

2015 Prescription Drug Guide

Humana Formulary

List of covered drugs

Humana Preferred Rx Plan (PDP)

Region 3
State of New York



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

This formulary was updated on 09/05/2014. For more recent information or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Other pharmacies are available in our network.

Humana[®]

Preferred Rx Plan (PDP)

Walmart  Preferred
Retail Pharmacy

Welcome to Humana!

Note to existing members: This formulary changes yearly. If you belonged to the plan in 2014, please review this document to make sure that it still contains the drugs you take.

What is the formulary?

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

Can the formulary change?

Generally, we won't discontinue or reduce coverage of the drug during the 2015 coverage year if you take a drug that was covered at the beginning of the year. However, we may change the formulary when a new, less-expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

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

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

What if you're affected by a formulary change?

We'll notify you at least 60 days before one of these changes happens or when you request a refill of the affected drug.

If the Food and Drug Administration decides a drug on our formulary is unsafe or the drug's manufacturer takes the drug off the market, we'll immediately remove the drug from our formulary and notify you if you're taking the drug.

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

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

For help and information, call Humana Customer Care at **1-800-281-6918**. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number and we'll call you back by the end of the next business day.

How do I use the formulary?

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

Medical condition

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

Alphabetical listing

If you're not sure about your drug's category or group, you should look for your drug in the Index that begins on page 130. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index and find your drug. Next to your drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Prescription drugs are grouped into one of five tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

Does healthcare reform impact my coverage?

Since 2011, Medicare has made changes to help with the cost of medicines while members are in the Prescription Drug Plan coverage gap, which is often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with the companies that make prescription drugs and health plans so you receive nearly 55 percent off the cost of many covered, brand-name drugs while you're in the coverage gap. Medicare members who receive the low-income subsidy ("Extra Help") or are covered by a qualified, commercial prescription plan through an employer won't get this discount.

What if my drug isn't on the formulary?

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

If Humana doesn't cover your drug, you have two options:

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

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

How do I request an exception to the formulary?

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

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

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

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

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

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

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

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

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

If you're a resident of a long-term care facility and you take Part D drugs that aren't on our formulary, we'll cover up to a 31-day supply, plus refills for a maximum of a 91-98 day supply of your current drug therapy (unless you have a prescription written for fewer days). We'll cover more than one refill of these drugs for the first 90 days you're a member of our plan. We'll cover a 31-day emergency supply of your drug (unless you have a prescription for fewer days) while you ask for a formulary exception if:

- You need a drug that's not on our formulary *or*
- You have limited ability to get your drugs *and*
- You're past the first 90 days of membership in our plan

Throughout the plan year, you may have a change in your treatment setting (the place where you receive and take your medicine) because of how much care you need. These changes include:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy

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

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

Transition extension

Humana will consider on a case-by-case basis an extension of the transition period if your exception request or appeal hasn't been processed by the end of your initial transition period. We'll continue to provide necessary drugs to you if your transition period is extended.

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

Humana-Medicare.com - Find a Plan

Need help choosing the plan that's right for you. Go to **Humana-Medicare.com**, enter your ZIP code, and click "Find a Plan" to use our online comparison tools. You can learn about your coverage choices, compare benefits, and estimate your yearly costs with various plans. You can also estimate your monthly drug costs and get more information about your drugs.

For More Information

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

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

You can also call Humana Customer Care at **1-800-281-6918**. If you use a TTY, call 711. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 to Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

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

Humana Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 130.

How to read your formulary

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

SP - Medicines that are typically available through a specialty pharmacy. Please contact your specialty pharmacy to make sure your drug is available.

