MO	3	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	3	
NIMBEX 10 MG/ML IV MO	3	
NIMBEX 2 MG/ML IV MO	3	
norepinephrine 4 mg/4 ml ampul GC,MO	1	
NORFLEX 60 MG/2 ML AMPUL MO	3	PA
nulev 0.125 mg disintegrating tablet MO	3	PA
orphenadrine 30 mg/ml ampule GC,MO	1	
orphenadrine compound 25 mg-385 mg-30 mg tablet GC,MO	1	PA
orphenadrine compound-ds 50 mg-770 mg-60 mg tablet GC,MO	1	
orphenadrine er 100 mg tablet GC,MO	1	
oscimin 0.125 mg disintegrating tablet GC,MO	1	PA
oscimin 0.125 mg tablet GC,MO	1	PA
oscimin sl 0.125 mg sublingual tablet GC,MO	1	PA
PAMINE 2.5 MG TABLET GB,MO	3	
PAMINE FORTE 5 MG TABLET MO	3	
pancuronium 1 mg/ml vial GC,MO	1	
pancuronium 2 mg/ml vial GC,MO	1	
PARAFON FORTE DSC 500 MG TABLET MO	3	PA
PERFOROMIST 20 MCG/2 ML NEB SOLUTION MO	3	B vs D
phentolamine 5 mg vial GC,MO	1	
phenylephrine 10 mg/ml vial GC,MO	1	
physostigmine 1 mg/ml ampul GC,MO	1	
pilocarpine hcl 5 mg tablet GC,MO	1	
pilocarpine hcl 7.5 mg tablet GC,MO	1	
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (36 per 30 days)
PROAMATINE 10 MG TABLET MO	3	
PROAMATINE 2.5 MG TABLET MO	3	
PROAMATINE 5 MG TABLET MO	3	
propranolol 15 mg tablet GC,MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROSTIGMIN 15 MG TABLET MO	3	
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
pyridostigmine br 60 mg tablet GC,MO	1	
RAPAFLO 4 MG CAPSULE GC,MO	2	QL (30 per 30 days)
RAPAFLO 8 MG CAPSULE GC,MO	2	QL (30 per 30 days)
RAZADYNE 12 MG TABLET MO	3	PA,QL (60 per 30 days)
RAZADYNE 4 MG TABLET MO	3	PA,QL (60 per 30 days)
RAZADYNE 4 MG/ML ORAL SOLN MO	3	PA,QL (200 per 30 days)
RAZADYNE 8 MG TABLET MO	3	PA,QL (60 per 30 days)
RAZADYNE ER 16 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
RAZADYNE ER 24 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
RAZADYNE ER 8 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION MO	3	
revonto 20 mg iv solution GC,MO	1	
rivastigmine 1.5 mg capsule GC,MO	1	QL (90 per 30 days)
rivastigmine 3 mg capsule GC,MO	1	QL (90 per 30 days)
rivastigmine 4.5 mg capsule GC,MO	1	QL (60 per 30 days)
rivastigmine 6 mg capsule GC,MO	1	QL (60 per 30 days)
ROBAXIN 100 MG/ML INJECTION MO	3	
ROBAXIN 500 MG TABLET GB,MO	3	PA
ROBAXIN-750 750 MG TABLET MO	3	PA
ROBINUL 0.2 MG/ML INJECTION MO	3	
ROBINUL 1 MG TABLET MO	3	
ROBINUL FORTE 2 MG TABLET MO	3	
rocuronium 100 mg/10 ml vial GC,MO	1	
sal-tropine 0.4 mg tablet GC,MO	1	PA
SALAGEN 5 MG TABLET MO	3	
SALAGEN 7.5 MG TABLET MO	3	
scopolamine 0.4 mg/ml vial GC,MO	1	PA
SEREVENT DISKUS 50 MCG/DOSE FOR INHALATION GC,MO	2	QL (60 per 30 days)
SKELAXIN 800 MG TABLET MO	3	PA,QL (120 per 30 days)
SOMA 250 MG TABLET MO	3	PA,QL (120 per 30 days)
SOMA 350 MG TABLET MO	3	PA
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES GC,MO	2	QL (30 per 30 days)
symax fastabs 0.125 mg disintegrating tablet GC,MO	1	PA
symax-sl 0.125 mg sublingual tablet GC,MO	1	PA
tamsulosin hcl 0.4 mg capsule GC,MO	1	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial GC,MO	1	
terbutaline sulfate 2.5 mg tab GC,MO	1	
terbutaline sulfate 5 mg tab GC,MO	1	
tizanidine hcl 2 mg capsule MO	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tizanidine hcl 2 mg tablet GC,MO	1	
tizanidine hcl 4 mg capsule MO	3	ST
tizanidine hcl 4 mg tablet GC,MO	1	
tizanidine hcl 6 mg capsule MO	3	ST
tubocurarine cl 3 mg/ml syrn GC,MO	1	
TWINJECT 0.15 MG AUTO-INJECTOR MO	3	
TWINJECT 0.3 MG AUTO-INJECTOR MO	3	
URECHOLINE 10 MG TABLET GC,MO	1	PA
URECHOLINE 25 MG TABLET GC,MO	1	PA
URECHOLINE 5 MG TABLET GC,MO	1	PA
URECHOLINE 50 MG TABLET GC,MO	1	PA
UROXATRAL 10 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
vecuronium 10 mg vial GC,MO	1	
vecuronium 20 mg vial GC,MO	1	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (36 per 30 days)
VOSPIRE ER 4 MG TABLET,EXTENDED RELEASE GC,MO	1	PA
VOSPIRE ER 8 MG TABLET,EXTENDED RELEASE GC,MO	1	PA
XOPENEX 0.31 MG/3 ML NEB SOLUTION MO	3	B vs D
XOPENEX 0.63 MG/3 ML NEB SOLUTION MO	3	B vs D
XOPENEX 1.25 MG/3 ML NEB SOLUTION MO	3	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML NEB SOLUTION MO	3	B vs D
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (30 per 30 days)
ZANAFLEX 2 MG CAPSULE MO	3	ST
ZANAFLEX 4 MG CAPSULE MO	3	ST
ZANAFLEX 4 MG TABLET MO	3	PA
ZANAFLEX 6 MG CAPSULE MO	3	ST
ZEMURON 10 MG/ML IV MO	3	
BLOOD FORMATION,COAGULATION & THROMBOSIS		
ACTIVASE 100 MG SOLUTION MO	4	B vs D
ACTIVASE 50 MG SOLUTION MO	4	B vs D
AGRYLIN 0.5 MG CAPSULE MO	3	PA
ALPHANINE SD 1,000 (+/-) UNIT IV SOLUTION MO	3	
AMICAR 1,000 MG TABLET MO	3	
AMICAR 25% SOLUTION GC,MO	1	
AMICAR 500 MG TABLET MO	3	
aminocaproic acid 1,000 mg tab GC,MO	1	
aminocaproic acid 25% solution GC,MO	1	
aminocaproic acid 250 mg/ml GC,MO	1	
aminocaproic acid 500 mg tab GC,MO	1	
anagrelide hcl 0.5 mg capsule GC,MO	1	
anagrelide hcl 1 mg capsule GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARANESP (POLYSORBATE) 100 MCG/0.5 ML SYRINGE SP	4	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 100 MCG/ML INJECTION SP	4	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 150 MCG/0.3 ML SYRINGE SP	4	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 150 MCG/0.75 ML INJECTION SP	4	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 200 MCG/0.4 ML SYRINGE SP	4	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 200 MCG/ML INJECTION SP	4	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 25 MCG/0.42 ML SYRINGE SP	3	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 25 MCG/ML INJECTION SP	3	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 300 MCG/0.6 ML SYRINGE SP	4	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 300 MCG/ML INJECTION SP	4	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 40 MCG/0.4 ML SYRINGE SP	3	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 40 MCG/ML INJECTION SP	3	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 500 MCG/ML SYRINGE SP	4	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 60 MCG/0.3 ML SYRINGE SP	3	PA,QL (4 per 30 days)
ARANESP (POLYSORBATE) 60 MCG/ML INJECTION SP	3	PA,QL (4 per 30 days)
argatroban 100 mg/ml vial GC,MO	1	B vs D
ARIXTRA 10 MG/0.8 ML SUB-Q SYRINGE HI,MO	3	QL (14 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SUB-Q SYRINGE HI,MO	3	QL (14 per 30 days)
ARIXTRA 5 MG/0.4 ML SUB-Q SYRINGE HI,MO	3	QL (14 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SUB-Q SYRINGE HI,MO	3	QL (14 per 30 days)
BRILINTA 90 MG TABLET MO	3	ST,QL (60 per 30 days)
CEPROTIN (BLUE BAR) 500 UNIT IV SOLUTION MO	3	
CEPROTIN (GREEN BAR) 1,000 UNIT IV SOLUTION MO	3	
cilostazol 100 mg tablet GC,MO	1	
cilostazol 50 mg tablet GC,MO	1	
clopidogrel 300 mg tablet GC,MO	1	QL (1 per 30 days)
clopidogrel 75 mg tablet GC,MO	1	QL (30 per 30 days)
COUMADIN 1 MG TABLET MO	3	
COUMADIN 10 MG TABLET MO	3	
COUMADIN 2 MG TABLET MO	3	
COUMADIN 2.5 MG TABLET MO	3	
COUMADIN 3 MG TABLET MO	3	
COUMADIN 4 MG TABLET MO	3	
COUMADIN 5 MG IV SOLUTION MO	3	
COUMADIN 5 MG TABLET MO	3	
COUMADIN 6 MG TABLET MO	3	
COUMADIN 7.5 MG TABLET MO	3	
CYKLOKAPRON 100 MG/ML IV GC,MO	2	
EFFIENT 10 MG TABLET MO	3	QL (30 per 30 days)
EFFIENT 5 MG TABLET MO	3	QL (30 per 30 days)
enoxaparin 100 mg/ml syr GC,MO	1	QL (28 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enoxaparin 120 mg/0.8 ml syr GC,MO	1	QL (28 per 30 days)
enoxaparin 150 mg/ml syr GC,MO	1	QL (28 per 30 days)
enoxaparin 30 mg/0.3 ml syr GC,MO	1	QL (28 per 30 days)
enoxaparin 300 mg/3 ml vial GC,MO	1	QL (14 per 30 days)
enoxaparin 40 mg/0.4 ml syr GC,MO	1	QL (28 per 30 days)
enoxaparin 60 mg/0.6 ml syr HI,GC,MO	1	QL (28 per 30 days)
enoxaparin 80 mg/0.8 ml syr GC,MO	1	QL (28 per 30 days)
EPOGEN 10,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML INJECTION GC,SP	2	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SP	3	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION GC,SP	2	PA,QL (14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION GC,SP	2	PA,QL (14 per 30 days)
fe c plus 100 mg-250 mg-25 mcg-1 mg tablet GC,MO	1	
fondaparinux 10 mg/0.8 ml syr GC,MO	1	QL (14 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr GC,MO	1	QL (14 per 30 days)
fondaparinux 5 mg/0.4 ml syr GC,MO	1	QL (14 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr GC,MO	1	QL (14 per 30 days)
FRAGMIN 10,000 UNIT/ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 25,000 UNIT/ML SUB-Q MO	3	QL (2 per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SUB-Q SYRINGE MO	3	QL (14 per 30 days)
heparin iv flush 1 unit/ml syr GC,MO	1	
heparin iv flush 10 unit/ml sy GC,MO	1	
heparin iv flush 100 units/ml GC,MO	1	
heparin lock flush (porcine) (pf) 10 unit/ml iv syringe GC,MO	1	
heparin lock flush (porcine) (pf) 100 unit/ml iv syringe GC,MO	1	
heparin sod 1,000 unit/ml vial GC,MO	1	B vs D
heparin sod 10,000 unit/ml v l HI,GC,MO	1	
heparin sod 2,000 unit/ml vial GC,MO	1	
heparin sod 2,500 unit/ml vial GC,MO	1	
heparin sod 20,000 unit/ml v l HI,GC,MO	1	
heparin sod 5,000 unit/ 0.5 ml GC,MO	1	
heparin sod 5,000 unit/0.5 ml GC,MO	1	
heparin sod 5,000 unit/ml syr GC,MO	1	
heparin sod 5,000 unit/ml vial GC,MO	1	
heparin-1/2ns 12,500 unit/250 GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin-1/2ns 25,000 unit/250 HI,GC,MO	1	
heparin-1/2ns 25,000 unit/500 GC,MO	1	
heparin-d5w 12,500 unit/250 ml GC,MO	1	
heparin-d5w 20,000 unit/500 ml GC,MO	1	
heparin-d5w 25,000 unit/250 ml GC,MO	1	
heparin-d5w 25,000 unit/500 ml GC,MO	1	
heparin-ns 1,000 unit/500 ml GC,MO	1	
heparin-ns 2,000 unit/1,000 ml HI,GC,MO	1	
ICAR-C PLUS 100 MG-250 MG-25 MCG-1 MG TABLET MO	3	
INNOHEP 20,000 UNIT/ML VIAL MO	3	QL (14 per 30 days)
INTEGRILIN 0.75 MG/ML IV MO	3	
INTEGRILIN 2 MG/ML IV MO	3	
jantoven 1 mg tablet GC,MO	1	
jantoven 10 mg tablet GC,MO	1	
jantoven 2 mg tablet GC,MO	1	
jantoven 2.5 mg tablet GC,MO	1	
jantoven 3 mg tablet GC,MO	1	
jantoven 4 mg tablet GC,MO	1	
jantoven 5 mg tablet GC,MO	1	
jantoven 6 mg tablet GC,MO	1	
jantoven 7.5 mg tablet GC,MO	1	
LEUKINE 250 MCG SOLUTION FOR INJECTION SP	4	PA
LEUKINE 500 MCG/ML INJECTION SP	4	PA
LOVENOX 100 MG/ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 120 MG/0.8 ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 150 MG/ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 30 MG/0.3 ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 300 MG/3 ML SUB-Q HI,MO	3	QL (14 per 30 days)
LOVENOX 40 MG/0.4 ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 60 MG/0.6 ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LOVENOX 80 MG/0.8 ML SUB-Q SYRINGE MO	3	QL (28 per 30 days)
LYSTEDA 650 MG TABLET MO	3	PA,QL (30 per 5 days)
monoject prefill (pf) 10 unit/ml iv syringe GC,MO	1	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUB-Q SP	4	PA,QL (8 per 30 days)
NEULASTA 6 MG/0.6 ML SUB-Q SYRINGE SP	4	PA,QL (2 per 28 days)
NEUMEGA 5 MG SUB-Q SOLN SP	4	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML SYRINGE SP	4	PA,QL (14 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SP	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML SYRINGE SP	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SP	4	PA,QL (14 per 30 days)
OMONTYS 10 MG/ML INJECTION MO	4	PA,QL (2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pentoxifylline er 400 mg tab GC,MO	1	
PLAVIX 300 MG TABLET GC,MO	2	QL (1 per 30 days)
PLAVIX 75 MG TABLET GC,MO	2	QL (30 per 30 days)
PLETAL 100 MG TABLET MO	3	
PLETAL 50 MG TABLET MO	3	
PRADAXA 150 MG CAPSULE MO	3	QL (60 per 30 days)
PRADAXA 75 MG CAPSULE MO	3	QL (60 per 30 days)
PROCRIT 10,000 UNIT/ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION GC,SP	2	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SP	3	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SP	4	PA,QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION GC,SP	2	PA,QL (14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION GC,SP	2	PA,QL (14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SP	4	PA,QL (4 per 30 days)
PROMACTA 12.5 MG TABLET MO	4	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET SP	4	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET SP	4	PA,QL (30 per 30 days)
PROMACTA 75 MG TABLET SP	4	PA,QL (30 per 30 days)
protamine 10 mg/ml vial GC,MO	1	B vs D
REFLUDAN 50 MG IV SOLUTION MO	4	B vs D
REOPRO 10 MG/5 ML IV MO	4	
RIASTAP 1 GRAM (900 MG-1,300 MG) IV SOLUTION MO	3	
ticlopidine 250 mg tablet GC,MO	1	
TNKASE 50 MG IV KIT MO	4	
tranexamic acid 1,000 mg/10 ml GC,MO	1	
tranexamic acid 1000 mg/10 ml GC,MO	1	
TRENTAL 400 MG TABLET,EXTENDED RELEASE MO	3	
warfarin sodium 1 mg tablet GC,MO	1	
warfarin sodium 10 mg tablet GC,MO	1	
warfarin sodium 2 mg tablet GC,MO	1	
warfarin sodium 2.5 mg tablet GC,MO	1	
warfarin sodium 3 mg tablet GC,MO	1	
warfarin sodium 4 mg tablet GC,MO	1	
warfarin sodium 5 mg tablet GC,MO	1	
warfarin sodium 6 mg tablet GC,MO	1	
warfarin sodium 7.5 mg tablet GC,MO	1	
XARELTO 10 MG TABLET MO	3	QL (35 per 60 days)
XARELTO 15 MG TABLET MO	3	QL (30 per 30 days)
XARELTO 20 MG TABLET MO	3	QL (30 per 30 days)
CARDIOVASCULAR DRUGS		
ACCUPRIL 10 MG TABLET GB,MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACCUPRIL 20 MG TABLET GB,MO	3	
ACCUPRIL 40 MG TABLET GB,MO	3	
ACCUPRIL 5 MG TABLET MO	3	
ACCURETIC 10 MG-12.5 MG TABLET MO	3	
ACCURETIC 20 MG-12.5 MG TABLET MO	3	
ACCURETIC 20 MG-25 MG TABLET MO	3	
acebutolol 200 mg capsule GC,MO	1	
acebutolol 400 mg capsule GC,MO	1	
ACEON 2 MG TABLET GB,MO	3	
ACEON 4 MG TABLET MO	3	
ACEON 8 MG TABLET MO	3	
ADALAT CC 30 MG TABLET,EXTENDED RELEASE GB,MO	3	QL (60 per 30 days)
ADALAT CC 60 MG TABLET,EXTENDED RELEASE GB,MO	3	QL (60 per 30 days)
ADALAT CC 90 MG TABLET,EXTENDED RELEASE GB,MO	3	QL (60 per 30 days)
ADCIRCA 20 MG TABLET SP	4	PA,QL (60 per 30 days)
ADENOCARD 3 MG/ML IV SYRINGE MO	3	
adenosine 12 mg/4 ml syringe GC,MO	1	
adenosine 12 mg/4 ml vial GC,MO	1	
ADVICOR 1,000 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ADVICOR 1,000 MG-40 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ADVICOR 500 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ADVICOR 750 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
afeditab cr 30 mg tablet,extended release GC,MO	1	QL (60 per 30 days)
afeditab cr 60 mg tablet,extended release GC,MO	1	QL (60 per 30 days)
AGGRENOX 200 MG-25 MG CAPSULE, EXTENDED RELEASE GC,MO	2	
ALDACTAZIDE 25 MG-25 MG TABLET MO	3	
ALDACTAZIDE 50 MG-50 MG TABLET MO	3	
ALDACTONE 100 MG TABLET MO	3	
ALDACTONE 25 MG TABLET GB,MO	3	
ALDACTONE 50 MG TABLET MO	3	
ALTACE 1.25 MG CAPSULE MO	3	PA
ALTACE 10 MG CAPSULE MO	3	PA
ALTACE 2.5 MG CAPSULE MO	3	PA
ALTACE 5 MG CAPSULE MO	3	PA
ALTOPREV 20 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ALTOPREV 40 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ALTOPREV 60 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
amiodarone 150 mg/3 ml syringe GC,MO	1	
amiodarone 900 mg/18 ml vial GC,MO	1	
amiodarone hcl 200 mg tablet GC,MO	1	
amiodarone hcl 400 mg tablet GC,MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine besylate 10 mg tab GC,MO	1	
amlodipine besylate 2.5 mg tab GC,MO	1	
amlodipine besylate 5 mg tab GC,MO	1	
amlodipine-atorvast 10-10 mg GC,MO	1	QL (30 per 30 days)
amlodipine-atorvast 10-20 mg GC,MO	1	QL (30 per 30 days)
amlodipine-atorvast 10-40 mg GC,MO	1	QL (30 per 30 days)
amlodipine-atorvast 10-80 mg GC,MO	1	QL (30 per 30 days)
amlodipine-atorvast 2.5-10 mg GC,MO	1	QL (30 per 30 days)
amlodipine-atorvast 2.5-20 mg GC,MO	1	QL (30 per 30 days)
amlodipine-atorvast 2.5-40 mg GC,MO	1	QL (30 per 30 days)
amlodipine-atorvast 5-10 mg GC,MO	1	QL (30 per 30 days)
amlodipine-atorvast 5-20 mg GC,MO	1	QL (30 per 30 days)
amlodipine-atorvast 5-40 mg GC,MO	1	QL (30 per 30 days)
amlodipine-atorvast 5-80 mg GC,MO	1	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg GC,MO	1	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg GC,MO	1	QL (30 per 30 days)
amlodipine-benazepril 2.5-10 GC,MO	1	QL (60 per 30 days)
amlodipine-benazepril 5-10 mg GC,MO	1	QL (60 per 30 days)
amlodipine-benazepril 5-20 mg GC,MO	1	QL (60 per 30 days)
amlodipine-benazepril 5-40 mg GC,MO	1	QL (30 per 30 days)
AMTURNIDE 150 MG-5 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-25 MG TABLET GC,MO	2	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-25 MG TABLET GC,MO	2	QL (30 per 30 days)
amyl nitrite ampul GC,MO	1	
ANTARA 130 MG CAPSULE MO	3	QL (30 per 30 days)
ANTARA 43 MG CAPSULE MO	3	QL (30 per 30 days)
ATACAND 16 MG TABLET MO	3	QL (60 per 30 days)
ATACAND 32 MG TABLET MO	3	QL (30 per 30 days)
ATACAND 4 MG TABLET MO	3	QL (60 per 30 days)
ATACAND 8 MG TABLET MO	3	QL (60 per 30 days)
ATACAND HCT 16 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
ATACAND HCT 32 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
ATACAND HCT 32 MG-25 MG TABLET MO	3	QL (30 per 30 days)
atenolol 100 mg tablet GC,MO	1	
atenolol 25 mg tablet GC,MO	1	
atenolol 50 mg tablet GC,MO	1	
atenolol-chlorthal 50-25 tb GC,MO	1	
atenolol-chlorthalidone 100-25 GC,MO	1	
atorvastatin 10 mg tablet GC,MO	1	QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
atorvastatin 20 mg tablet GC,MO	1	QL (30 per 30 days)
atorvastatin 40 mg tablet GC,MO	1	QL (30 per 30 days)
atorvastatin 80 mg tablet GC,MO	1	QL (30 per 30 days)
AVALIDE 150 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
AVALIDE 300 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
AVALIDE 300-25 MG TABLET GC,MO	2	QL (30 per 30 days)
AVAPRO 150 MG TABLET GC,MO	2	QL (30 per 30 days)
AVAPRO 300 MG TABLET GC,MO	2	QL (30 per 30 days)
AVAPRO 75 MG TABLET GC,MO	2	QL (30 per 30 days)
AZOR 10 MG-20 MG TABLET MO	3	QL (30 per 30 days)
AZOR 10 MG-40 MG TABLET MO	3	QL (30 per 30 days)
AZOR 5 MG-20 MG TABLET MO	3	QL (30 per 30 days)
AZOR 5 MG-40 MG TABLET MO	3	QL (30 per 30 days)
benazepril hcl 10 mg tablet GC,MO	1	
benazepril hcl 20 mg tablet GC,MO	1	
benazepril hcl 40 mg tablet GC,MO	1	
benazepril hcl 5 mg tablet GC,MO	1	
benazepril-hctz 10-12.5 mg tab GC,MO	1	
benazepril-hctz 20-12.5 mg tab GC,MO	1	
benazepril-hctz 20-25 mg tab GC,MO	1	
benazepril-hctz 5-6.25 mg tab GC,MO	1	
BENICAR 20 MG TABLET MO	3	QL (30 per 30 days)
BENICAR 40 MG TABLET MO	3	QL (30 per 30 days)
BENICAR 5 MG TABLET MO	3	QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
BENICAR HCT 40 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
BENICAR HCT 40 MG-25 MG TABLET MO	3	QL (30 per 30 days)
BETAPACE 120 MG TABLET MO	3	PA
BETAPACE 160 MG TABLET MO	3	PA
BETAPACE 240 MG TABLET MO	3	PA
BETAPACE 80 MG TABLET MO	3	PA
BETAPACE AF 120 MG TABLET MO	3	PA
BETAPACE AF 160 MG TABLET MO	3	PA
BETAPACE AF 80 MG TABLET MO	3	PA
betaxolol 10 mg tablet GC,MO	1	
betaxolol 20 mg tablet GC,MO	1	
BIDIL 20 MG-37.5 MG TABLET GC,MO	2	QL (180 per 30 days)
bisoprolol fumarate 10 mg tab GC,MO	1	
bisoprolol fumarate 5 mg tab GC,MO	1	
bisoprolol-hctz 10-6.25 mg tab GC,MO	1	
bisoprolol-hctz 2.5-6.25 mg tb GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bisoprolol-hctz 5-6.25 mg tab GC,MO	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) IV MO	3	
BREVIBLOC IN SODIUM CHLORIDE (ISO-OSM) 2,000 MG/100 ML (20 MG/ML) IV MO	3	
BREVIBLOC IN SODIUM CHLORIDE (ISO-OSM) 2,500 MG/250 ML (10 MG/ML) IV MO	3	
BYSTOLIC 10 MG TABLET GC,MO	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG TABLET GC,MO	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET GC,MO	2	QL (60 per 30 days)
BYSTOLIC 5 MG TABLET GC,MO	2	QL (30 per 30 days)
CADUET 10 MG-10 MG TABLET MO	3	QL (30 per 30 days)
CADUET 10 MG-20 MG TABLET MO	3	QL (30 per 30 days)
CADUET 10 MG-40 MG TABLET MO	3	QL (30 per 30 days)
CADUET 10 MG-80 MG TABLET MO	3	QL (30 per 30 days)
CADUET 2.5 MG-10 MG TABLET MO	3	QL (30 per 30 days)
CADUET 2.5 MG-20 MG TABLET MO	3	QL (30 per 30 days)
CADUET 2.5 MG-40 MG TABLET MO	3	QL (30 per 30 days)
CADUET 5 MG-10 MG TABLET MO	3	QL (30 per 30 days)
CADUET 5 MG-20 MG TABLET MO	3	QL (30 per 30 days)
CADUET 5 MG-40 MG TABLET MO	3	QL (30 per 30 days)
CADUET 5 MG-80 MG TABLET MO	3	QL (30 per 30 days)
CALAN 120 MG TABLET MO	3	
CALAN 80 MG TABLET GB,MO	3	
CALAN SR 120 MG TABLET,EXTENDED RELEASE MO	3	
CALAN SR 180 MG TABLET,EXTENDED RELEASE MO	3	
CALAN SR 240 MG TABLET,EXTENDED RELEASE MO	3	
captopril 100 mg tablet GC,MO	1	
captopril 12.5 mg tablet GC,MO	1	
captopril 25 mg tablet GC,MO	1	
captopril 50 mg tablet GC,MO	1	
captopril-hctz 25-15 mg tablet GC,MO	1	
captopril-hctz 25-25 mg tablet GC,MO	1	
captopril-hctz 50-15 mg tablet GC,MO	1	
captopril-hctz 50-25 mg tablet GC,MO	1	
CARDENE SR 30 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARDENE SR 60 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARDIZEM 120 MG TABLET MO	3	
CARDIZEM 30 MG TABLET MO	3	
CARDIZEM 60 MG TABLET MO	3	
CARDIZEM 90 MG TABLET MO	3	
CARDIZEM CD 120 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARDIZEM CD 180 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CARDIZEM CD 240 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CARDIZEM CD 300 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CARDIZEM CD 360 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 120 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 180 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARDIZEM LA 240 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARDIZEM LA 300 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 360 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 420 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDURA 1 MG TABLET MO	3	
CARDURA 2 MG TABLET MO	3	
CARDURA 4 MG TABLET MO	3	
CARDURA 8 MG TABLET MO	3	
CARDURA XL 4 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDURA XL 8 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
cartia xt 120 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
cartia xt 180 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
cartia xt 240 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release GC,MO	1	QL (30 per 30 days)
carvedilol 12.5 mg tablet GC,MO	1	
carvedilol 25 mg tablet GC,MO	1	
carvedilol 3.125 mg tablet GC,MO	1	
carvedilol 6.25 mg tablet GC,MO	1	
CATAPRES 0.1 MG TABLET MO	3	
CATAPRES 0.2 MG TABLET MO	3	
CATAPRES 0.3 MG TABLET MO	3	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERM PATCH MO	3	QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERM PATCH MO	3	QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERM PATCH MO	3	QL (4 per 28 days)
cholestyramine light 4 gram oral powder GC,MO	1	
cholestyramine light 4 gram packet GC,MO	1	
cholestyramine packet GC,MO	1	
cholestyramine powder GC,MO	1	
CIALIS 2.5 MG TABLET MO	3	PA,QL (30 per 30 days)
CIALIS 5 MG TABLET MO	3	PA,QL (30 per 30 days)
clonidine 0.1 mg/day patch GC,MO	1	QL (4 per 28 days)
clonidine 0.2 mg/day patch GC,MO	1	QL (4 per 28 days)
clonidine 0.3 mg/day patch GC,MO	1	QL (4 per 28 days)
clonidine hcl 0.1 mg tablet GC,MO	1	
clonidine hcl 0.2 mg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clonidine hcl 0.3 mg tablet GC,MO	1	
clorpres 0.1 mg-15 mg tablet GC,MO	1	
clorpres 0.2 mg-15 mg tablet GC,MO	1	
clorpres 0.3 mg-15 mg tablet GC,MO	1	
COLESTID 1 GRAM TABLET MO	3	
COLESTID 5 GRAM ORAL GRANULES MO	3	
COLESTID 5 GRAM ORAL PACKET MO	3	
COLESTID FLAVORED 5 GRAM ORAL GRANULES MO	3	
COLESTID FLAVORED 7.5 G PACKET MO	3	
colestipol hcl 1 gm tablet GC,MO	1	
colestipol hcl granules GC,MO	1	
colestipol hcl granules packet GC,MO	1	
colestipol micronized 1 gm tab GC,MO	1	
CORDARONE 200 MG TABLET MO	3	
COREG 12.5 MG TABLET MO	3	PA
COREG 25 MG TABLET MO	3	PA
COREG 3.125 MG TABLET MO	3	PA
COREG 6.25 MG TABLET MO	3	PA
COREG CR 10 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
COREG CR 20 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
COREG CR 40 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
COREG CR 80 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
CORGARD 20 MG TABLET MO	3	
CORGARD 40 MG TABLET MO	3	
CORGARD 80 MG TABLET MO	3	
CORLOPAM 10 MG/ML IV MO	3	
CORVERT 0.1 MG/ML IV MO	3	
CORZIDE 40 MG-5 MG TABLET GB,MO	3	
CORZIDE 80 MG-5 MG TABLET GB,MO	3	
COVERA-HS ER 180 MG TABLET MO	3	QL (90 per 30 days)
COVERA-HS ER 240 MG TABLET GB,MO	3	QL (60 per 30 days)
COZAAR 100 MG TABLET MO	3	QL (60 per 30 days)
COZAAR 25 MG TABLET MO	3	QL (60 per 30 days)
COZAAR 50 MG TABLET MO	3	QL (60 per 30 days)
CRESTOR 10 MG TABLET GC,MO	2	QL (30 per 30 days)
CRESTOR 20 MG TABLET GC,MO	2	QL (30 per 30 days)
CRESTOR 40 MG TABLET GC,MO	2	QL (30 per 30 days)
CRESTOR 5 MG TABLET GC,MO	2	QL (30 per 30 days)
digoxin 0.25 mg/ml ampul GC,MO	1	
digoxin 0.25 mg/ml syringe GC,MO	1	
digoxin 125 mcg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
digoxin 250 mcg tablet GC,MO	1	
digoxin 50 mcg/ml solution GC,MO	1	
DILACOR XR 240 MG CAPSULE, EXTENDED RELEASE GC,MO	1	QL (60 per 30 days)
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE GB,MO	3	
dilt-cd 120 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
dilt-cd 180 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
dilt-cd 240 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
dilt-cd 300 mg capsule,extended release GC,MO	1	QL (30 per 30 days)
dilt-xr 120 mg capsule, extended release GC,MO	1	QL (60 per 30 days)
dilt-xr 180 mg capsule, extended release GC,MO	1	QL (60 per 30 days)
dilt-xr 240 mg capsule, extended release GC,MO	1	QL (60 per 30 days)
diltia xt 120 mg capsule, extended release GC,MO	1	QL (60 per 30 days)
diltia xt 180 mg capsule, extended release GC,MO	1	QL (60 per 30 days)
diltia xt 240 mg capsule, extended release GC,MO	1	QL (60 per 30 days)
diltiazem 120 mg tablet GC,MO	1	
diltiazem 24hr cd 120 mg cap GC,MO	1	QL (60 per 30 days)
diltiazem 24hr cd 180 mg cap GC,MO	1	QL (60 per 30 days)
diltiazem 24hr er 180 mg tab GC,MO	1	QL (60 per 30 days)
diltiazem 24hr er 240 mg cap GC,MO	1	QL (60 per 30 days)
diltiazem 24hr er 240 mg tab GC,MO	1	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap GC,MO	1	QL (30 per 30 days)
diltiazem 24hr er 300 mg tab GC,MO	1	QL (30 per 30 days)
diltiazem 24hr er 360 mg cap GC,MO	1	QL (30 per 30 days)
diltiazem 24hr er 360 mg tab GC,MO	1	QL (30 per 30 days)
diltiazem 24hr er 420 mg tab GC,MO	1	QL (30 per 30 days)
diltiazem 25 mg/5 ml carpuject GC,MO	1	
diltiazem 30 mg tablet GC,MO	1	
diltiazem 50 mg/10 ml vial GC,MO	1	
diltiazem 60 mg tablet GC,MO	1	
diltiazem 90 mg tablet GC,MO	1	
diltiazem er 120 mg 12-hr cap GC,MO	1	
diltiazem er 120 mg capsule GC,MO	1	QL (60 per 30 days)
diltiazem er 180 mg capsule GC,MO	1	QL (60 per 30 days)
diltiazem er 240 mg capsule GC,MO	1	QL (60 per 30 days)
diltiazem er 60 mg 12-hr cap GC,MO	1	
diltiazem er 90 mg 12-hr cap GC,MO	1	
diltiazem hcl 100 mg vial GC,MO	1	
diltiazem hcl er 240 mg cap GC,MO	1	QL (60 per 30 days)
diltiazem hcl er 300 mg cap GC,MO	1	QL (30 per 30 days)
diltiazem hcl er 360 mg cap GC,MO	1	QL (30 per 30 days)
diltiazem hcl er 420 mg cap GC,MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltzac er 120 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
diltzac er 180 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
diltzac er 240 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
diltzac er 300 mg capsule,extended release GC,MO	1	QL (30 per 30 days)
diltzac er 360 mg capsule,extended release GC,MO	1	QL (30 per 30 days)
DIOVAN 160 MG TABLET GC,MO	2	QL (60 per 30 days)
DIOVAN 320 MG TABLET GC,MO	2	QL (60 per 30 days)
DIOVAN 40 MG TABLET GC,MO	2	QL (60 per 30 days)
DIOVAN 80 MG TABLET GC,MO	2	QL (60 per 30 days)
DIOVAN HCT 160 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
DIOVAN HCT 160 MG-25 MG TABLET GC,MO	2	QL (30 per 30 days)
DIOVAN HCT 320 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
DIOVAN HCT 320 MG-25 MG TABLET GC,MO	2	QL (30 per 30 days)
DIOVAN HCT 80 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
dipyridamole 25 mg tablet GC,MO	1	PA
dipyridamole 50 mg tablet GC,MO	1	PA
dipyridamole 75 mg tablet GC,MO	1	PA
disopyramide 100 mg capsule GC,MO	1	
disopyramide 150 mg cap sa GC,MO	1	
disopyramide 150 mg capsule GC,MO	1	
doxazosin mesylate 1 mg tab GC,MO	1	
doxazosin mesylate 2 mg tab GC,MO	1	
doxazosin mesylate 4 mg tab GC,MO	1	
doxazosin mesylate 8 mg tab GC,MO	1	
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
DYNACIRC CR 10 MG TABLET MO	3	QL (60 per 30 days)
DYNACIRC CR 5 MG TABLET MO	3	QL (90 per 30 days)
EDARBI 40 MG TABLET MO	3	ST,QL (30 per 30 days)
EDARBI 80 MG TABLET MO	3	ST,QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET MO	3	ST,QL (30 per 30 days)
EDARBYCLOR 40 MG-25 MG TABLET MO	3	ST,QL (30 per 30 days)
enalapril maleate 10 mg tab GC,MO	1	
enalapril maleate 2.5 mg tab GC,MO	1	
enalapril maleate 20 mg tab GC,MO	1	
enalapril maleate 5 mg tablet GC,MO	1	
enalapril-hctz 10-25 mg tablet GC,MO	1	
enalapril-hctz 5-12.5 mg tab GC,MO	1	
enalaprilat 1.25 mg/ml vial GC,MO	1	
epplerenone 25 mg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
eplerenone 50 mg tablet GC,MO	1	
epoprostenol sodium 0.5 mg vial GC,MO	1	PA
epoprostenol sodium 1.5 mg vial GC,MO	1	PA
eprosartan mesylate 600 mg tab GC,MO	1	QL (60 per 30 days)
esmolol hcl 100 mg/10 ml vial GC,MO	1	
EXFORGE 10 MG-160 MG TABLET GC,MO	2	QL (30 per 30 days)
EXFORGE 10 MG-320 MG TABLET GC,MO	2	QL (30 per 30 days)
EXFORGE 5 MG-160 MG TABLET GC,MO	2	QL (30 per 30 days)
EXFORGE 5 MG-320 MG TABLET GC,MO	2	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-25 MG TABLET GC,MO	2	QL (30 per 30 days)
EXFORGE HCT 10 MG-320 MG-25 MG TABLET GC,MO	2	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-25 MG TABLET GC,MO	2	QL (30 per 30 days)
felodipine er 10 mg tablet GC,MO	1	QL (30 per 30 days)
felodipine er 2.5 mg tablet GC,MO	1	QL (30 per 30 days)
felodipine er 5 mg tablet GC,MO	1	QL (30 per 30 days)
fenofibrate 134 mg capsule GC,MO	1	QL (30 per 30 days)
fenofibrate 160 mg tablet GC,MO	1	QL (30 per 30 days)
fenofibrate 200 mg capsule GC,MO	1	QL (30 per 30 days)
fenofibrate 54 mg tablet GC,MO	1	QL (60 per 30 days)
fenofibrate 67 mg capsule GC,MO	1	QL (60 per 30 days)
fenofibric acid 105 mg tablet GC,MO	2	PA,QL (30 per 30 days)
fenofibric acid 35 mg tablet GC,MO	2	PA,QL (30 per 30 days)
FENOGLIDE 120 MG TABLET MO	3	PA,QL (30 per 30 days)
FENOGLIDE 40 MG TABLET MO	3	PA,QL (60 per 30 days)
fenoldopam 10 mg/ml ampule GC,MO	1	
FIBRICOR 105 MG TABLET MO	3	PA,QL (30 per 30 days)
FIBRICOR 35 MG TABLET MO	3	PA,QL (30 per 30 days)
flecainide acetate 100 mg tab GC,MO	1	
flecainide acetate 150 mg tab GC,MO	1	
flecainide acetate 50 mg tab GC,MO	1	
fluvastatin sodium 20 mg cap GC,MO	1	QL (60 per 30 days)
fluvastatin sodium 40 mg cap GC,MO	1	QL (60 per 30 days)
fosinopril sodium 10 mg tab GC,MO	1	
fosinopril sodium 20 mg tab GC,MO	1	
fosinopril sodium 40 mg tab GC,MO	1	
fosinopril-hctz 10-12.5 mg tab GC,MO	1	
fosinopril-hctz 20-12.5 mg tab GC,MO	1	
gemfibrozil 600 mg tablet GC,MO	1	QL (60 per 30 days)
guanabenz acetate 4 mg tab GC,MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
guanabenz acetate 8 mg tab GC,MO	1	
guanfacine 1 mg tablet GC,MO	1	
guanfacine 2 mg tablet GC,MO	1	
hydralazine 10 mg tablet GC,MO	1	
hydralazine 100 mg tablet GC,MO	1	
hydralazine 20 mg/ml vial GC,MO	1	
hydralazine 25 mg tablet GC,MO	1	
hydralazine 50 mg tablet GC,MO	1	
HYZAAR 100 MG-12.5 MG TABLET MO	3	QL (60 per 30 days)
HYZAAR 100 MG-25 MG TABLET MO	3	QL (60 per 30 days)
HYZAAR 50 MG-12.5 MG TABLET MO	3	QL (60 per 30 days)
ibutilide fum 1 mg/10 ml vial GC,MO	1	
IMDUR 120 MG TABLET,EXTENDED RELEASE MO	3	
IMDUR 30 MG TABLET,EXTENDED RELEASE MO	3	
IMDUR 60 MG TABLET,EXTENDED RELEASE MO	3	
inamrinone 100 mg/20 ml vial GC,MO	1	
INDERAL LA 120 MG CAPSULE,EXTENDED RELEASE MO	3	
INDERAL LA 160 MG CAPSULE,EXTENDED RELEASE MO	3	
INDERAL LA 60 MG CAPSULE,EXTENDED RELEASE MO	3	
INDERAL LA 80 MG CAPSULE,EXTENDED RELEASE MO	3	
INNOPRAN XL 120 MG CAPSULE,EXTENDED RELEASE MO	3	
INNOPRAN XL 80 MG CAPSULE,EXTENDED RELEASE MO	3	
INSPRA 25 MG TABLET MO	3	PA
INSPRA 50 MG TABLET MO	3	PA
irbesartan 150 mg tablet GC,MO	1	QL (30 per 30 days)
irbesartan 300 mg tablet GC,MO	1	QL (30 per 30 days)
irbesartan 75 mg tablet GC,MO	1	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb GC,MO	1	QL (30 per 30 days)
irbesartan-hctz 300-12.5 mg tb GC,MO	1	QL (30 per 30 days)
ISMO 20 MG TABLET MO	3	
isochron 40 mg tablet,extended release GC,MO	1	
isoditrate 40 mg tablet,extended release GC,MO	1	
ISOPTIN SR 120 MG TABLET GB,MO	3	
ISOPTIN SR 180 MG TABLET GB,MO	3	
ISOPTIN SR 240 MG TABLET MO	3	
ISORDIL 40 MG TABLET MO	3	
ISORDIL TITRADOSE 5 MG TABLET MO	3	
isosorbide dn 10 mg tablet GC,MO	1	
isosorbide dn 2.5 mg tab sl GC,MO	1	
isosorbide dn 20 mg tablet GC,MO	1	
isosorbide dn 30 mg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
isosorbide dn 5 mg tablet GC,MO	1	
isosorbide dn 5 mg tablet sl GC,MO	1	
isosorbide dn er 40 mg tablet GC,MO	1	
isosorbide mn 10 mg tablet GC,MO	1	
isosorbide mn 20 mg tablet GC,MO	1	
isosorbide mn er 120 mg tab GC,MO	1	
isosorbide mn er 30 mg tablet GC,MO	1	
isosorbide mn er 60 mg tablet GC,MO	1	
isradipine 2.5 mg capsule GC,MO	1	
isradipine 5 mg capsule GC,MO	1	
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (120 per 30 days)
KERLONE 10 MG TABLET GC,MO	1	
KERLONE 20 MG TABLET MO	3	
labetalol hcl 100 mg tablet GC,MO	1	
labetalol hcl 20 mg/4 ml crpj GC,MO	1	
labetalol hcl 200 mg tablet GC,MO	1	
labetalol hcl 300 mg tablet GC,MO	1	
labetalol hcl 5 mg/ml vial GC,MO	1	
LANOXIN 125 MCG TABLET GB,MO	3	
LANOXIN 250 MCG TABLET GB,MO	3	
LANOXIN 250 MCG/ML INJECTION MO	3	
LANOXIN PEDIATRIC 100 MCG/ML INJECTION MO	3	
LESCOL 20 MG CAPSULE GC,MO	2	QL (60 per 30 days)
LESCOL 40 MG CAPSULE GC,MO	2	QL (60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE GC,MO	2	QL (30 per 30 days)
LETAIRIS 10 MG TABLET SP	4	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET SP	4	PA,QL (30 per 30 days)
LEVATOL 20 MG TABLET MO	3	
lidocaine 0.4% in d5w soln GC,MO	1	
lidocaine 0.8% in d5w soln GC,MO	1	
lidocaine hcl 1% syringe GC,MO	1	
lidocaine hcl 2% abboject GC,MO	1	
LIPITOR 10 MG TABLET GC,MO	2	PA,QL (30 per 30 days)
LIPITOR 20 MG TABLET GC,MO	2	PA,QL (30 per 30 days)
LIPITOR 40 MG TABLET GC,MO	2	PA,QL (30 per 30 days)
LIPITOR 80 MG TABLET GC,MO	2	PA,QL (30 per 30 days)
LIPOFEN 150 MG CAPSULE MO	3	QL (30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	3	QL (60 per 30 days)
lisinopril 10 mg tablet GC,MO	1	
lisinopril 2.5 mg tablet GC,MO	1	
lisinopril 20 mg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lisinopril 30 mg tablet GC,MO	1	
lisinopril 40 mg tablet GC,MO	1	
lisinopril 5 mg tablet GC,MO	1	
lisinopril-hctz 10-12.5 mg tab GC,MO	1	
lisinopril-hctz 20-12.5 mg tab GC,MO	1	
lisinopril-hctz 20-25 mg tab GC,MO	1	
LIVALO 1 MG TABLET MO	3	ST,QL (30 per 30 days)
LIVALO 2 MG TABLET MO	3	ST,QL (30 per 30 days)
LIVALO 4 MG TABLET MO	3	ST,QL (30 per 30 days)
lofibra 134 mg capsule GC,MO	1	QL (30 per 30 days)
LOFIBRA 160 MG TABLET GC,MO	1	QL (30 per 30 days)
lofibra 200 mg capsule GC,MO	1	QL (30 per 30 days)
LOFIBRA 54 MG TABLET GC,MO	1	QL (60 per 30 days)
lofibra 67 mg capsule GC,MO	1	QL (60 per 30 days)
LOPID 600 MG TABLET MO	3	PA,QL (60 per 30 days)
LOPRESSOR 100 MG TABLET MO	3	
LOPRESSOR 5 MG/5 ML IV MO	3	
LOPRESSOR 50 MG TABLET MO	3	
LOPRESSOR HCT 100 MG-25 MG TABLET MO	3	
LOPRESSOR HCT 50 MG-25 MG TABLET GB,MO	3	
losartan potassium 100 mg tab GC,MO	1	QL (60 per 30 days)
losartan potassium 25 mg tab GC,MO	1	QL (60 per 30 days)
losartan potassium 50 mg tab GC,MO	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg tab GC,MO	1	QL (60 per 30 days)
losartan-hctz 100-25 mg tab GC,MO	1	QL (60 per 30 days)
losartan-hctz 50-12.5 mg tab GC,MO	1	QL (60 per 30 days)
LOTENSIN 10 MG TABLET GB,MO	3	
LOTENSIN 20 MG TABLET MO	3	
LOTENSIN 40 MG TABLET MO	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET GB,MO	3	
LOTENSIN HCT 20 MG-12.5 MG TABLET GB,MO	3	
LOTENSIN HCT 20 MG-25 MG TABLET MO	3	
LOTREL 10 MG-20 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LOTREL 10 MG-40 MG CAPSULE MO	3	PA,QL (30 per 30 days)
LOTREL 2.5 MG-10 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LOTREL 5 MG-10 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LOTREL 5 MG-20 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LOTREL 5 MG-40 MG CAPSULE MO	3	PA,QL (30 per 30 days)
lovastatin 10 mg tablet GC,MO	1	QL (60 per 30 days)
lovastatin 20 mg tablet GC,MO	1	QL (60 per 30 days)
lovastatin 40 mg tablet GC,MO	1	QL (60 per 30 days)

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

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MINIPRESS 2 MG CAPSULE GB,MO	3	
MINIPRESS 5 MG CAPSULE GB,MO	3	
minoxidil 10 mg tablet GC,MO	1	
minoxidil 2.5 mg tablet GC,MO	1	
moexipril hcl 15 mg tablet GC,MO	1	
moexipril hcl 7.5 mg tablet GC,MO	1	
moexipril-hctz 15-12.5 mg tab GC,MO	1	
moexipril-hctz 15-25 mg tablet GC,MO	1	
moexipril-hctz 7.5-12.5 mg tab GC,MO	1	
