

2020

# Prescription Drug Guide

## **Humana Medicare Employer Plan Formulary**

List of covered drugs

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

**11**

This formulary was updated on 09/19/2019. For more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit [Humana.com](https://www.humana.com).

**Humana<sup>®</sup>**



# Welcome to Humana Medicare Employer Plan!

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan," it means the Humana Medicare Employer Plan. This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

## What is the Humana Medicare Employer formulary?

A formulary is the entire list of covered drugs or medicines selected by the Humana Medicare Employer Plan. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. The Humana Medicare Employer Plan 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. The Humana Medicare Employer Plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana Medicare Employer Plan network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

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

## Can the formulary change?

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

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

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

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

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

### **What if you're affected by a Drug List change?**

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

The enclosed formulary is current as of January 1, 2020. We'll update the printed formularies each month and they'll be available on **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)**.

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

### **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 Agents." 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 group, you should look for your drug in the Index that begins on page 178. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of four tiers.

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

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

### How much will I pay for covered drugs?

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

The amount of money you pay depends on:

- Which 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 Group Medicare Customer Care to find out what your costs are.

### Are there any restrictions on my coverage?

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

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

For drugs that need prior authorization or step therapy, or drugs that fall outside of quantity limits, your health care provider can fax information about your condition and need for those drugs to the Humana Medicare Employer Plan at **1-877-486-2621**. Representatives are available Monday - Friday, 8 a.m. - 8 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](https://www.humana.com/medicaredruglist) to get more information about the restrictions applied to specific covered drugs.

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

### **What if my drug isn't on the formulary?**

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

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

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

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

### **How do I request an exception to the formulary?**

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

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

Generally, the Humana Medicare Employer Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing 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 health care provider that supports your request. This is called a supporting statement.

Generally, we must make the decision within 72 hours of receiving your health care provider's supporting statement. You can request a quicker, or expedited, exception if you or your health care provider thinks your health would seriously suffer if you wait as long as 72 hours for a decision. Once an expedited request is received, we must give you a decision no later than 24 hours after we get your health care provider's supporting statement.

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

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

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

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

If you're a resident of a long-term care facility and you take Part D drugs that aren't on the formulary, we'll cover a 30-day supply unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 30 days of a drug) during 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 (in which we will allow multiple fills to provide up to a total of 31 days of a drug) while you request a formulary exception if:

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

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

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

For these changes in treatment settings, the Humana Medicare Employer Plan will cover as much as a 30-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. The Humana Medicare Employer Plan will review requests for continuation of therapy on a case-by-case basis understanding when you're on a stabilized drug regimen that, if changed, is known to have risks.

### **Transition extension**

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

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

### **Humana Pharmacy® makes it easy to manage your prescriptions with mail delivery solutions**

You may be able to fill your medicines through Humana Pharmacy – Humana's mail-delivery pharmacy. You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that's most convenient for you. You should get your new prescription by mail in 7 – 10 days after Humana Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. To get started or learn more, visit [hprxweb.com](http://hprxweb.com). You can also call Humana Pharmacy at 1-855-899-3134 (TTY: 711) Monday – Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m., Eastern time.

Other pharmacies are available in our network.

## For More Information

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

If you have questions about Humana, please visit our website at **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)**. The Drug List Search tool lets you search for your drug by name or drug type.

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](https://www.medicare.gov)**.



# Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 178.

Your Humana Medicare Employer plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D and aren't subject to the Medicare appeals process. These drugs are listed separately on page 174.

## How to read your formulary

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

**MD** - Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. Members can receive quantities up to but not more than a 90-day supply of maintenance drugs and supplies.

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>Analgesics</b>		
ABSTRAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG SUBLINGUAL TABLET <b>DL</b>	4	PA,QL (128 per 30 days)
acetamin-caff-dihydrocod 320.5 <b>DL</b>	1	QL (300 per 30 days)
acetamin-caff-dihydrocod 325 <b>DL</b>	1	QL (300 per 30 days)
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 <b>DL</b>	1	QL (2700 per 30 days)
acetaminophen-cod #2 tablet <b>DL</b>	1	QL (390 per 30 days)
acetaminophen-cod #3 tablet <b>DL</b>	1	QL (360 per 30 days)
acetaminophen-cod #4 tablet <b>DL</b>	1	QL (180 per 30 days)
ACTIQ 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG LOZENGE ON A HANDLE <b>DL</b>	4	PA,QL (120 per 30 days)
ALLZITAL 25 MG-325 MG TABLET <b>DL</b>	4	PA,QL (360 per 30 days)
ANAPROX DS 550 MG TABLET <b>MD,MO</b>	3	
ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED <b>MO</b>	3	PA
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED <b>MO</b>	3	PA
ARYMO ER 15 MG, 30 MG, 60 MG TABLET,CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	4	ST,QL (90 per 30 days)
ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule <b>DL</b>	1	PA,QL (360 per 30 days)
aspirin-caff-dihydrocodein cap <b>DL</b>	1	QL (330 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM <b>DL</b>	2	QL (60 per 30 days)
bupap 50 mg-300 mg tablet <b>MO</b>	1	PA,QL (180 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION SOLUTION <b>DL</b>	4	QL (240 per 30 days)
buprenorphine 10 mcg/hr patch; buprenorphine 15 mcg/hr patch; buprenorphine 20 mcg/hr patch; buprenorphine 5 mcg/hr patch; buprenorphine 7.5 mcg/hr patch <b>DL</b>	1	ST,QL (4 per 28 days)
buprenorphine 0.3 mg/ml crpjt <b>DL</b>	1	QL (240 per 30 days)
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule <b>DL</b>	1	PA,QL (360 per 30 days)
butalb-acetaminoph-caff-codein <b>DL</b>	1	PA,QL (180 per 30 days)
butalb-caff-acetaminoph-codein <b>DL</b>	1	PA,QL (360 per 30 days)
butalbital-acetaminophn 50-300 <b>DL</b>	4	PA,QL (180 per 30 days)
butalbital-acetaminophn 50-300 <b>MO</b>	1	PA,QL (180 per 30 days)
butalbital-acetaminophn 50-325 <b>MO</b>	1	QL (180 per 30 days)
butalb-acetamin-caff 50-300-40 <b>MO</b>	1	PA,QL (180 per 30 days)
butalb-acetamin-caff 50-325-40 <b>MO</b>	1	QL (180 per 30 days)
butalb-aspirin-caff 50-325-40 <b>MO</b>	1	PA,QL (180 per 30 days)
butalbital-asa-caffeine cap <b>MO</b>	1	PA,QL (180 per 30 days)
butorphanol 1 mg/ml vial <b>DL</b>	1	QL (960 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
<i>butorphanol 10 mg/ml spray</i> <b>DL</b>	1	QL (5 per 28 days)
<i>butorphanol 2 mg/ml vial</i> <b>DL</b>	1	QL (480 per 30 days)
BUTRANS 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR TRANSDERMAL PATCH <b>DL</b>	3	ST,QL (4 per 28 days)
CALDOLOR 800 MG/8 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CAMBIA 50 MG ORAL POWDER PACKET <b>DL</b>	4	ST,QL (9 per 30 days)
CAPITAL WITH CODEINE SUSP <b>DL</b>	1	QL (2700 per 30 days)
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
<i>celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>codeine sulfate 15 mg, 30 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>codeine sulfate 60 mg tablet</i> <b>DL</b>	1	QL (180 per 30 days)
<i>asa-butalb-coff-cod #3 capsule</i> <b>DL</b>	1	PA,QL (360 per 30 days)
CONZIP 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE; CONZIP 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE (25-75) <b>DL</b>	3	ST,QL (30 per 30 days)
DAYPRO 600 MG TABLET <b>MO</b>	3	
DEMEROL 100 MG TABLET <b>DL</b>	3	PA,QL (360 per 30 days)
DEMEROL 100 MG/ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (360 per 30 days)
DEMEROL 50 MG/ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (720 per 30 days)
DEMEROL (PF) 100 MG/2 ML, 100 MG/ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (360 per 30 days)
DEMEROL (PF) 100 MG/ML INJECTION SYRINGE <b>DL</b>	3	PA,QL (360 per 30 days)
DEMEROL (PF) 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (720 per 30 days)
DEMEROL (PF) 25 MG/ML INJECTION SYRINGE <b>DL</b>	3	PA,QL (1440 per 30 days)
DEMEROL (PF) 50 MG/ML INJECTION SYRINGE <b>DL</b>	3	PA,QL (720 per 30 days)
DEMEROL (PF) 75 MG/ML INJECTION SYRINGE <b>DL</b>	3	PA,QL (480 per 30 days)
<i>diclofenac epolamine 1.3% ptch</i> <b>MO</b>	1	PA,QL (60 per 30 days)
<i>diclofenac pot 50 mg tablet</i> <b>MO</b>	1	
<i>diclofenac 1.5% topical soln</i> <b>MD,MO</b>	1	PA,QL (300 per 30 days)
<i>diclofenac sod ec 25 mg, 50 mg, 75 mg tab</i> <b>MO</b>	1	
<i>diclofenac sod er 100 mg tab</i> <b>MO</b>	1	
<i>diclofenac sodium 1% gel</i> <b>MD,MO</b>	1	
<i>diclofenac-misoprost 50-200 tb; diclofenac-misoprost 75-200 tb</i> <b>MO</b>	1	
<i>diflunisal 500 mg tablet</i> <b>MO</b>	1	
DILAUDID 1 MG/ML ORAL LIQUID <b>DL</b>	3	PA,QL (2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET <b>DL</b>	4	PA,QL (360 per 30 days)
DILAUDID 8 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
DOLOPHINE 10 MG TABLET <b>DL</b>	3	QL (240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOLOPHINE 5 MG TABLET <b>DL</b>	3	QL (480 per 30 days)
DUEXIS 800 MG-26.6 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
DURAGESIC 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR TRANSDERMAL PATCH <b>DL</b>	4	PA,QL (20 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION <b>DL</b>	3	B vs D,QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION <b>DL</b>	3	B vs D,QL (3600 per 30 days)
<i>dvorah 325 mg-30 mg-16 mg tablet</i> <b>DL</b>	1	QL (300 per 30 days)
DYLOJECT 37.5 MG/ML VIAL <b>MO</b>	3	
EC-NAPROSYN 375 MG, 500 MG TABLET,DELAYED RELEASE <b>MD,MO</b>	3	PA
<i>ec-naproxen 375 mg, 500 mg tablet, delayed release</i> <b>MD,MO</b>	3	PA
EMBEDA 100 MG-4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 20 MG-0.8 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 30 MG-1.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 50 MG-2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 60 MG-2.4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 80 MG-3.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY <b>DL</b>	2	QL (60 per 30 days)
<i>endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
ESGIC 50 MG-325 MG-40 MG CAPSULE <b>MO</b>	1	QL (180 per 30 days)
ESGIC 50 MG-325 MG-40 MG TABLET <b>MO</b>	1	QL (180 per 30 days)
<i>etodolac 200 mg, 300 mg capsule</i> <b>MD,MO</b>	1	
<i>etodolac 400 mg, 500 mg tablet</i> <b>MD,MO</b>	1	
<i>etodolac er 400 mg, 500 mg, 600 mg tablet</i> <b>MD,MO</b>	1	
EXALGO ER 12 MG TABLET <b>DL</b>	4	ST,QL (180 per 30 days)
EXALGO ER 16 MG TABLET <b>DL</b>	4	ST,QL (120 per 30 days)
EXALGO ER 32 MG TABLET <b>DL</b>	4	ST,QL (60 per 30 days)
EXALGO ER 8 MG TABLET <b>DL</b>	4	ST,QL (240 per 30 days)
FELDENE 10 MG, 20 MG CAPSULE <b>MO</b>	3	
<i>fenoprofen 200 mg, 400 mg capsule</i> <b>MO</b>	1	
<i>fenoprofen 600 mg tablet</i> <b>MO</b>	1	
<i>fantanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fantanyl 37.5 mcg/hr patch; fantanyl 62.5 mcg/hr patch; fantanyl 87.5 mcg/hr patch</i> <b>DL</b>	1	QL (20 per 30 days)
<i>fantanyl cit 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg buccal tb</i> <b>DL</b>	4	PA,QL (120 per 30 days)
<i>fantanyl cit ofc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fantanyl citrate ofc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> <b>DL</b>	4	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
<i>fentanyl 100 mcg/2 ml ampul</i> <b>DL</b>	1	B vs D,QL (720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG BUCCAL TABLET, EFFERVESCENT <b>DL</b>	4	PA,QL (120 per 30 days)
<i>fioricet 50 mg-300 mg-40 mg capsule</i> <b>MO</b>	1	PA,QL (180 per 30 days)
FIORINAL 50 MG-325 MG-40 MG CAPSULE <b>MO</b>	3	PA,QL (180 per 30 days)
FIORINAL-CODEINE #3 30 MG-50 MG-325 MG-40 MG CAPSULE <b>DL</b>	4	PA,QL (360 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH <b>MO</b>	3	PA,QL (60 per 30 days)
<i>flurbiprofen 100 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg;</i> <i>hydrocodone-acetamin 7.5-300</i> <b>DL</b>	1	QL (390 per 30 days)
<i>hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg;</i> <i>hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325</i> <b>DL</b>	1	QL (360 per 30 days)
<i>hydrocodone-acetamin 10-325/15</i> <b>DL</b>	1	QL (2700 per 30 days)
<i>hydrocodone-acetamin 7.5-325/15</i> <b>DL</b>	1	QL (5520 per 30 days)
<i>hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg; hydrocodone-ibuprofen 7.5-200</i> <b>DL</b>	1	QL (150 per 30 days)
<i>hydromorphone 0.5 mg/0.5 ml, 1 mg/ml; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml carpuct</i> <b>DL</b>	1	B vs D,QL (720 per 30 days)
<i>hydromorphone 1 mg/ml solution</i> <b>DL</b>	1	QL (2400 per 30 days)
<i>hydromorphone 2 mg, 4 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>hydromorphone 2 mg/ml isecure</i> <b>DL</b>	1	QL (360 per 30 days)
<i>hydromorphone 2 mg/ml vial</i> <b>DL</b>	1	B vs D,QL (360 per 30 days)
<i>hydromorphone 4 mg/ml carpuct</i> <b>DL</b>	1	B vs D,QL (180 per 30 days)
<i>hydromorphone 8 mg tablet</i> <b>DL</b>	1	QL (240 per 30 days)
<i>hydromorphone hcl 1 mg/ml amp</i> <b>DL</b>	1	B vs D,QL (720 per 30 days)
<i>hydromorphone hcl 4 mg/ml amp</i> <b>DL</b>	1	B vs D,QL (180 per 30 days)
<i>hydromorphone hcl er 12 mg tab</i> <b>DL</b>	1	ST,QL (180 per 30 days)
<i>hydromorphone hcl er 16 mg tab</i> <b>DL</b>	1	ST,QL (120 per 30 days)
<i>hydromorphone hcl er 32 mg tab</i> <b>DL</b>	1	ST,QL (60 per 30 days)
<i>hydromorphone hcl er 8 mg tab</i> <b>DL</b>	1	ST,QL (240 per 30 days)
<i>hydromorphone 1 mg/ml vial</i> <b>DL</b>	1	B vs D,QL (720 per 30 days)
<i>hydromorphone 4 mg/ml vial</i> <b>DL</b>	1	B vs D,QL (180 per 30 days)
<i>hydromorphone hcl 10 mg/ml vl</i> <b>DL</b>	1	QL (144 per 30 days)
HYSINGLA ER 100 MG, 120 MG, 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	4	ST,QL (30 per 30 days)
HYSINGLA ER 20 MG, 30 MG, 40 MG, 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	3	ST,QL (30 per 30 days)
<i>ibu 400 mg, 600 mg, 800 mg tablet</i> <b>MD,MO</b>	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
IBUDONE 10 MG-200 MG TABLET <b>DL</b>	1	QL (150 per 30 days)
<i>ibudone 5 mg-200 mg tablet</i> <b>DL</b>	1	QL (150 per 30 days)
<i>ibuprofen 100 mg/5 ml susp</i> <b>MD,MO</b>	1	
<i>ibuprofen 400 mg, 600 mg, 800 mg tablet</i> <b>MD,MO</b>	1	
<i>oxycodone-ibuprofen 5-400 tab</i> <b>DL</b>	1	QL (240 per 30 days)
INDOCIN 25 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	
INDOCIN 50 MG RECTAL SUPPOSITORY <b>MO</b>	1	
<i>indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule</i> <b>MO</b>	1	
<i>indomethacin 1 mg vial</i> <b>MO</b>	1	
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION <b>DL</b>	3	B vs D,QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION <b>DL</b>	3	B vs D,QL (150 per 30 days)
KADIAN 10 MG, 20 MG, 30 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	3	ST,QL (60 per 30 days)
KADIAN 100 MG, 200 MG, 40 MG, 50 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
<i>ketoprofen 25 mg, 50 mg, 75 mg capsule</i> <b>MO</b>	1	
<i>ketoprofen er 200 mg capsule</i> <b>MO</b>	1	
<i>ketorolac 10 mg tablet</i> <b>MO</b>	1	QL (20 per 30 days)
<i>ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml vial; ketorolac 30 mg/ml vial; ketorolac 300 mg/10 ml vial</i> <b>MO</b>	1	
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml carpject</i> <b>MO</b>	1	
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml syringe</i> <b>MO</b>	1	
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY <b>DL</b>	4	PA,QL (30 per 30 days)
<i>levorphanol 2 mg tablet</i> <b>DL</b>	4	QL (240 per 30 days)
<i>levorphanol 3 mg tablet</i> <b>DL</b>	4	QL (150 per 30 days)
LODINE 400 MG TABLET <b>MD,MO</b>	3	PA
<i>lorcet (hydrocodone) 5 mg-325 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>lorcet hd 10 mg-325 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>lorcet plus 7.5 mg-325 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>lortab elixir 10 mg-300 mg/15 ml oral solution</i> <b>DL</b>	1	QL (6000 per 30 days)
MARTEN-TAB 325-50 TABLET <b>MO</b>	1	QL (180 per 30 days)
<i>meclofenamate 100 mg, 50 mg capsule</i> <b>MO</b>	1	
<i>mefenamic acid 250 mg capsule</i> <b>MO</b>	1	
<i>meloxicam 15 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>meloxicam 7.5 mg tablet</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>meperidine 10 mg/ml cartrdge</i> <b>DL</b>	1	PA,QL (3600 per 30 days)
<i>meperidine 100 mg tablet</i> <b>DL</b>	1	PA,QL (360 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meperidine 50 mg tablet <b>DL</b>	1	PA,QL (480 per 30 days)
meperidine 50 mg/5 ml solution <b>DL</b>	1	PA,QL (720 per 30 days)
meperidine 100 mg/ml vial <b>DL</b>	1	PA,QL (360 per 30 days)
meperidine 25 mg/ml vial <b>DL</b>	1	PA,QL (1440 per 30 days)
meperidine 50 mg/ml vial <b>DL</b>	1	PA,QL (720 per 30 days)
methadone 10 mg/5 ml solution <b>DL</b>	1	QL (1800 per 30 days)
methadone 10 mg/ml oral conc <b>DL</b>	1	QL (360 per 30 days)
methadone 5 mg/5 ml solution <b>DL</b>	1	QL (3600 per 30 days)
methadone hcl 10 mg tablet <b>DL</b>	1	QL (240 per 30 days)
methadone hcl 10 mg/ml vial <b>DL</b>	1	QL (360 per 30 days)
methadone hcl 5 mg tablet <b>DL</b>	1	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate <b>DL</b>	1	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE <b>DL</b>	3	QL (360 per 30 days)
mitigo (pf) 10 mg/ml injection solution <b>DL</b>	4	B vs D,QL (360 per 30 days)
mitigo (pf) 25 mg/ml injection solution <b>DL</b>	4	B vs D,QL (150 per 30 days)
MOBIC 15 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
MOBIC 7.5 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
MORPHABOND ER 100 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <b>DL</b>	3	ST,QL (180 per 30 days)
MORPHABOND ER 15 MG, 30 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <b>DL</b>	3	ST,QL (90 per 30 days)
MORPHABOND ER 60 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <b>DL</b>	3	ST,QL (60 per 30 days)
morphine 10 mg/ml carpject <b>DL</b>	1	B vs D,QL (360 per 30 days)
morphine 2 mg/ml carpject <b>DL</b>	1	B vs D,QL (1800 per 30 days)
morphine 4 mg/ml carpject <b>DL</b>	1	B vs D,QL (900 per 30 days)
morphine 5 mg/ml syringe <b>DL</b>	1	B vs D
morphine 8 mg/ml carpject <b>DL</b>	1	B vs D,QL (450 per 30 days)
morphine sulf 10 mg/5 ml soln <b>DL</b>	1	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln <b>DL</b>	1	QL (1350 per 30 days)
morphine sulf er 100 mg tablet <b>DL</b>	1	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet <b>DL</b>	1	QL (120 per 30 days)
morphine sulf er 200 mg tablet <b>DL</b>	1	QL (90 per 30 days)
morphine sulfate 10 mg/ml vial <b>DL</b>	1	B vs D,QL (360 per 30 days)
morphine sulfate 2 mg/ml vial <b>DL</b>	1	B vs D,QL (1800 per 30 days)
morphine sulfate 4 mg/ml vial <b>DL</b>	1	B vs D,QL (900 per 30 days)
morphine sulfate 5 mg/ml vial <b>DL</b>	1	B vs D,QL (720 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
<i>morphine sulfate 8 mg/ml vial</i> <b>DL</b>	1	B vs D,QL (450 per 30 days)
<i>morphine sulfate er 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg cap</i> <b>DL</b>	1	ST,QL (60 per 30 days)
<i>morphine sulfate er 120 mg, 60 mg, 75 mg, 90 mg cap</i> <b>DL</b>	1	ST,QL (60 per 30 days)
<i>morphine sulfate er 30 mg, 45 mg cap</i> <b>DL</b>	1	ST,QL (30 per 30 days)
<i>morphine sulfate ir 15 mg, 30 mg tab</i> <b>DL</b>	1	QL (180 per 30 days)
<i>morphine 10 mg/10 ml vial; morphine sulfate 1 mg/ml vial</i> <b>DL</b>	1	B vs D,QL (3600 per 30 days)
<i>morphine 5 mg/10 ml vial</i> <b>DL</b>	1	B vs D,QL (7200 per 30 days)
<i>morphine 5 mg/ml vial</i> <b>DL</b>	1	B vs D,QL (720 per 30 days)
<i>morphine sulf 100 mg/5 ml conc</i> <b>DL</b>	1	QL (540 per 30 days)
MS CONTIN 100 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (120 per 30 days)
MS CONTIN 200 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (90 per 30 days)
<i>nabumetone 500 mg, 750 mg tablet</i> <b>MO</b>	1	
<i>nalbuphine 100 mg/10 ml vial</i> <b>DL</b>	1	QL (240 per 30 days)
<i>nalbuphine 200 mg/10 ml vial</i> <b>DL</b>	1	QL (120 per 30 days)
NALFON 400 MG CAPSULE <b>MO</b>	3	
NALFON 600 MG TABLET <b>MO</b>	1	
<i>nalocet 2.5 mg-300 mg tablet</i> <b>DL</b>	4	PA,QL (360 per 30 days)
NAPRELAN CR 375 MG TAB,EXTENDED RELEASE 24 HR MPHASE <b>DL</b>	4	ST,QL (120 per 30 days)
NAPRELAN CR 500 MG TAB,EXTENDED RELEASE 24 HR MPHASE <b>DL</b>	4	ST,QL (90 per 30 days)
NAPRELAN CR 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE <b>DL</b>	4	ST,QL (60 per 30 days)
NAPROSYN 500 MG TABLET <b>MD,MO</b>	3	PA
<i>naproxen 125 mg/5 ml suspen</i> <b>MD,MO</b>	1	
<i>naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet</i> <b>MD,MO</b>	1	
<i>naproxen sod cr 375 mg tablet</i> <b>MD,MO</b>	1	ST,QL (120 per 30 days)
<i>naproxen sod cr 500 mg tablet</i> <b>MD,MO</b>	1	ST,QL (90 per 30 days)
<i>naproxen sodium 275 mg, 550 mg tab</i> <b>MD,MO</b>	1	
NORCO 10 MG-325 MG TABLET; NORCO 5 MG-325 MG TABLET; NORCO 7.5 MG-325 MG TABLET <b>DL</b>	1	PA,QL (360 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG TABLET <b>DL</b>	3	ST,QL (180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG, 50 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
OPANA 1 MG/ML INJ AMPULE <b>DL</b>	3	QL (270 per 30 days)
OPANA 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (360 per 30 days)

