

2018

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 09/26/2017. 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.

Humana[®]

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, 2018. 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.

Can the formulary change?

Generally, if you take a drug that was covered at the beginning of the year, that coverage will not be discontinued or reduced during the 2018 coverage year. However, a formulary may be changed when, for example, a new, more cost effective generic drug or new information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose your plan, except for cases in which you can save additional money or we can ensure your safety.

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

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

We'll notify you by mail at least 60 days before one of these changes happens or we will provide a 60-day refill of the affected medicine with notice of the change.

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

The enclosed formulary is current as of January 1, 2018. We'll update the printed formularies each month and they'll be available on Humana.com.

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

If you're thinking about enrolling in a Humana Medicare Employer Plan and need help or information, call the Group Medicare Customer Care number listed in your enrollment materials. If you're a current member, call the number listed in your Annual Notice of Change (ANOC) or Evidence of Coverage (EOC), or call the number on the back of your Humana member identification card Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. 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.

How do I use the formulary?

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

Medical condition

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

Alphabetical listing

If you're not sure about your drug's group, you should look for your drug in the Index that begins on page 172. 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. Specialty drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, the Humana Medicare Employer Plan requires 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** 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** 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 not made 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 up to a 30-day supply of your 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 up to a 31-day supply, plus refills for a maximum of a 91-98 day supply of your current drug therapy (unless you have a prescription written for fewer days). We'll cover more than one refill of these drugs for the first 90 days you're a member of our plan. We'll cover a 31-day emergency supply of your drug (unless you have a prescription for fewer days) while you 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 31-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. The Humana Medicare Employer Plan will review 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. 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**. The Drug List Search tool lets you search for your drug by name or drug type.

If you're thinking about enrolling in a Humana Medicare Employer Plan and need help or information, call the Group Medicare Customer Care number listed in your enrollment materials. Current members should call the number listed in your Annual Notice of Change (ANOC) or Evidence of Coverage (EOC), or call the number on the back of your membership card Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. 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.

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

Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about 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 172.

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 164.

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:

