

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.**

2

This formulary was updated on 11/01/2017. 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](http://Humana.com).

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# 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](https://www.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 165. 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](https://www.humana.com/medicaredruglist) to get more information about the restrictions applied to specific covered drugs.

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

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

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

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

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

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

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

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

- **Formulary exception:** You can request that your drug be covered if it's not on the formulary.
- **Utilization restriction exception:** You can request coverage restrictions or limits not be applied to your drug. For example, if your drug has a quantity limit, you can ask for the limit not to be applied and to cover more doses of the drug.
- **Tier exception:** You can request a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can request it to be covered as a preferred drug instead. This would lower how much money you must pay for your drug. Please remember a higher level of coverage cannot be requested for the drug if approval was 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](http://hprxweb.com). You can also call Humana Pharmacy at 1-855-899-3134 (TTY: 711) Monday – Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m., Eastern time.

Other pharmacies are available in our network.

## For More Information

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

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

If you'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](https://www.medicare.gov)**.



# Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 165.

## 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
<b>ANTI-INFECTIVE AGENTS</b>		
abacavir 20 mg/ml solution <b>MO</b>	1	QL (960 per 30 days)
abacavir 300 mg tablet <b>MO</b>	1	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg <b>DL</b>	4	QL (30 per 30 days)
abacavir-lamivudine-zidov tab <b>DL</b>	4	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION <b>DL</b>	4	B vs D
acyclovir 200 mg capsule <b>MO</b>	1	
acyclovir 200 mg/5 ml susp <b>MO</b>	1	
acyclovir 400 mg, 800 mg tablet <b>MO</b>	1	
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial <b>MO</b>	1	B vs D
adefovir dipivoxil 10 mg tab <b>DL</b>	4	
ADOXA 150 MG CAPSULE <b>MO</b>	1	PA,QL (30 per 30 days)
ALBENZA 200 MG TABLET <b>DL</b>	4	
ALINIA 100 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	QL (150 per 30 days)
ALINIA 500 MG TABLET <b>MO</b>	3	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION <b>DL</b>	4	B vs D
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial <b>MO</b>	1	
amoxicillin 125 mg, 250 mg tab chew <b>MO</b>	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp <b>MO</b>	1	
amoxicillin 250 mg, 500 mg capsule <b>MO</b>	1	
amoxicillin 500 mg, 875 mg tablet <b>MO</b>	1	
amox-clav 200-28.5 mg, 400-57 mg tab chew <b>MO</b>	1	
amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp <b>MO</b>	1	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet <b>MO</b>	1	
amox-clav er 1,000-62.5 mg tab <b>MO</b>	1	
amphotericin b 50 mg vial <b>MO</b>	1	B vs D
ampicillin 125 mg/5 ml, 250 mg/5 ml susp <b>MO</b>	1	
ampicillin 250 mg, 500 mg capsule <b>MO</b>	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 <b>MO</b>	1	
ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl;	1	
ampicillin-sulbactam 3 gm vial <b>MO</b>		
ANCOBON 250 MG, 500 MG CAPSULE <b>DL</b>	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
APTIVUS 100 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE <b>DL</b>	4	QL (120 per 30 days)
<i>atovaquone 750 mg/5 ml susp</i> <b>DL</b>	4	
<i>atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25</i> <b>MO</b>	1	
ATRIPLA 600 MG-200 MG-300 MG TABLET <b>DL</b>	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 <b>MO</b>	3	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET <b>MO</b>	3	PA
AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
AVELOX 400 MG TABLET <b>MO</b>	3	PA
AVELOX ABC PACK 400 MG TAB <b>MO</b>	3	PA
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE(ISO-OSM) INTRAVENOUS PIGGYBACK <b>MO</b>	3	PA
<i>avidoxy 100 mg tablet</i> <b>MO</b>	1	
AVYCAZ 2.5 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
AZACTAM 1 GRAM, 2 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	PA
AZACTAM 1 GRAM/50 ML, 2 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK <b>MO</b>	3	
<i>azithromycin 1 gm pwd packet</i> <b>MO</b>	1	
<i>azithromycin 100 mg/5 ml, 200 mg/5 ml susp</i> <b>MO</b>	1	
<i>azithromycin 250 mg, 500 mg tablet</i> <b>MO</b>	1	
<i>azithromycin 600 mg tablet</i> <b>MO</b>	1	QL (16 per 60 days)
<i>azithromycin i.v. 500 mg vial</i> <b>MO</b>	1	
<i>aztreonam 1 gm vial</i> <b>MO</b>	1	
<i>aztreonam 2 gm vial</i> <b>DL</b>	4	
AZULFIDINE 500 MG TABLET <b>MO</b>	3	
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE <b>MO</b>	3	
<i>baciiim 50,000 unit intramuscular solution</i> <b>MO</b>	1	
<i>bacitracin 50,000 unit vial</i> <b>MO</b>	1	
BACTRIM 400 MG-80 MG TABLET <b>MO</b>	3	
BACTRIM DS 800 MG-160 MG TABLET <b>MO</b>	3	
BARACLUDE 0.05 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
BAXDELA 300 MG INTRAVENOUS SOLUTION <b>DL</b>	4	QL (28 per 14 days)
BAXDELA 450 MG TABLET <b>DL</b>	4	QL (28 per 14 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (224 per 28 days)
BIAXIN 250 MG, 500 MG TABLET <b>MO</b>	3	
BIAXIN 250 MG/5 ML SUSPENSION <b>MO</b>	3	
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
BILTRICIDE 600 MG TABLET <b>MO</b>	3	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
caspofungin acetate 50 mg, 70 mg vial <b>DL</b>	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (84 per 28 days)
CEDAX 180 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
CEDAX 400 MG CAPSULE <b>MO</b>	3	
ceftazidime 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; ceftazidime 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen <b>MO</b>	1	
ceftazidime 250 mg, 500 mg capsule <b>MO</b>	1	
ceftazidime er 500 mg tablet <b>MO</b>	1	
cefadroxil 1 gm tablet <b>MO</b>	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp <b>MO</b>	1	
cefadroxil 500 mg capsule <b>MO</b>	1	
cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 1 gram, 10 gram, 20 gram, 500 mg vial; cefazolin 10 gm vial; cefazolin 20 gm bulk vial <b>MO</b>	1	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose <b>MO</b>	1	
cefepime 125 mg/5 ml, 250 mg/5 ml susp <b>MO</b>	1	
cefepime 300 mg capsule <b>MO</b>	1	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial <b>MO</b>	1	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml <b>MO</b>	1	
cefepime 1 gm injection; cefepime 2 gm injection <b>MO</b>	3	
cefepime 100 mg/5 ml, 200 mg/5 ml susp <b>MO</b>	1	
CEFOTAN 1 GRAM, 2 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
cefotaxime sodium 1 gm vial; cefotaxime sodium 1 gram, 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 10 gm vial; cefotaxime sodium 2 gm vial <b>MO</b>	1	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial <b>MO</b>	1	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag <b>MO</b>	1	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial <b>MO</b>	1	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefpodoxime 100 mg, 200 mg tablet <b>MO</b>	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp <b>MO</b>	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp <b>MO</b>	1	
cefprozil 250 mg, 500 mg tablet <b>MO</b>	1	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial <b>MO</b>	1	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback <b>MO</b>	1	
ceftibuten 180 mg/5 ml susp <b>MO</b>	1	
ceftibuten 400 mg capsule <b>MO</b>	1	
CEFTIN 125 MG/5 ML, 250 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
CEFTIN 250 MG, 500 MG TABLET <b>MO</b>	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 <b>MO</b>	1	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag <b>MO</b>	1	
cefuroxime axetil 250 mg, 500 mg tab <b>MO</b>	1	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial <b>MO</b>	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp <b>MO</b>	1	
cephalexin 250 mg, 500 mg tablet <b>MO</b>	1	
cephalexin 250 mg, 500 mg, 750 mg capsule <b>MO</b>	1	
chloramphen na succ 1 gm vl <b>MO</b>	1	
chloroquine ph 250 mg, 500 mg tablet <b>MO</b>	1	
cidofovir 375 mg/5 ml vial <b>MO</b>	1	
CIPRO 250 MG, 500 MG TABLET <b>MO</b>	3	
CIPRO 250 MG/5 ML, 500 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
CIPRO 400 MG/200 ML IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK <b>MO</b>	3	
CIPRO XR 1,000 MG, 500 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	PA
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml susp <b>MO</b>	1	
ciprofloxacin er 1,000 mg, 500 mg tab; ciprofloxacin er 1,000 mg, 500 mg tablet <b>MO</b>	1	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab <b>MO</b>	1	
ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml <b>MO</b>	1	
ciprofloxacin 200 mg/20 ml, 400 mg/40 ml vl <b>MO</b>	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM, 2 GRAM INTRAVENOUS SOLUTION; CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM, 2 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
CLAFORAN-DEXTROSE 1 GM/50 ML; CLAFORAN-DEXTROSE 2 GM/50 ML <b>MO</b>	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>clarithromycin 125 mg/5 ml, 250 mg/5 ml sus</i> <b>MO</b>	1	
<i>clarithromycin 250 mg, 500 mg tablet</i> <b>MO</b>	1	
<i>clarithromycin er 500 mg tab</i> <b>MO</b>	1	
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 <b>MO</b>	3	
<i>cleocin 300 mg/2 ml intravenous solution</i> <b>MO</b>	1	
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE <b>MO</b>	3	
CLEOCIN 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK <b>MO</b>	3	
CLEOCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION <b>MO</b>	1	
<i>clindamycin hcl 150 mg, 300 mg, 75 mg capsule</i> <b>MO</b>	1	
<i>clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns</i> <b>MO</b>	1	B vs D
<i>clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> <b>MO</b>	1	
<i>clindamycin 75 mg/5 ml soln</i> <b>MO</b>	1	
<i>clindamycin pediatric 75 mg/5 ml oral solution</i> <b>MO</b>	1	
<i>clindamycin 150 mg/ml, 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml addvan;</i> <i>clindamycin ph 900 mg/6 ml vl</i> <b>MO</b>	1	
COARTEM 20 MG-120 MG TABLET <b>MO</b>	3	QL (24 per 30 days)
<i>colistimethate 150 mg vial</i> <b>MO</b>	1	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION <b>MO</b>	3	
COMBIVIR 150 MG-300 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
COPEGUS 200 MG TABLET <b>DL</b>	4	QL (168 per 28 days)
CRESEMBA 186 MG CAPSULE <b>DL</b>	4	PA
CRESEMBA 372 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
CRIXIVAN 200 MG CAPSULE <b>MO</b>	3	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE <b>MO</b>	3	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
<i>cycloserine 250 mg capsule</i> <b>MO</b>	1	
CYTOVENE 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
DAKLINZA 30 MG, 60 MG, 90 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
DALVANCE 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	QL (4 per 28 days)
<i>dapsone 100 mg, 25 mg tablet</i> <b>MO</b>	1	
<i>daptomycin 500 mg vial</i> <b>DL</b>	4	
DARAPRIM 25 MG TABLET <b>DL</b>	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DAXBIA 333 MG CAPSULE <b>MO</b>	1	
<i>demeclocycline 150 mg, 300 mg tablet</i> <b>MO</b>	1	
DESCOVY 200 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
<i>dicloxacillin 250 mg, 500 mg capsule</i> <b>MO</b>	1	
<i>didanosine dr 125 mg capsule</i> <b>MO</b>	1	QL (90 per 30 days)
<i>didanosine dr 200 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>didanosine dr 250 mg, 400 mg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
DIFICID 200 MG TABLET <b>DL</b>	4	ST,QL (20 per 10 days)
DIFLUCAN 10 MG/ML, 40 MG/ML ORAL SUSPENSION <b>MO</b>	3	
DIFLUCAN 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>MO</b>	3	
DORIBAX 250 MG, 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>doripenem 250 mg, 500 mg vial</i> <b>MO</b>	1	
DORYX 200 MG TABLET, DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)
DORYX 50 MG TABLET, DELAYED RELEASE <b>MO</b>	3	QL (60 per 30 days)
DORYX MPC 120 MG TABLET, DELAYED RELEASE <b>MO</b>	3	QL (60 per 30 days)
<i>doxy-100 100 mg intravenous solution</i> <b>MO</b>	1	
<i>doxycycline hyc 100 mg vial</i> <b>MO</b>	1	
<i>doxycycline hyc dr 100 mg tab</i> <b>MO</b>	1	QL (90 per 30 days)
<i>doxycycline hyc dr 150 mg, 50 mg, 75 mg tab</i> <b>MO</b>	1	QL (60 per 30 days)
<i>doxycycline hyc dr 200 mg tab</i> <b>MO</b>	1	QL (30 per 30 days)
<i>doxycycline hyclate 100 mg tab</i> <b>MO</b>	1	
<i>doxycycline hyclate 100 mg, 50 mg cap</i> <b>MO</b>	1	
<i>doxycycline hyclate 150 mg tab</i> <b>MO</b>	1	PA,QL (30 per 30 days)
<i>doxycycline hyclate 75 mg tab</i> <b>MO</b>	1	PA,QL (60 per 30 days)
<i>doxycycline 25 mg/5 ml susp</i> <b>MO</b>	1	
<i>doxycycline ir-dr 40 mg cap</i> <b>MO</b>	1	PA,QL (30 per 30 days)
<i>doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet</i> <b>MO</b>	1	
<i>doxycycline mono 100 mg, 50 mg, 75 mg cap; doxycycline mono 100 mg, 50 mg, 75 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>doxycycline mono 150 mg cap</i> <b>MO</b>	1	QL (30 per 30 days)
E.E.S. 400 MG TABLET <b>MO</b>	1	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
EDURANT 25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
<i>emverm 100 mg chewable tablet</i> <b>DL</b>	4	
<i>entecavir 0.5 mg, 1 mg tablet</i> <b>DL</b>	4	QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPCLUSA 400 MG-100 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
EPIVIR 10 MG/ML ORAL SOLUTION <b>MO</b>	3	
EPIVIR 150 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
EPIVIR 300 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION <b>MO</b>	3	
EPZICOM 600 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG, 50 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE <b>MO</b>	1	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
ERYPED 400 400 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION <b>MO</b>	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET <b>MO</b>	1	
<i>erythromycin 250 mg, 500 mg filmtab</i> <b>MO</b>	1	
<i>erythromycin ec 250 mg cap</i> <b>MO</b>	1	
<i>erythromycin 200 mg/5 ml gran</i> <b>MO</b>	1	
<i>erythromycin es 400 mg tab</i> <b>MO</b>	1	
<i>ethambutol hcl 100 mg, 400 mg tablet</i> <b>MO</b>	1	
EVOTAZ 300 MG-150 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> <b>MO</b>	1	QL (90 per 30 days)
FAMVIR 125 MG, 250 MG, 500 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
FLAGYL 250 MG, 500 MG TABLET <b>MO</b>	3	
FLAGYL 375 MG CAPSULE <b>MO</b>	3	
<i>fluconazole 10 mg/ml, 40 mg/ml susp</i> <b>MO</b>	1	
<i>fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>fluconazole-dext 200 mg/100 ml, 400 mg/200 ml</i> <b>MO</b>	1	
<i>fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> <b>MO</b>	1	
<i>flucytosine 250 mg, 500 mg capsule</i> <b>DL</b>	4	
FLUMADINE 100 MG TABLET <b>MO</b>	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 <b>MO</b>	3	
FORTAZ 1 GRAM/50 ML, 2 GRAM/50 ML IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK <b>MO</b>	3	
<i>fosamprenavir 700 mg tablet</i> <b>DL</b>	4	QL (120 per 30 days)
<i>foscarnet 24 mg/ml infus bttl</i> <b>MO</b>	1	B vs D
FOSCAVIR 24 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FURADANTIN 25 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	QL (2400 per 30 days)
FUZEON 90 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	QL (60 per 30 days)
ganciclovir 500 mg vial <b>MO</b>	1	B vs D
gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial <b>MO</b>	1	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml <b>MO</b>	1	
gentamicin ped 20 mg/2 ml vial <b>MO</b>	1	
gentamicin 10 mg/ml vial <b>MO</b>	1	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
GRIFULVIN V 500 MG TABLET <b>MO</b>	1	
GRIS-PEG (ULTRAMICROSIZED) 125 MG, 250 MG TABLET <b>MO</b>	3	
griseofulvin 125 mg/5 ml susp <b>MO</b>	1	
griseofulvin micro 500 mg tab <b>MO</b>	1	
griseofulvin ultra 125 mg, 250 mg tab <b>MO</b>	1	
HARVONI 90 MG-400 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
HEPSERA 10 MG TABLET <b>DL</b>	4	
HIPREX 1 GRAM TABLET <b>MO</b>	3	PA
hydroxychloroquine 200 mg tab <b>MO</b>	1	
imipenem-cilastatin 250 mg, 500 mg vial <b>MO</b>	1	
IMPAVIDO 50 MG CAPSULE <b>DL</b>	4	QL (84 per 28 days)
INTELENCE 100 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
INTELENCE 200 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
INTELENCE 25 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION <b>DL</b>	4	PA
INVANZ 1 GRAM, 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM, 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
INVIRASE 200 MG CAPSULE <b>DL</b>	4	QL (300 per 30 days)
INVIRASE 500 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET <b>DL</b>	4	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <b>MO</b>	2	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET <b>MO</b>	3	QL (180 per 30 days)

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MALARONE 250 MG-100 MG TABLET <b>MO</b>	3	
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET <b>MO</b>	3	PA
MAVYRET 100 MG-40 MG TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
MAXIPIME 1 GRAM, 2 GRAM INTRAVENOUS SOLUTION <b>MO</b>	3	
MAXIPIME 1 GRAM, 2 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	PA
<i>mefloquine hcl 250 mg tablet</i> <b>MO</b>	1	
MEPRON 750 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	
<i>meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial</i> <b>MO</b>	1	
<i>meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50</i> <b>MO</b>	1	
MERREM 1 GRAM, 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>methenamine hipp 1 gm tablet</i> <b>MO</b>	1	
METRO I.V. 500 MG/100 ML INTRAVENOUS PIGGYBACK <b>MO</b>	3	
<i>metronidazole 250 mg, 500 mg tablet</i> <b>MO</b>	1	
<i>metronidazole 375 mg capsule</i> <b>MO</b>	1	
<i>metronidazole 500 mg/100 ml</i> <b>MO</b>	1	
MINOCIN 100 MG INTRAVENOUS SOLUTION <b>MO</b>	3	PA
MINOCIN 100 MG, 50 MG CAPSULE <b>MO</b>	3	PA
MINOCIN KIT 100 MG, 50 MG COMBO <b>MO</b>	3	PA,QL (1 per 30 days)
<i>minocycline 100 mg, 50 mg, 75 mg capsule</i> <b>MO</b>	1	
<i>minocycline er 135 mg, 45 mg, 90 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>minocycline hcl 100 mg, 50 mg, 75 mg tablet</i> <b>MO</b>	1	
<i>moderiba 200 mg tablet</i> <b>DL</b>	4	QL (168 per 28 days)
<i>moderiba dose pack 200 mg (7)-400 mg (7) tablets</i> <b>DL</b>	4	QL (112 per 28 days)
<i>moderiba dose pack 400 mg (7)-400 mg (7) tablets</i> <b>DL</b>	4	QL (84 per 28 days)
<i>moderiba dose pack 600 mg (7)-400 mg (7) tablets</i> <b>DL</b>	4	QL (112 per 30 days)
<i>moderiba dose pack 600 mg (7)-600 mg (7) tablets</i> <b>DL</b>	4	QL (56 per 28 days)
<i>mondoxyne nl 100 mg, 50 mg, 75 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
MONUROL 3 GRAM ORAL PACKET <b>MO</b>	3	
<i>morgidox 100 mg capsule</i> <b>MO</b>	1	
<i>morgidox 50 mg capsule</i> <b>MO</b>	3	
<i>moxifloxacin hcl 400 mg tablet</i> <b>MO</b>	1	
<i>moxifloxacin 400 mg/250 ml bag</i> <b>MO</b>	1	
<i>moxifloxacin 400 mg/250 ml bag</i> <b>MO</b>	1	
MYAMBUTOL 400 MG TABLET <b>MO</b>	3	
MYCAMINE 100 MG, 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
MYCOBUTIN 150 MG CAPSULE <b>MO</b>	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>nafcillin 1 gm add-van vial; nafcillin 2 gm add-vant vial</i> <b>MO</b>	4	
<i>nafcillin 1 gm vial</i> <b>MO</b>	1	
<i>nafcillin 10 gm vial; nafcillin 2 gm vial</i> <b>DL</b>	4	
<i>nafcillin 1 gm/ 50 ml inj</i> <b>MO</b>	1	
<i>nafcillin 2 gm/ 100 ml inj</i> <b>MO</b>	4	
NEBUPENT 300 MG SOLUTION FOR INHALATION <b>MO</b>	3	B vs D
<i>neomycin 500 mg tablet</i> <b>MO</b>	1	
<i>nevirapine 200 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>nevirapine 50 mg/5 ml susp</i> <b>MO</b>	1	QL (1200 per 30 days)
<i>nevirapine er 100 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
<i>nevirapine er 400 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>nitrofurantoin 25 mg/5 ml susp</i> <b>MO</b>	1	QL (2400 per 30 days)
<i>nitrofurantoin mcr 100 mg, 25 mg, 50 mg cap</i> <b>MO</b>	1	QL (90 per 365 days)
<i>nitrofurantoin mono-mcr 100 mg</i> <b>MO</b>	1	QL (90 per 365 days)
NORVIR 100 MG CAPSULE <b>MO</b>	3	QL (360 per 30 days)
NORVIR 100 MG TABLET <b>MO</b>	3	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (480 per 30 days)
NOXAFIL 100 MG TABLET, DELAYED RELEASE <b>DL</b>	4	PA, QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <b>DL</b>	4	PA, QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>nystatin 100,000 unit/ml susp</i> <b>MO</b>	1	
<i>nystatin 500,000 unit oral tab</i> <b>MO</b>	1	
ODEFSEY 200 MG-25 MG-25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
<i>ofloxacin 300 mg, 400 mg tablet</i> <b>MO</b>	1	
OLYSIO 150 MG CAPSULE <b>DL</b>	4	PA, QL (28 per 28 days)
ONMEL 200 MG TABLET <b>DL</b>	4	QL (28 per 28 days)
ORACEA 40 MG CAPSULE, IMMEDIATE - DELAY RELEASE <b>MO</b>	3	PA, QL (30 per 30 days)
ORBACTIV 400 MG INTRAVENOUS SOLUTION <b>DL</b>	4	QL (3 per 28 days)
<i>oseltamivir phos 30 mg capsule</i> <b>MO</b>	1	QL (112 per 365 days)
<i>oseltamivir phos 45 mg, 75 mg capsule</i> <b>MO</b>	1	QL (56 per 365 days)
<i>oxacillin 1 gm add-vantage vl; oxacillin 1 gm vial; oxacillin 10 gm vial; oxacillin 2 gm add-vantage vl; oxacillin 2 gm vial</i> <b>MO</b>	1	
<i>oxacillin 1 gm/ 50 ml inj</i> <b>MO</b>	1	
<i>oxacillin 2 gm/ 50 ml inj</i> <b>MO</b>	4	
<i>paromomycin 250 mg capsule</i> <b>MO</b>	1	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET <b>MO</b>	1	
PCE 333 MG, 500 MG PARTICLES IN TABLET <b>MO</b>	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML, 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	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 <b>DL</b>	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG 4PK; PEGINTRON REDIPEN 150 MCG; PEGINTRON REDIPEN 50 MCG; PEGINTRON REDIPEN 80 MCG <b>DL</b>	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</i> <b>MO</b>	3	
<i>penicillin g k 20 million unit, 5 million unit; penicillin gk 20 million unit, 5 million unit</i> <b>MO</b>	1	
<i>pen g 1.2 million unit/2 ml, 600,000 unit/ml; penicillin g 600,000 unit/1 ml</i> <b>MO</b>	1	
<i>penicillin g na 5 million unit</i> <b>MO</b>	1	
<i>penicillin vk 125 mg/5 ml, 250 mg/5 ml soln</i> <b>MO</b>	1	
<i>penicillin vk 250 mg, 500 mg tablet</i> <b>MO</b>	1	
PENTAM 300 MG SOLUTION FOR INJECTION <b>MO</b>	3	
<i>pfizerpen-g 20 million unit, 5 million unit solution for injection</i> <b>MO</b>	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</i> <b>MO</b>	1	
PLAQUENIL 200 MG TABLET <b>MO</b>	3	PA
<i>polymyxin b sulfat vial</i> <b>MO</b>	1	
PREZCOBIX 800 MG-150 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION <b>DL</b>	4	QL (360 per 30 days)
PREZISTA 150 MG TABLET <b>MO</b>	3	QL (240 per 30 days)
PREZISTA 600 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
PREZISTA 75 MG TABLET <b>DL</b>	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
PRIFTIN 150 MG TABLET <b>MO</b>	3	
<i>primaquine 26.3 mg tablet</i> <b>MO</b>	1	
PRIMAXIN 250 MG, 500 MG INTRAVENOUS SOLUTION; PRIMAXIN 250 MG, 500 MG VIAL <b>MO</b>	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION <b>MO</b>	1	
PYLERA 140 MG-125 MG-125 MG CAPSULE <b>MO</b>	3	QL (144 per 30 days)
<i>pyrazinamide 500 mg tablet</i> <b>MO</b>	1	
QUALAQUIN 324 MG CAPSULE <b>MO</b>	3	PA,QL (42 per 7 days)
<i>quinine sulfate 324 mg capsule</i> <b>MO</b>	3	PA,QL (42 per 7 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REBETOL 200 MG CAPSULE <b>DL</b>	4	QL (168 per 28 days)
REBETOL 40 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET <b>MO</b>	3	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET <b>MO</b>	3	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
RETROVIR 10 MG/ML SYRUP <b>MO</b>	3	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE <b>MO</b>	3	QL (180 per 30 days)
REYATAZ 150 MG, 200 MG CAPSULE <b>DL</b>	4	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE <b>DL</b>	4	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET <b>MO</b>	3	
<i>ribasphere 200 mg capsule</i> <b>MO</b>	1	QL (168 per 28 days)
<i>ribasphere 200 mg tablet</i> <b>MO</b>	1	QL (168 per 28 days)
<i>ribasphere 400 mg tablet</i> <b>MO</b>	1	QL (112 per 30 days)
<i>ribasphere 600 mg tablet</i> <b>MO</b>	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 <b>MO</b>	1	QL (112 per 28 days)
RIBASPHERE RIBAPAK 400 MG (28)-400 MG (28) TABLETS IN A DOSE PACK <b>MO</b>	1	
RIBASPHERE RIBAPAK 400 MG (7)-400 MG (7) TABLETS IN A DOSE PACK <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	1	QL (56 per 28 days)
RIBATAB 400-400 MG DOSEPACK <b>MO</b>	1	
RIBATAB 400-600 MG DOSEPACK <b>MO</b>	1	QL (112 per 30 days)
RIBATAB 600-600 MG DOSEPACK <b>MO</b>	1	QL (56 per 28 days)
<i>ribavirin 200 mg capsule</i> <b>MO</b>	1	QL (168 per 28 days)
<i>ribavirin 200 mg tablet</i> <b>MO</b>	1	QL (168 per 28 days)
<i>ribavirin 6 gm inhalation vial</i> <b>DL</b>	4	B vs D
<i>rifabutin 150 mg capsule</i> <b>MO</b>	1	
RIFADIN 150 MG, 300 MG CAPSULE <b>MO</b>	3	
RIFADIN 600 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
RIFAMATE 300 MG-150 MG CAPSULE <b>MO</b>	1	
<i>rifampin 150 mg, 300 mg capsule</i> <b>MO</b>	1	
<i>rifampin iv 600 mg vial</i> <b>MO</b>	1	
RIFATER 50 MG-120 MG-300 MG TABLET <b>MO</b>	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>rimantadine hcl 100 mg tablet</i> <b>MO</b>	1	
SELZENTRY 150 MG TABLET <b>DL</b>	4	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (920 per 30 days)
SELZENTRY 25 MG TABLET <b>MO</b>	3	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
SIRTURO 100 MG TABLET <b>DL</b>	4	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION <b>DL</b>	4	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET <b>DL</b>	4	QL (6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
SOVALDI 400 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
SPORANOX 10 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (150 per 30 days)
SPORANOX 100 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
SPORANOX PULSEPAK 100 MG CAPSULE <b>MO</b>	3	PA,QL (120 per 30 days)
<i>stavudine 1 mg/ml solution</i> <b>MO</b>	1	QL (2400 per 30 days)
<i>stavudine 15 mg, 20 mg capsule</i> <b>MO</b>	1	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>streptomycin sulf 1 gm vial</i> <b>MO</b>	1	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
STROMECTOL 3 MG TABLET <b>MO</b>	3	
<i>sulfadiazine 500 mg tablet</i> <b>MO</b>	1	
<i>sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet</i> <b>MO</b>	1	
<i>sulfamethoxazole-tmp inj vial</i> <b>MO</b>	1	
<i>sulfamethoxazole-tmp susp</i> <b>MO</b>	1	
<i>sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab</i> <b>MO</b>	1	
SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
SUPRAX 100 MG, 200 MG CHEWABLE TABLET <b>MO</b>	3	
SUPRAX 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
SUPRAX 400 MG CAPSULE <b>MO</b>	3	
SUSTIVA 200 MG CAPSULE <b>MO</b>	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE <b>MO</b>	3	QL (480 per 30 days)
SUSTIVA 600 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (4 per 28 days)
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
TAMIFLU 30 MG CAPSULE <b>MO</b>	3	PA,QL (112 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE <b>MO</b>	3	PA,QL (56 per 365 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TAMIFLU 6 MG/ML ORAL SUSPENSION <b>MO</b>	3	QL (720 per 365 days)
TARGADOX 50 MG TABLET <b>MO</b>	1	QL (180 per 30 days)
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 <b>MO</b>	1	
TECHNIVIE 12.5 MG-75 MG-50 MG TABLET <b>DL</b>	4	PA,QL (56 per 28 days)
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
terbinafine hcl 250 mg tablet <b>MO</b>	1	QL (90 per 365 days)
tetracycline 250 mg, 500 mg capsule <b>MO</b>	1	
tigecycline 50 mg vial <b>DL</b>	4	
TINDAMAX 250 MG, 500 MG TABLET <b>MO</b>	3	
tinidazole 250 mg, 500 mg tablet <b>MO</b>	1	
TIVICAY 10 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION <b>DL</b>	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 <b>DL</b>	4	PA,QL (224 per 28 days)
tobramycin 300 mg/5 ml ampule <b>DL</b>	4	PA,QL (280 per 28 days)
tobramycin 1.2 gm vial <b>DL</b>	4	
tobramycin 10 mg/ml, 40 mg/ml vial <b>MO</b>	1	
tobramycin pak 300 mg/5 ml <b>DL</b>	4	PA,QL (280 per 28 days)
TRECTOR 250 MG TABLET <b>MO</b>	3	
trimethoprim 100 mg tablet <b>MO</b>	1	
TRIUMEQ 600 MG-50 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
TRIZIVIR 300 MG-150 MG-300 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
TYGACIL 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
TYZEKA 600 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
VABOMERE 2 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	QL (84 per 14 days)
valacyclovir hcl 1 gram, 500 mg tablet <b>MO</b>	1	QL (90 per 30 days)
VALCYTE 450 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION <b>DL</b>	4	QL (1056 per 30 days)
valganciclovir 450 mg tablet <b>DL</b>	4	QL (120 per 30 days)
valganciclovir hcl 50 mg/ml <b>DL</b>	4	QL (1056 per 30 days)
VALTRES 1 GRAM, 500 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
VANCOCIN 125 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VANOCIN 250 MG CAPSULE <b>DL</b>	4	PA,QL (240 per 30 days)
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 <b>MO</b>	1	
vancomycin hcl 125 mg capsule <b>DL</b>	4	QL (60 per 30 days)
vancomycin hcl 250 mg capsule <b>DL</b>	4	QL (240 per 30 days)
vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl <b>MO</b>	3	
vancomycin 1 gram/200 ml, 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 <b>MO</b>	3	
VEMLIDY 25 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
VFEND 200 MG, 50 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <b>DL</b>	4	PA,QL (400 per 30 days)
VFEND IV 200 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
VIBATIV 750 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
VIBRAMYCIN 100 MG CAPSULE <b>MO</b>	3	
VIBRAMYCIN 25 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
VIBRAMYCIN 50 MG/5 ML SYRUP <b>MO</b>	3	
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	3	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	3	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	QL (90 per 30 days)
VIDEX EC 200 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	QL (60 per 30 days)
VIDEX EC 250 MG, 400 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)
VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (112 per 28 days)
VIEKIRA XR 8.33 MG-50 MG-33.33 MG-200 MG TABLET, EXTENDED RELEASE <b>DL</b>	4	PA,QL (84 per 28 days)
VIRACEPT 250 MG TABLET <b>DL</b>	4	QL (300 per 30 days)
VIRACEPT 625 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
VIRAMUNE 200 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	QL (1200 per 30 days)
VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION <b>DL</b>	4	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <b>DL</b>	4	QL (240 per 30 days)
VISTIDE 75 MG/ML VIAL <b>DL</b>	4	
VITEKTA 150 MG, 85 MG TABLET <b>DL</b>	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
voriconazole 200 mg vial <b>DL</b>	4	
voriconazole 200 mg, 50 mg tablet <b>DL</b>	4	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp <b>DL</b>	4	PA,QL (400 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
XIFAXAN 200 MG TABLET <b>DL</b>	4	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
ZEPATIER 50 MG-100 MG TABLET <b>DL</b>	4	PA,QL (28 per 28 days)
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	
ZERIT 1 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (2400 per 30 days)
ZERIT 15 MG, 20 MG CAPSULE <b>MO</b>	3	QL (120 per 30 days)
ZERIT 30 MG, 40 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (960 per 30 days)
ZIAGEN 300 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
zidovudine 100 mg capsule <b>MO</b>	1	QL (180 per 30 days)
zidovudine 300 mg tablet <b>MO</b>	1	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup <b>MO</b>	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 <b>MO</b>	3	
ZINACEF IN STERILE WATER 1.5 GRAM/50 ML INTRAVENOUS PIGGYBACK <b>MO</b>	3	
ZITHROMAX 1 GRAM ORAL PACKET <b>MO</b>	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
ZITHROMAX 250 MG, 500 MG TABLET <b>MO</b>	3	
ZITHROMAX 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
ZITHROMAX 600 MG TABLET <b>MO</b>	3	QL (16 per 60 days)
ZITHROMAX TRI-PAK 500 MG TABLET <b>MO</b>	3	
ZITHROMAX Z-PAK 250 MG TABLET <b>MO</b>	3	
ZMAX 2 GRAM/60 ML ORAL SUSPENSION,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
ZOSYN 2.25 GRAM, 3.375 GRAM, 4.5 GRAM, 40.5 GRAM INTRAVENOUS SOLUTION <b>MO</b>	3	
ZOSYN 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK <b>MO</b>	3	
ZOVIRAX 200 MG CAPSULE <b>MO</b>	3	PA
ZOVIRAX 200 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	PA
ZOVIRAX 400 MG, 800 MG TABLET <b>MO</b>	3	PA
ZYVOX 100 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (1800 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYVOX 200 MG/100 ML, 600 MG/300 ML INTRAVENOUS SOLUTION <b>DL</b>	4	
ZYVOX 600 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<b>ANTIHISTAMINE DRUGS</b>		
arbinoxa 4 mg tablet <b>MO</b>	1	PA
arbinoxa 4 mg/5 ml liquid <b>MO</b>	1	PA
carbinoxamine 4 mg/5 ml liquid <b>MO</b>	1	PA
carbinoxamine maleate 4 mg tab <b>MO</b>	1	PA
cetirizine hcl 1 mg/ml soln <b>MO</b>	1	QL (300 per 30 days)
CLARINEX 2.5 MG/5 ML (0.5 MG/ML) SYRUP <b>MO</b>	3	ST,QL (300 per 30 days)
CLARINEX 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (60 per 30 days)
clemastine fum 2.68 mg tab <b>MO</b>	1	
cyproheptadine 2 mg/5 ml syrup <b>MO</b>	1	
cyproheptadine 4 mg tablet <b>MO</b>	1	
desloratadine 2.5 mg, 5 mg odt <b>MO</b>	1	ST,QL (30 per 30 days)
desloratadine 5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
diphenhydramine 12.5 mg/5 ml <b>MO</b>	1	
diphenhydramine 50 mg/ml syrng <b>MO</b>	1	
diphenhydramine 50 mg/ml vial <b>MO</b>	1	
KARBINAL ER 4 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE <b>MO</b>	3	PA
levocetirizine 2.5 mg/5 ml sol <b>MO</b>	1	QL (300 per 30 days)
levocetirizine 5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
phenadoz 12.5 mg, 25 mg rectal suppository <b>MO</b>	1	PA
PHENERGAN 12.5 MG, 25 MG, 50 MG RECTAL SUPPOSITORY <b>MO</b>	1	PA
PHENERGAN 25 MG/ML, 50 MG/ML INJECTION SOLUTION <b>MO</b>	3	PA
promethazine 12.5 mg, 25 mg, 50 mg suppos; promethazine 12.5 mg, 25 mg, 50 mg suppository <b>MO</b>	1	PA
promethazine 12.5 mg, 25 mg, 50 mg tablet <b>MO</b>	1	PA
promethazine 25 mg/ml, 50 mg/ml vial <b>MO</b>	1	PA
promethazine 6.25 mg/5 ml syr <b>MO</b>	1	PA
promethazine vc 6.25 mg-5 mg/5 ml syrup <b>MO</b>	1	PA
promethazine-phenylephrine syr <b>MO</b>	1	PA
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository <b>MO</b>	1	PA
RYVENT 6 MG TABLET <b>MO</b>	1	QL (120 per 30 days)
SEMPREX-D 8 MG-60 MG CAPSULE <b>MO</b>	3	
XYZAL 2.5 MG/5 ML ORAL SOLUTION <b>MO</b>	3	QL (300 per 30 days)
XYZAL 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>ANTINEOPLASTIC AGENTS</b>		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION <b>DL</b>	4	PA
<i>adriamycin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution</i> <b>MO</b>	1	B vs D
<i>adrucil 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml intravenous solution</i> <b>MO</b>	1	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION <b>DL</b>	4	PA
ALECENSA 150 MG CAPSULE <b>DL</b>	4	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ALIQOPA 60 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (3 per 28 days)
ALKERAN 2 MG TABLET <b>MO</b>	3	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
ALUNBRIG 30 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION <b>DL</b>	4	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>azacitidine 100 mg vial</i> <b>DL</b>	4	PA
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>bexarotene 75 mg capsule</i> <b>DL</b>	4	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
<i>bleomycin sulfate 15 unit, 30 unit vial</i> <b>MO</b>	1	B vs D
BOSULIF 100 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
BOSULIF 500 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>busulfan 60 mg/10 ml vial</i> <b>MO</b>	1	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
CAMPTOSAR 100 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CAMPTOSAR 300 MG/15 ML, 40 MG/2 ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
CAPRELSA 100 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> <b>MO</b>	1	B vs D
CASODEX 50 MG TABLET <b>MO</b>	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cisplatin 50 mg/50 ml vial</i> <b>MO</b>	1	B vs D
<i>cladribine 10 mg/10 ml vial</i> <b>DL</b>	4	B vs D
<i>clofarabine 20 mg/20 ml vial</i> <b>DL</b>	4	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES <b>DL</b>	4	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES <b>DL</b>	4	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES <b>DL</b>	4	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
COTELLIC 20 MG TABLET <b>DL</b>	4	PA,QL (63 per 28 days)
<i>cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial</i> <b>MO</b>	1	B vs D
<i>cyclophosphamide 25 mg, 50 mg capsule</i> <b>MO</b>	3	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (200 per 28 days)
<i>cytarabine 20 mg/ml vial</i> <b>MO</b>	1	B vs D
<i>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</i> <b>MO</b>	1	B vs D
<i>dacarbazine 100 mg, 200 mg vial</i> <b>MO</b>	1	B vs D
DACOGEN 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (400 per 30 days)
<i>daunorubicin 20 mg/4 ml vial</i> <b>MO</b>	1	B vs D
DAUNOXOME 50 MG (2 MG/ML) VIAL <b>MO</b>	3	B vs D
<i>decitabine 50 mg vial</i> <b>DL</b>	4	PA
DEPOCYT 50 MG/5 ML VIAL <b>DL</b>	4	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
<i>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</i> <b>MO</b>	3	B vs D
DOXIL 2 MG/ML INTRAVENOUS SUSPENSION <b>DL</b>	4	B vs D
<i>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</i> <b>MO</b>	1	B vs D
<i>doxorubicin liposome 50mg/25ml</i> <b>DL</b>	4	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE <b>MO</b>	3	
ELLENC 200 MG/100 ML, 50 MG/25 ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
ELOXATIN 100 MG/20 ML, 50 MG/10 ML (5 MG/ML) VIAL; ELOXATIN 50 MG/10 ML VIAL <b>DL</b>	4	B vs D
EMCYT 140 MG CAPSULE <b>DL</b>	4	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA

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<i>epirubicin 200 mg/100 ml, 50 mg/25 ml vial</i> <b>MO</b>	1	B vs D
<i>epirubicin hcl 200 mg, 50 mg vial</i> <b>MO</b>	3	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ERIVEDGE 150 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION <b>DL</b>	4	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
<i>etoposide 100 mg/5 ml vial</i> <b>MO</b>	1	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE <b>DL</b>	4	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	PA,QL (30 per 30 days)
<i>floxuridine 500 mg vial</i> <b>MO</b>	1	B vs D
<i>fludarabine 50 mg, 50 mg/2 ml vial</i> <b>MO</b>	1	B vs D
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vl; fluorouracil 2,500 mg/50 ml vl; fluorouracil 5,000 mg/100 ml</i> <b>MO</b>	1	B vs D
<i>flutamide 125 mg capsule</i> <b>MO</b>	1	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (120 per 28 days)
<i>gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl</i> <b>MO</b>	3	B vs D
<i>gemcitabine hcl 1 gram, 2 gram, 200 mg vial</i> <b>MO</b>	1	B vs D
GEMZAR 1 GRAM, 200 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG, 5 MG CAPSULE <b>MO</b>	3	
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
HEXALEN 50 MG CAPSULE <b>DL</b>	4	
HYCANTIN 4 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
HYDREA 500 MG CAPSULE <b>MO</b>	3	
<i>hydroxyurea 500 mg capsule</i> <b>MO</b>	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE <b>DL</b>	4	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
idarubicin hcl 20 mg/20 ml vial <b>DL</b>	4	B vs D
IDHIFA 100 MG, 50 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
IFEX 1 GRAM, 3 GRAM INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial <b>MO</b>	1	B vs D
imatinib mesylate 100 mg tab <b>DL</b>	4	PA,QL (180 per 30 days)
imatinib mesylate 400 mg tab <b>DL</b>	4	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION <b>DL</b>	4	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION <b>DL</b>	4	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial <b>MO</b>	1	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KEYTRUDA 25 MG/ML, 50 MG INTRAVENOUS SOLUTION; KEYTRUDA 25 MG/ML, 50 MG VIAL <b>DL</b>	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET <b>DL</b>	4	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET <b>DL</b>	4	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET <b>DL</b>	4	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET <b>DL</b>	4	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET <b>DL</b>	4	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET <b>DL</b>	4	PA,QL (91 per 28 days)
KYPROLIS 30 MG, 60 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
LENVIMA 10 MG/DAY (10 MG X 1/DAY) CAPSULE <b>DL</b>	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 <b>DL</b>	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 <b>DL</b>	4	PA,QL (90 per 30 days)
LEUKERAN 2 MG TABLET <b>DL</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lipodox 2 mg/ml intravenous suspension</i> <b>DL</b>	4	PA
<i>lipodox 50 2 mg/ml intravenous suspension</i> <b>DL</b>	4	PA
LONSURF 15 MG-6.14 MG TABLET <b>DL</b>	4	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET <b>DL</b>	4	PA,QL (80 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE <b>DL</b>	4	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET <b>MO</b>	2	
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT <b>DL</b>	4	PA
MATULANE 50 MG CAPSULE <b>DL</b>	4	
MEKINIST 0.5 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>melphalan 2 mg tablet</i> <b>MO</b>	1	B vs D
<i>melphalan 50 mg vial w-diluent</i> <b>MO</b>	1	B vs D
<i>mercaptopurine 50 mg tablet</i> <b>MO</b>	1	
<i>methotrexate 2.5 mg tablet</i> <b>MO</b>	1	B vs D
<i>methotrexate 50 mg/2 ml vial</i> <b>MO</b>	1	
<i>methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial</i> <b>MO</b>	1	
<i>mitomycin 20 mg, 40 mg, 5 mg vial</i> <b>MO</b>	1	B vs D
<i>mitoxantrone 25 mg/12.5 ml vl</i> <b>MO</b>	1	B vs D
MUSTARGEN 10 MG SOLUTION FOR INJECTION <b>MO</b>	3	B vs D
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
NAVELBINE 10 MG/ML, 50 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
NERLYNX 40 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
<i>nilutamide 150 mg tablet</i> <b>DL</b>	4	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	4	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
ODOMZO 200 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	B vs D
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION <b>DL</b>	4	PA
OPDIVO 100 MG/10 ML, 40 MG/4 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (80 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <b>MO</b>	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 <b>MO</b>	1	B vs D
paclitaxel 100 mg/16.7 ml vial <b>MO</b>	1	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	4	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (100 per 21 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	
PURIXAN 20 MG/ML ORAL SUSPENSION <b>DL</b>	4	QL (300 per 30 days)
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	3	PA,QL (0.6 per 28 days)
RASUVO 27.5 MG/0.55 ML AUTOINJ <b>MO</b>	3	PA,QL (2.2 per 28 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS <b>DL</b>	4	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (13.4 per 28 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE <b>DL</b>	4	PA,QL (224 per 28 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (28 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TABLOID 40 MG TABLET <b>DL</b>	4	
TAFINLAR 50 MG CAPSULE <b>DL</b>	4	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
TARCEVA 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE <b>DL</b>	4	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (20 per 21 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (27 per 30 days)
<i>teniposide 50 mg/5 ml ampule</i> <b>MO</b>	1	B vs D
<i>thiotepa 15 mg vial</i> <b>MO</b>	1	B vs D
<i>toposar 20 mg/ml intravenous solution</i> <b>MO</b>	1	B vs D
<i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial</i> <b>DL</b>	4	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION <b>DL</b>	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 <b>DL</b>	4	PA
<i>tretinoin 10 mg capsule</i> <b>DL</b>	4	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	1	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
TYKERB 250 MG TABLET <b>DL</b>	4	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (40 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION <b>DL</b>	4	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION <b>DL</b>	4	PA
VENCLEXTA 10 MG TABLET <b>MO</b>	3	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET <b>MO</b>	3	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (42 per 28 days)
VIDAZA 100 MG SOLUTION FOR INJECTION <b>DL</b>	4	PA
<i>vinblastine 1 mg/ml vial</i> <b>MO</b>	1	B vs D
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution</i> <b>MO</b>	1	B vs D

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vincristine 1 mg/ml, 2 mg/2 ml vial <b>MO</b>	1	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial <b>MO</b>	1	B vs D
VOTRIENT 200 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
XALKORI 200 MG, 250 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
XATMEP 2.5 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (120 per 28 days)
XTANDI 40 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
YONDELIS 1 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
ZEJULA 100 MG CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE <b>DL</b>	4	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
<b>ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES</b>		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE <b>MO</b>	3	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP <b>MO</b>	3	
BCG VACCINE (TICE STRAIN) VIAL <b>MO</b>	3	
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
BIVIGAM 10 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
CARIMUNE NF NANOFILTERED 12 GRAM, 6 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	PA
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (1050 per 30 days)

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DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP <b>MO</b>	3	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	B vs D
ENGERIX-B 10 MCG/0.5 ML PED VL <b>MO</b>	3	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	B vs D
FLEBOGAMMA DIF 10 %, 5 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMASTAN S/D 15 %-18 % RANGE INTRAMUSCULAR SOLUTION <b>DL</b>	4	PA
GAMMAGARD LIQUID 10 % INJECTION SOLUTION <b>DL</b>	4	PA
GAMMAGARD S-D (IGA &LT; 1 MCG/ML) 10 GRAM, 5 GRAM INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION <b>DL</b>	4	PA
GAMMAPLEX 10 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION <b>DL</b>	4	PA
GARDASIL SYRINGE <b>MO</b>	3	QL (1.5 per 365 days)
GARDASIL VIAL <b>MO</b>	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	QL (1.5 per 365 days)
GRASTEK 2,800 BAU SUBLINGUAL TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE <b>MO</b>	3	
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	2	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP <b>MO</b>	3	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION <b>MO</b>	3	

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IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION <b>MO</b>	3	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION <b>MO</b>	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT <b>MO</b>	3	
OCTAGAM 10 %, 5 % INTRAVENOUS SOLUTION <b>DL</b>	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 <b>MO</b>	3	PA,QL (30 per 30 days)
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT <b>MO</b>	3	
PRIVIGEN 10 % INTRAVENOUS SOLUTION <b>DL</b>	4	PA
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION <b>MO</b>	2	B vs D
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	B vs D
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE <b>DL</b>	4	
ROTARIX 10EXP6 CCID50/ML SUSPENSION <b>MO</b>	3	
ROTATEQ VACCINE 2 ML ORAL SOLUTION <b>MO</b>	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	
<i>diphtheria-tetanus toxoids-ped</i> <b>MO</b>	3	
<i>tetanus diphtheria toxoids</i> <b>MO</b>	3	
THERACYS 81 MG VIAL <b>MO</b>	3	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	

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

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<i>bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet</i> <b>MO</b>	1	
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER <b>MO</b>	3	QL (10.7 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <b>MO</b>	3	PA,QL (120 per 30 days)
CAFERGOT 1 MG-100 MG TABLET <b>MO</b>	1	
CANTIL 25 MG TABLET <b>MO</b>	3	
<i>carisoprodol 250 mg tablet</i> <b>MO</b>	1	PA,QL (120 per 30 days)
<i>carisoprodol 350 mg tablet</i> <b>MO</b>	1	PA
<i>carisoprodol-aspirin-codein tb</i> <b>MO</b>	1	PA,QL (360 per 30 days)
<i>carisoprodol compound tab</i> <b>MO</b>	1	PA
<i>cevimeline hcl 30 mg capsule</i> <b>MO</b>	1	
CHANTIX 0.5 MG, 1 MG TABLET <b>MO</b>	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <b>MO</b>	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK <b>MO</b>	3	QL (56 per 28 days)
<i>chlorzoxazone 250 mg, 500 mg tablet</i> <b>MO</b>	1	PA
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 20 days)
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION <b>MO</b>	3	
<i>cyclobenzaprine 10 mg, 5 mg tablet</i> <b>MO</b>	1	PA
<i>cyclobenzaprine 7.5 mg tablet</i> <b>MO</b>	1	PA,QL (90 per 30 days)
D.H.E.45 1 MG/ML INJECTION SOLUTION <b>DL</b>	4	
DANTRIUM 20 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
DANTRIUM 25 MG, 50 MG CAPSULE <b>MO</b>	3	
<i>dantrolene sodium 100 mg, 25 mg, 50 mg cap</i> <b>MO</b>	1	
DIBENZYLIN 10 MG CAPSULE <b>DL</b>	4	
<i>dicyclomine 10 mg capsule</i> <b>MO</b>	1	
<i>dicyclomine 10 mg/5 ml, 10 mg/ml soln; dicyclomine 20 mg/2 ml vial</i> <b>MO</b>	1	
<i>dicyclomine 20 mg tablet</i> <b>MO</b>	1	
<i>dihydroergotamine 1 mg/ml am</i> <b>MO</b>	1	
<i>dihydroergotamine 4 mg/ml spry</i> <b>DL</b>	4	QL (8 per 30 days)
<i>dobutamine 12.5 mg/ml vial</i> <b>MO</b>	1	
<i>dobutamine 1 gm-d5w 250 ml; dobutamine 250 mg-d5w 250 ml; dobutamine 500 mg-d5w 250 ml</i> <b>MO</b>	1	
<i>donepezil hcl 10 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>donepezil hcl 10 mg, 23 mg, 5 mg, 5 mg tablet; donepezil hcl odt 10 mg, 23 mg, 5 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)

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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-INJECT 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, 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)
LEVOPHED 1 MG/ML INTRAVENOUS SOLUTION MO	3	

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LIORESAL 2,000 MCG/ML INTRATHECAL SOLUTION <b>DL</b>	4	B vs D
LIORESAL 50 MCG/ML, 500 MCG/ML INTRATHECAL SOLUTION <b>MO</b>	3	B vs D
LORZONE 375 MG, 750 MG TABLET <b>MO</b>	1	PA,QL (120 per 30 days)
MESTINON 60 MG TABLET <b>MO</b>	3	PA
MESTINON 60 MG/5 ML SYRUP <b>MO</b>	3	
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	
metaproterenol 10 mg, 20 mg tablet <b>MO</b>	1	
metaproterenol 10 mg/5 ml syr <b>MO</b>	1	
metaxall 800 mg tablet <b>MO</b>	1	PA,QL (120 per 30 days)
metaxalone 400 mg, 800 mg tablet <b>MO</b>	1	PA,QL (120 per 30 days)
methocarbamol 1,000 mg/10 ml <b>MO</b>	1	PA
methocarbamol 500 mg, 750 mg tablet <b>MO</b>	1	PA
methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb <b>MO</b>	1	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	1	
migergot 2 mg-100 mg rectal suppository <b>DL</b>	4	PA,QL (20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY <b>DL</b>	4	QL (8 per 30 days)
neostigmine 10 mg/10 ml vial; neostigmine 5 mg/10 ml vial <b>MO</b>	1	
NICOTROL 10 MG INHALATION CARTRIDGE <b>MO</b>	3	
NICOTROL NS 10 MG/ML NASAL SPRAY <b>MO</b>	3	
norepinephrine 1 mg/ml vial <b>MO</b>	1	
NORTHERA 100 MG, 200 MG CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE <b>DL</b>	4	PA,QL (180 per 30 days)
orphenadrine 30 mg/ml vial <b>MO</b>	1	
orphenadrine er 100 mg tablet <b>MO</b>	1	
PARAFON FORTE DSC 500 MG TABLET <b>MO</b>	3	PA
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <b>MO</b>	3	PA,QL (120 per 30 days)
phenoxybenzamine hcl 10 mg cap <b>DL</b>	4	
phentolamine 5 mg vial <b>MO</b>	1	
phenylephrine 10 mg/ml vial <b>MO</b>	1	
pilocarpine hcl 5 mg, 7.5 mg tablet <b>MO</b>	1	
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	ST,QL (36 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED <b>MO</b>	3	ST,QL (2 per 30 days)
propantheline 15 mg tablet <b>MO</b>	1	PA
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	ST,QL (36 per 30 days)
pyridostigmine br 60 mg tablet <b>MO</b>	1	
pyridostigmine er 180 mg tab <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RAPAFLO 4 MG, 8 MG CAPSULE <b>MO</b>	2	QL (30 per 30 days)
RAZADYNE 12 MG, 4 MG, 8 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION SOLUTION <b>MO</b>	3	
<i>revonto 20 mg intravenous solution</i> <b>MO</b>	1	
<i>rivastigmine 1.5 mg, 3 mg capsule</i> <b>MO</b>	1	QL (90 per 30 days)
<i>rivastigmine 4.5 mg, 6 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
ROBAXIN 100 MG/ML INJECTION SOLUTION <b>MO</b>	3	PA
ROBAXIN 500 MG TABLET <b>MO</b>	3	PA
ROBAXIN-750 750 MG TABLET <b>MO</b>	3	PA
ROBINUL 0.2 MG/ML INJECTION SOLUTION <b>MO</b>	3	
ROBINUL 1 MG TABLET <b>MO</b>	3	
ROBINUL FORTE 2 MG TABLET <b>MO</b>	3	PA
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET <b>MO</b>	3	
<i>scopolamine 0.4 mg/ml vial</i> <b>MO</b>	1	
SEEBRI NEOHALER 15.6 MCG CAPSULE WITH INHALATION DEVICE <b>MO</b>	3	PA,QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
SKELAXIN 800 MG TABLET <b>MO</b>	3	PA,QL (120 per 30 days)
SOMA 250 MG TABLET <b>MO</b>	3	PA,QL (120 per 30 days)
SOMA 350 MG TABLET <b>MO</b>	3	PA
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	2	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES <b>MO</b>	2	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	2	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	2	QL (4 per 30 days)
<i>tamsulosin hcl 0.4 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>terbutaline sulf 1 mg/ml vial</i> <b>DL</b>	4	
<i>terbutaline sulfate 2.5 mg, 5 mg tab</i> <b>MO</b>	1	
<i>tizanidine hcl 2 mg, 4 mg tablet</i> <b>MO</b>	1	
<i>tizanidine hcl 2 mg, 4 mg, 6 mg capsule</i> <b>MO</b>	1	ST
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED <b>MO</b>	3	QL (1 per 30 days)
URECHOLINE 10 MG, 25 MG, 5 MG, 50 MG TABLET <b>MO</b>	1	PA
UROXATRAL 10 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
UTIBRON NEOHALER 27.5 MCG-15.6 MCG CAPSULE WITH INHALATION DEVICE <b>MO</b>	3	PA,QL (60 per 30 days)
VAZCULEP 10 MG/ML INJECTION SOLUTION <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (36 per 30 days)
VOSPIRE ER 4 MG, 8 MG TABLET <b>MO</b>	1	PA
XOPENEX 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML SOLUTION FOR NEBULIZATION <b>MO</b>	3	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION <b>MO</b>	3	B vs D
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	ST,QL (30 per 30 days)
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE <b>MO</b>	3	ST
ZANAFLEX 4 MG TABLET <b>MO</b>	3	PA
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS</b>		
AGRYLIN 0.5 MG CAPSULE <b>MO</b>	3	PA
AMICAR 1,000 MG, 500 MG TABLET <b>DL</b>	4	
AMICAR 250 MG/ML (25 %) ORAL SOLUTION <b>DL</b>	4	
<i>aminocaproic acid 5 g/20 ml vial</i> <b>MO</b>	1	
<i>anagrelide hcl 0.5 mg, 1 mg capsule</i> <b>MO</b>	1	
ARANESP 10 MCG/0.4 ML, 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE <b>MO</b>	3	PA,QL (1.6 per 30 days)
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (2 per 30 days)
ARANESP 100 MCG/ML, 200 MCG/ML, 300 MCG/ML (IN POLYSORBATE) INJECTION <b>DL</b>	4	PA,QL (4 per 30 days)
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (1.2 per 30 days)
ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION <b>DL</b>	4	PA,QL (3 per 30 days)
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (1.6 per 30 days)
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE <b>MO</b>	3	PA,QL (1.68 per 30 days)
ARANESP 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (IN POLYSORBATE) INJECTION <b>MO</b>	3	PA,QL (4 per 30 days)
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (2.4 per 30 days)
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE <b>DL</b>	4	PA,QL (4 per 30 days)
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE <b>MO</b>	3	PA,QL (1.2 per 30 days)
<i>argatroban 250 mg/2.5 ml vial</i> <b>MO</b>	1	
ARIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (15 per 30 days)
ARIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE <b>DL</b>	4	PA,QL (18 per 30 days)
BEVYXXA 40 MG, 80 MG CAPSULE <b>MO</b>	3	PA,QL (41 per 41 days)
BRILINTA 60 MG, 90 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
CEPROTIN (BLUE BAR) 500 UNIT INTRAVENOUS SOLUTION <b>MO</b>	3	
CEPROTIN (GREEN BAR) 1,000 UNIT INTRAVENOUS SOLUTION <b>MO</b>	3	