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTI-INFECTIVE AGENTS		
abacavir 300 mg tablet ^{SP}	4	QL (60 per 30 days)
abacavir-lamivudine-zidov tab ^{SP}	5	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION ^{MO}	5	
acyclovir 1,000 mg/20 ml vial ^{MO}	2	
acyclovir 200 mg capsule ^{MO}	1	
acyclovir 200 mg/5 ml susp ^{MO}	3	
acyclovir 400 mg tablet ^{MO}	2	
acyclovir 800 mg tablet ^{MO}	2	
acyclovir sodium 500 mg vial ^{MO}	2	
adefovir dipivoxil 10 mg tab ^{SP}	5	
ALBENZA 200 MG TABLET ^{MO}	4	
ALINIA 100 MG/5 ML ORAL SUSPENSION ^{MO}	4	QL (150 per 30 days)
ALINIA 500 MG TABLET ^{MO}	4	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION ^{MO}	4	
amikacin sulf 1 gram/4 ml vial ^{MO}	4	
amikacin sulf 500 mg/2 ml vial ^{MO}	4	
amox tr-k clv 200-28.5 tab chw ^{MO}	2	
amox tr-k clv 200-28.5/5 susp ^{MO}	2	
amox tr-k clv 250-125 mg tab ^{MO}	2	
amox tr-k clv 250-62.5/5 susp ^{MO}	2	
amox tr-k clv 400-57 tab chew ^{MO}	2	
amox tr-k clv 400-57/5 susp ^{MO}	2	
amox tr-k clv 500-125 mg tab ^{MO}	2	
amox tr-k clv 600-42.9/5 susp ^{MO}	2	
amox tr-k clv 875-125 mg tab ^{MO}	2	
amoxicillin 125 mg tab chew ^{MO}	2	
amoxicillin 125 mg/5 ml susp ^{MO}	1	
amoxicillin 200 mg/5 ml susp ^{MO}	1	
amoxicillin 250 mg capsule ^{MO}	1	
amoxicillin 250 mg tab chew ^{MO}	2	
amoxicillin 250 mg/5 ml susp ^{MO}	1	
amoxicillin 400 mg/5 ml susp ^{MO}	1	
amoxicillin 500 mg capsule ^{MO}	1	
amoxicillin 500 mg tablet ^{MO}	2	
amoxicillin 875 mg tablet ^{MO}	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin-clav er 1,000-62.5 MO	4	
amphotericin b 50 mg vial MO	4	
ampicillin 1 gm vial MO	4	
ampicillin 10 gm vial MO	4	
ampicillin 125 mg vial MO	4	
ampicillin 125 mg/5 ml susp MO	2	
ampicillin 2 gm vial MO	4	
ampicillin 250 mg capsule MO	2	
ampicillin 250 mg/5 ml susp MO	2	
ampicillin 500 mg capsule MO	2	
ampicillin-sulb 3 gm add vial MO	4	
ampicillin-sulbactam 1.5 gm vl MO	4	
ampicillin-sulbactam 15 gm vl MO	4	
ampicillin-sulbactam 3 gm vial MO	4	
ANCOBON 250 MG CAPSULE MO	4	
ANCOBON 500 MG CAPSULE MO	4	
APTIVUS 100 MG/ML ORAL SOLUTION SP	5	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE SP	5	QL (120 per 30 days)
atovaquone 750 mg/5 ml susp MO	5	
atovaquone-proguanil 250-100 MO	4	
atovaquone-proguanil 62.5-25 MO	4	
ATRIPLA 600 MG-200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
azithromycin 1 gm pwd packet MO	2	
azithromycin 100 mg/5 ml susp MO	2	
azithromycin 200 mg/5 ml susp MO	2	
azithromycin 250 mg tablet MO	2	
azithromycin 500 mg tablet MO	2	
azithromycin 600 mg tablet MO	2	
azithromycin i.v. 500 mg vial MO	2	
aztreonam 1 gm vial MO	4	
aztreonam 2 gm vial MO	5	
bacitracin 50,000 units vial MO	3	
BARACLUDE 0.05 MG/ML ORAL SOLUTION SP	5	ST,QL (630 per 30 days)
BARACLUDE 0.5 MG TABLET SP	5	ST,QL (30 per 30 days)
BARACLUDE 1 MG TABLET SP	5	ST,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION ^{SP}	5	PA,QL (224 per 28 days)
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE ^{MO}	4	
BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE ^{MO}	4	
BICILLIN L-A 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE ^{MO}	4	
BICILLIN L-A 2,400,000 UNIT/4 ML INTRAMUSCULAR SYRINGE ^{MO}	4	
BICILLIN L-A 600,000 UNIT/ML INTRAMUSCULAR SYRINGE ^{MO}	4	
CANCIDAS 50 MG INTRAVENOUS SOLUTION ^{MO}	5	
CANCIDAS 70 MG INTRAVENOUS SOLUTION ^{MO}	5	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION ^{MO}	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{SP}	5	PA,QL (84 per 28 days)
cefaclor 125 mg/5 ml susp ^{MO}	3	
cefaclor 250 mg capsule ^{MO}	3	
cefaclor 250 mg/5 ml susp ^{MO}	3	
cefaclor 375 mg/5 ml suspen ^{MO}	3	
cefaclor 500 mg capsule ^{MO}	3	
cefaclor er 500 mg tablet ^{MO}	3	
cefadroxil 1 gm tablet ^{MO}	3	
cefadroxil 250 mg/5 ml susp ^{MO}	3	
cefadroxil 500 mg capsule ^{MO}	3	
cefadroxil 500 mg/5 ml susp ^{MO}	3	
cefazolin 1 gm add-van vial ^{MO}	3	
cefazolin 1 gm vial ^{MO}	3	
cefazolin 1 gm-d5w bag ^{MO}	3	
cefazolin 10 gm vial ^{MO}	3	
cefazolin 2 gm-d5w bag ^{MO}	3	
cefazolin 20 gm bulk vial ^{MO}	3	
cefazolin 500 mg vial ^{MO}	3	
cefdinir 125 mg/5 ml susp ^{MO}	3	
cefdinir 250 mg/5 ml susp ^{MO}	3	
cefdinir 300 mg capsule ^{MO}	3	
cefepime hcl 1 gm vial ^{MO}	4	
cefepime hcl 2 gram vial ^{MO}	4	
cefotaxime sodium 1 gm vial ^{MO}	2	
cefotaxime sodium 10 gm vial ^{MO}	2	
cefotaxime sodium 2 gm vial ^{MO}	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefotaxime sodium 500 mg vial MO	2	
cefotetan 1 gm vial MO	4	
cefotetan 10 gm vial MO	4	
cefotetan 2 gm vial MO	4	
cefoxitin 1 gm piggyback bag MO	4	
cefoxitin 1 gm vial MO	4	
cefoxitin 10 gm vial MO	4	
cefoxitin 2 gm piggyback bag MO	4	
cefoxitin 2 gm vial MO	4	
cefpodoxime 100 mg tablet MO	4	
cefpodoxime 100 mg/5 ml susp MO	4	
cefpodoxime 200 mg tablet MO	4	
cefpodoxime 50 mg/5 ml susp MO	4	
cefprozil 125 mg/5 ml susp MO	3	
cefprozil 250 mg tablet MO	3	
cefprozil 250 mg/5 ml susp MO	3	
cefprozil 500 mg tablet MO	3	
ceftazidime 1 gm piggyback MO	2	
ceftazidime 1 gm vial MO	3	
ceftazidime 2 gm piggyback MO	2	
ceftazidime 2 gm vial MO	3	
ceftazidime 6 gm vial MO	3	
ceftriaxone 1 gm vial MO	3	
ceftriaxone 10 gm vial MO	3	
ceftriaxone 2 gm add vial MO	3	
ceftriaxone 2 gm vial MO	3	
ceftriaxone 250 mg vial MO	3	
ceftriaxone 500 mg vial MO	3	
cefuroxime axetil 250 mg tab MO	2	
cefuroxime axetil 500 mg tab MO	2	
cefuroxime sod 7.5 gm vial MO	3	
cefuroxime sod 750 mg vial MO	3	
cephalexin 125 mg/5 ml susp MO	2	
cephalexin 250 mg capsule MO	1	
cephalexin 250 mg tablet MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cephalexin 250 mg/5 ml susp MO	2	
cephalexin 500 mg capsule MO	1	
cephalexin 500 mg tablet MO	2	
cephalexin 750 mg capsule MO	4	
chloramphen na succ 1 gm vl MO	2	
chloroquine ph 250 mg tablet MO	2	
chloroquine ph 500 mg tablet MO	2	
ciprofloxacin 400 mg/40 ml vl MO	2	
ciprofloxacin hcl 100 mg tab MO	2	
ciprofloxacin hcl 250 mg tab MO	1	
ciprofloxacin hcl 500 mg tab MO	1	
ciprofloxacin hcl 750 mg tab MO	2	
ciprofloxacin-d5w 200 mg/100 ml MO	2	
ciprofloxacin-d5w 400 mg/200 ml MO	2	
clarithromycin 125 mg/5 ml sus MO	3	
clarithromycin 250 mg tablet MO	3	
clarithromycin 250 mg/5 ml sus MO	3	
clarithromycin 500 mg tablet MO	3	
clarithromycin er 500 mg tab MO	3	
CLEOCIN 300 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK MO	4	
CLEOCIN 600 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK MO	4	
CLEOCIN 900 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK MO	4	
clindamycin 75 mg/5 ml soln MO	4	
clindamycin hcl 150 mg capsule MO	2	
clindamycin hcl 300 mg capsule MO	2	
clindamycin hcl 75 mg capsule MO	2	
clindamycin pediatric 75 mg/5 ml oral solution MO	4	
clindamycin ph 900 mg/6 ml vl MO	3	
clindamycin-d5w 300 mg/50 ml MO	4	
clindamycin-d5w 600 mg/50 ml MO	4	
clindamycin-d5w 900 mg/50 ml MO	4	
COARTEM 20 MG-120 MG TABLET MO	4	QL (24 per 30 days)
colistimethate 150 mg vial MO	4	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION MO	4	
COMPLERA 200 MG-25 MG-300 MG TABLET SP	5	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CRIXIVAN 200 MG CAPSULE ^{SP}	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE ^{SP}	4	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION ^{MO}	5	
cycloserine 250 mg capsule ^{MO}	4	
CYTOVENE 500 MG INTRAVENOUS SOLUTION ^{MO}	4	
dapsone 100 mg tablet ^{MO}	3	
dapsone 25 mg tablet ^{MO}	3	
DARAPRIM 25 MG TABLET ^{MO}	4	
demeclocycline 150 mg tablet ^{MO}	4	
demeclocycline 300 mg tablet ^{MO}	4	
dicloxacillin 250 mg capsule ^{MO}	2	
dicloxacillin 500 mg capsule ^{MO}	2	
didanosine dr 125 mg capsule ^{SP}	4	QL (90 per 30 days)
didanosine dr 200 mg capsule ^{SP}	4	QL (60 per 30 days)
didanosine dr 250 mg capsule ^{SP}	4	QL (30 per 30 days)
didanosine dr 400 mg capsule ^{SP}	4	QL (30 per 30 days)
DORIBAX 250 MG INTRAVENOUS SOLUTION ^{MO}	4	
DORIBAX 500 MG INTRAVENOUS SOLUTION ^{MO}	4	
doxy-100 100 mg intravenous solution ^{MO}	3	
doxycycline 25 mg/5 ml susp ^{MO}	4	
doxycycline hyc 100 mg vial ^{MO}	2	
doxycycline hyclate 100 mg cap ^{MO}	3	
doxycycline hyclate 100 mg tab ^{MO}	3	
doxycycline hyclate 50 mg cap ^{MO}	3	
doxycycline mono 100 mg cap ^{MO}	3	QL (60 per 30 days)
doxycycline mono 100 mg tablet ^{MO}	3	
doxycycline mono 150 mg cap ^{MO}	4	
doxycycline mono 150 mg tablet ^{MO}	3	
doxycycline mono 50 mg cap ^{MO}	3	QL (60 per 30 days)
doxycycline mono 50 mg tablet ^{MO}	3	
doxycycline mono 75 mg capsule ^{MO}	4	QL (30 per 30 days)
doxycycline mono 75 mg tablet ^{MO}	3	
E.E.S. 400 400 MG TABLET ^{MO}	4	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION ^{MO}	4	
EDURANT 25 MG TABLET ^{SP}	4	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMTRIVA 10 MG/ML ORAL SOLUTION SP	4	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE SP	4	QL (30 per 30 days)
EPIVIR 10 MG/ML ORAL SOLUTION SP	4	QL (960 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION SP	4	
EPZICOM 600 MG-300 MG TABLET SP	5	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION MO	4	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION MO	4	
ERY-TAB 250 MG TABLET,DELAYED RELEASE MO	4	
ERY-TAB 333 MG TABLET,DELAYED RELEASE MO	4	
ERY-TAB 500 MG TABLET,DELAYED RELEASE MO	4	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION MO	4	
ERYPED 400 400 MG/5 ML ORAL SUSPENSION MO	4	
ERYTHROCIN (AS STEARATE) 250 MG TABLET MO	3	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO	2	
erythromycin es 400 mg tab MO	2	
erythromycin-sulfisox susp MO	2	
ethambutol hcl 100 mg tablet MO	4	
ethambutol hcl 400 mg tablet MO	4	
FACTIVE 320 MG TABLET MO	4	
famciclovir 125 mg tablet MO	3	QL (60 per 30 days)
famciclovir 250 mg tablet MO	3	QL (60 per 30 days)
famciclovir 500 mg tablet MO	3	QL (60 per 30 days)
fluconazole 10 mg/ml susp MO	3	
fluconazole 100 mg tablet MO	3	
fluconazole 150 mg tablet MO	1	
fluconazole 200 mg tablet MO	3	
fluconazole 40 mg/ml susp MO	3	
fluconazole 50 mg tablet MO	3	
fluconazole-dext 200 mg/100 ml MO	2	
fluconazole-dext 400 mg/200 ml MO	2	
flucytosine 250 mg capsule MO	5	
flucytosine 500 mg capsule MO	5	
foscarnet 24 mg/ml infus bttl MO	4	
FUZEON 90 MG SUBCUTANEOUS SOLUTION SP	5	QL (60 per 30 days)
ganciclovir 500 mg vial MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentamicin 70 mg/ns 50 ml pb MO	3	
gentamicin 80 mg/2 ml vial MO	3	
gentamicin 90 mg/ns 100 ml pb MO	3	
GRIS-PEG (ULTRAMICROSIZE) 125 MG TABLET MO	4	
GRIS-PEG (ULTRAMICROSIZE) 250 MG TABLET MO	4	
griseofulvin ultra 125 mg tab MO	4	
griseofulvin ultra 250 mg tab MO	4	
hydroxychloroquine 200 mg tab MO	2	
imipenem-cilastatin 250 mg vl MO	3	
imipenem-cilastatin 500 mg vl MO	3	
INCIVEK 375 MG TABLET SP	5	PA,QL (168 per 28 days)
INTELENCE 100 MG TABLET SP	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET SP	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET SP	4	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	5	PA
INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION SP	5	PA
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	5	PA
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION SP	5	PA
INTRON A 6 MILLION UNIT/ML INJECTION SOLUTION SP	5	PA
INVANZ 1 GRAM INTRAVENOUS SOLUTION MO	4	
INVANZ 1 GRAM SOLUTION FOR INJECTION MO	4	
INVIRASE 200 MG CAPSULE SP	5	QL (300 per 30 days)
INVIRASE 500 MG TABLET SP	5	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET SP	3	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET SP	4	QL (120 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET SP	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET SP	5	QL (120 per 30 days)
iso gentamicin 100 mg/100 ml MO	3	
iso gentamicin 120 mg/100 ml MO	3	
isonarif capsule MO	2	
isoniazid 100 mg tablet MO	2	
isoniazid 100 mg/ml vial MO	2	
isoniazid 300 mg tablet MO	1	
isoniazid 50 mg/5 ml solution MO	2	
isoton gentamicin 100 mg/50 ml MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
isoton gentamicin 60 mg/50 ml MO	3	
isoton gentamicin 80 mg/100 ml MO	3	
isoton gentamicin 80 mg/50 ml MO	3	
itraconazole 100 mg capsule MO	4	QL (120 per 30 days)
KALETRA 100 MG-25 MG TABLET SP	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET SP	5	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION SP	5	
kanamycin 1 gm/3 ml vial MO	2	
KETEK 300 MG TABLET MO	4	
KETEK 400 MG TABLET MO	4	
ketoconazole 200 mg tablet MO	2	
lamivudine 150 mg tablet SP	4	QL (60 per 30 days)
lamivudine 300 mg tablet SP	4	QL (30 per 30 days)
lamivudine hbv 100 mg tablet SP	4	
lamivudine-zidovudine tablet SP	4	QL (60 per 30 days)
levofloxacin 25 mg/ml solution MO	3	
levofloxacin 250 mg tablet MO	2	
levofloxacin 500 mg tablet MO	2	
levofloxacin 500 mg/20 ml vial MO	4	
levofloxacin 750 mg tablet MO	2	
levofloxacin-d5w 250 mg/50 ml MO	4	
levofloxacin-d5w 500 mg/100 ml MO	4	
levofloxacin-d5w 750 mg/150 ml MO	4	
LEXIVA 50 MG/ML ORAL SUSPENSION SP	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET SP	5	QL (120 per 30 days)
mefloquine hcl 250 mg tablet MO	3	
MEPRON 750 MG/5 ML ORAL SUSPENSION MO	5	
meropenem iv 1 gm vial MO	4	
meropenem iv 500 mg vial MO	4	
methenamine hipp 1 gm tablet MO	4	
metronidazole 250 mg tablet MO	2	
metronidazole 375 mg capsule MO	3	
metronidazole 500 mg tablet MO	2	
metronidazole 500 mg/100 ml MO	4	
minocycline 100 mg capsule MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
minocycline 50 mg capsule MO	2	
minocycline 75 mg capsule MO	2	
minocycline hcl 100 mg tablet MO	2	
minocycline hcl 50 mg tablet MO	2	
minocycline hcl 75 mg tablet MO	2	
MYCOBUTIN 150 MG CAPSULE MO	4	
nafcillin 1 gm vial MO	4	
nafcillin 1 gm/ 50 ml inj MO	4	
nafcillin 10 gm vial MO	5	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	4	B vs D
neomycin 500 mg tablet MO	3	
nevirapine 200 mg tablet SP	3	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp SP	4	QL (1200 per 30 days)
nevirapine er 400 mg tablet SP	4	QL (30 per 30 days)
nitrofurantoin 25 mg/5 ml susp MO	4	PA,QL (7590 per 120 days)
nitrofurantoin mcr 100 mg cap MO	4	PA
nitrofurantoin mcr 50 mg cap MO	4	PA
nitrofurantoin mono-mcr 100 mg MO	4	PA
NORVIR 100 MG CAPSULE SP	4	QL (360 per 30 days)
NORVIR 100 MG TABLET SP	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION SP	4	QL (480 per 30 days)
NOXAFIL 100 MG TABLET,DELAYED RELEASE MO	5	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION MO	5	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION MO	5	PA
nystatin 100,000 units/ml susp MO	3	
nystatin 500,000 unit oral tab MO	3	
ofloxacin 200 mg tablet MO	3	
ofloxacin 300 mg tablet MO	3	
ofloxacin 400 mg tablet MO	3	
OLYSIO 150 MG CAPSULE SP	5	PA,QL (28 per 28 days)
paromomycin 250 mg capsule MO	4	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET MO	2	
PCE 333 MG PARTICLES IN TABLET MO	4	
PCE 500 MG PARTICLES IN TABLET MO	4	
PEGINTRON 120 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEGINTRON 150 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON 80 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
penicillin g k 5 million unit MO	2	
penicillin g na 5 million unit MO	2	
penicillin gk 20 million unit MO	4	
penicillin vk 125 mg/5 ml soln MO	1	
penicillin vk 250 mg tablet MO	1	
penicillin vk 250 mg/5 ml soln MO	1	
penicillin vk 500 mg tablet MO	2	
PENTAM 300 MG SOLUTION FOR INJECTION MO	4	
pfizerpen-g 20 million unit solution for injection MO	3	
pfizerpen-g 5 million unit solution for injection MO	3	
piperacil-tazobact 2.25 gm vl MO	4	
piperacil-tazobact 3.375 gm vl MO	4	
piperacil-tazobact 4.5 gm vial MO	4	
piperacil-tazobact 40.5 gram MO	4	
polymyxin b sulfate vial MO	3	
PREZISTA 100 MG/ML ORAL SUSPENSION SP	5	QL (360 per 30 days)
PREZISTA 150 MG TABLET SP	4	QL (240 per 30 days)
PREZISTA 400 MG TABLET SP	5	QL (90 per 30 days)
PREZISTA 600 MG TABLET SP	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET SP	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET SP	5	QL (30 per 30 days)
PRIFTIN 150 MG TABLET MO	4	
primaquine 26.3 mg tablet MO	4	
PRIMSOL 50 MG/5 ML ORAL SOLUTION MO	2	
pyrazinamide 500 mg tablet MO	4	
quinine sulfate 324 mg capsule MO	4	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION SP	4	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION MO	4	QL (60 per 180 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RESCRIPTOR 100 MG DISPERSIBLE TABLET SP	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET SP	4	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION SP	4	
RETROVIR 10 MG/ML SYRUP SP	4	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE SP	4	QL (180 per 30 days)
RETROVIR 300 MG TABLET SP	4	QL (60 per 30 days)
REYATAZ 100 MG CAPSULE SP	4	QL (120 per 30 days)
REYATAZ 150 MG CAPSULE SP	5	QL (60 per 30 days)
REYATAZ 200 MG CAPSULE SP	5	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE SP	5	QL (30 per 30 days)
ribavirin 200 mg capsule SP	3	QL (168 per 28 days)
ribavirin 200 mg tablet SP	3	QL (168 per 28 days)
rifabutin 150 mg capsule MO	4	
RIFAMATE 300 MG-150 MG CAPSULE MO	4	
rifampin 150 mg capsule MO	3	
rifampin 300 mg capsule MO	3	
rifampin iv 600 mg vial MO	3	
RIFATER 50 MG-120 MG-300 MG TABLET MO	4	
rimantadine hcl 100 mg tablet MO	3	
SELZENTRY 150 MG TABLET SP	5	QL (240 per 30 days)
SELZENTRY 300 MG TABLET SP	5	QL (120 per 30 days)
SEROMYCIN 250 MG CAPSULE MO	4	
SIRTURO 100 MG TABLET MO	5	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION MO	5	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET MO	5	QL (6 per 28 days)
SOVALDI 400 MG TABLET SP	5	PA,QL (28 per 28 days)
stavudine 1 mg/ml solution SP	4	QL (2400 per 30 days)
stavudine 15 mg capsule SP	3	QL (120 per 30 days)
stavudine 20 mg capsule SP	3	QL (120 per 30 days)
stavudine 30 mg capsule SP	3	QL (60 per 30 days)
stavudine 40 mg capsule SP	3	QL (60 per 30 days)
streptomycin sulf 1 gm vial MO	3	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
STROMEKTOL 3 MG TABLET MO	3	
sulfadiazine 500 mg tablet MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulfamethoxazole-tmp ds tablet MO	1	
sulfamethoxazole-tmp ss tablet MO	1	
sulfamethoxazole-tmp susp MO	3	
sulfamethoxazole-tmp vial MO	3	
sulfasalazine 500 mg tablet MO	2	
sulfasalazine dr 500 mg tab MO	3	
sulfazine 500 mg tablet MO	2	
sulfazine ec 500 mg tablet,delayed release MO	3	
SUSTIVA 200 MG CAPSULE SP	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE SP	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET SP	5	QL (30 per 30 days)
SYLATRON 296 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 4-PACK 296 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 4-PACK 444 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 444 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
SYLATRON 888 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
SYNAGIS 100 MG/ML INTRAMUSCULAR SOLUTION MO	5	PA
SYNAGIS 50 MG/0.5 ML INTRAMUSCULAR SOLUTION MO	5	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION MO	5	
TAMIFLU 30 MG CAPSULE MO	4	QL (112 per 365 days)
TAMIFLU 45 MG CAPSULE MO	4	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION MO	4	QL (720 per 365 days)
TAMIFLU 75 MG CAPSULE MO	4	QL (56 per 365 days)
TEFLARO 400 MG INTRAVENOUS SOLUTION MO	4	
TEFLARO 600 MG INTRAVENOUS SOLUTION MO	4	
terbinafine hcl 250 mg tablet MO	1	QL (90 per 365 days)
tetracycline 250 mg capsule MO	3	
tetracycline 500 mg capsule MO	3	
tinidazole 250 mg tablet MO	3	
tinidazole 500 mg tablet MO	3	
TIVICAY 50 MG TABLET SP	5	QL (60 per 30 days)
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE SP	5	PA,QL (224 per 28 days)
TOBI PODHALER 28 MG CAPSULES FOR INHALATION SP	5	PA,QL (224 per 28 days)
tobramycin 40 mg/ml vial MO	3	
tobramycin 80 mg/100 ml ns MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRECTOR 250 MG TABLET MO	4	
trimethoprim 100 mg tablet MO	2	
TRIZIVIR 300 MG-150 MG-300 MG TABLET SP	5	QL (60 per 30 days)
TRUVADA 200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
TYGACIL 50 MG INTRAVENOUS SOLUTION MO	5	
TYZEKA 600 MG TABLET SP	5	QL (30 per 30 days)
valacyclovir hcl 1 gram tablet MO	3	QL (90 per 30 days)
valacyclovir hcl 500 mg tablet MO	3	QL (60 per 30 days)
VALCYTE 450 MG TABLET MO	5	
VALCYTE 50 MG/ML ORAL SOLUTION MO	5	
vancomycin 1 gm vial MO	3	
vancomycin 500 mg vial MO	3	
vancomycin hcl 10 gm vial MO	3	
vancomycin hcl 125 mg capsule MO	5	
vancomycin hcl 250 mg capsule MO	5	
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION MO	5	PA,QL (400 per 30 days)
VFEND IV 200 MG INTRAVENOUS SOLUTION MO	4	
VICTRELIS 200 MG CAPSULE SP	5	PA,QL (336 per 28 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION SP	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION SP	4	QL (1200 per 30 days)
VIRACEPT 250 MG TABLET SP	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET SP	5	QL (120 per 30 days)
VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE SP	4	QL (90 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE SP	4	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION MO	5	B vs D
VIREAD 150 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 200 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 250 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 300 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER SP	5	QL (240 per 30 days)
voriconazole 200 mg tablet MO	5	PA,QL (120 per 30 days)
voriconazole 200 mg vial MO	4	
voriconazole 40 mg/ml susp MO	5	PA,QL (400 per 30 days)
voriconazole 50 mg tablet MO	5	PA,QL (120 per 30 days)
XIFAXAN 200 MG TABLET MO	4	PA,QL (9 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XIFAXAN 550 MG TABLET MO	5	PA,QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION SP	4	QL (960 per 30 days)
zidovudine 100 mg capsule SP	3	QL (180 per 30 days)
zidovudine 300 mg tablet SP	3	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup SP	4	QL (1680 per 28 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION MO	5	
ZYVOX 200 MG/100 ML INTRAVENOUS SOLUTION MO	5	
ZYVOX 600 MG TABLET MO	5	
ZYVOX 600 MG/300 ML INTRAVENOUS SOLUTION MO	5	
ANTIHISTAMINE DRUGS		
cetirizine hcl 1 mg/ml syrup MO	2	QL (300 per 30 days)
clemastine 0.5 mg/5 ml syrup MO	3	PA
cyproheptadine 4 mg tablet MO	4	PA
diphenhydramine 50 mg/ml vial MO	4	PA
levocetirizine 5 mg tablet MO	2	QL (30 per 30 days)
promethazine 12.5 mg tablet MO	3	PA
promethazine 25 mg tablet MO	2	PA
promethazine 50 mg tablet MO	3	PA
promethazine 6.25 mg/5 ml syrup MO	3	PA
promethegan 12.5 mg rectal suppository MO	4	PA
promethegan 25 mg rectal suppository MO	4	PA
promethegan 50 mg rectal suppository MO	4	PA
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION MO	5	PA,QL (900 per 21 days)
AFINITOR 10 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR 2.5 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR 5 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR 7.5 MG TABLET SP	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG TABLET FOR ORAL SUSPENSION SP	5	PA
AFINITOR DISPERZ 3 MG TABLET FOR ORAL SUSPENSION SP	5	PA
AFINITOR DISPERZ 5 MG TABLET FOR ORAL SUSPENSION SP	5	PA
ALIMTA 100 MG INTRAVENOUS SOLUTION MO	5	PA,QL (60 per 21 days)
ALIMTA 500 MG INTRAVENOUS SOLUTION MO	5	PA
ALKERAN 2 MG TABLET SP	5	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
anastrozole 1 mg tablet MO	2	QL (30 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION MO	5	PA
ARZERRA 1,000 MG/50 ML INTRAVENOUS SOLUTION MO	5	PA,QL (400 per 28 days)
ARZERRA 100 MG/5 ML INTRAVENOUS SOLUTION MO	5	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION MO	5	PA
azacitidine 100 mg vial MO	5	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION MO	5	PA,QL (25 per 21 days)
bicalutamide 50 mg tablet MO	3	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION MO	4	
bleomycin sulfate 15 unit vial MO	3	
bleomycin sulfate 30 unit vial MO	3	
BOSULIF 100 MG TABLET SP	5	PA,QL (120 per 30 days)
BOSULIF 500 MG TABLET SP	5	PA,QL (30 per 30 days)
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION MO	4	
CAMPATH 30 MG/ML VIAL MO	5	QL (12 per 28 days)
CAPRELSA 100 MG TABLET SP	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET SP	5	PA,QL (30 per 30 days)
carboplatin 50 mg/5 ml vial MO	3	
CEENU 10 MG CAPSULE SP	4	
CEENU 100 MG CAPSULE SP	4	
CEENU 40 MG CAPSULE SP	4	
cisplatin 100 mg/100 ml vial MO	3	
cladribine 10 mg/10 ml vial MO	5	
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION MO	5	
COMETRIQ 100 MG/DAY(80 MGÝ1"-20 MGÝ1") CAPSULE SP	5	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY(80 MGÝ1"-20 MGÝ3") CAPSULE SP	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG Ý3"/DAY) CAPSULE SP	5	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION MO	5	
cyclophosphamide 1 gm vial MO	4	
cyclophosphamide 2 gm vial MO	4	
cyclophosphamide 25 mg tab SP	4	B vs D
cyclophosphamide 50 mg tablet SP	4	B vs D
cyclophosphamide 500 mg vial MO	4	
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION MO	5	PA,QL (200 per 28 days)
cytarabine 1 gm vial MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cytarabine 100 mg vial MO	2	
cytarabine 2 g/20 ml vial MO	2	
cytarabine 20 mg/ml vial MO	2	
cytarabine 500 mg vial MO	2	
dacarbazine 100 mg vial MO	2	
dacarbazine 200 mg vial MO	2	
DACOGEN 50 MG INTRAVENOUS SOLUTION MO	5	PA
daunorubicin 50 mg/10 ml vial MO	2	
DAUNOXOME 2 MG/ML INTRAVENOUS SOLUTION MO	4	
decitabine 50 mg vial MO	5	PA
DEPOCYT (PF) 50 MG/5 ML (10 MG/ML) INTRATHECAL SUSPENSION MO	5	
DOCEFREZ 20 MG INTRAVENOUS SOLUTION MO	4	
DOCEFREZ 80 MG INTRAVENOUS SOLUTION MO	5	
docetaxel 140 mg/7 ml vial MO	5	
docetaxel 160 mg/16 ml vial MO	5	
docetaxel 160 mg/8 ml vial MO	5	
docetaxel 20 mg/0.5 ml vial MO	5	
docetaxel 20 mg/2 ml vial MO	5	
docetaxel 20 mg/ml vial MO	5	
docetaxel 80 mg/2 ml vial MO	5	
docetaxel 80 mg/4 ml vial MO	5	
docetaxel 80 mg/8 ml vial MO	5	
doxorubicin 10 mg vial MO	4	
doxorubicin 10 mg/5 ml vial MO	4	
doxorubicin 150 mg/75 ml vial MO	4	
doxorubicin 20 mg/10 ml vial MO	4	
doxorubicin 50 mg vial MO	4	
doxorubicin 50 mg/25 ml vial MO	4	
doxorubicin liposome 50mg/25ml MO	4	
DROXIA 200 MG CAPSULE MO	4	
DROXIA 300 MG CAPSULE MO	4	
DROXIA 400 MG CAPSULE MO	4	
EMCYT 140 MG CAPSULE MO	4	
epirubicin 200 mg/100 ml vial MO	4	
epirubicin 50 mg/25 ml vial MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
epirubicin hcl 200 mg vial MO	4	
epirubicin hcl 50 mg vial MO	4	
ERBITUX 100 MG/50 ML INTRAVENOUS SOLUTION MO	5	PA
ERBITUX 200 MG/100 ML INTRAVENOUS SOLUTION MO	5	PA
ERIVEDGE 150 MG CAPSULE SP	5	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT INTRAMUSCULAR SOLUTION MO	5	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION MO	4	
etoposide 100 mg/5 ml vial MO	3	
exemestane 25 mg tablet MO	4	QL (60 per 30 days)
FARESTON 60 MG TABLET SP	5	QL (30 per 30 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE MO	5	QL (30 per 30 days)
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION SP	5	PA
FIRMAGON 80 MG SUBCUTANEOUS SOLUTION SP	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION SP	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION SP	4	PA
fludarabine 50 mg vial MO	4	
fludarabine 50 mg/2 ml vial MO	4	
fluorouracil 1,000 mg/20 ml vl MO	4	
fluorouracil 2,500 mg/50 ml vl MO	4	
fluorouracil 5,000 mg/100 ml MO	4	
fluorouracil 500 mg/10 ml vial MO	4	
flutamide 125 mg capsule MO	4	
FOLOTYN 20 MG/ML (1 ML) INTRAVENOUS SOLUTION MO	5	PA
FOLOTYN 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	5	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION MO	5	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vl MO	5	
gemcitabine 2 gram/52.6 ml vl MO	5	
gemcitabine 200 mg/5.26 ml vl MO	5	
gemcitabine hcl 1 gram vial MO	5	
gemcitabine hcl 2 gram vial MO	5	
gemcitabine hcl 200 mg vial MO	5	
GILOTRIF 20 MG TABLET SP	5	PA,QL (30 per 30 days)
GILOTRIF 30 MG TABLET SP	5	PA,QL (30 per 30 days)
GILOTRIF 40 MG TABLET SP	5	PA,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLEEVEC 100 MG TABLET SP	5	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET SP	5	PA,QL (60 per 30 days)
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION MO	5	PA
HERCEPTIN 440 MG INTRAVENOUS SOLUTION MO	5	PA
HEXALEN 50 MG CAPSULE SP	5	
HYCAMTIN 4 MG INTRAVENOUS SOLUTION MO	5	
hydroxyurea 500 mg capsule MO	2	
ICLUSIG 15 MG TABLET SP	5	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET SP	5	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION MO	5	
idarubicin pfs 10 mg/10 ml vl MO	5	
ifosfamide 1 gm vial MO	3	
ifosfamide 1 gm/ 20 ml vial MO	3	
ifosfamide 3 gm vial MO	3	
ifosfamide 3 gm/ 60 ml vial MO	3	
IMBRUVICA 140 MG CAPSULE SP	5	PA,QL (120 per 30 days)
INLYTA 1 MG TABLET SP	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET SP	5	PA,QL (60 per 30 days)
irinotecan hcl 100 mg/5 ml vl MO	4	
irinotecan hcl 40 mg/2 ml vial MO	4	
irinotecan hcl 500 mg/25 ml vl MO	4	
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION MO	5	PA
IXEMPRA 15 MG INTRAVENOUS SOLUTION MO	5	PA,QL (45 per 21 days)
IXEMPRA 45 MG INTRAVENOUS SOLUTION MO	5	PA
JAKAFI 10 MG TABLET SP	5	PA,QL (60 per 30 days)
JAKAFI 15 MG TABLET SP	5	PA,QL (60 per 30 days)
JAKAFI 20 MG TABLET SP	5	PA,QL (60 per 30 days)
JAKAFI 25 MG TABLET SP	5	PA,QL (60 per 30 days)
JAKAFI 5 MG TABLET SP	5	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FINAL CONC.) INTRAVENOUS SOLUTION MO	5	PA
KADCYLA 100 MG INTRAVENOUS SOLUTION MO	5	PA
KADCYLA 160 MG INTRAVENOUS SOLUTION MO	5	PA,QL (3 per 21 days)
letrozole 2.5 mg tablet MO	2	QL (30 per 30 days)
LEUKERAN 2 MG TABLET SP	4	
leuprolide 2wk 1 mg/0.2 ml kit SP	3	PA,QL (3 per 14 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lomustine 10 mg capsule SP	4	
lomustine 100 mg capsule SP	4	
lomustine 40 mg capsule SP	4	
LUPRON DEPOT (3 MONTH) 11.25 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT (3 MONTH) 22.5 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT MO	5	PA,QL (1 per 168 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT MO	5	PA,QL (1 per 30 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG INTRAMUSCULAR SYRINGE KIT MO	5	PA,QL (1 per 90 days)
LUPRON DEPOT-PED (3 MONTH) 30 MG INTRAMUSCULAR SYRINGE KIT MO	5	PA,QL (1 per 90 days)
LUPRON DEPOT-PED 11.25 MG INTRAMUSCULAR KIT MO	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 15 MG INTRAMUSCULAR KIT MO	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 7.5 MG (PED) INTRAMUSCULAR KIT MO	5	PA,QL (1 per 28 days)
LYSODREN 500 MG TABLET SP	3	
MATULANE 50 MG CAPSULE SP	5	
megestrol 20 mg tablet MO	2	PA
megestrol 40 mg tablet MO	3	PA
megestrol acet 40 mg/ml susp MO	3	PA
megestrol acet 400 mg/10 ml MO	3	PA
MEKINIST 0.5 MG TABLET SP	5	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET SP	5	PA,QL (30 per 30 days)
melphalan hcl 50 mg vial MO	2	
mercaptopurine 50 mg tablet MO	3	
methotrexate 1 gm vial MO	2	
methotrexate 1 gm/40 ml vial MO	2	
methotrexate 2.5 mg tablet MO	2	B vs D
methotrexate 25 mg/ml vial MO	2	
mitomycin 20 mg vial MO	4	
mitomycin 40 mg vial MO	4	
mitomycin 5 mg vial MO	4	
mitoxantrone 20 mg/10 ml vial MO	3	
MUSTARGEN 10 MG SOLUTION FOR INJECTION MO	4	
NEXAVAR 200 MG TABLET SP	5	PA,QL (120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NILANDRON 150 MG TABLET SP	4	QL (60 per 30 days)
NIPENT 10 MG INTRAVENOUS SOLUTION MO	5	
ONCASPAR 750 UNIT/ML INJECTION SOLUTION MO	5	
oxaliplatin 100 mg vial MO	5	PA
oxaliplatin 100 mg/20 ml vial MO	5	PA
oxaliplatin 50 mg vial MO	5	PA
oxaliplatin 50 mg/10 ml vial MO	5	PA
paclitaxel 100 mg/16.7 ml vial MO	3	
pentostatin 10 mg vial MO	2	
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION MO	5	PA
POMALYST 1 MG CAPSULE SP	5	PA,QL (21 per 28 days)
POMALYST 2 MG CAPSULE SP	5	PA,QL (21 per 28 days)
POMALYST 3 MG CAPSULE SP	5	PA,QL (21 per 28 days)
POMALYST 4 MG CAPSULE SP	5	PA,QL (21 per 28 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION MO	5	
REVLIMID 10 MG CAPSULE SP	5	PA,QL (28 per 28 days)
REVLIMID 15 MG CAPSULE SP	5	PA,QL (28 per 28 days)
REVLIMID 2.5 MG CAPSULE SP	5	PA,QL (28 per 28 days)
REVLIMID 20 MG CAPSULE SP	5	PA,QL (28 per 28 days)
REVLIMID 25 MG CAPSULE SP	5	PA,QL (28 per 28 days)
REVLIMID 5 MG CAPSULE SP	5	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLETS IN A DOSE PACK MO	4	B vs D
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS MO	5	PA
SOLTAMOX 10 MG/5 ML ORAL SOLUTION MO	4	
SPRYCEL 100 MG TABLET SP	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET SP	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET SP	5	PA,QL (90 per 30 days)
SPRYCEL 50 MG TABLET SP	5	PA,QL (60 per 30 days)
SPRYCEL 70 MG TABLET SP	5	PA,QL (60 per 30 days)
SPRYCEL 80 MG TABLET SP	5	PA,QL (60 per 30 days)
STIVARGA 40 MG TABLET SP	5	PA,QL (84 per 28 days)
SUTENT 12.5 MG CAPSULE SP	5	PA,QL (28 per 28 days)
SUTENT 25 MG CAPSULE SP	5	PA,QL (28 per 28 days)
SUTENT 37.5 MG CAPSULE SP	5	PA,QL (28 per 28 days)
SUTENT 50 MG CAPSULE SP	5	PA,QL (28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYLVANT 100 MG INTRAVENOUS SOLUTION MO	5	PA,QL (13 per 30 days)
SYLVANT 400 MG INTRAVENOUS SOLUTION MO	5	PA,QL (4 per 30 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION MO	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET MO	4	
TAFINLAR 50 MG CAPSULE SP	5	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE SP	5	PA,QL (120 per 30 days)
tamoxifen 10 mg tablet MO	2	
tamoxifen 20 mg tablet MO	2	
TARCEVA 100 MG TABLET SP	5	PA,QL (30 per 30 days)
TARCEVA 150 MG TABLET SP	5	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET SP	5	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE SP	5	PA,QL (300 per 30 days)
TASIGNA 150 MG CAPSULE SP	5	PA,QL (120 per 30 days)
TASIGNA 200 MG CAPSULE SP	5	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML) INTRAVENOUS SOLUTION MO	5	
TAXOTERE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	5	
TEMODAR 100 MG INTRAVENOUS SOLUTION MO	5	PA,QL (27 per 30 days)
teniposide 50 mg/5 ml ampule MO	4	
thiotepa 15 mg vial MO	2	
toposar 20 mg/ml intravenous solution MO	4	
topotecan hcl 4 mg vial MO	5	
topotecan hcl 4 mg/4 ml vial MO	5	
TORISEL 30 MG/3 ML (10 MG/ML) (FINAL) INTRAVENOUS SOLUTION MO	5	PA,QL (100 per 28 days)
TREANDA 100 MG INTRAVENOUS SOLUTION MO	5	PA,QL (600 per 21 days)
TREANDA 25 MG INTRAVENOUS SOLUTION MO	5	PA,QL (300 per 21 days)
TRELSTAR 11.25 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	PA
TRELSTAR 22.5 MG INTRAMUSCULAR SUSPENSION MO	4	PA
TRELSTAR 22.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	PA
TRELSTAR 3.75 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	PA
TRELSTAR DEPOT 3.75 MG INTRAMUSCULAR SUSPENSION MO	4	PA,QL (1 per 28 days)
TRELSTAR LA 11.25 MG INTRAMUSCULAR SUSPENSION MO	4	PA,QL (1 per 84 days)
tretinoin 10 mg capsule SP	3	
TREXALL 10 MG TABLET MO	4	B vs D
TREXALL 15 MG TABLET MO	4	B vs D
TREXALL 5 MG TABLET MO	4	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TREXALL 7.5 MG TABLET MO	4	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION MO	4	