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>oxaprozin 600 mg tablet</i> <b>MO</b>	1	
Oxaydo 5 MG, 7.5 MG TABLET, ORAL ONLY (NOT FEEDING TUBES); Oxaydo 5 MG, 7.5 MG TABLET, ORAL ONLY (NOT FOR FEEDING TUBES) <b>DL</b>	4	PA, QL (360 per 30 days)
<i>oxycodon 10 mg/0.5 ml oral syr</i> <b>DL</b>	1	QL (270 per 30 days)
<i>oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>oxycodone hcl 100 mg/5 ml conc</i> <b>DL</b>	1	QL (270 per 30 days)
<i>oxycodone hcl 5 mg capsule</i> <b>DL</b>	1	QL (360 per 30 days)
<i>oxycodone hcl 5 mg/5 ml soln</i> <b>DL</b>	1	QL (5400 per 30 days)
<i>oxycodone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg tablet</i> <b>DL</b>	3	PA, QL (90 per 30 days)
<i>oxycodone hcl er 80 mg tablet</i> <b>DL</b>	3	PA, QL (120 per 30 days)
<i>oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325</i> <b>DL</b>	1	QL (360 per 30 days)
<i>oxycodone-aspirin 4.8355-325</i> <b>DL</b>	1	QL (360 per 30 days)
Oxycontin 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	3	PA, QL (90 per 30 days)
Oxycontin 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	3	PA, QL (120 per 30 days)
<i>oxymorphone hcl 10 mg, 5 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tab; oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tablet</i> <b>DL</b>	1	ST, QL (60 per 30 days)
<i>panlor 325-30-16 mg tablet</i> <b>DL</b>	1	QL (300 per 30 days)
PENNSAID 2 % TOPICAL SOLUTION IN PACKET <b>DL</b>	4	PA
PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP <b>DL</b>	4	PA, QL (224 per 28 days)
<i>pentazocine-naloxone tablet</i> <b>DL</b>	1	QL (360 per 30 days)
PERCOCET 10 MG-325 MG TABLET; PERCOCET 5 MG-325 MG TABLET; PERCOCET 7.5 MG-325 MG TABLET <b>DL</b>	4	PA, QL (360 per 30 days)
PERCOCET 2.5 MG-325 MG TABLET <b>DL</b>	1	PA, QL (360 per 30 days)
<i>phrenilin forte (with caffeine) 50 mg-300 mg-40 mg capsule</i> <b>MO</b>	1	PA, QL (180 per 30 days)
<i>piroxicam 10 mg, 20 mg capsule</i> <b>MO</b>	1	
PONSTEL 250 MG KAPSEALS <b>MO</b>	3	PA
<i>primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet</i> <b>DL</b>	4	QL (390 per 30 days)
<i>profeno 600 mg tablet</i> <b>MO</b>	1	
QMIIZ ODT 15 MG, 7.5 MG DISINTEGRATING TABLET <b>MD, MO</b>	3	ST, QL (30 per 30 days)
ROXICODONE 15 MG, 30 MG, 5 MG TABLET <b>DL</b>	3	PA, QL (360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET, ORAL ONLY (NOT FEEDING TUBES) <b>DL</b>	4	PA, QL (180 per 30 days)
ROXYBOND 5 MG TABLET, ORAL ONLY (NOT FEEDING TUBES) <b>DL</b>	4	PA, QL (360 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPRIX 15.75 MG/SPRAY NASAL SPRAY <b>DL</b>	4	PA,QL (5 per 30 days)
SUBSYS 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY SUBLINGUAL SPRAY; SUBSYS 1,200 MCG (600 MCG/SPRAY X2) SUBLINGUAL SPRAY; SUBSYS 1,600 MCG (800 MCG/SPRAY X2) SUBLINGUAL SPRAY <b>DL</b>	4	PA,QL (120 per 30 days)
<i>sulindac 150 mg, 200 mg tablet</i> <b>MO</b>	1	
TALWIN 30 MG/ML INJECTION SOLUTION <b>DL</b>	3	QL (360 per 30 days)
<i>tencon 50 mg-325 mg tablet</i> <b>MO</b>	1	QL (180 per 30 days)
TIVORBEX 20 MG, 40 MG CAPSULE <b>MO</b>	3	ST,QL (90 per 30 days)
<i>tolmetin sodium 200 mg, 600 mg tab</i> <b>MO</b>	1	
<i>tolmetin sodium 400 mg cap</i> <b>MO</b>	1	
<i>tramadol er 100 mg, 200 mg, 300 mg tablet; tramadol hcl er 100 mg, 200 mg, 300 mg tablet</i> <b>DL</b>	1	QL (30 per 30 days)
<i>tramadol hcl 50 mg tablet</i> <b>DL</b>	1	QL (240 per 30 days)
<i>tramadol hcl er 100 mg, 150 mg, 200 mg, 300 mg capsule</i> <b>DL</b>	1	ST,QL (30 per 30 days)
<i>tramadol-acetaminophn 37.5-325</i> <b>DL</b>	1	QL (240 per 30 days)
TREZIX 320.5 MG-30 MG-16 MG CAPSULE <b>DL</b>	1	QL (300 per 30 days)
TYLENOL-CODEINE #3 300 MG-30 MG TABLET <b>DL</b>	1	PA,QL (360 per 30 days)
TYLENOL-CODEINE #4 300 MG-60 MG TABLET <b>DL</b>	1	PA,QL (180 per 30 days)
ULTRACET 37.5 MG-325 MG TABLET <b>DL</b>	3	QL (240 per 30 days)
ULTRAM 50 MG TABLET <b>DL</b>	3	QL (240 per 30 days)
<i>vanatol lq 50 mg-325 mg-40 mg/15 ml oral solution</i> <b>DL</b>	4	QL (450 per 30 days)
<i>vanatol s 50 mg-325 mg-40 mg/15 ml oral solution</i> <b>DL</b>	4	QL (450 per 30 days)
<i>vicodin 5 mg-300 mg tablet</i> <b>DL</b>	1	QL (390 per 30 days)
<i>vicodin es 7.5 mg-300 mg tablet</i> <b>DL</b>	1	QL (390 per 30 days)
<i>vicodin hp 10 mg-300 mg tablet</i> <b>DL</b>	1	QL (390 per 30 days)
VIMOVO 375 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE; VIMOVO 500 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
VOLTAREN 1 % TOPICAL GEL <b>MD,MO</b>	3	PA
VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA
XODOL 10-300 TABLET <b>DL</b>	1	QL (390 per 30 days)
XODOL 5-300 TABLET <b>DL</b>	1	QL (390 per 30 days)
XODOL 7.5-300 MG TABLET <b>DL</b>	1	QL (390 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE <b>DL</b>	2	QL (60 per 30 days)
ZAMICET 10-325 MG/15 ML SOLN <b>DL</b>	1	QL (5430 per 30 days)
ZEBUTAL 50 MG-325 MG-40 MG CAPSULE <b>MO</b>	1	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
ZIPSOR 25 MG CAPSULE <b>DL</b>	4	QL (120 per 30 days)
ZOHYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <b>DL</b>	3	ST,QL (90 per 30 days)
ZOHYDRO ER 50 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <b>DL</b>	3	ST,QL (120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE <b>MO</b>	3	ST,QL (90 per 30 days)
<b>Anesthetics</b>		
bupivacaine 0.25% vial; bupivacaine 0.5% vial <b>MO</b>	1	
bupivacaine 0.25% vial; bupivacaine 0.5% ampul; bupivacaine 0.75% vial <b>MO</b>	1	
bupivacain 0.75%-dextros 8.25% <b>MO</b>	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 <b>MO</b>	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 <b>MO</b>	1	
bupivacaine 0.5%-epi 1:200,000 <b>MO</b>	1	
CARBOCAINE 1 % (10 MG/ML), 2 % INJECTION SOLUTION <b>MO</b>	3	
CARBOCAINE (PF) 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %) INJECTION SOLUTION <b>MO</b>	3	
chloroprocaine 2% vial; chloroprocaine 3% vial <b>MO</b>	1	
CLOTOTEKAL 10 MG/ML (1 %) INTRATHECAL SOLUTION <b>MO</b>	3	
glydo 2 % mucosal jelly in applicator <b>MO</b>	1	
lidocaine 5% ointment <b>MO</b>	1	PA
lidocaine 5% patch <b>MO</b>	1	PA,QL (90 per 30 days)
lidocaine 5% in d7.5w ampul <b>MO</b>	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% ampul; lidocaine hcl 1.5% ampul; lidocaine hcl 2% vial; lidocaine hcl 4% ampul <b>MO</b>	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% vial; lidocaine hcl 2% vial; lidocaine hcl 4% solution <b>MO</b>	1	
lidocaine hcl 2% jelly <b>MO</b>	1	
lidocaine hcl 2% jelly uro-jet <b>MO</b>	1	
lidocaine viscous 2 % mucosal solution <b>MO</b>	1	
lidocaine 0.5%-epi 1:200,000; lidocaine 2%-epi 1:100,000 <b>MO</b>	1	
lidocaine 2%-epi 1:100,000; lidocaine 2%-epi 1:50,000 cart <b>MO</b>	1	
lidocaine-prilocaine cream <b>MO</b>	1	
LIDODERM 5 % TOPICAL PATCH <b>DL</b>	4	PA,QL (90 per 30 days)
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION <b>MO</b>	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) INJECTION SOLUTION <b>MO</b>	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) INJECTION SOLUTION <b>MO</b>	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION <b>MO</b>	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
<i>marcaine-epinephrine 0.5 %-1:200,000 injection cartridge</i> <b>MO</b>	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION <b>MO</b>	3	
<i>mepivacaine hcl 3% cartridge</i> <b>MO</b>	1	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) INJECTION SOLUTION <b>MO</b>	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) INJECTION SOLUTION <b>MO</b>	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) INJECTION SOLUTION <b>MO</b>	3	
PLIAGLIS 7 %-7 % TOPICAL CREAM <b>MO</b>	3	
<i>polocaine 1 % (10 mg/ml), 2 % injection solution</i> <b>MO</b>	1	
<i>polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution</i> <b>MO</b>	1	
<i>ropivacaine 0.2% 200 mg/100 ml; ropivacaine 0.5% 100 mg/20 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml v1</i> <b>MO</b>	1	
SENSORCAINE 0.25 % (2.5 MG/ML) INJECTION SOLUTION <b>MO</b>	1	
<i>sensorcaine 0.5 % (5 mg/ml) injection solution</i> <b>MO</b>	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION <b>MO</b>	1	
<i>sensorcaine-mpf 0.75 % (7.5 mg/ml) injection solution</i> <b>MO</b>	1	
<i>sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) injection solution</i> <b>MO</b>	1	
<i>sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection solution</i> <b>MO</b>	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 INJECTION SOLUTION <b>MO</b>	1	
<i>sensorcaine/epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 injection solution</i> <b>MO</b>	1	
SYNERA 70 MG-70 MG PATCH <b>DL</b>	4	PA
<i>vivacaine 0.5 %-1:200,000 injection cartridge</i> <b>MO</b>	1	
ZTLIDO 1.8 % TOPICAL PATCH <b>DL</b>	4	PA,QL (90 per 30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate calc dr 333 mg tab</i> <b>MD,MO</b>	1	
ANTABUSE 250 MG, 500 MG TABLET <b>MD,MO</b>	1	
BUNAVAIL 2.1 MG-0.3 MG BUCCAL FILM; BUNAVAIL 4.2 MG-0.7 MG BUCCAL FILM; BUNAVAIL 6.3 MG-1 MG BUCCAL FILM <b>MD,MO</b>	3	PA,QL (60 per 30 days)
<i>buprenorphine 2 mg, 8 mg tablet sl</i> <b>MO</b>	1	QL (90 per 30 days)
<i>bupreno-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film; buprenorp-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film</i> <b>MD,MO</b>	1	QL (90 per 30 days)
<i>buprenor-nalox 12-3 mg sl film</i> <b>MD,MO</b>	1	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
buprenorphin-naloxon 2-0.5 mg, 8-2 mg sl; buprenorphn-naloxn 2-0.5 mg, 8-2 mg sl <b>MD,MO</b>	3	PA,QL (90 per 30 days)
bupropion hcl sr 150 mg tablet <b>MO</b>	1	QL (90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET <b>MO</b>	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <b>MO</b>	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK <b>MO</b>	3	QL (56 per 28 days)
disulfiram 250 mg, 500 mg tablet <b>MD,MO</b>	1	
EVZIO 0.4 MG AUTO-INJECTOR; EVZIO 0.4 MG/0.4 ML, 2 MG/0.4 ML INJECTION,AUTO-INJECTOR <b>DL</b>	4	PA,QL (0.8 per 30 days)
LUCEMYRA 0.18 MG TABLET <b>DL</b>	4	PA,QL (224 per 365 days)
naloxone 0.4 mg/ml vial <b>MO</b>	1	
naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe <b>MO</b>	1	
naltrexone 50 mg tablet <b>MO</b>	1	
NARCAN 4 MG/ACTUATION NASAL SPRAY <b>MO</b>	2	QL (2 per 30 days)
NICOTROL 10 MG INHALATION CARTRIDGE <b>MO</b>	3	
NICOTROL NS 10 MG/ML NASAL SPRAY <b>MO</b>	3	
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM <b>MD,MO</b>	3	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM <b>MD,MO</b>	3	PA,QL (90 per 30 days)
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>DL</b>	4	QL (1 per 28 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET <b>MD,MO</b>	2	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET <b>MD,MO</b>	2	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET <b>MD,MO</b>	2	QL (60 per 30 days)
ZYBAN SR 150 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
<b>Antibacterials</b>		
acetic acid 2% ear solution <b>MO</b>	1	
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial <b>MO</b>	1	
amoxicillin 125 mg, 250 mg tab chew <b>MO</b>	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp <b>MO</b>	1	
amoxicillin 250 mg, 500 mg capsule <b>MO</b>	1	
amoxicillin 500 mg, 875 mg tablet <b>MO</b>	1	
amox-clav 200-28.5 mg, 400-57 mg tab chew <b>MO</b>	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
amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp <b>MO</b>	1	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet <b>MO</b>	1	
amox-clav er 1,000-62.5 mg tab <b>MO</b>	1	
ampicillin 250 mg, 500 mg capsule <b>MO</b>	1	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial <b>MO</b>	1	
ampicillin-sulb 1.5 g add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial <b>MO</b>	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR INHALATION VIA NEBULIZATION <b>DL</b>	4	PA,QL (235.2 per 28 days)
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION; AUGMENTIN 250 MG-62.5 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET <b>MO</b>	3	PA
AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
AVC VAGINAL 15 % CREAM <b>MO</b>	3	
AVELOX 400 MG TABLET <b>MO</b>	3	PA
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE (ISO-OSM) INTRAVENOUS PIGGYBACK <b>MO</b>	3	PA
avidoxy 100 mg tablet <b>MO</b>	1	ST
AVYCAZ 2.5 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
AZACTAM 1 GRAM, 2 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	PA
AZACTAM-ISO-OSMOT 1 GM/50 ML; AZACTAM-ISO-OSMOT 2 GM/50 ML <b>MO</b>	3	
AZASITE 1 % EYE DROPS <b>MO</b>	3	ST,QL (2.5 per 25 days)
azithromycin 1 gm pwd packet <b>MO</b>	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml susp <b>MO</b>	1	
azithromycin 250 mg, 500 mg tablet <b>MO</b>	1	
azithromycin 600 mg tablet <b>MO</b>	1	QL (16 per 60 days)
azithromycin i.v. 500 mg vial <b>MO</b>	1	
aztreonam 1 gm vial <b>MO</b>	1	
aztreonam 2 gm vial <b>DL</b>	4	
baciim 50,000 unit intramuscular solution <b>MO</b>	1	
bacitracin 50,000 unit vial <b>MO</b>	1	
bacitracin 500 unit/gm ophth <b>MO</b>	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
BACTRIM 400 MG-80 MG TABLET <b>MO</b>	3	
BACTRIM DS 800 MG-160 MG TABLET <b>MO</b>	3	
BACTROBAN 2% CREAM <b>MO</b>	3	
BACTROBAN NASAL 2% OINTMENT <b>MO</b>	3	
BAXDELA 300 MG INTRAVENOUS SOLUTION <b>DL</b>	4	QL (28 per 14 days)
BAXDELA 450 MG TABLET <b>DL</b>	4	QL (28 per 14 days)
BESIVANCE 0.6 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
BLEPH-10 10 % EYE DROPS <b>MO</b>	1	
CEDAX 180 MG/5 ML SUSPENSION <b>MO</b>	3	
CEDAX 400 MG CAPSULE <b>MO</b>	3	
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen <b>MO</b>	1	
cefaclor 250 mg, 500 mg capsule <b>MO</b>	1	
cefaclor er 500 mg tablet <b>MO</b>	1	
cefadroxil 1 gm tablet <b>MO</b>	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp <b>MO</b>	1	
cefadroxil 500 mg capsule <b>MO</b>	1	
cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial <b>MO</b>	1	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose <b>MO</b>	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp <b>MO</b>	1	
cefdinir 300 mg capsule <b>MO</b>	1	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial <b>MO</b>	1	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml <b>MO</b>	1	
cefepime 1 gm injection; cefepime 2 gm injection <b>MO</b>	3	
cefixime 100 mg/5 ml, 200 mg/5 ml susp <b>MO</b>	1	
cefixime 400 mg capsule <b>MO</b>	1	
CEFOTAN 1 GRAM, 2 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
cefotaxime sodium 1 gm vial; cefotaxime sodium 1 gram, 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 10 gm vial; cefotaxime sodium 2 gm vial <b>MO</b>	1	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial <b>MO</b>	1	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag <b>MO</b>	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
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial <sup>MO</sup>	1	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag <sup>MO</sup>	1	
cefpodoxime 100 mg, 200 mg tablet <sup>MO</sup>	1	
cefpodoxime 100 mg/5 ml susp <sup>MO</sup>	1	QL (1200 per 30 days)
cefpodoxime 50 mg/5 ml susp <sup>MO</sup>	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp <sup>MO</sup>	1	
cefprozil 250 mg, 500 mg tablet <sup>MO</sup>	1	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial <sup>MO</sup>	1	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback <sup>MO</sup>	1	
ceftibuten 180 mg/5 ml susp <sup>MO</sup>	1	
ceftibuten 400 mg capsule <sup>MO</sup>	1	
CEFTIN 125 MG/5 ML, 250 MG/5 ML ORAL SUSP <sup>MO</sup>	3	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg bulk bag; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial <sup>MO</sup>	1	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag <sup>MO</sup>	1	
cefuroxime axetil 250 mg, 500 mg tab <sup>MO</sup>	1	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial <sup>MO</sup>	1	
CENTANY 2 % TOPICAL OINTMENT <sup>MO</sup>	3	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp <sup>MO</sup>	1	
cephalexin 250 mg, 500 mg capsule <sup>MO</sup>	1	
cephalexin 250 mg, 500 mg tablet <sup>MO</sup>	1	
cephalexin 750 mg capsule <sup>MO</sup>	1	QL (150 per 30 days)
chloramphen na succ 1 gm vl <sup>MO</sup>	1	
CILOXAN 0.3 % EYE DROPS <sup>MO</sup>	3	
CILOXAN 0.3 % EYE OINTMENT <sup>MO</sup>	3	
CIPRO 250 MG, 500 MG TABLET <sup>MO</sup>	3	
CIPRO 250 MG/5 ML, 500 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	3	
CIPRO 400 MG/200 ML IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK <sup>MO</sup>	3	
CIPRO XR 1,000 MG, 500 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	3	PA
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml susp <sup>MO</sup>	1	
ciprofloxacin er 1,000 mg, 500 mg tab; ciprofloxacin er 1,000 mg, 500 mg tablet <sup>MO</sup>	1	
ciprofloxacin 0.2% otic soln <sup>MO</sup>	1	
ciprofloxacin 0.3% eye drop <sup>MO</sup>	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
<i>ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab</i> <sup>MO</sup>	1	
<i>ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml</i> <sup>MO</sup>	1	
<i>ciprofloxacin 200 mg/20 ml, 400 mg/40 ml v1</i> <sup>MO</sup>	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM INTRAVENOUS SOLUTION; CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM SOLUTION FOR INJECTION <sup>MO</sup>	3	
<i>clarithromycin 125 mg/5 ml, 250 mg/5 ml sus</i> <sup>MO</sup>	1	
<i>clarithromycin 250 mg, 500 mg tablet</i> <sup>MO</sup>	1	
<i>clarithromycin er 500 mg tab</i> <sup>MO</sup>	1	
CLEOCIN 100 MG VAGINAL SUPPOSITORY <sup>MO</sup>	3	
CLEOCIN 150 MG/ML, 600 MG/4 ML, 900 MG/6 ML INJECTION SOLUTION; CLEOCIN 150 MG/ML, 600 MG/4 ML, 900 MG/6 ML INTRAVENOUS SOLUTION <sup>MO</sup>	1	
CLEOCIN 2 % VAGINAL CREAM <sup>MO</sup>	3	PA
<i>cleocin 300 mg/2 ml intravenous solution</i> <sup>MO</sup>	1	
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE <sup>MO</sup>	3	
CLEOCIN 300 MG-D5W-GALAXY; CLEOCIN 600 MG-D5W-GALAXY; CLEOCIN 900 MG-D5W-GALAXY <sup>MO</sup>	3	
CLEOCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION <sup>MO</sup>	1	
CLEOCIN T 1 % LOTION <sup>MO</sup>	3	
CLEOCIN T 1 % SOLUTION <sup>MO</sup>	3	
CLEOCIN T 1 % TOPICAL GEL <sup>MO</sup>	3	
CLEOCIN T 1% PLEDGETS <sup>MO</sup>	3	
<i>clindacin etz 1 % topical swab</i> <sup>MO</sup>	1	
<i>clindacin p 1 % topical swab</i> <sup>MO</sup>	1	
CLINDAGEL 1 % TOPICAL GEL, ONCE DAILY <sup>DL</sup>	4	PA
<i>clindamycin hcl 150 mg, 300 mg, 75 mg capsule</i> <sup>MO</sup>	1	
<i>clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns</i> <sup>MO</sup>	1	B vs D
<i>clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> <sup>MO</sup>	1	
<i>clindamycin 75 mg/5 ml soln</i> <sup>MO</sup>	1	
<i>clindamycin pediatric 75 mg/5 ml oral solution</i> <sup>MO</sup>	1	
<i>clindamycin 1 %, 150 mg/ml, 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml addvan; clindamycin ph 1% solution; clindamycin ph 900 mg/6 ml v1</i> <sup>MO</sup>	1	
<i>clindamycin 2% vaginal cream</i> <sup>MO</sup>	1	
<i>clindamycin ph 1% gel</i> <sup>MO</sup>	1	
<i>clindamycin phos 1% pledget</i> <sup>MO</sup>	1	
<i>clindamycin phosp 1% lotion</i> <sup>MO</sup>	1	
<i>clindamycin phosphate 1% foam</i> <sup>MO</sup>	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
<i>clindamycin phosphate 1% gel</i> <b>MO</b>	1	PA
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE <b>MO</b>	3	
<i>colistimethate 150 mg vial</i> <b>MO</b>	1	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION <b>DL</b>	4	
<i>coremino 135 mg, 45 mg, 90 mg tablet,extended release</i> <b>MO</b>	1	ST,QL (30 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
DALVANCE 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	QL (4 per 28 days)
<i>daptomycin 350 mg, 500 mg vial</i> <b>DL</b>	4	
DAXBIA 333 MG CAPSULE <b>MO</b>	1	
<i>demeclocycline 150 mg tablet</i> <b>MO</b>	1	QL (240 per 30 days)
<i>demeclocycline 300 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
<i>dicloxacillin 250 mg, 500 mg capsule</i> <b>MO</b>	1	
DIFICID 200 MG TABLET <b>DL</b>	4	QL (20 per 10 days)
DORIBAX 250 MG, 500 MG VIAL <b>MO</b>	3	
<i>doripenem 250 mg, 500 mg vial</i> <b>MO</b>	1	
DORYX 200 MG TABLET,DELAYED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
DORYX 50 MG TABLET,DELAYED RELEASE <b>MO</b>	3	ST,QL (60 per 30 days)
DORYX MPC 120 MG TABLET, DELAYED RELEASE <b>MO</b>	3	ST,QL (60 per 30 days)
<i>doxy-100 100 mg intravenous solution</i> <b>MO</b>	1	
<i>doxycycline 50 mg tablet</i> <b>MO</b>	1	ST,QL (180 per 30 days)
<i>doxycycline hyc dr 100 mg tab</i> <b>MO</b>	1	ST,QL (90 per 30 days)
<i>doxycycline hyc dr 150 mg, 200 mg tab; doxycycline hyclate 150 mg, 200 mg tab</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>doxycycline hyc dr 150 mg, 50 mg, 75 mg tab; doxycycline hyclate 150 mg, 50 mg, 75 mg tab</i> <b>MO</b>	1	ST,QL (60 per 30 days)
<i>doxycycline hyclate 100 mg vl</i> <b>MO</b>	1	
<i>doxycycline hyclate 100 mg, 20 mg tab</i> <b>MO</b>	1	
<i>doxycycline hyclate 100 mg, 50 mg cap</i> <b>MO</b>	1	
<i>doxycycline 25 mg/5 ml susp</i> <b>MO</b>	1	
<i>doxycycline ir-dr 40 mg cap</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet</i> <b>MO</b>	1	
<i>doxycycline mono 100 mg, 50 mg cap</i> <b>MO</b>	1	
<i>doxycycline mono 150 mg cap</i> <b>MO</b>	1	QL (30 per 30 days)
<i>doxycycline mono 75 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
E.E.S. 400 MG TABLET <b>DL</b>	4	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	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
ertapenem 1 gram vial <b>DL</b>	4	
ery pads 2 % topical swab <b>MO</b>	1	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET, DELAYED RELEASE <b>MO</b>	1	
ERYGEL 2 % TOPICAL <b>MO</b>	1	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
ERYPED 400 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION <b>MO</b>	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET <b>MO</b>	1	
erythromycin 0.5% eye ointment <b>MO</b>	1	
erythromycin 250 mg, 333 mg, 500 mg filmtab; erythromycin dr 250 mg, 333 mg, 500 mg tablet <b>MO</b>	1	
erythromycin dr 250 mg cap <b>MO</b>	1	
erythromycin 200 mg/5 ml, 400 mg/5 ml susp <b>MO</b>	1	
erythromycin es 400 mg tab <b>MO</b>	1	
erythromycin 2% gel <b>MO</b>	1	
erythromycin 2% pledgets <b>MO</b>	1	
erythromycin 2% solution <b>MO</b>	1	
EVOCLIN 1 % TOPICAL FOAM <b>MO</b>	3	PA
FIRVANQ 25 MG/ML, 50 MG/ML ORAL SOLUTION <b>MO</b>	3	
FLAGYL 250 MG, 500 MG TABLET <b>MO</b>	3	
FLAGYL 375 MG CAPSULE <b>MO</b>	3	QL (320 per 30 days)
FORTAZ 1 GRAM, 2 GRAM, 500 MG, 6 GRAM INTRAVENOUS SOLUTION; FORTAZ 1 GRAM, 2 GRAM, 500 MG, 6 GRAM SOLUTION FOR INJECTION; FORTAZ 2 GM VIAL; FORTAZ 6 GM VIAL <b>MO</b>	3	
FORTAZ-ISO-OSMOT 2 GM/50 ML; FORTAZ-ISO-OSMOTIC 1 GM/50 ML <b>MO</b>	3	
FURADANTIN 25 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	QL (2400 per 30 days)
gatifloxacin 0.5% eye drops <b>MO</b>	1	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment <b>MO</b>	1	
gentamicin 0.1% cream <b>MO</b>	1	
gentamicin 0.1% ointment <b>MO</b>	1	
gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial <b>MO</b>	1	
gentamicin 3 mg/ml eye drop <b>MO</b>	1	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml <b>MO</b>	1	
gentamicin ped 20 mg/2 ml vial <b>MO</b>	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
<i>gentamicin 10 mg/ml vial</i> <b>MO</b>	1	
HIPREX 1 GRAM TABLET <b>MO</b>	3	PA
<i>imipenem-cilastatin 250 mg, 500 mg vl</i> <b>MO</b>	1	
INVANZ 1 GM ADD-VANTAGE VIAL; INVANZ 1 GRAM SOLUTION FOR INJECTION <b>DL</b>	4	
KEFLEX 250 MG, 500 MG CAPSULE <b>MO</b>	3	
KEFLEX 750 MG CAPSULE <b>MO</b>	3	QL (150 per 30 days)
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
KLARON 10 % LOTION (SUSPENSION) <b>MO</b>	3	
LEVAQUIN 250 MG, 500 MG, 750 MG TABLET <b>MO</b>	3	
<i>levofloxacin 0.5% eye drops</i> <b>MO</b>	1	
<i>levofloxacin 25 mg/ml solution; levofloxacin 750 mg/30 ml vial</i> <b>MO</b>	1	
<i>levofloxacin 250 mg, 500 mg, 750 mg tablet</i> <b>MO</b>	1	
<i>levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w</i> <b>MO</b>	1	
LINCOCIN 300 MG/ML INJECTION SOLUTION <b>MO</b>	3	
<i>lincomycin hcl 600 mg/2 ml vl</i> <b>MO</b>	1	
<i>linezolid 100 mg/5 ml susp</i> <b>DL</b>	4	QL (1800 per 30 days)
<i>linezolid 600 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>linezolid 600 mg/300 ml-d5w</i> <b>MO</b>	1	
<i>linezolid 600mg/300ml-0.9%nacl</i> <b>MO</b>	1	
MACROBID 100 MG CAPSULE <b>MO</b>	3	QL (90 per 365 days)
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE <b>MO</b>	3	QL (90 per 365 days)
<i>mafenide acetate 50 gm powd pk</i> <b>MO</b>	1	
MAXIPIME 1 GRAM, 2 GRAM INTRAVENOUS SOLUTION <b>MO</b>	3	
MAXIPIME 1 GRAM, 2 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	PA
<i>meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial</i> <b>MO</b>	1	
<i>meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50</i> <b>MO</b>	1	
MERREM 1 GRAM, 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>methenamine hipp 1 gm tablet</i> <b>MO</b>	1	
METRO I.V. 500 MG/100 ML INTRAVENOUS PIGGYBACK <b>MO</b>	3	
METROCREAM 0.75 % TOPICAL <b>MO</b>	3	PA
METROGEL 1 % TOPICAL; METROGEL 1 % TOPICAL GEL WITH PUMP <b>MO</b>	3	ST
METROGEL VAGINAL 0.75 % <b>MO</b>	3	
METROLOTION 0.75 % TOPICAL <b>MO</b>	3	PA
<i>metronidazole 0.75% cream</i> <b>MO</b>	1	
<i>metronidazole 0.75% lotion</i> <b>MO</b>	1	
<i>metronidazole 250 mg, 500 mg tablet</i> <b>MO</b>	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
metronidazole 375 mg capsule <b>MO</b>	1	QL (320 per 30 days)
metronidazole top 1% gel pump; metronidazole topical 0.75% gl; metronidazole topical 1% gel; metronidazole vaginal 0.75% gl <b>MO</b>	1	
metronidazole 500 mg/100 ml <b>MO</b>	1	
MINOCIN 100 MG INTRAVENOUS SOLUTION <b>MO</b>	3	PA
MINOCIN 100 MG, 50 MG CAPSULE; MINOCIN 100 MG, 50 MG PELLETTIZED CAP <b>MO</b>	3	PA
minocycline 100 mg, 50 mg, 75 mg capsule <b>MO</b>	1	
minocycline er 105 mg, 115 mg, 55 mg, 65 mg, 80 mg tablet <b>DL</b>	4	ST,QL (30 per 30 days)
minocycline er 135 mg, 45 mg, 90 mg tablet <b>MO</b>	1	ST,QL (30 per 30 days)
minocycline hcl 100 mg, 50 mg, 75 mg tablet <b>MO</b>	1	
mondoxylene nl 100 mg, 50 mg capsule <b>MO</b>	1	ST
mondoxylene nl 75 mg capsule <b>MO</b>	1	ST,QL (60 per 30 days)
MONUROL 3 GRAM ORAL PACKET <b>MO</b>	3	
morgidox 100 mg, 50 mg capsule <b>MO</b>	1	ST
MOXEZA 0.5 % EYE DROPS <b>MO</b>	3	ST
moxifloxacin 0.5% eye drops <b>MO</b>	1	
moxifloxacin hcl 400 mg tablet <b>MO</b>	1	
moxifloxacin 400 mg/250 ml bag <b>MO</b>	1	
moxifloxacin 400 mg/250 ml bag <b>MO</b>	1	
mupirocin 2% ointment <b>MO</b>	1	
mupirocin 2% cream <b>MO</b>	1	
nafcillin 1 gm add-van vial; nafcillin 1 gm vial; nafcillin 10 gm bulk vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial <b>MO</b>	1	
nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj <b>DL</b>	4	
neomycin 500 mg tablet <b>MO</b>	1	
nitrofurantoin 25 mg/5 ml susp <b>MO</b>	1	QL (2400 per 30 days)
nitrofurantoin mcr 100 mg, 25 mg, 50 mg cap <b>MO</b>	1	QL (90 per 365 days)
nitrofurantoin mono-mcr 100 mg <b>MO</b>	1	QL (90 per 365 days)
NORITATE 1 % TOPICAL CREAM <b>DL</b>	4	ST
NUVESSA 1.3 % VAGINAL GEL <b>MO</b>	3	
NUZYRA 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
NUZYRA 150 MG TABLET <b>DL</b>	4	QL (30 per 14 days)
NUZYRA (7 DAY WITH LOAD DOSE) 150 MG TABLET <b>DL</b>	4	QL (30 per 14 days)
NUZYRA (7 DAY) 150 MG TABLET <b>DL</b>	4	QL (30 per 14 days)
OCUFLOX 0.3 % EYE DROPS <b>MO</b>	3	
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops <b>MO</b>	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
ofloxacin 300 mg tablet <b>MO</b>	1	QL (60 per 30 days)
ofloxacin 400 mg tablet <b>MO</b>	1	
okebo 100 mg capsule <b>MO</b>	1	ST
okebo 75 mg capsule <b>MO</b>	1	ST,QL (60 per 30 days)
ORACEA 40 MG CAPSULE,IMMEDIATE - DELAY RELEASE <b>DL</b>	4	ST,QL (30 per 30 days)
ORBACTIV 400 MG INTRAVENOUS SOLUTION <b>DL</b>	4	QL (3 per 28 days)
oxacillin 1 gm add-vantage vl; oxacillin 1 gm vial; oxacillin 2 gm add-vantage vl; oxacillin 2 gm vial <b>MO</b>	1	
oxacillin 10 gm vial <b>DL</b>	4	
oxacillin 1 gm/ 50 ml inj; oxacillin 2 gm/ 50 ml inj <b>MO</b>	3	
paromomycin 250 mg capsule <b>MO</b>	1	
PCE 333 MG, 500 MG TABLET <b>MO</b>	3	
pen g k 1 million unit/50 ml <b>DL</b>	4	
pen g k 2 million unit/50 ml, 3 million unit/50 ml <b>MO</b>	3	
penicillin gk 20 million unit <b>MO</b>	1	
penicillin gk 5 million unit <b>DL</b>	4	
pen g 1.2 million unit/2 ml <b>MO</b>	1	
penicillin g 600,000 unit/1 ml <b>DL</b>	4	
penicillin g na 5 million unit <b>DL</b>	4	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln <b>MO</b>	1	
penicillin vk 250 mg, 500 mg tablet <b>MO</b>	1	
pfizerpen-g 20 million unit, 5 million unit solution for injection <b>MO</b>	1	
piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial <b>MO</b>	1	
polymyxin b sulfatate vial <b>MO</b>	1	
PRIMAXIN 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION <b>MO</b>	3	
rosadan 0.75 % topical cream <b>MO</b>	1	ST
rosadan 0.75 % topical gel <b>MO</b>	1	ST
SILVADENE 1 % TOPICAL CREAM <b>MO</b>	2	
silver sulfadiazine 1% cream <b>MO</b>	1	
SIVEXTRO 200 MG INTRAVENOUS SOLUTION <b>DL</b>	4	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET <b>DL</b>	4	QL (6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (30 per 30 days)
SOLOSEC 2 GRAM ORAL DR GRANULES IN PACKET <b>MO</b>	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
soloxide dr 150 mg tablet <b>MO</b>	1	ST,QL (60 per 30 days)
SSD 1 % TOPICAL CREAM <b>MO</b>	1	
streptomycin sulf 1 gm vial <b>DL</b>	4	
sulfacetamide 10% eye drops <b>MO</b>	1	
sulfacetamide 10% eye ointment <b>MO</b>	1	
sulfacetamide sod 10% top susp <b>MO</b>	1	
sulfadiazine 500 mg tablet <b>MO</b>	1	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet <b>MO</b>	1	
sulfamethoxazole-tmp inj vial <b>MO</b>	1	
sulfamethoxazole-tmp susp <b>MO</b>	1	
SULFAMYLON 50 GRAM TOPICAL PACKET <b>MO</b>	3	
SULFAMYLON 85 MG/G TOPICAL CREAM <b>MO</b>	3	
SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
SUPRAX 100 MG, 200 MG CHEWABLE TABLET <b>MO</b>	1	
SUPRAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	1	
SUPRAX 400 MG CAPSULE <b>MO</b>	3	
SUPRAX 500 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
SYNERCID 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
TARGADOX 50 MG TABLET <b>MO</b>	1	ST,QL (180 per 30 days)
tazicef 1 gram, 2 gram, 6 gram intravenous solution; tazicef 1 gram, 2 gram, 6 gram solution for injection <b>MO</b>	1	
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
tetracycline 250 mg, 500 mg capsule <b>MO</b>	1	
tigecycline 50 mg vial <b>DL</b>	4	
TINDAMAX 500 MG TABLET <b>MO</b>	3	
tinidazole 250 mg, 500 mg tablet <b>MO</b>	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
tobramycin 0.3% eye drop <b>MO</b>	1	
tobramycin 300 mg/5 ml ampule <b>DL</b>	4	PA
tobramycin 1.2 gm vial <b>DL</b>	4	
tobramycin 10 mg/ml, 40 mg/ml vial <b>MO</b>	1	
tobramycin pak 300 mg/5 ml <b>DL</b>	4	PA
TOBREX 0.3 % EYE DROPS <b>MO</b>	3	
TOBREX 0.3 % EYE OINTMENT <b>MO</b>	3	
trimethoprim 100 mg tablet <b>MO</b>	1	
TYGACIL 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM SOLUTION FOR INJECTION <b>MO</b>	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
VABOMERE 2 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	QL (84 per 14 days)
VANCOCIN 125 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
VANCOCIN 250 MG CAPSULE <b>DL</b>	4	PA,QL (240 per 30 days)
vancomycin 1 gm vial; vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial <b>MO</b>	1	
vancomycin hcl 125 mg capsule <b>MO</b>	1	QL (120 per 30 days)
vancomycin hcl 250 mg capsule <b>DL</b>	4	QL (240 per 30 days)
vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl <b>MO</b>	3	
vancomycin 1 gram/200 ml, 750 mg/150 ml bag; vancomycin hcl 1g/200 ml bag <b>MO</b>	3	
VANDAZOLE 0.75 % VAGINAL GEL <b>MO</b>	3	
VIBATIV 750 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
VIBRAMYCIN 100 MG CAPSULE <b>MO</b>	3	
VIBRAMYCIN 25 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	ST
VIBRAMYCIN 50 MG/5 ML ORAL SYRUP <b>MO</b>	3	ST
VIGAMOX 0.5 % EYE DROPS <b>MO</b>	3	PA
XEPI 1 % TOPICAL CREAM <b>MO</b>	3	PA
XERAVA 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
XIMINO 135 MG, 45 MG, 90 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
ZEMDRI 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	
ZINACEF 1.5 GM TWISTVIAL; ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG TWISTVIAL; ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG VIAL; ZINACEF 7.5 GM VIAL <b>MO</b>	3	
ZINACEF 1.5 GRAM/50 ML <b>MO</b>	3	
ZINPLAVA 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ZITHROMAX 1 GRAM ORAL PACKET <b>MO</b>	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
ZITHROMAX 250 MG, 500 MG TABLET <b>MO</b>	3	
ZITHROMAX 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
ZITHROMAX 600 MG TABLET <b>MO</b>	3	QL (16 per 60 days)
ZITHROMAX TRI-PAK 500 MG TABLET <b>MO</b>	3	
ZITHROMAX Z-PAK 250 MG TABLET <b>MO</b>	3	
ZMAX 2 G/60 ML ORAL SUSPENSION <b>MO</b>	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
ZOSYN 2.25 GRAM, 3.375 GRAM, 4.5 GRAM, 40.5 GRAM INTRAVENOUS SOLUTION <b>MO</b>	3	
ZOSYN 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK <b>MO</b>	3	
ZYMAXID 0.5 % EYE DROPS <b>MO</b>	3	ST,QL (2.5 per 25 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML INTRAVENOUS PIGGYBACK <b>DL</b>	4	
ZYVOX 600 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
<b>Anticonvulsants</b>		
APTIOM 200 MG, 400 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
APTIOM 600 MG, 800 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
BANZEL 200 MG TABLET <b>DL</b>	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	3	PA
BUTISOL SODIUM 30 MG TABLET <b>MO</b>	3	
<i>carbamazepine 100 mg tab chew</i> <b>MD,MO</b>	1	
<i>carbamazepine 100 mg/5 ml susp</i> <b>MD,MO</b>	1	
<i>carbamazepine 200 mg tablet</i> <b>MD,MO</b>	1	
<i>carbamazepine er 100 mg, 200 mg tablet</i> <b>MD,MO</b>	1	QL (120 per 30 days)
<i>carbamazepine er 100 mg, 200 mg, 300 mg cap</i> <b>MD,MO</b>	1	
<i>carbamazepine er 400 mg tablet</i> <b>MD,MO</b>	1	QL (225 per 30 days)
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MD,MO</b>	3	
CELONTIN 300 MG CAPSULE <b>MD,MO</b>	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML INJECTION SOLUTION <b>MO</b>	3	
<i>clobazam 10 mg, 20 mg tablet</i> <b>DL</b>	1	PA,QL (60 per 30 days)
<i>clobazam 2.5 mg/ml suspension</i> <b>DL</b>	1	PA,QL (480 per 30 days)
DEPACON 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	
DEPAKENE 250 MG CAPSULE <b>MD,MO</b>	3	
DEPAKENE 250 MG/5 ML SOLUTION <b>DL</b>	4	
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DELAYED RELEASE <b>MD,MO</b>	3	
DEPAKOTE ER 250 MG, 500 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE, DELAYED RELEASE <b>MD,MO</b>	3	
DIASTAT 2.5 MG RECTAL KIT <b>DL</b>	3	PA
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT <b>DL</b>	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
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT <b>DL</b>	3	PA
diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg rectal gel sys; diazepam 20 mg rectal gel syst <b>DL</b>	1	
dilantin 30 mg capsule <b>MD,MO</b>	1	
dilantin extended 100 mg capsule <b>MD,MO</b>	1	
DILANTIN INFATABS 50 MG CHEWABLE TABLET <b>MD,MO</b>	1	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION <b>MD,MO</b>	3	
divalproex dr 125 mg cap sprnk <b>MD,MO</b>	1	
divalproex sod dr 125 mg, 250 mg, 500 mg tab <b>MD,MO</b>	1	
divalproex sod er 250 mg, 500 mg tab <b>MD,MO</b>	1	
EPIDIOLEX 100 MG/ML ORAL SOLUTION <b>DL</b>	4	PA
epitol 200 mg tablet <b>MD,MO</b>	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MD,MO</b>	3	
ethosuximide 250 mg capsule <b>MD,MO</b>	1	
ethosuximide 250 mg/5 ml soln <b>MD,MO</b>	1	
felbamate 400 mg, 600 mg tablet <b>MD,MO</b>	1	
felbamate 600 mg/5 ml susp <b>DL</b>	4	
FELBATOL 400 MG, 600 MG TABLET <b>DL</b>	4	
FELBATOL 600 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml v1 <b>MO</b>	1	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule <b>MD,MO</b>	1	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln <b>MD,MO</b>	1	QL (2250 per 30 days)
gabapentin 600 mg, 800 mg tablet <b>MD,MO</b>	1	QL (180 per 30 days)
GABITRIL 12 MG, 16 MG, 4 MG TABLET <b>DL</b>	4	
GABITRIL 2 MG TABLET <b>MD,MO</b>	3	
KEPPRA 1,000 MG, 750 MG TABLET <b>DL</b>	4	
KEPPRA 100 MG/ML ORAL SOLUTION <b>DL</b>	4	
KEPPRA 250 MG, 500 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
KEPPRA 500 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (180 per 30 days)
KEPPRA XR 750 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (120 per 30 days)
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET <b>DL</b>	4	
LAMICTAL 25 MG, 5 MG CHEWABLE DISPERSIBLE TABLET <b>DL</b>	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 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET <b>DL</b>	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING <b>DL</b>	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT <b>DL</b>	4	
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT <b>DL</b>	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK <b>DL</b>	4	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK <b>DL</b>	4	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK <b>DL</b>	4	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE <b>MO</b>	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL <b>MO</b>	3	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL <b>MO</b>	3	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 50 mg tablet; lamotrigine odt 100 mg, 150 mg, 200 mg, 25 mg, 50 mg tablet <b>MD,MO</b>	1	
lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet <b>MD,MO</b>	1	
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet <b>MD,MO</b>	1	
lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange); lamotrigine tab start kit-blue; lamotrigine tab start kt-green; lamotrigine tab start kt-orang <b>MO</b>	1	
levetiracetam 1,000 mg, 750 mg tablet <b>MD,MO</b>	1	
levetiracetam 100 mg/ml soln <b>MD,MO</b>	1	
levetiracetam 250 mg, 500 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
levetiracetam 500 mg/5 ml soln <b>MD,MO</b>	1	QL (900 per 30 days)
levetiracetam 500 mg/5 ml vial <b>MO</b>	1	
levetiracetam er 500 mg tablet <b>MD,MO</b>	1	QL (180 per 30 days)
levetiracetam er 750 mg tablet <b>MD,MO</b>	1	QL (120 per 30 days)
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 <b>MO</b>	1	
MYSOLINE 250 MG, 50 MG TABLET <b>DL</b>	4	PA
NEMBUTAL SODIUM 50 MG/ML INJECTION SOLUTION <b>MO</b>	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
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE <b>DL</b>	4	PA,QL (270 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLUTION <b>MD,MO</b>	3	PA,QL (2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
ONFI 10 MG, 20 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (480 per 30 days)
<i>oxcarbazepine 150 mg, 300 mg tablet</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>oxcarbazepine 300 mg/5 ml susp</i> <b>MD,MO</b>	1	
<i>oxcarbazepine 600 mg tablet</i> <b>MD,MO</b>	1	
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (90 per 30 days)
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (120 per 30 days)
PEGANONE 250 MG TABLET <b>MD,MO</b>	3	
<i>pentobarbital 1,000 mg/20 ml</i> <b>MO</b>	1	
<i>phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet</i> <b>MD,MO</b>	1	QL (90 per 30 days)
<i>phenobarbital 15 mg, 60 mg tablet</i> <b>MD,MO</b>	1	QL (120 per 30 days)
<i>phenobarbital 20 mg/5 ml elix</i> <b>MD,MO</b>	1	QL (1500 per 30 days)
<i>phenobarbital 30 mg tablet</i> <b>MD,MO</b>	1	QL (300 per 30 days)
<i>phenobarbital 130 mg/ml, 65 mg/ml vial</i> <b>MO</b>	1	
PHENYTEK 200 MG, 300 MG CAPSULE <b>MD,MO</b>	1	
<i>phenytoin 100 mg/4 ml, 125 mg/5 ml susp</i> <b>MD,MO</b>	1	
<i>phenytoin 50 mg tablet chew</i> <b>MD,MO</b>	1	
<i>phenytoin 50 mg/ml syringe</i> <b>MO</b>	1	
<i>phenytoin 50 mg/ml vial</i> <b>MO</b>	1	
<i>phenytoin sod ext 100 mg, 200 mg, 300 mg cap</i> <b>MD,MO</b>	1	
<i>primidone 250 mg, 50 mg tablet</i> <b>MD,MO</b>	1	
QUDEXY XR 100 MG, 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (90 per 30 days)
<i>roovepra 1,000 mg, 750 mg tablet</i> <b>MD,MO</b>	1	
<i>roovepra 500 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>roovepra xr 500 mg tablet,extended release</i> <b>MD,MO</b>	1	QL (180 per 30 days)
<i>roovepra xr 750 mg tablet,extended release</i> <b>MD,MO</b>	1	QL (120 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET <b>DL</b>	4	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
SECONAL SODIUM 100 MG CAPSULE <b>DL</b>	4	QL (90 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION <b>MD,MO</b>	3	ST,QL (90 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
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION <b>MD,MO</b>	3	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION <b>MD,MO</b>	3	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION <b>MD,MO</b>	3	ST,QL (120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg tablet <b>MD,MO</b>	1	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack <b>MO</b>	1	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack <b>MO</b>	1	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack <b>MO</b>	1	
SYMPAZAN 10 MG, 20 MG, 5 MG ORAL FILM <b>DL</b>	4	PA,QL (60 per 30 days)
TEGRETOL 100 MG/5 ML ORAL SUSPENSION <b>MD,MO</b>	3	
TEGRETOL 200 MG TABLET <b>MD,MO</b>	3	
TEGRETOL XR 100 MG, 200 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (120 per 30 days)
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (225 per 30 days)
tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg tablet <b>MD,MO</b>	1	
TOPAMAX 100 MG, 200 MG, 50 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
TOPAMAX 15 MG, 25 MG SPRINKLE CAPSULE <b>DL</b>	4	
TOPAMAX 25 MG TABLET <b>DL</b>	4	QL (90 per 30 days)
topiramate 100 mg, 200 mg, 50 mg tablet <b>MD,MO</b>	1	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap <b>MD,MO</b>	1	
topiramate 25 mg tablet <b>MD,MO</b>	1	QL (90 per 30 days)
topiramate er 100 mg, 50 mg capsule <b>MD,MO</b>	3	PA,QL (30 per 30 days)
topiramate er 150 mg, 200 mg capsule <b>MD,MO</b>	3	PA,QL (60 per 30 days)
topiramate er 25 mg capsule <b>MD,MO</b>	3	PA,QL (90 per 30 days)
TRILEPTAL 150 MG, 300 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION <b>DL</b>	4	PA
TRILEPTAL 600 MG TABLET <b>DL</b>	4	PA
TROKENDI XR 100 MG, 50 MG CAPSULE, EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (90 per 30 days)
valproate sod 500 mg/5 ml vl <b>MO</b>	1	
valproic acid 250 mg capsule <b>MD,MO</b>	1	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol <b>MD,MO</b>	1	
vigabatrin 500 mg powder packt <b>DL</b>	4	PA,QL (180 per 30 days)
vigabatrin 500 mg tablet <b>DL</b>	4	PA,QL (180 per 30 days)
vigadrone 500 mg oral powder packet <b>DL</b>	4	PA,QL (180 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	QL (1395 per 30 days)
VIMPAT 100 MG, 50 MG TABLET <b>MD,MO</b>	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
VIMPAT 150 MG, 200 MG TABLET <b>MD,MO</b>	3	QL (60 per 30 days)
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
ZARONTIN 250 MG CAPSULE <b>MD,MO</b>	3	
ZARONTIN 250 MG/5 ML ORAL SOLUTION <b>MD,MO</b>	1	
ZONEGRAN 100 MG, 25 MG CAPSULE <b>DL</b>	4	PA
zonisamide 100 mg, 25 mg, 50 mg capsule <b>MD,MO</b>	1	
<b>Antidementia Agents</b>		
ARICEPT 10 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
ARICEPT 23 MG, 5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
donepezil hcl 10 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
donepezil hcl 10 mg, 23 mg, 5 mg tablet; donepezil hcl odt 10 mg, 23 mg, 5 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
ergoloid mesylates 1 mg tab <b>DL</b>	4	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL <b>MD,MO</b>	3	PA,QL (30 per 30 days)
galantamine 4 mg/ml oral soln <b>MD,MO</b>	1	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule <b>MD,MO</b>	1	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
memantine 5-10 mg titration pk <b>MO</b>	1	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet <b>MD,MO</b>	1	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution <b>MD,MO</b>	1	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg capsule <b>MD,MO</b>	1	PA,QL (30 per 30 days)
NAMENDA 10 MG, 5 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK <b>MO</b>	3	PA,QL (98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,EXT REL, DOSE PACK <b>MO</b>	3	PA,QL (28 per 28 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>MD,MO</b>	2	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK <b>MO</b>	2	QL (28 per 28 days)
RAZADYNE 12 MG, 4 MG, 8 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
rivastigmine 13.3 mg/24hr ptch; rivastigmine 4.6 mg/24hr patch; rivastigmine 9.5 mg/24hr patch <b>MD,MO</b>	1	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
rivastigmine 1.5 mg, 3 mg capsule <b>MD,MO</b>	1	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule <b>MD,MO</b>	1	QL (60 per 30 days)
<b>Antidepressants</b>		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab <b>MD,MO</b>	1	PA
chlordiazepo-amitriptyl 5-12.5; chlordiazepox-amitriptyl 10-25 <b>DL</b>	1	PA
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet <b>MD,MO</b>	1	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE <b>DL</b>	4	PA
APLENZIN 174 MG, 348 MG, 522 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (30 per 30 days)
BRISDELLE 7.5 MG CAPSULE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
bupropion hcl 100 mg, 75 mg tablet <b>MD,MO</b>	1	QL (180 per 30 days)
bupropion hcl sr 100 mg tablet <b>MD,MO</b>	1	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet <b>MD,MO</b>	1	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet <b>MD,MO</b>	1	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
bupropion hcl xl 450 mg tablet <b>MD,MO</b>	1	ST,QL (30 per 30 days)
CELEXA 10 MG, 40 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
CELEXA 20 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
citalopram hbr 10 mg, 40 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln <b>MD,MO</b>	1	
citalopram hbr 20 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule <b>MD,MO</b>	1	PA
CYMBALTA 20 MG, 30 MG, 60 MG CAPSULE,DELAYED RELEASE <b>MD,MO</b>	3	QL (60 per 30 days)
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet <b>MD,MO</b>	1	PA
desvenlafaxine er 100 mg, 50 mg tab; desvenlafaxine er 100 mg, 50 mg tablet <b>MD,MO</b>	3	ST,QL (30 per 30 days)
desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb <b>MD,MO</b>	1	QL (30 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap <b>MD,MO</b>	1	QL (60 per 30 days)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH <b>DL</b>	4	QL (30 per 30 days)
escitalopram 10 mg tablet <b>MD,MO</b>	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml <b>MD,MO</b>	1	QL (600 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
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK <b>MO</b>	3	PA,QL (28 per 28 days)
<i>fluoxetine 20 mg/5 ml solution</i> <b>MD,MO</b>	1	
<i>fluoxetine dr 90 mg capsule</i> <b>MD,MO</b>	1	QL (4 per 28 days)
<i>fluoxetine hcl 10 mg tablet</i> <b>MD,MO</b>	1	QL (240 per 30 days)
<i>fluoxetine hcl 10 mg, 40 mg capsule</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>fluoxetine hcl 20 mg capsule</i> <b>MD,MO</b>	1	QL (120 per 30 days)
<i>fluoxetine hcl 20 mg tablet</i> <b>MD,MO</b>	1	QL (120 per 30 days)
<i>fluoxetine hcl 60 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>fluvoxamine er 100 mg, 150 mg capsule</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>fluvoxamine maleate 100 mg, 25 mg, 50 mg tab</i> <b>MD,MO</b>	1	QL (90 per 30 days)
FORFIVO XL 450 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	ST,QL (30 per 30 days)
<i>imipramine hcl 10 mg, 25 mg, 50 mg tablet</i> <b>MD,MO</b>	1	PA
<i>imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap</i> <b>MD,MO</b>	1	PA
IRENKA DR 40 MG CAPSULE <b>MD,MO</b>	1	QL (60 per 30 days)
KHEDEZLA ER 100 MG, 50 MG TABLET <b>MD,MO</b>	3	ST,QL (30 per 30 days)
LEXAPRO 10 MG TABLET <b>MD,MO</b>	3	PA,QL (45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
<i>maprotiline 25 mg, 50 mg, 75 mg tablet</i> <b>MD,MO</b>	1	
MARPLAN 10 MG TABLET <b>MD,MO</b>	3	
<i>mirtazapine 15 mg, 30 mg, 45 mg odt; mirtazapine 15 mg, 30 mg, 45 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>mirtazapine 7.5 mg tablet</i> <b>MD,MO</b>	1	QL (180 per 30 days)
NARDIL 15 MG TABLET <b>MD,MO</b>	3	
<i>nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet</i> <b>MD,MO</b>	1	
NORPRAMIN 10 MG, 25 MG TABLET <b>MD,MO</b>	3	PA
<i>nortriptyline 10 mg/5 ml soln</i> <b>MD,MO</b>	1	PA
<i>nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap</i> <b>MD,MO</b>	1	PA
<i>olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> <b>MD,MO</b>	1	QL (30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE <b>DL</b>	4	PA
PARNATE 10 MG TABLET <b>DL</b>	4	
<i>paroxetine er 12.5 mg, 37.5 mg tablet</i> <b>MD,MO</b>	1	PA,QL (60 per 30 days)
<i>paroxetine er 25 mg tablet</i> <b>MD,MO</b>	1	PA,QL (90 per 30 days)
<i>paroxetine hcl 10 mg, 20 mg tablet</i> <b>MD,MO</b>	1	PA,QL (30 per 30 days)
<i>paroxetine hcl 30 mg, 40 mg tablet</i> <b>MD,MO</b>	1	PA,QL (60 per 30 days)
<i>paroxetine mesylate 7.5 mg cap</i> <b>MD,MO</b>	1	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
PAXIL 10 MG, 20 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION <b>MD,MO</b>	3	PA
PAXIL 30 MG, 40 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (90 per 30 days)
<i>perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab</i> <b>MD,MO</b>	1	PA
PEXEVA 10 MG, 20 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
PEXEVA 30 MG, 40 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
<i>phenelzine sulfat 15 mg tab</i> <b>MD,MO</b>	1	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
<i>protriptyline hcl 10 mg, 5 mg tablet</i> <b>MD,MO</b>	1	PA
PROZAC 10 MG CAPSULE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
PROZAC 20 MG CAPSULE <b>MD,MO</b>	3	PA,QL (120 per 30 days)
PROZAC 40 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
REMERON 15 MG, 30 MG, 45 MG TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
REMERON SOLTAB 15 MG, 30 MG, 45 MG DISINTEGRATING TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
SARAFEM 10 MG TABLET <b>MD,MO</b>	3	QL (240 per 30 days)
SARAFEM 20 MG TABLET <b>MD,MO</b>	3	QL (120 per 30 days)
<i>sertraline 20 mg/ml oral conc</i> <b>MD,MO</b>	1	
<i>sertraline hcl 100 mg tablet</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>sertraline hcl 25 mg, 50 mg tablet</i> <b>MD,MO</b>	1	QL (90 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE <b>MD,MO</b>	3	PA
SYMBYAX 12 MG-50 MG CAPSULE; SYMBYAX 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG CAPSULE; SYMBYAX 3 MG-25 MG CAPSULE; SYMBYAX 6 MG-25 MG CAPSULE; SYMBYAX 6 MG-50 MG CAPSULE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
TOFRANIL 10 MG, 25 MG, 50 MG TABLET <b>DL</b>	4	PA
<i>tranylcypromine sulf 10 mg tab</i> <b>MD,MO</b>	1	
<i>trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet</i> <b>MD,MO</b>	1	
<i>trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp</i> <b>MD,MO</b>	1	PA
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET <b>MD,MO</b>	3	ST,QL (30 per 30 days)
<i>venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet</i> <b>MD,MO</b>	1	
<i>venlafaxine hcl er 150 mg cap</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>venlafaxine hcl er 150 mg, 225 mg, 37.5 mg tab</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>venlafaxine hcl er 37.5 mg cap</i> <b>MD,MO</b>	1	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>venlafaxine hcl er 75 mg cap</i> <sup>MD,MO</sup>	1	QL (90 per 30 days)
<i>venlafaxine hcl er 75 mg tab</i> <sup>MD,MO</sup>	1	QL (60 per 30 days)
VIIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK <sup>MO</sup>	3	PA,QL (30 per 30 days)
VIIIBRYD 10 MG, 20 MG, 40 MG TABLET <sup>MD,MO</sup>	3	PA,QL (30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE <sup>MD,MO</sup>	3	PA,QL (120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE <sup>MD,MO</sup>	3	PA,QL (90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE <sup>MD,MO</sup>	3	PA,QL (60 per 30 days)
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE <sup>DL</sup>	4	PA,QL (90 per 30 days)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE <sup>DL</sup>	4	PA,QL (60 per 30 days)
ZOLOFT 100 MG TABLET <sup>MD,MO</sup>	3	PA,QL (60 per 30 days)
ZOLOFT 20 MG/ML ORAL CONCENTRATE <sup>MD,MO</sup>	3	PA
ZOLOFT 25 MG, 50 MG TABLET <sup>MD,MO</sup>	3	PA,QL (90 per 30 days)
ZULRESSO 5 MG/ML INTRAVENOUS SOLUTION <sup>DL</sup>	4	PA,QL (100 per 365 days)
<b>Antiemetics</b>		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG INTRAVENOUS SOLUTION <sup>DL</sup>	4	PA,QL (4 per 28 days)
AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE <sup>DL</sup>	4	PA,QL (4 per 28 days)
ANZEMET 100 MG, 50 MG TABLET <sup>MO</sup>	3	B vs D,QL (4 per 28 days)
<i>aprepitant 125 mg, 40 mg capsule</i> <sup>MO</sup>	1	B vs D,QL (2 per 28 days)
<i>aprepitant 125-80-80 mg pack</i> <sup>MO</sup>	1	B vs D,QL (6 per 28 days)
<i>aprepitant 80 mg capsule</i> <sup>MO</sup>	1	B vs D,QL (4 per 28 days)
BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE <sup>MO</sup>	3	QL (60 per 30 days)
CESAMET 1 MG CAPSULE <sup>DL</sup>	4	PA,QL (180 per 30 days)
COMPAZINE 10 MG, 5 MG TABLET <sup>MO</sup>	3	B vs D
COMPAZINE 25 MG RECTAL SUPPOSITORY <sup>MO</sup>	1	
<i>compro 25 mg rectal suppository</i> <sup>MO</sup>	1	
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE <sup>MO</sup>	3	QL (120 per 30 days)
<i>dimenhydrinate 50 mg/ml vial</i> <sup>MO</sup>	1	PA
<i>doxylamine-pyridoxine 10-10 mg</i> <sup>MO</sup>	1	QL (120 per 30 days)
<i>dronabinol 10 mg, 2.5 mg, 5 mg capsule</i> <sup>MO</sup>	1	B vs D,QL (120 per 30 days)
<i>droperidol 2.5 mg/ml vial</i> <sup>MO</sup>	1	
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK <sup>MO</sup>	3	PA,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION <sup>MO</sup>	3	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE <sup>MO</sup>	3	PA,QL (2 per 28 days)
EMEND 80 MG CAPSULE <sup>MO</sup>	3	PA,QL (4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION <sup>MO</sup>	3	PA
<i>fosaprepitant 150 mg vial</i> <sup>MO</sup>	1	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
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial <sup>MO</sup>	1	
granisetron hcl 1 mg tablet <sup>MO</sup>	1	B vs D, QL (28 per 28 days)
granisetron hcl 1 mg/ml vial; granisetron hcl 4 mg/4 ml vial <sup>MO</sup>	1	
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE <sup>DL</sup>	4	PA, QL (120 per 30 days)
meclizine 12.5 mg, 25 mg tablet <sup>MO</sup>	1	
metoclopramide 10 mg, 5 mg tablet <sup>MO</sup>	1	
metoclopramide 10 mg/2 ml syr <sup>MO</sup>	1	
metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln <sup>MO</sup>	1	
metoclopramide hcl 10 mg odt <sup>MO</sup>	1	QL (180 per 30 days)
metoclopramide hcl 5 mg odt <sup>MO</sup>	1	QL (360 per 30 days)
ondansetron odt 4 mg, 8 mg tablet <sup>MO</sup>	1	B vs D, QL (90 per 30 days)
ondansetron 4 mg/5 ml solution <sup>MO</sup>	1	B vs D, QL (450 per 30 days)
ondansetron 40 mg/20 ml vial <sup>MO</sup>	1	
ondansetron hcl 24 mg tablet <sup>MO</sup>	1	B vs D, QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet <sup>MO</sup>	1	B vs D, QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr <sup>MO</sup>	1	
ondansetron hcl 4 mg/2 ml vial <sup>MO</sup>	1	
phenadoz 12.5 mg, 25 mg rectal suppository <sup>MO</sup>	1	PA
phenergan 12.5 mg, 25 mg, 50 mg rectal suppository <sup>MO</sup>	1	PA
phenergan 25 mg/ml injection solution <sup>MO</sup>	1	PA
phenergan 50 mg/ml injection solution <sup>MO</sup>	3	PA
prochlorperazine 25 mg supp <sup>MO</sup>	1	
prochlorperazine 10 mg/2 ml vl <sup>MO</sup>	1	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet <sup>MO</sup>	1	B vs D
promethazine 12.5 mg, 25 mg, 50 mg suppos; promethazine 12.5 mg, 25 mg, 50 mg suppository <sup>MO</sup>	1	PA
promethazine 12.5 mg, 25 mg, 50 mg tablet <sup>MO</sup>	1	PA
promethazine 25 mg/ml, 50 mg/ml ampul; promethazine 25 mg/ml, 50 mg/ml vial <sup>MO</sup>	1	PA
promethazine 6.25 mg/5 ml syr <sup>MO</sup>	1	PA
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository <sup>MO</sup>	1	PA
REGLAN 10 MG, 5 MG TABLET <sup>MO</sup>	3	
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH <sup>MO</sup>	3	QL (4 per 30 days)
scopolamine 1 mg/3 day patch <sup>MO</sup>	1	QL (10 per 30 days)
SYNDROS 5 MG/ML ORAL SOLUTION <sup>DL</sup>	4	PA
TIGAN 100 MG/ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	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
TIGAN 300 MG CAPSULE <b>MO</b>	3	B vs D
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) <b>MO</b>	3	QL (10 per 30 days)
<i>trimethobenzamide 300 mg cap</i> <b>MO</b>	1	B vs D
VARUBI 166.5 MG/92.5 ML INTRAVENOUS EMULSION <b>MO</b>	3	PA,QL (185 per 28 days)
ZOFRAN 2 MG/ML VIAL <b>MO</b>	3	PA
ZOFRAN 4 MG, 8 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
ZOFRAN 4 MG/5 ML ORAL SOLN <b>MO</b>	3	PA,QL (450 per 30 days)
ZOFRAN ODT 4 MG, 8 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
ZUPLENZ 4 MG, 8 MG ORAL SOLUBLE FILM <b>MO</b>	3	B vs D,QL (90 per 30 days)
<b>Antifungals</b>		
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION <b>DL</b>	4	B vs D
AMBISOME 50 MG INTRAVENOUS SUSPENSION <b>DL</b>	4	B vs D
<i>amphotericin b 50 mg vial</i> <b>MO</b>	1	B vs D
ANCOBON 250 MG, 500 MG CAPSULE <b>DL</b>	4	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>caspofungin acetate 50 mg, 70 mg vial</i> <b>DL</b>	4	
<i>ciclodan 0.77 % topical cream</i> <b>MO</b>	1	
<i>ciclodan 8 % topical solution</i> <b>MO</b>	1	
<i>ciclopirox 0.77% cream</i> <b>MO</b>	1	
<i>ciclopirox 0.77% gel</i> <b>MO</b>	1	
<i>ciclopirox 0.77% topical susp</i> <b>MO</b>	1	
<i>ciclopirox 1% shampoo</i> <b>MO</b>	1	
<i>ciclopirox 8% solution</i> <b>MO</b>	1	
<i>clotrimazole 1% cream</i> <b>MO</b>	1	
<i>clotrimazole 1% solution</i> <b>MO</b>	1	
<i>clotrimazole 10 mg troche</i> <b>MO</b>	1	
<i>clotrimazole-betamethasone crm</i> <b>MO</b>	1	
<i>clotrimazole-betamethasone lot</i> <b>MO</b>	1	QL (90 per 28 days)
CRESEMBA 186 MG CAPSULE <b>DL</b>	4	PA,QL (180 per 30 days)
CRESEMBA 372 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
DIFLUCAN 10 MG/ML, 40 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA
DIFLUCAN 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>DL</b>	4	PA
<i>econazole nitrate 1% cream</i> <b>MO</b>	1	
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
ERTACZO 2 % TOPICAL CREAM <b>DL</b>	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
EXELDERM 1 % TOPICAL CREAM <b>MO</b>	3	
EXELDERM 1 % TOPICAL SOLUTION <b>MO</b>	3	
EXTINA 2 % TOPICAL FOAM <b>MO</b>	3	
fluconazole 10 mg/ml, 40 mg/ml susp <b>MO</b>	1	
fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet <b>MO</b>	1	
fluconazole-dext 200 mg/100 ml, 400 mg/200 ml <b>MO</b>	1	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml <b>MO</b>	1	
flucytosine 250 mg, 500 mg capsule <b>DL</b>	4	
GRIS-PEG 125 MG, 250 MG TABLET <b>MO</b>	3	
griseofulvin 125 mg/5 ml susp <b>MO</b>	1	
griseofulvin micro 500 mg tab <b>MO</b>	1	
griseofulvin ultra 125 mg, 250 mg tab <b>MO</b>	1	
gynazole-1 2 % vaginal cream <b>MO</b>	1	
itraconazole 10 mg/ml solution <b>MO</b>	1	QL (150 per 30 days)
itraconazole 100 mg capsule <b>MO</b>	1	QL (120 per 30 days)
JUBLIA 10 % TOPICAL SOLUTION WITH APPLICATOR <b>DL</b>	4	PA,QL (4 per 28 days)
KERYDIN 5 % TOPICAL SOLUTION WITH APPLICATOR <b>DL</b>	4	
ketoconazole 2% cream <b>MO</b>	1	
ketoconazole 2% foam <b>MO</b>	1	
ketoconazole 2% shampoo <b>MO</b>	1	
ketoconazole 200 mg tablet <b>MO</b>	1	
LAMISIL 250 MG TABLET <b>DL</b>	4	PA,QL (90 per 365 days)
LOPROX 1 % SHAMPOO <b>MO</b>	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM <b>MO</b>	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION <b>MO</b>	3	PA
LOTRISONE 1 %-0.05 % TOPICAL CREAM <b>MO</b>	3	PA
luliconazole 1% cream <b>MO</b>	1	ST,QL (60 per 28 days)
LUZU 1 % TOPICAL CREAM <b>MO</b>	3	ST,QL (60 per 28 days)
MENTAX 1 % TOPICAL CREAM <b>MO</b>	3	
miconazole-zinc-petro 0.25-15% <b>MO</b>	1	
miconazole-3 200 mg vaginal suppository <b>MO</b>	1	
MYCAMINE 100 MG, 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
naftifine hcl 1% cream; naftifine hcl 2% cream <b>MO</b>	1	ST
naftifine hcl 1% gel <b>MO</b>	1	ST
NAFTIN 1 %, 2 % TOPICAL GEL <b>MO</b>	3	ST
NAFTIN 2 % TOPICAL CREAM <b>MO</b>	3	ST