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<i>cilostazol 100 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>clopidogrel 300 mg tablet</i> <b>MO</b>	1	
<i>clopidogrel 75 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET <b>MO</b>	3	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	PA
DEFITELIO 80 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
EFFIENT 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
ELIQUIS 5 MG TABLET <b>MO</b>	2	QL (74 per 30 days)
<i>enoxaparin 100 mg/ml, 150 mg/ml syringe</i> <b>MO</b>	1	QL (28 per 28 days)
<i>enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr</i> <b>MO</b>	1	QL (22.4 per 28 days)
<i>enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr</i> <b>MO</b>	1	QL (16.8 per 28 days)
<i>enoxaparin 300 mg/3 ml vial</i> <b>MO</b>	1	QL (84 per 28 days)
<i>enoxaparin 40 mg/0.4 ml syr</i> <b>MO</b>	1	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION <b>MO</b>	3	PA,QL (28 per 30 days)
<i>eptifibatide 200 mg/100 ml vl; eptifibatide 75 mg/100 ml vial</i> <b>MO</b>	1	
<i>fondaparinux 10 mg/0.8 ml syr</i> <b>DL</b>	4	QL (24 per 30 days)
<i>fondaparinux 2.5 mg/0.5 ml syr</i> <b>MO</b>	1	QL (15 per 30 days)
<i>fondaparinux 5 mg/0.4 ml syr</i> <b>DL</b>	4	QL (12 per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr</i> <b>DL</b>	4	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	QL (9 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (7 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (11.2 per 28 days)
<i>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 vl</i> <b>MO</b>	1	

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heparin sod 5,000 unit/ml syr <b>MO</b>	1	
heparin sod 5,000 unit/ml syrg <b>MO</b>	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 <b>MO</b>	1	
heparin-ns 1,000 unit/500 ml, 2,000 unit/1,000 ml; heparin-ns 1,000 units/500 ml <b>MO</b>	1	
heparin 25,000 unit/250-1/2 ns; heparin-1/2ns 12,500 units/250; heparin-1/2ns 25,000 units/500 <b>MO</b>	1	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml <b>MO</b>	1	
heparin sod 5,000 unit/0.5 ml <b>MO</b>	1	
INTEGRILIN 0.75 MG/ML, 2 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet <b>MO</b>	1	
KENREAL 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
LEUKINE 250 MCG SOLUTION FOR INJECTION <b>DL</b>	4	PA
LOVENOX 100 MG/ML, 150 MG/ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA,QL (28 per 28 days)
LOVENOX 120 MG/0.8 ML, 80 MG/0.8 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA,QL (22.4 per 28 days)
LOVENOX 30 MG/0.3 ML, 60 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA,QL (16.8 per 28 days)
LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	PA,QL (84 per 28 days)
LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA,QL (11.2 per 28 days)
LYSTEDA 650 MG TABLET <b>MO</b>	3	QL (30 per 5 days)
MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (1.2 per 28 days)
MIRCERA 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML, 6 MG/0.6ML WITH WEARABLE SUBCUTANEOUS INJECTOR <b>DL</b>	4	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (22.4 per 30 days)
pentoxifylline er 400 mg tab <b>MO</b>	1	
PLAVIX 300 MG TABLET <b>MO</b>	3	PA
PLAVIX 75 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
PLETAL 100 MG, 50 MG TABLET <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
<i>prasugrel 10 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION <b>MO</b>	3	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
<i>protamine 250 mg/25 ml vial</i> <b>MO</b>	1	
REOPRO 10 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	
RIASTAP 1 GRAM (900 MG-1,300 MG) INTRAVENOUS SOLUTION <b>MO</b>	3	
SAVAYSA 15 MG, 30 MG, 60 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
TNKASE 50 MG INTRAVENOUS KIT <b>DL</b>	4	
<i>tranexamic acid 1,000 mg/10 ml</i> <b>MO</b>	1	PA
<i>tranexamic acid 650 mg tablet</i> <b>MO</b>	1	QL (30 per 5 days)
<i>warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet</i> <b>MO</b>	1	
XARELTO 10 MG TABLET <b>MO</b>	2	QL (35 per 60 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK <b>MO</b>	2	QL (51 per 30 days)
XARELTO 15 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
XARELTO 20 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE <b>DL</b>	4	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<b>CARDIOVASCULAR DRUGS</b>		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET <b>MO</b>	3	
ACCURETIC 10 MG-12.5 MG TABLET; ACCURETIC 20 MG-12.5 MG TABLET; ACCURETIC 20 MG-25 MG TABLET <b>MO</b>	3	
<i>acebutolol 200 mg, 400 mg capsule</i> <b>MO</b>	1	
ACEON 4 MG, 8 MG TABLET <b>MO</b>	3	
ADALAT CC 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
ADCIRCA 20 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
ADENOCARD 3 MG/ML INTRAVENOUS SYRINGE <b>MO</b>	3	
<i>adenosine 12 mg/4 ml syringe</i> <b>MO</b>	1	
<i>adenosine 12 mg/4 ml vial</i> <b>MO</b>	1	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BENICAR HCT 20 MG-12.5 MG TABLET; BENICAR HCT 40 MG-12.5 MG TABLET; BENICAR HCT 40 MG-25 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET <b>MO</b>	3	PA
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET <b>MO</b>	3	PA
<i>betaxolol 10 mg, 20 mg tablet</i> <b>MO</b>	1	
BIDIL 20 MG-37.5 MG TABLET <b>MO</b>	2	QL (180 per 30 days)
<i>bisoprolol fumarate 10 mg, 5 mg tab</i> <b>MO</b>	1	
<i>bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb</i> <b>MO</b>	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	
BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV; BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV <b>MO</b>	3	
BYSTOLIC 10 MG TABLET <b>MO</b>	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
BYVALSON 5 MG-80 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
CADUET 10 MG-10 MG TABLET; CADUET 10 MG-20 MG TABLET; CADUET 10 MG-40 MG TABLET; CADUET 10 MG-80 MG TABLET; CADUET 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 <b>MO</b>	3	PA,QL (30 per 30 days)
CALAN 120 MG, 80 MG TABLET <b>MO</b>	3	
CALAN SR 120 MG, 180 MG, 240 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
<i>candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb</i> <b>MO</b>	1	QL (60 per 30 days)
<i>candesartan cilexetil 32 mg tb</i> <b>MO</b>	1	QL (30 per 30 days)
<i>candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb</i> <b>MO</b>	1	QL (30 per 30 days)
<i>captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet</i> <b>MO</b>	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET <b>MO</b>	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
CARDIZEM CD 300 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
CARDIZEM CD 360 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)

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CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET <b>MO</b>	3	
CARDURA XL 4 MG, 8 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release <b>MO</b>	1	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release <b>MO</b>	1	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet <b>MO</b>	1	
CATAPRES 0.1 MG, 0.2 MG, 0.3 MG TABLET <b>MO</b>	3	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	3	PA,QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	3	PA,QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	3	PA,QL (4 per 28 days)
cholestyramine packet; cholestyramine powder <b>MO</b>	1	
cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet <b>MO</b>	1	
CIALIS 2.5 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML INTRAVENOUS EMULSION <b>MO</b>	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch <b>MO</b>	1	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet <b>MO</b>	1	
clonidine hcl er 0.1 mg tablet <b>MO</b>	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 <b>MO</b>	1	
COLESTID 1 GRAM TABLET <b>MO</b>	3	
COLESTID 5 GRAM ORAL GRANULES <b>MO</b>	3	
COLESTID 5 GRAM ORAL PACKET <b>MO</b>	3	
COLESTID FLAVORED 5 GRAM ORAL GRANULES <b>MO</b>	3	
COLESTID FLAVORED 7.5 GRAM PACKET <b>MO</b>	3	
colestipol hcl granules <b>MO</b>	1	
colestipol hcl granules packet <b>MO</b>	1	
colestipol micronized 1 gm tab <b>MO</b>	1	
CORDARONE 200 MG TABLET <b>MO</b>	3	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET <b>MO</b>	3	PA
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
CORGARD 20 MG TABLET <b>MO</b>	3	
CORGARD 40 MG, 80 MG TABLET <b>MO</b>	3	PA
CORLANOR 5 MG, 7.5 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
CORVERT 0.1 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
CORZIDE 40 MG-5 MG TABLET; CORZIDE 80 MG-5 MG TABLET <b>MO</b>	3	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet</i> <b>MO</b>	1	
<i>enalaprilat 1.25 mg/ml vial</i> <b>MO</b>	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET <b>MO</b>	2	PA,QL (60 per 30 days)
EPANED 1 MG/ML, 1 MG/ML ORAL SOLUTION; EPANED 1 MG/ML, 1 MG/ML SOLUTION <b>MO</b>	3	
<i>eplerenone 25 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>eprosartan mesylate 600 mg tab</i> <b>MO</b>	1	QL (60 per 30 days)
<i>esmolol hcl 100 mg/10 ml vial</i> <b>MO</b>	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 <b>MO</b>	3	PA,QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 10 MG-160 MG-25 MG TABLET; EXFORGE HCT 10 MG-320 MG-25 MG TABLET; EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 5 MG-160 MG-25 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<i>ezetimibe 10 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> <b>MO</b>	1	PA,QL (30 per 30 days)
<i>felodipine er 10 mg, 2.5 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>fenofibrate 120 mg, 160 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>fenofibrate 150 mg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
<i>fenofibrate 40 mg, 54 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>fenofibrate 50 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>fenofibrate 130 mg, 43 mg capsule</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>fenofibrate 134 mg, 200 mg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
<i>fenofibrate 67 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>fenofibrate 145 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>fenofibrate 48 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>fenofibric acid 105 mg, 35 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>fenofibric acid dr 135 mg, 45 mg cap</i> <b>MO</b>	1	QL (30 per 30 days)
FENOGLIDE 120 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
FENOGLIDE 40 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>flecainide acetate 100 mg, 150 mg, 50 mg tab</i> <b>MO</b>	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION <b>MO</b>	3	ST,QL (150 per 30 days)
<i>fluvastatin er 80 mg tablet</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>fluvastatin sodium 20 mg, 40 mg cap</i> <b>MO</b>	1	ST,QL (60 per 30 days)

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<i>fosinopril sodium 10 mg, 20 mg, 40 mg tab</i> <b>MO</b>	1	
<i>fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab</i> <b>MO</b>	1	
<i>gemfibrozil 600 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
GONITRO 400 MCG SUBLINGUAL POWDER IN A PACKET <b>MO</b>	3	
<i>guanfacine 1 mg, 2 mg tablet</i> <b>MO</b>	1	PA
HEMANGEOL 4.28 MG/ML ORAL SOLUTION <b>MO</b>	3	
<i>hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>hydralazine 20 mg/ml vial</i> <b>MO</b>	1	
HYZAAR 100 MG-12.5 MG TABLET; HYZAAR 100 MG-25 MG TABLET; HYZAAR 50 MG-12.5 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
<i>ibutilide fum 1 mg/10 ml vial</i> <b>MO</b>	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	
INSPIRA 25 MG, 50 MG TABLET <b>MO</b>	3	PA
<i>irbesartan 150 mg, 300 mg, 75 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb</i> <b>MO</b>	1	QL (30 per 30 days)
<i>isochron 40 mg tablet,extended release</i> <b>MO</b>	1	
ISORDIL 40 MG TABLET <b>MO</b>	3	
ISORDIL TITRADOSE 5 MG TABLET <b>MO</b>	3	PA
<i>isosorbide dn 10 mg, 20 mg, 30 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>isosorbide dn er 40 mg tablet</i> <b>MO</b>	1	
<i>isosorbide mn 10 mg, 20 mg tablet</i> <b>MO</b>	1	
<i>isosorbide mn er 120 mg, 30 mg, 60 mg tab; isosorbide mn er 120 mg, 30 mg, 60 mg tablet</i> <b>MO</b>	1	
<i>isradipine 2.5 mg, 5 mg capsule</i> <b>MO</b>	1	
JUXTAPID 10 MG, 30 MG, 40 MG, 5 MG, 60 MG CAPSULE <b>DL</b>	4	PA,QL (28 per 28 days)
JUXTAPID 20 MG CAPSULE <b>DL</b>	4	PA,QL (84 per 28 days)
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4 per 28 days)
<i>labetalol hcl 100 mg, 200 mg, 300 mg tablet</i> <b>MO</b>	1	
<i>labetalol hcl 100 mg/20 ml vl</i> <b>MO</b>	1	
<i>labetalol hcl 20 mg/4 ml syr</i> <b>MO</b>	1	
LANOXIN 125 MCG, 62.5 MCG TABLET <b>MO</b>	3	QL (30 per 30 days)
LANOXIN 187.5 MCG, 250 MCG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
LANOXIN 250 MCG/ML INJECTION SOLUTION <b>MO</b>	3	PA
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION <b>MO</b>	3	PA

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab <b>MO</b>	1	
metoprolol 1 mg/ml carpuject <b>MO</b>	1	
metoprolol tart 5 mg/5 ml vial <b>MO</b>	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 <b>MO</b>	1	
mexiletine 150 mg, 200 mg, 250 mg capsule <b>MO</b>	1	
MICARDIS 20 MG, 40 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
MICARDIS 80 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
MICARDIS HCT 40 MG-12.5 MG TABLET; MICARDIS HCT 80 MG-25 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
MICARDIS HCT 80 MG-12.5 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
milrinone lact 20 mg/20 ml vl <b>MO</b>	1	
milrinone-d5w 20 mg/100 ml; milrinone-d5w 40 mg/200 ml <b>MO</b>	1	
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE <b>MO</b>	3	
minoxidil 10 mg, 2.5 mg tablet <b>MO</b>	1	
moexipril hcl 15 mg, 7.5 mg tablet <b>MO</b>	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 <b>MO</b>	1	
MULTAQ 400 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet <b>MO</b>	1	
nadolol-bendroflu 40-5 mg, 80-5 mg tab <b>MO</b>	1	
NATRECOR 1.5 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	
niacin er 1,000 mg, 500 mg, 750 mg tablet <b>MO</b>	1	
niacor 500 mg tablet <b>MO</b>	1	
NIASPAN 1,000 MG, 500 MG, 750 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA
nicardipine 20 mg, 30 mg capsule <b>MO</b>	1	
nicardipine 25 mg/10 ml ampule <b>MO</b>	1	
nifedical xl 30 mg, 60 mg tablet <b>MO</b>	1	QL (60 per 30 days)
nifedipine 10 mg, 20 mg capsule <b>MO</b>	1	
nifedipine er 30 mg, 30 mg, 60 mg, 60 mg, 90 mg, 90 mg tablet <b>MO</b>	1	QL (60 per 30 days)
nimodipine 30 mg capsule <b>MO</b>	1	
nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
nisoldipine er 25.5 mg, 30 mg tablet <b>MO</b>	1	QL (60 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT <b>MO</b>	1	

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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 <b>MO</b>	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR, 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	3	
NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	3	QL (60 per 30 days)
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch</i> <b>MO</b>	1	QL (30 per 30 days)
<i>nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl</i> <b>MO</b>	1	
<i>nitroglycerin 0.4 mg/hr patch</i> <b>MO</b>	1	QL (60 per 30 days)
<i>nitroglycerin 400 mcg spray</i> <b>MO</b>	1	
<i>nitroglycerin 5 mg/ml vial</i> <b>MO</b>	1	
<i>nitroglycerin lingual 0.4 mg</i> <b>MO</b>	1	
<i>ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w</i> <b>MO</b>	1	
NITROLINGUAL 400 MCG/SPRAY <b>MO</b>	3	
NITROMIST 400 MCG/SPRAY TRANSLINGUAL AEROSOL <b>MO</b>	3	
NITRONAL 25 MG/25 ML AMPULE <b>MO</b>	3	
NITROPRESS 25 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	1	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET <b>MO</b>	2	
NORPACE 100 MG, 150 MG CAPSULE <b>MO</b>	3	
NORPACE CR 100 MG, 150 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	
NORVASC 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	3	PA
NYMALIZE 30 MG/10 ML ORAL SOLUTION <b>DL</b>	4	QL (1260 per 28 days)
NYMALIZE 60 MG/20 ML ORAL SOLUTION <b>DL</b>	4	QL (2838 per 28 days)
<i>olmesartan medoxomil 20 mg, 40 mg, 5 mg tab</i> <b>MO</b>	1	QL (30 per 30 days)
<i>olmsrtn-amldpn-hctz 20-5-12.5; olmsrtn-amldpn-hctz 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg; olmsrtn-amldpn-hctz 40-10-12.5; olmsrtn-amldpn-hctz 40-10-25mg; olmsrtn-amldpn-hctz 40-5-12.5</i> <b>MO</b>	1	QL (30 per 30 days)
<i>olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab</i> <b>MO</b>	1	QL (30 per 30 days)
<i>omega-3 ethyl esters 1 gm cap</i> <b>MO</b>	1	QL (120 per 30 days)
PACERONE 100 MG, 400 MG TABLET <b>MO</b>	1	
<i>pacerone 200 mg tablet</i> <b>MO</b>	1	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg tab</i> <b>MO</b>	1	
PERSANTINE 25 MG, 50 MG, 75 MG TABLET <b>MO</b>	3	PA
<i>pindolol 10 mg, 5 mg tablet</i> <b>MO</b>	1	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (2 per 28 days)
PRALUENT 150 MG/ML, 75 MG/ML SYRINGE <b>DL</b>	4	PA,QL (2 per 28 days)
PRAVACHOL 20 MG, 80 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRAVACHOL 40 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
pravastatin sodium 10 mg, 20 mg, 80 mg tab <b>MO</b>	1	QL (30 per 30 days)
pravastatin sodium 40 mg tab <b>MO</b>	1	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule <b>MO</b>	1	
PRESTALIA 14 MG-10 MG TABLET; PRESTALIA 3.5 MG-2.5 MG TABLET; PRESTALIA 7 MG-5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet <b>MO</b>	1	
PRINIVIL 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	
procainamide 100 mg/ml, 500 mg/ml vial <b>MO</b>	1	
PROCARDIA 10 MG CAPSULE <b>MO</b>	3	PA
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	1	
propafenone hcl er 225 mg, 325 mg, 425 mg cap <b>MO</b>	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 <b>MO</b>	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet <b>MO</b>	1	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule <b>MO</b>	1	
propranolol-hctz 40-25 mg, 80-25 mg tab <b>MO</b>	1	
QBRELIS 1 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (1200 per 30 days)
QUESTRAN 4 GRAM, 4 GRAM ORAL POWDER; QUESTRAN 4 GRAM, 4 GRAM POWDER FOR SUSP IN A PACKET <b>MO</b>	1	
QUESTRAN LIGHT 4 GRAM ORAL POWDER <b>MO</b>	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet <b>MO</b>	1	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab <b>MO</b>	1	
quinidine gluc 80 mg/ml vial <b>MO</b>	1	
quinidine gluc er 324 mg tab <b>MO</b>	1	
quinidine sulfate 200 mg, 300 mg tab <b>MO</b>	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule <b>MO</b>	1	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	ST,QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR <b>DL</b>	4	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3 per 28 days)
reserpine 0.1 mg tablet <b>MO</b>	1	QL (30 per 30 days)
reserpine 0.25 mg tablet <b>MO</b>	1	PA,QL (30 per 30 days)
REVATIO 10 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REVATIO 20 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab <b>MO</b>	1	QL (30 per 30 days)
RYTHMOL 150 MG, 225 MG TABLET <b>MO</b>	3	PA
RYTHMOL SR 225 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA
RYTHMOL SR 325 MG, 425 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA
SECTRAL 200 MG, 400 MG CAPSULE <b>MO</b>	3	PA
sildenafil 20 mg tablet <b>MO</b>	1	PA,QL (90 per 30 days)
SIMCOR 1,000-20 MG, 500-20 MG, 750-20 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
SIMCOR 1,000-40 MG, 500-40 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet <b>MO</b>	1	QL (30 per 30 days)
sodium nitroprusside 50 mg/2ml <b>MO</b>	1	
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet <b>MO</b>	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet <b>MO</b>	1	
sotalol hcl 150 mg/10 ml vial <b>MO</b>	1	
sotalol of 120 mg, 160 mg, 80 mg tablet <b>MO</b>	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION <b>MO</b>	3	
spironolactone-hctz 25-25 tab <b>MO</b>	1	
spironolactone 100 mg, 25 mg, 50 mg tablet <b>MO</b>	1	
SULAR 17 MG, 34 MG, 8.5 MG TABLET,EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	3	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release <b>MO</b>	1	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release <b>MO</b>	1	QL (30 per 30 days)
TEKURNA 150 MG, 300 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TEKURNA HCT 150 MG-12.5 MG TABLET; TEKURNA HCT 150 MG-25 MG TABLET; TEKURNA HCT 300 MG-12.5 MG TABLET; TEKURNA HCT 300 MG-25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet <b>MO</b>	1	QL (30 per 30 days)
telmisartan 80 mg tablet <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	1	ST,QL (30 per 30 days)
telmisartan-hctz 80-12.5 mg tb <b>MO</b>	1	ST,QL (60 per 30 days)
TENEX 1 MG, 2 MG TABLET <b>MO</b>	3	PA
TENORETIC 100 100 MG-25 MG TABLET <b>MO</b>	3	
TENORETIC 50 50 MG-25 MG TABLET <b>MO</b>	3	PA