TYKERB 250 MG TABLET SP	5	PA,QL (150 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION MO	5	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	5	PA
VECTIBIX 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	5	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION MO	5	PA,QL (14 per 21 days)
vinblastine 1 mg/ml vial MO	2	
vinblastine sulf 10 mg vial MO	2	
vincasar pfs 2 mg/2 ml intravenous solution MO	2	
vincristine 1 mg/ml vial MO	2	
vincristine 2 mg/2 ml vial MO	2	
vinorelbine 10 mg/ml vial MO	4	
vinorelbine 50 mg/5 ml vial MO	4	
VOTRIENT 200 MG TABLET SP	5	PA,QL (120 per 30 days)
VUMON 50 MG/5 ML AMPULE MO	4	
XALKORI 200 MG CAPSULE SP	5	PA,QL (60 per 30 days)
XALKORI 250 MG CAPSULE SP	5	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE SP	5	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (40 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (70 per 21 days)
ZALTRAP 100 MG/4 ML (25 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (40 per 28 days)
ZALTRAP 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (5 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION MO	4	
ZELBORAF 240 MG TABLET SP	5	PA,QL (240 per 30 days)
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT MO	4	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT MO	4	PA,QL (1 per 28 days)
ZOLINZA 100 MG CAPSULE SP	5	PA,QL (120 per 30 days)
ZYDELIG 100 MG TABLET MO	5	PA,QL (60 per 30 days)
ZYDELIG 150 MG TABLET MO	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE SP	5	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET SP	5	PA,QL (120 per 30 days)
AUTONOMIC DRUGS		
albuterol 0.083% inhal soln MO	2	B vs D
albuterol 2.5 mg/0.5 ml sol MO	2	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
albuterol 5 mg/ml solution MO	2	B vs D
albuterol sul 0.63 mg/3 ml sol MO	2	B vs D
albuterol sul 1.25 mg/3 ml sol MO	2	B vs D
albuterol sulf 2 mg/5 ml syrup MO	2	
albuterol sulfate 2 mg tab MO	3	
albuterol sulfate 4 mg tab MO	3	
albuterol sulfate er 4 mg tab MO	4	
albuterol sulfate er 8 mg tab MO	4	
alfuzosin hcl er 10 mg tablet MO	2	QL (30 per 30 days)
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE MO	4	QL (30 per 30 days)
atropine 0.05 mg/ml syringe MO	2	
atropine 0.1 mg/ml syringe MO	2	
atropine 1 mg/ml vial MO	2	
atropine 8 mg/20 ml vial MO	2	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MO	4	QL (30 per 30 days)
baclofen 10 mg tablet MO	1	
baclofen 20 mg tablet MO	2	
bethanechol 10 mg tablet MO	3	
bethanechol 25 mg tablet MO	3	
bethanechol 5 mg tablet MO	3	
bethanechol 50 mg tablet MO	4	
carisoprodol 350 mg tablet MO	2	PA
CHANTIX 0.5 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX 1 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	4	QL (56 per 28 days)
cyclobenzaprine 10 mg tablet MO	4	PA
cyclobenzaprine 5 mg tablet MO	4	PA
dantrolene sodium 100 mg cap MO	4	
dantrolene sodium 25 mg cap MO	4	
dantrolene sodium 50 mg cap MO	4	
dicyclomine 10 mg capsule MO	2	
dicyclomine 10 mg/5 ml soln MO	3	
dicyclomine 20 mg tablet MO	2	
dihydroergotamine 1 mg/ml am MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
donepezil hcl 10 mg tablet MO	2	QL (60 per 30 days)
donepezil hcl 5 mg tablet MO	2	QL (30 per 30 days)
donepezil hcl odt 10 mg tablet MO	2	QL (30 per 30 days)
donepezil hcl odt 5 mg tablet MO	2	QL (30 per 30 days)
DUONEB 0.5 MG-3 MG/3 ML SOLN MO	4	B vs D
epinephrine 0.1 mg/ml syringe MO	2	
epinephrine 1 mg/ml ampul MO	2	
epinephrine 1 mg/ml vial MO	2	
EPIPEN 2-PAK 0.3 MG/0.3 ML (1:1,000) INJECTION,AUTO-INJECTOR MO	4	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML (1:2,000) INJECTION,AUTO-INJECTOR MO	4	
ERGOMAR 2 MG SUBLINGUAL TABLET MO	2	
EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL MO	4	QL (30 per 30 days)
EXELON PATCH 4.6 MG/24 HR TRANSDERMAL MO	4	QL (30 per 30 days)
EXELON PATCH 9.5 MG/24 HR TRANSDERMAL MO	4	QL (30 per 30 days)
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE MO	3	QL (60 per 30 days)
galantamine 4 mg/ml oral soln MO	4	QL (200 per 30 days)
galantamine er 16 mg capsule MO	4	QL (30 per 30 days)
galantamine er 24 mg capsule MO	4	QL (30 per 30 days)
galantamine er 8 mg capsule MO	4	QL (30 per 30 days)
galantamine hbr 12 mg tablet MO	4	QL (60 per 30 days)
galantamine hbr 4 mg tablet MO	4	QL (60 per 30 days)
galantamine hbr 8 mg tablet MO	4	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial MO	3	
glycopyrrolate 1 mg tablet MO	3	
glycopyrrolate 2 mg tablet MO	3	
guanidine hcl 125 mg tablet MO	3	
iprat-albut 0.5-3(2.5) mg/3 ml MO	2	B vs D
ipratropium br 0.02% soln MO	1	B vs D
metaproterenol 10 mg tablet MO	4	
metaproterenol 10 mg/5 ml syr MO	4	
metaproterenol 20 mg tablet MO	4	
methocarbamol 500 mg tablet MO	2	PA
methocarbamol 750 mg tablet MO	2	PA
midodrine hcl 10 mg tablet MO	4	
midodrine hcl 2.5 mg tablet MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
midodrine hcl 5 mg tablet MO	4	
migergot 2 mg-100 mg rectal suppository MO	4	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	4	
orphenadrine er 100 mg tablet MO	3	PA
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	4	PA,QL (120 per 30 days)
pilocarpine hcl 5 mg tablet MO	4	
pilocarpine hcl 7.5 mg tablet MO	4	
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
propantheline 15 mg tablet MO	2	
pyridostigmine br 60 mg tablet MO	3	
rivastigmine 1.5 mg capsule MO	4	QL (90 per 30 days)
rivastigmine 3 mg capsule MO	4	QL (90 per 30 days)
rivastigmine 4.5 mg capsule MO	4	QL (60 per 30 days)
rivastigmine 6 mg capsule MO	4	QL (60 per 30 days)
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES MO	3	QL (30 per 30 days)
tamsulosin hcl 0.4 mg capsule MO	2	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial MO	5	
terbutaline sulfate 2.5 mg tab MO	4	
terbutaline sulfate 5 mg tab MO	4	
tizanidine hcl 2 mg tablet MO	2	
tizanidine hcl 4 mg tablet MO	2	
BLOOD FORMATION,COAGULATION & THROMBOSIS		
anagrelide hcl 0.5 mg capsule MO	3	
anagrelide hcl 1 mg capsule MO	3	
argatroban 250 mg/2.5 ml vial MO	2	
BRILINTA 90 MG TABLET MO	3	QL (60 per 30 days)
cilostazol 100 mg tablet MO	2	
cilostazol 50 mg tablet MO	2	
clopidogrel 300 mg tablet MO	2	QL (1 per 30 days)
clopidogrel 75 mg tablet MO	2	QL (30 per 30 days)
COUMADIN 1 MG TABLET MO	4	
COUMADIN 10 MG TABLET MO	4	
COUMADIN 2 MG TABLET MO	4	
COUMADIN 2.5 MG TABLET MO	4	
COUMADIN 3 MG TABLET MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUMADIN 4 MG TABLET MO	4	
COUMADIN 5 MG TABLET MO	4	
COUMADIN 5 MG VIAL MO	4	
COUMADIN 6 MG TABLET MO	4	
COUMADIN 7.5 MG TABLET MO	4	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	PA
EFFIENT 10 MG TABLET MO	3	QL (30 per 30 days)
EFFIENT 5 MG TABLET MO	3	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	3	QL (60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL (60 per 30 days)
enoxaparin 100 mg/ml syringe SP	4	QL (28 per 30 days)
enoxaparin 120 mg/0.8 ml syr SP	4	QL (28 per 30 days)
enoxaparin 150 mg/ml syringe SP	4	QL (28 per 30 days)
enoxaparin 30 mg/0.3 ml syr SP	4	QL (28 per 30 days)
enoxaparin 300 mg/3 ml vial SP	4	QL (14 per 30 days)
enoxaparin 40 mg/0.4 ml syr SP	4	QL (28 per 30 days)
enoxaparin 60 mg/0.6 ml syr SP	4	QL (28 per 30 days)
enoxaparin 80 mg/0.8 ml syr SP	4	QL (28 per 30 days)
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
fondaparinux 10 mg/0.8 ml syr SP	5	QL (14 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr SP	4	QL (14 per 30 days)
fondaparinux 5 mg/0.4 ml syr SP	5	QL (14 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr SP	5	QL (14 per 30 days)
FRAGMIN 10,000 UNIT/ML SUBCUTANEOUS SYRINGE SP	5	QL (14 per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SUBCUTANEOUS SYRINGE SP	5	QL (14 per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SUBCUTANEOUS SYRINGE SP	5	QL (14 per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML SUBCUTANEOUS SYRINGE SP	5	QL (14 per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SUBCUTANEOUS SYRINGE SP	4	QL (14 per 30 days)
FRAGMIN 25,000 UNIT/ML SUBCUTANEOUS SOLUTION SP	4	QL (2 per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SUBCUTANEOUS SYRINGE SP	4	QL (14 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FRAGMIN 7,500 UNIT/0.3 ML SUBCUTANEOUS SYRINGE ^{SP}	5	QL (14 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE ^{SP}	5	PA,QL (14 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE ^{SP}	5	PA,QL (14 per 28 days)
heparin sod 10,000 unit/ml vl ^{MO}	3	
heparin sod 20,000 unit/ml vl ^{MO}	3	
heparin sod 5,000 unit/ml vial ^{MO}	3	
heparin-1/2ns 25,000 units/250 ^{MO}	2	
heparin-1/2ns 25,000 units/500 ^{MO}	2	
heparin-d5w 20,000 unit/500 ml ^{MO}	2	
heparin-ns 2,000 unit/1,000 ml ^{MO}	2	
jantoven 1 mg tablet ^{MO}	2	
jantoven 10 mg tablet ^{MO}	2	
jantoven 2 mg tablet ^{MO}	2	
jantoven 2.5 mg tablet ^{MO}	2	
jantoven 3 mg tablet ^{MO}	2	
jantoven 4 mg tablet ^{MO}	2	
jantoven 5 mg tablet ^{MO}	2	
jantoven 6 mg tablet ^{MO}	2	
jantoven 7.5 mg tablet ^{MO}	2	
LEUKINE 250 MCG SOLUTION FOR INJECTION ^{SP}	5	PA
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION ^{MO}	5	PA,QL (8 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{SP}	5	PA,QL (2 per 28 days)
NEUMEGA 5 MG SUBCUTANEOUS SOLUTION ^{SP}	5	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE ^{SP}	5	PA,QL (14 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION ^{SP}	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE ^{SP}	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION ^{SP}	5	PA,QL (14 per 30 days)
pentoxifylline er 400 mg tab ^{MO}	2	
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 SOLUTION ^{SP}	4	PA,QL (14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION ^{SP}	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION ^{SP}	5	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION ^{SP}	5	PA,QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION ^{SP}	4	PA,QL (14 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION SP	4	PA,QL (14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
PROMACTA 12.5 MG TABLET SP	5	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET SP	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET SP	5	PA,QL (30 per 30 days)
PROMACTA 75 MG TABLET SP	5	PA,QL (30 per 30 days)
ticlopidine 250 mg tablet MO	4	PA
tranexamic acid 1,000 mg/10 ml MO	3	PA
tranexamic acid 650 mg tablet MO	4	QL (30 per 5 days)
warfarin sodium 1 mg tablet MO	1	
warfarin sodium 10 mg tablet MO	1	
warfarin sodium 2 mg tablet MO	1	
warfarin sodium 2.5 mg tablet MO	1	
warfarin sodium 3 mg tablet MO	1	
warfarin sodium 4 mg tablet MO	1	
warfarin sodium 5 mg tablet MO	1	
warfarin sodium 6 mg tablet MO	1	
warfarin sodium 7.5 mg tablet MO	1	
XARELTO 10 MG TABLET MO	3	QL (35 per 60 days)
XARELTO 15 MG TABLET MO	3	QL (60 per 30 days)
XARELTO 20 MG TABLET MO	3	QL (30 per 30 days)
ZONTIVITY 2.08 MG TABLET MO	4	PA,QL (30 per 30 days)
CARDIOVASCULAR DRUGS		
acebutolol 200 mg capsule MO	2	
acebutolol 400 mg capsule MO	2	
ADCIRCA 20 MG TABLET SP	5	PA,QL (60 per 30 days)
afeditab cr 30 mg tablet,extended release MO	3	QL (60 per 30 days)
afeditab cr 60 mg tablet,extended release MO	3	QL (60 per 30 days)
amiodarone 150 mg/3 ml syringe MO	2	
amiodarone 900 mg/18 ml vial MO	2	
amiodarone hcl 100 mg tablet MO	4	
amiodarone hcl 200 mg tablet MO	2	
amiodarone hcl 400 mg tablet MO	2	
amlodipine besylate 10 mg tab MO	2	
amlodipine besylate 2.5 mg tab MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine besylate 5 mg tab MO	2	
amlodipine-atorvast 10-10 mg MO	3	QL (30 per 30 days)
amlodipine-atorvast 10-20 mg MO	3	QL (30 per 30 days)
amlodipine-atorvast 10-40 mg MO	3	QL (30 per 30 days)
amlodipine-atorvast 10-80 mg MO	3	QL (30 per 30 days)
amlodipine-atorvast 2.5-10 mg MO	3	QL (30 per 30 days)
amlodipine-atorvast 2.5-20 mg MO	3	QL (30 per 30 days)
amlodipine-atorvast 2.5-40 mg MO	3	QL (30 per 30 days)
amlodipine-atorvast 5-10 mg MO	3	QL (30 per 30 days)
amlodipine-atorvast 5-20 mg MO	3	QL (30 per 30 days)
amlodipine-atorvast 5-40 mg MO	3	QL (30 per 30 days)
amlodipine-atorvast 5-80 mg MO	3	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg MO	3	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg MO	3	QL (30 per 30 days)
amlodipine-benazepril 2.5-10 MO	3	QL (60 per 30 days)
amlodipine-benazepril 5-10 mg MO	3	QL (60 per 30 days)
amlodipine-benazepril 5-20 mg MO	3	QL (60 per 30 days)
amlodipine-benazepril 5-40 mg MO	3	QL (30 per 30 days)
atenolol 100 mg tablet MO	1	
atenolol 25 mg tablet MO	1	
atenolol 50 mg tablet MO	1	
atenolol-chlorthal 50-25 tb MO	1	
atenolol-chlorthalidone 100-25 MO	1	
atorvastatin 10 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 20 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 40 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 80 mg tablet MO	2	QL (30 per 30 days)
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 MO	1	
benazepril hcl 20 mg tablet MO	1	
benazepril hcl 40 mg tablet MO	1	
benazepril hcl 5 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
benazepril-hctz 10-12.5 mg tab MO	2	
benazepril-hctz 20-12.5 mg tab MO	2	
benazepril-hctz 20-25 mg tab MO	2	
benazepril-hctz 5-6.25 mg tab MO	2	
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)
BIDIL 20 MG-37.5 MG TABLET MO	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg tab MO	2	
bisoprolol fumarate 5 mg tab MO	2	
bisoprolol-hctz 10-6.25 mg tab MO	1	
bisoprolol-hctz 2.5-6.25 mg tb MO	1	
bisoprolol-hctz 5-6.25 mg tab MO	1	
candesartan cilexetil 16 mg tb MO	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb MO	3	QL (30 per 30 days)
candesartan cilexetil 4 mg tab MO	3	QL (60 per 30 days)
candesartan cilexetil 8 mg tab MO	3	QL (60 per 30 days)
candesartan-hctz 16-12.5 mg tb MO	3	QL (30 per 30 days)
candesartan-hctz 32-12.5 mg tb MO	3	QL (30 per 30 days)
candesartan-hctz 32-25 mg tab MO	3	QL (30 per 30 days)
captopril 100 mg tablet MO	2	
captopril 12.5 mg tablet MO	2	
captopril 25 mg tablet MO	2	
captopril 50 mg tablet MO	2	
captopril-hctz 25-15 mg tablet MO	2	
captopril-hctz 25-25 mg tablet MO	2	
captopril-hctz 50-15 mg tablet MO	2	
captopril-hctz 50-25 mg tablet MO	2	
cartia xt 120 mg capsule,extended release MO	3	QL (60 per 30 days)
cartia xt 180 mg capsule,extended release MO	3	QL (60 per 30 days)
cartia xt 240 mg capsule,extended release MO	3	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release MO	3	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carvedilol 12.5 mg tablet MO	1	
carvedilol 25 mg tablet MO	1	
carvedilol 3.125 mg tablet MO	1	
carvedilol 6.25 mg tablet MO	1	
cholestyramine light 4 gram oral powder MO	4	
cholestyramine light 4 gram powder for susp in a packet MO	4	
cholestyramine packet MO	4	
cholestyramine powder MO	4	
clonidine 0.1 mg/day patch MO	4	QL (4 per 28 days)
clonidine 0.2 mg/day patch MO	4	QL (4 per 28 days)
clonidine 0.3 mg/day patch MO	4	QL (4 per 28 days)
clonidine hcl 0.1 mg tablet MO	1	
clonidine hcl 0.2 mg tablet MO	1	
clonidine hcl 0.3 mg tablet MO	2	
clonidine hcl er 0.1 mg tablet MO	4	QL (120 per 30 days)
clorpres 0.1 mg-15 mg tablet MO	4	
clorpres 0.2 mg-15 mg tablet MO	4	
clorpres 0.3 mg-15 mg tablet MO	4	
colestipol hcl granules MO	4	
colestipol hcl granules packet MO	4	
colestipol micronized 1 gm tab MO	4	
CRESTOR 10 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 20 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 40 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 5 MG TABLET MO	3	QL (30 per 30 days)
digox 125 mcg tablet MO	1	QL (30 per 30 days)
digox 250 mcg tablet MO	1	PA
digoxin 0.25 mg/ml ampul MO	3	PA
digoxin 125 mcg tablet MO	2	QL (30 per 30 days)
digoxin 250 mcg tablet MO	2	PA
digoxin 50 mcg/ml solution MO	3	PA
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE MO	4	
dilt-cd 120 mg capsule MO	3	QL (60 per 30 days)
dilt-cd 180 mg capsule MO	3	QL (60 per 30 days)
dilt-cd 240 mg capsule MO	3	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dilt-cd er 300 mg capsule MO	3	QL (30 per 30 days)
dilt-xr 120 mg capsule, extended release MO	3	QL (60 per 30 days)
dilt-xr 180 mg capsule, extended release MO	3	QL (60 per 30 days)
dilt-xr 240 mg capsule, extended release MO	3	QL (60 per 30 days)
diltiazem 120 mg tablet MO	2	
diltiazem 24hr cd 120 mg cap MO	3	QL (60 per 30 days)
diltiazem 24hr er 180 mg cap MO	3	QL (60 per 30 days)
diltiazem 24hr er 240 mg cap MO	3	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap MO	3	QL (30 per 30 days)
diltiazem 30 mg tablet MO	2	
diltiazem 60 mg tablet MO	2	
diltiazem 90 mg tablet MO	2	
diltiazem er 120 mg 12-hr cap MO	3	
diltiazem er 120 mg capsule MO	3	QL (60 per 30 days)
diltiazem er 180 mg capsule MO	3	QL (60 per 30 days)
diltiazem er 240 mg capsule MO	3	QL (60 per 30 days)
diltiazem er 60 mg 12-hr cap MO	3	
diltiazem er 90 mg 12-hr cap MO	3	
diltiazem hcl 100 mg vial MO	4	
diltiazem hcl er 240 mg cap MO	3	QL (60 per 30 days)
diltiazem hcl er 300 mg cap MO	3	QL (30 per 30 days)
diltiazem hcl er 360 mg cap MO	3	QL (30 per 30 days)
diltiazem hcl er 420 mg cap MO	3	QL (30 per 30 days)
diltzac er 120 mg capsule MO	3	QL (60 per 30 days)
diltzac er 180 mg capsule MO	3	QL (60 per 30 days)
diltzac er 240 mg capsule MO	3	QL (60 per 30 days)
diltzac er 300 mg capsule MO	3	QL (30 per 30 days)
diltzac er 360 mg capsule MO	3	QL (30 per 30 days)
disopyramide 100 mg capsule MO	3	PA
disopyramide 150 mg capsule MO	3	PA
doxazosin mesylate 1 mg tab MO	2	
doxazosin mesylate 2 mg tab MO	2	
doxazosin mesylate 4 mg tab MO	2	
doxazosin mesylate 8 mg tab MO	2	
enalapril maleate 10 mg tab MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enalapril maleate 2.5 mg tab MO	1	
enalapril maleate 20 mg tab MO	1	
enalapril maleate 5 mg tablet MO	1	
enalapril-hctz 10-25 mg tablet MO	1	
enalapril-hctz 5-12.5 mg tab MO	1	
eplerenone 25 mg tablet MO	4	
eplerenone 50 mg tablet MO	4	
felodipine er 10 mg tablet MO	3	QL (30 per 30 days)
felodipine er 2.5 mg tablet MO	3	QL (30 per 30 days)
felodipine er 5 mg tablet MO	3	QL (30 per 30 days)
fenofibrate 134 mg capsule MO	3	QL (30 per 30 days)
fenofibrate 145 mg tablet MO	4	QL (30 per 30 days)
fenofibrate 160 mg tablet MO	2	QL (30 per 30 days)
fenofibrate 200 mg capsule MO	3	QL (30 per 30 days)
fenofibrate 48 mg tablet MO	4	QL (60 per 30 days)
fenofibrate 54 mg tablet MO	2	QL (60 per 30 days)
fenofibrate 67 mg capsule MO	3	QL (60 per 30 days)
fenofibric acid dr 135 mg cap MO	4	QL (30 per 30 days)
fenofibric acid dr 45 mg cap MO	4	QL (30 per 30 days)
flecainide acetate 100 mg tab MO	3	
flecainide acetate 150 mg tab MO	3	
flecainide acetate 50 mg tab MO	3	
fosinopril sodium 10 mg tab MO	1	
fosinopril sodium 20 mg tab MO	1	
fosinopril sodium 40 mg tab MO	1	
fosinopril-hctz 10-12.5 mg tab MO	3	
fosinopril-hctz 20-12.5 mg tab MO	3	
gemfibrozil 600 mg tablet MO	2	QL (60 per 30 days)
guanfacine 1 mg tablet MO	2	PA
guanfacine 2 mg tablet MO	2	PA
hydralazine 10 mg tablet MO	1	
hydralazine 100 mg tablet MO	2	
hydralazine 20 mg/ml vial MO	3	
hydralazine 25 mg tablet MO	1	
hydralazine 50 mg tablet MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
irbesartan 150 mg tablet MO	2	QL (30 per 30 days)
irbesartan 300 mg tablet MO	2	QL (30 per 30 days)
irbesartan 75 mg tablet MO	2	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb MO	2	QL (30 per 30 days)
irbesartan-hctz 300-12.5 mg tb MO	2	QL (30 per 30 days)
ISORDIL 40 MG TABLET MO	4	
isosorbide dn 10 mg tablet MO	2	
isosorbide dn 2.5 mg tab sl MO	2	
isosorbide dn 20 mg tablet MO	2	
isosorbide dn 30 mg tablet MO	2	
isosorbide dn 5 mg tablet MO	2	
isosorbide dn 5 mg tablet sl MO	2	
isosorbide dn er 40 mg tablet MO	3	
isosorbide mn 10 mg tablet MO	2	
isosorbide mn 20 mg tablet MO	2	
isosorbide mn er 120 mg tab MO	2	
isosorbide mn er 30 mg tablet MO	1	
isosorbide mn er 60 mg tablet MO	1	
isradipine 2.5 mg capsule MO	4	
isradipine 5 mg capsule MO	4	
labetalol hcl 100 mg tablet MO	2	
labetalol hcl 100 mg/20 ml vl MO	2	
labetalol hcl 200 mg tablet MO	2	
labetalol hcl 300 mg tablet MO	2	
LANOXIN 125 MCG TABLET MO	4	QL (30 per 30 days)
LANOXIN 187.5 MCG TABLET MO	4	PA,QL (30 per 30 days)
LANOXIN 250 MCG TABLET MO	4	PA
LANOXIN 250 MCG/ML INJECTION SOLUTION MO	4	PA
LANOXIN 62.5 MCG TABLET MO	4	QL (30 per 30 days)
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION MO	4	PA
lidocaine hcl 1% syringe MO	2	
lidocaine hcl 2% luer-jet MO	2	
lisinopril 10 mg tablet MO	1	
lisinopril 2.5 mg tablet MO	1	
lisinopril 20 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lisinopril 30 mg tablet MO	2	
lisinopril 40 mg tablet MO	2	
lisinopril 5 mg tablet MO	1	
lisinopril-hctz 10-12.5 mg tab MO	1	
lisinopril-hctz 20-12.5 mg tab MO	1	
lisinopril-hctz 20-25 mg tab MO	1	
losartan potassium 100 mg tab MO	1	QL (60 per 30 days)
losartan potassium 25 mg tab MO	1	QL (60 per 30 days)
losartan potassium 50 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg tab MO	2	QL (60 per 30 days)
losartan-hctz 100-25 mg tab MO	2	QL (60 per 30 days)
losartan-hctz 50-12.5 mg tab MO	2	QL (60 per 30 days)
lovastatin 10 mg tablet MO	1	QL (60 per 30 days)
lovastatin 20 mg tablet MO	1	QL (60 per 30 days)
lovastatin 40 mg tablet MO	2	QL (60 per 30 days)
metoprolol succ er 100 mg tab MO	3	QL (60 per 30 days)
metoprolol succ er 200 mg tab MO	3	QL (60 per 30 days)
metoprolol succ er 25 mg tab MO	3	QL (60 per 30 days)
metoprolol succ er 50 mg tab MO	3	QL (60 per 30 days)
metoprolol tart 5 mg/5 ml vial MO	2	
metoprolol tartrate 100 mg tab MO	1	
metoprolol tartrate 25 mg tab MO	1	
metoprolol tartrate 50 mg tab MO	1	
metoprolol-hctz 100-25 mg tab MO	3	
metoprolol-hctz 100-50 mg tab MO	3	
metoprolol-hctz 50-25 mg tab MO	3	
mexiletine 150 mg capsule MO	4	
mexiletine 200 mg capsule MO	4	
mexiletine 250 mg capsule MO	4	
minoxidil 10 mg tablet MO	2	
minoxidil 2.5 mg tablet MO	2	
moexipril hcl 15 mg tablet MO	2	
moexipril hcl 7.5 mg tablet MO	2	
moexipril-hctz 15-12.5 mg tab MO	2	
moexipril-hctz 15-25 mg tablet MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
moexipril-hctz 7.5-12.5 mg tab MO	2	
MULTAQ 400 MG TABLET MO	4	QL (60 per 30 days)
nadolol 20 mg tablet MO	3	
nadolol 40 mg tablet MO	3	
nadolol 80 mg tablet MO	3	
nadolol-bendroflu 40-5 mg tab MO	3	
nadolol-bendroflu 80-5 mg tab MO	3	
niacor 500 mg tablet MO	3	
nicardipine 20 mg capsule MO	2	
nicardipine 25 mg/10 ml ampule MO	2	
nicardipine 30 mg capsule MO	2	
nifediac cc 90 mg tablet MO	3	QL (60 per 30 days)
nifedical xl 30 mg tablet,extended release MO	3	QL (60 per 30 days)
nifedical xl 60 mg tablet,extended release MO	3	QL (60 per 30 days)
nifedipine er 30 mg tablet MO	3	QL (60 per 30 days)
nifedipine er 60 mg tablet MO	3	QL (60 per 30 days)
nifedipine er 90 mg tablet MO	3	QL (60 per 30 days)
nimodipine 30 mg capsule MO	4	
nitroglycerin 0.1 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 0.2 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 0.4 mg/hr patch MO	2	QL (60 per 30 days)
nitroglycerin 0.6 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 5 mg/ml vial MO	2	
nitroglycerin lingual 0.4 mg MO	4	
NITROLINGUAL 400 MCG/SPRAY MO	4	
NITROSTAT 0.3 MG SUBLINGUAL TABLET MO	3	
NITROSTAT 0.4 MG SUBLINGUAL TABLET MO	3	
NITROSTAT 0.6 MG SUBLINGUAL TABLET MO	3	
omega-3 ethyl esters 1 gm cap MO	3	QL (120 per 30 days)
PACERONE 100 MG TABLET MO	4	
pacerone 200 mg tablet MO	4	
PACERONE 400 MG TABLET MO	4	
perindopril erbumine 2 mg tab MO	3	
perindopril erbumine 4 mg tab MO	3	
perindopril erbumine 8 mg tab MO	3	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quinapril 20 mg tablet MO	1	
quinapril 40 mg tablet MO	1	
quinapril 5 mg tablet MO	1	
quinapril-hctz 10-12.5 mg tab MO	3	
quinapril-hctz 20-12.5 mg tab MO	3	
quinapril-hctz 20-25 mg tab MO	3	
quinidine gluc 80 mg/ml vial MO	2	
quinidine gluc er 324 mg tab MO	4	
quinidine sulf er 300 mg tab MO	2	
quinidine sulfate 200 mg tab MO	2	
quinidine sulfate 300 mg tab MO	2	
ramipril 1.25 mg capsule MO	2	
ramipril 10 mg capsule MO	2	
ramipril 2.5 mg capsule MO	2	
ramipril 5 mg capsule MO	2	
reserpine 0.1 mg tablet MO	2	PA
reserpine 0.25 mg tablet MO	2	PA
sildenafil 20 mg tablet SP	3	PA,QL (90 per 30 days)
simvastatin 10 mg tablet MO	2	QL (30 per 30 days)
simvastatin 20 mg tablet MO	2	QL (30 per 30 days)
simvastatin 40 mg tablet MO	2	QL (30 per 30 days)
simvastatin 5 mg tablet MO	2	QL (30 per 30 days)
simvastatin 80 mg tablet MO	2	QL (30 per 30 days)
sorine 120 mg tablet MO	2	
sorine 160 mg tablet MO	2	
sorine 240 mg tablet MO	2	
sorine 80 mg tablet MO	2	
sotalol 120 mg tablet MO	2	
sotalol 160 mg tablet MO	2	
sotalol 240 mg tablet MO	2	
sotalol 80 mg tablet MO	1	
sotalol af 120 mg tablet MO	2	
sotalol af 160 mg tablet MO	2	
sotalol af 80 mg tablet MO	2	
sotalol hcl 150 mg/10 ml vial MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
spironolactone 100 mg tablet MO	2	
spironolactone 25 mg tablet MO	1	
spironolactone 50 mg tablet MO	2	
spironolactone-hctz 25-25 tab MO	2	
taztia xt 120 mg capsule,extended release MO	3	QL (60 per 30 days)
taztia xt 180 mg capsule,extended release MO	3	QL (60 per 30 days)
taztia xt 240 mg capsule,extended release MO	3	QL (60 per 30 days)
taztia xt 300 mg capsule,extended release MO	3	QL (30 per 30 days)
taztia xt 360 mg capsule,extended release MO	3	QL (30 per 30 days)
TEKTURNA 150 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA 300 MG TABLET MO	3	QL (30 per 30 days)
terazosin 1 mg capsule MO	1	
terazosin 10 mg capsule MO	1	
terazosin 2 mg capsule MO	1	
terazosin 5 mg capsule MO	1	
TIKOSYN 125 MCG CAPSULE SP	4	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE SP	4	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE SP	4	QL (60 per 30 days)
timolol maleate 10 mg tablet MO	2	
timolol maleate 20 mg tablet MO	2	
timolol maleate 5 mg tablet MO	2	
trandolapril 1 mg tablet MO	2	
trandolapril 2 mg tablet MO	2	
trandolapril 4 mg tablet MO	2	
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)
valsartan-hctz 160-12.5 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 160-25 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 320-12.5 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 320-25 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 80-12.5 mg tab MO	2	QL (30 per 30 days)
verapamil 120 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
verapamil 2.5 mg/ml vial MO	2	
verapamil 360 mg cap pellet MO	2	QL (60 per 30 days)
verapamil 40 mg tablet MO	2	
verapamil 80 mg tablet MO	1	
verapamil er 120 mg capsule MO	2	QL (60 per 30 days)
verapamil er 120 mg tablet MO	2	
verapamil er 180 mg capsule MO	2	QL (60 per 30 days)
verapamil er 180 mg tablet MO	2	
verapamil er 240 mg capsule MO	2	QL (60 per 30 days)
verapamil er 240 mg tablet MO	2	
verapamil er pm 100 mg capsule MO	2	QL (30 per 30 days)
verapamil er pm 200 mg capsule MO	2	QL (60 per 30 days)
verapamil er pm 300 mg capsule MO	2	QL (30 per 30 days)
ZETIA 10 MG TABLET MO	3	QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY 1 MG/ML ORAL SOLUTION MO	4	QL (750 per 30 days)
ABILIFY 10 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 15 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 2 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 20 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 30 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 5 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 9.75 MG/1.3 ML INTRAMUSCULAR SOLUTION MO	4	QL (120 per 30 days)
ABILIFY DISCMELT 10 MG DISINTEGRATING TABLET MO	4	QL (60 per 30 days)
ABILIFY DISCMELT 15 MG DISINTEGRATING TABLET MO	4	QL (60 per 30 days)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE MO	5	PA,QL (1 per 28 days)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE MO	5	PA,QL (1 per 28 days)
acamprosate calc dr 333 mg tab MO	4	
acetaminophen-cod #2 tablet MO	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet MO	3	QL (390 per 30 days)
acetaminophen-cod #4 tablet MO	3	QL (390 per 30 days)
acetaminophen-codeine solution MO	3	QL (5010 per 30 days)
acetaminophen-codeine solution MO	3	QL (5010 per 30 days)
acetaminophen-codeine solution MO	3	QL (5010 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetaminophen-codeine solution MO	3	QL (5010 per 30 days)
acetaminophn-butalbital 325-50 MO	4	PA,QL (180 per 30 days)
alprazolam 0.25 mg tablet MO	4	QL (120 per 30 days)
alprazolam 0.5 mg tablet MO	4	QL (120 per 30 days)
alprazolam 1 mg tablet MO	4	QL (240 per 30 days)
alprazolam 2 mg tablet MO	4	QL (150 per 30 days)
ALSUMA 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (6 per 30 days)
amantadine 100 mg capsule MO	3	
amantadine 100 mg tablet MO	3	
amantadine 50 mg/5 ml syrup MO	3	
amitriptyline hcl 10 mg tab MO	1	PA
amitriptyline hcl 100 mg tab MO	1	PA
amitriptyline hcl 150 mg tab MO	2	PA
amitriptyline hcl 25 mg tab MO	1	PA
amitriptyline hcl 50 mg tab MO	1	PA
amitriptyline hcl 75 mg tab MO	1	PA
amoxapine 100 mg tablet MO	3	
amoxapine 150 mg tablet MO	3	
amoxapine 25 mg tablet MO	3	
amoxapine 50 mg tablet MO	3	
amphetamine salt combo 10 mg tablet MO	4	QL (90 per 30 days)
amphetamine salt combo 12.5 mg tablet MO	4	QL (90 per 30 days)
amphetamine salt combo 15 mg tablet MO	4	QL (90 per 30 days)
amphetamine salt combo 20 mg tablet MO	4	QL (90 per 30 days)
amphetamine salt combo 30 mg tablet MO	3	QL (60 per 30 days)
amphetamine salt combo 5 mg tablet MO	4	QL (90 per 30 days)
amphetamine salt combo 7.5 mg tablet MO	4	QL (90 per 30 days)
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE SP	5	QL (60 per 28 days)
APTIOM 200 MG TABLET MO	4	PA,QL (30 per 30 days)
APTIOM 400 MG TABLET MO	4	PA,QL (30 per 30 days)
APTIOM 600 MG TABLET MO	4	PA,QL (60 per 30 days)
APTIOM 800 MG TABLET MO	4	PA,QL (30 per 30 days)
AZILECT 0.5 MG TABLET MO	3	
AZILECT 1 MG TABLET MO	3	
BANZEL 200 MG TABLET MO	4	PA,QL (480 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BANZEL 40 MG/ML ORAL SUSPENSION MO	5	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET MO	5	PA,QL (240 per 30 days)
benztropine 2 mg/2 ml ampule MO	4	PA
benztropine mes 0.5 mg tab MO	2	PA
benztropine mes 1 mg tablet MO	2	PA
benztropine mes 2 mg tablet MO	2	PA
BRINTELLIX 10 MG TABLET MO	4	ST,QL (30 per 30 days)
BRINTELLIX 20 MG TABLET MO	4	ST,QL (30 per 30 days)
BRINTELLIX 5 MG TABLET MO	4	ST,QL (30 per 30 days)
bromocriptine 2.5 mg tablet MO	4	
bromocriptine 5 mg capsule MO	4	
budeprion sr 100 mg tablet MO	3	QL (120 per 30 days)
budeprion sr 150 mg tablet MO	3	QL (90 per 30 days)
budeprion xl 300 mg tablet MO	3	QL (90 per 30 days)
buprenorphine 0.3 mg/ml syrn MO	4	PA,QL (240 per 30 days)
buprenorphine 2 mg tablet sl MO	4	PA,QL (90 per 30 days)
buprenorphine 8 mg tablet sl MO	4	PA,QL (90 per 30 days)
buproban 150 mg tablet,extended release MO	3	QL (90 per 30 days)
bupropion hcl 100 mg tablet MO	3	QL (180 per 30 days)
bupropion hcl 75 mg tablet MO	3	
bupropion hcl sr 100 mg tablet MO	3	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl sr 200 mg tab MO	3	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet MO	3	QL (90 per 30 days)
buspirone hcl 10 mg tablet MO	1	
buspirone hcl 15 mg tablet MO	2	
buspirone hcl 30 mg tablet MO	2	
buspirone hcl 5 mg tablet MO	1	
buspirone hcl 7.5 mg tablet MO	2	
butalb-acetamin-caff 50-325-40 MO	4	PA,QL (180 per 30 days)
butalbit-acetaminophen-caff cp MO	4	PA,QL (180 per 30 days)
butalbital compound tablet MO	4	PA,QL (180 per 30 days)
butalbital-asa-caffeine cap MO	4	PA,QL (180 per 30 days)
butalbital-asa-caffeine tablet MO	4	PA,QL (180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BUTISOL 30 MG TABLET MO	4	PA
BUTISOL 30 MG/5 ML ORAL ELIXIR MO	4	PA
BUTISOL 50 MG TABLET MO	4	PA
butorphanol 1 mg/ml vial MO	3	QL (960 per 30 days)
butorphanol 10 mg/ml spray MO	3	QL (5 per 28 days)
butorphanol 2 mg/ml vial MO	3	QL (480 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION MO	4	QL (5010 per 30 days)
carbamazepine 100 mg tab chew MO	2	
carbamazepine 100 mg/5 ml susp MO	3	
carbamazepine 200 mg tablet MO	2	
carbamazepine er 100 mg cap MO	4	
carbamazepine er 200 mg cap MO	4	
carbamazepine er 300 mg cap MO	4	
carbamazepine xr 200 mg tablet MO	4	
carbamazepine xr 400 mg tablet MO	4	
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE MO	4	
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE MO	4	
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE MO	4	
carbidopa-levo 10-100 mg odt MO	3	
carbidopa-levo 25-100 mg odt MO	3	
carbidopa-levo 25-250 mg odt MO	3	
carbidopa-levo er 25-100 tab MO	3	
carbidopa-levo er 50-200 tab MO	3	
carbidopa-levodopa 10-100 tab MO	3	
carbidopa-levodopa 25-100 tab MO	3	
carbidopa-levodopa 25-250 tab MO	3	
CELONTIN 300 MG CAPSULE MO	4	
chlorpromazine 10 mg tablet MO	3	B vs D
chlorpromazine 100 mg tablet MO	3	
chlorpromazine 200 mg tablet MO	3	
chlorpromazine 25 mg tablet MO	3	B vs D
chlorpromazine 25 mg/ml amp MO	3	
chlorpromazine 50 mg tablet MO	3	
citalopram hbr 10 mg tablet MO	2	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
citalopram hbr 20 mg tablet MO	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet MO	1	QL (30 per 30 days)
clomipramine 25 mg capsule MO	4	PA
clomipramine 50 mg capsule MO	4	PA
clomipramine 75 mg capsule MO	4	PA
clonazepam 0.125 mg dis tab MO	4	
clonazepam 0.25 mg odt MO	4	
clonazepam 0.5 mg dis tablet MO	4	
clonazepam 0.5 mg tablet MO	4	
clonazepam 1 mg dis tablet MO	4	
clonazepam 1 mg tablet MO	4	
clonazepam 2 mg odt MO	4	
clonazepam 2 mg tablet MO	4	
clorazepate 15 mg tablet MO	4	
clorazepate 3.75 mg tablet MO	4	
clorazepate 7.5 mg tablet MO	4	
clozapine 100 mg tablet MO	3	
clozapine 200 mg tablet MO	3	
clozapine 25 mg tablet MO	3	
clozapine 50 mg tablet MO	3	
clozapine odt 100 mg tablet MO	4	ST
clozapine odt 12.5 mg tablet MO	4	ST
clozapine odt 25 mg tablet MO	4	ST
codeine sulfate 15 mg tablet MO	3	QL (360 per 30 days)
codeine sulfate 30 mg tablet MO	3	QL (360 per 30 days)
codeine sulfate 60 mg tablet MO	3	QL (180 per 30 days)
CYCLOSET 0.8 MG TABLET MO	4	ST,QL (180 per 30 days)
d-amphetamine er 10 mg capsule MO	4	QL (180 per 30 days)
d-amphetamine er 15 mg capsule MO	4	QL (120 per 30 days)
d-amphetamine er 5 mg capsule MO	4	QL (60 per 30 days)
desipramine 10 mg tablet MO	4	
desipramine 100 mg tablet MO	4	
desipramine 150 mg tablet MO	4	
desipramine 25 mg tablet MO	4	
desipramine 50 mg tablet MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desipramine 75 mg tablet MO	4	
dexmethylphenidate 10 mg tab MO	4	QL (60 per 30 days)
dexmethylphenidate 2.5 mg tab MO	4	QL (60 per 30 days)
dexmethylphenidate 5 mg tab MO	4	QL (60 per 30 days)
dexmethylphenidate er 15 mg cp MO	4	QL (30 per 30 days)
dexmethylphenidate er 30 mg cp MO	4	QL (30 per 30 days)
dexmethylphenidate er 40 mg cp MO	4	QL (30 per 30 days)
dextroamp-amphet er 10 mg cap MO	4	QL (30 per 30 days)
dextroamp-amphet er 15 mg cap MO	4	QL (30 per 30 days)
dextroamp-amphet er 20 mg cap MO	4	QL (60 per 30 days)