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
NATACYN 5 % EYE DROPS,SUSPENSION <b>MO</b>	3	
NIZORAL 2 % SHAMPOO <b>MO</b>	3	
NOXAFIL 100 MG TABLET,DELAYED RELEASE <b>DL</b>	4	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <b>DL</b>	4	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>nyamyc 100,000 unit/gram topical powder</i> <b>MO</b>	1	
<i>nystatin 100,000 unit/gm cream</i> <b>MO</b>	1	
<i>nystatin 100,000 unit/gm oint</i> <b>MO</b>	1	
<i>nystatin 100,000 unit/gm powd</i> <b>MO</b>	1	
<i>nystatin 100,000 unit/ml susp</i> <b>MO</b>	1	
<i>nystatin 500,000 unit oral tab</i> <b>MO</b>	1	
<i>nystatin-triamcinolone cream</i> <b>MO</b>	1	
<i>nystatin-triamcinolone ointm</i> <b>MO</b>	1	
<i>nystop 100,000 unit/gram topical powder</i> <b>MO</b>	1	
ONMEL 200 MG TABLET <b>DL</b>	4	QL (28 per 28 days)
ORAVIG 50 MG BUCCAL TABLET <b>DL</b>	4	QL (14 per 30 days)
<i>oxiconazole nitrate 1% cream</i> <b>DL</b>	4	
OXISTAT 1 % LOTION <b>MO</b>	3	
OXISTAT 1 % TOPICAL CREAM <b>DL</b>	4	
PENLAC 8 % TOPICAL SOLUTION <b>MO</b>	3	
<i>posaconazole 200 mg/5 ml susp</i> <b>DL</b>	4	PA,QL (840 per 28 days)
<i>posaconazole dr 100 mg tablet</i> <b>DL</b>	4	PA,QL (93 per 30 days)
SPORANOX 10 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (150 per 30 days)
SPORANOX 100 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
SPORANOX PULSEPAK 100 MG CAPSULE <b>MO</b>	3	PA,QL (120 per 30 days)
TERAZOL 7 CREAM <b>MO</b>	3	
<i>terbinafine hcl 250 mg tablet</i> <b>MO</b>	1	QL (90 per 365 days)
<i>terconazole 0.4% cream; terconazole 0.8% cream</i> <b>MO</b>	1	
<i>terconazole 80 mg suppository</i> <b>MO</b>	1	
TOLSURA 65 MG ORAL SOLID DISPERSION CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
VFEND 200 MG, 50 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <b>DL</b>	4	PA,QL (400 per 30 days)
VFEND IV 200 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
<i>voriconazole 200 mg vial</i> <b>DL</b>	4	PA
<i>voriconazole 200 mg, 50 mg tablet</i> <b>DL</b>	4	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
voriconazole 40 mg/ml susp <b>DL</b>	4	PA,QL (400 per 30 days)
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT <b>MO</b>	3	
<b>Antigout Agents</b>		
allopurinol 100 mg, 300 mg tablet <b>MD,MO</b>	1	
allopurinol sodium 500 mg vial <b>MO</b>	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
COLCRYS 0.6 MG TABLET <b>MD,MO</b>	2	QL (120 per 30 days)
DUZALLO 200 MG-200 MG TABLET; DUZALLO 200 MG-300 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
febuxostat 40 mg, 80 mg tablet <b>MD,MO</b>	1	ST,QL (30 per 30 days)
probenecid 500 mg tablet <b>MD,MO</b>	1	
probenecid-colchicine tablet <b>MD,MO</b>	1	
ULORIC 40 MG, 80 MG TABLET <b>MD,MO</b>	3	ST,QL (30 per 30 days)
ZURAMPIC 200 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
ZYLOPRIM 100 MG, 300 MG TABLET <b>MD,MO</b>	3	
<b>Antimigraine Agents</b>		
almotriptan malate 12.5 mg, 6.25 mg tab <b>MO</b>	1	ST,QL (9 per 30 days)
AMERGE 1 MG, 2.5 MG TABLET <b>MO</b>	3	PA,QL (9 per 30 days)
AXERT 12.5 MG, 6.25 MG TABLET <b>MO</b>	3	ST,QL (9 per 30 days)
CAFERGOT 1 MG-100 MG TABLET <b>MO</b>	1	
D.H.E.45 1 MG/ML INJECTION SOLUTION <b>DL</b>	4	
dihydroergotamine 1 mg/ml amp <b>DL</b>	4	
dihydroergotamine 4 mg/ml spry <b>DL</b>	4	QL (8 per 30 days)
eletriptan hbr 20 mg, 40 mg tablet <b>MO</b>	1	ST,QL (9 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET <b>DL</b>	4	QL (20 per 28 days)
ergotamine-caffeine 1-100mg tb <b>MO</b>	1	
FROVA 2.5 MG TABLET <b>DL</b>	4	ST,QL (12 per 30 days)
frovatriptan succ 2.5 mg tab <b>MO</b>	1	ST,QL (12 per 30 days)
IMITREX 100 MG, 25 MG, 50 MG TABLET <b>DL</b>	4	PA,QL (9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION NASAL SPRAY <b>MO</b>	3	PA,QL (12 per 30 days)
IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	PA,QL (6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	PA,QL (6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA,QL (6 per 30 days)
MAXALT 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (12 per 30 days)
MAXALT-MLT 10 MG, 5 MG DISINTEGRATING TABLET <b>MO</b>	3	PA,QL (12 per 30 days)
migergot 2 mg-100 mg rectal suppository <b>DL</b>	4	QL (20 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
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY <b>DL</b>	4	QL (8 per 30 days)
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> <b>MO</b>	1	QL (9 per 30 days)
ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION <b>DL</b>	4	ST,QL (16 per 30 days)
RELPAK 20 MG, 40 MG TABLET <b>DL</b>	4	ST,QL (9 per 30 days)
<i>rizatriptan 10 mg, 5 mg odt; rizatriptan 10 mg, 5 mg tablet</i> <b>MO</b>	1	QL (12 per 30 days)
<i>sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray</i> <b>MO</b>	1	QL (12 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill</i> <b>MO</b>	3	QL (6 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject</i> <b>MO</b>	1	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml syrng</i> <b>MO</b>	1	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml vial</i> <b>MO</b>	1	QL (6 per 30 days)
<i>sumatriptan succ 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	1	QL (9 per 30 days)
<i>sumatriptan-naproxen 85-500 mg</i> <b>MO</b>	1	ST,QL (18 per 30 days)
SUMAVEL DOSEPRO 4 MG/0.5 ML, 6 MG/0.5 ML <b>MO</b>	3	ST,QL (6 per 30 days)
TREXIMET 10-60 MG, 85-500 MG TABLET; TREXIMET 85 MG-500 MG TABLET <b>DL</b>	4	ST,QL (18 per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	ST,QL (6 per 30 days)
<i>zolmitriptan 2.5 mg, 5 mg odt; zolmitriptan 2.5 mg, 5 mg tablet</i> <b>MO</b>	1	ST,QL (9 per 30 days)
ZOMIG 2.5 MG, 5 MG NASAL SPRAY <b>DL</b>	4	ST,QL (12 per 30 days)
ZOMIG 2.5 MG, 5 MG TABLET <b>DL</b>	4	ST,QL (9 per 30 days)
ZOMIG ZMT 2.5 MG, 5 MG DISINTEGRATING TABLET <b>DL</b>	4	ST,QL (9 per 30 days)
<b>Antimyasthenic Agents</b>		
<i>guanidine hcl 125 mg tablet</i> <b>MO</b>	1	
MESTINON 60 MG TABLET <b>DL</b>	4	PA
MESTINON 60 MG/5 ML ORAL SYRUP <b>DL</b>	4	
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA
<i>pyridostigmine 60 mg/5 ml soln</i> <b>DL</b>	4	
<i>pyridostigmine br 30 mg, 60 mg tablet</i> <b>MD,MO</b>	1	
<i>pyridostigmine er 180 mg tab</i> <b>DL</b>	4	
REGONOL 5 MG/ML INJECTION SOLUTION <b>MO</b>	3	
<b>Antimycobacterials</b>		
CAPASTAT 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
<i>cycloserine 250 mg capsule</i> <b>DL</b>	4	
<i>dapsone 100 mg, 25 mg tablet</i> <b>MD,MO</b>	1	
<i>ethambutol hcl 100 mg, 400 mg tablet</i> <b>MO</b>	1	
<i>isoniazid 100 mg, 300 mg tablet</i> <b>MO</b>	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
isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial <b>MO</b>	1	
MYAMBUTOL 400 MG TABLET <b>MO</b>	3	
MYCOBUTIN 150 MG CAPSULE <b>MO</b>	3	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET <b>MO</b>	1	
PRIFTIN 150 MG TABLET <b>MO</b>	3	
pyrazinamide 500 mg tablet <b>MO</b>	1	
rifabutin 150 mg capsule <b>MO</b>	1	
RIFADIN 150 MG, 300 MG CAPSULE <b>MO</b>	3	
RIFADIN 600 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
RIFAMATE 300 MG-150 MG CAPSULE <b>MO</b>	1	
rifampin 150 mg, 300 mg capsule <b>MO</b>	1	
rifampin iv 600 mg vial <b>DL</b>	4	
RIFATER 50 MG-120 MG-300 MG TABLET <b>MO</b>	3	
SIRTURO 100 MG TABLET <b>DL</b>	4	PA,QL (68 per 28 days)
TRECTOR 250 MG TABLET <b>MO</b>	3	
<b>Antineoplastics</b>		
abiraterone acetate 250 mg tab <b>DL</b>	4	PA,QL (120 per 30 days)
ABRAXANE 100 MG INTRAVENOUS SUSPENSION <b>DL</b>	4	PA
adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution <b>MO</b>	1	B vs D
ADRIAMYCIN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
adrucil 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml intravenous solution <b>MO</b>	1	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION <b>DL</b>	4	PA
ALECENSA 150 MG CAPSULE <b>DL</b>	4	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ALIQOPA 60 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (3 per 28 days)
ALKERAN 2 MG TABLET <b>MO</b>	3	B vs D
ALKERAN (AS HCL) 50 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
ALUNBRIG 180 MG, 90 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (30 per 30 days)
amifostine 500 mg vial <b>DL</b>	4	B vs D
anastrozole 1 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
ARIMIDEX 1 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
AROMASIN 25 MG TABLET <b>DL</b>	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
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION <b>DL</b>	4	
<i>arsenic trioxide 10 mg/10ml vial</i> <b>DL</b>	4	PA
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BALVERSA 3 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
BALVERSA 4 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
BALVERSA 5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>bexarotene 75 mg capsule</i> <b>DL</b>	4	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
<i>bleomycin sulfate 15 unit, 30 unit vial</i> <b>MO</b>	1	B vs D
<i>bortezomib 3.5 mg vial</i> <b>DL</b>	4	PA
BOSULIF 100 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
BRAFTOVI 50 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE <b>DL</b>	4	PA,QL (180 per 30 days)
<i>busulfan 60 mg/10 ml vial</i> <b>MO</b>	1	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
CAPRELSA 100 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> <b>MO</b>	1	B vs D
<i>carmustine 100 mg vial</i> <b>MO</b>	1	B vs D
CASODEX 50 MG TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
<i>cisplatin 100 mg/100 ml vial</i> <b>MO</b>	1	B vs D
<i>cladribine 10 mg/10 ml vial</i> <b>DL</b>	4	B vs D
<i>clofarabine 20 mg/20 ml vial</i> <b>DL</b>	4	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES <b>DL</b>	4	PA,QL (56 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
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES <b>DL</b>	4	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES <b>DL</b>	4	PA,QL (84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE <b>DL</b>	4	PA,QL (56 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
COTELLIC 20 MG TABLET <b>DL</b>	4	PA,QL (63 per 28 days)
cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial <b>MO</b>	1	B vs D
cyclophosphamide 25 mg, 50 mg capsule <b>MO</b>	1	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
cytarabine 20 mg/ml vial <b>MO</b>	1	B vs D
cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial <b>MO</b>	1	B vs D
dacarbazine 100 mg, 200 mg vial <b>MO</b>	1	B vs D
DACOGEN 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
dactinomycin 0.5 mg vial <b>DL</b>	4	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
daunorubicin 20 mg/4 ml vial <b>MO</b>	1	B vs D
DAURISMO 100 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
DAURISMO 25 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
decitabine 50 mg vial <b>DL</b>	4	PA
dexrazoxane 250 mg, 500 mg vial <b>MO</b>	1	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
docetaxel 160 mg/16 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/10 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial <b>MO</b>	1	B vs D
docetaxel 160 mg/8 ml vial <b>MO</b>	3	B vs D
DOXIL 2 MG/ML INTRAVENOUS SUSPENSION <b>DL</b>	4	B vs D
doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial <b>MO</b>	1	B vs D
doxorubicin liposome 20mg/10ml <b>DL</b>	4	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE <b>MD,MO</b>	2	
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ELLENC 200 MG/100 ML, 50 MG/25 ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
EMCYT 140 MG CAPSULE <b>DL</b>	4	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml vial <b>MO</b>	1	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
<i>epirubicin hcl 50 mg vial</i> <b>MO</b>	3	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ERIVEDGE 150 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
ERLEADA 60 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
<i>erlotinib hcl 100 mg, 150 mg tablet</i> <b>DL</b>	4	PA,QL (30 per 30 days)
<i>erlotinib hcl 25 mg tablet</i> <b>DL</b>	4	PA,QL (90 per 30 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION <b>DL</b>	4	PA
ETHYOL 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
<i>etoposide 100 mg/5 ml vial</i> <b>MO</b>	1	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>exemestane 25 mg tablet</i> <b>MD,MO</b>	1	QL (60 per 30 days)
FARESTON 60 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE <b>DL</b>	4	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	PA,QL (30 per 30 days)
FEMARA 2.5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
<i>floxuridine 500 mg vial</i> <b>MO</b>	1	B vs D
<i>fludarabine 50 mg, 50 mg/2 ml vial</i> <b>MO</b>	1	B vs D
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml v; fluorouracil 2,500 mg/50 ml v; fluorouracil 5,000 mg/100 ml</i> <b>MO</b>	1	B vs D
<i>flutamide 125 mg capsule</i> <b>MD,MO</b>	1	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>fulvestrant 250 mg/5 ml syring</i> <b>DL</b>	4	PA,QL (30 per 30 days)
FUSILEV 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (120 per 28 days)
<i>gemcitabine 1 gram/26.3 ml v; gemcitabine 2 gram/52.6 ml v; gemcitabine 200 mg/5.26 ml v; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml) vial</i> <b>MO</b>	1	B vs D
GEMZAR 1 GRAM, 200 MG VIAL <b>DL</b>	4	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
GLEEVEC 400 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 40 MG, 5 MG CAPSULE <b>MO</b>	3	PA
GLEOSTINE 100 MG CAPSULE <b>DL</b>	4	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	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
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION; HERCEPTIN 150 MG, 440 MG VIAL <b>DL</b>	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (5 per 21 days)
HEXALEN 50 MG CAPSULE <b>DL</b>	4	
HYCAMTIN 4 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
HYDREA 500 MG CAPSULE <b>MD,MO</b>	3	
<i>hydroxyurea 500 mg capsule</i> <b>MD,MO</b>	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE <b>DL</b>	4	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
<i>idarubicin hcl 20 mg/20 ml vial</i> <b>DL</b>	4	B vs D
IDHIFA 100 MG, 50 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
IFEX 1 GRAM, 3 GRAM INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
<i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/60 ml vial</i> <b>MO</b>	1	B vs D
<i>imatinib mesylate 100 mg tab</i> <b>DL</b>	4	PA,QL (90 per 30 days)
<i>imatinib mesylate 400 mg tab</i> <b>DL</b>	4	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
IMBRUVICA 70 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION <b>DL</b>	4	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION <b>DL</b>	4	PA,QL (8 per 28 days)
INFUGEM 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) INTRAVENOUS PIGGYBACK <b>DL</b>	4	B vs D
INLYTA 1 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial</i> <b>MO</b>	1	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET <b>DL</b>	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
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KEYTRUDA 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KHAPZORY 175 MG, 300 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET <b>DL</b>	4	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET <b>DL</b>	4	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET <b>DL</b>	4	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET <b>DL</b>	4	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET <b>DL</b>	4	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET <b>DL</b>	4	PA,QL (91 per 28 days)
KYPROLIS 10 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (6 per 28 days)
KYPROLIS 30 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (3 per 28 days)
KYPROLIS 60 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (12 per 28 days)
LARTRUVO 500 MG/50 ML VIAL <b>DL</b>	4	PA
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE; LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
<i>letrozole 2.5 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>leucovorin cal 500 mg/50 ml vl; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vl</i> <b>MO</b>	1	B vs D
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab</i> <b>MO</b>	1	
LEUKERAN 2 MG TABLET <b>DL</b>	4	
<i>levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 175 mg/17.5 ml</i> <b>DL</b>	4	PA
<i>levoleucovorin 50 mg vial</i> <b>MO</b>	1	PA
LEVULAN 20 % TOPICAL SOLUTION <b>MO</b>	3	
LIBTAYO 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (7 per 21 days)
<i>lipodox 2 mg/ml intravenous suspension</i> <b>DL</b>	4	PA
<i>lipodox 50 2 mg/ml intravenous suspension</i> <b>DL</b>	4	PA
LONSURF 15 MG-6.14 MG TABLET <b>DL</b>	4	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET <b>DL</b>	4	PA,QL (80 per 30 days)
LORBRENA 100 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
LORBRENA 25 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
LUMOXITI 1 MG INTRAVENOUS SOLUTION <b>DL</b>	4	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
LYNPARZA 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE <b>DL</b>	4	PA,QL (448 per 28 days)
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT <b>DL</b>	4	PA
MATULANE 50 MG CAPSULE <b>DL</b>	4	
MEKINIST 0.5 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
MEKTOVI 15 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
<i>melphalan 2 mg tablet</i> <b>MO</b>	1	B vs D
<i>melphalan hcl 50 mg vial</i> <b>MO</b>	1	B vs D
<i>mercaptopurine 50 mg tablet</i> <b>MD,MO</b>	1	
<i>mesna 1 gram/10 ml vial</i> <b>MO</b>	1	B vs D
MESNEX 100 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
MESNEX 400 MG TABLET <b>DL</b>	4	
<i>mitomycin 20 mg, 40 mg, 5 mg vial</i> <b>MO</b>	1	B vs D
<i>mitoxantrone 20 mg/10 ml vial</i> <b>MD,MO</b>	1	B vs D
MUSTARGEN 10 MG VIAL <b>MO</b>	3	B vs D
MUTAMYCIN 20 MG, 40 MG, 5 MG INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
NAVELBINE 10 MG/ML, 50 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
NERLYNX 40 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
<i>nilutamide 150 mg tablet</i> <b>DL</b>	4	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	4	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
NUBEQA 300 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
ODOMZO 200 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION <b>DL</b>	4	PA
OPDIVO 100 MG/10 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (40 per 28 days)
OPDIVO 240 MG/24 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (16 per 28 days)
<i>oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial;</i> <i>oxaliplatin 50 mg/10 ml vial</i> <b>MO</b>	1	B vs D
<i>paclitaxel 300 mg/50 ml vial</i> <b>MO</b>	1	B vs D
PANRETIN 0.1 % TOPICAL GEL <b>DL</b>	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
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET; PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET <b>DL</b>	4	PA,QL (56 per 28 days)
POLIVY 140 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (2 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	4	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (100 per 21 days)
POTELIGEO 4 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	
PURIXAN 20 MG/ML ORAL SUSPENSION <b>DL</b>	4	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS <b>DL</b>	4	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (13.4 per 28 days)
<i>romidepsin 10 mg kit</i> <b>DL</b>	4	PA
RUBRACA 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE <b>DL</b>	4	PA,QL (224 per 28 days)
SIKLOS 1,000 MG TABLET <b>DL</b>	4	PA
SIKLOS 100 MG TABLET <b>MD,MO</b>	3	PA
SOLTAMOX 10 MG/5 ML ORAL SOLUTION <b>DL</b>	4	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET <b>DL</b>	4	
TAFINLAR 50 MG CAPSULE <b>DL</b>	4	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
TALZENNA 0.25 MG CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
TALZENNA 1 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
<i>tamoxifen 10 mg, 20 mg tablet</i> <b>MD,MO</b>	1	
TARCEVA 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET <b>DL</b>	4	PA,QL (90 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
TARGRETIN 1 % TOPICAL GEL <b>DL</b>	4	PA
TARGRETIN 75 MG CAPSULE <b>DL</b>	4	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (28 per 28 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (27 per 30 days)
<i>temsirolimus 25 mg vial</i> <b>DL</b>	4	PA,QL (8 per 28 days)
<i>teniposide 50 mg/5 ml ampule</i> <b>MO</b>	1	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
<i>thiotepa 15 mg vial</i> <b>MO</b>	1	B vs D
TIBSOVO 250 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
<i>toposar 20 mg/ml intravenous solution</i> <b>MO</b>	1	B vs D
<i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial</i> <b>DL</b>	4	B vs D
<i>toremifene citrate 60 mg tab</i> <b>DL</b>	4	QL (30 per 30 days)
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (8 per 28 days)
TOTECT 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
TREANDA 100 MG, 25 MG INTRAVENOUS POWDER FOR SOLUTION <b>DL</b>	4	PA
<i>tretinoin 10 mg capsule</i> <b>DL</b>	4	
TRISENOX 10 MG/10 ML AMPULE <b>MO</b>	3	PA
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
TURALIO 200 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
TYKERB 250 MG TABLET <b>DL</b>	4	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
VALCHLOR 0.016 % TOPICAL GEL <b>DL</b>	4	PA,QL (60 per 28 days)
<i>valrubicin 200 mg/5 ml vial</i> <b>DL</b>	4	PA,QL (80 per 28 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION <b>DL</b>	4	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION <b>DL</b>	4	PA
VENCLEXTA 10 MG TABLET <b>MD,MO</b>	2	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
VENCLEXTA 50 MG TABLET <b>MD,MO</b>	2	PA,QL (14 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
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
vinblastine 1 mg/ml vial <b>MO</b>	1	B vs D
vincasar pfs 1 mg/ml, 2 mg/2 ml vial <b>MO</b>	1	B vs D
vincristine 1 mg/ml, 2 mg/2 ml vial <b>MO</b>	1	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial <b>MO</b>	1	B vs D
VITRAKVI 100 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
VITRAKVI 20 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (300 per 30 days)
VITRAKVI 25 MG CAPSULE <b>DL</b>	4	PA,QL (180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
VOTRIENT 200 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
XALKORI 200 MG, 250 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
XOSPATA 40 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET <b>DL</b>	4	PA,QL (20 per 28 days)
XPOVIO 160 MG/WEEK (20 MG X 8) TABLET <b>DL</b>	4	PA,QL (32 per 28 days)
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET <b>DL</b>	4	PA,QL (12 per 28 days)
XPOVIO 80 MG/WEEK (20 MG X 4) TABLET <b>DL</b>	4	PA,QL (16 per 28 days)
XTANDI 40 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
YONDELIS 1 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
YONSA 125 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
ZEJULA 100 MG CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
ZINECARD (AS HCL) 250 MG, 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
ZOLINZA 100 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE <b>DL</b>	4	PA,QL (150 per 30 days)
ZYKADIA 150 MG TABLET <b>DL</b>	4	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET <b>DL</b>	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
<b>Antiparasitics</b>		
<i>albendazole 200 mg tablet</i> <b>DL</b>	4	
ALBENZA 200 MG TABLET <b>DL</b>	4	
ALINIA 100 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	QL (150 per 30 days)
ALINIA 500 MG TABLET <b>DL</b>	4	QL (40 per 30 days)
<i>atovaquone 750 mg/5 ml susp</i> <b>DL</b>	4	
<i>atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25</i> <b>MO</b>	1	
<i>benznidazole 100 mg tablet</i> <b>MO</b>	3	QL (240 per 365 days)
<i>benznidazole 12.5 mg tablet</i> <b>MO</b>	3	QL (720 per 365 days)
BILTRICIDE 600 MG TABLET <b>DL</b>	4	PA
<i>chloroquine ph 250 mg, 500 mg tablet</i> <b>MO</b>	1	
COARTEM 20 MG-120 MG TABLET <b>MO</b>	3	QL (24 per 30 days)
<i>croton 10 % lotion</i> <b>DL</b>	4	PA
DARAPRIM 25 MG TABLET <b>DL</b>	4	QL (90 per 30 days)
EGATEN 250 MG TABLET <b>MO</b>	3	
ELIMITE 5 % TOPICAL CREAM <b>MO</b>	3	
<i>emverm 100 mg chewable tablet</i> <b>DL</b>	4	
EURAX 10 % LOTION <b>MO</b>	3	PA
EURAX 10 % TOPICAL CREAM <b>MO</b>	3	PA
<i>hydroxychloroquine 200 mg tab</i> <b>MD,MO</b>	1	
IMPAVIDO 50 MG CAPSULE <b>DL</b>	4	QL (84 per 28 days)
<i>ivermectin 3 mg tablet</i> <b>MO</b>	1	
KRINTAFEL 150 MG TABLET <b>MO</b>	2	QL (4 per 180 days)
<i>lindane 1% shampoo</i> <b>MO</b>	1	
MALARONE 250 MG-100 MG TABLET <b>MO</b>	3	PA
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET <b>MO</b>	3	PA
<i>malathion 0.5% lotion</i> <b>MO</b>	1	
<i>mefloquine hcl 250 mg tablet</i> <b>MO</b>	1	
MEPRON 750 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	
NATROBA 0.9 % TOPICAL SUSPENSION <b>MO</b>	3	
NEBUPENT 300 MG SOLUTION FOR INHALATION <b>MD,MO</b>	3	B vs D
<i>ovide 0.5 % lotion</i> <b>MO</b>	3	PA
PENTAM 300 MG SOLUTION FOR INJECTION <b>MO</b>	3	
<i>pentamidine 300 mg vial</i> <b>MO</b>	1	
<i>permethrin 5% cream</i> <b>MO</b>	1	
PLAQUENIL 200 MG TABLET <b>MD,MO</b>	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
praziquantel 600 mg tablet <b>MO</b>	1	
primaquine 26.3 mg tablet <b>MO</b>	1	
QUALAQUIN 324 MG CAPSULE <b>MO</b>	3	PA,QL (42 per 7 days)
quinine sulfate 324 mg capsule <b>MO</b>	1	PA,QL (42 per 7 days)
SKLICE 0.5 % LOTION <b>MO</b>	3	
STROMECTOL 3 MG TABLET <b>MO</b>	3	
<b>Antiparkinson Agents</b>		
amantadine 100 mg capsule <b>MD,MO</b>	1	
amantadine 100 mg tablet <b>MD,MO</b>	1	
amantadine 50 mg/5 ml solution <b>MD,MO</b>	1	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	QL (84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
benztropine 2 mg/2 ml ampule <b>MO</b>	1	PA
benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet <b>MD,MO</b>	1	PA
bromocriptine 2.5 mg tablet <b>MD,MO</b>	1	
bromocriptine 5 mg capsule <b>MD,MO</b>	1	QL (600 per 30 days)
carbidopa 25 mg tablet <b>MD,MO</b>	1	
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab <b>MD,MO</b>	1	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab <b>MD,MO</b>	1	
carbidopa-levodopa 100 mg-enta; carbidopa-levodopa 125 mg-enta; carbidopa-levodopa 150 mg-enta; carbidopa-levodopa 50 mg-enta; carbidopa-levodopa 75 mg-enta <b>MD,MO</b>	1	QL (240 per 30 days)
carbidopa-levodopa 200 mg-enta <b>MD,MO</b>	1	
COGENTIN 2 MG/2 ML INJECTION SOLUTION <b>MO</b>	3	
COMTAN 200 MG TABLET <b>DL</b>	4	PA,QL (300 per 30 days)
DUOPA 4.63 MG-20 MG/ML SUSPENSION IN J-TUBE PUMP <b>DL</b>	4	PA,QL (2800 per 28 days)
entacapone 200 mg tablet <b>MD,MO</b>	1	QL (300 per 30 days)
GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE; INBRIJA 42 MG CAPSULES FOR INHALATION <b>DL</b>	4	PA,QL (300 per 30 days)
LODOSYN 25 MG TABLET <b>DL</b>	4	PA
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG TABLET <b>MD,MO</b>	3	PA
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	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
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <b>MD,MO</b>	3	QL (30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
PARLODEL 2.5 MG TABLET <b>MD,MO</b>	3	PA
PARLODEL 5 MG CAPSULE <b>MD,MO</b>	3	PA,QL (600 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet <b>MD,MO</b>	1	
pramipexole er 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg tablet <b>MD,MO</b>	1	ST,QL (30 per 30 days)
rasagiline mesylate 0.5 mg, 1 mg tab <b>MD,MO</b>	1	QL (30 per 30 days)
REQUIP 0.25 MG, 3 MG TABLET <b>MD,MO</b>	3	PA,QL (180 per 30 days)
REQUIP 0.5 MG, 1 MG, 2 MG TABLET <b>MD,MO</b>	3	PA,QL (90 per 30 days)
REQUIP 4 MG TABLET <b>MD,MO</b>	3	PA
REQUIP 5 MG TABLET <b>MD,MO</b>	3	PA,QL (144 per 30 days)
REQUIP XL 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (90 per 30 days)
ropinirole hcl 0.25 mg, 3 mg tablet <b>MD,MO</b>	1	QL (180 per 30 days)
ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet <b>MD,MO</b>	1	QL (90 per 30 days)
ropinirole hcl 4 mg tablet <b>MD,MO</b>	1	
ropinirole hcl 5 mg tablet <b>MD,MO</b>	1	QL (144 per 30 days)
ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet <b>MD,MO</b>	1	QL (90 per 30 days)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	ST,QL (300 per 30 days)
selegiline hcl 5 mg capsule <b>MD,MO</b>	1	
selegiline hcl 5 mg tablet <b>MD,MO</b>	1	
SINEMET 10 MG-100 MG TABLET; SINEMET 25 MG-100 MG TABLET; SINEMET 25 MG-250 MG TABLET <b>MD,MO</b>	3	PA
SINEMET CR 25 MG-100 MG TABLET,EXTENDED RELEASE; SINEMET CR 50 MG-200 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA
STALEVO 100 25 MG-100 MG-200 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
STALEVO 125 31.25 MG-125 MG-200 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
STALEVO 150 37.5 MG-150 MG-200 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
STALEVO 200 50 MG-200 MG-200 MG TABLET <b>DL</b>	4	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
STALEVO 75 18.75 MG-75 MG-200 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
TASMAR 100 MG TABLET <b>DL</b>	4	PA
tolcapone 100 mg tablet <b>DL</b>	4	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
trihexyphenidyl 2 mg, 5 mg tablet <b>MD,MO</b>	1	PA
trihexyphenidyl 2 mg/5 ml elx <b>MD,MO</b>	1	PA
XADAGO 100 MG, 50 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
ZELAPAR 1.25 MG DISINTEGRATING TABLET <b>DL</b>	4	
<b>Antipsychotics</b>		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>DL</b>	4	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1 per 28 days)
ABILIFY MYCITE 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET WITH SENSOR AND PATCH <b>DL</b>	4	PA,QL (30 per 30 days)
aripiprazole 1 mg/ml solution <b>DL</b>	4	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>MD,MO</b>	4	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (2.4 per 42 days)
chlorpromazine 10 mg, 25 mg tablet <b>MD,MO</b>	1	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet <b>MD,MO</b>	1	
chlorpromazine 25 mg/ml amp <b>MO</b>	1	
clozapine 100 mg tablet <b>MD,MO</b>	1	QL (270 per 30 days)
clozapine 200 mg tablet <b>MD,MO</b>	1	QL (135 per 30 days)
clozapine 25 mg tablet <b>MD,MO</b>	1	QL (1080 per 30 days)
clozapine 50 mg tablet <b>MD,MO</b>	1	
clozapine odt 100 mg tablet <b>MD,MO</b>	1	PA,QL (270 per 30 days)
clozapine odt 12.5 mg tablet <b>MD,MO</b>	1	PA
clozapine odt 150 mg tablet <b>MD,MO</b>	1	PA,QL (180 per 30 days)
clozapine odt 200 mg tablet <b>MD,MO</b>	1	PA,QL (135 per 30 days)
clozapine odt 25 mg tablet <b>MD,MO</b>	1	PA,QL (1080 per 30 days)
CLOZARIL 100 MG TABLET <b>DL</b>	4	QL (270 per 30 days)
CLOZARIL 25 MG TABLET <b>DL</b>	4	QL (1080 per 30 days)
FANAPT 1 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK <b>MO</b>	3	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
FAZACLO 100 MG DISINTEGRATING TABLET <b>DL</b>	4	PA,QL (270 per 30 days)
FAZACLO 12.5 MG DISINTEGRATING TABLET <b>DL</b>	4	PA
FAZACLO 150 MG DISINTEGRATING TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
FAZACLO 200 MG DISINTEGRATING TABLET <b>DL</b>	4	PA,QL (135 per 30 days)
FAZACLO 25 MG DISINTEGRATING TABLET <b>DL</b>	4	PA,QL (1080 per 30 days)
fluphenazine dec 125 mg/5 ml <b>MD,MO</b>	1	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet <b>MD,MO</b>	1	
fluphenazine 2.5 mg/5 ml elix <b>MD,MO</b>	1	
fluphenazine 2.5 mg/ml vial <b>MO</b>	1	
fluphenazine 5 mg/ml conc <b>MO</b>	1	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION <b>MO</b>	3	
HALDOL 5 MG/ML INJECTION SOLUTION <b>MO</b>	3	
HALDOL DECANOATE 100 MG/ML, 50 MG/ML INTRAMUSCULAR SOLUTION <b>MD,MO</b>	3	PA
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet <b>MD,MO</b>	1	
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp <b>MD,MO</b>	1	
haloperidol lac 2 mg/ml conc <b>MD,MO</b>	1	
haloperidol lac 5 mg/ml syring <b>MO</b>	1	
haloperidol lac 5 mg/ml vial <b>MO</b>	1	
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE <b>MD,MO</b>	3	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE <b>MD,MO</b>	4	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE <b>MD,MO</b>	4	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE <b>MD,MO</b>	4	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE <b>MD,MO</b>	4	QL (2.62 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule <b>MD,MO</b>	1	
molindone hcl 10 mg tablet <b>MD,MO</b>	1	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet <b>MD,MO</b>	1	PA,QL (270 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
molindone hcl 5 mg tablet <b>MD,MO</b>	1	PA,QL (360 per 30 days)
NUPLAZID 10 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
NUPLAZID 17 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
NUPLAZID 34 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
olanzapine 10 mg vial <b>MO</b>	1	
olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet; olanzapine odt 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
olanzapine 15 mg, 20 mg tablet; olanzapine odt 15 mg, 20 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
ORAP 1 MG, 2 MG TABLET <b>MD,MO</b>	3	
paliperidone er 1.5 mg, 3 mg, 9 mg tablet <b>MD,MO</b>	1	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet <b>MD,MO</b>	1	PA,QL (60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet <b>MD,MO</b>	1	
PERSERIS 120 MG, 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT <b>DL</b>	4	QL (1 per 28 days)
pimozide 1 mg, 2 mg tablet <b>MD,MO</b>	1	
quetiapine er 150 mg tablet <b>MD,MO</b>	1	QL (90 per 30 days)
quetiapine er 200 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
quetiapine er 300 mg, 400 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
quetiapine er 50 mg tablet <b>MD,MO</b>	1	QL (120 per 30 days)
quetiapine fumarate 100 mg, 300 mg, 400 mg tab <b>MD,MO</b>	1	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab <b>MD,MO</b>	1	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
RISPERDAL 0.25 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
RISPERDAL 0.5 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
RISPERDAL 1 MG/ML ORAL SOLUTION <b>DL</b>	4	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE <b>MD,MO</b>	3	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (2 per 28 days)
RISPERDAL M-TAB 0.5 MG ODT <b>DL</b>	4	QL (120 per 30 days)
RISPERDAL M-TAB 1 MG, 2 MG, 3 MG, 4 MG ODT <b>DL</b>	4	QL (60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt; risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
risperidone 0.5 mg odt; risperidone 0.5 mg tablet <b>MD,MO</b>	1	QL (120 per 30 days)
risperidone 1 mg/ml solution <b>MD,MO</b>	1	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
SEROQUEL 100 MG, 300 MG, 400 MG TABLET <b>MD,MO</b>	3	QL (90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET <b>MD,MO</b>	3	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
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG(1)-300 MG(11) TABLET, ER 24 HR DOSE PACK <b>MO</b>	3	PA,QL (15 per 30 days)
<i>thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet</i> <b>MD,MO</b>	1	
<i>thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule</i> <b>MD,MO</b>	1	
<i>trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet</i> <b>MD,MO</b>	1	
VERSACLOZ 50 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (540 per 30 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK <b>MO</b>	3	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
<i>ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule</i> <b>MD,MO</b>	1	QL (60 per 30 days)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION <b>MO</b>	3	
ZYPREXA 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
ZYPREXA 15 MG, 20 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <b>MD,MO</b>	3	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	4	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	4	QL (1 per 28 days)
ZYPREXA ZYDIS 10 MG, 5 MG DISINTEGRATING TABLET <b>DL</b>	4	QL (30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG DISINTEGRATING TABLET <b>DL</b>	4	QL (60 per 30 days)
<b>Antispasticity Agents</b>		
<i>baclofen 10 mg, 20 mg tablet</i> <b>MD,MO</b>	1	
<i>baclofen 5 mg tablet</i> <b>MD,MO</b>	1	QL (90 per 30 days)
DANTRIUM 20 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
DANTRIUM 25 MG, 50 MG CAPSULE <b>MD,MO</b>	3	
<i>dantrolene sodium 100 mg, 25 mg, 50 mg cap</i> <b>MD,MO</b>	1	
<i>revonto 20 mg intravenous solution</i> <b>MO</b>	1	
<i>tizanidine hcl 2 mg, 4 mg tablet</i> <b>MD,MO</b>	1	
<i>tizanidine hcl 2 mg, 4 mg, 6 mg capsule</i> <b>MD,MO</b>	1	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE <b>MD,MO</b>	3	ST
ZANAFLEX 4 MG TABLET <b>MD,MO</b>	3	PA
<b>Antivirals</b>		
<i>abacavir 20 mg/ml solution</i> <b>MD,MO</b>	1	QL (960 per 30 days)
<i>abacavir 300 mg tablet</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>abacavir-lamivudine 600-300 mg</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>abacavir-lamivudine-zidov tab</i> <b>DL</b>	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
acyclovir 200 mg capsule <b>MD,MO</b>	1	
acyclovir 200 mg/5 ml susp <b>MD,MO</b>	1	
acyclovir 400 mg, 800 mg tablet <b>MD,MO</b>	1	
acyclovir 5% cream <b>DL</b>	4	PA
acyclovir 5% ointment <b>MO</b>	1	PA
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial <b>MO</b>	1	B vs D
adefovir dipivoxil 10 mg tab <b>DL</b>	4	
APTIVUS 100 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE <b>DL</b>	4	QL (120 per 30 days)
atazanavir sulfate 150 mg, 200 mg cap <b>DL</b>	4	QL (60 per 30 days)
atazanavir sulfate 300 mg cap <b>DL</b>	4	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	QL (630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
cidofovir 375 mg/5 ml vial <b>MO</b>	1	
CIMDUO 300 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
COMBIVIR 150 MG-300 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
COPEGUS 200 MG TABLET <b>DL</b>	4	QL (168 per 28 days)
CRIXIVAN 200 MG CAPSULE <b>MD,MO</b>	2	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE <b>MD,MO</b>	3	QL (270 per 30 days)
CYTOVENE 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
DAKLINZA 30 MG, 60 MG, 90 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
DENAVIR 1 % TOPICAL CREAM <b>MO</b>	3	PA
DESCOVY 200 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
didanosine dr 125 mg capsule <b>MD,MO</b>	1	QL (90 per 30 days)
didanosine dr 200 mg capsule <b>MD,MO</b>	1	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule <b>MD,MO</b>	1	QL (30 per 30 days)
DOVATO 50 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
EDURANT 25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
efavirenz 200 mg capsule <b>DL</b>	4	QL (120 per 30 days)
efavirenz 50 mg capsule <b>MD,MO</b>	1	QL (480 per 30 days)
efavirenz 600 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	QL (680 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
EMTRIVA 200 MG CAPSULE <b>MD,MO</b>	3	QL (30 per 30 days)
<i>entecavir 0.5 mg, 1 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
EPIVIR 10 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	QL (900 per 30 days)
EPIVIR 150 MG TABLET <b>MD,MO</b>	3	QL (60 per 30 days)
EPIVIR 300 MG TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET <b>MD,MO</b>	3	QL (90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION <b>MD,MO</b>	3	
EPZICOM 600 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
EVOTAZ 300 MG-150 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> <b>MD,MO</b>	1	QL (90 per 30 days)
FLUMADINE 100 MG TABLET <b>MO</b>	3	
<i>fosamprenavir 700 mg tablet</i> <b>DL</b>	4	QL (120 per 30 days)
<i>foscarnet 24 mg/ml infus bttl</i> <b>MO</b>	1	B vs D
FOSCAVIR 24 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	QL (60 per 30 days)
<i>ganciclovir 50 mg/ml, 500 mg vial; ganciclovir 500 mg/10 ml vial</i> <b>DL</b>	4	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
HARVONI 90 MG-400 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
HEPSERA 10 MG TABLET <b>DL</b>	4	
INTELENCE 100 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
INTELENCE 200 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
INTELENCE 25 MG TABLET <b>MD,MO</b>	3	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION <b>DL</b>	4	PA
INVIRASE 200 MG CAPSULE <b>DL</b>	4	QL (300 per 30 days)
INVIRASE 500 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET <b>DL</b>	4	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <b>MD,MO</b>	2	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET <b>MD,MO</b>	3	QL (180 per 30 days)
ISENTRESS 400 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET <b>MD,MO</b>	3	QL (300 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
KALETRA 200 MG-50 MG TABLET <b>DL</b>	4	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION <b>DL</b>	4	
lamivudine 10 mg/ml oral soln <b>MD,MO</b>	1	QL (900 per 30 days)
lamivudine 150 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
lamivudine 300 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
lamivudine hbv 100 mg tablet <b>MD,MO</b>	1	QL (90 per 30 days)
lamivudine-zidovudine tablet <b>MD,MO</b>	1	QL (60 per 30 days)
ledipasvir-sofosbuvir 90-400mg <b>DL</b>	4	PA,QL (28 per 28 days)
LEXIVA 50 MG/ML ORAL SUSPENSION <b>MD,MO</b>	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
lopinavir-ritonavir 80-20mg/ml <b>MD,MO</b>	1	
MAVYRET 100 MG-40 MG TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
moderiba 200 mg tablet <b>DL</b>	4	QL (168 per 28 days)
moderiba 200-400 mg dosepack <b>DL</b>	4	QL (112 per 28 days)
moderiba 400-400 mg dosepack <b>DL</b>	4	QL (84 per 28 days)
moderiba 600-400 mg dosepack; moderiba 600-600 mg dosepack <b>DL</b>	4	
nevirapine 200 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp <b>MD,MO</b>	1	QL (1200 per 30 days)
nevirapine er 100 mg tablet <b>MD,MO</b>	1	QL (120 per 30 days)
nevirapine er 400 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
NORVIR 100 MG CAPSULE <b>MD,MO</b>	3	QL (360 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET <b>MD,MO</b>	3	QL (360 per 30 days)
NORVIR 100 MG TABLET <b>MD,MO</b>	3	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	QL (480 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
OLYSIO 150 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
oseltamivir 6 mg/ml suspension <b>MO</b>	1	QL (1440 per 365 days)
oseltamivir phos 30 mg capsule <b>MO</b>	1	QL (224 per 365 days)
oseltamivir phos 45 mg, 75 mg capsule <b>MO</b>	1	QL (112 per 365 days)
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5; PEGASYS PROCLICK 135 MCG/0.5 ML, 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (2 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (4 per 28 days)
PIFELTRO 100 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
PREVYMIS 240 MG, 480 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
PREVYMIS 240 MG/12 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (336 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
PREVYMIS 480 MG/24 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (672 per 28 days)
PREZCOBIX 800 MG-150 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION <b>DL</b>	4	QL (360 per 30 days)
PREZISTA 150 MG TABLET <b>MD,MO</b>	3	QL (240 per 30 days)
PREZISTA 600 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
PREZISTA 75 MG TABLET <b>MD,MO</b>	3	QL (480 per 30 days)
PREZISTA 800 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
REBETOL 40 MG/ML SOLUTION <b>MO</b>	3	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 180 days)
RESCRIPTOR 100 MG TABLET <b>MD,MO</b>	3	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET <b>MD,MO</b>	3	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
RETROVIR 10 MG/ML ORAL SYRUP <b>MD,MO</b>	3	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE <b>MD,MO</b>	3	QL (180 per 30 days)
REYATAZ 150 MG, 200 MG CAPSULE <b>DL</b>	4	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE <b>DL</b>	4	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET <b>MD,MO</b>	3	
<i>ribasphere 200 mg capsule</i> <b>DL</b>	4	QL (168 per 28 days)
<i>ribasphere 200 mg tablet</i> <b>MO</b>	1	QL (168 per 28 days)
RIBASPHERE 400 MG TABLET <b>MO</b>	1	QL (112 per 30 days)
RIBASPHERE 600 MG TABLET <b>MO</b>	1	
RIBASPHERE RIBAPAK 200-400 MG <b>DL</b>	4	QL (112 per 28 days)
RIBASPHERE RIBAPAK 400-400 MG <b>DL</b>	4	QL (84 per 28 days)
RIBASPHERE RIBAPAK 600 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (28)-600 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-400 MG (7) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-600 MG (7) TABLETS IN A DOSE PACK <b>DL</b>	4	
<i>ribavirin 200 mg capsule</i> <b>MO</b>	1	QL (168 per 28 days)
<i>ribavirin 200 mg tablet</i> <b>MO</b>	1	QL (168 per 28 days)
<i>ribavirin 6 gm inhalation vial</i> <b>DL</b>	4	B vs D
<i>rimantadine hcl 100 mg tablet</i> <b>MO</b>	1	
<i>ritonavir 100 mg tablet</i> <b>MD,MO</b>	1	QL (360 per 30 days)
SELZENTRY 150 MG TABLET <b>DL</b>	4	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (1800 per 30 days)
SELZENTRY 25 MG TABLET <b>MD,MO</b>	3	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
<i>sofosbuvir-velpatasvir 400-100</i> <b>DL</b>	4	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
SOVALDI 400 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
stavudine 15 mg, 20 mg capsule <b>MD,MO</b>	1	QL (120 per 30 days)
stavudine 30 mg, 40 mg capsule <b>MD,MO</b>	1	QL (60 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
SUSTIVA 200 MG CAPSULE <b>DL</b>	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE <b>DL</b>	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (4 per 28 days)
SYMFI 600 MG-300 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
TAMIFLU 30 MG CAPSULE <b>MO</b>	3	PA,QL (224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE <b>MO</b>	3	PA,QL (112 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION <b>MO</b>	3	PA,QL (1440 per 365 days)
TECHNIVIE DOSE PACK <b>DL</b>	4	PA,QL (56 per 28 days)
tenofovir disop fum 300 mg tb <b>MD,MO</b>	1	QL (30 per 30 days)
TIVICAY 10 MG TABLET <b>MD,MO</b>	3	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
trifluridine 1% eye drops <b>MO</b>	1	
TRIUMEQ 600 MG-50 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
TRIZIVIR 300 MG-150 MG-300 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
TYBOST 150 MG TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
valacyclovir hcl 1 gram, 500 mg tablet <b>MD,MO</b>	1	QL (90 per 30 days)
VALCYTE 450 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (1056 per 30 days)
valganciclovir 450 mg tablet <b>DL</b>	4	QL (120 per 30 days)
valganciclovir hcl 50 mg/ml <b>DL</b>	4	QL (1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET <b>MD,MO</b>	3	PA,QL (90 per 30 days)
VEMLIDY 25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MD,MO</b>	3	QL (1200 per 30 days)
VIDEX 4 GM PEDIATRIC SOLN <b>MD,MO</b>	3	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE, DELAYED RELEASE <b>MD,MO</b>	3	QL (90 per 30 days)
VIDEX EC 200 MG CAPSULE, DELAYED RELEASE <b>MD,MO</b>	3	QL (60 per 30 days)
VIDEX EC 250 MG, 400 MG CAPSULE, DELAYED RELEASE <b>MD,MO</b>	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
VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (112 per 28 days)
VIEKIRA XR TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
VIRACEPT 250 MG TABLET <b>DL</b>	4	QL (300 per 30 days)
VIRACEPT 625 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
VIRAMUNE 200 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	QL (1200 per 30 days)
VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	QL (120 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION <b>DL</b>	4	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <b>DL</b>	4	QL (240 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
XERESE 5 %-1 % TOPICAL CREAM <b>DL</b>	4	
XOFLUZA 20 MG, 40 MG TABLET <b>MO</b>	3	QL (10 per 365 days)
ZEPATIER 50 MG-100 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
ZERIT 1 MG/ML SOLUTION <b>MD,MO</b>	3	QL (2400 per 30 days)
ZERIT 15 MG, 20 MG CAPSULE <b>MD,MO</b>	3	QL (120 per 30 days)
ZERIT 30 MG, 40 MG CAPSULE <b>MD,MO</b>	3	QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	QL (960 per 30 days)
ZIAGEN 300 MG TABLET <b>MD,MO</b>	3	QL (60 per 30 days)
zidovudine 100 mg capsule <b>MD,MO</b>	1	QL (180 per 30 days)
zidovudine 300 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup <b>MD,MO</b>	1	QL (1680 per 28 days)
ZIRGAN 0.15 % EYE GEL <b>MO</b>	3	QL (5 per 30 days)
ZOVIRAX 200 MG CAPSULE <b>MD,MO</b>	3	PA
ZOVIRAX 200 MG/5 ML ORAL SUSPENSION <b>MD,MO</b>	3	PA
ZOVIRAX 400 MG, 800 MG TABLET <b>MD,MO</b>	3	PA
ZOVIRAX 5 % TOPICAL CREAM <b>DL</b>	4	PA
ZOVIRAX 5 % TOPICAL OINTMENT <b>DL</b>	4	PA
<b>Anxiolytics</b>		
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet <b>DL</b>	1	QL (120 per 30 days)
alprazolam 2 mg tablet <b>DL</b>	1	QL (150 per 30 days)
alprazolam er 0.5 mg, 1 mg, 2 mg, 3 mg tablet; alprazolam xr 0.5 mg, 1 mg, 2 mg, 3 mg tablet <b>DL</b>	1	QL (60 per 30 days)
alprazolam odt 0.25 mg, 0.5 mg, 1 mg, 2 mg tab <b>DL</b>	1	
ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE <b>DL</b>	1	
ATIVAN 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL (90 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
ATIVAN 2 MG TABLET <b>DL</b>	4	PA,QL (150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML INJECTION SOLUTION <b>DL</b>	3	PA
bupirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet <b>MD,MO</b>	1	
chlordiazepoxide 10 mg, 25 mg, 5 mg capsule <b>DL</b>	1	PA,QL (120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet <b>DL</b>	1	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet <b>DL</b>	1	
diazepam 10 mg tablet <b>DL</b>	1	QL (120 per 30 days)
diazepam 10 mg/2 ml carpject <b>DL</b>	1	
diazepam 2 mg, 5 mg tablet <b>DL</b>	1	QL (90 per 30 days)
diazepam 5 mg/5 ml solution <b>DL</b>	1	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc <b>DL</b>	1	QL (240 per 30 days)
diazepam 5 mg/ml vial <b>DL</b>	1	
diazepam intensol 5 mg/ml oral concentrate <b>DL</b>	1	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule <b>MD,MO</b>	1	PA
doxepin 10 mg/ml oral conc <b>MD,MO</b>	1	PA
estazolam 1 mg, 2 mg tablet <b>DL</b>	1	QL (30 per 30 days)
HALCION 0.25 MG TABLET <b>DL</b>	3	PA,QL (30 per 30 days)
hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml soln; hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml vial <b>MO</b>	1	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet <b>MO</b>	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET <b>DL</b>	3	PA
lorazepam 0.5 mg, 1 mg tablet <b>DL</b>	1	QL (90 per 30 days)
lorazepam 2 mg tablet <b>DL</b>	1	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent <b>DL</b>	1	QL (150 per 30 days)
lorazepam 2 mg/ml, 4 mg/ml carpject <b>DL</b>	1	
lorazepam 2 mg/ml, 4 mg/ml vial; lorazepam 40 mg/10 ml vial <b>DL</b>	1	
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE <b>DL</b>	1	QL (150 per 30 days)
meprobamate 200 mg, 400 mg tablet <b>MO</b>	1	
oxazepam 10 mg, 15 mg, 30 mg capsule <b>DL</b>	1	
TRANXENE T-TAB 7.5 MG TABLET <b>DL</b>	4	PA
triazolam 0.125 mg, 0.25 mg tablet <b>DL</b>	1	QL (30 per 30 days)
VALIUM 10 MG TABLET <b>DL</b>	3	PA,QL (120 per 30 days)
VALIUM 2 MG, 5 MG TABLET <b>DL</b>	3	PA,QL (90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET <b>DL</b>	4	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
XANAX 2 MG TABLET <b>DL</b>	4	PA,QL (150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET,EXTENDED RELEASE <b>DL</b>	3	PA,QL (60 per 30 days)
<b>Bipolar Agents</b>		
<i>lithium carbonate 150 mg, 300 mg, 600 mg cap</i> <b>MD,MO</b>	1	
<i>lithium carbonate 300 mg tab</i> <b>MD,MO</b>	1	
<i>lithium carbonate er 300 mg, 450 mg tb</i> <b>MD,MO</b>	1	
<i>lithium 8 meq/5 ml solution</i> <b>MD,MO</b>	1	
LITHOBID 300 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	
<b>Blood Glucose Regulators</b>		
<i>acarbose 100 mg, 25 mg, 50 mg tablet</i> <b>MD,MO</b>	1	
ACTOPLUS MET 15 MG-500 MG TABLET; ACTOPLUS MET 15 MG-850 MG TABLET <b>MD,MO</b>	3	PA,QL (90 per 30 days)
ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (60 per 30 days)
ACTOPLUS MET XR 30-1,000 MG TB <b>MD,MO</b>	3	QL (30 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	ST,QL (6 per 28 days)
ADLYXIN 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR <b>MD,MO</b>	3	ST,QL (6 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS PEN <b>MD,MO</b>	3	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MD,MO</b>	3	ST
AFREZZA (REGULAR INSULIN) 8 UNIT (90)/12 UNIT (90) CARTRIDGE,INHALER <b>MD,MO</b>	3	PA,QL (180 per 30 days)
AFREZZA 12 UNIT, 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 8 UNIT, 8 UNIT (60)/ 12 UNIT (30) CARTRIDGE WITH INHALER; AFREZZA 30-4 UNIT / 60-8 UNIT; AFREZZA 60-4 UNIT / 30-8 UNIT; AFREZZA 60-8 UNIT / 30-12 UNIT <b>DL</b>	4	PA,QL (90 per 30 days)
AFREZZA 4 UNIT (60)/8 UNIT (60)/12 UNIT (60) CARTRIDGE WITH INHALER; AFREZZA 4 UNIT (90)/8 UNIT (90) CARTRIDGE WITH INHALER <b>DL</b>	4	PA,QL (180 per 30 days)
AMARYL 1 MG, 2 MG, 4 MG TABLET <b>MD,MO</b>	3	PA
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MD,MO</b>	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MD,MO</b>	3	ST
AVANDIA 2 MG, 4 MG TABLET <b>MD,MO</b>	3	QL (60 per 30 days)
BAQSIMI 3 MG/ACTUATION NASAL SPRAY <b>MO</b>	3	ST
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS <b>MD,MO</b>	3	PA
BYDUREON 2 MG VIAL <b>MD,MO</b>	3	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR <b>MD,MO</b>	3	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
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	QL (3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR; BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	ST,QL (2.4 per 30 days)
<i>chlorpropamide 100 mg, 250 mg tablet</i> <b>MD,MO</b>	1	
CYCLOSET 0.8 MG TABLET <b>MD,MO</b>	3	ST,QL (180 per 30 days)
DUETACT 30 MG-2 MG TABLET; DUETACT 30 MG-4 MG TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MD,MO</b>	2	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MD,MO</b>	2	
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
FORTAMET 500 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (150 per 30 days)
<i>glimepiride 1 mg, 2 mg, 4 mg tablet</i> <b>MD,MO</b>	1	
<i>glipizide 10 mg, 5 mg tablet</i> <b>MD,MO</b>	1	
<i>glipizide er 10 mg, 2.5 mg, 5 mg tablet; glipizide xl 10 mg, 2.5 mg, 5 mg tablet</i> <b>MD,MO</b>	1	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> <b>MD,MO</b>	1	
GLUCAGEN HYPOKIT 1 MG INJECTION <b>MO</b>	2	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG SOLUTION FOR INJECTION <b>MO</b>	3	ST
GLUCOPHAGE 1,000 MG, 500 MG, 850 MG TABLET <b>MD,MO</b>	3	PA
GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (120 per 30 days)
GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
GLUCOTROL 10 MG, 5 MG TABLET <b>MD,MO</b>	3	
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	
GLUCOVANCE 2.5-500 MG, 5-500 MG TABLET <b>MD,MO</b>	3	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (120 per 30 days)
<i>glyburide 1.25 mg, 2.5 mg, 5 mg tablet</i> <b>MD,MO</b>	1	
<i>glyburide micro 1.5 mg, 3 mg, 6 mg tab; glyburide micro 1.5 mg, 3 mg, 6 mg tablet</i> <b>MD,MO</b>	1	
<i>glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> <b>MD,MO</b>	1	
GLYNASE 1.5 MG, 3 MG, 6 MG TABLET <b>MD,MO</b>	3	
GLYSET 100 MG, 25 MG, 50 MG TABLET <b>MD,MO</b>	3	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET <b>MD,MO</b>	2	QL (30 per 30 days)
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN <b>MD,MO</b>	3	ST