DL - Dispensing Limit; Drugs that may be limited to a 30 day supply

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

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

The third column shows the Utilization Management Requirements for the drug. The Humana Medicare Employer Plan may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your 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
ANTI-INFECTIVE AGENTS		
abacavir 300 mg tablet MO	1	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg DL	4	QL (30 per 30 days)
abacavir-lamivudine-zidov tab DL	4	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION DL	4	B vs D
acyclovir 200 mg capsule MO	1	
acyclovir 200 mg/5 ml susp MO	1	
acyclovir 400 mg, 800 mg tablet MO	1	
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial MO	1	B vs D
adefovir dipivoxil 10 mg tab DL	4	
ADOXA 150 MG CAPSULE MO	1	PA,QL (30 per 30 days)
ALBENZA 200 MG TABLET DL	4	
ALINIA 100 MG/5 ML ORAL SUSPENSION MO	3	QL (150 per 30 days)
ALINIA 500 MG TABLET MO	3	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION DL	4	B vs D
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial MO	1	
amoxicillin 125 mg, 250 mg tab chew MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp MO	1	
amoxicillin 250 mg, 500 mg capsule MO	1	
amoxicillin 500 mg, 875 mg tablet MO	1	
amox-clav 200-28.5 mg, 400-57 mg tab chew MO	1	
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 MO	1	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet MO	1	
amox-clav er 1,000-62.5 mg tab MO	1	
amphotericin b 50 mg vial MO	1	B vs D
ampicillin 125 mg/5 ml, 250 mg/5 ml susp MO	1	
ampicillin 250 mg, 500 mg capsule MO	1	
ampicillin 1 gm a-v vial; ampicillin 1 gm vial; ampicillin 1 gram, 1 gram, 10 gram, 125 mg, 2 gram, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm a-v vial; ampicillin 2 gm vial MO	1	
ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial MO	1	
ANCOBON 250 MG, 500 MG CAPSULE DL	4	
APTIVUS 100 MG/ML ORAL SOLUTION DL	4	QL (285 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
APTIVUS 250 MG CAPSULE DL	4	QL (120 per 30 days)
atovaquone 750 mg/5 ml susp DL	4	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 MO	1	
ATRIPLA 600 MG-200 MG-300 MG TABLET DL	4	QL (30 per 30 days)
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION; AUGMENTIN 250 MG-62.5 MG/5 ML ORAL SUSPENSION MO	3	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET MO	3	PA
AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSPENSION MO	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE MO	3	
AVELOX 400 MG TABLET MO	3	PA
AVELOX ABC PACK 400 MG TAB MO	3	PA
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE(ISO-OSM) INTRAVENOUS PIGGYBACK MO	3	PA
avidoxy 100 mg tablet MO	1	
AVYCAZ 2.5 GRAM INTRAVENOUS SOLUTION DL	4	
AZACTAM 1 GRAM, 2 GRAM SOLUTION FOR INJECTION MO	3	PA
AZACTAM 1 GRAM/50 ML, 2 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK MO	3	
azithromycin 1 gm pwd packet MO	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml susp MO	1	
azithromycin 250 mg, 500 mg tablet MO	1	
azithromycin 600 mg tablet MO	1	QL (16 per 60 days)
azithromycin i.v. 500 mg vial MO	1	
aztreonam 1 gm vial MO	1	
aztreonam 2 gm vial DL	4	
AZULFIDINE 500 MG TABLET MO	3	
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE MO	3	
baciim 50,000 unit intramuscular solution MO	1	
bacitracin 50,000 unit vial MO	1	
BACTRIM 400 MG-80 MG TABLET MO	3	
BACTRIM DS 800 MG-160 MG TABLET MO	3	
BARACLUDE 0.05 MG/ML ORAL SOLUTION DL	4	QL (630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET DL	4	PA,QL (30 per 30 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (224 per 28 days)
BIAXIN 250 MG, 500 MG TABLET MO	3	
BIAXIN 250 MG/5 ML SUSPENSION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE MO	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE MO	3	
BILTRICIDE 600 MG TABLET MO	3	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION DL	4	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	3	
caspofungin acetate 50 mg, 70 mg vial DL	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (84 per 28 days)
CEDAX 180 MG/5 ML ORAL SUSPENSION MO	3	
CEDAX 400 MG CAPSULE MO	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 MO	1	
cefaclor 250 mg, 500 mg capsule MO	1	
cefaclor er 500 mg tablet MO	1	
cefadroxil 1 gm tablet MO	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp MO	1	
cefadroxil 500 mg capsule MO	1	
cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 1 gram, 10 gram, 20 gram, 500 mg vial; cefazolin 10 gm vial; cefazolin 20 gm bulk vial MO	1	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose MO	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp MO	1	
cefdinir 300 mg capsule MO	1	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial MO	1	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml MO	1	
cefepime 1 gm injection; cefepime 2 gm injection MO	3	
cefixime 100 mg/5 ml, 200 mg/5 ml susp MO	1	
CEFOTAN 1 GRAM, 2 GRAM SOLUTION FOR INJECTION MO	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 MO	1	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial MO	1	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag MO	1	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial MO	1	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag MO	1	
cefpodoxime 100 mg, 200 mg tablet MO	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp MO	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp 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
cefprozil 250 mg, 500 mg tablet MO	1	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial MO	1	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback MO	1	
ceftibuten 180 mg/5 ml susp MO	1	
ceftibuten 400 mg capsule MO	1	
CEFTIN 125 MG/5 ML, 250 MG/5 ML ORAL SUSPENSION MO	3	
CEFTIN 250 MG, 500 MG TABLET MO	3	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 1 gram, 10 gram, 100 gram, 2 gram, 2 gram, 250 mg, 500 mg bulk bag; ceftriaxone 1 gram, 1 gram, 10 gram, 100 gram, 2 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial MO	1	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag MO	1	
cefuroxime axetil 250 mg, 500 mg tab MO	1	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial MO	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp MO	1	
cephalexin 250 mg, 500 mg tablet MO	1	
cephalexin 250 mg, 500 mg, 750 mg capsule MO	1	
chloramphen na succ 1 gm vi MO	1	
chloroquine ph 250 mg, 500 mg tablet MO	1	
cidofovir 375 mg/5 ml vial MO	1	
CIPRO 250 MG, 500 MG TABLET MO	3	
CIPRO 250 MG/5 ML, 500 MG/5 ML ORAL SUSPENSION MO	3	
CIPRO 400 MG/200 ML IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK MO	3	
CIPRO XR 1,000 MG, 500 MG TABLET,EXTENDED RELEASE MO	3	PA
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml susp MO	1	
ciprofloxacin er 1,000 mg, 500 mg tab; ciprofloxacin er 1,000 mg, 500 mg tablet MO	1	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab MO	1	
ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml MO	1	
ciprofloxacin 200 mg/20 ml, 400 mg/40 ml vi MO	1	
CLAFORAN 1 GRAM, 1 GRAM, 10 GRAM, 2 GRAM, 2 GRAM INTRAVENOUS SOLUTION; CLAFORAN 1 GRAM, 1 GRAM, 10 GRAM, 2 GRAM, 2 GRAM SOLUTION FOR INJECTION MO	3	
CLAFORAN-DEXTROSE 1 GM/50 ML; CLAFORAN-DEXTROSE 2 GM/50 ML MO	3	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus MO	1	
clarithromycin 250 mg, 500 mg tablet MO	1	
clarithromycin er 500 mg tab MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 MO	3	
cleocin 300 mg/2 ml intravenous solution MO	1	
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE MO	3	
CLEOCIN 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK MO	3	
CLEOCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION MO	1	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule MO	1	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns MO	1	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml MO	1	
clindamycin 75 mg/5 ml soln MO	1	
clindamycin pediatric 75 mg/5 ml oral solution MO	1	
clindamycin 150 mg/ml, 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml addvan;	1	
clindamycin ph 900 mg/6 ml vl MO		
COARTEM 20 MG-120 MG TABLET MO	3	QL (24 per 30 days)
colistimethate 150 mg vial MO	1	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION MO	3	
COMBIVIR 150 MG-300 MG TABLET DL	4	QL (60 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET DL	4	QL (30 per 30 days)
COPEGUS 200 MG TABLET DL	4	QL (168 per 28 days)
CRESEMBA 186 MG CAPSULE DL	4	PA
CRESEMBA 372 MG INTRAVENOUS SOLUTION DL	4	PA
CRIXIVAN 200 MG CAPSULE MO	3	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE MO	3	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION DL	4	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION DL	4	
cycloserine 250 mg capsule MO	1	
CYTOVENE 500 MG INTRAVENOUS SOLUTION MO	3	B vs D
DAKLINZA 30 MG, 60 MG, 90 MG TABLET DL	4	PA,QL (28 per 28 days)
DALVANCE 500 MG INTRAVENOUS SOLUTION DL	4	QL (4 per 28 days)
dapsone 100 mg, 25 mg tablet MO	1	
daptomycin 500 mg vial DL	4	
DARAPRIM 25 MG TABLET DL	4	
DAXBIA 333 MG CAPSULE MO	1	
demeclocycline 150 mg, 300 mg tablet MO	1	
DESCOVY 200 MG-25 MG TABLET DL	4	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dicloxacillin 250 mg, 500 mg capsule MO	1	
didanosine dr 125 mg capsule MO	1	QL (90 per 30 days)
didanosine dr 200 mg capsule MO	1	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule MO	1	QL (30 per 30 days)
DIFICID 200 MG TABLET DL	4	ST,QL (20 per 10 days)
DIFLUCAN 10 MG/ML, 40 MG/ML ORAL SUSPENSION MO	3	
DIFLUCAN 100 MG, 150 MG, 200 MG, 50 MG TABLET MO	3	
DORIBAX 250 MG, 500 MG INTRAVENOUS SOLUTION MO	3	
doripenem 250 mg, 500 mg vial MO	1	
DORYX 200 MG TABLET,DELAYED RELEASE MO	3	QL (30 per 30 days)
DORYX 50 MG TABLET,DELAYED RELEASE MO	3	QL (60 per 30 days)
DORYX MPC 120 MG TABLET, DELAYED RELEASE MO	3	QL (60 per 30 days)
doxy-100 100 mg intravenous solution MO	1	
doxycycline hyc 100 mg vial MO	1	
doxycycline hyc dr 100 mg tab MO	1	QL (90 per 30 days)
doxycycline hyc dr 150 mg, 50 mg, 75 mg tab MO	1	QL (60 per 30 days)
doxycycline hyc dr 200 mg tab MO	1	QL (30 per 30 days)
doxycycline hyclate 100 mg tab MO	1	
doxycycline hyclate 100 mg, 50 mg cap MO	1	
doxycycline hyclate 150 mg tab MO	1	PA,QL (30 per 30 days)
doxycycline hyclate 75 mg tab MO	1	PA,QL (60 per 30 days)
doxycycline 25 mg/5 ml susp MO	1	
doxycycline ir-dr 40 mg cap MO	1	PA,QL (30 per 30 days)
doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet MO	1	
doxycycline mono 100 mg, 50 mg, 75 mg cap; doxycycline mono 100 mg, 50 mg, 75 mg capsule MO	1	QL (60 per 30 days)
doxycycline mono 150 mg cap MO	1	QL (30 per 30 days)
E.E.S. 400 MG TABLET MO	1	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION MO	3	
EDURANT 25 MG TABLET DL	4	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION MO	3	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE MO	3	QL (30 per 30 days)
emverm 100 mg chewable tablet DL	4	
entecavir 0.5 mg, 1 mg tablet DL	4	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET DL	4	PA,QL (28 per 28 days)
EPIVIR 10 MG/ML ORAL SOLUTION MO	3	
EPIVIR 150 MG TABLET MO	3	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPIVIR 300 MG TABLET MO	3	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET MO	3	QL (90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION MO	3	
EPZICOM 600 MG-300 MG TABLET DL	4	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG, 50 MG INTRAVENOUS SOLUTION MO	3	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE MO	1	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION MO	3	
ERYPED 400 400 MG/5 ML ORAL SUSPENSION MO	3	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET MO	1	
erythromycin 250 mg, 500 mg filmtab MO	1	
erythromycin ec 250 mg cap MO	1	
erythromycin 200 mg/5 ml gran MO	1	
erythromycin es 400 mg tab MO	1	
ethambutol hcl 100 mg, 400 mg tablet MO	1	
EVOTAZ 300 MG-150 MG TABLET DL	4	QL (30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg tablet MO	1	QL (90 per 30 days)
FAMVIR 125 MG, 250 MG, 500 MG TABLET MO	3	PA,QL (90 per 30 days)
FLAGYL 250 MG, 500 MG TABLET MO	3	
FLAGYL 375 MG CAPSULE MO	3	
fluconazole 10 mg/ml, 40 mg/ml susp MO	1	
fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet MO	1	
fluconazole-dext 200 mg/100 ml, 400 mg/200 ml MO	1	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml MO	1	
flucytosine 250 mg, 500 mg capsule DL	4	
FLUMADINE 100 MG TABLET MO	3	
FORTAZ 1 GRAM, 1 GRAM, 2 GRAM, 2 GRAM, 500 MG, 6 GRAM INTRAVENOUS SOLUTION; FORTAZ 1 GRAM, 1 GRAM, 2 GRAM, 2 GRAM, 500 MG, 6 GRAM SOLUTION FOR INJECTION MO	3	
FORTAZ 1 GRAM/50 ML, 2 GRAM/50 ML IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK MO	3	
foscarnet 24 mg/ml infus bttl MO	1	B vs D
FOSCAVIR 24 MG/ML INTRAVENOUS SOLUTION MO	3	B vs D
FURADANTIN 25 MG/5 ML ORAL SUSPENSION MO	3	QL (2400 per 30 days)
FUZEON 90 MG SUBCUTANEOUS SOLUTION DL	4	QL (60 per 30 days)
ganciclovir 500 mg vial MO	1	B vs D
gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial 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
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 MO	1	
gentamicin ped 20 mg/2 ml vial MO	1	
gentamicin 10 mg/ml vial MO	1	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET DL	4	QL (30 per 30 days)
GRIFULVIN V 500 MG TABLET MO	1	
GRIS-PEG (ULTRAMICROSIZE) 125 MG, 250 MG TABLET MO	3	
griseofulvin 125 mg/5 ml susp MO	1	
griseofulvin micro 500 mg tab MO	1	
griseofulvin ultra 125 mg, 250 mg tab MO	1	
HARVONI 90 MG-400 MG TABLET DL	4	PA,QL (28 per 28 days)
HEPSERA 10 MG TABLET DL	4	
HIPREX 1 GRAM TABLET MO	3	PA
hydroxychloroquine 200 mg tab MO	1	
imipenem-cilastatin 250 mg, 500 mg vl MO	1	
IMPAVIDO 50 MG CAPSULE DL	4	QL (84 per 28 days)
INTELENCE 100 MG TABLET DL	4	QL (120 per 30 days)
INTELENCE 200 MG TABLET DL	4	QL (60 per 30 days)
INTELENCE 25 MG TABLET MO	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 DL	4	PA
INVANZ 1 GRAM, 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM, 1 GRAM SOLUTION FOR INJECTION MO	3	
INVIRASE 200 MG CAPSULE DL	4	QL (300 per 30 days)
INVIRASE 500 MG TABLET DL	4	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	4	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET MO	2	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	3	QL (180 per 30 days)
ISENTRESS 400 MG TABLET DL	4	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	4	QL (60 per 30 days)
isoniazid 100 mg, 300 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial MO	1	
itraconazole 100 mg capsule MO	1	QL (120 per 30 days)
ivermectin 3 mg tablet MO	1	
KALETRA 100 MG-25 MG TABLET MO	3	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET DL	4	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION DL	4	
KEFLEX 250 MG, 500 MG, 750 MG CAPSULE MO	3	
KETEK 300 MG, 400 MG TABLET MO	3	
ketoconazole 200 mg tablet MO	1	
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (280 per 28 days)
LAMISIL 125 MG, 187.5 MG GRANULES PACK; LAMISIL 125 MG, 187.5 MG GRANULES PACKET MO	3	QL (30 per 30 days)
LAMISIL 250 MG TABLET DL	4	PA,QL (90 per 365 days)
lamivudine 10 mg/ml oral soln MO	1	
lamivudine 150 mg tablet MO	1	QL (60 per 30 days)
lamivudine 300 mg tablet MO	1	QL (30 per 30 days)
lamivudine hbv 100 mg tablet MO	1	QL (90 per 30 days)
lamivudine-zidovudine tablet MO	1	QL (60 per 30 days)
LEVAQUIN 25 MG/ML SOLUTION MO	3	
LEVAQUIN 250 MG, 500 MG, 750 MG TABLET MO	3	
LEVAQUIN-D5W 500 MG/100 ML, 750 MG/150 ML BAG MO	3	
levofloxacin 25 mg/ml solution; levofloxacin 500 mg/20 ml vial MO	1	
levofloxacin 250 mg, 500 mg, 750 mg tablet MO	1	
levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w MO	1	
LEXIVA 50 MG/ML ORAL SUSPENSION MO	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET DL	4	QL (120 per 30 days)
LINCOCIN 300 MG/ML INJECTION SOLUTION MO	3	
lincomycin hcl 600 mg/2 ml vl MO	1	
linezolid 100 mg/5 ml susp DL	4	QL (1800 per 30 days)
linezolid 600 mg tablet MO	1	QL (30 per 30 days)
linezolid 600 mg/300 ml iv sol MO	1	
linezolid-0.9% nacl 600 mg/300 MO	1	
lopinavir-ritonavir 80-20mg/ml DL	4	
MACROBID 100 MG CAPSULE MO	3	QL (90 per 365 days)
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE MO	3	QL (90 per 365 days)
MALARONE 250 MG-100 MG TABLET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET MO	3	PA
MAVYRET 100 MG-40 MG TABLET DL	4	PA,QL (84 per 28 days)
MAXIPIME 1 GRAM, 2 GRAM INTRAVENOUS SOLUTION MO	3	
MAXIPIME 1 GRAM, 2 GRAM SOLUTION FOR INJECTION MO	3	PA
mefloquine hcl 250 mg tablet MO	1	
MEPRON 750 MG/5 ML ORAL SUSPENSION DL	4	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial MO	1	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 MO	1	
MERREM 1 GRAM, 500 MG INTRAVENOUS SOLUTION MO	3	
methenamine hipp 1 gm tablet MO	1	
METRO I.V. 500 MG/100 ML INTRAVENOUS PIGGYBACK MO	3	
metronidazole 250 mg, 500 mg tablet MO	1	
metronidazole 375 mg capsule MO	1	
metronidazole 500 mg/100 ml MO	1	
MINOCIN 100 MG INTRAVENOUS SOLUTION MO	3	PA
MINOCIN 100 MG, 50 MG CAPSULE MO	3	PA
MINOCIN KIT 100 MG, 50 MG COMBO MO	3	PA,QL (1 per 30 days)
minocycline 100 mg, 50 mg, 75 mg capsule MO	1	
minocycline er 135 mg, 45 mg, 90 mg tablet MO	1	QL (30 per 30 days)
minocycline hcl 100 mg, 50 mg, 75 mg tablet MO	1	
moderiba 200 mg tablet DL	4	QL (168 per 28 days)
moderiba dose pack 200 mg (7)-400 mg (7) tablets DL	4	QL (112 per 28 days)
moderiba dose pack 400 mg (7)-400 mg (7) tablets DL	4	QL (84 per 28 days)
moderiba dose pack 600 mg (7)-400 mg (7) tablets DL	4	QL (112 per 30 days)
moderiba dose pack 600 mg (7)-600 mg (7) tablets DL	4	QL (56 per 28 days)
monodoxine nl 100 mg, 50 mg, 75 mg capsule MO	1	QL (60 per 30 days)
MONUROL 3 GRAM ORAL PACKET MO	3	
morgidox 100 mg capsule MO	1	
morgidox 50 mg capsule MO	3	
moxifloxacin hcl 400 mg tablet MO	1	
moxifloxacin 400 mg/250 ml bag MO	1	
MYAMBUTOL 400 MG TABLET MO	3	
MYCAMEINE 100 MG, 50 MG INTRAVENOUS SOLUTION DL	4	
MYCOBUTIN 150 MG CAPSULE MO	3	
nafcillin 1 gm add-van vial; nafcillin 2 gm add-vant vial MO	4	
nafcillin 1 gm vial 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
nafcillin 10 gm vial; nafcillin 2 gm vial DL	4	
nafcillin 1 gm/ 50 ml inj MO	1	
nafcillin 2 gm/ 100 ml inj MO	4	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	3	B vs D
neomycin 500 mg tablet MO	1	
nevirapine 200 mg tablet MO	1	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp MO	1	QL (1200 per 30 days)
nevirapine er 100 mg tablet MO	1	QL (120 per 30 days)
nevirapine er 400 mg tablet MO	1	QL (30 per 30 days)
nitrofurantoin 25 mg/5 ml susp MO	1	QL (2400 per 30 days)
nitrofurantoin mcr 100 mg, 25 mg, 50 mg cap MO	1	QL (90 per 365 days)
nitrofurantoin mono-mcr 100 mg MO	1	QL (90 per 365 days)
NORVIR 100 MG CAPSULE MO	3	QL (360 per 30 days)
NORVIR 100 MG TABLET MO	3	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION MO	3	QL (480 per 30 days)
NOXAFL 100 MG TABLET,DELAYED RELEASE DL	4	PA,QL (93 per 30 days)
NOXAFL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION DL	4	PA,QL (840 per 28 days)
NOXAFL 300 MG/16.7 ML INTRAVENOUS SOLUTION DL	4	PA
nystatin 100,000 unit/ml susp MO	1	
nystatin 500,000 unit oral tab MO	1	
ODEFSEY 200 MG-25 MG-25 MG TABLET DL	4	QL (30 per 30 days)
ofloxacin 300 mg, 400 mg tablet MO	1	
OLYSIO 150 MG CAPSULE DL	4	PA,QL (28 per 28 days)
ONMEL 200 MG TABLET DL	4	QL (28 per 28 days)
ORACEA 40 MG CAPSULE,IMMEDIATE - DELAY RELEASE MO	3	PA,QL (30 per 30 days)
ORBACTIV 400 MG INTRAVENOUS SOLUTION DL	4	QL (3 per 28 days)
oseltamivir phos 30 mg capsule MO	1	QL (112 per 365 days)
oseltamivir phos 45 mg, 75 mg capsule MO	1	QL (56 per 365 days)
oxacillin 1 gm add-vantage vl; oxacillin 1 gm vial; oxacillin 10 gm vial; oxacillin 2 gm add-vantage vl; oxacillin 2 gm vial MO	1	
oxacillin 1 gm/ 50 ml inj MO	1	
oxacillin 2 gm/ 50 ml inj MO	4	
paromomycin 250 mg capsule MO	1	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET MO	1	
PCE 333 MG, 500 MG PARTICLES IN TABLET MO	3	
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEGASYS PROCLICK 135 MCG/0.5 ML, 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (2 per 28 days)
PEGINTRON 120 MCG KIT; PEGINTRON 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT; PEGINTRON 150 MCG KIT; PEGINTRON 80 MCG KIT DL	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG 4PK; PEGINTRON REDIPEN 150 MCG; PEGINTRON REDIPEN 50 MCG; PEGINTRON REDIPEN 80 MCG DL	4	PA,QL (4 per 28 days)
<i>pen g k 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml MO</i>	3	
<i>penicillin g k 20 million unit, 5 million unit; penicillin gk 20 million unit, 5 million unit MO</i>	1	
<i>pen g 1.2 million unit/2 ml, 600,000 unit/ml; penicillin g 600,000 unit/1 ml MO</i>	1	
<i>penicillin g na 5 million unit MO</i>	1	
<i>penicillin vk 125 mg/5 ml, 250 mg/5 ml soln MO</i>	1	
<i>penicillin vk 250 mg, 500 mg tablet MO</i>	1	
PENTAM 300 MG SOLUTION FOR INJECTION MO	3	
<i>pfizerpen-g 20 million unit, 5 million unit solution for injection MO</i>	1	
<i>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 MO</i>	1	
PLAQUENIL 200 MG TABLET MO	3	PA
<i>polymyxin b sulfate vial MO</i>	1	
PREZCOBIX 800 MG-150 MG TABLET DL	4	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION DL	4	QL (360 per 30 days)
PREZISTA 150 MG TABLET MO	3	QL (240 per 30 days)
PREZISTA 600 MG TABLET DL	4	QL (60 per 30 days)
PREZISTA 75 MG TABLET DL	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET DL	4	QL (30 per 30 days)
PRIFTIN 150 MG TABLET MO	3	
<i>primaquine 26.3 mg tablet MO</i>	1	
PRIMAXIN 250 MG, 500 MG INTRAVENOUS SOLUTION; PRIMAXIN 250 MG, 500 MG VIAL MO	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION MO	1	
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	3	QL (144 per 30 days)
<i>pyrazinamide 500 mg tablet MO</i>	1	
QUALAQUIN 324 MG CAPSULE MO	3	PA,QL (42 per 7 days)
<i>quinine sulfate 324 mg capsule MO</i>	3	PA,QL (42 per 7 days)
REBETOL 200 MG CAPSULE DL	4	QL (168 per 28 days)
REBETOL 40 MG/ML ORAL SOLUTION MO	3	QL (1000 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
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET MO	3	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET MO	3	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION MO	3	
RETROVIR 10 MG/ML SYRUP MO	3	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE MO	3	QL (180 per 30 days)
REYATAZ 150 MG, 200 MG CAPSULE DL	4	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE DL	4	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET MO	3	
<i>ribasphere 200 mg capsule</i> MO	1	QL (168 per 28 days)
<i>ribasphere 200 mg tablet</i> MO	1	QL (168 per 28 days)
<i>ribasphere 400 mg tablet</i> MO	1	QL (112 per 30 days)
<i>ribasphere 600 mg tablet</i> MO	1	
RIBASPHERE RIBAPAK 200 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 200 MG (7)-400 MG (7) TABLETS IN A DOSE PACK MO	1	QL (112 per 28 days)
RIBASPHERE RIBAPAK 400 MG (28)-400 MG (28) TABLETS IN A DOSE PACK MO	1	
RIBASPHERE RIBAPAK 400 MG (7)-400 MG (7) TABLETS IN A DOSE PACK MO	1	QL (84 per 28 days)
RIBASPHERE RIBAPAK 600 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-400 MG (7) TABLETS IN A DOSE PACK MO	1	QL (112 per 30 days)
RIBASPHERE RIBAPAK 600 MG (28)-600 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-600 MG (7) TABLETS IN A DOSE PACK MO	1	QL (56 per 28 days)
RIBATAB 400-400 MG DOSEPACK MO	1	
RIBATAB 400-600 MG DOSEPACK MO	1	QL (112 per 30 days)
RIBATAB 600-600 MG DOSEPACK MO	1	QL (56 per 28 days)
<i>ribavirin 200 mg capsule</i> MO	1	QL (168 per 28 days)
<i>ribavirin 200 mg tablet</i> MO	1	QL (168 per 28 days)
<i>ribavirin 6 gm inhalation vial</i> DL	4	B vs D
<i>rifabutin 150 mg capsule</i> MO	1	
RIFADIN 150 MG, 300 MG CAPSULE MO	3	
RIFADIN 600 MG INTRAVENOUS SOLUTION MO	3	
RIFAMATE 300 MG-150 MG CAPSULE MO	1	
<i>rifampin 150 mg, 300 mg capsule</i> MO	1	
<i>rifampin iv 600 mg vial</i> MO	1	
RIFATER 50 MG-120 MG-300 MG TABLET MO	3	
<i>rimantadine hcl 100 mg tablet</i> MO	1	
SELZENTRY 150 MG TABLET DL	4	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
SELZENTRY 20 MG/ML ORAL SOLUTION DL	4	QL (920 per 30 days)
SELZENTRY 25 MG TABLET MO	3	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET DL	4	QL (120 per 30 days)
SIRTURO 100 MG TABLET DL	4	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION DL	4	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET DL	4	PA,QL (30 per 30 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (28 per 28 days)
SOVALDI 400 MG TABLET DL	4	QL (150 per 30 days)
SPORANOX 10 MG/ML ORAL SOLUTION DL	4	PA,QL (120 per 30 days)
SPORANOX 100 MG CAPSULE DL	3	PA,QL (120 per 30 days)
stavudine 1 mg/ml solution MO	1	QL (2400 per 30 days)
stavudine 15 mg, 20 mg capsule MO	1	QL (120 per 30 days)
stavudine 30 mg, 40 mg capsule MO	1	QL (60 per 30 days)
streptomycin sulf 1 gm vial MO	1	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET DL	4	QL (30 per 30 days)
STROMECTOL 3 MG TABLET MO	3	
sulfadiazine 500 mg tablet MO	1	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet MO	1	
sulfamethoxazole-tmp inj vial MO	1	
sulfamethoxazole-tmp susp MO	1	
sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab MO	1	
SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION MO	3	
SUPRAX 100 MG, 200 MG CHEWABLE TABLET MO	3	
SUPRAX 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML ORAL SUSPENSION MO	3	
SUPRAX 400 MG CAPSULE MO	3	
SUSTIVA 200 MG CAPSULE MO	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE MO	3	QL (480 per 30 days)
SUSTIVA 600 MG TABLET DL	4	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT DL	4	PA,QL (4 per 28 days)
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION DL	4	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION DL	4	
TAMIFLU 30 MG CAPSULE MO	3	PA,QL (112 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE MO	3	PA,QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION MO	3	QL (720 per 365 days)
TARGADOX 50 MG TABLET MO	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
tazicef 1 gram, 1 gram, 2 gram, 2 gram, 6 gram intravenous solution; tazicef 1 gram, 1 gram, 2 gram, 2 gram, 6 gram solution for injection MO	1	
TECHNIVIE 12.5 MG-75 MG-50 MG TABLET DL	4	PA,QL (56 per 28 days)
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION MO	3	
terbinafine hcl 250 mg tablet MO	1	QL (90 per 365 days)
tetracycline 250 mg, 500 mg capsule MO	1	
tigecycline 50 mg vial DL	4	
TINDAMAX 250 MG, 500 MG TABLET MO	3	
tinidazole 250 mg, 500 mg tablet MO	1	
TIVICAY 10 MG TABLET MO	3	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	4	QL (60 per 30 days)
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (280 per 28 days)
TOBI PODHALER 28 MG, 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, 28 MG CAPSULES FOR INHALATION DL	4	PA,QL (224 per 28 days)
tobramycin 300 mg/5 ml ampule DL	4	PA,QL (280 per 28 days)
tobramycin 1.2 gm vial DL	4	
tobramycin 10 mg/ml, 40 mg/ml vial MO	1	
tobramycin pak 300 mg/5 ml DL	4	PA,QL (280 per 28 days)
TRECATOR 250 MG TABLET MO	3	
trimethoprim 100 mg tablet MO	1	
TRIUMEQ 600 MG-50 MG-300 MG TABLET DL	4	QL (30 per 30 days)
TRIZIVIR 300 MG-150 MG-300 MG TABLET DL	4	QL (60 per 30 days)
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET DL	4	QL (30 per 30 days)
TYGACIL 50 MG INTRAVENOUS SOLUTION DL	4	
TYZEKA 600 MG TABLET DL	4	QL (30 per 30 days)
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM SOLUTION FOR INJECTION MO	3	
valacyclovir hcl 1 gram, 500 mg tablet MO	1	QL (90 per 30 days)
VALCYTE 450 MG TABLET DL	4	PA,QL (120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION DL	4	QL (1056 per 30 days)
valganciclovir 450 mg tablet DL	4	QL (120 per 30 days)
valganciclovir hcl 50 mg/ml DL	4	QL (1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET MO	3	PA,QL (90 per 30 days)
VANCOCIN 125 MG CAPSULE DL	4	PA,QL (60 per 30 days)
VANCOCIN 250 MG CAPSULE DL	4	PA,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
vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial MO	1	
vancomycin hcl 125 mg capsule DL	4	QL (60 per 30 days)
vancomycin hcl 250 mg capsule DL	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 MO	3	
vancomycin 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml bag; vancomycin hcl 1g/200 ml bag; vancomycin-d5w 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml MO	3	
VEMLIDY 25 MG TABLET DL	4	QL (30 per 30 days)
VFEND 200 MG, 50 MG TABLET DL	4	PA,QL (120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION DL	4	PA,QL (400 per 30 days)
VFEND IV 200 MG INTRAVENOUS SOLUTION MO	3	
VIBATIV 750 MG INTRAVENOUS SOLUTION MO	3	
VIBRAMYCIN 100 MG CAPSULE MO	3	
VIBRAMYCIN 25 MG/5 ML ORAL SUSPENSION MO	3	
VIBRAMYCIN 50 MG/5 ML SYRUP MO	3	
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	3	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	3	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE,DELAYED RELEASE MO	3	QL (90 per 30 days)
VIDEX EC 200 MG CAPSULE,DELAYED RELEASE MO	3	QL (60 per 30 days)
VIDEX EC 250 MG, 400 MG CAPSULE,DELAYED RELEASE MO	3	QL (30 per 30 days)
VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK DL	4	PA,QL (112 per 28 days)
VIEKIRA XR 8.33 MG-50 MG-33.33 MG-200 MG TABLET, EXTENDED RELEASE DL	4	PA,QL (84 per 28 days)
VIRACEPT 250 MG TABLET DL	4	QL (300 per 30 days)
VIRACEPT 625 MG TABLET DL	4	QL (120 per 30 days)
VIRAMUNE 200 MG TABLET MO	3	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION MO	3	QL (1200 per 30 days)
VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION DL	4	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET DL	4	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER DL	4	QL (240 per 30 days)
VISTIDE 75 MG/ML VIAL DL	4	
VITEKTA 150 MG, 85 MG TABLET DL	4	QL (30 per 30 days)
voriconazole 200 mg vial DL	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
voriconazole 200 mg, 50 mg tablet DL	4	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp DL	4	PA,QL (400 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET DL	4	PA,QL (28 per 28 days)
XIFAXAN 200 MG TABLET DL	4	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET DL	4	PA,QL (84 per 28 days)
ZEPATIER 50 MG-100 MG TABLET DL	4	PA,QL (28 per 28 days)
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION DL	4	
ZERIT 1 MG/ML ORAL SOLUTION MO	3	QL (2400 per 30 days)
ZERIT 15 MG, 20 MG CAPSULE MO	3	QL (120 per 30 days)
ZERIT 30 MG, 40 MG CAPSULE MO	3	QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION MO	3	QL (960 per 30 days)
ZIAGEN 300 MG TABLET MO	3	QL (60 per 30 days)
zidovudine 100 mg capsule MO	1	QL (180 per 30 days)
zidovudine 300 mg tablet MO	1	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup MO	1	QL (1680 per 28 days)
ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG, 750 MG INTRAVENOUS SOLUTION; ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG, 750 MG SOLUTION FOR INJECTION MO	3	
ZINACEF IN STERILE WATER 1.5 GRAM/50 ML INTRAVENOUS PIGGYBACK MO	3	
ZITHROMAX 1 GRAM ORAL PACKET MO	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION MO	3	
ZITHROMAX 250 MG, 500 MG TABLET MO	3	
ZITHROMAX 500 MG INTRAVENOUS SOLUTION MO	3	
ZITHROMAX 600 MG TABLET MO	3	QL (16 per 60 days)
ZITHROMAX TRI-PAK 500 MG TABLET MO	3	
ZITHROMAX Z-PAK 250 MG TABLET MO	3	
ZMAX 2 GRAM/60 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ZOSYN 2.25 GRAM, 3.375 GRAM, 4.5 GRAM, 40.5 GRAM INTRAVENOUS SOLUTION MO	3	
ZOSYN 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK MO	3	
ZOVIRAX 200 MG CAPSULE MO	3	PA
ZOVIRAX 200 MG/5 ML ORAL SUSPENSION MO	3	PA
ZOVIRAX 400 MG, 800 MG TABLET MO	3	PA
ZYVOX 100 MG/5 ML ORAL SUSPENSION DL	4	PA,QL (1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML INTRAVENOUS SOLUTION DL	4	
ZYVOX 600 MG TABLET DL	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
ANTIHISTAMINE DRUGS		
arbinox 4 mg tablet MO	1	PA
arbinox 4 mg/5 ml liquid MO	1	PA
carbinoxamine 4 mg/5 ml liquid MO	1	PA
carbinoxamine maleate 4 mg tab MO	1	PA
cetirizine hcl 1 mg/ml soln MO	1	QL (300 per 30 days)
CLARINEX 2.5 MG/5 ML (0.5 MG/ML) SYRUP MO	3	ST,QL (300 per 30 days)
CLARINEX 5 MG TABLET MO	3	PA,QL (30 per 30 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
clemastine fum 2.68 mg tab MO	1	
cyproheptadine 2 mg/5 ml syrup MO	1	
cyproheptadine 4 mg tablet MO	1	
desloratadine 2.5 mg, 5 mg odt MO	1	ST,QL (30 per 30 days)
desloratadine 5 mg tablet MO	1	QL (30 per 30 days)
diphenhydramine 12.5 mg/5 ml MO	1	
diphenhydramine 50 mg/ml syrng MO	1	
diphenhydramine 50 mg/ml vial MO	1	
KARBINAL ER 4 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	PA
levocetirizine 2.5 mg/5 ml sol MO	1	QL (300 per 30 days)
levocetirizine 5 mg tablet MO	1	QL (30 per 30 days)
phenadoxz 12.5 mg, 25 mg rectal suppository MO	1	PA
PHENERGAN 12.5 MG, 25 MG, 50 MG RECTAL SUPPOSITORY MO	1	PA
PHENERGAN 25 MG/ML, 50 MG/ML INJECTION SOLUTION MO	3	PA
promethazine 12.5 mg, 25 mg, 50 mg suppos; promethazine 12.5 mg, 25 mg, 50 mg suppository MO	1	PA
promethazine 12.5 mg, 25 mg, 50 mg tablet MO	1	PA
promethazine 25 mg/ml, 50 mg/ml vial MO	1	PA
promethazine 6.25 mg/5 ml syrup MO	1	PA
promethazine vc 6.25 mg-5 mg/5 ml syrup MO	1	PA
promethazine-phenylephrine syr MO	1	PA
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository MO	1	PA
RYVENT 6 MG TABLET MO	1	QL (120 per 30 days)
SEMPREX-D 8 MG-60 MG CAPSULE MO	3	
XYZAL 2.5 MG/5 ML ORAL SOLUTION MO	3	QL (300 per 30 days)
XYZAL 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION DL	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
adriamycin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution MO	1	B vs D
adrucil 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml intravenous solution MO	1	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	4	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION DL	4	PA
ALECensa 150 MG CAPSULE DL	4	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION DL	4	PA
ALKERAN 2 MG TABLET MO	3	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION MO	3	B vs D
ALUNBRIG 30 MG TABLET DL	4	PA,QL (180 per 30 days)
anastrozole 1 mg tablet MO	1	QL (30 per 30 days)
ARIMIDEX 1 MG TABLET MO	3	PA,QL (30 per 30 days)
AROMASIN 25 MG TABLET DL	4	PA,QL (60 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION DL	4	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION DL	4	PA
azacitidine 100 mg vial DL	4	PA
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION DL	4	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION DL	4	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION DL	4	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION DL	4	PA
bexarotene 75 mg capsule DL	4	PA,QL (300 per 30 days)
bicalutamide 50 mg tablet MO	1	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION MO	3	B vs D
bleomycin sulfate 15 unit, 30 unit vial MO	1	B vs D
BOSULIF 100 MG TABLET DL	4	PA,QL (120 per 30 days)
BOSULIF 500 MG TABLET DL	4	PA,QL (30 per 30 days)
busulfan 60 mg/10 ml vial MO	1	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION MO	3	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	4	PA,QL (30 per 30 days)
CAMPTOSAR 100 MG/5 ML INTRAVENOUS SOLUTION MO	3	B vs D
CAMPTOSAR 300 MG/15 ML, 40 MG/2 ML INTRAVENOUS SOLUTION DL	4	B vs D
CAPRELSA 100 MG TABLET DL	4	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET DL	4	PA,QL (30 per 30 days)
carboplatin 50 mg/5 ml vial MO	1	B vs D
CASODEX 50 MG TABLET MO	3	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cisplatin 50 mg/50 ml vial MO	1	B vs D
cladribine 10 mg/10 ml vial DL	4	B vs D
clofarabine 20 mg/20 ml vial DL	4	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION DL	4	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES DL	4	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES DL	4	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES DL	4	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION DL	4	B vs D
COTELLIC 20 MG TABLET DL	4	PA,QL (63 per 28 days)
cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial MO	1	B vs D
cyclophosphamide 25 mg, 50 mg capsule MO	3	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (200 per 28 days)
cytarabine 20 mg/ml vial MO	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 MO	1	B vs D
dacarbazine 100 mg, 200 mg vial MO	1	B vs D
DACOGEN 50 MG INTRAVENOUS SOLUTION DL	4	PA
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (400 per 30 days)
daunorubicin 20 mg/4 ml vial MO	1	B vs D
DAUNOXOME 50 MG (2 MG/ML) VIAL MO	3	B vs D
decitabine 50 mg vial DL	4	PA
DEPOCYT 50 MG/5 ML VIAL DL	4	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION MO	3	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION DL	4	B vs D
docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/10 ml vial; docetaxel 200 mg/20 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial MO	3	B vs D
DOXIL 2 MG/ML INTRAVENOUS SUSPENSION DL	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 MO	1	B vs D
doxorubicin liposome 50mg/25ml DL	4	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	3	
ELLENCE 200 MG/100 ML, 50 MG/25 ML INTRAVENOUS SOLUTION DL	4	B vs D
ELOXATIN 100 MG/20 ML, 50 MG/10 ML (5 MG/ML) VIAL; ELOXATIN 50 MG/10 ML VIAL DL	4	B vs D
EMCYT 140 MG CAPSULE DL	4	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION DL	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
epirubicin 200 mg/100 ml, 50 mg/25 ml vial MO	1	B vs D
epirubicin hcl 200 mg, 50 mg vial MO	3	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION DL	4	PA
ERIVEDGE 150 MG CAPSULE DL	4	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION DL	4	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION MO	3	B vs D
etoposide 100 mg/5 ml vial MO	1	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION DL	4	PA
exemestane 25 mg tablet MO	1	QL (60 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE DL	4	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE DL	4	PA,QL (30 per 30 days)
FEMARA 2.5 MG TABLET DL	4	PA,QL (30 per 30 days)
flouxuridine 500 mg vial MO	1	B vs D
fludarabine 50 mg, 50 mg/2 ml vial MO	1	B vs D
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 vl; fluorouracil 2,500 mg/50 ml vl; fluorouracil 5,000 mg/100 ml MO	1	B vs D
flutamide 125 mg capsule MO	1	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION DL	4	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl MO	3	B vs D
gemcitabine hcl 1 gram, 2 gram, 200 mg vial MO	1	B vs D
GEMZAR 1 GRAM, 200 MG INTRAVENOUS SOLUTION DL	4	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL	4	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET DL	4	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET DL	4	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG, 5 MG CAPSULE MO	3	
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION DL	4	PA
HEXALEN 50 MG CAPSULE DL	4	
HYCAMTIN 4 MG INTRAVENOUS SOLUTION DL	4	B vs D
HYDREA 500 MG CAPSULE MO	3	
hydroxyurea 500 mg capsule MO	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	4	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET DL	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
ICLUSIG 45 MG TABLET DL	4	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION DL	4	B vs D
idarubicin hcl 20 mg/20 ml v'l DL	4	B vs D
IFEX 1 GRAM, 3 GRAM INTRAVENOUS SOLUTION MO	3	B vs D
ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial MO	1	B vs D
imatinib mesylate 100 mg tab DL	4	PA,QL (180 per 30 days)
imatinib mesylate 400 mg tab DL	4	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	4	PA,QL (120 per 30 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION DL	4	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION DL	4	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET DL	4	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET DL	4	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET DL	4	PA,QL (30 per 30 days)
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 v'l MO	1	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION DL	4	PA
IXEMTRA 15 MG, 45 MG INTRAVENOUS SOLUTION DL	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	4	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION DL	4	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION DL	4	PA
KEYTRUDA 100 MG/4 ML (25 MG/ML), 50 MG INTRAVENOUS SOLUTION DL	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	4	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	4	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	4	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	4	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	4	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	4	PA,QL (91 per 28 days)
KYPROLIS 30 MG, 60 MG INTRAVENOUS SOLUTION DL	4	PA
LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION DL	4	PA
LENVIMA 10 MG/DAY (10 MG X 1/DAY) CAPSULE DL	4	PA,QL (30 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL	4	PA,QL (60 per 30 days)
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 DL	4	PA,QL (90 per 30 days)
letrozole 2.5 mg tablet MO	1	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEUKERAN 2 MG TABLET DL	4	
lipodox 2 mg/ml intravenous suspension DL	4	PA
lipodox 50 2 mg/ml intravenous suspension DL	4	PA
LONSURF 15 MG-6.14 MG TABLET DL	4	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET DL	4	PA,QL (80 per 30 days)
LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT DL	4	PA,QL (1 per 30 days)
LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT DL	4	PA,QL (1 per 90 days)
LYNPARZA 100 MG, 150 MG TABLET DL	4	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE DL	4	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET MO	2	
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT DL	4	PA
MATULANE 50 MG CAPSULE DL	4	
MEKINIST 0.5 MG TABLET DL	4	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET DL	4	PA,QL (30 per 30 days)
melphalan 2 mg tablet MO	1	B vs D
melphalan 50 mg vial w-diluent MO	1	B vs D
mercaptopurine 50 mg tablet MO	1	
methotrexate 2.5 mg tablet MO	1	B vs D
methotrexate 50 mg/2 ml vial MO	1	
methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial MO	1	
mitomycin 20 mg, 40 mg, 5 mg vial MO	1	B vs D
mitoxantrone 25 mg/12.5 ml vial MO	1	B vs D
MUSTARGEN 10 MG SOLUTION FOR INJECTION MO	3	B vs D
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION DL	4	PA
NAVELBINE 10 MG/ML, 50 MG/5 ML INTRAVENOUS SOLUTION MO	3	B vs D
NERLYNX 40 MG TABLET DL	4	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET DL	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET DL	4	PA,QL (60 per 30 days)
nilutamide 150 mg tablet DL	4	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION DL	4	B vs D
ODOMZO 200 MG CAPSULE DL	4	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION DL	4	B vs D
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION DL	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
OPDIVO 100 MG/10 ML, 40 MG/4 ML INTRAVENOUS SOLUTION DL	4	PA,QL (80 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, 7.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR; OTREXUP 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, 7.5 MG/0.4 ML AUTO-INJ MO	3	PA,QL (1.6 per 28 days)
oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial MO	1	B vs D
paclitaxel 100 mg/16.7 ml vial MO	1	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION DL	4	PA,QL (100 per 21 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION DL	4	
PURIXAN 20 MG/ML ORAL SUSPENSION DL	4	QL (300 per 30 days)
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (0.6 per 28 days)
RASUVO 27.5 MG/0.55 ML AUTOINJ MO	3	PA,QL (2.2 per 28 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE DL	4	PA,QL (28 per 28 days)
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS DL	4	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (13.4 per 28 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	4	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE DL	4	PA,QL (224 per 28 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET DL	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET DL	4	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET DL	4	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	4	PA,QL (28 per 28 days)
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION DL	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
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET DL	4	
TAFINLAR 50 MG CAPSULE DL	4	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	4	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	4	PA,QL (30 per 30 days)
TARCEVA 100 MG, 150 MG TABLET DL	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET DL	4	PA,QL (90 per 30 days)
TARGETIN 75 MG CAPSULE DL	4	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG CAPSULE DL	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	4	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 21 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION DL	4	PA,QL (27 per 30 days)
<i>teniposide 50 mg/5 ml ampule</i> MO	1	B vs D
<i>thiotepa 15 mg vial</i> MO	1	B vs D
<i>toposar 20 mg/ml intravenous solution</i> MO	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> DL	4	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION DL	4	PA,QL (8 per 28 days)
TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML INTRAVENOUS POWDER FOR SOLUTION; TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML VIAL DL	4	PA
<i>tretinoin 10 mg capsule</i> DL	4	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	1	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION MO	3	B vs D
TYKERB 250 MG TABLET DL	4	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (40 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION DL	4	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION DL	4	PA
VENCLEXTA 10 MG TABLET MO	3	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET DL	4	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET MO	3	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK DL	4	PA,QL (42 per 28 days)
VIDAZA 100 MG SOLUTION FOR INJECTION DL	4	PA
<i>vinblastine 1 mg/ml vial</i> MO	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
vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution MO	1	B vs D
vincristine 1 mg/ml, 2 mg/2 ml vial MO	1	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial MO	1	B vs D
VOTRIENT 200 MG TABLET DL	4	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION DL	4	PA
XALKORI 200 MG, 250 MG CAPSULE DL	4	PA,QL (60 per 30 days)
XATMEP 2.5 MG/ML ORAL SOLUTION DL	4	PA,QL (120 per 28 days)
XTANDI 40 MG CAPSULE DL	4	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
YONDELIS 1 MG INTRAVENOUS SOLUTION DL	4	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION DL	4	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION MO	3	B vs D
ZEJULA 100 MG CAPSULE DL	4	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET DL	4	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE DL	4	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	4	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE DL	4	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET DL	4	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET DL	4	PA,QL (60 per 30 days)
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE MO	3	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	3	
BCG VACCINE (TICE STRAIN) VIAL MO	3	
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
BIVIGAM 10 % INTRAVENOUS SOLUTION DL	4	PA
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
carimune nf nanofiltered 12 gram, 6 gram intravenous solution DL	4	PA
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (1050 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
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	3	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	3	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	3	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	B vs D
FLEBOGAMMA DIF 10 % INTRAVENOUS SOLUTION DL	4	PA
<i>flebogamma dif 5 % intravenous solution</i> DL	4	PA
GAMASTAN S/D 15 %-18 % RANGE INTRAMUSCULAR SOLUTION DL	4	PA
<i>gammagard liquid 10 % injection solution</i> DL	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM INTRAVENOUS SOLUTION DL	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 DL	4	PA
GAMMAPLEX 10 % INTRAVENOUS SOLUTION DL	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % INTRAVENOUS SOLUTION DL	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 DL	4	PA
GARDASIL SYRINGE MO	3	QL (1.5 per 365 days)
GARDASIL VIAL MO	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION MO	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO	3	QL (1.5 per 365 days)
GRASTEK 2,800 BAU SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION DL	4	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE MO	3	
IMOGLAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	3	B vs D
IMOVOX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	2	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO	3	
IPOV 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION MO	3	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION MO	3	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION MO	3	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION MO	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO	3	
OCTAGAM 10 %, 5 % INTRAVENOUS SOLUTION DL	4	PA
ORALAIR 100 INDEX OF REACTIVITY SUBLINGUAL TABLET; ORALAIR 100 INDEX OF REACTIVITY(3)/300 IDX REACT.(6) SUBLINGUAL TABLET; ORALAIR 300 IR SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	3	
privigen 10 % intravenous solution DL	4	PA
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	3	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	2	B vs D
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	B vs D
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE DL	4	
ROTARIX 10EXP6 CCID50/ML SUSPENSION MO	3	
ROTAQUE VACCINE 2 ML ORAL SOLUTION MO	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
diphtheria-tetanus toxoids-ped MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tetanus diphtheria toxoids MO	3	
THERACYS 81 MG VIAL MO	3	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE MO	3	
TWINRIX VACCINE VIAL MO	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION MO	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	2	
VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION DL	4	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION DL	4	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML, 15,000 UNIT/13 ML, 2,500 UNIT/2.2 ML, 5,000 UNIT/4.4 ML INJECTION SOLUTION DL	4	B vs D
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	3	
ZINPLAVA 25 MG/ML INTRAVENOUS SOLUTION DL	4	PA
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION MO	2	QL (1 per 365 days)
AUTONOMIC DRUGS		
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) INJECTION SOLUTION MO	3	
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 MO	1	B vs D
albuterol sulf 2 mg/5 ml syrup MO	1	
albuterol sulfate 2 mg, 4 mg tab MO	1	
albuterol sulfate er 4 mg, 8 mg tab MO	1	
alfuzosin hcl er 10 mg tablet MO	1	QL (30 per 30 days)
AMRIX 15 MG, 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (21 per 30 days)
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (60 per 30 days)
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE MO	3	ST,QL (30 per 30 days)
ARICEPT 10 MG TABLET MO	3	PA,QL (60 per 30 days)
ARICEPT 23 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
atropine 0.05 mg/ml, 0.1 mg/ml syringe MO	1	PA
atropine 0.4 mg/ml, 1 mg/ml vial MO	1	PA
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MO	3	QL (25.8 per 30 days)
baclofen 10 mg, 20 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BENTYL 10 MG CAPSULE MO	3	PA
BENTYL 10 MG/ML INTRAMUSCULAR SOLUTION MO	3	PA
BENTYL 20 MG TABLET MO	1	PA
bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet MO	1	
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER MO	3	QL (10.7 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION MO	3	PA,QL (120 per 30 days)
CAFERGOT 1 MG-100 MG TABLET MO	1	
CANTIL 25 MG TABLET MO	3	
carisoprodol 250 mg tablet MO	1	PA,QL (120 per 30 days)
carisoprodol 350 mg tablet MO	1	PA
carisoprodol-aspirin-codein tb MO	1	PA,QL (360 per 30 days)
carisoprodol compound tab MO	1	PA
cevimeline hcl 30 mg capsule MO	1	
CHANTIX 0.5 MG, 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	3	QL (56 per 28 days)
chlorzoxazone 250 mg, 500 mg tablet MO	1	PA
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 20 days)
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION MO	3	
cyclobenzaprine 10 mg, 5 mg tablet MO	1	PA
cyclobenzaprine 7.5 mg tablet MO	1	PA,QL (90 per 30 days)
D.H.E.45 1 MG/ML INJECTION SOLUTION DL	4	
DANTRIUM 20 MG INTRAVENOUS SOLUTION MO	3	
DANTRIUM 25 MG, 50 MG CAPSULE MO	3	
dantrolene sodium 100 mg, 25 mg, 50 mg cap MO	1	
DIBENZYLINE 10 MG CAPSULE DL	4	
dicyclomine 10 mg capsule MO	1	
dicyclomine 10 mg/5 ml, 10 mg/ml soln; dicyclomine 20 mg/2 ml vial MO	1	
dicyclomine 20 mg tablet MO	1	
dihydroergotamine 1 mg/ml am MO	1	
dihydroergotamine 4 mg/ml spry DL	4	QL (8 per 30 days)
dobutamine 12.5 mg/ml vial MO	1	
dobutamine 1 gm-d5w 250 ml; dobutamine 250 mg-d5w 250 ml; dobutamine 500 mg-d5w 250 ml MO	1	
donepezil hcl 10 mg tablet MO	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
donepezil hcl 10 mg, 23 mg, 5 mg, 5 mg tablet; donepezil hcl odt 10 mg, 23 mg, 5 mg, 5 mg tablet MO	1	QL (30 per 30 days)
dopamine 160 mg/ml vial; dopamine 40 mg/ml vial; dopamine 80 mg/ml vial MO	1	
dopamine 200 mg-d5w 250 ml; dopamine 400 mg-d5w 250 ml; dopamine 400 mg-d5w 500 ml; dopamine 800 mg-d5w 250 ml; dopamine 800 mg-d5w 500 ml MO	1	
epinephrine 0.1 mg/ml syringe MO	1	
EPINEPHRINE 0.15 MG AUTO-INJCT MO	1	QL (4 per 30 days)
epinephrine 0.15 mg auto-inject; epinephrine 0.3 mg auto-inject MO	1	QL (4 per 30 days)
epinephrine 1 mg/ml ampul; epinephrine 1 mg/ml, 1 mg/ml (1 ml) vial MO	1	
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	2	QL (4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	2	QL (4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	2	QL (4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	2	QL (4 per 30 days)
ergoloid mesylates 1 mg tab MO	1	PA
ERGOMAR 2 MG SUBLINGUAL TABLET MO	1	
ergotamine-caffeine 1-100mg tb MO	1	
EVOXAC 30 MG CAPSULE MO	3	PA
EXELON 1.5 MG, 3 MG CAPSULE MO	3	PA,QL (90 per 30 days)
EXELON 4.5 MG, 6 MG CAPSULE MO	3	PA,QL (60 per 30 days)
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL MO	3	QL (30 per 30 days)
FEXMID 7.5 MG TABLET MO	1	PA,QL (90 per 30 days)
FLOMAX 0.4 MG CAPSULE MO	3	QL (60 per 30 days)
galantamine 4 mg/ml oral soln MO	1	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule MO	1	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet MO	1	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial MO	1	
glycopyrrolate 1 mg, 1.5 mg, 2 mg tablet MO	1	
guanidine hcl 125 mg tablet MO	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (30 per 30 days)
ipratropium br 0.02% soln MO	1	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml MO	1	B vs D
ISUPREL 0.2 MG/ML INJECTION SOLUTION MO	3	
levalbuterol 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml sol; levalbuterol conc 1.25 mg/0.5 MO	1	B vs D
levalbuterol tar hfa 45mcg inh MO	1	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
LEVOPHED 1 MG/ML INTRAVENOUS SOLUTION MO	3	
LIORESAL 2,000 MCG/ML INTRATHECAL SOLUTION DL	4	B vs D
LIORESAL 50 MCG/ML, 500 MCG/ML INTRATHECAL SOLUTION MO	3	B vs D
LORZONE 375 MG, 750 MG TABLET MO	1	PA,QL (120 per 30 days)
MESTINON 60 MG TABLET MO	3	PA
MESTINON 60 MG/5 ML SYRUP MO	3	
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE DL	4	
metaproterenol 10 mg, 20 mg tablet MO	1	
metaproterenol 10 mg/5 ml syr MO	1	
metaxall 800 mg tablet MO	1	PA,QL (120 per 30 days)
metaxalone 400 mg, 800 mg tablet MO	1	PA,QL (120 per 30 days)
methocarbamol 1,000 mg/10 ml MO	1	PA
methocarbamol 500 mg, 750 mg tablet MO	1	PA
methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb MO	1	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet MO	1	
migergot 2 mg-100 mg rectal suppository DL	4	PA,QL (20 per 28 days)
MIGRAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY DL	4	QL (8 per 30 days)
neostigmine 10 mg/10 ml vial; neostigmine 5 mg/10 ml vial MO	1	
NICOTROL 10 MG INHALATION CARTRIDGE MO	3	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	3	
norepinephrine 1 mg/ml vial MO	1	
NORTHERA 100 MG, 200 MG CAPSULE DL	4	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE DL	4	PA,QL (180 per 30 days)
orphenadrine 30 mg/ml vial MO	1	
orphenadrine er 100 mg tablet MO	1	
PARAFON FORTE DSC 500 MG TABLET MO	3	PA
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	3	PA,QL (120 per 30 days)
phenoxybenzamine hcl 10 mg cap DL	4	
phentolamine 5 mg vial MO	1	
phenylephrine 10 mg/ml vial MO	1	
pilocarpine hcl 5 mg, 7.5 mg tablet MO	1	
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (36 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED MO	3	ST,QL (2 per 30 days)
propantheline 15 mg tablet MO	1	PA
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (36 per 30 days)
pyridostigmine br 60 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pyridostigmine er 180 mg tab MO	1	
RAPAFLO 4 MG, 8 MG CAPSULE MO	2	QL (30 per 30 days)
RAZADYNE 12 MG, 4 MG, 8 MG TABLET MO	3	PA,QL (60 per 30 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION SOLUTION MO	3	
revonto 20 mg intravenous solution MO	1	
rivastigmine 1.5 mg, 3 mg capsule MO	1	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule MO	1	QL (60 per 30 days)
ROBAXIN 100 MG/ML INJECTION SOLUTION MO	3	PA
ROBAXIN 500 MG TABLET MO	3	PA
ROBAXIN-750 750 MG TABLET MO	3	PA
ROBINUL 0.2 MG/ML INJECTION SOLUTION MO	3	
ROBINUL 1 MG TABLET MO	3	
ROBINUL FORTE 2 MG TABLET MO	3	PA
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET MO	3	
scopolamine 0.4 mg/ml vial MO	1	
SEEBRI NEOHALER 15.6 MCG CAPSULE WITH INHALATION DEVICE MO	3	PA,QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
SKELAXIN 800 MG TABLET MO	3	PA,QL (120 per 30 days)
SOMA 250 MG TABLET MO	3	PA,QL (120 per 30 days)
SOMA 350 MG TABLET MO	3	PA
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MO	2	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 30 days)
tamsulosin hcl 0.4 mg capsule MO	1	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial DL	4	
terbutaline sulfate 2.5 mg, 5 mg tab MO	1	
tizanidine hcl 2 mg, 4 mg tablet MO	1	
tizanidine hcl 2 mg, 4 mg, 6 mg capsule MO	1	ST
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED MO	3	QL (1 per 30 days)
URECHOLINE 10 MG, 25 MG, 5 MG, 50 MG TABLET MO	1	PA
UROXATRAL 10 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
UTIBRON NEOHALER 27.5 MCG-15.6 MCG CAPSULE WITH INHALATION DEVICE 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
VAZCULEP 10 MG/ML INJECTION SOLUTION MO	3	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	2	QL (36 per 30 days)
VOSPIRE ER 4 MG, 8 MG TABLET MO	1	PA
XOPENEX 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML SOLUTION FOR NEBULIZATION MO	3	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION MO	3	B vs D
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (30 per 30 days)
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE MO	3	ST
ZANAFLEX 4 MG TABLET MO	3	PA
BLOOD FORMATION, COAGULATION, THROMBOSIS		
AGRYLIN 0.5 MG CAPSULE MO	3	PA
AMICAR 1,000 MG, 500 MG TABLET DL	4	
AMICAR 250 MG/ML (25 %) ORAL SOLUTION DL	4	
aminocaproic acid 5 g/20 ml vial MO	1	
anagrelide hcl 0.5 mg, 1 mg capsule MO	1	
ARANESP 10 MCG/0.4 ML, 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE MO	3	PA,QL (1.6 per 30 days)
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (2 per 30 days)
ARANESP 100 MCG/ML, 200 MCG/ML, 300 MCG/ML (IN POLYSORBATE) INJECTION DL	4	PA,QL (4 per 30 days)
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (1.2 per 30 days)
ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION DL	4	PA,QL (3 per 30 days)
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (1.6 per 30 days)
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE MO	3	PA,QL (1.68 per 30 days)
ARANESP 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (IN POLYSORBATE) INJECTION MO	3	PA,QL (4 per 30 days)
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (2.4 per 30 days)
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (4 per 30 days)
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE MO	3	PA,QL (1.2 per 30 days)
argatroban 250 mg/2.5 ml vial MO	1	
ARIIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (24 per 30 days)
ARIIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (15 per 30 days)
ARIIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (12 per 30 days)
ARIIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (18 per 30 days)
BEVYXXA 40 MG, 80 MG CAPSULE MO	3	PA,QL (41 per 41 days)
BRILINTA 60 MG, 90 MG TABLET MO	2	QL (60 per 30 days)
CEPROTIN (BLUE BAR) 500 UNIT INTRAVENOUS SOLUTION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CEPROTIN (GREEN BAR) 1,000 UNIT INTRAVENOUS SOLUTION MO	3	
cilostazol 100 mg, 50 mg tablet MO	1	
clopidogrel 300 mg tablet MO	1	
clopidogrel 75 mg tablet MO	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 MO	3	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	PA
DEFITELIO 80 MG/ML INTRAVENOUS SOLUTION DL	4	PA
EFFIENT 10 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	2	QL (60 per 30 days)
ELIQUIS 5 MG TABLET MO	2	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml syringe MO	1	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr MO	1	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr MO	1	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial MO	1	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr MO	1	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION MO	3	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION MO	3	PA,QL (28 per 30 days)
eptifibatide 200 mg/100 ml vial; eptifibatide 75 mg/100 ml vial MO	1	
fondaparinux 10 mg/0.8 ml syr DL	4	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr MO	1	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr DL	4	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr DL	4	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE DL	4	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE DL	4	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE DL	4	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE DL	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 MO	3	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION DL	4	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE DL	4	QL (9 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (7 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (11.2 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
heparin 40,000 units/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 vial MO	1	
heparin sod 5,000 unit/ml syr MO	1	
heparin sod 5,000 unit/ml syrg MO	1	
heparin 20,000 unit/500 ml-d5w; heparin-d5w 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml); heparin-d5w 25,000 unit/250 ml; heparin-d5w 25,000 unit/500 ml MO	1	
heparin-ns 1,000 unit/500 ml, 2,000 unit/1,000 ml; heparin-ns 1,000 units/500 ml MO	1	
heparin 25,000 unit/250-1/2 ns; heparin-1/2ns 12,500 units/250; heparin-1/2ns 25,000 units/500 MO	1	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml MO	1	
heparin sod 5,000 unit/0.5 ml MO	1	
INTEGRILIN 0.75 MG/ML, 2 MG/ML INTRAVENOUS SOLUTION MO	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MO	1	
KENGREAL 50 MG INTRAVENOUS SOLUTION DL	4	
LEUKINE 250 MCG SOLUTION FOR INJECTION DL	4	PA
LOVENOX 100 MG/ML, 150 MG/ML SUBCUTANEOUS SYRINGE MO	3	PA,QL (28 per 28 days)
LOVENOX 120 MG/0.8 ML, 80 MG/0.8 ML SUBCUTANEOUS SYRINGE MO	3	PA,QL (22.4 per 28 days)
LOVENOX 30 MG/0.3 ML, 60 MG/0.6 ML SUBCUTANEOUS SYRINGE MO	3	PA,QL (16.8 per 28 days)
LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION MO	3	PA,QL (84 per 28 days)
LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE MO	3	PA,QL (11.2 per 28 days)
LYSTEDA 650 MG TABLET MO	3	QL (30 per 5 days)
MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE DL	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 DL	4	PA,QL (0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML INJECTION SYRINGE DL	4	PA,QL (0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (9.6 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 DL	4	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE DL	4	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE DL	4	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION DL	4	PA,QL (22.4 per 30 days)
pentoxifylline er 400 mg tab MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PLAVIX 300 MG TABLET MO	3	PA
PLAVIX 75 MG TABLET MO	3	PA,QL (30 per 30 days)
PLETAL 100 MG, 50 MG TABLET MO	3	
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	3	QL (60 per 30 days)
prasugrel 10 mg, 5 mg tablet MO	1	QL (30 per 30 days)
PROCIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION MO	3	PA,QL (14 per 30 days)
PROCIT 20,000 UNIT/2 ML INJECTION SOLUTION MO	3	PA,QL (28 per 30 days)
PROCIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET DL	4	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET DL	4	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET DL	4	PA,QL (90 per 30 days)
protamine 250 mg/25 ml vial MO	1	
REOPRO 10 MG/5 ML INTRAVENOUS SOLUTION DL	4	
RIASTAP 1 GRAM (900 MG-1,300 MG) INTRAVENOUS SOLUTION MO	3	
SAVAYSA 15 MG, 30 MG, 60 MG TABLET MO	3	PA,QL (30 per 30 days)
TNKASE 50 MG INTRAVENOUS KIT DL	4	
tranexamic acid 1,000 mg/10 ml MO	1	PA
tranexamic acid 650 mg tablet MO	1	QL (30 per 5 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MO	1	
XARELTO 10 MG TABLET MO	2	QL (35 per 60 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK MO	2	QL (51 per 30 days)
XARELTO 15 MG TABLET MO	2	QL (60 per 30 days)
XARELTO 20 MG TABLET MO	2	QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE DL	4	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE DL	4	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET MO	3	PA,QL (30 per 30 days)
CARDIOVASCULAR DRUGS		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	3	
ACCURETIC 10 MG-12.5 MG TABLET; ACCURETIC 20 MG-12.5 MG TABLET; ACCURETIC 20 MG-25 MG TABLET MO	3	
acebutolol 200 mg, 400 mg capsule MO	1	
ACEON 4 MG, 8 MG TABLET MO	3	
ADALAT CC 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ADCIRCA 20 MG TABLET DL	4	PA,QL (60 per 30 days)
ADENOCARD 3 MG/ML INTRAVENOUS SYRINGE MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
adenosine 12 mg/4 ml syringe MO	1	
adenosine 12 mg/4 ml vial MO	1	
ADVICOR 1,000 MG-20 MG TABLET; ADVICOR 1,000 MG-40 MG TABLET; ADVICOR 500 MG-20 MG TABLET; ADVICOR 750 MG-20 MG TABLET MO	3	QL (60 per 30 days)
afeditab cr 30 mg, 60 mg tablet,extended release MO	1	QL (60 per 30 days)
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE MO	3	ST
ALDACTAZIDE 25 MG-25 MG TABLET; ALDACTAZIDE 50 MG-50 MG TABLET MO	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET MO	3	
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE MO	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
amiodarone 150 mg/3 ml syringe MO	1	
amiodarone 900 mg/18 ml vial MO	1	
amiodarone hcl 100 mg, 200 mg, 400 mg tablet MO	1	
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab MO	1	
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 MO	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 MO	1	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg MO	1	QL (30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg MO	1	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg MO	1	QL (30 per 30 days)
amlod-valsa-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-valsa-hctz 10-160-12.5mg MO	1	QL (30 per 30 days)
ANTARA 30 MG, 90 MG CAPSULE MO	3	QL (30 per 30 days)
aspirin-dipyridam er 25-200 mg MO	1	ST
ATACAND 16 MG, 4 MG, 8 MG TABLET MO	3	ST,QL (60 per 30 days)
ATACAND 32 MG TABLET MO	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 MO	3	ST,QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg tablet MO	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 MO	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet MO	1	QL (30 per 30 days)
AVALIDE 150 MG-12.5 MG TABLET; AVALIDE 300 MG-12.5 MG TABLET MO	3	PA,QL (30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET MO	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 MO	3	PA,QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet MO	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BENICAR 20 MG, 40 MG, 5 MG TABLET MO	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 MO	3	PA,QL (30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET MO	3	PA
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET MO	3	PA
<i>betaxolol 10 mg, 20 mg tablet</i> MO	1	
BIDIL 20 MG-37.5 MG TABLET MO	2	QL (180 per 30 days)
<i>bisoprolol fumarate 10 mg, 5 mg tab</i> MO	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> MO	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) INTRAVENOUS SOLUTION MO	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 MO	3	
BYSTOLIC 10 MG TABLET MO	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET MO	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET MO	2	QL (60 per 30 days)
BYVALSON 5 MG-80 MG TABLET MO	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 2.5 MG-10 MG TABLET; CADUET 2.5 MG-20 MG TABLET; CADUET 2.5 MG-40 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 MO	3	PA,QL (30 per 30 days)
CALAN 120 MG, 80 MG TABLET MO	3	
CALAN SR 120 MG, 180 MG, 240 MG TABLET,EXTENDED RELEASE MO	3	
<i>candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb</i> MO	1	QL (60 per 30 days)
<i>candesartan cilexetil 32 mg tb</i> MO	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> MO	1	QL (30 per 30 days)
<i>captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet</i> MO	1	
<i>captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet</i> MO	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET MO	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CARDIZEM CD 300 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CARDIZEM CD 360 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARDIZEM LA 180 MG, 240 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET MO	3	
CARDURA XL 4 MG, 8 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release MO	1	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release MO	1	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet MO	1	
CATAPRES 0.1 MG, 0.2 MG, 0.3 MG TABLET MO	3	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (4 per 28 days)
cholestyramine packet; cholestyramine powder MO	1	
cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet MO	1	
CIALIS 2.5 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
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 MO	1	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet MO	1	
clonidine hcl er 0.1 mg tablet MO	1	QL (120 per 30 days)
clorpres 0.1 mg-15 mg tablet; clorpres 0.2 mg-15 mg tablet; clorpres 0.3 mg-15 mg tablet MO	1	
COLESTID 1 GRAM TABLET MO	3	
COLESTID 5 GRAM ORAL GRANULES MO	3	
COLESTID 5 GRAM ORAL PACKET MO	3	
COLESTID FLAVORED 5 GRAM ORAL GRANULES MO	3	
COLESTID FLAVORED 7.5 GRAM PACKET MO	3	
colestipol hcl granules MO	1	
colestipol hcl granules packet MO	1	
colestipol micronized 1 gm tab MO	1	
CORDARONE 200 MG TABLET MO	3	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET MO	3	PA
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
CORGARD 20 MG TABLET MO	3	
CORGARD 40 MG, 80 MG TABLET MO	3	PA
CORLANOR 5 MG, 7.5 MG TABLET MO	3	PA,QL (60 per 30 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION MO	3	
CORVERT 0.1 MG/ML INTRAVENOUS SOLUTION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORZIDE 40 MG-5 MG TABLET; CORZIDE 80 MG-5 MG TABLET MO	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET MO	3	PA,QL (60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
digitek 125 mcg tablet MO	1	QL (30 per 30 days)
digitek 250 mcg tablet MO	1	PA,QL (30 per 30 days)
digox 125 mcg tablet MO	1	QL (30 per 30 days)
digox 250 mcg tablet MO	1	PA,QL (30 per 30 days)
digoxin 0.05 mg/ml solution; digoxin 500 mcg/2 ml ampule MO	1	PA
digoxin 125 mcg tablet MO	1	QL (30 per 30 days)
digoxin 250 mcg tablet MO	1	PA,QL (30 per 30 days)
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE MO	3	
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release MO	1	QL (60 per 30 days)
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet MO	1	
diltiazem 12hr er 120 mg, 60 mg, 90 mg cap MO	1	
diltiazem 24hr er 120 mg, 120 mg, 180 mg, 180 mg, 240 mg, 240 mg cap MO	1	QL (60 per 30 days)
diltiazem 24hr er 180 mg, 240 mg tab MO	1	QL (60 per 30 days)
diltiazem 24hr er 300 mg, 300 mg, 360 mg, 360 mg, 420 mg cap MO	1	QL (30 per 30 days)
diltiazem 24hr er 300 mg, 360 mg, 420 mg tab MO	1	QL (30 per 30 days)
diltiazem 25 mg/5 ml vial; diltiazem hcl 100 mg, 5 mg/ml vial MO	1	
diltiazem er 120 mg, 180 mg, 240 mg capsule MO	1	QL (60 per 30 days)
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET MO	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 MO	3	PA,QL (30 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg tablet MO	1	
disopyramide 100 mg, 150 mg capsule MO	1	
dofetilide 125 mcg capsule MO	1	QL (240 per 30 days)
dofetilide 250 mcg capsule MO	1	QL (120 per 30 days)
dofetilide 500 mcg capsule MO	1	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab MO	1	
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE; DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
EDARBI 40 MG, 80 MG TABLET MO	3	ST,QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET; EDARBYCLOR 40 MG-25 MG TABLET MO	3	ST,QL (30 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 MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet MO	1	
enalaprilat 1.25 mg/ml vial MO	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET MO	2	PA,QL (60 per 30 days)
EPANED 1 MG/ML, 1 MG/ML ORAL SOLUTION; EPANED 1 MG/ML, 1 MG/ML SOLUTION MO	3	
eplerenone 25 mg, 50 mg tablet MO	1	
eprosartan mesylate 600 mg tab MO	1	QL (60 per 30 days)
esmolol hcl 100 mg/10 ml vial MO	1	
EXFORGE 10 MG-160 MG TABLET; EXFORGE 10 MG-320 MG TABLET; EXFORGE 5 MG-160 MG TABLET; EXFORGE 5 MG-320 MG TABLET MO	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 MO	3	PA,QL (30 per 30 days)
ezetimibe 10 mg tablet MO	1	QL (30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg MO	1	PA,QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet MO	1	QL (30 per 30 days)
fenofibrate 120 mg, 160 mg tablet MO	1	QL (30 per 30 days)
fenofibrate 150 mg capsule MO	1	QL (30 per 30 days)
fenofibrate 40 mg, 54 mg tablet MO	1	QL (60 per 30 days)
fenofibrate 50 mg capsule MO	1	QL (60 per 30 days)
fenofibrate 130 mg, 43 mg capsule MO	1	ST,QL (30 per 30 days)
fenofibrate 134 mg, 200 mg capsule MO	1	QL (30 per 30 days)
fenofibrate 67 mg capsule MO	1	QL (60 per 30 days)
fenofibrate 145 mg tablet MO	1	QL (30 per 30 days)
fenofibrate 48 mg tablet MO	1	QL (60 per 30 days)
fenofibric acid 105 mg, 35 mg tablet MO	2	QL (30 per 30 days)
fenofibric acid dr 135 mg, 45 mg cap MO	1	QL (30 per 30 days)
FENOGLIDE 120 MG TABLET MO	3	QL (30 per 30 days)
FENOGLIDE 40 MG TABLET MO	3	QL (60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET MO	3	QL (30 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab MO	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION MO	3	ST,QL (150 per 30 days)
fluvastatin er 80 mg tablet MO	1	ST,QL (30 per 30 days)
fluvastatin sodium 20 mg, 40 mg cap MO	1	ST,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
fosinopril sodium 10 mg, 20 mg, 40 mg tab MO	1	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab MO	1	
gemfibrozil 600 mg tablet MO	1	QL (60 per 30 days)
GONITRO 400 MCG SUBLINGUAL POWDER IN A PACKET MO	3	
guanfacine 1 mg, 2 mg tablet MO	1	PA
HEMANGEOL 4.28 MG/ML ORAL SOLUTION MO	3	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet MO	1	
hydralazine 20 mg/ml vial MO	1	
HYZAAR 100 MG-12.5 MG TABLET; HYZAAR 100 MG-25 MG TABLET; HYZAAR 50 MG-12.5 MG TABLET MO	3	PA,QL (60 per 30 days)
ibutilide fum 1 mg/10 ml vial MO	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE MO	3	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE,EXTENDED RELEASE MO	3	
INSPRA 25 MG, 50 MG TABLET MO	3	PA
irbesartan 150 mg, 300 mg, 75 mg tablet MO	1	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb MO	1	QL (30 per 30 days)
isochron 40 mg tablet,extended release MO	1	
ISORDIL 40 MG TABLET MO	3	PA
ISORDIL TITRADOSE 5 MG TABLET MO	3	PA
isosorbide dn 10 mg, 20 mg, 30 mg, 5 mg tablet MO	1	
isosorbide dn er 40 mg tablet MO	1	
isosorbide mn 10 mg, 20 mg tablet MO	1	
isosorbide mn er 120 mg, 30 mg, 60 mg tab; isosorbide mn er 120 mg, 30 mg, 60 mg tablet MO	1	
isradipine 2.5 mg, 5 mg capsule MO	1	
JUXTAPID 10 MG, 30 MG, 40 MG, 5 MG, 60 MG CAPSULE DL	4	PA,QL (28 per 28 days)
JUXTAPID 20 MG CAPSULE DL	4	PA,QL (84 per 28 days)
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)
labetalol hcl 100 mg, 200 mg, 300 mg tablet MO	1	
labetalol hcl 100 mg/20 ml vl MO	1	
labetalol hcl 20 mg/4 ml syr MO	1	
LANOXIN 125 MCG, 62.5 MCG TABLET MO	3	QL (30 per 30 days)
LANOXIN 187.5 MCG, 250 MCG TABLET MO	3	PA,QL (30 per 30 days)
LANOXIN 250 MCG/ML INJECTION SOLUTION MO	3	PA
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION MO	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LESCOL 20 MG, 40 MG CAPSULE MO	3	ST,QL (60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
lidocaine hcl 1% syringe; lidocaine hcl 2% aboject MO	1	
lidocaine hcl 2% vial MO	1	
lidocaine 0.4% in d5w soln; lidocaine 0.8% in d5w soln MO	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET MO	3	PA,QL (30 per 30 days)
LIPOFEN 150 MG CAPSULE MO	3	QL (30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	3	QL (60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet MO	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab MO	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET MO	3	ST,QL (30 per 30 days)
lofibra 134 mg, 200 mg capsule MO	1	QL (30 per 30 days)
lofibra 160 mg tablet MO	1	QL (30 per 30 days)
lofibra 54 mg tablet MO	1	QL (60 per 30 days)
lofibra 67 mg capsule MO	1	QL (60 per 30 days)
LOPID 600 MG TABLET MO	3	PA,QL (60 per 30 days)
LOPRESSOR 100 MG, 50 MG TABLET MO	3	
LOPRESSOR 5 MG/5 ML INTRAVENOUS SOLUTION MO	3	
LOPRESSOR HCT 50 MG-25 MG TABLET MO	3	
losartan potassium 100 mg, 25 mg, 50 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab MO	1	QL (60 per 30 days)
LOTENSIN 20 MG, 40 MG TABLET MO	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-25 MG TABLET MO	3	
LOTREL 10 MG-20 MG CAPSULE; LOTREL 10-20 MG, 2.5-10 MG, 5-10 MG, 5-20 MG CAPSULE; LOTREL 5 MG-10 MG CAPSULE; LOTREL 5 MG-20 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LOTREL 10 MG-40 MG CAPSULE; LOTREL 5 MG-40 MG CAPSULE MO	3	PA,QL (30 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet MO	1	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE MO	3	PA,QL (120 per 30 days)
matzim la 180 mg, 240 mg tablet,extended release MO	1	QL (60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg tablet,extended release MO	1	QL (30 per 30 days)
MAVIK 1 MG, 2 MG TABLET MO	3	
methyldopa 250 mg, 500 mg tablet MO	1	PA
methyldopa-hctz 250-15 mg, 250-25 mg tab MO	1	PA
methyldopate 250 mg/5 ml vial MO	1	PA
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab MO	1	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab MO	1	
metoprolol 1 mg/ml carpuject MO	1	
metoprolol tart 5 mg/5 ml vial MO	1	
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 MO	1	
mexiletine 150 mg, 200 mg, 250 mg capsule MO	1	
MICARDIS 20 MG, 40 MG TABLET MO	3	ST,QL (30 per 30 days)
MICARDIS 80 MG TABLET MO	3	ST,QL (60 per 30 days)
MICARDIS HCT 40 MG-12.5 MG TABLET; MICARDIS HCT 80 MG-25 MG TABLET MO	3	ST,QL (30 per 30 days)
MICARDIS HCT 80 MG-12.5 MG TABLET MO	3	ST,QL (60 per 30 days)
milrinone lact 20 mg/20 ml vl MO	1	
milrinone-d5w 20 mg/100 ml; milrinone-d5w 40 mg/200 ml MO	1	
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE MO	3	
minoxidil 10 mg, 2.5 mg tablet MO	1	
moexipril hcl 15 mg, 7.5 mg tablet MO	1	
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 MO	1	
MULTAQ 400 MG TABLET MO	2	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet MO	1	
nadolol-bendroflu 40-5 mg, 80-5 mg tab MO	1	
NATRECOR 1.5 MG INTRAVENOUS SOLUTION MO	3	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION MO	3	
niacin er 1,000 mg, 500 mg, 750 mg tablet MO	1	
niacor 500 mg tablet MO	1	
NIASPAN 1,000 MG, 500 MG, 750 MG TABLET,EXTENDED RELEASE MO	3	PA
nicardipine 20 mg, 30 mg capsule MO	1	
nicardipine 25 mg/10 ml ampule MO	1	
nifedical xl 30 mg, 60 mg tablet MO	1	QL (60 per 30 days)
nifedipine 10 mg, 20 mg capsule MO	1	
nifedipine er 30 mg, 30 mg, 60 mg, 60 mg, 90 mg, 90 mg tablet MO	1	QL (60 per 30 days)
nimodipine 30 mg capsule MO	1	
nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet MO	1	QL (30 per 30 days)
nisoldipine er 25.5 mg, 30 mg tablet MO	1	QL (60 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT 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
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.6 MG/HR PATCH; NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH MO	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR, 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH MO	3	
NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH MO	3	QL (60 per 30 days)
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch MO</i>	1	QL (30 per 30 days)
<i>nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl MO</i>	1	
<i>nitroglycerin 0.4 mg/hr patch MO</i>	1	QL (60 per 30 days)
<i>nitroglycerin 400 mcg spray MO</i>	1	
<i>nitroglycerin 5 mg/ml vial MO</i>	1	
<i>nitroglycerin lingual 0.4 mg MO</i>	1	
<i>ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w;</i>	1	
<i>ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w MO</i>		
NITROLINGUAL 400 MCG/SPRAY MO	3	
NITROMIST 400 MCG/SPRAY TRANSLINGUAL AEROSOL MO	3	
NITRONAL 25 MG/25 ML AMPULE MO	3	
NITROPRESS 25 MG/ML INTRAVENOUS SOLUTION MO	1	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	2	
NORPACE 100 MG, 150 MG CAPSULE MO	3	
NORPACE CR 100 MG, 150 MG CAPSULE, EXTENDED RELEASE MO	3	
NORVASC 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA
NYMALIZE 60 MG/20 ML ORAL SOLUTION DL	4	QL (2838 per 28 days)
<i>olmesartan medoxomil 20 mg, 40 mg, 5 mg tab MO</i>	1	QL (30 per 30 days)
<i>olmsrtn-amldpn-hctz 20-5-12.5; olmsrtn-amldpn-hctz 20-5-12.5 mg,</i>	1	QL (30 per 30 days)
<i>40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg;</i>		
<i>olmsrtn-amldpn-hctz 40-10-12.5; olmsrtn-amldpn-hctz 40-10-25mg;</i>		
<i>olmsrtn-amldpn-hctz 40-5-12.5 MO</i>		
<i>olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab MO</i>	1	QL (30 per 30 days)
<i>omega-3 ethyl esters 1 gm cap MO</i>	1	QL (120 per 30 days)
PACERONE 100 MG, 400 MG TABLET MO	1	
<i>pacerone 200 mg tablet MO</i>	1	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg tab MO</i>	1	
PERSANTINE 25 MG, 50 MG, 75 MG TABLET MO	3	PA
<i>pindolol 10 mg, 5 mg tablet MO</i>	1	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (2 per 28 days)
PRALUENT 150 MG/ML, 75 MG/ML SYRINGE DL	4	PA,QL (2 per 28 days)
PRAVACHOL 20 MG, 80 MG TABLET MO	3	PA,QL (30 per 30 days)
PRAVACHOL 40 MG TABLET 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
pravastatin sodium 10 mg, 20 mg, 80 mg tab MO	1	QL (30 per 30 days)
pravastatin sodium 40 mg tab MO	1	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule MO	1	
PRESTALIA 14 MG-10 MG TABLET; PRESTALIA 3.5 MG-2.5 MG TABLET; PRESTALIA 7 MG-5 MG TABLET MO	3	QL (30 per 30 days)
prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet MO	1	
PRINIVIL 10 MG, 20 MG, 5 MG TABLET MO	3	
procainamide 100 mg/ml, 500 mg/ml vial MO	1	
PROCARDIA 10 MG CAPSULE MO	3	PA
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet MO	1	
propafenone hcl er 225 mg, 325 mg, 425 mg cap MO	1	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) vial; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln MO	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet MO	1	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule MO	1	
propranolol-hctz 40-25 mg, 80-25 mg tab MO	1	
QBRELIS 1 MG/ML ORAL SOLUTION MO	3	QL (1200 per 30 days)
QUESTRAN 4 GRAM, 4 GRAM ORAL POWDER; QUESTRAN 4 GRAM, 4 GRAM POWDER FOR SUSP IN A PACKET MO	1	
QUESTRAN LIGHT 4 GRAM ORAL POWDER MO	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet MO	1	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab MO	1	
quinidine gluc 80 mg/ml vial MO	1	
quinidine gluc er 324 mg tab MO	1	
quinidine sulfate 200 mg, 300 mg tab MO	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule MO	1	
RANEXA 1,000 MG, 500 MG TABLET, EXTENDED RELEASE MO	2	ST,QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR DL	4	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3 per 28 days)
reserpine 0.1 mg tablet MO	1	QL (30 per 30 days)
reserpine 0.25 mg tablet MO	1	PA,QL (30 per 30 days)
REVATIO 10 MG/ML ORAL SUSPENSION DL	4	PA,QL (180 per 30 days)
REVATIO 20 MG TABLET DL	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
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab MO	1	QL (30 per 30 days)
RYTHMOL 150 MG, 225 MG TABLET MO	3	PA
RYTHMOL SR 225 MG CAPSULE, EXTENDED RELEASE MO	3	PA
RYTHMOL SR 325 MG, 425 MG CAPSULE, EXTENDED RELEASE DL	4	PA
SECTRAL 200 MG, 400 MG CAPSULE MO	3	PA
sildenafil 20 mg tablet MO	1	PA,QL (90 per 30 days)
SIMCOR 1,000-20 MG, 500-20 MG, 750-20 MG TABLET MO	3	QL (60 per 30 days)
SIMCOR 1,000-40 MG, 500-40 MG TABLET MO	3	QL (30 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet MO	1	QL (30 per 30 days)
sodium nitroprusside 50 mg/2ml MO	1	
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet MO	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet MO	1	
sotalol hcl 150 mg/10 ml vial MO	1	
sotalol af 120 mg, 160 mg, 80 mg tablet MO	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION MO	3	
spironolactone-hctz 25-25 tab MO	1	
spironolactone 100 mg, 25 mg, 50 mg tablet MO	1	
SULAR 17 MG, 34 MG, 8.5 MG TABLET, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
TARKA 1 MG-240 MG TABLET, EXTENDED RELEASE; TARKA 2 MG-180 MG TABLET, EXTENDED RELEASE; TARKA 2 MG-240 MG TABLET, EXTENDED RELEASE; TARKA 4 MG-240 MG TABLET, EXTENDED RELEASE MO	3	
taztia xt 120 mg, 180 mg, 240 mg capsule, extended release MO	1	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule, extended release MO	1	QL (30 per 30 days)
TEKTURN A 150 MG, 300 MG TABLET MO	2	QL (30 per 30 days)
TEKTURN A HCT 150 MG-12.5 MG TABLET; TEKTURN A HCT 150 MG-25 MG TABLET; TEKTURN A HCT 300 MG-12.5 MG TABLET; TEKTURN A HCT 300 MG-25 MG TABLET MO	2	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet MO	1	QL (30 per 30 days)
telmisartan 80 mg tablet MO	1	QL (60 per 30 days)
telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10 MO	1	QL (30 per 30 days)
telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb MO	1	ST,QL (30 per 30 days)
telmisartan-hctz 80-12.5 mg tb MO	1	ST,QL (60 per 30 days)
TENEX 1 MG, 2 MG TABLET MO	3	PA
TENORETIC 100 100 MG-25 MG TABLET MO	3	
TENORETIC 50 50 MG-25 MG TABLET MO	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule MO	1	
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
TIKOSYN 125 MCG CAPSULE MO	3	PA,QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE MO	3	PA,QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE MO	3	PA,QL (60 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet MO	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
trandolapril 1 mg, 2 mg, 4 mg tablet MO	1	
trandolapril-verapamil er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg MO	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 MO	3	PA,QL (30 per 30 days)
TRICOR 145 MG TABLET MO	3	PA,QL (30 per 30 days)
TRICOR 48 MG TABLET MO	3	PA,QL (60 per 30 days)
TRIGLIDE 160 MG TABLET MO	3	QL (30 per 30 days)
triklo 1 gram capsule MO	1	QL (120 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE,DELAYED RELEASE MO	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 MO	3	PA,QL (30 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet MO	1	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab MO	1	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	3	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	3	QL (120 per 30 days)
VASERETIC 10 MG-25 MG TABLET MO	3	
VASOTEC 10 MG, 20 MG, 5 MG TABLET MO	3	PA
VASOTEC 2.5 MG TABLET MO	3	
vecamyl 2.5 mg tablet DL	4	QL (300 per 30 days)
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule MO	1	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet MO	1	
verapamil 2.5 mg/ml ampul MO	1	
verapamil 2.5 mg/ml syringe MO	1	
verapamil er 120 mg, 180 mg, 240 mg tablet MO	1	
verapamil er pm 100 mg, 300 mg capsule MO	1	QL (30 per 30 days)
verapamil er pm 200 mg capsule MO	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
VERELAN 120 MG, 180 MG, 240 MG, 360 MG CAPSULE, EXTENDED RELEASE MO	3	QL (60 per 30 days)
VERELAN PM 100 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
VYTORIN 10 MG-10 MG TABLET MO	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-20 MG TABLET MO	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET MO	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET MO	3	PA,QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET MO	2	
WELCHOL 625 MG TABLET MO	2	
XYLOCAINE (CARDIAC) (PF) 20 MG/ML (2 %) INTRAVENOUS SOLUTION MO	3	
ZEBETA 10 MG, 5 MG TABLET MO	3	
ZESTORETIC 10 MG-12.5 MG TABLET; ZESTORETIC 20 MG-12.5 MG TABLET; ZESTORETIC 20 MG-25 MG TABLET MO	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET MO	3	
ZETIA 10 MG TABLET MO	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 MO	3	PA