dextroamp-amphet er 25 mg cap MO	4	QL (60 per 30 days)
dextroamp-amphet er 30 mg cap MO	4	QL (60 per 30 days)
dextroamp-amphet er 5 mg cap MO	4	QL (30 per 30 days)
dextroamphetamine 10 mg tab MO	4	QL (180 per 30 days)
dextroamphetamine 5 mg tab MO	4	QL (150 per 30 days)
diazepam 10 mg rectal gel syst MO	4	
diazepam 10 mg tablet MO	4	QL (120 per 30 days)
diazepam 2 mg tablet MO	4	QL (90 per 30 days)
diazepam 2.5 mg rectal gel sys MO	4	
diazepam 20 mg rectal gel syst MO	4	
diazepam 5 mg tablet MO	4	QL (90 per 30 days)
diazepam 5 mg/5 ml solution MO	4	QL (1200 per 30 days)
diazepam intensol 5 mg/ml oral concentrate MO	4	QL (1200 per 30 days)
diclofenac pot 50 mg tablet MO	3	
diclofenac sod ec 25 mg tab MO	2	
diclofenac sod ec 50 mg tab MO	2	
diclofenac sod ec 75 mg tab MO	2	
diclofenac sod er 100 mg tab MO	2	
diflunisal 500 mg tablet MO	4	
dilantin 30 mg capsule MO	4	
dilantin extended 100 mg capsule MO	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	4	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	4	
divalproex sod dr 125 mg tab MO	3	
divalproex sod dr 250 mg tab MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
divalproex sod dr 500 mg tab MO	3	
divalproex sod er 250 mg tab MO	4	
divalproex sod er 500 mg tab MO	4	
divalproex sodium 125 mg cap MO	3	
doxepin 10 mg capsule MO	2	PA
doxepin 10 mg/ml oral conc MO	2	PA
doxepin 100 mg capsule MO	2	PA
doxepin 150 mg capsule MO	2	PA
doxepin 25 mg capsule MO	2	PA
doxepin 50 mg capsule MO	2	PA
doxepin 75 mg capsule MO	2	PA
duloxetine hcl dr 20 mg cap MO	3	QL (60 per 30 days)
duloxetine hcl dr 30 mg cap MO	3	QL (60 per 30 days)
duloxetine hcl dr 60 mg cap MO	3	QL (60 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION MO	4	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION MO	4	QL (3600 per 30 days)
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
endocet 10 mg-325 mg tablet MO	3	QL (360 per 30 days)
endocet 2.5 mg-325 mg tablet MO	3	QL (360 per 30 days)
endocet 5 mg-325 mg tablet MO	3	QL (360 per 30 days)
endocet 7.5 mg-325 mg tablet MO	3	QL (360 per 30 days)
entacapone 200 mg tablet MO	4	QL (300 per 30 days)
epitol 200 mg tablet MO	1	
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE MO	4	
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE MO	4	
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE MO	4	
escitalopram 10 mg tablet MO	2	QL (45 per 30 days)
escitalopram 20 mg tablet MO	2	QL (30 per 30 days)
escitalopram 5 mg tablet MO	2	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml MO	4	QL (600 per 30 days)
ethosuximide 250 mg capsule MO	3	
ethosuximide 250 mg/5 ml soln MO	4	
etodolac 200 mg capsule MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
etodolac 300 mg capsule MO	2	
etodolac 400 mg tablet MO	2	
etodolac 500 mg tablet MO	2	
etodolac er 400 mg tablet MO	4	
etodolac er 500 mg tablet MO	4	
etodolac er 600 mg tablet MO	4	
FANAPT 1 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 10 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 12 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	4	PA,QL (60 per 30 days)
FANAPT 2 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 4 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 6 MG TABLET MO	4	PA,QL (60 per 30 days)
FANAPT 8 MG TABLET MO	4	PA,QL (60 per 30 days)
FAZACLO 100 MG DISINTEGRATING TABLET MO	4	ST
FAZACLO 12.5 MG DISINTEGRATING TABLET MO	4	ST
FAZACLO 150 MG DISINTEGRATING TABLET MO	4	ST
FAZACLO 200 MG DISINTEGRATING TABLET MO	4	ST
FAZACLO 25 MG DISINTEGRATING TABLET MO	4	ST
felbamate 400 mg tablet MO	4	
felbamate 600 mg tablet MO	4	
felbamate 600 mg/5 ml susp MO	4	
fenoprofen calcium 400 mg cap MO	4	
fentanyl 0.05 mg/ml ampul MO	4	QL (720 per 30 days)
fentanyl 0.05 mg/ml syringe MO	4	QL (240 per 30 days)
fentanyl 100 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 12 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 25 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 50 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl 75 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg MO	5	PA,QL (120 per 30 days)
fentanyl cit otfc 1,600 mcg MO	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 200 mcg MO	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 400 mcg MO	5	PA,QL (120 per 30 days)
fentanyl citrate otfc 600 mcg MO	5	PA,QL (120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fentanyl citrate otfc 800 mcg MO	5	PA,QL (120 per 30 days)
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK MO	4	PA,QL (28 per 28 days)
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
fluoxetine 20 mg/5 ml solution MO	2	
fluoxetine dr 90 mg capsule MO	4	QL (4 per 28 days)
fluoxetine hcl 10 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 10 mg tablet MO	1	
fluoxetine hcl 20 mg capsule MO	1	QL (120 per 30 days)
fluoxetine hcl 20 mg tablet MO	3	
fluoxetine hcl 40 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 60 mg tablet MO	4	QL (30 per 30 days)
fluphenazine 1 mg tablet MO	3	
fluphenazine 10 mg tablet MO	3	
fluphenazine 2.5 mg tablet MO	3	
fluphenazine 2.5 mg/5 ml elix MO	3	
fluphenazine 2.5 mg/ml vial MO	3	
fluphenazine 5 mg tablet MO	3	
fluphenazine 5 mg/ml conc MO	3	
fluphenazine dec 25 mg/ml vial MO	4	
flurbiprofen 100 mg tablet MO	2	
flurbiprofen 50 mg tablet MO	2	
fluvoxamine er 100 mg capsule MO	4	QL (60 per 30 days)
fluvoxamine er 150 mg capsule MO	4	QL (60 per 30 days)
fluvoxamine maleate 100 mg tab MO	3	QL (90 per 30 days)
fluvoxamine maleate 25 mg tab MO	3	QL (90 per 30 days)
fluvoxamine maleate 50 mg tab MO	3	QL (90 per 30 days)
fosphenytoin 100 mg pe/2 ml vl MO	2	
fosphenytoin 500 mg pe/10 ml MO	2	
FYCOMPA 10 MG TABLET MO	4	PA,QL (30 per 30 days)
FYCOMPA 12 MG TABLET MO	4	PA,QL (30 per 30 days)
FYCOMPA 2 MG TABLET MO	4	PA,QL (30 per 30 days)
FYCOMPA 4 MG TABLET MO	4	PA,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FYCOMPA 6 MG TABLET MO	4	PA,QL (30 per 30 days)
FYCOMPA 8 MG TABLET MO	4	PA,QL (30 per 30 days)
gabapentin 100 mg capsule MO	2	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln MO	3	
gabapentin 250 mg/5 ml soln MO	3	
gabapentin 300 mg capsule MO	2	QL (270 per 30 days)
gabapentin 300 mg/6 ml soln MO	3	
gabapentin 400 mg capsule MO	2	QL (270 per 30 days)
gabapentin 600 mg tablet MO	2	QL (180 per 30 days)
gabapentin 800 mg tablet MO	2	QL (180 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION MO	4	
HALDOL 5 MG/ML INJECTION SOLUTION MO	4	
haloperidol 0.5 mg tablet MO	1	
haloperidol 1 mg tablet MO	1	
haloperidol 10 mg tablet MO	2	
haloperidol 2 mg tablet MO	1	
haloperidol 20 mg tablet MO	2	
haloperidol 5 mg tablet MO	1	
haloperidol dec 100 mg/ml vial MO	4	
haloperidol dec 50 mg/ml vial MO	4	
haloperidol lac 2 mg/ml conc MO	2	
haloperidol lac 5 mg/ml vial MO	2	
hydrocodon-acetaminoph 2.5-325 MO	3	QL (360 per 30 days)
hydrocodon-acetaminoph 7.5-325 MO	3	QL (360 per 30 days)
hydrocodon-acetaminophen 5-325 MO	3	QL (360 per 30 days)
hydrocodon-acetaminophn 10-325 MO	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15 MO	4	QL (5520 per 30 days)
hydrocodone-acetamin 5-163/7.5 MO	4	QL (5520 per 30 days)
hydromorphone 0.5 mg/0.5 ml MO	4	QL (720 per 30 days)
hydromorphone 1 mg/ml syringe MO	4	QL (720 per 30 days)
hydromorphone 2 mg tablet MO	3	QL (360 per 30 days)
hydromorphone 2 mg/ml syringe MO	4	QL (360 per 30 days)
hydromorphone 2 mg/ml vial MO	4	QL (360 per 30 days)
hydromorphone 4 mg tablet MO	3	QL (360 per 30 days)
hydromorphone 4 mg/ml syrin MO	4	QL (180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 50 mg/5 ml vial MO	4	QL (144 per 30 days)
hydromorphone 8 mg tablet MO	3	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp MO	4	QL (720 per 30 days)
hydromorphone hcl 2 mg/ml amp MO	4	QL (360 per 30 days)
hydromorphone hcl 4 mg/ml amp MO	4	QL (180 per 30 days)
hydroxyzine 25 mg/ml vial MO	4	PA
hydroxyzine 50 mg/ml vial MO	4	PA
ibuprofen 100 mg/5 ml susp MO	2	
ibuprofen 400 mg tablet MO	1	
ibuprofen 600 mg tablet MO	1	
ibuprofen 800 mg tablet MO	1	
imipramine hcl 10 mg tablet MO	2	PA
imipramine hcl 25 mg tablet MO	2	PA
imipramine hcl 50 mg tablet MO	2	PA
imipramine pamoate 100 mg cap MO	4	PA
imipramine pamoate 125 mg cap MO	4	PA
imipramine pamoate 150 mg cap MO	4	PA
imipramine pamoate 75 mg cap MO	4	PA
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION MO	4	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION MO	4	QL (150 per 30 days)
INVEGA 1.5 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
INVEGA 3 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (60 per 30 days)
INVEGA 9 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE MO	5	QL (2 per 30 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE MO	5	QL (2 per 30 days)
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE MO	5	QL (2 per 30 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 30 days)
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 30 days)
ketoprofen 50 mg capsule MO	2	
ketoprofen 75 mg capsule MO	2	
ketoprofen er 200 mg capsule MO	4	
LAMICTAL 2 MG CHEWABLE DISPERSIBLE TABLET MO	4	
LAMICTAL ODT 100 MG DISINTEGRATING TABLET MO	4	
LAMICTAL ODT 200 MG DISINTEGRATING TABLET MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL ODT 25 MG DISINTEGRATING TABLET MO	4	
LAMICTAL ODT 50 MG DISINTEGRATING TABLET MO	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK MO	4	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK MO	4	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK MO	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE MO	4	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL MO	4	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL MO	4	
lamotrigine 100 mg tablet MO	2	
lamotrigine 150 mg tablet MO	2	
lamotrigine 200 mg tablet MO	2	
lamotrigine 25 mg disper tab MO	2	
lamotrigine 25 mg tablet MO	2	
lamotrigine 25 mg tb start kit MO	2	
lamotrigine 5 mg disper tablet MO	2	
lamotrigine er 100 mg tablet MO	4	
lamotrigine er 200 mg tablet MO	4	
lamotrigine er 25 mg tablet MO	4	
lamotrigine er 250 mg tablet MO	4	
lamotrigine er 300 mg tablet MO	4	
lamotrigine er 50 mg tablet MO	4	
LATUDA 120 MG TABLET MO	4	PA,QL (30 per 30 days)
LATUDA 20 MG TABLET MO	4	PA,QL (30 per 30 days)
LATUDA 40 MG TABLET MO	4	PA,QL (30 per 30 days)
LATUDA 60 MG TABLET MO	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET MO	4	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY NASAL SPRAY MO	5	PA,QL (30 per 30 days)
LAZANDA 400 MCG/SPRAY NASAL SPRAY MO	5	PA,QL (30 per 30 days)
levetiracetam 1,000 mg tablet MO	2	
levetiracetam 100 mg/ml soln MO	3	
levetiracetam 250 mg tablet MO	2	
levetiracetam 500 mg tablet MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levetiracetam 500 mg/5 ml soln MO	4	
levetiracetam 500 mg/5 ml vial MO	4	
levetiracetam 750 mg tablet MO	2	
levetiracetam er 500 mg tablet MO	2	
levetiracetam er 750 mg tablet MO	2	
levorphanol 2 mg tablet MO	4	QL (240 per 30 days)
lithium 8 meq/5 ml solution MO	2	
lithium 8 meq/5 ml solution MO	2	
lithium carbonate 150 mg cap MO	2	
lithium carbonate 300 mg cap MO	1	
lithium carbonate 300 mg tab MO	2	
lithium carbonate 600 mg cap MO	2	
lithium carbonate er 300 mg tb MO	2	
lithium er 450 mg tablet MO	2	
lorazepam 0.5 mg tablet MO	2	QL (90 per 30 days)
lorazepam 1 mg tablet MO	2	QL (90 per 30 days)
lorazepam 2 mg tablet MO	2	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent MO	3	QL (150 per 30 days)
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE MO	3	QL (150 per 30 days)
loxapine 10 mg capsule MO	3	
loxapine 25 mg capsule MO	3	
loxapine 5 mg capsule MO	3	
loxapine 50 mg capsule MO	3	
LYRICA 100 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 150 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MO	4	QL (900 per 30 days)
LYRICA 200 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 225 MG CAPSULE MO	4	QL (60 per 30 days)
LYRICA 25 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 300 MG CAPSULE MO	4	QL (60 per 30 days)
LYRICA 50 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 75 MG CAPSULE MO	4	QL (90 per 30 days)
magnesium sulf 8% iv soln MO	2	
magnesium sulfate 50% syringe MO	2	
magnesium-d5w 1 gm/100 ml soln MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
maprotiline 25 mg tablet MO	4	
maprotiline 50 mg tablet MO	4	
maprotiline 75 mg tablet MO	4	
MARPLAN 10 MG TABLET MO	4	
meclofenamate 100 mg capsule MO	4	
meclofenamate 50 mg capsule MO	4	
meloxicam 15 mg tablet MO	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet MO	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp MO	3	QL (300 per 30 days)
methadone 10 mg/5 ml solution MO	4	QL (1800 per 30 days)
methadone 10 mg/ml oral conc MO	4	QL (360 per 30 days)
methadone 5 mg/5 ml solution MO	4	QL (3600 per 30 days)
methadone hcl 10 mg tablet MO	4	QL (240 per 30 days)
methadone hcl 10 mg/ml vial MO	4	QL (360 per 30 days)
methadone hcl 5 mg tablet MO	4	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate MO	4	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE MO	3	QL (360 per 30 days)
methamphetamine 5 mg tablet MO	4	QL (150 per 30 days)
METHYLIN 10 MG CHEWABLE TABLET MO	4	QL (180 per 30 days)
METHYLIN 2.5 MG CHEWABLE TABLET MO	4	QL (150 per 30 days)
METHYLIN 5 MG CHEWABLE TABLET MO	4	QL (150 per 30 days)
methylphenidate 10 mg tablet MO	4	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol MO	4	QL (900 per 30 days)
methylphenidate 20 mg tablet MO	4	QL (90 per 30 days)
methylphenidate 5 mg tablet MO	4	QL (90 per 30 days)
methylphenidate 5 mg/5 ml soln MO	4	QL (1800 per 30 days)
methylphenidate er 10 mg tab MO	4	QL (90 per 30 days)
methylphenidate er 18 mg tab MO	4	QL (30 per 30 days)
methylphenidate er 20 mg tab MO	4	QL (90 per 30 days)
methylphenidate er 27 mg tab MO	4	QL (30 per 30 days)
methylphenidate er 36 mg tab MO	4	QL (60 per 30 days)
methylphenidate er 54 mg tab MO	4	QL (30 per 30 days)
methylphenidate la 20 mg cap MO	4	QL (30 per 30 days)
methylphenidate la 30 mg cap MO	4	QL (60 per 30 days)
methylphenidate la 40 mg cap MO	4	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mirtazapine 15 mg odt MO	4	QL (30 per 30 days)
mirtazapine 15 mg tablet MO	2	QL (30 per 30 days)
mirtazapine 30 mg odt MO	4	QL (30 per 30 days)
mirtazapine 30 mg tablet MO	2	QL (30 per 30 days)
mirtazapine 45 mg odt MO	4	QL (30 per 30 days)
mirtazapine 45 mg tablet MO	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet MO	2	
modafinil 100 mg tablet MO	4	PA,QL (60 per 30 days)
modafinil 200 mg tablet MO	4	PA,QL (60 per 30 days)
morphine 0.5 mg/ml vial MO	3	QL (7200 per 30 days)
morphine 1 mg/ml vial p-f MO	3	QL (3600 per 30 days)
morphine 10 mg/ml carpject MO	3	QL (360 per 30 days)
morphine 10 mg/ml syringe MO	3	QL (360 per 30 days)
morphine 15 mg/ml carpject MO	3	QL (240 per 30 days)
morphine 2 mg/ml carpject MO	3	QL (1800 per 30 days)
morphine 2 mg/ml isecure syr MO	3	QL (1800 per 30 days)
morphine 2 mg/ml syringe MO	3	QL (1800 per 30 days)
morphine 4 mg/ml carpject MO	3	QL (900 per 30 days)
morphine 4 mg/ml isecure syr MO	3	QL (900 per 30 days)
morphine 5 mg/ml syringe MO	3	QL (720 per 30 days)
morphine 8 mg/ml syringe MO	3	QL (450 per 30 days)
morphine 8 mg/ml vial MO	3	QL (450 per 30 days)
morphine sulf 10 mg suppos MO	3	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln MO	3	QL (2700 per 30 days)
morphine sulf 100 mg/5 ml soln MO	3	QL (600 per 30 days)
morphine sulf 20 mg suppos MO	3	QL (180 per 30 days)
morphine sulf 20 mg/5 ml soln MO	3	QL (1350 per 30 days)
morphine sulf 30 mg suppos MO	3	QL (180 per 30 days)
morphine sulf 5 mg suppos MO	3	QL (180 per 30 days)
morphine sulf er 100 mg tablet MO	3	QL (180 per 30 days)
morphine sulf er 15 mg tablet MO	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet MO	3	QL (90 per 30 days)
morphine sulf er 30 mg tablet MO	3	QL (120 per 30 days)
morphine sulf er 60 mg tablet MO	3	QL (120 per 30 days)
morphine sulfate ir 15 mg tab MO	3	QL (180 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
nortriptyline 10 mg/5 ml sol MO	2	
nortriptyline hcl 10 mg cap MO	1	
nortriptyline hcl 25 mg cap MO	1	
nortriptyline hcl 50 mg cap MO	2	
nortriptyline hcl 75 mg cap MO	2	
NUDEXTA 20 MG-10 MG CAPSULE MO	3	QL (60 per 30 days)
NUVIGIL 150 MG TABLET MO	4	PA,QL (30 per 30 days)
NUVIGIL 200 MG TABLET MO	4	PA,QL (30 per 30 days)
NUVIGIL 250 MG TABLET MO	4	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET MO	4	PA,QL (60 per 30 days)
olanzapine 10 mg tablet MO	3	QL (30 per 30 days)
olanzapine 10 mg vial MO	3	QL (60 per 30 days)
olanzapine 15 mg tablet MO	3	QL (60 per 30 days)
olanzapine 2.5 mg tablet MO	3	QL (30 per 30 days)
olanzapine 20 mg tablet MO	3	QL (60 per 30 days)
olanzapine 5 mg tablet MO	3	QL (30 per 30 days)
olanzapine 7.5 mg tablet MO	3	QL (30 per 30 days)
olanzapine odt 10 mg tablet MO	4	QL (30 per 30 days)
olanzapine odt 15 mg tablet MO	4	QL (60 per 30 days)
olanzapine odt 20 mg tablet MO	4	QL (60 per 30 days)
olanzapine odt 5 mg tablet MO	4	QL (30 per 30 days)
ONFI 10 MG TABLET MO	4	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION MO	4	PA,QL (480 per 30 days)
ONFI 20 MG TABLET MO	4	PA,QL (60 per 30 days)
ONFI 5 MG TABLET MO	4	PA,QL (60 per 30 days)
ORAP 1 MG TABLET MO	4	
ORAP 2 MG TABLET MO	4	
oxaprozin 600 mg tablet MO	4	
oxazepam 10 mg capsule MO	4	
oxazepam 15 mg capsule MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxazepam 30 mg capsule MO	4	
oxcarbazepine 150 mg tablet MO	3	
oxcarbazepine 300 mg tablet MO	3	
oxcarbazepine 300 mg/5 ml susp MO	3	
oxcarbazepine 600 mg tablet MO	3	
oxycodon-acetaminophen 2.5-325 MO	3	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-325 MO	3	QL (360 per 30 days)
oxycodone hcl 10 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml soln MO	4	QL (270 per 30 days)
oxycodone hcl 15 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 20 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 30 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 5 mg capsule MO	3	QL (360 per 30 days)
oxycodone hcl 5 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln MO	3	QL (5400 per 30 days)
oxycodone-acetaminophen 10-325 MO	3	QL (360 per 30 days)
oxycodone-acetaminophen 5-325 MO	3	QL (360 per 30 days)
oxycodone-aspirin 4.83-325 mg MO	4	QL (360 per 30 days)
oxycodone-ibuprofen 5-400 tab MO	4	QL (240 per 30 days)
paroxetine hcl 10 mg tablet MO	1	QL (30 per 30 days)
paroxetine hcl 20 mg tablet MO	1	QL (30 per 30 days)
paroxetine hcl 30 mg tablet MO	2	QL (60 per 30 days)
paroxetine hcl 40 mg tablet MO	2	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION MO	4	
PEGANONE 250 MG TABLET MO	4	
perphen-amitrip 2 mg-10 mg tab MO	3	PA
perphen-amitrip 2 mg-25 mg tab MO	3	PA
perphen-amitrip 4 mg-10 mg tab MO	3	PA
perphen-amitrip 4 mg-25 mg tab MO	3	PA
perphen-amitrip 4 mg-50 mg tab MO	3	PA
perphenazine 16 mg tablet MO	4	
perphenazine 2 mg tablet MO	4	
perphenazine 4 mg tablet MO	4	
perphenazine 8 mg tablet MO	4	
phenelzine sulfate 15 mg tab MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital 100 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 15 mg tablet MO	3	PA,QL (120 per 30 days)
phenobarbital 16.2 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 20 mg/5 ml elix MO	3	PA,QL (1500 per 30 days)
phenobarbital 30 mg tablet MO	3	PA,QL (300 per 30 days)
phenobarbital 32.4 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 60 mg tablet MO	3	PA,QL (120 per 30 days)
phenobarbital 64.8 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 97.2 mg tablet MO	3	PA,QL (90 per 30 days)
PHENYTEK 200 MG CAPSULE MO	3	
PHENYTEK 300 MG CAPSULE MO	3	
phenytoin 100 mg/4 ml susp MO	3	
phenytoin 125 mg/5 ml susp MO	3	
phenytoin 50 mg tablet chew MO	3	
phenytoin 50 mg/ml syringe MO	3	
phenytoin 50 mg/ml vial MO	3	
phenytoin sod ext 100 mg cap MO	2	
phenytoin sod ext 200 mg cap MO	2	
phenytoin sod ext 300 mg cap MO	2	
piroxicam 10 mg capsule MO	3	
piroxicam 20 mg capsule MO	3	
POTIGA 200 MG TABLET MO	4	PA
POTIGA 300 MG TABLET MO	4	PA
POTIGA 400 MG TABLET MO	4	PA
POTIGA 50 MG TABLET MO	4	PA
pramipexole 0.125 mg tablet MO	2	
pramipexole 0.25 mg tablet MO	2	
pramipexole 0.5 mg tablet MO	2	
pramipexole 0.75 mg tablet MO	2	
pramipexole 1 mg tablet MO	2	
pramipexole 1.5 mg tablet MO	2	
primidone 250 mg tablet MO	2	
primidone 50 mg tablet MO	2	
PRISTIQ 100 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
protriptyline hcl 10 mg tablet MO	3	
protriptyline hcl 5 mg tablet MO	3	
quetiapine fumarate 100 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 200 mg tab MO	2	QL (120 per 30 days)
quetiapine fumarate 25 mg tab MO	2	QL (120 per 30 days)
quetiapine fumarate 300 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 400 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 50 mg tab MO	2	QL (120 per 30 days)
riluzole 50 mg tablet SP	4	
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (4 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE MO	5	QL (4 per 28 days)
risperidone 0.25 mg odt MO	4	QL (60 per 30 days)
risperidone 0.25 mg tablet MO	2	QL (60 per 30 days)
risperidone 0.5 mg odt MO	4	QL (120 per 30 days)
risperidone 0.5 mg tablet MO	2	QL (120 per 30 days)
risperidone 1 mg odt MO	4	QL (60 per 30 days)
risperidone 1 mg tablet MO	2	QL (60 per 30 days)
risperidone 1 mg/ml solution MO	3	
risperidone 2 mg odt MO	4	QL (60 per 30 days)
risperidone 2 mg tablet MO	2	QL (60 per 30 days)
risperidone 3 mg odt MO	4	QL (60 per 30 days)
risperidone 3 mg tablet MO	2	QL (60 per 30 days)
risperidone 4 mg odt MO	4	QL (60 per 30 days)
risperidone 4 mg tablet MO	2	QL (60 per 30 days)
rizatriptan 10 mg odt MO	4	QL (12 per 30 days)
rizatriptan 10 mg tablet MO	4	QL (12 per 30 days)
rizatriptan 5 mg odt MO	4	QL (12 per 30 days)
rizatriptan 5 mg tablet MO	4	QL (12 per 30 days)
ropinirole hcl 0.25 mg tablet MO	2	
ropinirole hcl 0.5 mg tablet MO	2	
ropinirole hcl 1 mg tablet MO	2	
ropinirole hcl 2 mg tablet MO	2	
ropinirole hcl 3 mg tablet MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ropinirole hcl 4 mg tablet MO	2	
ropinirole hcl 5 mg tablet MO	2	
ropinirole hcl er 12 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 2 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 4 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 6 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 8 mg tablet MO	4	QL (90 per 30 days)
ROXICET 5 MG-325 MG TABLET MO	3	QL (360 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET SP	5	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET SP	5	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET MO	4	PA,QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET MO	4	PA,QL (60 per 30 days)
SAPHRIS 10 MG SUBLINGUAL TABLET MO	4	PA,QL (60 per 30 days)
SAPHRIS 5 MG SUBLINGUAL TABLET MO	4	PA,QL (60 per 30 days)
SAVELLA 100 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	3	QL (60 per 30 days)
SAVELLA 12.5 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 25 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 50 MG TABLET MO	3	QL (60 per 30 days)
selegiline hcl 5 mg capsule MO	4	
selegiline hcl 5 mg tablet MO	4	
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
sertraline 20 mg/ml oral conc MO	2	
sertraline hcl 100 mg tablet MO	2	QL (60 per 30 days)
sertraline hcl 25 mg tablet MO	2	QL (90 per 30 days)
sertraline hcl 50 mg tablet MO	2	QL (90 per 30 days)
STRATTERA 10 MG CAPSULE MO	4	PA,QL (60 per 30 days)
STRATTERA 100 MG CAPSULE MO	4	PA,QL (30 per 30 days)
STRATTERA 18 MG CAPSULE MO	4	PA,QL (60 per 30 days)
STRATTERA 25 MG CAPSULE MO	4	PA,QL (60 per 30 days)
STRATTERA 40 MG CAPSULE MO	4	PA,QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STRATTERA 60 MG CAPSULE MO	4	PA,QL (30 per 30 days)
STRATTERA 80 MG CAPSULE MO	4	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MO	4	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
sulindac 150 mg tablet MO	2	
sulindac 200 mg tablet MO	2	
sumatriptan 20 mg nasal spray MO	4	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml cart MO	4	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml inject MO	4	QL (6 per 30 days)
sumatriptan 5 mg nasal spray MO	4	QL (12 per 30 days)
sumatriptan 6 mg/0.5 ml inject MO	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml refill MO	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial MO	4	QL (6 per 30 days)
sumatriptan succ 100 mg tablet MO	2	QL (9 per 30 days)
sumatriptan succ 25 mg tablet MO	2	QL (9 per 30 days)
sumatriptan succ 50 mg tablet MO	2	QL (9 per 30 days)
SURMONTIL 100 MG CAPSULE MO	4	PA
SURMONTIL 25 MG CAPSULE MO	4	PA
SURMONTIL 50 MG CAPSULE MO	4	PA
TASMAR 100 MG TABLET MO	4	PA
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE MO	4	
temazepam 15 mg capsule MO	4	QL (30 per 30 days)
temazepam 30 mg capsule MO	4	QL (30 per 30 days)
thioridazine 10 mg tablet MO	2	PA
thioridazine 100 mg tablet MO	2	PA
thioridazine 25 mg tablet MO	2	PA
thioridazine 50 mg tablet MO	2	PA
thiothixene 1 mg capsule MO	2	
thiothixene 10 mg capsule MO	2	
thiothixene 2 mg capsule MO	2	
thiothixene 5 mg capsule MO	2	
tiagabine hcl 2 mg tablet MO	4	
tiagabine hcl 4 mg tablet MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tolmetin sodium 200 mg tab MO	4	
tolmetin sodium 400 mg cap MO	4	
tolmetin sodium 600 mg tab MO	4	
topiramate 100 mg tablet MO	2	QL (120 per 30 days)
topiramate 15 mg sprinkle cap MO	2	
topiramate 200 mg tablet MO	2	QL (120 per 30 days)
topiramate 25 mg sprinkle cap MO	2	
topiramate 25 mg tablet MO	2	QL (90 per 30 days)
topiramate 50 mg tablet MO	2	QL (120 per 30 days)
tramadol hcl 50 mg tablet MO	2	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 MO	4	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab MO	4	
trazodone 100 mg tablet MO	1	
trazodone 150 mg tablet MO	1	
trazodone 300 mg tablet MO	2	
trazodone 50 mg tablet MO	1	
trifluoperazine 1 mg tablet MO	3	
trifluoperazine 10 mg tablet MO	3	
trifluoperazine 2 mg tablet MO	3	
trifluoperazine 5 mg tablet MO	3	
trihexyphenidyl 2 mg tablet MO	2	PA
trihexyphenidyl 2 mg/5 ml elx MO	2	PA
trihexyphenidyl 5 mg tablet MO	2	PA
TRILEPTAL 300 MG/5 ML ORAL SUSPENSION MO	4	
trimipramine maleate 100 mg cp MO	4	PA
trimipramine maleate 25 mg cap MO	4	PA
trimipramine maleate 50 mg cap MO	4	PA
valproate sod 500 mg/5 ml vl MO	2	
valproic acid 250 mg capsule MO	2	
valproic acid 250 mg/5 ml soln MO	2	
valproic acid 500 mg/10 ml sol MO	2	
venlafaxine hcl 100 mg tablet MO	3	
venlafaxine hcl 25 mg tablet MO	3	
venlafaxine hcl 37.5 mg tablet MO	3	
venlafaxine hcl 50 mg tablet MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
venlafaxine hcl 75 mg tablet MO	3	
venlafaxine hcl er 150 mg cap MO	2	QL (60 per 30 days)
venlafaxine hcl er 150 mg tab MO	4	QL (30 per 30 days)
venlafaxine hcl er 225 mg tab MO	4	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap MO	2	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg tab MO	4	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap MO	2	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab MO	4	QL (60 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION MO	4	ST,QL (540 per 30 days)
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK MO	4	PA,QL (30 per 30 days)
VIIBRYD 10 MG TABLET MO	4	PA,QL (30 per 30 days)
VIIBRYD 20 MG TABLET MO	4	PA,QL (30 per 30 days)
VIIBRYD 40 MG TABLET MO	4	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	4	PA,QL (1395 per 30 days)
VIMPAT 100 MG TABLET MO	4	PA
VIMPAT 150 MG TABLET MO	4	PA
VIMPAT 200 MG TABLET MO	4	PA
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION MO	4	PA
VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK MO	4	PA
VIMPAT 50 MG TABLET MO	4	PA
VOLTAREN 1 % TOPICAL GEL MO	4	
XENAZINE 12.5 MG TABLET SP	5	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET SP	5	PA,QL (120 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION SP	5	PA,QL (540 per 30 days)
zaleplon 10 mg capsule MO	2	QL (90 per 365 days)
zaleplon 5 mg capsule MO	2	QL (90 per 365 days)
zenzedi 10 mg tablet MO	4	QL (180 per 30 days)
ZENZEDI 15 MG TABLET MO	4	QL (120 per 30 days)
ZENZEDI 2.5 MG TABLET MO	4	QL (90 per 30 days)
ZENZEDI 20 MG TABLET MO	4	QL (90 per 30 days)
ZENZEDI 30 MG TABLET MO	4	QL (60 per 30 days)
zenzedi 5 mg tablet MO	4	QL (150 per 30 days)
ZENZEDI 7.5 MG TABLET MO	4	QL (90 per 30 days)
ziprasidone hcl 20 mg capsule MO	4	QL (60 per 30 days)
ziprasidone hcl 40 mg capsule MO	4	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ziprasidone hcl 60 mg capsule MO	4	QL (60 per 30 days)
ziprasidone hcl 80 mg capsule MO	4	QL (60 per 30 days)
zolpidem tartrate 10 mg tablet MO	2	QL (90 per 365 days)
zolpidem tartrate 5 mg tablet MO	2	QL (90 per 365 days)
zonisamide 100 mg capsule MO	2	
zonisamide 25 mg capsule MO	2	
zonisamide 50 mg capsule MO	2	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION MO	4	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION MO	5	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION MO	5	PA,QL (1 per 28 days)
DEVICES		
1ST TIER UNIFINE PENTIPS 29 X 1/2" NEEDLE MO	2	
1ST TIER UNIFINE PENTIPS 31 X 1/4" NEEDLE MO	2	
1ST TIER UNIFINE PENTIPS 31 X 3/16" NEEDLE MO	2	
1ST TIER UNIFINE PENTIPS 31 X 5/16" NEEDLE MO	2	
1ST TIER UNIFINE PENTIPS 32 X 5/32" NEEDLE MO	2	
ADVOCATE PEN NEEDLES 29 X 1/2" MO	2	
ADVOCATE PEN NEEDLES 31 X 3/16" MO	2	
ADVOCATE PEN NEEDLES 31 X 5/16" MO	2	
ADVOCATE SYRINGES 0.3 ML 29 X 1/2" MO	2	
ADVOCATE SYRINGES 0.3 ML 30 X 5/16" MO	2	
ADVOCATE SYRINGES 0.3 ML 31 X 5/16" MO	2	
ADVOCATE SYRINGES 1 ML 29 X 1/2" MO	2	
ADVOCATE SYRINGES 1 ML 30 X 5/16" MO	2	
ADVOCATE SYRINGES 1 ML 31 X 5/16" MO	2	
ADVOCATE SYRINGES 1/2 ML 29 X 1/2" MO	2	
ADVOCATE SYRINGES 1/2 ML 30 X 5/16" MO	2	
ADVOCATE SYRINGES 1/2 ML 31 X 5/16" MO	2	
ASSURE ID INSULIN SAFETY 0.5 ML 29 X 1/2" SYRINGE MO	2	
ASSURE ID INSULIN SAFETY 1 ML 29 X 1/2" SYRINGE MO	2	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO	2	
AUTOPEN 1 TO 16 UNITS SUBCUTANEOUS MO	2	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO	2	
AUTOPEN 2 TO 32 UNITS SUBCUTANEOUS MO	2	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD AUTOSHIELD DUO PEN NEEDLE 30 X 3/16" MO	2	
BD AUTOSHIELD PEN NEEDLE 29 X 3/16" MO	2	
BD AUTOSHIELD PEN NEEDLE 29 X 5/16" MO	2	
BD ECLIPSE LUER-LOK 1 ML 30 X 1/2" SYRINGE MO	2	
BD INSULIN PEN NEEDLE UF MINI 31 X 3/16" MO	2	
BD INSULIN PEN NEEDLE UF ORIG 29 X 1/2" MO	2	
BD INSULIN PEN NEEDLE UF SHORT 31 X 5/16" MO	2	
BD INSULIN SYR 1 ML 25GX5/8" MO	2	
BD INSULIN SYR 1 ML 28GX1/2" MO	2	
BD INSULIN SYRINGE 1 ML 25 X 1" MO	2	
BD INSULIN SYRINGE 1 ML 25 X 5/8" MO	2	
BD INSULIN SYRINGE 1 ML 26 X 1/2" MO	2	
BD INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 15/64" MO	2	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 MO	2	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 X 1/2" MO	2	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 X 1/2" MO	2	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	2	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 X 5/16" MO	2	
BD INSULIN SYRINGE ULT-FINE II 1 ML 31 X 5/16" MO	2	
BD INSULIN SYRINGE ULT-FINE II 1/2 ML 31 X 5/16" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 X 1/2" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 15/64" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 5/16" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 29 X 1/2" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 X 1/2" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 15/64" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 5/16" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 30 X 1/2" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 15/64" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 5/16" MO	2	
BD INTEGRA INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 X 1/2" SYRINGE MO	2	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 X 1/2" SYRINGE MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD LO-DOSE ULTRA-FINE 0.3 ML 29 X 1/2" SYRINGE MO	2	
BD LO-DOSE ULTRA-FINE 1/2 ML 29 X 1/2" SYRINGE MO	2	
BD LUER-LOK SYRINGE 1 ML MO	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 X 5/8" MO	2	
BD ULTRA-FINE NANO PEN NEEDLES 32 X 5/32" MO	2	
CAREFINE PEN NEEDLE 29 X 1/2" MO	2	
CAREFINE PEN NEEDLE 30 X 5/16" MO	2	
CAREFINE PEN NEEDLE 31 X 1/4" MO	2	
CAREONE SYR 0.3 ML 29GX0.5" MO	2	
CAREONE SYR 0.3 ML 30GX5/16" MO	2	
CAREONE SYR 0.5 ML 29GX0.5" MO	2	
CAREONE SYR 0.5 ML 30GX5/16" MO	2	
CAREONE SYR 1 ML 29GX0.5" MO	2	
CAREONE SYR 1 ML 30GX5/16" MO	2	
CLICKFINE 31 X 1/4" NEEDLE MO	2	
CLICKFINE 31 X 5/16" NEEDLE MO	2	
CLICKFINE 32 X 5/32" NEEDLE MO	2	
COMFORT EZ PEN NEEDLES 31 X 1/4" MO	2	
COMFORT EZ PEN NEEDLES 31 X 3/16" MO	2	
COMFORT EZ PEN NEEDLES 31 X 5/16" MO	2	
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16" MO	2	
COMFORT EZ PEN NEEDLES 32 X 1/4" MO	2	
COMFORT EZ PEN NEEDLES 32 X 5/16" MO	2	
COMFORT EZ PEN NEEDLES 32 X 5/32" MO	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4" MO	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16" MO	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16" MO	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32" MO	2	
COMFORT EZ SYRINGE 0.3 ML 29 X 1/2" MO	2	
COMFORT EZ SYRINGE 0.3 ML 30 X 1/2" MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMFORT EZ SYRINGE 0.3 ML 30 X 5/16" MO	2	
COMFORT EZ SYRINGE 0.3 ML 31 X 5/16" MO	2	
COMFORT EZ SYRINGE 1 ML 28 X 1/2" MO	2	
COMFORT EZ SYRINGE 1 ML 29 X 1/2" MO	2	
COMFORT EZ SYRINGE 1 ML 30 X 1/2" MO	2	
COMFORT EZ SYRINGE 1 ML 30 X 5/16" MO	2	
COMFORT EZ SYRINGE 1 ML 31 X 5/16" MO	2	
COMFORT EZ SYRINGE 1/2 ML 28 X 1/2" MO	2	
COMFORT EZ SYRINGE 1/2 ML 29 X 1/2" MO	2	
COMFORT EZ SYRINGE 1/2 ML 30 X 1/2" MO	2	
COMFORT EZ SYRINGE 1/2 ML 30 X 5/16" MO	2	
COMFORT EZ SYRINGE 1/2 ML 31 X 5/16" MO	2	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" MO	2	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" MO	2	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
EASY COMFORT PEN NEEDLES 31 X 3/16" MO	2	
EASY COMFORT PEN NEEDLES 31 X 5/16" MO	2	
EASY COMFORT PEN NEEDLES 32 X 5/32" MO	2	
EASY TOUCH 29 X 1/2" NEEDLE MO	2	
EASY TOUCH 31 X 1/4" NEEDLE MO	2	
EASY TOUCH 31 X 3/16" NEEDLE MO	2	
EASY TOUCH 31 X 5/16" NEEDLE MO	2	
EASY TOUCH 32 GAUGE X 3/16" NEEDLE MO	2	
EASY TOUCH 32 X 1/4" NEEDLE MO	2	
EASY TOUCH 32 X 5/32" NEEDLE MO	2	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" MO	2	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 X 5/16" MO	2	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" MO	2	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
EASY TOUCH INSULIN SYRINGE 1 ML 27 X 1/2" MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
EASY TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
EQL INSULIN 1 ML SYRINGE MO	2	
EXEL INSULIN 0.3 ML 29 X 1/2" SYRINGE MO	2	