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
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS; HUMALOG KWIKPEN U-200 INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS <b>MD,MO</b>	3	ST
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MD,MO</b>	3	ST
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MD,MO</b>	3	ST
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MD,MO</b>	3	ST
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MD,MO</b>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <b>MD,MO</b>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MD,MO</b>	3	ST
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MD,MO</b>	3	ST
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS <b>MD,MO</b>	3	ST
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS <b>MD,MO</b>	3	ST
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS <b>MD,MO</b>	3	ST
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION <b>MD,MO</b>	3	ST
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN <b>DL</b>	4	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS <b>DL</b>	4	
<i>insulin lispro 100 unit/ml pen</i> <b>MD,MO</b>	3	ST
<i>insulin lispro 100 unit/ml v1</i> <b>MD,MO</b>	3	ST
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET <b>MD,MO</b>	2	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	2	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET <b>MD,MO</b>	2	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET <b>MD,MO</b>	2	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	2	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
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	2	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET <b>MD,MO</b>	2	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET <b>MD,MO</b>	2	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET <b>MD,MO</b>	2	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	2	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	2	QL (30 per 30 days)
KAZANO 12.5 MG-1,000 MG TABLET; KAZANO 12.5 MG-500 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MD,MO</b>	2	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MD,MO</b>	2	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MD,MO</b>	2	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MD,MO</b>	2	
<i>metformin er 1,000 mg gastr-tb; metformin er 1,000 mg osm-tab</i> <b>DL</b>	4	ST,QL (60 per 30 days)
<i>metformin er 500 mg gastrc-tb</i> <b>DL</b>	4	ST,QL (120 per 30 days)
<i>metformin er 500 mg osmotic tb</i> <b>DL</b>	4	ST,QL (150 per 30 days)
<i>metformin hcl 1,000 mg, 500 mg, 850 mg tablet</i> <b>MD,MO</b>	1	
<i>metformin hcl 500 mg/5 ml soln</i> <b>MD,MO</b>	1	QL (750 per 30 days)
<i>metformin hcl er 500 mg tablet</i> <b>MD,MO</b>	1	QL (120 per 30 days)
<i>metformin hcl er 750 mg tablet</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>miglitol 100 mg, 25 mg, 50 mg tablet</i> <b>MD,MO</b>	1	
<i>nateglinide 120 mg, 60 mg tablet</i> <b>MD,MO</b>	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS <b>MD,MO</b>	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MD,MO</b>	2	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP <b>MD,MO</b>	2	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION <b>MD,MO</b>	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
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS <b>MD,MO</b>	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MD,MO</b>	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MD,MO</b>	2	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG <b>MD,MO</b>	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MD,MO</b>	2	
ONGLYZA 2.5 MG, 5 MG TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
OSENI 12.5 MG-15 MG TABLET; OSENI 12.5 MG-30 MG TABLET; OSENI 12.5 MG-45 MG TABLET; OSENI 25 MG-15 MG TABLET; OSENI 25 MG-30 MG TABLET; OSENI 25 MG-45 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <b>MD,MO</b>	2	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <b>MD,MO</b>	2	QL (3 per 28 days)
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 <b>MD,MO</b>	1	QL (30 per 30 days)
pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 <b>MD,MO</b>	1	QL (90 per 30 days)
prandin 1 mg, 2 mg tablet <b>MD,MO</b>	3	
PRECOSE 100 MG, 25 MG, 50 MG TABLET <b>MD,MO</b>	3	
PROGLYCEM 50 MG/ML ORAL SUSPENSION <b>MD,MO</b>	3	
QTERN 10 MG-5 MG TABLET; QTERN 5 MG-5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg tablet <b>MD,MO</b>	1	
repaglinide-metformin 1-500 mg, 2-500 mg <b>MD,MO</b>	1	
RIOMET 500 MG/5 ML ORAL SOLUTION <b>MD,MO</b>	3	QL (750 per 30 days)
SEGLUROMET 2.5 MG-1,000 MG TABLET; SEGLUROMET 2.5 MG-500 MG TABLET; SEGLUROMET 7.5 MG-1,000 MG TABLET; SEGLUROMET 7.5 MG-500 MG TABLET <b>MD,MO</b>	3	ST,QL (60 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN <b>MD,MO</b>	2	QL (15 per 24 days)
STARLIX 120 MG, 60 MG TABLET <b>MD,MO</b>	3	PA
STEGLATRO 15 MG, 5 MG TABLET <b>MD,MO</b>	3	ST,QL (30 per 30 days)
STEGLUJAN 15 MG-100 MG TABLET; STEGLUJAN 5 MG-100 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	QL (10.5 per 28 days)
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET <b>MD,MO</b>	2	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
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	2	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	2	QL (60 per 30 days)
TANZEUM 30 MG PEN INJECT; TANZEUM 50 MG PEN INJECT <b>MD,MO</b>	3	ST,QL (4 per 28 days)
tolazamide 250 mg, 500 mg tablet <b>MD,MO</b>	1	
tolbutamide 500 mg tablet <b>MD,MO</b>	1	
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MD,MO</b>	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN <b>MD,MO</b>	2	
TRADJENTA 5 MG TABLET <b>MD,MO</b>	2	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MD,MO</b>	2	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MD,MO</b>	2	
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MD,MO</b>	2	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MD,MO</b>	2	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MD,MO</b>	2	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MD,MO</b>	2	QL (9 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MD,MO</b>	2	QL (15 per 30 days)
<b>Blood Products/Modifiers/Volume Expanders</b>		
AGGRASTAT CONCENTRATE 250 MCG/ML INTRAVENOUS <b>MO</b>	3	
AGGRASTAT 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) IN 0.9 % SODIUM CHLORIDE IV; AGGRASTAT 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) IN ISO-OSMOTIC SODIUM CHLORIDE IV <b>MO</b>	3	
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE <b>MD,MO</b>	3	ST,QL (60 per 30 days)
AGRYLIN 0.5 MG CAPSULE <b>MD,MO</b>	3	PA
AMICAR 1,000 MG, 500 MG TABLET <b>DL</b>	4	PA
AMICAR 250 MG/ML (25 %) ORAL SOLUTION <b>DL</b>	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
<i>aminocaproic acid 1,000 mg, 500 mg tab</i> <b>DL</b>	4	
<i>aminocaproic acid 5 g/20 ml vl</i> <b>MO</b>	1	
<i>anagrelide hcl 0.5 mg, 1 mg capsule</i> <b>MD,MO</b>	1	
ARANESP 10 MCG/0.4 ML, 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE <b>MD,MO</b>	3	PA,QL (1.6 per 30 days)
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (2 per 30 days)
ARANESP 100 MCG/ML, 200 MCG/ML, 300 MCG/ML (IN POLYSORBATE) INJECTION <b>DL</b>	4	PA,QL (4 per 30 days)
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (1.2 per 30 days)
ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION <b>DL</b>	4	PA,QL (3 per 30 days)
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (1.6 per 30 days)
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE <b>MD,MO</b>	3	PA,QL (1.68 per 30 days)
ARANESP 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (IN POLYSORBATE) INJECTION <b>MD,MO</b>	3	PA,QL (4 per 30 days)
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (2.4 per 30 days)
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (4 per 30 days)
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE <b>MD,MO</b>	3	PA,QL (1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (15 per 30 days)
ARIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (18 per 30 days)
<i>aspirin-dipyridam er 25-200 mg</i> <b>MD,MO</b>	1	ST,QL (60 per 30 days)
<i>azacitidine 100 mg vial</i> <b>DL</b>	4	PA
BEVYXXA 40 MG, 80 MG CAPSULE <b>MO</b>	3	PA,QL (41 per 41 days)
BRILINTA 60 MG, 90 MG TABLET <b>MD,MO</b>	2	QL (60 per 30 days)
<i>cilostazol 100 mg, 50 mg tablet</i> <b>MD,MO</b>	1	
<i>clopidogrel 300 mg tablet</i> <b>MO</b>	1	
<i>clopidogrel 75 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET <b>MD,MO</b>	3	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>dipyridamole 25 mg, 50 mg, 75 mg tablet</i> <b>MD,MO</b>	1	
DOPTELET (10 TAB PACK) 20 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
DOPTELET (15 TAB PACK) 20 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET <b>MD,MO</b>	2	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
ELIQUIS 5 MG (74 TABS) TABLETS IN A DOSE PACK <b>MO</b>	2	QL (74 per 30 days)
ELIQUIS 5 MG TABLET <b>MD,MO</b>	2	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml syringe <b>MO</b>	1	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr <b>MO</b>	1	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr <b>MO</b>	1	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial <b>MO</b>	1	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr <b>MO</b>	1	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>MD,MO</b>	3	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION <b>MD,MO</b>	3	PA,QL (28 per 30 days)
eptifibatide 200 mg/100 ml vl; eptifibatide 75 mg/100 ml bag; eptifibatide 75 mg/100 ml vial <b>MO</b>	1	
fondaparinux 10 mg/0.8 ml syr <b>DL</b>	4	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr <b>MO</b>	1	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr <b>DL</b>	4	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr <b>DL</b>	4	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (9 per 30 days)
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1.2 per 28 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (7 per 28 days)
GRANIX 300 MCG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (14 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (11.2 per 28 days)
GRANIX 480 MCG/1.6 ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (22.4 per 28 days)
heparin 10,000 unit/10 ml vial; heparin 40,000 unit/4 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vl <b>MO</b>	1	
heparin 5,000 unit/ml carpuct <b>MO</b>	1	
heparin sod 5,000 unit/ml syrg <b>MO</b>	1	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml <b>MO</b>	1	
heparin sod 5,000 unit/0.5 ml <b>MO</b>	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
INTEGRILIN 0.75 MG/ML, 2 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>jantoven</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet <b>MD,MO</b>	1	
KENGREAL 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
LEUKINE 250 MCG SOLUTION FOR INJECTION <b>DL</b>	4	PA
LOVENOX 100 MG/ML, 150 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (28 per 28 days)
LOVENOX 120 MG/0.8 ML, 80 MG/0.8 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (22.4 per 28 days)
LOVENOX 30 MG/0.3 ML, 60 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (16.8 per 28 days)
LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (84 per 28 days)
LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (11.2 per 28 days)
LYSTEDA 650 MG TABLET <b>MD,MO</b>	3	QL (30 per 5 days)
MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (1.2 per 28 days)
MIRCERA 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (9.6 per 30 days)
MULPLETA 3 MG TABLET <b>DL</b>	4	PA,QL (7 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML, 6 MG/0.6ML WITH WEARABLE SUBCUTANEOUS INJECTOR <b>DL</b>	4	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (7 per 30 days)
NIVESTYM 300 MCG/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (22.4 per 30 days)
PLAVIX 300 MG TABLET <b>MO</b>	3	PA
PLAVIX 75 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE <b>MD,MO</b>	3	QL (60 per 30 days)
<i>prasugrel</i> 10 mg, 5 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION <b>MD,MO</b>	3	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION <b>MD,MO</b>	3	PA,QL (28 per 30 days)
PROMACTA 12.5 MG ORAL POWDER PACKET <b>DL</b>	4	PA,QL (360 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET <b>DL</b>	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
PROMACTA 50 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
REOPRO 10 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>MD,MO</b>	3	PA,QL (14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
RIASTAP 1 GRAM (900 MG-1,300 MG) INTRAVENOUS SOLUTION <b>MO</b>	3	
SAVAYSA 15 MG, 30 MG, 60 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
tranexamic acid 1,000 mg/10 ml <b>MO</b>	1	PA
tranexamic acid 650 mg tablet <b>MD,MO</b>	1	QL (30 per 5 days)
UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1.2 per 28 days)
VIDAZA 100 MG SOLUTION FOR INJECTION <b>DL</b>	4	PA
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet <b>MD,MO</b>	1	
XARELTO 10 MG, 20 MG TABLET <b>MD,MO</b>	2	QL (30 per 30 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A STARTER PACK <b>MO</b>	2	QL (51 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET <b>MD,MO</b>	2	QL (60 per 30 days)
YOSPRALA 325 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE; YOSPRALA 81 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
<b>Cardiovascular Agents</b>		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET <b>MD,MO</b>	3	
ACCURETIC 10 MG-12.5 MG TABLET; ACCURETIC 20 MG-12.5 MG TABLET; ACCURETIC 20 MG-25 MG TABLET <b>MD,MO</b>	3	
acebutolol 200 mg, 400 mg capsule <b>MD,MO</b>	1	
acetazolamide 125 mg, 250 mg tablet <b>MD,MO</b>	1	
acetazolamide er 500 mg cap <b>MD,MO</b>	1	
acetazolamide sod 500 mg vial <b>MO</b>	1	
ADALAT CC 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (60 per 30 days)
adenosine 12 mg/4 ml syringe <b>MO</b>	1	
adenosine 12 mg/4 ml vial <b>MO</b>	1	
afeditab cr 30 mg, 60 mg tablet,extended release <b>MD,MO</b>	1	QL (60 per 30 days)
ALDACTAZIDE 25 MG-25 MG TABLET; ALDACTAZIDE 50 MG-50 MG TABLET <b>MD,MO</b>	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET <b>MD,MO</b>	3	
aliskiren 150 mg, 300 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE <b>MD,MO</b>	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (30 per 30 days)
amiloride hcl 5 mg tablet <b>MD,MO</b>	1	
amiloride hcl-hctz 5-50 mg tab <b>MD,MO</b>	1	
amiodarone 150 mg/3 ml syringe <b>MO</b>	1	
amiodarone 150 mg/3 ml vial <b>MO</b>	1	
amiodarone hcl 100 mg, 200 mg tablet <b>MD,MO</b>	1	
amiodarone hcl 400 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
amlodipine besylate 10 mg tab <b>MD,MO</b>	1	QL (60 per 30 days)
amlodipine besylate 2.5 mg, 5 mg tab <b>MD,MO</b>	1	QL (30 per 30 days)
amlodipine-atorvast 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg <b>MD,MO</b>	1	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 <b>MD,MO</b>	1	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg <b>MD,MO</b>	1	QL (30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg <b>MD,MO</b>	1	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg <b>MD,MO</b>	1	QL (30 per 30 days)
amlod-vals-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-vals-hctz 10-160-12.5mg <b>MD,MO</b>	1	QL (30 per 30 days)
ANTARA 30 MG, 90 MG CAPSULE <b>MD,MO</b>	3	QL (30 per 30 days)
ATACAND 16 MG, 4 MG, 8 MG TABLET <b>MD,MO</b>	3	ST,QL (60 per 30 days)
ATACAND 32 MG TABLET <b>MD,MO</b>	3	ST,QL (30 per 30 days)
ATACAND HCT 16 MG-12.5 MG TABLET; ATACAND HCT 32 MG-12.5 MG TABLET; ATACAND HCT 32 MG-25 MG TABLET <b>MD,MO</b>	3	ST,QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg tablet <b>MD,MO</b>	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 <b>MD,MO</b>	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
AVALIDE 150 MG-12.5 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
AVALIDE 300 MG-12.5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
AZOR 10 MG-20 MG TABLET; AZOR 10 MG-40 MG TABLET; AZOR 5 MG-20 MG TABLET; AZOR 5 MG-40 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet <b>MD,MO</b>	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab <b>MD,MO</b>	1	
BENICAR 20 MG, 40 MG, 5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET; BENICAR HCT 40 MG-12.5 MG TABLET; BENICAR HCT 40 MG-25 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET <b>MD,MO</b>	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET <b>MD,MO</b>	3	PA
<i>betaxolol 10 mg, 20 mg tablet</i> <b>MD,MO</b>	1	
BIDIL 20 MG-37.5 MG TABLET <b>MD,MO</b>	2	QL (180 per 30 days)
<i>bisoprolol fumarate 10 mg, 5 mg tab</i> <b>MD,MO</b>	1	
<i>bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb</i> <b>MD,MO</b>	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	
BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV; BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV <b>MO</b>	3	
<i>bumetanide 0.5 mg, 1 mg, 2 mg tablet</i> <b>MD,MO</b>	1	
<i>bumetanide 2.5 mg/10 ml vial</i> <b>MO</b>	1	
BYSTOLIC 10 MG TABLET <b>MD,MO</b>	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET <b>MD,MO</b>	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET <b>MD,MO</b>	2	QL (60 per 30 days)
BYVALSON 5 MG-80 MG TABLET <b>MD,MO</b>	3	ST,QL (30 per 30 days)
CADUET 10 MG-10 MG TABLET; CADUET 10 MG-20 MG TABLET; CADUET 10 MG-40 MG TABLET; CADUET 10 MG-80 MG TABLET; CADUET 5 MG-10 MG TABLET; CADUET 5 MG-20 MG TABLET; CADUET 5 MG-40 MG TABLET; CADUET 5 MG-80 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
CALAN 120 MG, 80 MG TABLET <b>MD,MO</b>	3	QL (120 per 30 days)
CALAN SR 120 MG, 180 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (30 per 30 days)
CALAN SR 240 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	
<i>candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>candesartan cilexetil 32 mg tb</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>captopril 100 mg tablet</i> <b>MD,MO</b>	1	QL (135 per 30 days)
<i>captopril 12.5 mg, 25 mg, 50 mg tablet</i> <b>MD,MO</b>	1	
<i>captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet</i> <b>MD,MO</b>	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET <b>MD,MO</b>	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
CARDIZEM CD 300 MG, 360 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET <b>MD,MO</b>	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
CARDURA XL 4 MG, 8 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (30 per 30 days)
CAROSPIR 25 MG/5 ML ORAL SUSPENSION DL	4	PA,QL (450 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release MD,MO	1	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release MD,MO	1	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet MD,MO	1	
carvedilol er 10 mg, 20 mg, 40 mg, 80 mg capsule MD,MO	1	QL (30 per 30 days)
CATAPRES 0.1 MG, 0.2 MG, 0.3 MG TABLET MD,MO	3	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH MD,MO	3	PA,QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH MD,MO	3	PA,QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH MD,MO	3	PA,QL (4 per 28 days)
chlorothiazide 250 mg, 500 mg tablet MD,MO	1	
chlorothiazide sod 500 mg vial MO	1	
chlorthalidone 25 mg, 50 mg tablet MD,MO	1	
cholestyramine packet; cholestyramine powder MD,MO	1	
cholestyramine light 4 gram oral powder; cholestyramine light 4 gram powder for susp in a packet MD,MO	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML INTRAVENOUS EMULSION MO	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch MD,MO	1	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet MD,MO	1	
COLESTID 1 GRAM TABLET MD,MO	3	
COLESTID 5 GRAM ORAL GRANULES MD,MO	3	QL (1000 per 30 days)
COLESTID 5 GRAM ORAL PACKET MD,MO	3	
COLESTID FLAVORED 5 GRAM ORAL GRANULES MD,MO	3	QL (1000 per 30 days)
COLESTID FLAVORED 7.5 GRAM PACKET MD,MO	3	
colestipol hcl granules MD,MO	1	QL (1000 per 30 days)
colestipol hcl granules packet MD,MO	1	
colestipol micronized 1 gm tab MD,MO	1	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET MD,MO	3	PA
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE MD,MO	3	PA,QL (30 per 30 days)
CORGARD 20 MG, 40 MG, 80 MG TABLET MD,MO	3	PA
CORLANOR 5 MG, 7.5 MG TABLET MD,MO	3	PA,QL (60 per 30 days)
CORLANOR 5 MG/5 ML ORAL SOLUTION MD,MO	3	PA,QL (560 per 28 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION MO	3	
CORVERT 0.1 MG/ML INTRAVENOUS SOLUTION MO	3	
CORZIDE 40-5 TABLET; CORZIDE 80-5 TABLET MD,MO	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET MD,MO	3	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
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
DEMADEX 10 MG, 20 MG TABLET <b>MD,MO</b>	3	
DEMSER 250 MG CAPSULE <b>DL</b>	4	
DIAMOX SEQUELS ER 500 MG CAP <b>MD,MO</b>	3	PA
DIBENZYLIN 10 MG CAPSULE <b>DL</b>	4	
<i>digitek 125 mcg, 250 mcg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>digox 125 mcg, 250 mcg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>digoxin 0.05 mg/ml solution</i> <b>MD,MO</b>	1	
<i>digoxin 125 mcg, 250 mcg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>digoxin 500 mcg/2 ml ampule</i> <b>MO</b>	1	
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	
<i>dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>diltiazem 100 mg, 5 mg/ml add-van vial; diltiazem 25 mg/5 ml vial</i> <b>MO</b>	1	
<i>diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet</i> <b>MD,MO</b>	1	
<i>diltiazem 12hr er 120 mg cap</i> <b>MD,MO</b>	1	QL (90 per 30 days)
<i>diltiazem 12hr er 60 mg, 90 mg cap</i> <b>MD,MO</b>	1	QL (180 per 30 days)
<i>diltiazem 24h er(cd) 120 mg, 180 mg, 240 mg cp; diltiazem 24hr er 120 mg, 180 mg, 240 mg cap</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>diltiazem 24h er(cd) 300 mg, 360 mg, 420 mg cp; diltiazem 24hr er 300 mg, 360 mg, 420 mg cap</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>diltiazem 24h er(la) 180 mg, 240 mg tb</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>diltiazem 24h er(la) 300 mg, 360 mg, 420 mg tb</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>diltiazem 24h er(xr) 120 mg, 180 mg, 240 mg cp</i> <b>MD,MO</b>	1	QL (60 per 30 days)
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
DIOVAN HCT 160 MG-12.5 MG TABLET; DIOVAN HCT 160 MG-25 MG TABLET; DIOVAN HCT 320 MG-12.5 MG TABLET; DIOVAN HCT 320 MG-25 MG TABLET; DIOVAN HCT 80 MG-12.5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
<i>disopyramide 100 mg, 150 mg capsule</i> <b>MD,MO</b>	1	
DIURIL 250 MG/5 ML ORAL SUSPENSION <b>MD,MO</b>	3	
DIURIL 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>dobutamine 12.5 mg/ml vial; dobutamine 250 mg/20 ml vial</i> <b>MO</b>	1	B vs D
<i>dobutamine 1 gm-d5w 250 ml; dobutamine 250 mg-d5w 250 ml; dobutamine 500 mg-d5w 250 ml</i> <b>MO</b>	1	B vs D
<i>dofetilide 125 mcg, 250 mcg, 500 mcg capsule</i> <b>MD,MO</b>	1	
<i>dopamine 160 mg/ml vial; dopamine 200 mg/5 ml vial; dopamine 400 mg/10 ml vial; dopamine 80 mg/ml vial</i> <b>MO</b>	1	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
dopamine 200 mg-d5w 250 ml; dopamine 400 mg-d5w 500 ml; dopamine 400 mg/250 ml-d5w bag; dopamine 800 mg/250 ml-d5w bag; dopamine 800 mg/500 ml-d5w bag <b>MO</b>	1	B vs D
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab <b>MD,MO</b>	1	
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (120 per 30 days)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE; DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (60 per 30 days)
DYAZIDE 37.5 MG-25 MG CAPSULE <b>MD,MO</b>	3	
DYRENIUM 100 MG, 50 MG CAPSULE <b>MD,MO</b>	3	
EDARBI 40 MG, 80 MG TABLET <b>MD,MO</b>	3	ST,QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET; EDARBYCLOR 40 MG-25 MG TABLET <b>MD,MO</b>	3	ST,QL (30 per 30 days)
EDECIN 25 MG TABLET <b>DL</b>	4	QL (480 per 30 days)
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet <b>MD,MO</b>	1	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet <b>MD,MO</b>	1	
enalaprilat 1.25 mg/ml vial <b>MO</b>	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET <b>MD,MO</b>	2	PA,QL (60 per 30 days)
EPANED 1 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	
eplerenone 25 mg, 50 mg tablet <b>MD,MO</b>	1	
eprosartan mesylate 600 mg tab <b>MD,MO</b>	1	QL (60 per 30 days)
esmolol hcl 100 mg/10 ml vial <b>MO</b>	1	
esmolol 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)-nacl; esmolol 2,500 mg/250 ml-nacl <b>MO</b>	1	
ethacrynate sodium 50 mg vial <b>MO</b>	1	
ethacrynic acid 25 mg tablet <b>DL</b>	4	QL (480 per 30 days)
EXFORGE 10 MG-160 MG TABLET; EXFORGE 10 MG-320 MG TABLET; EXFORGE 5 MG-160 MG TABLET; EXFORGE 5 MG-320 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 10 MG-160 MG-25 MG TABLET; EXFORGE HCT 10 MG-320 MG-25 MG TABLET; EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 5 MG-160 MG-25 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE <b>MD,MO</b>	3	ST,QL (30 per 30 days)
ezetimibe 10 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg <b>MD,MO</b>	1	QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
fenofibrate 120 mg, 160 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fenofibrate 150 mg capsule <b>MD,MO</b>	1	QL (30 per 30 days)
fenofibrate 40 mg, 54 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
fenofibrate 50 mg capsule <b>MD,MO</b>	1	QL (60 per 30 days)
fenofibrate 130 mg, 43 mg capsule <b>MD,MO</b>	1	ST,QL (30 per 30 days)
fenofibrate 134 mg, 200 mg capsule <b>MD,MO</b>	1	QL (30 per 30 days)
fenofibrate 67 mg capsule <b>MD,MO</b>	1	QL (60 per 30 days)
fenofibrate 145 mg, 160 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
fenofibrate 48 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
fenofibric acid 105 mg, 35 mg tablet <b>MD,MO</b>	2	QL (30 per 30 days)
fenofibric acid dr 135 mg, 45 mg cap <b>MD,MO</b>	1	QL (30 per 30 days)
FENOGLIDE 120 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
FENOGLIDE 40 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab <b>MD,MO</b>	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION <b>MD,MO</b>	3	ST,QL (150 per 30 days)
fluvastatin er 80 mg tablet <b>MD,MO</b>	1	ST,QL (30 per 30 days)
fluvastatin sodium 20 mg, 40 mg cap <b>MD,MO</b>	1	ST,QL (60 per 30 days)
fosinopril sodium 10 mg, 20 mg, 40 mg tab <b>MD,MO</b>	1	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab <b>MD,MO</b>	1	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/5 ml soln <b>MD,MO</b>	1	
furosemide 100 mg/10 ml syring <b>MO</b>	1	
furosemide 20 mg, 40 mg, 80 mg tablet <b>MD,MO</b>	1	
furosemide 40 mg/4 ml vial <b>MO</b>	1	
gemfibrozil 600 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
GONITRO 400 MCG SUBLINGUAL POWDER IN A PACKET <b>MD,MO</b>	3	
guanfacine 1 mg, 2 mg tablet <b>MD,MO</b>	1	
HEMANGEOL 4.28 MG/ML ORAL SOLUTION <b>MO</b>	3	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet <b>MD,MO</b>	1	
hydralazine 20 mg/ml vial <b>MO</b>	1	
hydrochlorothiazide 12.5 mg cp <b>MD,MO</b>	1	
hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb <b>MD,MO</b>	1	
HYZAAR 100 MG-12.5 MG TABLET; HYZAAR 100 MG-25 MG TABLET; HYZAAR 50 MG-12.5 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
ibutilide fum 1 mg/10 ml vial <b>MO</b>	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
<i>indapamide 1.25 mg, 2.5 mg tablet</i> <b>MD,MO</b>	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	
INSPIRA 25 MG, 50 MG TABLET <b>MD,MO</b>	3	PA
<i>irbesartan 150 mg, 300 mg, 75 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>irbesartan-hctz 150-12.5 mg tb</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>irbesartan-hctz 300-12.5 mg tb</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>isochron 40 mg tablet,extended release</i> <b>MD,MO</b>	1	
ISORDIL 40 MG TABLET <b>DL</b>	4	
ISORDIL TITRADOSE 5 MG TABLET <b>DL</b>	4	PA
<i>isosorbide dinitr er 40 mg tab</i> <b>MD,MO</b>	1	
<i>isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg tab</i> <b>MD,MO</b>	1	
<i>isosorbide mononit 10 mg, 20 mg tab</i> <b>MD,MO</b>	1	
<i>isosorbide mononit er 120 mg, 30 mg, 60 mg; isosorbide mononit er 120 mg, 30 mg, 60 mg tb</i> <b>MD,MO</b>	1	
<i>isradipine 2.5 mg, 5 mg capsule</i> <b>MD,MO</b>	1	
ISUPREL 0.2 MG/ML INJECTION SOLUTION <b>MO</b>	3	
JUXTAPID 10 MG, 30 MG, 40 MG, 5 MG, 60 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
JUXTAPID 20 MG CAPSULE <b>DL</b>	4	PA,QL (84 per 28 days)
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	ST,QL (30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	ST,QL (60 per 30 days)
KATERZIA 1 MG/ML ORAL SUSPENSION <b>MD,MO</b>	3	QL (300 per 30 days)
KEVEYIS 50 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
KYNAMRO 200 MG/ML SYRINGE <b>DL</b>	4	PA,QL (4 per 28 days)
<i>labetalol hcl 100 mg, 200 mg, 300 mg tablet</i> <b>MD,MO</b>	1	
<i>labetalol hcl 100 mg/20 ml vl</i> <b>MO</b>	1	
LANOXIN 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
LANOXIN 250 MCG/ML INJECTION SOLUTION <b>MO</b>	3	
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION <b>MO</b>	3	
LASIX 20 MG, 40 MG, 80 MG TABLET <b>MD,MO</b>	3	
LESCOL 20 MG, 40 MG CAPSULE <b>MD,MO</b>	3	ST,QL (60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	ST,QL (30 per 30 days)
LEVOPHED 1 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>lidocaine hcl 2% vial</i> <b>MO</b>	1	
<i>lidocaine 0.4% in d5w 250 ml; lidocaine 0.8% in d5w soln</i> <b>MO</b>	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
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
LIPOFEN 150 MG CAPSULE <b>MD,MO</b>	3	QL (30 per 30 days)
LIPOFEN 50 MG CAPSULE <b>MD,MO</b>	3	QL (60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet <b>MD,MO</b>	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab <b>MD,MO</b>	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET <b>MD,MO</b>	3	ST,QL (30 per 30 days)
LOPID 600 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
LOPRESSOR 100 MG, 50 MG TABLET <b>MD,MO</b>	3	
LOPRESSOR 5 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
LOPRESSOR HCT 50 MG-25 MG TABLET <b>MD,MO</b>	3	
losartan potassium 100 mg, 25 mg, 50 mg tab <b>MD,MO</b>	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab <b>MD,MO</b>	1	QL (60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG TABLET <b>MD,MO</b>	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-25 MG TABLET <b>MD,MO</b>	3	
LOTREL 10 MG-20 MG CAPSULE; LOTREL 5 MG-10 MG CAPSULE; LOTREL 5 MG-20 MG CAPSULE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
LOTREL 10 MG-40 MG CAPSULE; LOTREL 5 MG-40 MG CAPSULE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet <b>MD,MO</b>	1	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE <b>MD,MO</b>	3	PA,QL (120 per 30 days)
mannitol 10% iv solution <b>MO</b>	1	
mannitol 20% iv solution <b>MO</b>	1	
mannitol 25% vial <b>MO</b>	1	
mannitol 5% iv solution <b>MO</b>	1	
matzim la 180 mg, 240 mg tablet,extended release <b>MD,MO</b>	1	QL (60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg tablet,extended release <b>MD,MO</b>	1	QL (30 per 30 days)
MAXZIDE 75 MG-50 MG TABLET <b>MD,MO</b>	3	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET <b>MD,MO</b>	3	PA
methazolamide 25 mg, 50 mg tablet <b>MD,MO</b>	1	
methyclothiazide 5 mg tablet <b>MD,MO</b>	1	
methyldopa 250 mg, 500 mg tablet <b>MD,MO</b>	1	
methyldopa-hctz 250-15 mg, 250-25 mg tab <b>MD,MO</b>	1	
methyldopate 250 mg/5 ml vial <b>MO</b>	1	
metolazone 10 mg, 2.5 mg, 5 mg tablet <b>MD,MO</b>	1	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab <b>MD,MO</b>	1	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab <b>MD,MO</b>	1	
metoprolol 5 mg/5 ml carpject <b>MO</b>	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
<i>metoprolol tart 5 mg/5 ml vial</i> <sup>MO</sup>	1	
<i>metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tb</i> <sup>MD,MO</sup>	1	
<i>mexiletine 150 mg, 200 mg, 250 mg capsule</i> <sup>MD,MO</sup>	1	
MICARDIS 20 MG, 40 MG TABLET <sup>MD,MO</sup>	3	ST,QL (30 per 30 days)
MICARDIS 80 MG TABLET <sup>MD,MO</sup>	3	ST,QL (60 per 30 days)
MICARDIS HCT 40 MG-12.5 MG TABLET; MICARDIS HCT 80 MG-25 MG TABLET <sup>MD,MO</sup>	3	ST,QL (30 per 30 days)
MICARDIS HCT 80 MG-12.5 MG TABLET <sup>MD,MO</sup>	3	ST,QL (60 per 30 days)
MICROZIDE 12.5 MG CAPSULE <sup>MD,MO</sup>	3	
<i>midodrine hcl 10 mg, 2.5 mg, 5 mg tablet</i> <sup>MO</sup>	1	
<i>milrinone lact 20 mg/20 ml vl</i> <sup>MO</sup>	1	B vs D
<i>milrinone-d5w 20 mg/100 ml; milrinone-d5w 40 mg/200 ml</i> <sup>MO</sup>	1	B vs D
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE <sup>MD,MO</sup>	3	
<i>minitran 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr transdermal 24 hour patch</i> <sup>MD,MO</sup>	1	QL (30 per 30 days)
<i>minitran 0.4 mg/hr transdermal 24 hour patch</i> <sup>MD,MO</sup>	1	QL (60 per 30 days)
<i>minoxidil 10 mg, 2.5 mg tablet</i> <sup>MD,MO</sup>	1	
<i>moexipril hcl 15 mg, 7.5 mg tablet</i> <sup>MD,MO</sup>	1	
<i>moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet</i> <sup>MD,MO</sup>	1	
MULTAQ 400 MG TABLET <sup>MD,MO</sup>	2	QL (60 per 30 days)
<i>nadolol 20 mg, 40 mg, 80 mg tablet</i> <sup>MD,MO</sup>	1	
<i>nadolol-bendroflu 40-5 mg, 80-5 mg tab</i> <sup>MD,MO</sup>	1	
NATRECOR 1.5 MG VIAL <sup>MO</sup>	3	
<i>neptazane 25 mg tablet</i> <sup>MD,MO</sup>	1	
NEPTAZANE 50 MG TABLET <sup>MD,MO</sup>	1	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION <sup>MO</sup>	3	
<i>niacin er 1,000 mg, 500 mg, 750 mg tablet</i> <sup>MD,MO</sup>	1	
<i>niacor 500 mg tablet</i> <sup>MD,MO</sup>	1	
NIASPAN 1,000 MG, 500 MG, 750 MG TABLET,EXTENDED RELEASE <sup>MD,MO</sup>	3	PA
<i>nicardipine 20 mg, 30 mg capsule</i> <sup>MD,MO</sup>	1	
<i>nicardipine 25 mg/10 ml ampule</i> <sup>MO</sup>	1	
<i>nifedipine 10 mg, 20 mg capsule</i> <sup>MD,MO</sup>	1	
<i>nifedipine er 30 mg, 60 mg, 90 mg tablet</i> <sup>MD,MO</sup>	1	QL (60 per 30 days)
<i>nimodipine 30 mg capsule</i> <sup>MO</sup>	1	
<i>nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet</i> <sup>MD,MO</sup>	1	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>nisoldipine er 25.5 mg, 30 mg tablet</i> <b>MD,MO</b>	1	QL (60 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT <b>MD,MO</b>	1	
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH <b>MD,MO</b>	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR, 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH <b>MD,MO</b>	3	
NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH <b>MD,MO</b>	3	QL (60 per 30 days)
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl</i> <b>MD,MO</b>	1	
<i>nitroglycerin 0.4 mg/hr patch</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>nitroglycerin 400 mcg spray</i> <b>MD,MO</b>	1	
<i>nitroglycerin 5 mg/ml vial</i> <b>MO</b>	1	
<i>nitroglycerin lingual 0.4 mg</i> <b>MD,MO</b>	1	
<i>ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w</i> <b>MO</b>	1	
NITROLINGUAL 400 MCG/SPRAY <b>MD,MO</b>	3	
NITROMIST 400 MCG/SPRAY TRANSLINGUAL AEROSOL <b>MD,MO</b>	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET <b>MD,MO</b>	2	
<i>norepinephrine 4 mg/4 ml vial</i> <b>MO</b>	1	
NORPACE 100 MG, 150 MG CAPSULE <b>MD,MO</b>	3	
NORPACE CR 100 MG, 150 MG CAPSULE, EXTENDED RELEASE <b>MD,MO</b>	3	
NORTHERA 100 MG, 200 MG CAPSULE <b>DL</b>	4	PA, QL (90 per 30 days)
NORTHERA 300 MG CAPSULE <b>DL</b>	4	PA, QL (180 per 30 days)
NORVASC 10 MG TABLET <b>MD,MO</b>	3	PA, QL (60 per 30 days)
NORVASC 2.5 MG, 5 MG TABLET <b>MD,MO</b>	3	PA, QL (30 per 30 days)
NYMALIZE 30 MG/10 ML ORAL SOLUTION <b>DL</b>	4	QL (1260 per 28 days)
NYMALIZE 60 MG/20 ML ORAL SOLUTION <b>DL</b>	4	QL (2838 per 28 days)
<i>olmesartan medoxomil 20 mg, 40 mg, 5 mg tab</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>olmsrtn-amldpn-hctz 20-5-12.5; olmsrtn-amldpn-hctz 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg; olmsrtn-amldpn-hctz 40-10-12.5; olmsrtn-amldpn-hctz 40-10-25mg; olmsrtn-amldpn-hctz 40-5-12.5</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>omega-3 ethyl esters 1 gm cap</i> <b>MD,MO</b>	1	QL (120 per 30 days)
OSMITROL 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	
OSMITROL 15 % INTRAVENOUS SOLUTION <b>MO</b>	3	
OSMITROL 20 % INTRAVENOUS SOLUTION <b>MO</b>	3	
OSMITROL 5 % INTRAVENOUS SOLUTION <b>MO</b>	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
PACERONE 100 MG TABLET <b>MD,MO</b>	1	
<i>pacerone 200 mg tablet</i> <b>MD,MO</b>	1	
PACERONE 400 MG TABLET <b>MD,MO</b>	1	QL (60 per 30 days)
<i>pentoxifylline er 400 mg tab</i> <b>MD,MO</b>	1	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg tab</i> <b>MD,MO</b>	1	
<i>phenoxybenzamine hcl 10 mg cap</i> <b>DL</b>	4	
<i>phenylephrine 10 mg/ml vial</i> <b>MO</b>	1	
<i>pindolol 10 mg, 5 mg tablet</i> <b>MD,MO</b>	1	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR <b>MD,MO</b>	3	PA,QL (2 per 28 days)
PRAVACHOL 20 MG, 80 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
PRAVACHOL 40 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
<i>pravastatin sodium 10 mg, 20 mg, 80 mg tab</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>pravastatin sodium 40 mg tab</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>prazosin 1 mg, 2 mg, 5 mg capsule</i> <b>MD,MO</b>	1	
PRESTALIA 14 MG-10 MG TABLET; PRESTALIA 3.5 MG-2.5 MG TABLET; PRESTALIA 7 MG-5 MG TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
<i>prevalite 4 gram oral powder; prevalite 4 gram powder for susp in a packet</i> <b>MD,MO</b>	1	
PRINIVIL 10 MG, 20 MG, 5 MG TABLET <b>MD,MO</b>	3	
<i>procainamide 1,000 mg/10 ml vl; procainamide 100 mg/ml, 500 mg/ml vial</i> <b>MO</b>	1	
PROCARDIA 10 MG CAPSULE <b>MD,MO</b>	3	PA
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
<i>propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet</i> <b>MD,MO</b>	1	
<i>propafenone hcl er 225 mg, 325 mg cap</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>propafenone hcl er 425 mg cap</i> <b>MD,MO</b>	1	
<i>propranolol 1 mg/ml vial</i> <b>MO</b>	1	
<i>propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet</i> <b>MD,MO</b>	1	
<i>propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln</i> <b>MD,MO</b>	1	
<i>propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule</i> <b>MD,MO</b>	1	
<i>propranolol-hctz 40-25 mg, 80-25 mg tab</i> <b>MD,MO</b>	1	
QBRELIS 1 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (1200 per 30 days)
<i>questran 4 gram oral powder; questran 4 gram powder for susp in a packet</i> <b>MD,MO</b>	1	
<i>questran light 4 gram oral powder</i> <b>MD,MO</b>	1	
<i>quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet</i> <b>MD,MO</b>	1	
<i>quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab</i> <b>MD,MO</b>	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
quinidine gluc 80 mg/ml vial <b>MO</b>	1	
quinidine gluc er 324 mg tab <b>MD,MO</b>	1	
quinidine sulfate 200 mg, 300 mg tab <b>MD,MO</b>	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule <b>MD,MO</b>	1	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (120 per 30 days)
ranolazine er 1,000 mg, 500 mg tablet <b>MD,MO</b>	1	QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR <b>MD,MO</b>	2	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR <b>MD,MO</b>	2	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE <b>MD,MO</b>	2	PA,QL (3 per 28 days)
RESECTISOL 5 % TRANSURETHRAL SOLUTION <b>MO</b>	3	
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab <b>MD,MO</b>	1	QL (30 per 30 days)
RYTHMOL SR 225 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
RYTHMOL SR 325 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
RYTHMOL SR 425 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet <b>MD,MO</b>	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet <b>MD,MO</b>	1	
sotalol hcl 150 mg/10 ml vial <b>MO</b>	1	
sotalol of 120 mg, 160 mg, 80 mg tablet <b>MD,MO</b>	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	
spironolactone-hctz 25-25 tab <b>MD,MO</b>	1	
spironolactone 100 mg, 25 mg, 50 mg tablet <b>MD,MO</b>	1	
SULAR 17 MG, 34 MG, 8.5 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
TARKA 2 MG-180 MG TABLET, EXTENDED RELEASE; TARKA 2 MG-240 MG TABLET, EXTENDED RELEASE; TARKA 4 MG-240 MG TABLET, EXTENDED RELEASE; TARKA ER 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG TABLET <b>MD,MO</b>	3	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release <b>MD,MO</b>	1	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release <b>MD,MO</b>	1	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET <b>MD,MO</b>	2	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
telmisartan 80 mg tablet <b>MD,MO</b>	1	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
<i>telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb</i> <b>MD,MO</b>	1	ST,QL (30 per 30 days)
<i>telmisartan-hctz 80-12.5 mg tb</i> <b>MD,MO</b>	1	ST,QL (60 per 30 days)
TENORETIC 100 100 MG-25 MG TABLET <b>MD,MO</b>	3	
TENORETIC 50 50 MG-25 MG TABLET <b>MD,MO</b>	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET <b>MD,MO</b>	3	
<i>terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule</i> <b>MD,MO</b>	1	
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	QL (60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	QL (30 per 30 days)
TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE <b>DL</b>	4	PA
<i>timolol maleate 10 mg, 20 mg, 5 mg tablet</i> <b>MD,MO</b>	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (60 per 30 days)
<i>torseimide 10 mg, 100 mg, 20 mg, 5 mg tablet</i> <b>MD,MO</b>	1	
<i>trandolapril 1 mg, 2 mg, 4 mg tablet</i> <b>MD,MO</b>	1	
<i>trandolapr-verapam er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> <b>MD,MO</b>	1	
<i>triamterene 100 mg, 50 mg capsule</i> <b>MD,MO</b>	1	
<i>triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp</i> <b>MD,MO</b>	1	
<i>triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb</i> <b>MD,MO</b>	1	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-25 MG TABLET; TRIBENZOR 40 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-5 MG-25 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
TRICOR 145 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
TRICOR 48 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
TRIGLIDE 160 MG TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
<i>triklo 1 gram capsule</i> <b>MD,MO</b>	1	QL (120 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE,DELAYED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
TWYNSTA 40 MG-10 MG TABLET; TWYNSTA 40 MG-5 MG TABLET; TWYNSTA 80 MG-10 MG TABLET; TWYNSTA 80 MG-5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
<i>valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab</i> <b>MD,MO</b>	1	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE <b>MD,MO</b>	3	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE <b>MD,MO</b>	3	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
VASERETIC 10 MG-25 MG TABLET <b>MD,MO</b>	3	
VASOTEC 10 MG, 2.5 MG, 5 MG TABLET <b>MD,MO</b>	3	PA
VASOTEC 20 MG TABLET <b>DL</b>	4	PA
VAZCULEP 10 MG/ML INJECTION SOLUTION <b>MO</b>	3	
vecamyl 2.5 mg tablet <b>DL</b>	4	QL (300 per 30 days)
verapamil 10 mg/4 ml syringe <b>MO</b>	1	
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule; verapamil sr 120 mg, 180 mg, 240 mg, 360 mg capsule <b>MD,MO</b>	1	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet <b>MD,MO</b>	1	QL (120 per 30 days)
verapamil 5 mg/2 ml ampul <b>MO</b>	1	
verapamil er 120 mg, 180 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
verapamil er 240 mg tablet <b>MD,MO</b>	1	
verapamil er pm 100 mg, 300 mg capsule <b>MD,MO</b>	1	QL (30 per 30 days)
verapamil er pm 200 mg capsule <b>MD,MO</b>	1	QL (60 per 30 days)
VERELAN 120 MG, 180 MG, 240 MG, 360 MG CAPSULE, EXTENDED RELEASE <b>MD,MO</b>	3	QL (60 per 30 days)
VERELAN PM 100 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MD,MO</b>	3	PA, QL (30 per 30 days)
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE <b>MD,MO</b>	3	PA, QL (60 per 30 days)
VYNDAMAX 61 MG CAPSULE <b>DL</b>	4	PA, QL (30 per 30 days)
VYTORIN 10 MG-10 MG TABLET <b>MD,MO</b>	3	PA, QL (30 per 30 days)
VYTORIN 10 MG-20 MG TABLET <b>MD,MO</b>	3	PA, QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET <b>MD,MO</b>	3	PA, QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET <b>MD,MO</b>	3	PA, QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET <b>MD,MO</b>	2	QL (30 per 30 days)
WELCHOL 625 MG TABLET <b>MD,MO</b>	2	QL (180 per 30 days)
ZESTORETIC 10 MG-12.5 MG TABLET; ZESTORETIC 20 MG-12.5 MG TABLET; ZESTORETIC 20 MG-25 MG TABLET <b>MD,MO</b>	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET <b>MD,MO</b>	3	PA
ZETIA 10 MG TABLET <b>MD,MO</b>	3	PA, QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TABLET; ZIAC 2.5 MG-6.25 MG TABLET; ZIAC 5 MG-6.25 MG TABLET <b>MD,MO</b>	3	PA
ZOCOR 10 MG, 20 MG, 40 MG, 5 MG, 80 MG TABLET <b>MD,MO</b>	3	PA, QL (30 per 30 days)
ZYPITAMAG 1 MG, 2 MG, 4 MG TABLET <b>MD,MO</b>	3	ST, QL (30 per 30 days)
<b>Central Nervous System Agents</b>		
adderall 10 mg, 15 mg, 20 mg, 5 mg tablet <b>MD,MO</b>	1	PA, QL (90 per 30 days)
ADDERALL 12.5 MG, 7.5 MG TABLET <b>MD,MO</b>	1	PA, QL (90 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
<i>adderall 30 mg tablet</i> <b>MD,MO</b>	1	PA,QL (60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
ADZENYS ER 1.25 MG/ML SUSPENSION, EXTENDED RELEASE 24HR <b>MD,MO</b>	3	QL (450 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
<i>amphetamine sulfate 10 mg, 5 mg tab</i> <b>MD,MO</b>	1	QL (90 per 30 days)
AMPYRA 10 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE <b>MD,MO</b>	3	QL (30 per 30 days)
<i>atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>atomoxetine hcl 100 mg, 60 mg, 80 mg capsule</i> <b>MD,MO</b>	1	QL (30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT <b>DL</b>	4	PA,QL (1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT <b>DL</b>	4	PA,QL (1 per 28 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT <b>DL</b>	4	PA,QL (4 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (15 per 30 days)
<i>clonidine hcl er 0.1 mg tablet</i> <b>MD,MO</b>	1	QL (120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
CONCERTA 36 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET <b>MD,MO</b>	3	QL (60 per 30 days)
<i>dalfampridine er 10 mg tablet</i> <b>MD,MO</b>	1	PA,QL (60 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR DAILY PATCH <b>MD,MO</b>	3	QL (30 per 30 days)
DESOXYN 5 MG TABLET <b>DL</b>	4	PA,QL (150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (120 per 30 days)
DEXEDRINE SPANSULE 5 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
<i>dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab</i> <b>MD,MO</b>	1	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
dexamethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cap; dexamethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cp <b>MD,MO</b>	1	QL (30 per 30 days)
dextroamphetamine 10 mg tab <b>MD,MO</b>	1	QL (180 per 30 days)
dextroamphetamine 5 mg tab <b>MD,MO</b>	1	QL (150 per 30 days)
dextroamphetamine 5 mg/5 ml <b>MD,MO</b>	1	QL (1800 per 30 days)
dextroamphetamine er 10 mg cap <b>MD,MO</b>	1	QL (180 per 30 days)
dextroamphetamine er 15 mg cap <b>MD,MO</b>	1	QL (120 per 30 days)
dextroamphetamine er 5 mg cap <b>MD,MO</b>	1	QL (60 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap <b>MD,MO</b>	1	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap <b>MD,MO</b>	1	QL (60 per 30 days)
dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab <b>MD,MO</b>	1	QL (90 per 30 days)
dextroamp-amphetamin 30 mg tab <b>MD,MO</b>	1	QL (60 per 30 days)
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION <b>MD,MO</b>	3	QL (240 per 30 days)
EVEKEO 10 MG, 5 MG TABLET <b>MD,MO</b>	1	QL (90 per 30 days)
EVEKEO ODT 10 MG, 5 MG DISINTEGRATING TABLET <b>MD,MO</b>	3	QL (90 per 30 days)
EVEKEO ODT 15 MG, 20 MG DISINTEGRATING TABLET <b>MD,MO</b>	3	QL (60 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (15 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (15 per 30 days)
FIRDAPSE 10 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	QL (30 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
glatiramer 20 mg/ml syringe <b>DL</b>	4	PA,QL (30 per 30 days)
glatiramer 40 mg/ml syringe <b>DL</b>	4	PA,QL (12 per 28 days)
glatopa 20 mg/ml subcutaneous syringe <b>DL</b>	4	PA,QL (30 per 30 days)
glatopa 40 mg/ml subcutaneous syringe <b>DL</b>	4	PA,QL (12 per 28 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (90 per 30 days)
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE <b>MO</b>	3	ST,QL (78 per 30 days)
guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
HORIZANT ER 300 MG, 600 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	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
INGREZZA 40 MG, 80 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
INGREZZA INITIATION PACK 40 MG (7)-80 MG (21) CAPSULES IN A DOSE PACK <b>DL</b>	4	PA,QL (28 per 28 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (30 per 30 days)
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (120 per 30 days)
LEMTRADA 12 MG/1.2 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (6 per 365 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE <b>MD,MO</b>	3	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE <b>MD,MO</b>	3	QL (60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
LYRICA CR 330 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (4 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (5 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (6 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (7 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (8 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (9 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA,QL (40 per 365 days)
MAYZENT 0.25 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
MAYZENT 2 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
MAYZENT STARTER PACK 0.25 MG (12 TABS) TABLETS <b>DL</b>	4	PA,QL (12 per 30 days)
<i>metadate er 20 mg tablet,extended release</i> <b>MD,MO</b>	1	QL (90 per 30 days)
<i>methamphetamine 5 mg tablet</i> <b>DL</b>	4	QL (150 per 30 days)
METHYLIN 10 MG/5 ML ORAL SOLUTION <b>MD,MO</b>	3	PA,QL (900 per 30 days)
METHYLIN 5 MG/5 ML ORAL SOLUTION <b>MD,MO</b>	3	PA,QL (1800 per 30 days)
<i>methylphenidate 10 mg chew tab</i> <b>MD,MO</b>	1	QL (180 per 30 days)
<i>methylphenidate 10 mg, 20 mg, 5 mg tablet</i> <b>MD,MO</b>	1	QL (90 per 30 days)
<i>methylphenidate 10 mg/5 ml sol</i> <b>MD,MO</b>	1	QL (900 per 30 days)
<i>methylphenidate 2.5 mg, 5 mg chew tab; methylphenidate 2.5 mg, 5 mg chew tb</i> <b>MD,MO</b>	1	QL (150 per 30 days)
<i>methylphenidate 5 mg/5 ml soln</i> <b>MD,MO</b>	1	QL (1800 per 30 days)
<i>methylphenidate cd 10 mg, 20 mg, 40 mg, 50 mg, 60 mg cap;</i> <i>methylphenidate la 10 mg, 20 mg, 40 mg, 50 mg, 60 mg cap</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>methylphenidate cd 20 mg, 30 mg cap; methylphenidate la 20 mg, 30 mg cap</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>methylphenidate er 10 mg tab</i> <b>MD,MO</b>	1	QL (180 per 30 days)
<i>methylphenidate er 18 mg, 27 mg, 54 mg, 72 mg tab</i> <b>MD,MO</b>	1	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>methylphenidate er 20 mg tab</i> <b>MD,MO</b>	1	QL (90 per 30 days)
<i>methylphenidate er 36 mg tab</i> <b>MD,MO</b>	1	QL (60 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE EXTENDED RELEASE 24 HR <b>MD,MO</b>	3	QL (30 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION <b>MD,MO</b>	4	PA,QL (40 per 365 days)
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1 per 28 days)
<i>pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg capsule</i> <b>MD,MO</b>	1	QL (90 per 30 days)
<i>pregabalin 20 mg/ml solution</i> <b>MD,MO</b>	1	QL (900 per 30 days)
<i>pregabalin 225 mg, 300 mg capsule</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>procentra 5 mg/5 ml oral solution</i> <b>DL</b>	4	QL (1800 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, EXTENDED RELEASE; QUILLICHEW ER 20 MG, 40 MG CHEWABLE, EXTENDED RELEASE TABLET <b>DL</b>	4	QL (30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE <b>DL</b>	4	QL (60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR <b>DL</b>	4	QL (360 per 30 days)
RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK <b>DL</b>	4	PA
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. <b>DL</b>	4	PA,QL (4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4.2 per 28 days)
<i>relexxii 72 mg tablet,extended release</i> <b>MD,MO</b>	1	QL (30 per 30 days)
RILUTEK 50 MG TABLET <b>DL</b>	4	
<i>riluzole 50 mg tablet</i> <b>MD,MO</b>	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET <b>MD,MO</b>	3	PA,QL (90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
RUZURGI 10 MG TABLET <b>DL</b>	4	PA,QL (300 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET <b>MD,MO</b>	2	QL (60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK <b>MO</b>	2	QL (60 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE <b>MD,MO</b>	3	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 100 MG, 60 MG, 80 MG CAPSULE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE <b>DL</b>	4	PA,QL (14 per 30 days)
TECFIDERA 240 MG CAPSULE,DELAYED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
tetrabenazine 12.5 mg tablet <b>DL</b>	4	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet <b>DL</b>	4	PA,QL (120 per 30 days)
TIGLUTIK 50 MG/10 ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (600 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (15 per 28 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
XENAZINE 12.5 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
zenzedi 10 mg tablet <b>MD,MO</b>	1	QL (180 per 30 days)
ZENZEDI 15 MG TABLET <b>MD,MO</b>	1	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET <b>MD,MO</b>	1	QL (90 per 30 days)
ZENZEDI 30 MG TABLET <b>MD,MO</b>	1	QL (60 per 30 days)
zenzedi 5 mg tablet <b>MD,MO</b>	1	QL (150 per 30 days)
ZINBRYTA 150 MG/ML SYRINGE <b>DL</b>	4	PA,QL (1 per 30 days)
<b>Dental &amp; Oral Agents</b>		
cevimeline hcl 30 mg capsule <b>MD,MO</b>	1	
chlorhexidine 0.12% rinse <b>MO</b>	1	
EVOXAC 30 MG CAPSULE <b>MD,MO</b>	3	PA
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
oralone 0.1 % dental paste <b>MO</b>	1	
paroex oral rinse 0.12 % mouthwash <b>MO</b>	1	
periogard 0.12 % mouthwash <b>MO</b>	1	
pilocarpine hcl 5 mg, 7.5 mg tablet <b>MD,MO</b>	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET <b>MD,MO</b>	3	
triamcinolone 0.1% paste <b>MO</b>	1	
<b>Dermatological Agents</b>		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG CAPSULE <b>DL</b>	4	ST,QL (60 per 30 days)
ABSORICA 40 MG CAPSULE <b>DL</b>	4	ST,QL (120 per 30 days)
ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
acitretin 10 mg capsule <b>MO</b>	1	QL (90 per 30 days)
acitretin 17.5 mg capsule <b>MO</b>	1	QL (60 per 30 days)
acitretin 25 mg capsule <b>MO</b>	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
ACZONE 5 %, 7.5 % TOPICAL GEL; ACZONE 5 %, 7.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
<i>adapalene 0.1% cream</i> <b>MO</b>	1	
<i>adapalene 0.1% gel; adapalene 0.3% gel; adapalene 0.3% gel pump</i> <b>MO</b>	1	
<i>adapalene 0.1% solution</i> <b>DL</b>	4	
<i>adapalene 0.1% swab</i> <b>MO</b>	1	QL (30 per 30 days)
<i>adapalene-bnzyl perox 0.1-2.5%</i> <b>MO</b>	1	
AKTIPAK 3 %-5 % TOPICAL GEL <b>MO</b>	3	
ALDARA 5 % TOPICAL CREAM PACKET <b>MO</b>	3	PA,QL (12 per 30 days)
ALTRENO 0.05 % LOTION <b>MO</b>	3	PA
<i>ammonium lactate 12% cream</i> <b>MO</b>	1	
<i>ammonium lactate 12% lotion</i> <b>MO</b>	1	
<i>amneesteem 10 mg, 20 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>amneesteem 40 mg capsule</i> <b>MO</b>	1	QL (120 per 30 days)
ATRALIN 0.05 % TOPICAL GEL <b>MO</b>	3	PA
AVITA 0.025 % TOPICAL CREAM <b>MO</b>	3	PA
AVITA 0.025 % TOPICAL GEL <b>MO</b>	3	PA
<i>azelaic acid 15% gel</i> <b>MO</b>	1	ST
AZELEX 20 % TOPICAL CREAM <b>MO</b>	3	
BENZACLIN 1 %-5 % TOPICAL GEL <b>MO</b>	3	
BENZACLIN PUMP 1 %-5 % TOPICAL GEL <b>MO</b>	3	
BENZAMYCIN 3 %-5 % TOPICAL GEL <b>MO</b>	3	
<i>calcipotriene 0.005% cream</i> <b>MO</b>	1	QL (120 per 30 days)
<i>calcipotriene 0.005% ointment</i> <b>MO</b>	1	
<i>calcipotriene 0.005% solution</i> <b>MO</b>	1	QL (60 per 30 days)
<i>calcipotriene-betameth dp oint</i> <b>DL</b>	4	PA,QL (60 per 30 days)
<i>calcitrene 0.005 % topical ointment</i> <b>MO</b>	1	
<i>calcitriol 3 mcg/g ointment</i> <b>MO</b>	1	ST,QL (800 per 28 days)
CARAC 0.5 % TOPICAL CREAM <b>DL</b>	4	PA
<i>claravis 10 mg, 20 mg, 30 mg capsule</i> <b>MO</b>	1	ST,QL (60 per 30 days)
<i>claravis 40 mg capsule</i> <b>MO</b>	1	ST,QL (120 per 30 days)
<i>clind ph-benzoyl pero 1.2-2.5%; clind ph-benzoyl perox 1.2-5%; clinda-benzoyl perox 1-5% pump; clindamycin-benzoyl perox 1-5%</i> <b>MO</b>	1	
<i>clinda-tretinoin 1.2%-0.025%</i> <b>MO</b>	1	
CONDYLOX 0.5 % TOPICAL GEL <b>DL</b>	4	
CORTISPORIN 1 % TOPICAL OINTMENT <b>MO</b>	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM <b>MO</b>	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
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (34 per 365 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS <b>DL</b>	4	PA,QL (34 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (34 per 365 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS <b>DL</b>	4	PA,QL (34 per 365 days)
<i>dapsone 5% gel</i> <b>MO</b>	1	
<i>diclofenac sodium 3% gel</i> <b>MO</b>	1	PA
DIFFERIN 0.1 % LOTION <b>MO</b>	3	
DIFFERIN 0.1 % TOPICAL CREAM <b>MO</b>	3	PA
DIFFERIN 0.1 %, 0.3 % TOPICAL GEL <b>MO</b>	3	PA
DIFFERIN 0.3 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
DOVONEX 0.005 % TOPICAL CREAM <b>DL</b>	4	ST,QL (120 per 30 days)
<i>doxepin 5% cream</i> <b>DL</b>	4	PA
DUOBRII 0.01 %-0.045 % LOTION <b>DL</b>	4	PA,QL (200 per 28 days)
EFUDEX 5 % TOPICAL CREAM <b>MO</b>	3	PA
ELIDEL 1 % TOPICAL CREAM <b>MO</b>	3	PA
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM <b>MO</b>	3	QL (120 per 30 days)
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
EPIFOAM 1 %-1 % TOPICAL <b>MO</b>	1	
<i>erythromycin-benzoyl gel</i> <b>MO</b>	1	
EUCRISA 2 % TOPICAL OINTMENT <b>MO</b>	3	PA
FABIOR 0.1 % TOPICAL FOAM <b>MO</b>	3	PA
FINACEA 15 % TOPICAL FOAM <b>MO</b>	3	ST
FINACEA 15 % TOPICAL GEL <b>MO</b>	3	ST
<i>fluorouracil 0.5% cream</i> <b>DL</b>	4	
<i>fluorouracil 2% topical soln; fluorouracil 5% topical soln</i> <b>MO</b>	1	
<i>fluorouracil 5% cream</i> <b>MO</b>	1	
ILUMYA 100 MG/ML SUBCUTANEOUS SYRINGE <b>MD,MO</b>	4	PA,QL (6 per 365 days)
<i>imiquimod 3.75% cream pump</i> <b>DL</b>	4	ST,QL (15 per 30 days)
<i>imiquimod 5% cream packet</i> <b>MO</b>	1	QL (12 per 30 days)
<i>isotretinoin 10 mg, 20 mg, 30 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>isotretinoin 40 mg capsule</i> <b>MO</b>	1	QL (120 per 30 days)
<i>methoxsalen 10 mg capsule</i> <b>DL</b>	4	
MIRVASO 0.33 % TOPICAL GEL; MIRVASO 0.33 % TOPICAL GEL WITH PUMP <b>MO</b>	3	ST
<i>myorisan 10 mg, 20 mg, 30 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>myorisan 40 mg capsule</i> <b>MO</b>	1	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
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM <b>MO</b>	1	
<i>neuc</i> 1.2 % (1 % base)-5 % topical gel <b>MO</b>	1	
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
OXSORALEN ULTRA 10 MG LIQUID-FILLED,RAPID RELEASE CAPSULE <b>DL</b>	4	
PICATO 0.015 % TOPICAL GEL <b>MO</b>	3	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL <b>MO</b>	3	QL (2 per 30 days)
<i>pimecrolimus</i> 1% cream <b>MO</b>	1	
<i>plixda</i> 0.1% swab <b>MO</b>	1	QL (30 per 30 days)
<i>podofilox</i> 0.5% topical soln <b>MO</b>	1	
PROTOPIC 0.03 %, 0.1 % TOPICAL OINTMENT <b>DL</b>	4	
PRUDOXIN 5 % TOPICAL CREAM <b>DL</b>	4	PA
RECTIV 0.4 % (W/W) OINTMENT <b>MO</b>	3	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL <b>DL</b>	4	
RETIN-A 0.01 %, 0.025 % TOPICAL GEL <b>MO</b>	3	PA
RETIN-A 0.025 %, 0.05 %, 0.1 % TOPICAL CREAM <b>MO</b>	3	PA
RETIN-A MICRO 0.04 %, 0.1 % TOPICAL GEL <b>DL</b>	4	PA
RETIN-A MICRO PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 % TOPICAL GEL <b>DL</b>	4	PA
RHOFADE 1 % TOPICAL CREAM <b>MO</b>	3	ST,QL (30 per 30 days)
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT <b>MO</b>	2	
<i>selenium sulfide</i> 2.5% lotion <b>MO</b>	1	
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (42 per 365 days)
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (6 per 365 days)
SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE <b>MD,MO</b>	4	PA,QL (9.96 per 365 days)
SOLARAZE 3 % TOPICAL GEL <b>MO</b>	3	PA
SOOLANTRA 1 % TOPICAL CREAM <b>MO</b>	3	ST
SORIATANE 10 MG CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
SORIATANE 17.5 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
SORIATANE 25 MG CAPSULE <b>DL</b>	4	PA
SORILUX 0.005 % TOPICAL FOAM <b>DL</b>	4	ST,QL (120 per 28 days)
STELARA 130 MG/26 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (104 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3 per 84 days)
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT <b>DL</b>	4	PA,QL (60 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION <b>MO</b>	2	QL (420 per 30 days)
<i>tacrolimus</i> 0.03% ointment; <i>tacrolimus</i> 0.1% ointment <b>MO</b>	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
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (18 per 365 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (18 per 365 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (18 per 365 days)
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (18 per 365 days)
TALTZ 80 MG/ML SYRINGE (2-PK) <b>DL</b>	4	PA,QL (18 per 365 days)
TALTZ 80 MG/ML SYRINGE (3-PK) <b>DL</b>	4	PA,QL (18 per 365 days)
<i>tazarotene 0.1% cream</i> <b>MO</b>	1	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM <b>DL</b>	4	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL <b>MO</b>	3	PA
TOLAK 4 % TOPICAL CREAM <b>MO</b>	2	
TREMFYA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR <b>DL</b>	4	PA,QL (1 per 28 days)
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (8 per 365 days)
TRETIN-X 0.075 % TOPICAL CREAM <b>MO</b>	1	PA
<i>tretinoin 0.01% gel; tretinoin 0.025% gel; tretinoin 0.05% gel</i> <b>MO</b>	1	PA
<i>tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream</i> <b>MO</b>	1	PA
<i>tretinoin gel micro 0.04% pump; tretinoin gel micro 0.04% tube; tretinoin gel micro 0.1% pump; tretinoin gel micro 0.1% tube</i> <b>MO</b>	1	PA
UVADEX 20 MCG/ML INJECTION SOLUTION <b>MO</b>	3	B vs D
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT <b>DL</b>	4	ST,QL (800 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT <b>DL</b>	4	QL (30 per 30 days)
<i>zenatane 10 mg, 20 mg, 30 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>zenatane 40 mg capsule</i> <b>MO</b>	1	QL (120 per 30 days)
ZIANA 1.2 %-0.025 % TOPICAL GEL <b>MO</b>	3	PA
ZONALON 5 % TOPICAL CREAM <b>MO</b>	3	PA
ZYCLARA 2.5 %, 3.75 % TOPICAL CREAM IN A PUMP <b>MO</b>	3	ST,QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET <b>MO</b>	3	ST
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AMINOSYN 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION <b>MO</b>	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
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AURYXIA 210 MG IRON TABLET <b>MD,MO</b>	3	PA,QL (360 per 30 days)
<i>bal-care dha 27 mg-1 mg-430 mg tablet-capsule, delayed release</i> <b>MD,MO</b>	3	
<i>c-nate dha 28 mg iron-1 mg-200 mg capsule</i> <b>MD,MO</b>	1	
calcium acetate 667 mg gelcap <b>MD,MO</b>	1	
calcium acetate 667 mg tablet <b>MD,MO</b>	1	
calcium chloride 10% syringe <b>MO</b>	1	
calcium chloride 10% vial <b>MO</b>	1	
calcium gluc 1,000mg/50ml-nacl <b>MO</b>	1	
calcium gluconate 10% vial <b>MO</b>	1	
calcium pnv 28 mg-1 mg-250 mg capsule <b>MD,MO</b>	1	
CARBAGLU 200 MG DISPERSIBLE TABLET <b>DL</b>	4	PA
CARNITOR 100 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	
CARNITOR 200 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
CARNITOR 330 MG TABLET <b>MD,MO</b>	3	
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	
CHEMET 100 MG CAPSULE <b>DL</b>	4	
CITRANATAL (DUAL-IRON) 27 MG IRON-1 MG-50 MG TABLET <b>MD,MO</b>	3	
CITRANATAL 90 DHA (ALGAL OIL) 90 MG IRON-1 MG-50 MG-300 MG ORAL PACK <b>MD,MO</b>	3	
CITRANATAL ASSURE 35 MG IRON-1 MG-50 MG-300 MG ORAL PACK <b>MD,MO</b>	3	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS <b>MD,MO</b>	3	
CITRANATAL DHA (ALGAL OIL) 27 MG IRON-1 MG-50 MG-250 MG ORAL PACK <b>MD,MO</b>	3	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 2.75%-5% SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 4.25%-20% SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 2.75%-10% SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 4.25%-25% SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINISOL SF 15 % INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
CLINOLIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
complete natal dha 29 mg-1 mg-250 mg oral pack <b>MD,MO</b>	1	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE <b>MD,MO</b>	3	
CONCEPT OB 85 MG-1 MG CAPSULE <b>MD,MO</b>	3	
CUPRIMINE 250 MG CAPSULE <b>DL</b>	4	QL (600 per 30 days)
dextrose 10%-0.45% nacl iv sol <b>MO</b>	1	
dextrose 2.5%-0.45% nacl iv <b>MO</b>	1	
dextrose 5%-0.9% nacl iv soln <b>MO</b>	1	
dextrose 5%-0.45% nacl iv soln <b>MO</b>	1	
deferoxamine 2 gram, 500 mg vial <b>DL</b>	4	B vs D
DEPEN TITRATABS 250 MG TABLET <b>DL</b>	4	
DESFERAL 2 GRAM, 500 MG SOLUTION FOR INJECTION <b>MO</b>	3	B vs D
dextrose 10%-0.2% nacl iv soln <b>MO</b>	1	
dextrose 10%-water iv solution <b>MO</b>	1	
dextrose 20%-water iv soln <b>MO</b>	1	
dextrose 25%-water syringe <b>MO</b>	1	
dextrose 30%-water iv soln <b>MO</b>	1	
dextrose 40%-water iv soln <b>MO</b>	1	
dextrose 5%-water iv soln <b>MO</b>	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
dextrose 5%-lr iv solution <b>MO</b>	1	
dextrose 5%-0.225% nacl iv sol <b>MO</b>	1	
dextrose 5%-0.3% nacl iv soln <b>MO</b>	1	
dextrose 50%-water syringe <b>MO</b>	1	
dextrose 50%-water vial <b>MO</b>	1	
dextrose 70%-water iv soln <b>MO</b>	1	
dothelle dha softgel <b>MD,MO</b>	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK <b>MD,MO</b>	3	
dextrose 5%-electrolyte 48 <b>MO</b>	1	
eliphos 667 mg tablet <b>MD,MO</b>	1	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET <b>DL</b>	4	PA
FERRIPROX 1,000 MG TABLET <b>DL</b>	4	PA,QL (300 per 30 days)
FERRIPROX 100 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (3600 per 30 days)
FERRIPROX 500 MG TABLET <b>DL</b>	4	PA,QL (720 per 30 days)
focalgin 90 dha combo pack <b>MD,MO</b>	1	
focalgin ca combo pack <b>MD,MO</b>	1	
folivane-ob 85 mg-1 mg capsule <b>MD,MO</b>	3	
FOSRENOL 1,000 MG, 500 MG, 750 MG CHEWABLE TABLET <b>DL</b>	4	ST
FOSRENOL 1,000 MG, 750 MG ORAL POWDER PACKET <b>DL</b>	4	ST
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION <b>MO</b>	1	
hemenatal ob 28 mg-6 mg-1 mg tablet <b>MD,MO</b>	3	
hemenatal ob + dha 28 mg iron-6 mg iron-1 mg oral pack <b>MD,MO</b>	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION <b>MO</b>	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION <b>MO</b>	3	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION <b>MO</b>	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	3	
ISOLYTE-S INTRAVENOUS SOLUTION <b>MO</b>	3	
JADENU 180 MG, 360 MG, 90 MG TABLET <b>DL</b>	4	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA
JYNARQUE 15 MG, 30 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS; JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS; JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS <b>DL</b>	4	PA,QL (56 per 28 days)
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE <b>MD,MO</b>	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
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
<i>kionex powder</i> <b>MO</b>	1	
KIONEX 15 GM/60 ML SUSPENSION <b>MO</b>	1	
<i>klor-con 20 meq oral packet</i> <b>MD,MO</b>	1	QL (240 per 30 days)
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE <b>MD,MO</b>	1	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE <b>MD,MO</b>	1	
<i>klor-con m10 meq tablet,extended release</i> <b>MD,MO</b>	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <b>MD,MO</b>	1	
<i>klor-con m20 meq tablet,extended release</i> <b>MD,MO</b>	1	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release; klor-con sprinkle er 10 meq, 8 meq cp</i> <b>MD,MO</b>	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET <b>MD,MO</b>	3	
<i>lactated ringers injection</i> <b>MO</b>	1	
<i>lanthanum carb 1,000 mg, 500 mg, 750 mg tab chew; lanthanum carb 1,000 mg, 500 mg, 750 mg tb chw</i> <b>DL</b>	4	ST
<i>levocarnitine 330 mg tablet</i> <b>MD,MO</b>	1	
<i>levocarnitine 1 g/10 ml soln</i> <b>MD,MO</b>	1	
<i>levomefolate dha capsule</i> <b>MD,MO</b>	1	
LOKELMA 10 GRAM, 5 GRAM ORAL POWDER PACKET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>m-natal plus 27 mg iron-1 mg tablet</i> <b>MD,MO</b>	1	
<i>magnesium sulfat 50% syringe</i> <b>MO</b>	1	
<i>magnesium sulfat 50% vial</i> <b>MO</b>	1	
<i>magnesium sulf 1 g/100 ml-d5w</i> <b>MO</b>	1	
<i>magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag</i> <b>MO</b>	1	
<i>magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml</i> <b>MO</b>	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET <b>MD,MO</b>	3	
NATELLE ONE CAPSULE <b>MD,MO</b>	3	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
NEXA PLUS 29 MG IRON-1.25 MG-55 MG CAPSULE <b>MD,MO</b>	3	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	3	
NORMOSOL-R INTRAVENOUS SOLUTION <b>MO</b>	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION <b>MO</b>	3	
NUTRILIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET <b>MD,MO</b>	3	
OB COMPLETE 50 MG IRON-1.25 MG TABLET <b>MD,MO</b>	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
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE <b>MD,MO</b>	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE <b>MD,MO</b>	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET <b>MD,MO</b>	3	
OMEGAVEN 10 % INTRAVENOUS EMULSION <b>DL</b>	4	B vs D
penicillamine 250 mg capsule <b>DL</b>	4	QL (600 per 30 days)
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION <b>MD,MO</b>	3	ST
PLASMA-LYTE 148 INTRAVENOUS SOLUTION <b>MO</b>	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION <b>MO</b>	3	
plenamine 15 % intravenous solution <b>MO</b>	1	B vs D
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack <b>MD,MO</b>	1	
potassium acet 40 meq/20 ml vl <b>MO</b>	1	
d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl <b>MO</b>	1	
potassium cl 10% (20 meq/15ml) <b>MD,MO</b>	1	QL (1125 per 30 days)
potassium cl 20 meq packet <b>MD,MO</b>	1	QL (240 per 30 days)
potassium cl 20% (40 meq/15ml) <b>MD,MO</b>	1	
potassium cl 40 meq/20 ml conc <b>MO</b>	1	
potassium cl er 10 meq, 20 meq tablet <b>MD,MO</b>	1	
potassium cl er 10 meq, 20 meq, 8 meq tablet <b>MD,MO</b>	1	
potassium cl er 10 meq, 8 meq capsule <b>MD,MO</b>	1	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln <b>MO</b>	1	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution <b>MO</b>	1	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer <b>MO</b>	1	
potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol <b>MO</b>	1	
potassium cl 20 meq-0.45% nacl <b>MO</b>	1	
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl <b>MO</b>	1	
kcl 20 meq in d5w-0.3% nacl <b>MO</b>	1	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% <b>MO</b>	1	
potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab <b>MD,MO</b>	1	
pr natal 400 29 mg-1 mg-400 mg oral pack <b>MD,MO</b>	1	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule, delayed release <b>MD,MO</b>	1	
pr natal 430 29 mg iron-1 mg-430 mg oral pack <b>MD,MO</b>	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
<i>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule, delayed release</i> MD,MO	1	
PREFERA OB TABLET MD,MO	3	
PREFERA-OB ONE SOFTGEL MD,MO	3	
PREFERA-OB PLUS DHA COMBO PACK MD,MO	3	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION MO	1	B vs D
<i>prenaissance 29 mg-1.25 mg-55 mg-325 mg capsule</i> MD,MO	3	
<i>prenaissance plus 28 mg-1 mg-50 mg-250 mg capsule</i> MD,MO	3	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET MD,MO	3	
PRENATABS FA 29 MG-1 MG TABLET MD,MO	1	
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> MD,MO	1	
<i>prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack</i> MD,MO	3	
<i>prenatal vitamins plus low iron 27 mg iron-1 mg tablet</i> MD,MO	1	
PRENATE AM 1 MG-500 MG TABLET MD,MO	3	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE MD,MO	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET MD,MO	3	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE MD,MO	3	
<i>preplus 27 mg iron-1 mg tablet</i> MD,MO	1	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	3	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION MO	3	B vs D
RENAGEL 400 MG, 800 MG TABLET DL	4	ST
REVELA 0.8 GRAM ORAL POWDER PACKET MD,MO	2	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET MD,MO	2	QL (180 per 30 days)
REVELA 800 MG TABLET MD,MO	2	QL (540 per 30 days)
<i>ringer's iv solution</i> MO	1	
SAMSCA 15 MG, 30 MG TABLET DL	4	QL (60 per 30 days)
<i>se-natal 19 29 mg iron-1 mg chewable tablet</i> MD,MO	1	
<i>se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet</i> MD,MO	1	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET MD,MO	3	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET MD,MO	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK MD,MO	3	
<i>sevelamer 0.8 gm powder packet</i> MD,MO	1	QL (540 per 30 days)
<i>sevelamer 2.4 gm powder packet</i> MD,MO	1	QL (180 per 30 days)
<i>sevelamer carbonate 800 mg tab</i> MD,MO	1	QL (540 per 30 days)
<i>sevelamer hcl 400 mg, 800 mg tablet</i> MD,MO	1	ST
SMOFLIPID 20 % INTRAVENOUS EMULSION 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
sodium acetate 40 meq/20 ml vial <b>MO</b>	1	
sodium bicarb 8.4% abboject <b>MO</b>	1	
sodium chloride 100 meq/40 ml <b>MO</b>	1	
saline 0.45% soln-excel con <b>MO</b>	1	
sodium chloride 0.45% soln <b>MO</b>	1	
sodium chloride 0.9% solution <b>MO</b>	1	
sodium chloride 0.9% vial <b>MO</b>	1	
sodium chloride 3% iv soln <b>MO</b>	1	
sodium chloride 5% iv soln <b>MO</b>	1	
sodium lactate 50 meq/10 ml vial <b>MO</b>	1	
sodium phosphate 45 mmol/15 ml <b>MO</b>	1	
sod polystyren sulf 15 g/60 ml <b>MO</b>	1	
sodium polystyrene sulf powder <b>MO</b>	1	
sps 15 gm/60 ml suspension <b>MO</b>	1	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema <b>MO</b>	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION <b>MO</b>	1	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA <b>MO</b>	1	
SYPRINE 250 MG CAPSULE <b>DL</b>	4	PA,QL (240 per 30 days)
taron-c dha 35 mg-1 mg-200 mg capsule <b>MD,MO</b>	1	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule <b>MD,MO</b>	1	
THAM 36 MG/ML (0.3 M) INTRAVENOUS SOLUTION <b>MO</b>	3	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
TRAVASOL 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
TRICARE 27 MG IRON-1 MG TABLET <b>MD,MO</b>	1	
TRICARE PRENATAL DHA ONE SFTGL <b>MD,MO</b>	3	
trientine hcl 250 mg capsule <b>DL</b>	4	QL (240 per 30 days)
trinatal rx 1 60 mg iron-1 mg tablet <b>MD,MO</b>	1	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE <b>MD,MO</b>	3	
triveen-duo dha 29 mg-1 mg-400 mg oral pack <b>MD,MO</b>	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
ultimatecare one capsule <b>MD,MO</b>	1	
ultimatecare one nf capsule <b>MD,MO</b>	1	
UROCIT-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	
UROCIT-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET,EXTENDED RELEASE <b>MD,MO</b>	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
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
VELPHORO 500 MG CHEWABLE TABLET <b>DL</b>	4	ST
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET <b>DL</b>	4	PA,QL (30 per 30 days)
VINATE DHA RF 27 MG IRON-1.13 MG-581.28 MG CAPSULE <b>MD,MO</b>	3	
<i>virt-c dha 35 mg-1 mg-200 mg capsule</i> <b>MD,MO</b>	1	
<i>virt-nate dha 28 mg iron-1 mg-200 mg capsule</i> <b>MD,MO</b>	1	
<i>virt-select 29 mg-1.25 mg-55 mg-325 mg capsule</i> <b>MD,MO</b>	1	
VITAFOL FE+ (WITH DOCUSATE) 90 MG IRON-1 MG-50 MG-200 MG CAPSULE <b>MD,MO</b>	3	
VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET <b>MD,MO</b>	3	
VITAFOL NANO 18 MG IRON-1 MG TABLET <b>MD,MO</b>	3	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE <b>MD,MO</b>	3	
VITAFOL-OB 65 MG-1 MG TABLET <b>MD,MO</b>	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK <b>MD,MO</b>	3	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE <b>MD,MO</b>	3	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE <b>MD,MO</b>	3	
<i>vp-ch-pnv 30 mg iron-1 mg-50 mg-260 mg capsule</i> <b>MD,MO</b>	1	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE <b>MD,MO</b>	3	
<b>Gastrointestinal Agents</b>		
ACIPHEX 20 MG TABLET,DELAYED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
ACIPHEX SPRINKLE 10 MG, 5 MG CAPSULE,DELAYED RELEASE <b>DL</b>	4	QL (30 per 30 days)
ACTIGALL 300 MG CAPSULE <b>DL</b>	4	PA
<i>alosetron hcl 0.5 mg, 1 mg tablet</i> <b>DL</b>	4	PA,QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
<i>lansoprazol-amoxicil-clarithro</i> <b>MO</b>	1	ST
<i>atropine 0.05 mg/ml, 0.1 mg/ml syringe; atropine 1 mg/10 ml syringe</i> <b>MO</b>	1	PA
BENTYL 10 MG CAPSULE <b>MD,MO</b>	3	PA
BENTYL 10 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	PA
CARAFATE 1 GRAM TABLET <b>MD,MO</b>	3	
CARAFATE 100 MG/ML ORAL SUSPENSION <b>MD,MO</b>	3	
CHENODAL 250 MG TABLET <b>DL</b>	4	PA
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet</i> <b>MD,MO</b>	1	
<i>cimetidine 300 mg/5 ml soln</i> <b>MD,MO</b>	1	
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION <b>MO</b>	3	ST
COLYTE WITH FLAVOR PACKS 240 GRAM-22.72 G-6.72 G-5.84 G ORAL SOLUTION <b>MO</b>	3	ST
<i>constulose 10 gram/15 ml oral solution</i> <b>MD,MO</b>	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
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION <b>MD,MO</b>	3	
CYTOTEC 100 MCG, 200 MCG TABLET <b>DL</b>	4	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE <b>MD,MO</b>	3	QL (30 per 30 days)
dicyclomine 10 mg capsule <b>MD,MO</b>	1	
dicyclomine 10 mg/5 ml soln <b>MD,MO</b>	1	
dicyclomine 20 mg tablet <b>MD,MO</b>	1	
dicyclomine 20 mg/2 ml vial <b>MO</b>	1	
diphenoxylat-atrop 2.5-0.025/5 <b>MO</b>	1	
diphenoxylate-atrop 2.5-0.025 <b>MO</b>	1	
ENDARI 5 GRAM ORAL POWDER PACKET <b>DL</b>	4	PA
enulose 10 gram/15 ml oral solution <b>MD,MO</b>	1	
esomeprazole mag dr 20 mg, 40 mg cap <b>MD,MO</b>	1	QL (30 per 30 days)
esomeprazole sodium 20 mg, 40 mg vial <b>MO</b>	1	
esomeprazole dr 24.65 mg, 49.3 mg cap <b>MD,MO</b>	3	QL (30 per 30 days)
famotidine 20 mg, 40 mg tablet <b>MD,MO</b>	1	
famotidine 40 mg/4 ml vial <b>MO</b>	1	
famotidine 40 mg/5 ml susp <b>MD,MO</b>	1	
famotidine 20 mg/2 ml vial <b>MO</b>	1	
famotidine 20 mg piggyback <b>MO</b>	1	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution <b>MO</b>	1	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution <b>MO</b>	1	
gavilyte-n 420 gram oral solution <b>MO</b>	1	
generlac 10 gram/15 ml oral solution <b>MD,MO</b>	1	
GLYCATE 1.5 MG TABLET <b>MD,MO</b>	1	
glycopyrrolate 1 mg, 1.5 mg, 2 mg tablet <b>MD,MO</b>	1	
glycopyrrolate 4 mg/20 ml vial <b>MO</b>	1	
glycopyrrolate 0.2 mg/ml syrng <b>MO</b>	1	
GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET <b>MO</b>	3	ST
GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION <b>MO</b>	3	ST
KRISTALOSE 10 GRAM, 20 GRAM ORAL PACKET <b>MD,MO</b>	1	
lactulose 10 gm packet <b>MD,MO</b>	1	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution <b>MD,MO</b>	1	
lansoprazole dr 15 mg capsule <b>MD,MO</b>	1	QL (60 per 30 days)
lansoprazole dr 30 mg capsule <b>MD,MO</b>	1	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lansoprazole odt 15 mg, 30 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE <b>MD,MO</b>	2	QL (30 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET <b>MO</b>	3	PA
<i>loperamide 2 mg capsule</i> <b>MD,MO</b>	1	
LOTRONEX 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
<i>methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb</i> <b>MO</b>	1	
<i>misoprostol 100 mcg, 200 mcg tablet</i> <b>MD,MO</b>	1	
MOTEGRITY 1 MG, 2 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
MOTOFEN 1 MG-0.025 MG TABLET <b>MO</b>	3	
MOVANTIK 12.5 MG, 25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET <b>MO</b>	3	ST
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (30 per 30 days)
MYTESI 125 MG TABLET,DELAYED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE,DELAYED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
NEXIUM 40 MG INTRAVENOUS SOLUTION <b>MO</b>	3	PA
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG GRANULES DELAYED RELEASE FOR SUSP <b>MD,MO</b>	3	QL (30 per 30 days)
<i>nizatidine 15 mg/ml solution</i> <b>MD,MO</b>	1	
<i>nizatidine 150 mg, 300 mg capsule</i> <b>MD,MO</b>	1	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION <b>MO</b>	3	ST
NUTRESTORE POWDER PACKET <b>DL</b>	4	PA
OMECLAMOX-PAK 20 MG-500 MG-500 MG (40) ORAL PACK <b>MO</b>	3	ST
<i>omeppi 20 mg-1.1 gram capsule; omeppi 40 mg-1.1 gram capsule</i> <b>MD,MO</b>	1	ST,QL (30 per 30 days)
<i>omeprazole dr 10 mg, 20 mg, 40 mg capsule</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 40-1,100 cap</i> <b>MD,MO</b>	1	ST,QL (30 per 30 days)
<i>omeprazole-bicarb 20-1,680 pkt; omeprazole-bicarb 40-1,680 pkt</i> <b>DL</b>	4	ST,QL (30 per 30 days)
<i>opium tincture 10 mg/ml</i> <b>MO</b>	3	QL (180 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET <b>MO</b>	3	ST
<i>pantoprazole sod dr 20 mg, 40 mg tab</i> <b>MD,MO</b>	1	QL (60 per 30 days)
<i>pantoprazole sodium 40 mg vial</i> <b>MO</b>	1	
<i>peg 3350 electrolyte soln; peg-3350 and electrolytes soln</i> <b>MO</b>	1	
<i>peg 3350-electrolyte solution</i> <b>MO</b>	1	
<i>peg-prep 5 mg-210 gram oral kit</i> <b>MO</b>	1	
<i>pepcid 20 mg, 40 mg tablet</i> <b>MD,MO</b>	3	PA
PEPCID 40 MG/5 ML ORAL SUSP <b>MD,MO</b>	3	PA
PLENVU 140 GRAM-9 GRAM-5.2 GRAM POWDER PACK <b>MO</b>	3	ST