MONOKET 10 MG TABLET GB,MO	3	
MONOKET 20 MG TABLET MO	3	
MULTAQ 400 MG TABLET GC,MO	2	QL (60 per 30 days)
nadolol 20 mg tablet GC,MO	1	
nadolol 40 mg tablet GC,MO	1	
nadolol 80 mg tablet GC,MO	1	
nadolol-bendroflu 40-5 mg tab GC,MO	1	
nadolol-bendroflu 80-5 mg tab GC,MO	1	
NATRECOR 1.5 MG IV SOLUTION MO	3	
NEXTERONE 150 MG/100 ML (1.5 MG/ML) IV MO	3	
NEXTERONE 360 MG/200 ML (1.8 MG/ML) IV MO	3	
niacor 500 mg tablet GC,MO	1	
NIASPAN EXTENDED-RELEASE 1,000 MG TABLET,EXTENDED RELEASE GC,MO	2	
NIASPAN EXTENDED-RELEASE 500 MG TABLET,EXTENDED RELEASE GC,MO	2	
NIASPAN EXTENDED-RELEASE 750 MG TABLET,EXTENDED RELEASE GC,MO	2	
nicardipine 20 mg capsule GC,MO	1	
nicardipine 25 mg/10 ml ampule GC,MO	1	
nicardipine 30 mg capsule GC,MO	1	
nifediac cc 30 mg tablet,extended release GC,MO	1	QL (60 per 30 days)
nifediac cc 60 mg tablet,extended release GC,MO	1	QL (60 per 30 days)
nifediac cc 90 mg tablet,extended release GC,MO	1	QL (60 per 30 days)
nifedical xl 30 mg tablet,extended release GC,MO	1	QL (60 per 30 days)
nifedical xl 60 mg tablet,extended release GC,MO	1	QL (60 per 30 days)
nifedipine 10 mg capsule GC,MO	1	PA
nifedipine 20 mg capsule GC,MO	1	PA
nifedipine er 30 mg tablet GC,MO	1	QL (60 per 30 days)
nifedipine er 60 mg tablet GC,MO	1	QL (60 per 30 days)
nifedipine er 90 mg tablet GC,MO	1	QL (60 per 30 days)
nimodipine 30 mg capsule GC,MO	1	
NIMOTOP 30 MG CAPSULE MO	4	
nisoldipine er 17 mg tablet GC,MO	1	QL (30 per 30 days)
nisoldipine er 20 mg tablet GC,MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nisoldipine er 25.5 mg tablet GC,MO	1	QL (60 per 30 days)
nisoldipine er 30 mg tablet GC,MO	1	QL (60 per 30 days)
nisoldipine er 34 mg tablet GC,MO	1	QL (30 per 30 days)
nisoldipine er 40 mg tablet GC,MO	1	QL (30 per 30 days)
nisoldipine er 8.5 mg tablet GC,MO	1	QL (30 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT GC,MO	1	
NITRO-DUR 0.1 MG/HR TRANSDERM 24 HR PATCH GB,MO	3	QL (30 per 30 days)
NITRO-DUR 0.2 MG/HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR TRANSDERM 24 HR PATCH MO	3	
NITRO-DUR 0.4 MG/HR TRANSDERM 24 HR PATCH MO	3	QL (60 per 30 days)
NITRO-DUR 0.6 MG/HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
NITRO-DUR 0.8 MG/HR TRANSDERM 24 HR PATCH MO	3	
nitroglycerin 0.1 mg/hr patch GC,MO	1	QL (30 per 30 days)
nitroglycerin 0.2 mg/hr patch GC,MO	1	QL (30 per 30 days)
nitroglycerin 0.3 mg tab sl GC,MO	1	
nitroglycerin 0.4 mg tablet sl GC,MO	1	
nitroglycerin 0.4 mg/hr patch GC,MO	1	QL (60 per 30 days)
nitroglycerin 0.6 mg tab sl GC,MO	1	
nitroglycerin 0.6 mg/hr patch GC,MO	1	QL (30 per 30 days)
nitroglycerin 5 mg/ml vial GC,MO	1	
nitroglycerin lingual 0.4 mg GC,MO	2	
NITROLINGUAL 0.4 MG/DOSE SPRAY MO	3	
NITROMIST 0.4 MG/DOSE SPRAY, AEROSOL MO	3	
NITROPRESS 25 MG/ML IV GC,MO	1	
NITROSTAT 0.3 MG SUBLINGUAL TABLET GC,MO	2	
NITROSTAT 0.4 MG SUBLINGUAL TABLET GB,GC,MO	2	
NITROSTAT 0.6 MG SUBLINGUAL TABLET GC,MO	2	
NORPACE 100 MG CAPSULE MO	3	
NORPACE 150 MG CAPSULE MO	3	
NORPACE CR 100 MG CAPSULE,EXTENDED RELEASE MO	3	
NORPACE CR 150 MG CAPSULE,EXTENDED RELEASE MO	3	
NORVASC 10 MG TABLET MO	3	PA
NORVASC 2.5 MG TABLET MO	3	PA
NORVASC 5 MG TABLET MO	3	PA
ntg 0.2 mg/ml in d5w GC,MO	1	
ntg 100 mg/250 ml in d5w GC,MO	1	
ntg 200 mg/500 ml in d5w GC,MO	1	
ntg 25 mg/250 ml in d5w GC,MO	1	
ntg 50 mg/500 ml in d5w GC,MO	1	
PACERONE 100 MG TABLET GC,MO	1	
pacerone 200 mg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PACERONE 400 MG TABLET GC,MO	1	
papaverine 150 mg capsule sa GC,MO	1	
papaverine 300 mg/10 ml vial GC,MO	1	
perindopril erbumine 2 mg tab GC,MO	1	
perindopril erbumine 4 mg tab GC,MO	1	
perindopril erbumine 8 mg tab GC,MO	1	
PERSANTINE 25 MG TABLET GB,MO	3	PA
PERSANTINE 50 MG TABLET GB,MO	3	PA
PERSANTINE 75 MG TABLET GB,MO	3	PA
pindolol 10 mg tablet GC,MO	1	
pindolol 5 mg tablet GC,MO	1	
PRAVACHOL 10 MG TABLET MO	3	PA,QL (30 per 30 days)
PRAVACHOL 20 MG TABLET MO	3	PA,QL (30 per 30 days)
PRAVACHOL 40 MG TABLET MO	3	PA,QL (60 per 30 days)
PRAVACHOL 80 MG TABLET MO	3	PA,QL (30 per 30 days)
pravastatin sodium 10 mg tab GC,MO	1	QL (30 per 30 days)
pravastatin sodium 20 mg tab GC,MO	1	QL (30 per 30 days)
pravastatin sodium 40 mg tab GC,MO	1	QL (60 per 30 days)
pravastatin sodium 80 mg tab GC,MO	1	QL (30 per 30 days)
prazosin 1 mg capsule GC,MO	1	
prazosin 2 mg capsule GC,MO	1	
prazosin 5 mg capsule GC,MO	1	
prevalite 4 gram oral packet GC,MO	1	
prevalite 4 gram oral powder GC,MO	1	
PRINIVIL 10 MG TABLET GB,MO	3	
PRINIVIL 20 MG TABLET GB,MO	3	
PRINIVIL 5 MG TABLET MO	3	
PRINZIDE 10 MG-12.5 MG TABLET GB,MO	3	
PRINZIDE 20 MG-12.5 MG TABLET GB,MO	3	
procainamide 100 mg/ml vial GC,MO	1	
procainamide 500 mg/ml vial GC,MO	1	
PROCARDIA 10 MG CAPSULE MO	3	PA
PROCARDIA XL 30 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
PROCARDIA XL 60 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
PROCARDIA XL 90 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
PROGLYCEM 50 MG/ML ORAL SUSP MO	3	
propafenone hcl 150 mg tablet GC,MO	1	
propafenone hcl 225 mg tab GC,MO	1	
propafenone hcl 300 mg tab GC,MO	1	
propafenone hcl er 225 mg cap GC,MO	1	
propafenone hcl sr 325 mg cap GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
propafenone hcl sr 425 mg cap GC,MO	1	
propranolol 1 mg/ml vial GC,MO	1	
propranolol 10 mg tablet GC,MO	1	
propranolol 20 mg tablet GC,MO	1	
propranolol 20 mg/5 ml soln GC,MO	1	
propranolol 40 mg tablet GC,MO	1	
propranolol 40 mg/5 ml soln GC,MO	1	
propranolol 60 mg tablet GC,MO	1	
propranolol 80 mg tablet GC,MO	1	
propranolol er 120 mg capsule GC,MO	1	
propranolol er 160 mg capsule GC,MO	1	
propranolol er 60 mg capsule GC,MO	1	
propranolol er 80 mg capsule GC,MO	1	
propranolol-hctz 40-25 mg tab GC,MO	1	
propranolol-hctz 80-25 mg tab GC,MO	1	
QUESTRAN 4 GRAM PACKET GC,MO	1	
QUESTRAN LIGHT 4 GRAM PACKET GC,MO	1	
quinapril 10 mg tablet GC,MO	1	
quinapril 20 mg tablet GC,MO	1	
quinapril 40 mg tablet GC,MO	1	
quinapril 5 mg tablet GC,MO	1	
quinapril-hctz 10-12.5 mg tab GC,MO	1	
quinapril-hctz 20-12.5 mg tab GC,MO	1	
quinapril-hctz 20-25 mg tab GC,MO	1	
quinidine gluc 80 mg/ml vial GC,MO	1	
quinidine gluc er 324 mg tab GC,MO	1	
quinidine sulf er 300 mg tab GC,MO	1	
quinidine sulfate 200 mg tab GC,MO	1	
quinidine sulfate 300 mg tab GC,MO	1	
ramipril 1.25 mg capsule GC,MO	1	
ramipril 10 mg capsule GC,MO	1	
ramipril 2.5 mg capsule GC,MO	1	
ramipril 5 mg capsule GC,MO	1	
RANEXA 1,000 MG TABLET,EXTENDED RELEASE GC,MO	2	ST,QL (120 per 30 days)
RANEXA 500 MG TABLET,EXTENDED RELEASE GC,MO	2	ST,QL (120 per 30 days)
REMODULIN 1 MG/ML INJECTION MO	4	PA
REMODULIN 10 MG/ML INJECTION MO	4	PA
REMODULIN 2.5 MG/ML INJECTION MO	4	PA
REMODULIN 5 MG/ML INJECTION MO	4	PA
reserpine 0.1 mg tablet GC,MO	1	
reserpine 0.25 mg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REVATIO 20 MG TABLET SP	4	PA,QL (90 per 30 days)
RYTHMOL 150 MG TABLET MO	3	PA
RYTHMOL 225 MG TABLET MO	3	PA
RYTHMOL SR 225 MG CAPSULE,EXTENDED RELEASE MO	3	PA
RYTHMOL SR 325 MG CAPSULE,EXTENDED RELEASE MO	3	PA
RYTHMOL SR 425 MG CAPSULE,EXTENDED RELEASE MO	3	PA
SECTRAL 200 MG CAPSULE MO	3	PA
SECTRAL 400 MG CAPSULE MO	3	PA
SIMCOR 1,000 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SIMCOR 1,000 MG-40 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
SIMCOR 500 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SIMCOR 500 MG-40 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
SIMCOR 750 MG-20 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
simvastatin 10 mg tablet GC,MO	1	QL (30 per 30 days)
simvastatin 20 mg tablet GC,MO	1	QL (30 per 30 days)
simvastatin 40 mg tablet GC,MO	1	QL (30 per 30 days)
simvastatin 5 mg tablet GC,MO	1	QL (30 per 30 days)
simvastatin 80 mg tablet GC,MO	1	QL (30 per 30 days)
sorine 120 mg tablet GC,MO	1	
sorine 160 mg tablet GC,MO	1	
sorine 240 mg tablet GC,MO	1	
sorine 80 mg tablet GC,MO	1	
sotalol 120 mg tablet GC,MO	1	
sotalol 160 mg tablet GC,MO	1	
sotalol 240 mg tablet GC,MO	1	
sotalol 80 mg tablet GC,MO	1	
sotalol af 120 mg tablet GC,MO	1	
sotalol af 160 mg tablet GC,MO	1	
sotalol af 80 mg tablet GC,MO	1	
sotalol hcl 150 mg/10 ml vial GC,MO	1	
spironolactone 100 mg tablet GC,MO	1	
spironolactone 25 mg tablet GC,MO	1	
spironolactone 50 mg tablet GC,MO	1	
spironolactone-hctz 25-25 tab GC,MO	1	
SULAR 17 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SULAR 34 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SULAR 8.5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SULAR ER 25.5 MG TABLET MO	3	PA,QL (60 per 30 days)
TARKA 1 MG-240 MG TABLET,EXTENDED RELEASE MO	3	
TARKA 2 MG-180 MG TABLET,EXTENDED RELEASE MO	3	
TARKA 2 MG-240 MG TABLET,EXTENDED RELEASE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TARKA 4 MG-240 MG TABLET,EXTENDED RELEASE MO	3	
taztia xt 120 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
taztia xt 180 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
taztia xt 240 mg capsule,extended release GC,MO	1	QL (60 per 30 days)
taztia xt 300 mg capsule,extended release GC,MO	1	QL (30 per 30 days)
taztia xt 360 mg capsule,extended release GC,MO	1	QL (30 per 30 days)
TEKAMLO 150 MG-10 MG TABLET GC,MO	2	QL (30 per 30 days)
TEKAMLO 150 MG-5 MG TABLET GC,MO	2	QL (30 per 30 days)
TEKAMLO 300 MG-10 MG TABLET GC,MO	2	QL (30 per 30 days)
TEKAMLO 300 MG-5 MG TABLET GC,MO	2	QL (30 per 30 days)
TEKTURNA 150 MG TABLET GC,MO	2	QL (30 per 30 days)
TEKTURNA 300 MG TABLET GC,MO	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-25 MG TABLET GC,MO	2	QL (30 per 30 days)
TEKTURNA HCT 300 MG-12.5 MG TABLET GC,MO	2	QL (30 per 30 days)
TEKTURNA HCT 300 MG-25 MG TABLET GC,MO	2	QL (30 per 30 days)
TENEX 1 MG TABLET MO	3	PA
TENEX 2 MG TABLET MO	3	PA
TENORETIC 100 100 MG-25 MG TABLET MO	3	
TENORETIC 50 50 MG-25 MG TABLET MO	3	
TENORMIN 100 MG TABLET MO	3	
TENORMIN 25 MG TABLET MO	3	
TENORMIN 50 MG TABLET MO	3	
terazosin 1 mg capsule GC,MO	1	
terazosin 10 mg capsule GC,MO	1	
terazosin 2 mg capsule GC,MO	1	
terazosin 5 mg capsule GC,MO	1	
TEVETEN 400 MG TABLET MO	3	QL (60 per 30 days)
TEVETEN 600 MG TABLET MO	3	QL (60 per 30 days)
TEVETEN HCT 600 MG-12.5 MG TABLET MO	3	QL (60 per 30 days)
TEVETEN HCT 600 MG-25 MG TABLET MO	3	QL (60 per 30 days)
TIAZAC 120 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TIAZAC 180 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TIAZAC 240 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TIAZAC 300 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
TIAZAC 360 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
TIAZAC 420 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
TIKOSYN 125 MCG CAPSULE SP	3	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE SP	3	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE SP	3	QL (60 per 30 days)
timolol maleate 10 mg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
timolol maleate 20 mg tablet GC,MO	1	
timolol maleate 5 mg tablet GC,MO	1	
TOPROL XL 100 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TOPROL XL 200 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TOPROL XL 25 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TOPROL XL 50 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TRACLEER 125 MG TABLET SP	4	PA,QL (60 per 30 days)
TRACLEER 62.5 MG TABLET SP	4	PA,QL (60 per 30 days)
TRANDATE 100 MG TABLET MO	3	
TRANDATE 200 MG TABLET GB,MO	3	
TRANDATE 300 MG TABLET MO	3	
trandolapr-verapam er 1-240 mg GC,MO	1	
trandolapr-verapam er 2-180 mg GC,MO	1	
trandolapr-verapam er 2-240 mg GC,MO	1	
trandolapr-verapam er 4-240 mg GC,MO	1	
trandolapril 1 mg tablet GC,MO	1	
trandolapril 2 mg tablet GC,MO	1	
trandolapril 4 mg tablet GC,MO	1	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TRIBENZOR 40 MG-10 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TRIBENZOR 40 MG-10 MG-25 MG TABLET MO	3	QL (30 per 30 days)
TRIBENZOR 40 MG-5 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TRIBENZOR 40 MG-5 MG-25 MG TABLET MO	3	QL (30 per 30 days)
TRICOR 145 MG TABLET GC,MO	2	QL (30 per 30 days)
TRICOR 48 MG TABLET GC,MO	2	QL (60 per 30 days)
TRIGLIDE 160 MG TABLET MO	3	PA,QL (30 per 30 days)
TRIGLIDE 50 MG TABLET MO	3	PA,QL (60 per 30 days)
TRILIPIX 135 MG CAPSULE,DELAYED RELEASE MO	3	QL (30 per 30 days)
TRILIPIX 45 MG CAPSULE,DELAYED RELEASE MO	3	QL (30 per 30 days)
TWYNSTA 40 MG-10 MG TABLET MO	3	ST,QL (30 per 30 days)
TWYNSTA 40 MG-5 MG TABLET MO	3	ST,QL (30 per 30 days)
TWYNSTA 80 MG-10 MG TABLET MO	3	ST,QL (30 per 30 days)
TWYNSTA 80 MG-5 MG TABLET MO	3	ST,QL (30 per 30 days)
UNIRETIC 15 MG-12.5 MG TABLET GB,MO	3	
UNIRETIC 15 MG-25 MG TABLET GB,MO	3	
UNIRETIC 7.5 MG-12.5 MG TABLET GB,MO	3	
UNIVASC 15 MG TABLET MO	3	
UNIVASC 7.5 MG TABLET MO	3	
VALTURNA 150-160 MG TABLET GC,MO	2	QL (30 per 30 days)
VALTURNA 300-320 MG TABLET GC,MO	2	QL (30 per 30 days)
VASERETIC 10 MG-25 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VASOTEC 10 MG TABLET MO	3	
VASOTEC 2.5 MG TABLET MO	3	
VASOTEC 20 MG TABLET MO	3	
VASOTEC 5 MG TABLET MO	3	
VELETRI 1.5 MG IV SOLUTION MO	4	PA
VENTAVIS 10 MCG/ML NEB SOLUTION SP	4	PA,QL (270 per 30 days)
VENTAVIS 20 MCG/ML NEB SOLUTION SP	4	PA,QL (270 per 30 days)
verapamil 120 mg tablet GC,MO	1	
verapamil 2.5 mg/ml syringe GC,MO	1	
verapamil 2.5 mg/ml vial GC,MO	1	
verapamil 360 mg cap pellet GC,MO	1	QL (60 per 30 days)
verapamil 40 mg tablet GC,MO	1	
verapamil 80 mg tablet GC,MO	1	
verapamil er 120 mg capsule GC,MO	1	QL (60 per 30 days)
verapamil er 120 mg tablet GC,MO	1	
verapamil er 180 mg capsule GC,MO	1	QL (60 per 30 days)
verapamil er 180 mg tablet GC,MO	1	
verapamil er 240 mg capsule GC,MO	1	QL (60 per 30 days)
verapamil er 240 mg tablet GC,MO	1	
verapamil er pm 100 mg capsule GC,MO	1	QL (30 per 30 days)
verapamil er pm 200 mg capsule GC,MO	1	QL (60 per 30 days)
verapamil er pm 300 mg capsule GC,MO	1	QL (30 per 30 days)
VERELAN 120 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
VERELAN 180 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
VERELAN 240 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
VERELAN 360 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
VERELAN PM 100 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
VERELAN PM 300 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
VYTORIN 10-10 10 MG-10 MG TABLET MO	3	QL (30 per 30 days)
VYTORIN 10-20 10 MG-20 MG TABLET MO	3	QL (30 per 30 days)
VYTORIN 10-40 10 MG-40 MG TABLET MO	3	QL (30 per 30 days)
VYTORIN 10-80 10 MG-80 MG TABLET MO	3	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACK GC,MO	2	
WELCHOL 625 MG TABLET GC,MO	2	
XYLOCAINE (CARDIAC) (PF) 20 MG/ML (2 %) IV MO	3	
ZEBETA 10 MG TABLET MO	3	
ZEBETA 5 MG TABLET MO	3	
ZESTORETIC 10 MG-12.5 MG TABLET MO	3	
ZESTORETIC 20 MG-12.5 MG TABLET MO	3	
ZESTORETIC 20 MG-25 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZESTRIL 10 MG TABLET MO	3	
ZESTRIL 2.5 MG TABLET MO	3	
ZESTRIL 20 MG TABLET MO	3	
ZESTRIL 30 MG TABLET MO	3	
ZESTRIL 40 MG TABLET MO	3	
ZESTRIL 5 MG TABLET MO	3	
ZETIA 10 MG TABLET GC,MO	2	QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TABLET MO	3	
ZIAC 2.5 MG-6.25 MG TABLET MO	3	
ZIAC 5 MG-6.25 MG TABLET MO	3	
ZOCOR 10 MG TABLET MO	3	PA,QL (30 per 30 days)
ZOCOR 20 MG TABLET MO	3	PA,QL (30 per 30 days)
ZOCOR 40 MG TABLET MO	3	PA,QL (30 per 30 days)
ZOCOR 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ZOCOR 80 MG TABLET MO	3	PA,QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY 1 MG/ML ORAL SOLN MO	3	
ABILIFY 10 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 15 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 2 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 20 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 30 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 5 MG TABLET MO	3	QL (30 per 30 days)
ABILIFY 9.75 MG/1.3 ML IM MO	3	
ABILIFY DISCMELT 10 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
ABILIFY DISCMELT 15 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
ABSTRAL 100 MCG SUBLINGUAL TABLET MO	4	PA,QL (128 per 30 days)
ABSTRAL 200 MCG SUBLINGUAL TABLET MO	4	PA,QL (128 per 30 days)
ABSTRAL 300 MCG SUBLINGUAL TABLET MO	4	PA,QL (128 per 30 days)
ABSTRAL 400 MCG SUBLINGUAL TABLET MO	4	PA,QL (128 per 30 days)
ABSTRAL 600 MCG SUBLINGUAL TABLET MO	4	PA,QL (128 per 30 days)
ABSTRAL 800 MCG SUBLINGUAL TABLET MO	4	PA,QL (128 per 30 days)
acetaminoph-caff-dihydrocodein GC,MO	1	QL (180 per 30 days)
acetaminophen-cod #2 tablet GC,MO	1	QL (390 per 30 days)
acetaminophen-cod #3 tablet GC,MO	1	QL (390 per 30 days)
acetaminophen-cod #4 tablet GC,MO	1	QL (390 per 30 days)
acetaminophen-codeine elixir GC,MO	1	
ACTIQ 1,200 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)
ACTIQ 1,600 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)
ACTIQ 200 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)
ACTIQ 400 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTIQ 600 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)
ACTIQ 800 MCG LOZENGE ON A HANDLE MO	4	PA,QL (120 per 30 days)
ACUFLEX CAPLET MO	3	
adderall 10 mg tablet GC,MO	1	PA
ADDERALL 12.5 MG TABLET GC,MO	1	PA
ADDERALL 15 MG TABLET GC,MO	1	PA
adderall 20 mg tablet GC,MO	1	PA
adderall 30 mg tablet GC,MO	1	PA
adderall 5 mg tablet GC,MO	1	PA
ADDERALL 7.5 MG TABLET GC,MO	1	PA
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (180 per 30 days)
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ALFENTA 500 MCG/ML INJECTION MO	3	
alfentanil 500 mcg/ml amp GC,MO	1	
ali-flex tablet GC,MO	1	
amantadine 100 mg capsule GC,MO	1	
amantadine 100 mg tablet GC,MO	1	
amantadine 50 mg/5 ml syrup GC,MO	1	
AMBIEN 10 MG TABLET MO	3	QL (30 per 30 days)
AMBIEN 5 MG TABLET MO	3	QL (30 per 30 days)
AMBIEN CR 12.5 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
AMBIEN CR 6.25 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
AMERGE 1 MG TABLET MO	3	PA,QL (9 per 30 days)
AMERGE 2.5 MG TABLET MO	3	PA,QL (9 per 30 days)
amitriptyline hcl 10 mg tab GC,MO	1	
amitriptyline hcl 100 mg tab GC,MO	1	
amitriptyline hcl 150 mg tab GC,MO	1	
amitriptyline hcl 25 mg tab GC,MO	1	
amitriptyline hcl 50 mg tab GC,MO	1	
amitriptyline hcl 75 mg tab GC,MO	1	
amoxapine 100 mg tablet GC,MO	1	
amoxapine 150 mg tablet GC,MO	1	
amoxapine 25 mg tablet GC,MO	1	
amoxapine 50 mg tablet GC,MO	1	
amphetamine salt combo 10 mg tablet GC,MO	1	PA
amphetamine salt combo 12.5 mg tablet GC,MO	1	PA
amphetamine salt combo 15 mg tablet GC,MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amphetamine salt combo 20 mg tablet GC,MO	1	PA
amphetamine salt combo 30 mg tablet GC,MO	1	PA
amphetamine salt combo 5 mg tablet GC,MO	1	PA
amphetamine salt combo 7.5 mg tablet GC,MO	1	PA
anabar 20 mg-300 mg-200 mg tablet GC,MO	1	
ANAFRANIL 25 MG CAPSULE MO	3	PA
ANAFRANIL 50 MG CAPSULE MO	3	PA
ANAFRANIL 75 MG CAPSULE MO	3	PA
ANAPROX 275 MG TABLET MO	3	
ANAPROX DS 550 MG TABLET MO	3	
ANSAID 100 MG TABLET MO	3	
ALENZIN 174 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ALENZIN 348 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ALENZIN 522 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
APOKYN 10 MG/ML SUBQ CARTRIDGE MO	4	QL (60 per 30 days)
ARTHROTEC 50 50 MG-200 MCG TABLET,DELAYED RELEASE MO	3	ST
ARTHROTEC 75 75 MG-200 MCG TABLET,DELAYED RELEASE MO	3	ST
ascomp w/codeine 30 mg-50 mg-325 mg-40 mg capsule GC,MO	1	
astramorph-pf 0.5 mg/ml injection GC,MO	1	
astramorph-pf 1 mg/ml injection GC,MO	1	
AVINZA 120 MG CAPSULE, EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
AVINZA 30 MG CAPSULE, EXTENDED RELEASE GC,MO	2	QL (30 per 30 days)
AVINZA 45 MG CAPSULE, EXTENDED RELEASE GC,MO	2	QL (30 per 30 days)
AVINZA 60 MG CAPSULE, EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
AVINZA 75 MG CAPSULE, EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
AVINZA 90 MG CAPSULE, EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
AXERT 12.5 MG TABLET MO	3	QL (9 per 30 days)
AXERT 6.25 MG TABLET MO	3	QL (9 per 30 days)
AZILECT 0.5 MG TABLET GC,MO	2	QL (30 per 30 days)
AZILECT 1 MG TABLET GC,MO	2	QL (30 per 30 days)
BANZEL 200 MG TABLET MO	3	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSP MO	3	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET MO	3	PA,QL (240 per 30 days)
be-flex plus capsule GC,MO	1	
belladonna-opium 16.2 mg-30 mg rectal suppository GC,MO	1	PA
belladonna-opium 16.2-60 supp GC,MO	1	PA
benztropine 2 mg/2 ml ampule GC,MO	1	
benztropine mes 0.5 mg tab GC,MO	1	
benztropine mes 1 mg tablet GC,MO	1	
benztropine mes 2 mg tablet GC,MO	1	
bioregesic tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bp poly-650 tablet GC,MO	1	
bromocriptine 2.5 mg tablet GC,MO	1	
bromocriptine 5 mg capsule GC,MO	1	
budeprion sr 100 mg tablet,extended release GC,MO	1	QL (120 per 30 days)
budeprion sr 150 mg tablet,extended release GC,MO	1	QL (120 per 30 days)
budeprion xl 150 mg tablet GC,MO	1	QL (90 per 30 days)
budeprion xl 300 mg 24 hr tablet, extended release GC,MO	1	QL (90 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION MO	3	PA
buprenorphine 0.3 mg/ml syrn GC,MO	1	PA
buprenorphine 0.3 mg/ml vial GC,MO	1	PA
buprenorphine 2 mg tablet sl GC,MO	1	PA,QL (90 per 30 days)
buprenorphine 8 mg tablet sl GC,MO	1	PA,QL (90 per 30 days)
buproban 150 mg tablet,extended release GC,MO	1	QL (90 per 30 days)
bupropion hcl 100 mg tablet GC,MO	1	QL (180 per 30 days)
bupropion hcl 75 mg tablet GC,MO	1	
bupropion hcl sr 100 mg tablet GC,MO	1	QL (120 per 30 days)
bupropion hcl sr 200 mg tab GC,MO	1	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet GC,MO	1	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet GC,MO	1	QL (90 per 30 days)
bupropion sr 150 mg tablet GC,MO	1	QL (120 per 30 days)
bupirone hcl 10 mg tablet GC,MO	1	
bupirone hcl 15 mg tablet GC,MO	1	
bupirone hcl 30 mg tablet GC,MO	1	
bupirone hcl 5 mg tablet GC,MO	1	
bupirone hcl 7.5 mg tablet GC,MO	1	
butalb-caff-acetaminoph-codein GC,MO	1	QL (360 per 30 days)
butalbital compound w/codeine 30 mg-50 mg-325 mg-40 mg capsule GC,MO	1	
butorphanol 1 mg/ml syringe GC,MO	1	
butorphanol 1 mg/ml vial GC,MO	1	
butorphanol 10 mg/ml spray GC,MO	1	QL (5 per 28 days)
butorphanol 2 mg/ml syringe GC,MO	1	
butorphanol 2 mg/ml vial GC,MO	1	
BUTRANS 10 MCG/HOUR TRANSDERM PATCH MO	3	ST,QL (4 per 28 days)
BUTRANS 20 MCG/HOUR TRANSDERM PATCH MO	3	ST,QL (4 per 28 days)
BUTRANS 5 MCG/HOUR TRANSDERM PATCH MO	3	ST,QL (4 per 28 days)
cabergoline 0.5 mg tablet GC,MO	1	QL (16 per 28 days)
CAFCIT 60 MG/3 ML (20 MG/ML) IV MO	3	
CAFCIT 60 MG/3 ML (20 MG/ML) ORAL SOLN MO	3	
caff-sod benzoate 500 mg vl GC,MO	1	
caffeine cit 60 mg/3 ml oral GC,MO	1	
caffeine cit 60 mg/3 ml vial GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cafgesic capsule GC,MO	1	
cafgesic forte tablet GC,MO	1	
CAMBIA 50 MG ORAL POWDER PACKET MO	3	ST,QL (9 per 30 days)
CAMPRAL 333 MG DOSE PAK MO	3	QL (180 per 30 days)
CAMPRAL 333 MG TABLET,DELAYED RELEASE MO	3	
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSP GC,MO	1	
carbamazepine 100 mg tab chew GC,MO	1	
carbamazepine 100 mg/5 ml susp GC,MO	1	
carbamazepine 200 mg tablet GC,MO	1	
carbamazepine 200 mg/10 ml liq GC,MO	1	
carbamazepine er 100 mg cap GC,MO	1	QL (60 per 30 days)
carbamazepine er 200 mg cap GC,MO	1	QL (240 per 30 days)
carbamazepine er 300 mg cap GC,MO	1	QL (150 per 30 days)
carbamazepine xr 200 mg tablet GC,MO	1	
carbamazepine xr 400 mg tablet GC,MO	1	
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE MO	3	QL (240 per 30 days)
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE MO	3	QL (150 per 30 days)
carbidopa-levo 10-100 mg odt GC,MO	1	
carbidopa-levo 25-100 mg odt GC,MO	1	
carbidopa-levo 25-250 mg odt GC,MO	1	
carbidopa-levo er 25-100 tab GC,MO	1	
carbidopa-levo er 50-200 tab GC,MO	1	
carbidopa-levodopa 10-100 tab GC,MO	1	
carbidopa-levodopa 25-100 tab GC,MO	1	
carbidopa-levodopa 25-250 tab GC,MO	1	
carbidopa-levodopa-enta 100 mg GC,MO	1	
carbidopa-levodopa-enta 125 mg GC,MO	1	
carbidopa-levodopa-enta 150 mg GC,MO	1	
carbidopa-levodopa-enta 200 mg GC,MO	1	
carbidopa-levodopa-enta 50 mg GC,MO	1	
carbidopa-levodopa-enta 75 mg GC,MO	1	
CATAFLAM 50 MG TABLET MO	3	
CELEBREX 100 MG CAPSULE GC,MO	2	ST,QL (60 per 30 days)
CELEBREX 200 MG CAPSULE GC,MO	2	ST,QL (60 per 30 days)
CELEBREX 400 MG CAPSULE GC,MO	2	ST,QL (60 per 30 days)
CELEBREX 50 MG CAPSULE GC,MO	2	ST,QL (60 per 30 days)
CELEXA 10 MG TABLET MO	3	QL (30 per 30 days)
CELEXA 20 MG TABLET MO	3	QL (90 per 30 days)
CELEXA 40 MG TABLET MO	3	QL (45 per 30 days)
CELONTIN 300 MG CAPSULE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chloral hydrate 500 mg/5 ml GC,MO	1	
chlordiazepo-amitriptyl 5-12.5 GC,MO	1	PA
chlordiazepox-amitriptyl 10-25 GC,MO	1	PA
chlorpromazine 10 mg tablet GC,MO	1	B vs D
chlorpromazine 100 mg tablet GC,MO	1	
chlorpromazine 200 mg tablet GC,MO	1	
chlorpromazine 25 mg tablet GC,MO	1	B vs D
chlorpromazine 25 mg/ml amp GC,MO	1	
chlorpromazine 50 mg tablet GC,MO	1	
choline mag trisal 1 gm tab GC,MO	1	
choline mag trisal 500 mg tb GC,MO	1	
choline mag trisal 750 mg tb GC,MO	1	
choline mag trisal liquid GC,MO	1	
citalopram hbr 10 mg tablet GC,MO	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln GC,MO	1	
citalopram hbr 20 mg tablet GC,MO	1	QL (90 per 30 days)
citalopram hbr 40 mg tablet GC,MO	1	QL (45 per 30 days)
CLINORIL 200 MG TABLET GB,MO	3	
clomipramine 25 mg capsule GC,MO	1	
clomipramine 50 mg capsule GC,MO	1	
clomipramine 75 mg capsule GC,MO	1	
clonidine 1000 mcg/10 ml vial GC,MO	1	
clonidine 5,000 mcg/10 ml vial GC,MO	1	
clozapine 100 mg tablet GC,MO	1	
clozapine 200 mg tablet GC,MO	1	
clozapine 25 mg tablet GC,MO	1	
clozapine 50 mg tablet GC,MO	1	
CLOZARIL 100 MG TABLET MO	3	PA
CLOZARIL 25 MG TABLET MO	3	PA
co-gesic 5 mg-500 mg tablet GC,MO	1	QL (240 per 30 days)
COCET PLUS TABLET GC,MO	1	
cocet tablet GC,MO	1	
codeine ph 15 mg/ml syringe GC,MO	1	
codeine ph 30 mg/ml syringe GC,MO	1	
codeine sulfate 15 mg tablet GC,MO	1	
codeine sulfate 30 mg tablet GC,MO	1	
codeine sulfate 60 mg tablet GC,MO	1	
COGENTIN 2 MG/2 ML INJECTION MO	3	
COMTAN 200 MG TABLET GC,MO	2	QL (300 per 30 days)
CONCERTA 18 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CONCERTA 27 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CONCERTA 36 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CONCERTA 54 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CYCLOSET 0.8 MG TABLET MO	3	ST,QL (180 per 30 days)
CYMBALTA 20 MG CAPSULE,DELAYED RELEASE GC,MO	2	QL (60 per 30 days)
CYMBALTA 30 MG CAPSULE,DELAYED RELEASE GC,MO	2	QL (60 per 30 days)
CYMBALTA 60 MG CAPSULE,DELAYED RELEASE GC,MO	2	QL (60 per 30 days)
d-amphetamine er 10 mg capsule GC,MO	1	PA
d-amphetamine er 15 mg capsule GC,MO	1	PA
d-amphetamine er 5 mg capsule GC,MO	1	PA
DAYPRO 600 MG TABLET MO	3	
DAYTRANA 10 MG/9 HR DAILY PATCH MO	3	PA,QL (30 per 30 days)
DAYTRANA 15 MG/9 HR DAILY PATCH MO	3	PA,QL (30 per 30 days)
DAYTRANA 20 MG/9 HR DAILY PATCH MO	3	PA,QL (30 per 30 days)
DAYTRANA 30 MG/9 HR DAILY PATCH MO	3	PA,QL (30 per 30 days)
DEMEROL (PF) 100 MG/2 ML INJECTION MO	3	PA
DEMEROL (PF) 100 MG/ML INJECTION MO	3	PA
DEMEROL (PF) 100 MG/ML SYRINGE MO	3	PA
DEMEROL (PF) 25 MG/0.5 ML INJECTION MO	3	PA
DEMEROL (PF) 25 MG/ML SYRINGE MO	3	PA
DEMEROL (PF) 50 MG/ML INJECTION MO	3	PA
DEMEROL (PF) 50 MG/ML SYRINGE MO	3	PA
DEMEROL (PF) 75 MG/1.5 ML INJECTION MO	3	PA
DEMEROL (PF) 75 MG/ML SYRINGE MO	3	PA
DEMEROL 100 MG TABLET MO	3	PA
DEMEROL 100 MG/ML INJECTION MO	3	PA
DEMEROL 50 MG TABLET MO	3	PA
DEMEROL 50 MG/ML INJECTION MO	3	PA
DEPACON 500 MG/5 ML (100 MG/ML) IV MO	3	
depade 50 mg tablet GC,MO	1	
DEPAKENE 250 MG CAPSULE MO	3	
DEPAKENE 250 MG/5 ML ORAL SOLN MO	3	
DEPAKOTE 125 MG TABLET,DELAYED RELEASE MO	3	
DEPAKOTE 250 MG TABLET,DELAYED RELEASE MO	3	
DEPAKOTE 500 MG TABLET,DELAYED RELEASE MO	3	
DEPAKOTE ER 250 MG TABLET,EXTENDED RELEASE MO	3	
DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE MO	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE MO	3	
desipramine 10 mg tablet GC,MO	1	
desipramine 100 mg tablet GC,MO	1	
desipramine 150 mg tablet GC,MO	1	
desipramine 25 mg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desipramine 50 mg tablet GC,MO	1	
desipramine 75 mg tablet GC,MO	1	
DESOXYN 5 MG TABLET MO	3	PA
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE MO	3	PA
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE MO	3	PA
DEXEDRINE SPANSULE 5 MG CAPSULE,EXTENDED RELEASE MO	3	PA
dexmethylphenidate 10 mg tab GC,MO	1	PA
dexmethylphenidate 2.5 mg tab GC,MO	1	PA
dexmethylphenidate 5 mg tab GC,MO	1	PA
dextroamp-amphet er 10 mg cap GC,MO	1	PA,QL (60 per 30 days)
dextroamp-amphet er 15 mg cap GC,MO	1	PA,QL (60 per 30 days)
dextroamp-amphet er 20 mg cap GC,MO	1	PA,QL (180 per 30 days)
dextroamp-amphet er 25 mg cap GC,MO	1	PA,QL (60 per 30 days)
dextroamp-amphet er 30 mg cap GC,MO	1	PA,QL (120 per 30 days)
dextroamp-amphet er 5 mg cap GC,MO	1	PA,QL (60 per 30 days)
dextroamphetamine 10 mg tab GC,MO	1	PA
dextroamphetamine 5 mg tab GC,MO	1	PA
diclofenac pot 50 mg tablet GC,MO	1	
diclofenac sod ec 25 mg tab GC,MO	1	
diclofenac sod ec 50 mg tab GC,MO	1	
diclofenac sod ec 75 mg tab GC,MO	1	
diclofenac sod er 100 mg tab GC,MO	1	
diflunisal 500 mg tablet GC,MO	1	
DILANTIN 30 MG CAPSULE MO	3	
DILANTIN EXTENDED 100 MG CAPSULE MO	3	
dilantin infatabs 50 mg chewable tablet MO	3	
DILANTIN-125 125 MG/5 ML ORAL SUSP MO	3	
DILAUDID (PF) 1 MG/ML INJECTION MO	3	PA
DILAUDID (PF) 2 MG/ML INJECTION MO	3	PA
DILAUDID (PF) 4 MG/ML INJECTION MO	3	PA
DILAUDID 2 MG TABLET MO	3	PA
DILAUDID 4 MG TABLET MO	3	PA
DILAUDID 8 MG TABLET MO	3	PA
DILAUDID-5 1 MG/ML ORAL LIQUID MO	3	PA
DILAUDID-HP (PF) 10 MG/ML INJECTION MO	3	PA
DILAUDID-HP (PF) 250 MG SOLUTION FOR INJECTION MO	3	PA
divalproex sod dr 125 mg tab GC,MO	1	
divalproex sod dr 250 mg tab GC,MO	1	
divalproex sod dr 500 mg tab GC,MO	1	
divalproex sod er 250 mg tab GC,MO	1	
divalproex sod er 500 mg tab GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
divalproex sodium 125 mg cap GC,MO	1	
dologesic capsule GC,MO	1	
DOLOGESIC LIQUID MO	3	
DOLOPHINE 10 MG TABLET GC,GB,MO	1	
DOLOPHINE 5 MG TABLET GC,GB,MO	1	
DOLOREX SOFTGEL CAPSULE MO	3	
DOPRAM 20 MG/ML IV MO	3	
doxapram hcl 20 mg/ml vial GC,MO	1	
doxepin 10 mg capsule GC,MO	1	
doxepin 10 mg/ml oral conc GC,MO	1	
doxepin 100 mg capsule GC,MO	1	
doxepin 150 mg capsule GC,MO	1	
doxepin 25 mg capsule GC,MO	1	
doxepin 50 mg capsule GC,MO	1	
doxepin 75 mg capsule GC,MO	1	
droperidol 2.5 mg/ml vial GC,MO	1	
DUEXIS 800 MG-26.6 MG TABLET MO	3	ST,QL (90 per 30 days)
DURABAC CAPSULE MO	3	
DURABAC FORTE TABLET MO	3	
DURACLON (PF) 1,000 MCG/10 ML (100 MCG/ML) EPIDURAL MO	3	
DURACLON (PF) 5,000 MCG/10 ML EPIDURAL MO	3	
DURAGESIC 100 MCG/HR TRANSDERM PATCH MO	3	PA,QL (20 per 30 days)
DURAGESIC 12 MCG/HR TRANSDERM PATCH MO	3	PA,QL (20 per 30 days)
DURAGESIC 25 MCG/HR TRANSDERM PATCH MO	3	PA,QL (20 per 30 days)
DURAGESIC 50 MCG/HR TRANSDERM PATCH MO	3	PA,QL (20 per 30 days)
DURAGESIC 75 MCG/HR TRANSDERM PATCH MO	3	PA,QL (20 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION GC,MO	1	
DURAMORPH (PF) 1 MG/ML INJECTION GC,MO	1	
duraxin 20 mg-300 mg-200 mg capsule GC,MO	1	
EC-NAPROSYN 375 MG TABLET,DELAYED RELEASE MO	3	
EC-NAPROSYN 500 MG TABLET,DELAYED RELEASE GB,MO	3	
ed-flex capsule GC,MO	1	
EDLUAR 10 MG SUBLINGUAL TABLET MO	3	ST,QL (30 per 30 days)
EDLUAR 5 MG SUBLINGUAL TABLET MO	3	ST,QL (30 per 30 days)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
ELDEPRYL 5 MG CAPSULE MO	3	PA
EMBEDA 100-4 MG CAPSULE GC,MO	2	QL (60 per 30 days)
EMBEDA 20-0.8 MG CAPSULE GC,MO	2	QL (60 per 30 days)
EMBEDA 30-1.2 MG CAPSULE GC,MO	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMBEDA 50-2 MG CAPSULE GC,MO	2	QL (60 per 30 days)
EMBEDA 60-2.4 MG CAPSULE GC,MO	2	QL (60 per 30 days)
EMBEDA 80-3.2 MG CAPSULE GC,MO	2	QL (60 per 30 days)
EMSAM 12 MG/24 HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
EMSAM 6 MG/24 HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
EMSAM 9 MG/24 HR TRANSDERM 24 HR PATCH MO	3	QL (30 per 30 days)
endocet 10 mg-325 mg tablet GC,MO	1	QL (360 per 30 days)
endocet 10 mg-650 mg tablet GC,MO	1	QL (180 per 30 days)
endocet 5 mg-325 mg tablet GC,MO	1	QL (360 per 30 days)
endocet 7.5 mg-325 mg tablet GC,MO	1	QL (360 per 30 days)
endocet 7.5 mg-500 mg tablet GC,MO	1	QL (240 per 30 days)
endodan 4.8355 mg-325 mg tablet MO	3	
epitol 200 mg tablet GC,MO	1	
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE GB,MO	3	
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE MO	3	
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE MO	3	
escitalopram 10 mg tablet GC,MO	1	QL (30 per 30 days)
escitalopram 20 mg tablet GC,MO	1	QL (30 per 30 days)
escitalopram 5 mg tablet GC,MO	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml GC,MO	1	QL (600 per 30 days)
ethosuximide 250 mg capsule GC,MO	1	
ethosuximide 250 mg/5 ml soln GC,MO	1	
etodolac 200 mg capsule GC,MO	1	
etodolac 300 mg capsule GC,MO	1	
etodolac 400 mg tablet GC,MO	1	
etodolac 500 mg tablet GC,MO	1	
etodolac er 400 mg tablet GC,MO	1	
etodolac er 500 mg tablet GC,MO	1	
etodolac er 600 mg tablet GC,MO	1	
EXALGO ER 12 MG TABLET,EXTENDED RELEASE MO	3	QL (180 per 30 days)
EXALGO ER 16 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
EXALGO ER 8 MG TABLET,EXTENDED RELEASE MO	3	QL (240 per 30 days)
FANAPT 1 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 10 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 12 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	3	PA,QL (60 per 30 days)
FANAPT 2 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 4 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 6 MG TABLET MO	3	PA,QL (60 per 30 days)
FANAPT 8 MG TABLET MO	3	PA,QL (60 per 30 days)
FAZACLO 100 MG DISINTEGRATING TABLET MO	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FAZACLO 12.5 MG DISINTEGRATING TABLET MO	3	ST
FAZACLO 150 MG DISINTEGRATING TABLET MO	3	ST
FAZACLO 200 MG DISINTEGRATING TABLET MO	3	ST
FAZACLO 25 MG DISINTEGRATING TABLET MO	3	ST
felbamate 400 mg tablet GC,MO	1	
felbamate 600 mg tablet GC,MO	1	
felbamate 600 mg/5 ml susp GC,MO	1	
FELBATOL 400 MG TABLET MO	3	
FELBATOL 600 MG TABLET MO	3	
FELBATOL 600 MG/5 ML ORAL SUSP MO	3	
FELDENE 10 MG CAPSULE MO	3	
FELDENE 20 MG CAPSULE MO	3	
fenopropfen 600 mg tablet GC,MO	1	
fentanyl 0.05 mg/ml ampul GC,MO	1	
fentanyl 0.05 mg/ml syringe GC,MO	1	
fentanyl 100 mcg/hr patch GC,MO	1	QL (20 per 30 days)
fentanyl 12 mcg/hr patch GC,MO	1	QL (20 per 30 days)
fentanyl 25 mcg/hr patch GC,MO	1	QL (20 per 30 days)
fentanyl 50 mcg/hr patch GC,MO	1	QL (20 per 30 days)
fentanyl 75 mcg/hr patch GC,MO	1	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg GC,MO	1	PA,QL (120 per 30 days)
fentanyl cit otfc 1,600 mcg GC,MO	1	PA,QL (120 per 30 days)
fentanyl citrate otfc 200 mcg GC,MO	1	PA,QL (120 per 30 days)
fentanyl citrate otfc 400 mcg GC,MO	1	PA,QL (120 per 30 days)
fentanyl citrate otfc 600 mcg GC,MO	1	PA,QL (120 per 30 days)
fentanyl citrate otfc 800 mcg GC,MO	1	PA,QL (120 per 30 days)
FENTORA 100 MCG BUCCAL TABLET, EFFERVESCENT MO	4	PA,QL (120 per 30 days)
FENTORA 200 MCG BUCCAL TABLET, EFFERVESCENT MO	4	PA,QL (120 per 30 days)
FENTORA 400 MCG BUCCAL TABLET, EFFERVESCENT MO	4	PA,QL (120 per 30 days)
FENTORA 600 MCG BUCCAL TABLET, EFFERVESCENT MO	4	PA,QL (120 per 30 days)
FENTORA 800 MCG BUCCAL TABLET, EFFERVESCENT MO	4	PA,QL (120 per 30 days)
FIORICET WITH CODEINE 50 MG-325 MG-40 MG-30 MG CAPSULE MO	3	PA,QL (360 per 30 days)
FIORINAL-CODEINE #3 30 MG-50 MG-325 MG-40 MG CAPSULE MO	3	PA
FLECTOR 1.3 % ADHESIVE PATCH MO	3	QL (60 per 30 days)
FLEXTRA PLUS CAPSULE MO	3	
FLEXTRA-650 TABLET MO	3	
FLEXTRA-DS TABLET MO	3	
flumazenil 0.1 mg/ml vial GC,MO	1	
fluoxetine 20 mg/5 ml solution GC,MO	1	
fluoxetine dr 90 mg capsule GC,MO	1	QL (4 per 28 days)
fluoxetine hcl 10 mg capsule GC,MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoxetine hcl 10 mg tablet GC,MO	1	
fluoxetine hcl 20 mg capsule GC,MO	1	QL (120 per 30 days)
fluoxetine hcl 20 mg tablet GC,MO	1	
fluoxetine hcl 40 mg capsule GC,MO	1	QL (60 per 30 days)
fluoxetine hcl 60 mg tablet GC,MO	1	QL (30 per 30 days)
fluphenazine 1 mg tablet GC,MO	1	
fluphenazine 10 mg tablet GC,MO	1	
fluphenazine 2.5 mg tablet GC,MO	1	
fluphenazine 2.5 mg/5 ml elix GC,MO	1	
fluphenazine 2.5 mg/ml vial GC,MO	1	
fluphenazine 5 mg tablet GC,MO	1	
fluphenazine 5 mg/ml conc GC,MO	1	
fluphenazine dec 25 mg/ml vial GC,MO	1	
flurbiprofen 100 mg tablet GC,MO	1	
flurbiprofen 50 mg tablet GC,MO	1	
fluvoxamine maleate 100 mg tab GC,MO	1	QL (90 per 30 days)
fluvoxamine maleate 25 mg tab GC,MO	1	QL (90 per 30 days)
fluvoxamine maleate 50 mg tab GC,MO	1	QL (90 per 30 days)
FOCALIN 10 MG TABLET MO	3	PA
FOCALIN 2.5 MG TABLET MO	3	PA