ZOCOR 10 MG, 20 MG, 40 MG, 5 MG, 80 MG TABLET MO	3	PA,QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET DL	4	QL (30 per 30 days)
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE DL	4	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, EXTENDED REL. INTRAMUSCULAR SYRINGE DL	4	QL (1 per 28 days)
ABSTRAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG SUBLINGUAL TABLET DL	4	PA,QL (128 per 30 days)
acamprosate calc dr 333 mg tab MO	1	
acetamin-caff-dihydrocod 320.5 DL	1	QL (300 per 30 days)
acetamin-caff-dihydrocod 325 DL	1	QL (300 per 30 days)
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 DL	1	QL (2700 per 30 days)
acetaminophen-cod #2 tablet DL	1	QL (390 per 30 days)
acetaminophen-cod #3 tablet DL	1	QL (360 per 30 days)
acetaminophen-cod #4 tablet DL	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 DL	4	PA,QL (120 per 30 days)
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET MO	1	PA,QL (90 per 30 days)
ADDERALL 30 MG TABLET MO	1	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
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 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 MO	3	QL (30 per 30 days)
ALFENTANIL 500 MCG/ML AMPULE DL	1	QL (450 per 30 days)
ALLZITAL 25 MG-325 MG TABLET MO	1	PA,QL (360 per 30 days)
almotriptan malate 12.5 mg, 6.25 mg tab MO	1	QL (9 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet MO	1	QL (120 per 30 days)
alprazolam 2 mg tablet MO	1	QL (150 per 30 days)
alprazolam er 0.5 mg, 1 mg, 2 mg, 3 mg tablet MO	1	QL (60 per 30 days)
alprazolam odt 0.25 mg, 0.5 mg, 1 mg, 2 mg tab MO	1	
alprazolam intensol 1 mg/ml oral concentrate MO	1	
amantadine 100 mg capsule MO	1	
amantadine 100 mg tablet MO	1	
amantadine 50 mg/5 ml solution MO	1	
AMBIEN 10 MG, 5 MG TABLET MO	3	PA,QL (90 per 365 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 365 days)
AMERGE 1 MG, 2.5 MG TABLET MO	3	PA,QL (9 per 30 days)
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab MO	1	PA
chlordiazepo-amitriptyl 5-12.5; chlordiazepox-amitriptyl 10-25 MO	1	PA
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet MO	1	PA
AMYTAL 500 MG SOLUTION FOR INJECTION MO	3	PA
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE MO	3	PA
ANAPROX 275 MG TABLET MO	3	
ANAPROX DS 550 MG TABLET MO	3	
APLENZIN 174 MG, 348 MG, 522 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (30 per 30 days)
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE DL	4	QL (60 per 28 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE MO	3	QL (30 per 30 days)
APTIOM 200 MG, 400 MG, 800 MG TABLET MO	4	PA,QL (30 per 30 days)
APTIOM 600 MG TABLET MO	4	PA,QL (60 per 30 days)
ariPIPRAZOLE 1 mg/ml solution MO	1	QL (750 per 30 days)
ariPIPRAZOLE 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet MO	1	QL (30 per 30 days)
ariPIPRAZOLE odt 10 mg, 15 mg tablet MO	1	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (2.4 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
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (3.2 per 28 days)
armodafinil 150 mg, 200 mg, 250 mg tablet MO	1	PA,QL (30 per 30 days)
armodafinil 50 mg tablet MO	1	PA,QL (60 per 30 days)
ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule DL	1	PA,QL (360 per 30 days)
aspirin-caff-dihydrocodein cap DL	1	QL (330 per 30 days)
astramorph-pf 0.5 mg/ml injection solution DL	1	QL (7200 per 30 days)
astramorph-pf 1 mg/ml injection solution DL	1	QL (3600 per 30 days)
ATIVAN 0.5 MG, 1 MG TABLET MO	3	PA,QL (90 per 30 days)
ATIVAN 2 MG TABLET MO	3	PA,QL (150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML INJECTION SOLUTION MO	3	PA
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule MO	1	PA,QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule MO	1	PA,QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	4	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET DL	4	PA,QL (60 per 30 days)
AXERT 12.5 MG, 6.25 MG TABLET MO	3	ST,QL (9 per 30 days)
AZILECT 0.5 MG, 1 MG TABLET MO	3	PA
BANZEL 200 MG TABLET DL	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION DL	4	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET DL	4	PA,QL (240 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM DL	3	ST,QL (60 per 30 days)
belladonna-opium 16.2-60 supp DL	1	PA,QL (120 per 30 days)
belladonna-opium 16.2 mg-30 mg rectal suppository DL	1	PA,QL (120 per 30 days)
BELSOMRA 10 MG, 15 MG, 20 MG, 5 MG TABLET MO	3	QL (30 per 30 days)
benztropine 2 mg/2 ml ampule MO	1	
benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet MO	1	PA
BRISDELLE 7.5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	4	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION DL	4	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION MO	3	PA
bromocriptine 2.5 mg tablet MO	1	
bromocriptine 5 mg capsule MO	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 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
bupap 50 mg-300 mg tablet MO	1	PA,QL (180 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION SOLUTION DL	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;	1	ST,QL (4 per 28 days)
buprenorphine 7.5 mcg/hr patch DL		
buprenorphine 0.3 mg/ml syring DL	1	QL (240 per 30 days)
buprenorphine 2 mg, 8 mg tablet sl MO	1	PA,QL (90 per 30 days)
buprenorphin-naloxon 2-0.5 mg, 8-2 mg sl; buprenorphan-naloxn 2-0.5 mg, 8-2 mg sl MO	3	PA,QL (90 per 30 days)
buproban 150 mg tablet MO	1	QL (90 per 30 days)
bupropion hcl 100 mg, 75 mg tablet MO	1	QL (180 per 30 days)
bupropion hcl sr 100 mg tablet MO	1	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet MO	1	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet MO	1	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet MO	1	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet MO	1	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet MO	1	QL (90 per 30 days)
buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet MO	1	
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule DL	1	PA,QL (360 per 30 days)
butalb-acetaminoph-caff-codein DL	1	PA,QL (180 per 30 days)
butalb-caff-acetaminoph-codein DL	1	PA,QL (360 per 30 days)
butalbital-acetaminophn 50-300; butalbital-acetaminophn 50-325 MO	1	PA,QL (180 per 30 days)
butalb-acetamin-caff 50-300-40; butalbit-acetaminophen-caff cp MO	1	PA,QL (180 per 30 days)
butalb-acetamin-caff 50-325-40 MO	1	PA,QL (180 per 30 days)
butalb-aspirin-caffe 50-325-40 MO	1	PA,QL (180 per 30 days)
butalbital-asa-caffeine cap MO	1	PA,QL (180 per 30 days)
BUTISOL 30 MG TABLET MO	3	PA
butorphanol 1 mg/ml vial DL	1	QL (960 per 30 days)
butorphanol 10 mg/ml spray DL	1	QL (5 per 28 days)
butorphanol 2 mg/ml vial DL	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 DL	3	ST,QL (4 per 28 days)
cabergoline 0.5 mg tablet MO	1	QL (16 per 28 days)
CAFCIT 60 MG/3 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	3	
caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial MO	1	
caffeine-sod benzoat 250 mg/ml 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
CALDOLOR 400 MG/4 ML (100 MG/ML), 800 MG/8 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	
CAMBIA 50 MG ORAL POWDER PACKET MO	3	ST,QL (9 per 30 days)
capacet 50 mg-325 mg-40 mg capsule MO	1	PA,QL (180 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION DL	1	QL (2700 per 30 days)
carbamazepine 100 mg tab chew MO	1	
carbamazepine 100 mg/5 ml susp MO	1	
carbamazepine 200 mg tablet MO	1	
carbamazepine er 100 mg, 200 mg, 300 mg cap MO	1	
carbamazepine er 100 mg, 400 mg tablet MO	1	
carbamazepine er 200 mg tablet MO	1	QL (120 per 30 days)
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	3	
carbidopa 25 mg tablet MO	1	
carbidopa-levo 10-100 mg, 10-100 mg, 25-100 mg, 25-100 mg, 25-250 mg, 25-250 mg odt; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab MO	1	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab MO	1	
carbidopa-levodopa-enta 100 mg; carbidopa-levodopa-enta 125 mg; carbidopa-levodopa-enta 150 mg; carbidopa-levodopa-enta 200 mg; carbidopa-levodopa-enta 50 mg; carbidopa-levodopa-enta 75 mg MO	1	
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE MO	3	PA,QL (60 per 30 days)
celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule MO	1	QL (60 per 30 days)
CELEXA 10 MG, 40 MG TABLET MO	3	PA,QL (30 per 30 days)
CELEXA 20 MG TABLET MO	3	PA,QL (60 per 30 days)
CELONTIN 300 MG CAPSULE MO	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML INJECTION SOLUTION MO	3	
chlordiazepoxide 10 mg, 25 mg, 5 mg capsule MO	1	PA,QL (120 per 30 days)
chlorpromazine 10 mg, 25 mg tablet MO	1	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet MO	1	
chlorpromazine 25 mg/ml amp MO	1	
citalopram hbr 10 mg, 40 mg tablet MO	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln MO	1	
citalopram hbr 20 mg tablet MO	1	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule 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
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg odt; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg tablet MO	1	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet MO	1	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet MO	1	
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet MO	1	PA
CLOZARIL 100 MG, 25 MG TABLET MO	3	
codeine sulfate 15 mg, 30 mg tablet DL	1	QL (360 per 30 days)
codeine sulfate 60 mg tablet DL	1	QL (180 per 30 days)
asa-butalb-caff-cod #3 capsule DL	1	PA,QL (360 per 30 days)
COGENTIN 2 MG/2 ML INJECTION SOLUTION MO	3	
COMTAN 200 MG TABLET DL	4	PA,QL (300 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CONCERTA 36 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CONZIP 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE; CONZIP 100 MG, 200 MG, 300 MG CAPSULE,EXTENDED RELEASE (25-75) DL	3	ST,QL (30 per 30 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
CYCLOSET 0.8 MG TABLET MO	3	PA,QL (180 per 30 days)
CYMBALTA 20 MG, 30 MG, 60 MG CAPSULE,DELAYED RELEASE MO	3	QL (60 per 30 days)
DAYPRO 600 MG TABLET MO	3	
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR DAILY PATCH MO	3	QL (30 per 30 days)
DEMEROL 100 MG TABLET DL	3	PA,QL (360 per 30 days)
DEMEROL 100 MG/ML INJECTION SOLUTION DL	3	PA,QL (360 per 30 days)
DEMEROL 50 MG TABLET DL	3	PA,QL (480 per 30 days)
DEMEROL 50 MG/ML INJECTION SOLUTION DL	3	PA,QL (720 per 30 days)
DEMEROL (PF) 100 MG/2 ML, 100 MG/ML INJECTION SOLUTION DL	3	PA,QL (360 per 30 days)
DEMEROL (PF) 100 MG/ML INJECTION SYRINGE DL	3	PA,QL (360 per 30 days)
DEMEROL (PF) 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML INJECTION SOLUTION DL	3	PA,QL (720 per 30 days)
DEMEROL (PF) 25 MG/ML INJECTION SYRINGE DL	3	PA,QL (1440 per 30 days)
DEMEROL (PF) 50 MG/ML INJECTION SYRINGE DL	3	PA,QL (720 per 30 days)
DEMEROL (PF) 75 MG/ML INJECTION SYRINGE DL	3	PA,QL (480 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEPACON 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	
DEPAKENE 250 MG CAPSULE MO	3	
DEPAKENE 250 MG/5 ML ORAL SOLUTION MO	3	
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET,DELAYED RELEASE MO	3	
DEPAKOTE ER 250 MG, 500 MG TABLET,EXTENDED RELEASE MO	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE MO	3	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet MO	1	PA
DESOXYN 5 MG TABLET DL	4	PA,QL (150 per 30 days)
desvenlafaxine er 100 mg, 50 mg tab MO	3	QL (30 per 30 days)
desvenlafaxine er 100 mg, 50 mg tab; desvenlafaxine er 100 mg, 50 mg tablet MO	1	ST,QL (30 per 30 days)
desvenlafaxine fum er 100 mg, 50 mg MO	3	QL (30 per 30 days)
desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb MO	1	QL (30 per 30 days)
DEXEDRINE 10 MG TABLET MO	1	QL (180 per 30 days)
DEXEDRINE 5 MG TABLET MO	1	QL (150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (120 per 30 days)
DEXEDRINE SPANSULE 5 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab MO	1	QL (60 per 30 days)
dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cp MO	1	QL (30 per 30 days)
d-amphetamine er 10 mg capsule MO	1	QL (180 per 30 days)
d-amphetamine er 15 mg capsule MO	1	QL (120 per 30 days)
d-amphetamine er 5 mg capsule MO	1	QL (60 per 30 days)
dextroamphetamine 10 mg tab MO	1	QL (180 per 30 days)
dextroamphetamine 5 mg tab MO	1	QL (150 per 30 days)
dextroamphetamine 5 mg/5 ml MO	1	QL (1800 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap MO	1	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap MO	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 MO	1	QL (90 per 30 days)
dextroamp-amphetamin 30 mg tab MO	1	QL (60 per 30 days)
DIASTAT 2.5 MG RECTAL KIT MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT; DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT MO	3	
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 MO	1	
diazepam 10 mg tablet MO	1	QL (120 per 30 days)
diazepam 10 mg/2 ml carpject MO	1	
diazepam 2 mg, 5 mg tablet MO	1	QL (90 per 30 days)
diazepam 5 mg/5 ml oral soln; diazepam 5 mg/5 ml solution MO	1	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc MO	1	QL (240 per 30 days)
diazepam 5 mg/ml vial MO	1	
diazepam intensol 5 mg/ml oral concentrate MO	1	QL (240 per 30 days)
diclofenac pot 50 mg tablet MO	1	
diclofenac 1.5% topical soln MO	1	
diclofenac sod ec 25 mg, 50 mg, 75 mg tab MO	1	
diclofenac sod er 100 mg tab MO	1	
diclofenac-misoprost 50-200 tb; diclofenac-misoprost 75-200 tb MO	1	
diflunisal 500 mg tablet MO	1	
DILANTIN 30 MG CAPSULE MO	3	
DILANTIN EXTENDED 100 MG CAPSULE MO	3	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	3	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	3	
DILAUDID 1 MG/ML ORAL LIQUID DL	3	PA,QL (2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET DL	3	PA,QL (360 per 30 days)
DILAUDID 8 MG TABLET DL	3	PA,QL (240 per 30 days)
DILAUDID 4 MG/ML AMPUL DL	3	PA,QL (180 per 30 days)
DILAUDID-HP 10 MG/ML AMPUL DL	3	PA,QL (144 per 30 days)
divalproex dr 125 mg cap sprnk MO	1	
divalproex sod dr 125 mg, 250 mg, 500 mg tab MO	1	
divalproex sod er 250 mg, 500 mg tab MO	1	
DOLOPHINE 10 MG TABLET DL	3	QL (240 per 30 days)
DOLOPHINE 5 MG TABLET DL	3	QL (480 per 30 days)
DOPRAM 20 MG/ML INTRAVENOUS SOLUTION MO	3	
DORAL 15 MG TABLET MO	3	QL (30 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule MO	1	PA
doxepin 10 mg/ml oral conc MO	1	PA
droperidol 2.5 mg/ml vial MO	1	
DUEXIS 800 MG-26.6 MG TABLET DL	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
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap MO	1	QL (60 per 30 days)
DUOPA 4.63 MG-20 MG/ML SUSPENSION IN J-TUBE PUMP DL	4	PA,QL (2800 per 28 days)
DURAGESIC 100 MCG/HR, 50 MCG/HR, 75 MCG/HR TRANSDERMAL PATCH DL	4	PA,QL (20 per 30 days)
DURAGESIC 12 MCG/HR, 25 MCG/HR TRANSDERMAL PATCH DL	3	PA,QL (20 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION DL	3	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION DL	3	QL (3600 per 30 days)
DYLOJECT 37.5 MG/ML INTRAVENOUS SOLUTION MO	3	
EC-NAPROSYN 375 MG, 500 MG TABLET,DELAYED RELEASE MO	3	PA
EDLUAR 10 MG, 5 MG SUBLINGUAL TABLET MO	3	QL (90 per 365 days)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
ELDEPRYL 5 MG CAPSULE MO	3	PA
eletriptan hbr 20 mg, 40 mg tablet MO	1	QL (9 per 30 days)
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 DL	2	QL (60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH DL	4	QL (30 per 30 days)
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 DL	1	QL (360 per 30 days)
entacapone 200 mg tablet MO	1	QL (300 per 30 days)
epitol 200 mg tablet MO	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	3	
escitalopram 10 mg tablet MO	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet MO	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml MO	1	QL (600 per 30 days)
ESGIC 50 MG-325 MG-40 MG CAPSULE MO	1	PA,QL (180 per 30 days)
ESGIC 50 MG-325 MG-40 MG TABLET MO	1	PA,QL (180 per 30 days)
estazolam 1 mg, 2 mg tablet MO	1	QL (30 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg tablet MO	1	PA,QL (90 per 365 days)
ethosuximide 250 mg capsule MO	1	
ethosuximide 250 mg/5 ml soln MO	1	
etodolac 200 mg, 300 mg capsule MO	1	
etodolac 400 mg, 500 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
etodolac er 400 mg, 500 mg, 600 mg tablet MO	1	
EVEKEO 10 MG, 5 MG TABLET MO	1	QL (90 per 30 days)
EVZIO 0.4 MG/0.4 ML, 2 MG/0.4 ML INJECTION,AUTO-INJECTOR DL	4	PA,QL (0.8 per 30 days)
EXALGO ER 12 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (180 per 30 days)
EXALGO ER 16 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (120 per 30 days)
EXALGO ER 32 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (60 per 30 days)
EXALGO ER 8 MG TABLET,EXTENDED RELEASE DL	3	ST,QL (240 per 30 days)
FANAPT 1 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	3	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 6 MG, 8 MG TABLET DL	4	PA,QL (60 per 30 days)
FAZACLO 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG DISINTEGRATING TABLET MO	3	PA
felbamate 400 mg, 600 mg tablet MO	1	
felbamate 600 mg/5 ml susp MO	4	
FELBATOL 400 MG, 600 MG TABLET DL	4	
FELBATOL 600 MG/5 ML ORAL SUSPENSION DL	4	
FELDENE 10 MG, 20 MG CAPSULE MO	3	
fenoprofen 200 mg, 400 mg capsule MO	1	
fenoprofen 600 mg tablet MO	1	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch DL	1	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg DL	4	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul DL	1	QL (720 per 30 days)
fentanyl 100 mcg/2 ml syringe DL	1	QL (720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG BUCCAL TABLET, EFFERVESCENT DL	4	PA,QL (120 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK MO	3	PA,QL (28 per 28 days)
fioricet 50 mg-300 mg-40 mg capsule MO	1	PA,QL (180 per 30 days)
FIORICET-COD 50-300-40-30 CAP DL	3	PA,QL (180 per 30 days)
FIORINAL 50 MG-325 MG-40 MG CAPSULE MO	3	PA,QL (180 per 30 days)
FIORINAL-CODEINE #3 30 MG-50 MG-325 MG-40 MG CAPSULE DL	3	PA,QL (360 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH MO	3	PA,QL (60 per 30 days)
flumazenil 0.1 mg/ml vial 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
fluoxetine 20 mg/5 ml solution MO	1	
fluoxetine dr 90 mg capsule MO	1	QL (4 per 28 days)
fluoxetine hcl 10 mg, 20 mg tablet MO	1	
fluoxetine hcl 10 mg, 40 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule MO	1	QL (120 per 30 days)
fluoxetine hcl 60 mg tablet MO	1	QL (30 per 30 days)
fluphenazine dec 125 mg/5 ml MO	1	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet MO	1	
fluphenazine 2.5 mg/5 ml elix MO	1	
fluphenazine 2.5 mg/ml vial MO	1	
fluphenazine 5 mg/ml conc MO	1	
flurazepam 15 mg capsule MO	1	QL (60 per 30 days)
flurazepam 30 mg capsule MO	1	QL (30 per 30 days)
flurbiprofen 100 mg, 50 mg tablet MO	1	
fluvoxamine er 100 mg, 150 mg capsule MO	1	QL (60 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab MO	1	QL (90 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET MO	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 MO	3	QL (30 per 30 days)
FORFIVO XL 450 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml vl MO	1	
FROVA 2.5 MG TABLET MO	3	PA,QL (12 per 30 days)
frovatriptan succ 2.5 mg tab MO	1	QL (12 per 30 days)
FYCOMPA 0.5 MG/ML ORAL SUSPENSION MO	3	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET MO	3	PA,QL (30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule MO	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 MO	1	QL (2250 per 30 days)
gabapentin 600 mg, 800 mg tablet MO	1	QL (180 per 30 days)
GABITRIL 12 MG, 16 MG TABLET DL	4	
GABITRIL 2 MG TABLET MO	3	
GABITRIL 4 MG TABLET DL	4	QL (120 per 30 days)
GEODON 20 MG, 40 MG CAPSULE MO	3	QL (60 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION MO	3	
GEODON 60 MG, 80 MG CAPSULE DL	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
GRALISE 300 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (90 per 30 days)
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE MO	3	ST,QL (78 per 30 days)
guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg tablet MO	1	PA,QL (30 per 30 days)
HALCION 0.25 MG TABLET MO	3	PA,QL (30 per 30 days)
HALDOL 5 MG/ML INJECTION SOLUTION MO	3	
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION MO	3	PA
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION MO	3	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet MO	1	
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp MO	1	
haloperidol lac 2 mg/ml conc MO	1	
haloperidol lac 5 mg/ml vial MO	1	
HETLIOZ 20 MG CAPSULE DL	4	PA,QL (30 per 30 days)
HORIZANT ER 300 MG, 600 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
HYCET 7.5 MG-325 MG/15 ML ORAL SOLUTION DL	1	QL (5520 per 30 days)
hydrocodon-acetamin 7.5-325/15 DL	1	QL (5520 per 30 days)
hydrocodon-acetaminoph 2.5-325; hydrocodon-acetaminoph 7.5-325;	1	QL (360 per 30 days)
hydrocodon-acetaminophen 5-325; hydrocodon-acetaminophn 10-325 DL		
hydrocodon-acetaminoph 7.5-300; hydrocodon-acetaminophen 5-300;	1	QL (390 per 30 days)
hydrocodon-acetaminophn 10-300 DL		
hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 DL	1	QL (2700 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 2.5-200 mg, 5-200 mg, 7.5-200 mg; hydrocodone-ibuprofen 2.5-200;	1	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 DL		
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml carpject DL	1	QL (720 per 30 days)
hydromorphone 1 mg/ml solution DL	1	QL (2400 per 30 days)
hydromorphone 2 mg, 4 mg tablet DL	1	QL (360 per 30 days)
hydromorphone 2 mg/ml carpject DL	1	QL (360 per 30 days)
hydromorphone 2 mg/ml vial DL	1	QL (360 per 30 days)
hydromorphone 3 mg suppos DL	1	QL (120 per 30 days)
hydromorphone 4 mg/ml carpject DL	1	QL (180 per 30 days)
hydromorphone 8 mg tablet DL	1	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp DL	1	QL (720 per 30 days)
hydromorphone hcl 4 mg/ml amp DL	1	QL (180 per 30 days)
hydromorphone hcl er 12 mg tab DL	1	ST,QL (180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone hcl er 16 mg tab DL	1	ST,QL (120 per 30 days)
hydromorphone hcl er 32 mg tab DL	1	ST,QL (60 per 30 days)
hydromorphone hcl er 8 mg tab DL	1	ST,QL (240 per 30 days)
hydromorphone hcl 10 mg/ml vl DL	1	QL (144 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 MO	1	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet MO	1	
hydroxyzine pam 100 mg, 25 mg, 50 mg cap MO	1	
HYSINGLA ER 100 MG, 120 MG, 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL	4	ST,QL (30 per 30 days)
HYSINGLA ER 20 MG, 30 MG, 40 MG, 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL	3	ST,QL (30 per 30 days)
IBUDONE 10 MG-200 MG TABLET DL	1	QL (150 per 30 days)
ibudone 5 mg-200 mg tablet DL	1	QL (150 per 30 days)
ibuprofen 100 mg/5 ml susp MO	1	
ibuprofen 400 mg, 600 mg, 800 mg tablet MO	1	
oxycodone-ibuprofen 5-400 tab DL	1	QL (240 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet MO	1	PA
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap MO	1	PA
IMITREX 100 MG, 25 MG, 50 MG TABLET MO	3	PA,QL (9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION NASAL SPRAY MO	3	PA,QL (12 per 30 days)
IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION MO	3	PA,QL (6 per 30 days)
IMITREX STATDOSE KIT REFILL 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE MO	3	PA,QL (6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (6 per 30 days)
INDOCIN 25 MG/5 ML ORAL SUSPENSION MO	3	PA
INDOCIN 50 MG RECTAL SUPPOSITORY MO	1	PA
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule MO	1	PA
indomethacin 1 mg vial MO	1	PA
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION DL	3	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION DL	3	QL (150 per 30 days)
INGREZZA 40 MG CAPSULE DL	4	PA,QL (30 per 30 days)
INTERMEZZO 1.75 MG, 3.5 MG SUBLINGUAL TABLET MO	3	QL (90 per 365 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE DL	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
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE DL	4	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE DL	4	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE DL	4	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE DL	4	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE DL	4	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE DL	4	QL (2.62 per 90 days)
IRENKA 40 MG CAPSULE,DELAYED RELEASE MO	3	QL (60 per 30 days)
KADIAN 10 MG, 20 MG, 30 MG CAPSULE,EXTENDED RELEASE DL	3	ST,QL (60 per 30 days)
KADIAN 100 MG, 200 MG, 40 MG, 50 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE DL	4	ST,QL (60 per 30 days)
KEPPRA 1,000 MG, 500 MG, 750 MG TABLET DL	4	
KEPPRA 100 MG/ML ORAL SOLUTION DL	4	
KEPPRA 250 MG TABLET MO	3	
KEPPRA 500 MG/5 ML INTRAVENOUS SOLUTION MO	3	
KEPPRA XR 500 MG, 750 MG TABLET,EXTENDED RELEASE DL	4	PA
ketoprofen 50 mg, 75 mg capsule MO	1	
ketoprofen er 200 mg capsule MO	1	
ketorolac 10 mg tablet MO	1	PA,QL (20 per 30 days)
ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml vial; ketorolac 30 mg/ml vial; ketorolac 300 mg/10 ml vial MO	1	PA
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml carpuject MO	1	PA
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml isecure syr; ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml syringe MO	1	PA
KHEDEZLA 100 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
klofensaid ii 1.5% topical sol MO	1	PA
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET MO	3	PA
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET DL	4	
LAMICTAL 25 MG, 5 MG CHEWABLE DISPERSIBLE TABLET DL	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET MO	3	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING MO	3	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT MO	3	
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK MO	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK MO	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK MO	3	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET,EXTENDED RELEASE DL	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE MO	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL MO	3	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL MO	3	
lamotrigine 100 mg, 100 mg, 150 mg, 200 mg, 200 mg, 25 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine 25 mg tb start kit; lamotrigine odt 100 mg, 100 mg, 150 mg, 200 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange); lamotrigine tab start kt-green; lamotrigine tab start kt-orang MO	1	
lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet MO	1	
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet MO	1	
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET MO	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET MO	4	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY DL	4	PA,QL (30 per 30 days)
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet MO	1	
levetiracetam 100 mg/ml, 500 mg/5 ml, 500 mg/5 ml (5 ml) soln; levetiracetam 100 mg/ml, 500 mg/5 ml, 500 mg/5 ml (5 ml) vial; levetiracetam 500 mg/5 ml soln MO	1	
levetiracetam er 500 mg, 750 mg tablet MO	1	
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 MO	1	
levorphanol 2 mg tablet DL	1	QL (240 per 30 days)
LEXAPRO 10 MG TABLET MO	3	PA,QL (45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
LEXAPRO 5 MG/5 ML SOLUTION MO	3	PA,QL (600 per 30 days)
lithium carbonate 150 mg, 300 mg, 600 mg cap MO	1	
lithium carbonate 300 mg tab MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lithium carbonate er 300 mg, 450 mg tb MO	1	
lithium 8 meq/5 ml solution MO	1	
LITHOBID 300 MG TABLET, EXTENDED RELEASE MO	3	
LODINE 400 MG TABLET MO	3	PA
LODOSYN 25 MG TABLET MO	3	PA
lorazepam 0.5 mg, 1 mg tablet MO	1	QL (90 per 30 days)
lorazepam 2 mg tablet MO	1	QL (150 per 30 days)
lorazepam 2 mg/ml oral concen MO	1	QL (150 per 30 days)
lorazepam 2 mg/ml, 4 mg/ml carpuject MO	1	
lorazepam 2 mg/ml, 4 mg/ml vial; lorazepam 40 mg/10 ml vial MO	1	
lorazepam intensol 2 mg/ml oral concentrate MO	1	QL (150 per 30 days)
lorcet (hydrocodone) 5 mg-325 mg tablet DL	1	QL (360 per 30 days)
lorcet hd 10 mg-325 mg tablet DL	1	QL (360 per 30 days)
lorcet plus 7.5 mg-325 mg tablet DL	1	QL (360 per 30 days)
lortab 10-325 mg tablet DL	1	QL (360 per 30 days)
lortab 5-325 mg tablet DL	1	QL (360 per 30 days)
lortab 7.5-325 mg tablet DL	1	QL (360 per 30 days)
lortab elixir 10 mg-300 mg/15 ml oral solution DL	3	QL (6000 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule MO	1	
LUNESTA 1 MG, 2 MG, 3 MG TABLET MO	3	PA,QL (90 per 365 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	2	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MO	2	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE MO	2	QL (60 per 30 days)
magnesium chl 200 mg/ml vial MO	1	
magnesium sulfate 50% syringe MO	1	
magnesium sulfate 50% vial MO	1	
magnesium sulf 1 g/100 ml-d5w MO	1	
magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag MO	1	
magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml MO	1	
maprotiline 25 mg, 50 mg, 75 mg tablet MO	1	
MARGESIC CAPSULE MO	1	PA,QL (180 per 30 days)
MARPLAN 10 MG TABLET MO	3	
MARTEN-TAB 50 MG-325 MG TABLET MO	1	PA,QL (180 per 30 days)
MAXALT 10 MG, 5 MG TABLET MO	3	PA,QL (12 per 30 days)
MAXALT-MLT 10 MG, 5 MG DISINTEGRATING TABLET MO	3	PA,QL (12 per 30 days)
meclofenamate 100 mg, 50 mg capsule 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
mefenamic acid 250 mg capsule MO	1	
meloxicam 15 mg tablet MO	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet MO	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp MO	1	QL (300 per 30 days)
memantine 5-10 mg titration pk MO	1	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet MO	1	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution MO	1	PA,QL (360 per 30 days)
meperidine 10 mg/ml cartrdge DL	1	PA,QL (3600 per 30 days)
meperidine 100 mg tablet DL	1	PA,QL (360 per 30 days)
meperidine 50 mg tablet DL	1	PA,QL (480 per 30 days)
meperidine 50 mg/5 ml solution DL	1	PA,QL (720 per 30 days)
meperidine 100 mg/ml vial DL	1	PA,QL (360 per 30 days)
meperidine 25 mg/ml vial DL	1	PA,QL (1440 per 30 days)
meperidine 50 mg/ml vial DL	1	PA,QL (720 per 30 days)
meprobamate 200 mg, 400 mg tablet MO	1	PA
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE MO	3	QL (30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE MO	3	QL (60 per 30 days)
metadate er 20 mg tablet,extended release MO	1	QL (90 per 30 days)
methadone 10 mg/5 ml solution DL	1	QL (1800 per 30 days)
methadone 10 mg/ml oral conc DL	1	QL (360 per 30 days)
methadone 5 mg/5 ml solution DL	1	QL (3600 per 30 days)
methadone hcl 10 mg tablet DL	1	QL (240 per 30 days)
methadone hcl 10 mg/ml vial DL	1	QL (360 per 30 days)
methadone hcl 5 mg tablet DL	1	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate DL	1	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE DL	3	QL (360 per 30 days)
methamphetamine 5 mg tablet MO	1	QL (150 per 30 days)
METHYLIN 10 MG CHEWABLE TABLET MO	3	QL (180 per 30 days)
METHYLIN 10 MG/5 ML ORAL SOLUTION MO	3	PA,QL (900 per 30 days)
METHYLIN 2.5 MG, 5 MG CHEWABLE TAB; METHYLIN 2.5 MG, 5 MG CHEWABLE TABLET MO	3	QL (150 per 30 days)
METHYLIN 5 MG/5 ML ORAL SOLUTION MO	3	PA,QL (1800 per 30 days)
methylphenidate 10 mg chew tab MO	1	QL (180 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet MO	1	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol MO	1	QL (900 per 30 days)
methylphenidate 2.5 mg, 5 mg chew tab; methylphenidate 2.5 mg, 5 mg chew tb MO	1	QL (150 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
methylphenidate 5 mg/5 ml soln MO	1	QL (1800 per 30 days)
methylphenidate cd 10 mg, 20 mg, 40 mg, 40 mg, 50 mg, 60 mg, 60 mg cap; MO methylphenidate la 10 mg, 20 mg, 40 mg, 40 mg, 50 mg, 60 mg, 60 mg cap	1	QL (30 per 30 days)
methylphenidate cd 20 mg, 30 mg, 30 mg cap; methylphenidate la 20 mg, 30 mg, 30 mg cap MO	1	QL (60 per 30 days)
methylphenidate er 10 mg tab MO	1	QL (180 per 30 days)
methylphenidate er 18 mg, 27 mg, 54 mg tab MO	1	QL (30 per 30 days)
methylphenidate er 20 mg tab MO	1	QL (90 per 30 days)
methylphenidate er 36 mg tab MO	1	QL (60 per 30 days)
midazolam hcl 2 mg/ml syrup MO	1	
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG TABLET MO	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 MO	3	ST,QL (30 per 30 days)
mirtazapine 15 mg, 15 mg, 30 mg, 30 mg, 45 mg, 45 mg odt; mirtazapine 15 mg, 15 mg, 30 mg, 30 mg, 45 mg, 45 mg tablet MO	1	QL (30 per 30 days)
mirtazapine 7.5 mg tablet MO	1	
MOBIC 15 MG TABLET MO	3	PA,QL (30 per 30 days)
MOBIC 7.5 MG TABLET MO	3	PA,QL (60 per 30 days)
MOBIC 7.5 MG/5 ML SUSPENSION MO	3	PA,QL (300 per 30 days)
modafinil 100 mg, 200 mg tablet MO	1	PA,QL (60 per 30 days)
molindone hcl 10 mg tablet MO	1	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet MO	1	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet MO	1	PA,QL (360 per 30 days)
MORPHABOND ER 100 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL	3	ST,QL (180 per 30 days)
MORPHABOND ER 15 MG, 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL	3	ST,QL (90 per 30 days)
MORPHABOND ER 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL	3	ST,QL (60 per 30 days)
morphine 10 mg/ml carpuject DL	1	QL (360 per 30 days)
morphine 10 mg/ml isecure syrg DL	1	QL (360 per 30 days)
morphine 15 mg/ml vial DL	1	QL (600 per 30 days)
morphine 2 mg/ml carpuject DL	1	QL (1800 per 30 days)
morphine 2 mg/ml isecure syr DL	1	QL (1800 per 30 days)
morphine 4 mg/ml carpuject DL	1	QL (900 per 30 days)
morphine 4 mg/ml isecure syr DL	1	QL (900 per 30 days)
morphine 8 mg/ml isecure syrng DL	1	QL (450 per 30 days)
morphine 8 mg/ml syringe DL	1	QL (450 per 30 days)
morphine 8 mg/ml, 8 mg/ml vial; morphine sulfate 8 mg/ml, 8 mg/ml vial DL	1	QL (450 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine sulf 10 mg, 20 mg, 30 mg, 5 mg suppos DL	1	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln DL	1	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln DL	1	QL (1350 per 30 days)
morphine sulf er 100 mg tablet DL	1	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet DL	1	QL (120 per 30 days)
morphine sulf er 200 mg tablet DL	1	QL (90 per 30 days)
morphine sulfate 10 mg/ml vial DL	1	QL (360 per 30 days)
morphine sulfate 100 mg/4 ml, 25 mg/ml vial; morphine sulfate 25 mg/ml vial DL	1	QL (150 per 30 days)
morphine sulfate 4 mg/ml vial DL	1	QL (900 per 30 days)
morphine sulfate 50 mg/ml vial DL	1	QL (240 per 30 days)
morphine sulfate er 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg cap DL	1	ST,QL (60 per 30 days)
morphine sulfate er 120 mg, 60 mg, 75 mg, 90 mg cap DL	1	ST,QL (60 per 30 days)
morphine sulfate er 30 mg, 45 mg cap DL	1	ST,QL (30 per 30 days)
morphine sulfate ir 15 mg, 30 mg tab DL	1	QL (180 per 30 days)
morphine 0.5 mg/ml vial DL	1	QL (7200 per 30 days)
morphine 1 mg/ml, 30 mg/30 ml vial p-f; morphine sulfate 1 mg/ml vial DL	1	QL (3600 per 30 days)
morphine 5 mg/ml vial DL	1	QL (720 per 30 days)
morphine sulf 100 mg/5 ml soln DL	1	QL (540 per 30 days)
MS CONTIN 100 MG TABLET,EXTENDED RELEASE DL	3	PA,QL (180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET,EXTENDED RELEASE DL	3	PA,QL (120 per 30 days)
MS CONTIN 200 MG TABLET,EXTENDED RELEASE DL	3	PA,QL (90 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG MG CAPSULE EXTENDED RELEASE 24 HR; MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR MO	3	QL (30 per 30 days)
MYSOLINE 250 MG, 50 MG TABLET DL	4	PA
nabumetone 500 mg, 750 mg tablet MO	1	
nalbuphine 100 mg/10 ml vial DL	1	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial DL	1	QL (120 per 30 days)
NALFON 400 MG CAPSULE MO	3	
naloxone 0.4 mg/ml vial MO	1	
naloxone 0.4 mg/ml, 1 mg/ml carpuject; naloxone 2 mg/2 ml syringe MO	1	
naltrexone 50 mg tablet MO	1	
NAMENDA 10 MG, 5 MG TABLET MO	3	PA,QL (60 per 30 days)
NAMENDA 2 MG/ML SOLUTION MO	3	PA,QL (360 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK MO	3	PA,QL (98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	2	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
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO	2	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 MO	2	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO	2	QL (28 per 28 days)
NAPRELAN CR 375 MG TAB,EXTENDED RELEASE 24 HR MPHASE MO	3	ST,QL (120 per 30 days)
NAPRELAN CR 500 MG TAB,EXTENDED RELEASE 24 HR MPHASE MO	3	ST,QL (90 per 30 days)
NAPRELAN CR 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE MO	3	ST,QL (60 per 30 days)
NAPROSYN 250 MG, 375 MG TABLET MO	3	
NAPROSYN 500 MG TABLET MO	3	PA
naproxen 125 mg/5 ml suspen MO	1	
naproxen 250 mg, 375 mg, 375 mg, 500 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 375 mg, 500 mg, 500 mg tablet MO	1	
naproxen sod cr 375 mg tablet MO	1	ST,QL (120 per 30 days)
naproxen sod cr 500 mg tablet MO	1	ST,QL (90 per 30 days)
naproxen sodium 275 mg, 550 mg tab MO	1	
naratriptan hcl 1 mg, 2.5 mg tablet MO	1	QL (9 per 30 days)
NARCAN 2 MG NASAL SPRAY; NARCAN 2 MG/ACTUATION, 4 MG/ACTUATION NASAL SPRAY MO	3	QL (2 per 30 days)
NARDIL 15 MG TABLET MO	3	
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet MO	1	
NEMBUTAL SODIUM 50 MG/ML INJECTION SOLUTION MO	3	PA
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 MO	3	QL (30 per 30 days)
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE MO	3	PA,QL (270 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLUTION MO	3	QL (2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET DL	4	PA,QL (180 per 30 days)
NORCO 10 MG-325 MG TABLET; NORCO 5 MG-325 MG TABLET; NORCO 7.5 MG-325 MG TABLET DL	1	PA,QL (360 per 30 days)
NORPRAMIN 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG TABLET MO	3	PA
nortriptyline 10 mg/5 ml sol MO	1	PA
nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap MO	1	PA
NUCYNTA 100 MG, 50 MG, 75 MG TABLET DL	3	ST,QL (181 per 30 days)
NUCYNTA ER 100 MG, 50 MG TABLET,EXTENDED RELEASE DL	3	ST,QL (60 per 30 days)
NUCYNTA ER 150 MG, 200 MG, 250 MG TABLET,EXTENDED RELEASE DL	4	ST,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
NUEDEXTA 20 MG-10 MG CAPSULE MO	2	QL (60 per 30 days)
NUPLAZID 17 MG TABLET DL	4	PA,QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET MO	3	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET MO	3	PA,QL (60 per 30 days)
olanzapine 10 mg vial MO	1	
olanzapine 10 mg, 10 mg, 2.5 mg, 5 mg, 5 mg, 7.5 mg tablet; olanzapine odt 10 mg, 10 mg, 2.5 mg, 5 mg, 5 mg, 7.5 mg tablet MO	1	QL (30 per 30 days)
olanzapine 15 mg, 15 mg, 20 mg, 20 mg tablet; olanzapine odt 15 mg, 15 mg, 20 mg, 20 mg tablet MO	1	QL (60 per 30 days)
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg MO	1	QL (30 per 30 days)
OLEPTRO ER 150 MG, 300 MG TABLET MO	3	PA,QL (30 per 30 days)
ONFI 10 MG, 20 MG TABLET MO	3	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION MO	3	PA,QL (480 per 30 days)
ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION MO	3	ST,QL (16 per 30 days)
OPANA 1 MG/ML INJECTION SOLUTION DL	3	QL (270 per 30 days)
OPANA 10 MG, 5 MG TABLET DL	3	PA,QL (360 per 30 days)
OPANA ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG TABLET DL	3	ST,QL (60 per 30 days)
ORAP 1 MG, 2 MG TABLET MO	3	
oxaprozin 600 mg caplet MO	1	
oxazepam 10 mg, 15 mg, 30 mg capsule MO	1	
oxcarbazepine 150 mg, 300 mg, 600 mg tablet MO	1	
oxcarbazepine 300 mg/5 ml susp MO	1	
OXECTA 5 MG, 7.5 MG TABLET DL	3	ST,QL (360 per 30 days)
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (90 per 30 days)
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (120 per 30 days)
oxycodon 10 mg/0.5 ml oral syr DL	1	QL (270 per 30 days)
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet DL	1	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml soln DL	1	QL (270 per 30 days)
oxycodone hcl 5 mg capsule DL	1	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln DL	1	QL (5400 per 30 days)
oxycodone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg tablet DL	3	PA,QL (90 per 30 days)
oxycodone hcl er 80 mg tablet DL	3	PA,QL (120 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 DL	1	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-300; oxycodone-acetaminophen 10-300; oxycodone-acetaminophen 5-300 DL	4	QL (390 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
oxycodone-acetaminophen 5-325/5 DL	1	QL (1830 per 30 days)
oxycodone-aspirin 4.8355-325 DL	1	QL (360 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE DL	3	PA,QL (90 per 30 days)
OXYCONTIN 80 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE DL	3	PA,QL (120 per 30 days)
oxymorphone hcl 10 mg, 5 mg tablet DL	1	QL (360 per 30 days)
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 DL	1	QL (60 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet MO	4	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet MO	4	PA,QL (60 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	3	PA
PARLODEL 2.5 MG TABLET MO	3	PA
PARLODEL 5 MG CAPSULE MO	3	PA
PARNATE 10 MG TABLET MO	3	
paroxetine er 12.5 mg, 37.5 mg tablet MO	1	PA,QL (60 per 30 days)
paroxetine er 25 mg tablet MO	1	PA,QL (90 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet MO	1	PA,QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet MO	1	PA,QL (60 per 30 days)
PAXIL 10 MG, 20 MG TABLET MO	3	PA,QL (30 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION MO	3	PA
PAXIL 30 MG, 40 MG TABLET MO	3	PA,QL (60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
PEGANONE 250 MG TABLET MO	3	
PENNSAID 2 % TOPICAL SOLUTION IN PACKET MO	3	PA
PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP DL	4	PA
pentazocine-naloxone tablet DL	1	QL (360 per 30 days)
pentobarbital 1,000 mg/20 ml MO	1	PA
PERCOSET 10 MG-325 MG TABLET; PERCOSET 5 MG-325 MG TABLET; PERCOSET 7.5 MG-325 MG TABLET DL	4	PA,QL (360 per 30 days)
PERCOSET 2.5 MG-325 MG TABLET DL	1	PA,QL (360 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet MO	1	
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 MO	1	PA
PEXEVA 10 MG, 20 MG TABLET MO	3	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
PEXEVA 30 MG, 40 MG TABLET MO	3	PA,QL (60 per 30 days)
phenelzine sulfate 15 mg tab MO	1	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet MO	1	PA,QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet MO	1	PA,QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix MO	1	PA,QL (1500 per 30 days)
phenobarbital 30 mg tablet MO	1	PA,QL (300 per 30 days)
phenobarbital 130 mg/ml, 65 mg/ml vial MO	1	PA
PHENYTEK 200 MG, 300 MG CAPSULE MO	1	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp MO	1	
phenytoin 50 mg tablet chew MO	1	
phenytoin 50 mg/ml syringe MO	1	
phenytoin 50 mg/ml vial MO	1	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap MO	1	
pimozide 1 mg, 2 mg tablet MO	1	
piroxicam 10 mg, 20 mg capsule MO	1	
PONSTEL 250 MG CAPSULE MO	3	PA
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET DL	4	PA
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet MO	1	
pramipexole er 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg tablet MO	1	ST,QL (30 per 30 days)
PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION DL	4	PA
primidone 250 mg, 50 mg tablet MO	1	
primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet DL	4	QL (390 per 30 days)
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
procentra 5 mg/5 ml oral solution MO	1	QL (1800 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet MO	1	
PROVIGIL 100 MG, 200 MG TABLET DL	4	PA,QL (60 per 30 days)
PROZAC 10 MG CAPSULE MO	3	PA,QL (60 per 30 days)
PROZAC 20 MG CAPSULE MO	3	PA,QL (120 per 30 days)
PROZAC 40 MG CAPSULE DL	4	PA,QL (60 per 30 days)
PROZAC WEEKLY 90 MG CAPSULE MO	3	QL (4 per 28 days)
quazepam 15 mg tablet MO	3	QL (30 per 30 days)
QUDEXY XR 100 MG, 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
quetiapine er 150 mg tablet MO	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
quetiapine er 200 mg tablet MO	1	PA,QL (30 per 30 days)
quetiapine er 300 mg, 400 mg tablet MO	1	PA,QL (60 per 30 days)
quetiapine er 50 mg tablet MO	1	PA,QL (120 per 30 days)
quetiapine fumarate 100 mg, 300 mg, 400 mg tab MO	1	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab MO	1	QL (120 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, EXTENDED RELEASE; QUILLICHEW ER 20 MG, 40 MG CHEWABLE, EXTENDED RELEASE TABLET MO	3	QL (30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR MO	3	QL (360 per 30 days)
RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK DL	4	PA
rasagiline mesylate 0.5 mg, 1 mg tab MO	1	
RELPAX 20 MG, 40 MG TABLET MO	3	PA,QL (9 per 30 days)
REMERON 15 MG, 30 MG, 45 MG TABLET MO	3	QL (30 per 30 days)
REMERON SOLTAB 15 MG, 30 MG, 45 MG DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
repxain 10-200 mg tablet DL	1	QL (150 per 30 days)
REPREXAIN 2.5 MG-200 MG TABLET; REPREXAIN 2.5-200 MG, 5-200 MG TABLET DL	1	QL (150 per 30 days)
REQUIP 0.25 MG, 3 MG TABLET MO	3	PA,QL (180 per 30 days)
REQUIP 0.5 MG, 1 MG, 2 MG TABLET MO	3	PA,QL (90 per 30 days)
REQUIP 4 MG, 5 MG TABLET MO	3	PA
REQUIP XL 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET DL	4	PA,QL (30 per 30 days)
RILUTEK 50 MG TABLET DL	4	
riluzole 50 mg tablet MO	1	
RISPERDAL 0.25 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET MO	3	QL (60 per 30 days)
RISPERDAL 0.5 MG TABLET MO	3	QL (120 per 30 days)
RISPERDAL 1 MG/ML ORAL SOLUTION MO	3	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	3	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE DL	4	QL (2 per 28 days)
RISPERDAL M-TAB 0.5 MG DISINTEGRATING TABLET MO	3	QL (120 per 30 days)
RISPERDAL M-TAB 1 MG, 2 MG, 3 MG, 4 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
risperidone 0.25 mg, 0.25 mg, 1 mg, 1 mg, 2 mg, 2 mg, 3 mg, 3 mg, 4 mg, 4 mg odt; risperidone 0.25 mg, 0.25 mg, 1 mg, 1 mg, 2 mg, 2 mg, 3 mg, 3 mg, 4 mg, 4 mg, 4 mg tablet MO	1	QL (60 per 30 days)
risperidone 0.5 mg, 0.5 mg odt; risperidone 0.5 mg, 0.5 mg tablet MO	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
<i>risperidone 1 mg/ml solution MO</i>	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET MO	3	PA,QL (90 per 30 days)
RITALIN LA 10 MG, 60 MG CAPSULE; RITALIN LA 10 MG, 60 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
RITALIN LA 20 MG, 40 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
<i>rizatriptan 10 mg, 10 mg, 5 mg, 5 mg odt; rizatriptan 10 mg, 10 mg, 5 mg, 5 mg tablet MO</i>	1	QL (12 per 30 days)
<i>ropinirole hcl 0.25 mg, 3 mg tablet MO</i>	1	QL (180 per 30 days)
<i>ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet MO</i>	1	QL (90 per 30 days)
<i>ropinirole hcl 4 mg, 5 mg tablet MO</i>	1	
<i>ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet MO</i>	1	QL (90 per 30 days)
<i>roweepra 1,000 mg, 500 mg, 750 mg tablet MO</i>	1	
ROXICODONE 15 MG, 30 MG TABLET DL	3	PA,QL (360 per 30 days)
ROZEREM 8 MG TABLET MO	3	ST,QL (30 per 30 days)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (300 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET DL	4	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET DL	4	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET DL	4	PA,QL (60 per 30 days)
SARAFEM 10 MG, 20 MG TABLET MO	3	
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	2	QL (60 per 30 days)
SECONAL SODIUM 100 MG CAPSULE MO	3	PA,QL (90 per 30 days)
selegiline hcl 5 mg capsule MO	1	
selegiline hcl 5 mg tablet MO	1	
SEROQUEL 100 MG, 300 MG, 400 MG TABLET MO	3	QL (90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET MO	3	QL (120 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG(1)-300 MG(11) TABLET, ER 24 HR DOSE PACK MO	3	PA,QL (15 per 30 days)
<i>sertraline 20 mg/ml oral conc MO</i>	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
sertraline hcl 100 mg tablet MO	1	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet MO	1	QL (90 per 30 days)
SILENOR 3 MG, 6 MG TABLET MO	3	QL (30 per 30 days)
SINEMET 10 MG-100 MG TABLET MO	3	
SINEMET 25 MG-100 MG TABLET; SINEMET 25 MG-250 MG TABLET MO	3	PA
SINEMET CR 25 MG-100 MG TABLET,EXTENDED RELEASE; SINEMET CR 50 MG-200 MG TABLET,EXTENDED RELEASE MO	3	PA
SONATA 10 MG, 5 MG CAPSULE MO	3	PA,QL (90 per 365 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (120 per 30 days)
STALEVO 100 25 MG-100 MG-200 MG TABLET MO	3	PA
STALEVO 125 31.25 MG-125 MG-200 MG TABLET MO	3	PA
STALEVO 150 37.5 MG-150 MG-200 MG TABLET MO	3	PA
STALEVO 200 50 MG-200 MG-200 MG TABLET MO	3	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET MO	3	PA
STALEVO 75 18.75 MG-75 MG-200 MG TABLET MO	3	PA
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE MO	3	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE MO	3	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MO	3	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	3	PA,QL (90 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 DL	4	PA,QL (120 per 30 days)
sufentanil 250 mcg/5 ml ampule DL	2	QL (1440 per 30 days)
sulindac 150 mg, 200 mg tablet MO	1	
sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray MO	3	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill MO	3	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject MO	1	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng MO	1	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial MO	1	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet MO	1	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
SUMAVEL DOSEPRO 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR MO	3	QL (6 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE MO	3	PA
SYMBYAX 12 MG-25 MG CAPSULE; SYMBYAX 12 MG-50 MG CAPSULE; SYMBYAX 3 MG-25 MG CAPSULE; SYMBYAX 6 MG-25 MG CAPSULE; SYMBYAX 6 MG-50 MG CAPSULE MO	3	PA,QL (30 per 30 days)
SYNALGOS-DC 356.4 MG-30 MG-16 MG CAPSULE DL	3	QL (330 per 30 days)
TALWIN 30 MG/ML INJECTION SOLUTION DL	3	PA,QL (360 per 30 days)
TASMAR 100 MG TABLET DL	4	PA,QL (1800 per 30 days)
TEGRETOL 100 MG/5 ML ORAL SUSPENSION MO	3	
TEGRETOL 200 MG TABLET MO	3	
TEGRETOL XR 100 MG, 400 MG TABLET,EXTENDED RELEASE MO	3	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
temazepam 15 mg, 22.5 mg, 30 mg, 7.5 mg capsule MO	1	QL (30 per 30 days)
tencon 50 mg-325 mg tablet MO	1	PA,QL (180 per 30 days)
tetrabenazine 12.5 mg tablet DL	4	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet DL	4	PA,QL (120 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet MO	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule MO	1	
tiagabine hcl 2 mg tablet MO	1	
tiagabine hcl 4 mg tablet MO	1	QL (120 per 30 days)
TIVORBEX 20 MG, 40 MG CAPSULE MO	3	ST,QL (90 per 30 days)
TOFRANIL 10 MG, 25 MG, 50 MG TABLET MO	1	PA
TOFRANIL-PM 100 MG, 125 MG, 150 MG, 75 MG CAPSULE MO	3	PA
tolcapone 100 mg tablet MO	1	PA,QL (1800 per 30 days)
tolmetin sodium 200 mg, 600 mg tab MO	1	
tolmetin sodium 400 mg cap MO	1	
TOPAMAX 100 MG, 200 MG TABLET DL	4	QL (120 per 30 days)
TOPAMAX 15 MG, 25 MG SPRINKLE CAPSULE MO	3	
TOPAMAX 25 MG TABLET MO	3	QL (90 per 30 days)
TOPAMAX 50 MG TABLET MO	3	QL (120 per 30 days)
topiramate 100 mg, 200 mg, 50 mg tablet MO	1	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap MO	1	
topiramate 25 mg tablet MO	1	QL (90 per 30 days)
topiramate er 100 mg, 50 mg capsule MO	3	PA,QL (30 per 30 days)
topiramate er 150 mg, 200 mg capsule MO	3	PA,QL (60 per 30 days)
topiramate er 25 mg capsule MO	3	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
tramadol er 100 mg, 200 mg, 300 mg tablet DL	1	ST,QL (30 per 30 days)
tramadol hcl 50 mg tablet DL	1	QL (240 per 30 days)
tramadol hcl er 100 mg, 200 mg, 300 mg capsule DL	1	ST,QL (30 per 30 days)
tramadol hcl er 100 mg, 200 mg, 300 mg tablet DL	1	QL (30 per 30 days)
tramadol-acetaminophn 37.5-325 DL	1	QL (240 per 30 days)
TRANXENE T-TAB 3.75 MG, 7.5 MG; TRANXENE T-TAB 3.75 MG, 7.5 MG TABLET MO	3	PA
tranylcypromine sulf 10 mg tab MO	1	
trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet MO	1	
TREXIMET 10 MG-60 MG TABLET; TREXIMET 85 MG-500 MG TABLET MO	3	ST,QL (18 per 30 days)
TREZIX 320.5 MG-30 MG-16 MG CAPSULE DL	1	QL (300 per 30 days)
triazolam 0.125 mg, 0.25 mg tablet MO	1	QL (30 per 30 days)
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet MO	1	
trihexyphenidyl 2 mg, 5 mg tablet MO	1	PA
trihexyphenidyl 2 mg/5 ml elx MO	1	PA
TRILEPTAL 150 MG TABLET MO	3	PA
TRILEPTAL 300 MG, 600 MG TABLET DL	4	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION DL	4	PA
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp MO	1	PA
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	3	ST,QL (30 per 30 days)
TROKENDI XR 100 MG, 50 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
TYLENOL-CODEINE #3 300 MG-30 MG TABLET DL	1	PA,QL (360 per 30 days)
TYLENOL-CODEINE #4 300 MG-60 MG TABLET DL	1	PA,QL (180 per 30 days)
ULTIVA 1 MG INTRAVENOUS SOLUTION DL	3	QL (450 per 30 days)
ULTIVA 2 MG INTRAVENOUS SOLUTION DL	3	QL (240 per 30 days)
ULTIVA 5 MG INTRAVENOUS SOLUTION DL	3	QL (90 per 30 days)
ULTRACET 37.5 MG-325 MG TABLET DL	3	QL (240 per 30 days)
ULTRAM 50 MG TABLET DL	3	QL (240 per 30 days)
ULTRAM ER 100 MG, 200 MG, 300 MG TABLET DL	3	ST,QL (30 per 30 days)
VALIUM 10 MG TABLET MO	3	PA,QL (120 per 30 days)
VALIUM 2 MG, 5 MG TABLET MO	3	PA,QL (90 per 30 days)
valproate sod 500 mg/5 ml vi MO	1	
valproic acid 250 mg capsule 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
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 MO	1	
vanatol lg 50 mg-325 mg-40 mg/15 ml oral solution DL	4	PA,QL (450 per 30 days)
vanatol s 50 mg-325 mg-40 mg/15 ml oral solution DL	4	PA,QL (450 per 30 days)
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet MO	1	
venlafaxine hcl er 150 mg cap MO	1	QL (60 per 30 days)
VENLAFAKINE HCL ER 150 MG, 225 MG, 37.5 MG TAB MO	3	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap MO	1	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap MO	1	QL (90 per 30 days)
VENLAFAKINE HCL ER 75 MG TAB MO	3	QL (60 per 30 days)
verdrocet 2.5 mg-325 mg tablet DL	1	QL (360 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION MO	3	PA,QL (540 per 30 days)
vicodin 5 mg-300 mg tablet DL	1	QL (390 per 30 days)
vicodin es 7.5 mg-300 mg tablet DL	1	QL (390 per 30 days)
vicodin hp 10 mg-300 mg tablet DL	1	QL (390 per 30 days)
VICOPROFEN 7.5-200 MG TABLET DL	3	PA,QL (150 per 30 days)
vigabatrin 500 mg powder packt DL	4	PA,QL (180 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 20 MG, 40 MG TABLET MO	3	PA,QL (30 per 30 days)
VIMOVO 375 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE; VIMOVO 500 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE DL	4	ST,QL (60 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	3	PA,QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET MO	3	PA
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION MO	3	PA
VISTARIL 25 MG, 50 MG CAPSULE MO	3	PA
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	4	PA,QL (1 per 28 days)
VIVLODEX 10 MG, 5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
VOLTAREN 1 % TOPICAL GEL MO	3	
VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE MO	3	PA
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK MO	3	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE DL	4	PA,QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET MO	3	PA,QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE MO	3	PA,QL (30 per 30 days)
WELLBUTRIN 100 MG, 75 MG TABLET MO	3	QL (180 per 30 days)
WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE MO	3	QL (120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE MO	3	QL (90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE MO	3	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE DL	4	PA,QL (90 per 30 days)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
XADAGO 100 MG, 50 MG TABLET MO	3	PA,QL (30 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET MO	3	PA,QL (120 per 30 days)
XANAX 2 MG TABLET MO	3	PA,QL (150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
XARTEMIS XR 7.5-325 MG TABLET DL	3	QL (360 per 30 days)
XENAZINE 12.5 MG TABLET DL	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET DL	4	PA,QL (120 per 30 days)
XODOL 10/300 10 MG-300 MG TABLET DL	1	QL (390 per 30 days)
XODOL 5/300 5 MG-300 MG TABLET DL	1	QL (390 per 30 days)
XODOL 7.5/300 7.5 MG-300 MG TABLET DL	1	QL (390 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE DL	2	QL (60 per 30 days)
xylon 10 10 mg-200 mg tablet DL	1	QL (150 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION DL	4	PA,QL (540 per 30 days)
YOSPRALA 325 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE; YOSPRALA 81 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE MO	3	PA,QL (30 per 30 days)
zaleplon 10 mg, 5 mg capsule MO	1	QL (90 per 365 days)
ZAMICET 10 MG-325 MG/15 ML ORAL SOLUTION DL	1	QL (5430 per 30 days)
ZARONTIN 250 MG CAPSULE MO	3	
ZARONTIN 250 MG/5 ML ORAL SOLUTION MO	3	
ZEBUTAL 50 MG-325 MG-40 MG CAPSULE MO	1	PA,QL (180 per 30 days)
ZELAPAR 1.25 MG DISINTEGRATING TABLET DL	4	
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	3	QL (6 per 30 days)
zenzedi 10 mg tablet MO	1	QL (180 per 30 days)
ZENZEDI 15 MG TABLET MO	1	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET MO	1	QL (90 per 30 days)
ZENZEDI 30 MG TABLET MO	1	QL (60 per 30 days)
zenzedi 5 mg tablet MO	1	QL (150 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule MO	1	QL (60 per 30 days)
ZIPSOR 25 MG CAPSULE DL	4	QL (120 per 30 days)
ZOHYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE DL	3	ST,QL (90 per 30 days)
ZOHYDRO ER 50 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE DL	3	ST,QL (120 per 30 days)
zolmitriptan 2.5 mg, 2.5 mg, 5 mg, 5 mg odt; zolmitriptan 2.5 mg, 2.5 mg, 5 mg, 5 mg tablet MO	1	QL (9 per 30 days)
ZOLOFT 100 MG TABLET 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
ZOLOFT 20 MG/ML ORAL CONCENTRATE MO	3	PA
ZOLOFT 25 MG, 50 MG TABLET MO	3	PA,QL (90 per 30 days)
zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab sl; zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet sl; zolpidem tart er 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab; zolpidem tartrate 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet MO	1	QL (90 per 365 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY MO	3	QL (23.1 per 365 days)
ZOMIG 2.5 MG, 5 MG NASAL SPRAY MO	3	QL (12 per 30 days)
ZOMIG 2.5 MG, 5 MG TABLET MO	3	PA,QL (9 per 30 days)
ZOMIG ZMT 2.5 MG, 5 MG DISINTEGRATING TABLET MO	3	PA,QL (9 per 30 days)
ZONEGRAN 100 MG, 25 MG CAPSULE DL	4	PA
zonisamide 100 mg, 25 mg, 50 mg capsule MO	1	
ZORVOLEX 18 MG, 35 MG CAPSULE MO	3	ST,QL (90 per 30 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 MO	2	PA,QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MO	2	PA,QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MO	2	PA,QL (60 per 30 days)
ZYBAN 150 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION MO	3	
ZYPREXA 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET MO	3	QL (30 per 30 days)
ZYPREXA 15 MG, 20 MG TABLET MO	3	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION MO	3	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION DL	4	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION DL	4	QL (1 per 28 days)
ZYPREXA ZYDIS 10 MG, 5 MG DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG DISINTEGRATING TABLET DL	4	QL (60 per 30 days)
DEVICES		
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 MO	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" 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
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 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, 1/2 ML 30 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 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, 1/2 ML 30 GAUGE X 5/16" MO	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE MO	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO	1	
AUTOPEN 1 TO 16 UNITS MO	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO	1	
AUTOPEN 2 TO 32 UNITS MO	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MO	1	
BD AUTOSHIELD NEEDLE 5MMX29G; BD AUTOSHIELD NEEDLE 8MMX29G MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MO	1	
BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" MO	1	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" MO	1	
BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" MO	1	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" MO	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" MO	1	
BD INSULIN SYR 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"GX1/2"; BD INSULIN SYR 0.5 ML 28GX1/2"; BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" MO	1	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" MO	1	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" 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
BD INSULIN SYR 1 ML 29GX1/2"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" MO	1	
BD INTEGRA SYR 1 ML 29GX1/2" MO	1	
BD INSULIN SYR 0.3 ML 28GX1/2"; BD LO-DOSE MICRO-FINE IV 0.3 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE MO	1	
BD INSULIN SYR 0.3 ML 29GX1/2"; BD LO-DOSE ULTRA-FINE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2" SYRINGE MO	1	
BD INSULIN SYR 0.5 ML 29GX1/2"; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" MO	1	
BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" MO	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	1	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 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, 1/2 ML 30 GAUGE X 5/16" MO	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" MO	1	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" 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
COMFORT EZ 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 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", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; COMFORT EZ 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 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", 1/2 ML 30 GAUGE X 1/2"	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" MO	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE MO	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; 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" MO	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" MO	1	
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 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", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; 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 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", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE 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
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" MO	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE MO	1	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	1	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
HUMAPEN LUXURA HD SUBCUTANEOUS MO	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
INSULIN SYRINGE 0.5 ML 29 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, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; PV INSULIN SYRINGE 0.5 ML; PV INSULIN SYRINGE 1 ML MO	1	
BD INSULIN U100-3/10 ML SYR; INSULIN SYRINGE MICROFINE 0.3 ML 28 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" MO	1	
BD LUER-LOK SYRINGE 1 ML MO	1	
BD INSULIN SYR 0.5 ML 29GX1/2" MO	1	
BD INSULIN SYR 1 ML 25GX5/8"; 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 SYRIN 0.5 ML 31GX5/16"; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX5/16"; KMAR VALU PLUS SYR 1/2 ML; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 29GX1/2"; RELION INS SYR 0.3 ML 30GX5/16; RELION INS SYR 0.3 ML 31GX6MM; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 30GX5/16"; RELION INS SYR 1 ML 31GX15/64"; RELION SYR 0.5 ML 30GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE INS SYR 1 ML 28GX1/2"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" MO	1	
INSULIN SYRINGE U100 1 ML MO	1	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MO	1	
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" 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
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 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 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 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 30 GAUGE"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MO	1	
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" MO	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" MO	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE MO	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"; 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", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"" MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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", 1/2 ML 30 GAUGE X 5/16; 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 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", 1/2 ML 30 GAUGE X 5/16"; MONOJECT INSULIN SYRINGE 1 ML MO	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE MO	1	
NOVOFINE 30 30 GAUGE X 1/3" NEEDLE MO	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MO	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE MO	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MO	1	
NOVOPEN ECHO SUBCUTANEOUS MO	1	
NOVOTWIST 30 GAUGE X 1/3", 32 GAUGE X 1/5" NEEDLE; NOVOTWIST NEEDLE 30G 8MM MO	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" 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
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"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 5/32"; PEN NEEDLES 6MM 31G MO	1	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16" MO	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"; 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"" MO	1	
RELION NEEDLES 31 GAUGE X 1/4" MO	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" MO	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 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 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 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 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 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4"" MO	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" MO	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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", 1/2 ML 30 GAUGE X 5/16; 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 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", 1/2 ML 30 GAUGE X 5/16" 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
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" MO	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" MO	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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, 1/2 ML 30 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 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, 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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", 1/2 ML 30 GAUGE X 5/16 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 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", 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	1	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16 ", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 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 29 X 1/2 ", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE; ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16 ", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 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 29 X 1/2 ", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"" SYRINGE; ULTICARE SYR 0.3 ML 29GX1/2"; ULTICARE SYR 0.3 ML 30GX5/16"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYR 0.5 ML 30GX5/16"; ULTICARE SYR 1 ML 30GX5/16"; ULTICARE SYRINGE 1 ML 29GX1/2" MO	1	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" MO	1	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" 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
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 5/32" MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 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 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16"; ULTILET INSULIN SYRINGE 1/2 ML 29 MO	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" MO	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" MO	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 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, 1/2 ML 30 GAUGE X 5/16; 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 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, 1/2 ML 30 GAUGE X 5/16"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MO	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 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" MO	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE MO	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" MO	1	
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" MO	1	
UNIFINE PENTIP NEEDLES; UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 29 GAUGE X 5/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" MO	1	
VGO 20 DEVICE MO	3	
VGO 30 DEVICE MO	3	
VGO 40 DEVICE MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIAGNOSTIC AGENTS		
ACTHAR H.P. 80 UNIT/ML INJECTION GEL DL	4	PA,QL (30 per 30 days)
enlon 10 mg/ml injection solution MO	1	
ENLON-PLUS 10 MG-0.14 MG/ML INTRAVENOUS SOLUTION MO	3	PA
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
acetic acid 0.25% irrig soln MO	1	
amiloride hcl 5 mg tablet MO	1	
amiloride hcl-hctz 5-50 mg tab MO	1	
amino acids 15 % intravenous solution MO	1	B vs D
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION MO	3	B vs D
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION DL	4	
AURYXIA 210 MG IRON TABLET MO	3	QL (360 per 30 days)
bumetanide 0.25 mg/ml vial MO	1	
bumetanide 0.5 mg, 1 mg, 2 mg tablet MO	1	
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER DL	4	
BUPHENYL 500 MG TABLET DL	4	
calcium acetate 667 mg gelcap MO	1	
calcium acetate 667 mg tablet MO	1	
calcium chloride 10% syringe MO	1	
calcium chloride 10% vial MO	1	
calcium gluconate 10% vial MO	1	
CARBAGLU 200 MG DISPERSIBLE TABLET DL	4	PA
chlorothiazide 250 mg, 500 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorothiazide sod 500 mg vial MO	1	
chlorthalidone 25 mg, 50 mg tablet MO	1	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
clinisol sf 15 % intravenous solution MO	3	B vs D
constulose 10 gram/15 ml oral solution MO	1	
dextrose 10%-0.45% nacl iv sol MO	1	
dextrose 2.5%-0.45% nacl iv MO	1	
dextrose 5%-0.9% nacl iv soln 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
dextrose 5%-0.45% nacl iv soln MO	1	
DEMADEX 10 MG, 20 MG, 5 MG TABLET MO	3	
dextrose 10%-0.2% nacl iv soln MO	1	
dextrose 10%-water iv solution MO	1	
dextrose 20%-water iv soln MO	1	
dextrose 25%-water syringe MO	1	
dextrose 30%-water iv soln MO	1	
dextrose 40%-water iv soln MO	1	
dextrose 5%-water iv soln MO	1	
dextrose 5%-lr iv solution MO	1	
dextrose 5%-0.2% nacl iv soln MO	1	
dextrose 5%-0.3% nacl iv soln MO	1	
dextrose 50%-water syringe MO	1	
dextrose 50%-water vial MO	1	
dextrose 70%-water iv soln MO	1	
DIURIL 250 MG/5 ML ORAL SUSPENSION MO	3	
DIURIL 500 MG INTRAVENOUS SOLUTION MO	3	
DYAZIDE 37.5 MG-25 MG CAPSULE MO	3	
DYRENIUM 100 MG, 50 MG CAPSULE MO	3	
EDECIN 25 MG TABLET DL	4	
dextrose 5%-electrolyte 48 MO	1	
eliphos 667 mg tablet MO	1	
enulose 10 gram/15 ml oral solution MO	1	
ethacrynat sodium 50 mg vial MO	1	
ethacrylic acid 25 mg tablet MO	1	
FOSRENOL 1,000 MG, 500 MG, 750 MG CHEWABLE TABLET MO	3	ST
FOSRENOL 1,000 MG, 750 MG ORAL POWDER PACKET MO	3	ST
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION MO	3	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION MO	3	B vs D
furosemide 10 mg/ml, 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln MO	1	
furosemide 100 mg/10 ml syring MO	1	
furosemide 20 mg, 40 mg, 80 mg tablet MO	1	
generlac 10 gram/15 ml oral solution MO	1	
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION MO	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION MO	3	B vs D
hydrochlorothiazide 12.5 mg cp 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
hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb MO	1	
HYPERLYTE CR 25 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION MO	3	
indapamide 1.25 mg, 2.5 mg tablet MO	1	
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION MO	3	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION MO	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION MO	3	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION MO	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
ISOLYTE-S INTRAVENOUS SOLUTION MO	3	
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET, EXTENDED RELEASE MO	3	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION MO	3	B vs D
kionex oral powder MO	1	
kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension MO	1	
KLOR-CON 10 MEQ TABLET, EXTENDED RELEASE MO	1	
KLOR-CON 8 MEQ TABLET, EXTENDED RELEASE MO	1	
klor-con m10 meq tablet, extended release MO	1	
KLOR-CON M15 MEQ TABLET, EXTENDED RELEASE MO	1	
klor-con m20 meq tablet, extended release MO	1	
klor-con sprinkle 10 meq, 8 meq capsule, extended release MO	1	
KRISTALOSE 10 GRAM, 20 GRAM ORAL PACKET MO	1	
lactated ringers injection MO	1	
lactated ringers irrigation MO	1	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution MO	1	
lanthanum carb 1,000 mg, 500 mg, 750 mg tab chew; lanthanum carb 1,000 mg, 500 mg, 750 mg tb chw MO	1	ST
LASIX 20 MG, 40 MG, 80 MG TABLET MO	3	
LITHOSTAT 250 MG TABLET MO	3	
mannitol 10% iv solution MO	1	
mannitol 20% iv solution MO	1	
mannitol 25% vial MO	1	
mannitol 5% iv solution MO	1	
MAXZIDE 75 MG-50 MG TABLET MO	3	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET MO	3	PA
methyclothiazide 5 mg tablet MO	1	
metolazone 10 mg, 2.5 mg, 5 mg tablet MO	1	
MICROZIDE 12.5 MG CAPSULE MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nebusal 3 % solution for nebulization MO	1	B vs D
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION MO	3	B vs D
NEUT 4 % INTRAVENOUS SOLUTION MO	3	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
NORMOSOL-R INTRAVENOUS SOLUTION MO	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION MO	3	
NUTRILIPID 20 % INTRAVENOUS EMULSION MO	3	B vs D
OSMITROL 10 % INTRAVENOUS SOLUTION MO	3	
OSMITROL 15 % INTRAVENOUS SOLUTION MO	3	
OSMITROL 20 % INTRAVENOUS SOLUTION MO	3	
OSMITROL 5 % INTRAVENOUS SOLUTION MO	3	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION MO	3	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION MO	3	PA
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION MO	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION MO	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION MO	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION MO	3	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
potassium acet 100 meq/50 ml MO	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 MO	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 MO	1	
potassium cl 10% (20 meq/15 ml, 40 meq/15 ml; potassium cl 20% (20 meq/15 ml, 40 meq/15 ml MO	1	
potassium cl 20 meq/10 ml conc MO	1	
potassium cl er 10 meq, 20 meq tablet MO	1	
potassium cl er 10 meq, 20 meq, 8 meq tablet MO	1	
potassium cl er 10 meq, 8 meq capsule MO	1	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln MO	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 MO	1	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer MO	1	
potassium cl 20 meq-0.45% nacl MO	1	
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl 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
kcl 20 meq in d5w-0.3% nacl MO	1	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% MO	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 MO	1	
potassium phosp 45 mmol/15 ml MO	1	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION MO	1	B vs D
probenecid 500 mg tablet MO	1	
probenecid-colchicine tabs MO	1	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	3	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION MO	3	B vs D
RAVICTI 1.1 GRAM/ML ORAL LIQUID DL	4	PA,QL (525 per 30 days)
RENACIDIN 6.602 GRAM-3.268 GRAM/100 ML IRRIGATION SOLUTION; RENACIDIN IRRIGATION SOLN MO	3	
RENAGEL 400 MG, 800 MG TABLET MO	3	ST
RENEVELA 0.8 GRAM ORAL POWDER PACKET MO	2	QL (540 per 30 days)
RENEVELA 2.4 GRAM ORAL POWDER PACKET MO	2	QL (180 per 30 days)
RENEVELA 800 MG TABLET MO	2	QL (540 per 30 days)
RESECTISOL 5 % URETHRAL SOLUTION MO	3	
ringer's iv solution MO	1	
ringers irrigation solution MO	1	
SAMSCA 15 MG, 30 MG TABLET DL	4	QL (60 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION MO	3	B vs D
sodium acetate 2 meq/ml, 4 meq/ml vial; sodium acetate 40 meq/20 ml vl MO	1	
sod phenylacet-sod benzoate vl DL	4	
sodium bicarb 4.2% abbject; sodium bicarb 7.5% abject; sodium bicarb 8.4% abject MO	1	
sodium bicarb 4.2% vial; sodium bicarb 8.4% vial MO	1	
sodium chloride 0.9% inhal vl; sodium chloride 10% vial; sodium chloride 3% vial MO	1	B vs D
sodium chloride 0.9% irrig. MO	1	
sodium chloride 100 meq/40 ml; sodium chloride 2.5 meq/ml, 4 meq/ml vl MO	1	
saline 0.45% soln-excel con MO	1	
sodium chloride 0.45% soln MO	1	
sodium chloride 0.9% solution MO	1	
sodium chloride 0.9% vial MO	2	
sodium chloride 3% iv soln 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
sodium chloride 5% iv soln MO	1	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION MO	3	
sodium lactate 5 meq/ml vial MO	1	
sodium phenylbutyrate powder DL	4	
sodium phosphate 3mm/ml vial MO	1	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp MO	1	
sps 15 gm/60 ml suspension MO	1	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema MO	1	
sorbitol-mannitol irrig MO	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION MO	1	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA MO	1	
THAM 36 MG/ML (0.3 M) INTRAVENOUS SOLUTION MO	3	
torsemide 10 mg, 100 mg, 20 mg, 5 mg tablet MO	1	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION MO	3	
TRAVASOL 10 % INTRAVENOUS SOLUTION MO	3	B vs D
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp MO	1	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb MO	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION MO	3	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION MO	3	B vs D
UROCIT-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE MO	3	
UROCIT-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE MO	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET,EXTENDED RELEASE MO	3	
VAPRISOL 20 MG/100 ML INTRAVENOUS SOLUTION MO	3	
VELPHORO 500 MG CHEWABLE TABLET DL	4	ST
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET MO	3	PA,QL (30 per 30 days)
VOLUVEN 6 % INTRAVENOUS SOLUTION MO	3	
sterile water for irrigation MO	1	
ZURAMPIC 200 MG TABLET MO	3	PA,QL (30 per 30 days)
ENZYMES		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION DL	4	
ALDURAZYME 2.9 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA
CEREZYME 400 UNIT INTRAVENOUS SOLUTION DL	4	PA
ELAPRASE 6 MG/3 ML INTRAVENOUS SOLUTION DL	4	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION DL	4	PA,QL (70 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
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION DL	4	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION DL	4	PA
KANUMA 2 MG/ML INTRAVENOUS SOLUTION DL	4	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION DL	4	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (38.4 per 28 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION DL	4	
VPRIV 400 UNIT INTRAVENOUS SOLUTION DL	4	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetasol hc ear drops MO	1	
acetazolamide 125 mg, 250 mg tablet MO	1	
acetazolamide er 500 mg cap MO	1	
acetazolamide sod 500 mg vial MO	1	
acetic acid 2% ear solution MO	1	
acetic acid-aluminum drops MO	1	
ACULAR 0.5 % EYE DROPS MO	3	ST
ACULAR LS 0.4 % EYE DROPS MO	3	ST
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE MO	3	ST
ak-poly-bac eye ointment MO	1	
AKTEN (PF) 3.5 % EYE GEL MO	3	
ALCAINE 0.5% EYE DROPS MO	1	
ALOMIDE 0.1 % EYE DROPS MO	3	
ALPHAGAN P 0.1 % EYE DROPS MO	2	
ALPHAGAN P 0.15 % EYE DROPS MO	3	PA
ALREX 0.2 % EYE DROPS,SUSPENSION MO	3	
apraclonidine hcl 0.5% drops MO	1	
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY MO	3	PA,QL (30 per 25 days)
atropine 1% eye drops MO	1	
atropine 1% eye ointment MO	1	
ATROVENT 0.03% SPRAY MO	3	QL (30 per 30 days)
ATROVENT 0.06% SPRAY MO	3	QL (45 per 30 days)
AZASITE 1 % EYE DROPS MO	3	ST,QL (2.5 per 25 days)
azelastine 0.1% (137 mcg) spry MO	1	QL (30 per 25 days)
azelastine 0.15% nasal spray MO	1	QL (30 per 25 days)
azelastine hcl 0.05% drops MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AZOPT 1 % EYE DROPS,SUSPENSION MO	2	QL (10 per 28 days)
bacitracin 500 unit/gm ophth MO	1	
bacitracin-polymyxin eye oint MO	1	
BACTROBAN NASAL 2 % OINTMENT MO	3	
balanced salt intraocular solution MO	1	
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY MO	3	ST,QL (50 per 30 days)
BEPREVE 1.5 % EYE DROPS MO	3	QL (5 per 25 days)
BESIVANCE 0.6 % EYE DROPS,SUSPENSION MO	2	
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	3	
BETAGAN 0.5 % EYE DROPS MO	3	
betaxolol hcl 0.5% eye drop MO	1	
BETIMOL 0.25 %, 0.5 % EYE DROPS MO	3	ST
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION MO	3	ST
bimatoprost 0.03% eye drops MO	1	QL (2.5 per 25 days)
BLEPH-10 10 % EYE DROPS MO	1	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION MO	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT MO	1	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp MO	1	
bromfenac sodium 0.09% eye drp MO	1	QL (1.7 per 30 days)
BROMSITE 0.075 % EYE DROPS MO	3	ST,QL (5 per 30 days)
BSS INTRAOCULAR SOLUTION MO	3	
BSS PLUS INTRAOCULAR SOLUTION MO	3	
budesonide 32 mcg nasal spray MO	1	ST,QL (17.2 per 30 days)
carteolol hcl 1% eye drops MO	1	
chlorhexidine 0.12% rinse MO	1	
CILOXAN 0.3 % EYE DROPS MO	3	
CILOXAN 0.3 % EYE OINTMENT MO	3	
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION MO	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION MO	3	
ciprofloxacin 0.2% otic soln MO	1	
ciprofloxacin 0.3% eye drop MO	1	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION MO	3	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	2	QL (5 per 25 days)
CORTISPORIN-TC EAR SUSPENSION MO	3	
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS MO	3	ST,QL (10 per 30 days)
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE MO	3	ST,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
CYCLOGYL 0.5 %, 1 %, 2 % EYE DROPS MO	1	
cyclopentolate 0.5% eye drops; cyclopentolate 1% eye drops; cyclopentolate hcl 2% drops MO	1	
CYSTARAN 0.44 % EYE DROPS DL	4	PA,QL (60 per 28 days)
DERMOTIC OIL 0.01 % EAR DROPS MO	3	
dexamethasone 0.1% eye drop MO	1	
DIAMOX SEQUELS 500 MG CAPSULE,EXTENDED RELEASE MO	3	PA
diclofenac 0.1% eye drops MO	1	QL (5 per 30 days)
dorzolamide hcl 2% eye drops MO	1	QL (10 per 30 days)
dorzolamide-timolol eye drops MO	1	QL (10 per 30 days)
doxycycline hydiate 20 mg tab MO	1	
DUREZOL 0.05 % EYE DROPS MO	2	
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY MO	3	ST,QL (23 per 28 days)
ELESTAT 0.05 % EYE DROPS MO	3	QL (5 per 25 days)
EMADINE 0.05 % EYE DROPS MO	3	
epinastine hcl 0.05% eye drops MO	1	QL (5 per 25 days)
erythromycin 0.5% eye ointment MO	1	
FLAREX 0.1 % EYE DROPS,SUSPENSION MO	3	
flunisolide 0.025% spray MO	1	QL (50 per 30 days)
fluocinolone oil 0.01% ear drp MO	1	
fluorometholone 0.1% drops MO	1	
flurbiprofen 0.03% eye drop MO	1	
fluticasone prop 50 mcg spray MO	1	QL (16 per 30 days)
FML FORTE 0.25 % EYE DROPS,SUSPENSION MO	3	
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION MO	3	
FML S.O.P. 0.1 % EYE OINTMENT MO	3	
gatifloxacin 0.5% eye drops MO	1	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment MO	1	
gentamicin 0.3% eye drops MO	1	
gentamicin 0.3% eye ointment MO	1	
glydo 2 % mucous membrane jelly in applicator MO	1	
hydrocortison-acetic acid soln MO	1	
ILEVRO 0.3 % EYE DROPS,SUSPENSION MO	2	
ILOTYCIN 0.5% EYE OINTMENT MO	1	
IOPIDINE 0.5 % EYE DROPS MO	3	PA
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE MO	3	
ipratropium 0.03% spray MO	1	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ipratropium 0.06% spray MO	1	QL (45 per 30 days)
ISOPTO ATROPINE 1% EYE DROPS MO	3	
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS MO	3	
ISTALOL 0.5 % EYE DROPS MO	3	
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution MO	1	
LACRISERT 5 MG EYE INSERTS MO	3	
LASTACAFT 0.25 % EYE DROPS MO	3	
latanoprost 0.005% eye drops MO	1	QL (5 per 25 days)
levobunolol 0.5% eye drops MO	1	
levofloxacin 0.5% eye drops MO	1	
lidocaine 2% viscous soln; lidocaine hcl 4% solution MO	1	
lidocaine hcl 2% jelly MO	1	
lidocaine viscous 2 % mucosal solution MO	1	
LOTEMAX 0.5 % EYE OINTMENT MO	3	
LOTEMAX 0.5 %, 0.5 % EYE DROPS,SUSPENSION; LOTE MAX 0.5 %, 0.5 % EYE GEL DROPS MO	3	
LUMIGAN 0.01 % EYE DROPS MO	2	QL (2.5 per 25 days)
MAXIDEX 0.1 % EYE DROPS,SUSPENSION MO	3	
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT MO	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION MO	1	
methazolamide 25 mg, 50 mg tablet MO	1	
metipranolol 0.3% eye drops MO	1	
MIOCHOL-E 1 % (10 MG/ML) INTRAOCULAR KIT MO	3	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION MO	3	
mometasone furoate 50 mcg spry MO	1	ST,QL (34 per 30 days)
MOXEZA 0.5 % EYE DROPS MO	3	
moxifloxacin 0.5% eye drops MO	1	
MYDRIACYL 1 % EYE DROPS MO	1	
naphazoline 0.1% eye drops MO	1	
NASONEX 50 MCG/ACTUATION SPRAY MO	3	ST,QL (34 per 30 days)
NATACYN 5 % EYE DROPS,SUSPENSION MO	3	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment MO	1	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment MO	1	
neo-bacit-poly-hc eye ointment MO	1	
neomyc-bacit-polymix eye oint MO	1	
neomyc-polym-dexamet eye ointm MO	1	
neomyc-polym-dexameth eye drop 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
neomyc-polym-gramicid eye drop MO	1	
neomycin-poly-hc eye drops; neomycin-polymyxin-hc ear susp MO	1	
neomycin-polymyxin-hc ear soln MO	1	
neosporin eye drops MO	1	
NEPTAZANE 25 MG, 50 MG TABLET MO	1	
NEVANAC 0.1 % EYE DROPS,SUSPENSION MO	3	ST
OCUFEN 0.03 % EYE DROPS MO	3	ST
OCUFLOX 0.3 % EYE DROPS MO	3	
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops MO	1	
olopatadine 665 mcg nasal spry MO	1	ST,QL (30.5 per 30 days)
olopatadine hcl 0.1% eye drops; olopatadine hcl 0.2% eye drop MO	1	
OMNARIS 50 MCG NASAL SPRAY MO	3	ST,QL (12.5 per 30 days)
OMNIPRED 1 % EYE DROPS,SUSPENSION MO	3	ST
OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION MO	3	
paroex oral rinse 0.12 % mouthwash MO	1	
PATADAY 0.2 % EYE DROPS MO	3	PA
PATANASE 0.6 % NASAL SPRAY MO	3	ST,QL (30.5 per 30 days)
PATANOL 0.1 % EYE DROPS MO	3	PA
PAZEO 0.7 % EYE DROPS MO	2	QL (2.5 per 25 days)
periogard 0.12 % mouthwash MO	1	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	3	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops MO	2	
polycin 500 unit-10,000 unit/gram eye ointment MO	1	
polymyxin b-tmp eye drops MO	1	
POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS MO	3	
PRED FORTE 1 % EYE DROPS,SUSPENSION MO	3	ST
PRED MILD 0.12 % EYE DROPS,SUSPENSION MO	3	ST
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION MO	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	3	
prednisolone ac 1% eye drop MO	1	
prednisolone sod 1% eye drop MO	1	
PROLENSA 0.07 % EYE DROPS MO	3	ST,QL (3 per 30 days)
proparacaine 0.5% eye drops MO	1	
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY MO	3	ST,QL (4.9 per 30 days)
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY MO	3	ST,QL (8.7 per 30 days)
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	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
RESTASIS MULTIDOSE 0.05 % EYE DROPS MO	2	QL (5.5 per 25 days)
RHINOCORT AQUA NASAL SPRAY MO	3	ST,QL (17.2 per 30 days)
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION MO	3	ST,QL (16 per 30 days)
sulfacetamide 10% eye drops MO	1	
sulfacetamide 10% eye ointment MO	1	
sulf-pred 10-0.23% eye drops MO	1	
timolol 0.25% eye drops; timolol 0.5% eye drops MO	1	
timolol 0.25% gel-solution; timolol 0.5% gel-solution MO	1	
TIMOPTIC 0.25 %, 0.5 % EYE DROPS MO	3	
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % EYE DROPS IN A DROPPERETTE MO	3	
TIMOPTIC-XE 0.25 % EYE GEL MO	3	
TIMOPTIC-XE 0.5 % EYE GEL MO	3	PA
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION MO	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT MO	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION MO	3	
tobramycin 0.3% eye drops MO	1	
tobramycin-dexameth ophth susp MO	1	
TOBREX 0.3 % EYE DROPS MO	1	
TOBREX 0.3 % EYE OINTMENT MO	3	
TRAVATAN Z 0.004 % EYE DROPS MO	2	QL (2.5 per 25 days)
travoprost 0.004% eye drop MO	1	QL (2.5 per 25 days)
triamcinolone 55 mcg nasal spr MO	1	QL (17 per 30 days)
TRIESENCE (PF) 40 MG/ML INTRAOCULAR SUSPENSION MO	3	B vs D
trifluridine 1% eye drops MO	1	
tropicamide 0.5% eye drops; tropicamide 1% eye drops MO	1	
TRUSOPT 2 % EYE DROPS MO	3	QL (10 per 30 days)
VERAMYST 27.5 MCG NASAL SPRAY MO	3	ST,QL (10 per 30 days)
VEXOL 1% EYE DROPS MO	3	ST
VIGAMOX 0.5 % EYE DROPS MO	3	
VIROPTIC 1 % EYE DROPS MO	3	
XALATAN 0.005 % EYE DROPS MO	3	QL (5 per 25 days)
XiIDRA 5 % EYE DROPS IN A DROPPERETTE MO	3	PA,QL (60 per 30 days)
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER MO	3	ST,QL (6.1 per 28 days)
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE MO	3	ST,QL (30 per 30 days)
ZIRGAN 0.15 % EYE GEL MO	3	QL (5 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