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
PREPOPIK 10 MG-3.5 GRAM-12 GRAM ORAL POWDER PACKET <b>MO</b>	3	ST
PREVACID 15 MG CAPSULE,DELAYED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
PREVACID 30 MG CAPSULE,DELAYED RELEASE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG DELAYED RELEASE,DISINTEGRATING TABLET <b>MD,MO</b>	3	QL (30 per 30 days)
PREVPAC PATIENT PACK <b>DL</b>	4	ST
PRILOSEC 10 MG, 2.5 MG ORAL SUSPENSION,DELAYED RELEASE <b>DL</b>	4	
<i>propantheline 15 mg tablet</i> <b>MO</b>	1	PA
PROTONIX 20 MG, 40 MG TABLET,DELAYED RELEASE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET <b>MD,MO</b>	3	QL (30 per 30 days)
PROTONIX 40 MG INTRAVENOUS SOLUTION <b>MO</b>	3	PA
PYLERA 140 MG-125 MG-125 MG CAPSULE <b>MO</b>	3	QL (144 per 30 days)
<i>rabeprazole sod dr 20 mg tab</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>ranitidine 15 mg/ml syrup</i> <b>MD,MO</b>	1	
<i>ranitidine 150 mg, 300 mg capsule</i> <b>MD,MO</b>	1	
<i>ranitidine 150 mg, 300 mg tablet</i> <b>MD,MO</b>	1	
<i>ranitidine hcl 150 mg/6 ml vl; ranitidine hcl 50 mg/2 ml vial</i> <b>MO</b>	1	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (36 per 28 days)
RELISTOR 150 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (12 per 30 days)
ROBINUL 1 MG TABLET <b>MD,MO</b>	3	
ROBINUL 4 MG/20 ML VIAL <b>MO</b>	3	
ROBINUL FORTE 2 MG TABLET <b>MD,MO</b>	3	PA
<i>sucralfate 1 gm tablet</i> <b>MD,MO</b>	1	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <b>MO</b>	2	
SYMPROIC 0.2 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>trilyte with flavor packets 420 gram oral solution</i> <b>MO</b>	1	
TRULANCE 3 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
URSO 250 250 MG TABLET <b>MD,MO</b>	3	PA
URSO FORTE 500 MG TABLET <b>DL</b>	4	PA
<i>ursodiol 250 mg, 500 mg tablet</i> <b>MD,MO</b>	1	
<i>ursodiol 300 mg capsule</i> <b>MD,MO</b>	1	
VIBERZI 100 MG, 75 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
XERMELO 250 MG TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
XIFAXAN 200 MG TABLET <b>DL</b>	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 <b>DL</b>	4	PA,QL (84 per 28 days)
ZANTAC 25 MG/ML, 50 MG/2 ML (25 MG/ML) INJECTION SOLUTION <b>MO</b>	3	PA
ZANTAC 300 MG TABLET <b>MD,MO</b>	3	PA
ZEGERID 20 MG-1,680 MG ORAL PACKET; ZEGERID 40 MG-1,680 MG ORAL PACKET <b>DL</b>	4	ST,QL (30 per 30 days)
ZEGERID 20 MG-1.1 GRAM CAPSULE; ZEGERID 40 MG-1.1 GRAM CAPSULE <b>DL</b>	4	ST,QL (30 per 30 days)
ZELNORM 6 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
<b>Genetic/Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ADAGEN 250 UNIT/ML VIAL <b>DL</b>	4	
ALDURAZYME 2.9 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER <b>DL</b>	4	
BUPHENYL 500 MG TABLET <b>DL</b>	4	
CERDELGA 84 MG CAPSULE <b>DL</b>	4	PA
CEREZYME 400 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA
CHOLBAM 250 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE <b>MD,MO</b>	2	
CRYSVITA 10 MG/ML, 20 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (2 per 28 days)
CRYSVITA 30 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (6 per 28 days)
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER <b>DL</b>	4	
CYSTAGON 150 MG, 50 MG CAPSULE <b>MD,MO</b>	3	
ELAPRASE 6 MG/3 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KANUMA 2 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KUVAN 100 MG SOLUBLE TABLET <b>DL</b>	4	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET <b>DL</b>	4	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
MEPSEVII 2 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>miglustat 100 mg capsule</i> <b>DL</b>	4	PA,QL (90 per 30 days)
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
NITYR 10 MG, 2 MG, 5 MG TABLET <b>DL</b>	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
OICALIVA 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE <b>DL</b>	4	
ORFADIN 4 MG/ML ORAL SUSPENSION <b>DL</b>	4	
PALYNZIQ 10 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4 per 28 days)
PALYNZIQ 20 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (30 per 30 days)
PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE <b>DL</b>	4	ST
PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE <b>DL</b>	4	ST
PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE <b>DL</b>	4	PA,QL (120 per 30 days)
PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE <b>DL</b>	4	PA,QL (780 per 30 days)
PROLASTIN-C 1,000 MG (+-)/20 ML INTRAVENOUS SOLUTION; PROLASTIN-C 1,000 MG, 1,000 MG (+-)/20 ML INTRAVENOUS POWDER FOR SOLUTION <b>DL</b>	4	PA
RAVICTI 1.1 GRAM/ML ORAL LIQUID <b>DL</b>	4	PA,QL (525 per 30 days)
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) INTRAMUSCULAR SOLUTION <b>DL</b>	4	
<i>sodium phenylbutyrate 500mg tb</i> <b>DL</b>	4	
<i>sodium phenylbutyrate powder</i> <b>DL</b>	4	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION <b>DL</b>	4	
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET; VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET <b>DL</b>	4	ST
VPRIV 400 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ZAVESCA 100 MG CAPSULE <b>DL</b>	4	PA,QL (90 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
ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP DR 10,000 UNIT CAPSULE; ZENPEP DR 15,000 UNIT CAPSULE; ZENPEP DR 20,000 UNIT CAPSULE; ZENPEP DR 25,000 UNIT CAPSULE; ZENPEP DR 3,000 UNIT CAPSULE; ZENPEP DR 40,000 UNIT CAPSULE; ZENPEP DR 5,000 UNIT CAPSULE <b>MD,MO</b>	3	
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl er 10 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
AVODART 0.5 MG CAPSULE <b>MD,MO</b>	3	PA, QL (30 per 30 days)
<i>bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet</i> <b>MO</b>	1	
CIALIS 2.5 MG, 5 MG TABLET <b>MD,MO</b>	3	PA
<i>darifenacin er 15 mg, 7.5 mg tablet</i> <b>MD,MO</b>	1	ST, QL (30 per 30 days)
DETROL 1 MG, 2 MG TABLET <b>MD,MO</b>	3	PA, QL (60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, EXTENDED RELEASE <b>MD,MO</b>	3	PA, QL (30 per 30 days)
DITROPAN XL 10 MG, 15 MG, 5 MG TABLET; DITROPAN XL 10 MG, 15 MG, 5 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	3	PA, QL (60 per 30 days)
<i>dutasteride 0.5 mg capsule</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> <b>MD,MO</b>	1	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE <b>DL</b>	4	QL (90 per 30 days)
ENABLEX 15 MG, 7.5 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	3	ST, QL (30 per 30 days)
<i>finasteride 5 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>flavoxate hcl 100 mg tablet</i> <b>MD,MO</b>	1	
FLOMAX 0.4 MG CAPSULE <b>MD,MO</b>	3	QL (60 per 30 days)
GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PACKET; GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PUMP <b>MD,MO</b>	3	ST, QL (30 per 30 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE <b>MD,MO</b>	3	PA, QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, EXTENDED RELEASE <b>MD,MO</b>	2	QL (30 per 30 days)
<i>oxybutynin 5 mg tablet</i> <b>MD,MO</b>	1	
<i>oxybutynin 5 mg/5 ml syrup</i> <b>MD,MO</b>	1	
<i>oxybutynin cl er 10 mg, 15 mg, 5 mg tablet</i> <b>MD,MO</b>	1	QL (60 per 30 days)
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH <b>MD,MO</b>	3	ST, QL (8 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
PROSCAR 5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE <b>MD,MO</b>	3	PA,QL (30 per 30 days)
<i>silodosin 4 mg, 8 mg capsule</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>solifenacin 10 mg, 5 mg tablet</i> <b>MD,MO</b>	1	PA,QL (30 per 30 days)
<i>tadalafil 2.5 mg, 5 mg tablet</i> <b>MD,MO</b>	1	PA
<i>tamsulosin hcl 0.4 mg capsule</i> <b>MD,MO</b>	1	QL (60 per 30 days)
THIOLA 100 MG TABLET <b>DL</b>	4	
THIOLA EC 100 MG, 300 MG TABLET,DELAYED RELEASE <b>DL</b>	4	
<i>tolterodine tart er 2 mg, 4 mg cap</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>tolterodine tartrate 1 mg, 2 mg tab</i> <b>MD,MO</b>	1	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	2	QL (30 per 30 days)
<i>tropium chloride 20 mg tablet</i> <b>MD,MO</b>	1	
<i>tropium chloride er 60 mg cap</i> <b>MD,MO</b>	1	QL (30 per 30 days)
URECHOLINE 10 MG, 25 MG, 5 MG, 50 MG TABLET <b>MO</b>	1	PA
UROXATRAL 10 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	QL (30 per 30 days)
VESICARE 10 MG, 5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>a-hydrocort 100 mg solution for injection</i> <b>MO</b>	1	
ACTHAR 80 UNIT/ML INJECTION GEL <b>DL</b>	4	PA,QL (30 per 30 days)
ALA-CORT 1 % TOPICAL CREAM <b>MO</b>	1	
ALA-SCALP 2 % LOTION <b>MO</b>	1	
<i>alclometasone dipr 0.05% oint</i> <b>MO</b>	1	
<i>alclometasone dipro 0.05% crm</i> <b>MO</b>	1	
<i>amcinonide 0.1% cream</i> <b>MO</b>	1	
<i>amcinonide 0.1% lotion</i> <b>MO</b>	1	
<i>amcinonide 0.1% ointment</i> <b>MO</b>	1	
<i>anusol-hc 2.5 % topical cream with perineal applicator</i> <b>MO</b>	1	
<i>apexicon e 0.05 % topical cream</i> <b>MO</b>	1	
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	3	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	3	
<i>bese 0.05 % lotion</i> <b>MO</b>	1	
<i>betamethasone sp-ac 30 mg/5 ml</i> <b>MO</b>	1	
<i>betamethasone dp 0.05% crm</i> <b>MO</b>	1	
<i>betamethasone dp 0.05% lot</i> <b>MO</b>	1	
<i>betamethasone dp 0.05% oint</i> <b>MO</b>	1	
<i>betamethasone va 0.1% cream</i> <b>MO</b>	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
<i>betamethasone va 0.1% lotion</i> <b>MO</b>	1	
<i>betamethasone valer 0.1% ointm</i> <b>MO</b>	1	
<i>betamethasone valer 0.12% foam</i> <b>MO</b>	1	
<i>betamethasone dp aug 0.05% crm</i> <b>MO</b>	1	
<i>betamethasone dp aug 0.05% gel</i> <b>MO</b>	1	
<i>betamethasone dp aug 0.05% lot</i> <b>MO</b>	1	
<i>betamethasone dp aug 0.05% oin</i> <b>MO</b>	1	
BRYHALI 0.01 % LOTION <b>MO</b>	3	ST
CAPEX 0.01 % SHAMPOO <b>MO</b>	3	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	3	
<i>clobetasol 0.05% cream</i> <b>MO</b>	1	
<i>clobetasol 0.05% gel</i> <b>MO</b>	1	QL (120 per 28 days)
<i>clobetasol 0.05% ointment</i> <b>MO</b>	1	QL (120 per 28 days)
<i>clobetasol 0.05% shampoo</i> <b>MO</b>	1	QL (240 per 30 days)
<i>clobetasol 0.05% solution</i> <b>MO</b>	1	
<i>clobetasol 0.05% topical lotn</i> <b>MO</b>	1	QL (240 per 28 days)
<i>clobetasol prop 0.05% foam</i> <b>MO</b>	1	QL (100 per 28 days)
<i>clobetasol prop 0.05% spray</i> <b>MO</b>	1	QL (240 per 30 days)
<i>clobetasol emollient 0.05% crm</i> <b>MO</b>	1	
<i>clobetasol emulsion 0.05% foam</i> <b>MO</b>	1	
CLOBEX 0.05 % LOTION <b>MO</b>	3	ST,QL (240 per 28 days)
CLOBEX 0.05 % SHAMPOO <b>MO</b>	3	ST,QL (240 per 30 days)
CLOBEX 0.05 % TOPICAL SPRAY <b>DL</b>	4	ST,QL (240 per 30 days)
<i>clocortolone pivalate 0.1% crm</i> <b>MO</b>	1	
<i>clodan 0.05 % shampoo</i> <b>MO</b>	1	QL (240 per 30 days)
CLODERM 0.1 % TOPICAL CREAM <b>MO</b>	3	PA
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 <b>DL</b>	4	
<i>cormax 0.05 % scalp solution</i> <b>MO</b>	1	
CORTEF 10 MG, 20 MG, 5 MG TABLET <b>MD,MO</b>	3	
<i>cortisone 25 mg tablet</i> <b>MO</b>	1	
CUTIVATE 0.05 % LOTION <b>DL</b>	4	PA
CUTIVATE 0.05 % TOPICAL CREAM <b>DL</b>	4	PA
<i>decadron 0.5 mg, 0.75 mg, 4 mg, 6 mg tablet</i> <b>MO</b>	1	
<i>decadron 0.5 mg/5 ml oral elixir</i> <b>MO</b>	1	
<i>deltasone 20 mg tablet</i> <b>MO</b>	1	B vs D
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	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
DERMA-SMOOTHIE/FS BODY OIL 0.01 % <b>MO</b>	3	
DERMA-SMOOTHIE/FS SCALP OIL 0.01 % <b>MO</b>	3	
DERMATOP 0.1 % TOPICAL OINTMENT <b>MO</b>	3	
DERMATOP EMOLLIENT 0.1% CREAM <b>MO</b>	3	
DESONATE 0.05 % TOPICAL GEL <b>MO</b>	3	
<i>desonide 0.05% cream</i> <b>MO</b>	1	
<i>desonide 0.05% lotion</i> <b>MO</b>	1	
<i>desonide 0.05% ointment</i> <b>MO</b>	1	
DESOWEN 0.05 % LOTION <b>MO</b>	1	PA
DESOWEN 0.05 % TOPICAL CREAM <b>MO</b>	3	
<i>desoximetasone 0.05% cream; desoximetasone 0.25% cream</i> <b>MO</b>	1	
<i>desoximetasone 0.05% gel</i> <b>MO</b>	1	
<i>desoximetasone 0.05% ointment; desoximetasone 0.25% ointment</i> <b>MO</b>	1	
<i>desoximetasone 0.25% spray</i> <b>MO</b>	1	
<i>dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs), 2 mg, 4 mg, 6 mg tablet; dexamethasone 10 day 1.5 mg tb; dexamethasone 13 day 1.5 mg tb; dexamethasone 6 day 1.5 mg tab</i> <b>MO</b>	1	
<i>dexamethasone 0.5 mg/5 ml elx</i> <b>MO</b>	1	
<i>dexamethasone 0.5 mg/5 ml liq</i> <b>MO</b>	1	
DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) <b>MO</b>	1	
<i>dexamethasone 10 mg/ml vial</i> <b>MO</b>	1	
<i>dexamethasone 10 mg/ml, 4 mg/ml vial</i> <b>MO</b>	1	
<i>dexamethasone 4 mg/ml syringe</i> <b>MO</b>	1	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK <b>MO</b>	1	
DEXPAK 13 DAY 1.5 MG (51 TABS) TABLETS IN A DOSE PACK <b>MO</b>	1	
DEXPAK 6 DAY 1.5 MG (21 TABS) TABLETS IN A DOSE PACK <b>MO</b>	1	
<i>diflorasone 0.05% cream</i> <b>DL</b>	4	
<i>diflorasone 0.05% ointment</i> <b>MO</b>	1	
DIPROLENE 0.05 % TOPICAL OINTMENT <b>MO</b>	3	
DXEVO 1.5 MG (39 TABS) TABLETS IN A DOSE PACK <b>MO</b>	1	
ELOCON 0.1 % TOPICAL CREAM <b>MO</b>	3	
ELOCON 0.1% OINTMENT <b>MO</b>	3	
<i>fludrocortisone 0.1 mg tablet</i> <b>MD,MO</b>	1	
<i>fluocinolone 0.01% body oil</i> <b>MO</b>	1	
<i>fluocinolone 0.01% cream; fluocinolone 0.025% cream</i> <b>MO</b>	1	
<i>fluocinolone 0.01% solution</i> <b>MO</b>	1	
<i>fluocinolone 0.025% ointment</i> <b>MO</b>	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
fluocinolone 0.01% scalp oil <b>MO</b>	1	
fluocinonide 0.05% cream <b>MO</b>	1	
fluocinonide 0.05% gel <b>MO</b>	1	
fluocinonide 0.05% ointment <b>MO</b>	1	
fluocinonide 0.05% solution <b>MO</b>	1	
fluocinonide 0.1% cream <b>MO</b>	1	QL (120 per 28 days)
fluocinonide-e 0.05 % topical cream <b>MO</b>	1	
fluocinonide-e 0.05% cream <b>MO</b>	1	
flurandrenolide 0.05% cream <b>MO</b>	1	
flurandrenolide 0.05% lotion <b>MO</b>	1	
flurandrenolide 0.05% ointment <b>MO</b>	1	
fluticasone prop 0.005% oint <b>MO</b>	1	
fluticasone prop 0.05% cream <b>MO</b>	1	
fluticasone prop 0.05% lotion <b>MO</b>	1	
halcinonide 0.1% cream <b>MO</b>	1	
halobetasol prop 0.05% cream <b>MO</b>	1	
halobetasol prop 0.05% foam <b>DL</b>	4	PA
halobetasol prop 0.05% ointmnt <b>MO</b>	1	
HALOG 0.1 % TOPICAL CREAM <b>MO</b>	3	
HALOG 0.1 % TOPICAL OINTMENT <b>MO</b>	3	
hidex 1.5 mg (21 tabs) tablets in a dose pack <b>MO</b>	1	
hydrocortisone 1% cream; hydrocortisone 2.5% cream <b>MO</b>	1	
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment <b>MO</b>	1	
hydrocortisone 10 mg, 20 mg, 5 mg tablet <b>MD,MO</b>	1	
hydrocortisone 2.5% lotion <b>MO</b>	1	
hydrocort buty 0.1% lipo cream <b>MO</b>	1	
hydrocortisone buty 0.1% cream <b>MO</b>	1	
hydrocortisone butyr 0.1% lotn <b>MO</b>	1	
hydrocortisone butyr 0.1% oint <b>MO</b>	1	
hydrocortisone butyr 0.1% soln <b>MO</b>	1	
hydrocortisone val 0.2% cream <b>MO</b>	1	
hydrocortisone val 0.2% ointmt <b>MO</b>	1	
hydrocortisone 1% absorbase <b>MO</b>	1	
IMPOYZ 0.025 % TOPICAL CREAM <b>MO</b>	3	ST,QL (120 per 30 days)
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL <b>MO</b>	3	
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	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
KENALOG-80 80 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	3	
LEXETTE 0.05 % TOPICAL FOAM <b>DL</b>	4	PA
LOCOID 0.1 % LOTION <b>MO</b>	3	
LOCOID 0.1 % TOPICAL CREAM <b>MO</b>	3	
LOCOID 0.1 % TOPICAL SOLUTION <b>MO</b>	3	
LOCOID 0.1% OINTMENT <b>MO</b>	3	
LOCOID LIPOCREAM 0.1 % TOPICAL <b>MO</b>	3	
locort 11 day 1.5 mg tablet; locort 7 day 1.5 mg tablet <b>MO</b>	1	
LUXIQ 0.12 % TOPICAL FOAM <b>MO</b>	3	ST
MEDROL 16 MG, 2 MG, 32 MG, 4 MG, 8 MG TABLET <b>MO</b>	3	B vs D
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK <b>MO</b>	3	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tablet <b>MO</b>	1	B vs D
methylprednisolone 4 mg dosepk <b>MO</b>	1	
methylprednisolone 40 mg/ml, 80 mg/ml v1 <b>MO</b>	1	
methylprednisolone ss 1 gm v1; methylprednisolone ss 1,000 mg, 125 mg, 40 mg; methylprednisolone ss 1,000 mg, 125 mg, 40 mg v1 <b>MO</b>	1	
MICORT-HC 2.5 % (4 GRAM) TOPICAL CREAM WITH PERINEAL APPLICATOR <b>MO</b>	1	
micort-hc 2.5 % topical cream with perineal applicator <b>MO</b>	1	
MILLIPRED 10 MG/5 ML SOLUTION <b>MO</b>	1	
millipred 5 mg tablet <b>MO</b>	1	B vs D
MILLIPRED DP 5 MG (21 TABS), 5 MG (48 TABS) TABLETS IN A DOSE PACK <b>MO</b>	1	
mometasone furoate 0.1% cream <b>MO</b>	1	
mometasone furoate 0.1% oint <b>MO</b>	1	
mometasone furoate 0.1% soln <b>MO</b>	1	
nolix 0.05 % lotion <b>MO</b>	1	
nolix 0.05 % topical cream <b>MO</b>	1	
OLUX 0.05 % TOPICAL FOAM <b>MO</b>	3	PA,QL (100 per 28 days)
OLUX-E 0.05 % TOPICAL FOAM <b>MO</b>	3	PA
ORAPRED ODT 10 MG, 15 MG, 30 MG DISINTEGRATING TABLET <b>MO</b>	3	
PANDEL 0.1 % TOPICAL CREAM <b>DL</b>	4	
prednicarbate 0.1% cream <b>MO</b>	1	
prednicarbate 0.1% ointment <b>MO</b>	1	
prednisolone 15 mg/5 ml syrup <b>MO</b>	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
prednisolone 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) soln; prednisolone 15 mg/5 ml soln; prednisolone 20 mg/5 ml soln; prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml <b>MO</b>	1	
prednisolone odt 10 mg, 15 mg, 30 mg tablet <b>MO</b>	1	
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg tablet <b>MO</b>	1	B vs D
prednisone 10 mg, 5 mg tab dose pack <b>MO</b>	1	
prednisone 5 mg/5 ml solution <b>MO</b>	1	B vs D
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE <b>MO</b>	1	B vs D
procto-med hc 2.5 % topical cream perineal applicator <b>MO</b>	1	
procto-pak 1 % topical cream perineal applicator <b>MO</b>	1	
proctosol hc 2.5 % topical cream perineal applicator <b>MO</b>	1	
proctozone-hc 2.5 % topical cream perineal applicator <b>MO</b>	1	
psorcon 0.05 % topical cream <b>MO</b>	1	
RAYOS 1 MG, 2 MG, 5 MG TABLET, DELAYED RELEASE <b>DL</b>	4	B vs D
SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP <b>DL</b>	4	PA, QL (120 per 365 days)
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SYNALAR 0.01 % TOPICAL SOLUTION <b>MO</b>	3	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs) tablets in a dose pack <b>MO</b>	1	
TAPERDEX 1.5 MG (49 TABS) TABLETS IN A DOSE PACK <b>MO</b>	1	
TEMOVATE 0.05 % TOPICAL CREAM <b>MO</b>	3	PA
TEMOVATE 0.05 % TOPICAL OINTMENT <b>MO</b>	3	PA, QL (120 per 28 days)
TEXACORT 2.5 % TOPICAL SOLUTION <b>MO</b>	1	
TOPICORT 0.05 % TOPICAL GEL <b>MO</b>	1	
TOPICORT 0.05 % TOPICAL OINTMENT <b>MO</b>	3	
TOPICORT 0.05 %, 0.25 % TOPICAL CREAM <b>MO</b>	1	
TOPICORT 0.25 % TOPICAL OINTMENT <b>MO</b>	1	
TOPICORT 0.25 % TOPICAL SPRAY <b>MO</b>	3	
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream <b>MO</b>	1	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion <b>MO</b>	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
triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment <b>MO</b>	1	
triamcinolone 0.147 mg/g spray <b>MO</b>	1	
triamcinolone acet 400 mg/10ml <b>MO</b>	1	
trianex 0.05 % topical ointment <b>DL</b>	4	
triderm 0.1 %, 0.5 % topical cream <b>MO</b>	1	
TRIDESILON 0.05 % TOPICAL CREAM <b>MO</b>	3	
ULTRAVATE 0.05 % LOTION <b>DL</b>	4	
ULTRAVATE 0.05% CREAM <b>DL</b>	4	
ULTRAVATE 0.05% OINTMENT <b>DL</b>	4	
VANOS 0.1 % TOPICAL CREAM <b>MO</b>	3	QL (120 per 28 days)
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION <b>MO</b>	1	
ZILRETTA 32 MG INTRA-ARTICULAR SUSPENSION,EXTENDED RELEASE <b>MO</b>	3	PA
ZODEX 12 DAY 1.5 MG TABLET <b>MO</b>	1	
zodex 6 day 1.5 mg tablet <b>MO</b>	1	
ZONACORT 11 DAY 1.5 MG TABLET; ZONACORT 7 DAY 1.5 MG TABLET <b>MO</b>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
chorionic gonad 10,000 unit vial <b>DL</b>	4	PA
DDAVP 0.1 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
DDAVP 0.1 MG/ML (REFRIGERATE) NASAL SOLUTION <b>MD,MO</b>	3	PA
DDAVP 0.2 MG TABLET <b>DL</b>	4	PA
DDAVP 10 MCG/SPRAY (0.1 ML) NASAL SPRAY WITH PUMP <b>MD,MO</b>	3	PA,QL (25 per 30 days)
DDAVP 4 MCG/ML INJECTION SOLUTION <b>MO</b>	3	PA
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr <b>MD,MO</b>	1	QL (25 per 30 days)
desmopressin ac 4 mcg/ml vial <b>MO</b>	1	
desmopressin acetate 0.1 mg tb <b>MD,MO</b>	1	QL (180 per 30 days)
desmopressin acetate 0.2 mg tb <b>MD,MO</b>	1	
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (60 per 30 days)
EGRIFTA 2 MG VIAL <b>DL</b>	4	PA,QL (30 per 30 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) INJECTION CARTRIDGE <b>DL</b>	4	PA
HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION <b>DL</b>	4	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
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
NOCDURNA (MEN) 55.3 MCG DISINTEGRATING TABLET,SUBLINGUAL <b>MD,MO</b>	3	PA,QL (30 per 30 days)
NOCDURNA (WOMEN) 27.7 MCG DISINTEGRATING TABLET,SUBLINGUAL <b>MD,MO</b>	3	PA,QL (30 per 30 days)
NOCTIVA 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) NASAL SPRAY <b>MD,MO</b>	3	PA,QL (3.8 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA
NOVAREL 10,000 UNIT, 5,000 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	3	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
PREGNYL 10,000 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	3	PA
SAIZEN 5 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (28 per 28 days)
SAIZEN 8.8 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
SAIZEN 8.8 MG CLICK.EASY CARTG <b>DL</b>	4	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (28 per 28 days)
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY <b>DL</b>	4	
ZOMACTON 10 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
ZOMACTON 5 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (28 per 28 days)
ZORBITIVE 8.8 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)</b>		
<i>carboprost 250 mcg/ml vial</i> <b>MO</b>	1	
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
ACTIVELLA 0.5 MG-0.1 MG TABLET; ACTIVELLA 1 MG-0.5 MG TABLET <b>MD,MO</b>	3	
<i>afirmelle 0.1 mg-20 mcg tablet</i> <b>MD,MO</b>	1	
ALORA 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH <b>MD,MO</b>	3	QL (8 per 28 days)
<i>altavera (28) 0.15 mg-0.03 mg tablet</i> <b>MD,MO</b>	1	
<i>alyacen 1/35 (28) 1 mg-35 mcg tablet</i> <b>MD,MO</b>	1	
<i>alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <b>MD,MO</b>	1	
<i>amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet</i> <b>MD,MO</b>	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
<i>amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>MD,MO</b>	1	QL (91 per 90 days)
AMETHIA LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MD,MO</b>	1	QL (91 per 90 days)
<i>amethyst (28) 90 mcg-20 mcg tablet</i> <b>MD,MO</b>	1	
ANADROL-50 50 MG TABLET <b>DL</b>	4	
ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <b>MD,MO</b>	3	PA,QL (90 per 30 days)
ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH <b>MD,MO</b>	3	PA,QL (30 per 30 days)
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET; ANDROGEL 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET <b>MD,MO</b>	3	PA,QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET <b>MD,MO</b>	3	PA,QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PACKET; ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP <b>MD,MO</b>	3	PA,QL (150 per 30 days)
ANDROID 10 MG CAPSULE <b>DL</b>	4	
ANGELIQ 0.25 MG-0.5 MG TABLET; ANGELIQ 0.5 MG-1 MG TABLET <b>MD,MO</b>	3	
ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING <b>MD,MO</b>	3	QL (1 per 365 days)
<i>apri 0.15 mg-0.03 mg tablet</i> <b>MD,MO</b>	1	
<i>aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet</i> <b>MD,MO</b>	1	
<i>ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>MD,MO</b>	1	QL (91 per 90 days)
<i>aubra 0.1 mg-20 mcg tablet</i> <b>MD,MO</b>	1	
<i>aubra eq 0.1 mg-20 mcg tablet</i> <b>MD,MO</b>	1	
<i>aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet</i> <b>MD,MO</b>	1	
<i>aurovela 1/20 (21) 1 mg-20 mcg tablet</i> <b>MD,MO</b>	1	
<i>aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet</i> <b>MD,MO</b>	1	
<i>aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> <b>MD,MO</b>	1	
<i>aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> <b>MD,MO</b>	1	
AVEED 750 MG/3 ML (250MG/ML) INTRAMUSCULAR SOLUTION <b>DL</b>	4	PA,QL (3 per 70 days)
<i>aviane 0.1 mg-20 mcg tablet</i> <b>MD,MO</b>	1	
AXIRON 30 MG/ACTUATION SOLN <b>MD,MO</b>	3	PA,QL (180 per 30 days)
AYGESTIN 5 MG TABLET <b>MD,MO</b>	1	
<i>ayuna 0.15 mg-0.03 mg tablet</i> <b>MD,MO</b>	1	
<i>azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> <b>MD,MO</b>	1	
BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET <b>MD,MO</b>	3	
<i>balziva (28) 0.4 mg-35 mcg tablet</i> <b>MD,MO</b>	1	
<i>bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> <b>MD,MO</b>	1	
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET <b>MD,MO</b>	3	
BIJUVA 1 MG-100 MG CAPSULE <b>MD,MO</b>	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
<i>blisovi</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MD,MO</b>	1	
<i>blisovi</i> fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MD,MO</b>	1	
<i>blisovi</i> fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MD,MO</b>	1	
BREVICON (28) 0.5 MG-35 MCG TABLET <b>MD,MO</b>	3	
<i>briellyn</i> 0.4 mg-35 mcg tablet <b>MD,MO</b>	1	
<i>camila</i> 0.35 mg tablet <b>MD,MO</b>	1	
CAMRESE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MD,MO</b>	3	QL (91 per 90 days)
CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MD,MO</b>	1	QL (91 per 90 days)
<i>caziant</i> (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>MD,MO</b>	1	
<i>chateal</i> (28) 0.15 mg-0.03 mg tablet <b>MD,MO</b>	1	
<i>chateal</i> eq (28) 0.15 mg-0.03 mg tablet <b>MD,MO</b>	1	
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH <b>MD,MO</b>	3	QL (4 per 28 days)
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH <b>MD,MO</b>	3	QL (4 per 28 days)
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL; COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL <b>MD,MO</b>	3	QL (8 per 28 days)
CRINONE 4 %, 8 % VAGINAL GEL <b>MO</b>	3	
<i>cryselle</i> (28) 0.3 mg-30 mcg tablet <b>MD,MO</b>	1	
<i>cyclafem</i> 1/35 (28) 1 mg-35 mcg tablet <b>MD,MO</b>	1	
<i>cyclafem</i> 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MD,MO</b>	1	
CYCLESSA (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET <b>MD,MO</b>	3	
<i>cyred</i> 0.15 mg-0.03 mg tablet <b>MD,MO</b>	1	
<i>cyred</i> eq 0.15 mg-0.03 mg tablet <b>MD,MO</b>	1	
<i>danazol</i> 100 mg, 200 mg, 50 mg capsule <b>MO</b>	1	
<i>dasetta</i> 1/35 (28) 1 mg-35 mcg tablet <b>MD,MO</b>	1	
<i>dasetta</i> 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet <b>MD,MO</b>	1	
<i>daysee</i> 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MD,MO</b>	1	QL (91 per 90 days)
<i>deblitane</i> 0.35 mg tablet <b>MD,MO</b>	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML INTRAMUSCULAR OIL <b>MO</b>	3	
<i>delyla</i> (28) 0.1 mg-20 mcg tablet <b>MD,MO</b>	1	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL <b>MO</b>	1	QL (5 per 30 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION <b>MD,MO</b>	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE <b>MD,MO</b>	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SUSPENSION <b>MD,MO</b>	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE <b>MD,MO</b>	3	QL (0.65 per 90 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
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML INTRAMUSCULAR OIL <b>MD,MO</b>	1	
<i>desogestr-eth estrad eth estra</i> <b>MD,MO</b>	1	
<i>desogest-eth estra 0.15-0.03mg</i> <b>MD,MO</b>	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %) TRANSDERMAL GEL PACKET <b>MD,MO</b>	3	
<i>dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr transdermal patch</i> <b>MD,MO</b>	1	QL (8 per 28 days)
<i>drosp-ee-levomef 3-0.02-0.451; drosp-ee-levomef 3-0.03-0.451</i> <b>MD,MO</b>	1	
<i>drospirenone-ee 3-0.02 mg, 3-0.03 mg tab</i> <b>MD,MO</b>	1	
DUAVEE 0.45 MG-20 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP <b>MD,MO</b>	3	QL (52 per 30 days)
<i>elinest 0.3 mg-30 mcg tablet</i> <b>MD,MO</b>	1	
ELLA 30 MG TABLET <b>MO</b>	2	QL (1 per 30 days)
<i>emoquette 0.15 mg-0.03 mg tablet</i> <b>MD,MO</b>	1	
ENDOMETRIN 100 MG VAGINAL INSERT <b>DL</b>	4	
<i>enpresse 50-30 (6)/75-40(5)/125-30(10) tablet</i> <b>MD,MO</b>	1	
<i>enskyce 0.15 mg-0.03 mg tablet</i> <b>MD,MO</b>	1	
<i>errin 0.35 mg tablet</i> <b>MD,MO</b>	1	
<i>estarylla 0.25 mg-35 mcg tablet</i> <b>MD,MO</b>	1	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM <b>MD,MO</b>	3	PA
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET <b>MD,MO</b>	1	
<i>estradiol 0.01% cream</i> <b>MD,MO</b>	1	
<i>estradiol 0.025 mg patch; estradiol 0.0375 mg patch; estradiol 0.05 mg patch; estradiol 0.075 mg patch; estradiol 0.1 mg patch</i> <b>MD,MO</b>	1	QL (8 per 28 days)
<i>estradiol 0.0375 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol tds 0.025 mg/day; estradiol tds 0.05 mg/day; estradiol tds 0.1 mg/day</i> <b>MD,MO</b>	1	QL (4 per 28 days)
<i>estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg tablet; estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg vaginal insrt</i> <b>MD,MO</b>	1	
<i>estradiol valerate 20 mg/ml, 40 mg/ml v</i> <b>MO</b>	1	
<i>estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb</i> <b>MD,MO</b>	1	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING <b>MD,MO</b>	3	QL (1 per 90 days)
<i>estropipate 0.625(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 1.25(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 2.5(0.75 mg, 1.5 mg, 3 mg) tab</i> <b>MD,MO</b>	1	
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET <b>MD,MO</b>	3	
<i>ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg</i> <b>MD,MO</b>	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
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY MD,MO	3	
EVISTA 60 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
<i>falmina</i> (28) 0.1 mg-20 mcg tablet MD,MO	1	
<i>fayosim</i> 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET MD,MO	3	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL MD,MO	3	QL (1 per 90 days)
<i>femynor</i> 0.25 mg-35 mcg tablet MD,MO	1	
FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP MD,MO	3	PA,QL (120 per 30 days)
<i>fyavolv</i> 0.5 mg-2.5 mcg tablet; <i>fyavolv</i> 1 mg-5 mcg tablet MD,MO	1	
GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET MD,MO	3	
GIANVI (28) 3 MG-0.02 MG TABLET MD,MO	1	
<i>gildagia</i> 0.4 mg-0.035 mg tab MD,MO	1	
<i>hailey</i> 1.5 mg-30 mcg tablet MD,MO	1	
<i>hailey</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MD,MO	1	
<i>heather</i> 0.35 mg tablet MD,MO	1	
<i>hydroxyprogest</i> 250 mg/ml vial DL	4	PA
<i>hydroxyprogest</i> 1,250 mg/5 ml DL	4	PA
<i>hydroxyprogesterone</i> 1.25 g/5ml DL	4	PA
<i>incassia</i> 0.35 mg tablet MD,MO	1	
<i>introvale</i> 0.15 mg-30 mcg (91) tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
<i>isibloom</i> 0.15 mg-0.03 mg tablet MD,MO	1	
<i>jasmiel</i> (28) 3 mg-0.02 mg tablet MD,MO	1	
<i>jencycla</i> 0.35 mg tablet MD,MO	1	
JEVANTIQUE LO 0.5 MG-2.5 MCG MD,MO	3	
<i>jinteli</i> 1 mg-5 mcg tablet MD,MO	1	
JOLESSA 0.15 MG-30 MCG (91) TABLETS,3 MONTH DOSE PACK MD,MO	1	QL (91 per 90 days)
JOLIVETTE TABLET MD,MO	1	
<i>juleber</i> 0.15 mg-0.03 mg tablet MD,MO	1	
<i>junel</i> 1.5/30 (21) 1.5 mg-30 mcg tablet MD,MO	1	
<i>junel</i> 1/20 (21) 1 mg-20 mcg tablet MD,MO	1	
<i>junel fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MD,MO	1	
<i>junel fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MD,MO	1	
<i>junel fe</i> 24 1 mg-20 mcg (24)/75 mg (4) tablet MD,MO	1	
<i>kaitlib fe</i> 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet MD,MO	1	
<i>kalliga</i> 0.15 mg-0.03 mg tablet MD,MO	1	
<i>kariva</i> (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MD,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
kelnor 1-50 1 mg-50 mcg tablet <b>MD,MO</b>	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet <b>MD,MO</b>	1	
kimidess 28 day tablet <b>MD,MO</b>	1	
kurvelo (28) 0.15 mg-0.03 mg tablet <b>MD,MO</b>	1	
levono-e estrad 0.10-0.02-0.01; levono-e estrad 0.15-0.03-0.01; levonorg 0.15mg-ee 20-25-30mcg <b>MD,MO</b>	1	QL (91 per 90 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MD,MO</b>	1	
larin 1/20 (21) 1 mg-20 mcg tablet <b>MD,MO</b>	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MD,MO</b>	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MD,MO</b>	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MD,MO</b>	1	
larissia 0.1 mg-20 mcg tablet <b>MD,MO</b>	1	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET <b>MD,MO</b>	3	
LEENA 28 0.5 MG/1 MG/0.5 MG-35 MCG TABLET <b>MD,MO</b>	1	
lessina 0.1 mg-20 mcg tablet <b>MD,MO</b>	1	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MD,MO</b>	1	
levonor-eth estrad triphasic <b>MD,MO</b>	1	
levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 <b>MD,MO</b>	1	
levonor-eth estrad 0.15-0.03 <b>MD,MO</b>	1	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet <b>MD,MO</b>	1	
lillow (28) 0.15 mg-0.03 mg tablet <b>MD,MO</b>	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET <b>MD,MO</b>	3	
lo-zumandimine (28) 3 mg-0.02 mg tablet <b>MD,MO</b>	1	
loestrin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MD,MO</b>	1	
loestrin 1/20 (21) 1 mg-20 mcg tablet <b>MD,MO</b>	1	
loestrin fe 1.5/30 (28-day) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MD,MO</b>	1	
loestrin fe 1/20 (28-day) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MD,MO</b>	3	
lomedica 24 fe 1 mg-20 mcg tab <b>MD,MO</b>	1	
LOPREEZA 0.5 MG-0.1 MG TABLET; LOPREEZA 1 MG-0.5 MG TABLET <b>MD,MO</b>	1	
loryna (28) 3 mg-0.02 mg tablet <b>MD,MO</b>	1	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MD,MO</b>	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet <b>MD,MO</b>	1	
lutera (28) 0.1 mg-20 mcg tablet <b>MD,MO</b>	1	
lyza 0.35 mg tablet <b>MD,MO</b>	1	
MAKENA 250 MG/ML, 250 MG/ML (1 ML) INTRAMUSCULAR OIL <b>DL</b>	4	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
MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR <sup>DL</sup>	4	PA
marlissa (28) 0.15 mg-0.03 mg tablet <sup>MD,MO</sup>	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab <sup>MD,MO</sup>	1	
medroxyprogesterone 150 mg/ml <sup>MD,MO</sup>	1	QL (1 per 90 days)
MEGACE ES 625 MG/5 ML ORAL SUSPENSION <sup>MD,MO</sup>	3	
megestrol 20 mg, 40 mg tablet <sup>MO</sup>	1	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml susp; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml <sup>MD,MO</sup>	1	
melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MD,MO</sup>	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG TABLET <sup>MD,MO</sup>	1	
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH <sup>MD,MO</sup>	3	QL (8 per 28 days)
METHITEST 10 MG TABLET <sup>DL</sup>	4	
methyltestosterone 10 mg cap <sup>DL</sup>	4	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MD,MO</sup>	1	
MICROGESTIN 1.5/30 (21) 1.5 MG-30 MCG TABLET <sup>MD,MO</sup>	1	
MICROGESTIN 1/20 (21) 1 MG-20 MCG TABLET <sup>MD,MO</sup>	1	
MICROGESTIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET <sup>MD,MO</sup>	3	
MICROGESTIN FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET <sup>MD,MO</sup>	1	
MICROGESTIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET <sup>MD,MO</sup>	1	
mili 0.25 mg-35 mcg tablet <sup>MD,MO</sup>	1	
mimvey 1 mg-0.5 mg tablet <sup>MD,MO</sup>	1	
mimvey lo 0.5 mg-0.1 mg tablet <sup>MD,MO</sup>	1	
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET <sup>MD,MO</sup>	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH <sup>MD,MO</sup>	3	QL (8 per 28 days)
mircette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MD,MO</sup>	3	
mono-lyyah 0.25 mg-35 mcg tablet <sup>MD,MO</sup>	1	
MONONESSA 28 TABLET <sup>MD,MO</sup>	1	
myzilra-28 tablet <sup>MD,MO</sup>	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <sup>MD,MO</sup>	3	
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP <sup>MD,MO</sup>	3	PA,QL (21.96 per 30 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <sup>MD,MO</sup>	1	
NECON 7-7-7-28 TABLET <sup>MD,MO</sup>	1	
nikki (28) 3 mg-0.02 mg tablet <sup>MD,MO</sup>	1	
NORA-BE 0.35 MG TABLET <sup>MD,MO</sup>	1	
noret-estr-fe 0.4-0.035(21)-75; norethin-estra-fe 0.8-0.025 mg <sup>MD,MO</sup>	1	
norethindrone 0.35 mg tablet <sup>MD,MO</sup>	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
norethin-eth estrad 1 mg-5 mcg; norethind-eth estrad 0.5-2.5; norethind-eth estrad 1-0.02 mg <b>MD,MO</b>	1	
norethindrone 5 mg tablet <b>MD,MO</b>	1	
noreth-estradiol-fe 1-0.02(21)-75; noreth-estradiol-fe 1-0.02(24)-75 <b>MD,MO</b>	1	
noreth-estradiol-fe 1-0.02(24)-75 <b>MD,MO</b>	1	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg <b>MD,MO</b>	1	
norlyda 0.35 mg tablet <b>MD,MO</b>	1	
norlyroc 0.35 mg tablet <b>MD,MO</b>	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MD,MO</b>	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet <b>MD,MO</b>	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet <b>MD,MO</b>	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MD,MO</b>	1	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL <b>MD,MO</b>	3	QL (1 per 28 days)
OCELLA 3 MG-0.03 MG TABLET <b>MD,MO</b>	1	
ogestrel (28) 0.5 mg-50 mcg tablet <b>MD,MO</b>	1	
orsythia 0.1 mg-20 mcg tablet <b>MD,MO</b>	1	
ORTHO MICRONOR 0.35 MG TABLET <b>MD,MO</b>	3	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET <b>MD,MO</b>	3	
ORTHO TRI-CYCLEN LO TABLET <b>MD,MO</b>	3	
ORTHO-CYCLEN 28 TABLET <b>MD,MO</b>	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET <b>MD,MO</b>	3	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET <b>MD,MO</b>	3	
oxandrolone 10 mg tablet <b>DL</b>	4	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet <b>MD,MO</b>	1	PA,QL (120 per 30 days)
philith 0.4 mg-35 mcg tablet <b>MD,MO</b>	1	
pimtrex (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MD,MO</b>	1	
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet <b>MD,MO</b>	1	
portia 28 0.15 mg-0.03 mg tablet <b>MD,MO</b>	1	
prefest 1 mg (15)/1 mg-0.09 mg (15) tablet <b>MD,MO</b>	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET <b>MD,MO</b>	3	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM <b>MD,MO</b>	2	
PREMARIN 25 MG SOLUTION FOR INJECTION <b>MO</b>	3	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET <b>MD,MO</b>	3	
PREMPRO 0.3 MG-1.5 MG TABLET; PREMPRO 0.45 MG-1.5 MG TABLET; PREMPRO 0.625 MG-2.5 MG TABLET; PREMPRO 0.625 MG-5 MG TABLET <b>MD,MO</b>	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
previfem 0.25 mg-35 mcg tablet <b>MD,MO</b>	1	
progesterone 500 mg/10 ml vial <b>MO</b>	1	
progesterone 100 mg, 200 mg capsule <b>MD,MO</b>	1	
PROMETRIUM 100 MG, 200 MG CAPSULE <b>MD,MO</b>	3	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET <b>MD,MO</b>	3	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>MD,MO</b>	3	QL (91 per 90 days)
quasense 0.15-0.03 mg tablet <b>MD,MO</b>	1	QL (91 per 90 days)
rajani (28) 3 mg-0.02 mg-0.451 mg (24)/0.451 mg (4) tablet <b>MD,MO</b>	1	
raloxifene hcl 60 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet <b>MD,MO</b>	1	
RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>MD,MO</b>	1	QL (91 per 90 days)
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET <b>MD,MO</b>	3	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MD,MO</b>	3	QL (91 per 90 days)
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack <b>MD,MO</b>	1	QL (91 per 90 days)
sharobel 0.35 mg tablet <b>MD,MO</b>	1	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MD,MO</b>	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MD,MO</b>	1	QL (91 per 90 days)
SLYND 4 MG (28) TABLET <b>MD,MO</b>	3	
sprintec (28) 0.25 mg-35 mcg tablet <b>MD,MO</b>	1	
sronyx 0.1 mg-20 mcg tablet <b>MD,MO</b>	1	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE <b>DL</b>	4	PA
syeda 3 mg-0.03 mg tablet <b>MD,MO</b>	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MD,MO</b>	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MD,MO</b>	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MD,MO</b>	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE <b>MD,MO</b>	3	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL <b>MD,MO</b>	3	PA,QL (300 per 30 days)
testosterone 1.62% (2.5 g) pkt; testosterone 1.62% gel pump <b>MD,MO</b>	1	PA,QL (150 per 30 days)
testosterone 1.62%(1.25 g) pkt <b>MD,MO</b>	1	PA,QL (37.5 per 30 days)
testosterone 10 mg gel pump <b>MD,MO</b>	3	PA,QL (120 per 30 days)
testosterone 12.5 mg/1.25 gram; testosterone 25 mg/2.5 gm pkt; testosterone 50 mg/5 gram gel; testosterone 50 mg/5 gram pkt <b>MD,MO</b>	3	PA,QL (300 per 30 days)
testosterone 30 mg/1.5 ml pump <b>MD,MO</b>	3	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
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml <b>MD,MO</b>	1	
testosterone enan 200 mg/ml <b>MO</b>	1	QL (24 per 90 days)
TESTRED 10 MG CAPSULE <b>DL</b>	4	
TILIA FE 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET <b>MD,MO</b>	1	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MD,MO</b>	1	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MD,MO</b>	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <b>MD,MO</b>	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MD,MO</b>	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MD,MO</b>	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MD,MO</b>	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet <b>MD,MO</b>	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MD,MO</b>	1	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MD,MO</b>	1	
TRI-NORINYL 28 TABLET <b>MD,MO</b>	3	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MD,MO</b>	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MD,MO</b>	1	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MD,MO</b>	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet <b>MD,MO</b>	1	
TRINESSA TABLET <b>MD,MO</b>	1	
TRINESSA LO TABLET <b>MD,MO</b>	1	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MD,MO</b>	1	
tulana 0.35 mg tablet <b>MD,MO</b>	1	
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet <b>MD,MO</b>	1	
VAGIFEM 10 MCG VAGINAL TABLET <b>MD,MO</b>	3	PA
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>MD,MO</b>	1	
vestura 3 mg-0.02 mg tablet <b>MD,MO</b>	1	
vienna 0.1 mg-20 mcg tablet <b>MD,MO</b>	1	
violele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MD,MO</b>	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH <b>MD,MO</b>	3	QL (8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %), 50 MG/5 GRAM (1 %) TRANSDERMAL GEL; VOGELXO 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %), 50 MG/5 GRAM (1 %) TRANSDERMAL GEL PACKET; VOGELXO 12.5 MG/1.25 GRAM PER PUMP ACTUATION (1 %) TRANSDERMAL GEL <b>MD,MO</b>	3	PA,QL (300 per 30 days)
vyfemla (28) 0.4 mg-35 mcg tablet <b>MD,MO</b>	1	
vylibra 0.25 mg-35 mcg tablet <b>MD,MO</b>	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
wera (28) 0.5 mg-35 mcg tablet <b>MD,MO</b>	1	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet <b>MD,MO</b>	1	
xulane 150 mcg-35 mcg/24 hr transdermal patch <b>MD,MO</b>	1	QL (3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (2 per 28 days)
YASMIN (28) 3 MG-0.03 MG TABLET <b>MD,MO</b>	3	
YAZ (28) 3 MG-0.02 MG TABLET <b>MD,MO</b>	3	
yuvafem 10 mcg vaginal tablet <b>MD,MO</b>	1	
zarah 3 mg-0.03 mg tablet <b>MD,MO</b>	1	
zenchent (28) 0.4 mg-35 mcg tablet <b>MD,MO</b>	1	
zenchent fe tablet chewable <b>MD,MO</b>	1	
zovia 1/35e (28) 1 mg-35 mcg tablet <b>MD,MO</b>	1	
zovia 1-50e tablet <b>MD,MO</b>	1	
zumandimine (28) 3 mg-0.03 mg tablet <b>MD,MO</b>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET <b>MD,MO</b>	3	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET <b>MD,MO</b>	3	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MD,MO</b>	2	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg tablet <b>MD,MO</b>	1	
levothyroxine 100 mcg, 200 mcg, 500 mcg vial <b>MO</b>	1	
levothyroxine 100 mcg/5 ml vl; levothyroxine 200 mcg/5 ml vl; levothyroxine 500 mcg/5 ml vl <b>MO</b>	3	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MD,MO</b>	1	
liothyronine sod 10 mcg/ml vl <b>MO</b>	1	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab <b>MD,MO</b>	1	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MD,MO</b>	2	
THYROLAR-1 12.5 MCG-50 MCG TABLET <b>MD,MO</b>	1	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET <b>MD,MO</b>	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET <b>MD,MO</b>	1	
THYROLAR-2 25 MCG-100 MCG TABLET <b>MD,MO</b>	1	
THYROLAR-3 37.5 MCG-150 MCG TABLET <b>MD,MO</b>	1	
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG CAPSULE <b>MD,MO</b>	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
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML ORAL SOLUTION <b>MD,MO</b>	3	
TRIOSTAT 10 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MD,MO</b>	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN 500 MG TABLET <b>DL</b>	4	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline 0.5 mg tablet</i> <b>MD,MO</b>	1	QL (16 per 28 days)
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE <b>MD,MO</b>	3	PA
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE <b>MD,MO</b>	3	PA
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE <b>MD,MO</b>	3	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE <b>MD,MO</b>	3	PA
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION <b>MD,MO</b>	3	PA
<i>leuprolide 2wk 14 mg/2.8 ml kt</i> <b>MD,MO</b>	1	B vs D
LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT <b>DL</b>	4	PA,QL (1 per 30 days)
LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT <b>MO</b>	4	PA,QL (1 per 90 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT <b>DL</b>	4	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 90 days)
LUPRON DEPOT 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MD,MO</b>	3	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MD,MO</b>	3	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT <b>MD,MO</b>	4	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT <b>DL</b>	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MD,MO</b>	4	PA,QL (1 per 90 days)
<i>octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 0.05 mg/ml vl; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vl</i> <b>MD,MO</b>	1	PA
<i>octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr</i> <b>MD,MO</b>	1	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
ORILISSA 150 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
ORILISSA 200 MG TABLET <b>DL</b>	4	PA,QL (56 per 28 days)
SANDOSTATIN 0.2 MG/ML VIAL; SANDOSTATIN 1 MG/ML VIAL; SANDOSTATIN 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML INJECTION SOLUTION <b>DL</b>	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE <b>DL</b>	4	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (60 per 30 days)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	4	PA,QL (1 per 28 days)
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (30 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY <b>DL</b>	4	
TRELSTAR 11.25 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	4	PA
TRELSTAR 22.5 MG INTRAMUSCULAR SUSPENSION <b>MD,MO</b>	4	PA
TRELSTAR 3.75 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	4	PA
TRIPTODUR 22.5 MG INTRAMUSCULAR SUSPENSION <b>MD,MO</b>	4	PA,QL (1 per 168 days)
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT <b>MO</b>	3	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT <b>MO</b>	3	PA,QL (1 per 28 days)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole 10 mg, 5 mg tablet</i> <b>MD,MO</b>	1	
<i>propylthiouracil 50 mg tablet</i> <b>MD,MO</b>	1	
TAPAZOLE 10 MG, 5 MG TABLET <b>MD,MO</b>	1	
<b>Immunological Agents</b>		
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3.6 per 28 days)
ACTEMRA ACTPEN 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (3.6 per 28 days)
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE <b>MO</b>	2	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP <b>MO</b>	2	
ARAVA 10 MG, 20 MG TABLET <b>DL</b>	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
ARCALYST 220 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE, EXTENDED RELEASE <b>MD,MO</b>	3	B vs D
ATGAM 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
AZASAN 100 MG, 75 MG TABLET <b>MD,MO</b>	1	B vs D
<i>azathioprine 50 mg tablet</i> <b>MD,MO</b>	1	B vs D
<i>azathioprine sod 100 mg vial</i> <b>MO</b>	1	B vs D
<i>bcg vaccine (tice strain) vial</i> <b>MO</b>	3	
BENLYSTA 120 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR <b>DL</b>	4	PA,QL (4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (6 per 28 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS KIT <b>DL</b>	4	PA,QL (15 per 30 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (15 per 30 days)
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
BIVIGAM 10 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	2	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	2	
CARIMUNE NF 12 GM VIAL; CARIMUNE NF 6 GM VIAL <b>DL</b>	4	PA
CELLCEPT 200 MG/ML ORAL SUSPENSION <b>DL</b>	4	B vs D
CELLCEPT 250 MG CAPSULE <b>DL</b>	4	B vs D
CELLCEPT 500 MG TABLET <b>DL</b>	4	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (3 per 30 days)
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (3 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (20 per 30 days)
CUTAQUIG 16.5 % SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
<i>cyclosporine 100 mg, 25 mg capsule</i> <b>MD,MO</b>	1	B vs D
<i>cyclosporine modified 100 mg, 25 mg, 50 mg</i> <b>MD,MO</b>	1	B vs D
<i>cyclosporine modified 100mg/ml</i> <b>MD,MO</b>	1	B vs D
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP <b>MO</b>	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
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (8.16 per 28 days)
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (78 per 365 days)
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (78 per 365 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	B vs D
ENGERIX-B 10 MCG/0.5 ML PED VL <b>MO</b>	3	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	B vs D
ENTYVIO 300 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (8 per 365 days)
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG TABLET,EXTENDED RELEASE <b>MD,MO</b>	3	PA
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (9 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMASTAN 15 %-18 % RANGE INTRAMUSCULAR SOLUTION <b>DL</b>	4	PA
GAMASTAN S/D 15 %-18 % RANGE INTRAMUSCULAR SOLUTION <b>DL</b>	4	PA
GAMMAGARD LIQUID 10 % INJECTION SOLUTION <b>DL</b>	4	PA
GAMMAGARD S-D (IGA &LT; 1 MCG/ML) 10 GRAM, 5 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION <b>DL</b>	4	PA
GAMMAPLEX 10 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION <b>DL</b>	4	PA
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	QL (1.5 per 365 days)
<i>gengraf 100 mg, 25 mg, 50 mg capsule</i> <b>MD,MO</b>	1	B vs D
<i>gengraf 100 mg/ml oral solution</i> <b>MD,MO</b>	1	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; HAVRIX 720 UNITS/0.5 ML VIAL <b>MO</b>	3	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION <b>DL</b>	4	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
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (31 per 365 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (31 per 365 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (31 per 365 days)
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	B vs D
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE <b>MO</b>	3	B vs D
<i>icatibant 30 mg/3 ml syringe</i> <b>DL</b>	4	PA,QL (9 per 30 days)
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	2	B vs D
IMURAN 50 MG TABLET <b>MD,MO</b>	3	PA
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP <b>MO</b>	3	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
INFLECTRA 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION <b>MO</b>	3	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
KEDRAB (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	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
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (2.28 per 28 days)
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
<i>leflunomide 10 mg, 20 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT <b>MO</b>	3	
<i>methotrexate 2.5 mg tablet</i> <b>MD,MO</b>	1	B vs D
<i>methotrexate 50 mg/2 ml vial</i> <b>MO</b>	1	
<i>methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial</i> <b>MO</b>	1	
<i>mycophenolate 200 mg/ml susp</i> <b>MD,MO</b>	1	B vs D
<i>mycophenolate 250 mg capsule</i> <b>MD,MO</b>	1	B vs D
<i>mycophenolate 500 mg tablet</i> <b>MD,MO</b>	1	B vs D
<i>mycophenolate 500 mg vial</i> <b>MO</b>	1	B vs D
<i>mycophenolic acid dr 180 mg, 360 mg tb</i> <b>MD,MO</b>	1	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE <b>MD,MO</b>	3	B vs D
MYFORTIC 360 MG TABLET,DELAYED RELEASE <b>DL</b>	4	B vs D
NEORAL 100 MG, 25 MG CAPSULE <b>MD,MO</b>	3	B vs D
NEORAL 100 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	B vs D
OCTAGAM 10 %, 5 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
OLUMIANT 2 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4 per 28 days)
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR <b>DL</b>	4	PA,QL (4 per 28 days)
OTEZLA 30 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (27 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (55 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <b>DL</b>	4	PA,QL (1.6 per 28 days)
PANZYGA 10 % INTRAVENOUS SOLUTION <b>DL</b>	4	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
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT <b>MO</b>	3	
PRIVIGEN 10 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
PROGRAF 0.2 MG, 1 MG ORAL GRANULES IN PACKET <b>MD,MO</b>	3	B vs D
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE <b>MD,MO</b>	3	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION <b>MO</b>	2	B vs D
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET <b>DL</b>	4	B vs D
RAPAMUNE 1 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	B vs D
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
RENFLIXIS 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE <b>DL</b>	4	
RIDAURA 3 MG CAPSULE <b>DL</b>	4	
RINVOQ ER 15 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
ROTARIX 10EXP6 CCID50/ML SUSPENSION <b>MO</b>	3	
ROTATEQ VACCINE 2 ML ORAL SOLUTION <b>MO</b>	3	
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (8 per 28 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE <b>MD,MO</b>	3	B vs D
SANDIMMUNE 100 MG/ML ORAL SOLUTION <b>MD,MO</b>	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
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT <b>MO</b>	2	QL (2 per 365 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (16 per 365 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (16 per 365 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (20 per 28 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> <b>MD,MO</b>	1	B vs D
<i>sirolimus 1 mg/ml solution</i> <b>MD,MO</b>	1	B vs D
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	PA
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> <b>MD,MO</b>	1	B vs D
TAKHZYRO 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (4 per 28 days)
<i>tdvax 2 lf unit-2 lf unit/0.5 ml intramuscular suspension</i> <b>MO</b>	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
<i>diphtheria-tetanus toxoids-ped</i> <b>MO</b>	3	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION <b>MO</b>	3	PA
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET <b>MD,MO</b>	1	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	2	
VARIZIG 125 UNIT VIAL <b>DL</b>	4	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML INJECTION SOLUTION; WINRHO SDF 15,000 UNIT (3,000 MCG)/13 ML INJECTION SOLUTION; WINRHO SDF 5,000 UNIT (1,000 MCG)/4.4 ML INJECTION SOLUTION <b>DL</b>	4	B vs D
XATMEP 2.5 MG/ML ORAL SOLUTION <b>MD,MO</b>	3	PA
XELJANZ 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,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
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (6 per 28 days)
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET <b>DL</b>	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET <b>DL</b>	4	B vs D,QL (120 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	QL (1 per 365 days)
<b>Inflammatory Bowel Disease Agents</b>		
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE <b>MD,MO</b>	3	ST,QL (120 per 30 days)
ASACOL HD 800 MG TABLET,DELAYED RELEASE <b>MD,MO</b>	3	ST,QL (180 per 30 days)
AZULFIDINE 500 MG TABLET <b>MD,MO</b>	3	
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE <b>MD,MO</b>	3	
<i>balsalazide disodium 750 mg cp</i> <b>MO</b>	1	
<i>budesonide ec 3 mg capsule</i> <b>MO</b>	1	
<i>budesonide er 9 mg tablet</i> <b>DL</b>	4	PA,QL (30 per 30 days)
CANASA 1,000 MG RECTAL SUPPOSITORY <b>DL</b>	4	ST,QL (30 per 30 days)
COLAZAL 750 MG CAPSULE <b>DL</b>	4	PA
<i>colocort 100 mg enema</i> <b>MO</b>	1	
CORTENEMA 100 MG/60 ML <b>MO</b>	3	
CORTIFOAM 10 % (80 MG) RECTAL <b>MO</b>	3	
DELZICOL 400 MG CAPSULE (DR TABLETS INSIDE) <b>MD,MO</b>	3	ST,QL (180 per 30 days)
DIPENTUM 250 MG CAPSULE <b>DL</b>	4	ST,QL (120 per 30 days)
ENTOCORT EC 3 MG CAPSULE,DELAYED,EXTENDED RELEASE <b>DL</b>	4	PA
GIAZO 1.1 GM TABLET <b>MO</b>	3	ST,QL (180 per 30 days)
<i>hydrocortisone 100 mg/60 ml</i> <b>MO</b>	1	
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE <b>MD,MO</b>	3	ST,QL (120 per 30 days)
<i>mesalamine 1,000 mg supp</i> <b>DL</b>	4	ST,QL (30 per 30 days)
<i>mesalamine 4 gm/60 ml enema</i> <b>MD,MO</b>	1	QL (1800 per 30 days)
<i>mesalamine 800 mg dr tablet</i> <b>MD,MO</b>	1	ST,QL (180 per 30 days)
<i>mesalamine dr 1.2 gm tablet</i> <b>MD,MO</b>	1	QL (120 per 30 days)
<i>mesalamine dr 400 mg capsule</i> <b>MD,MO</b>	1	ST,QL (180 per 30 days)
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE <b>DL</b>	4	ST,QL (150 per 30 days)
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE <b>DL</b>	4	ST,QL (300 per 30 days)
PROCTOFOAM HC 1 %-1 % <b>MO</b>	1	
ROWASA 4 GRAM/60 ML ENEMA <b>MD,MO</b>	3	QL (1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA <b>MD,MO</b>	3	QL (1800 per 30 days)
<i>sulfasalazine 500 mg tablet; sulfasalazine dr 500 mg tab</i> <b>MD,MO</b>	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
UCERIS 2 MG/ACTUATION RECTAL FOAM <b>DL</b>	4	PA
UCERIS 9 MG TABLET, EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
<b>Metabolic Bone Disease Agents</b>		
ACTONEL 150 MG TABLET <b>MD,MO</b>	3	PA,QL (1 per 30 days)
ACTONEL 30 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ACTONEL 35 MG TABLET <b>MD,MO</b>	3	PA,QL (4 per 28 days)
ACTONEL 5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
alendronate sod 70 mg/75 ml <b>MD,MO</b>	1	QL (300 per 30 days)
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab <b>MD,MO</b>	1	QL (4 per 28 days)
AELVIA 35 MG TABLET, DELAYED RELEASE <b>MD,MO</b>	3	PA,QL (4 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET <b>MD,MO</b>	3	QL (4 per 28 days)
BONIVA 150 MG TABLET <b>MD,MO</b>	3	PA,QL (1 per 28 days)
BONIVA 3 MG/3 ML INTRAVENOUS SYRINGE <b>MD,MO</b>	3	PA,QL (3 per 90 days)
calcitonin-salmon 200 units sp <b>MD,MO</b>	1	QL (3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg capsule <b>MD,MO</b>	1	
calcitriol 1 mcg/ml ampul <b>MO</b>	1	
calcitriol 1 mcg/ml solution <b>MD,MO</b>	1	
cinacalcet hcl 30 mg, 60 mg tablet <b>DL</b>	4	QL (60 per 30 days)
cinacalcet hcl 90 mg tablet <b>DL</b>	4	QL (120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule <b>MD,MO</b>	1	
doxercalciferol 4 mcg/2 ml vial <b>MD,MO</b>	1	
etidronate disodium 200 mg, 400 mg tab <b>MD,MO</b>	1	
EVENITY 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2) SUBCUTANEOUS SYRINGE; EVENITY 210 MG/2.34 ML (105 MG/1.17 ML X 2) SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (2.34 per 30 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (2.4 per 28 days)
FOSAMAX 70 MG TABLET <b>MD,MO</b>	3	PA,QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET; FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET <b>MD,MO</b>	3	ST,QL (4 per 28 days)
HECTOROL 0.5 MCG, 1 MCG, 2.5 MCG CAPSULE <b>MD,MO</b>	3	PA
HECTOROL 2 MCG/ML INTRAVENOUS SOLUTION <b>MD,MO</b>	2	
HECTOROL 4 MCG/2 ML INTRAVENOUS SOLUTION <b>MD,MO</b>	3	
ibandronate 3 mg/3 ml syringe <b>MD,MO</b>	1	PA,QL (3 per 90 days)
ibandronate 3 mg/3 ml vial <b>MD,MO</b>	1	PA,QL (3 per 90 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
<i>ibandronate sodium 150 mg tab</i> <b>MD,MO</b>	1	QL (1 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA,QL (2 per 28 days)
<i>pamidronate 30 mg/10 ml vial</i> <b>MO</b>	1	B vs D,QL (30 per 21 days)
<i>pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial</i> <b>MO</b>	1	B vs D,QL (10 per 21 days)
<i>paricalcitol 1 mcg, 2 mcg capsule</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>paricalcitol 2 mcg/ml vial</i> <b>MD,MO</b>	1	QL (24 per 30 days)
<i>paricalcitol 4 mcg capsule</i> <b>MD,MO</b>	1	QL (12 per 30 days)
<i>paricalcitol 5 mcg/ml vial</i> <b>MD,MO</b>	1	QL (48 per 28 days)
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE <b>MD,MO</b>	3	B vs D,QL (1 per 180 days)
RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	QL (60 per 30 days)
RECLAST 5 MG/100 ML INTRAVENOUS PIGGYBACK <b>MO</b>	3	PA,QL (100 per 365 days)
<i>risedronate sod dr 35 mg tab; risedronate sodium 35 mg tab</i> <b>MD,MO</b>	1	QL (4 per 28 days)
<i>risedronate sodium 150 mg tab</i> <b>MD,MO</b>	1	QL (1 per 30 days)
<i>risedronate sodium 30 mg tab</i> <b>MO</b>	1	QL (30 per 30 days)
<i>risedronate sodium 5 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE <b>MD,MO</b>	3	
ROCALTROL 1 MCG/ML ORAL SOLUTION <b>MD,MO</b>	3	
SENSIPAR 30 MG, 60 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
SENSIPAR 90 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (1.7 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE <b>MD,MO</b>	3	QL (30 per 30 days)
ZEMPLAR 2 MCG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	QL (24 per 30 days)
ZEMPLAR 5 MCG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	QL (48 per 28 days)
<i>zoledronic acid 4 mg/100 ml</i> <b>MD,MO</b>	1	PA,QL (300 per 21 days)
<i>zoledronic acid 4 mg vial</i> <b>MD,MO</b>	3	PA
<i>zoledronic acid 4 mg/5 ml vial</i> <b>MD,MO</b>	1	PA,QL (15 per 21 days)
<i>zoledronic acid 4 mg/100 ml</i> <b>MD,MO</b>	1	B vs D,QL (300 per 21 days)
<i>zoledronic acid 5 mg/100 ml</i> <b>MO</b>	1	PA,QL (100 per 365 days)
ZOMETA 4 MG/100 ML INJECTION <b>DL</b>	4	PA,QL (300 per 21 days)
ZOMETA 4 MG/5 ML VIAL <b>DL</b>	4	PA,QL (15 per 21 days)
<b>Miscellaneous Therapeutic Agents</b>		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MD,MO</b>	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
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MD,MO</b>	1	
ACETADOTE 200 MG/ML (20 %) INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>acetic acid 0.25% irrig soln</i> <b>MO</b>	1	
<i>acetylcysteine 6 gram/30 ml vial</i> <b>MO</b>	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" <b>MD,MO</b>	1	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR <b>MD,MO</b>	3	PA,QL (2 per 30 days)
AIMOVIG 140 MG DOSE-2 AUTOINJ <b>MD,MO</b>	3	PA,QL (2 per 30 days)
AJOVY 225 MG/1.5 ML SUBCUTANEOUS SYRINGE <b>MD,MO</b>	3	PA,QL (1.5 per 30 days)
ALCOHOL PADS <b>MO</b>	1	
ALCOHOL PREP PADS <b>MO</b>	1	
ALCOHOL SWAB <b>MO</b>	1	
ALCOHOL WIPES <b>MO</b>	1	
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION <b>DL</b>	4	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MD,MO</b>	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" <b>MD,MO</b>	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <b>MD,MO</b>	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <b>MD,MO</b>	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <b>MD,MO</b>	1	
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
BAND-AID GAUZE PADS 2" X 2" BANDAGE <b>MO</b>	1	
BD ALCOHOL SWABS <b>MO</b>	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" <b>MD,MO</b>	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <b>MD,MO</b>	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MD,MO</b>	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
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" <b>MD,MO</b>	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" <b>MD,MO</b>	1	
BD INSULIN SYRINGE SLIP TIP 1 ML <b>MD,MO</b>	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MD,MO</b>	1	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE <b>MD,MO</b>	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" <b>MD,MO</b>	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" <b>MD,MO</b>	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" <b>MD,MO</b>	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" <b>MD,MO</b>	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" <b>MD,MO</b>	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" <b>MD,MO</b>	1	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" <b>MD,MO</b>	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" <b>MD,MO</b>	1	
BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" <b>MD,MO</b>	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" <b>MD,MO</b>	1	
BORDERED GAUZE 2" X 2" BANDAGE <b>MO</b>	1	
CABLIVI 11 MG INJECTION KIT <b>DL</b>	4	PA,QL (30 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial</i> <b>MO</b>	1	
<i>calcium disodium versenate 200 mg/ml injection solution</i> <b>MO</b>	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS <b>MO</b>	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
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE <b>MO</b>	3	
CINVANTI 7.2 MG/ML INTRAVENOUS EMULSION <b>MO</b>	3	PA,QL (36 per 28 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (60 per 30 days)
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" <b>MD,MO</b>	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" <b>MD,MO</b>	1	
CURITY ALCOHOL SWABS <b>MO</b>	1	
CURITY GAUZE 2" X 2" BANDAGE <b>MO</b>	1	
DEFITELIO 80 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
DERMACEA 2" X 2" BANDAGE <b>MO</b>	1	
DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"; DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 15/64" <b>MD,MO</b>	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
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" <b>MD,MO</b>	1	
EASY COMFORT ALCOHOL PAD TOPICAL PADS <b>MO</b>	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" <b>MD,MO</b>	1	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" <b>MD,MO</b>	1	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" <b>MD,MO</b>	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MD,MO</b>	1	
EASY TOUCH ALCOHOL PREP PADS <b>MO</b>	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" <b>MD,MO</b>	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
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" <b>MD,MO</b>	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE <b>MD,MO</b>	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" <b>MD,MO</b>	1	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE <b>MD,MO</b>	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET <b>DL</b>	4	PA
EMFLAZA 22.75 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR <b>MD,MO</b>	3	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE <b>MD,MO</b>	3	PA,QL (2 per 30 days)
EMGALITY 300 MG/3 ML (100 MG/ML X 3) SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA,QL (3 per 30 days)
<i>enlon 10 mg/ml vial</i> <b>MO</b>	1	
ENLON-PLUS AMPUL <b>MO</b>	3	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MD,MO</b>	1	
<i>flumazenil 0.5 mg/5 ml vial</i> <b>MO</b>	1	
<i>fomepizole 1.5 gm/1.5 ml vial</i> <b>MO</b>	1	
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE; FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" SYRINGE <b>MD,MO</b>	1	
GALAFOLD 123 MG CAPSULE <b>DL</b>	4	PA,QL (14 per 28 days)
GAUZE PADS 2"X2" <b>MO</b>	1	
GAUZE PAD 2" X 2" BANDAGE <b>MO</b>	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
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MD,MO</b>	1	
HUMAPEN LUXURA HD <b>MD,MO</b>	1	
INCONTROL ALCOHOL PADS <b>MO</b>	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
INSULIN SYR 0.3ML 31GX1/4(1/2) <b>MD,MO</b>	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MD,MO</b>	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" <b>MD,MO</b>	1	
BD LUER-LOK SYRINGE 1 ML <b>MD,MO</b>	1	
BD INSULIN SYR 1 ML 28GX1/2"; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRING 0.5 ML 27GX1/2"; INSULIN SYRINGE 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 27GX1/2"; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 0.5 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 29GX1/2"; RELION INS SYR 0.3 ML 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 31GX15/64"; RELION SYRING 0.5 ML 31GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE SAFETY 0.5 ML 29GX1/2; ULTICARE SYR 0.3 ML 30GX5/16"; ULTICARE SYR 0.5 ML 30GX5/16"; ULTICARE SYR 1 ML 30GX5/16"; ULTICARE SYRIN 0.5 ML 28GX1/2" <b>MD,MO</b>	1	
INSULIN SYRINGE U100 1 ML <b>MD,MO</b>	1	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MD,MO</b>	1	
IV PREP WIPES MEDICATED <b>MO</b>	1	
KORLYM 300 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
<i>lactated ringers irrigation</i> <b>MO</b>	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
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MD,MO</b>	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 <b>MD,MO</b>	1	
LITHOSTAT 250 MG TABLET <b>DL</b>	4	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" <b>MD,MO</b>	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" <b>MD,MO</b>	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" <b>MD,MO</b>	1	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" <b>MD,MO</b>	1	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" <b>MD,MO</b>	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" <b>MD,MO</b>	1	
<i>methergine 0.2 mg tablet</i> <b>DL</b>	4	
<i>methylergonovine 0.2 mg tablet</i> <b>MO</b>	1	
<i>methylergonovine 0.2 mg/ml amp</i> <b>MO</b>	1	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" <b>MD,MO</b>	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <b>MD,MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2" <b>MD,MO</b>	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
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; MONOJECT INSULIN SYRINGE 1 ML <b>MD,MO</b>	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE <b>MD,MO</b>	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE <b>MD,MO</b>	1	
<i>neomy-polymyxin b 40 mg/ml amp</i> <b>MO</b>	1	
NEOSPORIN GU IRR 40 MG/ML AMP <b>MO</b>	1	
NOVOFINE 30G X 1/3" NEEDLES <b>MD,MO</b>	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <b>MD,MO</b>	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <b>MD,MO</b>	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <b>MD,MO</b>	1	
NOVOPEN ECHO SUBCUTANEOUS <b>MD,MO</b>	1	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE <b>MD,MO</b>	1	
OMNIPOD DASH INSULIN POD SUBCUTANEOUS CARTRIDGE <b>MD,MO</b>	2	
OMNIPOD INSULIN MANAGEMENT <b>MO</b>	2	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE <b>MD,MO</b>	2	
<i>oxytocin 10 units/ml vial</i> <b>MO</b>	1	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; PEN NEEDLE 12MM 29G; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLE 8MM 31G; PEN NEEDLES 6MM 31G <b>MD,MO</b>	1	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MD,MO</b>	1	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION <b>MO</b>	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION <b>MO</b>	1	
PITOCIN 10 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" <b>MD,MO</b>	1	
PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION <b>DL</b>	4	PA
PRO COMFORT ALCOHOL PADS <b>MO</b>	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
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" <b>MD,MO</b>	1	
<i>promethazine vc 6.25 mg-5 mg/5 ml oral syrup</i> <b>MO</b>	1	PA
<i>promethazine-phenylephrine syr</i> <b>MO</b>	1	PA
<i>protamine 250 mg/25 ml vial</i> <b>MO</b>	1	
RELION NEEDLES 31 GAUGE X 1/4" <b>MD,MO</b>	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" <b>MD,MO</b>	1	
RENACIDIN 1980.6 MG-59.4MG-980.4MG/30ML IRRIGATION SOLUTION <b>MO</b>	3	
RIMSO-50 50 % INTRAVESICAL SOLUTION <b>MO</b>	3	
<i>ringers irrigation solution</i> <b>MO</b>	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MD,MO</b>	1	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" <b>MD,MO</b>	1	
SEMPREX-D 8 MG-60 MG CAPSULE <b>MO</b>	3	
<i>sod phenylacet-sod benzoate vl</i> <b>DL</b>	4	
<i>sodium chloride 0.9% irrig.</i> <b>MO</b>	1	
<i>sorbitol-mannitol irrig</i> <b>MO</b>	1	
SURE COMFORT ALCOHOL PREP PADS <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" <b>MD,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" <b>MD,MO</b>	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
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MD,MO</b>	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" <b>MD,MO</b>	1	
SURE-PREP ALCOHOL PREP PADS <b>MO</b>	1	
TAVALISSE 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
TEGSEDI 284 MG/1.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (6 per 28 days)
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" <b>MD,MO</b>	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" <b>MD,MO</b>	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE <b>MD,MO</b>	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
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" SYRINGE <b>MD,MO</b>	1	
TRUE COMFORT ALCOHOL PADS <b>MO</b>	1	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16; TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE; TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MD,MO</b>	1	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE; ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" SYRINGE <b>MD,MO</b>	1	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" <b>MD,MO</b>	1	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" <b>MD,MO</b>	1	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
ULTILET ALCOHOL SWAB <b>MO</b>	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
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16"; ULTILET INSULIN SYRINGE 1/2 ML 29 <b>MD,MO</b>	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" <b>MD,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 <b>MD,MO</b>	1	
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16" <b>MD,MO</b>	1	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" <b>MD,MO</b>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <b>MD,MO</b>	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" <b>MD,MO</b>	1	
ULTRA-THIN II INS 0.3 ML 29G; ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MD,MO</b>	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
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" <b>MD,MO</b>	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" <b>MD,MO</b>	1	
UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MD,MO</b>	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MD,MO</b>	1	
V-GO 20 DEVICE <b>MD,MO</b>	2	
V-GO 30 DEVICE <b>MD,MO</b>	2	
V-GO 40 DEVICE <b>MD,MO</b>	2	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MD,MO</b>	1	
VERIFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" <b>MD,MO</b>	1	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET <b>DL</b>	4	QL (20 per 365 days)
<i>sterile water for irrigation</i> <b>MO</b>	1	
WEBCOL TOPICAL PADS <b>MO</b>	1	
XENICAL 120 MG CAPSULE <b>MD,MO</b>	3	PA
XURIDEN 2 GRAM ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (120 per 30 days)
<b>Ophthalmic Agents</b>		
ACULAR 0.5 % EYE DROPS <b>MO</b>	3	ST
ACULAR LS 0.4 % EYE DROPS <b>MO</b>	3	ST
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	ST
<i>ak-poly-bac 500 unit-10,000 unit/gram eye ointment</i> <b>MO</b>	1	
AKTEN (PF) 3.5 % EYE GEL <b>MO</b>	3	
ALCAINE 0.5 % EYE DROPS <b>MO</b>	1	
ALOCRIL 2 % EYE DROPS <b>MO</b>	3	
ALOMIDE 0.1 % EYE DROPS <b>MO</b>	3	
ALPHAGAN P 0.1 % EYE DROPS <b>MD,MO</b>	2	
ALPHAGAN P 0.15 % EYE DROPS <b>MD,MO</b>	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALREX 0.2 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
<i>apraclonidine hcl 0.5% drops</i> <b>MO</b>	1	
<i>atropine 1% eye drops</i> <b>MD,MO</b>	1	
<i>azelastine hcl 0.05% drops</i> <b>MO</b>	1	
AZOPT 1 % EYE DROPS,SUSPENSION <b>MD,MO</b>	3	ST,QL (10 per 28 days)
<i>bacitracin-polymyxin eye oint</i> <b>MO</b>	1	
<i>balanced salt intraocular solution</i> <b>MO</b>	1	
BEPREVE 1.5 % EYE DROPS <b>MO</b>	3	ST,QL (5 per 25 days)
BETADINE OPHTHALMIC PREP 5 % SOLUTION <b>MO</b>	3	
BETAGAN 0.5% EYE DROPS <b>MD,MO</b>	3	ST
<i>betaxolol hcl 0.5% eye drop</i> <b>MD,MO</b>	1	
BETIMOL 0.25 %, 0.5 % EYE DROPS <b>MD,MO</b>	3	ST
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION <b>MD,MO</b>	3	ST
<i>bimatoprost 0.03% eye drops</i> <b>MD,MO</b>	1	QL (2.5 per 25 days)
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION <b>MO</b>	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT <b>MO</b>	1	
<i>brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp</i> <b>MD,MO</b>	1	
<i>bromfenac sodium 0.09% eye drp</i> <b>MO</b>	1	QL (1.7 per 30 days)
BROMSITE 0.075 % EYE DROPS <b>MO</b>	3	ST,QL (5 per 30 days)
BSS INTRAOCULAR SOLUTION <b>MO</b>	3	
BSS PLUS INTRAOCULAR SOLUTION <b>MO</b>	3	
<i>carteolol hcl 1% eye drops</i> <b>MD,MO</b>	1	
CEQUA 0.09 % EYE DROPS IN A DROPPERETTE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
COMBIGAN 0.2 %-0.5 % EYE DROPS <b>MD,MO</b>	2	QL (5 per 25 days)
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS <b>MD,MO</b>	3	ST,QL (10 per 30 days)
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE <b>MD,MO</b>	3	ST,QL (60 per 30 days)
<i>cromolyn 4% eye drops</i> <b>MO</b>	1	
CYSTARAN 0.44 % EYE DROPS <b>DL</b>	4	PA,QL (60 per 28 days)
<i>dexamethasone 0.1% eye drop</i> <b>MO</b>	1	
<i>diclofenac 0.1% eye drops</i> <b>MO</b>	1	
<i>dorzolamide hcl 2% eye drops</i> <b>MD,MO</b>	1	QL (10 per 30 days)
<i>dorzolamide-timolol eye drops</i> <b>MD,MO</b>	1	QL (10 per 30 days)
<i>dorzolamide-timolol 2%-0.5%</i> <b>MD,MO</b>	1	ST,QL (60 per 30 days)
DUREZOL 0.05 % EYE DROPS <b>MO</b>	2	
ELESTAT 0.05% EYE DROPS <b>MO</b>	3	ST,QL (5 per 25 days)
EMADINE 0.05% EYE DROPS <b>MO</b>	3	ST