FOCALIN 5 MG TABLET MO	3	PA
FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
fosphenytoin 100 mg pe/2 ml vial GC,MO	1	
fosphenytoin 500 mg pe/10 ml GC,MO	1	
frenadol tablet GC,MO	1	
FROVA 2.5 MG TABLET MO	3	QL (12 per 30 days)
gabapentin 100 mg capsule GC,MO	1	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln GC,MO	1	
gabapentin 300 mg capsule GC,MO	1	QL (270 per 30 days)
gabapentin 400 mg capsule GC,MO	1	QL (270 per 30 days)
gabapentin 600 mg tablet GC,MO	1	QL (180 per 30 days)
gabapentin 800 mg tablet GC,MO	1	QL (180 per 30 days)
GABITRIL 12 MG TABLET MO	3	QL (120 per 30 days)
GABITRIL 16 MG TABLET MO	3	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GABITRIL 2 MG TABLET MO	3	QL (90 per 30 days)
GABITRIL 4 MG TABLET MO	3	
GEODON 20 MG CAPSULE GC,MO	2	QL (60 per 30 days)
GEODON 20 MG IM MO	3	
GEODON 40 MG CAPSULE GC,MO	2	QL (60 per 30 days)
GEODON 60 MG CAPSULE GC,MO	2	QL (60 per 30 days)
GEODON 80 MG CAPSULE GC,MO	2	QL (60 per 30 days)
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE MO	3	ST,QL (78 per 30 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (90 per 30 days)
HALDOL 5 MG/ML INJECTION MO	3	
HALDOL DECANOATE 100 MG/ML IM MO	3	
HALDOL DECANOATE 50 MG/ML IM MO	3	
haloperidol 0.5 mg tablet GC,MO	1	
haloperidol 1 mg tablet GC,MO	1	
haloperidol 10 mg tablet GC,MO	1	
haloperidol 2 mg tablet GC,MO	1	
haloperidol 20 mg tablet GC,MO	1	
haloperidol 5 mg tablet GC,MO	1	
haloperidol dec 100 mg/ml vial GC,MO	1	
haloperidol dec 50 mg/ml vial GC,MO	1	
haloperidol lac 2 mg/ml conc GC,MO	1	
haloperidol lac 5 mg/ml vial GC,MO	1	
HORIZANT ER 600 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
HYCET 7.5 MG-325 MG/15 ML ORAL SOLN GC,MO	1	
hydrocodon-acetaminoph 2.5-325 GC,MO	1	QL (360 per 30 days)
hydrocodon-acetaminoph 2.5-500 GC,MO	1	QL (240 per 30 days)
hydrocodon-acetaminoph 7.5-300 GC,MO	1	QL (390 per 30 days)
hydrocodon-acetaminoph 7.5-325 GC,MO	1	QL (360 per 30 days)
hydrocodon-acetaminoph 7.5-500 GC,MO	1	QL (240 per 30 days)
hydrocodon-acetaminoph 7.5-650 GC,MO	1	QL (180 per 30 days)
hydrocodon-acetaminoph 7.5-750 GC,MO	1	QL (150 per 30 days)
hydrocodon-acetaminophen 5-300 GC,MO	1	QL (390 per 30 days)
hydrocodon-acetaminophen 5-325 GC,MO	1	QL (360 per 30 days)
hydrocodon-acetaminophen 5-500 GC,MO	1	QL (240 per 30 days)
hydrocodon-acetaminophn 10-300 GC,MO	1	QL (390 per 30 days)
hydrocodon-acetaminophn 10-325 GC,MO	1	QL (360 per 30 days)
hydrocodon-acetaminophn 10-500 GC,MO	1	QL (240 per 30 days)
hydrocodon-acetaminophn 10-650 GC,MO	1	QL (180 per 30 days)
hydrocodon-acetaminophn 10-660 GC,MO	1	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocodon-acetaminophn 10-750 GC,MO	1	QL (150 per 30 days)
hydrocodone-acetaminophen soln GC,MO	1	
hydrocodone-ibuprofen 7.5-200 GC,MO	1	QL (150 per 30 days)
hydrogesic 5-500 mg capsule GC,MO	1	QL (240 per 30 days)
hydromorphone 1 mg/ml solution GC,MO	1	
hydromorphone 1 mg/ml syringe GC,MO	1	
hydromorphone 2 mg tablet GC,MO	1	
hydromorphone 2 mg/ml syringe GC,MO	1	
hydromorphone 2 mg/ml vial GC,MO	1	
hydromorphone 3 mg suppos GC,MO	1	
hydromorphone 4 mg tablet GC,MO	1	
hydromorphone 4 mg/ml syrin GC,MO	1	
hydromorphone 500 mg/50 ml via GC,MO	1	
hydromorphone 8 mg tablet GC,MO	1	
hydromorphone hcl 1 mg/ml amp GC,MO	1	
hydromorphone hcl 2 mg/ml amp GC,MO	1	
hydromorphone hcl 4 mg/ml amp GC,MO	1	
hydroxyzine 10 mg/5 ml syrup GC,MO	1	PA
hydroxyzine 25 mg/ml vial GC,MO	1	PA
hydroxyzine 50 mg/ml vial GC,MO	1	PA
hydroxyzine hcl 10 mg tablet GC,MO	1	PA
hydroxyzine hcl 25 mg tablet GC,MO	1	PA
hydroxyzine hcl 50 mg tablet GC,MO	1	PA
hydroxyzine pam 100 mg cap GC,MO	1	PA
hydroxyzine pam 25 mg cap GC,MO	1	PA
hydroxyzine pam 50 mg cap GC,MO	1	PA
IBUDONE 10 MG-200 MG TABLET GC,MO	1	
ibudone 5 mg-200 mg tablet GC,MO	1	
ibuprofen 100 mg/5 ml susp GC,MO	1	
ibuprofen 400 mg tablet GC,MO	1	
ibuprofen 600 mg tablet GC,MO	1	
ibuprofen 800 mg tablet GC,MO	1	
imipramine hcl 10 mg tablet GC,MO	1	
imipramine hcl 25 mg tablet GC,MO	1	
imipramine hcl 50 mg tablet GC,MO	1	
imipramine pamoate 100 mg cap GC,MO	1	
imipramine pamoate 125 mg cap GC,MO	1	
imipramine pamoate 150 mg cap GC,MO	1	
imipramine pamoate 75 mg cap GC,MO	1	
IMITREX 100 MG TABLET MO	3	PA,QL (9 per 30 days)
IMITREX 20 MG/ACTUATION NASAL SPRAY MO	3	PA,QL (12 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMITREX 25 MG TABLET MO	3	PA,QL (9 per 30 days)
IMITREX 5 MG/ACTUATION NASAL SPRAY MO	3	PA,QL (12 per 30 days)
IMITREX 50 MG TABLET MO	3	PA,QL (9 per 30 days)
IMITREX 6 MG/0.5 ML SUB-Q MO	3	PA,QL (6 per 30 days)
IMITREX STATDOSE KIT REFILL 4 MG/0.5 ML SUBQ CARTRIDGE MO	3	PA,QL (6 per 30 days)
IMITREX STATDOSE KIT REFILL 6 MG/0.5 ML SUBQ CARTRIDGE MO	3	PA,QL (6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML SUB-Q PEN INJECTOR MO	3	QL (6 per 30 days)
IMITREX STATDOSE PEN 6 MG/0.5 ML SUB-Q PEN INJECTOR MO	3	PA,QL (6 per 30 days)
INDOCIN 1 MG IV SOLUTION MO	3	
INDOCIN 25 MG/5 ML ORAL SUSP MO	3	
INDOCIN 50 MG RECTAL SUPPOSITORY GC,MO	1	
indomethacin 1 mg vial GC,MO	1	
indomethacin 25 mg capsule GC,MO	1	
indomethacin 50 mg capsule GC,MO	1	
indomethacin er 75 mg capsule GC,MO	1	
INFUMORPH P/F 10 MG/ML INJECTION MO	3	
INFUMORPH P/F 25 MG/ML INJECTION MO	3	
INTERMEZZO 1.75 MG SUBLINGUAL TABLET MO	3	ST,QL (30 per 30 days)
INTERMEZZO 3.5 MG SUBLINGUAL TABLET MO	3	ST,QL (30 per 30 days)
INTUNIV ER 1 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
INTUNIV ER 2 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
INTUNIV ER 3 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
INTUNIV ER 4 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
INVEGA 1.5 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
INVEGA 3 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
INVEGA 9 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML IM SYRINGE MO	4	QL (1 per 30 days)
INVEGA SUSTENNA 156 MG/ML (1 ML) IM SYRINGE MO	4	QL (1 per 30 days)
INVEGA SUSTENNA 234 MG/1.5 ML IM SYRINGE MO	4	QL (1 per 30 days)
INVEGA SUSTENNA 39 MG/0.25 ML IM SYRINGE MO	3	QL (1 per 30 days)
INVEGA SUSTENNA 78 MG/0.5 ML IM SYRINGE MO	3	QL (1 per 30 days)
KADIAN 10 MG CAPSULE,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
KADIAN 100 MG CAPSULE,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
KADIAN 20 MG CAPSULE,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
KADIAN 200 MG CAPSULE,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
KADIAN 30 MG CAPSULE,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
KADIAN 50 MG CAPSULE,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
KADIAN 60 MG CAPSULE,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
KADIAN 80 MG CAPSULE,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
KEPPRA 1,000 MG TABLET MO	3	QL (120 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KEPPRA 100 MG/ML ORAL SOLN MO	3	
KEPPRA 250 MG TABLET MO	3	QL (120 per 30 days)
KEPPRA 500 MG TABLET MO	3	QL (180 per 30 days)
KEPPRA 500 MG/5 ML IV MO	3	
KEPPRA 750 MG TABLET MO	3	QL (120 per 30 days)
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (180 per 30 days)
KEPPRA XR 750 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
ketoprofen 50 mg capsule GC,MO	1	
ketoprofen 75 mg capsule GC,MO	1	
ketoprofen er 200 mg capsule GC,MO	1	
ketorolac 10 mg tablet GC,MO	1	PA,QL (20 per 30 days)
ketorolac 15 mg/ml carpject GC,MO	1	PA
ketorolac 15 mg/ml vial GC,MO	1	PA
ketorolac 30 mg/ml carpject GC,MO	1	PA
ketorolac 30 mg/ml vial GC,MO	1	PA
ketorolac 300 mg/10 ml vial GC,MO	1	PA
ketorolac 60 mg/2 ml vial GC,MO	1	PA
LAGESIC CAPLET MO	3	
LAMICTAL 100 MG TABLET MO	3	QL (150 per 30 days)
LAMICTAL 150 MG TABLET MO	3	QL (90 per 30 days)
LAMICTAL 200 MG TABLET MO	3	QL (90 per 30 days)
LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET MO	3	
LAMICTAL 25 MG TABLET MO	3	QL (120 per 30 days)
LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET MO	3	
LAMICTAL ODT 100 MG DISINTEGRATING TABLET MO	3	QL (120 per 30 days)
LAMICTAL ODT 200 MG DISINTEGRATING TABLET MO	3	QL (90 per 30 days)
LAMICTAL ODT 25 MG DISINTEGRATING TABLET MO	3	QL (120 per 30 days)
LAMICTAL ODT 50 MG DISINTEGRATING TABLET MO	3	QL (90 per 30 days)
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING MO	3	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TAB,DISINTEGRATING MO	3	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT MO	3	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK MO	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK MO	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK MO	3	
LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE MO	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200MG(7) TAB,EXT.REL MO	3	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50MG (14)-100MG (7) TAB,EXT.REL MO	3	
lamotrigine 100 mg tablet GC,MO	1	QL (150 per 30 days)
lamotrigine 150 mg tablet GC,MO	1	QL (90 per 30 days)
lamotrigine 200 mg tablet GC,MO	1	QL (90 per 30 days)
lamotrigine 25 mg disper tab GC,MO	1	
lamotrigine 25 mg tablet GC,MO	1	QL (120 per 30 days)
lamotrigine 25 mg tb start kit GC,MO	1	
lamotrigine 5 mg disper tablet GC,MO	1	
LATUDA 20 MG TABLET MO	3	PA,QL (30 per 30 days)
LATUDA 40 MG TABLET MO	3	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET MO	3	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY NASAL SPRAY MO	4	PA,QL (30 per 30 days)
LAZANDA 400 MCG/SPRAY NASAL SPRAY MO	4	PA,QL (30 per 30 days)
LEVACET 500 MG-250 MG-150 MG-32.5 MG TABLET MO	3	
levetiraceta-nacl 1,000 mg/100 GC,MO	1	
levetiraceta-nacl 1,500 mg/100 GC,MO	1	
levetiracetam 1,000 mg tablet GC,MO	1	QL (120 per 30 days)
levetiracetam 100 mg/ml soln GC,MO	1	
levetiracetam 250 mg tablet GC,MO	1	QL (120 per 30 days)
levetiracetam 500 mg tablet GC,MO	1	QL (180 per 30 days)
levetiracetam 500 mg/5 ml soln GC,MO	1	QL (900 per 30 days)
levetiracetam 500 mg/5 ml vial GC,MO	1	
levetiracetam 750 mg tablet GC,MO	1	QL (120 per 30 days)
levetiracetam er 500 mg tablet GC,MO	1	QL (180 per 30 days)
levetiracetam er 750 mg tablet GC,MO	1	QL (120 per 30 days)
levetiracetam-nacl 500 mg/100 GC,MO	1	
levorphanol 2 mg tablet GC,MO	1	
LEXAPRO 10 MG TABLET GC,MO	2	QL (30 per 30 days)
LEXAPRO 20 MG TABLET GC,MO	2	QL (30 per 30 days)
LEXAPRO 5 MG TABLET GC,MO	2	QL (30 per 30 days)
LEXAPRO 5 MG/5 ML ORAL SOLN GC,MO	2	QL (600 per 30 days)
lithium 8 meq/5 ml solution GC,MO	1	
lithium carbonate 150 mg cap GC,MO	1	
lithium carbonate 300 mg cap GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lithium carbonate 300 mg tab GC,MO	1	
lithium carbonate 600 mg cap GC,MO	1	
lithium carbonate er 300 mg tb GC,MO	1	
lithium er 450 mg tablet GC,MO	1	
LITHOBID 300 MG TABLET,EXTENDED RELEASE MO	3	
LODOSYN 25 MG TABLET MO	3	
LORCET 10/650 10-650 MG TABLET GC,MO	1	PA,QL (180 per 30 days)
LORCET PLUS 7.5 MG-650 MG TABLET GC,MO	1	PA,QL (180 per 30 days)
LORTAB 10 MG-500 MG TABLET GC,MO	1	PA,QL (240 per 30 days)
lortab 5 mg-500 mg tablet GC,MO	1	PA,QL (240 per 30 days)
LORTAB 7.5 MG-500 MG TABLET GC,MO	1	PA,QL (240 per 30 days)
LORTAB ELIXIR 7.5 MG-500 MG/15 ML ORAL SOLN GC,MO	1	PA
loxapine 10 mg capsule GC,MO	1	
loxapine 25 mg capsule GC,MO	1	
loxapine 5 mg capsule GC,MO	1	
loxapine 50 mg capsule GC,MO	1	
LOXITANE 10 MG CAPSULE GC,MO	1	
LOXITANE 25 MG CAPSULE GC,MO	1	
LOXITANE 5 MG CAPSULE GC,MO	1	
LOXITANE 50 MG CAPSULE GC,MO	1	
LUNESTA 1 MG TABLET MO	3	QL (30 per 30 days)
LUNESTA 2 MG TABLET MO	3	QL (30 per 30 days)
LUNESTA 3 MG TABLET MO	3	QL (30 per 30 days)
LUVOX CR 100 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
LUVOX CR 150 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
LYRICA 100 MG CAPSULE MO	3	ST,QL (90 per 30 days)
LYRICA 150 MG CAPSULE MO	3	ST,QL (90 per 30 days)
LYRICA 200 MG CAPSULE MO	3	ST,QL (90 per 30 days)
LYRICA 225 MG CAPSULE MO	3	ST,QL (60 per 30 days)
LYRICA 25 MG CAPSULE MO	3	ST,QL (90 per 30 days)
LYRICA 300 MG CAPSULE MO	3	ST,QL (60 per 30 days)
LYRICA 50 MG CAPSULE MO	3	ST,QL (90 per 30 days)
LYRICA 75 MG CAPSULE MO	3	ST,QL (90 per 30 days)
MAGNACET 10 MG-400 MG TABLET GC,MO	1	QL (300 per 30 days)
MAGNACET 2.5 MG-400 MG TABLET GC,MO	1	QL (300 per 30 days)
MAGNACET 5 MG-400 MG TABLET GC,MO	1	QL (300 per 30 days)
MAGNACET 7.5 MG-400 MG TABLET GC,MO	1	QL (300 per 30 days)
magnesium chl 200 mg/ml vial GC,MO	1	
magnesium sulf 4% iv soln GC,MO	1	
magnesium sulf 8% iv soln GC,MO	1	
magnesium sulfate 50% syringe GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
magnesium sulfate 50% vial GC,MO	1	
magnesium-d5w 1 gm/100 ml soln GC,MO	1	
maprotiline 25 mg tablet GC,MO	1	
maprotiline 50 mg tablet GC,MO	1	
maprotiline 75 mg tablet GC,MO	1	
margesic h 5-500 capsule GC,MO	1	QL (240 per 30 days)
MARPLAN 10 MG TABLET MO	3	
MAXALT 10 MG TABLET MO	3	QL (12 per 30 days)
MAXALT 5 MG TABLET MO	3	QL (12 per 30 days)
MAXALT-MLT 10 MG DISINTEGRATING TABLET MO	3	QL (12 per 30 days)
MAXALT-MLT 5 MG DISINTEGRATING TABLET MO	3	QL (12 per 30 days)
MAXIDONE 10 MG-750 MG TABLET GC,MO	1	QL (150 per 30 days)
meclofenamate 100 mg capsule GC,MO	1	
meclofenamate 50 mg capsule GC,MO	1	
mefenamic acid 250 mg capsule GC,MO	1	
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)
meloxicam 7.5 mg/5 ml susp GC,MO	1	QL (300 per 30 days)
meperidine 10 mg/ml cartrdge GC,MO	1	PA
meperidine 10 mg/ml syringe GC,MO	1	PA
meperidine 100 mg tablet GC,MO	1	PA
meperidine 100 mg/ml vial GC,MO	1	PA
meperidine 25 mg/ml vial GC,MO	1	PA
meperidine 50 mg tablet GC,MO	1	PA
meperidine 50 mg/5 ml solution GC,MO	1	PA
meperidine 50 mg/ml vial GC,MO	1	PA
meperitab 100 mg tablet GC,MO	1	PA
meprobamate 200 mg tablet GC,MO	1	PA
meprobamate 400 mg tablet GC,MO	1	PA
METADATE CD 10 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
METADATE CD 20 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
METADATE CD 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
METADATE CD 40 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
METADATE CD 50 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
METADATE CD 60 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
metadate er 20 mg tablet,extended release GC,MO	1	PA
methadone 10 mg/5 ml solution GC,MO	1	
methadone 10 mg/ml oral conc GC,MO	1	
methadone 5 mg/5 ml solution GC,MO	1	
methadone hcl 10 mg tablet GC,MO	1	
methadone hcl 10 mg/ml vial GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methadone hcl 5 mg tablet GC,MO	1	
methadone intensol 10 mg/ml oral concentrate GC,MO	1	
methadose 10 mg tablet GC,MO	1	
METHADOSE 10 MG/ML ORAL CONCENTRATE GC,MO	1	
methamphetamine 5 mg tablet GC,MO	1	
methyl salicylate liquid GC,MO	1	
METHYLIN 10 MG CHEWABLE TABLET GC,GB,MO	1	PA
methylin 10 mg tablet GC,MO	1	PA
METHYLIN 10 MG/5 ML ORAL SOLN GC,MO	1	PA
METHYLIN 2.5 MG CHEWABLE TABLET GC,GB,MO	1	PA
methylin 20 mg tablet GC,MO	1	PA
METHYLIN 5 MG CHEWABLE TABLET GC,GB,MO	1	PA
methylin 5 mg tablet GC,MO	1	PA
METHYLIN 5 MG/5 ML ORAL SOLN GC,MO	1	PA
methylin er 10 mg tablet GC,MO	1	PA
methylin er 20 mg tablet GC,MO	1	PA
methylphenidate 10 mg tablet GC,MO	1	PA
methylphenidate 10 mg/5 ml sol GC,MO	1	PA
methylphenidate 20 mg tablet GC,MO	1	PA
methylphenidate 5 mg tablet GC,MO	1	PA
methylphenidate 5 mg/5 ml soln GC,MO	1	PA
methylphenidate er 10 mg tab GC,MO	1	PA
methylphenidate er 18 mg tab GC,MO	2	PA,QL (30 per 30 days)
methylphenidate er 20 mg cap GC,MO	1	PA,QL (60 per 30 days)
methylphenidate er 20 mg tab GC,MO	1	PA
methylphenidate er 27 mg tab GC,MO	2	PA,QL (30 per 30 days)
methylphenidate er 30 mg cap GC,MO	1	PA,QL (60 per 30 days)
methylphenidate er 36 mg tab GC,MO	2	PA,QL (60 per 30 days)
methylphenidate er 40 mg cap GC,MO	1	PA,QL (60 per 30 days)
methylphenidate er 54 mg tab GC,MO	2	PA,QL (30 per 30 days)
MIRAPEX 0.125 MG TABLET MO	3	PA
MIRAPEX 0.25 MG TABLET MO	3	PA
MIRAPEX 0.5 MG TABLET MO	3	PA
MIRAPEX 0.75 MG TABLET MO	3	PA
MIRAPEX 1 MG TABLET MO	3	PA
MIRAPEX 1.5 MG TABLET MO	3	PA
MIRAPEX ER 0.375 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MIRAPEX ER 0.75 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MIRAPEX ER 1.5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MIRAPEX ER 2.25 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MIRAPEX ER 3 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MIRAPEX ER 3.75 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MIRAPEX ER 4.5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
mirtazapine 15 mg odt GC,MO	1	QL (30 per 30 days)
mirtazapine 15 mg tablet GC,MO	1	QL (30 per 30 days)
mirtazapine 30 mg odt GC,MO	1	QL (30 per 30 days)
mirtazapine 30 mg tablet GC,MO	1	QL (30 per 30 days)
mirtazapine 45 mg odt GC,MO	1	QL (30 per 30 days)
mirtazapine 45 mg tablet GC,MO	1	QL (30 per 30 days)
mirtazapine 7.5 mg tablet GC,MO	1	
MOBAN 10 MG TABLET MO	3	
MOBAN 25 MG TABLET MO	3	
MOBAN 5 MG TABLET MO	3	
MOBAN 50 MG TABLET MO	3	
MOBIC 15 MG TABLET MO	3	PA,QL (30 per 30 days)
MOBIC 7.5 MG TABLET MO	3	PA,QL (60 per 30 days)
MOBIC 7.5 MG/5 ML ORAL SUSP MO	3	PA,QL (300 per 30 days)
modafinil 100 mg tablet GC,MO	1	PA,QL (60 per 30 days)
modafinil 200 mg tablet GC,MO	1	PA,QL (60 per 30 days)
morphine 0.5 mg/ml vial GC,MO	1	
morphine 1 mg/ml syringe GC,MO	1	
morphine 1 mg/ml syringe GC,MO	1	
morphine 1 mg/ml vial p-f GC,MO	1	
morphine 1 mg/ml-d5w 100 ml GC,MO	1	
morphine 1 mg/ml-d5w 250 ml GC,MO	1	
morphine 10 mg/ml syringe GC,MO	1	
morphine 10 mg/ml vial GC,MO	1	
morphine 15 mg/ml syringe GC,MO	1	
morphine 2 mg/ml syringe GC,MO	1	
morphine 300 mg/20 ml vial GC,MO	1	
morphine 4 mg/ml syringe GC,MO	1	
morphine 5 mg/ml vial GC,MO	1	
morphine 8 mg/ml syringe GC,MO	1	
morphine 8 mg/ml vial GC,MO	1	
morphine sulf 10 mg suppos GC,MO	1	
morphine sulf 10 mg/5 ml soln GC,MO	1	
morphine sulf 100 mg/5 ml soln GC,MO	1	
morphine sulf 20 mg suppos GC,MO	1	
morphine sulf 20 mg/5 ml soln GC,MO	1	
morphine sulf 30 mg suppos GC,MO	1	
morphine sulf 5 mg suppos GC,MO	1	
morphine sulf er 100 mg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine sulf er 15 mg tablet GC,MO	1	
morphine sulf er 200 mg tablet GC,MO	1	
morphine sulf er 30 mg tablet GC,MO	1	
morphine sulf er 60 mg tablet GC,MO	1	
morphine sulfate 1 mg/ml vial GC,MO	1	
morphine sulfate 25 mg/ml vial GC,MO	1	
morphine sulfate 25 mg/ml vl GC,MO	1	
morphine sulfate 50 mg/ml vial GC,MO	1	
morphine sulfate er 100 mg cap GC,MO	1	QL (60 per 30 days)
morphine sulfate er 20 mg cap GC,MO	1	QL (60 per 30 days)
morphine sulfate er 30 mg cap GC,MO	1	QL (60 per 30 days)
morphine sulfate er 50 mg cap GC,MO	1	QL (60 per 30 days)
morphine sulfate er 60 mg cap GC,MO	1	QL (60 per 30 days)
morphine sulfate er 80 mg cap GC,MO	1	QL (60 per 30 days)
morphine sulfate ir 15 mg tab GC,MO	1	
morphine sulfate ir 30 mg tab GC,MO	1	
MS CONTIN 100 MG TABLET,EXTENDED RELEASE MO	3	PA
MS CONTIN 15 MG TABLET,EXTENDED RELEASE MO	3	PA
MS CONTIN 200 MG TABLET,EXTENDED RELEASE MO	3	PA
MS CONTIN 30 MG TABLET,EXTENDED RELEASE MO	3	PA
MS CONTIN 60 MG TABLET,EXTENDED RELEASE MO	3	PA
mst 600 600 mg tablet GC,MO	1	
MYSOLINE 250 MG TABLET MO	3	PA
MYSOLINE 50 MG TABLET MO	3	PA
nabumetone 500 mg tablet GC,MO	1	
nabumetone 750 mg tablet GC,MO	1	
nalbuphine 100 mg/10 ml vial GC,MO	1	
nalbuphine 200 mg/10 ml vial GC,MO	1	
NALFON 200 MG PULVULE MO	3	
NALFON 400 MG CAPSULE MO	3	
naloxone 0.02 mg/ml vial GC,MO	1	
naloxone 0.4 mg/ml syringe GC,MO	1	
naloxone 0.4 mg/ml vial GC,MO	1	
naloxone 2 mg/2 ml syringe GC,MO	1	
naltrexone 50 mg tablet GC,MO	1	
NAMENDA 10 MG TABLET GC,MO	2	QL (60 per 30 days)
NAMENDA 10 MG/5 ML ORAL SOLN GC,MO	2	QL (360 per 30 days)
NAMENDA 5 MG TABLET GC,MO	2	QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK GC,MO	2	QL (98 per 30 days)
NAPRELAN CR 375 MG TABLET,EXTENDED RELEASE MO	3	
NAPRELAN CR 500 MG TABLET,EXTENDED RELEASE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAPRELAN CR 750 MG TABLET,EXTENDED RELEASE MO	3	
NAPRELAN CR DOSECRD 500-750 MG MO	3	
NAPROSYN 125 MG/5 ML ORAL SUSP MO	3	
NAPROSYN 250 MG TABLET MO	3	
NAPROSYN 375 MG TABLET GB,MO	3	
NAPROSYN 500 MG TABLET MO	3	
naproxen 125 mg/5 ml suspen GC,MO	1	
naproxen 250 mg tablet GC,MO	1	
naproxen 375 mg tablet GC,MO	1	
naproxen 500 mg tablet GC,MO	1	
naproxen ec 375 mg tablet GC,MO	1	
naproxen ec 500 mg tablet GC,MO	1	
naproxen sodium 275 mg tab GC,MO	1	
naproxen sodium 550 mg tab GC,MO	1	
naratriptan hcl 1 mg tablet GC,MO	1	QL (9 per 30 days)
naratriptan hcl 2.5 mg tablet GC,MO	1	QL (9 per 30 days)
NARDIL 15 MG TABLET MO	3	
NAVANE 10 MG CAPSULE GB,MO	3	
NAVANE 2 MG CAPSULE GB,MO	3	
NAVANE 20 MG CAPSULE MO	3	
NAVANE 5 MG CAPSULE MO	3	
nefazodone hcl 100 mg tablet GC,MO	1	
nefazodone hcl 150 mg tablet GC,MO	1	
nefazodone hcl 200 mg tablet GC,MO	1	
nefazodone hcl 250 mg tablet GC,MO	1	
nefazodone hcl 50 mg tablet GC,MO	1	
NEUPRO 1 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEUPRO 2 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEUPRO 3 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEUPRO 4 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEUPRO 6 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEUPRO 8 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
NEURONTIN 100 MG CAPSULE MO	3	PA,QL (270 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLN MO	3	
NEURONTIN 300 MG CAPSULE MO	3	PA,QL (270 per 30 days)
NEURONTIN 400 MG CAPSULE MO	3	PA,QL (270 per 30 days)
NEURONTIN 600 MG TABLET MO	3	PA,QL (180 per 30 days)
NEURONTIN 800 MG TABLET MO	3	PA,QL (180 per 30 days)
NORCO 10 MG-325 MG TABLET GC,MO	1	PA,QL (360 per 30 days)
NORCO 5 MG-325 MG TABLET GC,MO	1	PA,QL (360 per 30 days)
NORCO 7.5 MG-325 MG TABLET GC,MO	1	PA,QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORPRAMIN 10 MG TABLET MO	3	
NORPRAMIN 100 MG TABLET GB,MO	3	
NORPRAMIN 150 MG TABLET MO	3	
NORPRAMIN 25 MG TABLET GB,MO	3	
NORPRAMIN 50 MG TABLET GB,MO	3	
NORPRAMIN 75 MG TABLET MO	3	
nortriptyline 10 mg/5 ml sol GC,MO	1	
nortriptyline hcl 10 mg cap GC,MO	1	
nortriptyline hcl 25 mg cap GC,MO	1	
nortriptyline hcl 50 mg cap GC,MO	1	
nortriptyline hcl 75 mg cap GC,MO	1	
NUCYNTA 100 MG TABLET MO	3	ST,QL (181 per 30 days)
NUCYNTA 50 MG TABLET MO	3	ST,QL (181 per 30 days)
NUCYNTA 75 MG TABLET MO	3	ST,QL (181 per 30 days)
NUCYNTA ER 100 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
NUCYNTA ER 150 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
NUCYNTA ER 200 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
NUCYNTA ER 250 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
NUCYNTA ER 50 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE MO	3	QL (60 per 30 days)
NUMORPHAN 1 MG/ML AMPUL MO	3	
NUVIGIL 150 MG TABLET MO	3	PA,QL (30 per 30 days)
NUVIGIL 250 MG TABLET MO	3	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET MO	3	PA,QL (60 per 30 days)
olanzapine 10 mg tablet GC,MO	1	QL (30 per 30 days)
olanzapine 10 mg vial GC,MO	1	QL (60 per 30 days)
olanzapine 15 mg tablet GC,MO	1	QL (60 per 30 days)
olanzapine 2.5 mg tablet GC,MO	1	QL (30 per 30 days)
olanzapine 20 mg tablet GC,MO	1	QL (60 per 30 days)
olanzapine 5 mg tablet GC,MO	1	QL (30 per 30 days)
olanzapine 7.5 mg tablet GC,MO	1	QL (30 per 30 days)
olanzapine odt 10 mg tablet GC,MO	1	QL (30 per 30 days)
olanzapine odt 15 mg tablet GC,MO	1	QL (60 per 30 days)
olanzapine odt 20 mg tablet GC,MO	1	QL (60 per 30 days)
olanzapine odt 5 mg tablet GC,MO	1	QL (30 per 30 days)
olanzapine-fluoxetine 12-25 mg GC,MO	1	QL (30 per 30 days)
olanzapine-fluoxetine 12-50 mg GC,MO	1	QL (30 per 30 days)
olanzapine-fluoxetine 6-25 mg GC,MO	1	QL (30 per 30 days)
olanzapine-fluoxetine 6-50 mg GC,MO	1	QL (30 per 30 days)
OLEPTRO ER 150 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
OLEPTRO ER 300 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ONSOLIS 1,200 MCG BUCCAL FILM MO	3	PA,QL (120 per 30 days)
ONSOLIS 200 MCG BUCCAL FILM MO	3	PA,QL (120 per 30 days)
ONSOLIS 400 MCG BUCCAL FILM MO	3	PA,QL (120 per 30 days)
ONSOLIS 600 MCG BUCCAL FILM MO	3	PA,QL (120 per 30 days)
ONSOLIS 800 MCG BUCCAL FILM MO	3	PA,QL (120 per 30 days)
OPANA 1 MG/ML INJECTION MO	3	
OPANA 10 MG TABLET MO	3	PA
OPANA 5 MG TABLET MO	3	PA
OPANA ER 10 MG TABLET,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
OPANA ER 15 MG TABLET GC,MO	2	QL (60 per 30 days)
OPANA ER 20 MG TABLET,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
OPANA ER 30 MG TABLET,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
OPANA ER 40 MG TABLET,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
OPANA ER 5 MG TABLET,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
OPANA ER 7.5 MG TABLET GC,MO	2	QL (60 per 30 days)
ORAMORPH SR 100 MG TABLET MO	3	PA
ORAMORPH SR 15 MG TABLET MO	3	PA
ORAMORPH SR 30 MG TABLET MO	3	PA
ORAMORPH SR 60 MG TABLET MO	3	PA
ORAP 1 MG TABLET GB,MO	3	
ORAP 2 MG TABLET MO	3	
oxaprozin 600 mg tablet GC,MO	1	
oxcarbazepine 150 mg tablet GC,MO	1	
oxcarbazepine 300 mg tablet GC,MO	1	
oxcarbazepine 300 mg/5 ml susp GC,MO	1	
oxcarbazepine 600 mg tablet GC,MO	1	
OXECTA 5 MG TABLET,ORAL ONLY(NOT FEEDING TUBES) MO	3	PA
OXECTA 7.5 MG TABLET,ORAL ONLY(NOT FEEDING TUBES) MO	3	PA
oxycodon-acetaminophen 2.5-325 GC,MO	1	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-325 GC,MO	1	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-500 GC,MO	1	QL (240 per 30 days)
oxycodone conc 20 mg/ml soln GC,MO	1	
oxycodone hcl 10 mg tablet GC,MO	1	
oxycodone hcl 15 mg tablet GC,MO	1	
oxycodone hcl 20 mg tablet GC,MO	1	
oxycodone hcl 30 mg tablet GC,MO	1	
oxycodone hcl 5 mg capsule GC,MO	1	
oxycodone hcl 5 mg tablet GC,MO	1	
oxycodone hcl 5 mg/5 ml sol GC,MO	2	
oxycodone hcl cr 10 mg tablet GC,MO	1	PA,QL (90 per 30 days)
oxycodone hcl cr 20 mg tablet GC,MO	1	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodone-acetaminophen 10-325 GC,MO	1	QL (360 per 30 days)
oxycodone-acetaminophen 10-650 GC,MO	1	QL (180 per 30 days)
oxycodone-acetaminophen 5-325 GC,MO	1	QL (360 per 30 days)
oxycodone-acetaminophen 5-500 GC,MO	1	QL (240 per 30 days)
oxycodone-asa 4.5-0.38-325 tab GC,MO	1	
oxycodone-aspirin 4.83-325 mg GC,MO	1	
oxycodone-ibuprofen 5-400 tab GC,MO	1	QL (240 per 30 days)
OXYCONTIN 10 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 15 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 20 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 30 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 40 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 60 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 80 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
oxymorphone hcl 10 mg tablet GC,MO	1	
oxymorphone hcl 5 mg tablet GC,MO	1	
oxymorphone hcl er 15 mg tab GC,MO	1	QL (60 per 30 days)
oxymorphone hcl er 7.5 mg tab GC,MO	1	QL (60 per 30 days)
PAMELOR 10 MG CAPSULE MO	3	PA
PAMELOR 25 MG CAPSULE MO	3	PA
PAMELOR 50 MG CAPSULE MO	3	PA
PAMELOR 75 MG CAPSULE MO	3	PA
PANLOR SS TABLET GC,MO	1	QL (180 per 30 days)
PARCOPA 10 MG-100 MG DISINTEGRATING TABLET GC,MO	1	
PARCOPA 25 MG-100 MG DISINTEGRATING TABLET GC,MO	1	
PARCOPA 25 MG-250 MG DISINTEGRATING TABLET GC,MO	1	
PARLODEL 2.5 MG TABLET MO	3	PA
PARLODEL 5 MG CAPSULE MO	3	PA
PARNATE 10 MG TABLET MO	3	
paroxetine cr 12.5 mg tablet GC,MO	1	QL (60 per 30 days)
paroxetine cr 25 mg tablet GC,MO	1	QL (90 per 30 days)
paroxetine er 37.5 mg tablet GC,MO	1	QL (60 per 30 days)
paroxetine hcl 10 mg tablet GC,MO	1	QL (30 per 30 days)
paroxetine hcl 10 mg/5 ml susp GC,MO	1	
paroxetine hcl 20 mg tablet GC,MO	1	QL (30 per 30 days)
paroxetine hcl 30 mg tablet GC,MO	1	QL (60 per 30 days)
paroxetine hcl 40 mg tablet GC,MO	1	QL (60 per 30 days)
PAXIL 10 MG TABLET MO	3	QL (30 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSP MO	3	
PAXIL 20 MG TABLET MO	3	QL (30 per 30 days)
PAXIL 30 MG TABLET MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PAXIL 40 MG TABLET MO	3	QL (60 per 30 days)
PAXIL CR 12.5 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
PAXIL CR 37.5 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
PEGANONE 250 MG TABLET MO	3	
PENNSAID 1.5 % TOPICAL DROPS MO	3	
pentazocin-acetaminophn 25-650 GC,MO	1	PA,QL (180 per 30 days)
pentazocine-naloxone tablet GC,MO	1	PA
PERCOCET 10 MG-325 MG TABLET GC,MO	1	PA,QL (360 per 30 days)
PERCOCET 10 MG-650 MG TABLET GC,MO	1	PA,QL (180 per 30 days)
PERCOCET 2.5 MG-325 MG TABLET GC,MO	1	PA,QL (360 per 30 days)
PERCOCET 5 MG-325 MG TABLET GC,MO	1	PA,QL (360 per 30 days)
PERCOCET 7.5 MG-325 MG TABLET GC,MO	1	PA,QL (360 per 30 days)
PERCOCET 7.5 MG-500 MG TABLET GC,MO	1	PA,QL (240 per 30 days)
PERCODAN 4.8355 MG-325 MG TABLET MO	3	PA
perphen-amitrip 2 mg-10 mg tab GC,MO	1	
perphen-amitrip 2 mg-25 mg tab GC,MO	1	
perphen-amitrip 4 mg-10 mg tab GC,MO	1	
perphen-amitrip 4 mg-25 mg tab GC,MO	1	
perphen-amitrip 4 mg-50 mg tab GC,MO	1	
perphenazine 16 mg tablet GC,MO	1	
perphenazine 2 mg tablet GC,MO	1	
perphenazine 4 mg tablet GC,MO	1	
perphenazine 8 mg tablet GC,MO	1	
PEXEVA 10 MG TABLET MO	3	QL (30 per 30 days)
PEXEVA 20 MG TABLET MO	3	QL (30 per 30 days)
PEXEVA 30 MG TABLET MO	3	QL (60 per 30 days)
PEXEVA 40 MG TABLET MO	3	QL (60 per 30 days)
phenelzine sulfate 15 mg tab GC,MO	1	
PHENYTEK 200 MG CAPSULE GC,MO	1	
PHENYTEK 300 MG CAPSULE GC,MO	1	
phenytoin 100 mg/4 ml susp GC,MO	1	
phenytoin 125 mg/5 ml susp GC,MO	1	
phenytoin 50 mg/ml syringe GC,MO	1	
phenytoin 50 mg/ml vial GC,MO	1	
phenytoin sod ext 100 mg cap GC,MO	1	
phenytoin sod ext 200 mg cap GC,MO	1	
phenytoin sod ext 300 mg cap GC,MO	1	
piroxicam 10 mg capsule GC,MO	1	
piroxicam 20 mg capsule GC,MO	1	
polygesic 5/500 capsule GC,MO	1	QL (240 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PONSTEL 250 MG CAPSULE MO	3	PA
POTIGA 200 MG TABLET MO	3	PA,QL (90 per 30 days)
POTIGA 300 MG TABLET MO	3	PA,QL (90 per 30 days)
POTIGA 400 MG TABLET MO	3	PA,QL (90 per 30 days)
POTIGA 50 MG TABLET MO	3	PA,QL (270 per 30 days)
pramipexole 0.125 mg tablet GC,MO	1	
pramipexole 0.25 mg tablet GC,MO	1	
pramipexole 0.5 mg tablet GC,MO	1	
pramipexole 0.75 mg tablet GC,MO	1	
pramipexole 1 mg tablet GC,MO	1	
pramipexole 1.5 mg tablet GC,MO	1	
PRECEDEX 200 MCG/2 ML IV MO	3	
PRIALT 100 MCG/ML INTRATHECAL MO	4	
PRIALT 25 MCG/ML INTRATHECAL MO	4	
primidone 250 mg tablet GC,MO	1	
primidone 50 mg tablet GC,MO	1	
primlev 10 mg-300 mg tablet GC,MO	1	
primlev 5 mg-300 mg tablet GC,MO	1	
primlev 7.5 mg-300 mg tablet GC,MO	1	
PRISTIQ 100 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
procentra 5 mg/5 ml oral soln GC,MO	1	PA
protriptyline hcl 10 mg tablet GC,MO	1	
protriptyline hcl 5 mg tablet GC,MO	1	
PROVIGIL 100 MG TABLET MO	3	PA,QL (60 per 30 days)
PROVIGIL 200 MG TABLET MO	4	PA,QL (60 per 30 days)
PROZAC 10 MG CAPSULE MO	3	PA,QL (60 per 30 days)
PROZAC 20 MG CAPSULE MO	3	PA,QL (120 per 30 days)
PROZAC 40 MG CAPSULE MO	3	PA,QL (60 per 30 days)
PROZAC WEEKLY 90 MG CAPSULE,DELAYED RELEASE MO	3	QL (4 per 28 days)
quetiapine fumarate 100 mg tab GC,MO	1	QL (90 per 30 days)
quetiapine fumarate 200 mg tab GC,MO	1	QL (120 per 30 days)
quetiapine fumarate 25 mg tab GC,MO	1	QL (120 per 30 days)
quetiapine fumarate 300 mg tab GC,MO	1	QL (90 per 30 days)
quetiapine fumarate 400 mg tab GC,MO	1	QL (90 per 30 days)
quetiapine fumarate 50 mg tab GC,MO	1	QL (120 per 30 days)
RELAGESIC TABLET MO	3	
RELPAX 20 MG TABLET MO	3	QL (9 per 30 days)
RELPAX 40 MG TABLET MO	3	QL (9 per 30 days)
REMERON 15 MG TABLET MO	3	QL (30 per 30 days)
REMERON 30 MG TABLET MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REMERON 45 MG TABLET MO	3	QL (30 per 30 days)
REMERON SOLTAB 15 MG DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
REMERON SOLTAB 30 MG DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
REMERON SOLTAB 45 MG DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
reprexain 10 mg-200 mg tablet GC,MO	1	
REPREXAIN 2.5 MG-200 MG TABLET GC,MO	1	
REPREXAIN 5 MG-200 MG TABLET GC,MO	1	
REQUIP 0.25 MG TABLET MO	3	PA
REQUIP 0.5 MG TABLET MO	3	PA
REQUIP 1 MG TABLET MO	3	PA
REQUIP 2 MG TABLET MO	3	PA
REQUIP 3 MG TABLET MO	3	PA
REQUIP 4 MG TABLET MO	3	PA
REQUIP 5 MG TABLET MO	3	PA
REQUIP XL 12 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
REQUIP XL 2 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
REQUIP XL 4 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
REQUIP XL 6 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
REQUIP XL 8 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
revia 50 mg tablet GC,MO	1	
rhinoflex 50 mg-500 mg tablet GC,MO	1	
rhinoflex-650 50 mg-650 mg tablet GC,MO	1	
RILUTEK 50 MG TABLET GC,MO	2	
RISPERDAL 0.25 MG TABLET MO	3	QL (60 per 30 days)
RISPERDAL 0.5 MG TABLET MO	3	QL (120 per 30 days)
RISPERDAL 1 MG TABLET MO	3	QL (60 per 30 days)
RISPERDAL 1 MG/ML ORAL SOLN MO	3	
RISPERDAL 2 MG TABLET MO	3	QL (60 per 30 days)
RISPERDAL 3 MG TABLET MO	3	QL (60 per 30 days)
RISPERDAL 4 MG TABLET MO	3	QL (60 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML IM SYRINGE MO	3	QL (2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML IM SYRINGE MO	3	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML IM SYRINGE MO	3	QL (4 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML IM SYRINGE MO	4	QL (4 per 28 days)
RISPERDAL M-TAB 0.5 MG DISINTEGRATING TABLET MO	3	QL (120 per 30 days)
RISPERDAL M-TAB 1 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
RISPERDAL M-TAB 2 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
RISPERDAL M-TAB 3 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
RISPERDAL M-TAB 4 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
risperidone 0.25 mg odt GC,MO	1	QL (60 per 30 days)
risperidone 0.25 mg tablet GC,MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
risperidone 0.5 mg odt GC,MO	1	QL (120 per 30 days)
risperidone 0.5 mg tablet GC,MO	1	QL (120 per 30 days)
risperidone 1 mg odt GC,MO	1	QL (60 per 30 days)
risperidone 1 mg tablet GC,MO	1	QL (60 per 30 days)
risperidone 1 mg/ml solution GC,MO	1	
risperidone 2 mg odt GC,MO	1	QL (60 per 30 days)
risperidone 2 mg tablet GC,MO	1	QL (60 per 30 days)
risperidone 3 mg odt GC,MO	1	QL (60 per 30 days)
risperidone 3 mg tablet GC,MO	1	QL (60 per 30 days)
risperidone 4 mg odt GC,MO	1	QL (60 per 30 days)
risperidone 4 mg tablet GC,MO	1	QL (60 per 30 days)
risperidone m-tab 0.5 mg disintegrating tablet GC,MO	1	QL (120 per 30 days)
risperidone m-tab 1 mg disintegrating tablet GC,MO	1	QL (60 per 30 days)
risperidone m-tab 2 mg disintegrating tablet GC,MO	1	QL (60 per 30 days)
risperidone m-tab 3 mg disintegrating tablet GC,MO	1	QL (60 per 30 days)
risperidone m-tab 4 mg disintegrating tablet GC,MO	1	QL (60 per 30 days)
RITALIN 10 MG TABLET MO	3	PA
RITALIN 20 MG TABLET MO	3	PA
RITALIN 5 MG TABLET MO	3	PA
RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
RITALIN SR 20 MG TABLET,EXTENDED RELEASE MO	3	PA
ROMAZICON 0.1 MG/ML IV MO	3	
ropinirole hcl 0.25 mg tablet GC,MO	1	
ropinirole hcl 0.5 mg tablet GC,MO	1	
ropinirole hcl 1 mg tablet GC,MO	1	
ropinirole hcl 2 mg tablet GC,MO	1	
ropinirole hcl 3 mg tablet GC,MO	1	
ropinirole hcl 4 mg tablet GC,MO	1	
ropinirole hcl 5 mg tablet GC,MO	1	
ropinirole hcl er 12 mg tablet GC,MO	1	QL (90 per 30 days)
ropinirole hcl er 2 mg tablet GC,MO	1	QL (90 per 30 days)
ropinirole hcl er 4 mg tablet GC,MO	1	QL (90 per 30 days)
ropinirole hcl er 6 mg tablet GC,MO	1	QL (90 per 30 days)
ropinirole hcl er 8 mg tablet GC,MO	1	QL (90 per 30 days)
roxicet 5 mg-325 mg tablet GC,MO	1	QL (360 per 30 days)
ROXICET 5 MG-325 MG/5 ML ORAL SOLN GC,MO	1	
ROXICET 5-500 CAPLET GC,MO	1	QL (240 per 30 days)
ROXICODONE 15 MG TABLET MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROXICODONE 30 MG TABLET MO	3	PA
ROXICODONE 5 MG TABLET MO	3	
ROXICODONE 5 MG/5 ML SOLUTION MO	3	PA
roxicodeone intensol 20 mg/ml MO	3	PA
ROZEREM 8 MG TABLET MO	3	ST,QL (30 per 30 days)
RYBIX ODT 50 MG DISINTEGRATING TABLET MO	3	
RYZOLT ER 100 MG TABLET MO	3	ST,QL (30 per 30 days)
RYZOLT ER 200 MG TABLET MO	3	ST,QL (30 per 30 days)
RYZOLT ER 300 MG TABLET MO	3	ST,QL (30 per 30 days)
SABRIL 500 MG ORAL POWDER IN PACKET MO	4	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET MO	4	PA,QL (180 per 30 days)
salsalate 500 mg tablet GC,MO	1	
salsalate 750 mg tablet GC,MO	1	
SAPHRIS 10 MG SUBLINGUAL TABLET MO	3	PA,QL (60 per 30 days)
SAPHRIS 5 MG SUBLINGUAL TABLET MO	3	PA,QL (60 per 30 days)
SARAFEM 10 MG TABLET MO	3	
SARAFEM 15 MG TABLET MO	3	
SARAFEM 20 MG TABLET MO	3	
SAVELLA 100 MG TABLET GC,MO	2	QL (60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK GC,MO	2	QL (60 per 30 days)
SAVELLA 12.5 MG TABLET GC,MO	2	QL (60 per 30 days)
SAVELLA 25 MG TABLET GC,MO	2	QL (60 per 30 days)
SAVELLA 50 MG TABLET GC,MO	2	QL (60 per 30 days)
selegiline hcl 5 mg capsule GC,MO	1	
selegiline hcl 5 mg tablet GC,MO	1	
selfemra 10 mg capsule GC,MO	1	QL (60 per 30 days)
selfemra 20 mg capsule GC,MO	1	QL (120 per 30 days)