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION MO	3	
ZYMAXID 0.5 % EYE DROPS MO	3	QL (2.5 per 25 days)
GASTROINTESTINAL DRUGS		
ACIPHEX 20 MG TABLET,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
ACIPHEX SPRINKLE 10 MG, 5 MG CAPSULE,DELAYED RELEASE SPRINKLE MO	3	QL (30 per 30 days)
ACTIGALL 300 MG CAPSULE MO	3	PA
AKYNZEO 300 MG-0.5 MG CAPSULE DL	4	PA,QL (4 per 28 days)
<i>alosetron hcl 0.5 mg, 1 mg tablet</i> DL	4	PA,QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE MO	2	QL (60 per 30 days)
<i>lansoprazol-amoxicil-clarithro</i> MO	1	ST
ANZEMET 100 MG, 50 MG TABLET MO	3	ST,QL (4 per 28 days)
ANZEMET 100 MG/5 ML, 12.5 MG/0.625 ML, 20 MG/ML VIAL; ANZEMET 20 MG/ML VIAL MO	3	ST
<i>aprepitant 125 mg, 40 mg capsule</i> MO	1	B vs D,QL (2 per 28 days)
<i>aprepitant 125-80-80 mg pack</i> MO	1	B vs D,QL (6 per 28 days)
<i>aprepitant 80 mg capsule</i> MO	1	B vs D,QL (4 per 28 days)
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE MO	2	QL (120 per 30 days)
ASACOL HD 800 MG TABLET,DELAYED RELEASE MO	3	ST
<i>balsalazide disodium 750 mg cp</i> MO	1	
CANASA 1,000 MG RECTAL SUPPOSITORY MO	2	QL (30 per 30 days)
CARAFATE 1 GRAM TABLET MO	3	
CARAFATE 100 MG/ML ORAL SUSPENSION MO	3	
CESAMET 1 MG CAPSULE DL	4	PA,QL (180 per 30 days)
CHENODAL 250 MG TABLET DL	4	PA
CHOLBAM 250 MG, 50 MG CAPSULE DL	4	PA,QL (120 per 30 days)
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet</i> MO	1	
<i>cimetidine 300 mg/5 ml soln</i> MO	1	
COLAZAL 750 MG CAPSULE MO	3	PA
COLYTE WITH FLAVOR PACKS; COLYTE WITH FLAVOR PACKS 240 GRAM-22.72 G-6.72 G-5.84 G ORAL SOLUTION MO	3	ST
COMPazine 10 MG, 5 MG TABLET MO	3	B vs D
COMPazine 25 MG RECTAL SUPPOSITORY MO	3	
<i>compro 25 mg rectal suppository</i> MO	1	
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 MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CYTOTEC 100 MCG, 200 MCG TABLET MO	3	
DELZICOL 400 MG, 400 MG CAPSULE (DR TABLETS INSIDE); DELZICOL DR 400 MG, 400 MG CAPSULE MO	3	ST,QL (180 per 30 days)
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE MO	3	QL (30 per 30 days)
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE MO	3	
dimenhydrinate 50 mg/ml vial MO	1	PA
DIPENTUM 250 MG CAPSULE DL	4	ST
diphenoxylat-atrop 2.5-0.025/5 MO	1	
diphenoxylate-atrop 2.5-0.025 MO	1	
dronabinol 10 mg, 2.5 mg, 5 mg capsule MO	1	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK MO	3	PA,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION MO	3	PA,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE MO	3	PA,QL (2 per 28 days)
EMEND 150 MG INTRAVENOUS SOLUTION MO	3	PA
EMEND 80 MG CAPSULE MO	3	PA,QL (4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION MO	3	PA
ENTYVIO 300 MG INTRAVENOUS SOLUTION DL	4	PA,QL (2 per 28 days)
esomeprazole mag dr 20 mg, 40 mg cap MO	1	QL (30 per 30 days)
esomeprazole sodium 20 mg, 40 mg vial MO	1	
famotidine 20 mg, 40 mg tablet MO	1	
famotidine 40 mg/4 ml vial MO	1	
famotidine 40 mg/5 ml susp MO	1	
famotidine 20 mg/2 ml vial MO	1	
famotidine 20 mg piggyback MO	1	
FULYZAQ 125 MG DR TABLET MO	3	PA,QL (60 per 30 days)
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT DL	4	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT DL	4	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution MO	1	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution MO	1	
gavilyte-h and bisacodyl kit MO	1	
gavilyte-n 420 gram oral solution MO	1	
GIAZO 1.1 GRAM TABLET MO	3	PA,QL (180 per 30 days)
GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET MO	3	ST
GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION MO	3	ST
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial MO	1	
granisetron hcl 1 mg tablet MO	1	B vs D,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
granisetron hcl 1 mg/ml vial MO	1	
granisetron hcl 4 mg/4 ml vial MO	1	QL (4 per 28 days)
lansoprazole dr 15 mg capsule MO	1	QL (60 per 30 days)
lansoprazole dr 30 mg capsule MO	1	QL (30 per 30 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE MO	2	QL (120 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	2	QL (30 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET MO	3	PA
loperamide 2 mg capsule MO	1	
LOTRONEX 0.5 MG, 1 MG TABLET DL	4	PA,QL (60 per 30 days)
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE DL	4	PA,QL (120 per 30 days)
meclizine 12.5 mg, 25 mg tablet MO	1	PA
mesalamine 4 gm/60 ml enema MO	1	QL (1800 per 30 days)
mesalamine 800 mg dr tablet MO	1	ST
metoclopramide 10 mg, 5 mg tablet MO	1	
metoclopramide 10 mg/2 ml syr MO	1	
metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln MO	1	
metoclopramide hcl 10 mg odt MO	1	QL (180 per 30 days)
metoclopramide hcl 5 mg odt MO	1	QL (360 per 30 days)
METOZOLV ODT 5 MG TABLET MO	3	QL (360 per 30 days)
misoprostol 100 mcg, 200 mcg tablet MO	1	
MOTOFEN 1 MG-0.025 MG TABLET MO	3	
MOVANTIK 12.5 MG, 25 MG TABLET MO	3	PA,QL (30 per 30 days)
MOVIPREP 100 G-7.5 G-2.691 G-4.7 G ORAL POWDER PACKET MO	3	ST
MYTESI 125 MG TABLET,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
NEXIUM 40 MG INTRAVENOUS SOLUTION MO	3	
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG GRANULES DELAYED RELEASE FOR SUSP MO	3	QL (30 per 30 days)
nizatidine 15 mg/ml solution MO	1	
nizatidine 150 mg, 300 mg capsule MO	1	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION MO	3	ST
OCALIVA 10 MG, 5 MG TABLET DL	4	PA,QL (30 per 30 days)
OMECLAMOX-PAK 20 MG-500 MG-500 MG (40) ORAL PACK MO	3	ST
omeppi 20 mg-1.1 gram capsule; omeppi 40 mg-1.1 gram capsule MO	1	ST,QL (30 per 30 days)
omeprazole dr 10 mg, 20 mg, 40 mg capsule MO	1	QL (60 per 30 days)
omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 40-1,100 cap MO	1	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
omeprazole-bicarb 20-1,680 pkt; omeprazole-bicarb 40-1,680 pkt MO	1	ST,QL (30 per 30 days)
ondansetron odt 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron 4 mg/5 ml solution MO	1	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial MO	1	
ondansetron hcl 24 mg tablet MO	1	B vs D,QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr MO	1	
ondansetron hcl 4 mg/2 ml vial MO	1	
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET MO	3	ST
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 MO	3	
pancrelipase dr 5,000 unit cap MO	3	
pantoprazole sod dr 20 mg, 40 mg tab MO	1	QL (60 per 30 days)
pantoprazole sodium 40 mg vial MO	1	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln MO	1	
peg 3350-electrolyte solution MO	1	
peg-prep 5 mg-210 gram oral kit MO	1	
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE MO	3	PA,QL (150 per 30 days)
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE DL	4	PA,QL (300 per 30 days)
pepcid 20 mg, 40 mg tablet MO	3	PA
PEPCID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION MO	3	PA
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 MO	3	
polyethylene glycol 3350 powd MO	1	
PREPOPIK 10 MG-3.5 GRAM-12 GRAM ORAL POWDER PACKET MO	3	ST
PREVACID 15 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
PREVACID 30 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG DELAYED RELEASE,DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
PREVPAC 500 MG-500 MG-30 MG ORAL PACK MO	3	ST
PRILOSEC 10 MG, 2.5 MG ORAL SUSPENSION,DELAYED RELEASE MO	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRILOSEC DR 10 MG, 20 MG, 40 MG CAPSULE MO	3	PA,QL (60 per 30 days)
prochlorperazine 25 mg supp MO	1	
prochlorperazine 10 mg/2 ml vial MO	1	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet MO	1	B vs D
PROTONIX 20 MG, 40 MG TABLET,DELAYED RELEASE MO	3	QL (60 per 30 days)
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET MO	3	QL (30 per 30 days)
PROTONIX 40 MG INTRAVENOUS SOLUTION MO	3	
rabeprazole sod dr 20 mg tab MO	1	QL (30 per 30 days)
ranitidine 15 mg/ml syrup MO	1	
ranitidine 150 mg, 300 mg capsule MO	1	
ranitidine 150 mg, 300 mg tablet MO	1	
ranitidine hcl 50 mg/2 ml vial MO	1	
REGLAN 10 MG, 5 MG TABLET MO	3	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION MO	3	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE MO	3	QL (36 per 28 days)
RELISTOR 150 MG TABLET MO	3	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE MO	3	QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH MO	3	QL (4 per 30 days)
scopolamine 1 mg/3 day patch MO	1	QL (10 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA MO	3	QL (1800 per 30 days)
sucralfate 1 gm tablet MO	1	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	2	
SYNDROS 5 MG/ML ORAL SOLUTION DL	4	PA,QL (120 per 30 days)
TIGAN 100 MG/ML INTRAMUSCULAR SOLUTION MO	3	
TIGAN 300 MG CAPSULE MO	3	B vs D
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) MO	3	QL (10 per 30 days)
trilyte with flavor packets 420 gram oral solution MO	1	
trimethobenzamide 300 mg cap MO	1	B vs D
TRULANCE 3 MG TABLET MO	3	PA,QL (30 per 30 days)
ULTRESA DR 13,800 UNIT CAPSULE; ULTRESA DR 20,700 UNIT CAPSULE; ULTRESA DR 23,000 UNIT CAPSULE MO	3	
URSO 250 250 MG TABLET MO	3	PA
URSO FORTE 500 MG TABLET MO	3	PA
ursodiol 250 mg, 500 mg tablet MO	1	
ursodiol 300 mg capsule MO	1	
VIBERZI 100 MG, 75 MG TABLET 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
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET; VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET MO	3	
XENICAL 120 MG CAPSULE MO	3	PA
XERMELO 250 MG TABLET DL	4	PA,QL (84 per 28 days)
ZANTAC 150 MG, 300 MG TABLET MO	3	PA
ZANTAC 25 MG/ML, 50 MG/2 ML (25 MG/ML) INJECTION SOLUTION MO	3	PA
ZEGERID 20 MG-1,680 MG ORAL PACKET; ZEGERID 40 MG-1,680 MG ORAL PACKET MO	3	ST,QL (30 per 30 days)
ZEGERID 20 MG-1.1 GRAM CAPSULE; ZEGERID 40 MG-1.1 GRAM CAPSULE MO	3	ST,QL (30 per 30 days)
ZENPEP 10,000 UNIT-34,000 UNIT-55,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 15,000 UNIT-51,000 UNIT-82,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 20,000 UNIT-68,000 UNIT-109,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 25,000 UNIT-85,000 UNIT-136,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-16,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 40,000 UNIT-136,000 UNIT-218,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-27,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZOFRAN 2 MG/ML INTRAVENOUS SOLUTION MO	3	PA
ZOFRAN 4 MG, 8 MG TABLET MO	3	PA,QL (90 per 30 days)
ZOFRAN 4 MG/5 ML ORAL SOLUTION MO	3	PA,QL (450 per 30 days)
ZOFRAN ODT 4 MG, 8 MG DISINTEGRATING TABLET MO	3	PA,QL (90 per 30 days)
ZUPLENZ 4 MG, 8 MG ORAL SOLUBLE FILM MO	3	B vs D,QL (90 per 30 days)
GOLD COMPOUNDS		
RIDAURA 3 MG CAPSULE DL	4	
HEAVY METAL ANTAGONISTS		
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION MO	3	
calcium disodium versenate 200 mg/ml injection solution MO	1	
CHEMET 100 MG CAPSULE DL	4	
CUPRIMINE 250 MG CAPSULE MO	4	
deferoxamine 2 gram, 500 mg vial MO	1	
DEPEN TITRATABS 250 MG TABLET DL	4	
DESFERAL 2 GRAM, 500 MG SOLUTION FOR INJECTION MO	3	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET DL	4	PA
FERRIPROX 100 MG/ML ORAL SOLUTION DL	4	PA,QL (3600 per 30 days)
FERRIPROX 500 MG TABLET DL	4	PA,QL (720 per 30 days)
JADENU 180 MG, 360 MG, 90 MG TABLET DL	4	PA
JADENU SPRINKLE 180 MG ORAL GRANULES IN PACKET DL	4	PA,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
JADENU SPRINKLE 360 MG ORAL GRANULES IN PACKET DL	4	PA,QL (300 per 30 days)
JADENU SPRINKLE 90 MG ORAL GRANULES IN PACKET DL	4	PA,QL (1200 per 30 days)
SYPRINE 250 MG CAPSULE DL	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
a-hydrocort 100 mg solution for injection MO	1	
acarbose 100 mg, 25 mg, 50 mg tablet MO	1	
ACTIVELLA 0.5 MG-0.1 MG TABLET; ACTIVELLA 1 MG-0.5 MG TABLET MO	3	PA
ACTOPLUS MET 15 MG-500 MG TABLET; ACTOPLUS MET 15 MG-850 MG TABLET MO	3	PA,QL (90 per 30 days)
ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE; ACTOPLUS MET XR 30 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET MO	3	PA,QL (30 per 30 days)
ADLYXIN 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR; ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (6 per 28 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 4 UNIT (30)/8 UNIT (60) CARTRIDGE WITH INHALER; AFREZZA 4 UNIT (60)/8 UNIT (30) CARTRIDGE WITH INHALER; AFREZZA 8 UNIT (60)/12 UNIT (30) CARTRIDGE WITH INHALER MO	3	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 MO	3	PA,QL (180 per 30 days)
ALORA 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (8 per 28 days)
altavera (28) 0.15 mg-0.03 mg tablet MO	1	
alyacen 1/35 (28) 1 mg-35 mcg tablet MO	1	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	1	
amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet MO	1	PA
AMARYL 1 MG, 2 MG, 4 MG TABLET MO	3	PA
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
amethyst 90 mcg-20 mcg tablet MO	1	
ANADROL-50 50 MG TABLET DL	4	
ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	3	PA,QL (90 per 30 days)
ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	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), 12.5 MG/ 1.25 GRAM (1 %) TRANSDERMAL GEL PACKET; ANDROGEL 1% GEL PUMP MO	3	PA,QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET MO	2	QL (37.5 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
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 MO	2	QL (150 per 30 days)
ANDROID 10 MG CAPSULE MO	1	
androxy 10 mg tablet MO	1	
ANGELIQ 0.25 MG-0.5 MG TABLET; ANGELIQ 0.5 MG-1 MG TABLET MO	3	PA
APIDRA 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	ST
APIDRA SOLOSTAR 100 UNIT/ML SUBCUTANEOUS INSULIN PEN MO	3	ST
apri 0.15 mg-0.03 mg tablet MO	1	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet MO	1	
ARISTOSCAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION MO	3	
ARISTOSCAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION MO	3	
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET MO	3	PA
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
aubra 0.1 mg-20 mcg tablet MO	1	
AVANDIA 2 MG, 4 MG TABLET MO	3	QL (60 per 30 days)
AVEED 750 MG/3 ML (250MG/ML) INTRAMUSCULAR SOLUTION MO	3	PA,QL (3 per 70 days)
aviane 0.1 mg-20 mcg tablet MO	1	
AXIRON 30 MG/ACTUATION (1.5 ML) TRANSDERM SOLUTION IN METERED PUMP MO	3	PA,QL (180 per 30 days)
AYGESTIN 5 MG TABLET MO	3	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	1	
balziva (28) 0.4 mg-35 mcg tablet MO	1	
BASAGLAR KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	PA
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	1	
betamethasone ac-sp 6 mg/ml vl MO	1	
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET MO	3	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	1	
BREVICON (28) 0.5 MG-35 MCG TABLET MO	3	
briellyn 0.4 mg-35 mcg tablet MO	1	
budesonide ec 3 mg capsule MO	1	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION MO	3	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR MO	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
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 MO	3	QL (2.4 per 30 days)
calcitonin-salmon 200 units sp MO	1	QL (3.7 per 28 days)
camila 0.35 mg tablet MO	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	3	QL (91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	1	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION FOR INJECTION MO	3	
chateal 0.15 mg-0.03 mg tablet MO	1	
chlorpropamide 100 mg, 250 mg tablet MO	1	PA
chorionic gonad 10,000 unit v ^l MO	3	PA
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 MO	3	PA,QL (4 per 28 days)
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH MO	3	PA,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 MO	3	PA,QL (8 per 28 days)
CORTEF 10 MG, 20 MG, 5 MG TABLET MO	3	
cortisone 25 mg tablet MO	1	
CRINONE 4 %, 8 % VAGINAL GEL MO	3	
cryselle (28) 0.3 mg-30 mcg tablet MO	1	
cyclafem 1/35 (28) 1 mg-35 mcg tablet MO	1	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	1	
CYCLESSA (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET MO	3	
cyred 0.15 mg-0.03 mg tablet MO	1	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET MO	3	
danazol 100 mg, 200 mg, 50 mg capsule MO	1	
dasetta 1/35 (28) 1 mg-35 mcg tablet MO	1	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	1	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
DDAVP 0.1 MG TABLET MO	3	PA,QL (180 per 30 days)
DDAVP 0.1 MG/ML (REFRIGERATE), 4 MCG/ML INJECTION SOLUTION; DDAVP 0.1 MG/ML (REFRIGERATE), 4 MCG/ML NASAL SOLUTION MO	3	PA
DDAVP 0.2 MG TABLET MO	3	PA
DDAVP 10 MCG/SPRAY (0.1 ML) NASAL SPRAY AEROSOL MO	3	PA,QL (25 per 30 days)
deblitane 0.35 mg tablet MO	1	
DEESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML INTRAMUSCULAR OIL MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DELTASONE 20 MG TABLET MO	1	B vs D
delyla (28) 0.1 mg-20 mcg tablet MO	1	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	1	QL (5 per 30 days)
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION FOR INJECTION MO	3	
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION MO	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE MO	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SOLUTION MO	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE MO	3	QL (0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML INTRAMUSCULAR OIL MO	1	
desmopressin 0.01% solution MO	1	QL (25 per 30 days)
desmopressin 0.1 mg/ml sol; desmopressin ac 0.1 mg/ml (refrigerate), 4 mcg/ml vial MO	1	
desmopressin 10 mcg/0.1 ml spr MO	1	QL (25 per 30 days)
desmopressin acetate 0.1 mg tb MO	1	QL (180 per 30 days)
desmopressin acetate 0.2 mg tb MO	1	
desogestrel-eth estrad eth estra MO	1	
DESOGEN 28 DAY TABLET MO	3	
desogestrel-ethinyl estrad tab MO	1	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablet MO	1	
dexamethasone 0.5 mg/5 ml elx MO	1	
dexamethasone 0.5 mg/5 ml liq MO	1	
dexamethasone intensol 1 mg/ml drops (concentrate) MO	1	
dexamethasone 10 mg/ml vial MO	1	
dexamethasone 10 mg/ml, 4 mg/ml vial MO	1	
dexamethasone 4 mg/ml syringe MO	1	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK MO	1	
DEXPAK 13 DAY 1.5 MG (51 TABS) TABLETS IN A DOSE PACK MO	1	
DEXPAK 6 DAY 1.5 MG (21 TABS) TABLETS IN A DOSE PACK MO	1	
DIABETA 1.25 MG, 2.5 MG, 5 MG TABLET MO	3	PA
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %) TRANSDERMAL GEL PACKET MO	3	PA
drosp-ee-levomef 3-0.02-0.451 MO	1	
drospirenone-ee 3-0.02 mg, 3-0.03 mg tab MO	1	
DUAVEE 0.45 MG-20 MG TABLET MO	3	PA,QL (30 per 30 days)
DUETACT 30 MG-2 MG TABLET; DUETACT 30 MG-4 MG TABLET MO	3	QL (30 per 30 days)
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION DL	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
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP MO	3	PA,QL (52 per 30 days)
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
elinest 0.3 mg-30 mcg tablet MO	1	
ELLA 30 MG TABLET MO	2	QL (1 per 30 days)
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET DL	4	PA
EMFLAZA 22.75 MG/ML ORAL SUSPENSION DL	4	PA
emoquette 0.15 mg-0.03 mg tablet MO	1	
ENDOMETRIN 100 MG VAGINAL INSERTS MO	3	
ENJUVIA 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	3	PA
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
enskyce 0.15 mg-0.03 mg tablet MO	1	
ENTOCORT EC 3 MG CAPSULE,DELAYED,EXTENDED RELEASE DL	4	PA
errin 0.35 mg tablet MO	1	
estarylla 0.25 mg-35 mcg tablet MO	1	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM MO	1	
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MO	1	PA
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 MO	1	PA,QL (8 per 28 days)
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 MO	1	PA,QL (4 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg tablet MO	1	PA
estradiol 10 mcg vaginal insrt MO	1	
estradiol valerate 20 mg/ml, 40 mg/ml v ^l MO	1	
estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb MO	1	PA
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING MO	3	QL (1 per 90 days)
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 MO	1	PA
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET MO	3	
ethynodiol-eth estra 1mg-50mcg MO	1	
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY MO	3	PA
EVISTA 60 MG TABLET MO	3	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
falmina (28) 0.1 mg-20 mcg tablet MO	1	
FARESTON 60 MG TABLET DL	4	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET MO	3	QL (30 per 30 days)
fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack MO	1	QL (91 per 90 days)
FEMCON FE CHEWABLE TABLET MO	3	
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET MO	3	PA
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL MO	3	QL (1 per 90 days)
femynor 0.25 mg-35 mcg tablet MO	1	
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION DL	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION MO	3	PA
FLO-PRED 16.7(15) MG/5 ML SUSP MO	3	
fludrocortisone 0.1 mg tablet MO	1	
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
FORTAMET 500 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (150 per 30 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (2.4 per 28 days)
FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP MO	3	PA,QL (120 per 30 days)
fyavolv 0.5 mg-2.5 mcg tablet; fyavolv 1 mg-5 mcg tablet MO	1	PA
GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET MO	3	
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE DL	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 DL	4	PA
gianvi (28) 3 mg-20 mcg tablet MO	1	
gildagia 0.4 mg-35 mcg tablet MO	1	
gildess 1.5 mg-30 mcg tablet MO	1	
gildess 1 mg-20 mcg tablet MO	1	
gildess fe 1.5-30 tablet MO	1	
glimepiride 1 mg, 2 mg, 4 mg tablet MO	1	
glipizide 10 mg, 5 mg tablet MO	1	
glipizide er 10 mg, 2.5 mg, 5 mg tablet MO	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg MO	1	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	2	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION MO	3	ST
GLUCOPHAGE 1,000 MG, 500 MG, 850 MG TABLET MO	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
GLUCOTROL 10 MG, 5 MG TABLET MO	3	
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET,EXTENDED RELEASE MO	3	
GLUCOVANCE 2.5 MG-500 MG TABLET; GLUCOVANCE 5 MG-500 MG TABLET MO	3	PA
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
glyburide 1.25 mg, 2.5 mg, 5 mg tablet MO	1	PA
glyburide micro 1.5 mg, 3 mg, 6 mg tab; glyburide micro 1.5 mg, 3 mg, 6 mg tablet MO	1	PA
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 MO	1	PA
GLYNASE 1.5 MG, 3 MG, 6 MG TABLET MO	3	PA
GLYSET 100 MG, 25 MG, 50 MG TABLET MO	3	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MO	2	QL (30 per 30 days)
heather 0.35 mg tablet MO	1	
HUMALOG 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	3	ST
HUMALOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	ST
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN MO	3	ST
HUMALOG KWIKPEN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	ST
HUMALOG MIX 50-50 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	ST
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	ST
HUMALOG MIX 75-25 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	ST
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML SUBCUTANEOUS INSULIN PEN MO	3	ST
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) INJECTION CARTRIDGE DL	4	PA
HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION DL	4	PA
HUMULIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	ST
HUMULIN 70/30 KWIKPEN 100 UNIT/ML (70-30) SUBCUTANEOUS MO	3	ST
HUMULIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	ST
HUMULIN N KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	ST
HUMULIN R U-100 100 UNIT/ML INJECTION SOLUTION MO	3	ST
HUMULIN R U-500 (CONCENTRATED) KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS DL	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
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN DL	4	
hydrocortisone 10 mg, 20 mg, 5 mg tablet MO	1	
hydroxyprogesterone 1.25 g/5ml DL	4	PA
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA
introvale 0.15 mg-30 mcg tablets,3 month dose pack MO	1	QL (91 per 90 days)
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 MO	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 MO	2	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	2	QL (30 per 30 days)
isibloom 0.15 mg-0.03 mg tablet MO	1	
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MO	2	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	2	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	2	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	2	QL (30 per 30 days)
jencycla 0.35 mg tablet MO	1	
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MO	2	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (30 per 30 days)
jevantique lo 0.5 mg-2.5 mcg tablet MO	3	PA
jinteli 1 mg-5 mcg tablet MO	1	PA
jolessa 0.15 mg-30 mcg tablets,3 month dose pack MO	1	QL (91 per 90 days)
jolivette 0.35 mg tablet MO	1	
juleber 0.15 mg-0.03 mg tablet MO	1	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet MO	1	
junel 1/20 (21) 1 mg-20 mcg tablet MO	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet MO	1	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet MO	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KAZANO 12.5 MG-1,000 MG TABLET; KAZANO 12.5 MG-500 MG TABLET MO	3	QL (60 per 30 days)
kelnor 1/35 (28) 1 mg-35 mcg tablet MO	1	
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION FOR INJECTION MO	3	
kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	1	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	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 MO	3	QL (30 per 30 days)
KORLYM 300 MG TABLET DL	4	PA,QL (120 per 30 days)
kurvelo 0.15 mg-0.03 mg tablet MO	1	
levono-e estrad 0.10-0.02-0.01; levono-e estrad 0.15-0.03-0.01 MO	1	QL (91 per 90 days)
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	2	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	1	
larin 1/20 (21) 1 mg-20 mcg tablet MO	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	1	
larissia 0.1 mg-20 mcg tablet MO	1	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET MO	3	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet MO	1	
lessina 0.1 mg-20 mcg tablet MO	1	
leuprolide 2wk 14 mg/2.8 ml kt MO	1	B vs D
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	2	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	2	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
levonor-eth estrad triphasic MO	1	
levonorgestrel 1.5 mg tablet MO	1	
levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 MO	1	
levonor-eth estrad 0.15-0.03 MO	1	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet MO	1	
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 MO	1	
levothyroxine 100 mcg, 200 mcg, 500 mcg vial 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
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	1	
lillow 0.15 mg-0.03 mg tablet MO	1	
liothyronine sod 10 mcg/ml v1 MO	1	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab MO	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET MO	3	
locort 1.5 mg (27 tabs), 1.5 mg (41 tabs) tablets in a dose pack MO	1	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET MO	1	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET MO	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	3	
lomedia 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	1	
lopreeza 0.5 mg-0.1 mg tablet; lopreeza 1 mg-0.5 mg tablet MO	1	PA
loryna (28) 3 mg-20 mcg tablet MO	1	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet MO	1	
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT MO	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT DL	4	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MO	3	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT MO	3	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT DL	4	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT DL	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT DL	4	PA,QL (1 per 90 days)
lutera (28) 0.1 mg-20 mcg tablet MO	1	
lyza 0.35 mg tablet MO	1	
MAKENA 250 MG/ML, 250 MG/ML (1 ML) INTRAMUSCULAR OIL DL	4	PA
marlissa 0.15 mg-0.03 mg tablet MO	1	
MEDROL 16 MG, 2 MG, 32 MG, 4 MG, 8 MG TABLET MO	3	B vs D
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK MO	3	B vs D
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab MO	1	
medroxyprogesterone 150 mg/ml MO	1	QL (1 per 90 days)
MEGACE 40 MG/ML ORAL SUSP MO	3	PA
MEGACE ES 625 MG/5 ML ORAL SUSPENSION MO	3	PA
megestrol 20 mg, 40 mg tablet MO	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
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 MO	1	PA
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	1	PA
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (8 per 28 days)
metformin er 1,000 mg osm-tab MO	1	ST,QL (60 per 30 days)
metformin hcl 1,000 mg, 500 mg, 850 mg tablet MO	1	
metformin hcl er 1,000 mg, 750 mg tab; metformin hcl er 1,000 mg, 750 mg tablet MO	1	QL (60 per 30 days)
metformin hcl er 500 mg osm-tb MO	1	ST,QL (150 per 30 days)
metformin hcl er 500 mg, 500 mg tablet MO	1	QL (120 per 30 days)
methimazole 10 mg, 5 mg tablet MO	1	
METHITEST 10 MG TABLET MO	1	
methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg dosepk; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tablet MO	1	B vs D
methylprednisolone 40 mg/ml, 80 mg/ml vl MO	1	
methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 125 mg, 40 mg; methylprednisolone ss 1,000 mg, 125 mg, 40 mg vl MO	1	
methyltestosterone 10 mg cap DL	4	
MIACALCIN 200 UNIT NASAL SPRAY MO	3	QL (3.7 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION SOLUTION MO	3	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet MO	1	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet MO	1	
MICROGESTIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET MO	3	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	1	
miglitol 100 mg, 25 mg, 50 mg tablet MO	1	
MILLIPRED 10 MG/5 ML ORAL SOLUTION MO	1	
millipred 5 mg tablet MO	1	B vs D
millipred dp 5 mg (21 tabs) tablets in a dose pack MO	1	
millipred dp 5 mg (48 tabs) tablets in a dose pack MO	1	B vs D
mimvey 1 mg-0.5 mg tablet MO	1	PA
mimvey lo 0.5 mg-0.1 mg tablet MO	1	PA
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET MO	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 MO	3	PA,QL (8 per 28 days)
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mono-linyah 0.25 mg-35 mcg tablet MO	1	
mononessa (28) 0.25 mg-35 mcg tablet MO	1	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION DL	4	PA,QL (30 per 30 days)
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MO	3	
nateglinide 120 mg, 60 mg tablet MO	1	
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP MO	3	PA,QL (21.96 per 30 days)
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE DL	4	PA,QL (2 per 28 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MO	1	
necon 1-35-28 tablet MO	1	
necon 1/50 (28) 1 mg-50 mcg tablet MO	3	
necon 10-11-28 tablet MO	1	
necon 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET MO	3	QL (30 per 30 days)
nikki (28) 3 mg-20 mcg tablet MO	1	
nora-be 0.35 mg tablet MO	1	
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 DL	4	PA
noret-estr-fe 0.4-0.035(21)-75; noreth-in-estra-fe 0.8-0.025 mg MO	1	
norethindrone 0.35 mg tablet MO	1	
noreth-in-eth estrad 1 mg-5 mcg; norethind-eth estrad 0.5-2.5 MO	1	PA
norethind-eth estrad 1-0.02 mg MO	1	
norethindrone 5 mg tablet MO	1	
noreth-estradi-f 1-0.02(21)-75; noreth-estradi-f 1-0.02(24)-75 MO	1	
noreth-estradi-f 1-0.02(24)-75 MO	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 MO	1	
NORINYL 1+50-28 TABLET MO	3	
NORINYL 1-35 28 TABLET MO	3	
norlyda 0.35 mg tablet MO	1	
norlyroc 0.35 mg tablet MO	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet MO	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet MO	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet MO	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVAREL 10,000 UNIT, 5,000 UNIT INTRAMUSCULAR SOLUTION MO	3	PA
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	2	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	2	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION MO	2	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS MO	2	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	2	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	2	
NUTROPIN AQ 20 MG/2ML PEN CART; NUTROPIN AQ PEN CARTRIDGE DL	4	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 DL	4	PA
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL MO	3	QL (1 per 28 days)
ocella 3 mg-0.03 mg tablet MO	1	
ogestrel (28) 0.5 mg-50 mcg tablet MO	1	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE DL	4	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
ONGLYZA 2.5 MG, 5 MG TABLET MO	3	QL (30 per 30 days)
ORAPRED ODT 10 MG, 15 MG, 30 MG DISINTEGRATING TABLET MO	3	
orsythia 0.1 mg-20 mcg tablet MO	1	
ORTHO EVRA PATCH MO	3	QL (3 per 28 days)
ORTHO MICRONOR 0.35 MG TABLET MO	3	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET MO	3	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET MO	3	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET MO	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET MO	3	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET MO	3	
OSENI 12.5 MG-15 MG TABLET; 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 MO	3	QL (30 per 30 days)
OVCON-35 (28) 0.4 MG-35 MCG TABLET MO	1	
oxandrolone 10 mg tablet DL	4	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet MO	1	PA,QL (120 per 30 days)
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION MO	3	
philith 0.4 mg-35 mcg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	1	
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet MO	1	QL (30 per 30 days)
pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 MO	1	QL (30 per 30 days)
pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 MO	1	QL (90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet MO	1	
portia 0.15 mg-0.03 mg tablet MO	1	
PRANDIMET 1 MG-500 MG TABLET; PRANDIMET 2 MG-500 MG TABLET MO	3	
PRANDIN 0.5 MG, 1 MG, 2 MG TABLET MO	3	
PRECOSE 100 MG, 25 MG, 50 MG TABLET MO	3	
prednisolone 15 mg/5 ml syrup MO	1	
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 MO	1	
prednisolone odt 10 mg, 15 mg, 30 mg tablet MO	1	
prednisone 1 mg, 10 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 5 mg, 50 mg tab dose pack; prednisone 1 mg, 10 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 5 mg, 50 mg tablet MO	1	B vs D
prednisone 5 mg/5 ml solution MO	1	B vs D
prednisone intensol 5 mg/ml oral concentrate MO	1	B vs D
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET MO	3	PA
PREGNYL 10,000 UNIT INTRAMUSCULAR SOLUTION MO	3	PA
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	3	PA
PREMARIN 0.625 MG/GRAM VAGINAL CREAM MO	2	
PREMARIN 25 MG SOLUTION FOR INJECTION MO	3	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET MO	3	PA
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 MO	3	PA
previfem 0.25 mg-35 mcg tablet MO	1	
progesterone oil 50 mg/ml vl MO	1	
progesterone in oil 50 mg/ml intramuscular MO	1	
progesterone 100 mg, 200 mg capsule MO	1	
PROGLYCEM 50 MG/ML ORAL SUSPENSION MO	3	
PROMETRIUM 100 MG, 200 MG CAPSULE MO	3	
propylthiouracil 50 mg tablet MO	1	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET MO	3	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quasense 0.15 mg-30 mcg tablets,3 month dose pack MO	1	QL (91 per 90 days)
rajani (28) 3 mg-0.02 mg-0.451 mg (24)/0.451 mg (4) tablet MO	1	
raloxifene hcl 60 mg tablet MO	1	QL (30 per 30 days)
RAYOS 1 MG, 2 MG, 5 MG TABLET,DELAYED RELEASE DL	4	B vs D
reclipsen (28) 0.15 mg-0.03 mg tablet MO	1	
repaglinide 0.5 mg, 1 mg, 2 mg tablet MO	1	
repaglinide-metformin 1-500 mg, 2-500 mg MO	1	
RIOMET 500 MG/5 ML ORAL SOLUTION MO	3	QL (750 per 30 days)
RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MO	1	QL (91 per 90 days)
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET MO	3	
SAIZEN 5 MG, 8.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
SAIZEN CLICK.EASY 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE DL	4	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE DL	4	PA
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
SENSIPAR 30 MG TABLET MO	2	QL (60 per 30 days)
SENSIPAR 60 MG TABLET MO	4	QL (60 per 30 days)
SENSIPAR 90 MG TABLET MO	4	QL (120 per 30 days)
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION DL	4	PA
setlakin 0.15 mg-30 mcg tablets,3 month dose pack MO	1	QL (91 per 90 days)
sharobel 0.35 mg tablet MO	1	
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (60 per 30 days)
SIGNIFOR LAR 20 MG, 40 MG, 60 MG INTRAMUSCULAR SUSPENSION DL	4	PA,QL (1 per 28 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN MO	3	PA,QL (15 per 24 days)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION DL	4	
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION MO	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 MO	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG INTRAVENOUS SOLUTION MO	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 MO	3	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.2 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
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (30 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet MO	1	
sronyx 0.1 mg-20 mcg tablet MO	1	
STARLIX 120 MG, 60 MG TABLET MO	3	PA
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY DL	4	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE MO	3	
syeda 3 mg-0.03 mg tablet MO	1	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR DL	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	QL (10.5 per 28 days)
SYNAREL 2 MG/ML NASAL SPRAY DL	4	
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 MO	2	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE MO	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 MO	2	QL (60 per 30 days)
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	2	
tamoxifen 10 mg, 20 mg tablet MO	1	
TANZEUM 30 MG/0.5 ML, 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	3	ST,QL (4 per 28 days)
TAPAZOLE 10 MG, 5 MG TABLET MO	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE MO	3	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL MO	3	PA,QL (300 per 30 days)
testosterone 10 mg gel pump MO	1	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 MO	1	PA,QL (300 per 30 days)
testosterone 30 mg/1.5 ml pump MO	1	PA,QL (180 per 30 days)
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml MO	1	
testosterone enan 200 mg/ml MO	1	
TESTRED 10 MG CAPSULE MO	1	
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	1	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	1	
THYROLAR-2 25 MCG-100 MCG TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	1	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	3	
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG CAPSULE MO	3	
tolazamide 250 mg, 500 mg tablet MO	1	
tolbutamide 500 mg tablet MO	1	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN MO	2	
TRADJENTA 5 MG TABLET MO	2	QL (30 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG INTRAMUSCULAR SUSPENSION DL	4	PA
TRELSTAR 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML INTRAMUSCULAR SYRINGE DL	4	PA
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	2	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	2	
tri-femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-estarrylla 0.18/0.215/0.25 mg-35 mcg(28) tablet MO	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-lo-estarrylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	1	
TRI-NORINYL (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET MO	3	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
trinessa lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	1	
TRIOSTAT 10 MCG/ML INTRAVENOUS SOLUTION MO	3	
TRIPTODUR 22.5 MG INTRAMUSCULAR SUSPENSION DL	4	PA,QL (1 per 168 days)
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	2	QL (2 per 28 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (1.56 per 30 days)
UCERIS 2 MG/ACTUATION RECTAL FOAM MO	3	PA
UCERIS 9 MG TABLET, EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	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
VAGIFEM 10 MCG VAGINAL TABLET MO	3	PA
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION MO	1	
vestura (28) 3 mg-20 mcg tablet MO	1	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	2	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	2	QL (9 per 30 days)
vienna 0.1 mg-20 mcg tablet MO	1	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	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 MO	3	PA,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 MO	3	PA,QL (300 per 30 days)
vyfemla (28) 0.4 mg-35 mcg tablet MO	1	
wera (28) 0.5 mg-35 mcg tablet MO	1	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	3	
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 MO	3	QL (30 per 30 days)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
xulane 150 mcg-35 mcg/24 hr transdermal patch MO	1	QL (3 per 28 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	PA,QL (15 per 30 days)
YASMIN (28) 3 MG-0.03 MG TABLET MO	3	
YAZ (28) 3 MG-20 MCG TABLET MO	3	
yuvafem 10 mcg vaginal tablet MO	1	
zarah 3 mg-0.03 mg tablet MO	1	
zenchent (28) 0.4 mg-35 mcg tablet MO	1	
zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	1	
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT MO	3	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT MO	3	PA,QL (1 per 28 days)
ZOMACTON 10 MG, 5 MG SUBCUTANEOUS SOLUTION DL	4	PA
ZONACORT 1.5 MG (27 TABS), 1.5 MG (41 TABS) TABLETS IN A DOSE PACK MO	1	
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION DL	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
zovia 1/35e (28) 1 mg-35 mcg tablet MO	1	
zovia 1/50e (28) 1 mg-50 mcg tablet MO	1	
LOCAL ANESTHETICS (PARENTERAL)		
bupivacaine 0.25% vial MO	1	
bupivacaine 0.25% vial; bupivacaine 0.5% ampul; bupivacaine 0.75% vial MO	1	
bupivacaine-dextr 0.75% amp MO	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 MO	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 MO	1	
bupivacaine 0.5%-epi 1:200,000 MO	1	
CARBOCAINE 1 % (10 MG/ML), 2 % INJECTION SOLUTION MO	3	
CARBOCAINE (PF) 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %) INJECTION SOLUTION MO	3	
lidocaine 5% in d7.5w ampul MO	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% ampul; lidocaine hcl 1.5% ampul;	1	
lidocaine hcl 2% vial; lidocaine hcl 4% ampul MO		
lidocaine hcl 0.5% vial; lidocaine hcl 1% vial; lidocaine hcl 2% vial MO	1	
lidocaine 0.5%-epi 1:200,000; lidocaine 1%-epi 1:100,000; lidocaine 2%-epi 1:100,000 MO	1	
lidocaine 2% - epi 1:100,000; lidocaine 2% - epi 1:50,000 MO	1	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION MO	3	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION MO	3	
mepivacaine hcl 3% cartridge MO	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 MO	3	
NESACAIN 10 MG/ML (1 %), 20 MG/ML (2 %) INJECTION SOLUTION MO	3	
NESACAIN-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) INJECTION SOLUTION MO	3	
polocaine 1 % (10 mg/ml), 2 % injection solution MO	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution MO	1	
ropivacaine 0.2% 40 mg/20 ml; ropivacaine 0.5% 150 mg/30 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml vl MO	1	
sensorcaine 0.25 % (2.5 mg/ml) injection solution MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sensorcaine 0.5 % (5 mg/ml) injection solution MO	1	
sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.75 % (7.5 mg/ml) injection solution MO	1	
sensorcaine-mpf 0.5 % (5 mg/ml) injection solution MO	3	
sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) injection solution MO	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection solution MO	1	
sensorcaine-mpf/epinephrine 0.5 %-1:200,000, 0.75 %-1:200,000 injection solution MO	3	
sensorcaine/epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 injection solution MO	1	
XYLOCAINE 10 MG/ML (1 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %) INJECTION SOLUTION MO	3	
XYLOCAINE DENTAL WITH EPINEPHRINE 2 %-1:100,000, 2 %-1:50,000 INJECTION CARTRIDGE MO	1	
XYLOCAINE-EPINEPHRINE 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 INJECTION SOLUTION MO	3	
XYLOCAINE-MPF 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %) INJECTION SOLUTION MO	3	
XYLOCAINE-MPF/EPINEPHRINE 1 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000 INJECTION SOLUTION MO	3	
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETADOTE 200 MG/ML (20 %) INTRAVENOUS SOLUTION MO	3	
acetylcysteine 6 gram/30 ml v ^l MO	1	
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3.6 per 28 days)
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION DL	4	PA
ACTONEL 150 MG TABLET MO	3	PA,QL (1 per 30 days)
ACTONEL 30 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ACTONEL 35 MG TABLET MO	3	PA,QL (4 per 28 days)
alendronate sod 70 mg/75 ml MO	1	QL (300 per 30 days)
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet MO	1	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab MO	1	QL (4 per 28 days)
allopurinol 100 mg, 300 mg tablet MO	1	
allopurinol sodium 500 mg vial MO	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION MO	3	
amifostine 500 mg vial DL	4	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
ANTABUSE 250 MG, 500 MG TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARAVA 10 MG, 20 MG TABLET DL	4	PA,QL (30 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION DL	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE,EXTENDED RELEASE MO	3	B vs D
ATELVIA 35 MG TABLET,DELAYED RELEASE MO	3	PA,QL (4 per 28 days)
ATGAM 50 MG/ML INTRAVENOUS SOLUTION MO	3	PA
AUBAGIO 14 MG, 7 MG TABLET DL	4	PA,QL (30 per 30 days)
AVODART 0.5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT DL	4	PA,QL (1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT DL	4	PA,QL (1 per 28 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT DL	4	PA,QL (4 per 28 days)
AZASAN 100 MG, 75 MG TABLET MO	1	B vs D
azathioprine 50 mg tablet MO	1	B vs D
azathioprine sod 100 mg vial MO	3	B vs D
BENLYSTA 120 MG INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION DL	4	PA,QL (6 per 28 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS KIT DL	4	PA,QL (20 per 30 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS SOLUTION DL	4	PA,QL (200 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT DL	4	PA,QL (15 per 30 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	3	QL (4 per 28 days)
BONIVA 150 MG TABLET MO	3	PA,QL (1 per 28 days)
BONIVA 3 MG/3 ML INTRAVENOUS SYRINGE MO	3	PA,QL (3 per 90 days)
CARNITOR 100 MG/ML, 200 MG/ML INTRAVENOUS SOLUTION; CARNITOR 100 MG/ML, 200 MG/ML ORAL SOLUTION MO	3	
CARNITOR 330 MG TABLET MO	3	
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION MO	3	
CELLCEPT 200 MG/ML ORAL SUSPENSION DL	4	B vs D
CELLCEPT 250 MG CAPSULE MO	3	B vs D
CELLCEPT 500 MG TABLET DL	4	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO	3	B vs D
CERDELGA 84 MG CAPSULE DL	4	PA,QL (60 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (3 per 30 days)
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT DL	4	PA,QL (3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (3 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
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 30 days)
COLCRYS 0.6 MG TABLET MO	2	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (12 per 28 days)
cyclosporine 100 mg, 25 mg capsule MO	1	B vs D
cyclosporine 50 mg/ml ampul MO	1	B vs D
cyclosporine 100 mg/ml soln MO	1	B vs D
cyclosporine modified 100 mg, 25 mg, 50 mg MO	1	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER DL	4	
CYSTAGON 150 MG, 50 MG CAPSULE MO	3	
DEMSER 250 MG CAPSULE DL	4	
denta 5000 plus 1.1 % cream MO	1	
dentagel 1.1 % MO	1	
dexrazoxane 250 mg, 500 mg vial MO	1	B vs D
disulfiram 250 mg, 500 mg tablet MO	1	
dutasteride 0.5 mg capsule MO	1	QL (30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 MO	1	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE MO	3	QL (90 per 30 days)
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE DL	4	PA,QL (4.08 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE DL	4	PA,QL (7.84 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (7.84 per 28 days)
ENVARSUS XR 0.75 MG, 1 MG, 4 MG TABLET,EXTENDED RELEASE MO	3	B vs D
ETHYOL 500 MG INTRAVENOUS SOLUTION DL	4	B vs D
etidronate disodium 200 mg, 400 mg tab MO	1	
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA
EXTAVIA 0.3 MG SUBCUTANEOUS KIT DL	4	PA,QL (15 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (15 per 30 days)
finasteride 5 mg tablet MO	1	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (18 per 30 days)
FLUOR-A-DAY(WITH XYLITOL) 1 MG FLUORIDE (2.2 MG)-236.79 MG CHEW TABLET MO	3	
fluoride 0.25 mg tablet chew; fluoride 0.5 mg tablet chew; fluoride 1 mg tablet chewable MO	1	
neutral sodium fluoride MO	1	QL (473 per 30 days)
sodium fluoride 0.5 mg/ml drop MO	1	
fluoritab 0.125 mg/drp drops MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoritab 0.5 mg fluoride (1.1 mg sodium fluoride) chewable tablet MO	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG SODIUM FLUORIDE) CHEWABLE TABLET MO	1	
fomepizole 1.5 gm/1.5 ml vial MO	1	
FOSAMAX 70 MG TABLET MO	3	PA,QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET MO	3	QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET MO	3	ST,QL (4 per 28 days)
FUSILEV 50 MG INTRAVENOUS SOLUTION MO	3	PA
gengraf 100 mg, 25 mg, 50 mg capsule MO	1	B vs D
gengraf 100 mg/ml oral solution MO	1	B vs D
GILENYA 0.5 MG CAPSULE DL	4	PA,QL (30 per 30 days)
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION DL	4	PA,QL (20 per 28 days)
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS DL	4	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT DL	4	PA,QL (6 per 28 days)
ibandronate 3 mg/3 ml syringe MO	1	PA,QL (3 per 90 days)
ibandronate 3 mg/3 ml vial MO	1	PA,QL (3 per 90 days)
ibandronate sodium 150 mg tab MO	1	QL (1 per 28 days)
IMURAN 50 MG TABLET MO	3	B vs D
INFLECTRA 100 MG INTRAVENOUS SOLUTION DL	4	PA
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
KEVEYIS 50 MG TABLET DL	4	PA,QL (120 per 30 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (2.28 per 28 days)
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (20.1 per 30 days)
KUVAN 100 MG SOLUBLE TABLET DL	4	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET DL	4	PA
leflunomide 10 mg, 20 mg tablet MO	1	QL (30 per 30 days)
LEMTRADA 12 MG/1.2 ML INTRAVENOUS SOLUTION DL	4	PA,QL (6 per 365 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab MO	1	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vl MO	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
levocarnitine 200 mg/ml vial MO	1	
levocarnitine 330 mg tablet MO	1	
levocarnitine 1 g/10 ml soln MO	1	
levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 250 mg/25 ml vl DL	4	PA
levoleucovorin 50 mg vial MO	1	PA
ludent fluoride 0.25 mg fluoride (0.55 mg sod.fluorid) chewable tablet; ludent fluoride 0.5 mg fluoride (1.1 mg sod.fluoride) chewable tablet; ludent fluoride 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet MO	1	
mesna 1 gram/10 ml vial MO	1	B vs D
MESNEX 100 MG/ML INTRAVENOUS SOLUTION DL	4	B vs D
MESNEX 400 MG TABLET DL	4	
MITIGARE 0.6 MG CAPSULE MO	3	ST,QL (60 per 30 days)
mycophenolate 200 mg/ml susp MO	1	B vs D
mycophenolate 250 mg capsule MO	1	B vs D
mycophenolate 500 mg tablet MO	1	B vs D
mycophenolate 500 mg vial MO	1	B vs D
mycophenolic acid dr 180 mg, 360 mg tb MO	1	B vs D
MYFORTIC 180 MG, 360 MG TABLET,DELAYED RELEASE MO	3	B vs D
NEORAL 100 MG, 25 MG CAPSULE MO	3	B vs D
NEORAL 100 MG/ML ORAL SOLUTION MO	3	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 30 days)
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (40 per 365 days)
octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml, 500 mcg/ml vl MO	1	PA
octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr MO	1	PA
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (4 per 28 days)
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	4	
ORFADIN 4 MG/ML ORAL SUSPENSION DL	4	
OTEZLA 30 MG TABLET DL	4	PA,QL (60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK DL	4	PA,QL (27 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
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK DL	4	PA,QL (55 per 28 days)
pamidronate 30 mg/10 ml vial MO	1	QL (30 per 21 days)
pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial MO	1	QL (10 per 21 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR; PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SUBCUTANEOUS SYRINGE; PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1 per 28 days)
PREVIDENT 0.2 % DENTAL SOLUTION MO	3	QL (473 per 30 days)
prevident 1.1 % gel MO	3	
PREVIDENT 5000 BOOSTER PLUS 1.1 % DENTAL PASTE MO	3	
PREVIDENT 5000 DRY MOUTH 1.1 % GEL MO	3	
PREVIDENT 5000 ENAMEL PROTECT 1.1 %-5 % DENTAL PASTE MO	3	
PREVIDENT 5000 PLUS 1.1 % CREAM MO	3	
PREVIDENT 5000 SENSITIVE 1.1 %-5 % DENTAL PASTE MO	3	
PROSYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE DL	4	PA,QL (120 per 30 days)
PROSYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE DL	4	PA,QL (780 per 30 days)
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE MO	3	B vs D
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION MO	3	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MO	3	QL (1 per 180 days)
PROSCAR 5 MG TABLET MO	3	PA,QL (30 per 30 days)
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET MO	3	B vs D
RAPAMUNE 1 MG/ML ORAL SOLUTION MO	3	B vs D
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. DL	4	PA,QL (4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4.2 per 28 days)
RECLAST 5 MG/100 ML INTRAVENOUS PIGGYBACK MO	3	PA,QL (100 per 365 days)
REMICADE 100 MG INTRAVENOUS SOLUTION DL	4	PA
RENFLEXIS 100 MG INTRAVENOUS SOLUTION DL	4	PA
risedronate sod dr 35 mg, 35 mg tab; risedronate sodium 35 mg, 35 mg tab MO	1	QL (4 per 28 days)
risedronate sodium 150 mg tab MO	1	QL (1 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
risedronate sodium 30 mg, 5 mg tab; risedronate sodium 30 mg, 5 mg tablet MO	1	QL (30 per 30 days)
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION DL	4	PA,QL (4 per 28 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE MO	3	B vs D
SANDIMMUNE 100 MG/ML, 250 MG/5 ML INTRAVENOUS SOLUTION; SANDIMMUNE 100 MG/ML, 250 MG/5 ML ORAL SOLUTION MO	3	B vs D
SANDOSTATIN 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML INJECTION SOLUTION DL	4	PA
SANDOSTATIN LAR 10 MG, 20 MG, 30 MG KIT DL	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE DL	4	PA
sf 1.1 % dental gel MO	1	
sf 5000 plus 1.1 % dental cream MO	1	
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (1 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 28 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION DL	4	B vs D
sirolimus 0.5 mg, 1 mg, 2 mg tablet MO	1	B vs D
tacrolimus 0.5 mg, 1 mg, 5 mg capsule MO	1	B vs D
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE DL	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE DL	4	PA,QL (14 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE DL	4	PA,QL (60 per 30 days)
THIOLA 100 MG TABLET DL	4	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION MO	2	PA
TOTECT 500 MG INTRAVENOUS SOLUTION DL	4	B vs D
TYBOST 150 MG TABLET MO	3	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION DL	4	PA,QL (15 per 28 days)
ULORIC 40 MG, 80 MG TABLET MO	2	ST,QL (30 per 30 days)
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET DL	4	QL (20 per 365 days)
XELJANZ 5 MG TABLET DL	4	PA,QL (60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (1.7 per 28 days)
XURIDEN 2 GRAM ORAL GRANULES IN PACKET DL	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
ZAVESCA 100 MG CAPSULE DL	4	PA,QL (90 per 30 days)
ZINBRYTA 150 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1 per 30 days)
ZINECARD (AS HCL) 250 MG, 500 MG INTRAVENOUS SOLUTION DL	4	B vs D
zoledronic acid 4 mg/100 ml MO	1	PA,QL (300 per 21 days)
zoledronic acid 4 mg vial MO	3	PA
zoledronic acid 4 mg/5 ml vial MO	1	PA,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml MO	1	PA,QL (100 per 365 days)
ZOMETA 4 MG/100 ML INTRAVENOUS PIGGYBACK DL	4	PA,QL (300 per 21 days)
ZOMETA 4 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA,QL (15 per 21 days)
ZORTRESS 0.25 MG, 0.75 MG TABLET MO	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET MO	3	B vs D,QL (120 per 30 days)
ZYLOPRIM 100 MG, 300 MG TABLET MO	3	
OXYTOCICS		
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE MO	3	
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION MO	3	
methergine 0.2 mg tablet MO	1	
methylergonovine 0.2 mg tablet MO	1	
methylergonovine 0.2 mg/ml amp MO	1	
oxytocin 10 units/ml vial MO	1	
PITOCIN 10 UNIT/ML INJECTION SOLUTION MO	3	
PHARMACEUTICAL AIDS		
BAND-AID GAUZE PADS 2" X 2" BANDAGE MO	1	
BORDERED GAUZE 2" X 2" BANDAGE MO	1	
CURITY GAUZE 2" X 2" BANDAGE MO	1	
DERMACEA 2" X 2" BANDAGE MO	1	
GAUZE PADS 2"X2" MO	1	
GAUZE PAD 2" X 2" BANDAGE MO	1	
GAUZE PADS, STERILE 2"X2" MO	1	
RESPIRATORY TRACT AGENTS		
ACCOLATE 10 MG, 20 MG TABLET MO	3	PA,QL (60 per 30 days)
acetylcysteine 10% vial; acetylcysteine 20% vial MO	1	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL	4	PA,QL (90 per 30 days)
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 MO	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
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 MO	2	QL (12 per 30 days)
AEROSPAN 80 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL (17.8 per 30 days)
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 MO	3	ST,QL (1 per 30 days)
ALOCRIL 2 % EYE DROPS MO	3	
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (18.3 per 28 days)
ARALAST NP 1,000 MG INTRAVENOUS SOLUTION DL	4	PA,QL (24 per 30 days)
ARALAST NP 500 MG INTRAVENOUS SOLUTION DL	4	PA,QL (44 per 30 days)
ARMONAIR RESPICLICK 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER MO	3	ST,QL (1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (13 per 30 days)
ASMANEX TWISTHALER 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES) BREATH ACTIVATED MO	3	ST,QL (1 per 28 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp MO	1	B vs D,QL (240 per 30 days)
budesonide 1 mg/2 ml inh susp MO	1	B vs D
CINQAIR 10 MG/ML INTRAVENOUS SOLUTION DL	4	PA
cromolyn 100 mg/5 ml oral conc MO	3	
cromolyn 20 mg/2 ml neb soln MO	1	B vs D
cromolyn 4% eye drops MO	1	
CUROSURF 120 MG/1.5 ML INTRATRACHEAL SUSPENSION MO	3	
CUROSURF 240 MG/3 ML INTRATRACHEAL SUSPENSION DL	4	
DALIRESP 500 MCG TABLET MO	2	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL (13 per 30 days)
epoprostenol sodium 0.5 mg, 1.5 mg vial DL	4	PA
ESBRIET 267 MG CAPSULE DL	4	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET DL	4	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET DL	4	PA,QL (90 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	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
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER MO	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	2	QL (10.6 per 30 days)
fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14 MO	3	QL (1 per 30 days)
GASTROCRON 100 MG/5 ML ORAL CONCENTRATE DL	4	
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION DL	4	PA
INFASURF 35 MG/ML INTRATRACHEAL SUSPENSION MO	3	
KALYDECO 150 MG TABLET DL	4	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET DL	4	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET DL	4	PA,QL (30 per 30 days)
montelukast sod 10 mg tablet MO	1	QL (30 per 30 days)
montelukast sod 4 mg granules MO	1	QL (30 per 30 days)
montelukast sod 4 mg, 5 mg tab chew MO	1	QL (30 per 30 days)
NUCALA 100 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (1 per 28 days)
OFEV 100 MG, 150 MG CAPSULE DL	4	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET DL	4	PA,QL (30 per 30 days)
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (1000 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (500 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (720 per 30 days)
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (300 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE DL	4	PA,QL (150 per 30 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET DL	4	PA,QL (112 per 28 days)
PROLASTIN-C 1,000 MG INTRAVENOUS SOLUTION DL	4	PA,QL (24 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION MO	3	B vs D,QL (240 per 30 days)
PULMICORT 1 MG/2 ML SUSPENSION FOR NEBULIZATION MO	3	B vs D
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION BREATH ACTIVATED MO	3	ST,QL (2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION DL	4	B vs D,QL (150 per 30 days)
QVAR 40 MCG/ACTUATION METERED AEROSOL ORAL INHALER MO	3	ST,QL (34.8 per 30 days)
QVAR 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER MO	3	ST,QL (17.4 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION DL	4	PA
SINGULAIR 10 MG TABLET MO	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET MO	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET MO	3	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
SURVANTA 25 MG/ML INTRATRACHEAL SUSPENSION MO	3	
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL (10.2 per 30 days)
TRACLEER 125 MG, 62.5 MG TABLET DL	4	PA,QL (60 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION DL	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	4	PA,QL (60 per 30 days)
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK DL	4	PA,QL (200 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION DL	4	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (270 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (90 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (6 per 28 days)
zafirlukast 10 mg, 20 mg tablet MO	1	QL (60 per 30 days)
ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION DL	4	PA,QL (24 per 30 days)
zileuton er 600 mg tablet MO	1	ST,QL (120 per 30 days)
ZYFLO 600 MG TABLET DL	4	ST,QL (120 per 30 days)
ZYFLO CR 600 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (120 per 30 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP 10 MG CAPSULE MO	3	
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG CAPSULE DL	4	ST,QL (60 per 30 days)
ABSORICA 40 MG CAPSULE DL	4	ST,QL (120 per 30 days)
ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
acitretin 10 mg, 17.5 mg, 25 mg capsule DL	4	
acyclovir 5% ointment MO	1	PA
ACZONE 5 %, 7.5 % TOPICAL GEL; ACZONE 5 %, 7.5 % TOPICAL GEL WITH PUMP MO	3	
adapalene 0.1% cream MO	1	
adapalene 0.1% gel; adapalene 0.3% gel; adapalene 0.3% gel pump MO	1	
adapalene 0.1% lotion MO	1	
adapalene-bnzyl perox 0.1-2.5% MO	1	
AKTIPAK 3 %-5 % TOPICAL GEL MO	3	
ALA-CORT 1 % TOPICAL CREAM 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
ala-cort 2.5 % topical cream MO	1	
ALA-SCALP 2 % LOTION MO	1	
alclometasone dipr 0.05% oint MO	1	
alclometasone dipro 0.05% crm MO	1	
ALCOHOL PADS MO	1	
ALCOHOL PREP PADS MO	1	
ALCOHOL PREP SWABS MO	1	
ALCOHOL 70% SWABS MO	1	
ALCOHOL WIPES MO	1	
ALDARA 5 % TOPICAL CREAM PACKET MO	3	PA,QL (12 per 30 days)
ALTABAX 1 % TOPICAL OINTMENT MO	3	
amcinonide 0.1% cream MO	1	
amcinonide 0.1% lotion MO	1	
amcinonide 0.1% ointment MO	1	
ammonium lactate 12% cream MO	1	
ammonium lactate 12% lotion MO	1	
anusol-hc 2.5 % topical cream with perineal applicator MO	1	
apexicon e 0.05 % topical cream MO	1	
ATRALIN 0.05 % TOPICAL GEL MO	3	PA
AVC VAGINAL 15 % CREAM MO	3	
AVITA 0.025 % TOPICAL CREAM MO	3	PA
AVITA 0.025 % TOPICAL GEL MO	3	PA
AZELEX 20 % TOPICAL CREAM MO	3	
BACTROBAN 2 % TOPICAL CREAM MO	3	
BACTROBAN 2% OINTMENT MO	3	
BD ALCOHOL SWABS MO	1	
BENZACLIN 1 %-5 % TOPICAL GEL MO	3	
BENZACLIN PUMP 1 %-5 % TOPICAL GEL MO	3	
BENZAMYCIN 3 %-5 % TOPICAL GEL MO	3	
BENZAMYCINPAK GEL MO	3	
betamethasone dp 0.05% crm MO	1	
betamethasone dp 0.05% lot MO	1	
betamethasone dp 0.05% oint MO	1	
betamethasone va 0.1% cream MO	1	
betamethasone va 0.1% lotion MO	1	
betamethasone valer 0.1% ointm 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
betamethasone valer 0.12% foam MO	1	
betamethasone dp aug 0.05%.crm MO	1	
betamethasone dp aug 0.05% gel MO	1	
betamethasone dp aug 0.05% lot MO	1	
betamethasone dp aug 0.05% oin MO	1	
calcipotriene 0.005% cream MO	1	QL (120 per 30 days)
calcipotriene 0.005% ointment MO	1	
calcipotriene 0.005% solution MO	1	QL (60 per 30 days)
calcipotriene-betameth dp oint DL	4	PA,QL (60 per 30 days)
calcitrene 0.005 % topical ointment MO	1	
calcitriol 3 mcg/g ointment MO	1	ST,QL (800 per 28 days)
CAPEX 0.01 % SHAMPOO MO	3	
CARAC 0.5 % TOPICAL CREAM MO	3	PA
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS MO	1	
CENTANY 2 % TOPICAL OINTMENT MO	3	
ciclodan 0.77 % topical cream MO	1	
ciclodan 8 % topical solution MO	1	
CICLODAN KIT 0.77 % TOPICAL COMBO PACK MO	3	
CICLODAN KIT 8 % TOPICAL SOLUTION MO	3	
ciclopirox 0.77% cream MO	1	
ciclopirox 0.77% gel MO	1	
ciclopirox 0.77% topical susp MO	1	
ciclopirox 1% shampoo MO	1	
ciclopirox 8% solution MO	1	
ciclopirox 8% treatment kit MO	1	
claravis 10 mg, 20 mg, 30 mg capsule MO	1	ST,QL (60 per 30 days)
claravis 40 mg capsule MO	1	ST,QL (120 per 30 days)
CLEOCIN 100 MG VAGINAL SUPPOSITORY MO	3	
CLEOCIN 2 % VAGINAL CREAM MO	3	PA
CLEOCIN T 1 % LOTION MO	3	
CLEOCIN T 1 % SOLUTION MO	3	
CLEOCIN T 1 % TOPICAL GEL MO	3	
CLEOCIN T 1 % TOPICAL SWAB MO	3	
clindacin etz 1 % topical swab MO	1	
clindacin p 1 % topical swab MO	1	
CLINDAGEL 1 % TOPICAL MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin 2% vaginal cream MO	1	
clindamycin ph 1% gel MO	1	
clindamycin ph 1% solution MO	1	
clindamycin phos 1% pledget MO	1	
clindamycin phosp 1% lotion MO	1	
clindamycin phosphate 1% foam MO	1	
clind ph-benzoyl perox 1.2-5%; clinda-benzoyl perox 1-5% pump; clindamycin-benzoyl perox 1-5% MO	1	
clinda-tretinoin 1.2%-0.025% MO	1	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE MO	3	
clobetasol 0.05% cream MO	1	
clobetasol 0.05% gel MO	1	
clobetasol 0.05% ointment MO	1	
clobetasol 0.05% shampoo MO	1	
clobetasol 0.05% solution MO	1	
clobetasol 0.05% topical lotion MO	1	
clobetasol prop 0.05% foam MO	1	
clobetasol prop 0.05% spray MO	1	
clobetasol emollient 0.05% CRM MO	1	
clobetasol emulsion 0.05% foam MO	1	
CLOBEX 0.05 % LOTION MO	3	ST
CLOBEX 0.05 % SHAMPOO DL	4	ST
CLOBEX 0.05 % TOPICAL SPRAY MO	3	ST
clocortolone pivalate 0.1% CRM MO	1	
clodan 0.05 % shampoo MO	1	
CLODERM 0.1 % TOPICAL CREAM MO	3	PA
clotrimazole 1% cream MO	1	
clotrimazole 1% solution MO	1	
clotrimazole 10 mg troche MO	1	
clotrimazole-betamethasone CRM MO	1	
clotrimazole-betamethasone lot MO	1	
CNL 8 NAIL KIT MO	1	
colocort 100 mg/60 ml enema MO	1	
CONDYLOX 0.5 % TOPICAL GEL MO	3	
CONDYLOX 0.5% TOPICAL SOLN MO	3	
CORDRAN TAPE LARGE ROLL 4 MCG/CM ² MO	3	
CORDRAN 4 MCG/SQ CM TAPE SMALL MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cormax 0.05 % scalp solution MO	1	
CORTENEMA 100 MG/60 ML MO	3	
CORTIFOAM 10 % (80 MG) RECTAL MO	3	
CORTISPORIN 1 % TOPICAL OINTMENT MO	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM MO	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (32 per 365 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS DL	4	PA,QL (32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS DL	4	PA,QL (32 per 365 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS DL	4	PA,QL (32 per 365 days)
CURITY ALCOHOL SWABS MO	1	
CUTIVATE 0.05 % LOTION MO	3	PA
CUTIVATE 0.05 % TOPICAL CREAM MO	3	PA
DENAVIR 1 % TOPICAL CREAM MO	3	PA
DERMA-SMOOTH/FS BODY OIL 0.01 % MO	3	
DERMA-SMOOTH/FS SCALP OIL 0.01 % MO	3	
DERMATOP 0.1 % TOPICAL CREAM MO	3	
DERMATOP 0.1 % TOPICAL OINTMENT MO	3	
DESONATE 0.05 % TOPICAL GEL MO	3	
desonide 0.05% cream MO	1	
desonide 0.05% lotion MO	1	
desonide 0.05% ointment MO	1	
DESOWEN 0.05 % LOTION MO	1	PA
DESOWEN 0.05 % TOPICAL CREAM MO	3	
desoximetasone 0.05% cream; desoximetasone 0.25% cream MO	1	
desoximetasone 0.05% gel MO	1	
desoximetasone 0.05% ointment; desoximetasone 0.25% ointment MO	1	
diclofenac sodium 3% gel MO	1	PA
DIFFERIN 0.1 % LOTION MO	3	
DIFFERIN 0.1 % TOPICAL CREAM MO	3	PA
DIFFERIN 0.1 % TOPICAL GEL MO	3	PA
DIFFERIN 0.3 %, 0.3 % TOPICAL GEL; DIFFERIN 0.3 %, 0.3 % TOPICAL GEL WITH PUMP MO	3	
diflorasone 0.05% cream MO	1	
diflurasone 0.05% ointment MO	1	
DIPROLENE 0.05 % TOPICAL OINTMENT MO	3	
DIPROLENE 0.05% LOTION MO	3	
DIPROLENE AF 0.05% CREAM MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOVONEX 0.005 % TOPICAL CREAM DL	4	ST,QL (120 per 30 days)
doxepin 5% cream DL	4	
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (6 per 28 days)
EASY TOUCH ALCOHOL PREP PADS MO	1	
econazole nitrate 1% cream MO	1	
EFUDEX 5 % TOPICAL CREAM MO	3	PA
ELIDEL 1 % TOPICAL CREAM MO	3	
ELIMITE 5 % TOPICAL CREAM MO	3	
ELOCON 0.1 % TOPICAL CREAM MO	3	
ELOCON 0.1 % TOPICAL OINTMENT MO	3	
ELOCON 0.1% LOTION MO	3	
EMLA CREAM MO	3	
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM DL	3	QL (120 per 30 days)
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
EPIFOAM 1 %-1 % TOPICAL MO	3	
ERTACZO 2 % TOPICAL CREAM MO	3	
ery pads 2 % topical swab MO	1	
ERYGEL 2 % TOPICAL MO	1	
erythromycin 2% gel MO	1	
erythromycin 2% pledges MO	1	
erythromycin 2% solution MO	1	
erythromycin-benzoyl gel MO	1	
EUCRISA 2 % TOPICAL OINTMENT MO	3	PA
EURAX 10 % LOTION MO	3	
EURAX 10 % TOPICAL CREAM MO	3	
EVOCLIN 1 % TOPICAL FOAM MO	3	PA
EXELDERM 1 % TOPICAL CREAM MO	3	
EXELDERM 1 % TOPICAL SOLUTION MO	3	
EXTINA 2 % TOPICAL FOAM MO	3	
FABIOR 0.1 % TOPICAL FOAM MO	3	PA
FINACEA 15 % TOPICAL FOAM MO	3	ST
FINACEA 15 % TOPICAL GEL MO	3	ST
fluocinolone 0.01% body oil MO	1	
fluocinolone 0.01% cream; fluocinolone 0.025% cream MO	1	
fluocinolone 0.01% solution 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
fluocinolone 0.025% ointment MO	1	
fluocinolone 0.01% scalp oil MO	1	
fluocinonide 0.05% cream; fluocinonide 0.1% cream MO	1	
fluocinonide 0.05% gel MO	1	
fluocinonide 0.05% ointment MO	1	
fluocinonide 0.05% solution MO	1	
fluocinonide-e 0.05 % topical cream MO	1	
fluocinonide-e 0.05% cream MO	1	
fluorouracil 0.5% cream DL	4	
fluorouracil 2% topical soln; fluorouracil 5% top solution MO	1	
fluorouracil 5% cream MO	1	
flurandrenolide 0.05% cream MO	1	
flurandrenolide 0.05% lotion MO	1	
flurandrenolide 0.05% ointment MO	1	
fluticasone prop 0.005% oint MO	1	
fluticasone prop 0.05% cream MO	1	
fluticasone prop 0.05% lotion MO	1	
gentamicin 0.1% cream MO	1	
gentamicin 0.1% ointment MO	1	
gynazole-1 2 % vaginal cream MO	1	
halobetasol prop 0.05% cream MO	1	
halobetasol prop 0.05% ointmnt MO	1	
HALOG 0.1 % TOPICAL CREAM MO	3	
HALOG 0.1 % TOPICAL OINTMENT MO	3	
hydrocortisone 1% cream; hydrocortisone 2.5% cream MO	1	
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment MO	1	
hydrocortisone 100 mg/60 ml MO	1	
hydrocortisone 2.5% lotion MO	1	
hydrocort buty 0.1% lipo cream MO	1	
hydrocortisone buty 0.1% cream MO	1	
hydrocortisone butyr 0.1% oint MO	1	
hydrocortisone butyr 0.1% soln MO	1	
hydrocortisone val 0.2% cream MO	1	
hydrocortisone val 0.2% ointmt MO	1	
hydrocortisone 1% absorbbase MO	1	
imiquimod 5% cream packet MO	1	QL (12 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
INCONTROL ALCOHOL PADS MO	1	
IV PREP WIPES MEDICATED MO	1	
JUBLIA 10 % TOPICAL SOLUTION WITH APPLICATOR MO	3	PA,QL (4 per 28 days)
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL MO	3	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION DL	4	
KERYDIN 5 % TOPICAL SOLUTION WITH APPLICATOR MO	3	
ketoconazole 2% cream MO	1	
ketoconazole 2% foam MO	1	
ketoconazole 2% shampoo MO	1	
KLARON 10 % LOTION (SUSPENSION) MO	3	
LEVULAN 20 % TOPICAL SOLUTION MO	3	
<i>lidocaine</i> 5% ointment MO	1	PA
<i>lidocaine</i> 5% patch MO	1	PA,QL (90 per 30 days)
<i>lidocaine</i> hcl 4% solution MO	1	
<i>lidocaine</i> -prilocaine cream MO	1	
<i>lidocaine</i> -tetracaine 7%-7% crm MO	1	
LIDODERM 5 % TOPICAL PATCH MO	3	PA,QL (90 per 30 days)
<i>lindane</i> 1% lotion MO	1	
<i>lindane</i> 1% shampoo MO	1	
LOCOID 0.1 % LOTION MO	3	
LOCOID 0.1 % TOPICAL CREAM MO	3	
LOCOID 0.1 % TOPICAL OINTMENT MO	3	
LOCOID 0.1 % TOPICAL SOLUTION MO	3	
LOCOID LIPOCREAM 0.1 % TOPICAL MO	3	
LOPROX 1 % SHAMPOO MO	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM MO	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION MO	3	
LOTRISONE 1 %-0.05 % TOPICAL CREAM MO	3	
LTA PRE-ATTACHED 4 % LARYNGOTRACHEAL SOLUTION MO	1	
LUXIQ 0.12 % TOPICAL FOAM MO	3	
LUZU 1 % TOPICAL CREAM MO	3	PA,QL (60 per 28 days)
<i>malathion</i> 0.5% lotion MO	1	
MENTAX 1 % TOPICAL CREAM MO	3	
<i>methoxsalen</i> 10 mg softgel DL	4	
METROCREAM 0.75 % TOPICAL MO	3	PA
METROGEL 1 %, 1 % TOPICAL; METROGEL 1 %, 1 % TOPICAL GEL WITH PUMP MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
METROGEL VAGINAL 0.75 % MO	3	
METROLOTION 0.75 % TOPICAL MO	3	PA
metronidazole 0.75% cream MO	1	
metronidazole 0.75% lotion MO	1	
metronidazole top 1% gel pump; metronidazole topical 0.75% gl;	1	
metronidazole topical 1% gel; metronidazole vaginal 0.75% gl MO		
miconazole-3 200 mg vaginal suppository MO	1	
MICORT-HC 2.5 % (4 GRAM) TOPICAL CREAM WITH PERINEAL APPLICATOR MO	1	
micort-hc 2.5 % topical cream with perineal applicator MO	1	
MIRVASO 0.33 %, 0.33 % TOPICAL GEL; MIRVASO 0.33 %, 0.33 % TOPICAL GEL WITH PUMP MO	3	
mometasone furoate 0.1% cream MO	1	
mometasone furoate 0.1% oint MO	1	
mometasone furoate 0.1% soln MO	1	
mupirocin 2% ointment MO	1	
mupirocin 2% cream MO	1	
myorisan 10 mg, 20 mg, 30 mg capsule MO	1	QL (60 per 30 days)
myorisan 40 mg capsule MO	1	QL (120 per 30 days)
naftifine hcl 1% cream; naftifine hcl 2% cream MO	1	ST
NAFTIN 1 %, 2 % TOPICAL CREAM; NAFTIN 1% CREAM MO	3	PA
NAFTIN 1 %, 2 % TOPICAL GEL MO	3	PA
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM MO	1	
neomy-polymyxin b 40 mg/ml amp MO	1	
NEOSPORIN GU IRRIGANT 40 MG-200,000 UNIT/ML MO	1	
neuac 1.2 % (1 % base)-5 % topical gel MO	1	
NIZORAL 2 % SHAMPOO MO	3	
nolix 0.05 % lotion MO	1	
NORITATE 1 % TOPICAL CREAM MO	3	ST
NUVESSA 1.3 % VAGINAL GEL MO	3	
nyamyc 100,000 unit/gram topical powder MO	1	
nyata 100,000 unit/gram topical powder MO	1	
nystatin 100,000 unit/gm cream MO	1	
nystatin 100,000 unit/gm powd MO	1	
nystatin 100,000 units/gm oint MO	1	
nystatin-triamcinolone cream MO	1	
nystatin-triamcinolone ointm 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
nystop 100,000 unit/gram topical powder MO	1	
OLUX 0.05 % TOPICAL FOAM MO	3	PA
OLUX-E 0.05 % TOPICAL FOAM MO	3	
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP MO	3	
oralone 0.1 % dental paste MO	1	
ORAVIG 50 MG BUCCAL TABLET MO	3	QL (14 per 30 days)
OVIDE 0.5 % LOTION MO	3	PA
oxiconazole nitrate 1% cream MO	1	
OXISTAT 1 % LOTION MO	3	
OXISTAT 1 % TOPICAL CREAM MO	3	
OXSORALEN 1% LOTION MO	3	
OXSORALEN ULTRA 10 MG LIQUID-FILLED,RAPID RELEASE CAPSULE DL	4	
PANDEL 0.1 % TOPICAL CREAM DL	4	
PANRETIN 0.1 % TOPICAL GEL DL	4	
PENLAC 8 % TOPICAL SOLUTION MO	3	
permethrin 5% cream MO	1	
PICATO 0.015 % TOPICAL GEL MO	3	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL MO	3	QL (2 per 30 days)
PLIAGLIS 7 %-7 % TOPICAL CREAM MO	3	
podofilox 0.5% topical soln MO	1	
prednicarbate 0.1% cream MO	1	
prednicarbate 0.1% ointment MO	1	
PRO COMFORT ALCOHOL PADS MO	1	
procto-med hc 2.5 % topical cream perineal applicator MO	1	
procto-pak 1 % topical cream perineal applicator MO	1	
PROTOFOAM HC 1 %-1 % MO	3	
proctosol hc 2.5 % topical cream perineal applicator MO	1	
protozone-hc 2.5 % topical cream perineal applicator MO	1	
PROTOPIC 0.03 %, 0.1 % TOPICAL OINTMENT MO	3	
PRUDOXIN 5 % TOPICAL CREAM MO	3	
psorcon 0.05 % topical cream MO	1	
RECTIV 0.4 % (W/W) OINTMENT MO	3	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL DL	4	
RETIN-A 0.01 %, 0.025 % TOPICAL GEL MO	3	PA
RETIN-A 0.025 %, 0.05 %, 0.1 % TOPICAL CREAM MO	3	PA
RETIN-A MICRO 0.04 %, 0.1 % TOPICAL GEL MO	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RETIN-A MICRO PUMP 0.04 %, 0.08 %, 0.1 % TOPICAL GEL DL	4	PA
RHOFADE 1 % TOPICAL CREAM MO	3	PA,QL (30 per 30 days)
RIMSO-50 50 % INTRAVESICAL SOLUTION MO	3	
rosadan 0.75 % topical cream MO	1	
rosadan 0.75 % topical gel MO	1	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	3	
selenium sulfide 2.5% lotion MO	1	
SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP DL	4	PA,QL (120 per 365 days)
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4.5 per 28 days)
SILVADENE 1 % TOPICAL CREAM MO	3	
silver sulfadiazine 1% cream MO	1	
SKLICE 0.5 % LOTION MO	3	
SOLARAZE 3 % TOPICAL GEL MO	3	PA
SOOLANTRA 1 % TOPICAL CREAM MO	3	
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE DL	4	PA
SORILUX 0.005 % TOPICAL FOAM MO	3	ST,QL (120 per 28 days)
spinosad 0.9% topical susp MO	1	QL (240 per 30 days)
SSD 1 % TOPICAL CREAM MO	1	
STELARA 130 MG/26 ML INTRAVENOUS SOLUTION DL	4	PA,QL (104 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3 per 84 days)
sulfacetamide sod 10% top susp MO	1	
SULFAMYLYN 50 GRAM TOPICAL PACKET MO	3	
SULFAMYLYN 85 MG/G TOPICAL CREAM MO	3	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	
SYNALAR 0.01 % TOPICAL SOLUTION MO	3	
SYNERA 70 MG-70 MG PATCH DL	4	PA
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT DL	4	PA,QL (60 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION MO	2	QL (420 per 30 days)
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment MO	1	
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (3 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (3 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (3 per 28 days)
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (3 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
TALTZ SYRINGE (2 PACK) 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (3 per 28 days)
TALTZ SYRINGE (3 PACK) 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (3 per 28 days)
TARGRETIN 1 % TOPICAL GEL DL	4	PA
tazarotene 0.1% cream MO	1	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM MO	3	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL MO	3	PA
TEMOVATE 0.05 % TOPICAL CREAM MO	3	PA
TEMOVATE 0.05 % TOPICAL OINTMENT MO	3	PA
TERAZOL 3 CREAM MO	3	
TERAZOL 7 0.4 % VAGINAL CREAM MO	3	
terconazole 0.4% cream; terconazole 0.8% cream MO	1	
terconazole 80 mg suppository MO	1	
TEXACORT 2.5 % TOPICAL SOLUTION MO	1	
THERMAZENE 1 % TOPICAL CREAM MO	3	
TOLAK 4 % TOPICAL CREAM MO	3	
TOPICORT 0.05 % TOPICAL GEL MO	1	
TOPICORT 0.05 % TOPICAL OINTMENT MO	3	
TOPICORT 0.05 %, 0.25 % TOPICAL CREAM MO	1	
TOPICORT 0.25 % TOPICAL OINTMENT MO	1	
TOPICORT 0.25 % TOPICAL SPRAY MO	3	
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1 per 28 days)
TRETIN-X 0.0375 %, 0.075 % TOPICAL CREAM; TRETIN-X 0.0375% CREAM MO	1	PA
tretinoin 0.01% gel; tretinoin 0.025% gel; tretinoin 0.05% gel MO	1	PA
tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream MO	1	PA
tretinoin gel micro 0.04% pump; tretinoin gel micro 0.04% tube; tretinoin gel micro 0.1% pump; tretinoin gel micro 0.1% tube MO	1	PA
triamicinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream MO	1	
triamicinolone 0.025% lotion; triamcinolone 0.1% lotion MO	1	
triamicinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment MO	1	
triamicinolone 0.1% paste MO	1	
triamicinolone 0.147 mg/g spray MO	1	
trianex 0.05 % topical ointment DL	4	
triderm 0.1 % topical cream MO	1	
TRIDESILON 0.05 % TOPICAL CREAM MO	3	
ULESFIA 5 % LOTION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTILET ALCOHOL SWAB MO	1	
ULTRAVATE 0.05 % LOTION DL	4	
ULTRAVATE 0.05 % TOPICAL CREAM DL	4	
ULTRAVATE 0.05 % TOPICAL OINTMENT DL	4	
UVADEX 20 MCG/ML INJECTION SOLUTION MO	3	B vs D
VALCHLOR 0.016 % TOPICAL GEL DL	4	PA,QL (60 per 28 days)
VANDAZOLE 0.75 % VAGINAL GEL MO	3	
VANOS 0.1 % TOPICAL CREAM MO	3	
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT DL	4	ST,QL (800 per 28 days)
VELTIN 1.2 %-0.025 % TOPICAL GEL MO	3	
VERDESO 0.05 % TOPICAL FOAM MO	3	
VEREGEN 15 % TOPICAL OINTMENT DL	4	QL (30 per 30 days)
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT MO	3	
WEBCOL TOPICAL PADS MO	1	
XERESE 5 %-1 % TOPICAL CREAM DL	4	
zenatane 10 mg, 20 mg, 30 mg capsule MO	1	QL (60 per 30 days)
zenatane 40 mg capsule MO	1	QL (120 per 30 days)
ZIANA 1.2 %-0.025 % TOPICAL GEL MO	3	PA
ZONALON 5 % TOPICAL CREAM MO	3	
ZOVIRAX 5 % TOPICAL CREAM DL	4	PA
ZOVIRAX 5 % TOPICAL OINTMENT DL	4	PA
ZYCLARA 2.5 %, 3.75 % TOPICAL CREAM PUMP MO	3	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET MO	3	
SMOOTH MUSCLE RELAXANTS		
aminophylline 250 mg/10 ml, 500 mg/20 ml vl MO	1	
darifenacin er 15 mg, 7.5 mg tablet MO	1	ST,QL (30 per 30 days)
DETROL 1 MG, 2 MG TABLET MO	3	QL (60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
DITROPAN XL 10 MG, 15 MG, 5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MO	1	
ENABLEX 15 MG, 7.5 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
flavoxate hcl 100 mg tablet MO	1	
GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PACKET; GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PUMP MO	3	QL (30 per 30 days)
GELNIQUE 3% GEL MO	3	QL (276 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	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
oxybutynin 5 mg tablet MO	1	
oxybutynin 5 mg/5 ml syrup MO	1	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet MO	1	QL (60 per 30 days)
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH MO	3	QL (8 per 28 days)
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE,EXTENDED RELEASE MO	1	
theophylline 80 mg/15 ml soln MO	1	
theophylline er 100 mg, 200 mg, 300 mg, 450 mg tab; theophylline er 100 mg, 200 mg, 300 mg, 450 mg tablet MO	1	
theophylline er 400 mg, 600 mg tablet MO	1	
theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w MO	1	
tolterodine tart er 2 mg, 4 mg cap MO	1	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab MO	1	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
trospium chloride 20 mg tablet MO	1	
trospium chloride er 60 mg cap MO	1	QL (30 per 30 days)
VESICARE 10 MG, 5 MG TABLET MO	3	QL (30 per 30 days)
VITAMINS		
bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release MO	3	
c-nate dha 28 mg iron-1 mg-200 mg capsule MO	1	
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE MO	3	
calcitriol 0.25 mcg, 0.5 mcg capsule MO	1	
calcitriol 1 mcg/ml, 1 mcg/ml ampul; calcitriol 1 mcg/ml, 1 mcg/ml solution MO	1	
calcium pnv 28 mg-1 mg-250 mg capsule MO	1	
CITRANATAL (DUAL-IRON) 27 MG IRON-1 MG-50 MG TABLET MO	3	
CITRANATAL 90 DHA (ALGAL OIL) 90 MG IRON-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL ASSURE 35 MG IRON-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS MO	3	
CITRANATAL DHA (ALGAL OIL) 27 MG IRON-1 MG-50 MG-250 MG ORAL PACK MO	3	
complete natal dha 29 mg-1 mg-250 mg oral pack MO	1	
completenate 29 mg iron-1 mg chewable tablet MO	1	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE MO	3	
CONCEPT OB 85 MG-1 MG CAPSULE MO	3	
dothelle dha 35 mg-1 mg-200 mg capsule 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
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule MO	1	
doxercalciferol 4 mcg/2 ml vial MO	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK MO	3	
FLORIVA 0.25 MG (0.55 MG) CHEWABLE TABLET; FLORIVA 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET MO	3	
FLORIVA PLUS 0.25 MG FLUORIDE (0.55 MG)/ML ORAL DROPS MO	3	
focalgin 90 dha 90 mg iron-1 mg-50 mg-300 mg oral pack MO	1	
focalgin ca 35 mg iron-1 mg-50 mg-300 mg oral pack MO	1	
folivane-ob 85 mg-1 mg capsule MO	3	
HECTOROL 0.5 MCG, 1 MCG, 2.5 MCG CAPSULE MO	3	PA
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION MO	2	
HECTOROL 4 MCG/2 ML INTRAVENOUS SOLUTION MO	3	
hemenatal ob 28 mg-6 mg-1 mg tablet MO	3	
hemenatal ob + dha 28 mg iron-6 mg iron-1 mg oral pack MO	1	
inatal advance tablet MO	1	
inatal ultra tablet MO	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET MO	3	
levomefolate dha 27 mg-400 mcg-1.13 mg-250 mg capsule MO	1	
macnatal cn dha softgel MO	1	
multi-vitamin with fluoride 0.25 mg/ml, 0.5 mg/ml oral drops MO	3	
multi-vitamin with fluoride 0.5 mg, 1 mg chewable tablet MO	1	QL (30 per 30 days)
multivitamin with fluoride 0.5 mg chewable tablet MO	1	QL (30 per 30 days)
multivitamins with fluoride 0.25 mg, 0.5 mg, 1 mg chewable tablet MO	1	QL (30 per 30 days)
MVC-FLUORIDE 0.25 MG, 0.5 MG, 1 MG CHEWABLE TABLET MO	3	QL (30 per 30 days)
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET MO	3	
NATELLE ONE 28 MG-1 MG-250 MG CAPSULE MO	3	
NEXA PLUS 29 MG IRON-1.25 MG-55 MG CAPSULE MO	3	
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET MO	3	
OB COMPLETE 50 MG IRON-1.25 MG TABLET MO	3	
OB COMPLETE GOLD 27.5 MG IRON-1 MG CAPSULE MO	3	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE MO	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE MO	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET MO	3	
paire ob plus dha combo pack MO	3	
paricalcitol 1 mcg, 2 mcg capsule MO	1	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paricalcitol 10 mcg/2 ml vial; paricalcitol 5 mcg/ml, 5 mcg/ml vial MO	1	QL (48 per 28 days)
paricalcitol 2 mcg/ml vial MO	1	
paricalcitol 2 mcg/ml vial MO	1	QL (24 per 30 days)
paricalcitol 4 mcg capsule MO	1	QL (12 per 30 days)
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack MO	1	
POLY-VI-FLOR 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE CHEWABLE TABLET MO	3	
POLY-VI-FLOR 0.25 MG/ML FLUORIDE BIPHASIC ORAL DROPS MO	3	QL (50 per 30 days)
POLY-VI-FLOR WITH IRON 0.25 MG FLUORIDE-7 MG IRON/ML BPHASE ORAL DROPS MO	3	QL (50 per 30 days)
POLY-VI-FLOR WITH IRON 0.5 MG FLUORIDE-10 MG IRON CHEWABLE TABLET MO	3	
pr natal 400 29 mg-1 mg-400 mg oral pack MO	1	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release MO	1	
pr natal 430 29 mg iron-1 mg-430 mg oral pack MO	1	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release MO	1	
PREFERA-OB 28 MG-6 MG-1 MG TABLET MO	3	
PREFERA-OB ONE 22 MG-6 MG-1 MG-200 MG CAPSULE MO	3	
PREFERA-OB PLUS DHA 28 MG IRON-6 MG IRON-1 MG ORAL PACK MO	3	
prenaissance 29 mg-1.25 mg-55 mg-325 mg capsule MO	3	
prenaissance balance softgel MO	1	
prenaissance plus 28 mg-1 mg-50 mg-250 mg capsule MO	3	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET MO	3	
PRENATABS FA 29 MG-1 MG TABLET MO	1	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet MO	1	
prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack MO	3	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet MO	1	
PRENATE AM 1 MG-500 MG TABLET MO	3	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE MO	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET MO	3	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE MO	3	
PRENATE MINI SOFTGEL MO	3	
preplus 27 mg iron-1 mg tablet MO	1	
PREQUE 10 TABLET MO	3	
QUFLORA PEDIATRIC 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QUFLORA PEDIATRIC DROPS 0.25 MG FLUORIDE (0.55 MG)/ML ORAL; QUFLORA PEDIATRIC DROPS 0.25MG FLUORIDE (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML ORAL MO	3	
RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
relnate dha 28 mg iron-1 mg-200 mg capsule MO	1	
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE MO	3	
ROCALTROL 1 MCG/ML ORAL SOLUTION MO	3	
se-natal 19 29 mg iron-1 mg chewable tablet MO	1	
se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet MO	1	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET MO	3	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET MO	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK MO	3	
taron-c dha 35 mg-1 mg-200 mg capsule MO	1	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule MO	1	
thrivite-19 29 mg iron-1 mg-25 mg tablet MO	1	
TL FOLATE TABLET MO	3	
tl-select 29 mg-1.25 mg-55 mg-325 mg capsule MO	3	
TRI-VI-FLOR 0.25 MG/ML FLUORIDE, 0.5 MG/ML FLUORIDE BIPHASIC ORAL DROPS MO	3	QL (50 per 30 days)
tri-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops MO	1	QL (50 per 30 days)
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops MO	1	QL (50 per 30 days)
triadvance 90 mg-1 mg-50 mg tablet MO	1	
TRICARE 27 MG IRON-1 MG TABLET MO	1	
TRICARE PRENATAL DHA ONE 27 MG-1 MG-25 MG-500 MG CAPSULE MO	3	
trinatal gt 90 mg-1 mg-50 mg tablet MO	1	
trinatal rx 1 60 mg iron-1 mg tablet MO	1	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE MO	3	
triveen-duo dha 29 mg-1 mg-400 mg oral pack MO	1	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule MO	1	
ultimatecare one 27 mg-1 mg-330 mg capsule MO	1	
ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule MO	1	
vena-bal dha 27 mg-1 mg-430 mg tablet-capsule,delayed release MO	3	
VINATE DHA RF 27 MG IRON-1.13 MG-581.28 MG CAPSULE MO	3	
virt-c dha 35 mg-1 mg-200 mg capsule MO	1	
virt-nate dha 28 mg iron-1 mg-200 mg capsule MO	1	
virt-select 29 mg-1.25 mg-55 mg-325 mg capsule 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
VITAFOL FE+ (WITH DOCUSATE) 90 MG IRON-1 MG-50 MG-200 MG CAPSULE MO	3	
VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET MO	3	
VITAFOL NANO 18 MG IRON-1 MG TABLET MO	3	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAFOL-OB 65 MG-1 MG TABLET MO	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK MO	3	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAMEDMD PLUS RX COMBO PACK MO	3	
vol-nate 28 mg iron-1 mg tablet MO	3	
vol-plus 27 mg iron-1 mg tablet MO	1	
vol-tab rx 29 mg iron-1 mg tablet MO	3	
vp-ch-pnv 30 mg iron-1 mg-50 mg-260 mg capsule MO	1	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE MO	3	
zatean-ch 27 mg-1 mg-50 mg-250 mg capsule MO	1	
ZEMPLAR 1 MCG, 2 MCG CAPSULE MO	3	QL (30 per 30 days)
ZEMPLAR 2 MCG/ML INTRAVENOUS SOLUTION MO	3	QL (24 per 30 days)
ZEMPLAR 5 MCG/ML INTRAVENOUS SOLUTION MO	3	QL (48 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

Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUGH & COLD		
benzonatate 100 mg, 150 mg, 200 mg capsule MO	1	
bromfed dm 2 mg-30 mg-10 mg/5 ml syrup MO	1	
bromphenir-pseudoephed-dm syr MO	1	
centergy dm 1 mg-2 mg-3 mg/ml oral drops MO	3	
hydrocodone-chlorphen er susp MO	1	
hydrocod-cpm-pseudoep 5-4-60/5 MO	1	
hydrocod-homatrop 5-1.5 mg tab MO	1	
hydrocodone-homatropine syrup MO	1	
hydromet 5 mg-1.5 mg/5 ml syrup MO	1	
promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml syrup MO	1	
promethazine-codeine syrup MO	1	
promethazine-dm syrup MO	1	
promethazine-pe-codeine syrup MO	1	
RESPA-AR 8 MG-90 MG-0.24 MG TABLET,EXTENDED RELEASE MO	3	
REZIRA 60 MG-5 MG/5 ML ORAL SOLUTION MO	3	
TESSALON PERLES 100 MG CAPSULE MO	3	
TUSNEL PEDIATRIC 15 MG-5 MG-50 MG/5 ML ORAL LIQUID MO	3	
TUSSICAPS 10 MG-8 MG CAPSULE,EXTENDED RELEASE MO	3	
TUSSICAPS 5 MG-4 MG CAPSULE,EXTENDED RELEASE MO	1	
tussigon 5 mg-1.5 mg tablet MO	1	
TUSSIONEX PENNKinetic ER 10 MG-8 MG/5 ML SUSPENSION,EXTENDED RELEASE MO	3	
TUZISTRA XR 14.7 MG-2.8 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	
VITUZ 5 MG-4 MG/5 ML ORAL SOLUTION MO	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