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TENORMIN 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule <b>MO</b>	1	
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
TIKOSYN 125 MCG CAPSULE <b>MO</b>	3	PA,QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE <b>MO</b>	3	PA,QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet <b>MO</b>	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
trandolapril 1 mg, 2 mg, 4 mg tablet <b>MO</b>	1	
trandolapr-verapam er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg <b>MO</b>	1	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-25 MG TABLET; TRIBENZOR 40 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-5 MG-25 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
TRICOR 145 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
TRICOR 48 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
TRIGLIDE 160 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
triklo 1 gram capsule <b>MO</b>	1	QL (120 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
TWYNSTA 40 MG-10 MG TABLET; TWYNSTA 40 MG-5 MG TABLET; TWYNSTA 80 MG-10 MG TABLET; TWYNSTA 80 MG-5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet <b>MO</b>	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 <b>MO</b>	1	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE <b>MO</b>	3	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE <b>MO</b>	3	QL (120 per 30 days)
VASERETIC 10 MG-25 MG TABLET <b>MO</b>	3	
VASOTEC 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	PA
VASOTEC 2.5 MG TABLET <b>MO</b>	3	
vecamyl 2.5 mg tablet <b>DL</b>	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 <b>MO</b>	1	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet <b>MO</b>	1	
verapamil 2.5 mg/ml ampul <b>MO</b>	1	
verapamil 2.5 mg/ml syringe <b>MO</b>	1	
verapamil er 120 mg, 180 mg, 240 mg tablet <b>MO</b>	1	
verapamil er pm 100 mg, 300 mg capsule <b>MO</b>	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>verapamil er pm 200 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
VERELAN 120 MG, 180 MG, 240 MG, 360 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
VERELAN PM 100 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	PA, QL (30 per 30 days)
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	PA, QL (60 per 30 days)
VYTORIN 10 MG-10 MG TABLET <b>MO</b>	3	PA, QL (30 per 30 days)
VYTORIN 10 MG-20 MG TABLET <b>MO</b>	3	PA, QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET <b>MO</b>	3	PA, QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET <b>MO</b>	3	PA, QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET <b>MO</b>	2	
WELCHOL 625 MG TABLET <b>MO</b>	2	
XYLOCAINE (CARDIAC) (PF) 20 MG/ML (2 %) INTRAVENOUS SOLUTION <b>MO</b>	3	
ZEBETA 10 MG, 5 MG TABLET <b>MO</b>	3	
ZESTORETIC 10 MG-12.5 MG TABLET; ZESTORETIC 20 MG-12.5 MG TABLET; ZESTORETIC 20 MG-25 MG TABLET <b>MO</b>	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET <b>MO</b>	3	
ZETIA 10 MG TABLET <b>MO</b>	3	PA, QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TABLET; ZIAC 2.5 MG-6.25 MG TABLET; ZIAC 5 MG-6.25 MG TABLET <b>MO</b>	3	PA
ZOCOR 10 MG, 20 MG, 40 MG, 5 MG, 80 MG TABLET <b>MO</b>	3	PA, QL (30 per 30 days)
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE <b>DL</b>	4	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, EXTENDED REL. INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1 per 28 days)
ABSTRAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG SUBLINGUAL TABLET <b>DL</b>	4	PA, QL (128 per 30 days)
<i>acamprosate calc dr 333 mg tab</i> <b>MO</b>	1	
<i>acetamin-caff-dihydrocod 320.5</i> <b>DL</b>	1	QL (300 per 30 days)
<i>acetamin-caff-dihydrocod 325</i> <b>DL</b>	1	QL (300 per 30 days)
<i>acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5</i> <b>DL</b>	1	QL (2700 per 30 days)
<i>acetaminophen-cod #2 tablet</i> <b>DL</b>	1	QL (390 per 30 days)
<i>acetaminophen-cod #3 tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>acetaminophen-cod #4 tablet</i> <b>DL</b>	1	QL (180 per 30 days)
ACTIQ 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG LOZENGE ON A HANDLE <b>DL</b>	4	PA, QL (120 per 30 days)
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	1	PA, QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADDERALL 30 MG TABLET <b>MO</b>	1	PA,QL (60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	3	QL (30 per 30 days)
ALFENTANIL 500 MCG/ML AMPULE <b>DL</b>	1	QL (450 per 30 days)
ALLZITAL 25 MG-325 MG TABLET <b>MO</b>	1	PA,QL (360 per 30 days)
almotriptan malate 12.5 mg, 6.25 mg tab <b>MO</b>	1	QL (9 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet <b>MO</b>	1	QL (120 per 30 days)
alprazolam 2 mg tablet <b>MO</b>	1	QL (150 per 30 days)
alprazolam er 0.5 mg, 1 mg, 2 mg, 3 mg tablet <b>MO</b>	1	QL (60 per 30 days)
alprazolam odt 0.25 mg, 0.5 mg, 1 mg, 2 mg tab <b>MO</b>	1	
alprazolam intensol 1 mg/ml oral concentrate <b>MO</b>	1	
amantadine 100 mg capsule <b>MO</b>	1	
amantadine 100 mg tablet <b>MO</b>	1	
amantadine 50 mg/5 ml solution <b>MO</b>	1	
AMBIEN 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (90 per 365 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (90 per 365 days)
AMERGE 1 MG, 2.5 MG TABLET <b>MO</b>	3	PA,QL (9 per 30 days)
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab <b>MO</b>	1	PA
chlordiazepo-amitriptyl 5-12.5; chlordiazepox-amitriptyl 10-25 <b>MO</b>	1	PA
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet <b>MO</b>	1	PA
AMYTAL 500 MG SOLUTION FOR INJECTION <b>MO</b>	3	PA
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE <b>MO</b>	3	PA
ANAPROX 275 MG TABLET <b>MO</b>	3	
ANAPROX DS 550 MG TABLET <b>MO</b>	3	
ALENZIN 174 MG, 348 MG, 522 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (30 per 30 days)
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE <b>DL</b>	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 <b>MO</b>	3	QL (30 per 30 days)
APTIOM 200 MG, 400 MG, 800 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
APTIOM 600 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
aripiprazole 1 mg/ml solution <b>MO</b>	1	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet <b>MO</b>	1	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (1.6 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	4	QL (3.2 per 28 days)
<i>armodafinil 150 mg, 200 mg, 250 mg tablet</i> <b>MO</b>	1	PA,QL (30 per 30 days)
<i>armodafinil 50 mg tablet</i> <b>MO</b>	1	PA,QL (60 per 30 days)
ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED <b>MO</b>	3	PA
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED <b>MO</b>	3	PA
<i>ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule</i> <b>DL</b>	1	PA,QL (360 per 30 days)
<i>aspirin-caff-dihydrocodein cap</i> <b>DL</b>	1	QL (330 per 30 days)
<i>astramorph-pf 0.5 mg/ml injection solution</i> <b>DL</b>	1	QL (7200 per 30 days)
<i>astramorph-pf 1 mg/ml injection solution</i> <b>DL</b>	1	QL (3600 per 30 days)
ATIVAN 0.5 MG, 1 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
ATIVAN 2 MG TABLET <b>MO</b>	3	PA,QL (150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML INJECTION SOLUTION <b>MO</b>	3	PA
<i>atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule</i> <b>MO</b>	1	PA,QL (60 per 30 days)
<i>atomoxetine hcl 100 mg, 60 mg, 80 mg capsule</i> <b>MO</b>	1	PA,QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
AXERT 12.5 MG, 6.25 MG TABLET <b>MO</b>	3	ST,QL (9 per 30 days)
AZILECT 0.5 MG, 1 MG TABLET <b>MO</b>	3	PA
BANZEL 200 MG TABLET <b>DL</b>	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM <b>DL</b>	3	ST,QL (60 per 30 days)
<i>belladonna-opium 16.2-60 supp</i> <b>DL</b>	1	PA,QL (120 per 30 days)
<i>belladonna-opium 16.2 mg-30 mg rectal suppository</i> <b>DL</b>	1	PA,QL (120 per 30 days)
BELSOMRA 10 MG, 15 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>benztropine 2 mg/2 ml ampule</i> <b>MO</b>	1	
<i>benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	1	PA
BRISDELLE 7.5 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	3	PA
<i>bromocriptine 2.5 mg tablet</i> <b>MO</b>	1	
<i>bromocriptine 5 mg capsule</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BUNAVAIL 2.1 MG-0.3 MG BUCCAL FILM; BUNAVAIL 4.2 MG-0.7 MG BUCCAL FILM; BUNAVAIL 6.3 MG-1 MG BUCCAL FILM <b>MO</b>	3	PA,QL (60 per 30 days)
<i>bupap 50 mg-300 mg tablet</i> <b>MO</b>	1	PA,QL (180 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION SOLUTION <b>DL</b>	4	QL (240 per 30 days)
<i>buprenorphine 10 mcg/hr patch; buprenorphine 15 mcg/hr patch; buprenorphine 20 mcg/hr patch; buprenorphine 5 mcg/hr patch; buprenorphine 7.5 mcg/hr patch</i> <b>DL</b>	1	ST,QL (4 per 28 days)
<i>buprenorphine 0.3 mg/ml syring</i> <b>DL</b>	1	QL (240 per 30 days)
<i>buprenorphine 2 mg, 8 mg tablet sl</i> <b>MO</b>	1	PA,QL (90 per 30 days)
<i>buprenorphin-naloxon 2-0.5 mg, 8-2 mg sl; buprenorphin-naloxon 2-0.5 mg, 8-2 mg sl</i> <b>MO</b>	3	PA,QL (90 per 30 days)
<i>buproban 150 mg tablet</i> <b>MO</b>	1	QL (90 per 30 days)
<i>bupropion hcl 100 mg, 75 mg tablet</i> <b>MO</b>	1	QL (180 per 30 days)
<i>bupropion hcl sr 100 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
<i>bupropion hcl sr 150 mg tablet</i> <b>MO</b>	1	QL (90 per 30 days)
<i>bupropion hcl sr 200 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>bupropion hcl xl 150 mg tablet</i> <b>MO</b>	1	QL (90 per 30 days)
<i>bupropion hcl xl 300 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>bupropion hcl sr 150 mg tablet</i> <b>MO</b>	1	QL (90 per 30 days)
<i>buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet</i> <b>MO</b>	1	
<i>butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule</i> <b>DL</b>	1	PA,QL (360 per 30 days)
<i>butalb-acetaminoph-caff-codein</i> <b>DL</b>	1	PA,QL (180 per 30 days)
<i>butalb-caff-acetaminoph-codein</i> <b>DL</b>	1	PA,QL (360 per 30 days)
<i>butalbital-acetaminophen 50-300; butalbital-acetaminophen 50-325</i> <b>MO</b>	1	PA,QL (180 per 30 days)
<i>butalb-acetamin-caff 50-300-40; butalbital-acetaminophen-caff cp</i> <b>MO</b>	1	PA,QL (180 per 30 days)
<i>butalb-acetamin-caff 50-325-40</i> <b>MO</b>	1	PA,QL (180 per 30 days)
<i>butalb-aspirin-caffe 50-325-40</i> <b>MO</b>	1	PA,QL (180 per 30 days)
<i>butalbital-asa-caffeine cap</i> <b>MO</b>	1	PA,QL (180 per 30 days)
BUTISOL 30 MG TABLET <b>MO</b>	3	PA
<i>butorphanol 1 mg/ml vial</i> <b>DL</b>	1	QL (960 per 30 days)
<i>butorphanol 10 mg/ml spray</i> <b>DL</b>	1	QL (5 per 28 days)
<i>butorphanol 2 mg/ml vial</i> <b>DL</b>	1	QL (480 per 30 days)
BUTRANS 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR TRANSDERMAL PATCH <b>DL</b>	3	ST,QL (4 per 28 days)
<i>cabergoline 0.5 mg tablet</i> <b>MO</b>	1	QL (16 per 28 days)
CAFCIT 60 MG/3 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>caffeine-sod benzoat 250 mg/ml</i> <b>MO</b>	1	
CALDOLOR 400 MG/4 ML (100 MG/ML), 800 MG/8 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CAMBIA 50 MG ORAL POWDER PACKET <b>MO</b>	3	ST,QL (9 per 30 days)
<i>capacet 50 mg-325 mg-40 mg capsule</i> <b>MO</b>	1	PA,QL (180 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION <b>DL</b>	1	QL (2700 per 30 days)
<i>carbamazepine 100 mg tab chew</i> <b>MO</b>	1	
<i>carbamazepine 100 mg/5 ml susp</i> <b>MO</b>	1	
<i>carbamazepine 200 mg tablet</i> <b>MO</b>	1	
<i>carbamazepine er 100 mg, 200 mg, 300 mg cap</i> <b>MO</b>	1	
<i>carbamazepine er 100 mg, 400 mg tablet</i> <b>MO</b>	1	
<i>carbamazepine er 200 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	
<i>carbidopa 25 mg tablet</i> <b>MO</b>	1	
<i>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</i> <b>MO</b>	1	
<i>carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab</i> <b>MO</b>	1	
<i>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</i> <b>MO</b>	1	
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
<i>celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
CELEXA 10 MG, 40 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
CELEXA 20 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
CELONTIN 300 MG CAPSULE <b>MO</b>	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML INJECTION SOLUTION <b>MO</b>	3	
<i>chlordiazepoxide 10 mg, 25 mg, 5 mg capsule</i> <b>MO</b>	1	PA,QL (120 per 30 days)
<i>chlorpromazine 10 mg, 25 mg tablet</i> <b>MO</b>	1	B vs D
<i>chlorpromazine 100 mg, 200 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>chlorpromazine 25 mg/ml amp</i> <b>MO</b>	1	
<i>citalopram hbr 10 mg, 40 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>citalopram hbr 10 mg/5 ml soln</i> <b>MO</b>	1	
<i>citalopram hbr 20 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>clomipramine 25 mg, 50 mg, 75 mg capsule</i> <b>MO</b>	1	

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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 <b>MO</b>	1	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet <b>MO</b>	1	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet <b>MO</b>	1	
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet <b>MO</b>	1	PA
CLOZARIL 100 MG, 25 MG TABLET <b>MO</b>	3	
codeine sulfate 15 mg, 30 mg tablet <b>DL</b>	1	QL (360 per 30 days)
codeine sulfate 60 mg tablet <b>DL</b>	1	QL (180 per 30 days)
asa-butalb-coff-cod #3 capsule <b>DL</b>	1	PA,QL (360 per 30 days)
COGENTIN 2 MG/2 ML INJECTION SOLUTION <b>MO</b>	3	
COMTAN 200 MG TABLET <b>DL</b>	4	PA,QL (300 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
CONCERTA 36 MG TABLET,EXTENDED RELEASE <b>MO</b>	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) <b>DL</b>	3	ST,QL (30 per 30 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET <b>MO</b>	3	QL (30 per 30 days)
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET <b>MO</b>	3	QL (60 per 30 days)
CYCLOSET 0.8 MG TABLET <b>MO</b>	3	PA,QL (180 per 30 days)
CYMBALTA 20 MG, 30 MG, 60 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	QL (60 per 30 days)
DAYPRO 600 MG TABLET <b>MO</b>	3	
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR DAILY PATCH <b>MO</b>	3	QL (30 per 30 days)
DEMEROL 100 MG TABLET <b>DL</b>	3	PA,QL (360 per 30 days)
DEMEROL 100 MG/ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (360 per 30 days)
DEMEROL 50 MG TABLET <b>DL</b>	3	PA,QL (480 per 30 days)
DEMEROL 50 MG/ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (720 per 30 days)
DEMEROL (PF) 100 MG/2 ML, 100 MG/ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (360 per 30 days)
DEMEROL (PF) 100 MG/ML INJECTION SYRINGE <b>DL</b>	3	PA,QL (360 per 30 days)
DEMEROL (PF) 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (720 per 30 days)
DEMEROL (PF) 25 MG/ML INJECTION SYRINGE <b>DL</b>	3	PA,QL (1440 per 30 days)
DEMEROL (PF) 50 MG/ML INJECTION SYRINGE <b>DL</b>	3	PA,QL (720 per 30 days)
DEMEROL (PF) 75 MG/ML INJECTION SYRINGE <b>DL</b>	3	PA,QL (480 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEPACON 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	
DEPAKENE 250 MG CAPSULE <b>MO</b>	3	
DEPAKENE 250 MG/5 ML ORAL SOLUTION <b>MO</b>	3	
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DELAYED RELEASE <b>MO</b>	3	
DEPAKOTE ER 250 MG, 500 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet <b>MO</b>	1	PA
DESOXYN 5 MG TABLET <b>DL</b>	4	PA, QL (150 per 30 days)
desvenlafaxine er 100 mg, 50 mg tab <b>MO</b>	3	QL (30 per 30 days)
desvenlafaxine er 100 mg, 50 mg tab; desvenlafaxine er 100 mg, 50 mg tablet <b>MO</b>	1	ST, QL (30 per 30 days)
desvenlafaxine fum er 100 mg, 50 mg <b>MO</b>	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 <b>MO</b>	1	QL (30 per 30 days)
DEXEDRINE 10 MG TABLET <b>MO</b>	1	QL (180 per 30 days)
DEXEDRINE 5 MG TABLET <b>MO</b>	1	QL (150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE, EXTENDED RELEASE <b>DL</b>	4	PA, QL (180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE, EXTENDED RELEASE <b>DL</b>	4	PA, QL (120 per 30 days)
DEXEDRINE SPANSULE 5 MG CAPSULE, EXTENDED RELEASE <b>DL</b>	4	PA, QL (60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab <b>MO</b>	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 <b>MO</b>	1	QL (30 per 30 days)
d-amphetamine er 10 mg capsule <b>MO</b>	1	QL (180 per 30 days)
d-amphetamine er 15 mg capsule <b>MO</b>	1	QL (120 per 30 days)
d-amphetamine er 5 mg capsule <b>MO</b>	1	QL (60 per 30 days)
dextroamphetamine 10 mg tab <b>MO</b>	1	QL (180 per 30 days)
dextroamphetamine 5 mg tab <b>MO</b>	1	QL (150 per 30 days)
dextroamphetamine 5 mg/5 ml <b>MO</b>	1	QL (1800 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap <b>MO</b>	1	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap <b>MO</b>	1	QL (60 per 30 days)
dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab <b>MO</b>	1	QL (90 per 30 days)
dextroamp-amphetamin 30 mg tab <b>MO</b>	1	QL (60 per 30 days)
DIASTAT 2.5 MG RECTAL KIT <b>MO</b>	3	

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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 <b>MO</b>	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 <b>MO</b>	1	
diazepam 10 mg tablet <b>MO</b>	1	QL (120 per 30 days)
diazepam 10 mg/2 ml carpject <b>MO</b>	1	
diazepam 2 mg, 5 mg tablet <b>MO</b>	1	QL (90 per 30 days)
diazepam 5 mg/5 ml oral soln; diazepam 5 mg/5 ml solution <b>MO</b>	1	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc <b>MO</b>	1	QL (240 per 30 days)
diazepam 5 mg/ml vial <b>MO</b>	1	
diazepam intensol 5 mg/ml oral concentrate <b>MO</b>	1	QL (240 per 30 days)
diclofenac pot 50 mg tablet <b>MO</b>	1	
diclofenac 1.5% topical soln <b>MO</b>	1	
diclofenac sod ec 25 mg, 50 mg, 75 mg tab <b>MO</b>	1	
diclofenac sod er 100 mg tab <b>MO</b>	1	
diclofenac-misoprost 50-200 tb; diclofenac-misoprost 75-200 tb <b>MO</b>	1	
diflunisal 500 mg tablet <b>MO</b>	1	
DILANTIN 30 MG CAPSULE <b>MO</b>	3	
DILANTIN EXTENDED 100 MG CAPSULE <b>MO</b>	3	
DILANTIN INFATABS 50 MG CHEWABLE TABLET <b>MO</b>	3	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
DILAUDID 1 MG/ML ORAL LIQUID <b>DL</b>	3	PA,QL (2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET <b>DL</b>	3	PA,QL (360 per 30 days)
DILAUDID 8 MG TABLET <b>DL</b>	3	PA,QL (240 per 30 days)
DILAUDID 4 MG/ML AMPUL <b>DL</b>	3	PA,QL (180 per 30 days)
DILAUDID-HP 10 MG/ML AMPUL <b>DL</b>	3	PA,QL (144 per 30 days)
divalproex dr 125 mg cap sprnk <b>MO</b>	1	
divalproex sod dr 125 mg, 250 mg, 500 mg tab <b>MO</b>	1	
divalproex sod er 250 mg, 500 mg tab <b>MO</b>	1	
DOLOPHINE 10 MG TABLET <b>DL</b>	3	QL (240 per 30 days)
DOLOPHINE 5 MG TABLET <b>DL</b>	3	QL (480 per 30 days)
DOPRAM 20 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
DORAL 15 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule <b>MO</b>	1	PA
doxepin 10 mg/ml oral conc <b>MO</b>	1	PA
droperidol 2.5 mg/ml vial <b>MO</b>	1	
DUEXIS 800 MG-26.6 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)

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<i>duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap</i> <b>MO</b>	1	QL (60 per 30 days)
DUOPA 4.63 MG-20 MG/ML SUSPENSION IN J-TUBE PUMP <b>DL</b>	4	PA,QL (2800 per 28 days)
DURAGESIC 100 MCG/HR, 50 MCG/HR, 75 MCG/HR TRANSDERMAL PATCH <b>DL</b>	4	PA,QL (20 per 30 days)
DURAGESIC 12 MCG/HR, 25 MCG/HR TRANSDERMAL PATCH <b>DL</b>	3	PA,QL (20 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION <b>DL</b>	3	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION <b>DL</b>	3	QL (3600 per 30 days)
DYLOJECT 37.5 MG/ML VIAL <b>MO</b>	3	
EC-NAPROSYN 375 MG, 500 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA
EDLUAR 10 MG, 5 MG SUBLINGUAL TABLET <b>MO</b>	3	QL (90 per 365 days)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (90 per 30 days)
ELDEPRYL 5 MG CAPSULE <b>MO</b>	3	PA
<i>eletriptan hbr 20 mg, 40 mg tablet</i> <b>MO</b>	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 <b>DL</b>	2	QL (60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH <b>DL</b>	4	QL (30 per 30 days)
<i>endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>entacapone 200 mg tablet</i> <b>MO</b>	1	QL (300 per 30 days)
<i>epitol 200 mg tablet</i> <b>MO</b>	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	
<i>escitalopram 10 mg tablet</i> <b>MO</b>	1	QL (45 per 30 days)
<i>escitalopram 20 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>escitalopram oxalate 5 mg/5 ml</i> <b>MO</b>	1	QL (600 per 30 days)
ESGIC 50 MG-325 MG-40 MG CAPSULE <b>MO</b>	1	PA,QL (180 per 30 days)
ESGIC 50 MG-325 MG-40 MG TABLET <b>MO</b>	1	PA,QL (180 per 30 days)
<i>estazolam 1 mg, 2 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>eszopiclone 1 mg, 2 mg, 3 mg tablet</i> <b>MO</b>	1	PA,QL (90 per 365 days)
<i>ethosuximide 250 mg capsule</i> <b>MO</b>	1	
<i>ethosuximide 250 mg/5 ml soln</i> <b>MO</b>	1	
<i>etodolac 200 mg, 300 mg capsule</i> <b>MO</b>	1	
<i>etodolac 400 mg, 500 mg tablet</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>etodolac er 400 mg, 500 mg, 600 mg tablet</i> <b>MO</b>	1	
EVEKEO 10 MG, 5 MG TABLET <b>MO</b>	1	QL (90 per 30 days)
EVZIO 0.4 MG/0.4 ML, 2 MG/0.4 ML INJECTION,AUTO-INJECTOR <b>DL</b>	4	PA,QL (0.8 per 30 days)
EXALGO ER 12 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (180 per 30 days)
EXALGO ER 16 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (120 per 30 days)
EXALGO ER 32 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
EXALGO ER 8 MG TABLET,EXTENDED RELEASE <b>DL</b>	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 <b>MO</b>	3	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 6 MG, 8 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
FAZACLO 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG DISINTEGRATING TABLET <b>MO</b>	3	PA
<i>felbamate 400 mg, 600 mg tablet</i> <b>MO</b>	1	
<i>felbamate 600 mg/5 ml susp</i> <b>MO</b>	4	
FELBATOL 400 MG, 600 MG TABLET <b>DL</b>	4	
FELBATOL 600 MG/5 ML ORAL SUSPENSION <b>DL</b>	4	
FELDENE 10 MG, 20 MG CAPSULE <b>MO</b>	3	
<i>fenoprofen 200 mg, 400 mg capsule</i> <b>MO</b>	1	
<i>fenoprofen 600 mg tablet</i> <b>MO</b>	1	
<i>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</i> <b>DL</b>	1	QL (20 per 30 days)
<i>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</i> <b>DL</b>	4	PA,QL (120 per 30 days)
<i>fentanyl 100 mcg/2 ml ampul</i> <b>DL</b>	1	QL (720 per 30 days)
<i>fentanyl 100 mcg/2 ml syringe</i> <b>DL</b>	1	QL (720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG BUCCAL TABLET, EFFERVESCENT <b>DL</b>	4	PA,QL (120 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK <b>MO</b>	3	PA,QL (28 per 28 days)
<i>floricet 50 mg-300 mg-40 mg capsule</i> <b>MO</b>	1	PA,QL (180 per 30 days)
FIORICET-COD 50-300-40-30 CAP <b>DL</b>	3	PA,QL (180 per 30 days)
FIORINAL 50 MG-325 MG-40 MG CAPSULE <b>MO</b>	3	PA,QL (180 per 30 days)
FIORINAL-CODEINE #3 30 MG-50 MG-325 MG-40 MG CAPSULE <b>DL</b>	3	PA,QL (360 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH <b>MO</b>	3	PA,QL (60 per 30 days)
<i>flumazenil 0.1 mg/ml vial</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoxetine 20 mg/5 ml solution <b>MO</b>	1	
fluoxetine dr 90 mg capsule <b>MO</b>	1	QL (4 per 28 days)
fluoxetine hcl 10 mg, 20 mg tablet <b>MO</b>	1	
fluoxetine hcl 10 mg, 40 mg capsule <b>MO</b>	1	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule <b>MO</b>	1	QL (120 per 30 days)
fluoxetine hcl 60 mg tablet <b>MO</b>	1	QL (30 per 30 days)
fluphenazine dec 125 mg/5 ml <b>MO</b>	1	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	1	
fluphenazine 2.5 mg/5 ml elix <b>MO</b>	1	
fluphenazine 2.5 mg/ml vial <b>MO</b>	1	
fluphenazine 5 mg/ml conc <b>MO</b>	1	
flurazepam 15 mg capsule <b>MO</b>	1	QL (60 per 30 days)
flurazepam 30 mg capsule <b>MO</b>	1	QL (30 per 30 days)
flurbiprofen 100 mg, 50 mg tablet <b>MO</b>	1	
fluvoxamine er 100 mg, 150 mg capsule <b>MO</b>	1	QL (60 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab <b>MO</b>	1	QL (90 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
FORFIVO XL 450 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
fospherytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fospherytoin 100 mg pe/2 ml, 500 mg pe/10 ml vl <b>MO</b>	1	
FROVA 2.5 MG TABLET <b>MO</b>	3	PA,QL (12 per 30 days)
frovatriptan succ 2.5 mg tab <b>MO</b>	1	QL (12 per 30 days)
FYCOMPA 0.5 MG/ML ORAL SUSPENSION <b>MO</b>	3	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule <b>MO</b>	1	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln <b>MO</b>	1	QL (2250 per 30 days)
gabapentin 600 mg, 800 mg tablet <b>MO</b>	1	QL (180 per 30 days)
GABITRIL 12 MG, 16 MG TABLET <b>DL</b>	4	
GABITRIL 2 MG TABLET <b>MO</b>	3	
GABITRIL 4 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
GEODON 20 MG, 40 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION <b>MO</b>	3	
GEODON 60 MG, 80 MG CAPSULE <b>DL</b>	4	QL (60 per 30 days)

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GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (90 per 30 days)
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE <b>MO</b>	3	ST,QL (78 per 30 days)
<i>guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg tablet</i> <b>MO</b>	1	PA,QL (30 per 30 days)
HALCION 0.25 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
HALDOL 5 MG/ML INJECTION SOLUTION <b>MO</b>	3	
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	PA
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
<i>haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp</i> <b>MO</b>	1	
<i>haloperidol lac 2 mg/ml conc</i> <b>MO</b>	1	
<i>haloperidol lac 5 mg/ml vial</i> <b>MO</b>	1	
HETLIOZ 20 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
HORIZANT ER 300 MG, 600 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
HYCET 7.5 MG-325 MG/15 ML ORAL SOLUTION <b>DL</b>	1	QL (5520 per 30 days)
<i>hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg;</i> <i>hydrocodone-acetamin 7.5-300</i> <b>DL</b>	1	QL (390 per 30 days)
<i>hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg;</i> <i>hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325</i> <b>DL</b>	1	QL (360 per 30 days)
<i>hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5</i> <b>DL</b>	1	QL (2700 per 30 days)
<i>hydrocodone-acetamn 7.5-325/15</i> <b>DL</b>	1	QL (5520 per 30 days)
<i>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;</i> <i>hydrocodone-ibuprofen 7.5-200</i> <b>DL</b>	1	QL (150 per 30 days)
<i>hydromorphone 0.5 mg/0.5 ml, 1 mg/ml; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml carpuct</i> <b>DL</b>	1	QL (720 per 30 days)
<i>hydromorphone 1 mg/ml solution</i> <b>DL</b>	1	QL (2400 per 30 days)
<i>hydromorphone 2 mg, 4 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>hydromorphone 2 mg/ml carpuct</i> <b>DL</b>	1	QL (360 per 30 days)
<i>hydromorphone 2 mg/ml vial</i> <b>DL</b>	1	QL (360 per 30 days)
<i>hydromorphone 3 mg suppos</i> <b>DL</b>	1	QL (120 per 30 days)
<i>hydromorphone 4 mg/ml carpuct</i> <b>DL</b>	1	QL (180 per 30 days)
<i>hydromorphone 8 mg tablet</i> <b>DL</b>	1	QL (240 per 30 days)
<i>hydromorphone hcl 1 mg/ml amp</i> <b>DL</b>	1	QL (720 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone hcl 4 mg/ml amp <b>DL</b>	1	QL (180 per 30 days)
hydromorphone hcl er 12 mg tab <b>DL</b>	1	ST,QL (180 per 30 days)
hydromorphone hcl er 16 mg tab <b>DL</b>	1	ST,QL (120 per 30 days)
hydromorphone hcl er 32 mg tab <b>DL</b>	1	ST,QL (60 per 30 days)
hydromorphone hcl er 8 mg tab <b>DL</b>	1	ST,QL (240 per 30 days)
hydromorphone hcl 10 mg/ml vl <b>DL</b>	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 <b>MO</b>	1	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet <b>MO</b>	1	
hydroxyzine pam 100 mg, 25 mg, 50 mg cap <b>MO</b>	1	
HYSINGLA ER 100 MG, 120 MG, 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	4	ST,QL (30 per 30 days)
HYSINGLA ER 20 MG, 30 MG, 40 MG, 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	3	ST,QL (30 per 30 days)
IBUDONE 10 MG-200 MG TABLET <b>DL</b>	1	QL (150 per 30 days)
ibudone 5 mg-200 mg tablet <b>DL</b>	1	QL (150 per 30 days)
ibuprofen 100 mg/5 ml susp <b>MO</b>	1	
ibuprofen 400 mg, 600 mg, 800 mg tablet <b>MO</b>	1	
oxycodone-ibuprofen 5-400 tab <b>DL</b>	1	QL (240 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet <b>MO</b>	1	PA
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap <b>MO</b>	1	PA
IMITREX 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	PA,QL (9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION NASAL SPRAY <b>MO</b>	3	PA,QL (12 per 30 days)
IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	PA,QL (6 per 30 days)
IMITREX STATDOSE KIT REFILL 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE <b>MO</b>	3	PA,QL (6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	PA,QL (6 per 30 days)
INDOCIN 25 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	PA
INDOCIN 50 MG RECTAL SUPPOSITORY <b>MO</b>	1	PA
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule <b>MO</b>	1	PA
indomethacin 1 mg vial <b>MO</b>	1	PA
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION <b>DL</b>	3	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION <b>DL</b>	3	QL (150 per 30 days)
INGREZZA 40 MG, 80 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
INTERMEZZO 1.75 MG, 3.5 MG SUBLINGUAL TABLET <b>MO</b>	3	QL (90 per 365 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)

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INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (2.62 per 90 days)
IRENKA 40 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	QL (60 per 30 days)
KADIAN 10 MG, 20 MG, 30 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	3	ST,QL (60 per 30 days)
KADIAN 100 MG, 200 MG, 40 MG, 50 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
KEPPRA 1,000 MG, 500 MG, 750 MG TABLET <b>DL</b>	4	
KEPPRA 100 MG/ML ORAL SOLUTION <b>DL</b>	4	
KEPPRA 250 MG TABLET <b>MO</b>	3	
KEPPRA 500 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
KEPPRA XR 500 MG, 750 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA
<i>ketoprofen 50 mg, 75 mg capsule</i> <b>MO</b>	1	
<i>ketoprofen er 200 mg capsule</i> <b>MO</b>	1	
<i>ketorolac 10 mg tablet</i> <b>MO</b>	1	PA,QL (20 per 30 days)
<i>ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml vial; ketorolac 30 mg/ml vial; ketorolac 300 mg/10 ml vial</i> <b>MO</b>	1	PA
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml carpject</i> <b>MO</b>	1	PA
<i>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</i> <b>MO</b>	1	PA
KHEDEZLA 100 MG, 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
<i>klofensaid ii 1.5% topical sol</i> <b>MO</b>	1	PA
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET <b>MO</b>	3	PA
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET <b>DL</b>	4	
LAMICTAL 25 MG, 5 MG CHEWABLE DISPERSIBLE TABLET <b>DL</b>	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET <b>MO</b>	3	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING <b>MO</b>	3	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT <b>MO</b>	3	