SEROQUEL 100 MG TABLET GC,MO	2	QL (90 per 30 days)
SEROQUEL 200 MG TABLET GC,MO	2	QL (120 per 30 days)
SEROQUEL 25 MG TABLET GC,MO	2	QL (120 per 30 days)
SEROQUEL 300 MG TABLET GC,MO	2	QL (90 per 30 days)
SEROQUEL 400 MG TABLET GC,MO	2	QL (90 per 30 days)
SEROQUEL 50 MG TABLET GC,MO	2	QL (120 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE GC,MO	2	QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE GC,MO	2	QL (30 per 30 days)
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE GC,MO	2	QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE GC,MO	2	QL (120 per 30 days)
sertraline 20 mg/ml oral conc GC,MO	1	
sertraline hcl 100 mg tablet GC,MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sertraline hcl 25 mg tablet GC,MO	1	QL (60 per 30 days)
sertraline hcl 50 mg tablet GC,MO	1	QL (60 per 30 days)
SILENOR 3 MG TABLET MO	3	ST,QL (30 per 30 days)
SILENOR 6 MG TABLET MO	3	ST,QL (30 per 30 days)
SINEMET 10 MG-100 MG TABLET MO	3	
SINEMET 25 MG-100 MG TABLET MO	3	
SINEMET 25 MG-250 MG TABLET MO	3	
SINEMET CR 25 MG-100 MG TABLET,EXTENDED RELEASE MO	3	PA
SINEMET CR 50 MG-200 MG TABLET,EXTENDED RELEASE MO	3	PA
somnote 500 mg capsule GC,MO	1	
SONATA 10 MG CAPSULE MO	3	PA,QL (60 per 30 days)
SONATA 5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
SPRIX 15.75 MG/SPRAY NASAL SPRAY MO	3	PA,QL (5 per 30 days)
STAFLEX CAPLET MO	3	
stagesic 5 mg-500 mg capsule GC,MO	1	QL (240 per 30 days)
STALEVO 100 25 MG-100 MG-200 MG TABLET GC,MO	2	
STALEVO 125 31.25 MG-125 MG-200 MG TABLET GC,MO	2	
STALEVO 150 37.5 MG-150 MG-200 MG TABLET GC,MO	2	
STALEVO 200 50 MG-200 MG-200 MG TABLET GC,MO	2	
STALEVO 50 12.5 MG-50 MG-200 MG TABLET GC,MO	2	
STALEVO 75 18.75 MG-75 MG-200 MG TABLET GC,MO	2	
STAVZOR 125 MG CAPSULE,DELAYED RELEASE MO	3	
STAVZOR 250 MG CAPSULE,DELAYED RELEASE MO	3	
STAVZOR 500 MG CAPSULE,DELAYED RELEASE MO	3	
STRATTERA 10 MG CAPSULE MO	3	QL (60 per 30 days)
STRATTERA 100 MG CAPSULE MO	3	QL (30 per 30 days)
STRATTERA 18 MG CAPSULE MO	3	QL (60 per 30 days)
STRATTERA 25 MG CAPSULE MO	3	QL (60 per 30 days)
STRATTERA 40 MG CAPSULE MO	3	QL (60 per 30 days)
STRATTERA 60 MG CAPSULE MO	3	QL (60 per 30 days)
STRATTERA 80 MG CAPSULE MO	3	QL (30 per 30 days)
SUBLIMAZE (PF) 50 MCG/ML INJECTION MO	3	
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM MO	3	PA,QL (90 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL TABLET MO	3	PA,QL (90 per 30 days)
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	3	PA,QL (90 per 30 days)
SUBOXONE 8 MG-2 MG SUBLINGUAL TABLET MO	3	PA,QL (90 per 30 days)
SUBSYS 1,200 MCG (600 MCG/SPRAY X2) SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBSYS 1,600 MCG (800 MCG/SPRAY X2) SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBSYS 100 MCG/SPRAY SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBSYS 200 MCG/SPRAY SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBSYS 400 MCG/SPRAY SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUBSYS 600 MCG/SPRAY SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBSYS 800 MCG/SPRAY SUBLINGUAL SPRAY MO	4	PA,QL (120 per 30 days)
SUBUTEX 2 MG TABLET SL MO	3	PA,QL (90 per 30 days)
SUBUTEX 8 MG TABLET SL MO	3	PA,QL (90 per 30 days)
SUFENTA 50 MCG/ML IV MO	3	
sufentanil 250 mcg/5 ml ampul GC,MO	1	
sulindac 150 mg tablet GC,MO	1	
sulindac 200 mg tablet GC,MO	1	
sumatriptan 20 mg nasal spray GC,MO	2	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml cart MO	3	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml inject GC,MO	1	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml syrng GC,MO	1	QL (6 per 30 days)
sumatriptan 5 mg nasal spray GC,MO	2	QL (12 per 30 days)
sumatriptan 6 mg/0.5 ml inject GC,MO	1	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml refill MO	3	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng GC,MO	1	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial GC,MO	1	QL (6 per 30 days)
sumatriptan succ 100 mg tablet GC,MO	1	QL (9 per 30 days)
sumatriptan succ 25 mg tablet GC,MO	1	QL (9 per 30 days)
sumatriptan succ 50 mg tablet GC,MO	1	QL (9 per 30 days)
SURMONTIL 100 MG CAPSULE MO	3	
SURMONTIL 25 MG CAPSULE MO	3	
SURMONTIL 50 MG CAPSULE MO	3	
SYMBYAX 12 MG-25 MG CAPSULE MO	3	QL (30 per 30 days)
SYMBYAX 12 MG-50 MG CAPSULE MO	3	QL (30 per 30 days)
SYMBYAX 3 MG-25 MG CAPSULE MO	3	QL (30 per 30 days)
SYMBYAX 6 MG-25 MG CAPSULE MO	3	QL (30 per 30 days)
SYMBYAX 6 MG-50 MG CAPSULE MO	3	QL (30 per 30 days)
SYNALGOS-DC 16 MG-356.4 MG-30 MG CAPSULE MO	3	
TALWIN 30 MG/ML INJECTION MO	3	PA
TASMAR 100 MG TABLET MO	3	PA
TEGRETOL 100 MG TABLET CHEW MO	3	
TEGRETOL 100 MG/5 ML ORAL SUSP MO	3	
TEGRETOL 200 MG TABLET MO	3	
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE MO	3	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE MO	3	
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE MO	3	
thioridazine 10 mg tablet GC,MO	1	PA
thioridazine 100 mg tablet GC,MO	1	PA
thioridazine 25 mg tablet GC,MO	1	PA
thioridazine 50 mg tablet GC,MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
thiothixene 1 mg capsule GC,MO	1	
thiothixene 10 mg capsule GC,MO	1	
thiothixene 2 mg capsule GC,MO	1	
thiothixene 5 mg capsule GC,MO	1	
TOFRANIL 10 MG TABLET GC,MO	1	PA
TOFRANIL 25 MG TABLET GC,MO	1	PA
TOFRANIL 50 MG TABLET GC,MO	1	PA
TOFRANIL-PM 100 MG CAPSULE MO	3	
TOFRANIL-PM 125 MG CAPSULE MO	3	
TOFRANIL-PM 150 MG CAPSULE MO	3	
TOFRANIL-PM 75 MG CAPSULE MO	3	
tolmetin sodium 200 mg tab GC,MO	1	
tolmetin sodium 400 mg cap GC,MO	1	
tolmetin sodium 600 mg tab GC,MO	1	
TOPAMAX 100 MG TABLET MO	3	QL (120 per 30 days)
TOPAMAX 15 MG SPRINKLE CAPSULE MO	3	
TOPAMAX 200 MG TABLET MO	3	QL (120 per 30 days)
TOPAMAX 25 MG SPRINKLE CAPSULE MO	3	
TOPAMAX 25 MG TABLET MO	3	QL (90 per 30 days)
TOPAMAX 50 MG TABLET MO	3	QL (120 per 30 days)
topiragen 100 mg tablet GC,MO	1	QL (120 per 30 days)
topiragen 200 mg tablet GC,MO	1	QL (120 per 30 days)
topiragen 25 mg tablet GC,MO	1	QL (90 per 30 days)
topiragen 50 mg tablet GC,MO	1	QL (120 per 30 days)
topiramate 100 mg tablet GC,MO	1	QL (120 per 30 days)
topiramate 15 mg sprinkle cap GC,MO	1	
topiramate 200 mg tablet GC,MO	1	QL (120 per 30 days)
topiramate 25 mg sprinkle cap GC,MO	1	
topiramate 25 mg tablet GC,MO	1	QL (90 per 30 days)
topiramate 50 mg tablet GC,MO	1	QL (120 per 30 days)
tramadol er 100 mg tablet GC,MO	1	ST,QL (30 per 30 days)
tramadol er 200 mg tablet GC,MO	1	ST,QL (30 per 30 days)
tramadol er 300 mg tablet GC,MO	1	ST,QL (30 per 30 days)
tramadol hcl 50 mg tablet GC,MO	1	QL (240 per 30 days)
tramadol hcl er 100 mg tablet GC,MO	1	ST,QL (30 per 30 days)
tramadol hcl er 200 mg tablet GC,MO	1	ST,QL (30 per 30 days)
tramadol hcl er 300 mg tablet GC,MO	1	ST,QL (30 per 30 days)
tramadol-acetaminophn 37.5-325 GC,MO	1	QL (240 per 30 days)
tranlycypromine sulf 10 mg tab GC,MO	1	
trazodone 100 mg tablet GC,MO	1	
trazodone 150 mg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trazodone 300 mg tablet GC,MO	1	
trazodone 50 mg tablet GC,MO	1	
TREXIMET 85 MG-500 MG TABLET MO	3	QL (12 per 30 days)
trexix 16 mg-356.4 mg-30 mg capsule GC,MO	1	QL (330 per 30 days)
trifluoperazine 1 mg tablet GC,MO	1	
trifluoperazine 10 mg tablet GC,MO	1	
trifluoperazine 2 mg tablet GC,MO	1	
trifluoperazine 5 mg tablet GC,MO	1	
trihexyphenidyl 2 mg tablet GC,MO	1	
trihexyphenidyl 2 mg/5 ml elx GC,MO	1	
trihexyphenidyl 5 mg tablet GC,MO	1	
TRILEPTAL 150 MG TABLET MO	3	PA
TRILEPTAL 300 MG TABLET MO	3	PA
TRILEPTAL 300 MG/5 ML ORAL SUSP MO	3	PA
TRILEPTAL 600 MG TABLET MO	3	PA
trimipramine maleate 100 mg cp GC,MO	1	
trimipramine maleate 25 mg cap GC,MO	1	
trimipramine maleate 50 mg cap GC,MO	1	
TYLENOL-CODEINE #3 300 MG-30 MG TABLET GC,MO	1	PA,QL (390 per 30 days)
TYLENOL-CODEINE #4 300 MG-60 MG TABLET GC,MO	1	PA,QL (390 per 30 days)
TYLOX 5 MG-500 MG CAPSULE GC,MO	1	PA,QL (240 per 30 days)
ULTIVA 1 MG SOLUTION MO	3	
ULTIVA 2 MG SOLUTION MO	3	
ULTIVA 5 MG SOLUTION MO	3	
ULTRACET 37.5 MG-325 MG TABLET MO	3	QL (240 per 30 days)
ULTRAM 50 MG TABLET MO	3	QL (240 per 30 days)
ULTRAM ER 100 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ULTRAM ER 200 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ULTRAM ER 300 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
valproate sod 500 mg/5 ml vl GC,MO	1	
valproic acid 250 mg capsule GC,MO	1	
valproic acid 250 mg/5 ml soln GC,MO	1	
valproic acid 250 mg/5 ml syr GC,MO	1	
valproic acid 500 mg/10 ml sol GC,MO	1	
VANSPAR 7.5 MG TABLET GC,MO	1	
venlafaxine hcl 100 mg tablet GC,MO	1	
venlafaxine hcl 25 mg tablet GC,MO	1	
venlafaxine hcl 37.5 mg tablet GC,MO	1	
venlafaxine hcl 50 mg tablet GC,MO	1	
venlafaxine hcl 75 mg tablet GC,MO	1	
venlafaxine hcl er 150 mg cap GC,MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VENLAFAXINE HCL ER 150 MG TAB MO	3	QL (30 per 30 days)
VENLAFAXINE HCL ER 225 MG TAB MO	3	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap GC,MO	1	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg tab MO	3	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap GC,MO	1	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab MO	3	QL (60 per 30 days)
VICODIN 5 MG-500 MG TABLET GC,MO	1	PA,QL (240 per 30 days)
VICODIN ES 7.5 MG-750 MG TABLET GC,MO	1	PA,QL (150 per 30 days)
vicodin hp 10 mg-660 mg tablet GC,MO	1	QL (180 per 30 days)
VICOPROFEN 7.5 MG-200 MG TABLET MO	3	PA,QL (150 per 30 days)
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK MO	3	QL (30 per 30 days)
VIIBRYD 10 MG TABLET MO	3	QL (30 per 30 days)
VIIBRYD 20 MG TABLET MO	3	QL (30 per 30 days)
VIIBRYD 40 MG TABLET MO	3	QL (30 per 30 days)
VIMOVO 375 MG-20 MG TABLETS,IMMEDIATE & DELAYED RELEASE GC,MO	2	ST,QL (60 per 30 days)
VIMOVO 500 MG-20 MG TABLETS,IMMEDIATE & DELAYED RELEASE GC,MO	2	ST,QL (60 per 30 days)
VIMPAT 10 MG/ML ORAL SOLN MO	3	QL (1395 per 30 days)
VIMPAT 100 MG TABLET MO	3	QL (90 per 30 days)
VIMPAT 150 MG TABLET MO	3	QL (90 per 30 days)
VIMPAT 200 MG TABLET MO	3	QL (60 per 30 days)
VIMPAT 200 MG/20 ML IV MO	3	
VIMPAT 50 MG TABLET MO	3	QL (90 per 30 days)
VISTARIL 25 MG CAPSULE MO	3	PA
VISTARIL 50 MG CAPSULE MO	3	PA
vistra 650 tablet GC,MO	1	
VIVACTIL 10 MG TABLET GC,MO	1	
VIVACTIL 5 MG TABLET GC,MO	1	
VIVITROL 380 MG IM SUSPENSION,EXTENDED RELEASE MO	4	PA
VOLTAREN 1 % TOPICAL GEL MO	3	
VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE MO	3	PA
VYVANSE 20 MG CAPSULE MO	3	QL (30 per 30 days)
VYVANSE 30 MG CAPSULE MO	3	QL (30 per 30 days)
VYVANSE 40 MG CAPSULE MO	3	QL (30 per 30 days)
VYVANSE 50 MG CAPSULE MO	3	QL (30 per 30 days)
VYVANSE 60 MG CAPSULE MO	3	QL (30 per 30 days)
VYVANSE 70 MG CAPSULE MO	3	QL (30 per 30 days)
WELLBUTRIN 100 MG TABLET MO	3	QL (180 per 30 days)
WELLBUTRIN 75 MG TABLET MO	3	
WELLBUTRIN SR 100 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
WELLBUTRIN SR 150 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
WELLBUTRIN SR 200 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
XENAZINE 12.5 MG TABLET SP	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET SP	4	PA,QL (120 per 30 days)
XODOL 10/300 10 MG-300 MG TABLET GC,MO	1	QL (390 per 30 days)
XODOL 5/300 5 MG-300 MG TABLET GC,MO	1	QL (390 per 30 days)
XODOL 7.5/300 7.5 MG-300 MG TABLET GC,MO	1	QL (390 per 30 days)
xolox 10 mg-500 mg tablet MO	3	
XYREM 500 MG/ML ORAL SOLN SP	4	
zaleplon 10 mg capsule GC,MO	1	QL (60 per 30 days)
zaleplon 5 mg capsule GC,MO	1	QL (30 per 30 days)
ZAMICET 10 MG-325 MG/15 ML ORAL SOLN GC,MO	1	
ZARONTIN 250 MG CAPSULE MO	3	
ZARONTIN 250 MG/5 ML ORAL SOLN GC,MO	1	
ZELAPAR 1.25 MG DISINTEGRATING TABLET MO	3	ST
zerlor tablet GC,MO	1	QL (180 per 30 days)
zgesic 66 mg-600 mg tablet,extended release GC,MO	1	
ziprasidone hcl 20 mg capsule GC,MO	1	QL (60 per 30 days)
ziprasidone hcl 40 mg capsule GC,MO	1	QL (60 per 30 days)
ziprasidone hcl 60 mg capsule GC,MO	1	QL (60 per 30 days)
ziprasidone hcl 80 mg capsule GC,MO	1	QL (60 per 30 days)
ZIPSOR 25 MG CAPSULE MO	3	QL (120 per 30 days)
ZOLOFT 100 MG TABLET MO	3	PA,QL (60 per 30 days)
ZOLOFT 20 MG/ML ORAL CONCENTRATE MO	3	PA
ZOLOFT 25 MG TABLET MO	3	PA,QL (60 per 30 days)
ZOLOFT 50 MG TABLET MO	3	PA,QL (60 per 30 days)
zolpidem tart er 12.5 mg tab GC,MO	1	ST,QL (30 per 30 days)
zolpidem tart er 6.25 mg tab GC,MO	1	ST,QL (30 per 30 days)
zolpidem tartrate 10 mg tablet GC,MO	1	QL (30 per 30 days)
zolpidem tartrate 5 mg tablet GC,MO	1	QL (30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY MO	3	ST,QL (1 per 30 days)
ZOLVIT 10 MG-300 MG/15 ML ORAL SOLN GC,MO	1	
ZOMIG 2.5 MG TABLET MO	3	QL (9 per 30 days)
ZOMIG 5 MG NASAL SPRAY MO	3	QL (6 per 30 days)
ZOMIG 5 MG TABLET MO	3	QL (9 per 30 days)
ZOMIG ZMT 2.5 MG DISINTEGRATING TABLET MO	3	QL (9 per 30 days)
ZOMIG ZMT 5 MG DISINTEGRATING TABLET MO	3	QL (9 per 30 days)
ZONEGRAN 100 MG CAPSULE MO	3	PA
ZONEGRAN 25 MG CAPSULE MO	3	PA
zonisamide 100 mg capsule GC,MO	1	
zonisamide 25 mg capsule GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zonisamide 50 mg capsule GC,MO	1	
ZYBAN 150 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
ZYDONE 10 MG-400 MG TABLET GC,MO	1	QL (300 per 30 days)
ZYDONE 5 MG-400 MG TABLET GC,MO	1	QL (300 per 30 days)
ZYDONE 7.5 MG-400 MG TABLET GC,MO	1	QL (300 per 30 days)
ZYPREXA 10 MG IM MO	3	PA,QL (60 per 30 days)
ZYPREXA 10 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYPREXA 15 MG TABLET MO	3	PA,QL (60 per 30 days)
ZYPREXA 2.5 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYPREXA 20 MG TABLET MO	3	PA,QL (60 per 30 days)
ZYPREXA 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYPREXA 7.5 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYPREXA RELPREVV 210 MG IM SUSP MO	3	
ZYPREXA RELPREVV 300 MG IM SUSP MO	4	
ZYPREXA RELPREVV 405 MG IM SUSP MO	4	
ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET MO	3	PA,QL (30 per 30 days)
ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET MO	3	PA,QL (60 per 30 days)
ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET MO	3	PA,QL (60 per 30 days)
ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET MO	3	PA,QL (30 per 30 days)
DEVICES		
1ST TIER UNIFINE PENTIPS 29 X 1/2" NEEDLE GC,MO	1	
1ST TIER UNIFINE PENTIPS 31 X 1/4" NEEDLE GC,MO	1	
1ST TIER UNIFINE PENTIPS 31 X 3/16" NEEDLE GC,MO	1	
1ST TIER UNIFINE PENTIPS 31 X 5/16" NEEDLE GC,MO	1	
ACCU-CHEK ACTIVE CARE KIT GC,MO	1	
ACCU-CHEK ACTIVE GLUCOSE CONT COMBO PACK GC,MO	1	
ACCU-CHEK ADVANTAGE DIABETES KIT GC,MO	1	
ACCU-CHEK AVIVA PLUS METER GC,MO	1	
ACCU-CHEK COMFORT CURVE COMBO PACK GC,MO	1	
ACCU-CHEK COMFORT CURVE LINEAR COMBO PACK GC,MO	1	
ACCU-CHEK COMPACT GLUCOSE CONT COMBO PACK GC,MO	1	
ACCU-CHEK COMPACT PLUS CARE KIT GC,MO	1	
ACCU-CHEK CONTROL SOLUTION GC,MO	1	
ACCU-CHEK MULTICLIX LANCET GC,MO	1	
ACCU-CHEK MULTICLIX LANCET KIT GC,MO	1	
ACCU-CHEK SAFE-T-PRO PLUS GC,MO	1	
ACCU-CHEK SOFTCLIX LANCET DEV GC,MO	1	
ACCU-CHEK SOFTCLIX LANCETS GC,MO	1	
ACCU-CHEK VOICEMATE KIT GC,MO	1	
ACTI-LANCE LANCETS MO	3	
ACURA METER KIT MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACURA STARTER KIT MO	3	
ADJUSTABLE LANCING DEVICE GC,MO	1	
ADVANCE INTUITION GLUCOSE KIT MO	3	
ADVANCED LANCING DEVICE KIT MO	3	
ADVOCATE LANCET MO	3	
ADVOCATE PEN NEEDLES 31 X 3/16" GC,MO	1	
ADVOCATE PEN NEEDLES 31 X 5/16" GC,MO	1	
ADVOCATE SYRINGES 0.3 ML 29 X 1/2" GC,MO	1	
ADVOCATE SYRINGES 1 ML 29 X 1/2" GC,MO	1	
ADVOCATE SYRINGES 1/2 ML 29 X 1/2" GC,MO	1	
AIMSCO INS PEN NDL 29GX1/2" GC,MO	1	
AIMSCO INS PEN NDL 31GX5/16" GC,MO	1	
AIMSCO INS SYR 0.5 ML 28GX1/2" GC,MO	1	
AIMSCO INS SYR 1 ML 28GX1/2" GC,MO	1	
AIMSCO LANCET DEVICE MO	3	
ALTERNATE SITE LANCET MO	3	
ALTERNATE SITE LANCING DEVICE MO	3	
ASSURA EASICLOSE MINI POUCH 10 1/4" 470 ML MO	3	
ASSURE 4 CONTROL SOLUTION COMBO PACK MO	3	
ASSURE 4 METER MO	3	
ASSURE ID INSULIN SAFETY 0.5 ML 29 X 1/2" SYRINGE GC,MO	1	
ASSURE ID INSULIN SAFETY 1 ML 29 X 1/2" SYRINGE GC,MO	1	
ASSURE LANCE MISC MO	3	
ASSURE PLATINUM GC,MO	1	
ASSURE PRO BLOOD GLUCOSE METER KIT MO	3	
AURORA HEALTHCARE LANCETS MO	3	
AUTOJECT 2 INJECTION DEVICE GC,MO	1	
AUTOJECT 2 INJECTION DEVICE SUB-Q INSULIN PEN GC,MO	1	
AUTOLET IMPRESSION LANCING DEVICE KIT MO	3	
AUTOLET LITE CLINISAFE DEV MO	3	
AUTOLET LITE CLINISAFE DEVICE MO	3	
AUTOLET MINI KIT MO	3	
AUTOLET MKII CLINISAFE DEVICE MO	3	
AUTOLET PLATFORMS MO	3	
AUTOPEN 1 TO 16 UNITS SUB-Q INSULIN PEN GC,MO	1	
AUTOPEN 1 TO 21 UNITS SUB-Q INSULIN PEN GC,MO	1	
AUTOPEN 2 TO 32 UNITS SUB-Q INSULIN PEN GC,MO	1	
AUTOPEN 2 TO 42 UNITS SUB-Q INSULIN PEN GC,MO	1	
BD AUTOSHIELD PEN NEEDLE 29 X 1/2" GC,MO	1	
BD AUTOSHIELD PEN NEEDLE 29 X 3/16" GC,MO	1	
BD AUTOSHIELD PEN NEEDLE 29 X 5/16" GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD ECLIPSE LUER-LOK 1 ML 30 X 1/2" SYRINGE GC,MO	1	
BD INSULIN PEN NEEDLE UF MINI 31 X 3/16" GC,MO	1	
BD INSULIN PEN NEEDLE UF ORIG 29 X 1/2" GC,MO	1	
BD INSULIN PEN NEEDLE UF SHORT 31 X 5/16" GC,MO	1	
BD INSULIN SYR 1 ML 25GX5/8" GC,MO	1	
BD INSULIN SYR 1 ML 27GX5/8" GC,MO	1	
BD INSULIN SYRINGE 1 ML 25 X 1" GC,MO	1	
BD INSULIN SYRINGE 1 ML 25 X 5/8" GC,MO	1	
BD INSULIN SYRINGE 1 ML 26 X 1/2" GC,MO	1	
BD INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 15/64" GC,MO	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 X 1/2" GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 X 1/2" GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1/2 ML 28 X 1/2" GC,MO	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 X 1/2" GC,MO	1	
BD INSULIN SYRINGE SLIP TIP 1 ML GC,MO	1	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 X 5/16" GC,MO	1	
BD INSULIN SYRINGE ULT-FINE II 1 ML 31 X 5/16" GC,MO	1	
BD INSULIN SYRINGE ULT-FINE II 1/2 ML 31 X 5/16" GC,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 X 1/2" GC,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 29 X 1/2" GC,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 X 1/2" GC,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 30 X 1/2" GC,MO	1	
BD INTEGRA INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
BD LANCET DEVICE MO	3	
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 X 1/2" SYRINGE GC,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 X 1/2" SYRINGE GC,MO	1	
BD LO-DOSE ULTRA-FINE 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
BD LO-DOSE ULTRA-FINE 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
BD LUER-LOK SYRINGE 1 ML GC,MO	1	
BD MICROTAINER LANCET MO	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 X 5/8" GC,MO	1	
BD ULTRA FINE 33G LANCETS MO	3	
BD ULTRA FINE LANCETS MO	3	
BD ULTRA-FINE NANO PEN NEEDLES 32 X 5/32" GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BLOOD GLUCOSE MONITORING KIT MO	3	
BREATHERITE MDI SPACER MO	3	
BREATHERITE RIGID SPACER & MASK MO	3	
BREATHERITE RIGID SPACER & MASK, ADULT MO	3	
BREATHERITE RIGID SPACER & MASK, CHILD MO	3	
BREATHERITE RIGID SPACER & MASK, INFANT MO	3	
BREATHERITE RIGID SPACER & MASK, SMALL CHILD MO	3	
BREATHERITE VALVED MDI CHAMBER SPACER MO	3	
BREATHERITE VALVED MDI SPACER MO	3	
BREATHERITE WITH MASK, LARGE MO	3	
BREATHERITE WITH MASK, MEDIUM MO	3	
BREATHERITE WITH MASK, SMALL MO	3	
BREEZE 2 KIT MO	3	
CAREONE LANCING DEVICE MO	3	
CAREONE THIN LANCET MO	3	
CAREONE ULTIGUARD 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
CAREONE ULTIGUARD 0.3 ML 30 X 5/16" SYRINGE GC,MO	1	
CAREONE ULTIGUARD 1 ML 29 X 1/2" SYRINGE GC,MO	1	
CAREONE ULTIGUARD 1 ML 30 X 5/16" SYRINGE GC,MO	1	
CAREONE ULTIGUARD 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
CAREONE ULTIGUARD 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
CAREONE ULTRA THIN LANCET MO	3	
CLEVER CHEK LANCETS MO	3	
CLICKFINE 31 X 1/4" NEEDLE GC,MO	1	
CLICKFINE 31 X 5/16" NEEDLE GC,MO	1	
COAGUCHEK LANCETS MO	3	
COMFORT EZ 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
COMFORT EZ 0.3 ML 30 X 1/2" SYRINGE GC,MO	1	
COMFORT EZ 0.3 ML 30 X 5/16" SYRINGE GC,MO	1	
COMFORT EZ 0.3 ML 31 X 5/16" SYRINGE GC,MO	1	
COMFORT EZ 1 ML 28 X 1/2" SYRINGE GC,MO	1	
COMFORT EZ 1 ML 29 X 1/2" SYRINGE GC,MO	1	
COMFORT EZ 1 ML 30 X 1/2" SYRINGE GC,MO	1	
COMFORT EZ 1 ML 30 X 5/16" SYRINGE GC,MO	1	
COMFORT EZ 1 ML 31 X 5/16" SYRINGE GC,MO	1	
COMFORT EZ 1/2 ML 28 X 1/2" SYRINGE GC,MO	1	
COMFORT EZ 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
COMFORT EZ 1/2 ML 30 X 1/2" SYRINGE GC,MO	1	
COMFORT EZ 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
COMFORT EZ 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
COMFORT EZ 31 X 1/4" NEEDLE GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMFORT EZ 31 X 3/16" NEEDLE GC,MO	1	
COMFORT EZ 31 X 5/16" NEEDLE GC,MO	1	
COMFORT LANCETS MO	3	
CONTOUR METER KIT MO	3	
CONTOUR USB KIT MO	3	
CONTROL MONITORING SYSTEM KIT MO	3	
CVS LANCING DEVICE MO	3	
CVS SYRINGE 3/10 ML GC,MO	1	
DIABETIC.COM STARTER KIT MO	3	
DIDGET METER MO	3	
DISCOVISC 40 MG-17 MG/ML INTRAOCULAR SYRINGE MO	3	
DUOVISC VISCO ELASTIC 3 %-4 % (0.35 ML) 1 %(0.4 ML) INTRAOCULAR KIT MO	3	
DUOVISC VISCO ELASTIC 3 %-4 % (0.5 ML) 1 %(0.55 ML) INTRAOCULAR KIT MO	3	
E-Z JECT LANCETS MO	3	
E-Z JECT SUPER THIN LANCET 30G MO	3	
E-Z JECT THIN LANCETS MO	3	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
EASY COMFORT LANCETS MO	3	
EASY COMFORT LANCETS MO	3	
EASY COMFORT LANCETS MO	3	
EASY COMFORT LANCETS MO	3	
EASY COMFORT LANCETS MO	3	
EASY COMFORT LANCETS MO	3	
EASY COMFORT LANCETS MO	3	
EASY COMFORT LANCETS MO	3	
EASY COMFORT LANCETS MO	3	
EASY PRO PLUS KIT MO	3	
EASY TALK HIGH CONTROL SOLN GC,MO	1	
EASY TALK LOW CONTROL SOLN GC,MO	1	
EASY TOUCH 29 X 1/2" NEEDLE GC,MO	1	
EASY TOUCH 31 X 1/4" NEEDLE GC,MO	1	
EASY TOUCH 31 X 3/16" NEEDLE GC,MO	1	
EASY TOUCH 31 X 5/16" NEEDLE GC,MO	1	
EASY TOUCH 32 X 1/4" NEEDLE GC,MO	1	
EASY TOUCH 32 X 3/16" NEEDLE GC,MO	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 1/2" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH INSULIN SYRINGE 1 ML 27 X 1/2" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 1/2" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 X 1/2" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 1/2" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
EASY TRAK HIGH CONTROL SOLN GC,MO	1	
EASY TRAK LOW CONTROL SOLN GC,MO	1	
EASY TRAK NORMAL CONTROL SOLN GC,MO	1	
EASYGLUCO METER KIT MO	3	
EASYGLUCO MONITORING SYSTEM KIT MO	3	
euflexxa 10 mg/ml intra-articular syringe MO	3	
EVENCARE KIT MO	3	
EXEL INSULIN 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
EXEL INSULIN 1 ML 27 X 1/2" SYRINGE GC,MO	1	
EXEL INSULIN 1 ML 30 X 5/16" SYRINGE GC,MO	1	
EXEL INSULIN 1/2 ML 28 X 1/2" SYRINGE GC,MO	1	
EXEL INSULIN 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
EZ SMART LANCETS MO	3	
EZ SMART PLUS SYSTEM KIT MO	3	
EZ SMART SYSTEM KIT MO	3	
FIFTY50 2.0 GLUCOSE METER MO	3	
FIFTY50 RESERVOIR 1.8 ML MISC GC,MO	1	
FIFTY50 RESERVOIR 3 ML MISC MO	3	
FINGERSTIX LANCETS MO	3	
FIRST CHOICE LANCETS THIN MO	3	
FREESTYLE FLASH SYSTEM KIT MO	3	
FREESTYLE FREEDOM KIT MO	3	
FREESTYLE FREEDOM LITE KIT MO	3	
FREESTYLE LANCETS MO	3	
FREESTYLE LITE METER KIT MO	3	
FREESTYLE SIDEKICK II KIT MO	3	
FREESTYLE SYSTEM KIT MO	3	
G-4 KIT MO	3	
GENTLE DRAW LANCING DEVICE GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCOCARD 01 METER MO	3	
GLUCOCARD 01 METER KIT MO	3	
GLUCOCARD 01-MINI KIT GC,MO	1	
GLUCOCARD VITAL KIT MO	3	
GLUCOCARD X-METER KIT MO	3	
GLUCOCOM LANCETS MO	3	
GLUCOLET 2 AUTOMATIC LANCING KIT MO	3	
GLUCOLET 2 AUTOMATIC LANCING MISC MO	3	
GLUCOPRO 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 0.3 ML 30 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 0.3 ML 30 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO 0.3 ML 31 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO 1 ML 29 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 1 ML 30 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 1 ML 30 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO 1 ML 31 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 1/2 ML 30 X 1/2" SYRINGE GC,MO	1	
GLUCOPRO 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
GLUCOPRO SYRINGE GC,MO	1	
GLUCOSOURCE MISC MO	3	
HAEMOLANCE LOW FLOW LANCETS MO	3	
HAEMOLANCE PLUS LANCETS MO	3	
HAEMOLANCE PLUS MISC MO	3	
HAEMOLANCE, RETRACTABLE LANCET MO	3	
HEALTHY ACCENTS UNIFINE PENTIP 29 X 1/2" NEEDLE GC,MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 1/4" NEEDLE GC,MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 3/16" NEEDLE GC,MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 5/16" NEEDLE GC,MO	1	
HUMAPEN LUXURA HD SUB-Q INSULIN PEN MO	3	
HUMAPEN MEMOIR SUB-Q INSULIN PEN MO	3	
HYALGAN 10 MG/ML INTRA-ARTICULAR MO	3	
HYALGAN 10 MG/ML INTRA-ARTICULAR SYRINGE MO	3	
HYPOLANCE AST LANCING KIT MO	3	
IN CONTROL PEN NEEDLE 29 X 1/2" GC,MO	1	
IN CONTROL PEN NEEDLE 31 X 1/4" GC,MO	1	
IN CONTROL PEN NEEDLE 31 X 5/16" GC,MO	1	
INFINITY METER KIT MO	3	
INFINITY STARTER KIT MO	3	
INJECT-EASE AUTOMATIC INJECTOR MISC MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INNOVO SUB-Q INSULIN PEN GC,MO	1	
INSULIN 1 ML SYRINGE GC,MO	1	
INSULIN 1/2 ML SYRINGE GC,MO	1	
INSULIN 3/10 ML SYRINGE GC,MO	1	
INSULIN PEN NEEDLE 29 X 1/2" GC,MO	1	
INSULIN PEN NEEDLE 31 GC,MO	1	
INSULIN PEN NEEDLE 31 X 1/4" GC,MO	1	
INSULIN SYR 1/2 ML BULK PACK GC,MO	1	
INSULIN SYRIN 0.3 ML 31GX5/16" GC,MO	1	
INSULIN SYRIN 0.5 ML 31GX5/16" GC,MO	1	
INSULIN SYRINGE 1 ML GC,MO	1	
INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
INSULIN SYRINGE 1 ML 31GX5/16" GC,MO	1	
INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
INSULIN SYRINGE MICROFINE 0.3 ML 28 X 1/2" GC,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 X 5/8" GC,MO	1	
INSULIN SYRINGE MICROFINE 1/2 ML 28 X 1/2" GC,MO	1	
INSULIN SYRINGE U100 0.5 ML GC,MO	1	
INSULIN SYRINGE U100 1 ML GC,MO	1	
INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 15/64" GC,MO	1	
INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 15/64" GC,MO	1	
INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 15/64" GC,MO	1	
INSULIN SYRINGE ULTRAFINE 1/2 ML 29 X 1/2" GC,MO	1	
INSULIN SYRINGE/NEEDLE 0.5CC/27G 1/2 ML 27 X 1/2" GC,MO	1	
INSUMED SYR 0.3 ML 31GX5/16" GC,MO	1	
INSUPEN 29 X 1/2" NEEDLE GC,MO	1	
INSUPEN 30 X 5/16" NEEDLE GC,MO	1	
INSUPEN 31 X 1/4" NEEDLE GC,MO	1	
INSUPEN 31 X 5/16" NEEDLE GC,MO	1	
INSUPEN 32 X 1/4" NEEDLE GC,MO	1	
INSUPEN 32 X 5/16" NEEDLE GC,MO	1	
INSUPEN 32 X 5/32" NEEDLE GC,MO	1	
KINRAY VALUE PACK MO	3	
KMART VALU PLUS SYR 1/2 ML GC,MO	1	
LANCETS MO	3	
LANCETS, SUPER THIN MO	3	
LANCETS,THIN MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LANCETS,ULTRA THIN MO	3	
LANCING DEVICE WITH LANCETS MO	3	
LANCING SYSTEM MO	3	
LEADER PEN NEEDLES 12MM 29G GC,MO	1	
LIBERTY BLOOD GLUCOSE MONITOR MO	3	
LIFE MEDICAL STARTER KIT MO	3	
LIFESCAN FINEPOINT LANCETS GC,MO	1	
LITE TOUCH INSULIN PEN NEEDLES 29 X 1/2" GC,MO	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 3/16" GC,MO	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 5/16" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 30 X 7/16" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GC,MO	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
LITE TOUCH LANCETS MO	3	
LITE TOUCH LANCING DEVICE MO	3	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" GC,MO	1	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" GC,MO	1	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 X 5/16" GC,MO	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
MAGELLAN SYRINGE 0.5 ML 30 X 5/16" GC,MO	1	
MAGELLAN SYRINGE 1 ML 27 X 1/2" GC,MO	1	
MAJOR COMFORT MISC MO	3	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
MEDI-JECTOR NEEDLE-FREE SYR A MISC GC,MO	1	
MEDI-JECTOR NEEDLE-FREE SYR B MISC GC,MO	1	
MEDI-JECTOR NEEDLE-FREE SYR C MISC GC,MO	1	
MEDI-JECTOR VISION SUB-Q INSULIN PEN GC,MO	1	
MEDI-LANCE LANCETS MO	3	
MEDISENSE COMBO PACK MO	3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK MO	3	
MEDISENSE GLUCOSE KETONE COMBO PACK MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MEDLANCE PLUS LANCETS MO	3	
MICRO BLOOD GLUCOSE KIT MO	3	
MICRO THIN LANCETS MO	3	
MICROLET 2 LANCING DEVICE KIT MO	3	
MICROLET LANCET MO	3	
MINI ULTRA-THIN II 31 X 3/16" NEEDLE GC,MO	1	
MINI WRIGHT PEAK FLOW METER MO	3	
MINI-WRIGHT PEAK FLOW METER MO	3	
MINIMED SYRINGE RESERVOIR 3 ML MO	3	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
MONOJECT INSULIN SAFETY SYRINGE 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 25 X 5/8" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 27 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
MONOJECT INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
MONOJECT INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
MONOJECT SYRINGE 1/2 ML 28 GC,MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 SYRINGE GC,MO	1	
MONOJECTOR LANCET DEVICE MO	3	
MONOLET LANCETS MO	3	
MONOLET THIN LANCETS MO	3	
MS INS SYRINGE 1 ML 30GX1/2" GC,MO	1	
MULTI-LANCET DEVICE MO	3	
NEEDLE-PRO EDGE 0.3 ML 29GX1/2" GC,MO	1	
NEEDLE-PRO EDGE 0.3 ML 30GX1/2" GC,MO	1	
NEEDLE-PRO EDGE 0.5 ML 28GX1/2" GC,MO	1	
NEEDLE-PRO EDGE 0.5 ML 29GX1/2" GC,MO	1	
NEEDLE-PRO EDGE 0.5 ML 30GX1/2" GC,MO	1	
NEEDLE-PRO EDGE 1 ML 26GX1/2" GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEEDLE-PRO EDGE 1 ML 27GX1/2" GC,MO	1	
NEEDLE-PRO EDGE 1 ML 28GX1/2" GC,MO	1	
NEEDLE-PRO EDGE 1 ML 29GX1/2" GC,MO	1	
NEEDLE-PRO EDGE 1 ML 30GX1/2" GC,MO	1	
NOVA SUREFLEX LANCETS MO	3	
NOVOFINE 30 30 X 1/3" NEEDLE GC,MO	1	
NOVOFINE 32 32 X 1/4" NEEDLE GC,MO	1	
NOVOFINE AUTOCOVER 30 X 1/3" NEEDLE GC,MO	1	
NOVOPEN 3 PENMATE SUB-Q INSULIN PEN GC,MO	1	
NOVOPEN 3 SUB-Q INSULIN PEN GC,MO	1	
NOVOPEN JR SUB-Q INSULIN PEN GC,MO	1	
NOVOTWIST 30 X 1/3" NEEDLE GC,MO	1	
NOVOTWIST 32 X 1/5" NEEDLE GC,MO	1	
NUTRIPOINT BALLOON KIT MO	3	
ONE TOUCH BASIC SYSTEM KIT GC,MO	1	
ONE TOUCH DELICA LANCETS GC,MO	1	
ONE TOUCH DELICA LANCING DEVICE KIT GC,MO	1	
ONE TOUCH SURESOFT LANCING DEVICES GC,MO	1	
ONE TOUCH ULTRA 2 KIT GC,MO	1	
ONE TOUCH ULTRA SMART KIT GC,MO	1	
ONE TOUCH ULTRA SYSTEM KIT GC,MO	1	
ONE TOUCH ULTRALINK KIT GC,MO	1	
ONE TOUCH ULTRAMINI KIT GC,MO	1	
ONE TOUCH ULTRASOFT LANCETS GC,MO	1	
ORSINI INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
ORSINI INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
ORSINI INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
PARADIGM RESERVOIR 1.8 ML MO	3	
PARADIGM RESERVOIR 3 ML MO	3	
PEN NEEDLE 29 GAUGE GC,MO	1	
PEN NEEDLE 29 X 1/2" GC,MO	1	
PEN NEEDLE 30 X 3/16" GC,MO	1	
PEN NEEDLE 30 X 5/16" GC,MO	1	
PEN NEEDLE 31 X 1/4" GC,MO	1	
PEN NEEDLE 31 X 3/16" GC,MO	1	
PEN NEEDLE 31 X 5/16" GC,MO	1	
PEN NEEDLES 6MM 31G GC,MO	1	
PENLET PLUS BLOOD SAMPLER KIT MO	3	
POCKETCHEM EZ KIT MO	3	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK MO	3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRECISION MISC MO	3	
PRECISION SURE DOSE SYRINGE GC,MO	1	
PRECISION XTRA MONITOR MO	3	
PREFERRED PLUS SYRINGE 0.5 ML GC,MO	1	
PREFERRED PLUS SYRINGE 1 ML GC,MO	1	
PRESTIGE BLOOD GLUCOSE METR MO	3	
PRESTIGE METER MO	3	
PRESTIGE SMART SYS IQ KIT MO	3	
PRESTIGE SMART SYS TEST STP MO	3	
PRESTIGE SMART SYS VALUE PK MO	3	
PRESTIGE SMART SYSTEM METER MO	3	
PRESTIGE STARTER KIT MO	3	
PRESTIGE VALUE PACK MO	3	
PRODIGY AUTOCODE METER KIT GC,MO	1	
PRODIGY CONTROL SOLUTION,HIGH GC,MO	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
PRODIGY INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
PRODIGY INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
PRODIGY INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
PRODIGY LANCETS MO	3	
PRODIGY PEN NEEDLE 29 X 1/2" GC,MO	1	
PRODIGY PEN NEEDLE 31 X 3/16" GC,MO	1	
PRODIGY PEN NEEDLE 31 X 5/16" GC,MO	1	
PRODIGY POCKET METER KIT GC,MO	1	
PRODIGY TWIST TOP LANCET MO	3	
provisc 10 mg/ml intraocular syringe MO	3	
PUB INS SYRIN 0.3 ML 30GX1/2" GC,MO	1	
PUB INSUL SYR 0.5 ML 30GX1/2" GC,MO	1	
PUBLIX 28G LANCET MO	3	
QUICKTEK KIT MO	3	
RELION CONFIRM KIT MO	3	
RELION INS SYR 0.3 ML 29GX1/2" GC,MO	1	
RELION INS SYR 0.3 ML 30GX5/16" GC,MO	1	
RELION INS SYR 1 ML 29GX1/2" GC,MO	1	
RELION INS SYR 1 ML 30GX5/16" GC,MO	1	
RELION NEEDLES 31 X 1/4" GC,MO	1	
RELION PEN 31G X 5/16" NEEDLE GC,MO	1	
RELION SYR 0.5 ML 30GX5/16" GC,MO	1	
RELION ULTRA THIN PLUS LANCETS MO	3	
RENEW ADVANCED MICRO-LANCETS MO	3	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SAFESNAP INSULIN SYRINGE 0.5 ML 29 X 1/2" GC,MO	1	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 X 5/16" GC,MO	1	
SAFESNAP INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
SAFESNAP INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
SAFETY-LET LANCETS MO	3	
SELECT-LITE LANCING DEVICE MO	3	
SELECT-LITE MISC MO	3	
SENSURA CLICK OSTOMY POUCH MO	3	
SENSURA FLEX OSTOMY BASE PLATE MO	3	
SENSURA FLEX OSTOMY POUCH MO	3	
SENSURA OSTOMY BASE PLATE MO	3	
SINGLE-LET MISC MO	3	
SMARTEST LANCET MO	3	
SOFT TOUCH LANCET DEVICE MO	3	
SOFT TOUCH LANCETS MO	3	
SOLO V2 LANCETS MO	3	
supartz 10 mg/ml intra-articular syringe MO	3	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
SURE COMFORT INSULIN SYRINGE U-100 1/2 ML 29 X 1/2" GC,MO	1	
SURE COMFORT LANCETS MO	3	
SURE COMFORT PEN NEEDLE 29 X 1/2" GC,MO	1	
SURE COMFORT PEN NEEDLE 30 X 5/16" GC,MO	1	
SURE COMFORT PEN NEEDLE 31 X 3/16" GC,MO	1	
SURE COMFORT PEN NEEDLE 31 X 5/16" GC,MO	1	
SURE EDGE BLOOD GLUCOSE METER MO	3	
SURE-FINE PEN NEEDLES 29 X 1/2" GC,MO	1	
SURE-FINE PEN NEEDLES 31 X 3/16" GC,MO	1	
SURE-FINE PEN NEEDLES 31 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE-JECT INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
SURE-LANCE MISC GC,MO	1	
SURESTEP GLUC CONTROL SOLN MO	3	
SURESTEP PRO LINEARITY KIT MO	3	
SURESTEP SYSTEM MO	3	
SYNVISC 16MG/2 ML INTRA-ARTICULAR SYRINGE MO	3	
SYNVISC-ONE 48 MG/6 ML INTRA-ARTICULAR SYRINGE MO	3	
TECHLITE AST LANCETS MO	3	
TECHLITE LANCETS MO	3	
TERUMO INS SYRINGE U100-1 ML GC,MO	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" GC,MO	1	
TERUMO INSULIN SYRINGE 0.5CC/27G 1/2 ML 27 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1 ML 27 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" GC,MO	1	
TERUMO SURGUARD SYR 28G-1 ML GC,MO	1	
TERUMO SURGUARD SYR 28G-1/2 ML GC,MO	1	
TERUMO SURGUARD SYR 29G-0.3 ML GC,MO	1	
TERUMO SURGUARD SYR 29G-1/2 ML GC,MO	1	
TERUMO SURGUARD SYRN 29G-1 ML GC,MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" GC,MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" GC,MO	1	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" GC,MO	1	
THINPRO INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
THINPRO INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
THINPRO INSULIN SYRINGE 1 ML 30 X 3/8" GC,MO	1	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" GC,MO	1	
THINPRO INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THINPRO INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" GC,MO	1	
THINSET RESERVOIR 1.8 ML MO	3	
THINSET RESERVOIR 3 ML MO	3	
TOPCARE CLICKFINE 31 X 1/4" NEEDLE GC,MO	1	
TOPCARE CLICKFINE 31 X 5/16" NEEDLE GC,MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 30 X 5/16" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 31 X 5/16" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1 ML 29 X 1/2" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1 ML 30 X 5/16" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1 ML 31 X 5/16" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
TOPCARE ULTRA COMFORT 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
TOPCARE UNIVERSAL1 THIN LANCET MO	3	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT MO	3	
TRUERESULT BLOOD GLUCOSE SYSTM KIT GC,MO	1	
TRUETEST HIGH GLUCOSE CONTROL SOLN GC,MO	1	
TRUETEST NORMAL GLUCOSE CONTROL SOLN GC,MO	1	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT MO	3	
TRUETRACK SMART SYSTEM KIT MO	3	
TRUZONE PEAK FLOW METER MO	3	
ULTI-LANCE KIT MO	3	
ULTICARE 0.3 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTICARE 1 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTICARE 1.5 ML 22 X 1 1/2" SYRINGE GC,MO	1	
ULTICARE 1/2 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTICARE 29 X 1/2" NEEDLE GC,MO	1	
ULTICARE 31 X 1/4" NEEDLE GC,MO	1	
ULTICARE 31 X 5/16" NEEDLE GC,MO	1	
ULTICARE 32 X 5/32" NEEDLE GC,MO	1	
ULTICARE INS SYR 1 ML 28GX1/2" GC,MO	1	
ULTICARE MISC MO	3	
ULTICARE SYRIN 0.5 ML 28GX1/2" GC,MO	1	
ULTICARE U100 0.5 ML 29GX1/2" GC,MO	1	
ULTIGUARD 0.3 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTIGUARD 0.3 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTIGUARD 0.3 ML 30 X 5/16" SYRINGE GC,MO	1	
ULTIGUARD 0.3 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTIGUARD 1 ML 29 X 1/2" SYRINGE GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTIGUARD 1 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTIGUARD 1 ML 30 X 5/16" SYRINGE GC,MO	1	