164 - 2018 THE HUMANA MEDICARE EMPLOYER PLAN FORMULARY UPDATED 09/2017

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUGH & COLD		
ZONATUSS 150 MG CAPSULE MO	1	
ZUTRIPRO 5 MG-4 MG-60 MG/5 ML ORAL SOLUTION MO	3	
ERECTILE DYSFUNCTION		
VIAGRA 100 MG, 25 MG, 50 MG TABLET MO	3	QL (4 per 30 days)
VITAMINS & MINERALS		
ACTIVE FE 75 MG IRON-1,250 MCG TABLET MO	3	
advanced am-pm 1,000 mg-800 unit-2.5 mg oral pack MO	1	
ANIMI-3 WITH VITAMIN D 500 MG-1,000 UNIT-500 MCG CAPSULE MO	3	
b complex 100 100 mg-2 mg-100 mg-2mg-2mg/ml injectable solution MO	1	
BACMIN 27 MG-1 MG TABLET MO	3	
BIFERA RX 22 MG-6 MG-1 MG-25 MCG TABLET MO	3	
bp vit 3 plus capsule MO	1	
CARDIOTEK-RX (BIOPERINE) 2 MG-500 MG-500 MCG-50 MG TABLET MO	3	
centratex 106 mg iron-1 mg capsule MO	1	
ciferex 3,775 unit-1 mg capsule MO	1	
corvita 1.25 mg-2.5 mg-7 mg tablet MO	1	
corvita 150 150 mg-1.25 mg-120 mg-10 mg tablet MO	1	
CORVITE 1.25 MG-2.5 MG-7 MG TABLET MO	3	
CORVITE FREE 1.25 MG-400 MCG-125 MCG-35 MG TABLET MO	3	
cyanocobalamin 1,000 mcg/ml MO	1	
DIALYVITE 1 MG-100 MG-300 MCG-50 MG TABLET; DIALYVITE 100 MG-1 MG TABLET MO	3	
DIALYVITE 3000 3 MG-70 MCG-15 MG TABLET MO	3	
DIALYVITE 5000 5 MG TABLET MO	3	
DIALYVITE 800 WITH IRON 29 MG-800 MCG TABLET MO	3	

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
VITAMINS & MINERALS		
DIALVITE SUPREME D 3 MG-2,000 UNIT TABLET MO	3	
DRISDOL 50,000 UNITS CAPSULE MO	3	
DURACHOL 3,775 UNIT-1 MG CAPSULE MO	3	
ELDERCAPS CAPSULE MO	3	
ENLYTE (IRON GLYCINE) 1.5 MG IRON-8.73 MG CAPSULE,IMMED.,DELAY RELEASE MO	3	
vit d2 1.25 mg (50,000 unit) MO	1	
fabb 2.2 mg-25 mg-1 mg tablet MO	1	
fec plus 100 mg-250 mg-25 mcg-1 mg tablet MO	1	
FERAHEME 510 MG/17 ML (30 MG/ML) INTRAVENOUS SOLUTION MO	3	
FERIVA 75 MG IRON-1 MG-175 MG CAPSULE,EXTENDED RELEASE MO	3	
FERIVA 21-7 TABLET 75 MG IRON-1 MG-175 MG TABLET MO	3	
FERIVA FA (SUMALATE) 110 MG-1 MG-175 MG-12 MCG CAPSULE MO	3	
ferocon 110 mg-0.5 mg capsule MO	1	
FERRALET 90 DUAL-IRON DELIVERY 90 MG-1 MG-12 MCG-50 MG TABLET MO	3	
ferraplus 90 90 mg-1 mg-12 mcg-120 mg-50mg tablet MO	1	
ferrex 150 forte 150 mg-25 mcg-1 mg capsule MO	1	
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule MO	1	
ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet MO	1	
ferrocite plus 106 mg iron-1 mg tablet MO	1	
ferrogels forte softgel MO	1	
focalgin dss 90 mg-1 mg-12 mcg-50 mg tablet MO	1	
folbee 2.5 mg-25 mg-1 mg tablet MO	1	
folbee plus 5 mg, 5-1.5-25 mg tablet; folbee plus 5 mg-1.5 mg-25 mg tablet 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
VITAMINS & MINERALS		
folbic 2.5 mg-25 mg-2 mg tablet MO	1	
FOLGARD OS 500 MG-1.1 MG TABLET MO	3	
FOLGARD RX 2.2 MG-25 MG-1 MG TABLET MO	3	
folic acid 1 mg tablet MO	1	
folic acid-vit b6-vit b12 tab MO	1	
folivane-f 125 mg-1 mg-40 mg-3 mg capsule MO	1	
folivane-plus 125 mg iron-1 mg capsule MO	1	
folplex 2.2 2.2 mg-25 mg-0.5 mg tablet MO	1	
FOLTRATE 0.5 MG-1 MG TABLET MO	3	
FORTAVIT CAPSULE MO	3	
FUSION PLUS 130 MG IRON-1,250 MCG CAPSULE MO	3	
hematinic plus vit/minerals 106 mg iron-1 mg tablet MO	1	
hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet MO	1	
HEMATOGEN 200 MG (66 MG)-10 MCG-250 MG CAPSULE MO	3	
hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule MO	1	
hematogen forte 460 mg-60 mg-0.01 mg-1 mg capsule MO	1	
HEMATRON-AF 150 MG-1 MG-50 MG TABLET,EXTENDED RELEASE MO	3	
hemax caplet MO	1	
hemetab 22 mg-6 mg-1 mg-25 mcg tablet MO	1	
HEMOCYTE-F 324 MG (106 MG IRON)-1 MG TABLET MO	3	
HEMOCYTE-PLUS 106 MG IRON-1 MG CAPSULE MO	3	
hydroxocobalamin 1,000 mcg/ml MO	1	
ICAR-C PLUS 100 MG-250 MG-25 MCG-1 MG TABLET MO	3	
ifex 150 forte 150 mg-25 mcg-1 mg capsule 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
VITAMINS & MINERALS		
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	
INTEGRA F 125 MG-1 MG-40 MG-3 MG CAPSULE MO	3	
INTEGRA PLUS 125 MG IRON-1 MG CAPSULE MO	3	
<i>iron 100 plus 100 mg-250 mg-25 mcg-1 mg tablet MO</i>	1	
IROSPAN 24/6 65 MG-65 MG-1,000 MCG (24) TABLET MO	3	
LYSIPLEX PLUS TABLET 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	
MAXARON FORTE TABLET MO	3	
MAXFE (FOLATE-DOCUSATE) 160 MG IRON-1 MG-60 MCG TABLET MO	3	
MEPHYTON 5 MG TABLET MO	3	
MULTICHEW CHEWABLE TABLET MO	3	
<i>multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet MO</i>	1	
<i>multigen plus 151 mg-60 mg-10 mcg-1 mg tablet MO</i>	1	
<i>myferon 150 forte 150 mg-25 mcg-1 mg capsule MO</i>	1	
<i>mynephrocaps 1 mg capsule MO</i>	1	
NASCOBAL 500 MCG/SPRAY NASAL SPRAY MO	3	
NEPHPLEX RX 1 MG-60 MG-300 MCG-12.5 MG TABLET MO	3	
NEPHRO-VITE RX 1 MG-60 MG-300 MCG TABLET MO	3	
NEPHROCAPS 1 MG CAPSULE MO	3	
NEPHROCAPS QT 1 MG-1,750 UNIT DISINTEGRATING TABLET MO	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
VITAMINS & MINERALS		
NEPHRON FA 66.6 MG-75 MG-1 MG TABLET MO	3	
NEURIN-SL 600 MCG-600 MCG SUBLINGUAL TABLET MO	3	
niacin-azelaic ac-turmer-fa-b6-zn-cu 700 mg-500 mcg-8 mg-12 mg tablet MO	1	
NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET MO	3	
NICAZEL 600 MG-5 MG-10 MG-5 MG-1.5 MG TABLET MO	3	
NICAZEL FORTE 700 MG-500 MCG-8 MG-12 MG TABLET MO	3	
NICOMIDE 500 MCG-750 MG-1.5 MG-25 MG TABLET MO	3	
niva-fol 2.5 mg-25 mg-2 mg tablet MO	1	
NUTRICAP 1 MG TABLET MO	3	
ortho d 3,775 unit-1 mg capsule MO	1	
phytonadione 1 mg/0.5 ml syr MO	1	
poly-iron 150 forte 150 mg-25 mcg-1 mg capsule MO	1	
POTABA 500 MG CAPSULE MO	3	
prenaissance next tablet MO	1	
PROFERRIN-FORTE 12 MG-1 MG TABLET MO	3	
PROTECT IRON 60 MG IRON-1 MG TABLET MO	3	
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule MO	1	
rena-vite rx 1 mg-60 mg-300 mcg tablet MO	1	
renal caps 1 mg capsule MO	1	
reno caps 1 mg capsule MO	1	
REQ49+ 200 MCG-1.5 MG-1.5 MG TABLET MO	3	
REVESTA 5,750 UNIT-1 MG CAPSULE MO	3	
se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule MO	1	
STROVITE FORTE 10 MG-1 MG TABLET MO	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
VITAMINS & MINERALS		
STROVITE ONE 1 MG-1,000 UNIT-15 MG-5 MG TABLET MO	3	
SUPERVITE 1,000 MG-75 MG-1 MG/15 ML ORAL LIQUID MO	3	
SUPERVITE EC CAPLET MO	3	
TANDEM PLUS 162 MG-115.2 MG (106 MG)-1 MG CAPSULE MO	3	
taron forte 150 mg-60 mg-25 mcg-1 mg capsule MO	1	
thiamine 200 mg/2 ml vial MO	1	
tl g-fol os 500 mg-1.1 mg tablet MO	1	
tl gard rx 2.2 mg-25 mg-1 mg tablet MO	1	
tl icon 110 mg-0.5 mg capsule MO	1	
tl-hem 150 150 mg-1 mg-50 mg tablet,extended release MO	1	
tricon 110 mg-0.5 mg capsule MO	1	
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule MO	1	
triphocaps 1 mg capsule MO	1	
UDAMIN SP 1,000 MCG-320 MG TABLET MO	3	
v-c forte 1 mg capsule MO	1	
VENOFER 100 MG IRON/5 ML, 50 MG IRON/2.5 ML INTRAVENOUS SOLUTION MO	3	
vic-forte 1 mg capsule MO	1	
virt-caps 1 mg capsule MO	1	
virt-gard 2.2 mg-25 mg-1 mg tablet MO	1	
virt-vite 2.5 mg-25 mg-1 mg tablet MO	1	
virt-vite forte 2.5 mg-25 mg-2 mg tablet MO	1	
VIRT-VITE PLUS 5 MG TABLET MO	3	
VITA-RESPA 2.2 MG-25 MG-1.3 MG TABLET MO	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
VITAMINS & MINERALS		
VITAFOL 65 MG-1 MG TABLET MO	3	
VITAL-D RX 1,750 UNIT-60 MG-1 MG-12.5 MG TABLET MO	3	
vitamin d2 50,000 unit capsule MO	1	
vitamin k 1 mg/0.5 ml injection solution MO	1	
vitamin k1 10 mg/ml injection solution MO	1	
vol-care rx 1 mg-60 mg-300 mcg tablet MO	1	
vp-ggr-b6 1.2 mg-40 mg-124.1 mg-100 mg tablet MO	1	
vp-vite rx 1 mg-60 mg-300 mcg tablet MO	1	
vp-zel 600 mg-5 mg-10 mg-5 mg-1.5 mg tablet MO	1	
zavara 5,750 unit-1 mg capsule MO	1	
zingiber 1.2 mg-40 mg-124.1 mg-100 mg tablet MO	1	
zolate 3,775 unit-1 mg cap 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

Index

A		
a-hydrocort...	117	acetic acid... 98, 105
abacavir...	10	acetic acid-aluminum acetate... 105
abacavir-lamivudine...	10	acetylcysteine... 136, 143
abacavir-lamivudine-zidovudine...	10	ACIPHEX SPRINKLE... 111
ABELCET...	10	ACIPHEX... 111
ABILIFY MAINTENA...	59	acitretin... 146
ABILIFY...	59	ACTEMRA... 136
ABRAXANE...	27	ACTHAR H.P.... 98
ABSORICA...	146	ACTHIB (PF)... 35
ABSTRAL...	59	ACTIGALL... 111
acamprostate...	59	ACTIMMUNE... 136
ACANYA...	146	ACTIQ... 59
acarbose...	117	ACTIVE FE... 165
ACCOLATE...	143	ACTIVELLA... 117
ACCUPRIL...	46	ACTONEL... 136
ACCURETIC...	46	ACTOPLUS MET XR... 117
acebutolol...	46	ACTOPLUS MET... 117
ACEON...	46	ACTOS... 117
ACETADOTE...	136	ACULAR LS... 105
acetaminophen-caff-dihydrocod...	59	ACULAR... 105
acetaminophen-codeine...	59	ACUVAIL (PF)... 105
acetasol hc...	105	acyclovir sodium... 10
acetazolamide sodium...	105	acyclovir... 10, 146
acetazolamide...	105	ACZONE... 146
		ADACEL(TDAP
		ADOLESN/ADULT)(PF)... 35
		ADAGEN... 104
		ADALAT CC... 46
		adapalene... 146
		adapalene-benzoyl peroxide... 146
		ADCIRCA... 46
		ADDERALL XR... 60
		ADDERALL... 59
		adefovir... 10
		ADEMPAS... 143
		ADENOCARD... 46
		adenosine... 47
		ADLYXIN... 117
		ADOXA... 10
		ADRENALIN... 38
		adriamycin... 28
		adrucil... 28
		ADVAIR DISKUS... 143
		ADVAIR HFA... 144
		advanced am-pm... 165
		ADVICOR... 47
		ADVOCATE PEN NEEDLE... 89
		ADVOCATE SYRINGES... 90
		ADZENYS XR-ODT... 60
		AEROSPAN... 144
		afeditab cr... 47
		AFINITOR DISPERZ... 28

AFINITOR... 28	ALIMTA... 28	AMBIEN... 60
AFREZZA... 117	ALINIA... 10	AMBISOME... 10
AGGRENOX... 47	ALKERAN... 28	amcinonide... 147
AGRYLIN... 43	allopurinol sodium... 136	AMERGE... 60
AIRDUO RESPICLICK... 144	allopurinol... 136	amethia lo... 117
ak-poly-bac... 105	ALLZITAL... 60	amethia... 117
AKTEN (PF)... 105	almotriptan malate... 60	amethyst... 117
AKTIPAK... 146	ALOCRIL... 144	AMICAR... 43
AKYNZEO... 111	ALOMIDE... 105	amifostine crystalline... 136
ALA-CORT... 146, 147	ALOPRIM... 136	amikacin... 10
ALA-SCALP... 147	ALORA... 117	amiloride... 98
ALBENZA... 10	alosetron... 111	amiloride-hydrochlorothiazide... 98
albuterol sulfate... 38	ALPHAGAN P... 105	amino acids 15 %... 98
ALCAINE... 105	alprazolam intensol... 60	aminocaproic acid... 43
alclometasone... 147	alprazolam... 60	aminophylline... 158
ALCOHOL PADS... 147	ALREX... 105	AMINOSYN II 10 %... 98
ALCOHOL PREP PADS... 147	ALTABAX... 147	AMINOSYN II 15 %... 98
ALCOHOL PREP SWABS... 147	ALTACE... 47	AMINOSYN II 7 %... 98
ALCOHOL SWABS... 147	altavera (28)... 117	AMINOSYN II 8.5 %... 98
ALCOHOL WIPES... 147	ALTOPREV... 47	AMINOSYN II 8.5
ALDACTAZIDE... 47	ALUNBRIG... 28	%-ELECTROLYTES... 98
ALDACTONE... 47	ALVESCO... 144	AMINOSYN M 3.5 %... 98
ALDARA... 147	alyacen 1/35 (28)... 117	AMINOSYN 10 %... 98
ALDURAZYME... 104	alyacen 7/7/7 (28)... 117	AMINOSYN 7 % WITH ELECTROLYTES... 98
ALECENSA... 28	amabelz... 117	AMINOSYN 8.5 %... 98
alendronate... 136	amantadine hcl... 60	AMINOSYN 8.5 %-ELECTROLYTES... 98
ALFENTANIL... 60	AMARYL... 117	AMINOSYN-HBC 7%... 98
alfuzosin... 38	AMBIEN CR... 60	

AMINOSYN-PF 10 %... 98	ANADROL-50... 117	APTIOM... 60
AMINOSYN-PF 7 % (SULFITE-FREE)... 98	ANAFRANIL... 60 anagrelide... 43	APTIVUS... 10, 11 ARALAST NP... 144
AMINOSYN-RF 5.2 %... 98	ANAPROX DS... 60	aranelle (28)... 118
amiodarone... 47	ANAPROX... 60	ARANESP (IN POLYSORBATE)... 43
AMITIZA... 111	anastrozole... 28	ARAVA... 137
amitriptyline... 60	ANCOBON... 10	arbinoxa... 27
amitriptyline-chlordiazepoxide... 60	ANDRODERM... 117	ARCALYST... 137
amlodipine... 47	ANDROGEL... 117, 118	ARCAPTA NEOHALER... 38
amlodipine-atorvastatin... 47	ANDROID... 118	argatroban... 43
amlodipine-benazepril... 47	androxy... 118	ARICEPT... 38
amlodipine-olmesartan... 47	ANGELIQ... 118	ARIMIDEX... 28
amlodipine-valsartan... 47	ANIMI-3 WITH VITAMIN D... 165	aripiprazole... 60
amlodipine-valsartan-hcthiazid... 47	ANORO ELLIPTA... 38	ARISTADA... 60, 61
ammonium lactate... 147	ANTABUSE... 136	ARISTOSPIN INTRA-ARTICULAR... 118
AMMONUL... 98	ANTARA... 47	ARISTOSPIN INTRALESIONAL... 118
amoxapine... 60	anusol-hc... 147	ARIIXTRA... 43
amoxicil-clarithromy-lansopraz... 111	ANZEMET... 111	armodafinil... 61
amoxicillin... 10	apexicon e... 147	ARMONAIR RESPICLICK... 144
amoxicillin-pot clavulanate... 10	APIDRA SOLOSTAR... 118	ARMOUR THYROID... 118
amphotericin b... 10	APIDRA... 118	ARNUITY ELLIPTA... 144
ampicillin sodium... 10	APLENZIN... 60	AROMASIN... 28
ampicillin... 10	APOKYN... 60	ARRANON... 28
ampicillin-sulbactam... 10	apraclonidine... 105	ARTHROTEC 50... 61
AMPYRA... 136	aprepitant... 111	ARTHROTEC 75... 61
AMRIX... 38	apri... 118	ARZERRA... 28
AMYTAL... 60	APRISO... 111	ASACOL HD... 111
	APTENSIO XR... 60	

ascomp with codeine... 61	AUGMENTIN ES-600... 11	AXERT... 61
ashlyna... 118	AUGMENTIN XR... 11	AXIRON... 118
ASMANEX HFA... 144	AUGMENTIN... 11	AYGESTIN... 118
ASMANEX TWISTHALER... 144	AURYXIA... 98	azacitidine... 28
aspirin-caffeine-dihydrocodein... 61	AUSTEDO... 61	AZACTAM IN DEXTROSE (ISO-OSM)... 11
aspirin-dipyridamole... 47	AUTOJECT 2 INJECTION DEVICE... 90	AZACTAM... 11
ASSURE ID INSULIN SAFETY... 90	AUTOPEN 1 TO 16 UNITS... 90	AZASAN... 137
ASTAGRAF XL... 137	AUTOPEN 1 TO 21 UNITS... 90	AZASITE... 105
ASTEPRO... 105	AUTOPEN 2 TO 32 UNITS... 90	azathioprine sodium... 137
astramorph-pf... 61	AUTOPEN 2 TO 42 UNITS... 90	azathioprine... 137
ATACAND HCT... 47	AVALIDE... 47	azelastine... 105
ATACAND... 47	AVANDIA... 118	AZELEX... 147
ATELVIA... 137	AVAPRO... 47	AZILECT... 61
atenolol... 47	AVASTIN... 28	azithromycin... 11
atenolol-chlorthalidone... 47	AVC VAGINAL... 147	AZOPT... 106
ATGAM... 137	AVEED... 118	AZOR... 47
ATIVAN... 61	AVELOX ABC PACK... 11	aztreonam... 11
atomoxetine... 61	AVELOX IN NACL (ISO-OSMOTIC)... 11	AZULFIDINE EN-TABS... 11
atorvastatin... 47	AVELOX... 11	AZULFIDINE... 11
atovaquone... 11	aviane... 118	azurette (28)... 118
atovaquone-proguanil... 11	avidoxy... 11	B
ATRALIN... 147	AVITA... 147	b complex 100... 165
ATRIPLA... 11	AVODART... 137	baciim... 11
atropine... 38, 105	AVONEX (WITH ALBUMIN)... 137	bacitracin... 11, 106
ATROVENT HFA... 38	AVONEX... 137	bacitracin-polymyxin b... 106
ATROVENT... 105	AVYCAZ... 11	baclofen... 38
AUBAGIO... 137		BACMIN... 165
aubra... 118		