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LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT <b>MO</b>	3	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK <b>MO</b>	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK <b>MO</b>	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK <b>MO</b>	3	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE <b>MO</b>	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL <b>MO</b>	3	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL <b>MO</b>	3	
lamotrigine 100 mg, 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, 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 <b>MO</b>	1	
lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet <b>MO</b>	1	
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet <b>MO</b>	1	
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY <b>DL</b>	4	PA,QL (30 per 30 days)
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet <b>MO</b>	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 <b>MO</b>	1	
levetiracetam er 500 mg, 750 mg tablet <b>MO</b>	1	
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 <b>MO</b>	1	
levorphanol 2 mg tablet <b>DL</b>	1	QL (240 per 30 days)
LEXAPRO 10 MG TABLET <b>MO</b>	3	PA,QL (45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
LEXAPRO 5 MG/5 ML SOLUTION <b>MO</b>	3	PA,QL (600 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lithium carbonate 150 mg, 300 mg, 600 mg cap</i> <sup>MO</sup>	1	
<i>lithium carbonate 300 mg tab</i> <sup>MO</sup>	1	
<i>lithium carbonate er 300 mg, 450 mg tb</i> <sup>MO</sup>	1	
<i>lithium 8 meq/5 ml solution</i> <sup>MO</sup>	1	
LITHOBID 300 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	3	
LODINE 400 MG TABLET <sup>MO</sup>	3	PA
LODOSYN 25 MG TABLET <sup>MO</sup>	3	PA
<i>lorazepam 0.5 mg, 1 mg tablet</i> <sup>MO</sup>	1	QL (90 per 30 days)
<i>lorazepam 2 mg tablet</i> <sup>MO</sup>	1	QL (150 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> <sup>MO</sup>	1	QL (150 per 30 days)
<i>lorazepam 2 mg/ml, 4 mg/ml carpuject</i> <sup>MO</sup>	1	
<i>lorazepam 2 mg/ml, 4 mg/ml vial; lorazepam 40 mg/10 ml vial</i> <sup>MO</sup>	1	
<i>lorazepam intensol 2 mg/ml oral concentrate</i> <sup>MO</sup>	1	QL (150 per 30 days)
<i>lorcet (hydrocodone) 5 mg-325 mg tablet</i> <sup>DL</sup>	1	QL (360 per 30 days)
<i>lorcet hd 10 mg-325 mg tablet</i> <sup>DL</sup>	1	QL (360 per 30 days)
<i>lorcet plus 7.5 mg-325 mg tablet</i> <sup>DL</sup>	1	QL (360 per 30 days)
<i>lorTAB 10-325 mg tablet</i> <sup>DL</sup>	1	QL (360 per 30 days)
<i>lorTAB 5-325 mg tablet</i> <sup>DL</sup>	1	QL (360 per 30 days)
<i>lorTAB 7.5-325 mg tablet</i> <sup>DL</sup>	1	QL (360 per 30 days)
<i>lorTAB elixir 10 mg-300 mg/15 ml oral solution</i> <sup>DL</sup>	3	QL (6000 per 30 days)
<i>loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule</i> <sup>MO</sup>	1	
LUNESTA 1 MG, 2 MG, 3 MG TABLET <sup>MO</sup>	3	PA,QL (90 per 365 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE <sup>MO</sup>	2	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION <sup>MO</sup>	2	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE <sup>MO</sup>	2	QL (60 per 30 days)
<i>magnesium chl 200 mg/ml vial</i> <sup>MO</sup>	1	
<i>magnesium sulfate 50% syringe</i> <sup>MO</sup>	1	
<i>magnesium sulfate 50% vial</i> <sup>MO</sup>	1	
<i>magnesium sulf 1 g/100 ml-d5w</i> <sup>MO</sup>	1	
<i>magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag</i> <sup>MO</sup>	1	
<i>magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml</i> <sup>MO</sup>	1	
<i>maprotiline 25 mg, 50 mg, 75 mg tablet</i> <sup>MO</sup>	1	
MARGESIC CAPSULE <sup>MO</sup>	1	PA,QL (180 per 30 days)
MARPLAN 10 MG TABLET <sup>MO</sup>	3	
MARTEN-TAB 50 MG-325 MG TABLET <sup>MO</sup>	1	PA,QL (180 per 30 days)
MAXALT 10 MG, 5 MG TABLET <sup>MO</sup>	3	PA,QL (12 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAXALT-MLT 10 MG, 5 MG DISINTEGRATING TABLET <b>MO</b>	3	PA,QL (12 per 30 days)
meclofenamate 100 mg, 50 mg capsule <b>MO</b>	1	
mefenamic acid 250 mg capsule <b>MO</b>	1	
meloxicam 15 mg tablet <b>MO</b>	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet <b>MO</b>	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp <b>MO</b>	1	QL (300 per 30 days)
memantine 5-10 mg titration pk <b>MO</b>	1	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet <b>MO</b>	1	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution <b>MO</b>	1	PA,QL (360 per 30 days)
meperidine 10 mg/ml cartrdge <b>DL</b>	1	PA,QL (3600 per 30 days)
meperidine 100 mg tablet <b>DL</b>	1	PA,QL (360 per 30 days)
meperidine 50 mg tablet <b>DL</b>	1	PA,QL (480 per 30 days)
meperidine 50 mg/5 ml solution <b>DL</b>	1	PA,QL (720 per 30 days)
meperidine 100 mg/ml vial <b>DL</b>	1	PA,QL (360 per 30 days)
meperidine 25 mg/ml vial <b>DL</b>	1	PA,QL (1440 per 30 days)
meperidine 50 mg/ml vial <b>DL</b>	1	PA,QL (720 per 30 days)
meprobamate 200 mg, 400 mg tablet <b>MO</b>	1	PA
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
metadate er 20 mg tablet,extended release <b>MO</b>	1	QL (90 per 30 days)
methadone 10 mg/5 ml solution <b>DL</b>	1	QL (1800 per 30 days)
methadone 10 mg/ml oral conc <b>DL</b>	1	QL (360 per 30 days)
methadone 5 mg/5 ml solution <b>DL</b>	1	QL (3600 per 30 days)
methadone hcl 10 mg tablet <b>DL</b>	1	QL (240 per 30 days)
methadone hcl 10 mg/ml vial <b>DL</b>	1	QL (360 per 30 days)
methadone hcl 5 mg tablet <b>DL</b>	1	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate <b>DL</b>	1	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE <b>DL</b>	3	QL (360 per 30 days)
methamphetamine 5 mg tablet <b>MO</b>	1	QL (150 per 30 days)
METHYLIN 10 MG CHEWABLE TABLET <b>MO</b>	3	QL (180 per 30 days)
METHYLIN 10 MG/5 ML ORAL SOLUTION <b>MO</b>	3	PA,QL (900 per 30 days)
METHYLIN 2.5 MG, 5 MG CHEWABLE TAB; METHYLIN 2.5 MG, 5 MG CHEWABLE TABLET <b>MO</b>	3	QL (150 per 30 days)
METHYLIN 5 MG/5 ML ORAL SOLUTION <b>MO</b>	3	PA,QL (1800 per 30 days)
methylphenidate 10 mg chew tab <b>MO</b>	1	QL (180 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet <b>MO</b>	1	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol <b>MO</b>	1	QL (900 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylphenidate 2.5 mg, 5 mg chew tab; methylphenidate 2.5 mg, 5 mg chew tb <b>MO</b>	1	QL (150 per 30 days)
methylphenidate 5 mg/5 ml soln <b>MO</b>	1	QL (1800 per 30 days)
methylphenidate cd 10 mg, 20 mg, 40 mg, 40 mg, 50 mg, 60 mg, 60 mg cap; methylphenidate la 10 mg, 20 mg, 40 mg, 40 mg, 50 mg, 60 mg, 60 mg cap <b>MO</b>	1	QL (30 per 30 days)
methylphenidate cd 20 mg, 30 mg, 30 mg cap; methylphenidate la 20 mg, 30 mg, 30 mg cap <b>MO</b>	1	QL (60 per 30 days)
methylphenidate er 10 mg tab <b>MO</b>	1	QL (180 per 30 days)
methylphenidate er 18 mg, 27 mg, 54 mg tab <b>MO</b>	1	QL (30 per 30 days)
methylphenidate er 20 mg tab <b>MO</b>	1	QL (90 per 30 days)
methylphenidate er 36 mg tab <b>MO</b>	1	QL (60 per 30 days)
midazolam hcl 2 mg/ml syrup <b>MO</b>	1	
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG TABLET <b>MO</b>	3	PA
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET, EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	1	QL (30 per 30 days)
mirtazapine 7.5 mg tablet <b>MO</b>	1	
MOBIC 15 MG TABLET <b>MO</b>	3	PA, QL (30 per 30 days)
MOBIC 7.5 MG TABLET <b>MO</b>	3	PA, QL (60 per 30 days)
MOBIC 7.5 MG/5 ML SUSPENSION <b>MO</b>	3	PA, QL (300 per 30 days)
modafinil 100 mg, 200 mg tablet <b>MO</b>	1	PA, QL (60 per 30 days)
molindone hcl 10 mg tablet <b>MO</b>	1	PA, QL (240 per 30 days)
molindone hcl 25 mg tablet <b>MO</b>	1	PA, QL (270 per 30 days)
molindone hcl 5 mg tablet <b>MO</b>	1	PA, QL (360 per 30 days)
MORPHABOND ER 100 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	3	ST, QL (180 per 30 days)
MORPHABOND ER 15 MG, 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	3	ST, QL (90 per 30 days)
MORPHABOND ER 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	3	ST, QL (60 per 30 days)
morphine 10 mg/ml carpuject <b>DL</b>	1	QL (360 per 30 days)
morphine 10 mg/ml isecure syrg <b>DL</b>	1	QL (360 per 30 days)
morphine 15 mg/ml vial <b>DL</b>	1	QL (600 per 30 days)
morphine 2 mg/ml carpuject <b>DL</b>	1	QL (1800 per 30 days)
morphine 2 mg/ml isecure syr <b>DL</b>	1	QL (1800 per 30 days)
morphine 4 mg/ml carpuject <b>DL</b>	1	QL (900 per 30 days)
morphine 4 mg/ml isecure syr <b>DL</b>	1	QL (900 per 30 days)
morphine 8 mg/ml isecure syrng <b>DL</b>	1	QL (450 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>morphine 8 mg/ml syringe</i> <b>DL</b>	1	QL (450 per 30 days)
<i>morphine 8 mg/ml, 8 mg/ml vial; morphine sulfate 8 mg/ml, 8 mg/ml vial</i> <b>DL</b>	1	QL (450 per 30 days)
<i>morphine sulf 10 mg, 20 mg, 30 mg, 5 mg suppos</i> <b>DL</b>	1	QL (180 per 30 days)
<i>morphine sulf 10 mg/5 ml soln</i> <b>DL</b>	1	QL (2700 per 30 days)
<i>morphine sulf 20 mg/5 ml soln</i> <b>DL</b>	1	QL (1350 per 30 days)
<i>morphine sulf er 100 mg tablet</i> <b>DL</b>	1	QL (180 per 30 days)
<i>morphine sulf er 15 mg, 30 mg, 60 mg tablet</i> <b>DL</b>	1	QL (120 per 30 days)
<i>morphine sulf er 200 mg tablet</i> <b>DL</b>	1	QL (90 per 30 days)
<i>morphine sulfate 10 mg/ml vial</i> <b>DL</b>	1	QL (360 per 30 days)
<i>morphine sulfate 100 mg/4 ml, 25 mg/ml vial; morphine sulfate 25 mg/ml vl</i> <b>DL</b>	1	QL (150 per 30 days)
<i>morphine sulfate 4 mg/ml vial</i> <b>DL</b>	1	QL (900 per 30 days)
<i>morphine sulfate 50 mg/ml vial</i> <b>DL</b>	1	QL (240 per 30 days)
<i>morphine sulfate er 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg cap</i> <b>DL</b>	1	ST,QL (60 per 30 days)
<i>morphine sulfate er 120 mg, 60 mg, 75 mg, 90 mg cap</i> <b>DL</b>	1	ST,QL (60 per 30 days)
<i>morphine sulfate er 30 mg, 45 mg cap</i> <b>DL</b>	1	ST,QL (30 per 30 days)
<i>morphine sulfate ir 15 mg, 30 mg tab</i> <b>DL</b>	1	QL (180 per 30 days)
<i>morphine 0.5 mg/ml vial</i> <b>DL</b>	1	QL (7200 per 30 days)
<i>morphine 1 mg/ml, 30 mg/30 ml vial p-f; morphine sulfate 1 mg/ml vial</i> <b>DL</b>	1	QL (3600 per 30 days)
<i>morphine 5 mg/ml vial</i> <b>DL</b>	1	QL (720 per 30 days)
<i>morphine sulf 100 mg/5 ml soln</i> <b>DL</b>	1	QL (540 per 30 days)
MS CONTIN 100 MG TABLET,EXTENDED RELEASE <b>DL</b>	3	PA,QL (180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET,EXTENDED RELEASE <b>DL</b>	3	PA,QL (120 per 30 days)
MS CONTIN 200 MG TABLET,EXTENDED RELEASE <b>DL</b>	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 <b>MO</b>	3	QL (30 per 30 days)
MYSOLINE 250 MG, 50 MG TABLET <b>DL</b>	4	PA
<i>nabumetone 500 mg, 750 mg tablet</i> <b>MO</b>	1	
<i>nalbuphine 100 mg/10 ml vial</i> <b>DL</b>	1	QL (240 per 30 days)
<i>nalbuphine 200 mg/10 ml vial</i> <b>DL</b>	1	QL (120 per 30 days)
NALFON 400 MG CAPSULE <b>MO</b>	3	
<i>naloxone 0.4 mg/ml vial</i> <b>MO</b>	1	
<i>naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe</i> <b>MO</b>	1	
<i>naltrexone 50 mg tablet</i> <b>MO</b>	1	
NAMENDA 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
NAMENDA 2 MG/ML SOLUTION <b>MO</b>	3	PA,QL (360 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK <b>MO</b>	3	PA,QL (98 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>MO</b>	2	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <b>MO</b>	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 <b>MO</b>	2	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <b>MO</b>	2	QL (28 per 28 days)
NAPRELAN CR 375 MG TAB,EXTENDED RELEASE 24 HR MPHASE <b>MO</b>	3	ST,QL (120 per 30 days)
NAPRELAN CR 500 MG TAB,EXTENDED RELEASE 24 HR MPHASE <b>MO</b>	3	ST,QL (90 per 30 days)
NAPRELAN CR 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE <b>MO</b>	3	ST,QL (60 per 30 days)
NAPROSYN 250 MG, 375 MG TABLET <b>MO</b>	3	
NAPROSYN 500 MG TABLET <b>MO</b>	3	PA
<i>naproxen 125 mg/5 ml suspen</i> <b>MO</b>	1	
<i>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</i> <b>MO</b>	1	
<i>naproxen sod cr 375 mg tablet</i> <b>MO</b>	1	ST,QL (120 per 30 days)
<i>naproxen sod cr 500 mg tablet</i> <b>MO</b>	1	ST,QL (90 per 30 days)
<i>naproxen sodium 275 mg, 550 mg tab</i> <b>MO</b>	1	
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> <b>MO</b>	1	QL (9 per 30 days)
NARCAN 2 MG NASAL SPRAY; NARCAN 2 MG/ACTUATION, 4 MG/ACTUATION NASAL SPRAY <b>MO</b>	3	QL (2 per 30 days)
NARDIL 15 MG TABLET <b>MO</b>	3	
<i>nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet</i> <b>MO</b>	1	
NEMBUTAL SODIUM 50 MG/ML INJECTION SOLUTION <b>MO</b>	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 <b>MO</b>	3	QL (30 per 30 days)
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE <b>MO</b>	3	PA,QL (270 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLUTION <b>MO</b>	3	QL (2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET <b>DL</b>	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 <b>DL</b>	1	PA,QL (360 per 30 days)
NORPRAMIN 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG TABLET <b>MO</b>	3	PA
<i>nortriptyline 10 mg/5 ml sol</i> <b>MO</b>	1	PA
<i>nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap</i> <b>MO</b>	1	PA
NUCYNTA 100 MG, 50 MG, 75 MG TABLET <b>DL</b>	3	ST,QL (181 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUCYNTA ER 100 MG, 50 MG TABLET,EXTENDED RELEASE <b>DL</b>	3	ST,QL (60 per 30 days)
NUCYNTA ER 150 MG, 200 MG, 250 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (60 per 30 days)
NUJEXTA 20 MG-10 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
NUPLAZID 17 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
olanzapine 10 mg vial <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	1	QL (60 per 30 days)
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg <b>MO</b>	1	QL (30 per 30 days)
ONFI 10 MG, 20 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION <b>MO</b>	3	PA,QL (480 per 30 days)
ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION <b>MO</b>	3	ST,QL (16 per 30 days)
OPANA 1 MG/ML INJECTION SOLUTION <b>DL</b>	3	QL (270 per 30 days)
OPANA 10 MG, 5 MG TABLET <b>DL</b>	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 <b>DL</b>	3	ST,QL (60 per 30 days)
ORAP 1 MG, 2 MG TABLET <b>MO</b>	3	
oxaprozin 600 mg caplet <b>MO</b>	1	
oxazepam 10 mg, 15 mg, 30 mg capsule <b>MO</b>	1	
oxcarbazepine 150 mg, 300 mg, 600 mg tablet <b>MO</b>	1	
oxcarbazepine 300 mg/5 ml susp <b>MO</b>	1	
OXECTA 5 MG, 7.5 MG TABLET <b>DL</b>	3	ST,QL (360 per 30 days)
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (60 per 30 days)
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (90 per 30 days)
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (120 per 30 days)
oxycodon 10 mg/0.5 ml oral syr <b>DL</b>	1	QL (270 per 30 days)
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet <b>DL</b>	1	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml soln <b>DL</b>	1	QL (270 per 30 days)
oxycodone hcl 5 mg capsule <b>DL</b>	1	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln <b>DL</b>	1	QL (5400 per 30 days)
oxycodone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg tablet <b>DL</b>	3	PA,QL (90 per 30 days)
oxycodone hcl er 80 mg tablet <b>DL</b>	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 <b>DL</b>	1	QL (360 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>oxycodon-acetaminophen 7.5-300; oxycodone-acetaminophen 10-300; oxycodone-acetaminophen 5-300</i> <b>DL</b>	4	QL (390 per 30 days)
<i>oxycodone-acetaminophn 5-325/5</i> <b>DL</b>	1	QL (1830 per 30 days)
<i>oxycodone-aspirin 4.8355-325</i> <b>DL</b>	1	QL (360 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	3	PA, QL (90 per 30 days)
OXYCONTIN 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <b>DL</b>	3	PA, QL (120 per 30 days)
<i>oxymorphone hcl 10 mg, 5 mg tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tab; oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tablet</i> <b>DL</b>	1	QL (60 per 30 days)
<i>paliperidone er 1.5 mg, 3 mg, 9 mg tablet</i> <b>MO</b>	4	PA, QL (30 per 30 days)
<i>paliperidone er 6 mg tablet</i> <b>MO</b>	4	PA, QL (60 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE <b>MO</b>	3	PA
PARLODEL 2.5 MG TABLET <b>MO</b>	3	PA
PARLODEL 5 MG CAPSULE <b>MO</b>	3	PA
PARNATE 10 MG TABLET <b>MO</b>	3	
<i>paroxetine er 12.5 mg, 37.5 mg tablet</i> <b>MO</b>	1	PA, QL (60 per 30 days)
<i>paroxetine er 25 mg tablet</i> <b>MO</b>	1	PA, QL (90 per 30 days)
<i>paroxetine hcl 10 mg, 20 mg tablet</i> <b>MO</b>	1	PA, QL (30 per 30 days)
<i>paroxetine hcl 30 mg, 40 mg tablet</i> <b>MO</b>	1	PA, QL (60 per 30 days)
<i>paroxetine mesylate 7.5 mg cap</i> <b>MO</b>	1	PA, QL (30 per 30 days)
PAXIL 10 MG, 20 MG TABLET <b>MO</b>	3	PA, QL (30 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	PA
PAXIL 30 MG, 40 MG TABLET <b>MO</b>	3	PA, QL (60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	PA, QL (60 per 30 days)
PAXIL CR 25 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	PA, QL (90 per 30 days)
PEGANONE 250 MG TABLET <b>MO</b>	3	
PENNSAID 2 % TOPICAL SOLUTION IN PACKET <b>MO</b>	3	PA
PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP <b>DL</b>	4	PA
<i>pentazocine-naloxone tablet</i> <b>DL</b>	1	QL (360 per 30 days)
<i>pentobarbital 1,000 mg/20 ml</i> <b>MO</b>	1	PA
PERCOCET 10 MG-325 MG TABLET; PERCOCET 5 MG-325 MG TABLET; PERCOCET 7.5 MG-325 MG TABLET <b>DL</b>	4	PA, QL (360 per 30 days)
PERCOCET 2.5 MG-325 MG TABLET <b>DL</b>	1	PA, QL (360 per 30 days)
<i>perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab</i> <b>MO</b>	1	PA
PEXEVA 10 MG, 20 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
PEXEVA 30 MG, 40 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
<i>phenelzine sulfate 15 mg tab</i> <b>MO</b>	1	
<i>phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet</i> <b>MO</b>	1	PA,QL (90 per 30 days)
<i>phenobarbital 15 mg, 60 mg tablet</i> <b>MO</b>	1	PA,QL (120 per 30 days)
<i>phenobarbital 20 mg/5 ml elix</i> <b>MO</b>	1	PA,QL (1500 per 30 days)
<i>phenobarbital 30 mg tablet</i> <b>MO</b>	1	PA,QL (300 per 30 days)
<i>phenobarbital 130 mg/ml, 65 mg/ml vial</i> <b>MO</b>	1	PA
PHENYTEK 200 MG, 300 MG CAPSULE <b>MO</b>	1	
<i>phenytoin 100 mg/4 ml, 125 mg/5 ml susp</i> <b>MO</b>	1	
<i>phenytoin 50 mg tablet chew</i> <b>MO</b>	1	
<i>phenytoin 50 mg/ml syringe</i> <b>MO</b>	1	
<i>phenytoin 50 mg/ml vial</i> <b>MO</b>	1	
<i>phenytoin sod ext 100 mg, 200 mg, 300 mg cap</i> <b>MO</b>	1	
<i>pimozide 1 mg, 2 mg tablet</i> <b>MO</b>	1	
<i>piroxicam 10 mg, 20 mg capsule</i> <b>MO</b>	1	
PONSTEL 250 MG CAPSULE <b>MO</b>	3	PA
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET <b>DL</b>	4	PA
<i>pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet</i> <b>MO</b>	1	
<i>pramipexole er 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg tablet</i> <b>MO</b>	1	ST,QL (30 per 30 days)
PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION <b>DL</b>	4	PA
<i>primidone 250 mg, 50 mg tablet</i> <b>MO</b>	1	
<i>primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet</i> <b>DL</b>	4	QL (390 per 30 days)
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
<i>procentra 5 mg/5 ml oral solution</i> <b>MO</b>	1	QL (1800 per 30 days)
<i>protriptyline hcl 10 mg, 5 mg tablet</i> <b>MO</b>	1	
PROVIGIL 100 MG, 200 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
PROZAC 10 MG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
PROZAC 20 MG CAPSULE <b>MO</b>	3	PA,QL (120 per 30 days)
PROZAC 40 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
PROZAC WEEKLY 90 MG CAPSULE <b>MO</b>	3	QL (4 per 28 days)
<i>quazepam 15 mg tablet</i> <b>MO</b>	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QUDEXY XR 100 MG, 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (90 per 30 days)
quetiapine er 150 mg tablet <b>MO</b>	1	PA,QL (90 per 30 days)
quetiapine er 200 mg tablet <b>MO</b>	1	PA,QL (30 per 30 days)
quetiapine er 300 mg, 400 mg tablet <b>MO</b>	1	PA,QL (60 per 30 days)
quetiapine er 50 mg tablet <b>MO</b>	1	PA,QL (120 per 30 days)
quetiapine fumarate 100 mg, 300 mg, 400 mg tab <b>MO</b>	1	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab <b>MO</b>	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 <b>MO</b>	3	QL (30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR <b>MO</b>	3	QL (360 per 30 days)
RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK <b>DL</b>	4	PA
rasagiline mesylate 0.5 mg, 1 mg tab <b>MO</b>	1	
RELPAK 20 MG, 40 MG TABLET <b>MO</b>	3	PA,QL (9 per 30 days)
REMERON 15 MG, 30 MG, 45 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
REMERON SOLTAB 15 MG, 30 MG, 45 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (30 per 30 days)
reprexain 10-200 mg tablet <b>DL</b>	1	QL (150 per 30 days)
REPREXAIN 2.5 MG-200 MG TABLET; REPREXAIN 2.5-200 MG, 5-200 MG TABLET <b>DL</b>	1	QL (150 per 30 days)
REQUIP 0.25 MG, 3 MG TABLET <b>MO</b>	3	PA,QL (180 per 30 days)
REQUIP 0.5 MG, 1 MG, 2 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
REQUIP 4 MG, 5 MG TABLET <b>MO</b>	3	PA
REQUIP XL 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (90 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
RILUTEK 50 MG TABLET <b>DL</b>	4	
riluzole 50 mg tablet <b>MO</b>	1	
RISPERDAL 0.25 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
RISPERDAL 0.5 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
RISPERDAL 1 MG/ML ORAL SOLUTION <b>MO</b>	3	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	3	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	QL (2 per 28 days)
RISPERDAL M-TAB 0.5 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RISPERDAL M-TAB 1 MG, 2 MG, 3 MG, 4 MG DISINTEGRATING TABLET <b>MO</b>	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 tablet <b>MO</b>	1	QL (60 per 30 days)
risperidone 0.5 mg, 0.5 mg odt; risperidone 0.5 mg, 0.5 mg tablet <b>MO</b>	1	QL (120 per 30 days)
risperidone 1 mg/ml solution <b>MO</b>	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
RITALIN LA 10 MG, 60 MG CAPSULE; RITALIN LA 10 MG, 60 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
RITALIN LA 20 MG, 40 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
rizatriptan 10 mg, 10 mg, 5 mg, 5 mg odt; rizatriptan 10 mg, 10 mg, 5 mg, 5 mg tablet <b>MO</b>	1	QL (12 per 30 days)
ropinirole hcl 0.25 mg, 3 mg tablet <b>MO</b>	1	QL (180 per 30 days)
ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet <b>MO</b>	1	QL (90 per 30 days)
ropinirole hcl 4 mg, 5 mg tablet <b>MO</b>	1	
ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet <b>MO</b>	1	QL (90 per 30 days)
roweepra 1,000 mg, 500 mg, 750 mg tablet <b>MO</b>	1	
ROXICODONE 15 MG, 30 MG TABLET <b>DL</b>	3	PA,QL (360 per 30 days)
ROZEREM 8 MG TABLET <b>MO</b>	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 <b>MO</b>	3	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	ST,QL (300 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET <b>DL</b>	4	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET <b>DL</b>	4	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
SARAFEM 10 MG, 20 MG TABLET <b>MO</b>	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 <b>MO</b>	2	QL (60 per 30 days)
SECONAL SODIUM 100 MG CAPSULE <b>MO</b>	3	PA,QL (90 per 30 days)
selegiline hcl 5 mg capsule <b>MO</b>	1	
selegiline hcl 5 mg tablet <b>MO</b>	1	
SEROQUEL 100 MG, 300 MG, 400 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG(1)-300 MG(11) TABLET, ER 24 HR DOSE PACK <b>MO</b>	3	PA,QL (15 per 30 days)
<i>sertraline 20 mg/ml oral conc</i> <b>MO</b>	1	
<i>sertraline hcl 100 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>sertraline hcl 25 mg, 50 mg tablet</i> <b>MO</b>	1	QL (90 per 30 days)
SILENOR 3 MG, 6 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
SINEMET 10 MG-100 MG TABLET <b>MO</b>	3	
SINEMET 25 MG-100 MG TABLET; SINEMET 25 MG-250 MG TABLET <b>MO</b>	3	PA
SINEMET CR 25 MG-100 MG TABLET,EXTENDED RELEASE; SINEMET CR 50 MG-200 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA
SONATA 10 MG, 5 MG CAPSULE <b>MO</b>	3	PA,QL (90 per 365 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	3	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	3	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	3	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	3	ST,QL (120 per 30 days)
STALEVO 100 25 MG-100 MG-200 MG TABLET <b>MO</b>	3	PA
STALEVO 125 31.25 MG-125 MG-200 MG TABLET <b>MO</b>	3	PA
STALEVO 150 37.5 MG-150 MG-200 MG TABLET <b>MO</b>	3	PA
STALEVO 200 50 MG-200 MG-200 MG TABLET <b>MO</b>	3	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET <b>MO</b>	3	PA
STALEVO 75 18.75 MG-75 MG-200 MG TABLET <b>MO</b>	3	PA
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM <b>MO</b>	3	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM <b>MO</b>	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 <b>DL</b>	4	PA,QL (120 per 30 days)
<i>sufentanil 250 mcg/5 ml ampule</i> <b>DL</b>	2	QL (1440 per 30 days)
<i>sulindac 150 mg, 200 mg tablet</i> <b>MO</b>	1	
<i>sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray</i> <b>MO</b>	3	QL (12 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill</i> <b>MO</b>	3	QL (6 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject <b>MO</b>	1	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng <b>MO</b>	1	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial <b>MO</b>	1	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet <b>MO</b>	1	QL (9 per 30 days)
SUMAVEL DOSEPRO 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR <b>MO</b>	3	QL (6 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE <b>MO</b>	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 <b>MO</b>	3	PA,QL (30 per 30 days)
SYNALGOS-DC 356.4 MG-30 MG-16 MG CAPSULE <b>DL</b>	3	QL (330 per 30 days)
TALWIN 30 MG/ML INJECTION SOLUTION <b>DL</b>	3	PA,QL (360 per 30 days)
TASMAR 100 MG TABLET <b>DL</b>	4	PA,QL (1800 per 30 days)
TEGRETOL 100 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
TEGRETOL 200 MG TABLET <b>MO</b>	3	
TEGRETOL XR 100 MG, 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
temazepam 15 mg, 22.5 mg, 30 mg, 7.5 mg capsule <b>MO</b>	1	QL (30 per 30 days)
tencon 50 mg-325 mg tablet <b>MO</b>	1	PA,QL (180 per 30 days)
tetrabenazine 12.5 mg tablet <b>DL</b>	4	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet <b>DL</b>	4	PA,QL (120 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet <b>MO</b>	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule <b>MO</b>	1	
tiagabine hcl 2 mg tablet <b>MO</b>	1	
tiagabine hcl 4 mg tablet <b>MO</b>	1	QL (120 per 30 days)
TIVORBEX 20 MG, 40 MG CAPSULE <b>MO</b>	3	ST,QL (90 per 30 days)
TOFRANIL 10 MG, 25 MG, 50 MG TABLET <b>MO</b>	1	PA
TOFRANIL-PM 100 MG, 125 MG, 150 MG, 75 MG CAPSULE <b>MO</b>	3	PA
tolcapone 100 mg tablet <b>MO</b>	1	PA,QL (1800 per 30 days)
tolmetin sodium 200 mg, 600 mg tab <b>MO</b>	1	
tolmetin sodium 400 mg cap <b>MO</b>	1	
TOPAMAX 100 MG, 200 MG TABLET <b>DL</b>	4	QL (120 per 30 days)
TOPAMAX 15 MG, 25 MG SPRINKLE CAPSULE <b>MO</b>	3	
TOPAMAX 25 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
TOPAMAX 50 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
topiramate 100 mg, 200 mg, 50 mg tablet <b>MO</b>	1	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
topiramate 25 mg tablet <b>MO</b>	1	QL (90 per 30 days)
topiramate er 100 mg, 50 mg capsule <b>MO</b>	3	PA,QL (30 per 30 days)
topiramate er 150 mg, 200 mg capsule <b>MO</b>	3	PA,QL (60 per 30 days)
topiramate er 25 mg capsule <b>MO</b>	3	PA,QL (90 per 30 days)
tramadol er 100 mg, 200 mg, 300 mg tablet <b>DL</b>	1	ST,QL (30 per 30 days)
tramadol hcl 50 mg tablet <b>DL</b>	1	QL (240 per 30 days)
tramadol hcl er 100 mg, 200 mg, 300 mg capsule <b>DL</b>	1	ST,QL (30 per 30 days)
tramadol hcl er 100 mg, 200 mg, 300 mg tablet <b>DL</b>	1	QL (30 per 30 days)
tramadol-acetaminophn 37.5-325 <b>DL</b>	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 <b>MO</b>	3	PA
tranylcypromine sulf 10 mg tab <b>MO</b>	1	
trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet <b>MO</b>	1	
TREXIMET 10 MG-60 MG TABLET; TREXIMET 85 MG-500 MG TABLET <b>MO</b>	3	ST,QL (18 per 30 days)
TREZIX 320.5 MG-30 MG-16 MG CAPSULE <b>DL</b>	1	QL (300 per 30 days)
triazolam 0.125 mg, 0.25 mg tablet <b>MO</b>	1	QL (30 per 30 days)
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet <b>MO</b>	1	
trihexyphenidyl 2 mg, 5 mg tablet <b>MO</b>	1	PA
trihexyphenidyl 2 mg/5 ml elx <b>MO</b>	1	PA
TRILEPTAL 150 MG TABLET <b>MO</b>	3	PA
TRILEPTAL 300 MG, 600 MG TABLET <b>DL</b>	4	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION <b>DL</b>	4	PA
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp <b>MO</b>	1	PA
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
TROKENDI XR 100 MG, 50 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (90 per 30 days)
TYLENOL-CODEINE #3 300 MG-30 MG TABLET <b>DL</b>	1	PA,QL (360 per 30 days)
TYLENOL-CODEINE #4 300 MG-60 MG TABLET <b>DL</b>	1	PA,QL (180 per 30 days)
ULTIVA 1 MG INTRAVENOUS SOLUTION <b>DL</b>	3	QL (450 per 30 days)
ULTIVA 2 MG INTRAVENOUS SOLUTION <b>DL</b>	3	QL (240 per 30 days)
ULTIVA 5 MG INTRAVENOUS SOLUTION <b>DL</b>	3	QL (90 per 30 days)
ULTRACET 37.5 MG-325 MG TABLET <b>DL</b>	3	QL (240 per 30 days)
ULTRAM 50 MG TABLET <b>DL</b>	3	QL (240 per 30 days)
ULTRAM ER 100 MG, 200 MG, 300 MG TABLET <b>DL</b>	3	ST,QL (30 per 30 days)
VALIUM 10 MG TABLET <b>MO</b>	3	PA,QL (120 per 30 days)