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
<i>epinastine hcl 0.05% eye drops</i> <b>MO</b>	1	ST,QL (5 per 25 days)
FLAREX 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
<i>fluorometholone 0.1% drops</i> <b>MO</b>	1	
<i>flurbiprofen 0.03% eye drop</i> <b>MO</b>	1	
FML FORTE 0.25 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
FML S.O.P. 0.1 % EYE OINTMENT <b>MO</b>	3	ST
ILEVRO 0.3 % EYE DROPS,SUSPENSION <b>MO</b>	2	QL (3 per 30 days)
INVELTYS 1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
IOPIDINE 0.5% EYE DROPS <b>MO</b>	3	PA
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS <b>MD,MO</b>	3	
ISTALOL 0.5 % EYE DROPS <b>MD,MO</b>	3	
<i>ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution</i> <b>MO</b>	1	
LACRISERT 5 MG EYE INSERTS <b>MO</b>	3	
LASTACFT 0.25 % EYE DROPS <b>MO</b>	3	ST
<i>latanoprost 0.005% eye drops</i> <b>MD,MO</b>	1	QL (5 per 25 days)
<i>levobunolol 0.5% eye drops</i> <b>MD,MO</b>	1	
LOTEMAX 0.5 % EYE DROPS,SUSPENSION; LOTEMAX 0.5 % EYE GEL DROPS <b>MO</b>	3	ST
LOTEMAX 0.5 % EYE OINTMENT <b>MO</b>	3	ST
LOTEMAX SM 0.38 % EYE GEL DROPS <b>MO</b>	3	ST
<i>loteprednol etabonate 0.5% drp</i> <b>MO</b>	1	ST
LUMIGAN 0.01 % EYE DROPS <b>MD,MO</b>	2	QL (2.5 per 25 days)
MAXIDEX 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT <b>MO</b>	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION <b>MO</b>	1	
<i>metipranolol 0.3% eye drops</i> <b>MD,MO</b>	1	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION <b>MO</b>	3	
<i>neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment</i> <b>MO</b>	1	
<i>neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment</i> <b>MO</b>	1	
<i>neo-bacit-poly-hc eye ointment</i> <b>MO</b>	1	
<i>neomyc-bacit-polymix eye oint</i> <b>MO</b>	1	
<i>neomyc-polym-dexamet eye ointm</i> <b>MO</b>	1	
<i>neomyc-polym-dexameth eye drop</i> <b>MO</b>	1	
<i>neomyc-polym-gramicid eye drop</i> <b>MO</b>	1	
<i>neomycin-poly-hc eye drops</i> <b>MO</b>	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
NEVANAC 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
<i>olopatadine hcl 0.1% eye drops</i> <b>MO</b>	1	ST
<i>olopatadine hcl 0.2% eye drop</i> <b>MO</b>	1	
OMNIPRED 1% EYE DROPS <b>MO</b>	3	ST
OXERVATE 0.002 % EYE DROPS <b>DL</b>	4	PA,QL (112 per 365 days)
PATADAY 0.2 % EYE DROPS <b>MO</b>	3	ST
PATANOL 0.1 % EYE DROPS <b>MO</b>	3	ST
PAZEO 0.7 % EYE DROPS <b>MO</b>	2	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <b>MD,MO</b>	3	
<i>pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops</i> <b>MD,MO</b>	1	
<i>polycin 500 unit-10,000 unit/gram eye ointment</i> <b>MO</b>	1	
<i>polymyxin b-tmp eye drops</i> <b>MO</b>	1	
POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS <b>MO</b>	3	
PRED FORTE 1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
PRED MILD 0.12 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION <b>MO</b>	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT <b>MO</b>	3	
<i>prednisolone ac 1% eye drop</i> <b>MO</b>	1	
<i>prednisolone sod 1% eye drop</i> <b>MO</b>	1	
PROLENSA 0.07 % EYE DROPS <b>MO</b>	3	ST,QL (3 per 30 days)
<i>proparacaine 0.5% eye drops</i> <b>MO</b>	1	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE <b>MD,MO</b>	2	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS <b>MD,MO</b>	2	QL (5.5 per 25 days)
RHOPRESSA 0.02 % EYE DROPS <b>MD,MO</b>	3	PA,QL (2.5 per 25 days)
ROCKLATAN 0.02 %-0.005 % EYE DROPS <b>MD,MO</b>	3	PA,QL (2.5 per 25 days)
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION <b>MD,MO</b>	3	ST,QL (16 per 30 days)
<i>sulf-pred 10-0.23% eye drops</i> <b>MO</b>	1	
<i>timolol 0.25% gfs gel-solution; timolol 0.5% gfs gel-solution</i> <b>MD,MO</b>	1	
<i>timolol 0.5% eye drop; timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops</i> <b>MD,MO</b>	1	
TIMOPTIC 0.25 %, 0.5 % EYE DROPS <b>MD,MO</b>	3	ST
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % EYE DROPS IN A DROPPERETTE <b>MD,MO</b>	3	ST
TIMOPTIC-XE 0.25 %, 0.5 % EYE GEL <b>MD,MO</b>	3	PA
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT <b>MO</b>	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION <b>MO</b>	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
<i>tobramycin-dexameth ophth susp</i> <sup>MO</sup>	1	
TRAVATAN Z 0.004 % EYE DROPS <sup>MD,MO</sup>	2	QL (2.5 per 25 days)
<i>travoprost 0.004% eye drop</i> <sup>MD,MO</sup>	1	ST,QL (5 per 28 days)
TRUSOPT 2 % EYE DROPS <sup>MD,MO</sup>	3	QL (10 per 30 days)
VYZULTA 0.024 % EYE DROPS <sup>MD,MO</sup>	3	ST,QL (5 per 30 days)
XALATAN 0.005 % EYE DROPS <sup>MD,MO</sup>	3	PA,QL (5 per 25 days)
XELPROS 0.005 % EYE DROP EMULSION <sup>MD,MO</sup>	3	ST,QL (2.5 per 25 days)
XIIDRA 5 % EYE DROPS IN A DROPPERETTE <sup>MD,MO</sup>	3	PA,QL (60 per 30 days)
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE <sup>MD,MO</sup>	3	ST,QL (30 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	
<b>Otic Agents</b>		
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION <sup>MO</sup>	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION <sup>MO</sup>	3	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION <sup>MO</sup>	3	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION <sup>MO</sup>	3	
DERMOTIC OIL 0.01 % EAR DROPS <sup>MO</sup>	3	
<i>flac otic (ear) oil 0.01 % drops</i> <sup>MO</sup>	1	
<i>fluocinolone oil 0.01% ear drp</i> <sup>MO</sup>	1	
<i>hydrocortison-acetic acid soln</i> <sup>MO</sup>	1	
<i>neomycin-polymyxin-hc ear soln</i> <sup>MO</sup>	1	
<i>neomycin-polymyxin-hc ear susp</i> <sup>MO</sup>	1	
OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION <sup>MO</sup>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
ACCOLATE 10 MG, 20 MG TABLET <sup>MD,MO</sup>	3	PA,QL (60 per 30 days)
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> <sup>MO</sup>	1	B vs D
ADCIRCA 20 MG TABLET <sup>DL</sup>	4	PA,QL (60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET <sup>DL</sup>	4	PA,QL (90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) INJECTION SOLUTION <sup>MO</sup>	3	
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION <sup>MD,MO</sup>	2	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MD,MO</sup>	2	QL (12 per 30 days)
AEROSPAN 80 MCG/ACTUATION HFA AEROSOL INHALER <sup>MD,MO</sup>	3	ST,QL (17.8 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
AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED <b>MD,MO</b>	3	ST,QL (1 per 30 days)
albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln <b>MD,MO</b>	1	B vs D
albuterol hfa 90 mcg inhaler <b>MD,MO</b>	1	QL (36 per 30 days)
albuterol sulf 2 mg/5 ml syrup <b>MD,MO</b>	1	
albuterol sulfate 2 mg tab <b>MD,MO</b>	1	QL (120 per 30 days)
albuterol sulfate 4 mg tab <b>MD,MO</b>	1	
albuterol sulfate er 4 mg, 8 mg tab <b>MD,MO</b>	1	
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION AEROSOL INHALER <b>MD,MO</b>	3	ST,QL (18.3 per 28 days)
alyq 20 mg tablet <b>MD,MO</b>	1	PA,QL (60 per 30 days)
ambrisentan 10 mg, 5 mg tablet <b>DL</b>	4	PA,QL (30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml v1 <b>MO</b>	1	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION <b>MD,MO</b>	2	QL (60 per 30 days)
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE <b>MD,MO</b>	3	ST,QL (30 per 30 days)
ARMONAIR RESPICLICK 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER <b>MD,MO</b>	3	ST,QL (1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <b>MD,MO</b>	2	QL (30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER <b>MD,MO</b>	3	ST,QL (13 per 30 days)
ASMANEX TWISTHALER 110 MCG #7; ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR; ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR; ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR; ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR; ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR <b>MD,MO</b>	3	ST,QL (1 per 28 days)
ASTEPRO 0.15% NASAL SPRAY <b>MD,MO</b>	3	PA,QL (30 per 25 days)
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER <b>MD,MO</b>	3	QL (25.8 per 30 days)
azelastine 0.1% (137 mcg) spry <b>MD,MO</b>	1	QL (30 per 25 days)
azelastine 0.15% nasal spray <b>MD,MO</b>	1	QL (30 per 25 days)
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY <b>MD,MO</b>	3	ST,QL (50 per 30 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER <b>MD,MO</b>	3	QL (10.7 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
<i>bosentan 125 mg, 62.5 mg tablet</i> <b>DL</b>	4	PA,QL (60 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION <b>MD,MO</b>	2	QL (60 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <b>MD,MO</b>	3	PA,QL (120 per 30 days)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh susp; budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml susp</i> <b>MD,MO</b>	1	B vs D
<i>carbinoxamine 4 mg/5 ml liquid</i> <b>MO</b>	1	PA
<i>carbinoxamine maleate 4 mg tab</i> <b>MO</b>	1	PA
<i>carbinoxamine maleate 6 mg tab</i> <b>MO</b>	1	PA,QL (120 per 30 days)
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (84 per 28 days)
<i>cetirizine hcl 1 mg/ml soln</i> <b>MO</b>	1	QL (300 per 30 days)
CINQAIR 10 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
CLARINEX 0.5 MG/ML (2.5 MG/5) <b>MD,MO</b>	3	ST,QL (300 per 30 days)
CLARINEX 5 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
<i>clemastine fum 2.68 mg tab</i> <b>MO</b>	1	
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION <b>MD,MO</b>	3	QL (4 per 20 days)
<i>cromolyn 100 mg/5 ml oral conc</i> <b>MO</b>	1	
<i>cromolyn 20 mg/2 ml neb soln</i> <b>DL</b>	4	B vs D
<i>cyproheptadine 2 mg/5 ml syrup</i> <b>MO</b>	1	
<i>cyproheptadine 4 mg tablet</i> <b>MO</b>	1	
DALIRESP 250 MCG TABLET <b>MD,MO</b>	2	QL (28 per 365 days)
DALIRESP 500 MCG TABLET <b>MD,MO</b>	2	QL (30 per 30 days)
<i>desloratadine 2.5 mg, 5 mg odt</i> <b>MD,MO</b>	1	ST,QL (30 per 30 days)
<i>desloratadine 5 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>dexchlorpheniramine 2 mg/5 ml</i> <b>MO</b>	1	
<i>diphenhydramine 12.5 mg/5 ml</i> <b>MO</b>	1	
<i>diphenhydramine 50 mg/ml crpjt</i> <b>MO</b>	1	
<i>diphenhydramine 50 mg/ml vial</i> <b>MO</b>	1	
DOPRAM 20 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER <b>MD,MO</b>	3	ST,QL (13 per 30 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (31.92 per 365 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (56 per 365 days)
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY <b>MO</b>	3	ST,QL (23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR <b>MD,MO</b>	1	
<i>epinephrine 0.15 mg auto-inject; epinephrine 0.3 mg auto-inject</i> <b>MO</b>	1	QL (4 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
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR <b>MO</b>	3	PA,QL (4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR <b>MO</b>	3	PA,QL (4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR <b>MO</b>	3	PA,QL (4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR <b>MO</b>	3	PA,QL (4 per 30 days)
<i>epoprostenol sodium 0.5 mg, 1.5 mg v1</i> <b>DL</b>	4	PA
ESBRIET 267 MG CAPSULE <b>DL</b>	4	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET <b>DL</b>	4	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <b>MD,MO</b>	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER <b>MD,MO</b>	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <b>MD,MO</b>	2	QL (10.6 per 30 days)
<i>flunisolide 0.025% spray</i> <b>MD,MO</b>	1	QL (50 per 30 days)
<i>fluticasone-salmeterol 100-50; fluticasone-salmeterol 250-50;</i>	1	QL (60 per 30 days)
<i>fluticasone-salmeterol 500-50</i> <b>MD,MO</b>		
<i>fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14;</i>	2	QL (1 per 30 days)
<i>fluticasone-salmeterol 55-14</i> <b>MD,MO</b>		
<i>fluticasone prop 50 mcg spray</i> <b>MD,MO</b>	1	QL (16 per 30 days)
GASTROCROM 100 MG/5 ML ORAL CONCENTRATE <b>DL</b>	4	
GRASTEK 2,800 BAU SUBLINGUAL TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
<i>hydroxyzine pam 100 mg, 25 mg, 50 mg cap</i> <b>MO</b>	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION <b>MD,MO</b>	2	QL (30 per 30 days)
<i>ipratropium 0.03% spray</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>ipratropium 0.06% spray</i> <b>MO</b>	1	QL (45 per 30 days)
<i>ipratropium br 0.02% soln</i> <b>MD,MO</b>	1	B vs D
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i> <b>MD,MO</b>	1	B vs D
KALYDECO 150 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
KALYDECO 25 MG, 50 MG, 75 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (56 per 28 days)
KARBINAL ER 4 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE <b>MO</b>	3	PA
LETAIRIS 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>levalbuterol 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml sol;</i>	1	B vs D
<i>levalbuterol conc 1.25 mg/0.5</i> <b>MD,MO</b>		
<i>levalbuterol tar hfa 45mcg inh</i> <b>MD,MO</b>	1	ST,QL (30 per 30 days)
<i>levocetirizine 2.5 mg/5 ml sol</i> <b>MD,MO</b>	1	QL (300 per 30 days)
<i>levocetirizine 5 mg tablet</i> <b>MD,MO</b>	1	QL (30 per 30 days)

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (60 per 30 days)
LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (60 per 365 days)
metaproterenol 10 mg, 20 mg tablet <b>MD,MO</b>	1	
metaproterenol 10 mg/5 ml syr <b>MD,MO</b>	1	
mometasone furoate 50 mcg spry <b>MD,MO</b>	1	ST,QL (34 per 30 days)
montelukast sod 10 mg tablet <b>MD,MO</b>	1	QL (30 per 30 days)
montelukast sod 4 mg granules <b>MD,MO</b>	1	QL (30 per 30 days)
montelukast sod 4 mg, 5 mg tab chew <b>MD,MO</b>	1	QL (30 per 30 days)
NASONEX 50 MCG/ACTUATION SPRAY <b>MD,MO</b>	3	ST,QL (34 per 30 days)
NUCALA 100 MG, 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR; NUCALA 100 MG, 100 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (3 per 28 days)
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3 per 28 days)
OFEV 100 MG, 150 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
olopatadine 665 mcg nasal spry <b>MO</b>	1	ST,QL (30.5 per 30 days)
OMNARIS 50 MCG NASAL SPRAY <b>MD,MO</b>	3	ST,QL (12.5 per 30 days)
OPSUMIT 10 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
ORALAIR 100 INDEX OF REACTIVITY SUBLINGUAL TABLET; ORALAIR 100 INDEX OF REACTIVITY(3)/300 IDX REACT.(6) SUBLINGUAL TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ORALAIR 300 IR SUBLINGUAL TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (1000 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (500 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (720 per 30 days)
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (300 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE <b>DL</b>	4	PA,QL (150 per 30 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET; ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET <b>DL</b>	4	PA,QL (112 per 28 days)
PATANASE 0.6 % NASAL SPRAY <b>MO</b>	3	ST,QL (30.5 per 30 days)
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <b>MD,MO</b>	3	PA,QL (120 per 30 days)
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MD,MO</b>	3	ST,QL (36 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED <b>MD,MO</b>	3	ST,QL (2 per 30 days)
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MD,MO</b>	3	ST,QL (36 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION <b>MD,MO</b>	3	B vs D
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION BREATH ACTIVATED <b>MD,MO</b>	3	ST,QL (2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION <b>DL</b>	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
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY <b>MD,MO</b>	3	ST,QL (4.9 per 30 days)
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY <b>MD,MO</b>	3	ST,QL (10.6 per 30 days)
QVAR 40 MCG ORAL INHALER; QVAR 80 MCG ORAL INHALER <b>MD,MO</b>	3	ST,QL (17.4 per 30 days)
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL <b>MD,MO</b>	3	ST,QL (10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL <b>MD,MO</b>	3	ST,QL (21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION <b>DL</b>	4	PA
REVATIO 10 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (180 per 30 days)
REVATIO 20 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
RYCLORA 2 MG/5 ML ORAL SOLUTION <b>MO</b>	1	
RYVENT 6 MG TABLET <b>MO</b>	1	QL (120 per 30 days)
SEEBRI NEOHALER 15.6 MCG CAPSULE WITH INHALATION DEVICE <b>MD,MO</b>	3	PA,QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <b>MD,MO</b>	2	QL (60 per 30 days)
<i>sildenafil 10 mg/ml oral susp</i> <b>DL</b>	4	PA,QL (180 per 30 days)
<i>sildenafil 20 mg tablet</i> <b>MD,MO</b>	1	PA,QL (90 per 30 days)
SINGULAIR 10 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MD,MO</b>	2	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES <b>MD,MO</b>	2	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MD,MO</b>	2	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MD,MO</b>	2	QL (4 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MD,MO</b>	2	QL (10.2 per 30 days)
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS; SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS <b>DL</b>	4	PA,QL (56 per 28 days)
SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML INJECTION SYRINGE; SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS) <b>MO</b>	2	QL (4 per 30 days)
<i>tadalafil 20 mg tablet</i> <b>DL</b>	4	PA,QL (60 per 30 days)
<i>terbutaline sulf 1 mg/ml vial</i> <b>DL</b>	4	
<i>terbutaline sulfate 2.5 mg, 5 mg tab</i> <b>MD,MO</b>	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
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, EXTENDED RELEASE <b>MD,MO</b>	1	
<i>theophylline 80 mg/15 ml soln</i> <b>MD,MO</b>	1	
<i>theophylline er 100 mg, 200 mg, 300 mg tab; theophylline er 100 mg, 200 mg, 300 mg tablet</i> <b>MD,MO</b>	1	
<i>theophylline er 400 mg, 600 mg tablet</i> <b>MD,MO</b>	1	
<i>theophylline er 450 mg tab</i> <b>MD,MO</b>	1	QL (30 per 30 days)
<i>theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w</i> <b>MO</b>	1	
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG CAPSULES FOR INHALATION <b>DL</b>	4	PA,QL (224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION <b>DL</b>	4	PA,QL (120 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <b>MD,MO</b>	2	QL (60 per 30 days)
<i>treprostinil 100 mg/20 ml vial; treprostinil 20 mg/20 ml vial; treprostinil 200 mg/20 ml vial; treprostinil 50 mg/20 ml vial</i> <b>DL</b>	4	PA
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED <b>MD,MO</b>	3	PA,QL (1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION <b>DL</b>	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (200 per 30 days)
UTIBRON NEOHALER 27.5 MCG-15.6 MCG CAPSULE WITH INHALATION DEVICE <b>MD,MO</b>	3	ST,QL (60 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MD,MO</b>	2	QL (36 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE <b>MO</b>	3	PA
<i>wixela inhub 100 mcg-50 mcg/dose powder for inhalation; wixela inhub 250 mcg-50 mcg/dose powder for inhalation; wixela inhub 500 mcg-50 mcg/dose powder for inhalation</i> <b>MD,MO</b>	1	QL (60 per 30 days)
XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL <b>MD,MO</b>	3	PA,QL (32 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
XOPENEX 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML SOLUTION FOR NEBULIZATION <b>MD,MO</b>	3	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION <b>MD,MO</b>	3	B vs D
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER <b>MD,MO</b>	3	ST,QL (30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (90 per 30 days)
<i>zafirlukast 10 mg, 20 mg tablet</i> <b>MD,MO</b>	1	QL (60 per 30 days)
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER <b>MD,MO</b>	3	ST,QL (6.1 per 28 days)
<i>zileuton er 600 mg tablet</i> <b>DL</b>	4	ST,QL (120 per 30 days)
ZYFLO 600 MG TABLET <b>DL</b>	4	ST,QL (120 per 30 days)
ZYFLO CR 600 MG TABLET <b>DL</b>	4	ST,QL (120 per 30 days)
<b>SKELETAL MUSCLE RELAXANTS</b>		
AMRIX 15 MG, 30 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	ST,QL (21 per 30 days)
<i>carisoprodol 250 mg, 350 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
<i>carisoprodol-aspirin-codein tb</i> <b>DL</b>	1	QL (360 per 30 days)
<i>carisoprodol-aspirin 200-325 mg</i> <b>MO</b>	1	
<i>chlorzoxazone 250 mg tablet</i> <b>MO</b>	1	ST,QL (360 per 30 days)
<i>chlorzoxazone 375 mg, 750 mg tablet</i> <b>MO</b>	1	ST,QL (120 per 30 days)
<i>chlorzoxazone 500 mg tablet</i> <b>MO</b>	1	ST
<i>cyclobenzaprine 10 mg, 5 mg tablet</i> <b>MO</b>	1	PA
<i>cyclobenzaprine 7.5 mg tablet</i> <b>MO</b>	1	PA,QL (90 per 30 days)
<i>cyclobenzaprine er 15 mg, 30 mg cap</i> <b>MO</b>	1	ST,QL (21 per 30 days)
FEXMID 7.5 MG TABLET <b>MO</b>	1	PA,QL (90 per 30 days)
LORZONE 375 MG, 750 MG TABLET <b>MO</b>	1	ST,QL (120 per 30 days)
<i>metaxall 800 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
<i>metaxalone 400 mg, 800 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
<i>methocarbamol 1,000 mg/10 ml</i> <b>MO</b>	1	
<i>methocarbamol 500 mg, 750 mg tablet</i> <b>MO</b>	1	
<i>norgesic forte 50 mg-770 mg-60 mg tablet</i> <b>DL</b>	4	PA,QL (120 per 30 days)
<i>orphenadrine 30 mg/ml vial</i> <b>MO</b>	1	
<i>orphenadrine er 100 mg tablet</i> <b>MO</b>	1	
<i>orphenad-asa-caff 50-770-60 mg</i> <b>DL</b>	4	PA,QL (120 per 30 days)
<i>orphengestic forte 50 mg-770 mg-60 mg tablet</i> <b>DL</b>	4	PA,QL (120 per 30 days)
PARAFON FORTE DSC 500 MG CAPLT <b>MO</b>	3	ST
ROBAXIN 100 MG/ML INJECTION SOLUTION <b>MO</b>	3	
ROBAXIN 500 MG TABLET <b>MO</b>	3	
ROBAXIN-750 750 MG TABLET <b>MO</b>	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
SKELAXIN 800 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
SOMA 250 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
SOMA 350 MG TABLET <b>MO</b>	3	PA,QL (120 per 30 days)
<b>Sleep Disorder Agents</b>		
AMBIEN 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
<i>armodafinil 150 mg, 200 mg, 250 mg tablet</i> <b>MD,MO</b>	1	PA,QL (30 per 30 days)
<i>armodafinil 50 mg tablet</i> <b>MD,MO</b>	1	PA,QL (60 per 30 days)
BELSOMRA 10 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
BELSOMRA 5 MG TABLET <b>MO</b>	2	QL (120 per 30 days)
EDLUAR 10 MG SUBLINGUAL TABLET <b>MO</b>	3	
EDLUAR 5 MG SUBLINGUAL TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>eszopiclone 1 mg, 2 mg, 3 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>flurazepam 15 mg capsule</i> <b>DL</b>	1	QL (60 per 30 days)
<i>flurazepam 30 mg capsule</i> <b>DL</b>	1	QL (30 per 30 days)
HETLIOZ 20 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
INTERMEZZO 1.75 MG, 3.5 MG SUBLINGUAL TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
LUNESTA 1 MG, 2 MG, 3 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>modafinil 100 mg, 200 mg tablet</i> <b>MD,MO</b>	1	PA,QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET <b>MD,MO</b>	3	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET <b>MD,MO</b>	3	PA,QL (60 per 30 days)
PROVIGIL 100 MG, 200 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
<i>ramelteon 8 mg tablet</i> <b>MO</b>	1	ST,QL (30 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
ROZEREM 8 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
SILENOR 3 MG, 6 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
SONATA 10 MG, 5 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
SUNOSI 150 MG, 75 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>temazepam 15 mg, 22.5 mg, 30 mg, 7.5 mg capsule</i> <b>DL</b>	1	QL (30 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (540 per 30 days)
<i>zaleplon 10 mg, 5 mg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
<i>zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab sl;</i> <i>zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet sl;</i> <i>zolpidem tart er 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab;</i> <i>zolpidem tartrate 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY <b>MO</b>	3	QL (23.1 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

## Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>COUGH/COLD</b>		
benzonatate 100 mg, 150 mg, 200 mg capsule <b>MO</b>	1	
bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup <b>MO</b>	1	
bromphenir-pseudoephed-dm syr <b>MO</b>	1	
centergy dm 1 mg-2 mg-3 mg/ml oral drops <b>MO</b>	3	
FLOWTUSS 2.5-200 MG/5 ML SOLN <b>MO</b>	3	
HYCOFENIX 2.5-30-200 MG/5 ML <b>MO</b>	3	
hydrocodone-chlorphen er susp <b>MO</b>	1	
hydrocod-cpm-pseudoep 5-4-60/5 <b>MO</b>	1	
hydrocodone-guaif 2.5-200 mg/5 , <b>DL</b>	3	
hydrocodone-homatropine 5-1.5 <b>MO</b>	1	
hydrocodone-homatropine syrup <b>MO</b>	1	
hydromet 5 mg-1.5 mg/5 ml oral syrup <b>MO</b>	1	
OBREDON 2.5 MG-200 MG/5 ML ORAL SOLUTION <b>MO</b>	3	
promethazine vc-codeine syrup <b>MO</b>	1	
promethazine-codeine syrup <b>MO</b>	1	
promethazine-dm solution <b>MO</b>	1	
promethazine-pe-codeine syrup <b>MO</b>	1	
RESPA-AR 8 MG-90 MG-0.24 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
REZIRA SOLUTION <b>MO</b>	3	
TESSALON PERLES 100 MG CAPSULE <b>MO</b>	3	
TUSNEL PEDIATRIC 15 MG-5 MG-50 MG/5 ML ORAL LIQUID <b>MO</b>	3	
TUSSICAPS 10 MG-8 MG CAPSULE,EXTENDED RELEASE; TUSSICAPS 5 MG-4 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	1	
tussigon 5-1.5 mg tablet <b>MO</b>	1	
TUSSIONEX PENNKINETIC SUSP <b>MO</b>	3	

Your Humana Medicare Employer plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D. These drugs aren't subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage). Also, if you're receiving Extra Help to pay for your medicines, you will not get any Extra Help.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>COUGH/COLD</b>		
TUZISTRA XR 14.7 MG-2.8 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	
VITUZ SOLUTION MO	3	
ZUTRIPRO SOLUTION MO	3	
<b>ERECTILE DYSFUNCTION</b>		
sildenafil 100 mg, 25 mg, 50 mg tablet ED, MD,MO	1	QL (6 per 30 days)
VIAGRA 100 MG, 25 MG, 50 MG TABLET ED, MD,MO	3	QL (6 per 30 days)
<b>VITAMINS/MINERALS</b>		
ascorbic acid 500 mg/ml vial MO	1	
b complex 100 100 mg-2 mg-100 mg-2mg-2mg/ml injectable solution MO	1	
CITRANATAL BLOOM 90 MG-1 MG-12 MCG-50 MG TABLET MO	3	
cyanocobalamin 1,000 mcg/ml , MD,MO	1	
DRISDOL 50,000 UNIT CAPSULE , MD,MO	3	
vitamin d2 1.25mg(50,000 unit) , MD,MO	1	
folic acid 1 mg tablet , MD,MO	1	
folic acid 5 mg/ml vial MO	1	
hydroxocobalamin 1,000 mcg/ml MO	1	
INFUVITE ADULT 3300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION MO	3	
INFUVITE PEDIATRIC 80 MG-400 UNIT-200 MCG/5 ML INTRAVENOUS SOLUTION MO	3	
M.V.I. ADULT 3,300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION MO	3	
M.V.I. PEDIATRIC 80 MG-400 UNIT-200 MCG INTRAVENOUS SOLUTION MO	3	
M.V.I.-12 (WITHOUT VIT K) 3,300 UNIT-200 UNIT/10 ML INTRAVENOUS SOLN MO	3	
MEPHYTON 5 MG TABLET MO	3	
NASCOBAL 500 MCG/SPRAY NASAL SPRAY , MD,MO	3	
phytonadione 1 mg/0.5 ml syr MO	1	

Your Humana Medicare Employer plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D. These drugs aren't subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage). Also, if you're receiving Extra Help to pay for your medicines, you will not get any Extra Help.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>VITAMINS/MINERALS</b>		
<i>phytonadione 10 mg/ml ampul</i> <b>MO</b>	1	
<i>phytonadione 5 mg tablet</i> <b>MO</b>	1	
<i>pnv-dha 27 mg iron-1 mg-300 mg capsule</i> , <b>MD,MO</b>	1	
POTABA 500 MG CAPSULE , <b>MD,MO</b>	3	
<i>pyridoxine 100 mg/ml vial</i> <b>MO</b>	1	
<i>thiamine 200 mg/2 ml vial</i> <b>MO</b>	1	
<i>tl g-fol os tablet</i> <b>MO</b>	1	
<i>virt-pn dha 27 mg iron-1 mg-300 mg capsule</i> , <b>MD,MO</b>	1	
<i>vitamin d2 50,000 unit capsule</i> , <b>MD,MO</b>	1	
<i>vitamin k 1 mg/0.5 ml injection solution</i> <b>MO</b>	1	
<i>vitamin k1 10 mg/ml injection solution</i> <b>MO</b>	1	
<i>vp-ggr-b6 tablet</i> , <b>MD,MO</b>	1	
<i>zatean-pn dha 27 mg iron-1 mg-300 mg capsule</i> , <b>MD,MO</b>	1	
<i>zingiber 1.2 mg-40 mg-124.1 mg-100 mg tablet</i> , <b>MD,MO</b>	1	

Your Humana Medicare Employer plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D. These drugs aren't subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage). Also, if you're receiving Extra Help to pay for your medicines, you will not get any Extra Help.