ULTIGUARD 1 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTIGUARD 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTIGUARD 1/2 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTIGUARD 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
ULTIGUARD 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTILET CLASSIC LANCETS MO	3	
ULTILET INSULIN SYRINGE 0.3 ML 29 GC,MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 31 X 5/16" GC,MO	1	
ULTILET INSULIN SYRINGE 1 ML 29 GC,MO	1	
ULTILET INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
ULTILET INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
ULTILET INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 29 GC,MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
ULTILET INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	
ULTILET LANCETS MO	3	
ULTILET PEN NEEDLE 29 GAUGE GC,MO	1	
ULTIMA MONITOR MO	3	
ULTRA COMFORT INSULIN SYRINGE GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 7/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" GC,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" GC,MO	1	
ULTRA THIN II LANCETS MO	3	
ULTRA THIN LANCETS MO	3	
ULTRA THIN PLUS LANCETS MO	4	
ULTRA TLC LANCETS MO	3	
ULTRA-THIN II (SHORT) INS SYR 0.3 ML 30 X 5/16" SYRINGE GC,MO	1	
ULTRA-THIN II (SHORT) INS SYR 0.3 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTRA-THIN II (SHORT) INS SYR 1 ML 30 X 5/16" SYRINGE GC,MO	1	
ULTRA-THIN II (SHORT) INS SYR 1/2 ML 30 X 5/16" SYRINGE GC,MO	1	
ULTRA-THIN II (SHORT) INS SYR 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTRA-THIN II (SHORT) PEN NDL 31 X 5/16" NEEDLE GC,MO	1	
ULTRA-THIN II INS PEN NEEDLES 29 X 1/2" GC,MO	1	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 X 1/2" GC,MO	1	
ULTRA-THIN II INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
ULTRACOMFORT 1 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT 1 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT 1 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTRACOMFORT 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT 1/2 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTRACOMFORT 31 X 1/4" NEEDLE GC,MO	1	
ULTRACOMFORT 31 X 5/16" NEEDLE GC,MO	1	
ULTRACOMFORT W/ CONTAINER 1 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT W/ CONTAINER 1 ML 30 X 1/2" SYRINGE GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRACOMFORT W/ CONTAINER 1 ML 31 X 5/16" SYRINGE GC,MO	1	
ULTRACOMFORT W/ CONTAINER 1/2 ML 29 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT W/ CONTAINER 1/2 ML 30 X 1/2" SYRINGE GC,MO	1	
ULTRACOMFORT W/ CONTAINER 1/2 ML 31 X 5/16" SYRINGE GC,MO	1	
UNIFINE PENTIPS 29 GAUGE NEEDLE GC,MO	1	
UNIFINE PENTIPS 29 X 1/2" NEEDLE GC,MO	1	
UNIFINE PENTIPS 29 X 5/16" NEEDLE GC,MO	1	
UNIFINE PENTIPS 30 X 5/16" NEEDLE GC,MO	1	
UNIFINE PENTIPS 31 NEEDLE GC,MO	1	
UNIFINE PENTIPS 31 X 1/4" NEEDLE GC,MO	1	
UNIFINE PENTIPS 31 X 3/16" NEEDLE GC,MO	1	
UNIFINE PENTIPS 31 X 5/16" NEEDLE GC,MO	1	
UNIFINE PENTIPS 6MM NEEDLES GC,MO	1	
UNILET COMFORTOUCH LANCET MO	3	
UNILET EXCELITE II LANCET MO	3	
UNILET EXCELITE LANCET MO	3	
UNILET GP LANCET MO	3	
UNILET GP LANCET MO	3	
UNILET GP LANCET SUPERLITE MO	3	
UNILET LANCET MO	3	
UNILET SUPERLITE LANCET MO	3	
UNISTIK 2 DEVICE KIT MO	3	
UNISTIK 2 EXTRA KIT MO	3	
UNISTIK 2 NORMAL LANCET&DEVICE KIT MO	3	
UNISTIK 3 COMFORT DEVICE KIT MO	3	
UNISTIK 3 COMFORT LANCET MO	3	
UNISTIK 3 EXTRA LANCET MO	3	
UNISTIK 3 KIT MO	3	
UNISTIK 3 MM DEVICE MO	3	
UNISTIK 3 NEONATAL DEVICE KIT MO	3	
UNISTIK 3 NEONATAL KIT MO	3	
UNISTIK 3 NORMAL LANCET MO	3	
UNISTIK CZT LANCET MO	3	
UNISTIK KIT MO	3	
UNISTIK-2 3 MM DEVICE MO	3	
VANISHPOINT SYRINGE 1 ML 29 X 1/2" GC,MO	1	
VANISHPOINT SYRINGE 1/2 ML 30 X 1/2" GC,MO	1	
VICTORY HIGH, LOW CONTROL SOLN GC,MO	1	
VISCOAT 4 %-3 % (40 MG-30 MG/ML) INTRAOCULAR SYRINGE MO	3	
WAVESENSE LANCETS MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIAGNOSTIC AGENTS		
ACCU-CHEK ACTIVE TEST STRIPS GC,MO	1	
ACCU-CHEK AVIVA STRIPS GC,MO	1	
ACCU-CHEK COMFORT CURVE TEST STRIPS GC,MO	1	
ACCU-CHEK COMPACT TEST STRIPS GC,MO	1	
ACCUTREND GLUCOSE STRIPS MO	3	
ACTHAR H.P. 80 UNIT/ML INJECTION GEL SP	4	PA
ACTHREL 100 MCG IV SOLUTION MO	3	
ACURA TEST STRIPS MO	3	
ADVANCE TEST STRIPS MO	3	
ADVOCATE REDI-CODE STRIPS MO	3	
ADVOCATE TEST STRIPS MO	3	
ASCENSIA AUTODISC TEST STRIPS MO	3	
ASSURE 3 TEST STRIPS MO	3	
ASSURE 4 STRIPS MO	3	
ASSURE PLATINUM STRIPS GC,MO	1	
ASSURE PRO TEST STRIPS MO	3	
BIONIME RIGHTEST TEST STRIPS MO	3	
BLOOD GLUCOSE TEST STRIPS MO	3	
BREEZE 2 TEST STRIPS MO	3	
CARESENS N TEST STRIPS MO	3	
CHEMSTRIP UGK MO	3	
CLEVER CHEK TEST STRIPS MO	3	
CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR STRIPS MO	3	
CLEVER CHOICE TEST STRIPS MO	3	
CLINISTIX REAGENT STRIPS MO	3	
CLINITEST REAGENT TABLET, NON-ORAL MO	3	
CONTOUR TEST STRIPS MO	3	
CONTROL G3 STRIPS MO	3	
CONTROL TEST STRIPS MO	3	
CVS TEST STRIP MO	3	
DIASCREEN 10 STRIPS MO	3	
DIASCREEN 1G REAGENT STRIPS MO	3	
DIASCREEN 2GK REAGENT STRIPS MO	3	
DIASCREEN 3 REAGENT STRIPS MO	3	
DIASCREEN 4OBL REAGENT STRIPS MO	3	
DIASCREEN 5 REAGENT STRIPS MO	3	
DIASCREEN 6 REAGENT STRIPS MO	3	
DIASCREEN 7 REAGENT STRIPS MO	3	
DIASCREEN 8 REAGENT STRIPS MO	3	
DIASCREEN 9 REAGENT STRIPS MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIASTIX STRIPS MO	3	
EASY CHECK TEST STRIPS MO	3	
EASY GLUCO G2 STRIPS MO	3	
EASY PRO PLUS TEST STRIPS MO	3	
EASY TALK GLUCOSE TEST STRIPS GC,MO	1	
EASY TRAK GLUCOSE TEST STRIPS GC,MO	1	
EASYGLUCO TEST STRIPS MO	3	
EASYMAX STRIPS MO	3	
ECLIPSE TEST STRIPS MO	3	
ELEMENT TEST STRIPS MO	3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIPS MO	3	
enlon 10 mg/ml injection GC,MO	1	
ENLON-PLUS 10 MG-0.14 MG/ML IV MO	3	PA
ENVISION TEST STRIPS MO	3	
EVENCARE TEST STRIPS MO	3	
EVOLUTION TEST STRIPS MO	3	
EZ SMART PLUS TEST STRIPS MO	3	
EZ SMART TEST STRIPS MO	3	
FAST TAKE TEST STRIPS MO	3	
FIFTY50 TEST STRIP MO	3	
FORA D10 STRIPS MO	3	
FORA D15C STRIPS MO	3	
FORA D15G STRIPS MO	3	
FORA D15Z STRIPS MO	3	
FORA D20 STRIPS MO	3	
FORA G20 STRIPS MO	3	
FORA G71A STRIPS GC,MO	1	
FORA V10 STRIPS MO	3	
FORA V12 GLUCOSE STRIPS MO	3	
FORA V20 STRIPS MO	3	
FREESTYLE LITE STRIPS MO	3	
FREESTYLE TEST STRIPS MO	3	
G-4 TEST STRIPS MO	3	
GLUCOCARD 01 SENSOR STRIPS MO	3	
GLUCOCARD VITAL SENSOR STRIPS MO	3	
GLUCOCARD X-SENSOR STRIPS MO	3	
GLUCOCOM GLUCOSE STRIPS MO	3	
GLUCOLAB STRIPS MO	3	
GM100 STRIPS MO	3	
INFINITY TEST STRIPS MO	3	
KETO-DIASTIX STRIPS MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KEYNOTE STRIPS MO	3	
LIBERTY TEST STRIPS MO	3	
MAXIMA STRIPS MO	3	
MICRO BLOOD GLUCOSE STRIPS MO	3	
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM STRIPS MO	3	
MYGLUCOHEALTH STRIPS MO	3	
NOVA MAX GLUCOSE TEST STRIPS MO	3	
ONE TOUCH TEST STRIPS GC,MO	1	
ONE TOUCH ULTRA TEST STRIPS GC,MO	1	
OPTIUM EZ STRIPS MO	4	
OPTIUM TEST STRIPS MO	3	
PHARMACIST CHOICE GLUCOSE TEST STRIPS MO	3	
POCKETCHEM EZ STRIPS MO	3	
PRECISION PCX PLUS TEST STRIPS MO	3	
PRECISION PCX TEST STRIPS MO	3	
PRECISION POINT OF CARE TEST STRIPS MO	3	
PRECISION Q-I-D TEST STRIPS MO	3	
PRECISION XTRA TEST STRIPS MO	3	
PRESTIGE SMART SYSTEM TEST STRIPS MO	3	
PRODIGY AUTOCODE TEST STRIPS MO	3	
PRODIGY EJECT TEST STRIPS MO	3	
PRODIGY GLUCOSE TEST STRIP MO	3	
PRODIGY NO CODING STRIPS MO	3	
PSS TEST STRIP MO	3	
QUICKTEK TEST STRIPS MO	3	
REFUAH PLUS STRIPS MO	3	
RELION ULTIMA STRIPS MO	3	
RIGHTTEST GS550 TEST STRIPS MO	3	
SMART CARESENS N TEST STRIPS MO	3	
SMARTEST TEST STRIPS MO	3	
SOLO V2 TEST STRIPS MO	3	
SURE EDGE STRIPS MO	3	
SURE-TEST EASYPLUS MINI STRIPS MO	3	
SURECHEK TEST STRIPS MO	3	
SURESTEP PRO TEST STRIPS MO	3	
SURESTEP TEST STRIPS MO	3	
TRUETEST TEST STRIPS MO	3	
TRUETRACK SMART SYSTEM STRIPS MO	3	
TRUETRACK TEST STRIPS MO	3	
ULTIMA TEST STRIPS MO	3	
ULTRATRAK STRIPS MO	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VICTORY GLUCOSE TEST STRIPS GC,MO	1	
WAVESENSE AMP STRIPS MO	3	
WAVESENSE JAZZ STRIPS MO	3	
WAVESENSE PRESTO STRIPS MO	3	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE)		
glutaraldehyde 25% aq solution GC,MO	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
acetic acid 0.25% irrig soln GC,MO	1	
amiloride hcl 5 mg tablet GC,MO	1	
amiloride hcl-hctz 5-50 mg tab GC,MO	1	
amino acids 15 % iv GC,MO	1	B vs D
AMINOACETIC ACID 1.5 % IRRIGATION SOLN MO	3	
AMINOSYN 10 % IV MO	3	B vs D
AMINOSYN 3.5 % IV MO	3	B vs D
AMINOSYN 7 % IV MO	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES IV MO	3	B vs D
AMINOSYN 8.5 % IV MO	3	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES IV MO	3	B vs D
AMINOSYN II 10 % IV MO	3	B vs D
AMINOSYN II 15% IV MO	3	B vs D
AMINOSYN II 7 % IV MO	3	B vs D
AMINOSYN II 8.5 % IV MO	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES IV MO	3	B vs D
AMINOSYN M 3.5 % IV MO	3	B vs D
AMINOSYN-HBC 7% IV MO	3	B vs D
AMINOSYN-PF 10 % IV MO	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) IV MO	3	B vs D
AMINOSYN-RF 5.2 % IV MO	3	B vs D
ammonium chloride 5 meq/ml GC,MO	1	
AMMONUL 10 %-10 % IV MO	4	
AXONA 20 GRAM/40 GRAM ORAL POWDER PACKET MO	3	
bumetanide 0.25 mg/ml vial GC,MO	1	
bumetanide 0.5 mg tablet GC,MO	1	
bumetanide 1 mg tablet GC,MO	1	
bumetanide 2 mg tablet GC,MO	1	
BUPHENYL 500 MG TABLET MO	4	
BUPHENYL ORAL POWDER MO	4	
calcium acetate 667 mg capsule GC,MO	1	
calcium acetate 667 mg tablet GC,MO	1	
calcium chloride 10% abbjct GC,MO	1	
calcium chloride 10% vial GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcium gluconate 10% vial GC,MO	1	B vs D
CARBAGLU 200 MG DISPERSIBLE TABLET SP	4	PA
chlorothiazide 250 mg tablet GC,MO	1	
chlorothiazide 500 mg tablet GC,MO	1	
chlorothiazide sod 500 mg vial GC,MO	1	
chlorthalidone 25 mg tablet GC,MO	1	
chlorthalidone 50 mg tablet GC,MO	1	
CLINIMIX 2.75%/D5 SULFITE FREE IV MO	3	B vs D
CLINIMIX 4.25%/D10 SULFITE FREE IV MO	3	B vs D
CLINIMIX 4.25%/D20 SULFITE FREE IV MO	3	B vs D
CLINIMIX 4.25%/D25 SULFITE FREE IV MO	3	B vs D
CLINIMIX 4.25%/D5 SULFITE FREE IV MO	3	B vs D
CLINIMIX 5%/D15 SULFITE FREE IV MO	3	B vs D
CLINIMIX 5%/D20 SULFITE FREE IV MO	3	B vs D
CLINIMIX 5%/D25 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 2.75%/D10 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 2.75%/D5 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 4.25%/D10 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 4.25%/D25 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 4.25%/D5 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 5%/D15 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 5%/D20 SULFITE FREE IV MO	3	B vs D
CLINIMIX E 5%/D25 SULFITE FREE IV MO	3	B vs D
clinisol sf 15 % iv MO	3	B vs D
constulose 10 gram/15 ml oral soln GC,MO	1	
cytra k crystals 3,300 mg-1,002 mg oral packet MO	3	
cytra-3 550 mg-500 mg-334 mg/5 ml oral soln GC,MO	1	
cytra-k 1,100 mg-334 mg/5 ml oral soln GC,MO	1	
d10%-1/2ns soln/excel cont GC,MO	1	
d5%-1/2ns-kcl 10 meq/l iv sol GC,MO	1	
d5%-1/2ns-kcl 30 meq/l iv sol GC,MO	1	
d5%-1/2ns-kcl 40 meq/l iv sol GC,MO	1	
d5%-1/4ns-kcl 10 meq/l iv sol GC,MO	1	
d5%-1/4ns-kcl 30 meq/l iv sol GC,MO	1	
d5%-1/4ns-kcl 40 meq/l iv sol GC,MO	1	
d5w-kcl 30 meq/l iv solution GC,MO	1	
DELFLEX-LC/1.5% DEXTROSE LOW CA+ (2.5 MEQ/L)&MAG (0.5) MO	3	
DEMADEX 10 MG TABLET GB,MO	3	
DEMADEX 100 MG TABLET MO	3	
DEMADEX 20 MG TABLET MO	3	
DEMADEX 5 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 10% ampul GC,MO	1	
dextrose 10%-1/4ns iv soln GC,MO	1	
dextrose 10%-ns iv solution GC,MO	1	
dextrose 10%-water iv solution GC,MO	1	
dextrose 2.5%-1/2ns iv soln GC,MO	1	
dextrose 2.5%-water iv soln GC,MO	1	
dextrose 20%-water iv soln GC,MO	1	
dextrose 25%-water syringe GC,MO	1	
dextrose 30%-water iv soln GC,MO	1	
dextrose 40%-water iv soln GC,MO	1	
dextrose 5%-1/2ns iv solution GC,MO	1	
dextrose 5%-1/3ns iv solution GC,MO	1	
dextrose 5%-electrolyte 48 GC,MO	1	
dextrose 5%-lr iv solution GC,MO	1	
dextrose 5%-ns iv solution GC,MO	1	
dextrose 5%-ringers iv soln GC,MO	1	
dextrose 5%-sod chloride 0.2% GC,MO	1	
dextrose 5%-water iv soln GC,MO	1	
dextrose 5%-water vial GC,MO	1	
dextrose 50%-water syringe GC,MO	1	
dextrose 50%-water vial GC,MO	1	
dextrose 70%-water iv soln GC,MO	1	
DIANEAL PD-2/1.5% DEXTROSE CA+ (3.5MEQ/L)&LOW MAG (0.5) MO	3	
DIANEAL PD-2/2.5% DEXTROSE CA+ (3.5 MEQ/L)&LOW MAG (0.5) MO	3	
DIANEAL PD-2/4.25% DEXTROSE CA+ (3.5 MEQ/L)&LOW MAG (0.5) INTRAPERIT. MO	3	
DIURIL 250 MG/5 ML ORAL SUSP MO	3	
DIURIL IV 500 MG SOLUTION MO	3	
DYAZIDE 37.5 MG-25 MG CAPSULE GB,MO	3	
DYRENIUM 100 MG CAPSULE MO	3	
DYRENIUM 50 MG CAPSULE GB,MO	3	
EDECIN 25 MG TABLET MO	3	
effer-k 25 meq effervescent tablet GC,MO	1	
eliphos 667 mg tablet GC,MO	1	
enulose 10 gram/15 ml oral soln GC,MO	1	
epiklor 20 meq packet GC,MO	1	
epiklor 25 meq packet GC,MO	1	
EXTRANEAL PERITONEAL DIALYSIS CA+ (3.5 MEQ/L)&LOW MAG (0.5) MO	3	
FOSRENOL 1,000 MG CHEWABLE TABLET MO	3	ST
FOSRENOL 500 MG CHEWABLE TABLET MO	3	ST
FOSRENOL 750 MG CHEWABLE TABLET MO	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FREAMINE HBC 6.9 % IV MO	3	B vs D
FREAMINE III 10 % IV MO	3	B vs D
FREAMINE III 3 % WITH ELECTROLYTES IV MO	3	B vs D
FREAMINE III 8.5 % IV MO	3	B vs D
furosemide 10 mg/ml solution GC,MO	1	
furosemide 10 mg/ml syringe GC,MO	1	
furosemide 10 mg/ml vial GC,MO	1	
furosemide 20 mg tablet GC,MO	1	
furosemide 40 mg tablet GC,MO	1	
furosemide 40 mg/5 ml soln GC,MO	1	
furosemide 80 mg tablet GC,MO	1	
generlac 10 gram/15 ml oral soln GC,MO	1	
glycine 1.5% irrigation GC,MO	1	
GLYCINE UROLOGIC 1.5 % IRRIGATION SOLN MO	3	
HEPATAMINE 8% IV MO	3	B vs D
HEPATASOL 8 % IV MO	3	B vs D
hydrochlorothiazide 12.5 mg cp GC,MO	1	
hydrochlorothiazide 12.5 mg tb GC,MO	1	
hydrochlorothiazide 25 mg tab GC,MO	1	
hydrochlorothiazide 50 mg tab GC,MO	1	
HYPERLYTE-CR 25 MEQ-20 MEQ-5 MEQ/20 ML IV MO	3	
indapamide 1.25 mg tablet GC,MO	1	
indapamide 2.5 mg tablet GC,MO	1	
INPERSOL WITH 1.5% DEXTROSE MO	3	
inpersol with 4.25% dextrose MO	3	
INTRALIPID 20 % IV MO	3	B vs D
INTRALIPID 30 % IV MO	3	B vs D
IONOSOL-B IN D5W IV MO	3	
IONOSOL-MB IN D5W IV MO	3	
ISOLYTE-H IN D5W IV MO	3	
ISOLYTE-M IN D5W IV MO	3	
ISOLYTE-P IN D5W IV MO	3	
ISOLYTE-S IN D5W IV MO	3	
ISOLYTE-S IV MO	3	
ISOLYTE-S PH 7.4 IV MO	3	
k-effervescent 25 meq tablet GC,MO	1	
K-PHOS M.F. TABLET MO	3	
K-PHOS NO 2 305 MG-700 MG TABLET MO	3	
K-PHOS ORIGINAL 500 MG SOLUBLE TABLET MO	3	
K-PHOS-NEUTRAL 250 MG TABLET MO	3	
K-TAB 10 MEQ TABLET,EXTENDED RELEASE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
kalexate oral powder GC,MO	1	
KAON-CL ER 10 MEQ TABLET GC,MO	1	
KAYEXALATE ORAL POWDER MO	3	
kcl 10 meq in d5w-1/3 ns GC,MO	1	
kcl 20 meq in d5w solution GC,MO	1	
kcl 20 meq in d5w-1/2 ns GC,MO	1	
kcl 20 meq in d5w-1/4 ns GC,MO	1	
kcl 20 meq in d5w-lact ringer GC,MO	1	
kcl 20 meq in d5w-ns GC,MO	1	
kcl 20 meq-ns 1,000 ml iv soln GC,MO	1	
kcl 40 meq in d5w solution GC,MO	1	
kcl 40 meq in d5w-lact ringer GC,MO	1	
kcl 40 meq in d5w-nacl 0.9% GC,MO	1	
kcl 40 meq-ns 1,000 ml iv soln GC,MO	1	
kionex 15 g/60 ml oral susp GC,MO	1	
kionex oral powder GC,MO	1	
KLOR-CON 10 10 MEQ TABLET,EXTENDED RELEASE GC,MO	1	
klor-con 20 meq oral packet GC,MO	1	
KLOR-CON 25 MEQ ORAL PACKET GC,MO	1	
KLOR-CON 8 8 MEQ TABLET,EXTENDED RELEASE GC,MO	1	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE GC,GB,MO	1	
klor-con m10 10 meq tablet,extended release GC,MO	1	
klor-con m15 15 meq tablet,extended release GC,MO	1	
klor-con m20 20 meq tablet,extended release GC,MO	1	
klor-con/ef 25 meq effervescent tablet GC,MO	1	
KRISTALOSE 10 GRAM ORAL PACKET GC,MO	1	
KRISTALOSE 20 GRAM ORAL PACKET GC,MO	1	
l-cysteine 50 mg/ml vial GC,MO	1	
lactated ringers injection GC,MO	1	
lactated ringers irrigation GC,MO	1	
lactulose 10 gm/15 ml solution GC,MO	1	
lactulose 20 gm/30 ml solution GC,MO	1	
LASIX 20 MG TABLET MO	3	
LASIX 40 MG TABLET GB,MO	3	
LASIX 80 MG TABLET GB,MO	3	
LIPOSYN II 10 % IV MO	3	B vs D
LIPOSYN II 20 % IV MO	3	B vs D
LIPOSYN III 10 % IV MO	3	B vs D
LIPOSYN III 20 % IV MO	3	B vs D
LIPOSYN III 30 % IV MO	3	B vs D
MAGNEBIND 400 400 MG-200 MG-1 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mannitol 10% iv solution GC,MO	1	
mannitol 20% iv solution GC,MO	1	
mannitol 25% vial GC,MO	1	
mannitol 5% iv solution GC,MO	1	
MAXZIDE 75 MG-50 MG TABLET GB,MO	3	
MAXZIDE-25MG 37.5 MG-25 MG TABLET MO	3	
methyclothiazide 5 mg tablet GC,MO	1	
metolazone 10 mg tablet GC,MO	1	
metolazone 2.5 mg tablet GC,MO	1	
metolazone 5 mg tablet GC,MO	1	
MICRO-K 10 MEQ EXTENCAPS MO	3	
MICRO-K 8 MEQ EXTENCAPS MO	3	
MICROZIDE 12.5 MG CAPSULE MO	3	
MIDAMOR 5 MG TABLET MO	3	
NEPHRAMINE 5.4 % IV MO	3	B vs D
NEUT 4 % IV MO	3	
NORMOSOL-M IN D5W IV MO	3	
NORMOSOL-R IN D5W IV MO	3	
NORMOSOL-R IV MO	3	
NORMOSOL-R PH 7.4 IV MO	3	
NUTRILYTE 25 MEQ-40.6 MEQ-5 MEQ/20 ML IV MO	3	
nutrilyte ii 35 meq-20 meq-5 meq/20 ml iv MO	3	
ORACIT 490 MG-640 MG/5 ML ORAL SOLN MO	3	
OSMITROL 10 % IV MO	3	
OSMITROL 15 % IV MO	3	
OSMITROL 20 % IV MO	3	
OSMITROL 5 % IV MO	3	
PHOSLO 667 MG CAPSULE GC,MO	2	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLN MO	3	
phospha 250 neutral 250 mg tablet GC,MO	1	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLN GC,MO	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLN GC,MO	1	
PLASMA-LYTE 148 IV MO	3	
PLASMA-LYTE A IV MO	3	
PLASMA-LYTE-56 IN D5W IV MO	3	
potassium 25 meq tablet eff GC,MO	1	
potassium acet 2 meq/ml vial GC,MO	1	
potassium acet 4 meq/ml vial GC,MO	1	
potassium cit-citric acid sln GC,MO	1	
potassium citrate er 10 meq tb GC,MO	1	
potassium citrate er 5 meq tab GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium cl 10 meq/100 ml sol GC,MO	1	
potassium cl 10 meq/50 ml sol GC,MO	1	
potassium cl 10% (20 meq/15 ml GC,MO	1	
potassium cl 2 meq/ml syrng GC,MO	1	
potassium cl 2 meq/ml vial GC,MO	1	
potassium cl 20 meq-0.45% nacl GC,MO	1	
potassium cl 20 meq/100 ml sol GC,MO	1	
potassium cl 20 meq/50 ml sol GC,MO	1	
potassium cl 20% (40 meq/15 ml GC,MO	1	
potassium cl 25 meq tab eff GC,MO	1	
potassium cl 30 meq/100 ml sol GC,MO	1	
potassium cl 40 meq/100 ml sol GC,MO	1	
potassium cl er 10 meq capsule GC,MO	1	
potassium cl er 10 meq tablet GC,MO	1	
potassium cl er 20 meq tablet GC,MO	1	
potassium cl er 8 meq capsule GC,MO	1	
potassium cl er 8 meq tablet GC,MO	1	
potassium ph 3mm/ml vial GC,MO	1	
PREMASOL 10 % IV GC,MO	1	B vs D
PREMASOL 6 % IV GC,MO	1	B vs D
probenecid 500 mg tablet GC,MO	1	
probenecid-colchicine tabs GC,MO	1	
PROCALAMINE 3% IV MO	3	B vs D
PROSOL 20% IV MO	3	B vs D
RENACIDIN 6.602 G-0.198 G/100 ML IRRIGATION SOLN MO	3	
RENAGEL 400 MG TABLET MO	3	ST
RENAGEL 800 MG TABLET MO	3	ST
REVELA 0.8 GRAM ORAL POWDER PACKET GC,MO	2	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET GC,MO	2	QL (180 per 30 days)
REVELA 800 MG TABLET GC,MO	2	QL (540 per 30 days)
RESECTISOL 5 % URETHRAL MO	3	
ringer's iv solution GC,MO	1	
ringers irrigation solution GC,MO	1	
saline 0.45% soln-excel con GC,MO	1	
SAMSCA 15 MG TABLET SP	4	QL (60 per 30 days)
SAMSCA 30 MG TABLET SP	4	QL (60 per 30 days)
sod polystyren sulf 15 g/60 ml GC,MO	1	
sodium acetate 2 meq/ml vial GC,MO	1	
sodium acetate 4 meq/ml vial GC,MO	1	
sodium bicarb 4.2% abbjct GC,MO	1	
sodium bicarb 4.2% vial GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium bicarb 7.5% abboject GC,MO	1	
sodium bicarb 7.5% vial GC,MO	1	
sodium bicarb 8.4% abboject GC,MO	1	
sodium bicarb 8.4% vial GC,MO	1	
sodium chloride 0.45% soln GC,MO	1	
sodium chloride 0.9% irrig. GC,MO	1	
sodium chloride 0.9% soln. GC,MO	1	
sodium chloride 0.9% solution GC,MO	1	
sodium chloride 10% vial GC,MO	1	
sodium chloride 3% iv soln GC,MO	1	
sodium chloride 3% vial GC,MO	1	
sodium chloride 4 meq/ml vl GC,MO	1	
sodium chloride 5% iv soln GC,MO	1	
sodium cl 2.5 meq/ml vial GC,MO	1	
SODIUM EDECRIN 50 MG IV SOLUTION MO	3	
sodium lactate 1/6molar inj GC,MO	1	
sodium lactate 5 meq/ml vial GC,MO	1	
sodium phosphate 3mm/ml vial GC,MO	1	
sodium polystyrene sulf pwd GC,MO	1	
sorbitol-mannitol irrig GC,MO	1	
SPS 15 G/60 ML ORAL SUSP GC,MO	1	
SPS 30 GRAM/120 ML ENEMA GC,MO	1	
sterile water for irrigation GC,MO	1	
taron-crystals 3,300 mg-1,002 mg oral packet GC,MO	1	
THALITONE 15 MG TABLET MO	3	
THAM 36 MG/ML (0.3 M) IV SOLUTION MO	3	
toremide 10 mg tablet GC,MO	1	
toremide 100 mg tablet GC,MO	1	
toremide 20 mg tablet GC,MO	1	
toremide 20 mg/2 ml vial GC,MO	1	
toremide 5 mg tablet GC,MO	1	
toremide 50 mg/5 ml vial GC,MO	1	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML IV MO	3	
TPN ELECTROLYTES II 18 MEQ-18 MEQ-5 MEQ/20 ML IV MO	3	
TRAVASOL 10 % IV MO	3	B vs D
triamterene-hctz 37.5-25 mg cp GC,MO	1	
triamterene-hctz 37.5-25 mg tb GC,MO	1	
triamterene-hctz 50-25 mg cap GC,MO	1	
triamterene-hctz 75-50 mg tab GC,MO	1	
tricitrates 550 mg-500 mg-334 mg/5 ml oral soln GC,MO	1	
tricitrates oral solution GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TROPHAMINE 10 % IV MO	3	B vs D
TROPHAMINE 6% IV MO	3	B vs D
ULTRABAG/DIANEAL PD-2/1.5% DEX CA+ (3.5MEQ/L)&LOW MAG (0.5) MO	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX CA+ (3.5 MEQ/L)&LOW MAG (0.5) MO	3	
ULTRABAG/DIANEAL PD-2/4.25%DEX CA+ (3.5 MEQ/L)&LOW MAG (0.5) MO	3	
vis-phos n 250 mg tablet GC,MO	1	
VOLUVEN 6 % IV MO	3	
ZAROXOLYN 2.5 MG TABLET MO	3	
ZAROXOLYN 5 MG TABLET GB,MO	3	
ENZYMES		
ADAGEN 250 UNIT/ML IM MO	4	
ALDURAZYME 2.9 MG/5 ML IV MO	4	
CEREDASE 80 UNITS/ML VIAL MO	4	PA
CEREZYME 200 UNIT IV SOLUTION MO	4	PA
CEREZYME 400 UNIT IV SOLUTION MO	4	PA
ELAPRASE 6 MG/3 ML IV MO	4	PA
ELELYSO 200 UNIT IV SOLUTION MO	4	PA,QL (60 per 30 days)
ELITEK 1.5 MG IV SOLUTION MO	4	
ELITEK 7.5 MG IV SOLUTION MO	4	
FABRAZYME 35 MG IV SOLUTION MO	4	PA
FABRAZYME 5 MG IV SOLUTION MO	4	PA
HYLENEX 150 UNIT/ML INJECTION MO	3	
LUMIZYME 50 MG IV SOLUTION MO	4	PA
MYOZYME 50 MG IV SOLUTION MO	4	PA
NAGLAZYME 5 MG/5 ML IV MO	4	
PULMOZYME 1 MG/ML SOLN FOR INHALATION SP	4	B vs D,QL (150 per 30 days)
VITRASE 200 UNIT/ML INJECTION MO	3	
VPRIV 400 UNIT SOLUTION MO	4	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetazol hc 1 %-2 % ear drops GC,MO	1	
acetazolamide 125 mg tablet GC,MO	1	
acetazolamide 250 mg tablet GC,MO	1	
acetazolamide er 500 mg cap GC,MO	1	
acetazolamide sod 500 mg vial GC,MO	1	
acetic acid 2% ear solution GC,MO	1	
acetic acid-aluminum drops GC,MO	1	
ACULAR 0.5 % EYE DROPS MO	3	
ACULAR LS 0.4 % EYE DROPS MO	3	
ACUVAIL (PF) 0.45 % EYE DROPPERETTE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ak-con 0.1 % eye drops GC,MO	1	
AK-PENTOLATE 1 % EYE DROPS GC,MO	1	
ak-poly-bac 500 unit-10,000 unit/g eye ointment GC,MO	1	
akorn balanced salt intraocular GC,MO	1	
AKTEN (PF) 3.5 % EYE GEL MO	3	
ALAMAST 0.1% DROPS MO	3	
ALCAINE 0.5 % EYE DROPS GC,MO	1	
allersol 0.1% eye drops GC,MO	1	
ALOMIDE 0.1 % EYE DROPS GB,MO	3	
ALPHAGAN P 0.1 % EYE DROPS GC,MO	2	
ALPHAGAN P 0.15 % EYE DROPS GC,MO	2	
ALREX 0.2 % EYE DROPS MO	3	
altafluor 0.25 %-0.4 % eye drops GC,MO	1	
altafrin 10 % eye drops GC,MO	1	
altafrin 2.5 % eye drops GC,MO	1	
antipyrine-benzocaine ear drop GC,MO	1	
APHTHASOL 5% PASTE MO	3	
apraclonidine hcl 0.5% drops GC,MO	1	
ARESTIN 1 MG DENTAL CARTRIDGE MO	3	
ASTELIN 137 MCG NASAL SPRAY AEROSOL MO	3	PA,QL (60 per 30 days)
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY GC,MO	2	QL (30 per 30 days)
atropine 1% eye drops GC,MO	1	
atropine 1% eye ointment GC,MO	1	
ATROPINE-CARE 1 % EYE DROPS GC,MO	1	
ATROVENT 0.03 % NASAL SPRAY MO	3	QL (30 per 30 days)
ATROVENT 0.06 % NASAL SPRAY MO	3	QL (45 per 30 days)
aurodex 5.4 %-1.4 % ear drops GC,MO	1	
auroguard 5.4 %-1.4 % ear drops GC,MO	1	
AZASITE 1 % EYE DROPS GC,MO	2	
azelastine 137 mcg nasal spray GC,MO	1	QL (60 per 30 days)
azelastine hcl 0.05% drops GC,MO	1	
AZOPT 1 % EYE DROPS GC,MO	2	
bacitracin 500 unit/gm ointmnt GC,MO	1	
bacitracin-polymyxin eye oint GC,MO	1	
BACTROBAN NASAL 2 % OINTMENT MO	3	
balanced salt intraocular GC,MO	1	
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY MO	3	ST,QL (50 per 30 days)
BEPREVE 1.5 % EYE DROPS MO	3	
BESIVANCE 0.6 % EYE DROPS GC,MO	2	
BETADINE OPHTHALMIC PREP 5 % SOLN MO	3	
BETAGAN 0.5 % EYE DROPS GB,MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betaxolol hcl 0.5% eye drop GC,MO	1	
BETIMOL 0.25 % EYE DROPS GB,MO	3	
BETIMOL 0.5 % EYE DROPS MO	3	
BETOPTIC S 0.25 % EYE DROPS MO	3	
BLEPH-10 10 % EYE DROPS GC,MO	1	
BLEPHAMIDE 10 %-0.2 % EYE DROPS MO	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT GC,MO	1	
brimonidine 0.2% eye drop GC,MO	1	
brimonidine tartrate 0.15% drp GC,MO	1	
BROMDAY 0.09 % EYE DROPS MO	3	ST
BROMDAY TWINPACK 0.09 % EYE DROPS MO	3	ST
bromfenac sodium 0.09% eye drp GC,MO	1	ST
BSS INTRAOCULAR MO	3	
BSS PLUS INTRAOCULAR MO	3	
carteolol hcl 1% eye drops GC,MO	1	
CELLUGEL 2 % INTRAOCULAR SYRINGE MO	3	
chlorhexidine 0.12% rinse GC,MO	1	
chloroxylenol-pramoxine hcl GC,MO	1	
CILOXAN 0.3 % EYE DROPS MO	3	
CILOXAN 0.3 % EYE OINTMENT MO	3	
CIPRO HC 0.2 %-1 % EAR DROPS, SUSP MO	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS, SUSP MO	3	
ciprofloxacin 0.3% eye drop GC,MO	1	
cocaine 10% solution GC,MO	1	
cocaine 4% solution GC,MO	1	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS, SUSP GB,MO	3	
COMBIGAN 0.2 %-0.5 % EYE DROPS GC,MO	2	
CORTISPORIN 3.5 MG-10,000 UNIT/ML-1 % EAR SOLN MO	3	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS, SUSP GB,MO	3	
cortomycin ear solution GC,MO	1	
cortomycin ear suspension GC,MO	1	
cortomycin eye ointment GC,MO	1	
COSOPT 2 %-0.5 % EYE DROPS MO	3	QL (10 per 30 days)
COSOPT PF 2 %-0.5 % EYE DROPPERETTE MO	3	QL (60 per 30 days)
CRESYLATE 25 % EAR DROPS MO	3	
CYCLOGYL 0.5 % EYE DROPS GC,MO	1	
CYCLOGYL 1 % EYE DROPS GC,MO	1	
CYCLOGYL 2 % EYE DROPS GC,MO	1	
CYCLOMYDRIL 0.2 %-1 % EYE DROPS GC,MO	1	
cyclopentolate 1% eye drops GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cyclopentolate hcl 2% drops GC,MO	1	
cylate 1% eye drops GC,MO	1	
DERMOTIC OIL 0.01 % EAR DROPS MO	3	
dexamethasone 0.1% eye drop GC,MO	1	
dexasol 0.1 % eye drops GC,MO	1	
DIAMOX SEQUELS 500 MG CAPSULE,EXTENDED RELEASE MO	3	PA
diclofenac 0.1% eye drops GC,MO	1	
dorzolamide hcl 2% eye drops GC,MO	1	QL (10 per 30 days)
dorzolamide-timolol eye drops GC,MO	1	QL (10 per 30 days)
doxycycline hyclate 20 mg tab GC,MO	1	
DUREZOL 0.05 % EYE DROPS GC,MO	2	
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY MO	3	ST,QL (23 per 28 days)
ELESTAT 0.05 % EYE DROPS MO	3	
EMADINE 0.05 % EYE DROPS MO	3	
epinastine hcl 0.05% eye drops GC,MO	1	
erythromycin eye ointment GC,MO	1	
FLAREX 0.1 % EYE DROPS GB,MO	3	
FLONASE 50 MCG/ACTUATION NASAL SPRAY MO	3	QL (16 per 30 days)
FLUCAINE 0.25 %-0.5 % EYE DROPS GC,MO	1	
flunisolide 0.025% spray GC,MO	1	QL (50 per 30 days)
flunisolide 29 mcg-0.025% spr GC,MO	1	QL (50 per 30 days)
fluocinolone oil 0.01% ear drp GC,MO	1	
fluorescein-benoxinate eye drp GC,MO	1	
fluorometholone 0.1% drops GC,MO	1	
flurbiprofen 0.03% eye drop GC,MO	1	
FLURESS 0.25 %-0.4 % EYE DROPS MO	3	
flurox 0.25 %-0.4 % eye drops GC,MO	1	
fluticasone prop 50 mcg spray GC,MO	1	QL (16 per 30 days)
FML FORTE 0.25 % EYE DROPS MO	3	
FML LIQUIFILM 0.1 % EYE DROPS GB,MO	3	
FML S.O.P. 0.1 % EYE OINTMENT GB,MO	3	
FRESHKOTE 2 %-0.9 %-1.8 % EYE DROPS MO	3	
GARAMYCIN 0.3 % (3 MG/G) EYE OINTMENT GC,MO	1	
GARAMYCIN 0.3 % EYE DROPS GC,MO	1	
gentak 0.3 % (3 mg/g) eye ointment GC,MO	1	
gentak 0.3 % eye drops GC,MO	1	
gentamicin 3 mg/gm eye oint GC,MO	1	
gentamicin 3 mg/ml eye drops GC,MO	1	
gentasol 3 mg/ml eye drops GC,MO	1	
homatropaire 5 % eye drops GC,MO	1	
hydrocortison-acetic acid soln GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ILOTYCIN 5 MG/GRAM (0.5 %) EYE OINTMENT GC,MO	1	
INTROL 75% SOLUTION MO	3	
IOPIDINE 0.5 % EYE DROPS MO	3	
IOPIDINE 1 % EYE DROPPERETTE MO	3	
ipratropium 0.03% spray GC,MO	1	QL (30 per 30 days)
ipratropium 0.06% spray GC,MO	1	QL (45 per 30 days)
IQUIX 1.5% EYE DROPS GB,MO	3	
ISOPTO ATROPINE 1 % EYE DROPS MO	3	
isopto carpine 1 % eye drops MO	3	
ISOPTO CARPINE 2 % EYE DROPS MO	3	
ISOPTO CARPINE 4 % EYE DROPS MO	3	
ISOPTO HOMATROPINE 2 % EYE DROPS MO	3	
ISOPTO HOMATROPINE 5 % EYE DROPS MO	3	
ISOPTO HYOSCINE 0.25 % EYE DROPS MO	3	
ISTALOL 0.5 % EYE DROPS MO	3	
ketorolac 0.4% ophth solution GC,MO	1	
ketorolac 0.5% ophth solution GC,MO	1	
LACRISERT 5 MG EYE INSERTS MO	3	
LASTACFT 0.25 % EYE DROPS MO	3	
latanoprost 0.005% eye drops GC,MO	1	QL (3 per 25 days)
levobunolol 0.25% eye drops GC,MO	1	
levobunolol 0.5% eye drops GC,MO	1	
levofloxacin 0.5% eye drops GC,MO	1	
lidocaine 2% viscous soln GC,MO	1	
lidocaine hcl 2% jelly GC,MO	1	
lidocaine hcl 4% solution GC,MO	1	
lidocaine viscous 2 % mucosal soln GC,MO	1	
LOTEMAX 0.5 % EYE DROPS MO	3	
LOTEMAX 0.5 % EYE OINTMENT MO	3	
LUMIGAN 0.01 % EYE DROPS GC,MO	2	QL (3 per 25 days)
LUMIGAN 0.03 % EYE DROPS GC,MO	2	QL (3 per 25 days)
MAXIDEX 0.1 % EYE DROPS GB,MO	3	
MAXITROL 3.5 MG-10,000 UNIT/G-0.1 % EYE OINTMENT MO	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS GC,MO	1	
methazolamide 25 mg tablet GC,MO	1	
methazolamide 50 mg tablet GC,MO	1	
metipranolol 0.3% eye drops GC,MO	1	
MIOCHOL-E 1:100 (20 MG/2 ML) INTRAOCULAR KIT MO	3	
MIOSTAT 0.01 % INTRAOCULAR MO	3	
MOXEZA 0.5 % EYE DROPS MO	3	
MYDFRIN 2.5 % EYE DROPS MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mydral 0.5% eye drops GC,MO	1	
mydral 1% eye drops GC,MO	1	
MYDRIACYL 1 % EYE DROPS GC,MO	1	
NASACORT AQ 55 MCG NASAL SPRAY AEROSOL MO	3	ST,QL (17 per 30 days)
NASONEX 50 MCG/ACTUATION SPRAY GC,MO	2	QL (34 per 30 days)
NATACYN 5 % EYE DROPS MO	3	
neo-bacit-poly-hc eye ointment GC,MO	1	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment GC,MO	1	
neofrin 10 % eye drops GC,MO	1	
neofrin 2.5 % eye drops GC,MO	1	
neomyc-bacit-polymix eye oint GC,MO	1	
neomyc-polym-dexamet eye ointm GC,MO	1	
neomyc-polym-dexameth eye drop GC,MO	1	
neomyc-polym-gramicid eye drop GC,MO	1	
neomycin-poly-hc eye drops GC,MO	1	
neomycin-polymyxin-hc ear soln GC,MO	1	
neomycin-polymyxin-hc ear susp GC,MO	1	
neosporin 1.75 mg-10k unit-0.025 mg/ml eye drops GC,MO	1	
NEPTAZANE 25 MG TABLET GC,MO	1	
NEPTAZANE 50 MG TABLET GC,MO	1	
NEVANAC 0.1 % EYE DROPS MO	3	
ocucoat 2 % intraocular syringe MO	3	
OCUFEN 0.03 % EYE DROPS MO	3	
OCUFLOX 0.3 % EYE DROPS GB,MO	3	
ofloxacin 0.3% ear drops GC,MO	1	
ofloxacin 0.3% eye drops GC,MO	1	
OMNARIS 50 MCG NASAL SPRAY MO	3	QL (13 per 30 days)
OMNIPRED 1 % EYE DROPS MO	3	
OPTIPRANOLOL 0.3 % EYE DROPS MO	3	
OPTIVAR 0.05 % EYE DROPS MO	3	
ORASEP 600 MG-30 MG-30MG-300MG/30 ML MUCOSAL SOLN MO	3	
ORASEP MUCOSAL SPRAY MO	3	
otic edge otic solution GC,MO	1	
oticin 0.1 %-1 % ear drops GC,MO	1	
otogesic ear drops GC,MO	1	
parcaine 0.5 % eye drops GC,MO	1	
PAREMYD 1 %-0.25 % EYE DROPS MO	3	
PATADAY 0.2 % EYE DROPS GC,MO	2	
PATANASE 0.6 % NASAL SPRAY MO	3	QL (31 per 30 days)
PATANOL 0.1 % EYE DROPS MO	3	
periogard 0.12 % mouthwash GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PERIOSTAT 20 MG TABLET MO	3	
phenylephrine 2.5% eye drop GC,MO	1	
phenylephrine hcl 10% drops MO	3	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	3	
pilocarpine 1% eye drops GC,MO	2	
pilocarpine 2% eye drops GC,MO	2	
pilocarpine 4% eye drops GC,MO	2	
PILOPINE HS 4 % EYE GEL MO	3	
pinnacaine 20 % ear drops MO	3	
poly-dex eye drops GC,MO	1	
poly-dex eye ointment GC,MO	1	
POLY-PRED EYE DROPS MO	3	
polymyxin b-tmp eye drops GC,MO	1	
POLYTRIM 0.1 %-10,000 UNIT/ML EYE DROPS GC,MO	1	
PR OTIC SOLUTION 5.4 %-1.4 % EAR DROPS MO	3	
PRAMOTIC EAR DROPS MO	3	
PRED FORTE 1 % EYE DROPS MO	3	
PRED MILD 0.12 % EYE DROPS MO	3	
PRED-G 0.3 %-1 % EYE DROPS MO	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	3	
prednisol 1% eye drops GC,MO	1	
prednisolone ac 1% eye drop GC,MO	1	
prednisolone sod 1% eye drop GC,MO	1	
proparacaine 0.5% eye drops GC,MO	1	
QNASL 80 MCG/ACTUATION NASAL HFA INHALER MO	3	ST,QL (9 per 30 days)
QUIXIN 0.5% EYE DROPS MO	3	
re benzotic 20% otic drops MO	3	
RESTASIS 0.05 % EYE DROPPERETTE GC,MO	2	
RHINOCORT AQUA 32 MCG/ACTUATION NASAL SPRAY MO	3	ST,QL (18 per 30 days)
romycin eye ointment GC,MO	1	
sulf-pred 10-0.23% eye drops GC,MO	1	
sulfac 10% eye drops GC,MO	1	
sulfacetamide 10% eye drops GC,MO	1	
sulfacetamide 10% eye ointment GC,MO	1	
sulfamide 10 % eye drops GC,MO	1	
TERRAMYCIN WITH POLYMYXIN B 5 MG-10,000 UNIT/GRAM EYE OINTMENT GC,MO	1	
tetcaine 0.5 % eye drops GC,MO	1	
tetracaine 0.5% eye drops GC,MO	1	
TETRAVISC 0.5 % VISCOUS EYE DROPPERETTE MO	3	
TETRAVISC 0.5 % VISCOUS EYE DROPS MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TETRAVISC FORTE 0.5 % DROPPERETTE, HYPERVISCIOUS MO	3	
TETRAVISC FORTE 0.5 % DROPS, HYPERVISCIOUS MO	3	
timolol 0.25% eye drops GC,MO	1	
timolol 0.25% gfs gel-solution GC,MO	1	
timolol 0.5% eye drops GC,MO	1	
timolol 0.5% gfs gel-solution GC,MO	1	
TIMOPTIC 0.25 % EYE DROPS MO	3	
TIMOPTIC 0.5 % EYE DROPS MO	3	
TIMOPTIC OCUDOSE (PF) 0.25 % EYE DROPPERETTE MO	3	
TIMOPTIC OCUDOSE (PF) 0.5 % EYE DROPPERETTE MO	3	
TIMOPTIC-XE 0.25 % EYE GEL MO	3	
TIMOPTIC-XE 0.5 % EYE GEL MO	3	
TOBRADEX 0.3 %-0.1 % EYE DROPS MO	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT MO	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS MO	3	
tobramycin 0.3% eye drops GC,MO	1	
tobramycin-dexameth ophth susp GC,MO	1	
tobrasol 0.3% eye drops GC,MO	1	
TOBREX 0.3 % EYE DROPS GC,MO	1	
TOBREX 0.3 % EYE OINTMENT MO	3	
TRAVATAN Z 0.004 % EYE DROPS GC,MO	2	QL (3 per 25 days)
treagan otic 5.4 %-1.4 % ear drops GC,MO	1	
triamcinolone 55 mcg nasal spr GC,MO	1	ST,QL (17 per 30 days)
TRIESENCE (PF) 40 MG/ML INTRAOCULAR SUSP MO	3	
trifluridine 1% eye drops GC,MO	1	
tropicamide 0.5% eye drops GC,MO	1	
tropicamide 1% eye drops GC,MO	1	
TRUSOPT 2 % EYE DROPS MO	3	QL (10 per 30 days)
TYZINE 0.05 % NASAL DROPS GC,MO	1	
TYZINE 0.1 % NASAL DROPS GC,MO	1	
TYZINE 0.1 % NASAL SPRAY GC,MO	1	
VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY GC,MO	2	QL (10 per 30 days)
VEXOL 1 % EYE DROPS GB,MO	3	
VIGAMOX 0.5 % EYE DROPS MO	3	
VIROPTIC 1 % EYE DROPS GB,MO	3	
VOLTAREN 0.1 % EYE DROPS MO	3	PA
VOSOL 2% OTIC SOLUTION MO	3	
VOSOL-HC 1 %-2 % EAR DROPS MO	3	
XALATAN 0.005 % EYE DROPS MO	3	QL (3 per 25 days)
XIBROM 0.09% EYE DROPS MO	3	ST
XYLOCAINE 2% JELLY MO	3	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COLAZAL 750 MG CAPSULE MO	3	PA
COLYTE WITH FLAVOR PACKS 227.1 GRAM-21.5 GRAM-6.36GRAM ORAL SOLUTION MO	3	
COLYTE WITH FLAVOR PACKS 240 G-22.72 G-6.72 G-5.84 G ORAL SOLUTION MO	3	
compro 25 mg rectal suppository GC,MO	1	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE GC,MO	2	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE GC,MO	2	
CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE GC,MO	2	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE GC,MO	2	
CYTOTEC 100 MCG TABLET MO	3	
CYTOTEC 200 MCG TABLET MO	3	
DEXILANT 30 MG CAPSULE, DELAYED RELEASE MO	3	QL (30 per 30 days)
DEXILANT 60 MG CAPSULE, DELAYED RELEASE MO	3	QL (30 per 30 days)
dimenhydrinate 50 mg/ml vial GC,MO	1	
DIPENTUM 250 MG CAPSULE MO	3	
diphenoxylate-atropine liq GC,MO	1	PA
diphenoxylate-atropine tablet GC,MO	1	PA
dronabinol 10 mg capsule GC,MO	1	B vs D,QL (120 per 30 days)
dronabinol 2.5 mg capsule GC,MO	1	B vs D,QL (120 per 30 days)
dronabinol 5 mg capsule GC,MO	1	B vs D,QL (120 per 30 days)
EMEND 115 MG IV SOLUTION MO	3	PA,QL (2 per 28 days)
EMEND 125 MG (1)-80 MG (1)-80 MG(1) CAPSULES IN A DOSE PACK MO	3	B vs D,QL (6 per 28 days)
EMEND 125 MG CAPSULE MO	3	B vs D,QL (2 per 28 days)
EMEND 150 MG IV SOLUTION MO	3	PA,QL (2 per 28 days)
EMEND 40 MG CAPSULE MO	3	B vs D,QL (2 per 28 days)
EMEND 80 MG CAPSULE MO	3	B vs D,QL (4 per 28 days)
famotidine 10 mg/ml vial GC,MO	1	
famotidine 20 mg piggyback GC,MO	1	
famotidine 20 mg tablet GC,MO	1	
famotidine 20 mg/2 ml vial GC,MO	1	
famotidine 40 mg tablet GC,MO	1	
famotidine 40 mg/5 ml susp GC,MO	1	
gavilyte-c 240 g-22.72 g-6.72 g-5.84 g oral solution GC,MO	1	
gavilyte-g 236 g-22.74 g-6.74 g-5.86 g oral solution GC,MO	1	
gavilyte-n 420 g oral solution GC,MO	1	
GOLYTELY 227.1 G-21.5 G-6.36 G-5.53 G PACKET GC,MO	2	
GOLYTELY 236 G-22.74 G-6.74 G-5.86 G ORAL SOLUTION GB,GC,MO	2	
granisetron hcl 0.1 mg/ml vial GC,MO	1	
granisetron hcl 1 mg tablet GC,MO	1	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
granisetron hcl 4 mg/4 ml vial GC,MO	1	QL (4 per 28 days)
granisol 1 mg/5 ml oral soln GC,MO	1	B vs D,QL (150 per 28 days)
HALFLYTELY-BISACODYL W-FLAVOR PACK 5 MG-210 GRAM ORAL KIT GC,MO	2	
HYDROCHLORIC ACID LIQUID MO	3	
lansoprazole dr 15 mg capsule GC,MO	1	QL (30 per 30 days)
lansoprazole dr 30 mg capsule GC,MO	1	QL (30 per 30 days)
lansoprazole odt 15 mg tablet GC,MO	1	QL (30 per 30 days)
lansoprazole odt 30 mg tablet GC,MO	1	QL (30 per 30 days)
LIALDA 1.2 G TABLET,DELAYED RELEASE GC,MO	2	QL (120 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET MO	3	PA
loperamide 2 mg capsule GC,MO	1	
LOTRONEX 0.5 MG TABLET GC,MO	2	QL (60 per 30 days)
LOTRONEX 1 MG TABLET GC,MO	2	QL (60 per 30 days)