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VALIUM 2 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
valproate sod 500 mg/5 ml vl <b>MO</b>	1	
valproic acid 250 mg capsule <b>MO</b>	1	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol <b>MO</b>	1	
vanatol lq 50 mg-325 mg-40 mg/15 ml oral solution <b>DL</b>	4	PA,QL (450 per 30 days)
vanatol s 50 mg-325 mg-40 mg/15 ml oral solution <b>DL</b>	4	PA,QL (450 per 30 days)
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet <b>MO</b>	1	
venlafaxine hcl er 150 mg cap <b>MO</b>	1	QL (60 per 30 days)
VENLAFAXINE HCL ER 150 MG, 225 MG, 37.5 MG TAB <b>MO</b>	3	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap <b>MO</b>	1	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap <b>MO</b>	1	QL (90 per 30 days)
VENLAFAXINE HCL ER 75 MG TAB <b>MO</b>	3	QL (60 per 30 days)
verdrocet 2.5 mg-325 mg tablet <b>DL</b>	1	QL (360 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION <b>MO</b>	3	PA,QL (540 per 30 days)
vicodin 5 mg-300 mg tablet <b>DL</b>	1	QL (390 per 30 days)
vicodin es 7.5 mg-300 mg tablet <b>DL</b>	1	QL (390 per 30 days)
vicodin hp 10 mg-300 mg tablet <b>DL</b>	1	QL (390 per 30 days)
VICOPROFEN 7.5-200 MG TABLET <b>DL</b>	3	PA,QL (150 per 30 days)
vigabatrin 500 mg powder packt <b>DL</b>	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 <b>MO</b>	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 <b>DL</b>	4	ST,QL (60 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION <b>MO</b>	3	PA,QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>MO</b>	3	PA
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION <b>MO</b>	3	PA
VISTARIL 25 MG, 50 MG CAPSULE <b>MO</b>	3	PA
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>DL</b>	4	PA,QL (1 per 28 days)
VIVLODEX 10 MG, 5 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
VOLTAREN 1 % TOPICAL GEL <b>MO</b>	3	
VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK <b>MO</b>	3	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
WELLBUTRIN 100 MG, 75 MG TABLET <b>MO</b>	3	QL (180 per 30 days)

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WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE <b>MO</b>	3	QL (120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE <b>MO</b>	3	QL (90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE <b>MO</b>	3	QL (60 per 30 days)
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE <b>DL</b>	4	PA,QL (90 per 30 days)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
XADAGO 100 MG, 50 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET <b>MO</b>	3	PA,QL (120 per 30 days)
XANAX 2 MG TABLET <b>MO</b>	3	PA,QL (150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
XARTEMIS XR 7.5-325 MG TABLET <b>DL</b>	3	QL (360 per 30 days)
XENAZINE 12.5 MG TABLET <b>DL</b>	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
XODOL 10/300 10 MG-300 MG TABLET <b>DL</b>	1	QL (390 per 30 days)
XODOL 5/300 5 MG-300 MG TABLET <b>DL</b>	1	QL (390 per 30 days)
XODOL 7.5/300 7.5 MG-300 MG TABLET <b>DL</b>	1	QL (390 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE <b>DL</b>	2	QL (60 per 30 days)
<i>xylon 10 10 mg-200 mg tablet</i> <b>DL</b>	1	QL (150 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION <b>DL</b>	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 <b>MO</b>	3	PA,QL (30 per 30 days)
<i>zaleplon 10 mg, 5 mg capsule</i> <b>MO</b>	1	QL (90 per 365 days)
ZAMICET 10 MG-325 MG/15 ML ORAL SOLUTION <b>DL</b>	1	QL (5430 per 30 days)
ZARONTIN 250 MG CAPSULE <b>MO</b>	3	
ZARONTIN 250 MG/5 ML ORAL SOLUTION <b>MO</b>	3	
ZEBUTAL 50 MG-325 MG-40 MG CAPSULE <b>MO</b>	1	PA,QL (180 per 30 days)
ZELAPAR 1.25 MG DISINTEGRATING TABLET <b>DL</b>	4	
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (6 per 30 days)
<i>zenzedi 10 mg tablet</i> <b>MO</b>	1	QL (180 per 30 days)
ZENZEDI 15 MG TABLET <b>MO</b>	1	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET <b>MO</b>	1	QL (90 per 30 days)
ZENZEDI 30 MG TABLET <b>MO</b>	1	QL (60 per 30 days)
<i>zenzedi 5 mg tablet</i> <b>MO</b>	1	QL (150 per 30 days)
<i>ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
ZIPSOR 25 MG CAPSULE <b>DL</b>	4	QL (120 per 30 days)
ZOHYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <b>DL</b>	3	ST,QL (90 per 30 days)
ZOHYDRO ER 50 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <b>DL</b>	3	ST,QL (120 per 30 days)

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zolmitriptan 2.5 mg, 2.5 mg, 5 mg, 5 mg odt; zolmitriptan 2.5 mg, 2.5 mg, 5 mg, 5 mg tablet <b>MO</b>	1	QL (9 per 30 days)
ZOLOFT 100 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
ZOLOFT 20 MG/ML ORAL CONCENTRATE <b>MO</b>	3	PA
ZOLOFT 25 MG, 50 MG TABLET <b>MO</b>	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 <b>MO</b>	1	QL (90 per 365 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY <b>MO</b>	3	QL (23.1 per 365 days)
ZOMIG 2.5 MG, 5 MG NASAL SPRAY <b>MO</b>	3	QL (12 per 30 days)
ZOMIG 2.5 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (9 per 30 days)
ZOMIG ZMT 2.5 MG, 5 MG DISINTEGRATING TABLET <b>MO</b>	3	PA,QL (9 per 30 days)
ZONEGRAN 100 MG, 25 MG CAPSULE <b>DL</b>	4	PA
zonisamide 100 mg, 25 mg, 50 mg capsule <b>MO</b>	1	
ZORVOLEX 18 MG, 35 MG CAPSULE <b>MO</b>	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 <b>MO</b>	2	PA,QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET <b>MO</b>	2	PA,QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET <b>MO</b>	2	PA,QL (60 per 30 days)
ZYBAN 150 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (90 per 30 days)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION <b>MO</b>	3	
ZYPREXA 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ZYPREXA 15 MG, 20 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	3	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	4	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	4	QL (1 per 28 days)
ZYPREXA ZYDIS 10 MG, 5 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG DISINTEGRATING TABLET <b>DL</b>	4	QL (60 per 30 days)
<b>DEVICES</b>		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	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 <b>MO</b>	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" <b>MO</b>	1	

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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" <b>MO</b>	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <b>MO</b>	1	
AUTOPEN 1 TO 16 UNITS <b>MO</b>	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <b>MO</b>	1	
AUTOPEN 2 TO 32 UNITS <b>MO</b>	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <b>MO</b>	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" <b>MO</b>	1	
BD AUTOSHIELD NEEDLE 5MMX29G; BD AUTOSHIELD NEEDLE 8MMX29G <b>MO</b>	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" <b>MO</b>	1	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" <b>MO</b>	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" <b>MO</b>	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" <b>MO</b>	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" <b>MO</b>	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE SLIP TIP 1 ML <b>MO</b>	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" <b>MO</b>	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" <b>MO</b>	1	

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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" <b>MO</b>	1	
BD INTEGRA SYR 1 ML 29GX1/2" <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	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" <b>MO</b>	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" <b>MO</b>	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" <b>MO</b>	1	
BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" <b>MO</b>	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" <b>MO</b>	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" <b>MO</b>	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" <b>MO</b>	1	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" <b>MO</b>	1	

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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", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	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" <b>MO</b>	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MO</b>	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" <b>MO</b>	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" <b>MO</b>	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MO</b>	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
HUMAPEN LUXURA HD SUBCUTANEOUS <b>MO</b>	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
INSULIN SYR 0.3ML 31GX1/4(1/2) <b>MO</b>	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 <b>MO</b>	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" <b>MO</b>	1	
BD LUER-LOK SYRINGE 1 ML <b>MO</b>	1	
BD INSULIN SYR 0.5 ML 29GX1/2" <b>MO</b>	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 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; KMART 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 0.5 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" <b>MO</b>	1	
INSULIN SYRINGE U100 1 ML <b>MO</b>	1	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 <b>MO</b>	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" <b>MO</b>	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" <b>MO</b>	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" <b>MO</b>	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 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" <b>MO</b>	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 <b>MO</b>	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE <b>MO</b>	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE <b>MO</b>	1	
NOVOFINE 30 30 GAUGE X 1/3" NEEDLE <b>MO</b>	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <b>MO</b>	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <b>MO</b>	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <b>MO</b>	1	
NOVOPEN ECHO SUBCUTANEOUS <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOTWIST 30 GAUGE X 1/3", 32 GAUGE X 1/5" NEEDLE; NOVOTWIST NEEDLE 30G 8MM <b>MO</b>	1	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLES 6MM 31G <b>MO</b>	1	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16" <b>MO</b>	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"; PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2" <b>MO</b>	1	
RELION NEEDLES 31 GAUGE X 1/4" <b>MO</b>	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" <b>MO</b>	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 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"; 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" <b>MO</b>	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" <b>MO</b>	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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" <b>MO</b>	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	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" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" <b>MO</b>	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE <b>MO</b>	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 <b>MO</b>	1	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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 <b>MO</b>	1	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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" <b>MO</b>	1	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" <b>MO</b>	1	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" <b>MO</b>	1	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	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 <b>MO</b>	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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 <b>MO</b>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 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" <b>MO</b>	1	

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ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" <b>MO</b>	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" <b>MO</b>	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 <b>MO</b>	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" <b>MO</b>	1	
VGO 20 DEVICE <b>MO</b>	3	
VGO 30 DEVICE <b>MO</b>	3	
VGO 40 DEVICE <b>MO</b>	3	
<b>DIAGNOSTIC AGENTS</b>		
ACTHAR H.P. 80 UNIT/ML INJECTION GEL <b>DL</b>	4	PA,QL (30 per 30 days)
<i>enlon 10 mg/ml injection solution</i> <b>MO</b>	1	
ENLON-PLUS 10 MG-0.14 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	PA
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<i>acetic acid 0.25% irrig soln</i> <b>MO</b>	1	
<i>amiloride hcl 5 mg tablet</i> <b>MO</b>	1	
<i>amiloride hcl-hctz 5-50 mg tab</i> <b>MO</b>	1	
<i>amino acids 15 % intravenous solution</i> <b>MO</b>	1	B vs D
AMINOSYN 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION <b>DL</b>	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AURYXIA 210 MG IRON TABLET <b>MO</b>	3	QL (360 per 30 days)
<i>bumetanide 0.25 mg/ml vial</i> <b>MO</b>	1	
<i>bumetanide 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	1	
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER <b>DL</b>	4	
BUPHENYL 500 MG TABLET <b>DL</b>	4	
<i>calcium acetate 667 mg gelcap</i> <b>MO</b>	1	
<i>calcium acetate 667 mg tablet</i> <b>MO</b>	1	
<i>calcium chloride 10% syringe</i> <b>MO</b>	1	
<i>calcium chloride 10% vial</i> <b>MO</b>	1	
<i>calcium gluconate 10% vial</i> <b>MO</b>	1	
CARBAGLU 200 MG DISPERSIBLE TABLET <b>DL</b>	4	PA
<i>chlorothiazide 250 mg, 500 mg tablet</i> <b>MO</b>	1	
<i>chlorothiazide sod 500 mg vial</i> <b>MO</b>	1	
<i>chlorthalidone 25 mg, 50 mg tablet</i> <b>MO</b>	1	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
<i>clinisol sf 15 % intravenous solution</i> <b>MO</b>	3	B vs D
<i>constulose 10 gram/15 ml oral solution</i> <b>MO</b>	1	
<i>dextrose 10%-0.45% nacl iv sol</i> <b>MO</b>	1	
<i>dextrose 2.5%-0.45% nacl iv</i> <b>MO</b>	1	
<i>dextrose 5%-0.9% nacl iv soln</i> <b>MO</b>	1	
<i>dextrose 5%-0.45% nacl iv soln</i> <b>MO</b>	1	
DEMADEX 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	
<i>dextrose 10%-0.2% nacl iv soln</i> <b>MO</b>	1	
<i>dextrose 10%-water iv solution</i> <b>MO</b>	1	
<i>dextrose 20%-water iv soln</i> <b>MO</b>	1	
<i>dextrose 25%-water syringe</i> <b>MO</b>	1	
<i>dextrose 30%-water iv soln</i> <b>MO</b>	1	
<i>dextrose 40%-water iv soln</i> <b>MO</b>	1	
<i>dextrose 5%-water iv soln</i> <b>MO</b>	1	
<i>dextrose 5%-lr iv solution</i> <b>MO</b>	1	
<i>dextrose 5%-0.2% nacl iv soln</i> <b>MO</b>	1	
<i>dextrose 5%-0.3% nacl iv soln</i> <b>MO</b>	1	
<i>dextrose 50%-water syringe</i> <b>MO</b>	1	
<i>dextrose 50%-water vial</i> <b>MO</b>	1	
<i>dextrose 70%-water iv soln</i> <b>MO</b>	1	
DIURIL 250 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	
DIURIL 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
DYAZIDE 37.5 MG-25 MG CAPSULE <b>MO</b>	3	
DYRENIUM 100 MG, 50 MG CAPSULE <b>MO</b>	3	
EDECIN 25 MG TABLET <b>DL</b>	4	
<i>dextrose 5%-electrolyte 48</i> <b>MO</b>	1	
<i>eliphos 667 mg tablet</i> <b>MO</b>	1	
<i>enulose 10 gram/15 ml oral solution</i> <b>MO</b>	1	
<i>ethacrynate sodium 50 mg vial</i> <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ethacrynic acid 25 mg tablet</i> <sup>MO</sup>	1	
FOSRENOL 1,000 MG, 500 MG, 750 MG CHEWABLE TABLET <sup>MO</sup>	3	ST
FOSRENOL 1,000 MG, 750 MG ORAL POWDER PACKET <sup>MO</sup>	3	ST
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION <sup>MO</sup>	3	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	3	B vs D
<i>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</i> <sup>MO</sup>	1	
<i>furosemide 100 mg/10 ml syring</i> <sup>MO</sup>	1	
<i>furosemide 20 mg, 40 mg, 80 mg tablet</i> <sup>MO</sup>	1	
<i>generlac 10 gram/15 ml oral solution</i> <sup>MO</sup>	1	
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION <sup>MO</sup>	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION <sup>MO</sup>	3	B vs D
<i>hydrochlorothiazide 12.5 mg cp</i> <sup>MO</sup>	1	
<i>hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb</i> <sup>MO</sup>	1	
HYPERLYTE CR 25 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION <sup>MO</sup>	3	
<i>indapamide 1.25 mg, 2.5 mg tablet</i> <sup>MO</sup>	1	
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION <sup>MO</sup>	3	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION <sup>MO</sup>	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION <sup>MO</sup>	3	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION <sup>MO</sup>	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION <sup>MO</sup>	3	
ISOLYTE-S INTRAVENOUS SOLUTION <sup>MO</sup>	3	
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	3	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION <sup>MO</sup>	3	B vs D
<i>kionex oral powder</i> <sup>MO</sup>	1	
<i>kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension</i> <sup>MO</sup>	1	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	1	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	1	
<i>klor-con m10 meq tablet,extended release</i> <sup>MO</sup>	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	1	
<i>klor-con m20 meq tablet,extended release</i> <sup>MO</sup>	1	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release</i> <sup>MO</sup>	1	
KRISTALOSE 10 GRAM, 20 GRAM ORAL PACKET <sup>MO</sup>	1	
<i>lactated ringers injection</i> <sup>MO</sup>	1	
<i>lactated ringers irrigation</i> <sup>MO</sup>	1	
<i>lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution</i> <sup>MO</sup>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lanthanum carb 1,000 mg, 500 mg, 750 mg tab chew; lanthanum carb 1,000 mg, 500 mg, 750 mg tb chw <b>MO</b>	1	ST
LASIX 20 MG, 40 MG, 80 MG TABLET <b>MO</b>	3	
LITHOSTAT 250 MG TABLET <b>MO</b>	3	
mannitol 10% iv solution <b>MO</b>	1	
mannitol 20% iv solution <b>MO</b>	1	
mannitol 25% vial <b>MO</b>	1	
mannitol 5% iv solution <b>MO</b>	1	
MAXZIDE 75 MG-50 MG TABLET <b>MO</b>	3	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET <b>MO</b>	3	PA
methyclothiazide 5 mg tablet <b>MO</b>	1	
metolazone 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	1	
MICROZIDE 12.5 MG CAPSULE <b>MO</b>	3	
nebulal 3 % solution for nebulization <b>MO</b>	1	B vs D
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
NEUT 4 % INTRAVENOUS SOLUTION <b>MO</b>	3	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	3	
NORMOSOL-R INTRAVENOUS SOLUTION <b>MO</b>	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION <b>MO</b>	3	
NUTRILIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
OSMITROL 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	
OSMITROL 15 % INTRAVENOUS SOLUTION <b>MO</b>	3	
OSMITROL 20 % INTRAVENOUS SOLUTION <b>MO</b>	3	
OSMITROL 5 % INTRAVENOUS SOLUTION <b>MO</b>	3	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION <b>MO</b>	3	PA
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION <b>MO</b>	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION <b>MO</b>	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION <b>MO</b>	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION <b>MO</b>	3	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	3	
potassium acet 100 meq/50 ml <b>MO</b>	1	
d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl <b>MO</b>	1	
potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium cl 10% (20 meq/15 ml, 40 meq/15 ml; potassium cl 20% (20 meq/15 ml, 40 meq/15 ml) <b>MO</b>	1	
potassium cl 20 meq/10 ml conc <b>MO</b>	1	
potassium cl er 10 meq, 20 meq tablet <b>MO</b>	1	
potassium cl er 10 meq, 20 meq, 8 meq tablet <b>MO</b>	1	
potassium cl er 10 meq, 8 meq capsule <b>MO</b>	1	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln <b>MO</b>	1	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution <b>MO</b>	1	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer <b>MO</b>	1	
potassium cl 20 meq-0.45% nacl <b>MO</b>	1	
d5w-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl <b>MO</b>	1	
kcl 20 meq in d5w-0.3% nacl <b>MO</b>	1	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% <b>MO</b>	1	
potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab <b>MO</b>	1	
potassium phosp 45 mmol/15 ml <b>MO</b>	1	
PREMASOL 10 % INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
probenecid 500 mg tablet <b>MO</b>	1	
probenecid-colchicine tabs <b>MO</b>	1	
PROCALAMINE 3% INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
RAVICTI 1.1 GRAM/ML ORAL LIQUID <b>DL</b>	4	PA,QL (525 per 30 days)
RENACIDIN 6.602 GRAM-3.268 GRAM/100 ML IRRIGATION SOLUTION; RENACIDIN IRRIGATION SOLN <b>MO</b>	3	
RENAGEL 400 MG, 800 MG TABLET <b>MO</b>	3	ST
REVELA 0.8 GRAM ORAL POWDER PACKET <b>MO</b>	2	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET <b>MO</b>	2	QL (180 per 30 days)
REVELA 800 MG TABLET <b>MO</b>	2	QL (540 per 30 days)
RESECTISOL 5 % URETHRAL SOLUTION <b>MO</b>	3	
ringer's iv solution <b>MO</b>	1	
ringers irrigation solution <b>MO</b>	1	
SAMSCA 15 MG, 30 MG TABLET <b>DL</b>	4	QL (60 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	3	B vs D
sodium acetate 2 meq/ml, 4 meq/ml vial; sodium acetate 40 meq/20 ml vl <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sod phenylacet-sod benzoate vl <b>DL</b>	4	
sodium bicarb 4.2% abbjct; sodium bicarb 7.5% abboject; sodium bicarb 8.4% abboject <b>MO</b>	1	
sodium bicarb 4.2% vial; sodium bicarb 8.4% vial <b>MO</b>	1	
sodium chloride 0.9% inhal vl; sodium chloride 10% vial; sodium chloride 3% vial <b>MO</b>	1	B vs D
sodium chloride 0.9% irrig. <b>MO</b>	1	
sodium chloride 100 meq/40 ml; sodium chloride 2.5 meq/ml, 4 meq/ml vl <b>MO</b>	1	
saline 0.45% soln-excel con <b>MO</b>	1	
sodium chloride 0.45% soln <b>MO</b>	1	
sodium chloride 0.9% solution <b>MO</b>	1	
sodium chloride 0.9% vial <b>MO</b>	2	
sodium chloride 3% iv soln <b>MO</b>	1	
sodium chloride 5% iv soln <b>MO</b>	1	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
sodium lactate 5 meq/ml vial <b>MO</b>	1	
sodium phenylbutyrate 500mg tb <b>DL</b>	4	
sodium phenylbutyrate powder <b>DL</b>	4	
sodium phosphate 3mm/ml vial <b>MO</b>	1	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp <b>MO</b>	1	
sps 15 gm/60 ml suspension <b>MO</b>	1	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema <b>MO</b>	1	
sorbitol-mannitol irrig <b>MO</b>	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION <b>MO</b>	1	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA <b>MO</b>	1	
THAM 36 MG/ML (0.3 M) INTRAVENOUS SOLUTION <b>MO</b>	3	
torse mide 10 mg, 100 mg, 20 mg, 5 mg tablet <b>MO</b>	1	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
TRAVASOL 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp <b>MO</b>	1	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb <b>MO</b>	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
UROCI-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UROCID-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE <b>MO</b>	3	
UROCID-K 5 5 MEQ (540 MG) TABLET,EXTENDED RELEASE <b>MO</b>	3	
VAPRISOL 20 MG/100 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
VELPHORO 500 MG CHEWABLE TABLET <b>DL</b>	4	ST
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET <b>MO</b>	3	PA,QL (30 per 30 days)
VOLUVEN 6 % INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>sterile water for irrigation</i> <b>MO</b>	1	
ZURAMPIC 200 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
<b>ENZYMES</b>		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	4	
ALDURAZYME 2.9 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
CEREZYME 400 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ELAPRASE 6 MG/3 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (70 per 30 days)
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
KANUMA 2 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (38.4 per 28 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION <b>DL</b>	4	
VPRIV 400 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<i>acetazolamide ear drops</i> <b>MO</b>	1	
<i>acetazolamide 125 mg, 250 mg tablet</i> <b>MO</b>	1	
<i>acetazolamide er 500 mg cap</i> <b>MO</b>	1	
<i>acetazolamide sod 500 mg vial</i> <b>MO</b>	1	
<i>acetic acid 2% ear solution</i> <b>MO</b>	1	
<i>acetic acid-aluminum drops</i> <b>MO</b>	1	
ACULAR 0.5 % EYE DROPS <b>MO</b>	3	ST
ACULAR LS 0.4 % EYE DROPS <b>MO</b>	3	ST
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	ST
<i>ak-poly-bac eye ointment</i> <b>MO</b>	1	
AKTEN (PF) 3.5 % EYE GEL <b>MO</b>	3	
ALCAINE 0.5% EYE DROPS <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALOMIDE 0.1 % EYE DROPS <b>MO</b>	3	
ALPHAGAN P 0.1 % EYE DROPS <b>MO</b>	2	
ALPHAGAN P 0.15 % EYE DROPS <b>MO</b>	3	PA
ALREX 0.2 % EYE DROPS,SUSPENSION <b>MO</b>	3	
<i>apraclonidine hcl 0.5% drops</i> <b>MO</b>	1	
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY <b>MO</b>	3	PA,QL (30 per 25 days)
<i>atropine 1% eye drops</i> <b>MO</b>	1	
<i>atropine 1% eye ointment</i> <b>MO</b>	1	
ATROVENT 0.03% SPRAY <b>MO</b>	3	QL (30 per 30 days)
ATROVENT 0.06% SPRAY <b>MO</b>	3	QL (45 per 30 days)
AZASITE 1 % EYE DROPS <b>MO</b>	3	ST,QL (2.5 per 25 days)
<i>azelastine 0.1% (137 mcg) spry</i> <b>MO</b>	1	QL (30 per 25 days)
<i>azelastine 0.15% nasal spray</i> <b>MO</b>	1	QL (30 per 25 days)
<i>azelastine hcl 0.05% drops</i> <b>MO</b>	1	
AZOPT 1 % EYE DROPS,SUSPENSION <b>MO</b>	2	QL (10 per 28 days)
<i>bacitracin 500 unit/gm ophth</i> <b>MO</b>	1	
<i>bacitracin-polymyxin eye oint</i> <b>MO</b>	1	
BACTROBAN NASAL 2 % OINTMENT <b>MO</b>	3	
<i>balanced salt intraocular solution</i> <b>MO</b>	1	
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY <b>MO</b>	3	ST,QL (50 per 30 days)
BEPREVE 1.5 % EYE DROPS <b>MO</b>	3	QL (5 per 25 days)
BESIVANCE 0.6 % EYE DROPS,SUSPENSION <b>MO</b>	2	
BETADINE OPHTHALMIC PREP 5 % SOLUTION <b>MO</b>	3	
BETAGAN 0.5 % EYE DROPS <b>MO</b>	3	
<i>betaxolol hcl 0.5% eye drop</i> <b>MO</b>	1	
BETIMOL 0.25 %, 0.5 % EYE DROPS <b>MO</b>	3	ST
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
<i>bimatoprost 0.03% eye drops</i> <b>MO</b>	1	QL (2.5 per 25 days)
BLEPH-10 10 % EYE DROPS <b>MO</b>	1	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION <b>MO</b>	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT <b>MO</b>	1	
<i>brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp</i> <b>MO</b>	1	
<i>bromfenac sodium 0.09% eye drp</i> <b>MO</b>	1	QL (1.7 per 30 days)
BROMSITE 0.075 % EYE DROPS <b>MO</b>	3	ST,QL (5 per 30 days)
BSS INTRAOCULAR SOLUTION <b>MO</b>	3	
BSS PLUS INTRAOCULAR SOLUTION <b>MO</b>	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
budesonide 32 mcg nasal spray <b>MO</b>	1	ST,QL (17.2 per 30 days)
carteolol hcl 1% eye drops <b>MO</b>	1	
chlorhexidine 0.12% rinse <b>MO</b>	1	
CILOXAN 0.3 % EYE DROPS <b>MO</b>	3	
CILOXAN 0.3 % EYE OINTMENT <b>MO</b>	3	
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION <b>MO</b>	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION <b>MO</b>	3	
ciprofloxacin 0.2% otic soln <b>MO</b>	1	
ciprofloxacin 0.3% eye drop <b>MO</b>	1	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION <b>MO</b>	3	
COMBIGAN 0.2 %-0.5 % EYE DROPS <b>MO</b>	2	QL (5 per 25 days)
CORTISPORIN-TC EAR SUSPENSION <b>MO</b>	3	
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS <b>MO</b>	3	ST,QL (10 per 30 days)
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	ST,QL (60 per 30 days)
CYCLOGYL 0.5 %, 1 %, 2 % EYE DROPS <b>MO</b>	1	
cyclopentolate 0.5% eye drops; cyclopentolate 1% eye drops; cyclopentolate hcl 2% drops <b>MO</b>	1	
CYSTARAN 0.44 % EYE DROPS <b>DL</b>	4	PA,QL (60 per 28 days)
DERMOTIC OIL 0.01 % EAR DROPS <b>MO</b>	3	
dexamethasone 0.1% eye drop <b>MO</b>	1	
DIAMOX SEQUELS 500 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA
diclofenac 0.1% eye drops <b>MO</b>	1	QL (5 per 30 days)
dorzolamide hcl 2% eye drops <b>MO</b>	1	QL (10 per 30 days)
dorzolamide-timolol eye drops <b>MO</b>	1	QL (10 per 30 days)
doxycycline hyclate 20 mg tab <b>MO</b>	1	
DUREZOL 0.05 % EYE DROPS <b>MO</b>	2	
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY <b>MO</b>	3	ST,QL (23 per 28 days)
ELESTAT 0.05 % EYE DROPS <b>MO</b>	3	QL (5 per 25 days)
EMADINE 0.05 % EYE DROPS <b>MO</b>	3	
epinastine hcl 0.05% eye drops <b>MO</b>	1	QL (5 per 25 days)
erythromycin 0.5% eye ointment <b>MO</b>	1	
FLAREX 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	
flunisolide 0.025% spray <b>MO</b>	1	QL (50 per 30 days)
fluocinolone oil 0.01% ear drp <b>MO</b>	1	
fluorometholone 0.1% drops <b>MO</b>	1	
flurbiprofen 0.03% eye drop <b>MO</b>	1	
fluticasone prop 50 mcg spray <b>MO</b>	1	QL (16 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FML FORTE 0.25 % EYE DROPS,SUSPENSION <b>MO</b>	3	
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	
FML S.O.P. 0.1 % EYE OINTMENT <b>MO</b>	3	
gatifloxacin 0.5% eye drops <b>MO</b>	1	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment <b>MO</b>	1	
gentamicin 0.3% eye drops <b>MO</b>	1	
gentamicin 0.3% eye ointment <b>MO</b>	1	
glydo 2 % mucous membrane jelly in applicator <b>MO</b>	1	
hydrocortison-acetic acid soln <b>MO</b>	1	
ILEVRO 0.3 % EYE DROPS,SUSPENSION <b>MO</b>	2	
ILOTYCIN 0.5% EYE OINTMENT <b>MO</b>	1	
IOPIDINE 0.5 % EYE DROPS <b>MO</b>	3	PA
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	
ipratropium 0.03% spray <b>MO</b>	1	QL (30 per 30 days)
ipratropium 0.06% spray <b>MO</b>	1	QL (45 per 30 days)
ISOPTO ATROPINE 1% EYE DROPS <b>MO</b>	3	
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS <b>MO</b>	3	
ISTALOL 0.5 % EYE DROPS <b>MO</b>	3	
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution <b>MO</b>	1	
LACRISERT 5 MG EYE INSERTS <b>MO</b>	3	
LASTACFT 0.25 % EYE DROPS <b>MO</b>	3	
latanoprost 0.005% eye drops <b>MO</b>	1	QL (5 per 25 days)
levobunolol 0.5% eye drops <b>MO</b>	1	
levofloxacin 0.5% eye drops <b>MO</b>	1	
lidocaine 2% viscous soln; lidocaine hcl 4% solution <b>MO</b>	1	
lidocaine hcl 2% jelly <b>MO</b>	1	
lidocaine viscous 2 % mucosal solution <b>MO</b>	1	
LOTEMAX 0.5 % EYE OINTMENT <b>MO</b>	3	
LOTEMAX 0.5 %, 0.5 % EYE DROPS,SUSPENSION; LOTEMAX 0.5 %, 0.5 % EYE GEL DROPS <b>MO</b>	3	
LUMIGAN 0.01 % EYE DROPS <b>MO</b>	2	QL (2.5 per 25 days)
MAXIDEX 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT <b>MO</b>	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION <b>MO</b>	1	
methazolamide 25 mg, 50 mg tablet <b>MO</b>	1	
metipranolol 0.3% eye drops <b>MO</b>	1	
MIOCHOL-E 1 % (10 MG/ML) INTRAOCULAR KIT <b>MO</b>	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MIOSTAT 0.01 % INTRAOCULAR SOLUTION <b>MO</b>	3	
mometasone furoate 50 mcg spry <b>MO</b>	1	ST,QL (34 per 30 days)
MOXEZA 0.5 % EYE DROPS <b>MO</b>	3	
moxifloxacin 0.5% eye drops <b>MO</b>	1	
MYDRIACYL 1 % EYE DROPS <b>MO</b>	1	
naphazoline 0.1% eye drops <b>MO</b>	1	
NASONEX 50 MCG/ACTUATION SPRAY <b>MO</b>	3	ST,QL (34 per 30 days)
NATACYN 5 % EYE DROPS,SUSPENSION <b>MO</b>	3	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment <b>MO</b>	1	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment <b>MO</b>	1	
neo-bacit-poly-hc eye ointment <b>MO</b>	1	
neomyc-bacit-polymix eye oint <b>MO</b>	1	
neomyc-polym-dexamet eye ointm <b>MO</b>	1	
neomyc-polym-dexameth eye drop <b>MO</b>	1	
neomyc-polym-gramicid eye drop <b>MO</b>	1	
neomycin-poly-hc eye drops; neomycin-polymyxin-hc ear susp <b>MO</b>	1	
neomycin-polymyxin-hc ear soln <b>MO</b>	1	
neosporin eye drops <b>MO</b>	1	
NEPTAZANE 25 MG, 50 MG TABLET <b>MO</b>	1	
NEVANAC 0.1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
OCUFEN 0.03% EYE DROPS <b>MO</b>	3	ST
OCUFLOX 0.3 % EYE DROPS <b>MO</b>	3	
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops <b>MO</b>	1	
olopatadine 665 mcg nasal spry <b>MO</b>	1	ST,QL (30.5 per 30 days)
olopatadine hcl 0.1% eye drops; olopatadine hcl 0.2% eye drop <b>MO</b>	1	
OMNARIS 50 MCG NASAL SPRAY <b>MO</b>	3	ST,QL (12.5 per 30 days)
OMNIPRED 1 % EYE DROPS,SUSPENSION <b>MO</b>	3	ST
OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION <b>MO</b>	3	
paroex oral rinse 0.12 % mouthwash <b>MO</b>	1	
PATADAY 0.2 % EYE DROPS <b>MO</b>	3	PA
PATANASE 0.6 % NASAL SPRAY <b>MO</b>	3	ST,QL (30.5 per 30 days)
PATANOL 0.1 % EYE DROPS <b>MO</b>	3	PA
PAZEO 0.7 % EYE DROPS <b>MO</b>	2	QL (2.5 per 25 days)
periogard 0.12 % mouthwash <b>MO</b>	1	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <b>MO</b>	3	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops <b>MO</b>	2	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>polycin 500 unit-10,000 unit/gram eye ointment</i> <sup>MO</sup>	1	
<i>polymyxin b-tmp eye drops</i> <sup>MO</sup>	1	
POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS <sup>MO</sup>	3	
PRED FORTE 1 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	ST
PRED MILD 0.12 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	ST
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT <sup>MO</sup>	3	
<i>prednisolone ac 1% eye drop</i> <sup>MO</sup>	1	
<i>prednisolone sod 1% eye drop</i> <sup>MO</sup>	1	
PROLENSA 0.07 % EYE DROPS <sup>MO</sup>	3	ST,QL (3 per 30 days)
<i>proparacaine 0.5% eye drops</i> <sup>MO</sup>	1	
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY <sup>MO</sup>	3	ST,QL (4.9 per 30 days)
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY <sup>MO</sup>	3	ST,QL (8.7 per 30 days)
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE <sup>MO</sup>	2	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS <sup>MO</sup>	2	QL (5.5 per 25 days)
RHINOCORT AQUA NASAL SPRAY <sup>MO</sup>	3	ST,QL (17.2 per 30 days)
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	ST,QL (16 per 30 days)
<i>sulfacetamide 10% eye drops</i> <sup>MO</sup>	1	
<i>sulfacetamide 10% eye ointment</i> <sup>MO</sup>	1	
<i>sulf-pred 10-0.23% eye drops</i> <sup>MO</sup>	1	
<i>timolol 0.25% eye drops; timolol 0.5% eye drops</i> <sup>MO</sup>	1	
<i>timolol 0.25% gel-solution; timolol 0.5% gel-solution</i> <sup>MO</sup>	1	
TIMOPTIC 0.25 %, 0.5 % EYE DROPS <sup>MO</sup>	3	
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % EYE DROPS IN A DROPPERETTE <sup>MO</sup>	3	
TIMOPTIC-XE 0.25 % EYE GEL <sup>MO</sup>	3	
TIMOPTIC-XE 0.5 % EYE GEL <sup>MO</sup>	3	PA
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT <sup>MO</sup>	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	
<i>tobramycin 0.3% eye drops</i> <sup>MO</sup>	1	
<i>tobramycin-dexameth ophth susp</i> <sup>MO</sup>	1	
TOBREX 0.3 % EYE DROPS <sup>MO</sup>	1	
TOBREX 0.3 % EYE OINTMENT <sup>MO</sup>	3	
TRAVATAN Z 0.004 % EYE DROPS <sup>MO</sup>	2	QL (2.5 per 25 days)
<i>travoprost 0.004% eye drop</i> <sup>MO</sup>	1	QL (2.5 per 25 days)
<i>triamcinolone 55 mcg nasal spr</i> <sup>MO</sup>	1	QL (17 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRIESENCE (PF) 40 MG/ML INTRAOCULAR SUSPENSION <b>MO</b>	3	B vs D
<i>trifluridine 1% eye drops</i> <b>MO</b>	1	
<i>tropicamide 0.5% eye drops; tropicamide 1% eye drops</i> <b>MO</b>	1	
TRUSOPT 2 % EYE DROPS <b>MO</b>	3	QL (10 per 30 days)
VERAMYST 27.5 MCG NASAL SPRAY <b>MO</b>	3	ST,QL (10 per 30 days)
VEXOL 1% EYE DROPS <b>MO</b>	3	ST
VIGAMOX 0.5 % EYE DROPS <b>MO</b>	3	
VIROPTIC 1 % EYE DROPS <b>MO</b>	3	
XALATAN 0.005 % EYE DROPS <b>MO</b>	3	QL (5 per 25 days)
XIIDRA 5 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	PA,QL (60 per 30 days)
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER <b>MO</b>	3	ST,QL (6.1 per 28 days)
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	ST,QL (30 per 30 days)
ZIRGAN 0.15 % EYE GEL <b>MO</b>	3	QL (5 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION <b>MO</b>	3	
ZYMAXID 0.5 % EYE DROPS <b>MO</b>	3	QL (2.5 per 25 days)
<b>GASTROINTESTINAL DRUGS</b>		
ACIPHEX 20 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
ACIPHEX SPRINKLE 10 MG, 5 MG CAPSULE,DELAYED RELEASE SPRINKLE <b>MO</b>	3	QL (30 per 30 days)
ACTIGALL 300 MG CAPSULE <b>MO</b>	3	PA
AKYNZEO 300 MG-0.5 MG CAPSULE <b>DL</b>	4	PA,QL (4 per 28 days)
<i>alosetron hcl 0.5 mg, 1 mg tablet</i> <b>DL</b>	4	PA,QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
<i>lansoprazol-amoxicil-clarithro</i> <b>MO</b>	1	ST
ANZEMET 100 MG, 50 MG TABLET <b>MO</b>	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 <b>MO</b>	3	ST
<i>aprepitant 125 mg, 40 mg capsule</i> <b>MO</b>	1	B vs D,QL (2 per 28 days)
<i>aprepitant 125-80-80 mg pack</i> <b>MO</b>	1	B vs D,QL (6 per 28 days)
<i>aprepitant 80 mg capsule</i> <b>MO</b>	1	B vs D,QL (4 per 28 days)
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE <b>MO</b>	2	QL (120 per 30 days)
ASACOL HD 800 MG TABLET,DELAYED RELEASE <b>MO</b>	3	ST
<i>balsalazide disodium 750 mg cp</i> <b>MO</b>	1	
CANASA 1,000 MG RECTAL SUPPOSITORY <b>MO</b>	2	QL (30 per 30 days)
CARAFATE 1 GRAM TABLET <b>MO</b>	3	
CARAFATE 100 MG/ML ORAL SUSPENSION <b>MO</b>	3	
CESAMET 1 MG CAPSULE <b>DL</b>	4	PA,QL (180 per 30 days)
CHENODAL 250 MG TABLET <b>DL</b>	4	PA