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



## Humana Medicare Employer Plan Coverage of Additional Prescription Drugs Through Medicaid Program

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>CUSTOM DRUGS</b>		
LEVITRA 10 MG, 2.5 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	QL (4 per 30 days)
varденаfil hcl 10 mg, 2.5 mg, 20 mg, 5 mg tablet <b>MO</b>	1	QL (4 per 30 days)

Your plan has a contract with the Medicaid agency to provide additional coverage for select drugs. These drugs are not normally covered in a Medicare prescription drug plan.

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

# Index

## A

- a-hydrocort... 120
- abacavir... 65
- abacavir-lamivudine... 65
- abacavir-lamivudine-zidovudine... 65
- ABELCET... 44
- ABILIFY MAINTENA... 62
- ABILIFY MYCITE... 62
- ABILIFY... 62
- abiraterone... 49
- ABRAXANE... 49
- ABSORICA... 101
- ABSTRAL... 10
- acamprosate... 20
- ACANYA... 101
- acarbose... 73
- ACCOLATE... 165
- ACCUPRIL... 82
- ACCURETIC... 82
- acebutolol... 82
- ACETADOTE... 149
- acetaminophen-caff-dihydrocod... 10
- acetaminophen-codeine... 10
- acetazolamide sodium... 82
- acetazolamide... 82
- acetic acid... 21, 149
- acetylcysteine... 149, 165
- ACIPHEX SPRINKLE... 113
- ACIPHEX... 113
- acitretin... 101
- ACTEMRA ACTPEN... 139
- ACTEMRA... 139
- ACTHAR... 120
- ACTHIB (PF)... 139
- ACTIGALL... 113
- ACTIMMUNE... 139
- ACTIQ... 10
- ACTIVELLA... 127
- ACTONEL... 147
- ACTOPLUS MET XR... 73
- ACTOPLUS MET... 73
- ACTOS... 73
- ACULAR LS... 161
- ACULAR... 161
- ACUVAIL (PF)... 161
- acyclovir sodium... 66
- acyclovir... 66
- ACZONE... 102
- ADACEL(TDAP ADOLESN/ADULT)(PF)... 139
- ADAGEN... 117
- ADALAT CC... 82
- adapalene... 102
- adapalene-benzoyl peroxide... 102
- ADCIRCA... 165
- ADDERALL XR... 97
- adderall... 96, 97
- adefovir... 66
- ADEMPAS... 165
- adenosine... 82
- ADLYXIN... 73
- ADMELOG SOLOSTAR U-100 INSULIN... 73
- ADMELOG U-100 INSULIN LISPRO... 73
- ADRENALIN... 165
- adriamycin... 49
- adrucil... 49
- ADVAIR DISKUS... 165
- ADVAIR HFA... 165
- ADVOCATE PEN NEEDLE... 149
- ADVOCATE SYRINGES... 149
- ADZENYS ER... 97
- ADZENYS XR-ODT... 97
- AEROSPAN... 165
- afeditab cr... 82
- AFINITOR DISPERZ... 49
- AFINITOR... 49
- afirmelle... 127

AFREZZA... 73	ALDACTONE... 82	ALTRENO... 102
AGGRASTAT CONCENTRATE... 78	ALDARA... 102	ALUNBRIG... 49
AGGRASTAT IN SODIUM CHLORIDE... 78	ALDURAZYME... 117	ALVESCO... 166
AGGRENOX... 78	ALECENSA... 49	alyacen 1/35 (28)... 127
AGRYLIN... 78	alendronate... 147	alyacen 7/7/7 (28)... 127
AIMOVIG AUTOINJECTOR (2 PACK)... 149	alfuzosin... 119	alyq... 166
AIMOVIG AUTOINJECTOR... 149	ALIMTA... 49	amabelz... 127
AIRDUO RESPICLICK... 166	ALINIA... 59	amantadine hcl... 60
AJOVY... 149	ALIQOPA... 49	AMARYL... 73
ak-poly-bac... 161	aliskiren... 82	AMBIEN CR... 173
AKTEN (PF)... 161	ALKERAN (AS HCL)... 49	AMBIEN... 173
AKTIPAK... 102	ALKERAN... 49	AMBISOME... 44
AKYNZEO (FOSNETUPITANT)... 42	allopurinol sodium... 47	ambrisentan... 166
AKYNZEO (NETUPITANT)... 42	allopurinol... 47	amcinonide... 120
ALA-CORT... 120	ALLZITAL... 10	AMERGE... 47
ALA-SCALP... 120	almotriptan malate... 47	AMETHIA LO... 128
albendazole... 59	ALOCRIL... 161	amethia... 128
ALBENZA... 59	ALOMIDE... 161	amethyst (28)... 128
albuterol sulfate... 166	ALOPRIM... 47	AMICAR... 78
ALCAINE... 161	ALORA... 127	amifostine crystalline... 49
alclometasone... 120	aloksetron... 113	amikacin... 21
ALCOHOL PADS... 149	ALPHAGAN P... 161	amiloride... 83
ALCOHOL PREP PADS... 149	ALPRAZOLAM INTENSOL... 71	amiloride-hydrochlorothiazide... 83
ALCOHOL SWABS... 149	alprazolam... 71	aminocaproic acid... 79
ALCOHOL WIPES... 149	ALREX... 162	aminophylline... 166
ALDACTAZIDE... 82	ALTACE... 83	AMINOSYN II 10 %... 105
	altavera (28)... 127	AMINOSYN II 15 %... 105
	ALTOPREV... 83	AMINOSYN II 7 %... 105

AMINOSYN II 8.5 %... 105	amoxicil-clarithromy-lansopraz... 113	APIDRA SOLOSTAR U-100 INSULIN... 73
AMINOSYN II 8.5 %-ELECTROLYTES... 105	amoxicillin... 21	APIDRA U-100 INSULIN... 73
AMINOSYN M 3.5 %... 105	amoxicillin-pot clavulanate... 21, 22	APLENZIN... 39
AMINOSYN 10 %... 105	amphetamine sulfate... 97	APOKYN... 60
AMINOSYN 7 % WITH ELECTROLYTES... 105	amphotericin b... 44	apraclonidine... 162
AMINOSYN 8.5 %... 105	ampicillin sodium... 22	aprepitant... 42
AMINOSYN 8.5 %-ELECTROLYTES... 105	ampicillin... 22	apri... 128
AMINOSYN-HBC 7%... 106	ampicillin-sulbactam... 22	APRISO... 146
AMINOSYN-PF 10 %... 106	AMPYRA... 97	APTENSIO XR... 97
AMINOSYN-PF 7 % (SULFITE-FREE)... 106	AMRIX... 172	APTIOM... 33
AMINOSYN-RF 5.2 %... 106	ANADROL-50... 128	APTIVUS... 66
amiodarone... 83	ANAFRANIL... 39	ARALAST NP... 117
AMITIZA... 113	anagrelide... 79	aranelle (28)... 128
amitriptyline... 39	ANAPROX DS... 10	ARANESP (IN POLYSORBATE)... 79
amitriptyline-chlordiazepoxide... 39	anastrozole... 49	ARAVA... 139
amlodipine... 83	ANCOBON... 44	ARCALYST... 140
amlodipine-atorvastatin... 83	ANDRODERM... 128	ARCAPTA NEOHALER... 166
amlodipine-benazepril... 83	ANDROGEL... 128	ARICEPT... 38
amlodipine-olmesartan... 83	ANDROID... 128	ARIKAYCE... 22
amlodipine-valsartan... 83	ANGELIQ... 128	ARIMIDEX... 49
amlodipine-valsartan-hcthiazyd... 83	ANNOVERA... 128	aripiprazole... 62
ammonium lactate... 102	ANORO ELLIPTA... 166	ARISTADA INITIO... 62
AMMONUL... 149	ANTABUSE... 20	ARISTADA... 62
amnestem... 102	ANTARA... 83	ARISTOSPAN INTRA-ARTICULAR... 120
amoxapine... 39	anusol-hc... 120	ARISTOSPAN INTRALESIONAL... 120
	ANZEMET... 42	ARIXTRA... 79
	apexicon e... 120	

armodafinil... 173	atenolol-chlorthalidone... 83	AVALIDE... 83
ARMONAIR RESPICLICK... 166	ATGAM... 140	AVANDIA... 73
ARMOUR THYROID... 137	ATIVAN... 71, 72	AVAPRO... 83
ARNUITY ELLIPTA... 166	atomoxetine... 97	AVASTIN... 50
AROMASIN... 49	atorvastatin... 83	AVC VAGINAL... 22
ARRANON... 50	atovaquone... 59	AVEED... 128
arsenic trioxide... 50	atovaquone-proguanil... 59	AVELOX IN NAACL (ISO-OSMOTIC)... 22
ARTHROTEC 50... 10	ATRALIN... 102	AVELOX... 22
ARTHROTEC 75... 10	ATRIPLA... 66	aviane... 128
ARYMO ER... 10	atropine... 113, 162	avidoxy... 22
ARZERRA... 50	ATROVENT HFA... 166	AVITA... 102
ASACOL HD... 146	AUBAGIO... 97	AVODART... 119
ascomp with codeine... 10	aubra eq... 128	AVONEX (WITH ALBUMIN)... 97
ascorbic acid (vitamin c)... 175	aubra... 128	AVONEX... 97
ashlyna... 128	AUGMENTIN ES-600... 22	AVYCAZ... 22
ASMANEX HFA... 166	AUGMENTIN XR... 22	AXERT... 47
ASMANEX TWISTHALER... 166	AUGMENTIN... 22	AXIRON... 128
aspirin-caffeine-dihydrocodein... 10	aurovela fe 1.5/30 (28)... 128	AYGESTIN... 128
aspirin-dipyridamole... 79	aurovela fe 1-20 (28)... 128	ayuna... 128
ASSURE ID INSULIN SAFETY... 149	aurovela 1.5/30 (21)... 128	azacitidine... 79
ASSURE ID PEN NEEDLE... 149	aurovela 1/20 (21)... 128	AZACTAM IN DEXTROSE (ISO-OSM)... 22
ASTAGRAF XL... 140	aurovela 24 fe... 128	AZACTAM... 22
ASTEPRO... 166	AURYXIA... 106	AZASAN... 140
ATACAND HCT... 83	AUSTEDO... 97	AZASITE... 22
ATACAND... 83	AUTOJECT 2 INJECTION DEVICE... 149	azathioprine sodium... 140
atazanavir... 66	AUTOPEN 1 TO 21 UNITS... 149	azathioprine... 140
ATELVIA... 147	AUTOPEN 2 TO 42 UNITS... 149	
atenolol... 83		

azelaic acid... 102	BAND-AID GAUZE PADS... 149	BD SAFETYGLIDE SYRINGE... 150
azelastine... 162, 166	BANZEL... 33	BD ULTRA-FINE MICRO PEN NEEDLE... 150
AZELEX... 102	BAQSIMI... 73	BD ULTRA-FINE MINI PEN NEEDLE... 150
AZILECT... 60	BARACLUDE... 66	BD ULTRA-FINE NANO PEN NEEDLE... 150
azithromycin... 22	BASAGLAR KWIKPEN U-100 INSULIN... 73	BD ULTRA-FINE ORIG PEN NEEDLE... 150
AZOPT... 162	BAVENCIO... 50	BD ULTRA-FINE SHORT PEN NEEDLE... 150
AZOR... 83	BAXDELA... 23	BD VEO INSULIN SYR HALF UNIT... 150
aztreonam... 22	bcg vaccine, live (pf)... 140	BD VEO INSULIN SYRINGE UF... 150
AZULFIDINE EN-TABS... 146	BD ALCOHOL SWABS... 149	BECONASE AQ... 166
AZULFIDINE... 146	BD AUTOSHIELD DUO PEN NEEDLE... 149	bekyree (28)... 128
azurette (28)... 128	BD ECLIPSE LUER-LOK... 149	BELBUCA... 10
<b>B</b>	BD INSULIN SYRINGE HALF UNIT... 150	BELEODAQ... 50
b complex 100... 175	BD INSULIN SYRINGE MICRO-FINE... 150	BELSOMRA... 173
baciiim... 22	BD INSULIN SYRINGE SAFETY-LOK... 150	benazepril... 83
bacitracin... 22	BD INSULIN SYRINGE SLIP TIP... 150	benazepril-hydrochlorothiazide... 83
bacitracin-polymyxin b... 162	BD INSULIN SYRINGE U-500... 150	BENDEKA... 50
baclofen... 65	BD INSULIN SYRINGE ULTRA-FINE... 150	BENICAR HCT... 83
BACTRIM DS... 23	BD INSULIN SYRINGE... 149	BENICAR... 83
BACTRIM... 23	BD LO-DOSE MICRO-FINE IV... 150	BENLYSTA... 140
BACTROBAN NASAL... 23	BD LO-DOSE ULTRA-FINE... 150	BENTYL... 113
BACTROBAN... 23	BD NANO 2ND GEN PEN NEEDLE... 150	BENZAACLIN PUMP... 102
BAL IN OIL... 149	BD SAFETYGLIDE INSULIN SYRINGE... 150	BENZAACLIN... 102
bal-care dha... 106		BENZAMYCIN... 102
balanced salt... 162		
BALCOLTRA... 128		
balsalazide... 146		
BALVERSA... 50		
balziva (28)... 128		

benznidazole... 59	bicalutamide... 50	BREO ELLIPTA... 167
benzonatate... 174	BICILLIN C-R... 23	BREVIBLOC IN NAACL (ISO-OSM)... 84
benztropine... 60	BICILLIN L-A... 23	BREVIBLOC... 84
BEPREVE... 162	BICNU... 50	BREVICON (28)... 129
BERINERT... 140	BIDIL... 84	briellyn... 129
besser... 120	BIJUVA... 128	BRILINTA... 79
BESIVANCE... 23	BIKTARVY... 66	brimonidine... 162
BESPONSA... 50	BILTRICIDE... 59	BRISDELLE... 39
BETADINE OPHTHALMIC PREP... 162	bimatoprost... 162	BRIVIACT... 33
BETAGAN... 162	BINOSTO... 147	bromfed dm... 174
betamethasone acet,sod phos... 120	bisoprolol fumarate... 84	bromfenac... 162
betamethasone dipropionate... 120	bisoprolol-hydrochlorothiazide... 84	bromocriptine... 60
betamethasone valerate... 120, 121	BIVIGAM... 140	brompheniramine-pseudoeph-dm... 174
betamethasone, augmented... 121	bleomycin... 50	BROMSITE... 162
BETAPACE AF... 84	BLEPH-10... 23	BROVANA... 167
BETAPACE... 83	BLEPHAMIDE S.O.P.... 162	BRYHALI... 121
BETASERON... 97	BLEPHAMIDE... 162	BSS PLUS... 162
betaxolol... 84, 162	blisovi fe 1.5/30 (28)... 129	BSS... 162
bethanechol chloride... 119	blisovi fe 1/20 (28)... 129	budesonide... 146, 167
BETHKIS... 23	blisovi 24 fe... 129	bumetanide... 84
BETIMOL... 162	BONIVA... 147	BUNAVAIL... 20
BETOPTIC S... 162	BONJESTA... 42	bupap... 10
BEVESPI AEROSPHERE... 166	BOOSTRIX TDAP... 140	BUPHENYL... 117
BEVYXXA... 79	BORDERED GAUZE... 150	bupivacaine (pf)... 19
bexarotene... 50	bortezomib... 50	bupivacaine... 19
BEXSERO... 140	bosentan... 167	bupivacaine-dextrose-water(pf)... 19
BEYAZ... 128	BOSULIF... 50	
	BRAFTOVI... 50	

bupivacaine-epinephrine (pf)... 19	cabergoline... 138	CANCIDAS... 44
bupivacaine-epinephrine bitart... 19	CABLIVI... 150	candesartan... 84
bupivacaine-epinephrine... 19	CABOMETYX... 50	candesartan-hydrochlorothiazid... 84
BUPRENEX... 10	CADUET... 84	CAPASTAT... 48
buprenorphine hcl... 10, 20	CAFCIT... 150	CAPEX... 121
buprenorphine... 10	CAFERGOT... 47	CAPITAL WITH CODEINE... 11
buprenorphine-naloxone... 20, 21	caffeine citrate... 150	CAPRELSA... 50
bupropion hcl (smoking deter)... 21	CALAN SR... 84	captopril... 84
bupropion hcl... 39	CALAN... 84	captopril-hydrochlorothiazide... 84
buspiron... 72	calcipotriene... 102	CARAC... 102
busulfan... 50	calcipotriene-betamethasone... 102	CARAFATE... 113
BUSULFEX... 50	calcitonin (salmon)... 147	CARBAGLU... 106
butalbital compound w/codeine... 10	calcitrene... 102	carbamazepine... 33
butalbital-acetaminop-caf-cod... 10	calcitriol... 102, 147	CARBATROL... 33
butalbital-acetaminophen... 10	calcium acetate... 106	carbidopa... 60
butalbital-acetaminophen-caff... 10	calcium chloride... 106	carbidopa-levodopa... 60
butalbital-aspirin-caffeine... 10	calcium disodium versenate... 150	carbidopa-levodopa-entacapone... 60
BUTISOL... 33	calcium gluconate... 106	carbinoxamine maleate... 167
butorphanol tartrate... 10, 11	calcium pnv... 106	CARBOCAINE (PF)... 19
BUTRANS... 11	CALDOLOR... 11	CARBOCAINE... 19
BYDUREON BCISE... 74	CALQUENCE... 50	carboplatin... 50
BYDUREON... 73	CAMBIA... 11	carboprost tromethamine... 127
BYETTA... 74	camila... 129	CARDIZEM CD... 84
BYSTOLIC... 84	CAMPTOSAR... 50	CARDIZEM LA... 84
BYVALSON... 84	CAMRESE LO... 129	CARDIZEM... 84
	CAMRESE... 129	CARDURA XL... 85
	CANASA... 146	

**C**



CARDURA... 84	cefaclor... 23	CELEXA... 39
CAREFINE PEN NEEDLE... 150	cefadroxil... 23	CELLCEPT INTRAVENOUS... 140
CARETOUCH ALCOHOL PREP PAD... 150	cefazolin in dextrose (iso-os)... 23	CELLCEPT... 140
CARETOUCH INSULIN SYRINGE... 151	cefazolin... 23	CELONTIN... 33
CARETOUCH PEN NEEDLE... 151	cefdinir... 23	CENTANY... 24
CARIMUNE NF NANOFILTERED... 140	cefepime in dextrose 5 %... 23	centergy dm... 174
carisoprodol... 172	cefepime in dextrose,iso-osm... 23	cephalexin... 24
carisoprodol-asa-codeine... 172	cefepime... 23	CEQUA... 162
carisoprodol-aspirin... 172	cefixime... 23	CERDELGA... 117
carmustine... 50	CEFOTAN... 23	CEREBYX... 33
CARNITOR (SUGAR-FREE)... 106	cefotaxime... 23	CEREZYME... 117
CARNITOR... 106	cefotetan in dextrose, iso-osm... 23	CERVIDIL... 151
CAROSPIR... 85	cefotetan... 23	CESAMET... 42
carteolol... 162	cefoxitin in dextrose, iso-osm... 24	cetirizine... 167
cartia xt... 85	cefoxitin... 24	cevimeline... 101
carvedilol phosphate... 85	cefpodoxime... 24	CHANTIX CONTINUING MONTH BOX... 21
carvedilol... 85	cefprozil... 24	CHANTIX STARTING MONTH BOX... 21
CASODEX... 50	ceftazidime in d5w... 24	CHANTIX... 21
caspofungin... 44	ceftazidime... 24	chateal (28)... 129
CATAPRES... 85	ceftibuten... 24	chateal eq (28)... 129
CATAPRES-TTS-1... 85	CEFTIN... 24	CHEMET... 106
CATAPRES-TTS-2... 85	ceftriaxone in dextrose,iso-os... 24	CHENODAL... 113
CATAPRES-TTS-3... 85	ceftriaxone... 24	chloramphenicol sod succinate... 24
CAYSTON... 167	cefuroxime axetil... 24	chlordiazepoxide hcl... 72
caziant (28)... 129	cefuroxime sodium... 24	chlorhexidine gluconate... 101
CEDAX... 23	CELEBREX... 11	chloroprocaine (pf)... 19
	celecoxib... 11	
	CELESTONE SOLUSPAN... 121	

chloroquine phosphate... 59	CINVANTI... 151	CLENPIQ... 113
chlorothiazide sodium... 85	CIPRO HC... 165	CLEOCIN HCL... 25
chlorothiazide... 85	CIPRO IN D5W... 24	CLEOCIN IN 5 % DEXTROSE... 25
chlorpromazine... 62	CIPRO XR... 24	CLEOCIN PEDIATRIC... 25
chlorpropamide... 74	CIPRO... 24	CLEOCIN T... 25
chlorthalidone... 85	CIPRODEX... 165	CLEOCIN... 25
chlorzoxazone... 172	ciprofloxacin (mixture)... 24	CLEVIPREX... 85
CHOLBAM... 117	ciprofloxacin hcl... 24, 25	CLICKFINE PEN NEEDLE... 151
cholestyramine (with sugar)... 85	ciprofloxacin in 5 % dextrose... 25	CLIMARA PRO... 129
cholestyramine light... 85	ciprofloxacin lactate... 25	CLIMARA... 129
chorionic gonadotropin, human... 126	ciprofloxacin... 24	clindacin etz... 25
CIALIS... 119	cisplatin... 50	clindacin p... 25
ciclodan... 44	citalopram... 39	CLINDAGEL... 25
ciclopirox... 44	CITRANATAL (DUAL-IRON)... 106	clindamycin hcl... 25
cidofovir... 66	CITRANATAL ASSURE... 106	clindamycin in 0.9 % sod chlor... 25
cilostazol... 79	CITRANATAL B-CALM (FE GLUC)... 106	clindamycin in 5 % dextrose... 25
CILOXAN... 24	CITRANATAL BLOOM... 175	clindamycin palmitate hcl... 25
CIMDUO... 66	CITRANATAL DHA (ALGAL OIL)... 106	clindamycin pediatric... 25
cimetidine hcl... 113	CITRANATAL 90 DHA (ALGAL OIL)... 106	clindamycin phosphate... 25, 26
cimetidine... 113	cladribine... 50	clindamycin-benzoyl peroxide... 102
CIMZIA POWDER FOR RECONST... 140	CLAFORAN... 25	clindamycin-tretinoin... 102
CIMZIA STARTER KIT... 140	claravis... 102	CLINDESSE... 26
CIMZIA... 140	CLARINEX... 167	CLINIMIX E 2.75%/D10W SUL FREE... 107
cinacalcet... 147	CLARINEX-D 12 HOUR... 151	CLINIMIX E 2.75%/D5W SULF FREE... 107
CINQAIR... 167	clarithromycin... 25	CLINIMIX E 4.25%/D10W SUL FREE... 107
CINRYZE... 140	clemastine... 167	

CLINIMIX E 4.25%/D25W SUL FREE... 107	CLOBEX... 121	COLY-MYCIN M PARENTERAL... 26
CLINIMIX E 4.25%/D5W SULF FREE... 107	clocortolone pivalate... 121	COLY-MYCIN S... 165
CLINIMIX E 5%/D15W SULFIT FREE... 107	clodan... 121	COLYTE WITH FLAVOR PACKS... 113
CLINIMIX E 5%/D20W SULFIT FREE... 107	CLODERM... 121	COMBIGAN... 162
CLINIMIX E 5%/D25W SULFIT FREE... 107	clofarabine... 50	COMBIPATCH... 129
CLINIMIX 2.75%/D5W SULFIT FREE... 106	CLOLAR... 50	COMBIVENT RESPIMAT... 167
CLINIMIX 4.25%-D20W SULF-FREE... 106	clomipramine... 39	COMBIVIR... 66
CLINIMIX 4.25%-D25W SULF-FREE... 106	clonazepam... 72	COMETRIQ... 50, 51
CLINIMIX 4.25%/D10W SULF FREE... 106	clonidine hcl... 85, 97	COMFORT EZ INSULIN SYRINGE... 151
CLINIMIX 4.25%/D5W SULFIT FREE... 107	clonidine... 85	COMFORT EZ PEN NEEDLES... 151
CLINIMIX 5%-D20W(SULFITE-FREE)... 107	clopidogrel... 79	COMPАЗINE... 42
CLINIMIX 5%/D15W SULFITE FREE... 106	clorazepate dipotassium... 72	COMPLERA... 66
CLINIMIX 5%/D25W SULFITE-FREE... 106	CLOTOTEKAL... 19	complete natal dha... 107
CLINISOL SF 15 %... 107	clotrimazole... 44	compro... 42
CLINOLIPID... 107	clotrimazole-betamethasone... 44	COMTAN... 60
clobazam... 33	clozapine... 62	CONCEPT DHA... 107
clobetasol... 121	CLOZARIL... 62	CONCEPT OB... 107
clobetasol-emollient... 121	COARTEM... 59	CONCERTA... 97
	codeine sulfate... 11	CONDYLOX... 102
	codeine-butalbital-asa-caff... 11	constulose... 113
	COGENTIN... 60	CONZIP... 11
	COLAZAL... 146	COPAXONE... 97
	COLCRYS... 47	COPEGUS... 66
	COLESTID FLAVORED... 85	COPIKTRA... 51
	COLESTID... 85	CORDRAN TAPE LARGE ROLL... 121
	colestipol... 85	COREG CR... 85
	colistin (colistimethate na)... 26	COREG... 85
	colocort... 146	

coremino... 26	CRIXIVAN... 66	cyred eq... 129
CORGARD... 85	cromolyn... 162, 167	cyred... 129
CORLANOR... 85	crotan... 59	CYSTADANE... 117
CORLOPAM... 85	cryselle (28)... 129	CYSTAGON... 117
cormax... 121	CRYSVITA... 117	CYSTARAN... 162
CORTEF... 121	CUBICIN RF... 26	cytarabine (pf)... 51
CORTENEMA... 146	CUBICIN... 26	cytarabine... 51
CORTIFOAM... 146	CUPRIMINE... 107	CYTOGAM... 140
cortisone... 121	CURITY ALCOHOL SWABS... 151	CYTOMEL... 137
CORTISPORIN... 102	CURITY GAUZE... 151	CYTOTEC... 114
CORTISPORIN-TC... 165	CUTAQUIG... 140	CYTOVENE... 66
CORVERT... 85	CUTIVATE... 121	<b>D</b>
CORZIDE... 85	CUVPOSA... 114	D.H.E.45... 47
COSENTYX (2 SYRINGES)... 103	cyanocobalamin (vitamin b-12)... 175	dacarbazine... 51
COSENTYX PEN (2 PENS)... 103	cyclafem 1/35 (28)... 129	DACOGEN... 51
COSENTYX PEN... 103	cyclafem 7/7/7 (28)... 129	dactinomycin... 51
COSENTYX... 103	CYCLESSA (28)... 129	DAKLINZA... 66
COSMEGEN... 51	cyclobenzaprine... 172	dalfampridine... 97
COSOPT (PF)... 162	cyclophosphamide... 51	DALIRESP... 167
COSOPT... 162	cycloserine... 48	DALVANCE... 26
COTELLIC... 51	CYCLOSET... 74	danazol... 129
COTEMPLA XR-ODT... 97	cyclosporine modified... 140	DANTRIUM... 65
COUMADIN... 79	cyclosporine... 140	dantrolene... 65
COZAAR... 85	CYKLOKAPRON... 79	dapsone... 48, 103
CREON... 117	CYMBALTA... 39	DAPTACEL (DTAP PEDIATRIC) (PF)... 140
CRESEMBA... 44	cyproheptadine... 167	daptomycin... 26
CRESTOR... 86	CYRAMZA... 51	DARAPRIM... 59
CRINONE... 129		

darifenacin... 119	DEPAKENE... 33	DESOXYN... 97
DARZALEX... 51	DEPAKOTE ER... 33	desvenlafaxine succinate... 39
dasetta 1/35 (28)... 129	DEPAKOTE SPRINKLES... 33	desvenlafaxine... 39
dasetta 7/7/7 (28)... 129	DEPAKOTE... 33	DETROL LA... 119
daunorubicin... 51	DEPEN TITRATABS... 107	DETROL... 119
DAURISMO... 51	DEPO-ESTRADIOL... 129	DEXAMETHASONE INTENSOL... 122
DAXBIA... 26	DEPO-MEDROL... 121	dexamethasone sodium phos (pf)... 122
DAYPRO... 11	DEPO-PROVERA... 129	dexamethasone sodium phosphate... 122, 162
daysee... 129	DEPO-SUBQ PROVERA 104... 129	dexamethasone... 122
DAYTRANA... 97	DEPO-TESTOSTERONE... 130	dexchlorpheniramine maleate... 167
DDAVP... 126	DERMA-SMOOTH/FS BODY OIL... 122	DEXEDRINE SPANSULE... 97
deblitane... 129	DERMA-SMOOTH/FS SCALP OIL... 122	DEXILANT... 114
decadron... 121	DERMACEA... 151	dexmethylphenidate... 97, 98
decitabine... 51	DERMATOP... 122	DEXPAK 10 DAY... 122
deferroxamine... 107	DERMOTIC OIL... 165	DEXPAK 13 DAY... 122
DEFITELIO... 151	DESCOVY... 66	DEXPAK 6 DAY... 122
DELESTROGEN... 129	DESFERAL... 107	dexrazoxane hcl... 51
DELSTRIGO... 66	desipramine... 39	dextroamphetamine... 98
deltasone... 121	desloratadine... 167	dextroamphetamine-amphetamine... 98
delyla (28)... 129	desmopressin... 126	dextrose 10 % and 0.2 % nacl... 107
DELZICOL... 146	desog-e.estradiol/e.estradiol... 130	dextrose 10 % in water (d10w)... 107
DEMADEX... 86	desogestrel-ethinyl estradiol... 130	dextrose 20 % in water (d20w)... 107
demeclocycline... 26	DESONATE... 122	dextrose 25 % in water (d25w)... 107
DEMEROL (PF)... 11	desonide... 122	
DEMEROL... 11	DESOWEN... 122	
DEMSER... 86	desoximetasone... 122	
DENAVIR... 66		
DEPACON... 33		

dextrose 30 % in water (d30w)...	diflorasone... 122	divalproex... 34
107	DIFLUCAN... 44	DIVIGEL... 130
dextrose 40 % in water (d40w)...	diflunisal... 11	dobutamine in d5w... 86
107	digitek... 86	dobutamine... 86
dextrose 5 % in water (d5w)...	digox... 86	DOCEFREZ... 51
107	digoxin... 86	docetaxel... 51
dextrose 5 %-lactated ringers... 108	dihydroergotamine... 47	dofetilide... 86
dextrose 5%-0.2 % sod chloride...	dilantin extended... 34	DOLOPHINE... 11, 12
108	DILANTIN INFATABS... 34	donepezil... 38
dextrose 5%-0.3 % sod.chloride...	dilantin... 34	dopamine in 5 % dextrose... 87
108	DILANTIN-125... 34	dopamine... 86
dextrose 50 % in water (d50w)...	DILATRATE-SR... 86	DOPRAM... 167
108	DILAUDID... 11	DOPTELET (10 TAB PACK)... 79
dextrose 70 % in water (d70w)...	dilt-xr... 86	DOPTELET (15 TAB PACK)... 79
108	diltiazem hcl... 86	DOPTELET (30 TAB PACK)... 79
DIAMOX SEQUELS... 86	dimenhydrinate... 42	DORIBAX... 26
DIASTAT ACUDIAL... 33, 34	DIOVAN HCT... 86	doripenem... 26
DIASTAT... 33	DIOVAN... 86	DORYX MPC... 26
diazepam intensol... 72	DIPENTUM... 146	DORYX... 26
diazepam... 34, 72	diphenhydramine hcl... 167	dorzolamide... 162
DIBENZYLIN... 86	diphenoxylate-atropine... 114	dorzolamide-timolol (pf)... 162
DICLEGIS... 42	DIPROLENE... 122	dorzolamide-timolol... 162
diclofenac epolamine... 11	dipyridamole... 79	dothelle dha... 108
diclofenac potassium... 11	disopyramide phosphate... 86	dotti... 130
diclofenac sodium... 11, 103, 162	disulfiram... 21	DOVATO... 66
diclofenac-misoprostol... 11	DITROPAN XL... 119	DOVONEX... 103
dicloxacillin... 26	DIURIL IV... 86	doxazosin... 87
dicyclomine... 114	DIURIL... 86	doxepin... 72, 103
didanosine... 66		
DIFFERIN... 103		
DIFICID... 26		

doxercalciferol... 147	DUPIXENT... 167	EASY GLIDE INSULIN SYRINGE... 152
DOXIL... 51	DURAGESIC... 12	EASY GLIDE PEN NEEDLE... 152
doxorubicin... 51	DURAMORPH (PF)... 12	EASY TOUCH ALCOHOL PREP PADS... 152
doxorubicin, peg-liposomal... 51	DUREZOL... 162	EASY TOUCH FLIPLOCK INSULIN... 152
doxy-100... 26	dutasteride... 119	EASY TOUCH INSULIN SAFETY SYR... 152
doxycycline hyclate... 26	dutasteride-tamsulosin... 119	EASY TOUCH INSULIN SYRINGE... 153
doxycycline monohydrate... 26	DUTOPROL... 87	EASY TOUCH INSULIN SYRINGE... 153
doxylamine-pyridoxine (vit b6)... 42	DUZALLO... 47	EASY TOUCH LUER LOCK INSULIN... 153
DRISDOL... 175	dvorah... 12	EASY TOUCH PEN NEEDLE... 153
dronabinol... 42	DXEVO... 122	EASY TOUCH SHEATHLOCK INSULIN... 153
droperidol... 42	DYANAVEL XR... 98	EASY TOUCH UNI-SLIP... 153
DROPLET INSULIN SYR HALF UNIT... 151	DYAZIDE... 87	EASY TOUCH... 152
DROPLET INSULIN SYRINGE... 152	DYLOJECT... 12	EC-NAPROSYN... 12
DROPLET PEN NEEDLE... 152	DYMISTA... 167	ec-naproxen... 12
DROPSAFE PEN NEEDLE... 152	DYRENIUM... 87	econazole... 44
drospirenone-e.estradiol-lm.fa... 130	d10 %-0.45 % sodium chloride... 107	EDARBI... 87
drospirenone-ethinyl estradiol... 130	d2.5 %-0.45 % sodium chloride... 107	EDARBYCLOR... 87
DROXIA... 51	d5 % and 0.9 % sodium chloride... 107	EDECRIN... 87
DUAVEE... 130	d5 %-0.45 % sodium chloride... 107	EDLUAR... 173
DUET DHA WITH OMEGA-3... 108		EDURANT... 66
DUETACT... 74	<b>E</b>	efavirenz... 66
DUEXIS... 12	E.E.S. GRANULES... 26	EFFEXOR XR... 39
DULERA... 167	E.E.S. 400... 26	EFFIENT... 79
duloxetine... 39	EASY COMFORT ALCOHOL PAD... 152	EFUDEX... 103
DUOBRII... 103	EASY COMFORT INSULIN SYRINGE... 152	
DUOPA... 60	EASY COMFORT PEN NEEDLES... 152	

EGATEN... 59	EMFLAZA... 153	ENTOCORT EC... 146
EGRIFTA... 126	EMGALITY PEN... 153	ENTRESTO... 87
ELAPRASE... 117	EMGALITY SYRINGE... 153	ENTYVIO... 141
electrolyte-48 in d5w... 108	emoquette... 130	enulose... 114
ELELYSO... 117	EMPLICITI... 51	ENVARUSUS XR... 141
ELESTAT... 162	EMSAM... 39	EPANED... 87
ELESTRIN... 130	EMTRIVA... 66, 67	EPCLUSA... 67
eletriptan... 47	emverm... 59	EPIDIOLEX... 34
ELIDEL... 103	ENABLEX... 119	EPIDUO FORTE... 103
ELIGARD (3 MONTH)... 138	enalapril maleate... 87	EPIDUO... 103
ELIGARD (4 MONTH)... 138	enalapril-hydrochlorothiazide... 87	EPIFOAM... 103
ELIGARD (6 MONTH)... 138	enalaprilat... 87	epinastine... 163
ELIGARD... 138	ENBREL MINI... 141	epinephrine... 167
ELIMITE... 59	ENBREL SURECLICK... 141	EPIPEN JR 2-PAK... 168
elinest... 130	ENBREL... 141	EPIPEN JR... 168
eliphos... 108	ENDARI... 114	EPIPEN 2-PAK... 168
ELIQUIS... 79, 80	endocet... 12	EPIPEN... 168
ELITEK... 51	ENDOMETRIN... 130	epirubicin... 51, 52
ELIXOPHYLLIN... 167	ENGERIX-B (PF)... 141	epitol... 34
ELLA... 130	ENGERIX-B PEDIATRIC (PF)... 141	EPIVIR HBV... 67
ELLEENCE... 51	enlon... 153	EPIVIR... 67
ELMIRON... 119	ENLON-PLUS... 153	eplerenone... 87
ELOCON... 122	enoxaparin... 80	EPOGEN... 80
EMADINE... 162	enpresse... 130	epoprostenol (glycine)... 168
EMBEDA... 12	enskyce... 130	eprosartan... 87
EMCYT... 51	ENSTILAR... 103	eptifibatide... 80
EMEND (FOSAPREPITANT)... 42	entacapone... 60	EPZICOM... 67
EMEND... 42	entecavir... 67	EQUETRO... 34



ERAXIS(WATER DILUENT)... 44	esmolol in nacl (iso-osm)... 87	EVEKEO ODT... 98
ERBITUX... 52	esmolol... 87	EVEKEO... 98
ergocalciferol (vitamin d2)... 175	esomeprazole magnesium... 114	EVENITY... 147
ergoloid... 38	esomeprazole sodium... 114	EVISTA... 131
ERGOMAR... 47	esomeprazole strontium... 114	EVOCLIN... 27
ergotamine-caffeine... 47	estarylla... 130	EVOMELA... 52
ERIVEDGE... 52	estazolam... 72	EVOTAZ... 67
ERLEADA... 52	ESTRACE... 130	EVOXAC... 101
erlotinib... 52	estradiol valerate... 130	EVZIO... 21
errin... 130	estradiol... 130	EXALGO ER... 12
ERTACZO... 44	estradiol-norethindrone acet... 130	EXEL INSULIN... 153
ertapenem... 27	ESTRING... 130	EXELDERM... 45
ERWINAZE... 52	estropipate... 130	EXELON... 38
ery pads... 27	ESTROSTEP FE-28... 130	exemestane... 52
ERY-TAB... 27	eszopiclone... 173	EXFORGE HCT... 87
ERYGEL... 27	ethacrynate sodium... 87	EXFORGE... 87
ERYPED 200... 27	ethacrynic acid... 87	EXJADE... 108
ERYPED 400... 27	ethambutol... 48	EXTAVIA... 98
ERYTHROCIN (AS STEARATE)... 27	ethosuximide... 34	EXTINA... 45
ERYTHROCIN... 27	ethynodiol diac-eth estradiol... 130	EZALLOR SPRINKLE... 87
erythromycin ethylsuccinate... 27	ETHYOL... 52	ezetimibe... 87
erythromycin with ethanol... 27	etidronate disodium... 147	ezetimibe-simvastatin... 87
erythromycin... 27	etodolac... 12	<b>F</b>
erythromycin-benzoyl peroxide... 103	ETOPOPHOS... 52	FABIOR... 103
ESBRIET... 168	etoposide... 52	FABRAZYME... 117
escitalopram oxalate... 39	EUCRISA... 103	falmina (28)... 131
ESGIC... 12	EURAX... 59	famciclovir... 67
	EVAMIST... 131	famotidine (pf)... 114

famotidine (pf)-nacl (iso-os)... 114	fentanyl... 12	FLOMAX... 119
famotidine... 114	FENTORA... 13	FLOVENT DISKUS... 168
FANAPT... 62	FERRIPROX... 108	FLOVENT HFA... 168
FARESTON... 52	FETZIMA... 40	FLOWTUSS... 174
FARXIGA... 74	FEXMID... 172	floxuridine... 52
FARYDAK... 52	FIASP FLEXTOUCH U-100 INSULIN... 74	fluconazole in dextrose(iso-o)... 45
FASENRA... 168	FIASP U-100 INSULIN... 74	fluconazole in nacl (iso-osm)... 45
FASLODEX... 52	FIBRICOR... 88	fluconazole... 45
fayosim... 131	FINACEA... 103	flucytosine... 45
FAZACLO... 63	finasteride... 119	fludarabine... 52
febuxostat... 47	fioricet... 13	fludrocortisone... 122
felbamate... 34	FIORINAL... 13	FLUMADINE... 67
FELBATOL... 34	FIORINAL-CODEINE #3... 13	flumazenil... 153
FELDENE... 12	FIRAZYR... 141	flunisolide... 168
felodipine... 87	FIRDAPSE... 98	fluocinolone acetonide oil... 165
FEMARA... 52	FIRMAGON KIT W DILUENT SYRINGE... 138	fluocinolone and shower cap... 123
FEMHRT LOW DOSE... 131	FIRMAGON... 138	fluocinolone... 122
FEMRING... 131	FIRVANQ... 27	fluocinonide... 123
femynor... 131	flac otic oil... 165	fluocinonide-e... 123
fenofibrate micronized... 88	FLAGYL... 27	fluocinonide-emollient... 123
fenofibrate nanocrystallized... 88	FLAREX... 163	fluorometholone... 163
fenofibrate... 87, 88	flavoxate... 119	fluorouracil... 52, 103
fenofibric acid (choline)... 88	FLEBOGAMMA DIF... 141	fluoxetine... 40
fenofibric acid... 88	flecainide... 88	fluphenazine decanoate... 63
FENOGLIDE... 88	FLECTOR... 13	fluphenazine hcl... 63
fenoprofen... 12	FLOLIPID... 88	flurandrenolide... 123
fentanyl citrate (pf)... 13		flurazepam... 173
fentanyl citrate... 12		flurbiprofen sodium... 163

flurbiprofen... 13	fosaprepitant... 42	GAMMAGARD LIQUID... 141
flutamide... 52	foscarnet... 67	GAMMAGARD S-D (IGA < 1 MCG/ML)... 141
fluticasone propion-salmeterol... 168	FOSCAVIR... 67	GAMMAKED... 141
fluticasone propionate... 123, 168	fosinopril... 88	GAMMAPLEX (WITH SORBITOL)... 141
fluvastatin... 88	fosinopril-hydrochlorothiazide... 88	GAMMAPLEX... 141
fluvoxamine... 40	fosphehtoin... 34	GAMUNEX-C... 141
FML FORTE... 163	FOSRENOL... 108	ganciclovir sodium... 67
FML LIQUIFILM... 163	FRAGMIN... 80	GARDASIL 9 (PF)... 141
FML S.O.P.... 163	FREAMINE HBC 6.9 %... 108	GASTROCROM... 168
focalgin ca... 108	FREAMINE III 10 %... 108	gatifloxacin... 27
focalgin 90 dha... 108	FREESTYLE PRECISION... 153	GATTEX ONE-VIAL... 114
FOCALIN XR... 98	FROVA... 47	GATTEX 30-VIAL... 114
FOCALIN... 98	frovatriptan... 47	GAUZE BANDAGE... 153
folic acid... 175	FULPHILA... 80	GAUZE PAD... 153
folivane-ob... 108	fulvestrant... 52	gavilyte-c... 114
FOLOTYN... 52	FURADANTIN... 27	gavilyte-g... 114
fomepizole... 153	furosemide... 88	gavilyte-n... 114
fondaparinux... 80	FUSILEV... 52	GAZYVA... 52
FORFIVO XL... 40	FUZEON... 67	GELNIQUE... 119
FORTAMET... 74	fyavolv... 131	gemcitabine... 52
FORTAZ IN DEXTROSE 5 %... 27	FYCOMPA... 34	gemfibrozil... 88
FORTAZ... 27		GEMZAR... 52
FORTEO... 147	<b>G</b>	GENERESS FE... 131
FORTESTA... 131	gabapentin... 34	generlac... 114
FOSAMAX PLUS D... 147	GABITRIL... 34	gengraf... 141
FOSAMAX... 147	GALAFOLD... 153	GENOTROPIN MINIQUICK... 126
fosamprenavir... 67	galantamine... 38	
	GAMASTAN S/D... 141	
	GAMASTAN... 141	

GENOTROPIN... 126	GLUCOVANCE... 74	<b>H</b>
gentak... 27	GLUMETZA... 74	HAEGARDA... 141
gentamicin in nacl (iso-osm)... 27	glyburide micronized... 74	hailey 24 fe... 131
gentamicin sulfate (ped) (pf)... 27	glyburide... 74	hailey... 131
gentamicin sulfate (pf)... 28	glyburide-metformin... 74	HALAVEN... 52
gentamicin... 27	GLYCAT... 114	halcinonide... 123
GENVOYA... 67	GLYCOPHOS... 108	HALCION... 72
GEODON... 63	glycopyrrolate (pf) in water... 114	HALDOL DECANOATE... 63
GIANVI (28)... 131	glycopyrrolate... 114	HALDOL... 63
GIAZO... 146	glydo... 19	halobetasol propionate... 123
gildagia... 131	GLYNASE... 74	HALOG... 123
GILENYA... 98	GLYSET... 74	haloperidol decanoate... 63
GILOTRIF... 52	GLYXAMBI... 74	haloperidol lactate... 63
GLASSIA... 117	GOCOVRI... 60	haloperidol... 63
glatiramer... 98	GOLYTELY... 114	HARVONI... 67
glatopa... 98	GONITRO... 88	HAVRIX (PF)... 141
GLEEVEC... 52	GRALISE 30-DAY STARTER PACK... 98	HEALTHWISE INSULIN SYRINGE... 154
GLEOSTINE... 52	GRALISE... 98	HEALTHWISE PEN NEEDLE... 154
glimepiride... 74	granisetron (pf)... 43	HEALTHY ACCENTS UNIFINE PENTIP... 154
glipizide... 74	granisetron hcl... 43	heather... 131
glipizide-metformin... 74	GRANIX... 80	HECTOROL... 147
GLUCAGEN HYPOKIT... 74	GRASTEK... 168	HEMABATE... 127
GLUCAGON EMERGENCY KIT (HUMAN)... 74	GRIS-PEG (ULTRAMICROSIZE)... 45	HEMANGEOL... 88
GLUCOPHAGE XR... 74	griseofulvin microsize... 45	hemenatal ob + dha... 108
GLUCOPHAGE... 74	griseofulvin ultramicrosize... 45	hemenatal ob... 108
GLUCOTROL XL... 74	guanfacine... 88, 98	heparin (porcine)... 80
GLUCOTROL... 74	guanidine... 48	
	gynazole-1... 45	

heparin, porcine (pf)... 80	HUMIRA PEN... 142	hydrocodone-chlorpheniramine... 174
HEPATAMINE 8%... 108	HUMIRA... 142	hydrocodone-cpm-pseudoephed... 174
HEPSERA... 67	HUMIRA(CF) PEDI CROHNS STARTER... 142	hydrocodone-guaifenesin... 174
HERCEPTIN HYLECTA... 53	HUMIRA(CF) PEN CROHNS-UC-HS... 142	hydrocodone-homatropine... 174
HERCEPTIN... 53	HUMIRA(CF) PEN PSOR-UV-ADOL HS... 142	hydrocodone-ibuprofen... 13
HETLIOZ... 173	HUMIRA(CF) PEN... 142	hydrocortisone butyr-emollient... 123
HEXALEN... 53	HUMIRA(CF)... 142	hydrocortisone butyrate... 123
HIBERIX (PF)... 141	HUMULIN N NPH INSULIN KWIKPEN... 75	hydrocortisone valerate... 123
hidex... 123	HUMULIN N NPH U-100 INSULIN... 75	hydrocortisone... 123, 146
HIPREX... 28	HUMULIN R REGULAR U-100 INSULN... 75	hydrocortisone-acetic acid... 165
HIZENTRA... 141	HUMULIN R U-500 (CONC) INSULIN... 75	hydrocortisone-min oil-wht pet... 123
HORIZANT... 98	HUMULIN R U-500 (CONC) KWIKPEN... 75	hydromet... 174
HUMALOG JUNIOR KWIKPEN U-100... 74	HUMULIN 70/30 U-100 INSULIN... 75	hydromorphone (pf)... 13
HUMALOG KWIKPEN INSULIN... 75	HUMULIN 70/30 U-100 KWIKPEN... 75	hydromorphone... 13
HUMALOG MIX 50-50 INSULN U-100... 75	HYCAMTIN... 53	hydroxocobalamin... 175
HUMALOG MIX 50-50 KWIKPEN... 75	HYCOFENIX... 174	hydroxychloroquine... 59
HUMALOG MIX 75-25 KWIKPEN... 75	hydralazine... 88	hydroxyprogect(pf)(preg presv)... 131
HUMALOG MIX 75-25(U-100)INSULN... 75	HYDREA... 53	hydroxyprogesterone cap(ppres)... 131
HUMALOG U-100 INSULIN... 75	hydrochlorothiazide... 88	hydroxyprogesterone caproate... 131
HUMAPEN LUXURA HD... 154	hydrocodone-acetaminophen... 13	hydroxyurea... 53
HUMATROPE... 126		hydroxyzine hcl... 72
HUMIRA PEDIATRIC CROHNS START... 142		hydroxyzine pamoate... 168
HUMIRA PEN CROHNS-UC-HS START... 142		HYPERRAB (PF)... 142
HUMIRA PEN PSOR-UEVITS-ADOL HS... 142		

HYPERRAB S/D (PF)... 142	IMITREX STATDOSE PEN... 47	INLYTA... 53
HYPERTET S/D (PF)... 142	IMITREX STATDOSE REFILL... 47	INNOPRAN XL... 89
HYSINGLA ER... 13	IMITREX... 47	INSPIRA... 89
HYZAAR... 88	IMLYGIC... 53	insulin lispro... 75
<b>I</b>	IMOGAM RABIES-HT (PF)... 142	INSULIN SYR/NDL U100 HALF MARK... 154
ibandronate... 147, 148	IMOVAX RABIES VACCINE (PF)... 142	INSULIN SYRINGE MICROFINE... 154
IBRANCE... 53	IMPAVIDO... 59	INSULIN SYRINGE NEEDLELESS... 154
ibu... 13	IMPOYZ... 123	INSULIN SYRINGE... 154
IBUDONE... 14	IMURAN... 142	INSULIN SYRINGE-NEEDLE U-100... 154
ibuprofen... 14	INBRIJA... 60	INSULIN SYRINGES (DISPOSABLE)... 154
ibuprofen-oxycodone... 14	incassia... 131	INSUPEN... 154
ibutilide fumarate... 88	INCONTROL ALCOHOL PADS... 154	INTEGRILIN... 81
icatibant... 142	INCONTROL PEN NEEDLE... 154	INTELENCE... 67
ICLUSIG... 53	INCRELEX... 127	INTERMEZZO... 173
IDAMYCIN PFS... 53	INCRUSE ELLIPTA... 168	INTRALIPID... 108
idarubicin... 53	indapamide... 89	INTRON A... 67
IDHIFA... 53	INDERAL LA... 89	introvale... 131
IFEX... 53	INDOCIN... 14	INTUNIV ER... 99
ifosfamide... 53	indomethacin sodium... 14	INVANZ... 28
ILEVRO... 163	indomethacin... 14	INVEGA SUSTENNA... 63
ILUMYA... 103	INFANRIX (DTAP) (PF)... 142	INVEGA TRINZA... 63
imatinib... 53	INFLECTRA... 142	INVEGA... 63
IMBRUVICA... 53	INFUGEM... 53	INVELTYS... 163
IMFINZI... 53	INFUMORPH P/F... 14	INVIRASE... 67
imipenem-cilastatin... 28	INFUVITE ADULT... 175	INVOKAMET XR... 75
imipramine hcl... 40	INFUVITE PEDIATRIC... 175	
imipramine pamoate... 40	INGREZZA INITIATION PACK... 99	
imiquimod... 103	INGREZZA... 99	

INVOKAMET... 75	ISTALOL... 163	juleber... 131
INVOKANA... 75	ISTODAX... 53	JULUCA... 67
IONOSOL-B IN D5W... 108	ISUPREL... 89	junel fe 1.5/30 (28)... 131
IONOSOL-MB IN D5W... 108	itraconazole... 45	junel fe 1/20 (28)... 131
IOPIDINE... 163	IV PREP WIPES... 154	junel fe 24... 131
IPOL... 142	ivermectin... 59	junel 1.5/30 (21)... 131
ipratropium bromide... 168	IXEMPRA... 53	junel 1/20 (21)... 131
ipratropium-albuterol... 168	IXIARO (PF)... 142	JUXTAPID... 89
irbesartan... 89	<b>J</b>	JYNARQUE... 108
irbesartan-hydrochlorothiazide... 89	JADENU SPRINKLE... 108	<b>K</b>
IRENKA... 40	JADENU... 108	K-TAB... 108
IRESSA... 53	JAKAFI... 53	KABIVEN... 109
irinotecan... 53	JALYN... 119	KADCYLA... 54
ISENTRESS HD... 67	jantoven... 81	KADIAN... 14
ISENTRESS... 67	JANUMET XR... 75, 76	kaitlib fe... 131
isibloom... 131	JANUMET... 75	KALETRA... 67, 68
isochron... 89	JANUVIA... 76	kalliga... 131
ISOLYTE S PH 7.4... 108	JARDIANCE... 76	KALYDECO... 168
ISOLYTE-P IN 5 % DEXTROSE... 108	jasmiel (28)... 131	KANUMA... 117
ISOLYTE-S... 108	jencycla... 131	KAPSPARGO SPRINKLE... 89
isoniazid... 48, 49	JENTADUETO XR... 76	KAPVAY... 99
ISOPTO CARPINE... 163	JENTADUETO... 76	KARBINAL ER... 168
ISORDIL TITRADOSE... 89	JEVANTIQUE LO... 131	kariva (28)... 131
ISORDIL... 89	JEVTANA... 54	KATERZIA... 89
isosorbide dinitrate... 89	jinteli... 131	KAZANO... 76
isosorbide mononitrate... 89	JOLESSA... 131	KEDRAB (PF)... 142
isotretinoin... 103	JOLIVETTE... 131	KEFLEX... 28
isradipine... 89	JUBLIA... 45	kelnor 1-50... 132

kelnor 1/35 (28)... 132	klor-con m20... 109	LAMICTAL STARTER (GREEN) KIT... 35
KENALOG... 123	klor-con sprinkle... 109	LAMICTAL STARTER (ORANGE) KIT... 35
KENALOG-80... 124	KLOR-CON 10... 109	LAMICTAL XR STARTER (BLUE)... 35
KENGREAL... 81	KLOR-CON 8... 109	LAMICTAL XR STARTER (GREEN)... 35
KEPIVANCE... 101	klor-con... 109	LAMICTAL XR STARTER (ORANGE)... 35
KEPPRA XR... 34	KOMBIGLYZE XR... 76	LAMICTAL XR... 35
KEPPRA... 34	KORLYM... 154	LAMICTAL... 34
KERYDIN... 45	KOSHER PRENATAL PLUS IRON... 109	LAMISIL... 45
ketoconazole... 45	KRINTAFEL... 59	lamivudine... 68
ketoprofen... 14	KRISTALOSE... 114	lamivudine-zidovudine... 68
ketorolac... 14, 163	kurvelo (28)... 132	lamotrigine... 35
KEVEYIS... 89	KUVAN... 117	LANOXIN PEDIATRIC... 89
KEVZARA... 143	KYNAMRO... 89	LANOXIN... 89
KEYTRUDA... 54	KYPROLIS... 54	
KHAPZORY... 54		<b>L</b>
KHEDEZLA... 40		lansoprazole... 114, 115
kimidess (28)... 132	l norgest/e.estradiol-e.estrad... 132	lanthanum... 109
KINERET... 143	labetalol... 89	LANTUS SOLOSTAR U-100 INSULIN... 76
KINRIX (PF)... 143	LACRISERT... 163	LANTUS U-100 INSULIN... 76
KIONEX (WITH SORBITOL)... 109	lactated ringers... 109, 154	larin fe 1.5/30 (28)... 132
kionex... 109	lactulose... 114	larin fe 1/20 (28)... 132
KISQALI FEMARA CO-PACK... 54	LAMICTAL ODT STARTER (BLUE)... 35	larin 1.5/30 (21)... 132
KISQALI... 54	LAMICTAL ODT STARTER (GREEN)... 35	larin 1/20 (21)... 132
KITABIS PAK... 28	LAMICTAL ODT STARTER (ORANGE)... 35	larin 24 fe... 132
KLARON... 28	LAMICTAL ODT... 35	larissia... 132
KLONOPIN... 72	LAMICTAL STARTER (BLUE) KIT... 35	LARTRUVO... 54
klor-con m10... 109		LASIX... 89
KLOR-CON M15... 109		