MARINOL 10 MG CAPSULE MO	3	PA,QL (120 per 30 days)
MARINOL 2.5 MG CAPSULE MO	3	PA,QL (120 per 30 days)
MARINOL 5 MG CAPSULE MO	3	PA,QL (120 per 30 days)
meclizine 12.5 mg tablet GC,MO	1	
meclizine 25 mg tablet GC,MO	1	
mesalamine 4 gm/60 ml enema GC,MO	1	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit GC,MO	1	QL (1800 per 30 days)
metoclopramide 10 mg tablet GC,MO	1	
metoclopramide 5 mg tablet GC,MO	1	
metoclopramide 5 mg/5 ml soln GC,MO	1	
metoclopramide 5 mg/ml syr GC,MO	1	
metoclopramide 5 mg/ml vial GC,MO	1	
METZOLV ODT 10 MG DISINTEGRATING TABLET MO	3	ST,QL (120 per 30 days)
METZOLV ODT 5 MG DISINTEGRATING TABLET MO	3	ST,QL (360 per 30 days)
misoprostol 100 mcg tablet GC,MO	1	
misoprostol 200 mcg tablet GC,MO	1	
MOTOFEN 1 MG-0.025 MG TABLET MO	3	PA
MOVIPREP 100 G-7.5 G-2.691 G-4.7 G ORAL POWDER PACKET GC,MO	2	
NEXIUM 20 MG CAPSULE,DELAYED RELEASE GC,MO	2	QL (30 per 30 days)
NEXIUM 40 MG CAPSULE,DELAYED RELEASE GC,MO	2	QL (30 per 30 days)
NEXIUM IV 20 MG SOLUTION MO	3	
NEXIUM IV 40 MG SOLUTION MO	3	
NEXIUM PACKET 10 MG ORAL SUSPENSION,DELAYED RELEASE GC,MO	2	QL (30 per 30 days)
NEXIUM PACKET 20 MG ORAL SUSPENSION,DELAYED RELEASE GC,MO	2	QL (30 per 30 days)
NEXIUM PACKET 40 MG ORAL SUSPENSION,DELAYED RELEASE GC,MO	2	QL (30 per 30 days)
nizatidine 15 mg/ml solution GC,MO	1	
nizatidine 150 mg capsule GC,MO	1	
nizatidine 300 mg capsule GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NULYTELY WITH FLAVOR PACKS 420 G ORAL SOLUTION GB,GC,MO	2	
NUTRESTORE 5 GRAM ORAL POWDER PACKET MO	3	
OCL SOLUTION MO	3	
OMECLAMOX-PAK 20 MG (20)-500 MG (20) ORAL PACK MO	3	
omeprazole dr 10 mg capsule GC,MO	1	QL (30 per 30 days)
omeprazole dr 20 mg capsule GC,MO	1	QL (60 per 30 days)
omeprazole dr 40 mg capsule GC,MO	1	QL (30 per 30 days)
omeprazole-bicarb 20-1,100 cap GC,MO	1	QL (30 per 30 days)
omeprazole-bicarb 40-1,100 cap GC,MO	1	QL (30 per 30 days)
ondansetron 32 mg/50 ml bag GC,MO	1	
ondansetron 4 mg/5 ml solution GC,MO	1	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial GC,MO	1	
ondansetron hcl 24 mg tablet GC,MO	1	B vs D,QL (30 per 30 days)
ondansetron hcl 32 mg/50 ml bg GC,MO	1	
ondansetron hcl 4 mg tablet GC,MO	1	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr GC,MO	1	
ondansetron hcl 4 mg/2 ml vial GC,MO	1	
ondansetron hcl 8 mg tablet GC,MO	1	B vs D,QL (90 per 30 days)
ondansetron odt 4 mg tablet GC,MO	1	B vs D,QL (90 per 30 days)
ondansetron odt 8 mg tablet GC,MO	1	B vs D,QL (90 per 30 days)
opium tincture 10 mg/ml GC,MO	2	
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET GB,MO	3	
PANCREAZE 10,500-25,000-43,750 UNIT CAPSULE,DELAYED RELEASE MO	3	
PANCREAZE 16,800-40,000-70,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
PANCREAZE 21,000-37,000-61,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
PANCREAZE 4,200-10,000-17,500 UNIT CAPSULE,DELAYED RELEASE MO	3	
pancrelipase 5000 5,000-17,000-27,000 unit capsule,delayed release MO	3	
pantoprazole sod dr 20 mg tab GC,MO	1	QL (30 per 30 days)
pantoprazole sod dr 40 mg tab GC,MO	1	QL (30 per 30 days)
paregoric liquid GC,MO	1	
peg 3350 electrolyte soln GC,MO	1	
peg-3350 and electrolytes soln GC,MO	1	
peg-3350 with flavor packs 420 g oral solution GC,MO	1	
peg-3350 with flavor packs sol GC,MO	1	
PENTASA 250 MG CAPSULE,EXTENDED RELEASE MO	3	QL (150 per 30 days)
PENTASA 500 MG CAPSULE,EXTENDED RELEASE MO	3	QL (300 per 30 days)
PEPCID 20 MG TABLET MO	3	PA
PEPCID 40 MG TABLET MO	3	PA
PEPCID 40 MG/5 ML ORAL SUSP MO	3	PA
PERTZYE 16,000-57,500-60,500 UNIT CAPSULE,DELAYED RELEASE MO	3	
PERTZYE 8,000-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
polyethylene glycol 3350 powd GC,MO	1	
PREVACID 15 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PREVACID 30 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET MO	3	PA,QL (30 per 30 days)
PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET MO	3	PA,QL (30 per 30 days)
PREVPAC 500 MG-500 MG-30 MG ORAL PACK MO	3	
PRILOSEC 10 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PRILOSEC 10 MG ORAL SUSPENSION,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PRILOSEC 2.5 MG ORAL SUSPENSION,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PRILOSEC 20 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
PRILOSEC 40 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
prochlorperazine 10 mg tab GC,MO	1	B vs D
prochlorperazine 25 mg supp GC,MO	1	
prochlorperazine 5 mg tablet GC,MO	1	B vs D
prochlorperazine 5 mg/ml vial GC,MO	1	
PROTONIX 20 MG TABLET,DELAYED RELEASE MO	3	QL (30 per 30 days)
PROTONIX 40 MG IV SOLUTION MO	3	
PROTONIX 40 MG ORAL SUSPENSION,DELAYED RELEASE MO	3	QL (30 per 30 days)
PROTONIX 40 MG TABLET,DELAYED RELEASE MO	3	QL (30 per 30 days)
ranitidine 1,000 mg/40 ml vial GC,MO	1	
ranitidine 15 mg/ml syrup GC,MO	1	
ranitidine 150 mg capsule GC,MO	1	
ranitidine 150 mg tablet GC,MO	1	
ranitidine 300 mg capsule GC,MO	1	
ranitidine 300 mg tablet GC,MO	1	
ranitidine hcl 25 mg/ml vial GC,MO	1	
REGLAN 10 MG TABLET MO	3	
REGLAN 5 MG TABLET MO	3	
REGLAN 5 MG/ML VIAL MO	3	
RELISTOR 12 MG/0.6 ML SUB-Q MO	3	PA,QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUB-Q KIT MO	3	PA,QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUB-Q SYRINGE MO	3	PA,QL (18 per 30 days)
RELISTOR 8 MG/0.4 ML SUB-Q SYRINGE MO	3	PA,QL (12 per 30 days)
ROWASA 4 GRAM/60 ML RECTAL KIT MO	3	QL (1800 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERM PATCH MO	3	QL (4 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA MO	3	QL (1800 per 30 days)
sucralfate 1 gm tablet GC,MO	1	
sucralfate 1 gm/10 ml susp GC,MO	1	
SUPREP 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TIGAN 100 MG/ML IM MO	3	PA
TIGAN 300 MG CAPSULE MO	3	B vs D
TRANSDERM-SCOP 1.5 MG 72 HR TRANSDERM PATCH MO	3	PA,QL (4 per 12 days)
trilyte with flavor packets 420 g oral solution GC,MO	1	
trimethobenzamide 100 mg/ml GC,MO	1	PA
trimethobenzamide 200 mg/2 ml GC,MO	1	PA
trimethobenzamide 300 mg cap GC,MO	1	B vs D
ULTRASE EC 250 MG (4,500-25K-20K UNIT) CAPSULE,DELAYED RELEASE MO	3	
ULTRASE MT 12 223 MG (12,000-39K-39K UNIT) CAPSULE,DELAYED RELEASE MO	3	
ULTRASE MT 18 333 MG(18K-58.5K-58.5K UNIT) CAPSULE,DELAYED RELEASE MO	3	
ULTRASE MT 20 371 MG (20,000-65K-65K UNIT) CAPSULE,DELAYED RELEASE MO	3	
URSO 250 250 MG TABLET MO	3	PA
URSO FORTE 500 MG TABLET MO	3	PA
ursodiol 250 mg tablet GC,MO	1	
ursodiol 300 mg capsule GC,MO	1	
ursodiol 500 mg tablet GC,MO	1	
VIOKACE 10,440-39,150-39,150 UNIT TABLET MO	3	
VIOKACE 20,880-78,300-78,300 UNIT TABLET MO	3	
VIOKASE 16 TABLET MO	3	
VIOKASE 8 TABLET MO	3	
VISICOL TABLET MO	3	
ZANTAC 15 MG/ML SYRUP MO	3	PA
ZANTAC 150 MG TABLET MO	3	PA
ZANTAC 25 EFFERDOSE 25 MG EFFERVESCENT TABLET MO	3	PA
ZANTAC 25 MG/ML INJECTION MO	3	PA
ZANTAC 300 MG TABLET MO	3	PA
ZANTAC 50 MG/2 ML (25 MG/ML) INJECTION MO	3	PA
ZANTAC IN 1/2 NS 50 MG/50 ML IV PIGGY BACK MO	3	
ZEGERID 20 MG-1,680 MG ORAL PACKET MO	3	PA,QL (30 per 30 days)
ZEGERID 20 MG-1.1 GRAM CAPSULE MO	3	PA,QL (30 per 30 days)
ZEGERID 40 MG-1,680 MG ORAL PACKET MO	3	PA,QL (30 per 30 days)
ZEGERID 40 MG-1.1 GRAM CAPSULE MO	3	PA,QL (30 per 30 days)
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE GC,MO	2	
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE GC,MO	2	
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE,DELAYED RELEASE GC,MO	2	
ZENPEP 25,000-85,000-136,000 UNIT CAPSULE,DELAYED RELEASE GC,MO	2	
ZENPEP 3,000-10,000-16,000 UNIT CAPSULE,DELAYED RELEASE GC,MO	2	
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOFRAN 2 MG/ML IV MO	3	PA
ZOFRAN 4 MG TABLET MO	3	PA,QL (90 per 30 days)
ZOFRAN 4 MG/2 ML VIAL MO	3	PA
ZOFRAN 4 MG/5 ML ORAL SOLN MO	3	PA,QL (450 per 30 days)
ZOFRAN 8 MG TABLET MO	3	PA,QL (90 per 30 days)
ZOFRAN ODT 4 MG DISINTEGRATING TABLET MO	3	PA,QL (90 per 30 days)
ZOFRAN ODT 8 MG DISINTEGRATING TABLET MO	3	PA,QL (90 per 30 days)
ZUPLENZ 4 MG ORAL SOLUBLE FILM MO	3	PA,QL (90 per 30 days)
ZUPLENZ 8 MG SOLUBLE FILM MO	3	PA,QL (90 per 30 days)
GOLD COMPOUNDS		
MYOCHRYSINE 50 MG/ML VIAL MO	3	
RIDAURA 3 MG CAPSULE MO	3	
HEAVY METAL ANTAGONISTS		
BAL IN OIL 100 MG/ML IM MO	3	
CAL DISOD VERSENAT 200 MG/ML GC,MO	1	
CHEMET 100 MG CAPSULE MO	3	
CUPRIMINE 250 MG CAPSULE MO	3	
deferoxamine 2 gram vial GC,MO	1	B vs D
deferoxamine 500 mg vial GC,MO	1	B vs D
DEPEN TITRATABS 250 MG TABLET MO	3	
DESFERAL 2 GRAM SOLUTION FOR INJECTION MO	3	B vs D
DESFERAL 500 MG SOLUTION FOR INJECTION MO	3	B vs D
EXJADE 125 MG DISPERSIBLE TABLET SP	4	PA
EXJADE 250 MG DISPERSIBLE TABLET SP	4	PA
EXJADE 500 MG DISPERSIBLE TABLET SP	4	PA
FERRIPROX 500 MG TABLET MO	4	PA,QL (720 per 30 days)
SYPRINE 250 MG CAPSULE MO	3	
HORMONES AND SYNTHETIC SUBSTITUTES		
a-hydrocort 100 mg solution for injection GC,MO	1	
a-methapred 125 mg/2 ml solution for injection GC,MO	1	
a-methapred 40 mg solution for injection GC,MO	1	
a-methapred 40 mg/ml solution for injection HI,GC,MO	1	
acarbose 100 mg tablet GC,MO	1	
acarbose 25 mg tablet GC,MO	1	
acarbose 50 mg tablet GC,MO	1	
ACTIVELLA 0.5 MG-0.1 MG TABLET MO	3	
ACTIVELLA 1 MG-0.5 MG TABLET MO	3	
ACTOPLUS MET 15 MG-500 MG TABLET GC,MO	2	ST,QL (90 per 30 days)
ACTOPLUS MET 15 MG-850 MG TABLET GC,MO	2	ST,QL (90 per 30 days)
ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ACTOPLUS MET XR 30 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTOS 15 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
ACTOS 30 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
ACTOS 45 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
ALORA 0.025 MG/24 HR TRANSDERM PATCH MO	3	QL (8 per 28 days)
ALORA 0.05 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)
ALORA 0.075 MG/24 HR TRANSDERM PATCH MO	3	QL (8 per 28 days)
ALORA 0.1 MG/24 HR TRANSDERM PATCH MO	3	QL (8 per 28 days)
altavera (28) 0.15 mg-30 mcg tablet GC,MO	1	
alyacen 0.5/0.75/1 mg-35 mcg tablet GC,MO	1	
alyacen 1 mg-35 mcg tablet GC,MO	1	
AMARYL 1 MG TABLET MO	3	PA
AMARYL 2 MG TABLET MO	3	PA
AMARYL 4 MG TABLET MO	3	PA
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack GC,MO	1	QL (91 per 90 days)
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack GC,MO	1	QL (91 per 90 days)
amethyst 90 mcg-20 mcg tablet GC,MO	1	
ANADROL-50 50 MG TABLET MO	4	
ANDRODERM 2 MG/24 HOUR TRANSDERM 24 HR PATCH MO	3	PA,QL (90 per 30 days)
ANDRODERM 2.5 MG/24HR PATCH MO	3	PA,QL (90 per 30 days)
ANDRODERM 4 MG/24 HR TRANSDERM 24 HR PATCH MO	3	PA,QL (30 per 30 days)
ANDRODERM 5 MG/24HR PATCH MO	3	PA,QL (30 per 30 days)
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL PACKET GC,MO	2	QL (300 per 30 days)
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL PACKET GC,MO	2	QL (300 per 30 days)
ANDROGEL 1.25 GRAM/ACTUATION (1%) TRANSDERMAL GEL PUMP GC,MO	2	QL (300 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP GC,MO	2	QL (176 per 30 days)
ANDROID 10 MG CAPSULE GC,MO	1	PA
androxy 10 mg tablet GC,MO	1	
ANGELIQ 0.5 MG-0.25 MG TABLET MO	3	PA
ANGELIQ 1 MG-0.5 MG TABLET MO	3	
APIDRA 100 UNIT/ML SUB-Q MO	3	
APIDRA SOLOSTAR 100 UNIT/ML SUB-Q INSULIN PEN MO	3	
apri 0.15 mg-30 mcg tablet GC,MO	1	
aranelle (28) 0.5/1/0.5 mg-35 mcg tablet GC,MO	1	
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSP FOR INJECTION MO	3	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSP FOR INJECTION MO	3	
ARMOUR THYROID 120 MG TABLET MO	3	PA
ARMOUR THYROID 15 MG TABLET MO	3	PA
ARMOUR THYROID 180 MG TABLET MO	3	PA
ARMOUR THYROID 240 MG TABLET MO	3	PA

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ARMOUR THYROID 30 MG TABLET MO	3	PA
ARMOUR THYROID 300 MG TABLET MO	3	PA
ARMOUR THYROID 60 MG TABLET MO	3	PA
ARMOUR THYROID 90 MG TABLET MO	3	PA
AVANDAMET 2 MG-1,000 MG TABLET MO	3	ST,QL (60 per 30 days)
AVANDAMET 2 MG-500 MG TABLET MO	3	ST,QL (60 per 30 days)
AVANDAMET 4 MG-1,000 MG TABLET MO	3	ST,QL (60 per 30 days)
AVANDAMET 4 MG-500 MG TABLET MO	3	ST,QL (60 per 30 days)
AVANDARYL 4 MG-1 MG TABLET MO	3	ST,QL (60 per 30 days)
AVANDARYL 4 MG-2 MG TABLET MO	3	ST,QL (60 per 30 days)
AVANDARYL 4 MG-4 MG TABLET MO	3	ST,QL (60 per 30 days)
AVANDARYL 8 MG-2 MG TABLET MO	3	ST,QL (30 per 30 days)
AVANDARYL 8 MG-4 MG TABLET MO	3	ST,QL (30 per 30 days)
AVANDIA 2 MG TABLET MO	3	ST,QL (60 per 30 days)
AVANDIA 4 MG TABLET MO	3	ST,QL (60 per 30 days)
AVANDIA 8 MG TABLET MO	3	ST,QL (30 per 30 days)
aviane 0.1 mg-20 mcg tablet GC,MO	1	
AXIRON 30 MG/1.5 ML/ACTUATION TRANSDERM SOLUTION IN METERED PUMP MO	3	ST,QL (4 per 30 days)
AYGESTIN 5 MG TABLET MO	3	
azurette 0.15 mg-0.02 mg x21/0.01 mgx5 tablet GC,MO	1	
balziva (28) 0.4 mg-35 mcg tablet GC,MO	1	
baycadron 0.5 mg/5 ml elixir GC,MO	1	
betamethasone ac-sp 6 mg/ml vl GC,MO	1	
BEYAZ 3 MG-0.02 MG-0.451 MG (24) TABLET MO	3	
BREVICON (28) 0.5 MG-35 MCG TABLET MO	3	
briellyn 0.4 mg-35 mcg tablet GC,MO	1	
budesonide ec 3 mg capsule GC,MO	1	
BYDUREON 2 MG SUBQ SUSPENSION,EXTENDED RELEASE MO	3	PA,QL (4 per 28 days)
BYETTA 10 MCG/0.04 ML PER DOSE SUB-Q PEN INJECTOR MO	3	PA,QL (3 per 30 days)
BYETTA 5 MCG/0.02 ML PER DOSE SUB-Q PEN INJECTOR MO	3	PA,QL (3 per 30 days)
calcitonin-salmon 200 units sp GC,MO	1	B vs D,QL (4 per 28 days)
camila 0.35 mg tablet GC,MO	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	3	QL (91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack GC,MO	1	QL (91 per 90 days)
caziant 0.1/0.125/0.15 mg-25 mcg tablet GC,MO	1	
CELESTONE 0.6 MG/5 ML ORAL SOLN MO	3	
CELESTONE SOLUSPAN 6 MG/ML SUSP FOR INJECTION MO	3	
CENESTIN 0.3 MG TABLET MO	3	PA
CENESTIN 0.45 MG TABLET GB,MO	3	PA

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CENESTIN 0.625 MG TABLET GB,MO	3	PA
CENESTIN 0.9 MG TABLET GB,MO	3	PA
CENESTIN 1.25 MG TABLET GB,MO	3	PA
CESIA 28 DAY TABLET GC,MO	1	
chlorpropamide 100 mg tablet GC,MO	1	PA
chlorpropamide 250 mg tablet GC,MO	1	PA
chorionic gonad 10,000 unit v1 MO	3	
CLIMARA 0.025 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA 0.0375 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA 0.05 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA 0.06 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA 0.075 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA 0.1 MG/24 HR TRANSDERM PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (4 per 28 days)
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL GB,MO	3	QL (8 per 28 days)
COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL MO	3	QL (8 per 28 days)
CORTEF 10 MG TABLET MO	3	
CORTEF 20 MG TABLET MO	3	
CORTEF 5 MG TABLET MO	3	
cortisone 25 mg tablet GC,MO	1	
CRINONE 4 % VAGINAL GEL MO	3	
CRINONE 8 % VAGINAL GEL MO	3	
cryselle (28) 0.3 mg-30 mcg tablet GC,MO	1	
cyclafem 1/35 (28) 1 mg-35 mcg tablet GC,MO	1	
cyclafem 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet GC,MO	1	
CYCLESSA 0.1/0.125/0.15 MG-25 MCG TABLET MO	3	
CYTOMEL 25 MCG TABLET MO	3	
CYTOMEL 5 MCG TABLET MO	3	
CYTOMEL 50 MCG TABLET MO	3	
danazol 100 mg capsule GC,MO	1	
danazol 200 mg capsule GC,MO	1	
danazol 50 mg capsule GC,MO	1	
DDAVP 0.1 MG TABLET MO	3	PA
DDAVP 0.1 MG/ML (REFRIGERATE) NASAL SOLN MO	3	PA
DDAVP 0.2 MG TABLET MO	3	PA
DDAVP 10 MCG/SPRAY (0.1 ML) NASAL SPRAY AEROSOL MO	3	PA
DDAVP 4 MCG/ML INJECTION MO	3	PA
DELATESTRYL 200 MG/ML IM OIL MO	3	
DELESTROGEN 10 MG/ML IM OIL MO	3	
DELESTROGEN 20 MG/ML IM OIL MO	3	
DELESTROGEN 40 MG/ML IM OIL MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEPO-ESTRADIOL 5 MG/ML IM OIL GC,MO	1	
DEPO-MEDROL 20 MG/ML SUSP FOR INJECTION HI,MO	3	
DEPO-MEDROL 40 MG/ML SUSP FOR INJECTION HI,MO	3	
DEPO-MEDROL 80 MG/ML SUSP FOR INJECTION HI,MO	3	
DEPO-PROVERA 150 MG/ML IM SUSP MO	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML IM SYRINGE MO	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML IM MO	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	3	QL (1 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML IM OIL GC,MO	1	
DEPO-TESTOSTERONE 200 MG/ML IM OIL GC,MO	1	
desmopressin 0.1 mg/ml sol GC,MO	1	
desmopressin 0.1 mg/ml spray GC,MO	1	
desmopressin ac 4 mcg/ml vl GC,MO	1	
desmopressin acetate 0.1 mg tb GC,MO	1	
desmopressin acetate 0.2 mg tb GC,MO	1	
DESOGEN 0.15 MG-30 MCG TABLET MO	3	
dexamethasone 0.5 mg tablet GC,MO	1	
dexamethasone 0.5 mg/5 ml elx GC,MO	1	
dexamethasone 0.5 mg/5 ml liq GC,MO	1	
dexamethasone 0.75 mg tablet GC,MO	1	
dexamethasone 1 mg tablet GC,MO	1	
dexamethasone 1.5 mg tablet GC,MO	1	
dexamethasone 10 mg/ml vial GC,MO	1	
dexamethasone 2 mg tablet GC,MO	1	
dexamethasone 4 mg tablet GC,MO	1	
dexamethasone 4 mg/ml vial GC,MO	1	
dexamethasone 6 mg tablet GC,MO	1	
dexamethasone intensol 1 mg/ml drops (concentrate) GC,MO	1	
DEXPAK 1.5 MG (21 TABS) TABLETS IN A DOSE PACK GC,MO	1	
DEXPAK 1.5 MG (51 TABS) TABLETS IN A DOSE PACK GC,MO	1	
DEXPAK JR. 1.5 MG (35 TABS) TABLETS IN A DOSE PACK GC,MO	1	
DIABETA 1.25 MG TABLET MO	3	
DIABETA 2.5 MG TABLET MO	3	
DIABETA 5 MG TABLET MO	3	
DIVIGEL 0.25 MG (0.1 %) TRANSDERMAL GEL PACKET MO	3	
DIVIGEL 0.5 MG (0.1 %) TRANSDERMAL GEL PACKET MO	3	
DIVIGEL 1 MG (0.1 %) TRANSDERMAL GEL PACKET GB,MO	3	
DUETACT 30 MG-2 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
DUETACT 30 MG-4 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
EGRIFTA 1 MG SUB-Q SOLN SP	4	PA,QL (60 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP GB,MO	3	
ELLA 30 MG TABLET MO	3	QL (1 per 30 days)
emoquette 0.15 mg-30 mcg tablet GC,MO	1	
ENDOMETRIN 100 MG VAGINAL INSERTS MO	3	
ENJUUIA 0.3 MG TABLET GB,MO	3	PA
ENJUUIA 0.45 MG TABLET GB,MO	3	PA
ENJUUIA 0.625 MG TABLET GB,MO	3	PA
ENJUUIA 0.9 MG TABLET GB,MO	3	PA
ENJUUIA 1.25 MG TABLET GB,MO	3	PA
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet GC,MO	1	
ENTOCORT EC 3 MG CAPSULE,DELAYED & EXTENDED RELEASE MO	4	
errin 0.35 mg tablet GC,MO	1	
ESTRACE 0.01% (0.1 MG/G) VAGINAL CREAM GC,MO	1	
ESTRACE 0.5 MG TABLET GC,MO	1	
ESTRACE 1 MG TABLET GC,MO	1	
ESTRACE 2 MG TABLET GC,MO	1	
ESTRADERM 0.05 MG PATCH MO	3	QL (8 per 28 days)
ESTRADERM 0.1 MG PATCH GB,MO	3	QL (8 per 28 days)
estradiol 0.5 mg tablet GC,MO	1	
estradiol 1 mg tablet GC,MO	1	
estradiol 10 mg/ml vial GC,MO	1	
estradiol 2 mg tablet GC,MO	1	
estradiol tds 0.025 mg/day GC,MO	1	QL (4 per 28 days)
estradiol tds 0.0375 mg/day GC,MO	1	QL (4 per 28 days)
estradiol tds 0.05 mg/day GC,MO	1	QL (4 per 28 days)
estradiol tds 0.06 mg/day GC,MO	1	QL (4 per 28 days)
estradiol tds 0.075 mg/day GC,MO	1	QL (4 per 28 days)
estradiol tds 0.1 mg/day GC,MO	1	QL (4 per 28 days)
estradiol valerate 20 mg/ml vl GC,MO	1	
estradiol valerate 40 mg/ml vl GC,MO	1	
estradiol-noreth 0.5-0.1 mg tb GC,MO	1	
estradiol-noreth 1-0.5 mg tab GC,MO	1	
ESTRING 2 MG VAGINAL MO	3	QL (1 per 90 days)
estropipate 0.625(0.75 mg) tab GC,MO	1	PA
estropipate 1.25(1.5 mg) tab GC,MO	1	PA
estropipate 2.5(3 mg) tab GC,MO	1	PA
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET MO	3	
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY MO	3	
EVISTA 60 MG TABLET GC,MO	2	QL (30 per 30 days)
FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FEMHRT 1/5 1 MG-5 MCG TABLET GB,MO	3	
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET MO	3	
FEMRING 0.05 MG/24 HR VAGINAL GB,MO	3	QL (1 per 90 days)
FEMRING 0.1 MG/24 HR VAGINAL GB,MO	3	QL (1 per 90 days)
FEMTRACE 0.45 MG TABLET MO	3	
FEMTRACE 0.9 MG TABLET MO	3	
FEMTRACE 1.8 MG TABLET MO	3	
FLO-PRED 15 MG/5 ML ORAL SUSP MO	3	
fludrocortisone 0.1 mg tablet GC,MO	1	
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
FORTAMET 500 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (120 per 30 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUB-Q PEN INJECTOR MO	3	ST,QL (2 per 28 days)
FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP MO	3	ST
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY MO	3	B vs D,QL (4 per 28 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBQ CARTRIDGE SP	4	PA,QL (28 per 30 days)
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBQ CARTRIDGE SP	4	PA,QL (28 per 30 days)
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUB-Q SYRINGE SP	3	PA,QL (28 per 30 days)
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUB-Q SYRINGE SP	3	PA,QL (28 per 30 days)
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUB-Q SYRINGE SP	3	PA,QL (28 per 30 days)
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUB-Q SYRINGE SP	4	PA,QL (28 per 30 days)
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUB-Q SYRINGE SP	4	PA,QL (28 per 30 days)
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUB-Q SYRINGE SP	4	PA,QL (28 per 30 days)
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUB-Q SYRINGE SP	4	PA,QL (28 per 30 days)
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUB-Q SYRINGE SP	4	PA,QL (28 per 30 days)
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUB-Q SYRINGE SP	4	PA,QL (28 per 30 days)
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUB-Q SYRINGE SP	4	PA,QL (28 per 30 days)
gianvi 3 mg-20 mcg (24) tablet GC,MO	1	
gildess fe 1 mg-20 mcg tablet GC,MO	1	
gildess fe 1.5 mg-30 mcg tablet GC,MO	1	
glimepiride 1 mg tablet GC,MO	1	
glimepiride 2 mg tablet GC,MO	1	
glimepiride 4 mg tablet GC,MO	1	
glipizide 10 mg tablet GC,MO	1	
glipizide 5 mg tablet GC,MO	1	
glipizide er 10 mg tablet GC,MO	1	
glipizide er 2.5 mg tablet GC,MO	1	
glipizide er 5 mg tablet GC,MO	1	
glipizide-metformin 2.5-250 mg GC,MO	1	
glipizide-metformin 2.5-500 mg GC,MO	1	
glipizide-metformin 5-500 mg GC,MO	1	
GLUCAGEN 1 MG SOLUTION FOR INJECTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCAGEN HYPOKIT 1 MG INJECTION MO	3	
GLUCAGON EMERGENCY 1 MG INJECTION KIT GC,MO	2	
GLUCOPHAGE 1,000 MG TABLET MO	3	
GLUCOPHAGE 500 MG TABLET MO	3	
GLUCOPHAGE 850 MG TABLET MO	3	
GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
GLUCOTROL 10 MG TABLET GB,MO	3	
GLUCOTROL 5 MG TABLET GB,MO	3	
GLUCOTROL XL 10 MG TABLET,EXTENDED RELEASE GB,MO	3	
GLUCOTROL XL 2.5 MG TABLET,EXTENDED RELEASE GB,MO	3	
GLUCOTROL XL 5 MG TABLET,EXTENDED RELEASE GB,MO	3	
GLUCOVANCE 2.5 MG-500 MG TABLET MO	3	
GLUCOVANCE 5 MG-500 MG TABLET MO	3	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE GB,MO	3	QL (120 per 30 days)
glyburid-metformin 1.25-250 mg GC,MO	1	
glyburide 1.25 mg tablet GC,MO	1	
glyburide 2.5 mg tablet GC,MO	1	
glyburide 5 mg tablet GC,MO	1	
glyburide micro 1.5 mg tab GC,MO	1	
glyburide micro 3 mg tablet GC,MO	1	
glyburide micro 6 mg tablet GC,MO	1	
glyburide-metformin 2.5-500 mg GC,MO	1	
glyburide-metformin 5-500 mg GC,MO	1	
GLYNASE 1.5 MG TABLET MO	3	
GLYNASE 3 MG TABLET GB,MO	3	
GLYNASE 6 MG TABLET MO	3	
GLYSET 100 MG TABLET MO	3	
GLYSET 25 MG TABLET MO	3	
GLYSET 50 MG TABLET MO	3	
heather 0.35 mg tablet GC,MO	1	
HUMALOG 100 UNIT/ML SUB-Q GC,MO	2	QL (240 per 30 days)
HUMALOG 100 UNIT/ML SUBQ CARTRIDGE GC,MO	2	QL (240 per 30 days)
HUMALOG 100 UNITS/ML PEN GC,MO	2	
HUMALOG KWIKPEN 100 UNIT/ML SUB-Q PEN GC,MO	2	
HUMALOG MIX 50-50 100 UNIT/ML (50-50) SUSP, SUB-Q INJ GC,MO	2	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) SUB-Q PEN GC,MO	2	
HUMALOG MIX 50-50 PEN GC,MO	2	
HUMALOG MIX 75-25 100 UNIT/ML (75-25) SUSP, SUB-Q INJ GC,MO	2	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) SUB-Q PEN GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMALOG MIX 75-25 PEN GC,MO	2	
HUMATROPE 12 MG (36 UNIT) INJECTION, CARTRIDGE SP	4	PA,QL (4 per 30 days)
HUMATROPE 24 MG (72 UNIT) INJECTION, CARTRIDGE SP	4	PA,QL (4 per 30 days)
HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION SP	4	PA,QL (12 per 30 days)
HUMATROPE 6 MG (18 UNIT) INJECTION, CARTRIDGE SP	4	PA,QL (4 per 30 days)
HUMULIN 70/30 100 UNIT/ML (70-30) SUSP, SUB-Q INJ GC,MO	2	
HUMULIN 70/30 PEN 100 UNIT/ML (70-30) SUBQ GC,MO	2	
HUMULIN N 100 UNIT/ML SUSP, SUB-Q INJ GC,MO	2	
HUMULIN N PEN 100 UNIT/ML (3 ML) SUBQ GC,MO	2	
HUMULIN R 100 UNIT/ML INJECTION GC,MO	2	
HUMULIN R U-500 "CONCENTRATED" INSULIN 500 UNIT/ML INJECTION GC,MO	2	
hydrocortisone 10 mg tablet GC,MO	1	
hydrocortisone 20 mg tablet GC,MO	1	
hydrocortisone 5 mg tablet GC,MO	1	
INCRELEX 10 MG/ML SUB-Q SP	4	PA
introvale 0.15 mg-30 mcg tablets,3 month dose pack GC,MO	1	QL (91 per 90 days)
JANUMET 50 MG-1,000 MG TABLET GC,MO	2	ST,QL (60 per 30 days)
JANUMET 50 MG-500 MG TABLET GC,MO	2	ST,QL (60 per 30 days)
JANUMET XR 100 MG-1000 MG TABLET,EXTENDED RELEASE GC,MO	2	ST,QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE GC,MO	2	ST,QL (60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE GC,MO	2	ST,QL (60 per 30 days)
JANUVIA 100 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
JANUVIA 25 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
JANUVIA 50 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET MO	3	ST,QL (60 per 30 days)
JENTADUETO 2.5 MG-500 MG TABLET MO	3	ST,QL (60 per 30 days)
JENTADUETO 2.5 MG-850 MG TABLET MO	3	ST,QL (60 per 30 days)
jevantique 1 mg-5 mcg tablet GC,MO	1	
jinteli 1 mg-5 mcg tablet GC,MO	1	
jolessa 0.15 mg-30 mcg tablets,3 month dose pack MO	3	QL (91 per 90 days)
jolivette 0.35 mg tablet GC,MO	1	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet GC,MO	1	
junel 1/20 (21) 1 mg-20 mcg tablet GC,MO	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg tablet GC,MO	1	
junel fe 1/20 (28) 1 mg-20 mcg tablet GC,MO	1	
JUVISYNC 100 MG-10 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
JUVISYNC 100 MG-20 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
JUVISYNC 100 MG-40 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
kariva 0.15 mg-0.02 mg x21/0.01 mgx5 tablet GC,MO	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KENALOG 10 MG/ML SUSP FOR INJECTION MO	3	
KENALOG 40 MG/ML SUSP FOR INJECTION MO	3	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE GC,MO	2	ST,QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE GC,MO	2	ST,QL (30 per 30 days)
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE GC,MO	2	ST,QL (30 per 30 days)
KORLYM 300 MG TABLET MO	4	PA,QL (120 per 30 days)
LANTUS 100 UNIT/ML SUB-Q GC,MO	2	
LANTUS 100 UNITS/ML CARTRIDGE GC,MO	2	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUB-Q INSULIN PEN GC,MO	2	
leena 28 0.5/1/0.5 mg-35 mcg tablet GC,MO	1	
lessina 0.1 mg-20 mcg tablet GC,MO	1	
LEVEMIR 100 UNIT/ML SUB-Q GC,MO	2	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SUB-Q INSULIN PEN GC,MO	2	
LEVLEN (28) 0.15 MG-30 MCG TABLET GC,MO	1	
levonorg-eth estrad eth estrad GC,MO	1	QL (91 per 90 days)
levonorgestrel 0.75 mg tablet GC,MO	1	
levora-28 0.15 mg-30 mcg tablet GC,MO	1	
LEVOTHROID 100 MCG TABLET GC,GB,MO	1	
LEVOTHROID 112 MCG TABLET GC,GB,MO	1	
LEVOTHROID 125 MCG TABLET GC,GB,MO	1	
LEVOTHROID 137 MCG TABLET GC,GB,MO	1	
LEVOTHROID 150 MCG TABLET GC,GB,MO	1	
LEVOTHROID 175 MCG TABLET GC,MO	1	
LEVOTHROID 200 MCG TABLET GC,GB,MO	1	
LEVOTHROID 25 MCG TABLET GC,GB,MO	1	
LEVOTHROID 300 MCG TABLET GC,MO	1	
LEVOTHROID 50 MCG TABLET GC,GB,MO	1	
LEVOTHROID 75 MCG TABLET GC,GB,MO	1	
LEVOTHROID 88 MCG TABLET GC,GB,MO	1	
levothyroxine 100 mcg tablet GC,MO	1	
levothyroxine 100 mcg vial GC,MO	1	
levothyroxine 112 mcg tablet GC,MO	1	
levothyroxine 125 mcg tablet GC,MO	1	
levothyroxine 137 mcg tablet GC,MO	1	
levothyroxine 150 mcg tablet GC,MO	1	
levothyroxine 175 mcg tablet GC,MO	1	
levothyroxine 200 mcg tablet GC,MO	1	
levothyroxine 200 mcg vial GC,MO	1	
levothyroxine 25 mcg tablet GC,MO	1	
levothyroxine 300 mcg tablet GC,MO	1	
levothyroxine 50 mcg tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levothyroxine 500 mcg vial GC,MO	1	
levothyroxine 75 mcg tablet GC,MO	1	
levothyroxine 88 mcg tablet GC,MO	1	
LEVOXYL 100 MCG TABLET GC,GB,MO	1	
LEVOXYL 112 MCG TABLET GC,GB,MO	1	
LEVOXYL 125 MCG TABLET GC,GB,MO	1	
LEVOXYL 137 MCG TABLET GC,GB,MO	1	
LEVOXYL 150 MCG TABLET GC,GB,MO	1	
LEVOXYL 175 MCG TABLET GC,GB,MO	1	
LEVOXYL 200 MCG TABLET GC,GB,MO	1	
LEVOXYL 25 MCG TABLET GC,GB,MO	1	
LEVOXYL 50 MCG TABLET GC,GB,MO	1	
LEVOXYL 75 MCG TABLET GC,GB,MO	1	
LEVOXYL 88 MCG TABLET GC,GB,MO	1	
liothyronine sod 10 mcg/ml vial GC,MO	1	
liothyronine sod 25 mcg tab GC,MO	1	
liothyronine sod 5 mcg tab GC,MO	1	
liothyronine sod 50 mcg tab GC,MO	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET MO	3	
LO-OVRAL (28) 0.3 MG-30 MCG TABLET MO	3	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET GC,MO	1	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET GC,MO	1	
LOESTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET MO	3	
LOESTRIN FE 1.5/30 (28) 1.5 MG-30 MCG TABLET GC,MO	1	
LOESTRIN FE 1/20 (28) 1 MG-20 MCG TABLET MO	3	
loryna 3 mg-20 mcg (24) tablet GC,MO	1	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet GC,MO	1	
lutera (28) 0.1 mg-20 mcg tablet GC,MO	1	
LYBREL 90-20 MCG TABLET MO	3	
MAKENA 250 MG/ML IM OIL MO	4	PA
marlissa 0.15 mg-30 mcg tablet GC,MO	1	
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK GB,MO	3	B vs D
MEDROL 16 MG TABLET MO	3	B vs D
MEDROL 2 MG TABLET MO	3	
MEDROL 32 MG TABLET MO	3	B vs D
MEDROL 4 MG TABLET MO	3	B vs D
MEDROL 8 MG TABLET MO	3	B vs D
medroxyprogesterone 10 mg tab GC,MO	1	
medroxyprogesterone 150 mg/ml GC,MO	1	QL (1 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
medroxyprogesterone 2.5 mg tab GC,MO	1	
medroxyprogesterone 5 mg tab GC,MO	1	
MENEST 0.3 MG TABLET GC,MO	1	PA
MENEST 0.625 MG TABLET GC,MO	1	PA
MENEST 1.25 MG TABLET GC,MO	1	PA
MENEST 2.5 MG TABLET GC,MO	1	PA
MENOSTAR 14 MCG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)
METAGLIP 2.5-500 MG TABLET MO	3	PA
METAGLIP 5-500 MG TABLET MO	3	PA
metformin hcl 1,000 mg tablet GC,MO	1	
metformin hcl 500 mg tablet GC,MO	1	
metformin hcl 850 mg tablet GC,MO	1	
metformin hcl er 1,000 mg tab GC,MO	1	QL (60 per 30 days)
metformin hcl er 500 mg tablet GC,MO	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet GC,MO	1	QL (60 per 30 days)
methimazole 10 mg tablet GC,MO	1	
methimazole 5 mg tablet GC,MO	1	
METHITEST 10 MG TABLET GC,MO	1	PA
methylprednisolone 125 mg vial GC,MO	1	
methylprednisolone 16 mg tab GC,MO	1	B vs D
methylprednisolone 32 mg tab GC,MO	1	B vs D
methylprednisolone 4 mg dosepk GC,MO	1	B vs D
methylprednisolone 4 mg tablet GC,MO	1	B vs D
methylprednisolone 40 mg vial GC,MO	1	
methylprednisolone 40 mg/ml vl GC,MO	1	
methylprednisolone 500 mg vial GC,MO	1	
methylprednisolone 8 mg tab GC,MO	1	B vs D
methylprednisolone 80 mg/ml vl HI,GC,MO	1	
methylprednisolone ss 1 gm vl HI,GC,MO	1	
MIACALCIN 200 UNIT/ACTUATION NASAL SPRAY MO	3	B vs D,QL (4 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION MO	3	B vs D
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet GC,MO	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet GC,MO	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg tablet GC,MO	1	
microgestin fe 1/20 (28) 1 mg-20 mcg tablet GC,MO	1	
MILLIPRED 10 MG/5 ML ORAL SOLN GC,MO	1	
millipred 5 mg tablet MO	3	B vs D
millipred dp 5 mg (21 tabs) tablets in a dose pack GC,MO	2	
millipred dp 5 mg (48 tabs) tablets in a dose pack GC,MO	1	
mimvey 1 mg-0.5 mg tablet GC,MO	1	
MIRCETTE 0.15 MG-0.02 MG X21/0.01 MGX5 TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MODICON (28) 0.5 MG-35 MCG TABLET MO	3	
mononessa (28) 0.25 mg-35 mcg tablet GC,MO	1	
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet GC,MO	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MO	3	
nateglinide 120 mg tablet GC,MO	1	
nateglinide 60 mg tablet GC,MO	1	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet GC,MO	1	
necon 1/35 (28) 1 mg-35 mcg tablet GC,MO	1	
necon 1/50 (28) 1 mg-50 mcg tablet MO	3	
necon 10/11 (28) 0.5mg-35mcg(10)/1mg-35mcg(11) tablet GC,MO	1	
necon 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet GC,MO	1	
next choice 0.75 mg tablet GC,MO	1	
next choice one dose 1.5 mg tablet GC,MO	1	
NOR-QD 0.35 MG TABLET MO	3	
nora-be 0.35 mg tablet GC,MO	1	
NORDETTE-28 0.15 MG-30 MCG TABLET MO	3	
NORDITROPIN 15 MG/1.5 ML CRTG SP	4	PA,QL (10 per 30 days)
NORDITROPIN 5 MG/1.5 ML CRTG SP	4	PA,QL (24 per 28 days)
NORDITROPIN FLEXPPO 10 MG/1.5 ML (6.7 MG/ML) SUB-Q PEN INJECTOR SP	4	PA,QL (10 per 30 days)
NORDITROPIN FLEXPPO 15 MG/1.5 ML (10 MG/ML) SUB-Q PEN INJECTOR SP	4	PA,QL (10 per 30 days)
NORDITROPIN FLEXPPO 5 MG/1.5 ML (3.3 MG/ML) SUB-Q PEN INJECTOR SP	4	PA,QL (10 per 30 days)
NORDITROPIN NORDIFLEX 30 MG/3 ML (10 MG/ML) SUB-Q PEN INJECTOR SP	4	PA,QL (10 per 30 days)
NORDITROPIN NORDIFLEX 5 MG/1.5 SP	4	PA,QL (10 per 30 days)
NORDITROPIN NORDIFLX 10 MG/1.5 SP	4	PA,QL (10 per 30 days)
NORDITROPIN NORDIFLX 15 MG/1.5 SP	4	PA,QL (10 per 30 days)
norethin-ethinyl estrad ch tb GC,MO	1	
norethindrone 0.35 mg tablet GC,MO	1	
norethindrone 5 mg tablet GC,MO	1	
norg-ethin estr 0.3-0.03 mg tb GC,MO	1	
norg-ethin estra 0.25-0.035 mg GC,MO	1	
norgestimate-eth estradiol tab GC,MO	1	
NORINYL 1+35 (28) 1 MG-35 MCG TABLET MO	3	
NORINYL 1+50 (28) 1 MG-50 MCG TABLET MO	3	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet GC,MO	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet GC,MO	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet GC,MO	1	
nortrel 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet GC,MO	1	
NOVAREL 10,000 UNIT IM MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLIN 70/30 100 UNIT/ML (70-30) SUSP, SUB-Q INJ GC,MO	2	
NOVOLIN N 100 UNIT/ML SUSP, SUB-Q INJ GC,MO	2	
NOVOLIN R 100 UNIT/ML INJECTION GC,MO	2	
NOVOLOG 100 UNIT/ML SUB-Q GC,MO	2	
NOVOLOG FLEXPEN 100 UNIT/ML SUB-Q GC,MO	2	
NOVOLOG MIX 70-30 100 UNIT/ML (70-30) SUB-Q GC,MO	2	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML (70-30) SUB-Q GC,MO	2	
NOVOLOG PENFILL 100 UNIT/ML SUBQ CARTRIDGE GC,MO	2	
NUTROPIN 10 MG SUB-Q SOLN SP	4	PA,QL (28 per 30 days)
NUTROPIN 5 MG VIAL SP	4	PA,QL (28 per 30 days)
NUTROPIN AQ 10 MG/2 ML (5 MG/ML) SUB-Q SP	4	PA,QL (28 per 30 days)
NUTROPIN AQ 10 MG/2 ML (5 MG/ML) SUBQ CARTRIDGE SP	4	PA,QL (28 per 30 days)
NUTROPIN AQ 20 MG/2 ML (10 MG/ML) SUBQ CARTRIDGE SP	4	PA,QL (28 per 30 days)
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML) SUBQ CARTRIDGE SP	4	PA,QL (28 per 30 days)
NUTROPIN AQ NUSPIN 20 MG/2 ML (10 MG/ML) SUBQ CARTRIDGE SP	4	PA,QL (28 per 30 days)
NUTROPIN AQ NUSPIN 5 MG/2 ML (2.5 MG/ML) SUBQ CARTRIDGE SP	4	PA,QL (28 per 30 days)
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL MO	3	QL (1 per 28 days)
ocella 3 mg-0.03 mg tablet GC,MO	1	
OGEN 2.5 3 MG TABLET GC,MO	1	PA
ogestrel (28) 0.5 mg-50 mcg tablet GC,MO	1	
OMNITROPE 10 MG/1.5 ML SUBQ CARTRIDGE SP	4	PA,QL (12 per 28 days)
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBQ CARTRIDGE SP	3	PA,QL (24 per 28 days)
OMNITROPE 5.8 MG SUB-Q SOLN SP	4	PA,QL (8 per 28 days)
ONGLYZA 2.5 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
ONGLYZA 5 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
ORAPRED 15 MG/5 ML ORAL SOLN GC,MO	1	
ORAPRED ODT 10 MG DISINTEGRATING TABLET MO	3	
ORAPRED ODT 15 MG DISINTEGRATING TABLET MO	3	
ORAPRED ODT 30 MG DISINTEGRATING TABLET MO	3	
orsythia 0.1 mg-20 mcg tablet GC,MO	1	
ORTHO EVRA 150 MCG-20 MCG/24 HR TRANSDERM PATCH MO	3	QL (3 per 28 days)
ORTHO MICRONOR 0.35 MG TABLET GB,MO	3	
ORTHO TRI-CYCLEN (28) 0.18/0.215/0.25 MG-35 MCG(28) TABLET MO	3	
ORTHO TRI-CYCLEN LO 0.18/0.215/0.25 MG-25 MCG TABLET MO	3	
ORTHO-CEPT (28) 0.15 MG-30 MCG TABLET MO	3	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET MO	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET MO	3	
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG-35 MCG TABLET MO	3	
OVCON-35 (28) 0.4 MG-35 MCG TABLET GC,MO	1	
OVCON-50 28 TABLET MO	3	
OXANDRIN 10 MG TABLET MO	4	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OXANDRIN 2.5 MG TABLET MO	3	PA,QL (120 per 30 days)
oxandrolone 10 mg tablet GC,MO	1	QL (60 per 30 days)
oxandrolone 2.5 mg tablet GC,MO	1	QL (120 per 30 days)
PEDIAPRED 6.7 MG/5 ML SOLN MO	3	
philith 0.4 mg-35 mcg tablet GC,MO	1	
PITRESSIN 20 UNIT/ML INJECTION GC,MO	1	
portia 0.15 mg-30 mcg tablet GC,MO	1	
PRANDIMET 1 MG-500 MG TABLET MO	3	
PRANDIMET 2 MG-500 MG TABLET MO	3	
PRANDIN 0.5 MG TABLET MO	3	
PRANDIN 1 MG TABLET MO	3	
PRANDIN 2 MG TABLET MO	3	
PRECOSE 100 MG TABLET MO	3	
PRECOSE 25 MG TABLET MO	3	
PRECOSE 50 MG TABLET MO	3	
prednisolone 15 mg/5 ml soln GC,MO	1	
prednisolone 15 mg/5 ml syrup GC,MO	1	
prednisolone 5 mg/5 ml soln GC,MO	1	
prednisolone 5 mg/5 ml syrup GC,MO	1	
prednisone 1 mg tablet GC,MO	1	B vs D
prednisone 10 mg tablet GC,MO	1	B vs D
prednisone 2.5 mg tablet GC,MO	1	B vs D
prednisone 20 mg tablet GC,MO	1	B vs D
prednisone 5 mg tablet GC,MO	1	B vs D
prednisone 5 mg/5 ml solution GC,MO	1	B vs D
prednisone 50 mg tablet GC,MO	1	B vs D
prednisone intensol 5 mg/ml oral concentrate GC,MO	1	B vs D
PREFEST 1/1 MG (15-0.09 MG (15/15) TABLET GB,MO	3	
PREGNYL 10,000 UNIT IM MO	3	
PRELONE 15 MG/5 ML ORAL SOLN GC,MO	1	
PREMARIN 0.3 MG TABLET MO	3	PA
PREMARIN 0.45 MG TABLET MO	3	PA
PREMARIN 0.625 MG TABLET MO	3	PA
PREMARIN 0.625 MG/GRAM VAGINAL CREAM GC,MO	2	
PREMARIN 0.9 MG TABLET MO	3	PA
PREMARIN 1.25 MG TABLET MO	3	PA