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CHOLBAM 250 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet</i> <b>MO</b>	1	
<i>cimetidine 300 mg/5 ml soln</i> <b>MO</b>	1	
COLAZAL 750 MG CAPSULE <b>MO</b>	3	PA
COLYTE WITH FLAVOR PACKS 240 GRAM-22.72 G-6.72 G-5.84 G ORAL SOLUTION <b>MO</b>	3	ST
COMPAZINE 10 MG, 5 MG TABLET <b>MO</b>	3	B vs D
COMPAZINE 25 MG RECTAL SUPPOSITORY <b>MO</b>	3	
<i>compro 25 mg rectal suppository</i> <b>MO</b>	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 <b>MO</b>	2	
CYTOTEC 100 MCG, 200 MCG TABLET <b>MO</b>	3	
DELZICOL 400 MG, 400 MG CAPSULE (DR TABLETS INSIDE); DELZICOL DR 400 MG, 400 MG CAPSULE <b>MO</b>	3	ST,QL (180 per 30 days)
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE <b>MO</b>	3	
<i>dimenhydrinate 50 mg/ml vial</i> <b>MO</b>	1	PA
DIPENTUM 250 MG CAPSULE <b>DL</b>	4	ST
<i>diphenoxylat-atrop 2.5-0.025/5</i> <b>MO</b>	1	
<i>diphenoxylate-atrop 2.5-0.025</i> <b>MO</b>	1	
<i>dronabinol 10 mg, 2.5 mg, 5 mg capsule</i> <b>MO</b>	1	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK <b>MO</b>	3	PA,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION <b>MO</b>	3	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE <b>MO</b>	3	PA,QL (2 per 28 days)
EMEND 80 MG CAPSULE <b>MO</b>	3	PA,QL (4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION <b>MO</b>	3	PA
ENTYVIO 300 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (2 per 28 days)
<i>esomeprazole mag dr 20 mg, 40 mg cap</i> <b>MO</b>	1	QL (30 per 30 days)
<i>esomeprazole sodium 20 mg, 40 mg vial</i> <b>MO</b>	1	
<i>famotidine 20 mg, 40 mg tablet</i> <b>MO</b>	1	
<i>famotidine 40 mg/4 ml vial</i> <b>MO</b>	1	
<i>famotidine 40 mg/5 ml susp</i> <b>MO</b>	1	
<i>famotidine 20 mg/2 ml vial</i> <b>MO</b>	1	
<i>famotidine 20 mg piggyback</i> <b>MO</b>	1	
FULYZAQ 125 MG DR TABLET <b>MO</b>	3	PA,QL (60 per 30 days)

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA
<i>gavilyte-c</i> 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution <b>MO</b>	1	
<i>gavilyte-g</i> 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution <b>MO</b>	1	
<i>gavilyte-h</i> and bisacodyl kit <b>MO</b>	1	
<i>gavilyte-n</i> 420 gram oral solution <b>MO</b>	1	
GIAZO 1.1 GRAM TABLET <b>MO</b>	3	PA,QL (180 per 30 days)
GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET <b>MO</b>	3	ST
GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION <b>MO</b>	3	ST
<i>granisetron hcl</i> 0.1 mg/ml vial; <i>granisetron hcl</i> 1 mg/ml vial <b>MO</b>	1	
<i>granisetron hcl</i> 1 mg tablet <b>MO</b>	1	B vs D,QL (28 per 28 days)
<i>granisetron hcl</i> 1 mg/ml vial <b>MO</b>	1	
<i>granisetron hcl</i> 4 mg/4 ml vial <b>MO</b>	1	QL (4 per 28 days)
<i>lansoprazole dr</i> 15 mg capsule <b>MO</b>	1	QL (60 per 30 days)
<i>lansoprazole dr</i> 30 mg capsule <b>MO</b>	1	QL (30 per 30 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE <b>MO</b>	2	QL (120 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE <b>MO</b>	2	QL (30 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET <b>MO</b>	3	PA
<i>loperamide</i> 2 mg capsule <b>MO</b>	1	
LOTRONEX 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE <b>DL</b>	4	PA,QL (120 per 30 days)
<i>meclizine</i> 12.5 mg, 25 mg tablet <b>MO</b>	1	PA
<i>mesalamine</i> 4 gm/60 ml enema <b>MO</b>	1	QL (1800 per 30 days)
<i>mesalamine</i> 800 mg dr tablet <b>MO</b>	1	ST
<i>metoclopramide</i> 10 mg, 5 mg tablet <b>MO</b>	1	
<i>metoclopramide</i> 10 mg/2 ml syr <b>MO</b>	1	
<i>metoclopramide</i> 10 mg/2 ml vial; <i>metoclopramide</i> 5 mg/5 ml, 5 mg/ml soln <b>MO</b>	1	
<i>metoclopramide hcl</i> 10 mg odt <b>MO</b>	1	QL (180 per 30 days)
<i>metoclopramide hcl</i> 5 mg odt <b>MO</b>	1	QL (360 per 30 days)
METZOLV ODT 5 MG TABLET <b>MO</b>	3	QL (360 per 30 days)
<i>misoprostol</i> 100 mcg, 200 mcg tablet <b>MO</b>	1	
MOTOFEN 1 MG-0.025 MG TABLET <b>MO</b>	3	
MOVANTI 12.5 MG, 25 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
MOVIPREP 100 G-7.5 G-2.691 G-4.7 G ORAL POWDER PACKET <b>MO</b>	3	ST
MYTESI 125 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEXIUM 20 MG, 40 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
NEXIUM 40 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG GRANULES DELAYED RELEASE FOR SUSP <b>MO</b>	3	QL (30 per 30 days)
<i>nizatidine 15 mg/ml solution</i> <b>MO</b>	1	
<i>nizatidine 150 mg, 300 mg capsule</i> <b>MO</b>	1	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION <b>MO</b>	3	ST
OICALIVA 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
OMECLAMOX-PAK 20 MG-500 MG-500 MG (40) ORAL PACK <b>MO</b>	3	ST
<i>omeppi 20 mg-1.1 gram capsule; omeppi 40 mg-1.1 gram capsule</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>omeprazole dr 10 mg, 20 mg, 40 mg capsule</i> <b>MO</b>	1	QL (60 per 30 days)
<i>omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 40-1,100 cap</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>omeprazole-bicarb 20-1,680 pkt; omeprazole-bicarb 40-1,680 pkt</i> <b>MO</b>	1	ST,QL (30 per 30 days)
<i>ondansetron odt 4 mg, 8 mg tablet</i> <b>MO</b>	1	B vs D,QL (90 per 30 days)
<i>ondansetron 4 mg/5 ml solution</i> <b>MO</b>	1	B vs D,QL (450 per 30 days)
<i>ondansetron 40 mg/20 ml vial</i> <b>MO</b>	1	
<i>ondansetron hcl 24 mg tablet</i> <b>MO</b>	1	B vs D,QL (30 per 30 days)
<i>ondansetron hcl 4 mg, 8 mg tablet</i> <b>MO</b>	1	B vs D,QL (90 per 30 days)
<i>ondansetron hcl 4 mg/2 ml syr</i> <b>MO</b>	1	
<i>ondansetron hcl 4 mg/2 ml vial</i> <b>MO</b>	1	
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET <b>MO</b>	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 <b>MO</b>	3	
<i>pancrelipase dr 5,000 unit cap</i> <b>MO</b>	3	
<i>pantoprazole sod dr 20 mg, 40 mg tab</i> <b>MO</b>	1	QL (60 per 30 days)
<i>pantoprazole sodium 40 mg vial</i> <b>MO</b>	1	
<i>peg 3350 electrolyte soln; peg-3350 and electrolytes soln</i> <b>MO</b>	1	
<i>peg 3350-electrolyte solution</i> <b>MO</b>	1	
<i>peg-prep 5 mg-210 gram oral kit</i> <b>MO</b>	1	
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE <b>MO</b>	3	PA,QL (150 per 30 days)
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE <b>DL</b>	4	PA,QL (300 per 30 days)
<i>pepcid 20 mg, 40 mg tablet</i> <b>MO</b>	3	PA
PEPCID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION <b>MO</b>	3	PA

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PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
<i>polyethylene glycol 3350 powd</i> <b>MO</b>	1	
PREPOPIK 10 MG-3.5 GRAM-12 GRAM ORAL POWDER PACKET <b>MO</b>	3	ST
PREVACID 15 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
PREVACID 30 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG DELAYED RELEASE,DISINTEGRATING TABLET <b>MO</b>	3	QL (30 per 30 days)
PREVPAC 500 MG-500 MG-30 MG ORAL PACK <b>MO</b>	3	ST
PRILOSEC 10 MG, 2.5 MG ORAL SUSPENSION,DELAYED RELEASE <b>MO</b>	3	PA
PRILOSEC DR 10 MG, 20 MG, 40 MG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
<i>prochlorperazine 25 mg supp</i> <b>MO</b>	1	
<i>prochlorperazine 10 mg/2 ml vl</i> <b>MO</b>	1	
<i>prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet</i> <b>MO</b>	1	B vs D
PROTONIX 20 MG, 40 MG TABLET,DELAYED RELEASE <b>MO</b>	3	QL (60 per 30 days)
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET <b>MO</b>	3	QL (30 per 30 days)
PROTONIX 40 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>rabeprazole sod dr 20 mg tab</i> <b>MO</b>	1	QL (30 per 30 days)
<i>ranitidine 15 mg/ml syrup</i> <b>MO</b>	1	
<i>ranitidine 150 mg, 300 mg capsule</i> <b>MO</b>	1	
<i>ranitidine 150 mg, 300 mg tablet</i> <b>MO</b>	1	
<i>ranitidine hcl 50 mg/2 ml vial</i> <b>MO</b>	1	
REGLAN 10 MG, 5 MG TABLET <b>MO</b>	3	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (36 per 28 days)
RELISTOR 150 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH <b>MO</b>	3	QL (4 per 30 days)
<i>scopolamine 1 mg/3 day patch</i> <b>MO</b>	1	QL (10 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA <b>MO</b>	3	QL (1800 per 30 days)
<i>sucrafate 1 gm tablet</i> <b>MO</b>	1	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <b>MO</b>	2	
SYMPROIC 0.2 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
SYNDROS 5 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (120 per 30 days)

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TIGAN 100 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
TIGAN 300 MG CAPSULE <b>MO</b>	3	B vs D
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) <b>MO</b>	3	QL (10 per 30 days)
<i>trilyte with flavor packets 420 gram oral solution</i> <b>MO</b>	1	
<i>trimethobenzamide 300 mg cap</i> <b>MO</b>	1	B vs D
TRULANCE 3 MG TABLET <b>MO</b>	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 <b>MO</b>	3	
URSO 250 250 MG TABLET <b>MO</b>	3	PA
URSO FORTE 500 MG TABLET <b>MO</b>	3	PA
<i>ursodiol 250 mg, 500 mg tablet</i> <b>MO</b>	1	
<i>ursodiol 300 mg capsule</i> <b>MO</b>	1	
VIBERZI 100 MG, 75 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET; VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET <b>MO</b>	3	
XENICAL 120 MG CAPSULE <b>MO</b>	3	PA
XERMELO 250 MG TABLET <b>DL</b>	4	PA,QL (84 per 28 days)
ZANTAC 150 MG, 300 MG TABLET <b>MO</b>	3	PA
ZANTAC 25 MG/ML, 50 MG/2 ML (25 MG/ML) INJECTION SOLUTION <b>MO</b>	3	PA
ZEGERID 20 MG-1,680 MG ORAL PACKET; ZEGERID 40 MG-1,680 MG ORAL PACKET <b>MO</b>	3	ST,QL (30 per 30 days)
ZEGERID 20 MG-1.1 GRAM CAPSULE; ZEGERID 40 MG-1.1 GRAM CAPSULE <b>MO</b>	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 <b>MO</b>	3	
ZOFRAN 2 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	PA
ZOFRAN 4 MG, 8 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
ZOFRAN 4 MG/5 ML ORAL SOLUTION <b>MO</b>	3	PA,QL (450 per 30 days)
ZOFRAN ODT 4 MG, 8 MG DISINTEGRATING TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
ZUPLENZ 4 MG, 8 MG ORAL SOLUBLE FILM <b>MO</b>	3	B vs D,QL (90 per 30 days)
<b>GOLD COMPOUNDS</b>		
RIDAURA 3 MG CAPSULE <b>DL</b>	4	

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<b>HEAVY METAL ANTAGONISTS</b>		
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	
<i>calcium disodium versenate 200 mg/ml injection solution</i> <b>MO</b>	1	
CHEMET 100 MG CAPSULE <b>DL</b>	4	
CUPRIMINE 250 MG CAPSULE <b>MO</b>	4	
<i>deferoxamine 2 gram, 500 mg vial</i> <b>MO</b>	1	
DEPEN TITRATABS 250 MG TABLET <b>DL</b>	4	
DESFERAL 2 GRAM, 500 MG SOLUTION FOR INJECTION <b>MO</b>	3	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET <b>DL</b>	4	PA
FERRIPROX 100 MG/ML ORAL SOLUTION <b>DL</b>	4	PA,QL (3600 per 30 days)
FERRIPROX 500 MG TABLET <b>DL</b>	4	PA,QL (720 per 30 days)
JADENU 180 MG, 360 MG, 90 MG TABLET <b>DL</b>	4	PA
JADENU SPRINKLE 180 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (600 per 30 days)
JADENU SPRINKLE 360 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (300 per 30 days)
JADENU SPRINKLE 90 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (1200 per 30 days)
SYPRINE 250 MG CAPSULE <b>DL</b>	4	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<i>a-hydrocort 100 mg solution for injection</i> <b>MO</b>	1	
<i>acarbose 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	1	
ACTIVELLA 0.5 MG-0.1 MG TABLET; ACTIVELLA 1 MG-0.5 MG TABLET <b>MO</b>	3	PA
ACTOPLUS MET 15 MG-500 MG TABLET; ACTOPLUS MET 15 MG-850 MG TABLET <b>MO</b>	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 <b>MO</b>	3	QL (30 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	3	PA,QL (8 per 28 days)
<i>altavera (28) 0.15 mg-0.03 mg tablet</i> <b>MO</b>	1	

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<i>alyacen 1/35 (28) 1 mg-35 mcg tablet</i> <b>MO</b>	1	
<i>alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <b>MO</b>	1	
<i>amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet</i> <b>MO</b>	1	PA
AMARYL 1 MG, 2 MG, 4 MG TABLET <b>MO</b>	3	PA
<i>amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>MO</b>	1	QL (91 per 90 days)
<i>amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>MO</b>	1	QL (91 per 90 days)
<i>amethyst 90 mcg-20 mcg tablet</i> <b>MO</b>	1	
ANADROL-50 50 MG TABLET <b>DL</b>	4	
<i>anastrozole 1 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	3	PA,QL (90 per 30 days)
ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	3	PA,QL (30 per 30 days)
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET; ANDROGEL 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %) TRANSDERMAL GEL PACKET; ANDROGEL 1% GEL PUMP <b>MO</b>	3	PA,QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET <b>MO</b>	2	QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PACKET; ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP <b>MO</b>	2	QL (150 per 30 days)
ANDROID 10 MG CAPSULE <b>MO</b>	1	
<i>androxy 10 mg tablet</i> <b>MO</b>	1	
ANGELIQ 0.25 MG-0.5 MG TABLET; ANGELIQ 0.5 MG-1 MG TABLET <b>MO</b>	3	PA
APIDRA 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	ST
APIDRA SOLOSTAR 100 UNIT/ML SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	ST
<i>apri 0.15 mg-0.03 mg tablet</i> <b>MO</b>	1	
<i>aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet</i> <b>MO</b>	1	
ARIMIDEX 1 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	3	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	3	
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET <b>MO</b>	3	PA
AROMASIN 25 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
<i>ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>MO</b>	1	QL (91 per 90 days)
<i>aubra 0.1 mg-20 mcg tablet</i> <b>MO</b>	1	
AVANDIA 2 MG, 4 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
AVEED 750 MG/3 ML (250MG/ML) INTRAMUSCULAR SOLUTION <b>MO</b>	3	PA,QL (3 per 70 days)
<i>aviane 0.1 mg-20 mcg tablet</i> <b>MO</b>	1	
AXIRON 30 MG/ACTUATION (1.5 ML) TRANSDERM SOLUTION IN METERED PUMP <b>MO</b>	3	PA,QL (180 per 30 days)