LASTACAFT... 163	LEVO-T... 137	lidocaine... 19
latanoprost... 163	levobunolol... 163	lidocaine-epinephrine bit... 19
LATUDA... 63	levocarnitine (with sugar)... 109	lidocaine-epinephrine... 19
LAYOLIS FE... 132	levocarnitine... 109	lidocaine-prilocaine... 19
LAZANDA... 14	levocetirizine... 168	LIDODERM... 19
ledipasvir-sofosbuvir... 68	levofloxacin in d5w... 28	lillow (28)... 132
LEENA 28... 132	levofloxacin... 28	LINCOCIN... 28
leflunomide... 143	levoleucovorin calcium... 54	lincomycin... 28
LEMTRADA... 99	levomefolate dha... 109	lindane... 59
LENVIMA... 54	levonest (28)... 132	linezolid in dextrose 5%... 28
LESCOL XL... 89	levonorg-eth estrad triphasic... 132	linezolid... 28
LESCOL... 89	levonorgestrel-ethinyl estrad... 132	linezolid-0.9% sodium chloride... 28
lessina... 132	LEVOPHED (BITARTRATE)... 89	LINZESS... 115
LETAIRIS... 168	levora-28... 132	liothyronine... 137
letrozole... 54	levorphanol tartrate... 14	LIPITOR... 90
leucovorin calcium... 54	levothyroxine... 137	lipodox 50... 54
LEUKERAN... 54	LEVOXYL... 137	lipodox... 54
LEUKINE... 81	LEVULAN... 54	LIPOFEN... 90
leuprolide... 138	LEXAPRO... 40	lisinopril... 90
levalbuterol hcl... 168	LEXETTE... 124	lisinopril-hydrochlorothiazide... 90
levalbuterol tartrate... 168	LEXIVA... 68	LITE TOUCH INSULIN PEN NEEDLES... 155
LEVAQUIN... 28	LIALDA... 146	LITE TOUCH INSULIN SYRINGE... 155
LEVEMIR FLEXTOUCH U-100 INSULN... 76	LIBTAYO... 54	lithium carbonate... 73
LEVEMIR U-100 INSULIN... 76	lidocaine (pf) in d7.5w... 19	lithium citrate... 73
levetiracetam in nacl (iso-os)... 35	lidocaine (pf)... 19, 89	LITHOBID... 73
levetiracetam... 35	lidocaine hcl... 19	LITHOSTAT... 155
LEVITRA... 177	lidocaine in 5 % dextrose (pf)... 89	
	lidocaine viscous... 19	

LIVALO... 90	LORBRENA... 54	LUNESTA... 173
LO LOESTRIN FE... 132	lorcet (hydrocodone)... 14	LUPANETA PACK (1 MONTH)... 138
lo-zumandimine (28)... 132	lorcet hd... 14	LUPANETA PACK (3 MONTH)... 138
LOCOID LIPOCREAM... 124	lorcet plus... 14	LUPRON DEPOT (3 MONTH)... 138
LOCOID... 124	lortab elixir... 14	LUPRON DEPOT (4 MONTH)... 138
locort... 124	loryna (28)... 132	LUPRON DEPOT (6 MONTH)... 138
LODINE... 14	LORZONE... 172	LUPRON DEPOT... 138
LODOSYN... 60	losartan... 90	LUPRON DEPOT-PED (3 MONTH)... 138
loestrin fe 1.5/30 (28-day)... 132	losartan-hydrochlorothiazide... 90	LUPRON DEPOT-PED... 138
loestrin fe 1/20 (28-day)... 132	LOSEASONIQUE... 132	lutera (28)... 132
loestrin 1.5/30 (21)... 132	LOTEMAX SM... 163	LUXIQ... 124
loestrin 1/20 (21)... 132	LOTEMAX... 163	LUZU... 45
LOKELMA... 109	LOTENSIN HCT... 90	LYNPARZA... 55
lomedina 24 fe... 132	LOTENSIN... 90	LYRICA CR... 99
LOMOTIL... 115	loteprednol etabonate... 163	LYRICA... 99
LONHALA MAGNAIR REFILL... 169	LOTREL... 90	LYSODREN... 138
LONHALA MAGNAIR STARTER... 169	LOTRISONE... 45	LYSTEDA... 81
LONSURF... 54	LOTRONEX... 115	lyza... 132
loperamide... 115	lovastatin... 90	<b>M</b>
LOPID... 90	LOVAZA... 90	M.V.I. ADULT... 175
lopinavir-ritonavir... 68	LOVENOX... 81	M.V.I. PEDIATRIC... 175
LOPREEZA... 132	low-ogestrel (28)... 132	M.V.I.-12 (WITHOUT VITAMIN K)... 175
LOPRESSOR HCT... 90	loxapine succinate... 63	M-M-R II (PF)... 143
LOPRESSOR... 90	LUCEMYRA... 21	m-natal plus... 109
LOPROX (AS OLAMINE)... 45	luliconazole... 45	MACROBID... 28
LOPROX... 45	LUMIGAN... 163	MACRODANTIN... 28
LORAZEPAM INTENSOL... 72	LUMIZYME... 117	
lorazepam... 72	LUMOXITI... 54	

mafenide acetate... 28	matzim la... 90	medroxyprogesterone... 133
MAGELLAN INSULIN SAFETY SYRNG... 155	MAVENCLAD (10 TABLET PACK)... 99	mefenamic acid... 14
MAGELLAN SYRINGE... 155	MAVENCLAD (4 TABLET PACK)... 99	mefloquine... 59
magnesium sulfate in d5w... 109	MAVENCLAD (5 TABLET PACK)... 99	MEGACE ES... 133
magnesium sulfate in water... 109	MAVENCLAD (6 TABLET PACK)... 99	megestrol... 133
magnesium sulfate... 109	MAVENCLAD (7 TABLET PACK)... 99	MEKINIST... 55
MAKENA (PF)... 133	MAVENCLAD (8 TABLET PACK)... 99	MEKTOVI... 55
MAKENA... 132	MAVENCLAD (9 TABLET PACK)... 99	melodetta 24 fe... 133
MALARONE PEDIATRIC... 59	MAVYRET... 68	meloxicam... 14
MALARONE... 59	MAXALT... 47	melphalan hcl... 55
malathion... 59	MAXALT-MLT... 47	melphalan... 55
mannitol 10 %... 90	MAXI-COMFORT INSULIN SYRINGE... 155	memantine... 38
mannitol 20 %... 90	MAXICOMFORT II PEN NEEDLE... 155	MENACTRA (PF)... 143
mannitol 25 %... 90	MAXICOMFORT INSULIN SYRINGE... 155	MENEST... 133
mannitol 5 %... 90	MAXICOMFORT SAFETY PEN NEEDLE... 155	MENOSTAR... 133
maprotiline... 40	MAXIDEX... 163	MENTAX... 45
MARCAINE (PF)... 19	MAXIPIME... 28	MENVEO A-C-Y-W-135-DIP (PF)... 143
MARCAINE SPINAL (PF)... 19	MAXITROL... 163	meperidine (pf)... 15
MARCAINE... 19	MAXZIDE... 90	meperidine... 14, 15
MARCAINE-EPINEPHRINE (PF)... 20	MAXZIDE-25MG... 90	MEPHYTON... 175
MARCAINE-EPINEPHRINE... 19, 20	MAYZENT STARTER PACK... 99	mepivacaine (pf)... 20
MARINOL... 43	MAYZENT... 99	meprobamate... 72
marlissa (28)... 133	meclizine... 43	MEPRON... 59
MARPLAN... 40	meclofenamate... 14	MEPSEVII... 117
MARQIBO... 55	MEDROL (PAK)... 124	mercaptopurine... 55
MARTEN-TAB... 14	MEDROL... 124	meropenem... 28
MATULANE... 55		

meropenem-0.9% sodium chloride... 28	methyldopa... 90	MICARDIS HCT... 91
MERREM... 28	methyldopa-hydrochlorothiazide... 90	MICARDIS... 91
mesalamine... 146	methyldopate... 90	miconazole nitrate-zinc ox-pet... 45
mesna... 55	methylergonovine... 155	miconazole-3... 45
MESNEX... 55	METHYLIN... 99	MICORT-HC... 124
MESTINON TIMESPAN... 48	methylphenidate hcl... 99, 100	MICRODOT INSULIN PEN NEEDLE... 155
MESTINON... 48	methylprednisolone acetate... 124	MICROGESTIN FE 1.5/30 (28)... 133
metadate er... 99	methylprednisolone sodium succ... 124	MICROGESTIN FE 1/20 (28)... 133
metaproterenol... 169	methylprednisolone... 124	MICROGESTIN 1.5/30 (21)... 133
metaxall... 172	methyltestosterone... 133	MICROGESTIN 1/20 (21)... 133
metaxalone... 172	metipranolol... 163	MICROGESTIN 24 FE... 133
metformin... 76	metoclopramide hcl... 43	MICROZIDE... 91
methadone intensol... 15	metolazone... 90	midodrine... 91
methadone... 15	metoprolol succinate... 90	migergot... 47
METHADOSE... 15	metoprolol ta-hydrochlorothiaz... 90	miglitol... 76
methamphetamine... 99	metoprolol tartrate... 90, 91	miglustat... 117
methazolamide... 90	METRO I.V.... 28	MIGRANAL... 48
methenamine hippurate... 28	METROCREAM... 28	mili... 133
methergine... 155	METROGEL VAGINAL... 28	MILLIPRED DP... 124
methimazole... 139	METROGEL... 28	MILLIPRED... 124
METHITEST... 133	METROLOTION... 28	milrinone in 5 % dextrose... 91
methocarbamol... 172	metronidazole in nacl (iso-os)... 29	milrinone... 91
methotrexate sodium (pf)... 143	metronidazole... 28, 29	mimvey lo... 133
methotrexate sodium... 143	mexiletine... 91	mimvey... 133
methoxsalen... 103	MIACALCIN... 148	MINASTRIN 24 FE... 133
methscopolamine... 115	mibelas 24 fe... 133	MINI ULTRA-THIN II... 155
methyclothiazide... 90		MINIPRESS... 91

minitran... 91	MONOJECT INSULIN SYRINGE... 156	MUTAMYCIN... 55
MINIVELLE... 133	MONOJECT SYRINGE... 156	MYALEPT... 115
MINOCIN... 29	MONOJECT ULTRA COMFORT INSULIN... 156	MYAMBUTOL... 49
minocycline... 29	MONONESSA (28)... 133	MYCAMINE... 45
minoxidil... 91	montelukast... 169	MYCOBUTIN... 49
MIOSTAT... 163	MONUROL... 29	mycophenolate mofetil hcl... 143
MIRAPEX ER... 60	morgidox... 29	mycophenolate mofetil... 143
MIRAPEX... 60	MORPHABOND ER... 15	mycophenolate sodium... 143
MIRCERA... 81	morphine (pf)... 16	MYDAYIS... 100
mircette (28)... 133	morphine concentrate... 16	MYFORTIC... 143
mirtazapine... 40	morphine... 15, 16	MYLOTARG... 55
MIRVASO... 103	MOTEGRITY... 115	myorisan... 103
misoprostol... 115	MOTOFEN... 115	MYRBETRIQ... 119
mitigo (pf)... 15	MOVANTIK... 115	MYSOLINE... 35
mitomycin... 55	MOVIPREP... 115	MYTESI... 115
mitoxantrone... 55	MOXEZA... 29	myzilra... 133
MOBIC... 15	moxifloxacin... 29	<b>N</b>
modafinil... 173	moxifloxacin-sod.ace,sul-water... 29	nabumetone... 16
moderiba dose pack... 68	moxifloxacin-sod.chloride(iso)... 29	nadolol... 91
moderiba... 68	MOZOBIL... 81	nadolol-bendroflumethiazide... 91
moexipril... 91	MS CONTIN... 16	nafcillin in dextrose iso-osm... 29
moexipril-hydrochlorothiazide... 91	MULPLETA... 81	nafcillin... 29
molindone... 63, 64	MULTAQ... 91	naftifine... 45
mometasone... 124, 169	mupirocin calcium... 29	NAFTIN... 45
mondoxyne nl... 29	mupirocin... 29	NAGLAZYME... 117
mono-linyah... 133	MUSTARGEN... 55	nalbuphine... 16
MONOJECT INSULIN SAFETY SYRINGE... 155		NALFON... 16
		nalocet... 16

naloxone... 21	necon 0.5/35 (28)... 133	NEURONTIN... 36
naltrexone... 21	NECON 7/7/7 (28)... 133	NEVANAC... 164
NAMENDA TITRATION PAK... 38	nefazodone... 40	nevirapine... 68
NAMENDA XR... 38	NEMBUTAL SODIUM... 35	NEXA PLUS... 109
NAMENDA... 38	neo-polycin hc... 163	NEXAVAR... 55
NAMZARIC... 38	neo-polycin... 163	NEXIUM IV... 115
NAPRELAN CR... 16	NEO-SYNALAR... 104	NEXIUM PACKET... 115
NAPROSYN... 16	neomycin... 29	NEXIUM... 115
naproxen sodium... 16	neomycin-bacitracin-poly-hc... 163	NEXTERONE... 91
naproxen... 16	neomycin-bacitracin-polymyxin... 163	niacin... 91
naratriptan... 48	neomycin-polymyxin b gu... 156	niacor... 91
NARCAN... 21	neomycin-polymyxin b-dexameth... 163	NIASPAN EXTENDED-RELEASE... 91
NARDIL... 40	neomycin-polymyxin-gramicidin... 163	nicardipine... 91
NAROPIN (PF)... 20	neomycin-polymyxin-hc... 163, 165	NICOTROL NS... 21
NASCOBAL... 175	NEORAL... 143	NICOTROL... 21
NASONEX... 169	NEOSPORIN GU IRRIGANT... 156	nifedipine... 91
NATACHEW (FE BIS-GLYCINATE)... 109	NEPHRAMINE 5.4 %... 109	nikki (28)... 133
NATACYN... 46	neptazane... 91	NILANDRON... 55
NATAZIA... 133	NERLYNX... 55	nilutamide... 55
nateglinide... 76	NESACAIN... 20	nimodipine... 91
NATELLE ONE... 109	NESACAIN-MPF... 20	NINLARO... 55
NATESTO... 133	NESINA... 76	NIPENT... 55
NATPARA... 148	neuac... 104	nisoldipine... 91, 92
NATRECOR... 91	NEULASTA... 81	NITRO-BID... 92
NATROBA... 59	NEUPOGEN... 81	NITRO-DUR... 92
NAVELBINE... 55	NEUPRO... 61	nitrofurantoin macrocrystal... 29
NEBUPENT... 59		nitrofurantoin monohyd/m-cryst... 29

nitrofurantoin... 29	norlyda... 134	NOVOLIN 70-30 FLEXPEN U-100... 76
nitroglycerin in 5 % dextrose... 92	norlyroc... 134	NOVOLIN 70/30 U-100 INSULIN... 76
nitroglycerin... 92	NORMOSOL-M IN 5 % DEXTROSE... 109	NOVOLOG FLEXPEN U-100 INSULIN... 77
NITROLINGUAL... 92	NORMOSOL-R IN 5 % DEXTROSE... 109	NOVOLOG MIX 70-30 U-100 INSULN... 77
NITROMIST... 92	NORMOSOL-R PH 7.4... 109	NOVOLOG MIX 70-30FLEXPEN U-100... 77
NITROSTAT... 92	NORMOSOL-R... 109	NOVOLOG PENFILL U-100 INSULIN... 77
NITYR... 117	NORPACE CR... 92	NOVOLOG U-100 INSULIN ASPART... 77
NIVESTYM... 81	NORPACE... 92	NOVOPEN ECHO... 156
nizatidine... 115	NORPRAMIN... 40	NOVOTWIST... 156
NIZORAL... 46	NORTHERA... 92	NOXAFIL... 46
NOCDURNA (MEN)... 127	nortrel 0.5/35 (28)... 134	NUBEQA... 55
NOCDURNA (WOMEN)... 127	nortrel 1/35 (21)... 134	NUCALA... 169
NOCTIVA... 127	nortrel 1/35 (28)... 134	NUCYNTA ER... 16
nolix... 124	nortrel 7/7/7 (28)... 134	NUCYNTA... 16
NORA-BE... 133	nortriptyline... 40	NUEDEXTA... 100
NORCO... 16	NORVASC... 92	NULYTELY WITH FLAVOR PACKS... 115
NORDITROPIN FLEXPEN... 127	NORVIR... 68	NUPLAZID... 64
norepinephrine bitartrate... 92	NOVAREL... 127	NUTRESTORE... 115
noreth-ethinyl estradiol-iron... 133	NOVOFINE AUTOCOVER... 156	NUTRILIPID... 109
norethindrone (contraceptive)... 133	NOVOFINE PLUS... 156	NUTROPIN AQ NUSPIN... 127
norethindrone ac-eth estradiol... 134	NOVOFINE 30... 156	NUVARING... 134
norethindrone acetate... 134	NOVOFINE 32... 156	NUVESSA... 29
norethindrone-e.estradiol-iron... 134	NOVOLIN N NPH U-100 INSULIN... 76	
norgesic forte... 172	NOVOLIN R REGULAR U-100 INSULN... 76	
norgestimate-ethinyl estradiol... 134		
NORITATE... 29		

NUVIGIL... 173	okebo... 30	ondansetron hcl... 43
NUZYRA (7 DAY WITH LOAD DOSE)... 29	olanzapine... 64	ondansetron... 43
NUZYRA (7 DAY)... 29	olanzapine-fluoxetine... 40	ONEXTON... 104
NUZYRA... 29	olmesartan... 92	ONFI... 36
nyamyc... 46	olmesartan-amlodipin-hcthiazyd... 92	ONGLYZA... 77
NYMALIZE... 92	olmesartan-hydrochlorothiazide... 92	ONIVYDE... 55
nystatin... 46	olopatadine... 164, 169	ONMEL... 46
nystatin-triamcinolone... 46	OLUMIANT... 143	ONZETRA XSAIL... 48
nystop... 46	OLUX... 124	OPANA... 16
<b>O</b>	OLUX-E... 124	OPDIVO... 55
O-CAL PRENATAL... 109	OLYSIO... 68	opium tincture... 115
OB COMPLETE ONE... 110	OMECLAMOX-PAK... 115	OPSUMIT... 169
OB COMPLETE PETITE... 110	omega-3 acid ethyl esters... 92	ORACEA... 30
OB COMPLETE PREMIER... 110	OMEGAVEN... 110	ORALAIR... 169
OB COMPLETE... 109	omeppi... 115	oralone... 101
OBREDON... 174	omeprazole... 115	ORAP... 64
OICALIVA... 118	omeprazole-sodium bicarbonate... 115	ORAPRED ODT... 124
OCELLA... 134	OMNARIS... 169	ORAVIG... 46
OCREVUS... 100	OMNIPOD DASH INSULIN POD... 156	ORBACTIV... 30
OCTAGAM... 143	OMNIPOD INSULIN MANAGEMENT... 156	ORENCIA CLICKJECT... 143
octreotide acetate... 138	OMNIPOD INSULIN REFILL... 156	ORENCIA... 143
OCUFLOX... 29	OMNIPRED... 164	ORENITRAM... 169
ODEFSEY... 68	OMNITROPE... 127	ORFADIN... 118
ODOMZO... 55	ONCASPAR... 55	ORLISSA... 139
OFEV... 169	ondansetron hcl (pf)... 43	ORKAMBI... 169
ofloxacin... 29, 30		orphenadrine citrate... 172
ogestrel (28)... 134		orphenadrine-asa-caffeine... 172
		orphengesic forte... 172



orsythia... 134	OXERVATE... 164	PARAFON FORTE DSC... 172
ORTHO MICRONOR... 134	oxiconazole... 46	paricalcitol... 148
ORTHO TRI-CYCLEN (28)... 134	OXISTAT... 46	PARLODEL... 61
ORTHO TRI-CYCLEN LO (28)... 134	OXSORALEN ULTRA... 104	PARNATE... 40
ORTHO-CYCLEN (28)... 134	OXTELLAR XR... 36	paroex oral rinse... 101
ORTHO-NOVUM 1/35 (28)... 134	oxybutynin chloride... 119	paromomycin... 30
ORTHO-NOVUM 7/7/7 (28)... 134	oxycodone... 17	paroxetine hcl... 40
oseltamivir... 68	oxycodone-acetaminophen... 17	paroxetine mesylate(menop.sym)... 40
OSENI... 77	oxycodone-aspirin... 17	PASER... 49
OSMITROL 10 %... 92	OXYCONTIN... 17	PATADAY... 164
OSMITROL 15 %... 92	oxymorphone... 17	PATANASE... 169
OSMITROL 20 %... 92	oxytocin... 156	PATANOL... 164
OSMITROL 5 %... 92	OXYTROL... 119	PAXIL CR... 41
OSMOLEX ER... 61	OZEMPIC... 77	PAXIL... 41
OSMOPREP... 115	<b>P</b>	PAZEO... 164
OTEZLA STARTER... 143	PACERONE... 93	PCE... 30
OTEZLA... 143	paclitaxel... 55	PEDIARIX (PF)... 144
OTOVEL... 165	paliperidone... 64	PEDVAX HIB (PF)... 144
OTREXUP (PF)... 143	PALYNZIQ... 118	peg 3350-electrolytes... 115
ovide... 59	PAMELOR... 40	peg-electrolyte soln... 115
oxacillin in dextrose(iso-osm)... 30	pamidronate... 148	peg-prep... 115
oxacillin... 30	PANCREAZE... 118	PEGANONE... 36
oxaliplatin... 55	PANDEL... 124	PEGASYS PROCLICK... 68
oxandrolone... 134	panlor(acetam-caff-dihydrocod)... 17	PEGASYS... 68
oxaprozin... 17	PANRETIN... 55	PEGINTRON... 68
OXAYDO... 17	pantoprazole... 115	PEN NEEDLE... 156
oxazepam... 72	PANZYGA... 143	PEN NEEDLE, DIABETIC... 156
oxcarbazepine... 36		

penicillamine... 110	PEXEVA... 41	pioglitazone... 77
penicillin g pot in dextrose... 30	pfizerpen-g... 30	pioglitazone-glimepiride... 77
penicillin g potassium... 30	phenadoz... 43	pioglitazone-metformin... 77
penicillin g procaine... 30	phenelzine... 41	piperacillin-tazobactam... 30
penicillin g sodium... 30	phenergan... 43	PIQRAY... 56
penicillin v potassium... 30	phenobarbital sodium... 36	pirmella... 134
PENLAC... 46	phenobarbital... 36	piroxicam... 17
PENNSAID... 17	phenoxybenzamine... 93	PITOCIN... 156
PENTACEL (PF)... 144	phenylephrine hcl... 93	PLAQUENIL... 59
PENTAM... 59	PHENYTEK... 36	PLASMA-LYTE A... 110
pentamidine... 59	phenytoin sodium extended... 36	PLASMA-LYTE 148... 110
PENTASA... 146	phenytoin sodium... 36	PLAVIX... 81
pentazocine-naloxone... 17	phenytoin... 36	PLEGRIDY... 100
PENTIPS... 156	philith... 134	plenamine... 110
pentobarbital sodium... 36	PHOSLYRA... 110	PLENVU... 115
pentoxifylline... 93	PHOSPHOLINE IODIDE... 164	PLIAGLIS... 20
pepcid... 115	phrenilin forte(with caffeine)... 17	plixda... 104
PERCOCET... 17	PHYSIOLYTE... 156	pnv ob+dha... 110
PERFOROMIST... 169	PHYSIOSOL IRRIGATION... 156	pnv-dha... 176
PERIKABIVEN... 110	phytonadione (vitamin k1)... 175, 176	podofilox... 104
perindopril erbumine... 93	PICATO... 104	POLIVY... 56
periogard... 101	PIFELTRO... 68	polocaine... 20
PERJETA... 56	pilocarpine hcl... 101, 164	polocaine-mpf... 20
permethrin... 59	pimecrolimus... 104	polycin... 164
perphenazine... 64	pimozide... 64	polymyxin b sulf-trimethoprim... 164
perphenazine-amitriptyline... 41	pimtrea (28)... 134	polymyxin b sulfate... 30
PERSERIS... 64	pindolol... 93	POLYTRIM... 164
PERTZYE... 118		

POMALYST... 56	PRALUENT PEN... 93	PREMASOL 6 %... 111
PONSTEL... 17	pramipexole... 61	PREMPHASE... 134
portia 28... 134	prandin... 77	PREMPRO... 134
PORTRAZZA... 56	prasugrel... 81	prenaissance plus... 111
posaconazole... 46	PRAVACHOL... 93	prenaissance... 111
POTABA... 176	pravastatin... 93	PRENATA... 111
potassium acetate... 110	praziquantel... 60	PRENATABS FA... 111
potassium chlorid-d5-0.45%nacl... 110	prazosin... 93	prenatal plus (calcium carb)... 111
potassium chloride in lr-d5... 110	PRECOSE... 77	prenatal plus dha... 111
potassium chloride in water... 110	PRED FORTE... 164	prenatal vitamin plus low iron... 111
potassium chloride in 0.9%nacl... 110	PRED MILD... 164	PRENATE AM... 111
potassium chloride in 5 % dex... 110	PRED-G S.O.P.... 164	PRENATE DHA... 111
potassium chloride... 110	PRED-G... 164	PRENATE ELITE... 111
potassium chloride-d5-0.2%nacl... 110	prednicarbate... 124	PRENATE ESSENTIAL... 111
potassium chloride-d5-0.3%nacl... 110	prednisolone acetate... 164	preplus... 111
potassium chloride-d5-0.9%nacl... 110	prednisolone sodium phosphate... 125, 164	PREPOPIK... 116
potassium chloride-0.45 % nacl... 110	prednisolone... 124	PRESTALIA... 93
potassium citrate... 110	PREDNISONE INTENSOL... 125	PREVACID SOLUTAB... 116
POTELIGEO... 56	prednisone... 125	PREVACID... 116
pr natal 400 ec... 110	PREFERA-OB ONE... 111	prevalite... 93
pr natal 400... 110	PREFERA-OB PLUS DHA... 111	PREVENT DROPSAFE PEN NEEDLE... 156
pr natal 430 ec... 111	PREFERA-OB... 111	previfem... 135
pr natal 430... 110	prefest... 134	PREVPAC... 116
PRADAXA... 81	pregabalin... 100	PREVYMIS... 68, 69
	PREGNYL... 127	PREZCOBIX... 69
	PREMARIN... 134	PREZISTA... 69
	PREMASOL 10 %... 111	PRIALT... 156

PRIFTIN... 49	procto-pak... 125	proparacaine... 164
PRILOSEC... 116	PROCTOFOAM HC... 146	propranolol... 93
primaquine... 60	proctosol hc... 125	propranolol-hydrochlorothiazid... 93
PRIMAXIN IV... 30	proctozone-hc... 125	propylthiouracil... 139
primidone... 36	PROCYSBI... 118	PROQUAD (PF)... 144
primlev... 17	PRODIGY INSULIN SYRINGE... 157	PROSCAR... 120
PRIMSOL... 30	profeno... 17	PROSOL 20 %... 111
PRINIVIL... 93	progesterone micronized... 135	protamine... 157
PRISTIQ... 41	progesterone... 135	PROTONIX... 116
PRIVIGEN... 144	PROGLYCEM... 77	PROTOPIC... 104
PRO COMFORT ALCOHOL PADS... 156	PROGRAF... 144	protriptyline... 41
PRO COMFORT INSULIN SYRINGE... 157	PROLASTIN-C... 118	PROVENTIL HFA... 169
PRO COMFORT PEN NEEDLE... 157	PROLENSA... 164	PROVERA... 135
PROAIR HFA... 169	PROLEUKIN... 56	PROVIGIL... 173
PROAIR RESPICLICK... 169	PROLIA... 148	PROZAC... 41
probenecid... 47	PROMACTA... 81, 82	PRUDOXIN... 104
probenecid-colchicine... 47	promethazine vc... 157	psorcon... 125
procainamide... 93	promethazine vc-codeine... 174	PULMICORT FLEXHALER... 169
PROCALAMINE 3%... 111	promethazine... 43	PULMICORT... 169
PROCARDIA XL... 93	promethazine-codeine... 174	PULMOZYME... 169
PROCARDIA... 93	promethazine-dm... 174	PURIXAN... 56
procentra... 100	promethazine-phenyleph-codeine... 174	PYLERA... 116
prochlorperazine edisylate... 43	promethazine-phenylephrine... 157	pyrazinamide... 49
prochlorperazine maleate... 43	promethegan... 43	pyridostigmine bromide... 48
prochlorperazine... 43	PROMETRIUM... 135	pyridoxine (vitamin b6)... 176
PROCRIT... 81	propafenone... 93	<b>Q</b>
procto-med hc... 125	propantheline... 116	QBRELIS... 93
		QMIIZ ODT... 17

QNASL... 170	RANEXA... 94	RELPAX... 48
QTERN... 77	ranitidine hcl... 116	REMERON SOLTAB... 41
QUADRACEL (PF)... 144	ranolazine... 94	REMERON... 41
QUALAQUIN... 60	RAPAFLO... 120	REMICADE... 144
QUARTETTE... 135	RAPAMUNE... 144	REMODULIN... 170
quasense... 135	rasagiline... 61	RENACIDIN... 157
QUDEXY XR... 36	RASUVO (PF)... 144	RENAGEL... 111
questran light... 93	RAVICTI... 118	RENFLEXIS... 144
questran... 93	RAYALDEE... 148	REVELA... 111
quetiapine... 64	RAYOS... 125	REOPRO... 82
QUILLICHEW ER... 100	RAZADYNE ER... 38	repaglinide... 77
QUILLIVANT XR... 100	RAZADYNE... 38	repaglinide-metformin... 77
quinapril... 93	REBETOL... 69	REPATHA PUSHTRONEX... 94
quinapril-hydrochlorothiazide... 93	REBIF (WITH ALBUMIN)... 100	REPATHA SURECLICK... 94
quinidine gluconate... 94	REBIF REBIDOSE... 100	REPATHA SYRINGE... 94
quinidine sulfate... 94	REBIF TITRATION PACK... 100	REQUIP XL... 61
quinine sulfate... 60	RECLAST... 148	REQUIP... 61
QVAR REDIHALER... 170	reclipsen (28)... 135	RESCRIPTOR... 69
QVAR... 170	RECOMBIVAX HB (PF)... 144	RESECTISOL... 94
<b>R</b>	RECTIV... 104	RESPA-AR... 174
RABAVERT (PF)... 144	REGLAN... 43	RESTASIS MULTIDOSE... 164
rabeprazole... 116	REGONOL... 48	RESTASIS... 164
RADICAVA... 100	REGRANEX... 104	RESTORIL... 173
RAGWITEK... 170	RELENZA DISKHALER... 69	RETACRIT... 82
rajani... 135	relexxii... 100	RETIN-A MICRO PUMP... 104
raloxifene... 135	RELION NEEDLES... 157	RETIN-A MICRO... 104
ramelteon... 173	RELION PEN NEEDLES... 157	RETIN-A... 104
ramipril... 94	RELISTOR... 116	RETROVIR... 69

REVATIO... 170	RISPERDAL CONSTA... 64	roweepra... 36
REVCOVI... 118	RISPERDAL M-TAB... 64	ROXICODONE... 17
REVLIMID... 56	RISPERDAL... 64	ROXYBOND... 17
revonto... 65	risperidone... 64	ROZEREM... 173
REXULTI... 64	RITALIN LA... 100	RUBRACA... 56
REYATAZ... 69	RITALIN... 100	RUCONEST... 144
REZIRA... 174	ritonavir... 69	RUZURGI... 100
RHOFADE... 104	RITUXAN HYCELA... 56	RYCLORA... 170
RHOPHYLAC... 144	RITUXAN... 56	RYDAPT... 56
RHOPRESSA... 164	rivastigmine tartrate... 39	RYTARY... 61
RIASTAP... 82	rivastigmine... 38	RYTHMOL SR... 94
RIBASPHERE RIBAPAK... 69	RIVELSA... 135	RYVENT... 170
ribasphere... 69	rizatriptan... 48	<b>S</b>
ribavirin... 69	ROBAXIN... 172	SABRIL... 36
RIDAURA... 144	ROBAXIN-750... 172	SAFESNAP INSULIN SYRINGE... 157
rifabutin... 49	ROBINUL FORTE... 116	SAFETY PEN NEEDLE... 157
RIFADIN... 49	ROBINUL... 116	SAFYRAL... 135
RIFAMATE... 49	ROCALTROL... 148	SAIZEN CLICK.EASY... 127
rifampin... 49	ROCKLATAN... 164	SAIZEN SAIZENPREP... 127
RIFATER... 49	romidepsin... 56	SAIZEN... 127
RILUTEK... 100	ropinirole... 61	SALAGEN (PILOCARPINE)... 101
riluzole... 100	ropivacaine (pf)... 20	SAMSCA... 111
rimantadine... 69	rosadan... 30	SANCUSO... 43
RIMSO-50... 157	rosuvastatin... 94	SANDIMMUNE... 144
ringer's... 111, 157	ROTARIX... 144	SANDOSTATIN LAR DEPOT... 139
RINVOQ ER... 144	ROTATEQ VACCINE... 144	SANDOSTATIN... 139
RIOMET... 77	ROWASA... 146	SANTYL... 104
risedronate... 148	roweepra xr... 36	SAPHRIS... 64

SARAFEM... 41	sertraline... 41	SIRTURO... 49
SAVAYSA... 82	setlakin... 135	SIVEXTRO... 30
SAVELLA... 100	sevelamer carbonate... 111	SKELAXIN... 173
scopolamine base... 43	sevelamer hcl... 111	SKLICE... 60
se-natal 19 (with docusate)... 111	SFROWASA... 146	SKYRIZI... 104
se-natal 19... 111	sharobel... 135	SLYND... 135
SEASONIQUE... 135	SHINGRIX (PF)... 145	SMOFLIPID... 111
SECONAL SODIUM... 36	SIGNIFOR LAR... 139	sodium acetate... 112
SEEBRI NEOHALER... 170	SIGNIFOR... 139	sodium benzoate-sod phenylacet... 157
SEGLUROMET... 77	SIKLOS... 56	sodium bicarbonate... 112
SELECT-OB (FOLIC ACID)... 111	sildenafil (antihypertensive)... 170	sodium chloride 0.45 %... 112
SELECT-OB + DHA... 111	sildenafil... 175	sodium chloride 0.9 %... 112
SELECT-OB... 111	SILENOR... 173	sodium chloride 3 %... 112
selegiline hcl... 61	SILIQ... 104	sodium chloride 5 %... 112
selenium sulfide... 104	silodosin... 120	sodium chloride... 112, 157
SELZENTRY... 69	SILVADENE... 30	SODIUM EDECRIN... 94
SEMPREX-D... 157	silver sulfadiazine... 30	sodium lactate... 112
SENSIPAR... 148	SIMBRINZA... 164	sodium phenylbutyrate... 118
SENSORCAINE... 20	simliya (28)... 135	sodium phosphate... 112
sensorcaine-mpf spinal... 20	simpesse... 135	sodium polystyrene (sorb free)... 112
SENSORCAINE-MPF... 20	SIMPONI ARIA... 145	sodium polystyrene sulfonate... 112
sensorcaine-mpf/epinephrine... 20	SIMPONI... 145	sofosbuvir-velpatasvir... 69
sensorcaine/epinephrine... 20	SIMULECT... 145	SOLARAZE... 104
SEREVENT DISKUS... 170	simvastatin... 94	solifenacin... 120
SERNIVO... 125	SINEMET CR... 61	SOLIQUA 100/33... 77
SEROQUEL XR... 65	SINEMET... 61	SOLODYN... 30
SEROQUEL... 64	SINGULAIR... 170	
SEROSTIM... 127	sirolimus... 145	

SOLOSEC... 30	SPRITAM... 36, 37	SUBSYS... 18
soloxide... 31	SPRIX... 18	subvenite starter (blue) kit... 37
SOLTAMOX... 56	SPRYCEL... 56	subvenite starter (green) kit... 37
SOLU-CORTEF (PF)... 125	SPS (WITH SORBITOL)... 112	subvenite starter (orange) kit... 37
SOLU-CORTEF... 125	sronyx... 135	subvenite... 37
SOLU-MEDROL (PF)... 125	SSD... 31	SUCRAID... 118
SOLU-MEDROL... 125	STALEVO 100... 61	sucralfate... 116
SOMA... 173	STALEVO 125... 61	SULAR... 94
SOMATULINE DEPOT... 139	STALEVO 150... 61	sulfacetamide sodium (acne)... 31
SOMAVERT... 139	STALEVO 200... 61	sulfacetamide sodium... 31
SONATA... 173	STALEVO 50... 61	sulfacetamide-prednisolone... 164
SOOLANTRA... 104	STALEVO 75... 61	sulfadiazine... 31
sorbitol-mannitol... 157	STARLIX... 77	sulfamethoxazole-trimethoprim... 31
SORIATANE... 104	stavudine... 70	SULFAMYLON... 31
SORILUX... 104	STEGLATRO... 77	sulfasalazine... 146
sorine... 94	STEGLUJAN... 77	SULFATRIM... 31
sotalol af... 94	STELARA... 104	sulindac... 18
sotalol... 94	STIMATE... 127	sumatriptan succinate... 48
SOTYLIZE... 94	STIOLTO RESPIMAT... 170	sumatriptan... 48
SOVALDI... 70	STIVARGA... 56	sumatriptan-naproxen... 48
SPIRIVA RESPIMAT... 170	STRATTERA... 100, 101	SUMAVEL DOSEPRO... 48
SPIRIVA WITH HANDIHALER... 170	STRENSIQ... 118	SUNOSI... 173
spironolacton-hydrochlorothiaz... 94	streptomycin... 31	SUPRAX... 31
spironolactone... 94	STRIANT... 135	SUPREP BOWEL PREP KIT... 116
SPORANOX PULSEPAK... 46	STRIBILD... 70	SURE COMFORT ALCOHOL PREP PADS... 157
SPORANOX... 46	STRIVERDI RESPIMAT... 170	SURE COMFORT INS. SYR. U-100... 157
sprintec (28)... 135	STROMECTOL... 60	
	SUBOXONE... 21	



SURE COMFORT INSULIN SYRINGE... 157	SYNERA... 20	tamsulosin... 120
SURE COMFORT PEN NEEDLE... 158	SYNERCID... 31	TANZEUM... 78
SURE-FINE PEN NEEDLES... 158	SYNJARDY XR... 78	TAPAZOLE... 139
SURE-JECT INSULIN SYRINGE... 158	SYNJARDY... 77	taperdex... 125
SURE-PREP ALCOHOL PREP PADS... 158	SYNRIBO... 56	TARCEVA... 56
SURMONTIL... 41	SYNTHROID... 137	TARGADOX... 31
SUSTIVA... 70	SYPRINE... 112	TARGETIN... 57
SUTENT... 56	<b>T</b>	tarina fe 1-20 eq (28)... 135
syeda... 135	TABLOID... 56	tarina fe 1/20 (28)... 135
SYLATRON... 70	TACLONEX... 104	tarina 24 fe... 135
SYLVANT... 145	tacrolimus... 104, 145	TARKA... 94
SYMBICORT... 170	tadalafil (antihypertensive)... 170	taron-c dha... 112
SYMBYAX... 41	tadalafil... 120	taron-prex prenatal-dha... 112
SYMDEKO... 170	TAFINLAR... 56	TASIGNA... 57
SYMFI LO... 70	TAGRISSO... 56	TASMAR... 61
SYMFI... 70	TAKHZYRO... 145	TAVALISSE... 158
SYMJEPI... 170	TALTZ AUTOINJECTOR (2 PACK)... 105	TAXOTERE... 57
SYMLINPEN 120... 77	TALTZ AUTOINJECTOR (3 PACK)... 105	TAYTULLA... 135
SYMLINPEN 60... 77	TALTZ AUTOINJECTOR... 105	tazarotene... 105
SYMPAZAN... 37	TALTZ SYRINGE (2 PACK)... 105	tazicef... 31
SYMPROIC... 116	TALTZ SYRINGE (3 PACK)... 105	TAZORAC... 105
SYMTUZA... 70	TALTZ SYRINGE... 105	taztia xt... 94
SYNAGIS... 145	TALWIN... 18	tdvax... 145
SYNALAR... 125	TALZENNA... 56	TECENTRIQ... 57
SYNAREL... 139	TAMIFLU... 70	TECFIDERA... 101
SYNDROS... 43	tamoxifen... 56	TECHLITE INSULIN SYR HALF UNIT... 158
		TECHLITE INSULIN SYRINGE... 158

TECHLITE PEN NEEDLE... 158	TESSALON PERLES... 174	tiagabine... 37
TECHNIVIE... 70	TESTIM... 135	TIAZAC... 95
TEFLARO... 31	testosterone cypionate... 136	TIBSOVO... 57
TEGRETOL XR... 37	testosterone enanthate... 136	TIGAN... 43, 44
TEGRETOL... 37	testosterone... 135	tigecycline... 31
TEGSEDI... 158	TESTRED... 136	TIGLUTIK... 101
TEKTURNA HCT... 94	tetanus,diphtheria tox ped(pf)... 145	TIKOSYN... 95
TEKTURNA... 94	tetrabenazine... 101	TILIA FE... 136
telmisartan... 94	tetracycline... 31	timolol maleate... 95, 164
telmisartan-amlodipine... 95	TEXACORT... 125	TIMOPTIC OCUDOSE (PF)... 164
telmisartan-hydrochlorothiazid... 95	THALOMID... 57	TIMOPTIC... 164
temazepam... 173	THAM... 112	TIMOPTIC-XE... 164
TEMODAR... 57	THEO-24... 171	TINDAMAX... 31
TEMOVATE... 125	theophylline in dextrose 5 %... 171	tinidazole... 31
temsirolimus... 57	theophylline... 171	TIROSINT... 137
tencon... 18	thiamine hcl (vitamin b1)... 176	TIROSINT-SOL... 138
teniposide... 57	THINPRO INSULIN SYRINGE... 158	TIVICAY... 70
TENIVAC (PF)... 145	THIOLA EC... 120	TIVORBEX... 18
tenofovir disoproxil fumarate... 70	THIOLA... 120	tizanidine... 65
TENORETIC 100... 95	thioridazine... 65	tl g-fol os... 176
TENORETIC 50... 95	thiotepa... 57	TOBI PODHALER... 171
TENORMIN... 95	thiothixene... 65	TOBI... 31
TERAZOL 7... 46	THYMOGLOBULIN... 145	TOBRADEX ST... 164
terazosin... 95	THYROLAR-1... 137	TOBRADEX... 164
terbinafine hcl... 46	THYROLAR-1/2... 137	tobramycin in 0.225 % nacl... 31
terbutaline... 170	THYROLAR-1/4... 137	tobramycin sulfate... 31
terconazole... 46	THYROLAR-2... 137	tobramycin with nebulizer... 31
TERUMO INSULIN SYRINGE... 158	THYROLAR-3... 137	tobramycin... 31

tobramycin-dexamethasone... 165	TRADJENTA... 78	TREZIX... 18
TOBEX... 31	tramadol... 18	tri femynor... 136
TOFRANIL... 41	tramadol-acetaminophen... 18	tri-estarylla... 136
TOLAK... 105	trandolapril... 95	tri-legest fe... 136
tolazamide... 78	trandolapril-verapamil... 95	tri-lynyah... 136
tolbutamide... 78	tranexamic acid... 82	tri-lo-estarylla... 136
tolcapone... 61	TRANSDERM-SCOP... 44	tri-lo-marzia... 136
tolmetin... 18	TRANXENE T-TAB... 72	tri-lo-mili... 136
TOLSURA... 46	tranylcypromine... 41	tri-lo-sprintec... 136
tolterodine... 120	TRAVASOL 10 %... 112	tri-mili... 136
TOPAMAX... 37	TRAVATAN Z... 165	TRI-NORINYL (28)... 136
TOPCARE CLICKFINE... 158	travoprost (benzalkonium)... 165	tri-previfem (28)... 136
TOPCARE ULTRA COMFORT... 159	trazodone... 41	tri-sprintec (28)... 136
TOPICORT... 125	TREANDA... 57	tri-vylibra lo... 136
topiramate... 37	TRECTOR... 49	tri-vylibra... 136
toposar... 57	TRELEGY ELLIPTA... 171	triamcinolone acetonide... 101, 125, 126
topotecan... 57	TRELSTAR... 139	triamterene... 95
TOPROL XL... 95	TREMFYA... 105	triamterene-hydrochlorothiazid... 95
toremifene... 57	treprostinil sodium... 171	trianex... 126
TORISEL... 57	TRESIBA FLEXTOUCH U-100... 78	triazolam... 72
toremide... 95	TRESIBA FLEXTOUCH U-200... 78	TRIBENZOR... 95
TOTECT... 57	TRESIBA U-100 INSULIN... 78	TRICARE PRENATAL DHA ONE(DSS)... 112
TOUJEO MAX U-300 SOLOSTAR... 78	TRETIN-X... 105	TRICARE... 112
TOUJEO SOLOSTAR U-300 INSULIN... 78	tretinoin (chemotherapy)... 57	TRICOR... 95
TOVIAZ... 120	tretinoin microspheres... 105	triderm... 126
TPN ELECTROLYTES... 112	tretinoin... 105	TRIDESILON... 126
TRACLEER... 171	TREXALL... 145	
	TREXIMET... 48	

trientine... 112	trosipium... 120	TYLENOL-CODEINE #4... 18
trifluoperazine... 65	TRUE COMFORT ALCOHOL PADS... 159	TYMLOS... 148
trifluridine... 70	TRUE COMFORT INSULIN SYRINGE... 159	TYPHIM VI... 145
TRIGLIDE... 95	TRUE COMFORT PEN NEEDLE... 159	TYSABRI... 101
trihexyphenidyl... 62	TRUEPLUS INSULIN... 159	TYVASO INSTITUTIONAL START KIT... 171
triklo... 95	TRUEPLUS PEN NEEDLE... 159	TYVASO REFILL KIT... 171
TRILEPTAL... 37	TRULANCE... 116	TYVASO STARTER KIT... 171
TRILIPIX... 95	TRULICITY... 78	TYVASO... 171
trilyte with flavor packets... 116	TRUMENBA... 145	<b>U</b>
trimethobenzamide... 44	TRUSOPT... 165	UCERIS... 147
trimethoprim... 31	TRUVADA... 70	UDENYCA... 82
trimipramine... 41	TUDORZA PRESSAIR... 171	ULORIC... 47
trinatal rx 1... 112	tulana... 136	ULTICARE INSULIN SYR HALF UNIT... 159
TRINESSA (28)... 136	TURALIO... 57	ULTICARE INSULIN SYRINGE... 159
TRINESSA LO... 136	TUSNEL PEDIATRIC... 174	ULTICARE PEN NEEDLE... 159
TRINTELLIX... 41	TUSSICAPS... 174	ULTICARE... 159
TRIOSTAT... 138	tussigon... 174	ULTILET ALCOHOL SWAB... 159
TRIPTODUR... 139	TUSSIONEX PENNKINETIC ER... 174	ULTILET INSULIN SYRINGE... 160
TRISENOX... 57	TUZISTRA XR... 175	ULTILET PEN NEEDLE... 160
TRISTART DHA... 112	TWINRIX (PF)... 145	ultimatecare one nf... 112
TRIUMEQ... 70	TWYNSTA... 95	ultimatecare one... 112
triveen-duo dha... 112	TYBOST... 70	ULTRA CMFT INS SYR HALF UNIT... 160
trivora (28)... 136	tydemy... 136	ULTRA COMFORT INSULIN SYRINGE... 160
TRIZIVIR... 70	TYGACIL... 31	ULTRA FLO PEN NEEDLE... 160
TROGARZO... 70	TYKERB... 57	ULTRA THIN PEN NEEDLE... 160
TROKENDI XR... 37	TYLENOL-CODEINE #3... 18	
TROPHAMINE 10 %... 112		
TROPHAMINE 6%... 112		

		<b>V</b>		
ULTRA-THIN II (SHORT) INS SYR...	160	V-GO 20... 161	VANOS... 126	
ULTRA-THIN II (SHORT) PEN ND...	160	V-GO 30... 161	VAPRISOL IN 5 % DEXTROSE... 113	
ULTRA-THIN II INS PEN NEEDLES...	160	V-GO 40... 161	VAQTA (PF)... 145	
ULTRA-THIN II INSULIN SYRINGE...	160	VABOMERE... 32	vardenafil... 177	
ULTRACARE INSULIN SYRINGE... 161		VAGIFEM... 136	VARIVAX (PF)... 145	
ULTRACARE PEN NEEDLE... 161		valacyclovir... 70	VARIZIG... 145	
ULTRACET... 18		VALCHLOR... 57	VARUBI... 44	
ULTRAM... 18		VALCYTE... 70	VASCEPA... 95	
ULTRAVATE... 126		valganciclovir... 70	VASERETIC... 96	
UNASYN... 31		VALIUM... 72	VASOTEC... 96	
UNIFINE PENTIPS PLUS... 161		valproate sodium... 37	VAZCULEP... 96	
UNIFINE PENTIPS... 161		valproic acid (as sodium salt)... 37	vecamyl... 96	
UNITHROID... 138		valproic acid... 37	VECTIBIX... 57	
UNITUXIN... 57		valrubicin... 57	VECTICAL... 105	
UPTRAVI... 171		valsartan... 95	VELCADE... 57	
URECHOLINE... 120		valsartan-hydrochlorothiazide... 95	VELETRI... 171	
UROCIT-K 10... 112		VALSTAR... 57	velivet triphasic regimen (28)... 136	
UROCIT-K 15... 112		VALTRESX... 70	VELPHORO... 113	
UROCIT-K 5... 112		vanatol lq... 18	VELTASSA... 113	
UROXATRAL... 120		vanatol s... 18	VEMLIDY... 70	
URSO FORTE... 116		VANCOCIN... 32	VENCLEXTA STARTING PACK... 58	
URSO 250... 116		vancomycin in dextrose 5 %... 32	VENCLEXTA... 57	
ursodiol... 116		vancomycin in 0.9 % sodium chl... 32	venlafaxine... 41, 42	
UTIBRON NEOHALER... 171		vancomycin... 32	VENTAVIS... 171	
UVADEX... 105		VANDAZOLE... 32	VENTOLIN HFA... 171	
		VANISHPOINT SYRINGE... 161	verapamil... 96	
			VEREGEN... 105	
			VERELAN PM... 96	

VERELAN... 96	VIIBRYD... 42	VITAFOL-ONE... 113
VERIFINE PEN NEEDLE... 161	VIMOVO... 18	VITAMED MD ONE RX... 113
VERIPRED 20... 126	VIMPAT... 37, 38	vitamin d2... 176
VERSACLOZ... 65	VINATE DHA RF... 113	vitamin k... 176
VERZENIO... 58	vinblastine... 58	vitamin k1... 176
VESICARE... 120	vincasar pfs... 58	VITRAKVI... 58
vestura (28)... 136	vincristine... 58	VITUZ... 175
VFEND IV... 46	vinorelbine... 58	vivacaine... 20
VFEND... 46	VIOKACE... 118	VIVELLE-DOT... 136
VIAGRA... 175	viorele (28)... 136	VIVITROL... 21
VIBATIV... 32	VIRACEPT... 71	VIVLODEX... 18
VIBERZI... 116	VIRAMUNE XR... 71	VIZIMPRO... 58
VIBRAMYCIN... 32	VIRAMUNE... 71	VOGELXO... 136
vicodin es... 18	VIRAZOLE... 71	VOLTAREN... 18
vicodin hp... 18	VIREAD... 71	VOLTAREN-XR... 18
vicodin... 18	virt-c dha... 113	voriconazole... 46, 47
VICTOZA 2-PAK... 78	virt-nate dha... 113	VOSEVI... 71
VICTOZA 3-PAK... 78	virt-pn dha... 176	VOTRIENT... 58
VIDAZA... 82	virt-select... 113	vp-ch-pnv... 113
VIDEX EC... 70	VISTARIL... 171	vp-ggr-b6... 176
VIDEX 2 GRAM PEDIATRIC... 70	VISTOGARD... 161	VP-PNV-DHA... 113
VIDEX 4 GRAM PEDIATRIC... 70	VITAFOL FE+ (WITH DOCUSATE)... 113	VPRIV... 118
VIEKIRA PAK... 71	VITAFOL GUMMIES... 113	VRAYLAR... 65
VIEKIRA XR... 71	VITAFOL NANO... 113	VUSION... 47
vienva... 136	VITAFOL ULTRA... 113	vyfemla (28)... 136
vigabatrin... 37	VITAFOL-OB... 113	vylibra... 136
vigadrone... 37	VITAFOL-OB+DHA... 113	VYNDAMAX... 96
VIGAMOX... 32		VYTORIN 10-10... 96

VYTORIN 10-20... 96  
VYTORIN 10-40... 96  
VYTORIN 10-80... 96  
VYVANSE... 101  
VYXEOS... 58  
VYZULTA... 165

**W**

warfarin... 82  
water for irrigation, sterile... 161  
WEBCOL... 161  
WELCHOL... 96  
WELLBUTRIN SR... 42  
WELLBUTRIN XL... 42  
wera (28)... 137  
WINRHO SDF... 145  
wixela inhub... 171  
wymzya fe... 137

**X**

XADAGO... 62  
XALATAN... 165  
XALKORI... 58  
XANAX XR... 73  
XANAX... 72, 73  
XARELTO... 82  
XATMEP... 145  
XELJANZ XR... 145  
XELJANZ... 145  
XELPROS... 165

XENAZINE... 101  
XENICAL... 161  
XEPI... 32  
XERAVA... 32  
XERESE... 71  
XERMELO... 116  
XGEVA... 148  
XHANCE... 171  
XIFAXAN... 116, 117  
XIGDUO XR... 78  
XIIDRA... 165  
XIMINO... 32  
XODOL 10/300... 18  
XODOL 5/300... 18  
XODOL 7.5/300... 18  
XOFLUZA... 71  
XOLAIR... 145, 146  
XOPENEX CONCENTRATE... 172  
XOPENEX HFA... 172  
XOPENEX... 172  
XOSPATA... 58  
XPOVIO... 58  
XTAMPZA ER... 18  
XTANDI... 58  
xulane... 137  
XULTOPHY 100/3.6... 78  
XURIDEN... 161  
XYOSTED... 137

XYREM... 173

**Y**

YASMIN (28)... 137  
YAZ (28)... 137  
YERVOY... 58  
YF-VAX (PF)... 146  
YONDELIS... 58  
YONSA... 58  
YOSPRALA... 82  
YUPELRI... 172  
yuvaferm... 137

**Z**

zafirlukast... 172  
zaleplon... 173  
ZALTRAP... 58  
ZAMICET... 18  
ZANAFLEX... 65  
ZANOSAR... 58  
ZANTAC... 117  
zarah... 137  
ZARONTIN... 38  
ZARXIO... 82  
zatean-pn dha... 176  
ZAVESCA... 118  
ZEBUTAL... 18  
ZEGERID... 117  
ZEJULA... 58  
ZELAPAR... 62

ZELBORAF... 58	zingiber... 176	ZOMIG ZMT... 48
ZELNORM... 117	ZINPLAVA... 32	ZOMIG... 48
ZEMAIRA... 119	ZIOPTAN (PF)... 165	ZONACORT... 126
ZEMBRACE SYMTOUCH... 48	ziprasidone hcl... 65	ZONALON... 105
ZEMDRI... 32	ZIPSOR... 19	ZONEGRAN... 38
ZEMPLAR... 148	ZIRGAN... 71	zonisamide... 38
zenatane... 105	ZITHROMAX TRI-PAK... 32	ZONTIVITY... 82
zenchent (28)... 137	ZITHROMAX Z-PAK... 32	ZORBTIVE... 127
zenchent fe... 137	ZITHROMAX... 32	ZORTRESS... 146
ZENPEP... 119	ZMAX... 32	ZORVOLEX... 19
zenzedi... 101	ZOCOR... 96	ZOSTAVAX (PF)... 146
ZEPATIER... 71	ZODEX... 126	ZOSYN IN DEXTROSE (ISO-OSM)... 33
ZERBAXA... 32	ZOFRAN ODT... 44	ZOSYN... 33
ZERIT... 71	ZOFRAN... 44	zovia 1/35e (28)... 137
ZESTORETIC... 96	ZOHYDRO ER... 19	zovia 1/50e (28)... 137
ZESTRIL... 96	ZOLADEX... 139	ZOVIRAX... 71
ZETIA... 96	zoledronic ac-mannitol-0.9nacl... 148	ZTLIDO... 20
ZETONNA... 172	zoledronic acid... 148	ZUBSOLV... 21
ZIAC... 96	zoledronic acid-mannitol-water... 148	ZULRESSO... 42
ZIAGEN... 71	ZOLINZA... 58	zumandimine (28)... 137
ZIANA... 105	zolmitriptan... 48	ZUPLENZ... 44
zidovudine... 71	ZOLOFT... 42	ZURAMPIC... 47
zileuton... 172	zolpidem... 173	ZUTRIPRO... 175
ZILRETTA... 126	ZOLPIMIST... 173	ZYBAN... 21
ZINACEF IN STERILE WATER... 32	ZOMACTON... 127	ZYCLARA... 105
ZINACEF... 32	ZOMETA... 148	ZYDELIG... 58
ZINBRYTA... 101		ZYFLO CR... 172
ZINECARD (AS HCL)... 58		ZYFLO... 172



ZYKADIA... 58  
ZYLET... 165  
ZYLOPRIM... 47  
ZYMAXID... 33  
ZYPITAMAG... 96  
ZYPREXA RELPREV... 65  
ZYPREXA ZYDIS... 65  
ZYPREXA... 65  
ZYTIGA... 58  
ZYVOX... 33  
1ST TIER UNIFINE PENTIPS PLUS...  
149  
1ST TIER UNIFINE PENTIPS... 148

## Important!

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-800-783-4599** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

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

### Auxiliary aids and services, free of charge, are available to you.

1-800-783-4599 (TTY: 711)

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

### Language assistance services, free of charge, are available to you.

1-800-783-4599 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك





GRP11PDG2080020C\_v

This formulary was updated on 09/19/2019. For more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit [Humana.com](https://www.humana.com).



[Humana.com](https://www.humana.com)