EXEL INSULIN 1 ML 27 X 1/2" SYRINGE MO	2	
EXEL INSULIN 1 ML 30 X 5/16" SYRINGE MO	2	
EXEL INSULIN 1/2 ML 28 X 1/2" SYRINGE MO	2	
EXEL INSULIN 1/2 ML 30 X 5/16" SYRINGE MO	2	
GLUCOPRO INSUL SYR U100 0.5 ML MO	2	
GLUCOPRO INSULIN SYR 0.3 ML MO	2	
GLUCOPRO INSULIN SYR 0.5 ML MO	2	
GLUCOPRO INSULIN SYR 0.5 ML MO	2	
GLUCOPRO INSULIN SYR 1 ML MO	2	
GLUCOPRO INSULIN SYR 1 ML MO	2	
GLUCOPRO SYRINGE U100 0.5 ML MO	2	
GLUCOPRO SYRINGE U100 1 ML MO	2	
GLUCOPRO U100 INSUL SYR 0.3 ML MO	2	
GLUCOPRO U100 INSUL SYR 0.3 ML MO	2	
GLUCOPRO U100 INSUL SYR 0.3 ML MO	2	
GLUCOPRO U100 INSULIN 1 ML SYR MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 29 X 1/2" NEEDLE MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 1/4" NEEDLE MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 3/16" NEEDLE MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 5/16" NEEDLE MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 32 X 5/32" NEEDLE MO	2	
HUMAPEN LUXURA HD SUBCUTANEOUS MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IN CONTROL PEN NEEDLE 29 X 1/2" MO	2	
IN CONTROL PEN NEEDLE 31 X 1/4" MO	2	
IN CONTROL PEN NEEDLE 31 X 5/16" MO	2	
INCONTROL 32 X 5/32" NEEDLE MO	2	
INCONTROL PEN NEEDLES 31 X 3/16" MO	2	
INSULIN 1 ML SYRINGE MO	2	
INSULIN 1/2 ML SYRINGE MO	2	
INSULIN 3/10 ML SYRINGE MO	2	
INSULIN PEN NEEDLE 29 X 1/2" MO	2	
INSULIN PEN NEEDLE 31 MO	2	
INSULIN PEN NEEDLE 31 X 1/4" MO	2	
INSULIN SYRIN 0.3 ML 30GX1/2" MO	2	
INSULIN SYRIN 0.3 ML 31GX5/16" MO	2	
INSULIN SYRIN 0.5 ML 30GX1/2" MO	2	
INSULIN SYRIN 0.5 ML 31GX5/16" MO	2	
INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
INSULIN SYRINGE 1 ML 30GX1/2" MO	2	
INSULIN SYRINGE 1 ML 31GX5/16" MO	2	
INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
INSULIN SYRINGE MICROFINE 0.3 ML 28 X 1/2" MO	2	
INSULIN SYRINGE MICROFINE 1 ML 27 X 5/8" MO	2	
INSULIN SYRINGE MICROFINE 1/2 ML 28 X 1/2" MO	2	
INSULIN SYRINGE U100 1 ML MO	2	
INSULIN SYRINGE ULTRAFINE 1/2 ML 29 X 1/2" MO	2	
INSULIN SYRINGE/NEEDLE 0.5CC/27G 1/2 ML 27 X 1/2" MO	2	
INSUPEN 29 X 1/2" NEEDLE MO	2	
INSUPEN 30 X 5/16" NEEDLE MO	2	
INSUPEN 31 X 1/4" NEEDLE MO	2	
INSUPEN 31 X 5/16" NEEDLE MO	2	
INSUPEN 32 X 1/4" NEEDLE MO	2	
INSUPEN 32 X 5/16" NEEDLE MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSUPEN 32 X 5/32" NEEDLE MO	2	
KMART VALU PLUS SYR 1/2 ML MO	2	
LEADER PEN NEEDLES 12MM 29G MO	2	
LEADER PEN NEEDLES 31G MO	2	
LITE TOUCH INSULIN PEN NEEDLES 29 X 1/2" MO	2	
LITE TOUCH INSULIN PEN NEEDLES 31 X 1/4" MO	2	
LITE TOUCH INSULIN PEN NEEDLES 31 X 3/16" MO	2	
LITE TOUCH INSULIN PEN NEEDLES 31 X 5/16" MO	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
LITE TOUCH INSULIN SYRINGE 1 ML 28 MO	2	
LITE TOUCH INSULIN SYRINGE 1 ML 29 MO	2	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" MO	2	
LITE TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 MO	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MO	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 MO	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" MO	2	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" MO	2	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" MO	2	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 X 5/16" MO	2	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" MO	2	
MAGELLAN SYRINGE 0.5 ML 30 X 5/16" MO	2	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
MEDI-JECTOR VISION MO	2	
MINI ULTRA-THIN II 31 X 3/16" NEEDLE MO	2	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" MO	2	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 X 5/16" MO	2	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 29 X 1/2" MO	2	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 30 X 5/16" MO	2	
MONOJECT INSULIN SAFETY SYRINGE 29 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
MONOJECT INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
MONOJECT INSULIN SYRINGE 1 ML MO	2	
MONOJECT INSULIN SYRINGE 1 ML 25 X 5/8" MO	2	
MONOJECT INSULIN SYRINGE 1 ML 27 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
MONOJECT INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
MONOJECT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
MONOJECT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
MONOJECT SYRINGE 1/2 ML 28 MO	2	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 SYRINGE MO	2	
NOVOFINE 30 30 X 1/3" NEEDLE MO	2	
NOVOFINE 32 32 X 1/4" NEEDLE MO	2	
NOVOFINE AUTOCOVER 30 X 1/3" NEEDLE MO	2	
NOVOPEN 3 INSULIN DEVICE MO	2	
NOVOPEN 3 PENMATE DEVICE MO	2	
NOVOPEN ECHO SUBCUTANEOUS MO	2	
NOVOPEN JR INSULIN DEVICE MO	2	
NOVOTWIST 30 X 1/3" NEEDLE MO	2	
NOVOTWIST 32 X 1/5" NEEDLE MO	2	
ORSINI INSUL SYR U100 0.5 ML MO	2	
ORSINI INSUL SYR U100 0.5 ML MO	2	
ORSINI INSUL SYR U100 1 ML MO	2	
PEN NEEDLE 29 GAUGE MO	2	
PEN NEEDLE 29 X 1/2" MO	2	
PEN NEEDLE 30 X 5/16" MO	2	
PEN NEEDLE 31 X 1/4" MO	2	
PEN NEEDLE 31 X 3/16" MO	2	
PEN NEEDLE 31 X 5/16" MO	2	
PEN NEEDLE 32 X 5/32" MO	2	
PEN NEEDLES 6MM 31G MO	2	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE COMFORT INSULIN SYRINGE U-100 1/2 ML 29 X 1/2" MO	2	
SURE COMFORT PEN NEEDLE 29 X 1/2" MO	2	
SURE COMFORT PEN NEEDLE 30 X 5/16" MO	2	
SURE COMFORT PEN NEEDLE 31 X 3/16" MO	2	
SURE COMFORT PEN NEEDLE 31 X 5/16" MO	2	
SURE COMFORT PEN NEEDLE 32 X 5/32" MO	2	
SURE-FINE PEN NEEDLES 29 X 1/2" MO	2	
SURE-FINE PEN NEEDLES 31 X 3/16" MO	2	
SURE-FINE PEN NEEDLES 31 X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
SURE-JECT INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
SURE-JECT INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
TERUMO INS SYRINGE U100-1 ML MO	2	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" MO	2	
TERUMO INSULIN SYRINGE 0.5CC/27G 1/2 ML 27 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1 ML 27 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" MO	2	
THINPRO INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" MO	2	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" MO	2	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" MO	2	
THINPRO INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
THINPRO INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THINPRO INSULIN SYRINGE 1 ML 30 X 3/8" MO	2	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" MO	2	
THINPRO INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
THINPRO INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" MO	2	
TOPCARE CLICKFINE 31 X 1/4" NEEDLE MO	2	
TOPCARE CLICKFINE 31 X 5/16" NEEDLE MO	2	
TOPCARE ULTRA COMFORT 0.3 ML 29 X 1/2" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 0.3 ML 30 X 5/16" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 0.3 ML 31 X 5/16" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1 ML 29 X 1/2" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1 ML 30 X 5/16" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1 ML 31 X 5/16" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1/2 ML 29 X 1/2" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1/2 ML 30 X 5/16" SYRINGE MO	2	
TOPCARE ULTRA COMFORT 1/2 ML 31 X 5/16" SYRINGE MO	2	
TRUEPLUS INSULIN 0.3 ML 29 X 1/2" SYRINGE MO	2	
TRUEPLUS INSULIN 0.3 ML 30 X 5/16" SYRINGE MO	2	
TRUEPLUS INSULIN 0.3 ML 31 X 5/16" SYRINGE MO	2	
TRUEPLUS INSULIN 1 ML 28 X 1/2" SYRINGE MO	2	
TRUEPLUS INSULIN 1 ML 29 X 1/2" SYRINGE MO	2	
TRUEPLUS INSULIN 1 ML 30 X 5/16" SYRINGE MO	2	
TRUEPLUS INSULIN 1 ML 31 X 5/16" SYRINGE MO	2	
TRUEPLUS INSULIN 1/2 ML 28 X 1/2" SYRINGE MO	2	
TRUEPLUS INSULIN 1/2 ML 29 X 1/2" SYRINGE MO	2	
TRUEPLUS INSULIN 1/2 ML 30 X 5/16" SYRINGE MO	2	
TRUEPLUS INSULIN 1/2 ML 31 X 5/16" SYRINGE MO	2	
ULTICARE 0.3 ML 29 X 1/2" SYRINGE MO	2	
ULTICARE 0.3 ML 30 X 1/2" SYRINGE MO	2	
ULTICARE 0.3 ML 30 X 5/16" SYRINGE MO	2	
ULTICARE 0.3 ML 31 X 5/16" SYRINGE MO	2	
ULTICARE 1 ML 29 X 1/2" SYRINGE MO	2	
ULTICARE 1 ML 30 X 1/2" SYRINGE MO	2	
ULTICARE 1 ML 30 X 5/16" SYRINGE MO	2	
ULTICARE 1 ML 31 X 5/16" SYRINGE MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTICARE 1/2 ML 29 X 1/2" SYRINGE MO	2	
ULTICARE 1/2 ML 30 X 1/2" SYRINGE MO	2	
ULTICARE 1/2 ML 30 X 5/16" SYRINGE MO	2	
ULTICARE 1/2 ML 31 X 5/16" SYRINGE MO	2	
ULTICARE 29 X 1/2" NEEDLE MO	2	
ULTICARE 31 X 1/4" NEEDLE MO	2	
ULTICARE 31 X 5/16" NEEDLE MO	2	
ULTICARE 32 X 5/32" NEEDLE MO	2	
ULTICARE SYR 0.5 ML 29GX1/2" MO	2	
ULTICARE SYRIN 0.5 ML 28GX1/2" MO	2	
ULILET INSULIN SYRINGE 0.3 ML 29 MO	2	
ULILET INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
ULILET INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
ULILET INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
ULILET INSULIN SYRINGE 1 ML 29 MO	2	
ULILET INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
ULILET INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
ULILET INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	
ULILET INSULIN SYRINGE 1/2 ML 29 MO	2	
ULILET INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
ULILET INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
ULILET INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
ULILET PEN NEEDLE 29 GAUGE MO	2	
ULILET PEN NEEDLE 32 X 5/32" MO	2	
ULTRA COMFORT INSULIN SYRINGE MO	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 MO	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" MO	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 X 5/16" MO	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 X 5/16" MO	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 X 5/16" MO	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1/2 ML 30 X 5/16" MO	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1/2 ML 31 X 5/16" MO	2	
ULTRA-THIN II (SHORT) PEN NDL 31 X 5/16" NEEDLE MO	2	
ULTRA-THIN II INS PEN NEEDLES 29 X 1/2" MO	2	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 X 1/2" MO	2	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 X 1/2" MO	2	
ULTRA-THIN II INSULIN SYRINGE 1/2 ML 29 X 1/2" MO	2	
ULTRA-THIN II SHORT NEEDLE 31 X 5/16" MO	2	
ULTRACOMFORT 29GX0.5 ML SYR MO	2	
ULTRACOMFORT 29GX1 ML SYRINGE MO	2	
ULTRACOMFORT 30GX0.5 ML SYR MO	2	
ULTRACOMFORT 30GX1 ML SYRINGE MO	2	
ULTRACOMFORT 31GX0.5 ML SYR MO	2	
ULTRACOMFORT 31GX1 ML SYRINGE MO	2	
ULTRACOMFORT INSUL SYR 0.5 ML MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRACOMFORT INSUL SYR 0.5 ML MO	2	
ULTRACOMFORT INSUL SYR 0.5 ML MO	2	
ULTRACOMFORT INSULIN SYR 1 ML MO	2	
ULTRACOMFORT INSULIN SYR 1 ML MO	2	
ULTRACOMFORT INSULIN SYR 1 ML MO	2	
ULTRACOMFORT PEN NEEDLES 6MM MO	2	
ULTRACOMFORT PEN NEEDLES 8MM MO	2	
UNIFINE PENTIPS 29 GAUGE NEEDLE MO	2	
UNIFINE PENTIPS 29 X 1/2" NEEDLE MO	2	
UNIFINE PENTIPS 29 X 5/16" NEEDLE MO	2	
UNIFINE PENTIPS 30 X 5/16" NEEDLE MO	2	
UNIFINE PENTIPS 31 NEEDLE MO	2	
UNIFINE PENTIPS 31 X 1/4" NEEDLE MO	2	
UNIFINE PENTIPS 31 X 3/16" NEEDLE MO	2	
UNIFINE PENTIPS 31 X 5/16" NEEDLE MO	2	
UNIFINE PENTIPS 32 X 5/32" NEEDLE MO	2	
UNIFINE PENTIPS PLUS 31 X 1/4" NEEDLE MO	2	
UNIFINE PENTIPS PLUS 31 X 3/16" NEEDLE MO	2	
UNIFINE PENTIPS PLUS 31 X 5/16" NEEDLE MO	2	
VANISHPOINT SYRINGE 1 ML 29 X 1/2" MO	2	
VANISHPOINT SYRINGE 1/2 ML 30 X 1/2" MO	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
amiloride hcl 5 mg tablet MO	3	
amiloride hcl-hctz 5-50 mg tab MO	2	
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	4	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
ammonium chloride 5 meq/ml MO	2	
bumetanide 0.25 mg/ml vial MO	2	
bumetanide 0.5 mg tablet MO	1	
bumetanide 1 mg tablet MO	1	
bumetanide 2 mg tablet MO	2	
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER SP	5	
BUPHENYL 500 MG TABLET SP	5	
calcium acetate 667 mg gelcap MO	4	
calcium acetate 667 mg tablet MO	4	
CARBAGLU 200 MG DISPERSIBLE TABLET SP	5	PA
chlorothiazide 250 mg tablet MO	2	
chlorothiazide 500 mg tablet MO	2	
chlorothiazide sod 500 mg vial MO	2	
chlorthalidone 25 mg tablet MO	2	
chlorthalidone 50 mg tablet MO	2	
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
constulose 10 gram/15 ml oral solution MO	2	
d10%-1/2ns soln/excel cont MO	2	
d5%-1/2ns-kcl 10 meq/l iv sol MO	2	
d5%-1/2ns-kcl 30 meq/l iv sol MO	2	
d5%-1/2ns-kcl 40 meq/l iv sol MO	2	
d5%-1/4ns-kcl 30 meq/l iv sol MO	2	
d5%-1/4ns-kcl 40 meq/l iv sol MO	2	
d5w-kcl 30 meq/l iv solution MO	2	
dextrose 10%-1/4ns iv soln MO	2	
dextrose 10%-water iv solution MO	2	
dextrose 2.5%-1/2ns iv soln MO	2	
dextrose 5%-1/2ns iv solution MO	2	
dextrose 5%-1/3ns iv solution MO	2	
dextrose 5%-electrolyte 48 MO	2	
dextrose 5%-ns iv solution MO	2	
dextrose 5%-sod chloride 0.2% MO	2	
dextrose 5%-water iv soln MO	2	
dextrose 5%-water vial MO	2	
DIURIL 250 MG/5 ML ORAL SUSPENSION MO	4	
DYRENIUM 100 MG CAPSULE MO	4	
DYRENIUM 50 MG CAPSULE MO	4	
enulose 10 gram/15 ml oral solution MO	2	
furosemide 10 mg/ml solution MO	2	
furosemide 20 mg tablet MO	1	
furosemide 40 mg tablet MO	1	
furosemide 40 mg/4 ml vial MO	2	
furosemide 40 mg/5 ml soln MO	2	
furosemide 80 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
generlac 10 gram/15 ml oral solution MO	2	
glycine 1.5% irrigation MO	4	
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION MO	2	
HEPATAMINE 8% INTRAVENOUS SOLUTION MO	4	B vs D
HEPATASOL 8 % INTRAVENOUS SOLUTION MO	4	B vs D
hydrochlorothiazide 12.5 mg cp MO	1	
hydrochlorothiazide 12.5 mg tb MO	2	
hydrochlorothiazide 25 mg tab MO	1	
hydrochlorothiazide 50 mg tab MO	1	
indapamide 1.25 mg tablet MO	1	
indapamide 2.5 mg tablet MO	1	
INTRALIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
INTRALIPID 30 % INTRAVENOUS EMULSION MO	4	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION MO	4	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION MO	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
ISOLYTE-S INTRAVENOUS SOLUTION MO	4	
kcl 20 meq in d5w solution MO	2	
kcl 20 meq in d5w-0.2% nacl MO	2	
kcl 20 meq in d5w-0.3% nacl MO	2	
kcl 20 meq in d5w-0.45% nacl MO	2	
kcl 20 meq in d5w-lact ringer MO	2	
kcl 20 meq in d5w-ns MO	2	
kcl 20 meq-ns 1,000 ml iv soln MO	2	
kcl 40 meq in d5w solution MO	2	
kcl 40 meq in d5w-lact ringer MO	2	
kcl 40 meq in d5w-nacl 0.9% MO	2	
kcl 40 meq-ns 1,000 ml iv soln MO	2	
kionex 15 gram/60 ml oral suspension MO	3	
kionex oral powder MO	3	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MO	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MO	2	
klor-con m10 meq tablet,extended release MO	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MO	2	
klor-con m20 meq tablet,extended release MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lactated ringers injection MO	2	
lactated ringers irrigation MO	2	
lactulose 10 gm/15 ml solution MO	1	
lactulose 20 gm/30 ml solution MO	1	
LIPOSYN II 20 % INTRAVENOUS EMULSION MO	4	B vs D
LIPOSYN III 10 % INTRAVENOUS EMULSION MO	4	B vs D
LIPOSYN III 20 % INTRAVENOUS EMULSION MO	4	B vs D
LITHOSTAT 250 MG TABLET MO	4	
methyclothiazide 5 mg tablet MO	2	
metolazone 10 mg tablet MO	2	
metolazone 2.5 mg tablet MO	2	
metolazone 5 mg tablet MO	2	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION MO	4	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION MO	4	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION MO	4	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION MO	2	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION MO	2	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION MO	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION MO	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
potassium citrate er 10 meq tb MO	3	
potassium citrate er 15 meq tb MO	3	
potassium citrate er 5 meq tab MO	3	
potassium cl 10 meq/100 ml sol MO	2	
potassium cl 10 meq/50 ml sol MO	2	
potassium cl 10% (20 meq/15 ml MO	1	
potassium cl 2 meq/ml vial MO	2	
potassium cl 20 meq-0.45% nacl MO	2	
potassium cl 20 meq/50 ml sol MO	2	
potassium cl 30 meq/100 ml sol MO	2	
potassium cl er 10 meq capsule MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium cl er 10 meq tablet MO	2	
potassium cl er 20 meq tablet MO	2	
potassium cl er 20 meq tablet MO	2	
potassium cl er 8 meq capsule MO	2	
potassium cl er 8 meq tablet MO	2	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	2	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION MO	2	B vs D
probenecid 500 mg tablet MO	3	
probenecid-colchicine tabs MO	3	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	4	B vs D
REVELA 0.8 GRAM ORAL POWDER PACKET MO	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET MO	3	QL (180 per 30 days)
REVELA 800 MG TABLET MO	3	QL (540 per 30 days)
ringer's iv solution MO	2	
ringers irrigation solution MO	2	
saline 0.45% soln-excel con MO	2	
SAMSCA 15 MG TABLET SP	5	QL (60 per 30 days)
SAMSCA 30 MG TABLET SP	5	QL (60 per 30 days)
sevelamer carbonate 800 mg tab MO	3	QL (540 per 30 days)
sodium bicarb 7.5% abboject MO	2	
sodium bicarb 8.4% abboject MO	2	
sodium bicarb 8.4% abboject MO	2	
sodium bicarb 8.4% vial MO	2	
sodium chloride 0.9% irrig. MO	2	
sodium chloride 0.9% soln. MO	3	
sodium chloride 0.9% solution MO	3	
sodium chloride 0.9% vial MO	3	
sodium chloride 3% iv soln MO	2	
sodium chloride 4 meq/ml vl MO	3	
sodium chloride 5% iv soln MO	2	
sodium cl 2.5 meq/ml vial MO	3	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION MO	4	
sodium lactate 1/6molar inj MO	2	
sodium lactate 5 meq/ml vial MO	2	
sodium phenylbutyrate powder SP	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp MO	3	
sterile water for irrigation MO	2	
torsemid 10 mg tablet MO	2	
torsemid 100 mg tablet MO	2	
torsemid 20 mg tablet MO	2	
torsemid 5 mg tablet MO	2	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION MO	4	
TRAVASOL 10 % INTRAVENOUS SOLUTION MO	4	B vs D
triamterene-hctz 37.5-25 mg cp MO	1	
triamterene-hctz 37.5-25 mg tb MO	1	
triamterene-hctz 50-25 mg cap MO	2	
triamterene-hctz 75-50 mg tab MO	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION MO	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION MO	4	B vs D
ENZYMES		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION MO	5	
ELELYSO 200 UNIT INTRAVENOUS SOLUTION MO	5	PA,QL (350 per 30 days)
ELITEK 1.5 MG INTRAVENOUS SOLUTION MO	5	PA
ELITEK 7.5 MG INTRAVENOUS SOLUTION MO	5	PA
FABRAZYME 35 MG INTRAVENOUS SOLUTION MO	5	PA
FABRAZYME 5 MG INTRAVENOUS SOLUTION MO	5	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION MO	5	PA
MYOZYME 50 MG INTRAVENOUS SOLUTION MO	5	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION MO	5	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION SP	5	
VPRIV 400 UNIT INTRAVENOUS SOLUTION MO	5	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetazol hc 1 %-2 % ear drops MO	4	
acetazolamide 125 mg tablet MO	2	
acetazolamide 250 mg tablet MO	2	
acetazolamide er 500 mg cap MO	4	
acetazolamide sod 500 mg vial MO	2	
acetic acid 2% ear solution MO	2	
ak-poly-bac 500 unit-10,000 unit/gram eye ointment MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
apraclonidine hcl 0.5% drops MO	4	
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY MO	3	QL (30 per 25 days)
atropine 1% eye ointment MO	2	
AZASITE 1 % EYE DROPS MO	3	
azelastine hcl 0.05% drops MO	3	
AZOPT 1 % EYE DROPS,SUSPENSION MO	3	
bacitracin 500 unit/gm ophth MO	3	
bacitracin-polymyxin eye oint MO	3	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION MO	3	
betaxolol hcl 0.5% eye drop MO	4	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION MO	4	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT MO	4	
brimonidine 0.2% eye drop MO	3	
brimonidine tartrate 0.15% drp MO	3	
carteolol hcl 1% eye drops MO	2	
chlorhexidine 0.12% rinse MO	1	
ciprofloxacin 0.3% eye drop MO	2	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	3	
CYSTARAN 0.44 % EYE DROPS SP	5	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop MO	2	
diclofenac 0.1% eye drops MO	2	
dorzolamide hcl 2% eye drops MO	2	QL (10 per 30 days)
dorzolamide-timolol eye drops MO	2	QL (10 per 30 days)
doxycycline hyclate 20 mg tab MO	3	
DUREZOL 0.05 % EYE DROPS MO	3	
epinastine hcl 0.05% eye drops MO	3	
erythromycin 0.5% eye ointment MO	1	
flunisolide 0.025% spray MO	4	QL (50 per 30 days)
flunisolide 29 mcg-0.025% spr MO	4	QL (50 per 30 days)
fluorometholone 0.1% drops MO	2	
flurbiprofen 0.03% eye drop MO	2	
fluticasone prop 50 mcg spray MO	2	QL (16 per 30 days)
FML FORTE 0.25 % EYE DROPS,SUSPENSION MO	4	
FML S.O.P. 0.1 % EYE OINTMENT MO	4	
garamycin 0.3 % eye drops MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
garamycin 3 mg/gm eye ointment MO	3	
gatifloxacin 0.5% eye drops MO	4	QL (3 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment MO	2	
gentak 0.3 % eye drops MO	2	
gentamicin 0.3% eye ointment MO	3	
gentamicin 3 mg/ml eye drops MO	1	
hydrocortison-acetic acid soln MO	4	
ILEVRO 0.3 % EYE DROPS,SUSPENSION MO	4	
ILOTYCIN 5 MG/GRAM (0.5 %) EYE OINTMENT MO	3	
ipratropium 0.03% spray MO	2	QL (30 per 30 days)
ipratropium 0.06% spray MO	2	QL (45 per 30 days)
ISOPTO CARPINE 1 % EYE DROPS MO	4	
ISOPTO CARPINE 2 % EYE DROPS MO	4	
ISOPTO CARPINE 4 % EYE DROPS MO	4	
ketorolac 0.4% ophth solution MO	2	
ketorolac 0.5% ophth solution MO	2	
LACRISERT 5 MG EYE INSERTS MO	4	
latanoprost 0.005% eye drops MO	2	QL (3 per 25 days)
levobunolol 0.25% eye drops MO	2	
levobunolol 0.5% eye drops MO	1	
levofloxacin 0.5% eye drops MO	3	
lidocaine 2% viscous soln MO	2	
lidocaine hcl 2% jelly MO	3	
lidocaine hcl 4% solution MO	2	
lidocaine viscous 2 % mucosal solution MO	2	
LUMIGAN 0.01 % EYE DROPS MO	3	QL (3 per 25 days)
LUMIGAN 0.03% EYE DROPS MO	3	QL (3 per 25 days)
methazolamide 25 mg tablet MO	4	
methazolamide 50 mg tablet MO	4	
metipranolol 0.3% eye drops MO	2	
MOXEZA 0.5 % EYE DROPS MO	4	
naphazoline 0.1% eye drops MO	2	
neo-bacit-poly-hc eye ointment MO	2	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment MO	2	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
neomyc-bacit-polymix eye oint MO	2	
neomyc-polym-dexamet eye ointm MO	3	
neomyc-polym-dexameth eye drop MO	3	
neomyc-polym-gramicid eye drop MO	2	
neomycin-poly-hc eye drops MO	3	
neomycin-polymyxin-hc ear soln MO	3	
neomycin-polymyxin-hc ear susp MO	3	
neosporin (neo-polym-gramicid) 1.75 mg-10k unit-0.025 mg/ml eye drops MO	2	
NEVANAC 0.1 % EYE DROPS,SUSPENSION MO	4	
ofloxacin 0.3% ear drops MO	3	
ofloxacin 0.3% eye drops MO	2	
paroex oral rinse 0.12 % mouthwash MO	1	
PATADAY 0.2 % EYE DROPS MO	3	
periogard 0.12 % mouthwash MO	2	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	4	
pilocarpine 1% eye drops MO	2	
pilocarpine 2% eye drops MO	2	
pilocarpine 4% eye drops MO	4	
PILOPINE HS 4% EYE GEL MO	4	
polycin 500 unit-10,000 unit/gram eye ointment MO	2	
polymyxin b-tmp eye drops MO	1	
PRED MILD 0.12 % EYE DROPS,SUSPENSION MO	4	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION MO	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	4	
prednisolone ac 1% eye drop MO	3	
prednisolone sod 1% eye drop MO	3	
proparacaine 0.5% eye drops MO	2	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	4	QL (60 per 30 days)
sulf-pred 10-0.23% eye drops MO	2	
sulfacetamide 10% eye drops MO	1	
sulfacetamide 10% eye ointment MO	3	
sulfamide 10% eye drops MO	2	
timolol 0.25% eye drops MO	1	
timolol 0.25% gel-solution MO	3	
timolol 0.5% eye drops MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
timolol 0.5% gfs gel-solution MO	3	
tobramycin 0.3% eye drops MO	1	
tobramycin-dexameth ophth susp MO	4	
TOBREX 0.3 % EYE OINTMENT MO	4	
TRAVATAN Z 0.004 % EYE DROPS MO	3	QL (3 per 25 days)
trifluridine 1% eye drops MO	4	
tropicamide 0.5% eye drops MO	2	
tropicamide 1% eye drops MO	2	
TYZINE 0.05 % NASAL DROPS MO	4	
VIGAMOX 0.5 % EYE DROPS MO	4	
ZIRGAN 0.15 % EYE GEL MO	4	QL (5 per 30 days)
GASTROINTESTINAL DRUGS		
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE MO	3	QL (120 per 30 days)
balsalazide disodium 750 mg cp MO	4	
CANASA 1,000 MG RECTAL SUPPOSITORY MO	3	QL (30 per 30 days)
CHENODAL 250 MG TABLET SP	5	PA
cimetidine 200 mg tablet MO	2	
cimetidine 300 mg tablet MO	2	
cimetidine 300 mg/5 ml soln MO	2	
cimetidine 400 mg tablet MO	2	
cimetidine 800 mg tablet MO	1	
compro 25 mg rectal suppository MO	3	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CREON 36,000-114,000-180,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
DEXILANT 30 MG CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
DEXILANT 60 MG CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
diphenoxylat-atrop 2.5-0.025/5 MO	3	
diphenoxylate-atrop 2.5-0.025 MO	2	
dronabinol 10 mg capsule MO	5	B vs D,QL (120 per 30 days)
dronabinol 2.5 mg capsule MO	4	B vs D,QL (120 per 30 days)
dronabinol 5 mg capsule MO	4	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK MO	4	B vs D,QL (6 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMEND 125 MG CAPSULE MO	4	B vs D,QL (2 per 28 days)
EMEND 40 MG CAPSULE MO	4	B vs D,QL (2 per 28 days)
EMEND 80 MG CAPSULE MO	4	B vs D,QL (4 per 28 days)
famotidine 10 mg/ml vial MO	2	
famotidine 20 mg piggyback MO	2	
famotidine 20 mg tablet MO	1	
famotidine 20 mg/2 ml vial MO	2	
famotidine 40 mg tablet MO	2	
famotidine 40 mg/5 ml susp MO	3	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT SP	5	PA,QL (30 per 30 days)
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT SP	5	PA,QL (30 per 30 days)
gavilyte-c 240 g-22.72 g-6.72 g-5.84 g oral solution MO	2	
gavilyte-g 236 g-22.74 g-6.74 g-5.86 g oral solution MO	2	
gavilyte-n 420 gram oral solution MO	2	
GOLYTELY 227.1 G-21.5 G-6.36 G-5.53 G ORAL POWDER PACKET MO	3	
GOLYTELY 236 G-22.74 G-6.74 G-5.86 G ORAL SOLUTION MO	3	
granisetron hcl 0.1 mg/ml vial MO	4	
granisetron hcl 1 mg tablet MO	4	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial MO	4	QL (4 per 28 days)
granisetron hcl 4 mg/4 ml vial MO	4	QL (4 per 28 days)
lansoprazole dr 15 mg capsule MO	3	QL (60 per 30 days)
lansoprazole dr 30 mg capsule MO	3	QL (30 per 30 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE MO	3	QL (120 per 30 days)
LINZESS 145 MCG CAPSULE MO	3	QL (30 per 30 days)
LINZESS 290 MCG CAPSULE MO	3	QL (30 per 30 days)
loperamide 2 mg capsule MO	2	
LOTRONEX 0.5 MG TABLET MO	5	QL (60 per 30 days)
LOTRONEX 1 MG TABLET MO	5	QL (60 per 30 days)
meclizine 12.5 mg tablet MO	3	
meclizine 25 mg tablet MO	3	
mesalamine 4 gm/60 ml enema MO	4	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit MO	4	
metoclopramide 10 mg tablet MO	2	
metoclopramide 10 mg/2 ml syr MO	2	
metoclopramide 10 mg/2 ml vial MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoclopramide 5 mg tablet MO	2	
metoclopramide 5 mg/5 ml soln MO	2	
misoprostol 100 mcg tablet MO	3	
misoprostol 200 mcg tablet MO	3	
MOVIPREP 100 G-7.5 G-2.691 G-4.7 G ORAL POWDER PACKET MO	4	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION MO	3	
omeprazole dr 10 mg capsule MO	2	QL (60 per 30 days)
omeprazole dr 20 mg capsule MO	2	QL (60 per 30 days)
omeprazole dr 40 mg capsule MO	2	QL (30 per 30 days)
ondansetron 4 mg/5 ml solution MO	4	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial MO	3	
ondansetron hcl 24 mg tablet MO	3	B vs D,QL (30 per 30 days)
ondansetron hcl 4 mg tablet MO	2	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr MO	3	
ondansetron hcl 4 mg/2 ml vial MO	3	
ondansetron hcl 8 mg tablet MO	2	B vs D,QL (90 per 30 days)
ondansetron odt 4 mg tablet MO	3	B vs D,QL (90 per 30 days)
ondansetron odt 8 mg tablet MO	3	B vs D,QL (90 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET MO	4	
pantoprazole sod dr 20 mg tab MO	2	QL (60 per 30 days)
pantoprazole sod dr 40 mg tab MO	2	QL (60 per 30 days)
pantoprazole sodium 40 mg vial MO	4	
peg 3350 electrolyte soln MO	2	
peg-3350 and electrolytes soln MO	2	
peg-3350 solution MO	2	
peg-3350 with flavor packs 420 gram oral solution MO	2	
polyethylene glycol 3350 powd MO	3	
prochlorperazine 10 mg tab MO	1	B vs D
prochlorperazine 25 mg supp MO	4	
prochlorperazine 5 mg tablet MO	2	B vs D
prochlorperazine 5 mg/ml vial MO	3	
ranitidine 1,000 mg/40 ml vial MO	2	
ranitidine 15 mg/ml syrup MO	3	
ranitidine 150 mg capsule MO	3	
ranitidine 150 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ranitidine 300 mg capsule MO	3	
ranitidine 300 mg tablet MO	1	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS KIT SP	4	PA,QL (36 per 28 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION SP	5	PA,QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (18 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH MO	4	QL (4 per 30 days)
sucralfate 1 gm tablet MO	2	
sucralfate 1 gm/10 ml susp MO	4	
SUPREP 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	3	
TRANSDERM-SCOP 1.5 MG TRANSDERMAL 72 HOUR PATCH MO	4	PA,QL (4 per 12 days)
trilyte with flavor packets 420 gram oral solution MO	2	
trimethobenzamide 300 mg cap MO	4	PA
ursodiol 250 mg tablet MO	4	
ursodiol 300 mg capsule MO	4	
ursodiol 500 mg tablet MO	4	
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 25,000-85,000-136,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 3,000-10,000-16,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
GOLD COMPOUNDS		
RIDAURA 3 MG CAPSULE MO	4	
HEAVY METAL ANTAGONISTS		
CHEMET 100 MG CAPSULE MO	4	
CUPRIMINE 250 MG CAPSULE MO	4	
EXJADE 125 MG DISPERSIBLE TABLET SP	5	PA
EXJADE 250 MG DISPERSIBLE TABLET SP	5	PA
EXJADE 500 MG DISPERSIBLE TABLET SP	5	PA
SYPRINE 250 MG CAPSULE MO	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
α-hydrocort 100 mg solution for injection MO	2	
acarbose 100 mg tablet MO	4	
acarbose 25 mg tablet MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acarbose 50 mg tablet MO	4	
altavera (28) 0.15 mg-30 mcg tablet MO	4	
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	4	QL (91 per 90 days)
ANADROL-50 50 MG TABLET MO	5	
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (300 per 30 days)
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (300 per 30 days)
ANDROGEL 1.25 GRAM/ACTUATION (1%) TRANSDERMAL GEL PUMP MO	3	QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (38 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MO	3	QL (176 per 30 days)
androxy 10 mg tablet MO	4	
apri 0.15 mg-30 mcg tablet MO	4	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet MO	4	
aubra 0.1 mg-20 mcg tablet MO	4	
AVANDIA 2 MG TABLET MO	4	QL (60 per 30 days)
AVANDIA 4 MG TABLET MO	4	QL (60 per 30 days)
AVANDIA 8 MG TABLET MO	4	QL (30 per 30 days)
aviane 0.1 mg-20 mcg tablet MO	4	
azurette (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet MO	4	
budesonide ec 3 mg capsule MO	5	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION MO	4	ST,QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR MO	4	ST,QL (4 per 28 days)
calcitonin-salmon 200 units sp MO	3	QL (4 per 28 days)
camila 0.35 mg tablet MO	4	
CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
chateal 0.15 mg-30 mcg tablet MO	4	
chorionic gonad 10,000 unit vl MO	4	PA
cortisone 25 mg tablet MO	2	
cryselle (28) 0.3 mg-30 mcg tablet MO	4	
cyclafem 1/35 (28) 1 mg-35 mcg tablet MO	4	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	4	
CYTOMEL 25 MCG TABLET MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CYTOMEL 5 MCG TABLET MO	4	
CYTOMEL 50 MCG TABLET MO	4	
danazol 100 mg capsule MO	4	
danazol 200 mg capsule MO	4	
danazol 50 mg capsule MO	4	
dasetta 1/35 (28) 1 mg-35 mcg tablet MO	4	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	4	
DELESTROGEN 20 MG/ML INTRAMUSCULAR OIL MO	4	PA
DELESTROGEN 40 MG/ML INTRAMUSCULAR OIL MO	4	PA
delyla (28) 0.1 mg-20 mcg tablet MO	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	2	PA
desmopressin 0.1 mg/ml sol MO	4	
desmopressin 0.1 mg/ml spray MO	3	
desmopressin 40 mcg/10 ml vial MO	4	
desmopressin acetate 0.1 mg tb MO	3	
desmopressin acetate 0.2 mg tb MO	3	
desogestr-eth estrad eth estra MO	4	
desogestrel-ethinyl estrad tab MO	4	
dexamethasone 0.5 mg tablet MO	1	
dexamethasone 0.5 mg/5 ml elx MO	3	
dexamethasone 0.5 mg/5 ml liq MO	3	
dexamethasone 0.75 mg tablet MO	1	
dexamethasone 1 mg tablet MO	2	
dexamethasone 1.5 mg tablet MO	2	
dexamethasone 10 mg/ml vial MO	2	
dexamethasone 2 mg tablet MO	2	
dexamethasone 4 mg tablet MO	1	
dexamethasone 4 mg/ml vial MO	2	
dexamethasone 6 mg tablet MO	2	
DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) MO	3	
drospirenone-eth estradiol tab MO	4	
DUAVEE 0.45 MG-20 MG TABLET MO	4	PA,QL (30 per 30 days)
EGRIFTA 1 MG VIAL SP	5	PA,QL (60 per 30 days)
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
elinest 0.3 mg-30 mcg tablet MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELLA 30 MG TABLET MO	3	QL (1 per 30 days)
emoquette 0.15 mg-30 mcg tablet MO	4	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
enskyce 0.15 mg-30 mcg tablet MO	4	
errin 0.35 mg tablet MO	4	
estradiol 0.025 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.0375 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.05 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.06 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.075 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.1 mg/day patch MO	3	PA,QL (4 per 28 days)
estradiol 0.5 mg tablet MO	2	PA
estradiol 1 mg tablet MO	2	PA
estradiol 2 mg tablet MO	2	PA
falmina (28) 0.1 mg-20 mcg tablet MO	4	
FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO	4	
fludrocortisone 0.1 mg tablet MO	2	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR SP	4	ST,QL (2 per 28 days)
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY MO	4	QL (4 per 28 days)
GIANVI (28) 3 MG-20 MCG TABLET MO	4	
gildess 1 mg-20 mcg tablet MO	4	
gildess 1.5 mg-30 mcg tablet MO	4	
gildess fe 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
gildess fe 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
glimepiride 1 mg tablet MO	1	
glimepiride 2 mg tablet MO	1	
glimepiride 4 mg tablet MO	1	
glipizide 10 mg tablet MO	1	
glipizide 5 mg tablet MO	1	
glipizide er 2.5 mg tablet MO	2	
glipizide er 5 mg tablet MO	2	
glipizide xl 10 mg tablet MO	2	
glipizide-metformin 2.5-250 mg MO	3	
glipizide-metformin 2.5-500 mg MO	3	
glipizide-metformin 5-500 mg MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCAGEN HYPOKIT 1 MG INJECTION MO	4	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION MO	3	
glyburid-metformin 1.25-250 mg MO	2	PA
glyburide 1.25 mg tablet MO	2	PA
glyburide 2.5 mg tablet MO	1	PA
glyburide 5 mg tablet MO	1	PA
glyburide micro 1.5 mg tab MO	2	PA
glyburide micro 3 mg tablet MO	1	PA
glyburide micro 6 mg tablet MO	1	PA
glyburide-metformin 2.5-500 mg MO	2	PA
glyburide-metformin 5-500 mg MO	2	PA
GLYSET 100 MG TABLET MO	4	
GLYSET 25 MG TABLET MO	4	
GLYSET 50 MG TABLET MO	4	
heather 0.35 mg tablet MO	4	
HUMALOG 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	3	QL (240 per 30 days)
HUMALOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	QL (240 per 30 days)
HUMALOG KWIKPEN 100 UNIT/ML SUBCUTANEOUS MO	3	
HUMALOG MIX 50-50 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	