BACTRIM DS... 11	BD INSULIN SYRINGE SAFETY-LOK... 90	BENLYSTA... 137
BACTRIM... 11	BD INSULIN SYRINGE SLIP TIP... 90	BENTYL... 39
BACTROBAN NASAL... 106	BD INSULIN SYRINGE U-500... 90	BENZACLIN PUMP... 147
BACTROBAN... 147	BD INSULIN SYRINGE ULT-FINE II... 90	BENZACLIN... 147
BAL IN OIL... 116	BD INSULIN SYRINGE ULTRA-FINE... 91	BENZAMYCIN... 147
bal-care dha... 159	BD INSULIN SYRINGE... 90	BENZAMYCINPAK... 147
balanced salt... 106	BD INTEGRA INSULIN SYRINGE... 91	benzonatate... 164
balsalazide... 111	BD LO-DOSE MICRO-FINE IV... 91	benztropine... 61
balziva (28)... 118	BD LO-DOSE ULTRA-FINE... 91	BEPREVE... 106
BAND-AID GAUZE PADS... 143	BD SAFETYGLIDE INSULIN SYRINGE... 91	BERINERT... 137
BANZEL... 61	BD SAFETYGLIDE SYRINGE... 91	BESIVANCE... 106
BARACLUDER... 11	BD ULTRA-FINE NANO PEN NEEDLES... 91	BESPONSA... 28
BASAGLAR KWIKPEN... 118	BECONASE AQ... 106	BETADINE OPHTHALMIC PREP... 106
BAVENCIO... 28	bekyree (28)... 118	BETAGAN... 106
BCG VACCINE, LIVE (PF)... 35	BELBUCA... 61	betamethasone acet,sod phos... 118
BD ALCOHOL SWABS... 147	BELEODAQ... 28	betamethasone dipropionate... 147
BD AUTOSHIELD DUO PEN NEEDLE... 90	belladonna alkaloids-opium... 61	betamethasone valerate... 147, 148
BD AUTOSHIELD PEN NEEDLE... 90	belladonna-opium... 61	betamethasone, augmented... 148
BD ECLIPSE LUER-LOK... 90	BELSOMRA... 61	BETAPACE AF... 48
BD INSULIN PEN NEEDLE UF MINI... 90	benazepril... 47	BETAPACE... 48
BD INSULIN PEN NEEDLE UF ORIG... 90	benazepril-hydrochlorothiazide... 47	BETASERON... 137
BD INSULIN PEN NEEDLE UF SHORT... 90	BENDEKA... 28	betaxolol... 48, 106
BD INSULIN SYRINGE HALF UNIT... 90	BENICAR HCT... 48	bethanechol chloride... 39
BD INSULIN SYRINGE MICRO-FINE... 90	BENICAR... 48	BETHKIS... 11
		BETIMOL... 106
		BETOPTIC S... 106
		BEVESPI AEROSPHERE... 39

BEVYXXA... 43	bp vit 3 plus... 165	bupivacaine-epinephrine (pf)... 135
bexarotene... 28	BREO ELLIPTA... 144	bupivacaine-epinephrine bitart... 135
BEXSERO... 35	BREVIBLOC IN NACL (ISO-OSM)... 48	bupivacaine-epinephrine... 135
BEYAZ... 118	BREVIBLOC... 48	BUPRENEX... 62
BIAXIN... 11	BREVICON (28)... 118	buprenorphine hcl... 62
bicalutamide... 28	brielllyn... 118	buprenorphine... 62
BICILLIN C-R... 12	BRILINTA... 43	buprenorphine-naloxone... 62
BICILLIN L-A... 12	brimonidine... 106	buproban... 62
BICNU... 28	BRISDELLE... 61	bupropion hcl (smoking deter)... 62
BIDIL... 48	BRIVIACT... 61	bupropion hcl... 62
BIFERA RX... 165	bromfed dm... 164	buspirone... 62
BILTRICIDE... 12	bromfenac... 106	busulfan... 28
bimatoprost... 106	bromocriptine... 61	BUSULFEX... 28
BINOSTO... 137	brompheniramine-pseudoeph-dm... 164	butalbital compound w/codeine... 62
bisoprolol fumarate... 48	BROMSITE... 106	butalbital-acetaminop-caf-cod... 62
bisoprolol-hydrochlorothiazide... 48	BROVANA... 39	butalbital-acetaminophen... 62
BIVIGAM... 35	BSS PLUS... 106	butalbital-acetaminophen-caff... 62
bleomycin... 28	BSS... 106	butalbital-aspirin-caffeine... 62
BLEPH-10... 106	budesonide... 106, 118, 144	BUTISOL... 62
BLEPHAMIDE S.O.P.... 106	bumetanide... 98	butorphanol tartrate... 62
BLEPHAMIDE... 106	BUNAVAIL... 61	BUTTRANS... 62
blisovi fe 1.5/30 (28)... 118	bupap... 62	BYDUREON... 118
blisovi fe 1/20 (28)... 118	BUPHENYL... 98	BYETTA... 119
blisovi 24 fe... 118	bupivacaine (pf)... 135	BYSTOLIC... 48
BONIVA... 137	bupivacaine... 135	BYVALSON... 48
BOOSTRIX TDAP... 35	bupivacaine-dextrose-water(pf)... 135	C
BORDERED GAUZE... 143		
BOSULIF... 28		

c-nate dha... 159	CANCIDAS... 12	CARDIZEM... 48
cabergoline... 62	candesartan... 48	CARDURA XL... 49
CABOMETYX... 28	candesartan-hydrochlorothiazid... 48	CARDURA... 49
CADEAU DHA... 159	CANTIL... 39	CAREFINE PEN NEEDLE... 91
CADUET... 48	capacet... 63	CARETOUCH ALCOHOL PREP PAD... 148
CAFCIT... 62	CAPASTAT... 12	CARETOUCH INSULIN SYRINGE... 91
CAFERGOT... 39	CAPEX... 148	CARETOUCH PEN NEEDLE... 91
caffeine citrate... 62	CAPITAL WITH CODEINE... 63	carimune nf nanofiltered... 35
caffeine-sodium benzoate... 62	CAPRELSA... 28	carisoprodol... 39
CALAN SR... 48	captopril... 48	carisoprodol-asa-codeine... 39
CALAN... 48	captopril-hydrochlorothiazide... 48	carisoprodol-aspirin... 39
calcipotriene... 148	CARAC... 148	CARNITOR (SUGAR-FREE)... 137
calcipotriene-betamethasone... 148	CARAFATE... 111	CARNITOR... 137
calcitonin (salmon)... 119	CARBAGLU... 98	carteolol... 106
calcitrene... 148	carbamazepine... 63	cartia xt... 49
calcitriol... 148, 159	CARBATROL... 63	carvedilol... 49
calcium acetate... 98	carbidopa... 63	CASODEX... 28
calcium chloride... 98	carbidopa-levodopa... 63	caspofungin... 12
calcium disodium versenate... 116	carbidopa-levodopa-entacapone... 63	CATAPRES... 49
calcium gluconate... 98	carbinoxamine maleate... 27	CATAPRES-TTS-1... 49
calcium pnv... 159	CARBOCAINE (PF)... 135	CATAPRES-TTS-2... 49
CALDOLOR... 63	CARBOCAINE... 135	CATAPRES-TTS-3... 49
CAMBIA... 63	carboplatin... 28	CAYSTON... 12
camila... 119	CARDIOTEK-RX (BIOPERINE)... 165	caziant (28)... 119
CAMPTOSAR... 28	CARDIZEM CD... 48	CEDAX... 12
camrese lo... 119	CARDIZEM LA... 48, 49	cefaclor... 12
camrese... 119		cefadroxil... 12
CANASA... 111		

cefazolin in dextrose (iso-osm)...	12	CELLCEPT...	137	chlorothiazide...	98
cefazolin...	12	CELONTIN...	63	chlorpromazine...	63
cefdinir...	12	CENTANY...	148	chlorpropamide...	119
cefepime in dextrose 5 %...	12	centergy dm...	164	chlorthalidone...	99
cefepime in dextrose, iso-osm...	12	centratex...	165	chlorzoxazone...	39
cefepime...	12	cephalexin...	13	CHOLBAM...	111
cefixime...	12	CEPROTIN (BLUE BAR)...	43	cholestyramine (with sugar)...	49
CEFOTAN...	12	CEPROTIN (GREEN BAR)...	44	cholestyramine light...	49
cefotaxime...	12	CERDELGA...	137	chorionic gonadotropin, human...	
cefotetan in dextrose, iso-osm...	12	CEREBYX...	63	119	
cefotetan...	12	CEREZYME...	104	CIALIS...	49
cefoxitin in dextrose, iso-osm...	12	CERVIDIL...	143	CICLODAN KIT...	148
cefoxitin...	12	CESAMET...	111	cyclodan...	148
cefpodoxime...	12	cetirizine...	27	ciclopirox...	148
cefprozil...	12, 13	cevimeline...	39	ciclopirox-ure-camph-menth-euc...	
ceftazidime in d5w...	13	CHANTIX CONTINUING MONTH BOX...	39	148	
ceftazidime...	13	CHANTIX STARTING MONTH BOX...	39	cidofovir...	13
ceftibuten...	13	CHANTIX...	39	ciferex...	165
CEFTIN...	13	chateal...	119	cilostazol...	44
ceftriaxone in dextrose, iso-osm...	13	CHEMET...	116	CILOXAN...	106
ceftriaxone...	13	CHENODAL...	111	cimetidine hcl...	111
cefuroxime axetil...	13	chloramphenicol sod succinate...	13	cimetidine...	111
cefuroxime sodium...	13	chlordiazepoxide hcl...	63	CIMZIA POWDER FOR RECONST...	
CELEBREX...	63	chlorhexidine gluconate...	106	137	
celecoxib...	63	chloroquine phosphate...	13	CIMZIA STARTER KIT...	137
CELESTONE SOLUSPAN...	119	chlorothiazide sodium...	99	CIMZIA...	137
CELEXA...	63	CELLCEPT INTRAVENOUS...	137	CINQAIR...	144
				CINRYZE...	138
				CIPRO HC...	106

CIPRO IN D5W... 13	CLEOCIN PEDIATRIC... 14	CLINIMIX E 5%/D15W SULFIT FREE... 99
CIPRO XR... 13	CLEOCIN T... 148	CLINIMIX E 5%/D20W SULFIT FREE... 99
CIPRO... 13	CLEOCIN... 14, 148	CLINIMIX E 5%/D25W SULFIT FREE... 99
CIPRODEX... 106	CLEVIPREX... 49	CLINIMIX 2.75%/D5W SULFIT FREE... 99
ciprofloxacin (mixture)... 13	CLICKFINE... 91	CLINIMIX 4.25%-D20W SULF-FREE... 99
ciprofloxacin hcl... 13, 106	CLIMARA PRO... 119	CLINIMIX 4.25%-D25W SULF-FREE... 99
ciprofloxacin in 5 % dextrose... 13	CLIMARA... 119	CLINIMIX 4.25%/D10W SULF FREE... 99
ciprofloxacin lactate... 13	clindacin etz... 148	CLINIMIX 4.25%/D5W SULFIT FREE... 99
ciprofloxacin... 13	clindacin p... 148	CLINIMIX 4.25%-D20W(SULFITE-FREE)... 99
cisplatin... 29	CLINDAGEL... 148	CLINIMIX 5%/D15W SULFITE FREE... 99
citalopram... 63	clindamycin hcl... 14	CLINIMIX 5%/D25W SULF-FREE... 99
CITRANATAL (DUAL-IRON)... 159	clindamycin in 0.9 % sod chlor... 14	CLINIMIX 5%-D20W(SULFITE-FREE)... 99
CITRANATAL ASSURE... 159	clindamycin in 5 % dextrose... 14	CLINIMIX 5%/D20W SULF-FREE... 99
CITRANATAL B-CALM (FE GLUC)... 159	clindamycin palmitate hcl... 14	CLINIMIX 5%/D25W SULF-FREE... 99
CITRANATAL DHA (ALGAL OIL)... 159	clindamycin pediatric... 14	CLINIMIX 5%-D20W(SULFITE-FREE)... 99
CITRANATAL 90 DHA (ALGAL OIL)... 159	clindamycin phosphate... 14, 149	CLINIMIX 5%/D15W SULFITE FREE... 99
cladribine... 29	clindamycin-benzoyl peroxide... 149	CLINIMIX 5%/D25W SULF-FREE... 99
CLAFORAN IN DEXTROSE(ISO-OSM)... 13	clindamycin-tretinoin... 149	clinisol sf 15 %... 99
CLAFORAN... 13	CLINDESSE... 149	clobetasol... 149
claravis... 148	CLINIMIX E 2.75%/D10W SULF FREE... 99	clobetasol-emollient... 149
CLARINEX... 27	CLINIMIX E 2.75%/D5W SULF FREE... 99	CLOBEX... 149
CLARINEX-D 12 HOUR... 27	CLINIMIX E 4.25%/D10W SULF FREE... 99	clo cortolone pivalate... 149
clarithromycin... 13	CLINIMIX E 4.25%/D25W SULF FREE... 99	clodan... 149
clemastine... 27	CLINIMIX E 4.25%/D5W SULF FREE... 99	CLODERM... 149
CLEOCIN HCL... 14	CLINIMIX E 4.25%/D5W SULF FREE... 99	clofarabine... 29
CLEOCIN IN 5 % DEXTROSE... 14		CLOLAR... 29

clomipramine... 63	COMBIVENT RESPIMAT... 39	CORTEF... 119
clonazepam... 64	COMBIVIR... 14	CORTENEMA... 150
clonidine hcl... 49	COMETRIQ... 29	CORTIFOAM... 150
clonidine... 49	COMFORT EZ PEN NEEDLES... 91	cortisone... 119
clopidogrel... 44	COMFORT EZ SYRINGE... 92	CORTISPORIN... 150
clorazepate dipotassium... 64	COMPazine... 111	CORTISPORIN-TC... 106
clorpres... 49	COMPLERA... 14	CONVERT... 49
clotrimazole... 149	complete natal dha... 159	corvita 150... 165
clotrimazole-betamethasone... 149	completenate... 159	corvita... 165
clozapine... 64	compro... 111	CORVITE FREE... 165
CLOZARIL... 64	COMTAN... 64	CORVITE... 165
CNL 8 NAIL... 149	CONCEPT DHA... 159	CORZIDE... 50
COARTEM... 14	CONCEPT OB... 159	COSENTYX (2 SYRINGES)... 150
codeine sulfate... 64	CONCERTA... 64	COSENTYX PEN (2 PENS)... 150
codeine-butalbital-asa-caff... 64	CONDYLOX... 149	COSENTYX PEN... 150
COGENTIN... 64	constulose... 99	COSENTYX... 150
COLAZAL... 111	CONZIP... 64	COSMEGEN... 29
COLCRYS... 138	COPAXONE... 138	COSOPT (PF)... 106
COLESTID FLAVORED... 49	COPEGUS... 14	COSOPT... 106
COLESTID... 49	CORDARONE... 49	COTELLIC... 29
colestipol... 49	CORDRAN TAPE LARGE ROLL... 149	COTEMPLA XR-ODT... 64
colistin (colistimethate na)... 14	CORDRAN TAPE SMALL ROLL... 149	COUMADIN... 44
colocort... 149	COREG CR... 49	COZAAR... 50
COLY-MYCIN M PARENTERAL... 14	COREG... 49	CREON... 111
COLY-MYCIN S... 106	CORGARD... 49	CRESEMDBA... 14
COLYTE WITH FLAVOR PACKS... 111	CORLANOR... 49	CRESTOR... 50
COMBIGAN... 106	CORLOPAM... 49	CRINONE... 119
COMBIPATCH... 119	cormax... 150	CRIXIVAN... 14

cromolyn... 144	CYSTADANE... 138	daunorubicin... 29
cryselle (28)... 119	CYSTAGON... 138	DAUNOXOME... 29
CUBICIN RF... 14	CYSTARAN... 107	DAXBIA... 14
CUBICIN... 14	cytarabine (pf)... 29	DAYPRO... 64
CUPRIMINE... 116	cytarabine... 29	daysee... 119
CURITY ALCOHOL SWABS... 150	CYTOGAM... 35	DAYTRANA... 64
CURITY GAUZE... 143	CYTOMEL... 119	DDAVP... 119
CUROSURF... 144	CYTOTEC... 112	deblitane... 119
CUTIVATE... 150	CYTOVENE... 14	decitabine... 29
CUVPOSA... 39	D	deferoxamine... 116
cyanocobalamin (vitamin b-12)... 165	D.H.E.45... 39	DEFITELIO... 44
cyclafem 1/35 (28)... 119	dacarbazine... 29	DELESTROGEN... 119
cyclafem 7/7/7 (28)... 119	DACOGEN... 29	DELTASONE... 120
CYCLESSA (28)... 119	DAKLINZA... 14	delyla (28)... 120
cyclobenzaprine... 39	DALIRESP... 144	DELZICOL... 112
CYCLOGYL... 107	DALVANCE... 14	DEMADEX... 100
cyclopentolate... 107	danazol... 119	demeclocycline... 14
cyclophosphamide... 29	DANTRIUM... 39	DEMEROL (PF)... 64
cycloserine... 14	dantrolene... 39	DEMEROL... 64
CYCLOSET... 64	dapsone... 14	DEMSE... 138
cyclosporine modified... 138	DAPTACEL (DTAP PEDIATRIC) (PF)... 36	DENAVIR... 150
cyclosporine... 138	daptomycin... 14	denta 5000 plus... 138
CYKLOKAPRON... 44	DARAPRIM... 14	dentagel... 138
CYMBALTA... 64	darifenacin... 158	DEPACON... 65
cyproheptadine... 27	DARZALEX... 29	DEPAKENE... 65
CYRAMZA... 29	dasetta 1/35 (28)... 119	DEPAKOTE ER... 65
cyred... 119	dasetta 7/7/7 (28)... 119	DEPAKOTE SPRINKLES... 65
		DEPAKOTE... 65

DEPEN TITRATABS... 116	desvenlafaxine succinate... 65	dextrose 40 % in water (d40w)... 100
DEPO-ESTRADIOL... 120	desvenlafaxine... 65	dextrose 5 % in water (d5w)... 100
DEPO-MEDROL... 120	DETROL LA... 158	dextrose 5 %-lactated ringers... 100
DEPO-PROVERA... 120	DETROL... 158	dextrose 5%-0.2 % sod chloride... 100
DEPO-SUBQ PROVERA 104... 120	dexamethasone intensol... 120	dextrose 5%-0.3 % sod.chloride... 100
DEPO-TESTOSTERONE... 120	dexamethasone sodium phos (pf)... 120	dextrose 50 % in water (d50w)... 100
DEPOCYT (PF)... 29	dexamethasone sodium phosphate... 107, 120	dextrose 70 % in water (d70w)... 100
DERMA-SMOOTH/FS BODY OIL... 150	dexamethasone... 120	DIABETA... 120
DERMA-SMOOTH/FS SCALP OIL... 150	DEXEDRINE SPANSULE... 65	DIALVITE SUPREME D... 166
DERMACEA... 143	DEXEDRINE... 65	DIALVITE 3000... 165
DERMATOP... 150	DEXILANT... 112	DIALVITE 5000... 165
DERMOTIC OIL... 107	dexmethylphenidate... 65	DIALVITE 800 WITH IRON... 165
DESCOVI... 14	DEXPAK 10 DAY... 120	DIALVITE... 165
DESFERAL... 116	DEXPAK 13 DAY... 120	DIAMOX SEQUELS... 107
desipramine... 65	DEXPAK 6 DAY... 120	DASTAT ACUDIAL... 66
desloratadine... 27	dexrazoxane hcl... 138	DASTAT... 65
desmopressin... 120	dextroamphetamine... 65	diazepam intensol... 66
desog-e.estriadiol/e.estriadiol... 120	dextroamphetamine-amphetamine... 65	diazepam... 66
DESOGEN... 120	dextrose 10 % and 0.2 % nacl... 100	DIBENZYLINE... 39
desogestrel-ethynodiol dihydrogen... 120	dextrose 10 % in water (d10w)... 100	DICLEGIS... 112
DESONATE... 150	dextrose 20 % in water (d20w)... 100	diclofenac potassium... 66
desonide... 150	dextrose 25 % in water (d25w)... 100	diclofenac sodium... 66, 107, 150
DESOWEN... 150	dextrose 30 % in water (d30w)... 100	diclofenac-misoprostol... 66
desoximetasone... 150		dicloxacillin... 15
DESOXYN... 65		
desvenlafaxine fumarate... 65		

dicyclomine... 39	DIPROLENE... 150	doxazosin... 50
didanosine... 15	dipyridamole... 50	doxepin... 66, 151
DIFFERIN... 150	disopyramide phosphate... 50	doxercalciferol... 160
DIFICID... 15	disulfiram... 138	DOXIL... 29
diflorasone... 150	DITROPAN XL... 158	doxorubicin... 29
DIFLUCAN... 15	DIURIL IV... 100	doxorubicin, peg-liposomal... 29
diflunisal... 66	DIURIL... 100	doxy-100... 15
digitek... 50	divalproex... 66	doxycycline hyclate... 15, 107
digox... 50	DIVIGEL... 120	doxycycline monohydrate... 15
digoxin... 50	dobutamine in d5w... 39	DRISDOL... 166
dihydroergotamine... 39	dobutamine... 39	dronabinol... 112
DILANTIN EXTENDED... 66	DOCEFREZ... 29	droperidol... 66
DILANTIN INFATABS... 66	docetaxel... 29	DROPLET PEN NEEDLE... 92
DILANTIN... 66	dofetilide... 50	drospirenone-e.estradiol-lm.fa... 120
DILANTIN-125... 66	DOLOPHINE... 66	drospirenone-ethinyl estradiol... 120
DILATRATE-SR... 50	donepezil... 39, 40	DROXIA... 29
DILAUDID (PF)... 66	dopamine in 5 % dextrose... 40	DUAVEE... 120
DILAUDID... 66	dopamine... 40	DUET DHA WITH OMEGA-3... 160
DILAUDID-HP (PF)... 66	DOPRAM... 66	DUETACT... 120
dilt-xr... 50	DORAL... 66	DUEXIS... 66
diltiazem hcl... 50	DORIBAX... 15	DULEREA... 144
dimenhydrinate... 112	doripenem... 15	duloxetine... 67
DIOVAN HCT... 50	DORYX MPC... 15	DUOPA... 67
DIOVAN... 50	DORYX... 15	DUPIXENT... 151
DIPENTUM... 112	dorzolamide... 107	DURACHOL... 166
diphenhydramine hcl... 27	dorzolamide-timolol... 107	DURAGESIC... 67
diphenoxylate-atropine... 112	dothelle dha... 159	DURAMORPH (PF)... 67
DIPROLENE AF... 150	DOVONEX... 151	

DUREZOL... 107	EASY TOUCH UNI-SLIP... 93	eliphos... 100
dutasteride... 138	EASY TOUCH... 92	ELIQUIS... 44
dutasteride-tamsulosin... 138	EC-NAPROSYN... 67	ELITEK... 105
DUTOPROL... 50	econazole... 151	ELIXOPHYLLIN... 158
DYAZIDE... 100	EDARBI... 50	ELLA... 121
DYLOJECT... 67	EDARBYCLOR... 50	ELLENCE... 29
DYMISTA... 107	EDECRRIN... 100	ELMIRON... 138
DYRENIUM... 100	EDLUAR... 67	ELOCON... 151
d10 %-0.45 % sodium chloride... 99	EDURANT... 15	ELOXATIN... 29
d2.5 %-0.45 % sodium chloride... 99	EFFEXOR XR... 67	EMADINE... 107
d5 % and 0.9 % sodium chloride... 99	EFFIENT... 44	EMBEDA... 67
d5 %-0.45 % sodium chloride... 100	EFUDEX... 151	EMCYT... 29
E		
E.E.S. GRANULES... 15	EGRIFTA... 120, 121	EMEND (FOSAPREPITANT)... 112
E.E.S. 400... 15	ELAPRASE... 104	EMEND... 112
EASY COMFORT INSULIN SYRINGE... 92	ELDEPRYL... 67	EMFLAZA... 121
EASY COMFORT PEN NEEDLES... 92	ELDERCAPS... 166	EMLA... 151
EASY TOUCH ALCOHOL PREP PADS... 151	electrolyte-48 in d5w... 100	emoquette... 121
EASY TOUCH FLIPLOCK INSULIN... 92	ELELYSO... 104	EMPPLICITI... 29
EASY TOUCH INSULIN SAFETY SYR... 92	ELESTAT... 107	EMSAM... 67
EASY TOUCH INSULIN SYRINGE... 92	ELESTRIN... 121	EMTRIVA... 15
EASY TOUCH LUER LOCK INSULIN... 92	eletriptan hbr... 67	emverm... 15
EASY TOUCH SHEATHLOCK INSULIN... 93	ELIDEL... 151	ENABLEX... 158
	ELIGARD (3 MONTH)... 121	enalapril maleate... 50
	ELIGARD (4 MONTH)... 121	enalapril-hydrochlorothiazide... 51
	ELIGARD (6 MONTH)... 121	enalaprilat... 51
	ELIGARD... 121	ENBREL SURECLICK... 138
	ELIMITE... 151	ENBREL... 138
	elinest... 121	endocet... 67

ENDOMETRIN...	121	EPIPEN...	40	ERYTHROCIN...	16
ENGERIX-B (PF)...	36	epirubicin...	30	erythromycin ethylsuccinate...	16
ENGERIX-B PEDIATRIC (PF)...	36	epitol...	67	erythromycin with ethanol...	151
ENJUVIA...	121	EPIVIR HBV...	16	erythromycin...	16, 107
enlon...	98	EPIVIR...	15, 16	erythromycin-benzoyl peroxide...	
ENLON-PLUS...	98	eplerenone...	51	151	
ENLYTE (FERROUS GLYCINE)...	166	EPOGEN...	44	ESBRIET...	144
exoxaparin...	44	epoprostenol (glycine)...	144	escitalopram oxalate...	67
enpresse...	121	eprosartan...	51	ESGIC...	67
enskyce...	121	eftifibatide...	44	esmolol...	51
ENSTILAR...	151	EPZICOM...	16	esomeprazole magnesium...	112
entacapone...	67	EQUETRO...	67	esomeprazole sodium...	112
entecavir...	15	ERAXIS(WATER DILUENT)...	16	estarrylla...	121
ENTOCORT EC...	121	ERBITUX...	30	estazolam...	67
ENTRESTO...	51	ergocalciferol (vitamin d2)...	166	ESTRACE...	121
ENTYVIO...	112	ergoloid...	40	estradiol valerate...	121
enulose...	100	ERGOMAR...	40	estradiol...	121
ENVARSUS XR...	138	ergotamine-caffeine...	40	estradiol-norethindrone acet...	121
EPANED...	51	ERIVEDGE...	30	ESTRING...	121
EPCLUSA...	15	errin...	121	estropipate...	121
EPIDUO FORTE...	151	ERTACZO...	151	ESTROSTEP FE-28...	121
EPIDUO...	151	ERWINAZE...	30	eszopiclone...	67
EPIFOAM...	151	ery pads...	151	ethacrynone sodium...	100
epinastine...	107	ERY-TAB...	16	ethacrynic acid...	100
epinephrine...	40	ERYGEL...	151	ethambutol...	16
EPIPEN JR 2-PAK...	40	ERYPED 200...	16	ethosuximide...	67
EPIPEN JR...	40	ERYPED 400...	16	ethynodiol diac-eth estradiol...	121
EPIPEN 2-PAK...	40	ERYTHROCIN (AS STEARATE)...	16	ETHYOL...	138

etidronate disodium... 138	fabb... 166	fenofibrate... 51
etodolac... 67, 68	FABIOR... 151	fenofibric acid (choline)... 51
ETOPOPHOS... 30	FABRAZYME... 105	fenofibric acid... 51
etoposide... 30	falmina (28)... 122	FENOGLIDE... 51
EUCRISA... 151	famciclovir... 16	fenoprofen... 68
EURAX... 151	famotidine (pf)... 112	fentanyl citrate (pf)... 68
EVAMIST... 121	famotidine (pf)-nacl (iso-os)... 112	fentanyl citrate... 68
EVEKEO... 68	famotidine... 112	fentanyl... 68
EVISTA... 121	FAMVIR... 16	FENTORA... 68
EVOCLIN... 151	FANAPT... 68	FERAHEME... 166
EVOMELA... 30	FARESTON... 122	FERIVA FA (SUMALATE)... 166
EVOTAZ... 16	FARXIGA... 122	FERIVA 21-7 TABLET... 166
EVOXAC... 40	FARYDAK... 30	FERIVA... 166
EVZIO... 68	FASLODEX... 30	ferocon... 166
EXALGO ER... 68	fayosim... 122	FERRALET 90 DUAL-IRON DELIVERY... 166
EXEL INSULIN... 93	FAZACLO... 68	ferraplus 90... 166
EXELDERM... 151	fe c plus... 166	ferrex 150 forte plus... 166
EXELON... 40	felbamate... 68	ferrex 150 forte... 166
exemestane... 30	FELBATOL... 68	ferrex 28... 166
EXFORGE HCT... 51	FELDENE... 68	FERRIPROX... 116
EXFORGE... 51	felodipine... 51	ferrocite plus... 166
EXJADE... 116	FEMARA... 30	ferrogels forte... 166
EXONDYS 51... 138	FEMCON FE... 122	FETZIMA... 68
EXTAVIA... 138	FEMHRT LOW DOSE... 122	FEXMID... 40
EXTINA... 151	FEMRING... 122	FIBRICOR... 51
ezetimibe... 51	femynor... 122	FINACEA... 151
ezetimibe-simvastatin... 51	fenofibrate micronized... 51	finasteride... 138
F		
fenofibrate nanocrystallized... 51		

FIORICET WITH CODEINE... 68	flumazenil... 68	focalgin ca... 160
fioricet... 68	flunisolide... 107	focalgin dss... 166
FIORINAL... 68	fluocinolone acetonide oil... 107	focalgin 90 dha... 160
FIORINAL-CODEINE #3... 68	fluocinolone and shower cap... 152	FOCALIN XR... 69
FIRAZYR... 138	fluocinolone... 151, 152	FOCALIN... 69
FIRMAGON KIT W DILUENT SYRINGE... 122	fluocinonide... 152	folbee plus... 166
FLAGYL... 16	fluocinonide-e... 152	folbee... 166
FLAREX... 107	fluocinonide-emollient... 152	folbic... 167
flavoxate... 158	FLUOR-A-DAY (WITH XYLITOL)... 138	FOLGARD OS... 167
FLEBOGAMMA DIF... 36	fluoride (sodium)... 138	FOLGARD RX... 167
flecainide... 51	fluoritab... 138, 139	folic acid... 167
FLECTOR... 68	fluorometholone... 107	folic acid-vit b6-vit b12... 167
FLO-PRED... 122	fluorouracil... 30, 152	folivane-f... 167
FLOLIDIPID... 51	fluoxetine... 69	folivane-ob... 160
FLOMAX... 40	fluphenazine decanoate... 69	folivane-plus... 167
FLORIVA PLUS... 160	fluphenazine hcl... 69	FOLOTYN... 30
FLORIVA... 160	flurandrenolide... 152	folplex 2.2... 167
FLOVENT DISKUS... 144	flurazepam... 69	FOLTRATE... 167
FLOVENT HFA... 145	flurbiprofen sodium... 107	fomepizole... 139
flouxuridine... 30	flurbiprofen... 69	fondaparinux... 44
fluconazole in dextrose(iso-o)... 16	flutamide... 30	FORFIVO XL... 69
fluconazole in nacl (iso-osm)... 16	fluticasone... 107, 152	FORTAMET... 122
fluconazole... 16	fluticasone-salmeterol... 145	FORTAVIT... 167
flucytosine... 16	fluvastatin... 51	FORTAZ IN DEXTROSE 5 %... 16
fludarabine... 30	fluvoxamine... 69	FORTAZ... 16
fludrocortisone... 122	FML FORTE... 107	FORTEO... 122
FLUMADINE... 16	FML LIQUIFILM... 107	FORTESTA... 122
	FML S.O.P.... 107	FOSAMAX PLUS D... 139

FOSAMAX... 139	GAMMAGARD S-D (IGA < 1 MCG/ML)... 36	GENOTROPIN... 122
foscarnet... 16	GAMMAKED... 36	gentak... 107
FOSCAVIR... 16	GAMMAPLEX (WITH SORBITOL)... 36	gentamicin in nacl (iso-osm)... 17
fosinopril... 52	GAMMAPLEX... 36	gentamicin sulfate (ped) (pf)... 17
fosinopril-hydrochlorothiazide... 52	GAMUNEX-C... 36	gentamicin sulfate (pf)... 17
fosphenytoin... 69	ganciclovir sodium... 16	gentamicin... 16, 107, 152
FOSRENOL... 100	GARDASIL (PF)... 36	GENVOYA... 17
FRAGMIN... 44	GARDASIL 9 (PF)... 36	GEODON... 69
FREAMINE HBC 6.9 %... 100	GASTROCROM... 145	gianvi (28)... 122
FREAMINE III 10 %... 100	gatifloxacin... 107	GIAZO... 112
FREESTYLE PRECISION... 93	GATTEX ONE-VIAL... 112	gildagia... 122
FROVA... 69	GATTEX 30-VIAL... 112	gildess fe 1.5/30 (28)... 122
frovatriptan... 69	GAUZE BANDAGE... 143	gildess 1.5/30 (21)... 122
FULYZAQ... 112	GAUZE PAD... 143	gildess 1/20 (21)... 122
FURADANTIN... 16	gavilyte-c... 112	GILENYA... 139
furosemide... 100	gavilyte-g... 112	GILOTrif... 30
FUSILEV... 139	gavilyte-h and bisacodyl... 112	GLASSIA... 145
FUSION PLUS... 167	gavilyte-n... 112	GLEEVEC... 30
FUZEON... 16	GAZYVA... 30	GLEOSTINE... 30
fyavolv... 122	GELNIQUE... 158	glimepiride... 122
FYCOMPA... 69	gemcitabine... 30	glipizide... 122
G		
gabapentin... 69	gemfibrozil... 52	glipizide-metformin... 122
GABITRIL... 69	GEMZAR... 30	GLUCAGEN HYPOKIT... 122
galantamine... 40	GENERESS FE... 122	GLUCAGON EMERGENCY KIT (HUMAN)... 122
GAMASTAN S/D... 36	generlac... 100	GLUCOPHAGE XR... 123
gammagard liquid... 36	gengraf... 139	GLUCOPHAGE... 122
	GENOTROPIN MINIQUICK... 122	GLUCOTROL XL... 123

GLUCOTROL... 123	HAEGARDA... 139	HEMOCYTE-F... 167
GLUCOVANCE... 123	HALAVEN... 30	HEMOCYTE-PLUS... 167
GLUMETZA... 123	HALCION... 70	heparin (porcine) in nacl (pf)... 45
glyburide micronized... 123	HALDOL DECANOATE... 70	heparin (porcine) in 5 % dex... 45
glyburide... 123	HALDOL... 70	heparin (porcine)... 45
glyburide-metformin... 123	halobetasol propionate... 152	heparin(porcine) in 0.45% nacl... 45
GLYCOPHOS... 100	HALOG... 152	heparin, porcine (pf)... 45
glycopyrrolate... 40	haloperidol decanoate... 70	HEPATAMINE 8%... 100
glydo... 107	haloperidol lactate... 70	HEPSERA... 17
GLYNASE... 123	haloperidol... 70	HERCEPTIN... 30
GLYSET... 123	HARVONI... 17	HETLIOZ... 70
GLYXAMBI... 123	HAVRIX (PF)... 36	HEXALEN... 30
GOLYTELY... 112	HEALTHY ACCENTS UNIFINE	HIBERIX (PF)... 36
GONITRO... 52	PENTIP... 93	HIPREX... 17
GRALISE 30-DAY STARTER PACK... 70	heather... 123	HORIZANT... 70
GRALISE... 70	HECTOROL... 160	HUMALOG JUNIOR KWIKPEN... 123
granisetron (pf)... 112	HEMABATE... 143	HUMALOG KWIKPEN... 123
granisetron hcl... 112, 113	HEMANGEOL... 52	HUMALOG MIX 50-50 KWIKPEN...
GRANIX... 44	hematinic plus vit/minerals... 167	123
GRASTEK... 36	hematinic/folic acid... 167	HUMALOG MIX 50-50... 123
GRIFULVIN V... 17	hematogen fa... 167	HUMALOG MIX 75-25 KWIKPEN...
GRIS-PEG (ULTRAMICROSIZE)... 17	hematogen forte... 167	123
griseofulvin microsize... 17	HEMATOGEN... 167	HUMALOG MIX 75-25... 123
griseofulvin ultramicrosize... 17	HEMATRON-AF... 167	HUMALOG... 123
guanfacine... 52, 70	hemax... 167	HUMAPEN LUXURA HD... 93
guanidine... 40	hemenatal ob + dha... 160	HUMATROPE... 123
gynazole-1... 152	hemenatal ob... 160	HUMIRA PEDIATRIC CROHN'S
	hemetab... 167	START... 139

H

HUMIRA PEN CROHN'S-UC-HS START... 139	hydrocortisone valerate... 152	ICLUSIG... 30, 31
HUMIRA PEN PSORIASIS-UVEITIS... 139	hydrocortisone... 124, 152	IDAMYCIN PFS... 31
HUMIRA PEN... 139	hydrocortisone-acetic acid... 107	idarubicin... 31
HUMIRA... 139	hydrocortisone-min oil-wht pet... 152	ifex 150 forte... 167
HUMULIN N KWIKPEN... 123	hydromet... 164	IFEX... 31
HUMULIN N... 123	hydromorphone (pf)... 71	ifosfamide... 31
HUMULIN R U-100... 123	hydromorphone... 70, 71	ILEVRO... 107
HUMULIN R U-500 (CONC) KWIKPEN... 123	hydroxocobalamin... 167	ILOTYCIN... 107
HUMULIN R U-500 (CONCENTRATED)... 124	hydroxychloroquine... 17	imatinib... 31
HUMULIN 70/30 KWIKPEN... 123	hydroxyprogesterone caproate... 124	IMBRUVICA... 31
HUMULIN 70/30... 123	hydroxyurea... 30	IMFINZI... 31
HYCAMTIN... 30	hydroxyzine hcl... 71	imipenem-cilastatin... 17
HYCET... 70	hydroxyzine pamoate... 71	imipramine hcl... 71
hydralazine... 52	HYPERTYTE CR... 101	imipramine pamoate... 71
HYDREA... 30	HYPERRAB S/D (PF)... 36	imiquimod... 152
hydrochlorothiazide... 100, 101	HYPERTET S/D (PF)... 36	IMITREX STATDOSE KIT REFILL... 71
hydrocodone-acetaminophen... 70	HYSINGLA ER... 71	IMITREX STATDOSE PEN... 71
hydrocodone-chlorpheniramine... 164	HYZAAR... 52	IMITREX... 71
hydrocodone-cpm-pseudoephed... 164	I	IMLYGIC... 31
hydrocodone-homatropine... 164	ibandronate... 139	IMOGRAM RABIES-HT (PF)... 36
hydrocodone-ibuprofen... 70	IBRANCE... 30	IMOVAX RABIES VACCINE (PF)... 36
hydrocortisone butyr-emollient... 152	IBUDONE... 71	IMPAVIDO... 17
hydrocortisone butyrate... 152	ibuprofen... 71	IMURAN... 139
	ibuprofen-oxycodone... 71	inalt advance... 160
	ibutilide fumarate... 52	inalt ultra... 160
	ICAR-C PLUS... 167	INCONTROL ALCOHOL PADS... 153
		INCONTROL PEN NEEDLE... 93
		INCRELEX... 124

INCRUSE ELLIPTA... 40	INTELENCE... 17	ISENTRESS... 17
indapamide... 101	INTERMEZZO... 71	isibloom... 124
INDERAL LA... 52	INTRALIPID... 101	isochron... 52
INDOCIN... 71	INTRON A... 17	ISOLYTE S PH 7.4... 101
indomethacin sodium... 71	introvale... 124	ISOLYTE-P IN 5 % DEXTROSE... 101
indomethacin... 71	INTUNIV ER... 71	ISOLYTE-S... 101
INFANRIX (DTAP) (PF)... 36, 37	INVANZ... 17	isoniazid... 17, 18
INFASURF... 145	INVEGA SUSTENNA... 72	ISOPTO ATROPINE... 108
INFLECTRA... 139	INVEGA TRINZA... 72	ISOPTO CARPINE... 108
INFUMORPH P/F... 71	INVEGA... 71	ISORDIL TITRADOSE... 52
INFUVITE ADULT... 168	INVIRASE... 17	ISORDIL... 52
INFUVITE PEDIATRIC... 168	INVOKAMET XR... 124	isosorbide dinitrate... 52
INGREZZA... 71	INVOKAMET... 124	isosorbide mononitrate... 52
INLYTA... 31	INVOKANA... 124	isradipine... 52
INNOPRAN XL... 52	IONOSOL-B IN D5W... 101	ISTALOL... 108
INSPRA... 52	IONOSOL-MB IN D5W... 101	ISTODAX... 31
INSULIN SYRINGE MICROFINE... 93	IOPIDINE... 107	ISUPREL... 40
INSULIN SYRINGE NEEDLELESS... 93	IPOL... 37	itraconazole... 18
INSULIN SYRINGE ULTRAFINE... 93	ipratropium bromide... 40, 107, 108	IV PREP WIPES... 153
INSULIN SYRINGE... 93	ipratropium-albuterol... 40	ivermectin... 18
INSULIN SYRINGE-NEEDLE U-100... 93	irbesartan... 52	IXEMPRA... 31
INSULIN SYRINGES (DISPOSABLE)... 93	irbesartan-hydrochlorothiazide... 52	IXIARO (PF)... 37
INSUPEN... 93	IRENKA... 72	J
INTEGRA F... 168	IRESSA... 31	JADENU SPRINKLE... 116, 117
INTEGRA PLUS... 168	irinotecan... 31	JADENU... 116
INTEGRILIN... 45	iron 100 plus... 168	JAKAFI... 31
	IROSPAN 24/6... 168	JALYN... 139
	ISENTRESS HD... 17	jantoven... 45

JANUMET XR... 124	KANUMA... 105	KITABIS PAK... 18
JANUMET... 124	KAPVAY... 52	KLARON... 153
JANUVIA... 124	KARBINAL ER... 27	klofensaid ii... 72
JARDIANCE... 124	kariva (28)... 124	KLONOPIN... 72
jencycla... 124	KAZANO... 125	klor-con m10... 101
JENTADUETO XR... 124	KEFLEX... 18	KLOR-CON M15... 101
JENTADUETO... 124	kelnor 1/35 (28)... 125	klor-con m20... 101
jevantique lo... 124	KENALOG... 125, 153	klor-con sprinkle... 101
JEVTANA... 31	KENGREAL... 45	KLOR-CON 10... 101
jinteli... 124	KEPIVANCE... 153	KLOR-CON 8... 101
jolessa... 124	KEPPRA XR... 72	KOMBIGLYZE XR... 125
jolivette... 124	KEPPRA... 72	KORLYM... 125
JUBLIA... 153	KERYDIN... 153	KOSHER PRENATAL PLUS IRON...
juleber... 124	KETEK... 18	160
junel fe 1.5/30 (28)... 124	ketoconazole... 18, 153	KRISTALOSE... 101
junel fe 1/20 (28)... 124	ketoprofen... 72	kurvelo... 125
junel fe 24... 124	ketorolac... 72, 108	KUVAN... 139
junel 1.5/30 (21)... 124	KEVEYIS... 139	KYNAMRO... 52
junel 1/20 (21)... 124	KEVZARA... 139	KYPROLIS... 31
JUXTAPIID... 52	KEYTRUDA... 31	L
K	KHEDEZLA... 72	l norgest/e.estradol-e.estrad...
K-TAB... 101	kimidess (28)... 125	125
KABIVEN... 101	KINERET... 139	labetalol... 52
KADCYLA... 31	KINRIX (PF)... 37	LACRISERT... 108
KADIAN... 72	kionex (with sorbitol)... 101	lactated ringers... 101
kaitlib fe... 124	kionex... 101	lactulose... 101
KALETRA... 18	KISQALI FEMARA CO-PACK... 31	LAMICTAL ODT STARTER (BLUE)... 72
KALYDECO... 145	KISQALI... 31	LAMICTAL ODT STARTER (GREEN)... 72

LAMICTAL ODT STARTER (ORANGE)... 72	larissia... 125 LARTRUVO... 31	levetiracetam... 73 LEVO-T... 125
LAMICTAL ODT... 72	LASIX... 101	levobunolol... 108
LAMICTAL STARTER (BLUE) KIT... 73	LASTACAF... 108	levocarnitine (with sugar)... 140
LAMICTAL STARTER (GREEN) KIT... 73	latanoprost... 108	levocarnitine... 140
LAMICTAL STARTER (ORANGE) KIT... 73	LATUDA... 73 LAYOLIS FE... 125	levocetirizine... 27 levofloxacin in d5w... 18
LAMICTAL XR STARTER (BLUE)... 73	LAZANDA... 73	levofloxacin... 18, 108
LAMICTAL XR STARTER (GREEN)... 73	leena 28... 125	levoleucovorin... 140
LAMICTAL XR STARTER (ORANGE)... 73	leflunomide... 139 LEMTRADA... 139	levomefolate dha... 160
LAMICTAL XR... 73	LENVIMA... 31	levonest (28)... 125
LAMICTAL... 72	LESCOL XL... 53	levonorg-eth estrad triphasic... 125
LAMISIL... 18	LESCOL... 53	levonorgestrel... 125
lamivudine... 18	lessina... 125	levonorgestrel-ethynodiol... 125
lamivudine-zidovudine... 18	LETAIRIS... 145	LEVOPHED (BITARTRATE)... 41
lamotrigine... 73	letrozole... 31	levora-28... 125
LANOXIN PEDIATRIC... 52	leucovorin calcium... 139	levorphanol tartrate... 73
LANOXIN... 52	LEUKERAN... 32	levothyroxine... 125
lansoprazole... 113	LEUKINE... 45	LEVOXYL... 126
lanthanum... 101	leuprolide... 125	LEVULAN... 153
LANTUS SOLOSTAR... 125	levalbuterol hcl... 40	LEXAPRO... 73
LANTUS... 125	levalbuterol tartrate... 40	LEXIVA... 18
larin fe 1.5/30 (28)... 125	LEVAQUIN IN 5 % DEXTROSE... 18	LIALDA... 113
larin fe 1/20 (28)... 125	LEVAQUIN... 18	lidocaine (pf) in d7.5w... 135
larin 1.5/30 (21)... 125	LEVEMIR FLEXTOUCH... 125	lidocaine (pf)... 53, 135
larin 1/20 (21)... 125	LEVEMIR... 125	lidocaine hcl... 108, 135, 153
larin 24 fe... 125	levetiracetam in nacl (iso-os)... 73	lidocaine in 5 % dextrose (pf)... 53

lidocaine... 153	LIVALO... 53	lortab elixir... 74
lidocaine-epinephrine bit... 135	LO LOESTRIN FE... 126	lortab 10-325... 74
lidocaine-epinephrine... 135	LOCOID LIPOCREAM... 153	lortab 5-325... 74
lidocaine-prilocaine... 153	LOCOID... 153	lortab 7.5-325... 74
lidocaine-tetracaine... 153	locort... 126	loryna (28)... 126
LIDODERM... 153	LODINE... 74	LORZONE... 41
lillow... 126	LODOSYN... 74	losartan... 53
LINCOCIN... 18	LOESTRIN FE 1.5/30 (28-DAY)... 126	losartan-hydrochlorothiazide... 53
lincomycin... 18	LOESTRIN FE 1/20 (28-DAY)... 126	LOSEASONIQUE... 126
lindane... 153	LOESTRIN 1.5/30 (21)... 126	LOTEMAX... 108
linezolid... 18	LOESTRIN 1/20 (21)... 126	LOTENSIN HCT... 53
linezolid-0.9% sodium chloride... 18	lofibra... 53	LOTENSIN... 53
LINZESS... 113	lomedia 24 fe... 126	LOTREL... 53
LIORESAL... 41	LOMOTIL... 113	LOTRISONE... 153
liothyronine... 126	LONSURF... 32	LOTRONEX... 113
LIPITOR... 53	loperamide... 113	lovastatin... 53
lipodox 50... 32	LOPID... 53	LOVAZA... 53
lipodox... 32	lopinavir-ritonavir... 18	LOVENOX... 45
LIPOFEN... 53	lopreeza... 126	low-ogestrel (28)... 126
lisinopril... 53	LOPRESSOR HCT... 53	loxapine succinate... 74
lisinopril-hydrochlorothiazide... 53	LOPRESSOR... 53	LTA PRE-ATTACHED... 153
LITE TOUCH INSULIN PEN NEEDLES... 93	LOPROX (AS OLAMINE)... 153	ludent fluoride... 140
LITE TOUCH INSULIN SYRINGE... 94	LOPROX... 153	LUMIGAN... 108
lithium carbonate... 73, 74	lorazepam intensol... 74	LUMIZYME... 105
lithium citrate... 74	lorazepam... 74	LUNESTA... 74
LITHOBID... 74	loracet (hydrocodone)... 74	LUPANETA PACK (1 MONTH)... 32
LITHOSTAT... 101	loracet hd... 74	LUPANETA PACK (3 MONTH)... 32
	loracet plus... 74	LUPRON DEPOT (3 MONTH)... 126

LUPRON DEPOT (4 MONTH)...	126	magnesium sulfate in water...	74	MAXARON FORTE... 168
LUPRON DEPOT (6 MONTH)...	126	magnesium sulfate...	74	MAXFE (FOLATE-DOCUSATE)... 168
LUPRON DEPOT...	126	MAKENA...	126	MAXI-COMFORT INSULIN SYRINGE...
LUPRON DEPOT-PED (3 MONTH)...	126	MALARONE PEDIATRIC...	19	94
LUPRON DEPOT-PED...	126	MALARONE...	18	MAXIDEX... 108
lutera (28)...	126	malathion...	153	MAXIPIME... 19
LUXIQ...	153	mannitol 10 %...	101	MAXITROL... 108
LUZU...	153	mannitol 20 %...	101	MAXZIDE... 101
LYNPARZA...	32	mannitol 25 %...	101	MAXZIDE-25MG... 101
LYRICA...	74	mannitol 5 %...	101	meclizine... 113
LYSIPLEX PLUS...	168	maprotiline...	74	meclofenamate... 74
LYSODREN...	32	MARCAINE (PF)...	135	MEDROL (PAK)... 126
LYSTEDA...	45	MARCAINE SPINAL (PF)...	135	MEDROL... 126
lyza...	126	MARCAINE...	135	medroxyprogesterone... 126
M				
M.V.I. ADULT...	168	MARCAINE-EPINEPHRINE (PF)...	135	mefenamic acid... 75
M.V.I. PEDIATRIC...	168	MARCAINE-EPINEPHRINE...	135	mefloquine... 19
M.V.I.-12 (WITHOUT VITAMIN K)...	168	MARGESIC...	74	MEGACE ES... 126
M-M-R II (PF)...	37	MARINOL...	113	MEGACE... 126
macnatal cn dha...	160	marlissa...	126	megestrol... 126, 127
MACROBID...	18	MARPLAN...	74	MEKINIST... 32
MACRODANTIN...	18	MARQIBO...	32	meloxicam... 75
MAGELLAN INSULIN SAFETY		MARTEN-TAB...	74	melphalan hcl... 32
SYRNG...	94	MATULANE...	32	melphalan... 32
MAGELLAN SYRINGE...	94	matzim la...	53	memantine... 75
magnesium chloride...	74	MAVIK...	53	MENACTRA (PF)... 37
magnesium sulfate in d5w...	74	MAVYRET...	19	MENEST... 127
		MAXALT...	74	MENHIBRIX (PF)... 37
		MAXALT-MLT...	74	MENOMUNE - A/C/Y/W-135 (PF)... 37