PREMARIN 25 MG SOLUTION FOR INJECTION MO	3	PA
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET MO	3	PA
PREMPRO 0.3 MG-1.5 MG TABLET MO	3	PA
PREMPRO 0.45 MG-1.5 MG TABLET MO	3	PA
PREMPRO 0.625 MG-2.5 MG TABLET MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREMPRO 0.625 MG-5 MG TABLET MO	3	PA
previfem 0.25 mg-35 mcg tablet GC,MO	1	
PROCHIEVE 4% GEL MO	3	
PROCHIEVE 8% GEL MO	3	
progesterone 100 mg capsule GC,MO	1	
progesterone 200 mg capsule GC,MO	1	
progesterone in oil 50 mg/ml im GC,MO	1	
progesterone oil 50 mg/ml vl GC,MO	1	
PROMETRIUM 100 MG CAPSULE MO	3	
PROMETRIUM 200 MG CAPSULE MO	3	
propylthiouracil 50 mg tablet GC,MO	1	
PROVERA 10 MG TABLET GB,MO	3	
PROVERA 2.5 MG TABLET GB,MO	3	
PROVERA 5 MG TABLET GB,MO	3	
quasense 0.15 mg-30 mcg tablets,3 month dose pack GC,MO	1	QL (91 per 90 days)
reclipsen (28) 0.15 mg-30 mcg tablet GC,MO	1	
RIOMET 500 MG/5 ML ORAL SOLN GB,MO	3	
SAFYRAL 3 MG-0.03 MG-0.451 MG (21/7) TABLET MO	3	
SAIZEN 5 MG SUB-Q SOLN SP	4	PA,QL (28 per 30 days)
SAIZEN 8.8 MG SUB-Q SOLN SP	4	PA
SAIZEN CLICK.EASY 8.8 MG/1.5 ML (FINAL CONC.) SUBQ CARTRIDGE SP	4	PA
SEASONALE CONTRACEPTIVE 0.15 MG-30 MCG TABLETS,3 MONTH DOSE PACK MO	3	PA,QL (91 per 90 days)
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
SEROSTIM 4 MG SUB-Q SOLN SP	4	PA,QL (28 per 30 days)
SEROSTIM 5 MG SUB-Q SOLN SP	4	PA,QL (28 per 30 days)
SEROSTIM 6 MG SUB-Q SOLN SP	4	PA,QL (28 per 30 days)
SOLIA 0.15-0.03 MG TABLET GC,MO	1	
SOLU-CORTEF (PF) 1,000 MG/8 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF (PF) 100 MG/2 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF (PF) 250 MG/2 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF (PF) 500 MG/4 ML SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION MO	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML IV SOLUTION MO	3	
SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION HI,MO	3	
SOLU-MEDROL (PF) 40 MG/ML SOLUTION FOR INJECTION HI,MO	3	
SOLU-MEDROL (PF) 500 MG/4 ML IV SOLUTION MO	3	
SOLU-MEDROL 1,000 MG IV SOLUTION MO	3	
SOLU-MEDROL 125 MG/2 ML SOLUTION FOR INJECTION MO	3	
SOLU-MEDROL 2 GRAM IV SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOLU-MEDROL 500 MG IV SOLUTION MO	3	
SOMAVERT 10 MG SUB-Q SOLN SP	4	PA,QL (30 per 30 days)
SOMAVERT 15 MG SUB-Q SOLN SP	4	PA,QL (30 per 30 days)
SOMAVERT 20 MG SUB-Q SOLN SP	4	PA,QL (30 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet GC,MO	1	
sronyx 0.1 mg-20 mcg tablet GC,MO	1	
STARLIX 120 MG TABLET MO	3	
STARLIX 60 MG TABLET MO	3	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY MO	3	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE MO	3	
syeda 3 mg-0.03 mg tablet GC,MO	1	
SYMLIN 600 MCG/ML SUB-Q MO	3	PA,QL (25 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUB-Q PEN INJECTOR MO	3	PA,QL (11 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUB-Q PEN INJECTOR MO	3	PA,QL (11 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY SP	4	
SYNTHROID 100 MCG TABLET GB,GC,MO	2	
SYNTHROID 112 MCG TABLET GB,GC,MO	2	
SYNTHROID 125 MCG TABLET GB,GC,MO	2	
SYNTHROID 137 MCG TABLET GB,GC,MO	2	
SYNTHROID 150 MCG TABLET GB,GC,MO	2	
SYNTHROID 175 MCG TABLET GB,GC,MO	2	
SYNTHROID 200 MCG TABLET GB,GC,MO	2	
SYNTHROID 25 MCG TABLET GB,GC,MO	2	
SYNTHROID 300 MCG TABLET GB,GC,MO	2	
SYNTHROID 50 MCG TABLET GB,GC,MO	2	
SYNTHROID 75 MCG TABLET GB,GC,MO	2	
SYNTHROID 88 MCG TABLET GB,GC,MO	2	
TAPAZOLE 10 MG TABLET GC,MO	1	
TAPAZOLE 5 MG TABLET GC,MO	1	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL MO	3	PA
TESTOPEL 75 MG IMPLANT PELLETT GC,MO	1	
testosterone cyp 100 mg/ml GC,MO	1	
testosterone cyp 200 mg/ml GC,MO	1	
testosterone enan 200 mg/ml GC,MO	1	
TESTRED 10 MG CAPSULE GC,MO	1	PA
TEV-TROPIN 5 MG SUB-Q SOLN SP	3	PA,QL (28 per 30 days)
THYROLAR-1 12.5 MCG-50 MCG TABLET GC,GB,MO	1	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET GC,MO	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET GC,GB,MO	1	
THYROLAR-2 25 MCG-100 MCG TABLET GC,GB,MO	1	
THYROLAR-3 37.5 MCG-150 MCG TABLET GC,GB,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	3	
TIROSINT 100 MCG CAPSULE MO	3	
TIROSINT 112 MCG CAPSULE MO	3	
TIROSINT 125 MCG CAPSULE MO	3	
TIROSINT 13 MCG CAPSULE MO	3	
TIROSINT 137 MCG CAPSULE MO	3	
TIROSINT 150 MCG CAPSULE MO	3	
TIROSINT 25 MCG CAPSULE MO	3	
TIROSINT 50 MCG CAPSULE MO	3	
TIROSINT 75 MCG CAPSULE MO	3	
TIROSINT 88 MCG CAPSULE MO	3	
tolazamide 250 mg tablet GC,MO	1	
tolazamide 500 mg tablet GC,MO	1	
tolbutamide 500 mg tablet GC,MO	1	
TRADJENTA 5 MG TABLET MO	3	ST,QL (30 per 30 days)
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet GC,MO	1	
TRI-NORINYL (28) 0.5/1/0.5 MG-35 MCG TABLET MO	3	
tri-previfem (28) 0.18/0.215/0.25 mg-35 mcg(28) tablet GC,MO	1	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg(28) tablet GC,MO	1	
trinessa (28) 0.18/0.215/0.25 mg-35 mcg(28) tablet GC,MO	1	
TRIOSTAT 10 MCG/ML IV MO	3	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet GC,MO	1	
UNITHROID 100 MCG TABLET GC,GB,MO	1	
UNITHROID 112 MCG TABLET GC,GB,MO	1	
UNITHROID 125 MCG TABLET GC,GB,MO	1	
UNITHROID 150 MCG TABLET GC,GB,MO	1	
UNITHROID 175 MCG TABLET GC,GB,MO	1	
UNITHROID 200 MCG TABLET GC,GB,MO	1	
UNITHROID 25 MCG TABLET GC,GB,MO	1	
UNITHROID 300 MCG TABLET GC,GB,MO	1	
UNITHROID 50 MCG TABLET GC,GB,MO	1	
UNITHROID 75 MCG TABLET GC,GB,MO	1	
UNITHROID 88 MCG TABLET GC,GB,MO	1	
VAGIFEM 10 MCG VAGINAL TABLET MO	3	
vasopressin 10 unit/0.5 ml vial GC,MO	1	
velivet 0.1/0.125/0.15 mg-25 mcg tablet GC,MO	1	
VERIPRED 20 20 MG/5 ML ORAL SOLN GC,MO	1	
vestura 3 mg-20 mcg (24) tablet GC,MO	1	
VICTOZA 0.6 MG/0.1 ML (18 MG/3 ML) SUB-Q PEN INJECTOR MO	3	PA,QL (9 per 30 days)
viorele 0.15 mg-0.02 mg x21/0.01 mgx5 tablet GC,MO	1	
VIVELLE-DOT 0.025 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)
VIVELLE-DOT 0.05 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)
VIVELLE-DOT 0.075 MG/24 HR TRANSDERM PATCH GB,MO	3	QL (8 per 28 days)
VIVELLE-DOT 0.1 MG/24 HR TRANSDERM PATCH MO	3	QL (8 per 28 days)
YASMIN 28 3 MG-0.03 MG TABLET MO	3	
YAZ 28 3 MG-20 MCG (24) TABLET MO	3	
zarah 3 mg-0.03 mg tablet GC,MO	1	
zema-pak 10 day 1.5 mg tablet GC,MO	1	
zema-pak 13 day 1.5 mg tablet GC,MO	1	
zema-pak 6 day 1.5 mg tablet GC,MO	1	
zenchent (28) 0.4 mg-35 mcg tablet GC,MO	1	
zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet GC,MO	1	
zeosa 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet GC,MO	1	
ZORBTIVE 8.8 MG SUB-Q SOLN SP	4	PA
zovia 1/35e (28) 1 mg-35 mcg tablet GC,MO	1	
zovia 1/50e (28) 1 mg-50 mcg tablet GC,MO	1	
LOCAL ANESTHETICS (PARENTERAL)		
bupivacaine 0.25% ampul GC,MO	1	
bupivacaine 0.25% vial GC,MO	1	
bupivacaine 0.5% ampul GC,MO	1	
bupivacaine 0.75% vial GC,MO	1	
bupivacaine-dextr 0.75% amp GC,MO	1	
bupivacaine-epi 0.25%-0.0005 GC,MO	1	
bupivacaine-epi 0.5%-0.0005 GC,MO	1	
bupivacaine-epi 0.75%-0.0005 GC,MO	1	
CARBOCAINE (PF) 10 MG/ML (1 %) INJECTION MO	3	
CARBOCAINE (PF) 15 MG/ML (1.5 %) INJECTION MO	3	
CARBOCAINE (PF) 20 MG/ML (2 %) INJECTION MO	3	
CARBOCAINE 1 % INJECTION MO	3	
CARBOCAINE 2 % INJECTION MO	3	
chloroprocaine 2% vial GC,MO	1	
chloroprocaine 3% vial GC,MO	1	
lidocaine 0.5%-epi 1:200,000 GC,MO	1	
lidocaine 1%-epi 1:100,000 GC,MO	1	
lidocaine 1.5%-epi 1:200,000 GC,MO	1	
lidocaine 2% - epi 1:100,000 GC,MO	1	
lidocaine 2% - epi 1:50,000 GC,MO	1	
lidocaine 2%-epi 1:100,000 GC,MO	1	
lidocaine 2%-epi 1:200,000 GC,MO	1	
lidocaine 5% in d7.5w ampul GC,MO	1	
lidocaine hcl 0.5% vial GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine hcl 1% ampul GC,MO	1	
lidocaine hcl 1% vial GC,MO	1	
lidocaine hcl 1.5% ampul GC,MO	1	
lidocaine hcl 2% vial GC,MO	1	
lidocaine hcl 2% vial GC,MO	1	
lidocaine hcl 4% ampul GC,MO	1	
MARCAINE (PF) 0.25 % (2.5 MG/ML) INJECTION MO	3	
MARCAINE (PF) 0.5 % (5 MG/ML) INJECTION MO	3	
MARCAINE (PF) 0.75 % (7.5 MG/ML) INJECTION MO	3	
MARCAINE 0.25 % (2.5 MG/ML) INJECTION MO	3	
MARCAINE 0.5 % (5 MG/ML) INJECTION MO	3	
MARCAINE SPINAL (PF) 7.5 MG/ML (0.75 %) INJECTION MO	3	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000 INJECTION MO	3	
MARCAINE-EPINEPHRINE (PF) 0.5 %-1:200,000 INJECTION MO	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000 INJECTION MO	3	
MARCAINE-EPINEPHRINE 0.5 %-1:200,000 INJECTION MO	3	
mepivacaine hcl 3% cartridge GC,MO	1	
NAROPIN (PF) 10 MG/ML (1 %) INJECTION MO	3	
NAROPIN (PF) 2 MG/ML (0.2 %) INJECTION MO	3	
NAROPIN (PF) 5 MG/ML (0.5 %) INJECTION MO	3	
NAROPIN (PF) 7.5 MG/ML (0.75 %) INJECTION MO	3	
NESACAINE 10 MG/ML (1 %) INJECTION MO	3	
NESACAINE 20 MG/ML (2 %) INJECTION MO	3	
NESACAINE-MPF 20 MG/ML (2 %) INJECTION MO	3	
NESACAINE-MPF 30 MG/ML (3 %) INJECTION MO	3	
polocaine (pf) 10 mg/ml (1 %) injection GC,MO	1	
polocaine (pf) 15 mg/ml (1.5 %) injection GC,MO	1	
polocaine (pf) 20 mg/ml (2 %) injection GC,MO	1	
polocaine 1 % injection GC,MO	1	
polocaine 2 % injection GC,MO	1	
PONTOCAINE (PF) 1 % (10 MG/ML) INJECTION MO	3	
PONTOCAINE (PF) 20 MG SOLUTION FOR INJECTION MO	3	
SENSORCAINE 0.25 % (2.5 MG/ML) INJECTION MO	3	
sensorcaine 0.5 % (5 mg/ml) injection GC,MO	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML) INJECTION MO	3	
sensorcaine-mpf 0.5 % (5 mg/ml) injection MO	3	
sensorcaine-mpf 0.75 % (7.5 mg/ml) injection GC,MO	1	
sensorcaine-mpf spinal 7.5 mg/ml (0.75 %) injection GC,MO	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection GC,MO	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000 INJECTION MO	3	
SENSORCAINE-MPF/EPINEPHRINE 0.75 %-1:200,000 INJECTION MO	3	

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sensorcaine/epinephrine 0.25 %-1:200,000 injection GC,MO	1	
sensorcaine/epinephrine 0.5 %-1:200,000 injection GC,MO	1	
tetracaine hcl 1% ampul GC,MO	1	
XYLOCAINE 10 MG/ML (1 %) INJECTION MO	3	
XYLOCAINE 20 MG/ML (2 %) INJECTION MO	3	
XYLOCAINE 5 MG/ML (0.5 %) INJECTION MO	3	
XYLOCAINE-EPINEPHRINE 0.5 %-1:200,000 INJECTION MO	3	
XYLOCAINE-EPINEPHRINE 1 %-1:100,000 INJECTION MO	3	
XYLOCAINE-EPINEPHRINE 2 %-1:100,000 INJECTION MO	3	
XYLOCAINE-MPF 10 MG/ML (1 %) INJECTION MO	3	
XYLOCAINE-MPF 15 MG/ML (1.5 %) INJECTION MO	3	
XYLOCAINE-MPF 20 MG/ML (2 %) INJECTION MO	3	
XYLOCAINE-MPF 40 MG/ML (4 %) INJECTION MO	3	
XYLOCAINE-MPF 5 MG/ML (0.5 %) INJECTION MO	3	
XYLOCAINE-MPF/EPINEPHRINE 1 %-1:200,000 INJECTION MO	3	
XYLOCAINE-MPF/EPINEPHRINE 1.5 %-1:200,000 INJECTION MO	3	
XYLOCAINE-MPF/EPINEPHRINE 2 %-1:200,000 INJECTION MO	3	
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE 2 MILLION UNIT/0.5 ML SUB-Q SP	4	PA
ACTONEL 150 MG TABLET MO	3	QL (2 per 30 days)
ACTONEL 30 MG TABLET MO	3	QL (30 per 30 days)
ACTONEL 35 MG TABLET MO	3	QL (4 per 28 days)
ACTONEL 5 MG TABLET MO	3	QL (30 per 30 days)
alendronate sodium 10 mg tab GC,MO	1	QL (30 per 30 days)
alendronate sodium 35 mg tab GC,MO	1	QL (4 per 28 days)
alendronate sodium 40 mg tab GC,MO	1	QL (30 per 30 days)
alendronate sodium 5 mg tablet GC,MO	1	QL (30 per 30 days)
alendronate sodium 70 mg tab GC,MO	1	QL (4 per 28 days)
allopurinol 100 mg tablet GC,MO	1	
allopurinol 300 mg tablet GC,MO	1	
allopurinol sodium 500 mg vial GC,MO	1	
ALOPRIM 500 MG IV SOLUTION MO	3	
amifostine 500 mg vial GC,MO	1	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE SP	4	PA,QL (60 per 30 days)
ANTABUSE 250 MG TABLET GC,MO	1	
ANTABUSE 500 MG TABLET GC,MO	1	
ARAVA 10 MG TABLET MO	3	PA,QL (30 per 30 days)
ARAVA 20 MG TABLET MO	3	PA,QL (30 per 30 days)
ARCALYST 220 MG SUB-Q SOLN SP	4	PA
AREDIA 30 MG VIAL MO	3	B vs D,QL (3 per 21 days)
AREDIA 90 MG VIAL MO	4	B vs D,QL (1 per 21 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ATELVIA 35 MG TABLET,DELAYED RELEASE MO	3	QL (4 per 28 days)
ATGAM 50 MG/ML IV GC,MO	2	B vs D
AVODART 0.5 MG CAPSULE GC,MO	2	QL (30 per 30 days)
AVONEX 30 MCG IM KIT SP	4	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML IM PEN INJECTOR MO	4	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML IM PEN KIT MO	4	PA,QL (4 per 28 days)
AVONEX ADMINISTRATION PACK 30 MCG/0.5 ML IM KIT SP	4	PA,QL (4 per 28 days)
AZASAN 100 MG TABLET GC,MO	1	B vs D
AZASAN 75 MG TABLET GC,MO	1	B vs D
azathioprine 50 mg tablet GC,MO	1	B vs D
azathioprine sod 100 mg vial GC,MO	1	B vs D
BENLYSTA 120 MG IV SOLUTION MO	4	PA,QL (3 per 28 days)
BENLYSTA 400 MG IV SOLUTION MO	4	PA,QL (6 per 28 days)
BETASERON 0.3 MG SUB-Q KIT SP	4	PA,QL (15 per 30 days)
BONIVA 150 MG TABLET MO	3	QL (1 per 28 days)
BONIVA 3 MG/3 ML IV SYRINGE MO	3	PA,QL (3 per 90 days)
calcium folinate (leucovorin) 10 mg/ml injection GC,MO	1	
CARNITOR 100 MG/ML ORAL SOLN MO	3	B vs D
CARNITOR 200 MG/ML IV MO	3	B vs D
CARNITOR 330 MG TABLET MO	3	B vs D
CARNITOR SUGAR-FREE 100 MG/ML ORAL SOLN MO	3	B vs D
CARTICEL SUSP FOR IMPLANTATION MO	3	
cavirinse oral rinse GC,MO	1	
CELLCEPT 200 MG/ML ORAL SUSP MO	4	B vs D
CELLCEPT 250 MG CAPSULE MO	3	B vs D
CELLCEPT 500 MG TABLET MO	4	B vs D
CELLCEPT INTRAVENOUS 500 MG IV SOLUTION MO	3	B vs D
COLCRY 0.6 MG TABLET GC,MO	2	
control rx cream GC,MO	1	
COPAXONE 20 MG SUB-Q KIT SP	4	PA,QL (30 per 30 days)
cyanide antidote 300 mg/10 ml-12.5 gram/50 ml iv kit GC,MO	1	
cyclosporine 100 mg capsule GC,MO	1	B vs D
cyclosporine 100 mg/ml soln GC,MO	1	B vs D
cyclosporine 25 mg capsule GC,MO	1	B vs D
cyclosporine 50 mg softgel GC,MO	1	B vs D
cyclosporine 50 mg/ml vial GC,MO	1	B vs D
cyclosporine modified 100 mg GC,MO	1	B vs D
cyclosporine modified 25 mg GC,MO	1	B vs D
CYSTADANE ORAL POWDER MO	3	
CYSTAGON 150 MG CAPSULE MO	3	
CYSTAGON 50 MG CAPSULE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEMSEER 250 MG CAPSULE MO	3	
denta 5000 plus 1.1 % cream GC,MO	1	
dentagel 1.1 % GC,MO	1	
dexrazoxane 250 mg vial GC,MO	1	B vs D
dexrazoxane 500 mg vial GC,MO	1	B vs D
DIDRONEL 400 MG TABLET MO	3	
disulfiram 250 mg tablet GC,MO	1	
disulfiram 500 mg tablet GC,MO	1	
ELMIRON 100 MG CAPSULE MO	3	
ENBREL 25 MG (1 ML) SUB-Q KIT SP	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUB-Q SYRINGE SP	4	PA,QL (8 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUB-Q SYRINGE SP	4	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUB-Q PEN INJECTOR SP	4	PA,QL (8 per 28 days)
epiflur 0.25 mg tablet chew GC,MO	1	
epiflur 0.5 mg tablet chewable GC,MO	1	
epiflur 1 mg tablet chewable GC,MO	1	
ETHYOL 500 MG VIAL MO	4	B vs D
etidronate disodium 200 mg tab GC,MO	1	
etidronate disodium 400 mg tab GC,MO	1	
EXTAVIA 0.3 MG SUB-Q KIT SP	4	PA,QL (15 per 30 days)
finasteride 5 mg tablet GC,MO	1	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUB-Q SYRINGE SP	4	PA,QL (9 per 30 days)
FLUOR-A-DAY (WITH XYLITOL) 1 MG F- (2.2 MG)-236.79 MG CHEWABLE TAB MO	3	
FLUORABON 0.25 MG FLUORIDE(0.55)/0.6 ML ORAL DROPS MO	3	
fluoride 0.25 mg tablet chew GC,MO	1	
fluoride 0.5 mg tablet chew GC,MO	1	
fluoride 1 mg chew tablet GC,MO	1	
fluoridex defense 1.1% gel GC,MO	1	
fluoridex whitening 1.1% gel GC,MO	1	
fluoritab 0.125 mg fluoride(0.275)/drop oral drops GC,MO	1	
FLUORITAB 0.25 MG/DRP DROPS MO	3	
fluoritab 0.5 mg fluoride (1.1 mg) chewable tablet GC,MO	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET MO	3	
FLURA-DROPS 0.25 MG FLUORIDE (0.55)/DROP ORAL MO	3	
fomepizole 1.5 gm/1.5 ml vial GC,MO	1	
FOSAMAX 10 MG TABLET MO	3	PA,QL (30 per 30 days)
FOSAMAX 35 MG TABLET MO	3	PA,QL (4 per 28 days)
FOSAMAX 40 MG TABLET MO	3	PA,QL (30 per 30 days)
FOSAMAX 5 MG TABLET MO	3	PA,QL (30 per 30 days)
FOSAMAX 70 MG TABLET MO	3	PA,QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOSAMAX 70 MG/75 ML SOLUTION MO	3	
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET MO	3	ST,QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET MO	3	ST,QL (4 per 28 days)
FUSILEV 50 MG IV SOLUTION MO	3	PA
gel-kam 0.63% dental rinse GC,MO	1	
gengraf 100 mg capsule GC,MO	1	B vs D
gengraf 100 mg/ml oral soln GC,MO	1	B vs D
gengraf 25 mg capsule GC,MO	1	B vs D
GILENYA 0.5 MG CAPSULE SP	4	PA,QL (30 per 30 days)
hecoria 0.5 mg capsule GC,MO	1	B vs D
hecoria 1 mg capsule GC,MO	1	B vs D
hecoria 5 mg capsule GC,MO	1	B vs D
HUMIRA 20 MG/0.4 ML SUB-Q KIT SP	4	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUB-Q KIT SP	4	PA,QL (6 per 28 days)
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBQ PEN KIT SP	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBQ KIT SP	4	PA,QL (6 per 28 days)
HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBQ PEN KIT SP	4	PA,QL (6 per 28 days)
ibandronate sodium 150 mg tab GC,MO	1	QL (1 per 28 days)
IMURAN 50 MG TABLET MO	3	PA
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE GC,MO	2	QL (30 per 30 days)
KINERET 100 MG/0.67 ML SUB-Q SYRINGE SP	4	PA,QL (30 per 30 days)
KUVAN 100 MG SOLUBLE TABLET SP	4	PA
leflunomide 10 mg tablet GC,MO	1	QL (30 per 30 days)
leflunomide 20 mg tablet GC,MO	1	QL (30 per 30 days)
leucovorin cal 500 mg/50 ml vl GC,MO	1	B vs D
leucovorin calcium 10 mg tab GC,MO	1	
leucovorin calcium 100 mg vl GC,MO	1	B vs D
leucovorin calcium 15 mg tab GC,MO	1	
leucovorin calcium 200 mg vl GC,MO	1	B vs D
leucovorin calcium 25 mg tab GC,MO	1	
leucovorin calcium 350 mg vl GC,MO	1	B vs D
leucovorin calcium 5 mg tab GC,MO	1	
leucovorin calcium 50 mg vl GC,MO	1	B vs D
leucovorin calcium 500 mg vl GC,MO	1	B vs D
levocarnitine 100 mg/ml soln GC,MO	1	B vs D
levocarnitine 200 mg/ml vial GC,MO	1	B vs D
levocarnitine 330 mg tablet GC,MO	1	B vs D
lozi-flur 1 mg fluoride (2.2 mg) lozenges GC,MO	1	
ludent fluoride 0.25 mg fluoride (0.55 mg) chewable tablet GC,MO	1	
ludent fluoride 0.5 mg fluoride (1.1 mg) chewable tablet GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ludent fluoride 1 mg fluoride (2.2 mg) chewable tablet GC,MO	1	
mesna 1 gram/10 ml vial GC,MO	1	B vs D
MESNEX 100 MG/ML IV MO	4	B vs D
MESNEX 400 MG TABLET MO	3	
methylene blue 1% vial GC,MO	1	
mycophenolate 250 mg capsule GC,MO	1	B vs D
mycophenolate 500 mg tablet GC,MO	1	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE GC,MO	2	B vs D
MYFORTIC 360 MG TABLET,DELAYED RELEASE GC,MO	2	B vs D
MYOBLOC 10,000 UNIT/2 ML IM MO	3	PA
MYOBLOC 2,500 UNIT/0.5 ML IM MO	3	PA
MYOBLOC 5,000 UNIT/ML IM MO	3	PA
NAFRINSE 0.05 % DENTAL SOLN MO	3	
NEORAL 100 MG CAPSULE MO	3	B vs D
NEORAL 100 MG/ML ORAL SOLN MO	3	B vs D
NEORAL 25 MG CAPSULE MO	3	B vs D
neutral sodium fluoride GC,MO	1	
NEXAVIR 25.5 MG/ML INJECTION MO	3	
NULOJIX 250 MG IV SOLUTION MO	4	PA,QL (20 per 30 days)
octreotide 1,000 mcg/ml vial GC,MO	1	PA
octreotide acet 100 mcg/ml syr GC,SP	1	PA
octreotide acet 100 mcg/ml vl GC,MO	1	PA
octreotide acet 200 mcg/ml vl GC,MO	1	PA
octreotide acet 50 mcg/ml amp GC,MO	1	PA
octreotide acet 50 mcg/ml syr GC,SP	1	PA
octreotide acet 500 mcg/ml syr GC,SP	1	PA
octreotide acet 500 mcg/ml vl GC,MO	1	PA
ORENCIA 125 MG/ML SUB-Q SYRINGE SP	4	PA,QL (4 per 28 days)
ORFADIN 10 MG CAPSULE MO	4	
ORFADIN 2 MG CAPSULE MO	4	
ORFADIN 5 MG CAPSULE MO	4	
ORTHOCLONE OKT-3 5 MG/5 ML MO	4	B vs D
pamidronate 30 mg/10 ml vial GC,MO	1	B vs D,QL (30 per 21 days)
pamidronate 60 mg/10 ml vial GC,MO	1	B vs D,QL (10 per 21 days)
pamidronate 90 mg/10 ml vial GC,MO	1	B vs D,QL (10 per 21 days)
pamidronate disod 30 mg vial GC,MO	1	B vs D,QL (3 per 21 days)
pamidronate disod 90 mg vial GC,MO	1	B vs D,QL (1 per 21 days)
PANHEMATIN 313 MG IV SOLUTION MO	4	
PERIO MED DENTAL RINSE MO	3	
PHOS-FLUR 1.1 % DENTAL GEL MO	3	
PREVIDENT 0.2 % DENTAL SOLN MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREVIDENT 1.1 % GEL MO	3	
PREVIDENT 5000 BOOSTER 1.1 % DENTAL PASTE MO	3	
PREVIDENT 5000 DRY MOUTH 1.1 % GEL MO	3	
PREVIDENT 5000 ENAMEL PROTECT 1.1 %-5 % DENTAL PASTE MO	3	
PREVIDENT 5000 PLUS 1.1 % CREAM MO	3	
PREVIDENT 5000 SENSITIVE 1.1 %-5 % DENTAL PASTE MO	3	
PROGRAF 0.5 MG CAPSULE MO	3	B vs D
PROGRAF 1 MG CAPSULE MO	3	B vs D
PROGRAF 5 MG CAPSULE MO	3	B vs D
PROGRAF 5 MG/ML IV MO	3	B vs D
PROLIA 60 MG/ML SUB-Q SYRINGE MO	3	PA,QL (60 per 180 days)
PROSCAR 5 MG TABLET MO	3	PA,QL (30 per 30 days)
RAPAMUNE 0.5 MG TABLET MO	3	B vs D
RAPAMUNE 1 MG TABLET MO	3	B vs D
RAPAMUNE 1 MG/ML ORAL SOLN MO	3	B vs D
RAPAMUNE 2 MG TABLET MO	3	B vs D
REBIF 22 MCG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (12 per 30 days)
REBIF 44 MCG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (12 per 30 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (12 per 30 days)
RECLAST 5 MG/100 ML IV MO	3	PA,QL (100 per 365 days)
REMICADE 100 MG IV SOLUTION MO	4	PA
renaf fluoride 0.25 mg tb chew GC,MO	1	
renaf fluoride 0.5 mg tab chew GC,MO	1	
renaf fluoride 1 mg tab chew GC,MO	1	
SANDIMMUNE 100 MG CAPSULE MO	3	B vs D
SANDIMMUNE 100 MG/ML ORAL SOLN MO	3	B vs D
SANDIMMUNE 25 MG CAPSULE MO	3	B vs D
SANDIMMUNE 250 MG/5 ML IV MO	3	B vs D
SANDOSTATIN 1,000 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 100 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 200 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 50 MCG/ML INJECTION MO	4	PA
SANDOSTATIN 500 MCG/ML INJECTION MO	4	PA
SANDOSTATIN LAR DEPOT 10 MG IM KIT MO	4	PA
SANDOSTATIN LAR DEPOT 20 MG IM KIT MO	4	PA
SANDOSTATIN LAR DEPOT 30 MG IM KIT MO	4	PA
SENSIPAR 30 MG TABLET GC,MO	2	QL (60 per 30 days)
SENSIPAR 60 MG TABLET MO	4	QL (60 per 30 days)
SENSIPAR 90 MG TABLET MO	4	QL (120 per 30 days)
sf 1.1 % dental gel GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sf 5000 plus 1.1 % dental cream GC,MO	1	
SIMPONI 50 MG/0.5 ML SUB-Q PEN INJECTOR SP	4	PA,QL (1 per 30 days)
SIMPONI 50 MG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (1 per 30 days)
SIMULECT 10 MG IV SOLUTION MO	4	B vs D
SIMULECT 20 MG IV SOLUTION MO	4	B vs D
SKELID 240 MG TABLET MO	3	
sodiphluor 0.5 mg/ml drops GC,MO	1	
sodium fluoride 0.5 mg/ml drop GC,MO	1	
sodium fluoride 1 mg (2.2 mg) GC,MO	1	
sodium nitrite 300 mg/10 ml vial GC,MO	1	
sodium thiosulfat 12.5 g/50 ml GC,MO	1	
sodium thiosulfate 1 g/10 ml GC,MO	1	
SOMATULINE DEPOT 120 MG/0.5 ML SUB-Q SYRINGE SP	4	PA,QL (1 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUB-Q SYRINGE SP	4	PA,QL (1 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUB-Q SYRINGE SP	4	PA,QL (1 per 28 days)
stannous fluor 0.63% rinse GC,MO	1	
tacrolimus 0.5 mg capsule GC,MO	1	B vs D
tacrolimus 1 mg capsule GC,MO	1	B vs D
tacrolimus 5 mg capsule GC,MO	1	B vs D
THALOMID 100 MG CAPSULE SP	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE SP	4	PA,QL (60 per 30 days)
THALOMID 200 MG CAPSULE SP	4	PA,QL (30 per 30 days)
THALOMID 50 MG CAPSULE SP	4	PA,QL (30 per 30 days)
THYMOGLOBULIN 25 MG IV SOLUTION MO	4	B vs D
TYSABRI 300 MG/15 ML IV MO	4	PA
ULORIC 40 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
ULORIC 80 MG TABLET GC,MO	2	ST,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUB-Q MO	4	PA,QL (1 per 28 days)
XIGRIS 20 MG VIAL MO	4	
XIGRIS 5 MG VIAL MO	3	
ZAVESCA 100 MG CAPSULE SP	4	QL (90 per 30 days)
ZINECARD 250 MG IV SOLUTION MO	4	B vs D
ZINECARD 500 MG IV SOLUTION MO	4	B vs D
ZOMETA 4 MG/100 ML IV MO	4	B vs D,QL (300 per 21 days)
ZOMETA 4 MG/5 ML IV MO	4	B vs D,QL (15 per 21 days)
ZORTRESS 0.25 MG TABLET MO	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET MO	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.75 MG TABLET MO	3	B vs D,QL (60 per 30 days)
ZYLOPRIM 100 MG TABLET MO	3	
ZYLOPRIM 300 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OXYTOCICS		
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE MO	3	
HEMABATE 250 MCG/ML IM MO	3	
METHERGINE 0.2 MG TABLET MO	3	
METHERGINE 0.2 MG/ML AMPUL MO	3	
methylergonovine 0.2 mg tablet GC,MO	1	
methylergonovine 0.2 mg/ml amp GC,MO	1	
oxytocin 10 units/ml vial GC,MO	1	
PITOCIN 10 UNIT/ML INJECTION MO	3	
PREPIDIL 0.5 MG/3 G VAGINAL GEL MO	3	
PROSTIN E2 20 MG VAGINAL SUPPOSITORY MO	3	
PHARMACEUTICAL AIDS		
FORMA-RAY 20 % SOLN GC,MO	1	
GAUZE PAD 3" X 3" BANDAGE GC,MO	1	
STERILE BANDAGE ROLL 2.25" X3YD GC,MO	1	
STERILE GAUZE PAD 2" X 2" BANDAGE GC,MO	1	
STERILE GAUZE PAD 4" X 4" BANDAGE GC,MO	1	
STERILE PADS 2" X 2" BANDAGE GC,MO	1	
STERILE PADS 3" X 3" BANDAGE GC,MO	1	
STERILE PADS 4" X 4" BANDAGE GC,MO	1	
STERILE PADS BANDAGE GC,MO	1	
STERILE STRETCH GAUZE BANDAGE 2" X 2 YARD GC,MO	1	
STERILE STRETCH GAUZE BANDAGE 3" X 147" GC,MO	1	
VEHICLE/N MILD TOPICAL SOLN MO	3	
VEHICLE/N TOPICAL SOLN MO	3	
RESPIRATORY TRACT AGENTS		
ACCOLATE 10 MG TABLET GC,MO	2	QL (60 per 30 days)
ACCOLATE 20 MG TABLET GC,MO	2	QL (60 per 30 days)
acetylcysteine 10% vial GC,MO	1	B vs D
acetylcysteine 20% vial GC,MO	1	B vs D
ADVAIR DISKUS 100 MCG-50 MCG/DOSE FOR INHALATION GC,MO	2	QL (60 per 30 days)
ADVAIR DISKUS 250 MCG-50 MCG/DOSE FOR INHALATION GC,MO	2	QL (60 per 30 days)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE FOR INHALATION GC,MO	2	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (12 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (12 per 30 days)
AEROBID AEROSOL WITH ADAPTER MO	3	QL (21 per 30 days)
AEROBID-M AEROSOL WITH ADAPTER MO	3	QL (21 per 30 days)
ALOCRI 2 % EYE DROPS MO	3	
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER MO	3	QL (13 per 30 days)
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER MO	3	QL (13 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARALAST 1,000 MG VIAL MO	4	PA
ARALAST NP 1,000 MG IV SUSP MO	4	PA
ARALAST NP 500 MG IV SUSP MO	4	PA
ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED GC,MO	2	QL (7 per 30 days)
ASMANEX TWISTHALER 110 MCG (7 DOSES) BREATH ACTIVATED GC,MO	2	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED GC,MO	2	QL (53 per 30 days)
ASMANEX TWISTHALER 220 MCG (14 DOSES) BREATH ACTIVATED GC,MO	2	QL (6 per 30 days)
ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED GC,MO	2	QL (13 per 30 days)
ASMANEX TWISTHALER 220 MCG (60 DOSES) BREATH ACTIVATED GC,MO	2	QL (26 per 30 days)
budesonide 0.25 mg/2 ml susp GC,MO	1	B vs D
budesonide 0.5 mg/2 ml susp GC,MO	1	B vs D
cromolyn 20 mg/2 ml neb soln GC,MO	1	B vs D
cromolyn 4% eye drops GC,MO	1	
cromolyn sodium 100 mg/5 ml GC,MO	1	
CUROSURF 120 MG/1.5 ML INTRATRACHEAL SUSP MO	3	
CUROSURF 240 MG/3 ML INTRATRACHEAL SUSP MO	4	
DALIRESP 500 MCG TABLET MO	3	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER GC,MO	2	QL (13 per 30 days)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER GC,MO	2	QL (13 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION FOR INHALATION GC,MO	2	QL (60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION FOR INHALATION GC,MO	2	QL (60 per 30 days)
FLOVENT DISKUS 50 MCG/ACTUATION FOR INHALATION GC,MO	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (11 per 30 days)
GASTROCROM 100 MG/5 ML ORAL SOLN MO	3	
GLASSIA 1 GRAM/50 ML (2 %) IV MO	4	PA
INFASURF 35 MG/ML INTRATRACHEAL SUSP MO	3	
KALYDECO 150 MG TABLET MO	4	PA,QL (60 per 30 days)
montelukast sod 10 mg tablet GC,MO	1	QL (30 per 30 days)
montelukast sod 4 mg tab chew GC,MO	1	QL (30 per 30 days)
montelukast sod 5 mg tab chew GC,MO	1	QL (30 per 30 days)
PROLASTIN 1,000 MG IV SUSP MO	4	PA
PROLASTIN 500 MG IV SUSP MO	4	PA
PROLASTIN C 1,000 MG IV SUSP MO	4	PA
PULMICORT 0.25 MG/2 ML NEB SUSPENSION MO	3	B vs D
PULMICORT 0.5 MG/2 ML NEB SUSPENSION MO	3	B vs D
PULMICORT 1 MG/2 ML NEB SUSPENSION MO	3	B vs D
PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED MO	3	QL (2 per 30 days)
PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED MO	3	QL (2 per 30 days)
QVAR 40 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (37 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QVAR 80 MCG/ACTUATION AEROSOL INHALER GC,MO	2	QL (22 per 30 days)
SINGULAIR 10 MG TABLET MO	3	ST,QL (30 per 30 days)
SINGULAIR 4 MG CHEWABLE TABLET MO	3	ST,QL (30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET MO	3	ST,QL (30 per 30 days)
SINGULAIR 5 MG CHEWABLE TABLET MO	3	ST,QL (30 per 30 days)
SURVANTA 25 MG/ML INTRATRACHEAL SUSP MO	3	
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER GC,MO	2	QL (11 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER GC,MO	2	QL (11 per 30 days)
XOLAIR 150 MG SUB-Q SOLN MO	4	PA,QL (6 per 30 days)
zafirlukast 10 mg tablet GC,MO	1	QL (60 per 30 days)
zafirlukast 20 mg tablet GC,MO	1	QL (60 per 30 days)
ZEMAIRA 1,000 MG IV SUSP MO	4	PA
ZYFLO 600 MG TABLET MO	3	
ZYFLO CR 600 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
SERUMS, TOXOIDS, AND VACCINES		
ACTHIB (PF) 10 MCG/0.5 ML IM MO	3	
ADACEL (ADOLESCENT & ADULT) (PF) 2 LF-(5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	3	
ADACEL (ADOLESCENT & ADULT) (PF) 2 LF-(5-3-5MCG)-5 LF/0.5ML IM SYRINGE MO	3	
antivenin micrurus fulvius GC,MO	1	
BCG VACCINE (TICE STRAIN) VIAL MO	3	B vs D
BOOSTRIX (PF) 2.5 LF UNIT-8 MCG-5 LF/0.5 ML IM SUSP MO	3	
BOOSTRIX (PF) 2.5 LF UNIT-8 MCG-5 LF/0.5 ML IM SYRINGE GB,MO	3	
carimune nf nanofiltered 12 g iv solution MO	4	PA
carimune nf nanofiltered 3 gram iv solution MO	4	PA
carimune nf nanofiltered 6 gram iv solution MO	4	PA
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML IM SYRINGE GB,MO	3	
CERVARIX VACCINE VIAL GB,MO	3	
COMVAX (PF) 5 MCG-7.5 MCG-125 MCG/0.5 ML IM GB,MO	3	
CYTOGAM 50 MG/ML IV MO	4	
DAPTACEL (PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP GB,MO	3	
DECAVAC VIAL MO	3	
DIGIBIND 38 MG VIAL MO	4	
DIGIFAB 40 MG IV SOLUTION MO	3	
diphtheria-tetanus tox-ped MO	3	
diphtheria-tetanus toxoids-ped MO	3	
ENGERIX-B (PF) 10 MCG/0.5 ML IM SUSP GB,MO	3	B vs D
ENGERIX-B (PF) 10 MCG/0.5 ML IM SYRINGE GB,MO	3	B vs D
ENGERIX-B (PF) 20 MCG/ML IM SUSP MO	3	B vs D
ENGERIX-B (PF) 20 MCG/ML IM SYRINGE GB,MO	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
flebogamma dif 5 % iv MO	4	PA
GAMASTAN S/D 15 %-18 % RANGE IM MO	3	PA
GAMASTAN S/D SYRINGE MO	3	PA
gammagard liquid 10 % iv MO	4	PA
GAMMAGARD S-D (IGA<1UG/ML) 10 GRAM IV SOLUTION MO	4	PA
GAMMAGARD S-D (IGA<1UG/ML) 5 GRAM IV SOLUTION MO	4	PA
GAMMAGARD S-D 0.5 GM VL W-ST MO	4	PA
GAMMAGARD S/D 10 GRAM IV SOLUTION MO	4	PA
GAMMAGARD S/D 2.5 G IV SOLUTION MO	4	PA
GAMMAGARD S/D 5 GRAM IV SOLUTION MO	4	PA
GAMMAKED 1 GRAM/10 ML (10 %) INJECTION MO	4	PA
GAMMAKED 10 GRAM/100 ML (10 %) INJECTION MO	4	PA
GAMMAKED 2.5 GRAM/25 ML (10 %) INJECTION MO	4	PA
GAMMAKED 20 GRAM/200 ML (10 %) INJECTION MO	4	PA
GAMMAKED 5 GRAM/50 ML (10 %) INJECTION MO	4	PA
gammplex 5 % iv MO	4	PA
GAMUNEX 10 % IV MO	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION MO	4	PA
GAMUNEX-C 10 GRAM/100 ML (10 %) INJECTION MO	4	PA
GAMUNEX-C 2.5 GRAM/25 ML (10 %) INJECTION MO	4	PA
GAMUNEX-C 20 GRAM/200 ML (10 %) INJECTION MO	4	PA
GAMUNEX-C 5 GRAM/50 ML (10 %) INJECTION MO	4	PA
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML IM SUSP MO	3	QL (3 per 365 days)
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML IM SYRINGE MO	3	QL (3 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML IM SUSP MO	3	
HAVRIX (PF) 1,440 ELISA UNIT/ML IM SYRINGE MO	3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML IM SUSP MO	3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML IM SYRINGE MO	3	
HEPAGAM B >312 UNIT/ML (5 ML) INJECTION MO	3	
HEPAGAM B >312 UNIT/ML INJECTION MO	3	
HIBERIX VACCINE VIAL MO	3	
HIZENTRA 1 GRAM/5 ML (20 %) SUB-Q MO	3	PA
HIZENTRA 2 GRAM/10 ML (20 %) SUB-Q MO	4	PA
HIZENTRA 4 GRAM/20 ML (20 %) SUB-Q MO	4	PA
HYPERRAB S/D (PF) 150 UNIT/ML IM MO	3	
HYPERRAB S/D SYRINGE MO	3	
HYPERRHO S/D 1,500 UNIT (300 MCG) IM SYRINGE MO	3	
hyperrho s/d 250 unit (50 mcg) im syringe MO	3	
HYPERTET S/D (PF) 250 UNIT IM SYRINGE MO	3	
IMOGAM RABIES-HT (PF) 150 UNIT/ML IM MO	3	
IMOVAX RABIES VACCINE (PF) 2.5 UNIT IM GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INFANRIX (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML IM SUSP MO	3	
INFANRIX (PF) 25 LF UNIT-58MCG-10 LF/0.5ML IM SYRINGE MO	3	
INFLUENZA A (H1N1) 2009 SYR MO	3	
INFLUENZA A (H1N1) 2009 VIAL MO	3	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSP FOR INJECTION MO	3	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SYRINGE MO	3	
IXIARO (PF) 6 MCG/0.5 ML IM SYRINGE MO	3	
JE-VAX SUB-Q SOLN MO	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML IM SUSP MO	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML IM SYRINGE MO	3	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUB-Q SUSP MO	3	
MENACTRA (PF) 4 MCG/0.5 ML IM MO	3	
MENACTRA 4 MCG/0.5 ML SYRINGE MO	3	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUB-Q SOLN MO	3	
MENOMUNE - A/C/Y/W-135 50 MCG SUB-Q SOLN MO	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT MO	3	
MICRHOGAM ULTRA-FILTERED PLUS 250 UNIT (50 MCG) IM SYRINGE MO	3	
MICRHOGAM ULTRA-FILTRD SYRN MO	3	
NABI-HB >1,560 UNIT/5 ML IM MO	3	
NABI-HB >312 UNIT/ML IM MO	3	
OCTAGAM 5 % IV MO	4	PA
PEDIARIX (PF) 10MCG-25LF-25MCG-10LF-40-8-32 IM SYRINGE MO	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML IM MO	3	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5ML IM KIT MO	3	
PREVNAR 13 (PF) 0.5 ML IM SYRINGE MO	3	
privigen 10 % soln MO	4	PA
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUB-Q MO	3	
RABAVERT (PF) 2.5 UNIT IM KIT GC,MO	2	
RECOMBIVAX HB (PF) 10 MCG/ML IM SUSP MO	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML IM SYRINGE MO	3	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML IM SUSP MO	3	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML IM SUSP MO	3	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML IM SYRINGE MO	3	B vs D
RHOGAM ULTRA-FILTERED PLUS 1,500 UNIT (300 MCG) IM SYRINGE MO	3	
RHOGAM ULTRA-FILTERED SYRINGE MO	3	
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE MO	3	
ROTARIX 10EXP6 CCID50/ML ORAL SUSP MO	3	
ROTATEQ VACCINE 2 ML ORAL SUSP MO	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML IM SUSP MO	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML IM SYRINGE MO	3	
tetanus diphtheria toxoids MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tetanus toxoid adsorbed vial MO	3	
TETANUS-DIPHTERIA-DECAVAC MO	3	
THERACYS 81 MG INTRAVESICAL SUSP MO	3	B vs D
TICE BCG 50 MG INTRAVESICAL SUSP MO	3	
TRIHIBIT PRESERVATIVE FREE MO	3	
TRIPEDIA (PF) 6.7 LF UNIT-46.8 MCG-5/0.5 ML IM SUSP MO	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML IM SUSP MO	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML IM SYRINGE MO	3	
TYPHIM VI 25 MCG/0.5 ML IM MO	3	
TYPHIM VI 25 MCG/0.5 ML IM SYRINGE MO	3	
VAQTA (PF) 25 UNIT/0.5 ML IM SUSP MO	3	
VAQTA (PF) 25 UNIT/0.5 ML IM SYRINGE MO	3	
VAQTA (PF) 50 UNIT/ML IM SUSP MO	3	
VAQTA (PF) 50 UNIT/ML IM SYRINGE MO	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUB-Q SOLN GC,MO	2	
WINRHO SDF 1,500 UNIT/1.3 ML INJECTION GC,MO	1	
WINRHO SDF 15,000 UNIT/13 ML INJECTION GC,MO	1	
WINRHO SDF 2,500 UNIT/2.2 ML INJECTION GC,MO	1	
WINRHO SDF 5,000 UNIT/4.4 ML INJECTION GC,MO	1	
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUB-Q SUSP MO	3	
ZOSTAVAX (PF) 19,400 UNIT SUB-Q SOLN MO	3	QL (1 per 365 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP 10 MG CAPSULE MO	4	
ACANYA 1.2 %-2.5 % TOPICAL GEL MO	3	
acid jelly GC,MO	1	
ACLOVATE 0.05 % TOPICAL CREAM MO	3	
ACLOVATE 0.05% OINTMENT GC,MO	1	
acticin 5% cream GC,MO	1	
ACZONE 5 % TOPICAL GEL MO	3	
adapalene 0.1% cream GC,MO	1	
adapalene 0.1% gel GC,MO	1	
AKNE-MYCIN 2 % OINTMENT MO	3	
ALA-CORT 1 % TOPICAL CREAM GC,MO	1	
ALA-SCALP 2 % LOTION GC,MO	1	
alclometasone dipr 0.05% oint GC,MO	1	
alclometasone dipro 0.05% crm GC,MO	1	
ALCOHOL PADS GC,MO	1	
ALCOHOL PREP PADS GC,MO	1	
ALCOHOL PREP SWABS GC,MO	1	
ALCOHOL WIPES GC,MO	1	
ALDARA 5 % TOPICAL CREAM PACKET MO	3	PA,QL (12 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aliclén 6 % shampoo GC,MO	1	
ALTABAX 1 % OINTMENT MO	3	
amcinonide 0.1% cream GC,MO	1	
amcinonide 0.1% lotion GC,MO	1	
amcinonide 0.1% ointment GC,MO	1	
AMERICAINE LUBRICANT MO	3	
AMEVIVE 15 MG VIAL MO	4	QL (4 per 30 days)
ammonium lactate 12% cream GC,MO	1	
ammonium lactate 12% lotion GC,MO	1	
amnesteam 10 mg capsule GC,MO	1	
amnesteam 20 mg capsule GC,MO	1	
amnesteam 40 mg capsule GC,MO	1	
ANACAINE 10 % OINTMENT MO	3	
ANAMANTLE HC CREAM MO	3	
ANAMANTLE HC CREAM KIT MO	3	
ANAMANTLE HC FORTE CREAM KIT MO	3	
ANUSOL-HC 2.5 % RECTAL CREAM GC,GB,MO	1	
apexicon 0.05 % ointment GC,MO	1	
apexicon e 0.05 % topical cream GC,MO	1	
ATRALIN 0.05 % TOPICAL GEL MO	3	
AVC VAGINAL 15 % CREAM GC,MO	1	
AVITA 0.025 % TOPICAL CREAM MO	3	PA
AVITA 0.025 % TOPICAL GEL MO	3	PA
AZELEX 20 % TOPICAL CREAM MO	3	
BACTROBAN 2 % OINTMENT MO	3	
BACTROBAN 2 % TOPICAL CREAM MO	3	
BD ALCOHOL SWAB TOPICAL PADS GC,MO	1	
bencort lotion GC,MO	1	
benprox 2.75% gel GC,MO	1	
benprox 5.25% wash GC,MO	1	
bensal hp 3 %-6 % ointment GC,MO	1	
BENZAC AC 10% GEL MO	3	
BENZAC AC 5 % TOPICAL GEL MO	3	
benzac ac wash 10 % topical cleanser GC,MO	1	
BENZAC AC WASH 5% LIQUID MO	3	
benzac w wash 10 % topical cleanser GC,MO	1	
BENZAC W WASH 5% LIQUID MO	3	
BENZAFLIN 1 %-5 % TOPICAL GEL MO	3	
BENZAFLIN CAREKIT MO	3	
BENZAFLIN PUMP 1 %-5 % TOPICAL GEL MO	3	
BENZAMYCIN 3 %-5 % TOPICAL GEL MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BENZAMYCINPAK 3 %-5 % TOPICAL GEL MO	3	
BENZASHAVE 10% CREAM MO	3	
BENZASHAVE 5% CREAM MO	3	