HUMALOG MIX 75-25 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML SUBCUTANEOUS INSULIN PEN MO	3	
HUMULIN 70-30 PEN MO	3	
HUMULIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMULIN 70/30 KWIKPEN 100 UNIT/ML (70-30) SUBCUTANEOUS MO	3	
HUMULIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMULIN N 100 UNITS/ML PEN MO	3	
HUMULIN N KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	
HUMULIN R 100 UNIT/ML INJECTION SOLUTION MO	3	
HUMULIN R U-500 "CONCENTRATED" INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN MO	3	
hydrocortisone 10 mg tablet MO	2	
hydrocortisone 20 mg tablet MO	2	
hydrocortisone 5 mg tablet MO	2	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION SP	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
introvale 0.15 mg-30 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
INVOKAMET 150 MG-1,000 MG TABLET MO	4	ST,QL (60 per 30 days)
INVOKAMET 150 MG-500 MG TABLET MO	4	ST,QL (60 per 30 days)
INVOKAMET 50 MG-1,000 MG TABLET MO	4	ST,QL (60 per 30 days)
INVOKAMET 50 MG-500 MG TABLET MO	4	ST,QL (60 per 30 days)
JANUMET 50 MG-1,000 MG TABLET MO	3	ST,QL (60 per 30 days)
JANUMET 50 MG-500 MG TABLET MO	3	ST,QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
JANUVIA 100 MG TABLET MO	3	ST,QL (30 per 30 days)
JANUVIA 25 MG TABLET MO	3	ST,QL (30 per 30 days)
JANUVIA 50 MG TABLET MO	3	ST,QL (30 per 30 days)
jencycla 0.35 mg tablet MO	4	
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)
junel 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
junel 1/20 (21) 1 mg-20 mcg tablet MO	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
JUVISYNC 100-10 MG TABLET MO	3	ST,QL (30 per 30 days)
JUVISYNC 100-20 MG TABLET MO	3	ST,QL (30 per 30 days)
JUVISYNC 100-40 MG TABLET MO	3	ST,QL (30 per 30 days)
JUVISYNC 50-10 MG TABLET MO	3	ST,QL (30 per 30 days)
JUVISYNC 50-20 MG TABLET MO	3	ST,QL (30 per 30 days)
JUVISYNC 50-40 MG TABLET MO	3	ST,QL (30 per 30 days)
kariva (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet MO	4	
kelnor 1/35 (28) 1 mg-35 mcg tablet MO	4	
KENALOG 40 MG/ML SUSPENSION FOR INJECTION MO	4	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
KORLYM 300 MG TABLET SP	5	PA,QL (120 per 30 days)
kurvelo 0.15 mg-30 mcg tablet MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
larin 1/20 (21) 1 mg-20 mcg tablet MO	4	
larin fe 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
larin fe 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
lessina 0.1 mg-20 mcg tablet MO	4	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN MO	3	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
levonor-eth estrad 0.1-0.02 mg MO	4	
levonor-eth estrad 0.15-0.03 MO	4	
levonor-eth estrad 0.15-0.03 MO	4	QL (91 per 90 days)
levonorg-eth estrad eth estrad MO	4	QL (91 per 90 days)
levonorgestrel 1.5 mg tablet MO	4	
levora-28 0.15 mg-30 mcg tablet MO	4	
levothyroxine 100 mcg tablet MO	1	
levothyroxine 112 mcg tablet MO	1	
levothyroxine 125 mcg tablet MO	1	
levothyroxine 137 mcg tablet MO	2	
levothyroxine 150 mcg tablet MO	1	
levothyroxine 175 mcg tablet MO	1	
levothyroxine 200 mcg tablet MO	1	
levothyroxine 25 mcg tablet MO	1	
levothyroxine 300 mcg tablet MO	2	
levothyroxine 50 mcg tablet MO	1	
levothyroxine 75 mcg tablet MO	1	
levothyroxine 88 mcg tablet MO	1	
LEVOXYL 100 MCG TABLET MO	3	
LEVOXYL 112 MCG TABLET MO	3	
LEVOXYL 125 MCG TABLET MO	3	
LEVOXYL 137 MCG TABLET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEVOXYL 150 MCG TABLET MO	3	
LEVOXYL 175 MCG TABLET MO	3	
LEVOXYL 200 MCG TABLET MO	3	
LEVOXYL 25 MCG TABLET MO	3	
LEVOXYL 50 MCG TABLET MO	3	
LEVOXYL 75 MCG TABLET MO	3	
LEVOXYL 88 MCG TABLET MO	3	
liothyronine sod 10 mcg/ml vial MO	3	
liothyronine sod 25 mcg tab MO	3	
liothyronine sod 5 mcg tab MO	3	
liothyronine sod 50 mcg tab MO	3	
loryna (28) 3 mg-20 mcg tablet MO	4	
low-ogestrel (28) 0.3 mg-30 mcg tablet MO	4	
lutra (28) 0.1 mg-20 mcg tablet MO	4	
lyza 0.35 mg tablet MO	4	
marlissa 0.15 mg-30 mcg tablet MO	4	
medroxyprogesterone 10 mg tab MO	1	
medroxyprogesterone 150 mg/ml MO	2	QL (1 per 90 days)
medroxyprogesterone 2.5 mg tab MO	1	
medroxyprogesterone 5 mg tab MO	1	
MENEST 0.3 MG TABLET MO	4	PA
MENEST 0.625 MG TABLET MO	4	PA
MENEST 1.25 MG TABLET MO	4	PA
MENEST 2.5 MG TABLET MO	4	PA
metformin hcl 1,000 mg tablet MO	1	
metformin hcl 500 mg tablet MO	1	
metformin hcl 850 mg tablet MO	1	
metformin hcl er 500 mg tablet MO	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet MO	2	QL (60 per 30 days)
methimazole 10 mg tablet MO	2	
methimazole 5 mg tablet MO	2	
METHITEST 10 MG TABLET MO	4	
methylprednisolone 125 mg vial MO	4	
methylprednisolone 16 mg tab MO	3	B vs D
methylprednisolone 32 mg tab MO	3	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylprednisolone 4 mg dosepk MO	3	B vs D
methylprednisolone 4 mg tablet MO	3	B vs D
methylprednisolone 40 mg vial MO	4	
methylprednisolone 40 mg/ml vl MO	2	
methylprednisolone 8 mg tab MO	3	B vs D
methylprednisolone 80 mg/ml vl MO	2	
methylprednisolone ss 1 gm vl MO	4	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
microgestin 1/20 (21) 1 mg-20 mcg tablet MO	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
mimvey 1 mg-0.5 mg tablet MO	4	PA
my way 1.5 mg tablet MO	4	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION SP	5	PA,QL (30 per 30 days)
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
nateglinide 120 mg tablet MO	3	
nateglinide 60 mg tablet MO	3	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MO	4	
necon 1/35 (28) 1 mg-35 mcg tablet MO	4	
necon 10/11 (28) 0.5 mg-35 mcg(10)/1 mg-35 mcg(11) tablet MO	4	
next choice 0.75 mg tablet MO	4	
next choice one dose 1.5 mg tablet MO	4	
nikki (28) 3 mg-20 mcg tablet MO	4	
norethin-estradiol 1-0.02 mg MO	4	
norethin-ethinyl estradiol tablet MO	4	
norethindrone 1-0.02 mg MO	4	
norethindrone 0.35 mg tablet MO	4	
norethindrone 5 mg tablet MO	4	
norg-ethin estradiol 0.25-0.035 mg MO	4	
norgestimate-eth estradiol tablet MO	4	
norlyroc 0.35 mg tablet MO	4	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet MO	4	
nortrel 1/35 (21) 1 mg-35 mcg tablet MO	4	
nortrel 1/35 (28) 1 mg-35 mcg tablet MO	4	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION MO	3	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS MO	3	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	3	
octreotide 1,000 mcg/ml vial SP	5	PA
octreotide acet 100 mcg/ml vial SP	4	PA
octreotide acet 200 mcg/ml vial SP	4	PA
octreotide acet 50 mcg/ml vial SP	4	PA
octreotide acet 500 mcg/ml vial SP	5	PA
ogestrel (28) 0.5 mg-50 mcg tablet MO	4	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS CARTRIDGE SP	5	PA
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE SP	5	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION SP	5	PA
ONGLYZA 2.5 MG TABLET MO	4	ST,QL (30 per 30 days)
ONGLYZA 5 MG TABLET MO	4	ST,QL (30 per 30 days)
orsythia 0.1 mg-20 mcg tablet MO	4	
oxandrolone 10 mg tablet MO	5	QL (60 per 30 days)
oxandrolone 2.5 mg tablet MO	3	QL (120 per 30 days)
pimtrex (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet MO	4	
pioglitaz-glimepir 30-2 mg tab MO	4	QL (30 per 30 days)
pioglitaz-glimepir 30-4 mg tab MO	4	QL (30 per 30 days)
pioglitazone hcl 15 mg tablet MO	2	QL (30 per 30 days)
pioglitazone hcl 30 mg tablet MO	2	QL (30 per 30 days)
pioglitazone hcl 45 mg tablet MO	2	QL (30 per 30 days)
pioglitazone-metformin 15-500 MO	4	QL (90 per 30 days)
pioglitazone-metformin 15-850 MO	4	QL (90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet MO	4	
pirmella 1 mg-35 mcg tablet MO	4	
portia 0.15 mg-30 mcg tablet MO	4	
PRANDIN 0.5 MG TABLET MO	4	
PRANDIN 1 MG TABLET MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRANDIN 2 MG TABLET MO	4	
prednisolone 15 mg/5 ml soln MO	3	
prednisolone 15 mg/5 ml syrup MO	2	
prednisolone 5 mg/5 ml soln MO	3	
prednisolone sod ph 25 mg/5 ml MO	3	
prednisone 1 mg tablet MO	2	B vs D
prednisone 10 mg tablet MO	2	B vs D
prednisone 2.5 mg tablet MO	1	B vs D
prednisone 20 mg tablet MO	2	B vs D
prednisone 5 mg tablet MO	1	B vs D
prednisone 5 mg/5 ml solution MO	2	B vs D
prednisone 50 mg tablet MO	2	B vs D
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE MO	3	B vs D
PREMARIN 0.625 MG/GRAM VAGINAL CREAM MO	3	
previfem 0.25 mg-35 mcg tablet MO	4	
progesterone 100 mg capsule MO	4	
progesterone 200 mg capsule MO	4	
progesterone in oil 50 mg/ml intramuscular MO	4	
progesterone oil 50 mg/ml vl MO	4	
propylthiouracil 50 mg tablet MO	3	
quasense 0.15 mg-30 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
raloxifene hcl 60 mg tablet MO	3	QL (30 per 30 days)
reclipsen (28) 0.15 mg-30 mcg tablet MO	4	
repaglinide 0.5 mg tablet MO	4	
repaglinide 1 mg tablet MO	4	
repaglinide 2 mg tablet MO	4	
SANDOSTATIN 1,000 MCG/ML INJECTION SOLUTION SP	5	PA
SANDOSTATIN 100 MCG/ML INJECTION SOLUTION SP	5	PA
SANDOSTATIN 200 MCG/ML INJECTION SOLUTION SP	5	PA
SANDOSTATIN 50 MCG/ML INJECTION SOLUTION SP	4	PA
SANDOSTATIN 500 MCG/ML INJECTION SOLUTION SP	4	PA
SANDOSTATIN LAR DEPOT 10 MG INTRAMUSCULAR KIT MO	5	PA
SANDOSTATIN LAR DEPOT 20 MG INTRAMUSCULAR KIT MO	5	PA
SANDOSTATIN LAR DEPOT 30 MG INTRAMUSCULAR KIT MO	5	PA
SEROSTIM 4 MG SUBCUTANEOUS SOLUTION SP	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SEROSTIM 5 MG SUBCUTANEOUS SOLUTION SP	5	PA
SEROSTIM 6 MG SUBCUTANEOUS SOLUTION SP	5	PA
sharobel 0.35 mg tablet MO	4	
SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION MO	4	
SOLU-MEDROL (PF) 40 MG/ML SOLUTION FOR INJECTION MO	4	
SOLU-MEDROL (PF) 500 MG/4 ML INTRAVENOUS SOLUTION MO	4	
SOLU-MEDROL 1,000 MG INTRAVENOUS SOLUTION MO	4	
SOLU-MEDROL 2 GRAM INTRAVENOUS SOLUTION MO	4	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (1 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (1 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (1 per 28 days)
SOMAVERT 10 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SOMAVERT 15 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SOMAVERT 20 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet MO	1	
sronyx 0.1 mg-20 mcg tablet MO	4	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY MO	4	
syeda 3 mg-0.03 mg tablet MO	4	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR MO	4	PA,QL (11 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR MO	4	PA,QL (11 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY SP	5	
SYNTHROID 100 MCG TABLET MO	3	
SYNTHROID 112 MCG TABLET MO	3	
SYNTHROID 125 MCG TABLET MO	3	
SYNTHROID 137 MCG TABLET MO	3	
SYNTHROID 150 MCG TABLET MO	3	
SYNTHROID 175 MCG TABLET MO	3	
SYNTHROID 200 MCG TABLET MO	3	
SYNTHROID 25 MCG TABLET MO	3	
SYNTHROID 300 MCG TABLET MO	3	
SYNTHROID 50 MCG TABLET MO	3	
SYNTHROID 75 MCG TABLET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNTHROID 88 MCG TABLET MO	3	
testosteron cyp 1,000 mg/10 ml MO	3	
testosteron enan 1,000 mg/5 ml MO	4	
testosterone cyp 200 mg/ml MO	3	
TESTRED 10 MG CAPSULE MO	4	
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	2	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	2	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	2	
THYROLAR-2 25 MCG-100 MCG TABLET MO	2	
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	2	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tolazamide 250 mg tablet MO	4	
tolazamide 500 mg tablet MO	4	
tolbutamide 500 mg tablet MO	4	
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 MO	4	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
triamcinolone acet 40mg/ml vl MO	4	
triamcinolone acet 50mg/5ml vl MO	4	
TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET MO	4	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
UNITHROID 100 MCG TABLET MO	2	
UNITHROID 112 MCG TABLET MO	2	
UNITHROID 125 MCG TABLET MO	2	
UNITHROID 137 MCG TABLET MO	2	
UNITHROID 150 MCG TABLET MO	2	
UNITHROID 175 MCG TABLET MO	2	
UNITHROID 200 MCG TABLET MO	2	
UNITHROID 25 MCG TABLET MO	2	
UNITHROID 300 MCG TABLET MO	2	
UNITHROID 50 MCG TABLET MO	2	
UNITHROID 75 MCG TABLET MO	2	
UNITHROID 88 MCG TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
VERIPRED 20 20 MG/5 ML ORAL SOLUTION MO	4	
vestura (28) 3 mg-20 mcg tablet MO	2	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	ST,QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	ST,QL (9 per 30 days)
violele (28) 0.15 mg-0.02 mg(21)/0.01 mg(5) tablet MO	4	
wera (28) 0.5 mg-35 mcg tablet MO	4	
WYMZYA FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO	4	
zarah 3 mg-0.03 mg tablet MO	4	
zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
zeosa 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
zovia 1/35e (28) 1 mg-35 mcg tablet MO	4	
zovia 1/50e (28) 1 mg-50 mcg tablet MO	4	
LOCAL ANESTHETICS (PARENTERAL)		
lidocaine hcl 0.5% vial MO	2	
lidocaine hcl 1% ampul MO	2	
lidocaine hcl 1% vial MO	2	
lidocaine hcl 2% ampul MO	2	
lidocaine hcl 2% vial MO	2	
lidocaine hcl 4% ampul MO	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine 6 gram/30 ml vl MO	4	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION SP	5	PA
alendronate sodium 10 mg tab MO	2	QL (30 per 30 days)
alendronate sodium 35 mg tab MO	1	QL (4 per 28 days)
alendronate sodium 40 mg tab MO	2	QL (30 per 30 days)
alendronate sodium 5 mg tablet MO	2	QL (30 per 30 days)
alendronate sodium 70 mg tab MO	1	QL (4 per 28 days)
allopurinol 100 mg tablet MO	1	
allopurinol 300 mg tablet MO	1	
amifostine 500 mg vial MO	5	
AMPYRA 10 MG TABLET,EXTENDED RELEASE SP	5	PA,QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARCALYST 220 MG SUBCUTANEOUS SOLUTION SP	5	PA
ATELVIA 35 MG TABLET,DELAYED RELEASE MO	4	QL (4 per 28 days)
AVODART 0.5 MG CAPSULE MO	3	QL (30 per 30 days)
AVONEX 30 MCG INTRAMUSCULAR KIT SP	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN INJECTOR SP	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT SP	5	PA,QL (1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE SP	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT SP	5	PA,QL (1 per 28 days)
azathioprine 50 mg tablet SP	2	B vs D
BENLYSTA 120 MG INTRAVENOUS SOLUTION MO	5	PA,QL (30 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION MO	5	PA,QL (30 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	4	QL (4 per 28 days)
CELLCEPT 200 MG/ML ORAL SUSPENSION SP	5	B vs D
CELLCEPT 250 MG CAPSULE SP	4	B vs D
CELLCEPT 500 MG TABLET SP	5	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO	4	B vs D
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION MO	5	PA,QL (100 per 30 days)
COLCRYS 0.6 MG TABLET MO	3	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (12 per 28 days)
cyclosporine 100 mg capsule SP	4	B vs D
cyclosporine 25 mg capsule SP	4	B vs D
cyclosporine 50 mg/ml vial SP	4	B vs D
cyclosporine modified 100 mg SP	4	B vs D
cyclosporine modified 25 mg SP	4	B vs D
cyclosporine modified 50 mg SP	4	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER SP	5	
CYSTAGON 150 MG CAPSULE MO	4	
CYSTAGON 50 MG CAPSULE MO	4	
DEMSEER 250 MG CAPSULE MO	4	
dexrazoxane 250 mg vial MO	4	
dexrazoxane 500 mg vial MO	4	
disulfiram 250 mg tablet MO	4	
disulfiram 500 mg tablet MO	4	
ELMIRON 100 MG CAPSULE MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENBREL 25 MG (1 ML) SUBCUTANEOUS KIT SP	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE SP	5	PA,QL (8 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE SP	5	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR SP	5	PA,QL (8 per 28 days)
etidronate disodium 200 mg tab MO	4	
etidronate disodium 400 mg tab MO	4	
finasteride 5 mg tablet MO	2	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (9 per 30 days)
fluoride 0.25 mg tablet chew MO	2	
fluoride 0.5 mg tablet chew MO	2	
fomepizole 1.5 gm/1.5 ml vial MO	2	
FUSILEV 50 MG INTRAVENOUS SOLUTION MO	4	PA
gengraf 100 mg capsule SP	4	B vs D
gengraf 100 mg/ml oral solution SP	4	B vs D
gengraf 25 mg capsule SP	4	B vs D
GILENYA 0.5 MG CAPSULE SP	5	PA,QL (30 per 30 days)
hecoria 0.5 mg capsule SP	3	B vs D
hecoria 1 mg capsule SP	3	B vs D
hecoria 5 mg capsule SP	3	B vs D
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS KIT SP	5	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS KIT SP	5	PA,QL (6 per 28 days)
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT SP	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS SP	5	PA,QL (6 per 28 days)
HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT SP	5	PA,QL (6 per 28 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
KUVAN 100 MG ORAL POWDER PACKET SP	5	PA
KUVAN 100 MG SOLUBLE TABLET SP	5	PA
leflunomide 10 mg tablet MO	2	QL (30 per 30 days)
leflunomide 20 mg tablet MO	2	QL (30 per 30 days)
leucovorin cal 500 mg/50 ml vl MO	3	
leucovorin calcium 10 mg tab SP	3	
leucovorin calcium 100 mg vial MO	3	
leucovorin calcium 15 mg tab SP	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leucovorin calcium 200 mg vial MO	3	
leucovorin calcium 25 mg tab SP	3	
leucovorin calcium 350 mg vial MO	3	
leucovorin calcium 5 mg tab SP	3	
leucovorin calcium 50 mg vial MO	3	
leucovorin calcium 500 mg vl MO	3	
levocarnitine 100 mg/ml soln MO	3	
levocarnitine 200 mg/ml vial MO	3	
levocarnitine 330 mg tablet MO	3	
mesna 100 mg/ml vial MO	4	
MESNEX 100 MG/ML INTRAVENOUS SOLUTION MO	4	
MESNEX 400 MG TABLET SP	4	
mycophenolate 250 mg capsule SP	3	B vs D
mycophenolate 500 mg tablet SP	3	B vs D
mycophenolic acid dr 180 mg tb SP	3	B vs D
mycophenolic acid dr 360 mg tb SP	3	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE SP	4	PA
MYFORTIC 360 MG TABLET,DELAYED RELEASE SP	4	PA
NULOJIX 250 MG INTRAVENOUS SOLUTION MO	5	PA,QL (200 per 30 days)
ORFADIN 10 MG CAPSULE SP	5	
ORFADIN 2 MG CAPSULE SP	5	
ORFADIN 5 MG CAPSULE SP	5	
pamidronate 30 mg/10 ml vial MO	3	
pamidronate 60 mg/10 ml vial MO	3	
pamidronate 90 mg/10 ml vial MO	3	
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION MO	4	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MO	4	PA,QL (60 per 180 days)
RAPAMUNE 0.5 MG TABLET SP	4	PA
RAPAMUNE 1 MG TABLET SP	4	PA
RAPAMUNE 1 MG/ML ORAL SOLUTION SP	4	PA
RAPAMUNE 2 MG TABLET SP	4	PA
REMICADE 100 MG INTRAVENOUS SOLUTION MO	5	PA
SANDIMMUNE 100 MG/ML ORAL SOLUTION SP	4	B vs D
SENSIPAR 30 MG TABLET MO	3	QL (60 per 30 days)
SENSIPAR 60 MG TABLET MO	5	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SENSIPAR 90 MG TABLET MO	5	QL (120 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR SP	5	PA,QL (3 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (3 per 30 days)
SIMULECT 10 MG INTRAVENOUS SOLUTION MO	5	B vs D
SIMULECT 20 MG INTRAVENOUS SOLUTION MO	5	B vs D
sirolimus 0.5 mg tablet SP	4	B vs D
sodium fluoride 0.5 mg/ml drop MO	2	
tacrolimus 0.5 mg capsule SP	3	B vs D
tacrolimus 1 mg capsule SP	3	B vs D
tacrolimus 5 mg capsule SP	3	B vs D
THALOMID 100 MG CAPSULE SP	5	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE SP	5	PA,QL (60 per 30 days)
THALOMID 200 MG CAPSULE SP	5	PA,QL (30 per 30 days)
THALOMID 50 MG CAPSULE SP	5	PA,QL (30 per 30 days)
THIOLA 100 MG TABLET MO	4	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION MO	3	B vs D
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION MO	5	PA
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION MO	5	PA,QL (2 per 28 days)
ZAVESCA 100 MG CAPSULE SP	5	QL (90 per 30 days)
zoledronic acid 4 mg vial MO	5	PA,QL (3 per 21 days)
zoledronic acid 4 mg/100 ml MO	4	PA,QL (300 per 21 days)
zoledronic acid 4 mg/5 ml vial MO	5	PA,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml MO	4	PA,QL (100 per 365 days)
zoledronic acid 5 mg/100 ml MO	4	PA,QL (100 per 365 days)
ZORTRESS 0.25 MG TABLET SP	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET SP	4	B vs D,QL (120 per 30 days)
ZORTRESS 0.75 MG TABLET SP	4	B vs D,QL (60 per 30 days)
OXYTOCICS		
methylergonovine 0.2 mg tablet MO	4	
PHARMACEUTICAL AIDS		
STERILE GAUZE PAD 2" X 2" BANDAGE MO	2	
STERILE GAUZE PAD 4" X 4" BANDAGE MO	2	
STERILE PADS 2" X 2" BANDAGE MO	2	
STERILE PADS 3" X 3" BANDAGE MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STERILE PADS 4" X 4" BANDAGE MO	2	
STERILE PADS BANDAGE MO	2	
RESPIRATORY TRACT AGENTS		
acetylcysteine 10% vial MO	2	B vs D
acetylcysteine 20% vial MO	2	B vs D
ADEMPAS 0.5 MG TABLET SP	5	PA,QL (90 per 30 days)
ADEMPAS 1 MG TABLET SP	5	PA,QL (90 per 30 days)
ADEMPAS 1.5 MG TABLET SP	5	PA,QL (90 per 30 days)
ADEMPAS 2 MG TABLET SP	5	PA,QL (90 per 30 days)
ADEMPAS 2.5 MG TABLET SP	5	PA,QL (90 per 30 days)
ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 110 MCG (7 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (14 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (60 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
budesonide 0.25 mg/2 ml susp MO	4	B vs D
budesonide 0.5 mg/2 ml susp MO	4	B vs D
cromolyn 20 mg/2 ml neb soln MO	3	B vs D
cromolyn 4% eye drops MO	2	
cromolyn sodium 100 mg/5 ml MO	5	
DALIRESP 500 MCG TABLET MO	3	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (13 per 30 days)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (13 per 30 days)
KALYDECO 150 MG TABLET SP	5	PA,QL (60 per 30 days)
LETAIRIS 10 MG TABLET SP	5	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET SP	5	PA,QL (30 per 30 days)
montelukast sod 10 mg tablet MO	2	QL (30 per 30 days)
montelukast sod 4 mg granules MO	4	QL (30 per 30 days)
montelukast sod 4 mg tab chew MO	2	QL (30 per 30 days)
montelukast sod 5 mg tab chew MO	2	QL (30 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION SP	5	B vs D,QL (150 per 30 days)
REMODULIN 1 MG/ML INJECTION SOLUTION MO	5	PA
REMODULIN 10 MG/ML INJECTION SOLUTION MO	5	PA
REMODULIN 2.5 MG/ML INJECTION SOLUTION MO	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REMODULIN 5 MG/ML INJECTION SOLUTION MO	5	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (11 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (11 per 30 days)
TRACLEER 125 MG TABLET SP	5	PA,QL (60 per 30 days)
TRACLEER 62.5 MG TABLET SP	5	PA,QL (60 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION MO	5	PA,QL (900 per 28 days)
zafirlukast 10 mg tablet MO	4	QL (60 per 30 days)
zafirlukast 20 mg tablet MO	4	QL (60 per 30 days)
ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION MO	5	PA
SERUMS, TOXOIDS, AND VACCINES		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
ADACEL (TDAP ADOLESCENT/ADULT)(PF) 2 LF-(5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(5-3-5 MCG)-5 LF/0.5 ML IM SYRINGE MO	4	
bcg vaccine (tice strain) vial MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
COMVAX (PF) 5 MCG-7.5 MCG-125 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	4	
diphtheria-tetanus toxoids-ped MO	4	
ENGRIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
ENGRIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	B vs D
ENGRIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
ENGRIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D
GAMMAGARD LIQUID 10 % INTRAVENOUS SOLUTION MO	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM INTRAVENOUS SOLUTION MO	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 5 GRAM INTRAVENOUS SOLUTION MO	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAMMAGARD S/D 10 GRAM INTRAVENOUS SOLUTION MO	5	PA
GAMMAGARD S/D 2.5 GRAM INTRAVENOUS SOLUTION MO	5	PA
GAMMAGARD S/D 5 GRAM INTRAVENOUS SOLUTION MO	5	PA
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION MO	4	QL (3 per 365 days)
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE MO	4	QL (3 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SUSPENSION MO	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
HIZENTRA 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION SP	5	PA
HIZENTRA 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION MO	5	PA
HIZENTRA 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION SP	5	PA
HIZENTRA 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION SP	5	PA
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE MO	4	
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	4	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP MO	4	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO	4	
IPOLE 40 UNIT-8 UNIT-32 UNIT/0.5 ML INJECTION SYRINGE MO	4	
IPOLE 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION MO	4	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION MO	4	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION MO	4	
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION MO	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO	4	
PEDIARIX (PF) 10MCG-25LF-25MCG-10LF-40-8-32 INTRAMUSCULAR SYRINGE MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	4	
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	4	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE MO	4	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D
ROTARIX 10EXP6 CCID50/ML ORAL SUSPENSION MO	4	
ROTATEQ VACCINE 2 ML ORAL SUSPENSION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
tetanus diphtheria toxoids MO	4	
tetanus toxoid adsorbed vial MO	4	B vs D
THERACYS 81 MG INTRAVESICAL SUSPENSION MO	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION MO	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	3	
VARIZIG 125 UNIT INTRAMUSCULAR SOLUTION MO	5	PA,QL (10 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML INJECTION SOLUTION MO	5	
WINRHO SDF 15,000 UNIT/13 ML INJECTION SOLUTION MO	5	
WINRHO SDF 2,500 UNIT/2.2 ML INJECTION SOLUTION MO	5	
WINRHO SDF 5,000 UNIT/4.4 ML INJECTION SOLUTION MO	5	
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	4	
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION MO	4	QL (1 per 365 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP 10 MG CAPSULE SP	4	
acitretin 10 mg capsule MO	5	
acitretin 17.5 mg capsule MO	5	
acitretin 25 mg capsule MO	5	
acyclovir 5% ointment MO	4	PA
alclometasone dipr 0.05% oint MO	3	
alclometasone dipro 0.05% crm MO	3	
ALCOHOL PADS MO	1	
ALCOHOL PREP PADS MO	1	
ALCOHOL PREP SWABS MO	1	
ALCOHOL SWAB MO	1	
ALCOHOL WIPES MO	1	
ALTABAX 1 % TOPICAL OINTMENT MO	4	
amcinonide 0.1% cream MO	4	
amcinonide 0.1% lotion MO	4	
amcinonide 0.1% ointment MO	4	
ammonium lactate 12% cream MO	2	
ammonium lactate 12% lotion MO	2	
BD ALCOHOL SWABS MO	1	
betamethasone dp 0.05% crm MO	3	
betamethasone dp 0.05% lot MO	3	
betamethasone dp 0.05% oint MO	3	
betamethasone dp aug 0.05% crm MO	3	
betamethasone dp aug 0.05% gel MO	3	
betamethasone dp aug 0.05% lot MO	3	
betamethasone dp aug 0.05% oin MO	3	
betamethasone va 0.1% cream MO	2	
betamethasone va 0.1% lotion MO	2	
betamethasone valer 0.1% ointm MO	2	
calcipotriene 0.005% cream MO	4	QL (120 per 30 days)
calcipotriene 0.005% ointment MO	4	
calcipotriene 0.005% solution MO	4	QL (60 per 30 days)
ciclodan 0.77 % topical cream MO	3	
ciclodan 8 % topical solution MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ciclopirox 0.77% cream MO	4	
ciclopirox 0.77% gel MO	4	
ciclopirox 0.77% topical susp MO	4	
ciclopirox 1% shampoo MO	4	
ciclopirox 8% solution MO	4	
claravis 10 mg capsule MO	4	
claravis 20 mg capsule MO	4	
claravis 30 mg capsule MO	4	
claravis 40 mg capsule MO	4	
clindamycin 2% vaginal cream MO	3	
clindamycin ph 1% gel MO	3	
clindamycin ph 1% solution MO	3	
clindamycin phos 1% pledget MO	3	
clindamycin phosp 1% lotion MO	3	
clindamycin-benzoyl perox gel MO	4	
clobetasol 0.05% cream MO	2	
clobetasol 0.05% gel MO	2	
clobetasol 0.05% ointment MO	2	
clobetasol 0.05% solution MO	2	
clobetasol emollient 0.05% crm MO	2	
clotrimazole 1% cream MO	2	
clotrimazole 1% solution MO	2	
clotrimazole 10 mg troche MO	2	
clotrimazole-betamethasone crm MO	3	
clotrimazole-betamethasone lot MO	3	
colocort 100 mg/60 ml enema MO	4	
cormax 0.05 % topical solution MO	4	
CORTIFOAM 10 % (80 MG) RECTAL MO	4	
CURITY ALCOHOL SWABS MO	1	
DENAVIR 1 % TOPICAL CREAM MO	4	
desonide 0.05% cream MO	4	
desonide 0.05% lotion MO	4	
desonide 0.05% ointment MO	4	
desoximetasone 0.05% cream MO	4	
desoximetasone 0.05% gel MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desoximetasone 0.05% ointment MO	4	
desoximetasone 0.25% cream MO	4	
desoximetasone 0.25% ointment MO	4	
EASY TOUCH ALCOHOL PREP PADS MO	1	
econazole nitrate 1% cream MO	2	
ELIDEL 1 % TOPICAL CREAM MO	4	
ery pads 2 % topical swab MO	2	
erythromycin 2% gel MO	2	
erythromycin 2% pledgets MO	3	
erythromycin 2% solution MO	3	
erythromycin-benzoyl gel MO	3	
EURAX 10 % LOTION MO	4	
EURAX 10 % TOPICAL CREAM MO	4	
fluocinolone 0.01% cream MO	4	
fluocinolone 0.01% scalp oil MO	3	
fluocinolone 0.01% solution MO	4	
fluocinolone 0.025% cream MO	4	
fluocinolone 0.025% ointment MO	4	
fluocinonide 0.05% cream MO	3	
fluocinonide 0.05% gel MO	3	
fluocinonide 0.05% ointment MO	3	
fluocinonide 0.05% solution MO	3	
fluocinonide-e 0.05 % topical cream MO	3	
fluocinonide-emol 0.05% cream MO	3	
fluorouracil 2% topical soln MO	4	
fluorouracil 5% cream MO	4	
fluorouracil 5% top solution MO	4	
fluticasone prop 0.005% oint MO	2	
fluticasone prop 0.05% cream MO	2	
gentamicin 0.1% cream MO	1	
gentamicin 0.1% ointment MO	1	
GLUCOPRO ALCOHOL PREP PADS MO	1	
halobetasol prop 0.05% cream MO	4	
halobetasol prop 0.05% ointmnt MO	4	
HALOG 0.1 % TOPICAL CREAM MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HALOG 0.1 % TOPICAL OINTMENT MO	4	
hydrocortisone 0.1% soln MO	3	
hydrocortisone 1% cream MO	1	
hydrocortisone 1% ointment MO	2	
hydrocortisone 100 mg/60 ml MO	3	
hydrocortisone 2.5% lotion MO	2	
hydrocortisone 2.5% ointment MO	2	
hydrocortisone buty 0.1% cream MO	3	
hydrocortisone butyr 0.1% oint MO	3	
hydrocortisone val 0.2% cream MO	3	
hydrocortisone val 0.2% ointmt MO	3	
imiquimod 5% cream packet MO	4	QL (12 per 30 days)
IV PREP WIPES MEDICATED MO	1	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL MO	4	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION MO	5	
ketoconazole 2% cream MO	2	
ketoconazole 2% shampoo MO	2	
lactolion 12% lotion MO	3	
lidocaine 5% ointment MO	4	
lidocaine 5% patch MO	4	PA,QL (90 per 30 days)
lindane 1% lotion MO	4	
lindane 1% shampoo MO	4	
malathion 0.5% lotion MO	4	
MENTAX 1 % TOPICAL CREAM MO	4	
methoxsalen 10 mg capsule MO	5	
metronidazole 0.75% cream MO	4	
metronidazole 0.75% lotion MO	4	
metronidazole topical 0.75% gl MO	4	
metronidazole topical 1% gel MO	4	
metronidazole topical 1% gel MO	4	
metronidazole vaginal 0.75% gl MO	3	
miconazole-3 200 mg vaginal suppository MO	2	
mometasone furoate 0.1% cream MO	3	
mometasone furoate 0.1% oint MO	3	
mometasone furoate 0.1% soln MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mupirocin 2% cream MO	4	
mupirocin 2% ointment MO	2	
neomy-polymyxin b 40 mg/ml amp MO	3	
nyamyc 100,000 unit/gram topical powder MO	3	
nystatin 100,000 unit/gm cream MO	3	
nystatin 100,000 unit/gm powd MO	3	
nystatin 100,000 units/gm oint MO	3	
nystatin-triamcinolone cream MO	4	
nystatin-triamcinolone ointm MO	4	
nystop 100,000 unit/gram topical powder MO	3	
oralone 0.1 % dental paste MO	2	
OXSORALEN 1 % LOTION MO	4	
OXSORALEN ULTRA 10 MG CAPSULE MO	5	
PANRETIN 0.1 % TOPICAL GEL SP	5	
pedi-dri topical powder MO	2	
permethrin 5% cream MO	3	
phenazopyridine 100 mg tab MO	3	
phenazopyridine 200 mg tab MO	3	
podofilox 0.5% topical soln MO	4	
prednicarbate 0.1% cream MO	3	
prednicarbate 0.1% ointment MO	3	
procto-pak 1 % rectal cream MO	2	
proctocream-hc 2.5 % rectal MO	2	
PROCTOSOL HC 2.5 % RECTAL CREAM MO	2	
proctozone-hc 2.5 % rectal cream MO	2	
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL MO	5	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	4	
silver sulfadiazine 1% cream MO	1	
sodium sulfacetamide 10% lot MO	3	
SORIATANE 10 MG CAPSULE MO	5	
SORIATANE 17.5 MG CAPSULE MO	5	
SORIATANE 25 MG CAPSULE MO	5	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TARGRETIN 1 % TOPICAL GEL SP	5	PA
TAZORAC 0.05 % TOPICAL CREAM MO	4	PA
TAZORAC 0.05 % TOPICAL GEL MO	4	PA
TAZORAC 0.1 % TOPICAL CREAM MO	4	PA
TAZORAC 0.1 % TOPICAL GEL MO	4	PA
terconazole 0.4% cream MO	3	
terconazole 0.8% cream MO	3	
terconazole 80 mg suppository MO	3	
THERMAZENE 1 % TOPICAL CREAM MO	2	
tretinoin 0.01% gel MO	3	PA
tretinoin 0.025% cream MO	3	PA
tretinoin 0.025% gel MO	3	PA
tretinoin 0.05% cream MO	3	PA
tretinoin 0.1% cream MO	3	PA
triamcinolone 0.025% cream MO	1	
triamcinolone 0.025% lotion MO	3	
triamcinolone 0.025% oint MO	2	
triamcinolone 0.1% cream MO	1	
triamcinolone 0.1% lotion MO	3	
triamcinolone 0.1% ointment MO	1	
triamcinolone 0.1% paste MO	3	
triamcinolone 0.5% cream MO	1	
triamcinolone 0.5% ointment MO	2	
triderm 0.1 % topical cream MO	2	
u-cort 1 %-10 % topical cream MO	2	
ULTILET ALCOHOL SWAB MO	1	
UVADEX 20 MCG/ML INJECTION SOLUTION MO	4	
VALCHLOR 0.016 % TOPICAL GEL SP	5	PA,QL (60 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT MO	4	
WEBCOL TOPICAL PADS MO	1	
ZOVIRAX 5 % TOPICAL CREAM MO	5	PA
ZOVIRAX 5 % TOPICAL OINTMENT MO	4	PA
SMOOTH MUSCLE RELAXANTS		
aminophylline 250 mg/10 ml vL MO	2	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
flavoxate hcl 100 mg tablet MO	4	
oxybutynin 5 mg tablet MO	2	
oxybutynin 5 mg/5 ml syrup MO	2	
oxybutynin cl er 10 mg tablet MO	3	QL (60 per 30 days)
oxybutynin cl er 15 mg tablet MO	3	QL (60 per 30 days)
oxybutynin cl er 5 mg tablet MO	3	QL (60 per 30 days)
theophylline er 100 mg tablet MO	2	
theophylline er 200 mg tablet MO	2	
theophylline er 300 mg tab MO	2	
theophylline er 400 mg tablet MO	2	
theophylline er 450 mg tab MO	2	
theophylline er 600 mg tablet MO	2	
tolterodine tart er 2 mg cap MO	3	QL (30 per 30 days)
tolterodine tart er 4 mg cap MO	3	QL (30 per 30 days)
tolterodine tartrate 1 mg tab MO	3	QL (60 per 30 days)
tolterodine tartrate 2 mg tab MO	3	QL (60 per 30 days)
TOVIAZ 4 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
TOVIAZ 8 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
tropium chloride 20 mg tablet MO	4	
VITAMINS		
calcitriol 0.25 mcg capsule MO	3	
calcitriol 0.5 mcg capsule MO	3	
calcitriol 1 mcg/ml ampul MO	3	
calcitriol 1 mcg/ml solution MO	3	
doxercalciferol 0.5 mcg cap MO	3	
doxercalciferol 1 mcg capsule MO	3	
doxercalciferol 2.5 mcg cap MO	3	
doxercalciferol 4 mcg/2 ml vl MO	3	
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION MO	3	
paricalcitol 1 mcg capsule MO	3	
paricalcitol 2 mcg capsule MO	3	
paricalcitol 4 mcg capsule MO	4	
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack MO	4	
pnv-dha 27 mg-1 mg-300 mg capsule MO	4	
pnv-select 27 mg-1 mg tablet MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pr natal 400 29 mg-1 mg-400 mg oral pack MO	4	
pr natal 400 ec 29 mg-1 mg-400 mg tablet&capsule,delayed release MO	4	
pr natal 430 29 mg-1 mg-430 mg oral pack MO	4	
pr natal 430 ec 29 mg-1 mg-430 mg tablet&capsule,delayed release MO	4	
PRENATABS FA 29 MG-1 MG TABLET MO	4	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet MO	4	
prenatal plus iron tablet MO	4	
preplus 27 mg iron-1 mg tablet MO	4	
ZEMPLAR 2 MCG/ML INTRAVENOUS SOLUTION MO	3	
ZEMPLAR 5 MCG/ML INTRAVENOUS SOLUTION MO	3	