MENOMUNE - A/C/Y/W-135...	37	METHADOSE...	75	metoprolol succinate...	53
MENOSTAR...	127	methamphetamine...	75	metoprolol ta-hydrochlorothiaz...	
MENTAX...	153	methazolamide...	108	54	
MENVEO A-C-Y-W-135-DIP (PF)...	37	methenamine hippurate...	19	metoprolol tartrate...	54
meperidine (pf)...	75	methergine...	143	METOZOLV ODT...	113
meperidine...	75	methimazole...	127	METRO I.V....	19
MEPHYTON...	168	METHITEST...	127	METROCREAM...	153
mepivacaine (pf)...	135	methocarbamol...	41	METROGEL VAGINAL...	154
meprobamate...	75	methotrexate sodium (pf)...	32	METROGEL...	153
MEPRON...	19	methotrexate sodium...	32	METROLOTION...	154
mercaptopurine...	32	methoxsalen...	153	metronidazole in nacl (iso-os)...	19
meropenem...	19	methscopolamine...	41	metronidazole...	19, 154
meropenem-0.9% sodium chloride...	19	methyclothiazide...	101	mexiletine...	54
MERREM...	19	methyldopa...	53	MIACALCIN...	127
mesalamine...	113	methyldopa-hydrochlorothiazide...		mibelas 24 fe...	127
mesna...	140	53		MICARDIS HCT...	54
MESNEX...	140	methyldopate...	53	MICARDIS...	54
MESTINON TIMESPAN...	41	methylergonovine...	143	miconazole-3...	154
MESTINON...	41	METHYLIN...	75	MICORT-HC...	154
METADATE CD...	75	methylphenidate hcl...	75, 76	microgestin fe 1.5/30 (28)...	127
metadate er...	75	methylprednisolone acetate...	127	microgestin fe 1/20 (28)...	127
metaproterenol...	41	methylprednisolone sodium succ...		microgestin 1.5/30 (21)...	127
metaxall...	41	127		microgestin 1/20 (21)...	127
metaxalone...	41	methylprednisolone...	127	MICROGESTIN 24 FE...	127
metformin...	127	methyltestosterone...	127	MICROZIDE...	101
methadone intensol...	75	metipranolol...	108	midazolam...	76
methadone...	75	metoclopramide hcl...	113	midodrine...	41
		metolazone...	101	migergot...	41

miglitol... 127	MOBIC... 76	moxifloxacin... 19, 108
MIGRANAL... 41	modafinil... 76	moxifloxacin-sod.ace,sul-water... 19
millipred dp... 127	moderiba dose pack... 19	MOZOBIL... 45
MILLIPRED... 127	moderiba... 19	MS CONTIN... 77
milrinone in 5 % dextrose... 54	moexipril... 54	MULTAQ... 54
milrinone... 54	moexipril-hydrochlorothiazide... 54	multi-vitamin with fluoride... 160
mimvey lo... 127	molindone... 76	MULTICHEW... 168
mimvey... 127	mometasone... 108, 154	multigen folic... 168
MINASTRIN 24 FE... 127	monodoxine nl... 19	multigen plus... 168
MINI ULTRA-THIN II... 94	mono-linyah... 128	multivitamin with fluoride... 160
MINIPRESS... 54	MONOJECT INSULIN SAFETY SYRING... 94	multivitamins with fluoride... 160
MINIVELLE... 127	MONOJECT INSULIN SYRINGE... 94	mupirocin calcium... 154
MINOCIN KIT WITH WIPES... 19	MONOJECT SYRINGE... 94	mupirocin... 154
MINOCIN... 19	MONOJECT ULTRA COMFORT INSULIN... 94	MUSTARGEN... 32
minocycline... 19	mononessa (28)... 128	MVC-FLUORIDE... 160
minoxidil... 54	montelukast... 145	MYALEPT... 128
MIOCHOL-E... 108	MONUROL... 19	MYAMBUTOL... 19
MIOSTAT... 108	morgidox... 19	MYCAMINE... 19
MIRAPEX ER... 76	MORPHABOND ER... 76	MYCOBUTIN... 19
MIRAPEX... 76	morphine (pf)... 77	mycophenolate mofetil hcl... 140
MIRCERA... 45	morphine concentrate... 77	mycophenolate mofetil... 140
MIRCETTE (28)... 127	morphine... 76, 77	mycophenolate sodium... 140
mirtazapine... 76	MOTOFEN... 113	MYDAYIS... 77
MIRVASO... 154	MOVANTIK... 113	MYDRIACYL... 108
misoprostol... 113	MOVIPREP... 113	myferon 150 forte... 168
MITIGARE... 140	MOXEZA... 108	MYFORTIC... 140
mitomycin... 32		MYLOTARG... 32
mitoxantrone... 32		

mynephrocaps...	168	naratriptan...	78	neomycin...	20
myorisan...	154	NARCAN...	78	neomycin-bacitracin-poly-hc...	108
MYRBETRIQ...	158	NARDIL...	78	neomycin-bacitracin-polymyxin...	
MYSOLINE...	77	NAROPIN (PF)...	135	108	
MYTESI...	113	NASCOBAL...	168	neomycin-polymyxin b gu...	154
myzilra...	128	NASONEX...	108	neomycin-polymyxin b-dexameth...	
N					
nabumetone...	77	NATACHEW (FE BIS-GLYCINATE)...		108	
nadolol...	54	160		neomycin-polymyxin-gramicidin...	
nadolol-bendroflumethiazide...	54	NATACYN...	108	109	
nafcillin in dextrose iso-osm...	20	NATAZIA...	128	neomycin-polymyxin-hc...	109
nafcillin...	19, 20	nateglinide...	128	NEORAL...	140
naftifine...	154	NATELLE ONE...	160	neosporin (neo-polym-gramicid)...	
NAFTIN...	154	NATESTO...	128	109	
NAGLAZYME...	105	NATPARA...	128	NEOSPORIN GU IRRIGANT...	154
nalbuphine...	77	NATRECOR...	54	neostigmine methylsulfate...	41
NALFON...	77	NAVELBINE...	32	NEPHPLEX RX...	168
naloxone...	77	NEBUPENT...	20	NEPHRAMINE 5.4 %...	102
naltrexone...	77	nebusal...	102	NEPHRO-VITE RX...	168
NAMENDA TITRATION PAK...	77	necon 0.5/35 (28)...	128	NEPHROCAPS QT...	168
NAMENDA XR...	77, 78	necon 1/35 (28)...	128	NEPHRON FA...	169
NAMENDA...	77	necon 1/50 (28)...	128	NEPTAZANE...	109
NAMZARIC...	78	necon 10/11 (28)...	128	NERLYNX...	32
naphazoline...	108	necon 7/7/7 (28)...	128	NESACAIN...	135
NAPRELAN CR...	78	nefazodone...	78	NESACAIN-MPF...	135
NAPROSYN...	78	NEMBUTAL SODIUM...	78	NESINA...	128
naproxen sodium...	78	neo-polycin hc...	108	neuac...	154
naproxen...	78	neo-polycin...	108	NEULASTA...	45
		NEO-SYNALAR...	154	NEUPOGEN...	45

NEUPRO... 78	nilutamide... 32	norethindrone ac-eth estradiol... 128
NEURIN-SL... 169	nimodipine... 54	norethindrone acetate... 128
NEURONTIN... 78	NINLARO... 32	norethindrone-e.estriadiol-iron... 128
NEUT... 102	NIPENT... 32	norgestimate-ethinyl estradiol... 128
NEVANAC... 109	nisoldipine... 54	NORINYL 1+50 (28)... 128
nevirapine... 20	NITRO-BID... 54	NORINYL 1/35 (28)... 128
NEXA PLUS... 160	NITRO-DUR... 55	NORITATE... 154
NEXAVAR... 32	nitrofurantoin macrocrystal... 20	norlyda... 128
NEXIUM IV... 113	nitrofurantoin monohyd/m-cryst... 20	norlyroc... 128
NEXIUM PACKET... 113	nitrofurantoin... 20	NORMOSOL-M IN 5 % DEXTROSE... 102
NEXIUM... 113	nitroglycerin in 5 % dextrose... 55	NORMOSOL-R IN 5 % DEXTROSE... 102
NEXTERONE... 54	nitroglycerin... 55	NORMOSOL-R PH 7.4... 102
niacin... 54	NITROLINGUAL... 55	NORMOSOL-R... 102
niacin-aze ac-turmer-fa-b6-zn... 169	NITROMIST... 55	NORPACE CR... 55
niacor... 54	NITRONAL... 55	NORPACE... 55
NIASPAN EXTENDED-RELEASE... 54	NITROPRESS... 55	NORPRAMIN... 78
NICADAN... 169	NITROSTAT... 55	NORTHERA... 41
nicardipine... 54	niva-fol... 169	nortrel 0.5/35 (28)... 128
NICAZEL FORTE... 169	nizatidine... 113	nortrel 1/35 (21)... 128
NICAZEL... 169	NIZORAL... 154	nortrel 1/35 (28)... 128
NICOMIDE... 169	nolix... 154	nortrel 7/7/7 (28)... 128
NICOTROL NS... 41	nora-be... 128	nortriptyline... 78
NICOTROL... 41	NORCO... 78	NORVASC... 55
nifedical xl... 54	NORDITROPIN FLEXPRO... 128	NORVIR... 20
nifedipine... 54	norepinephrine bitartrate... 41	
nikki (28)... 128	noreth-ethinyl estradiol-iron... 128	
NILANDRON... 32	norethindrone (contraceptive)... 128	

NOVAREL...	129	NUVARING...	129	olanzapine...	79
NOVOFINE AUTOCOVER...	94	NUVESSA...	154	olanzapine-fluoxetine...	79
NOVOFINE PLUS...	94	NUVIGIL...	79	OLEPTRO ER...	79
NOVOFINE 30...	94	nyamyc...	154	olmesartan...	55
NOVOFINE 32...	94	nyata...	154	olmesartan-amlodipin-hctiazid...	55
NOVOLIN N...	129	NYMALIZE...	55	olmesartan-hydrochlorothiazide...	55
NOVOLIN R...	129	nystatin...	20, 154	olopatadine...	109
NOVOLIN 70/30...	129	nystatin-triamcinolone...	154	OLUX...	155
NOVOLOG FLEXPEN...	129	nystop...	155	OLUX-E...	155
NOVOLOG MIX 70-30 FLEXPEN...	129	O			
NOVOLOG MIX 70-30...	129	O-CAL PRENATAL...	160	OLYSIO...	20
NOVOLOG PENFILL...	129	OB COMPLETE GOLD...	160	OMECLAMOX-PAK...	113
NOVOLOG...	129	OB COMPLETE ONE...	160	omega-3 acid ethyl esters...	55
NOVOPEN ECHO...	94	OB COMPLETE PETITE...	160	omeppi...	113
NOVOTWIST...	94	OB COMPLETE PREMIER...	160	omeprazole...	113
NOXAFIL...	20	OB COMPLETE...	160	omeprazole-sodium bicarbonate...	
NUCALA...	145	OCALIVA...	113	113, 114	
NUCYNTA ER...	78	ocella...	129	OMNARIS...	109
NUCYNTA...	78	OCREVUS...	140	OMNIPRED...	109
NUEDEXTA...	79	OCTAGAM...	37	OMNITROPE...	129
NULOJIX...	140	octreotide acetate...	140	ONCASPAR...	32
NULYTELY WITH FLAVOR PACKS...		OCUFEN...	109	ondansetron hcl (pf)...	114
113		OCUFLOX...	109	ondansetron hcl...	114
NUPLAZID...	79	ODEFSEY...	20	ondansetron...	114
NUTRICAP...	169	ODOMZO...	32	ONEXTON...	155
NUTRILIPID...	102	OFEV...	145	ONFI...	79
NUTROPIN AQ NUSPIN...	129	ofloxacin...	20, 109	ONGLYZA...	129
NUTROPIN AQ...	129	ogestrel (28)...	129	ONIVYDE...	32

ONMEL...	20	oseltamivir...	20	oxycodone-acetaminophen...	79,
ONZETRA XSAIL...	79	OSENI...	129		80
OPANA ER...	79	OSMITROL 10 %...	102	oxycodone-aspirin...	80
OPANA...	79	OSMITROL 15 %...	102	OXYCONTIN...	80
OPDIVO...	33	OSMITROL 20 %...	102	oxymorphone...	80
OPSUMIT...	145	OSMITROL 5 %...	102	oxytocin...	143
ORACEA...	20	OSMOPREP...	114	OXYTROL...	159
ORALAIR...	37	OTEZLA STARTER...	140, 141	P	
oralone...	155	OTEZLA...	140	PACERONE...	55
ORAP...	79	OTOVEL...	109	paclitaxel...	33
ORAPRED ODT...	129	OTREXUP (PF)...	33	paire ob plus dha...	160
ORAVIG...	155	OVCON-35 (28)...	129	paliperidone...	80
ORBACTIV...	20	OVIDE...	155	PAMELOR...	80
ORENCIA CLICKJECT...	140	oxacillin in dextrose(iso-osm)...	20	pamidronate...	141
ORENCIA...	140	oxacillin...	20	PANCREAZE...	114
ORENITRAM...	145	oxaliplatin...	33	pancrelipase 5000...	114
ORFADIN...	140	oxandrolone...	129	PANDEL...	155
ORKAMBI...	145	oxaprozin...	79	PANRETIN...	155
orphenadrine citrate...	41	oxazepam...	79	pantoprazole...	114
orsythia...	129	oxcarbazepine...	79	PARAFON FORTE DSC...	41
ortho d...	169	OXECTA...	79	paricalcitol...	160, 161
ORTHO EVRA...	129	oxiconazole...	155	PARLODEL...	80
ORTHO MICRONOR...	129	OXISTAT...	155	PARNATE...	80
ORTHO TRI-CYCLEN (28)...	129	OXSORALEN ULTRA...	155	paroex oral rinse...	109
ORTHO TRI-CYCLEN LO (28)...	129	OXSORALEN...	155	paromomycin...	20
ORTHO-CYCLEN (28)...	129	OXTELLAR XR...	79	paroxetine hcl...	80
ORTHO-NOVUM 1/35 (28)...	129	oxybutynin chloride...	159	PASER...	20
ORTHO-NOVUM 7/7/7 (28)...	129	oxycodone...	79	PATADAY...	109

PATANASE... 109	PENTASA... 114	phenytoin sodium extended... 81
PATANOL... 109	pentazocine-naloxone... 80	phenytoin sodium... 81
PAXIL CR... 80	PENTIPS... 95	phenytoin... 81
PAXIL... 80	pentobarbital sodium... 80	philith... 129
PAZEO... 109	pentoxifylline... 45	PHOSLYRA... 102
PCE... 20	pepcid... 114	PHOSPHOLINE IODIDE... 109
PEDIAPRED... 129	PERCOCET... 80	PHYSIOLYTE... 102
PEDIARIX (PF)... 37	PERFOROMIST... 41	PHYSIOSOL IRRIGATION... 102
PEDVAX HIB (PF)... 37	PERIKABIVEN... 102	phytonadione (vitamin k1)... 169
peg 3350-electrolytes... 114	perindopril erbumine... 55	PICATO... 155
peg-electrolyte soln... 114	periogard... 109	pilocarpine hcl... 41, 109
peg-prep... 114	PERJETA... 33	pimozide... 81
PEGANONE... 80	permethrin... 155	pimtrea (28)... 130
PEGASYS PROCLICK... 21	perphenazine... 80	pindolol... 55
PEGASYS... 20	perphenazine-amitriptyline... 80	pioglitazone... 130
PEGINTRON REDIPEN... 21	PERSANTINE... 55	pioglitazone-glimepiride... 130
PEGINTRON... 21	PERTZYE... 114	pioglitazone-metformin... 130
PEN NEEDLE... 94	PEXEVA... 80, 81	piperacillin-tazobactam... 21
PEN NEEDLE, DIABETIC... 95	pfizerpen-g... 21	pirmella... 130
penicillin g pot in dextrose... 21	phenadoz... 27	piroxicam... 81
penicillin g potassium... 21	phenelzine... 81	PITOCIN... 143
penicillin g procaine... 21	PHENERGAN... 27	PLAQUENIL... 21
penicillin g sodium... 21	phenobarbital sodium... 81	PLASMA-LYTE A... 102
penicillin v potassium... 21	phenobarbital... 81	PLASMA-LYTE 148... 102
PENLAC... 155	phenoxybenzamine... 41	PLASMA-LYTE-56 IN 5 %
PENNSAID... 80	phentolamine... 41	DEXTROSE... 102
PENTACEL (PF)... 37	phenylephrine hcl... 41	PLAVIX... 46
PENTAM... 21	PHENYTEK... 81	PLEGRIDY... 141

PLETAL... 46	potassium chloride-d5-0.2%nacl... 102	PRED-G S.O.P.... 109
PLIAGLIS... 155	potassium chloride-d5-0.3%nacl... 103	PRED-G... 109
pnv ob+dha... 161	potassium chloride-d5-0.9%nacl... 103	prednicarbate... 155
podofilox... 155	potassium chloride-0.45 % nacl... 102	prednisolone acetate... 109
polocaine... 135	potassium citrate... 103	prednisolone sodium phosphate... 109, 130
polocaine-mpf... 135	potassium phosphate m-/d-basic... 103	prednisolone... 130
poly-iron 150 forte... 169	POTIGA... 81	prednisone intensol... 130
POLY-VI-FLOR WITH IRON... 161	pr natal 400 ec... 161	prednisone... 130
POLY-VI-FLOR... 161	pr natal 400... 161	PREFERA-OB ONE... 161
polycin... 109	pr natal 430 ec... 161	PREFERA-OB PLUS DHA... 161
polyethylene glycol 3350... 114	pr natal 430... 161	PREFERA-OB... 161
polymyxin b sulf-trimethoprim... 109	PRADAXA... 46	PREFEST... 130
polymyxin b sulfate... 21	PRALUENT PEN... 55	PREGNYL... 130
POLYTRIM... 109	PRALUENT SYRINGE... 55	PREMARIN... 130
POMALYST... 33	pramipexole... 81	PREMASOL 10 %... 103
PONSTEL... 81	PRANDIMET... 130	PREMASOL 6 %... 103
portia... 130	PRANDIN... 130	PREMPHASE... 130
PORTRAZZA... 33	prasugrel... 46	PREMPRO... 130
POTABA... 169	PRAVACHOL... 55	prenaissance balance... 161
potassium acetate... 102	pravastatin... 56	prenaissance next... 169
potassium chlorid-d5-0.45%nacl... 102	prazosin... 56	prenaissance plus... 161
potassium chloride in lr-d5... 102	PRECOSE... 130	prenaissance... 161
potassium chloride in 0.9%nacl... 102	PRED FORTE... 109	PRENATA... 161
potassium chloride in 5 % dex... 102	PRED MILD... 109	PRENATABS FA... 161
potassium chloride... 102		prenatal plus (calcium carb)... 161
		prenatal plus dha... 161
		prenatal vitamin plus low iron... 161

PRENATE AM... 161	PRIMAXIN IV... 21	PRODIGY INSULIN SYRINGE... 95
PRENATE DHA... 161	primidone... 81	PROFERRIN-FORTE... 169
PRENATE ELITE... 161	primlev... 81	progesterone in oil... 130
PRENATE ESSENTIAL... 161	PRIMSOL... 21	progesterone micronized... 130
PRENATE MINI... 161	PRINIVIL... 56	progesterone... 130
preplus... 161	PRISTIQ... 81	PROGLYCEM... 130
PREPOPIK... 114	privigen... 37	PROGRAF... 141
PREQUE 10... 161	PRO COMFORT ALCOHOL PADS... 155	PROLASTIN-C... 145
PRESTALIA... 56	PRO COMFORT PEN NEEDLE... 95	PROLENSA... 109
PREVACID SOLUTAB... 114	PROAIR HFA... 41	PROLEUKIN... 33
PREVACID... 114	PROAIR RESPICLICK... 41	PROLIA... 141
prevalite... 56	probenecid... 103	PROMACTA... 46
PREVIDENT 5000 BOOSTER PLUS... 141	probenecid-colchicine... 103	promethazine vc... 27
PREVIDENT 5000 DRY MOUTH... 141	procainamide... 56	promethazine vc-codeine... 164
PREVIDENT 5000 ENAMEL PROTECT... 141	PROCALAMINE 3%... 103	promethazine... 27
PREVIDENT 5000 PLUS... 141	PROCARDIA XL... 56	promethazine-codeine... 164
PREVIDENT 5000 SENSITIVE... 141	PROCARDIA... 56	promethazine-dm... 164
PREVIDENT... 141	procenutra... 81	promethazine-phenyleph-ph-codeine... 164
previfem... 130	prochlorperazine edisylate... 115	promethazine-phenylephrine... 27
PREVPAC... 114	prochlorperazine maleate... 115	promethegan... 27
PREZCOBIX... 21	prochlorperazine... 115	PROMETRIUM... 130
PREZISTA... 21	PROCERIT... 46	propafenone... 56
PRIALT... 81	procto-med hc... 155	propantheline... 41
PRIFTIN... 21	procto-pak... 155	proparacaine... 109
PRILOSEC... 114, 115	PROCTOFOAM HC... 155	propranolol... 56
primaquine... 21	proctosol hc... 155	propranolol-hydrochlorothiazid... 56
	proctozone-hc... 155	propylthiouracil... 130
	PROCYSBI... 141	

PROQUAD (PF)... 37	QUARTETTE... 130	RAPAMUNE... 141
PROSCAR... 141	quasense... 131	rasagiline... 82
PROSOL 20 %... 103	quazepam... 81	RASUVO (PF)... 33
protamine... 46	QUDEXY XR... 81	RAVICTI... 103
PROTECT IRON... 169	QUESTRAN LIGHT... 56	RAYALDEE... 162
PROTONIX... 115	QUESTRAN... 56	RAYOS... 131
PROTOPIC... 155	quetiapine... 81, 82	RAZADYNE ER... 42
protriptyline... 81	QUFLORA PEDIATRIC DROPS... 162	RAZADYNE... 42
PROVENTIL HFA... 41	QUFLORA PEDIATRIC... 161	REBETOL... 21
PROVERA... 130	QUILLICHEW ER... 82	REBIF (WITH ALBUMIN)... 141
PROVIGIL... 81	QUILLIVANT XR... 82	REBIF REBIDOSE... 141
PROZAC WEEKLY... 81	quinapril... 56	REBIF TITRATION PACK... 141
PROZAC... 81	quinapril-hydrochlorothiazide... 56	RECLAST... 141
PRUDOXIN... 155	quinidine gluconate... 56	reclipsen (28)... 131
psorcon... 155	quinidine sulfate... 56	RECOMBIVAX HB (PF)... 37
PULMICORT FLEXHALER... 145	quinine sulfate... 21	RECTIV... 155
PULMICORT... 145	QVAR... 145	REGLAN... 115
PULMOZYME... 145	R	
purevit dualfe plus... 169	RABAVERT (PF)... 37	REGONOL... 42
PURIXAN... 33	rabeprazole... 115	REGRANEX... 155
PYLERA... 21	RADICAVA... 82	RELENZA DISKHALER... 22
pyrazinamide... 21	RAGWITEK... 37	RELION NEEDLES... 95
pyridostigmine bromide... 41, 42	rajani... 131	RELION PEN NEEDLES... 95
Q		RELISTOR... 115
QBRELIS... 56	raloxifene... 131	relnate dha... 162
QNDSL... 109	ramipril... 56	RELPAX... 82
QUADRACEL (PF)... 37	RANEXA... 56	REMERON SOLTAB... 82
QUALAQUIN... 21	ranitidine hcl... 115	REMERON... 82
	RAPAFLO... 42	REMICADE... 141

REMODULIN...	145	RETROVIR...	22	risedronate...	141, 142
rena-vite rx...	169	REVATIO...	56	RISPERDAL CONSTA...	82
RENACIDIN...	103	REVESTA...	169	RISPERDAL M-TAB...	82
RENAGEL...	103	REVLIMID...	33	RISPERDAL...	82
renal caps...	169	revonto...	42	risperidone...	82, 83
RENFLEXIS...	141	REXULTI...	82	RITALIN LA...	83
reno caps...	169	REYATAZ...	22	RITALIN...	83
RENELA...	103	REZIRA...	164	RITUXAN HYCELA...	33
REOPRO...	46	RHINOCORT AQUA...	110	RITUXAN...	33
repaglinide...	131	RHOFADE...	156	rivastigmine tartrate...	42
repaglinide-metformin...	131	RHOPHYLAC...	37	RIVELSA...	131
REPATHA PUSHTRONEX...	56	RIASTAP...	46	rizatriptan...	83
REPATHA SURECLICK...	56	RIBASPHERE RIBAPAK...	22	ROBAXIN...	42
REPATHA SYRINGE...	56	ribasphere...	22	ROBAXIN-750...	42
reprexain...	82	RIBATAB DOSE PACK...	22	ROBINUL FORTE...	42
REQUIP XL...	82	ribavirin...	22	ROBINUL...	42
REQUIP...	82	RIDAURA...	116	ROCALTROL...	162
REQ49+...	169	rifabutin...	22	ropinirole...	83
SCRIPTOR...	22	RIFADIN...	22	ropivacaine (pf)...	135
RESECTISOL...	103	RIFAMATE...	22	rosadan...	156
reserpine...	56	rifampin...	22	rosuvastatin...	57
RESPA-AR...	164	RIFATER...	22	ROTARIX...	37
RESTASIS MULTIDOSE...	110	RILUTEK...	82	ROTATEQ VACCINE...	37
RESTASIS...	109	riluzole...	82	roweepra...	83
RESTORIL...	82	rimantadine...	22	ROXICODONE...	83
RETIN-A MICRO PUMP...	156	RIMSO-50...	156	ROZEREM...	83
RETIN-A MICRO...	155	ringer's...	103	RUBRACA...	33
RETIN-A...	155	RIOMET...	131	RUCONEST...	142

RYDAPT... 33	SEASONIQUE... 131	SIGNIFOR LAR... 131
RYTARY... 83	SECONAL SODIUM... 83	SIGNIFOR... 131
RYTHMOL SR... 57	SECTRAL... 57	sildenafil... 57
RYTHMOL... 57	SEEBRI NEOHALER... 42	SILENOR... 84
RYVENT... 27	SELECT-OB (FOLIC ACID)... 162	SILIQ... 156
S	SELECT-OB + DHA... 162	SILVADENE... 156
SABRIL... 83	SELECT-OB... 162	silver sulfadiazine... 156
SAFESNAP INSULIN SYRINGE... 95	selegiline hcl... 83	SIMBRINZA... 110
SAFYRAL... 131	selenium sulfide... 156	SIMCOR... 57
SAIZEN CLICK.EASY... 131	SELZENTRY... 22, 23	SIMPONI ARIA... 142
SAIZEN SAIZENPREP... 131	SEMPREX-D... 27	SIMPONI... 142
SAIZEN... 131	SENSIPAR... 131	SIMULECT... 142
SALAGEN (PILOCARPINE)... 42	sensorcaine... 135, 136	simvastatin... 57
SAMSCA... 103	sensorcaine-mpf spinal... 136	SINEMET CR... 84
SANCUSO... 115	sensorcaine-mpf... 136	SINEMET... 84
SANDIMMUNE... 142	sensorcaine-mpf/epinephrine... 136	SINGULAIR... 145
SANDOSTATIN LAR DEPOT... 142	sensorcaine/epinephrine... 136	sirolimus... 142
SANDOSTATIN... 142	SEREVENT DISKUS... 42	SIRTURO... 23
SANTYL... 156	SERNIVO... 156	SIVEXTRO... 23
SAPHRIS (BLACK CHERRY)... 83	SEROQUEL XR... 83	SKELAXIN... 42
SARAFEM... 83	SEROQUEL... 83	SKLICE... 156
SAVAYSA... 46	SEROSTIM... 131	SMOFLIPID... 103
SAVELLA... 83	sertraline... 83, 84	sodium acetate... 103
scopolamine base... 115	setlakin... 131	sodium benzoate-sod phenylacet... 103
scopolamine hbr... 42	sf 5000 plus... 142	sodium bicarbonate... 103
se-natal 19 (with docusate)... 162	sf... 142	sodium chloride 0.45 %... 103
se-natal 19... 162	SFROWASA... 115	sodium chloride 0.9 %... 103
se-tan plus... 169	sharobel... 131	

sodium chloride 3 %... 103	sotalol af... 57	STIMATE... 132
sodium chloride 5 %... 104	sotalol... 57	STIOLTO RESPIMAT... 42
sodium chloride... 103	SOTYLIZE... 57	STIVARGA... 33
SODIUM EDECIN... 104	SOVALDI... 23	STRATTERA... 84
sodium lactate... 104	spinosad... 156	STRENSIQ... 105
sodium nitroprusside... 57	SPIRIVA RESPIMAT... 42	streptomycin... 23
sodium phenylbutyrate... 104	SPIRIVA WITH HANDIHALER... 42	STRIANT... 132
sodium phosphate... 104	spironolacton-hydrochlorothiaz... 57	STRIBILD... 23
sodium polystyrene (sorb free)... 104	spironolactone... 57	STRIVERDI RESPIMAT... 42
sodium polystyrene sulfonate... 104	SPORANOX PULSEPAK... 23	STROMECTOL... 23
SOLARAZE... 156	SPORANOX... 23	STROVITE FORTE... 169
SOLIQUA 100/33... 131	sprintec (28)... 132	STROVITE ONE... 170
SOLODYN... 23	SPRITAM... 84	SUBOXONE... 84
SOLTAMOX... 131	SPRYCEL... 33	SUBSYS... 84
SOLU-CORTEF (PF)... 131	SPS (WITH SORBITOL)... 104	SUCRAID... 105
SOLU-CORTEF... 131	sronyx... 132	sucralfate... 115
SOLU-MEDROL (PF)... 131	SSD... 156	sufentanil citrate... 84
SOLU-MEDROL... 131	STALEVO 100... 84	SULAR... 57
SOMA... 42	STALEVO 125... 84	sulfacetamide sodium (acne)... 156
SOMATULINE DEPOT... 131, 132	STALEVO 150... 84	sulfacetamide sodium... 110
SOMAVERT... 132	STALEVO 200... 84	sulfacetamide-prednisolone... 110
SONATA... 84	STALEVO 50... 84	sulfadiazine... 23
SOOLANTRA... 156	STALEVO 75... 84	sulfamethoxazole-trimethoprim... 23
sorbitol-mannitol... 104	STARLIX... 132	SULFAMYLYON... 156
SORIATANE... 156	stavudine... 23	sulfasalazine... 23
SORILUX... 156	STELARA... 156	SULFATRIM... 23
sorine... 57	STERILE GAUZE PAD... 143	sulindac... 84

sumatriptan succinate... 84	SYNAGIS... 23	tamoxifen... 132
sumatriptan... 84	SYNALAR... 156	tamsulosin... 42
SUMAVEL DOSEPRO... 85	SYNALGOS-DC... 85	TANDEM PLUS... 170
SUPERVITE (EC)... 170	SYNAREL... 132	TANZEUM... 132
SUPERVITE... 170	SYNDROS... 115	TAPAZOLE... 132
SUPRAX... 23	SYNERA... 156	TARCEVA... 34
SUPREP BOWEL PREP KIT... 115	SYNERCID... 23	TARGADOX... 23
SURE COMFORT ALCOHOL PREP PADS... 156	SYNJARDY XR... 132	TARGETIN... 34, 157
SURE COMFORT INS. SYR. U-100... 95	SYNJARDY... 132	tarina fe 1/20 (28)... 132
SURE COMFORT INSULIN SYRINGE... 95	SYNRIBO... 34	TARKA... 57
SURE COMFORT PEN NEEDLE... 95	SYNTROID... 132	taron forte... 170
SURE-FINE PEN NEEDLES... 95	SYPRINE... 117	taron-c dha... 162
SURE-JECT INSULIN SYRINGE... 95	T	
SURE-PREP ALCOHOL PREP PADS... 156	TABLOID... 34	taron-prex prenatal-dha... 162
SURMONTIL... 85	TACLONEX... 156	TASIGNA... 34
SURVANTA... 146	tacrolimus... 142, 156	TASMAR... 85
SUSTIVA... 23	TAFINLAR... 34	TAXOTERE... 34
SUTENT... 33	TAGRISSO... 34	TAYTULLA... 132
syeda... 132	TALTZ AUTOINJECTOR (2 PACK)... 156	tazarotene... 157
SYLATRON... 23	TALTZ AUTOINJECTOR (3 PACK)... 156	tazicef... 24
SYLVANT... 33	TALTZ AUTOINJECTOR... 156	TAZORAC... 157
SYMBICORT... 146	TALTZ SYRINGE (2 PACK)... 157	taztia xt... 57
SYMBYAX... 85	TALTZ SYRINGE (3 PACK)... 157	TECENTRIQ... 34
SYMLINPEN 120... 132	TALTZ SYRINGE... 156	TECFIDERA... 142
SYMLINPEN 60... 132	TALWIN... 85	TECHLITE PEN NEEDLE... 96
	TAMIFLU... 23	TECHNIVIE... 24
		TEFLARO... 24
		TEGRETOL XR... 85
		TEGRETOL... 85

TEKTURNA HCT... 57	tetanus-diphtheria toxoids-td...	38	tigecycline... 24
TEKTURNA... 57	tetanus,diphtheria tox ped(pf)...	37	TIKOSYN... 58
telmisartan... 57	tetrabenazine... 85		tilia fe... 133
telmisartan-amlodipine... 57	tetracycline... 24		timolol maleate... 58, 110
telmisartan-hydrochlorothiazid... 57	TEXACORT... 157		TIMOPTIC OCUDOSE (PF)... 110
temazepam... 85	THALOMID... 142		TIMOPTIC... 110
TEMODAR... 34	THAM... 104		TIMOPTIC-XE... 110
TEMOVATE... 157	THEO-24... 159		TINDAMAX... 24
tencon... 85	theophylline in dextrose 5 %...	159	tinidazole... 24
TENEX... 57	theophylline... 159		TIROSINT... 133
teniposide... 34	THERACYS... 38		TIVICAY... 24
TENIVAC (PF)... 37	THERMAZENE... 157		TIVORBEX... 85
TENORETIC 100... 57	thiamine hcl (vitamin b1)... 170		tizanidine... 42
TENORETIC 50... 57	THINPRO INSULIN SYRINGE... 96		TL FOLATE... 162
TENORMIN... 57	THIOLA... 142		tl g-fol os... 170
TERAZOL 3... 157	thioridazine... 85		tl gard rx... 170
TERAZOL 7... 157	thiotepa... 34		tl icon... 170
terazosin... 58	thiothixene... 85		tl-hem 150... 170
terbinafine hcl... 24	thrivite-19... 162		tl-select... 162
terbutaline... 42	THYMOGLOBULIN... 142		TNKASE... 46
terconazole... 157	THYROLAR-1... 132		TOBI PODHALER... 24
TERUMO INSULIN SYRINGE... 96	THYROLAR-1/2... 132		TOBI... 24
TESSALON PERLES... 164	THYROLAR-1/4... 132		TOBRADEX ST... 110
TESTIM... 132	THYROLAR-2... 132		TOBRADEX... 110
testosterone cypionate... 132	THYROLAR-3... 133		tobramycin in 0.225 % nacl... 24
testosterone enanthate... 132	tiagabine... 85		tobramycin sulfate... 24
testosterone... 132	TIAZAC... 58		tobramycin with nebulizer... 24
TESTRED... 132	TIGAN... 115		tobramycin... 110

tobramycin-dexamethasone...	110	trandolapril...	58	tri-lo-marzia...	133
TOBREX...	110	trandolapril-verapamil...	58	tri-lo-sprintec...	133
TOFRANIL...	85	tranexamic acid...	46	TRI-NORINYL (28)...	133
TOFRANIL-PM...	85	TRANSDERM-SCOP...	115	tri-previfem (28)...	133
TOLAK...	157	TRANXENE T-TAB...	86	tri-sprintec (28)...	133
tolazamide...	133	tranylcypromine...	86	TRI-VI-FLOR...	162
tolbutamide...	133	TRAVASOL 10 %...	104	tri-vit with fluoride and iron...	162
tolcapone...	85	TRAVATAN Z...	110	tri-vitamin with fluoride...	162
tolmetin...	85	travoprost (benzalkonium)...	110	triadvance...	162
tolterodine...	159	trazodone...	86	triamcinolone acetonide...	110, 157
TOPAMAX...	85	TREANDA...	34	triamterene-hydrochlorothiazid...	
TOPCARE CLICKFINE...	96	TRECATOR...	24	104	
TOPCARE ULTRA COMFORT...	96	TRELSTAR...	133	trianex...	157
TOPICORT...	157	TREMFYA...	157	triazolam...	86
topiramate...	85	TRESIBA FLEXTOUCH U-100...	133	TRIBENZOR...	58
toposar...	34	TRESIBA FLEXTOUCH U-200...	133	TRICARE PRENATAL DHA ONE...	162
topotecan...	34	TRETIN-X...	157	TRICARE...	162
TOPROL XL...	58	tretinoïn (chemotherapy)...	34	tricon...	170
TORISEL...	34	tretinoïn microspheres...	157	TRICOR...	58
torsemide...	104	tretinoïn...	157	triderm...	157
TOTECT...	142	TREXALL...	34	TRIDESILON...	157
TOUJEO SOLOSTAR...	133	TREXIMET...	86	TRIESENCE (PF)...	110
TOVIAZ...	159	TREZIX...	86	trifluoperazine...	86
TPN ELECTROLYTES...	104	tri-femynor...	133	trifluridine...	110
TRACLEER...	146	tri-estarrylla...	133	trigels-f forte...	170
TRADJENTA...	133	tri-legest fe...	133	TRIGLIDE...	58
tramadol...	86	tri-linyah...	133	trihexyphenidyl...	86
tramadol-acetaminophen...	86	tri-lo-estarrylla...	133	triklo...	58

TRILEPTAL... 86	TRULANCE... 115	UCERIS... 133
TRILIPIX... 58	TRULICITY... 133	UDAMIN SP... 170
trilyte with flavor packets... 115	TRUMENBA... 38	ULESFIA... 157
trimethobenzamide... 115	TRUSOPT... 110	ULORIC... 142
trimethoprim... 24	TRUVADA... 24	ULTICARE INSULIN SYR HALF UNIT... 96
trimipramine... 86	TUDORZA PRESSAIR... 42	ULTICARE INSULIN SYRINGE... 96
trinatal gt... 162	TUSNEL PEDIATRIC... 164	ULTICARE PEN NEEDLE... 97
trinatal rx 1... 162	TUSSICAPS... 164	ULTICARE... 96
trinessa (28)... 133	tussigon... 164	ULTILET ALCOHOL SWAB... 158
trinessa lo... 133	TUSSIONEX PENN KINETIC ER... 164	ULTILET INSULIN SYRINGE... 97
TRINTELLIX... 86	TUZISTRA XR... 164	ULTILET PEN NEEDLE... 97
TRIOSTAT... 133	TWINRIX (PF)... 38	ultimatecare one nf... 162
triphocaps... 170	TWYNSTA... 58	ultimatecare one... 162
TRIPTODUR... 133	TYBOST... 142	ULTIVA... 86
TRISENOX... 34	TYGACIL... 24	ULTRA CMFT INS SYR HALF UNIT... 97
TRISTART DHA... 162	TYKERB... 34	ULTRA COMFORT INSULIN SYRINGE... 97
TRIUMEQ... 24	TYLENOL-CODEINE #3... 86	ULTRA-THIN II (SHORT) INS SYR... 97
triveen-duo dha... 162	TYLENOL-CODEINE #4... 86	ULTRA-THIN II (SHORT) PEN NDL... 97
triveen-prx rnf... 162	TYMLOS... 133	ULTRA-THIN II INS PEN NEEDLES... 97
trivora (28)... 133	TYPHIM VI... 38	ULTRA-THIN II INSULIN SYRINGE... 97
TRIZIVIR... 24	TYSABRI... 142	ULTRACET... 86
TROKENDI XR... 86	TYVASO INSTITUTIONAL START KIT... 146	ULTRAM ER... 86
TROPHAMINE 10 %... 104	TYVASO REFILL KIT... 146	ULTRAM... 86
TROPHAMINE 6%... 104	TYVASO STARTER KIT... 146	
tropicamide... 110	TYVASO... 146	
trospium... 159	TYZEKA... 24	
TRUEPLUS INSULIN... 96		
TRUEPLUS PEN NEEDLE... 96		

U

ULTRAVATE...	158	valproic acid...	86	VELPHORO...	104
ULTRESA...	115	valsartan...	58	VELTASSA...	104
UNASYN...	24	valsartan-hydrochlorothiazide...	58	VELTIN...	158
UNIFINE PENTIPS PLUS...	97	VALSTAR...	34	VEMLIDY...	25
UNIFINE PENTIPS...	97	VALTREX...	24	vena-bal dha...	162
UNITHROID...	133	vanatol lq...	87	VENCLEXTA STARTING PACK...	34
UNITUXIN...	34	vanatol s...	87	VENCLEXTA...	34
UPTRAVI...	146	VANCOCIN...	24	venlafaxine...	87
URECHOLINE...	42	vancomycin in dextrose 5 %...	25	VENOFER...	170
UROCIT-K 10...	104	vancomycin in 0.9% sodium cl...	25	VENTAVIS...	146
UROCIT-K 15...	104	vancomycin...	25	VENTOLIN HFA...	43
UROCIT-K 5...	104	VANDAZOLE...	158	VERAMYST...	110
UROXATRAL...	42	VANISHPOINT SYRINGE...	97	verapamil...	58
URSO FORTE...	115	VANOS...	158	VERDESO...	158
URSO 250...	115	VAPRISOL...	104	verdrocet...	87
ursodiol...	115	VAQTA (PF)...	38	VEREGEN...	158
UTIBRON NEOHALER...	42	VARIVAX (PF)...	38	VERELAN PM...	59
UVADEX...	158	VARIZIG...	38	VERELAN...	59
V					
v-c forte...	170	VASCEPA...	58	VERIPRED 20...	134
VAGIFEM...	134	VASERETIC...	58	VERSACLOZ...	87
valacyclovir...	24	VASOTEC...	58	VESICARE...	159
VALCHLOR...	158	VAZCULEP...	43	vestura (28)...	134
VALCYTE...	24	vecamyl...	58	VEXOL...	110
valganciclovir...	24	VECTIBIX...	34	VFEND IV...	25
VALIUM...	86	VECTICAL...	158	VFEND...	25
valproate sodium...	86	VELCADE...	34	VGO 20...	97
valproic acid (as sodium salt)...	87	VELETRI...	146	VGO 30...	97
		velvet triphasic regimen (28)...	134	VGO 40...	97

VIAGRA... 165	VIOKACE... 116	VITAFOL-ONE... 163
VIBATIV... 25	viorele (28)... 134	VITAL-D RX... 171
VIBERZI... 115	VIRACEPT... 25	VITAMED MD ONE RX... 163
VIBRAMYCIN... 25	VIRAMUNE XR... 25	VITAMED MD PLUS RX... 163
vic-forte... 170	VIRAMUNE... 25	vitamin d2... 171
vicodin es... 87	VIRAZOLE... 25	vitamin k... 171
vicodin hp... 87	VIREAD... 25	vitamin k1... 171
vicodin... 87	VIROPTIC... 110	VITEKTA... 25
VICOPROFEN... 87	virt-c dha... 162	VITUZ... 164
VICTOZA 2-PAK... 134	virt-caps... 170	VIVELLE-DOT... 134
VICTOZA 3-PAK... 134	virt-gard... 170	VIVITROL... 87
VIDAZA... 34	virt-nate dha... 162	VIVLODEX... 87
VIDEX EC... 25	virt-select... 162	VOGELXO... 134
VIDEX 2 GRAM PEDIATRIC... 25	virt-vite forte... 170	vol-care rx... 171
VIDEX 4 GRAM PEDIATRIC... 25	VIRT-VITE PLUS... 170	vol-nate... 163
VIEKIRA PAK... 25	virt-vite... 170	vol-plus... 163
VIEKIRA XR... 25	VISTARIL... 87	vol-tab rx... 163
vienna... 134	VISTIDE... 25	VOLTAREN... 87
vigabatrin... 87	VISTOGARD... 142	VOLTAREN-XR... 87
VIGAMOX... 110	VITA-RESPA... 170	VOLUVEN 6 %... 104
VIIBRYD... 87	VITAFOL FE+ (WITH DOCUSATE)... 163	voriconazole... 25, 26
VIMOVO... 87	VITAFOL GUMMIES... 163	VOSEVI... 26
VIMPAT... 87	VITAFOL NANO... 163	VOSPIRE ER... 43
VINATE DHA RF... 162	VITAFOL ULTRA... 163	VOTRIENT... 35
vinblastine... 34	VITAFOL... 171	vp-ch-pnv... 163
vincasar pfs... 35	VITAFOL-OB... 163	vp-ggr-b6... 171
vincristine... 35	VITAFOL-OB+DHA... 163	VP-PNV-DHA... 163
vinorelbine... 35		vp-vite rx... 171

vp-zel...	171	XARELTO...	46	XYLOCAINE...	136
VPRIV...	105	XARTEMIS XR...	88	XYLOCAINE-EPINEPHRINE...	136
VRAYLAR...	87	XATMEP...	35	XYLOCAINE-MPF...	136
VUSION...	158	XELJANZ XR...	142	XYLOCAINE-MPF/EPINEPHRINE...	
vyfemla (28)...	134	XELJANZ...	142	136	
VYTORIN 10-10...	59	XENAZINE...	88	xylon 10...	88
VYTORIN 10-20...	59	XENICAL...	116	XYREM...	88
VYTORIN 10-40...	59	XERESE...	158	XYZAL...	27
VYTORIN 10-80...	59	XERMELO...	116	Y	
VYVANSE...	87	XGEVA...	142	YASMIN (28)...	134
VYXEOS...	35	XIFAXAN...	26	YAZ (28)...	134
W		XIGDUO XR...	134	YERVOY...	35
warfarin...	46	XIIDRA...	110	YF-VAX (PF)...	38
water for irrigation, sterile...	104	XODOL 10/300...	88	YONDELIS...	35
WEBCOL...	158	XODOL 5/300...	88	YOSPRALA...	88
WELCHOL...	59	XODOL 7.5/300...	88	yuvafem...	134
WELLBUTRIN SR...	87	XOLAIR...	146	Z	
WELLBUTRIN XL...	88	XOPENEX CONCENTRATE...	43	zaflirlukast...	146
WELLBUTRIN...	87	XOPENEX HFA...	43	zaleplon...	88
wera (28)...	134	XOPENEX...	43	ZALTRAP...	35
WINRHO SDF...	38	XTAMPZA ER...	88	ZAMICET...	88
wymzya fe...	134	XTANDI...	35	ZANAFLEX...	43
X		xulane...	134	ZANOSAR...	35
XADAGO...	88	XULTOPHY 100/3.6...	134	ZANTAC...	116
XALATAN...	110	XURIDEN...	142	zarah...	134
XALKORI...	35	XYLOCAINE (CARDIAC) (PF)...	59	ZARONTIN...	88
XANAX XR...	88	XYLOCAINE DENTAL-EPINEPHRINE...		ZARXIO...	46
XANAX...	88	136		zatean-ch...	163

zavara... 171	ZINACEF IN STERILE WATER... 26	zolpidem... 89
ZAVESCA... 143	ZINACEF... 26	ZOLPIMIST... 89
ZEBETA... 59	ZINBRYTA... 143	ZOMACTON... 134
ZEBUTAL... 88	ZINECARD (AS HCL)... 143	ZOMETA... 143
ZEGERID... 116	zingiber... 171	ZOMIG ZMT... 89
ZEJULA... 35	ZINPLAVA... 38	ZOMIG... 89
ZELAPAR... 88	ZIOPTAN (PF)... 110	ZONACORT... 134
ZELBORAF... 35	ziprasidone hcl... 88	ZONALON... 158
ZEMAIRA... 146	ZIPSOR... 88	ZONATUSS... 165
ZEMBRACE SYMTOUCH... 88	ZIRGAN... 110	ZONEGRAN... 89
ZEMPLAR... 163	ZITHROMAX TRI-PAK... 26	zonisamide... 89
zenatane... 158	ZITHROMAX Z-PAK... 26	ZONTIVITY... 46
zenchent (28)... 134	ZITHROMAX... 26	ZORBTIVE... 134
zenchent fe... 134	ZMAX... 26	ZORTRESS... 143
ZENPEP... 116	ZOCOR... 59	ZORVOLEX... 89
zenzedi... 88	ZOFRAN (AS HYDROCHLORIDE)... 116	ZOSTAVAX (PF)... 38
ZEPATIER... 26	ZOFRAN ODT... 116	ZOSYN IN DEXTROSE (ISO-OSM)... 26
ZERBAXA... 26	ZOHYDRO ER... 88	ZOSYN... 26
ZERIT... 26	ZOLADEX... 134	zovia 1/35e (28)... 135
ZESTORETIC... 59	zolate... 171	zovia 1/50e (28)... 135
ZESTRIL... 59	zoledronic ac-mannitol-0.9nacl... 143	ZOVIRAX... 26, 158
ZETIA... 59	zoledronic acid... 143	ZUBSOLV... 89
ZETONNA... 110	zoledronic acid-mannitol-water... 143	ZUPLENZ... 116
ZIAC... 59	zolinza... 35	ZURAMPIC... 104
ZIAGEN... 26	zolmitriptan... 88	ZUTRIPRO... 165
ZIANA... 158	ZOLOFT... 88, 89	ZYBAN... 89
zidovudine... 26		ZYCLARA... 158
zileuton... 146		ZYDELIG... 35

ZYFLO CR... 146
ZYFLO... 146
ZYKADIA... 35
ZYLET... 111
ZYLOPRIM... 143
ZYMAXID... 111
ZYPREXA RELPREVV... 89
ZYPREXA ZYDIS... 89
ZYPREXA... 89
ZYTIGA... 35
ZYVOX... 26
1ST TIER UNIFINE PENTIPS PLUS...
89
1ST TIER UNIFINE PENTIPS... 89
8-MOP... 146

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- 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.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-800-783-4599 or if you use a TTY, call 711.

If you believe that **Humana Inc. and its subsidiaries** have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-783-4599** (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-783-4599** (TTY: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-783-4599** (TTY: 711).

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-783-4599** (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-783-4599** (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-783-4599** (TTY: 711)。

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-783-4599** (ATS : 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-783-4599** (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-783-4599** (телефон: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم **1-800-783-4599** (رقم هاتف الصم والبكم: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-783-4599** (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-783-4599** (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-783-4599** (TTY: 711)번으로 전화해 주십시오.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-783-4599** (TTY: 711).

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુદ્ધ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-783-4599** (TTY: 711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-783-4599** (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-783-4599** (TTY: 711)

Notes

Notes

This formulary was updated on 09/26/2017. 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.

Humana is a Medicare Advantage HMO and PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal..

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change each year. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con nuestro Departamento de Servicio al Cliente llamando al número impreso en el dorso de su tarjeta de identificación (ID) como afiliado. Si usa un TTY, llame al 711.

Humana[®]

Humana.com