BENZIQLS 2.75% GEL MO	3	
benzoin tincture GC,MO	1	
benzoyl perox 4% creamy wash GC,MO	1	
benzoyl perox 8% creamy wash GC,MO	1	
benzoyl peroxide 10% gel GC,MO	1	
benzoyl peroxide 10% wash GC,MO	1	
benzoyl peroxide 2.5% gel GC,MO	1	
benzoyl peroxide 2.5% wash GC,MO	1	
benzoyl peroxide 3% cleanser GC,MO	1	
benzoyl peroxide 3% pad GC,MO	1	
benzoyl peroxide 4% lotion GC,MO	1	
benzoyl peroxide 4.5% cleanser GC,MO	1	
benzoyl peroxide 5% gel GC,MO	1	
benzoyl peroxide 5% wash GC,MO	1	
benzoyl peroxide 6% cleanser GC,MO	1	
benzoyl peroxide 6% pad GC,MO	1	
benzoyl peroxide 6.5% cleanser GC,MO	1	
benzoyl peroxide 6.5% pads GC,MO	1	
benzoyl peroxide 8% lotion GC,MO	1	
benzoyl peroxide 8.5% cleanser GC,MO	1	
benzoyl peroxide 8.5% pads GC,MO	1	
benzoyl peroxide 9% cleanser GC,MO	1	
benzoyl peroxide 9% pad GC,MO	1	
BETA-VAL 0.1% CREAM MO	3	
beta-val 0.1% lotion GC,MO	1	
betamethasone dp 0.05% crm GC,MO	1	
betamethasone dp 0.05% lot GC,MO	1	
betamethasone dp 0.05% oint GC,MO	1	
betamethasone dp aug 0.05% crm GC,MO	1	
betamethasone dp aug 0.05% gel GC,MO	1	
betamethasone dp aug 0.05% lot GC,MO	1	
betamethasone dp aug 0.05% oin GC,MO	1	
betamethasone va 0.1% cream GC,MO	1	
betamethasone va 0.1% lotion GC,MO	1	
betamethasone valer 0.1% ointm GC,MO	1	
bp 10-1 10 %-1 % topical cleanser GC,MO	1	
bp 5.25 % topical susp GC,MO	1	
bp wash 10 % topical cleanser GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bp wash 2.5 % topical cleanser GC,MO	1	
bp wash 5 % topical cleanser GC,MO	1	
bp wash 7 % topical cleanser GC,MO	1	
bpo 4 % topical gel GC,MO	1	
bpo 8 % topical gel GC,MO	1	
BREVOXYL-4 GEL MO	3	
BREVOXYL-8 GEL MO	3	
calcipotriene 0.005% cream GC,MO	1	QL (120 per 30 days)
calcipotriene 0.005% ointment GC,MO	1	
calcipotriene 0.005% solution GC,MO	1	QL (60 per 30 days)
calcitrene 0.005 % ointment GC,MO	1	
calcitriol 3 mcg/g ointment GC,MO	1	QL (800 per 30 days)
CAPEX 0.01 % SHAMPOO MO	3	
CARAC 0.5 % TOPICAL CREAM MO	3	
CARMOL 10% SCALP LOTION MO	3	
carmol 40 cream GC,MO	1	
CARMOL 40 GEL MO	3	
CARMOL 40 LOTION MO	3	
CARMOL HC 1 %-10 % TOPICAL CREAM GC,MO	1	
CARMOL SCALP TREATMENT KIT MO	3	
CENTANY 2 % OINTMENT MO	3	
CENTANY AT 2 % OINTMENT TOPICAL KIT GC,MO	2	
cerisa 10 %-1 % topical cleanser GC,MO	1	
CETACAINE MEDICAL KIT E 2 %-2 %-14 % TOPICAL MO	3	B vs D
ciclodan 0.77 % topical cream GC,MO	1	
ciclodan 8 % topical soln GC,MO	1	
CICLODAN KIT 0.77 % TOPICAL COMBO PACK MO	3	
CICLODAN KIT 8 % TOPICAL SOLN MO	3	
ciclopirox 0.77% cream GC,MO	1	
ciclopirox 0.77% gel GC,MO	1	
ciclopirox 0.77% topical susp GC,MO	1	
ciclopirox 1% shampoo GC,MO	1	
ciclopirox 8 % kit GC,MO	1	
ciclopirox 8% solution GC,MO	1	
ciclopirox 8% treatment kit GC,MO	1	
claravis 10 mg capsule GC,MO	1	
claravis 20 mg capsule GC,MO	1	
claravis 30 mg capsule GC,MO	1	
claravis 40 mg capsule GC,MO	1	
CLEOCIN 100 MG VAGINAL SUPPOSITORY MO	3	
CLEOCIN 2 % VAGINAL CREAM MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLEOCIN T 1 % LOTION MO	3	
CLEOCIN T 1 % SOLN MO	3	
CLEOCIN T 1 % TOPICAL GEL MO	3	
CLEOCIN T 1 % TOPICAL SWAB MO	3	
CLINAC BPO 7% GEL MO	3	
clinda-derm 1 % topical soln GC,MO	1	
clindacin p 1 % topical swab GC,MO	1	
CLINDAGEL 1 % TOPICAL MO	3	
clindamax 1 % lotion GC,MO	1	
clindamax 1 % topical gel GC,MO	1	
clindamycin 2% vaginal cream GC,MO	1	
clindamycin ph 1% gel GC,MO	1	
clindamycin ph 1% solution GC,MO	1	
clindamycin phos 1% pledget GC,MO	1	
clindamycin phosp 1% lotion GC,MO	1	
clindamycin phosphate 1% foam GC,MO	1	
clindamycin-benzoyl perox gel GC,MO	1	
CLINDAREACH 1% KIT MO	3	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE GB,MO	3	
clindets 1% pledgets GC,MO	1	
clobetasol 0.05% cream GC,MO	1	
clobetasol 0.05% gel GC,MO	1	
clobetasol 0.05% ointment GC,MO	1	
clobetasol 0.05% shampoo GC,MO	1	
clobetasol 0.05% solution GC,MO	1	
clobetasol 0.05% topical lotn GC,MO	1	
clobetasol emollient 0.05% crm GC,MO	1	
clobetasol prop 0.05% foam GC,MO	1	
CLOBEX 0.05 % LOTION MO	3	
CLOBEX 0.05 % SHAMPOO MO	3	
CLOBEX 0.05 % TOPICAL SPRAY MO	3	
CLODERM 0.1 % TOPICAL CREAM MO	3	
clotrimazole 1% cream GC,MO	1	
clotrimazole 1% solution GC,MO	1	
clotrimazole 10 mg troche GC,MO	1	
clotrimazole-betamethasone crm GC,MO	1	
clotrimazole-betamethasone lot GC,MO	1	
CNL 8 NAIL 8 % TOPICAL KIT GC,MO	1	
colocort 100 mg/60 ml enema GC,MO	1	
CONDYLOX 0.5 % TOPICAL GEL MO	3	
CONDYLOX 0.5 % TOPICAL SOLN MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CONSTANT CLENS SPRAY MO	3	
CORDRAN 0.05 % LOTION MO	3	
CORDRAN 4 MCG/CM2 TAPE MO	3	
CORDRAN SP 0.05 % TOPICAL CREAM MO	3	
cormax 0.05 % topical soln GC,MO	1	
cormax 0.05% ointment GC,MO	1	
cortalo 2% gel MO	3	
CORTENEMA 100 MG/60 ML MO	3	
CORTIFOAM 10 % (80 MG) RECTAL MO	3	
CORTISPORIN 1 % OINTMENT MO	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM MO	3	
CURITY ALCOHOL SWABS GC,MO	1	
CUTIVATE 0.005 % OINTMENT GC,MO	1	
CUTIVATE 0.05 % LOTION MO	3	
CUTIVATE 0.05 % TOPICAL CREAM GC,MO	1	
CVS ALCOHOL SWABS GC,MO	1	
DEBACTEROL 30 %-50 % MUCOSAL SWAB MO	3	
DENAVIR 1 % TOPICAL CREAM GC,MO	2	
DERMA-SMOOTH/FS BODY OIL 0.01 % TOPICAL GB,MO	3	
DERMA-SMOOTH/FS SCALP OIL 0.01 % TOPICAL MO	3	
DERMATOP 0.1 % OINTMENT GB,MO	3	
DERMATOP 0.1 % TOPICAL CREAM GB,MO	3	
DESONATE 0.05 % TOPICAL GEL MO	3	
desonide 0.05% cream GC,MO	1	
desonide 0.05% lotion GC,MO	1	
desonide 0.05% ointment GC,MO	1	
DESOWEN 0.05 % LOTION GC,MO	1	
DESOWEN 0.05 % TOPICAL CREAM MO	3	
DESOWEN 0.05% CREAM KIT MO	3	
DESOWEN 0.05% LOTION KIT GC,MO	1	
desowen 0.05% ointment GC,MO	1	
DESOWEN 0.05% OINTMENT KIT GC,MO	1	
desoximetasone 0.05% cream GC,MO	1	
desoximetasone 0.05% gel GC,MO	1	
desoximetasone 0.05% ointment GC,MO	1	
desoximetasone 0.25% cream GC,MO	1	
desoximetasone 0.25% ointment GC,MO	1	
DESQUAM-X 10 % TOPICAL CLEANSER MO	3	
desquam-x 5 % topical cleanser GC,MO	1	
DIFFERIN 0.1 % LOTION MO	3	
DIFFERIN 0.1 % TOPICAL CREAM MO	3	PA

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIFFERIN 0.1 % TOPICAL GEL MO	3	PA
DIFFERIN 0.3 % TOPICAL GEL MO	3	
diflorasone 0.05% cream GC,MO	1	
diflorasone 0.05% ointment GC,MO	1	
DIPROLENE 0.05 % LOTION MO	3	
DIPROLENE 0.05 % OINTMENT MO	3	
DIPROLENE AF 0.05 % TOPICAL CREAM MO	3	
DOAK TAR DISTILLATE LIQUID MO	3	
DOVONEX 0.005 % TOPICAL CREAM MO	3	QL (120 per 30 days)
DOVONEX 0.005% SOLUTION MO	3	QL (60 per 30 days)
DRITHO-SCALP 0.5% CREAM MO	3	
DRITHOCREME HP 1 % TOPICAL MO	3	
DRYSOL DAB-O-MATIC 20 % TOPICAL SOLN MO	3	
DUAC CS CONVENIENCE KIT MO	3	
DURASAL 26% LIQUID MO	3	
EASY TOUCH ALCOHOL PREP PADS GC,MO	1	
econazole nitrate 1% cream GC,MO	1	
EFUDEX 5 % TOPICAL CREAM MO	3	PA
EFUDEX 5% SOLUTION MO	3	PA
ELIDEL 1 % TOPICAL CREAM MO	3	
ELOCON 0.1 % LOTION GB,MO	3	
ELOCON 0.1 % OINTMENT GB,MO	3	
ELOCON 0.1 % TOPICAL CREAM MO	3	
emgel 2% topical gel GC,MO	1	
EMLA 2.5 %-2.5 % TOPICAL CREAM GB,MO	3	B vs D
EPIDUO 0.1 %-2.5 % TOPICAL GEL MO	3	
ERTACZO 2 % TOPICAL CREAM MO	3	
ery pads 2 % topical swab GC,MO	1	
erythromycin 2% gel GC,MO	1	
erythromycin 2% pledgets GC,MO	1	
erythromycin 2% solution GC,MO	1	
erythromycin-benzoyl gel GC,MO	1	
EURAX 10 % LOTION MO	3	
EURAX 10 % TOPICAL CREAM GB,MO	3	
EVOCLIN 1 % TOPICAL FOAM MO	3	PA
EXELDERM 1 % TOPICAL CREAM GB,MO	3	
EXELDERM 1 % TOPICAL SOLN GB,MO	3	
exoderm 25 %-1 % lotion GC,MO	1	
EXTINA 2 % TOPICAL FOAM MO	3	
FEM PH 0.9 %-0.025 % VAGINAL GEL MO	3	
FINACEA 15 % TOPICAL GEL MO	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FINACEA PLUS 15 % TOPICAL KIT MO	3	
fluocinolone 0.01% body oil GC,MO	1	
fluocinolone 0.01% cream GC,MO	1	
fluocinolone 0.01% scalp oil GC,MO	1	
fluocinolone 0.01% solution GC,MO	1	
fluocinolone 0.025% cream GC,MO	1	
fluocinolone 0.025% oint GC,MO	1	
fluocinonide 0.05% cream GC,MO	1	
fluocinonide 0.05% gel GC,MO	1	
fluocinonide 0.05% ointment GC,MO	1	
fluocinonide 0.05% solution GC,MO	1	
fluocinonide-e 0.05 % topical cream GC,MO	1	
fluocinonide-emol 0.05% cream GC,MO	1	
FLUOROPLEX 1 % TOPICAL CREAM MO	3	
fluorouracil 2% topical soln GC,MO	1	
fluorouracil 5% cream GC,MO	1	
fluorouracil 5% top solution GC,MO	1	
fluticasone prop 0.005% oint GC,MO	1	
fluticasone prop 0.05% cream GC,MO	1	
fluticasone prop 0.05% lotion GC,MO	1	
FORMADON 10 % TOPICAL SOLN MO	3	
formadon 10 % topical solution with applicator MO	3	
formalaz 10% solution GC,MO	1	
formaldehyde 10% solution GC,MO	1	
gentamicin 0.1% cream GC,MO	1	
gentamicin 0.1% ointment GC,MO	1	
GLUCOPRO ALCOHOL TOPICAL PADS GC,MO	1	
GORDOFILM 16.7 %-16.7 % TOPICAL SOLN MO	3	
GORDONS UREA 22 % OINTMENT MO	3	
GORDONS UREA 40 % OINTMENT MO	3	
GUAIACOL LIQUID PURIFIED MO	3	
GNAZOLE-1 2 % VAGINAL CREAM,EXTENDED RELEASE MO	3	
halac 0.05 %-12 % topical pack, ointment & lotion GC,MO	2	
halobetasol prop 0.05% cream GC,MO	1	
halobetasol prop 0.05% ointmnt GC,MO	1	
HALOG 0.1 % OINTMENT MO	3	
HALOG 0.1 % TOPICAL CREAM MO	3	
halonate 0.05 %-12 % topical pack, ointment & foam GC,MO	1	
halonate pac 0.05 %-12 % topical pack, ointment & lotion GC,MO	2	
HALOTIN 1% CREAM MO	3	
HYDRO 40 40 % TOPICAL FOAM MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone 0.1% soln GC,MO	1	
hydrocortisone 1% absorbase GC,MO	1	
hydrocortisone 1% cream GC,MO	1	
hydrocortisone 1% ointment GC,MO	1	
hydrocortisone 100 mg enema GC,MO	1	
hydrocortisone 2.5% lotion GC,MO	1	
hydrocortisone 2.5% ointment GC,MO	1	
hydrocortisone acetate 2% gel GC,MO	1	
hydrocortisone buty 0.1% cream GC,MO	1	
hydrocortisone butyr 0.1% oint GC,MO	1	
hydrocortisone val 0.2% cream GC,MO	1	
hydrocortisone val 0.2% ointmt GC,MO	1	
hypercare 20 % topical soln GC,MO	1	
imiquimod 5% cream packet GC,MO	1	QL (12 per 30 days)
INOVA 4 %-5 % TOPICAL COMBO PACK MO	3	
INOVA 4-1 1 %-4 %-5 % TOPICAL COMBO PACK MO	3	
IV PREP WIPES MEDICATED GC,MO	1	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL MO	3	
KEPIVANCE 6.25 MG SOLUTION MO	4	
KERAFOAM 30 % TOPICAL FOAM MO	3	
KERAFOAM 42 % TOPICAL FOAM MO	3	
keralac cream GC,MO	1	
KERALAC LOTION MO	3	
KERALAC NAIL GEL MO	3	
KERALAC NAILSTIK MO	3	
KERALAC OINTMENT MO	3	
KERALYT RX 6 % TOPICAL GEL MO	3	
KEROL 42% REDI-CLOTHS MO	3	
ketoconazole 2% cream GC,MO	1	
ketoconazole 2% foam GC,MO	1	
ketoconazole 2% shampoo GC,MO	1	
ketodan 2 % topical foam GC,MO	1	
KETODAN KIT 2 % TOPICAL COMBO PACK MO	3	
KLARON 10 % TOPICAL SUSP GB,MO	3	
kuric 2% cream GC,MO	1	
LAC-HYDRIN 12 % LOTION MO	3	
LAC-HYDRIN 12 % TOPICAL CREAM MO	3	
laclotion 12 % GC,MO	1	
LAMISIL 1% SOLUTION MO	3	
lavoclen-4 (new cleanser) 4 % topical kit GC,MO	1	
lavoclen-4 4 % topical cleanser GC,MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lavoclen-8 (new cleanser) 8 % topical kit GC,MO	1	
lavoclen-8 8 % topical cleanser GC,MO	1	
LAZERFORMALYDE 10% SOLUTION GC,MO	1	
LEVULAN 20 % TOPICAL SOLN MO	3	
LIDAMANTLE HC 3 %-0.5 % TOPICAL CREAM MO	3	
LIDAMANTLE HC LOTION MO	3	B vs D
lidocaine 5% ointment GC,MO	1	B vs D
lidocaine hcl 3% lotion GC,MO	1	
lidocaine-hc 3-0.5% cream GC,MO	2	
lidocaine-hc 3-0.5% cream kit GC,MO	2	
lidocaine-hc 3-0.5% lotion GC,MO	2	B vs D
lidocaine-hc 3-1% cream kit GC,MO	2	
lidocaine-prilocaine cream GC,MO	1	B vs D
LIDODERM 5 % (700 MG/PATCH) ADHESIVE PATCH MO	3	PA,QL (90 per 30 days)
lindane 1% lotion GC,MO	1	
lindane 1% shampoo GC,MO	1	
LOCOID 0.1 % LOTION MO	3	
LOCOID 0.1 % OINTMENT MO	3	
LOCOID 0.1 % TOPICAL CREAM MO	3	
LOCOID 0.1 % TOPICAL SOLN MO	3	
LOCOID LIPOCREAM 0.1 % TOPICAL MO	3	
lokara 0.05 % lotion GC,MO	1	
LOPROX 0.77 % TOPICAL GEL MO	3	PA
LOPROX 1 % SHAMPOO MO	3	PA
LOTRISONE 1 %-0.05 % TOPICAL CREAM GB,MO	3	
LTA PRE-ATTACHED 4 % TOPICAL SOLN GC,MO	1	B vs D
lugols 5 %-10 % topical soln GC,MO	1	
LUXIQ 0.12 % TOPICAL FOAM MO	3	
malathion 0.5% lotion GC,MO	1	
MENTAX 1 % TOPICAL CREAM GB,MO	3	
METROCREAM 0.75 % TOPICAL MO	3	PA
METROGEL 1 % TOPICAL MO	3	
METROGEL 1 % TOPICAL GEL WITH PUMP MO	3	
METROGEL 1% KIT MO	3	
METROLOTION 0.75 % MO	3	PA
metronidazole 0.75% cream GC,MO	1	
metronidazole 0.75% lotion GC,MO	1	
metronidazole topical 0.75% gl GC,MO	1	
metronidazole vaginal 0.75% gl GC,MO	1	
METVIXIA 16.8 % (168 MG/GRAM) TOPICAL CREAM MO	3	
miconazole-3 200 mg vaginal suppository GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mometasone furoate 0.1% cream GC,MO	1	
mometasone furoate 0.1% oint GC,MO	1	
mometasone furoate 0.1% soln GC,MO	1	
mupirocin 2% ointment GC,MO	1	
myorisan 10 mg capsule GC,MO	1	
myorisan 20 mg capsule GC,MO	1	
myorisan 40 mg capsule GC,MO	1	
NAFTIN 1 % TOPICAL CREAM MO	3	
NAFTIN 1 % TOPICAL GEL MO	3	
NAFTIN 2 % TOPICAL CREAM MO	3	
NEOBENZ MICRO CREAM PLUS PACK 5.5 % TOPICAL KIT MO	3	
NEOBENZ MICRO SD 5.5% CREAM MO	3	
neomy-polymyxin b 40 mg/ml amp GC,MO	1	
NEOSPORIN GU IRRIGANT 40 MG-200,000 UNIT/ML GC,MO	1	
NIZORAL 2 % SHAMPOO GB,MO	3	
NORITATE 1 % TOPICAL CREAM MO	3	
nuzole 2 % topical cream GC,MO	2	
NUZON GEL MO	3	
nyamyc 100,000 unit/g topical powder GC,MO	1	
nystatin 100,000 unit/gm cream GC,MO	1	
nystatin 100,000 unit/gm powd GC,MO	1	
nystatin 100,000 units/gm oint GC,MO	1	
nystatin vaginal tablet GC,MO	1	
nystatin-triamcinolone cream GC,MO	1	
nystatin-triamcinolone ointm GC,MO	1	
nystop 100,000 unit/g topical powder GC,MO	1	
OLUX 0.05 % TOPICAL FOAM MO	3	PA
OLUX-E 0.05 % TOPICAL FOAM MO	3	
OLUX-OLUX-E COMPLETE PACK MO	3	
oralone 0.1 % dental paste GC,MO	1	
ORAVIG 50 MG BUCCAL TABLET MO	3	QL (14 per 30 days)
oscion 3% cleanser GC,MO	1	
oscion 3% pad GC,MO	1	
oscion 6% cleanser GC,MO	1	
oscion 6% pad GC,MO	1	
oscion 9% cleanser GC,MO	1	
oscion 9% pad GC,MO	1	
OVACE PLUS SHAMPOO 10 % MO	3	
OVIDE 0.5 % LOTION GB,MO	3	
OXALIS OINTMENT MO	3	
OXISTAT 1 % LOTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OXISTAT 1 % TOPICAL CREAM MO	3	
OXSORALEN 1 % LOTION MO	3	
OXSORALEN ULTRA 10 MG CAPSULE MO	4	
PAIN EASE TOPICAL SPRAY MO	3	
PANDEL 0.1 % TOPICAL CREAM MO	3	
PANRETIN 0.1 % TOPICAL GEL MO	4	
pedi-dri 100,000 unit/g topical powder GC,MO	1	
PENLAC 8 % TOPICAL SOLN MO	3	
permethrin 5% cream GC,MO	1	
phenazopyridine 100 mg tab GC,MO	1	
phenazopyridine 200 mg tab GC,MO	1	
PHISOHEX 3 % TOPICAL LIQUID MO	3	
PICATO 0.015 % TOPICAL GEL MO	3	PA,QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL MO	3	PA,QL (2 per 30 days)
podocon 25 % topical liquid GC,MO	2	
podofilox 0.5% topical soln GC,MO	1	
PONTOCAINE 2 % TOPICAL SOLN MO	3	
prednicarbate 0.1% cream GC,MO	1	
prednicarbate 0.1% ointment GC,MO	1	
procto-pak 1 % rectal cream GC,MO	1	
PROCTOCORT 1 % RECTAL CREAM GC,GB,MO	1	
proctocream-hc 2.5 % rectal GC,MO	1	
proctosol hc 2.5 % rectal cream GC,MO	1	
proctozone-hc 2.5 % rectal cream GC,MO	1	
PROTOPIC 0.03 % OINTMENT MO	3	
PROTOPIC 0.1 % OINTMENT MO	3	
PRUDOXIN 5 % TOPICAL CREAM MO	3	
PYRIDIUM 100 MG TABLET MO	3	
PYRIDIUM 200 MG TABLET MO	3	
PYROGALLIC ACID 25 %-2 % OINTMENT MO	3	
re 40 gel GC,MO	1	
re benzoyl peroxide 3.5% cream GC,MO	1	
re benzoyl peroxide 5.5% cream GC,MO	1	
re benzoyl peroxide 8.5% cream GC,MO	1	
re sa 6% cream GC,MO	1	
re sa 6% lotion GC,MO	1	
re urea 40 lotion GC,MO	1	
re-u40 foam GC,MO	1	
RECTIV 0.4 % (W/W) OINTMENT MO	3	QL (30 per 30 days)
REGANEX 0.01 % TOPICAL GEL MO	4	
relagard 0.9 %-0.025 % vaginal gel GC,MO	1	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOLARAZE 3 % TOPICAL GEL GC,MO	2	
SORIATANE 10 MG CAPSULE MO	3	
SORIATANE 17.5 MG CAPSULE MO	4	
SORIATANE 22.5 MG CAPSULE MO	4	
SORIATANE 25 MG CAPSULE MO	4	
SORILUX 0.005 % TOPICAL FOAM MO	3	QL (120 per 28 days)
sotret 20 mg capsule GC,MO	1	
spinosad 0.9% topical susp GC,MO	1	QL (240 per 30 days)
SPRAY AND STRETCH TOPICAL MO	3	
SSD 1 % TOPICAL CREAM GC,MO	1	
SSD AF 1% CREAM GC,MO	1	
STELARA 45 MG/0.5 ML SUB-Q SYRINGE MO	4	PA,QL (3 per 84 days)
STELARA 45 MG/0.5 ML VIAL MO	4	PA,QL (3 per 84 days)
STELARA 90 MG/ML SUB-Q SYRINGE MO	4	PA,QL (3 per 84 days)
sulfacetamide sod 10% top susp GC,MO	1	
sulfacetamide sodium 10% lot GC,MO	1	
SULFAMYLON 50 GRAM TOPICAL PACKET MO	3	
SULFAMYLON 85 MG/G TOPICAL CREAM GB,MO	3	
SURE COMFORT ALCOHOL PREP PADS GC,MO	1	
SURE-PREP ALCOHOL PREP PADS GC,MO	1	
SYNERA 70 MG-70 MG PATCH MO	3	B vs D
TACLONEX 0.005 %-0.064 % OINTMENT MO	3	
TACLONEX SCALP 0.005 %-0.064 % TOPICAL SUSP MO	3	QL (120 per 30 days)
TARGRETIN 1 % TOPICAL GEL SP	4	PA
TAZORAC 0.05 % TOPICAL CREAM MO	3	
TAZORAC 0.05 % TOPICAL GEL MO	3	
TAZORAC 0.1 % TOPICAL CREAM MO	3	
TAZORAC 0.1 % TOPICAL GEL MO	3	
TEMOVATE 0.05 % OINTMENT MO	3	PA
TEMOVATE 0.05 % TOPICAL CREAM MO	3	PA
TEMOVATE 0.05 % TOPICAL GEL MO	3	PA
TEMOVATE 0.05 % TOPICAL SOLN MO	3	PA
TEMOVATE E 0.05 % TOPICAL CREAM MO	3	PA
TERAZOL 3 0.8 % VAGINAL CREAM GB,MO	3	
TERAZOL 3 80 MG VAGINAL SUPPOSITORY MO	3	
TERAZOL 7 0.4 % VAGINAL CREAM MO	3	
terconazole 0.4% cream GC,MO	1	
terconazole 0.8% cream GC,MO	1	
terconazole 80 mg suppository GC,MO	1	
TEXACORT 2.5 % TOPICAL SOLN GC,MO	1	
THERMAZENE 1 % TOPICAL CREAM GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOPICORT 0.05 % OINTMENT GC,MO	1	
TOPICORT 0.05 % TOPICAL CREAM GC,MO	1	
TOPICORT 0.05 % TOPICAL GEL GC,MO	1	
TOPICORT 0.25 % OINTMENT GC,MO	1	
TOPICORT 0.25 % TOPICAL CREAM GC,MO	1	
TRETIN-X (GEL) 0.01 % TOPICAL COMBO PACK GC,MO	1	
TRETIN-X (GEL) 0.025 % TOPICAL COMBO PACK GC,MO	1	
TRETIN-X 0.025 % TOPICAL COMBO PACK MO	3	
TRETIN-X 0.0375 % TOPICAL CREAM GC,MO	1	
TRETIN-X 0.05 % TOPICAL COMBO PACK GC,MO	1	
TRETIN-X 0.1 % TOPICAL COMBO PACK GC,MO	1	
tretinoin 0.01% gel GC,MO	1	PA
tretinoin 0.025% cream GC,MO	1	PA
tretinoin 0.025% gel GC,MO	1	PA
tretinoin 0.05% cream GC,MO	1	PA
tretinoin 0.1% cream GC,MO	1	PA
TRI-CHLOR 80 % TOPICAL SOLN MO	3	
triamcinolone 0.025% cream GC,MO	1	
triamcinolone 0.025% lotion GC,MO	1	
triamcinolone 0.025% oint GC,MO	1	
triamcinolone 0.05% oint GC,MO	1	
triamcinolone 0.1% cream GC,MO	1	
triamcinolone 0.1% lotion GC,MO	1	
triamcinolone 0.1% ointment GC,MO	1	
triamcinolone 0.1% paste GC,MO	1	
triamcinolone 0.5% cream GC,MO	1	
triamcinolone 0.5% ointment GC,MO	1	
trianex 0.05 % ointment GC,MO	1	
TRIAZ 3% CLEANSER MO	3	
TRIAZ 3% PAD MO	3	
TRIAZ 6% CLEANSER MO	3	
TRIAZ 6% PAD MO	3	
TRIAZ 9% CLEANSER MO	3	
TRIAZ 9% PAD MO	3	
trichloroacetic acid 25% GC,MO	1	
trichloroacetic acid 70% GC,MO	1	
trichloroacetic acid 75% GC,MO	1	
trichloroacetic acid 80% GC,MO	1	
triderm 0.1 % topical cream GC,MO	1	
TRIPLE DYE 2.29 MG-2.29 MG-1.14 MG/ML TOPICAL SWAB MO	3	
u-cort 1 %-10 % topical cream GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
u40 foam GC,MO	1	
ULESFIA 5 % LOTION MO	3	
ULTILET ALCOHOL SWAB GC,MO	1	
ULTRAVATE 0.05 % OINTMENT MO	3	
ULTRAVATE 0.05 % TOPICAL CREAM MO	3	
ULTRAVATE PAC 0.05 %-12 % TOPICAL PACK, CREAM & LOTION MO	3	
ULTRAVATE PAC 0.05 %-12 % TOPICAL PACK, OINTMENT & LOTION MO	3	
UMECTA 40 % TOPICAL MO	3	
umecta 40 % topical foam MO	3	
UMECTA 40 % TOPICAL SUSP MO	3	
UMECTA PD 40 % TOPICAL EMULSION MO	3	
UMECTA PD 40 % TOPICAL SUSPENSION MO	3	
URAMAXIN 20 % TOPICAL FOAM MO	3	
urea 35% foam GC,MO	1	
urea 40 gel GC,MO	1	
urea 40 lotion GC,MO	1	
urea 40% cream GC,MO	1	
urea 40% gel GC,MO	1	
urea 40% nail film susp GC,MO	1	
urea 42% cloths GC,MO	1	
urea 50% cream GC,MO	1	
urea 50% nailstik GC,MO	1	
urea 50% ointment GC,MO	1	
urea nail stick 50 % topical soln GC,MO	1	
UVADEX 20 MCG/ML INJECTION MO	3	B vs D
VANAZOLE 0.75 % VAGINAL GEL GC,GB,MO	1	
VANOS 0.1 % TOPICAL CREAM MO	3	
VANOXIDE-HC 5 %-0.5 % TOPICAL SUSP MO	3	
VECTICAL 3 MCG/GRAM OINTMENT MO	3	QL (800 per 30 days)
VELTIN 1.2 %-0.025 % TOPICAL GEL MO	3	
VERDESO 0.05 % TOPICAL FOAM MO	3	
VEREGEN 15 % OINTMENT MO	3	
VERSICLEAR LOTION MO	3	
vitazol 0.75 % topical cream GC,MO	1	
VUSION 0.25 %-15 %-81.35 % OINTMENT MO	3	
WEBCOL TOPICAL PADS GC,MO	1	
WESTCORT 0.2 % OINTMENT GB,MO	3	
x-viate 40 % lotion GC,MO	1	
x-viate 40 % topical cream GC,MO	1	
x-viate 40 % topical gel GC,MO	1	
XERAC AC 6.25 % TOPICAL SOLN MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XERESE 5 %-1 % TOPICAL CREAM MO	3	
XOLEGEL 2 % TOPICAL MO	3	
zaclir 4% cleansing lotion GC,MO	1	
zaclir 8% cleansing lotion GC,MO	1	
zazole 0.4 % vaginal cream GC,MO	1	
ZAZOLE 0.8 % VAGINAL CREAM GC,MO	1	
ZIANA 1.2 %-0.025 % TOPICAL GEL MO	3	PA
ZODERM 4.5% CLEANSER MO	3	
ZODERM 4.5% CREAM MO	3	
ZODERM 4.5% GEL MO	3	
ZODERM 4.5% REDI-PADS MO	3	
ZODERM 6.5% CLEANSER MO	3	
ZODERM 6.5% CREAM MO	3	
ZODERM 6.5% GEL MO	3	
ZODERM 6.5% REDI-PADS MO	3	
ZODERM 8.5% CLEANSER MO	3	
ZODERM 8.5% CREAM MO	3	
ZODERM 8.5% GEL MO	3	
ZODERM 8.5% REDI-PADS MO	3	
ZONALON 5 % TOPICAL CREAM MO	3	
ZOVIRAX 5 % OINTMENT MO	3	
ZOVIRAX 5 % TOPICAL CREAM MO	3	ST
ZYCLARA 3.75 % TOPICAL CREAM PACKET MO	3	
ZYCLARA 3.75 % TOPICAL CREAM PUMP MO	3	QL (15 per 30 days)
SMOOTH MUSCLE RELAXANTS		
aminophylline 100 mg tablet GC,MO	1	
aminophylline 200 mg tablet GC,MO	1	
aminophylline 250 mg/10 ml v1 GC,MO	1	
aminophylline 500 mg/20 ml v1 GC,MO	1	
DETROL 1 MG TABLET GC,MO	2	QL (60 per 30 days)
DETROL 2 MG TABLET GC,MO	2	QL (60 per 30 days)
DETROL LA 2 MG CAPSULE,EXTENDED RELEASE GC,MO	2	QL (30 per 30 days)
DETROL LA 4 MG CAPSULE,EXTENDED RELEASE GC,MO	2	QL (30 per 30 days)
DITROPAN XL 10 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
DITROPAN XL 15 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
DITROPAN XL 5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML GC,MO	1	
ENABLEX 15 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
ENABLEX 7.5 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
flavoxate hcl 100 mg tablet GC,MO	1	
GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET MO	3	QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GELNIQUE 28 MG/0.92 GRAM (3 %) TRANSDERMAL GEL PUMP MO	3	QL (92 per 30 days)
LUFYLLIN 200 MG TABLET GC,MO	1	
LUFYLLIN 400 MG TABLET GC,MO	1	
oxybutynin 5 mg tablet GC,MO	1	
oxybutynin 5 mg/5 ml syrup GC,MO	1	
oxybutynin cl er 10 mg tablet GC,MO	1	QL (60 per 30 days)
oxybutynin cl er 15 mg tablet GC,MO	1	QL (60 per 30 days)
oxybutynin cl er 5 mg tablet GC,MO	1	QL (60 per 30 days)
OXYTROL 3.9 MG/24 HR TRANSDERM PATCH MO	3	QL (8 per 28 days)
SANCTURA 20 MG TABLET MO	3	PA
SANCTURA XR 60 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
THEO-24 100 MG CAPSULE,EXTENDED RELEASE GC,MO	1	
THEO-24 200 MG CAPSULE,EXTENDED RELEASE GC,MO	1	
THEO-24 300 MG CAPSULE,EXTENDED RELEASE GC,MO	1	
THEO-24 400 MG CAPSULE,EXTENDED RELEASE GC,MO	1	
theochron 100 mg tablet,extended release GC,MO	1	
theochron 200 mg tablet,extended release GC,MO	1	
theochron 300 mg tablet,extended release GC,MO	1	
theophylline 200 mg/100 ml d5w GC,MO	1	
theophylline 200 mg/50 ml d5w GC,MO	1	
theophylline 400 mg/250 ml d5w GC,MO	1	
theophylline 400 mg/500 ml d5w GC,MO	1	
theophylline 80 mg/15 ml soln GC,MO	1	
theophylline 800 mg/1 l d5w GC,MO	1	
theophylline 800 mg/250 ml d5w GC,MO	1	
theophylline 800 mg/500 ml d5w GC,MO	1	
theophylline er 100 mg tablet GC,MO	1	
theophylline er 200 mg tablet GC,MO	1	
theophylline er 300 mg tab GC,MO	1	
theophylline er 400 mg tablet GC,MO	1	
theophylline er 450 mg tab GC,MO	1	
theophylline er 600 mg tablet GC,MO	1	
tolterodine tartrate 1 mg tab GC,MO	1	QL (60 per 30 days)
tolterodine tartrate 2 mg tab GC,MO	1	QL (60 per 30 days)
TOVIAZ 4 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
TOVIAZ 8 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
tropium chloride 20 mg tablet GC,MO	1	
VESICARE 10 MG TABLET GC,MO	2	QL (30 per 30 days)
VESICARE 5 MG TABLET GC,MO	2	QL (30 per 30 days)
VITAMINS		
ATABEX EC 29 MG-1 MG-50 MG TABLET,DELAYED RELEASE MO	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bal-care dha 27 mg-1 mg-430 mg tablet&capsule,delayed release GC,MO	2	
BAL-CARE DHA ESSENTIAL 27 MG IRON-1 MG-374 MG TAB&CAP, DELAYED RELEASE MO	3	
bp multinatal plus chew tablet GC,MO	1	
bp multinatal plus tablet GC,MO	1	
CALCIJEX 1 MCG/ML IV MO	3	B vs D
calcitriol 0.25 mcg capsule GC,MO	1	B vs D
calcitriol 0.5 mcg capsule GC,MO	1	B vs D
calcitriol 1 mcg/ml ampul GC,MO	1	B vs D
calcitriol 1 mcg/ml solution GC,MO	1	B vs D
cavan one omega softgel GC,MO	1	
cavan-ec sod dha 30 mg-1 mg-440 mg tablet&capsule,delayed release GC,MO	1	
cavan-folate dha combo pack GC,MO	1	
cavan-folate ob tablet GC,MO	1	
cavan-heme ob tablet GC,MO	1	
cavan-heme omega combo pack GC,MO	2	
CITRANATAL 90 DHA (NEW FORMULA) 90 MG-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL ASSURE 35 MG-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG/25 MG TABLETS MO	3	
CITRANATAL B-CALM PACK MO	3	
CITRANATAL DHA (NEW FORMULA) 27 MG-1 MG-50 MG-250 MG ORAL PACK MO	3	
CITRANATAL HARMONY 30 MG IRON-1 MG-50 MG-260 MG CAPSULE MO	3	
CITRANATAL HARMONY CAPSULE MO	3	
CITRANATAL HARMONY CAPSULE MO	3	
CITRANATAL RX (NEW FORMULA) 27 MG-1 MG-50 MG TABLET MO	3	
co-natal fa 29 mg-1 mg tablet GC,MO	1	
complete natal dha 29 mg-1 mg-250 mg oral pack GC,MO	1	
complete-rf prenatal 90 mg-1 mg-50 mg tablet GC,MO	1	
completenate 29 mg-1 mg chewable tablet GC,MO	1	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE MO	3	
CONCEPT OB 85 MG-1 MG CAPSULE MO	3	
corenate-dha combo pack GC,MO	1	
dexpanthenol 250 mg/ml vial GC,MO	1	
docosavit softgel GC,MO	1	
DUET DHA BALANCED 27 MG IRON-1 MG-380 MG TABLET & CAP, DELAYED RELEASE MO	3	
DUET DHA BALANCED COMBO PACK MO	3	
DUET DHA COMPLETE COMBO PACK MO	3	
DUET DHA COMPLETE COMBO PACK MO	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DUET DHA EC-OM 3 25 MG IRON-1 MG-400 MG TABLET&CAPSULE,DELAYED RELEASE MO	3	
DUET DHA EC-OM 3 25 MG IRON-1 MG-430 MG TABLET&CAPSULE,DELAYED RELEASE MO	3	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK MO	3	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-430 MG ORAL PACK MO	3	
ED CYTE F TABLET MO	3	
edge ob caplet GC,MO	1	
elite-ob 28 mg-1.25 mg-200 mg capsule GC,MO	1	
elite-ob 400 35 mg-5 mg-1.2 mg-400 mg capsule GC,MO	1	
elite-ob 50 mg-1.25 mg tablet GC,MO	1	
FEMECAL OB TABLET MO	3	
folbecal 1 mg-200 mg-75 mg-12 mcg tablet,extended release GC,MO	1	
folcaps care one capsule GC,MO	1	
folcaps omega-3 27 mg-1 mg-330 mg capsule MO	3	
folinatal plus b 1 mg-200 mg-75 mg-12 mcg tablet,extended release GC,MO	1	
folivane-ec calcium dha combo GC,MO	1	
folivane-ob 85 mg-1 mg capsule MO	3	
folivane-prx dha nf 30 mg-1.24 mg-55 mg-265 mg capsule GC,MO	1	
GESTICARE DHA 27 MG-1 MG-250 MG TABLET,EXTENDED RELEASE & CAPSULE MO	3	
GESTICARE TABLET MO	3	
HECTOROL 0.5 MCG CAPSULE GC,MO	2	B vs D
HECTOROL 1 MCG CAPSULE GC,MO	2	B vs D
HECTOROL 2 MCG/ML (1 ML) IV GC,MO	2	B vs D
HECTOROL 2.5 MCG CAPSULE GC,MO	2	B vs D
HECTOROL 4 MCG/2 ML IV GC,MO	2	B vs D
hemenatal ob + dha 28 mg-6 mg-1 mg oral pack GC,MO	1	
hemenatal ob 28 mg-6 mg-1 mg tablet GC,MO	1	
ICAR-C PLUS SR CAPSULE MO	3	
inatal advance 90 mg-1 mg-50 mg tablet GC,MO	1	
inatal gt tablet GC,MO	1	
inatal ultra 90 mg-1 mg-50 mg tablet GC,MO	1	
infanate dha capsule GC,MO	1	
kolnatal dha dr combo pack GC,MO	1	
l-methylfolate pnv dha 27 mg-0.4 mg-1.13 mg(fa 1mg) capsule GC,MO	1	
lactocal-f 65 mg-1 mg tablet GC,MO	1	
levomefolate dha 27 mg-400 mcg-1.13 mg-250 mg capsule GC,MO	1	
levomefolatepnv 29 mg-0.5 mg-1.4 mg-200 mg oral pack GC,MO	1	
M-VIT 27 MG-1 MG TABLET MO	3	
macnatal cn dha 28 mg-1 mg-50 mg-250 mg capsule GC,MO	1	
MARNATAL-F 60 MG IRON-1 MG CAPSULE MO	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
maternity 27 mg-1 mg tablet GC,MO	1	
MAXINATE 20 MG-0.8 MG TABLET MO	3	
MULTI-NATE 30 DHA 430 MG VIT MO	3	
MULTI-NATE 30 DHA PRENATAL VIT MO	3	
multi-nate 30 tablet GC,MO	1	
MULTI-NATE DHA EXTRA PRENATAL MO	3	
multi-vitamin with fluoride 0.25 mg chewable tablet GC,MO	1	
multi-vitamin with fluoride 0.5 mg chewable tablet GC,MO	1	
multi-vitamin with fluoride 1 mg chewable tablet GC,MO	1	
multivit-fluor 0.5 mg tab chew GC,MO	1	
multivitamin with fluoride 0.5 mg chewable tablet GC,MO	1	
multivitamins with fluoride 0.25 mg chewable tablet GC,MO	1	
multivitamins with fluoride 0.5 mg chewable tablet GC,MO	1	
multivitamins with fluoride 1 mg chewable tablet GC,MO	1	
MVC-FLUORIDE 0.25 MG CHEWABLE TABLET MO	3	
MVC-FLUORIDE 0.5 MG CHEWABLE TABLET MO	3	
MVC-FLUORIDE 1 MG CHEWABLE TABLET MO	3	
MYKIDZ IRON FLUORIDE 10 MG-0.25 MG-1,500 UNIT/2 ML ORAL SUSP MO	3	
MYNATAL 65 MG-1 MG CAPSULE MO	3	
mynatal 90 mg-1 mg-50 mg tablet GC,MO	1	
mynatal advance 90 mg-1 mg-50 mg tablet GC,MO	1	
mynatal plus 65 mg-1 mg tablet GC,MO	1	
mynatal-z 65 mg-1 mg tablet GC,MO	1	
mynate 90 plus 90 mg-1 mg tablet,extended release GC,MO	1	
NATA KOMLETE 25 MG IRON-1 MG TABLET MO	3	
NATACHEW TABLET CHEW MO	3	
NATAFORT TABLET MO	3	
NATALVIT 75 MG-1 MG TABLET MO	3	
NATELLE C TABLET MO	3	
NATELLE ONE 28 MG-1 MG-250 MG CAPSULE MO	3	
NATELLE ONE CAPSULE MO	3	
NATELLE-EZ TABLET MO	3	
navatab + dha pack GC,MO	1	
NEEVO CAPLET MO	3	
NEEVO DHA 27 MG-400 MCG-1.13 MG-250 MG CAPSULE MO	3	
NEEVO DHA CAPSULE MO	3	
NEXA SELECT 29 MG-1.25 MG-55 MG-325 MG CAPSULE MO	3	
O-CAL FA 66 MG-1 MG TABLET MO	3	
O-CAL PRENATAL 15 MG-1 MG TABLET MO	3	
OB COMPLETE 20 MG-1 MG-100 MG CHEWABLE TABLET MO	3	
OB COMPLETE 400 SOFTGEL MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OB COMPLETE 50 MG-1.25 MG TABLET MO	3	
OB COMPLETE DHA SOFTGEL MO	3	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE MO	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET MO	3	
ob-natal one 27 mg-1 mg-330 mg capsule GC,MO	1	
obstetrix dha 29 mg iron-1 mg-50 mg tablet&capsule,delayed release GC,MO	1	
OBTETRIX EC 29 MG-1 MG-50 MG TABLET,DELAYED RELEASE MO	3	
OBTREX 29 MG-1 MG-50 MG TABLET MO	3	
OBTREX DHA 29 MG IRON-1 MG-50 MG TABLET&CAPSULE,DELAYED RELEASE MO	3	
paire ob plus dha 22 mg-6 mg-1 mg-200 mg oral pack GC,MO	2	
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack GC,MO	1	
pnv-dha 27 mg-1 mg-300 mg capsule GC,MO	1	
PNV-DHA PLUS 27 MG-0.4 MG-1.13 MG(FA 1MG) CAPSULE MO	3	
PNV-IRON 29 MG-0.4 MG-1.13 MG(FA 1 MG) TABLET MO	3	
pnv-omega 28 mg-1 mg-300 mg capsule GC,MO	1	
pnv-select 27 mg-1 mg tablet GC,MO	1	
pnv-total 35 mg-5 mg-1.2 mg-400 mg capsule GC,MO	1	
poly iron pn forte tablet GC,MO	1	
poly iron pn tablet GC,MO	1	
POLY-VI-FLOR 0.25 MG FLUORIDE CHEWABLE TABLET MO	3	
POLY-VI-FLOR 0.25 MG/ML FLUORIDE MULTIPHASE ORAL DROPS MO	3	QL (50 per 30 days)
POLY-VI-FLOR 0.5 MG FLUORIDE CHEWABLE TABLET MO	3	
POLY-VI-FLOR 1 MG FLUORIDE CHEWABLE TABLET MO	3	
POLY-VI-FLOR WITH IRON 0.5 MG FLUORIDE-10 MG IRON CHEWABLE TABLET MO	3	
polyvit-iron-fl 0.5 mg/ml GC,MO	1	
pr natal 400 29 mg-1 mg-400 mg oral pack GC,MO	1	
pr natal 400 ec 29 mg-1 mg-400 mg tablet&capsule,delayed release GC,MO	1	
pr natal 430 29 mg-1 mg-430 mg oral pack GC,MO	1	
pr natal 430 ec 29 mg-1 mg-430 mg tablet&capsule,delayed release GC,MO	1	
pr natal 440 ec combo pack GC,MO	1	
PRECARE CHEWABLE TABLET MO	3	
PRECARE CONCEIVE TABLET MO	3	
PRECARE PREMIER CAPLETS MO	3	
PREFERA-OB 28 MG-6 MG-1 MG TABLET MO	3	
PREFERA-OB ONE 22 MG-6 MG-1 MG-200 MG CAPSULE MO	3	
PREFERA-OB PLUS DHA 28 MG-6 MG-1 MG ORAL PACK MO	3	
PREFERA-OB PLUS DHA COMBO PACK MO	3	
PREFERA-OB TABLET MO	3	
PREMESIS RX TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prenacare tablet GC,MO	1	
prenafirst 17 mg-1 mg tablet GC,MO	1	
prenaissance 29 mg-1.25 mg-55 mg-325 mg capsule MO	3	
prenaissance balance 30 mg iron-1 mg-50 mg-260 mg capsule GC,MO	1	
prenaissance harmony dha 26 mg iron-1 mg-374 mg tab&cap,delay release GC,MO	1	
prenaissance plus 28 mg-1 mg-50 mg-250 mg capsule MO	3	
prenaplus 27 mg-1 mg tablet GC,MO	1	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET MO	3	
PRENATABS FA 29 MG-1 MG TABLET GC,MO	1	
PRENATABS RX 29 MG-1 MG TABLET GC,MO	1	
prenatal 19 29 mg-1 mg chewable tablet GC,MO	1	
prenatal 19 29 mg-1 mg tablet GC,MO	1	
prenatal ad 90 mg-1 mg-50 mg tablet GC,MO	1	
prenatal low iron 27 mg-1 mg tablet GC,MO	1	
prenatal plus (calcium carbonate) 27 mg-1 mg tablet GC,MO	1	
prenatal plus with iron (calcium carbonate) 27 mg-1 mg tablet GC,MO	1	
PRENATAL-U 106.5 MG-1 MG CAPSULE MO	3	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE MO	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET MO	3	
PRENATE ELITE TABLET MO	3	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE MO	3	
PRENATE ESSENTIAL SOFTGEL MO	3	
PRENATE MINI 29 MG IRON-1 MG-350 MG CAPSULE MO	3	
prenate plus tablet GC,MO	1	
PRENEXA CAPSULE MO	3	
PRENEXA PREMIER CAPSULE MO	3	
PREQUE 10 15 MG IRON-0.5 MG-25 MG TABLET MO	3	
PREQUE 10 TABLET MO	3	
previte rx tablet GC,MO	1	
PRIMACARE ADVANTAGE COMBO PACK MO	3	
PRIMACARE ONE SOFTGEL MO	3	
PROTECT NATAL 13.5 MG-0.5 MG-75 MG TABLET,DELAYED RELEASE MO	3	
re dualvit ob capsule GC,MO	1	
re multivit-fluor 0.25 mg tab GC,MO	1	
re multivit-fluor 0.5 mg tab GC,MO	1	
re multivit-fluor 1 mg tab chw GC,MO	1	
re ob + dha pack GC,MO	1	
RE OB 90 + DHA PACK MO	3	
re prenatal multivit w-iron tb GC,MO	1	
re previt+dha softgel GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
re-nata 29 ob prenatal tablet GC,MO	1	
re-nata 29 prenatal tablet GC,MO	1	
relnate dha 28 mg-1 mg-200 mg capsule GC,MO	1	
ROCALTROL 0.25 MCG CAPSULE MO	3	B vs D
ROCALTROL 0.5 MCG CAPSULE MO	3	B vs D
ROCALTROL 1 MCG/ML ORAL SOLN MO	3	B vs D
se-care chewable tablet GC,MO	1	
se-care conceive tablet GC,MO	1	
se-care gesture tablet GC,MO	1	
se-natal 19 29 mg-1 mg chewable tablet GC,MO	1	
se-natal 19 29 mg-1 mg tablet GC,MO	1	
se-natal 90 dr tablet GC,MO	1	
se-natal one tablet GC,MO	1	
se-plete dha softgel GC,MO	1	
se-tan dha 30 mg-1 mg-310.1 mg capsule GC,MO	1	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK MO	3	
SELECT-OB 29 MG-1 MG CHEWABLE TABLET MO	3	
setonet 29 mg-1 mg-430 mg oral pack GC,MO	1	
SETONET-EC 29 MG-1 MG-430 MG TABLET&CAPSULE,DELAYED RELEASE GC,MO	1	
TANDEM DHA CAPSULE MO	3	
TANDEM OB CAPSULE MO	3	
taron ec calcium dha comb pack GC,MO	1	
taron-bc 20 mg iron-1 mg/25 mg tablets GC,MO	1	
taron-c dha 35 mg-1 mg-200 mg capsule GC,MO	1	
TARON-DUO EC 29 MG-1 MG-400 MG TABLET&CAPSULE,DELAYED RELEASE GC,MO	1	
taron-ec cal tablet GC,MO	1	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule GC,MO	1	
tl-select 29 mg-1.25 mg-55 mg-325 mg capsule MO	3	
tri rx 27 mg-1 mg-50 mg tablet GC,MO	1	
TRI-VI-FLOR 0.25 MG/ML FLUORIDE MULTIPHASE ORAL DROPS MO	3	QL (50 per 30 days)
TRI-VI-FLOR 0.5 MG/ML FLUORIDE MULTIPHASE ORAL DROPS MO	3	QL (50 per 30 days)
tri-vit with fluoride & iron 0.25 mg-10 mg/ml oral drops GC,MO	1	
tri-vit-fluor-iron 0.25 mg/ml GC,MO	1	
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops GC,MO	1	
triadvance 90 mg-1 mg-50 mg tablet GC,MO	1	
TRICARE 27 MG IRON-1 MG TABLET GC,MO	1	
TRICARE DHA 301 CAPSULE MO	3	
TRICARE PRENATAL DHA ONE 27 MG-1 MG-25 MG-500 MG CAPSULE MO	3	
trimesis rx 1 mg-200 mg-75 mg-12 mcg tablet,extended release GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trinatal gt 90 mg-1 mg-50 mg tablet GC,MO	1	
trinatal rx 1 60 mg iron-1 mg tablet GC,MO	1	
trinatal ultra 90 mg-1 mg-50 mg tablet GC,MO	1	
TRINATE 28 MG-1 MG TABLET GC,MO	1	
triveen-duo dha 29 mg-1 mg-400 mg oral pack GC,MO	1	
triveen-one 27 mg-1 mg-250 mg capsule GC,MO	1	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule GC,MO	1	
triveen-ten 15 mg-0.5 mg-50 mg-50 mg tablet GC,MO	2	
triveen-u 106.5 mg-1 mg capsule GC,MO	1	
trust natal dha 29 mg-1 mg-250 mg oral pack GC,MO	1	
ultimate ob dha 22 mg-6 mg-1 mg-200 mg oral pack GC,MO	1	
ultimatecare advantage combo GC,MO	1	
ultimatecare combo pack GC,MO	1	
ultimatecare one 27 mg-1 mg-330 mg capsule GC,MO	1	
ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule GC,MO	1	
vena-bal dha 27 mg-1 mg-430 mg tablet&capsule,delayed release GC,MO	2	
venatal complete dha 27 mg-1 mg-430 mg tablet &capsule,delayed release GC,MO	2	
venatal-fa 29 mg-1 mg tablet MO	3	
vinacal 27 mg-1 mg-50 mg tablet GC,MO	1	
vinate az 27 mg-1 mg tablet GC,MO	1	
vinate az extra tablets GC,MO	1	
vinate c tablet GC,MO	1	
vinate calcium 27 mg-1 mg-50 mg tablet GC,MO	1	
vinate care 40 mg-1 mg chewable tablet GC,MO	1	
vinate gt 90 mg-1 mg-50 mg tablet GC,MO	1	
vinate ic 162 mg-115.2 mg (106 mg)-1 mg capsule GC,MO	1	
vinate ii 29 mg-1 mg tablet GC,MO	1	
vinate m 27 mg-1 mg tablet GC,MO	1	
vinate one 60 mg iron-1 mg tablet GC,MO	1	
vinate pn care 30 mg-1 mg-50 mg tablet GC,MO	1	
vinate ultra 90 mg-1 mg-50 mg tablet GC,MO	1	
VIRT-BAL DHA 26 MG IRON-1 MG-374 MG TABLET&CAPSULE,DELAYED RELEASE GC,MO	1	
VIRT-BAL DHA PLUS 26 MG IRON-1 MG-374 MG TABLET&CAPSULE,DELAY RELEASE GC,MO	1	
virt-pn 27 mg-1 mg tablet GC,MO	1	
virt-pn dha 27 mg-1 mg-300 mg capsule GC,MO	1	
VITAFOL-OB 65 MG-1 MG TABLET MO	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK MO	3	
VITAFOL-PLUS 27 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAFOL-PN (UD) 65 MG-1 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAMED MD PLUS RX 30 MG IRON-1 MG-300 MG ORAL PACK MO	3	
VITAMEDMD REDICHEW RX 1 MG TABLET MO	3	
vitaphil + dha pack GC,MO	1	
vitaphil caplet GC,MO	1	
vitaspire 29 mg-1 mg tablet GC,MO	1	
VIVA CT 28 MG IRON-1 MG CHEWABLE TABLET MO	3	
VIVA DHA 28 MG-1 MG-200 MG CAPSULE MO	3	
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Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

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