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

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

Index

A		AFINITOR 24	
a-hydrocort	100	AFINITOR DISPERZ	24
abacavir	10	ak-poly-bac	93
abacavir-lamivudine-zidovudine	10	ALBENZA	10
ABELCET	10	albuterol sulfate	32, 33
ABILIFY	50	alclometasone	122
ABILIFY DISCMELT	50	ALCOHOL PADS	122
ABILIFY MAINTENA	50	ALCOHOL PREP PADS	122
ABRAXANE	24	ALCOHOL PREP SWABS	122
acamprosate	50	ALCOHOL SWABS	122
acarbose	100, 101	ALCOHOL WIPES	122
acebutolol	38	alendronate	113
acetaminophen-codeine	50, 51	alfuzosin	33
acetazol hc	93	ALIMTA	24
acetazolamide	93	ALINIA	10
acetazolamide sodium	93	ALKERAN	24
acetic acid	93	allopurinol	113
acetylcysteine	113, 118	alprazolam	51
acitretin	122	ALSUMA	51
ACTHIB (PF)	119	ALTABAX	122
ACTIMMUNE	113	altavera (28)	101
acyclovir	10, 122	amantadine hcl	51
acyclovir sodium	10	AMBISOME	10
ADACEL(TDAP ADOLESN/ADULT)(PF)	119	amcinonide	122
ADAGEN	93	amethia lo	101
ADCIRCA	38	amifostine crystalline	113
adefovir	10	amikacin	10
ADEMPAS	118	amiloride	87
ADVOCATE PEN NEEDLES	74	amiloride-hydrochlorothiazide	87
ADVOCATE SYRINGES	74	aminophylline	127
afeditab cr	38	AMINOSYN II 10 %	87

AMINOSYN II 15 %	87	APOKYN	51
AMINOSYN II 7 %	87	apraclonidine	94
AMINOSYN II 8.5 %	87	apri	101
AMINOSYN II 8.5 %-ELECTROLYTES	87	APRISO	97
AMINOSYN M 3.5 %	87	APTIOM	51
AMINOSYN 10 %	87	APTIVUS	11
AMINOSYN 8.5 %	87	aranelle (28)	101
AMINOSYN 8.5 %-ELECTROLYTES	87	ARCALYST	114
AMINOSYN-HBC 7%	87	ARCAPTA NEOHALER	33
AMINOSYN-PF 10 %	87	argatroban	35
AMINOSYN-PF 7 % (SULFITE-FREE)	88	ARRANON	25
amiodarone	38	ARZERRA	25
amitriptyline	51	ASMANEX TWISTHALER	118
amlodipine	38, 39	ASSURE ID INSULIN SAFETY	74
amlodipine-atorvastatin	39	ASTEPRO	94
amlodipine-benazepril	39	ATELVIA	114
ammonium chloride	88	atenolol	39
ammonium lactate	122	atenolol-chlorthalidone	39
amoxapine	51	atorvastatin	39
amoxicillin	10	atovaquone	11
amoxicillin-pot clavulanate	10, 11	atovaquone-proguanil	11
amphetamine salt combo	51	ATRIPLA	11
amphotericin b	11	atropine	33, 94
ampicillin	11	ATROVENT HFA	33
ampicillin sodium	11	aubra	101
ampicillin-sulbactam	11	AUTOJECT 2 INJECTION DEVICE	74
AMPYRA	113	AUTOPEN 1 TO 16 UNITS	74
ANADROL-50	101	AUTOPEN 1 TO 21 UNITS	74
anagrelide	35	AUTOPEN 2 TO 32 UNITS	74
anastrozole	25	AUTOPEN 2 TO 42 UNITS	74
ANCOBON	11	AVANDIA	101
ANDROGEL	101	AVASTIN	25
androxy	101	aviane	101

AVODART	114	BD INSULIN SYRINGE ULTRA-FINE	75
AVONEX	114	BD INTEGRA INSULIN SYRINGE	75
azacitidine	25	BD LO-DOSE MICRO-FINE IV	75
AZASITE	94	BD LO-DOSE ULTRA-FINE	76
azathioprine	114	BD SAFETYGLIDE INSULIN SYRINGE	76
azelastine	94	BD SAFETYGLIDE SYRINGE	76
AZILECT	51	BD ULTRA-FINE NANO PEN NEEDLES	76
azithromycin	11	BELEODAQ	25
AZOPT	94	benazepril	39
AZOR	39	benazepril-hydrochlorothiazide	40
aztreonam	11	BENICAR	40
azurette (28)	101	BENICAR HCT	40
B		BENLYSTA	114
bacitracin	11, 94	benztropine	52
bacitracin-polymyxin b	94	BESIVANCE	94
baclofen	33	betamethasone dipropionate	122
balsalazide	97	betamethasone valerate	122
BANZEL	51, 52	betamethasone, augmented	122
BARACLUDE	11	betaxolol	94
bcg vaccine, live (pf)	119	bethanechol chloride	33
BD ALCOHOL SWABS	122	BETHKIS	12
BD AUTOSHIELD DUO PEN NEEDLE	75	bicalutamide	25
BD AUTOSHIELD PEN NEEDLE	75	BICILLIN C-R	12
BD ECLIPSE LUER-LOK	75	BICILLIN L-A	12
BD INSULIN PEN NEEDLE UF MINI	75	BICNU	25
BD INSULIN PEN NEEDLE UF ORIG	75	BIDIL	40
BD INSULIN PEN NEEDLE UF SHORT	75	BINOSTO	114
BD INSULIN SYRINGE	75	bisoprolol fumarate	40
BD INSULIN SYRINGE HALF UNIT	75	bisoprolol-hydrochlorothiazide	40
BD INSULIN SYRINGE MICRO-FINE	75	bleomycin	25
BD INSULIN SYRINGE SAFETY-LOK	75	BLEPHAMIDE	94
BD INSULIN SYRINGE SLIP TIP	75	BLEPHAMIDE S.O.P.	94
BD INSULIN SYRINGE ULT-FINE II	75	BOOSTRIX TDAP	119

BOSULIF	25	candesartan-hydrochlorothiazid	40
BRILINTA	35	CAPASTAT	12
brimonidine	94	CAPITAL WITH CODEINE	53
BRINTELLIX	52	CAPRELSA	25
bromocriptine	52	captopril	40
budeprion sr	52	captopril-hydrochlorothiazide	40
budeprion xl	52	CARBAGLU	88
budesonide	101, 118	carbamazepine	53
bumetanide	88	CARBATROL	53
BUPHENYL	88	carbidopa-levodopa	53
buprenorphine	52	carboplatin	25
buproban	52	CAREFINE PEN NEEDLE	76
bupropion hcl	52	CAREONE ULTIGUARD	76
buspirone	52	carisoprodol	33
BUSULFEX	25	carteolol	94
butalbital compound	52	cartia xt	40
butalbital-acetaminophen	51	carvedilol	41
butalbital-acetaminophen-caff	52	CAYSTON	12
butalbital-aspirin-caffeine	52	caziant (28)	101
BUTISOL	53	CEENU	25
butorphanol tartrate	53	cefaclor	12
BYDUREON	101	cefadroxil	12
C		cefazolin	12
calcipotriene	122	cefazolin in dextrose (iso-os)	12
calcitonin (salmon)	101	cefdinir	12
calcitriol	128	cefepime	12
calcium acetate	88	cefotaxime	12, 13
camila	101	cefotetan	13
CAMPATH	25	cefoxitin	13
CAMRESE LO	101	cefoxitin in dextrose, iso-osm	13
CANASA	97	cefpodoxime	13
CANCIDAS	12	cefprozil	13
candesartan	40	ceftazidime	13

ceftazidime in d5w	13	ciprofloxacin in 5 % dextrose	14
ceftriaxone	13	cisplatin	25
cefuroxime axetil	13	citalopram	53, 54
cefuroxime sodium	13	cladribine	25
CELLCEPT	114	claravis	123
CELLCEPT INTRAVENOUS	114	clarithromycin	14
CELONTIN	53	clemastine	24
cephalexin	13, 14	CLEOCIN IN 5 % DEXTROSE	14
CERVARIX VACCINE (PF)	119	CLICKFINE	76
cetirizine	24	clindamycin hcl	14
CHANTIX	33	clindamycin in dextrose 5 %	14
CHANTIX CONTINUING MONTH BOX	33	clindamycin palmitate hcl	14
CHANTIX STARTING MONTH BOX	33	clindamycin pediatric	14
chateal	101	clindamycin phosphate	14, 123
CHEMET	100	clindamycin-benzoyl peroxide	123
CHENODAL	97	CLINIMIX E 2.75%/D10W SUL FREE	88
chloramphenicol sod succinate	14	CLINIMIX E 2.75%/D5W SULF FREE	88
chlorhexidine gluconate	94	CLINIMIX E 4.25%/D25W SUL FREE	88
chloroquine phosphate	14	CLINIMIX E 4.25%/D5W SULF FREE	89
chlorothiazide	88	CLINIMIX E 5%/D15W SULFIT FREE	89
chlorothiazide sodium	88	CLINIMIX E 5%/D20W SULFIT FREE	89
chlorpromazine	53	CLINIMIX E 5%/D25W SULFIT FREE	89
chlorthalidone	88	CLINIMIX 2.75%/D5W SULFIT FREE	88
cholestyramine (with sugar)	41	CLINIMIX 4.25%-D20W SULF-FREE	88
cholestyramine light	41	CLINIMIX 4.25%-D25W SULF-FREE	88
chorionic gonadotropin, human	101	CLINIMIX 4.25%/D10W SULF FREE	88
ciclodan	122	CLINIMIX 4.25%/D5W SULFIT FREE	88
ciclopirox	123	CLINIMIX 5%-D20W(SULFITE-FREE)	88
cilostazol	35	CLINIMIX 5%/D15W SULFITE FREE	88
cimetidine	97	CLINIMIX 5%/D25W SULFITE-FREE	88
cimetidine hcl	97	clobetasol	123
CINRYZE	114	clobetasol-emollient	123
ciprofloxacin	14, 94	CLOLAR	25

clomipramine	54	CRESTOR	41
clonazepam	54	CRIXIVAN	15
clonidine	41	cromolyn	118
clonidine hcl	41	cryselle (28)	101
clopidogrel	35	CUBICIN	15
clorazepate dipotassium	54	CUPRIMINE	100
clorpres	41	CURITY ALCOHOL SWABS	123
clotrimazole	123	cyclafem 1/35 (28)	101
clotrimazole-betamethasone	123	cyclafem 7/7/7 (28)	101
clozapine	54	cyclobenzaprine	33
COARTEM	14	cyclophosphamide	25
codeine sulfate	54	cycloserine	15
colchicine-probenecid	92	CYCLOSET	54
COLCRYS	114	cyclosporine	114
colestipol	41	cyclosporine modified	114
colistin (colistimethate na)	14	CYKLOKAPRON	36
colocort	123	cyproheptadine	24
COLY-MYCIN M PARENTERAL	14	CYRAMZA	25
COMBIGAN	94	CYSTADANE	114
COMETRIQ	25	CYSTAGON	114
COMFORT EZ PEN NEEDLES	76	CYSTARAN	94
COMFORT EZ SYRINGE	76, 77	cytarabine	26
COMPLERA	14	cytarabine (pf)	25, 26
compro	97	CYTOMEL	101, 102
COMVAX (PF)	119	CYTOVENE	15
constulose	89	D	
COPAXONE	114	dacarbazine	26
cormax	123	DACOGEN	26
CORTIFOAM	123	DALIRESP	118
cortisone	101	danazol	102
COSMEGEN	25	dantrolene	33
COUMADIN	35, 36	dapsone	15
CREON	97	DAPTACEL (DTAP PEDIATRIC) (PF)	119

DARAPRIM	15	diazepam intensol	55
dasetta 1/35 (28)	102	diclofenac potassium	55
dasetta 7/7/7 (28)	102	diclofenac sodium	55, 94
daunorubicin	26	dicloxacillin	15
DAUNOXOME	26	dicyclomine	33
decitabine	26	didanosine	15
DELESTROGEN	102	diflunisal	55
delyla (28)	102	digox	41
demeclocycline	15	digoxin	41
DEMSEER	114	dihydroergotamine	33
DENAVIR	123	dilantin	55
DEPO-ESTRADIOL	102	dilantin extended	55
DEPOCYT (PF)	26	DILANTIN INFATABS	55
desipramine	54, 55	DILANTIN-125	55
desmopressin	102	DILATRATE-SR	41
desog-e.estradiol/e.estradiol	102	dilt-cd	41, 42
desogestrel-ethinyl estradiol	102	dilt-xr	42
desonide	123	diltiazem hcl	42
desoximetasone	123, 124	diltzac er	42
dexamethasone	102	diphenhydramine hcl	24
DEXAMETHASONE INTENSOL	102	diphenoxylate-atropine	97
dexamethasone sodium phosphate	94, 102	disopyramide phosphate	42
DEXILANT	97	disulfiram	114
dexmethylphenidate	55	DIURIL	89
dexrazoxane	114	divalproex	55, 56
dextroamphetamine	54, 55	DOCEFREZ	26
dextroamphetamine-amphetamine	55	docetaxel	26
dextrose 10 % & 0.2 % nacl	89	donepezil	34
dextrose 10 % in water (d10w)	89	DORIBAX	15
dextrose 5 % in water (d5w)	89	dorzolamide	94
dextrose 5%-0.2 % sod chloride	89	dorzolamide-timolol	94
dextrose 5%-0.3 % sod.chloride	89	doxazosin	42
diazepam	55	doxepin	56

doxercalciferol	128	electrolyte-48 in d5w	89
doxorubicin	26	ELELYSO	93
doxorubicin hcl peg-liposomal	26	ELIDEL	124
doxy-100	15	elinest	102
doxycycline hyclate	15, 94	ELIQUIS	36
doxycycline monohydrate	15	ELITEK	93
dronabinol	97	ELIXOPHYLLIN	127
drospirenone-ethinyl estradiol	102	ELLA	103
DROXIA	26	ELMIRON	114
DUAVEE	102	EMCYT	26
DULERA	118	EMEND	97, 98
duloxetine	56	emoquette	103
DUONEB	34	EMSAM	56
DURAMORPH (PF)	56	EMTRIVA	16
DUREZOL	94	enalapril maleate	42, 43
DYRENIUM	89	enalapril-hydrochlorothiazide	43
d10 % & 0.45 % sodium chloride	89	ENBREL	115
d2.5 %-0.45 % sodium chloride	89	ENBREL SURECLICK	115
d5 % and 0.9 % sodium chloride	89	endocet	56
d5 %-0.45 % sodium chloride	89	ENGERIX-B (PF)	119
E		ENGERIX-B PEDIATRIC (PF)	119
E.E.S. GRANULES	15	enoxaparin	36
E.E.S. 400	15	enpresse	103
EASY COMFORT INSULIN SYRINGE	77	enskyce	103
EASY COMFORT PEN NEEDLES	77	entacapone	56
EASY TOUCH	77	enulose	89
EASY TOUCH ALCOHOL PREP PADS	124	epinastine	94
EASY TOUCH INSULIN SAFETY SYR	77	epinephrine	34
EASY TOUCH INSULIN SYRINGE	77, 78	EPIPEN JR 2-PAK	34
econazole	124	EPIPEN 2-PAK	34
EDURANT	15	epirubicin	26, 27
EFFIENT	36	epitol	56
EGRIFTA	102	EPIVIR	16

EPIVIR HBV	16	exemestane	27
eplerenone	43	EXJADE	100
EPOGEN	36	F	
EPZICOM	16	FABRAZYME	93
EQUETRO	56	FACTIVE	16
ERAXIS(WATER DILUENT)	16	falmina (28)	103
ERBITUX	27	famciclovir	16
ERGOMAR	34	famotidine	98
ERIVEDGE	27	famotidine (pf)	98
errin	103	famotidine (pf)-nacl (iso-os)	98
ERWINAZE	27	FANAPT	57
ery pads	124	FARESTON	27
ERY-TAB	16	FASLODEX.....	27
ERYPED 200	16	FAZACLO	57
ERYPED 400	16	felbamate	57
ERYTHROCIN	16	felodipine	43
ERYTHROCIN (AS STEARATE)	16	FEMCON FE.....	103
erythromycin	94	fenofibrate.....	43
erythromycin ethylsuccinate	16	fenofibrate micronized	43
erythromycin with ethanol	124	fenofibrate nanocrystallized	43
erythromycin-benzoyl peroxide	124	fenofibric acid (choline)	43
erythromycin-sulfisoxazole	16	fenoprofen.....	57
escitalopram oxalate	56	fentanyl	57
estradiol	103	fentanyl citrate	57, 58
ethambutol	16	fentanyl citrate (pf)	57
ethosuximide	56	FETZIMA	58
etidronate disodium.....	115	finasteride	115
etodolac	56, 57	FIRAZYR	115
ETOPOPHOS	27	FIRMAGON	27
etoposide	27	FIRMAGON KIT W DILUENT SYRINGE	27
EURAX	124	flavoxate	128
EXEL INSULIN	78	flecainide	43
EXELON	34	fluconazole	16

fluconazole in dextrose(iso-o)	16	furosemide	89
flucytosine	16	FUSILEV	115
fludarabine	27	FUZEON	16
fludrocortisone	103	FYCOMPA	58, 59
flunisolide	94	G	
fluocinolone	124	gabapentin	59
fluocinolone-shower cap	124	galantamine	34
fluocinonide	124	GAMMAGARD LIQUID	119
fluocinonide-e	124	GAMMAGARD S-D (IGA < 1 MCG/ML)	119
fluocinonide-emollient	124	GAMMAGARD S/D	120
fluorometholone	94	ganciclovir sodium	16
fluorouracil	27, 124	garamycin	94, 95
fluoxetine	58	GARDASIL (PF)	120
fluphenazine decanoate	58	gatifloxacin	95
fluphenazine hcl	58	GATTEX ONE-VIAL	98
flurbiprofen	58	GATTEX 30-VIAL	98
flurbiprofen sodium	94	gavilyte-c	98
flutamide	27	gavilyte-g	98
fluticasone	94, 124	gavilyte-n	98
fluvoxamine	58	GAZYVA	27
FML FORTE	94	gemcitabine	27
FML S.O.P.	94	gemfibrozil	43
FOLOTYN	27	generlac	90
fomepizole	115	gengraf	115
fondaparinux	36	gentak	95
FORADIL AEROLIZER	34	gentamicin	17, 95, 124
FORTEO	103	gentamicin in nacl (iso-osm)	17, 18
FORTICAL	103	GEODON	59
foscarnet	16	GIANVI (28)	103
fosinopril	43	gildess	103
fosinopril-hydrochlorothiazide	43	gildess fe	103
fosphenytoin	58	GILENYA	115
FRAGMIN	36, 37		

GILOTRIF	27	HEALTHY ACCENTS UNIFINE PENTIP	78
GLEEVEC	28	heather	104
glimepiride	103	hecoria	115
glipizide	103	HECTOROL	128
glipizide-metformin	103	heparin (porcine)	37
GLUCAGEN HYPOKIT	104	heparin (porcine) in nacl (pf)	37
GLUCAGON EMERGENCY KIT (HUMAN)	104	heparin (porcine) in 5 % dex	37
GLUCOPRO	78	heparin(porcine) in 0.45% nacl	37
GLUCOPRO ALCOHOL	124	HEPATAMINE 8%	90
glyburide	104	HEPATASOL 8 %	90
glyburide micronized	104	HERCEPTIN	28
glyburide-metformin	104	HEXALEN	28
glycine	90	HIZENTRA	120
GLYCOPHOS	90	HUMALOG	104
glycopyrrolate	34	HUMALOG KWIKPEN	104
GLYSET	104	HUMALOG MIX 50-50	104
GOLYTELY	98	HUMALOG MIX 50-50 KWIKPEN	104
granisetron	98	HUMALOG MIX 75-25	104
granisetron (pf)	98	HUMALOG MIX 75-25 KWIKPEN	104
GRANIX	37	HUMAPEN LUXURA HD	78
GRIS-PEG (ULTRAMICROSIZE)	17	HUMIRA	115
griseofulvin ultramicrosize	17	HUMIRA CROHN'S DIS START PCK	115
guanfacine	43	HUMIRA PEN	115
guanidine	34	HUMIRA PSORIASIS STARTER PACK	115
H		HUMULIN N	104
HALAVEN	28	HUMULIN N KWIKPEN	104
HALDOL	59	HUMULIN N PEN	104
halobetasol propionate	124	HUMULIN R	104
HALOG	124, 125	HUMULIN R U-500 "CONCENTRATED"	104
haloperidol	59	HUMULIN 70/30	104
haloperidol decanoate	59	HUMULIN 70/30 KWIKPEN	104
haloperidol lactate	59	HUMULIN 70/30 PEN	104
HAVRIX (PF)	120	HYCAMTIN	28

hydralazine	43	indapamide	90
hydrochlorothiazide	90	INFANRIX (DTAP) (PF)	120
hydrocodone-acetaminophen	59	INFUMORPH P/F	60
hydrocortisone	104, 125	INLYTA	28
hydrocortisone butyrate	125	INS SYRINGE/NEEDLE 0.5CC/27G	79
hydrocortisone valerate	125	INSULIN NEEDLES (DISPOSABLE)	80, 81
hydrocortisone-acetic acid	95	INSULIN PEN NEEDLE	79
hydromorphone	59, 60	INSULIN SYRINGE	79
hydromorphone (pf)	60	INSULIN SYRINGE MICROFINE	79
hydroxychloroquine	17	INSULIN SYRINGE NEEDLELESS	76
hydroxyurea	28	INSULIN SYRINGE ULTRAFINE	79
hydroxyzine hcl	60	INSULIN SYRINGE-NEEDLE U-100	75, 78, 79, 80, 82, 83, 85
HYPERTET S/D (PF)	120		
I			
ibuprofen	60	INSULIN SYRINGES (DISPOSABLE)	79
ibuprofen-oxycodone	67	INSUPEN	79, 80
ICLUSIG	28	INTELENCE	17
IDAMYCIN PFS	28	INTRALIPID	90
idarubicin	28	INTRON A	17
ifosfamide	28	introvale	105
ILEVRO	95	INVANZ	17
ILOTYCIN	95	INVEGA	60
IMBRUVICA	28	INVEGA SUSTENNA	60
imipenem-cilastatin	17	INVIRASE	17
imipramine hcl	60	INVOKAMET	105
imipramine pamoate	60	IONOSOL-B IN D5W	90
imiquimod	125	IONOSOL-MB IN D5W	90
IMOVAX RABIES VACCINE (PF)	120	IPOL	120
IN CONTROL PEN NEEDLE	79	ipratropium bromide	34, 95
INCIVEK	17	ipratropium-albuterol	34
INCONTROL	79	irbesartan	44
INCONTROL PEN NEEDLES	79	irbesartan-hydrochlorothiazide	44
INCRELEX	104	irinotecan	28

ISENTRESS	17	KALYDECO	118
ISOLYTE-P IN 5 % DEXTROSE	90	kanamycin	18
ISOLYTE-S	90	kariva (28)	105
isonarif	17	kelnor 1/35 (28)	105
isoniazid	17	KENALOG	105, 125
ISOPTO CARPINE	95	KEPIVANCE	125
ISORDIL	44	KETEK	18
isosorbide dinitrate	44	ketoconazole	18, 125
isosorbide mononitrate	44	ketoprofen	60
isradipine	44	ketorolac	95
ISTODAX	28	KINRIX (PF)	120
itraconazole	18	kionex	90
IV PREP WIPES	125	klor-con m10	90
IXEMPRA	28	KLOR-CON M15	90
IXIARO (PF)	120	klor-con m20	90
J		KLOR-CON 10	90
JAKAFI	28	KLOR-CON 8	90
JALYN	115	KOMBIGLYZE XR	105
jantoven	37	KORLYM	105
JANUMET	105	kurvelo	105
JANUMET XR	105	KUVAN	115
JANUVIA	105	L	
jencycla	105	l norgest&e estradiol-e estrad	106
JENTADUETO	105	labetalol	44
JEVTANA	28	laclotion	125
junel fe 1.5/30 (28)	105	LACRISERT	95
junel fe 1/20 (28)	105	lactated ringers	91
junel 1.5/30 (21)	105	lactulose	91
junel 1/20 (21)	105	LAMICTAL	60
JUVISYNC	105	LAMICTAL ODT	60, 61
K		LAMICTAL STARTER (BLUE) KIT	61
KADCYLA	28	LAMICTAL STARTER (GREEN) KIT	61
KALETRA	18	LAMICTAL STARTER (ORANGE) KIT	61

LAMICTAL XR STARTER (BLUE)	61	levofloxacin	18, 95
LAMICTAL XR STARTER (GREEN)	61	levofloxacin in d5w	18
LAMICTAL XR STARTER (ORANGE)	61	levonest (28)	106
lamivudine	18	levonorgestrel	106
lamivudine-zidovudine	18	levonorgestrel-ethinyl estrad	106
lamotrigine	61	levora-28	106
LANOXIN	44	levorphanol tartrate	62
LANOXIN PEDIATRIC	44	levothyroxine	106
lansoprazole	98	LEVOXYL	106, 107
LANTUS	106	LEXIVA	18
LANTUS SOLOSTAR	106	LIALDA	98
larin fe	106	lidocaine	125
larin 1.5/30 (21)	106	lidocaine (pf)	44, 113
larin 1/20 (21)	106	lidocaine hcl	95, 113
latanoprost	95	lidocaine viscous	95
LATUDA	61	lindane	125
LAZANDA	61	LINZESS	98
leflunomide	115	liothyronine	107
lessina	106	LIPOSYN II	91
LETAIRIS	118	LIPOSYN III	91
letrozole	28	lisinopril	44, 45
leucovorin calcium	115, 116	lisinopril-hydrochlorothiazide	45
LEUKERAN	28	LITE TOUCH INSULIN PEN NEEDLES	80
LEUKINE	37	LITE TOUCH INSULIN SYRINGE	80
leuprolide	28	lithium carbonate	62
LEVEMIR	106	lithium citrate	62
LEVEMIR FLEXPEN	106	LITHOSTAT	91
LEVEMIR FLEXTOUCH	106	lomustine	29
levetiracetam	61, 62	loperamide	98
levobunolol	95	lorazepam	62
levocarnitine	116	LORAZEPAM INTENSOL	62
levocarnitine (with sugar)	116	loryna (28)	107
levocetirizine	24	losartan	45

losartan-hydrochlorothiazide	45	medroxyprogesterone	107
LOTRONEX	98	mefloquine	18
lovastatin	45	megestrol	29
low-ogestrel (28)	107	MEKINIST	29
loxapine succinate	62	meloxicam	63
LUMIGAN	95	melphalan	29
LUMIZYME	93	MENACTRA (PF)	120
LUPRON DEPOT	29	MENEST	107
LUPRON DEPOT (3 MONTH)	29	MENHIBRIX (PF)	120
LUPRON DEPOT (4 MONTH)	29	MENOMUNE - A/C/Y/W-135	120
LUPRON DEPOT (6 MONTH)	29	MENOMUNE - A/C/Y/W-135 (PF)	120
LUPRON DEPOT-PED	29	MENTAX	125
LUPRON DEPOT-PED (3 MONTH)	29	MENVEO A-C-Y-W-135-DIP (PF)	120
lutera (28)	107	MEPRON	18
LYRICA	62	mercaptopurine	29
LYSODREN	29	meropenem	18
lyza	107	mesalamine	98
M		mesalamine with cleansing wipe	98
M-M-R II (PF)	120	mesna	116
MAGELLAN INSULIN SAFETY SYRNG	80	MESNEX	116
MAGELLAN SYRINGE	80	metaproterenol	34
magnesium sulfate	62	metformin	107
magnesium sulfate in d5w	62	methadone	63
magnesium sulfate in water	62	methadone intensol	63
malathion	125	METHADOSE	63
maprotiline	63	methamphetamine	63
marlissa	107	methazolamide	95
MARPLAN	63	methenamine hippurate	18
MATULANE	29	methimazole	107
MAXI-COMFORT INSULIN SYRINGE	80	METHITEST	107
meclizine	98	methocarbamol	34
meclofenamate	63	methotrexate sodium	29
MEDI-JECTOR VISION	80	methotrexate sodium (pf)	29

methoxsalen rapid	125	moexipril	45
methyclothiazide	91	moexipril-hydrochlorothiazide	45, 46
methylergonovine	117	mometasone	125
METHYLIN	63	MONOJECT INSULIN SAFETY SYRINGE	80
methylphenidate	63	MONOJECT INSULIN SYRINGE	80, 81
methylprednisolone	107, 108	MONOJECT SYRINGE	81
methylprednisolone acetate	108	MONOJECT ULTRA COMFORT INSULIN	81
methylprednisolone sodium succ	107, 108	montelukast	118
metipranolol	95	morphine	64, 65
metoclopramide hcl	98, 99	morphine (pf)	64
metolazone	91	morphine concentrate	64
metoprolol succinate	45	MOVIPREP	99
metoprolol ta-hydrochlorothiaz	45	MOXEZA	95
metoprolol tartrate	45	MOZOBIL	37
metronidazole	18, 125	MULTAQ	46
metronidazole in nacl (iso-os)	18	mupirocin	126
mexiletine	45	mupirocin calcium	126
miconazole-3	125	MUSTARGEN	29
microgestin fe 1.5/30 (28)	108	my way	108
microgestin fe 1/20 (28)	108	MYALEPT	108
microgestin 1.5/30 (21)	108	MYCOBUTIN	19
microgestin 1/20 (21)	108	mycophenolate mofetil	116
midodrine	34, 35	mycophenolate sodium	116
migergot	35	MYFORTIC	116
mimvey	108	MYOZYME	93
MINI ULTRA-THIN II	80	myzilra	108
minocycline	18, 19	N	
minoxidil	45	nabumetone	65
mirtazapine	64	nadolol	46
misoprostol	99	nadolol-bendroflumethiazide	46
mitomycin	29	nafcilin	19
mitoxantrone	29	nafcilin in dextrose iso-osm	19
modafinil	64	NAGLAZYME	93

nalbuphine	65	nevirapine	19
NALFON	65	NEXAVAR	29
naloxone	65	next choice	108
naltrexone	65	next choice one dose	108
NAMENDA	65	niacor	46
NAMENDA TITRATION PAK	65	nicardipine	46
NAMENDA XR	65	NICOTROL NS	35
naphazoline	95	nifediac cc	46
naproxen	65	nifedical xl	46
naproxen sodium	65	nifedipine	46
naratriptan	65	nikki (28)	108
nateglinide	108	NILANDRON	30
NEBUPENT	19	nimodipine	46
necon 0.5/35 (28)	108	NIPENT	30
necon 1/35 (28)	108	nitrofurantoin	19
necon 10/11 (28)	108	nitrofurantoin macrocrystal	19
nefazodone	65	nitrofurantoin monohyd/m-cryst	19
neo-polycin	95	nitroglycerin	46
neo-polycin hc	95	NITROLINGUAL	46
neomycin	19	NITROSTAT	46
neomycin-bacitracin-poly-hc	95	noreth-ethinyl estradiol-iron	108
neomycin-bacitracin-polymyxin	96	norethindrone (contraceptive)	108
neomycin-polymyxin b gu	126	norethindrone ac-eth estradiol	108
neomycin-polymyxin-dexameth	96	norethindrone acetate	108
neomycin-polymyxin-gramicidin	96	norethindrone-e.estradiol-iron	108
neomycin-polymyxin-hc	96	norgestimate-ethinyl estradiol	108
neosporin (neo-polym-gramicid)	96	norlyroc	108
NEPHRAMINE 5.4 %	91	NORMOSOL-M IN 5 % DEXTROSE	91
NEULASTA	37	NORMOSOL-R	91
NEUMEGA	37	NORMOSOL-R IN 5 % DEXTROSE	91
NEUPOGEN	37	NORMOSOL-R PH 7.4	91
NEUPRO	65, 66	nortrel 0.5/35 (28)	108
NEVANAC	96	nortrel 1/35 (21)	108

nortrel 1/35 (28)	108	olanzapine	66
nortrel 7/7/7 (28)	108	OLYSIO	19
nortriptyline	66	omega-3 acid ethyl esters	46
NORVIR	19	omeprazole	99
NOVOFINE AUTOCOVER	81	OMNITROPE	109
NOVOFINE 30	81	ONCASPAR	30
NOVOFINE 32	81	ondansetron	99
NOVOLIN N	109	ondansetron hcl	99
NOVOLIN R	109	ondansetron hcl (pf)	99
NOVOLIN 70/30	109	ONFI	66
NOVOLOG	109	ONGLYZA	109
NOVOLOG FLEXPEN	109	oralone	126
NOVOLOG MIX 70-30	109	ORAP	66
NOVOLOG MIX 70-30 FLEXPEN	109	ORFADIN	116
NOVOLOG PENFILL	109	orphenadrine citrate	35
NOVOPEN ECHO	81	ORSINI INSULIN SYRINGE	81
NOVOPEN JR	81	orsythia	109
NOVOPEN 3	81	OSMOPREP	99
NOVOPEN 3 PENMATE	81	oxaliplatin	30
NOVOTWIST	81	oxandrolone	109
NOXAFIL	19	oxaprozin	66
NUEDEXTA	66	oxazepam	66, 67
NULOJIX	116	oxcarbazepine	67
NULYTELY WITH FLAVOR PACKS	99	OXSORALEN	126
NUVIGIL	66	OXSORALEN ULTRA	126
nyamyc	126	oxybutynin chloride	128
nystatin	19, 126	oxycodone	67
nystatin-triamcinolone	126	oxycodone-acetaminophen	67
nystop	126	oxycodone-aspirin	67

O

octreotide acetate	109
ofloxacin	19, 96
ogestrel (28)	109

P

PACERONE	46
paclitaxel	30
pamidronate	116

PANRETIN	126	perphenazine-amitriptyline	67
pantoprazole	99	pfizerpen-g	20
paricalcitol	128	phenazopyridine	126
paroex oral rinse	96	phenelzine	67
paromomycin	19	phenobarbital	68
paroxetine hcl	67	PHENYTEK	68
PASER	19	phenytoin	68
PATADAY	96	phenytoin sodium	68
PAXIL	67	phenytoin sodium extended	68
PCE	19	PHOSLYRA	91
pedi-dri	126	PHOSPHOLINE IODIDE	96
PEDIARIX (PF)	120	PHYSIOLYTE	91
PEDVAX HIB (PF)	121	PHYSIOSOL IRRIGATION	91
peg 3350-electrolytes	99	pilocarpine hcl	35, 96
peg-electrolyte soln	99	PILOPINE HS	96
peg-3350 with flavor packs	99	pimtree (28)	109
PEGANONE	67	pindolol	47
PEGINTRON	19, 20	pioglitazone	109
PEGINTRON REDIPEN	20	pioglitazone-glimepiride	109
PEN NEEDLE	81	pioglitazone-metformin	109
penicillin g potassium	20	piperacillin-tazobactam	20
penicillin g sodium	20	pirmella	109
penicillin v potassium	20	piroxicam	68
PENTACEL (PF)	121	PLASMA-LYTE A	91
PENTAM	20	PLASMA-LYTE 148	91
pentostatin	30	PLASMA-LYTE-56 IN 5 % DEXTROSE	91
pentoxifylline	37	pnv ob+dha	128
PERFOROMIST	35	pnv-dha	128
perindopril erbumine	46	pnv-select	128
periogard	96	podofilox	126
PERJETA	30	polycin	96
permethrin	126	polyethylene glycol 3350	99
perphenazine	67	polymyxin b sulf-trimethoprim	96

polymyxin b sulfate	20	PREMASOL 10 %	92
POMALYST	30	PREMASOL 6 %	92
portia	109	PRENATABS FA	129
potassium chlorid-d5-0.45%nacl	89, 90	prenatal plus (calcium carb)	129
potassium chloride	91, 92	prenatal plus with iron (ca)	129
potassium chloride in lr-d5	90	preplus	129
potassium chloride in 0.9%nacl	90	prevalite	47
potassium chloride in 5 % dex	89, 90	previfem	110
potassium chloride-d5-0.2%nacl	89, 90	PREZISTA	20
potassium chloride-d5-0.3%nacl	90	PRIFTIN	20
potassium chloride-d5-0.9%nacl	90	primaquine	20
potassium chloride-0.45 % nacl	91	primidone	68
potassium citrate	91	PRIMSOL	20
POTIGA	68	PRISTIQ	68
pr natal 400	129	PROAIR HFA	35
pr natal 400 ec	129	probenecid	92
pr natal 430	129	procainamide	47
pr natal 430 ec	129	PROCALAMINE 3%	92
PRADAXA	37	prochlorperazine	99
pramipexole	68	prochlorperazine edisylate	99
PRANDIN	109, 110	prochlorperazine maleate	99
pravastatin	47	PROCRIT	37, 38
prazosin	47	procto-pak	126
PRED MILD	96	proctocream-hc	126
PRED-G	96	PROCTOSOL HC	126
PRED-G S.O.P.	96	proctozone-hc	126
prednicarbate	126	PRODIGY INSULIN SYRINGE	82
prednisolone	110	PRODIGY PEN NEEDLE	82
prednisolone acetate	96	progesterone	110
prednisolone sodium phosphate	96, 110	progesterone in oil	110
prednisone	110	progesterone micronized	110
PREDNISONE INTENSOL	110	PROGLYCEM	47
PREMARIN	110	PROGRAF	116

PROLEUKIN	30	RECTIV	126
PROLIA	116	REGRANEX	126
PROMACTA	38	RELENZA DISKHALER	20
promethazine	24	RELION NEEDLES	82
promethegan	24	RELION PEN NEEDLES	82
propafenone	47	RELISTOR	100
propantheline	35	REMICADE	116
proparacaine	96	REMODULIN.....	118, 119
propranolol	47	RENVELA.....	92
propranolol-hydrochlorothiazid	47	repaglinide	110
propylthiouracil	110	RESCRIPTOR.....	21
PROQUAD (PF)	121	reserpine	48
protriptyline	69	RESTASIS	96
PULMOZYME	118	RETROVIR	21
pyrazinamide	20	REVLIMID	30
pyridostigmine bromide	35	REYATAZ	21
Q		RHEUMATREX	30
quasense	110	ribavirin	21
quetiapine	69	RIDAURA	100
quinapril	47, 48	rifabutin	21
quinapril-hydrochlorothiazide	48	RIFAMATE	21
quinidine gluconate	48	rifampin	21
quinidine sulfate	48	RIFATER	21
quinine sulfate	20	riluzole	69
R		rimantadine	21
RABAVERT (PF)	121	ringers	92
raloxifene	110	RISPERDAL CONSTA	69
ramipril	48	risperidone.....	69
ranitidine hcl	99, 100	RITUXAN	30
RAPAMUNE	116	rivastigmine tartrate	35
REBETOL	20	rizatriptan	69
reclipsen (28)	110	ropinirole	69, 70
RECOMBIVAX HB (PF)	121	ROTARIX	121

ROTATEQ VACCINE	121	sodium chloride	92
ROXICET	70	sodium chloride 0.45 %	92
S		sodium chloride 0.9 %	92
SABRIL	70	sodium chloride 3 %	92
SAFESNAP INSULIN SYRINGE	82	sodium chloride 5 %	92
SAMSCA	92	SODIUM EDECRIN	92
SANCUSO	100	sodium fluoride	115, 117
SANDIMMUNE	116	sodium lactate	92
SANDOSTATIN	110	sodium phenylbutyrate	92
SANDOSTATIN LAR DEPOT	110	sodium polystyrene (sorb free)	93
SANTYL	126	SOLTAMOX	30
SAPHRIS	70	SOLU-MEDROL	111
SAPHRIS (BLACK CHERRY)	70	SOLU-MEDROL (PF)	111
SAVELLA	70	SOMATULINE DEPOT	111
selegiline hcl	70	SOMAVERT	111
SELZENTRY	21	SORIATANE	126
SENSIPAR	116, 117	sorine	48
SEROMYCIN	21	sotalol	48
SEROQUEL XR	70	sotalol af	48
SEROSTIM	110, 111	SOVALDI	21
sertraline	70	SPIRIVA WITH HANDIHALER	35
sevelamer carbonate	92	spironolacton-hydrochlorothiaz	49
sharobel	111	spironolactone	49
SIGNIFOR	111	sprintec (28)	111
sildenafil	48	SPRYCEL	30
silver sulfadiazine	126	sronyx	111
SIMPONI	117	stavudine	21
SIMULECT	117	STERILE GAUZE PAD	117
simvastatin	48	STERILE PADS	117, 118
sirolimus	117	STIMATE	111
SIRTURO	21	STIVARGA	30
SIVEXTRO	21	STRATTERA	70, 71
sodium bicarbonate	92	streptomycin	21

STRIBILD	21	SYMLINPEN 120	111
STROMEKTOL	21	SYMLINPEN 60	111
SUBOXONE	71	SYNAGIS	22
SUCRAID	93	SYNAREL	111
sucralfate	100	SYNERCID	22
sulfacetamide sodium	96	SYNRIBO	31
sulfacetamide sodium (acne)	126	SYNTHROID	111, 112
sulfacetamide-prednisolone	96	SYPRINE	100
sulfadiazine	21	T	
sulfamethoxazole-trimethoprim	22	TABLOID	31
sulfamide	96	tacrolimus	117
sulfasalazine	22	TAFINLAR	31
sulfazine	22	TAMIFLU	22
sulfazine ec	22	tamoxifen	31
sulindac	71	tamsulosin	35
sumatriptan	71	TARCEVA	31
sumatriptan succinate	71	TARGRETIN	31, 127
SUPREP	100	TASIGNA	31
SURE COMFORT ALCOHOL PREP PADS	126	TASMAR	71
SURE COMFORT INS. SYR. U-100	83	TAXOTERE	31
SURE COMFORT INSULIN SYRINGE	82	TAZORAC	127
SURE COMFORT PEN NEEDLE	83	taztia xt	49
SURE-FINE PEN NEEDLES	83	TEFLARO	22
SURE-JECT INSULIN SYRINGE	83	TEGRETOL XR	71
SURE-PREP ALCOHOL PREP PADS	126	TEKTURNA	49
SURMONTIL	71	temazepam	71
SUSTIVA	22	TEMODAR	31
SUTENT	30	teniposide	31
syeda	111	TENIVAC (PF)	121
SYLATRON	22	terazosin	49
SYLATRON 4-PACK	22	terbinafine	22
SYLVANT	31	terbutaline	35
SYMBICORT	119	terconazole	127

TERUMO INS SYRINGE 0.5CC/27G	83	TOBI PODHALER	22
TERUMO INSULIN SYRINGE	83	tobramycin	97
testosterone cypionate	112	tobramycin in 0.9 % nacl	22
testosterone enanthate	112	tobramycin sulfate	22
TESTRED	112	tobramycin-dexamethasone	97
tetanus toxoid,adsorbed (pf)	121	TOBREX	97
tetanus-diphtheria toxoids-td	121	tolazamide	112
tetanus,diphtheria tox ped(pf)	119	tolbutamide	112
tetracycline	22	tolmetin	72
THALOMID	117	tolterodine	128
theophylline	128	TOPCARE CLICKFINE	84
THERACYS	121	TOPCARE ULTRA COMFORT	84
THERMAZENE	127	topiramate	72
THINPRO INSULIN SYRINGE	83, 84	toposar	31
THIOLA	117	topotecan	31
thioridazine	71	TORISEL	31
thiotepa	31	torsemide	93
thiothixene	71	TOVIAZ	128
THYMOGLOBULIN	117	TPN ELECTROLYTES	93
THYROLAR-1	112	TRACLEER	119
THYROLAR-1/2	112	TRADJENTA	112
THYROLAR-1/4	112	tramadol	72
THYROLAR-2	112	tramadol-acetaminophen	72
THYROLAR-3	112	trandolapril	49
tiagabine	71	tranexamic acid	38
ticlopidine	38	TRANSDERM-SCOP	100
TIKOSYN	49	tranylcypromine	72
tilia fe	112	TRAVASOL 10 %	93
timolol maleate	49, 96, 97	TRAVATAN Z	97
tinidazole	22	trazodone	72
TIVICAY	22	TREANDA	31
tizanidine	35	TRECATOR	23
		TRELSTAR	31

TRELSTAR DEPOT	31	TYPHIM VI	121
TRELSTAR LA	31	TYSABRI	117
tretinoin	127	TYZEKA	23
tretinoin (chemotherapy)	31	TYZINE	97
TREXALL	31, 32	U	
tri-legest fe	112	u-cort	127
tri-previfem (28)	112	ULTICARE	84, 85
tri-sprintec (28)	112	ULTILET ALCOHOL SWAB	127
triamcinolone acetonide	112, 127	ULTILET INSULIN SYRINGE	85
triamterene-hydrochlorothiazid	93	ULTILET PEN NEEDLE	85
TRIBENZOR	49	ULTRA CMFT INS SYR HALF UNIT	86
triderm	127	ULTRA COMFORT INSULIN SYRINGE	85, 86
trifluoperazine	72	ULTRA-THIN II (SHORT) INS SYR	86
trifluridine	97	ULTRA-THIN II (SHORT) PEN NDL	86
trihexyphenidyl	72	ULTRA-THIN II INS PEN NEEDLES	86
TRILEPTAL	72	ULTRA-THIN II INSULIN SYRINGE	86
trilyte with flavor packets	100	ULTRA-THIN II SHORT NEEDLE	86
trimethobenzamide	100	ULTRACOMFORT	86, 87
trimethoprim	23	ULTRACOMFORT W/ CONTAINER	86
trimipramine	72	UNIFINE PENTIPS	87
TRINESSA (28)	112	UNIFINE PENTIPS PLUS	87
TRISENOX	32	UNITHROID	112
trivora (28)	112	ursodiol	100
TRIZIVIR	23	UVADEX	127
TROPHAMINE 10 %	93	V	
TROPHAMINE 6%	93	valacyclovir	23
tropicamide	97	VALCHLOR	127
trospium	128	VALCYTE	23
TRUEPLUS INSULIN	84	valproate sodium	72
TRUVADA	23	valproic acid	72
TWINRIX (PF)	121	valproic acid (as sodium salt)	72
TYGACIL	23	valsartan-hydrochlorothiazide	49
TYKERB	32	VALSTAR	32

vancomycin	23	VOLTAREN	73
VANISHPOINT SYRINGE	87	voriconazole	23
VAQTA (PF)	121	VOTRIENT	32
VARIVAX (PF)	121	VPRIV	93
VARIZIG	121	VUMON	32
VECTIBIX	32	W	
VELCADE	32	warfarin	38
velivet triphasic regimen (28)	113	water for irrigation, sterile	93
venlafaxine	72, 73	WEBCOL	127
verapamil	49, 50	wera (28)	113
VEREGEN	127	WINRHO SDF	121
VERIPRED 20	113	WYMZYA FE	113
VERSACLOZ	73	X	
vestura (28)	113	XALKORI	32
VFEND	23	XARELTO	38
VFEND IV	23	XENAZINE	73
VICTOZA 2-PAK	113	XGEVA	117
VICTOZA 3-PAK	113	XIFAXAN	23, 24
VICTRELIS	23	XOLAIR	119
VIDEX 2 GRAM PEDIATRIC	23	XTANDI	32
VIDEX 4 GRAM PEDIATRIC	23	XYREM	73
VIGAMOX	97	Y	
VIIBRYD	73	YERVOY	32
VIMPAT	73	YF-VAX (PF)	121
vinblastine	32	Z	
vincasar pfs	32	zafirlukast	119
vincristine	32	zaleplon	73
vinorelbine	32	ZALTRAP	32
viorele (28)	113	ZANOSAR	32
VIRACEPT	23	zarah	113
VIRAMUNE XR	23	ZAVESCA	117
VIRAZOLE	23	ZELBORAF	32
VIREAD	23	ZEMAIRA	119

ZEMPLAR	129
zenchent fe	113
ZENPEP	100
zenzedi	73
zeosa	113
ZETIA	50
ZIAGEN	24
zidovudine	24
ziprasidone hcl	73, 74
ZIRGAN	97
ZOLADEX.....	32
zoledronic acid	117
zoledronic acid-mannitol-water	117
ZOLINZA	32
zolpidem	74
zonisamide	74
ZONTIVITY	38
ZORTRESS	117
ZOSTAVAX (PF)	121
zovia 1/35e (28)	113
zovia 1/50e (28)	113
ZOVIRAX	127
ZYDELIG	32
ZYKADIA	32
ZYPREXA RELPREVV	74
ZYTIGA	32
ZYVOX	24
1ST TIER UNIFINE PENTIPS	74
8-MOP	122

[illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

This formulary was updated on 09/05/2014. For more recent information or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

The benefit information provided is a brief summary and not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

This information is available for free in other languages. Please call our customer service number at 1-800-281-6918. If you use a TTY, call 711.

Esta información está disponible sin costo en otros idiomas. Llame a nuestro departamento de Servicio al Cliente al 1-800-281-6918. Si usa un TTY, llame al 711.

Humana

Preferred Rx Plan (PDP)

Walmart  Preferred
Retail Pharmacy

Humana.com