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AYGESTIN 5 MG TABLET <b>MO</b>	3	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	1	
balziva (28) 0.4 mg-35 mcg tablet <b>MO</b>	1	
BASAGLAR KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS <b>MO</b>	3	PA
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	1	
betamethasone ac-sp 6 mg/ml vl <b>MO</b>	1	
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET <b>MO</b>	3	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
BREVICON (28) 0.5 MG-35 MCG TABLET <b>MO</b>	3	
briellyn 0.4 mg-35 mcg tablet <b>MO</b>	1	
budesonide ec 3 mg capsule <b>MO</b>	1	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION <b>MO</b>	3	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR; BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (2.4 per 30 days)
calcitonin-salmon 200 units sp <b>MO</b>	1	QL (3.7 per 28 days)
camila 0.35 mg tablet <b>MO</b>	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	3	QL (91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	1	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>MO</b>	1	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	3	
chateal 0.15 mg-0.03 mg tablet <b>MO</b>	1	
chlorpropamide 100 mg, 250 mg tablet <b>MO</b>	1	PA
chorionic gonad 10,000 unit vl <b>MO</b>	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 <b>MO</b>	3	PA,QL (4 per 28 days)
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	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 <b>MO</b>	3	PA,QL (8 per 28 days)
CORTEF 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	
cortisone 25 mg tablet <b>MO</b>	1	
CRINONE 4 %, 8 % VAGINAL GEL <b>MO</b>	3	
cryselle (28) 0.3 mg-30 mcg tablet <b>MO</b>	1	
cyclafem 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <sup>MO</sup>	1	
CYCLESSA (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET <sup>MO</sup>	3	
<i>cyred 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	1	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET <sup>MO</sup>	3	
<i>danazol 100 mg, 200 mg, 50 mg capsule</i> <sup>MO</sup>	1	
<i>dasetta 1/35 (28) 1 mg-35 mcg tablet</i> <sup>MO</sup>	1	
<i>dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet</i> <sup>MO</sup>	1	
<i>daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <sup>MO</sup>	1	QL (91 per 90 days)
DDAVP 0.1 MG TABLET <sup>MO</sup>	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 <sup>MO</sup>	3	PA
DDAVP 0.2 MG TABLET <sup>MO</sup>	3	PA
DDAVP 10 MCG/SPRAY (0.1 ML) NASAL SPRAY AEROSOL <sup>MO</sup>	3	PA,QL (25 per 30 days)
<i>deblitane 0.35 mg tablet</i> <sup>MO</sup>	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML INTRAMUSCULAR OIL <sup>MO</sup>	3	
DELTASONE 20 MG TABLET <sup>MO</sup>	1	B vs D
<i>delyla (28) 0.1 mg-20 mcg tablet</i> <sup>MO</sup>	1	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL <sup>MO</sup>	1	QL (5 per 30 days)
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION FOR INJECTION <sup>MO</sup>	3	
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION <sup>MO</sup>	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE <sup>MO</sup>	3	QL (0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML INTRAMUSCULAR OIL <sup>MO</sup>	1	
<i>desmopressin 0.01% solution</i> <sup>MO</sup>	1	QL (25 per 30 days)
<i>desmopressin 0.1 mg/ml sol; desmopressin ac 0.1 mg/ml (refrigerate), 4 mcg/ml vial</i> <sup>MO</sup>	1	
<i>desmopressin 10 mcg/0.1 ml spr</i> <sup>MO</sup>	1	QL (25 per 30 days)
<i>desmopressin acetate 0.1 mg tb</i> <sup>MO</sup>	1	QL (180 per 30 days)
<i>desmopressin acetate 0.2 mg tb</i> <sup>MO</sup>	1	
<i>desogestr-eth estrad eth estra</i> <sup>MO</sup>	1	
DESOGEN 28 DAY TABLET <sup>MO</sup>	3	
<i>desogestrel-ethinyl estrad tab</i> <sup>MO</sup>	1	
<i>dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablet</i> <sup>MO</sup>	1	
<i>dexamethasone 0.5 mg/5 ml elx</i> <sup>MO</sup>	1	
<i>dexamethasone 0.5 mg/5 ml liq</i> <sup>MO</sup>	1	

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<i>dexamethasone intensol 1 mg/ml drops (concentrate)</i> <b>MO</b>	1	
<i>dexamethasone 10 mg/ml vial</i> <b>MO</b>	1	
<i>dexamethasone 10 mg/ml, 4 mg/ml vial</i> <b>MO</b>	1	
<i>dexamethasone 4 mg/ml syringe</i> <b>MO</b>	1	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK <b>MO</b>	1	
DEXPAK 13 DAY 1.5 MG (51 TABS) TABLETS IN A DOSE PACK <b>MO</b>	1	
DEXPAK 6 DAY 1.5 MG (21 TABS) TABLETS IN A DOSE PACK <b>MO</b>	1	
DIABETA 1.25 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	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 <b>MO</b>	3	PA
<i>dros-ee-levomef 3-0.02-0.451</i> <b>MO</b>	1	
<i>drospirenone-ee 3-0.02 mg, 3-0.03 mg tab</i> <b>MO</b>	1	
DUAVEE 0.45 MG-20 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
DUETACT 30 MG-2 MG TABLET; DUETACT 30 MG-4 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (60 per 30 days)
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP <b>MO</b>	3	PA,QL (52 per 30 days)
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	3	PA
<i>elinest 0.3 mg-30 mcg tablet</i> <b>MO</b>	1	
ELLA 30 MG TABLET <b>MO</b>	2	QL (1 per 30 days)
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET <b>DL</b>	4	PA
EMFLAZA 22.75 MG/ML ORAL SUSPENSION <b>DL</b>	4	PA
<i>emoquette 0.15 mg-0.03 mg tablet</i> <b>MO</b>	1	
ENDOMETRIN 100 MG VAGINAL INSERTS <b>MO</b>	3	
ENJUVIA 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET <b>MO</b>	3	PA
<i>enpresse 50-30 (6)/75-40(5)/125-30(10) tablet</i> <b>MO</b>	1	
<i>enskyce 0.15 mg-0.03 mg tablet</i> <b>MO</b>	1	
ENTOCORT EC 3 MG CAPSULE,DELAYED,EXTENDED RELEASE <b>DL</b>	4	PA
<i>errin 0.35 mg tablet</i> <b>MO</b>	1	
<i>estarylla 0.25 mg-35 mcg tablet</i> <b>MO</b>	1	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM <b>MO</b>	1	
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET <b>MO</b>	1	PA
<i>estradiol 0.025 mg patch; estradiol 0.0375 mg patch; estradiol 0.05 mg patch; estradiol 0.075 mg patch; estradiol 0.1 mg patch</i> <b>MO</b>	1	PA,QL (8 per 28 days)

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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 <b>MO</b>	1	PA,QL (4 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg tablet <b>MO</b>	1	PA
estradiol 10 mcg vaginal insrt <b>MO</b>	1	
estradiol valerate 20 mg/ml, 40 mg/ml vl <b>MO</b>	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 <b>MO</b>	1	PA
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING <b>MO</b>	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 <b>MO</b>	1	PA
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET <b>MO</b>	3	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg <b>MO</b>	1	
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY <b>MO</b>	3	PA
EVISTA 60 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
exemestane 25 mg tablet <b>MO</b>	1	QL (60 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet <b>MO</b>	1	
FARESTON 60 MG TABLET <b>DL</b>	4	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack <b>MO</b>	1	QL (91 per 90 days)
FEMARA 2.5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
FEMCON FE CHEWABLE TABLET <b>MO</b>	3	
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET <b>MO</b>	3	PA
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL <b>MO</b>	3	QL (1 per 90 days)
femynor 0.25 mg-35 mcg tablet <b>MO</b>	1	
FIASP 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	2	
FIASP FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION <b>MO</b>	3	PA
FLO-PRED 16.7(15) MG/5 ML SUSP <b>MO</b>	3	
fludrocortisone 0.1 mg tablet <b>MO</b>	1	
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (60 per 30 days)
FORTAMET 500 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (150 per 30 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	PA,QL (2.4 per 28 days)
FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP <b>MO</b>	3	PA,QL (120 per 30 days)
fyavolv 0.5 mg-2.5 mcg tablet; fyavolv 1 mg-5 mcg tablet <b>MO</b>	1	PA

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GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET <b>MO</b>	3	
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA
<i>gianvi</i> (28) 3 mg-20 mcg tablet <b>MO</b>	1	
<i>gildagia</i> 0.4 mg-35 mcg tablet <b>MO</b>	1	
<i>gildess</i> 1.5 mg-30 mcg tablet <b>MO</b>	1	
<i>gildess</i> 1 mg-20 mcg tablet <b>MO</b>	1	
<i>gildess fe</i> 1.5-30 tablet <b>MO</b>	1	
<i>glimepiride</i> 1 mg, 2 mg, 4 mg tablet <b>MO</b>	1	
<i>glipizide</i> 10 mg, 5 mg tablet <b>MO</b>	1	
<i>glipizide er</i> 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	1	
<i>glipizide-metformin</i> 2.5-250 mg, 2.5-500 mg, 5-500 mg <b>MO</b>	1	
GLUCAGEN HYPOKIT 1 MG INJECTION <b>MO</b>	2	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION <b>MO</b>	3	ST
GLUCOPHAGE 1,000 MG, 500 MG, 850 MG TABLET <b>MO</b>	3	PA
GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (120 per 30 days)
GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
GLUCOTROL 10 MG, 5 MG TABLET <b>MO</b>	3	
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
GLUCOVANCE 2.5 MG-500 MG TABLET; GLUCOVANCE 5 MG-500 MG TABLET <b>MO</b>	3	PA
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
<i>glyburide</i> 1.25 mg, 2.5 mg, 5 mg tablet <b>MO</b>	1	PA
<i>glyburide micro</i> 1.5 mg, 3 mg, 6 mg tab; <i>glyburide micro</i> 1.5 mg, 3 mg, 6 mg tablet <b>MO</b>	1	PA
<i>glyburid-metformin</i> 1.25-250 mg, 2.5-500 mg, 5-500 mg; <i>glyburide-metformin</i> 1.25-250 mg, 2.5-500 mg, 5-500 mg <b>MO</b>	1	PA
GLYNASE 1.5 MG, 3 MG, 6 MG TABLET <b>MO</b>	3	PA
GLYSET 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
<i>heather</i> 0.35 mg tablet <b>MO</b>	1	
HUMALOG 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <b>MO</b>	3	ST
HUMALOG 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	ST

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HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN <b>MO</b>	3	ST
HUMALOG KWIKPEN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS <b>MO</b>	3	ST
HUMALOG MIX 50-50 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	ST
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	3	ST
HUMALOG MIX 75-25 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	ST
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	ST
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) INJECTION CARTRIDGE <b>DL</b>	4	PA
HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION <b>DL</b>	4	PA
HUMULIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	ST
HUMULIN 70/30 KWIKPEN 100 UNIT/ML (70-30) SUBCUTANEOUS <b>MO</b>	3	ST
HUMULIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	ST
HUMULIN N KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS <b>MO</b>	3	ST
HUMULIN R U-100 100 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	ST
HUMULIN R U-500 (CONCENTRATED) KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS <b>DL</b>	4	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN <b>DL</b>	4	
<i>hydrocortisone 10 mg, 20 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>hydroxyprogesterone 1.25 g/5ml</i> <b>DL</b>	4	PA
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
<i>introvale 0.15 mg-30 mcg tablets, 3 month dose pack</i> <b>MO</b>	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 <b>MO</b>	2	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
<i>isibloom 0.15 mg-0.03 mg tablet</i> <b>MO</b>	1	
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	2	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	2	QL (30 per 30 days)

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JARDIANCE 10 MG, 25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
jencycla 0.35 mg tablet <b>MO</b>	1	
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
jevantique lo 0.5 mg-2.5 mcg tablet <b>MO</b>	3	PA
jinteli 1 mg-5 mcg tablet <b>MO</b>	1	PA
jlessa 0.15 mg-30 mcg tablets, 3 month dose pack <b>MO</b>	1	QL (91 per 90 days)
jolvette 0.35 mg tablet <b>MO</b>	1	
juleber 0.15 mg-0.03 mg tablet <b>MO</b>	1	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	1	
junel 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	1	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet <b>MO</b>	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	1	
KAZANO 12.5 MG-1,000 MG TABLET; KAZANO 12.5 MG-500 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
kelnor 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	1	
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	3	
kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	1	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
KORLYM 300 MG TABLET <b>DL</b>	4	PA, QL (120 per 30 days)
kurvelo 0.15 mg-0.03 mg tablet <b>MO</b>	1	
levono-e estrad 0.10-0.02-0.01; levono-e estrad 0.15-0.03-0.01; levonorg 0.15mg-ee 20-25-30mcg <b>MO</b>	1	QL (91 per 90 days)
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	2	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	1	
larin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	1	
larissia 0.1 mg-20 mcg tablet <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET <b>MO</b>	3	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet <b>MO</b>	1	
lessina 0.1 mg-20 mcg tablet <b>MO</b>	1	
letrozole 2.5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
leuprolide 2wk 14 mg/2.8 ml kt <b>MO</b>	1	B vs D
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	2	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	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 <b>MO</b>	2	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	1	
levonor-eth estrad triphasic <b>MO</b>	1	
levonorgestrel 1.5 mg tablet <b>MO</b>	1	
levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 <b>MO</b>	1	
levonor-eth estrad 0.15-0.03 <b>MO</b>	1	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet <b>MO</b>	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 <b>MO</b>	1	
levothyroxine 100 mcg, 200 mcg, 500 mcg vial <b>MO</b>	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MO</b>	1	
lillow 0.15 mg-0.03 mg tablet <b>MO</b>	1	
liothyronine sod 10 mcg/ml vl <b>MO</b>	1	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab <b>MO</b>	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET <b>MO</b>	3	
locort 1.5 mg (27 tabs), 1.5 mg (41 tabs) tablets in a dose pack <b>MO</b>	1	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET <b>MO</b>	1	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET <b>MO</b>	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET <b>MO</b>	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET <b>MO</b>	3	
lomedica 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	1	
lopreeza 0.5 mg-0.1 mg tablet; lopreeza 1 mg-0.5 mg tablet <b>MO</b>	1	PA
loryna (28) 3 mg-20 mcg tablet <b>MO</b>	1	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MO</b>	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet <b>MO</b>	1	
LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT <b>DL</b>	4	PA,QL (1 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT <b>DL</b>	4	PA,QL (1 per 90 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT <b>DL</b>	4	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT <b>DL</b>	4	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT <b>DL</b>	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>DL</b>	4	PA,QL (1 per 90 days)
<i>lutera (28) 0.1 mg-20 mcg tablet</i> <b>MO</b>	1	
<i>lyza 0.35 mg tablet</i> <b>MO</b>	1	
MAKENA 250 MG/ML, 250 MG/ML (1 ML) INTRAMUSCULAR OIL <b>DL</b>	4	PA
<i>marlissa 0.15 mg-0.03 mg tablet</i> <b>MO</b>	1	
MEDROL 16 MG, 2 MG, 32 MG, 4 MG, 8 MG TABLET <b>MO</b>	3	B vs D
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK <b>MO</b>	3	
<i>medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab</i> <b>MO</b>	1	
<i>medroxyprogesterone 150 mg/ml</i> <b>MO</b>	1	QL (1 per 90 days)
MEGACE 40 MG/ML ORAL SUSP <b>MO</b>	3	PA
MEGACE ES 625 MG/5 ML ORAL SUSPENSION <b>MO</b>	3	PA
<i>megestrol 20 mg, 40 mg tablet</i> <b>MO</b>	1	PA
<i>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</i> <b>MO</b>	1	PA
<i>melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet</i> <b>MO</b>	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET <b>MO</b>	1	PA
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH <b>MO</b>	3	PA,QL (8 per 28 days)
<i>metformin er 1,000 mg osm-tab</i> <b>MO</b>	1	ST,QL (60 per 30 days)
<i>metformin hcl 1,000 mg, 500 mg, 850 mg tablet</i> <b>MO</b>	1	
<i>metformin hcl er 1,000 mg, 750 mg tab; metformin hcl er 1,000 mg, 750 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>metformin hcl er 500 mg osm-tb</i> <b>MO</b>	1	ST,QL (150 per 30 days)
<i>metformin hcl er 500 mg, 500 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
<i>methimazole 10 mg, 5 mg tablet</i> <b>MO</b>	1	
METHITEST 10 MG TABLET <b>MO</b>	1	
<i>methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tablet</i> <b>MO</b>	1	B vs D
<i>methylprednisolone 4 mg dosepk</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>methylprednisolone 40 mg/ml, 80 mg/ml v1</i> <b>MO</b>	1	
<i>methylprednisolone ss 1 gm v1; methylprednisolone ss 1,000 mg, 125 mg, 40 mg; methylprednisolone ss 1,000 mg, 125 mg, 40 mg v1</i> <b>MO</b>	1	
<i>methyltestosterone 10 mg cap</i> <b>DL</b>	4	
MIACALCIN 200 UNIT NASAL SPRAY <b>MO</b>	3	QL (3.7 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	
<i>mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet</i> <b>MO</b>	1	
<i>microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet</i> <b>MO</b>	1	
<i>microgestin 1/20 (21) 1 mg-20 mcg tablet</i> <b>MO</b>	1	
MICROGESTIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET <b>MO</b>	3	
<i>microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> <b>MO</b>	1	
<i>microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> <b>MO</b>	1	
<i>miiglitol 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	1	
MILLIPRED 10 MG/5 ML ORAL SOLUTION <b>MO</b>	1	
<i>millipred 5 mg tablet</i> <b>MO</b>	1	B vs D
<i>millipred dp 5 mg (21 tabs), 5 mg (48 tabs) tablets in a dose pack</i> <b>MO</b>	1	
<i>mimvey 1 mg-0.5 mg tablet</i> <b>MO</b>	1	PA
<i>mimvey lo 0.5 mg-0.1 mg tablet</i> <b>MO</b>	1	PA
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET <b>MO</b>	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 <b>MO</b>	3	PA,QL (8 per 28 days)
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET <b>MO</b>	3	
<i>mono-lyyah 0.25 mg-35 mcg tablet</i> <b>MO</b>	1	
<i>mononessa (28) 0.25 mg-35 mcg tablet</i> <b>MO</b>	1	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (30 per 30 days)
<i>myzilra 50-30 (6)/75-40(5)/125-30(10) tablet</i> <b>MO</b>	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <b>MO</b>	3	
<i>nateglinide 120 mg, 60 mg tablet</i> <b>MO</b>	1	
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP <b>MO</b>	3	PA,QL (21.96 per 30 days)
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA,QL (2 per 28 days)
<i>necon 0.5/35 (28) 0.5 mg-35 mcg tablet</i> <b>MO</b>	1	
<i>necon 1-35-28 tablet</i> <b>MO</b>	1	
<i>necon 1/50 (28) 1 mg-50 mcg tablet</i> <b>MO</b>	3	
<i>necon 10-11-28 tablet</i> <b>MO</b>	1	
<i>necon 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <b>MO</b>	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)

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<i>nikki (28) 3 mg-20 mcg tablet</i> <b>MO</b>	1	
<i>nora-be 0.35 mg tablet</i> <b>MO</b>	1	
NORDITROPIN FLEXPEN 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA
<i>noret-estr-fe 0.4-0.035(21)-75; norethin-estra-fe 0.8-0.025 mg</i> <b>MO</b>	1	
<i>norethindrone 0.35 mg tablet</i> <b>MO</b>	1	
<i>norethin-eth estrad 1 mg-5 mcg; norethind-eth estrad 0.5-2.5</i> <b>MO</b>	1	PA
<i>norethind-eth estrad 1-0.02 mg</i> <b>MO</b>	1	
<i>norethindrone 5 mg tablet</i> <b>MO</b>	1	
<i>noreth-estrad-fe 1-0.02(21)-75; noreth-estrad-fe 1-0.02(24)-75</i> <b>MO</b>	1	
<i>noreth-estrad-fe 1-0.02(24)-75</i> <b>MO</b>	1	
<i>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</i> <b>MO</b>	1	
NORINYL 1+50-28 TABLET <b>MO</b>	3	
NORINYL 1-35 28 TABLET <b>MO</b>	3	
<i>norlyda 0.35 mg tablet</i> <b>MO</b>	1	
<i>norlyroc 0.35 mg tablet</i> <b>MO</b>	1	
<i>nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet</i> <b>MO</b>	1	
<i>nortrel 1/35 (21) 1 mg-35 mcg tablet</i> <b>MO</b>	1	
<i>nortrel 1/35 (28) 1 mg-35 mcg tablet</i> <b>MO</b>	1	
<i>nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <b>MO</b>	1	
NOVAREL 10,000 UNIT, 5,000 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	3	PA
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	2	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	2	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION <b>MO</b>	2	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	2	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS <b>MO</b>	2	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	2	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	2	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <b>MO</b>	2	
NUTROPIN AQ 20 MG/2ML PEN CART; NUTROPIN AQ PEN CARTRIDGE <b>DL</b>	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 <b>DL</b>	4	PA
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL <b>MO</b>	3	QL (1 per 28 days)
<i>ocella 3 mg-0.03 mg tablet</i> <b>MO</b>	1	
<i>ogestrel (28) 0.5 mg-50 mcg tablet</i> <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
ONGLYZA 2.5 MG, 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ORAPRED ODT 10 MG, 15 MG, 30 MG DISINTEGRATING TABLET <b>MO</b>	3	
<i>orsythia 0.1 mg-20 mcg tablet</i> <b>MO</b>	1	
ORTHO MICRONOR 0.35 MG TABLET <b>MO</b>	3	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET <b>MO</b>	3	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET <b>MO</b>	3	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET <b>MO</b>	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET <b>MO</b>	3	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET <b>MO</b>	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 <b>MO</b>	3	QL (30 per 30 days)
OVCON-35 28 TABLET <b>MO</b>	1	
<i>oxandrolone 10 mg tablet</i> <b>DL</b>	4	PA,QL (60 per 30 days)
<i>oxandrolone 2.5 mg tablet</i> <b>MO</b>	1	PA,QL (120 per 30 days)
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION <b>MO</b>	3	
<i>philith 0.4 mg-35 mcg tablet</i> <b>MO</b>	1	
<i>pimtreea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> <b>MO</b>	1	
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4</i> <b>MO</b>	1	QL (30 per 30 days)
<i>pioglitazone-metformin 15-500; pioglitazone-metformin 15-850</i> <b>MO</b>	1	QL (90 per 30 days)
<i>pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet</i> <b>MO</b>	1	
<i>portia 0.15 mg-0.03 mg tablet</i> <b>MO</b>	1	
PRANDIMET 1 MG-500 MG TABLET; PRANDIMET 2 MG-500 MG TABLET <b>MO</b>	3	
PRANDIN 0.5 MG, 1 MG, 2 MG TABLET <b>MO</b>	3	
PRECOSE 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	
<i>prednisolone 15 mg/5 ml syrup</i> <b>MO</b>	1	
<i>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;</i> <i>prednisolone sod ph 25 mg/5 ml</i> <b>MO</b>	1	
<i>prednisolone odt 10 mg, 15 mg, 30 mg tablet</i> <b>MO</b>	1	
<i>prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg tablet</i> <b>MO</b>	1	B vs D
<i>prednisone 10 mg, 5 mg tab dose pack</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>prednisone 5 mg/5 ml solution</i> <b>MO</b>	1	B vs D
<i>prednisone intensol 5 mg/ml oral concentrate</i> <b>MO</b>	1	B vs D
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET <b>MO</b>	3	PA
PREGNYL 10,000 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	3	PA
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET <b>MO</b>	3	PA
PREMARIN 0.625 MG/GRAM VAGINAL CREAM <b>MO</b>	2	
PREMARIN 25 MG SOLUTION FOR INJECTION <b>MO</b>	3	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET <b>MO</b>	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 <b>MO</b>	3	PA
<i>previfem 0.25 mg-35 mcg tablet</i> <b>MO</b>	1	
<i>progesterone oil 50 mg/ml vl</i> <b>MO</b>	1	
<i>progesterone in oil 50 mg/ml intramuscular</i> <b>MO</b>	1	
<i>progesterone 100 mg, 200 mg capsule</i> <b>MO</b>	1	
PROGLYCEM 50 MG/ML ORAL SUSPENSION <b>MO</b>	3	
PROMETRIUM 100 MG, 200 MG CAPSULE <b>MO</b>	3	
<i>propylthiouracil 50 mg tablet</i> <b>MO</b>	1	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	3	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>MO</b>	3	QL (91 per 90 days)
<i>quasense 0.15 mg-30 mcg tablets,3 month dose pack</i> <b>MO</b>	1	QL (91 per 90 days)
<i>rajani (28) 3 mg-0.02 mg-0.451 mg (24)/0.451 mg (4) tablet</i> <b>MO</b>	1	
<i>raloxifene hcl 60 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
RAYOS 1 MG, 2 MG, 5 MG TABLET,DELAYED RELEASE <b>DL</b>	4	B vs D
<i>reclipsen (28) 0.15 mg-0.03 mg tablet</i> <b>MO</b>	1	
<i>repaglinide 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	1	
<i>repaglinide-metformin 1-500 mg, 2-500 mg</i> <b>MO</b>	1	
RIOMET 500 MG/5 ML ORAL SOLUTION <b>MO</b>	3	QL (750 per 30 days)
RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>MO</b>	1	QL (91 per 90 days)
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET <b>MO</b>	3	
SAIZEN 5 MG, 8.8 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
SAIZEN CLICK.EASY 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE <b>DL</b>	4	PA
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MO</b>	3	QL (91 per 90 days)

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SENSIPAR 30 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
SENSIPAR 60 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
SENSIPAR 90 MG TABLET <b>MO</b>	4	QL (120 per 30 days)
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
setlakin 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	1	QL (91 per 90 days)
sharobel 0.35 mg tablet <b>MO</b>	1	
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (60 per 30 days)
SIGNIFOR LAR 20 MG, 40 MG, 60 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	4	PA,QL (1 per 28 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	PA,QL (15 per 24 days)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION <b>DL</b>	4	
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION; SOMAVERT 10 MG, 15 MG, 20 MG VIAL <b>DL</b>	4	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (30 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet <b>MO</b>	1	
sronyx 0.1 mg-20 mcg tablet <b>MO</b>	1	
STARLIX 120 MG, 60 MG TABLET <b>MO</b>	3	PA
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY <b>DL</b>	4	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE <b>MO</b>	3	
syeda 3 mg-0.03 mg tablet <b>MO</b>	1	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	QL (10.5 per 28 days)
SYNAREL 2 MG/ML NASAL SPRAY <b>DL</b>	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 <b>MO</b>	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 <b>MO</b>	2	QL (30 per 30 days)

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SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	2	
<i>tamoxifen 10 mg, 20 mg tablet</i> <b>MO</b>	1	
TANZEUM 30 MG/0.5 ML, 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	ST,QL (4 per 28 days)
TAPAZOLE 10 MG, 5 MG TABLET <b>MO</b>	1	
<i>tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> <b>MO</b>	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE <b>MO</b>	3	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL <b>MO</b>	3	PA,QL (300 per 30 days)
<i>testosterone 10 mg gel pump</i> <b>MO</b>	1	PA,QL (120 per 30 days)
<i>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</i> <b>MO</b>	1	PA,QL (300 per 30 days)
<i>testosterone 30 mg/1.5 ml pump</i> <b>MO</b>	1	PA,QL (180 per 30 days)
<i>testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml</i> <b>MO</b>	1	
<i>testosterone enan 200 mg/ml</i> <b>MO</b>	1	
TESTRED 10 MG CAPSULE <b>MO</b>	1	
THYROLAR-1 12.5 MCG-50 MCG TABLET <b>MO</b>	1	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET <b>MO</b>	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET <b>MO</b>	1	
THYROLAR-2 25 MCG-100 MCG TABLET <b>MO</b>	1	
THYROLAR-3 37.5 MCG-150 MCG TABLET <b>MO</b>	1	
<i>tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> <b>MO</b>	3	
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG CAPSULE <b>MO</b>	3	
<i>tolazamide 250 mg, 500 mg tablet</i> <b>MO</b>	1	
<i>tolbutamide 500 mg tablet</i> <b>MO</b>	1	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	
TRADJENTA 5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <b>MO</b>	3	PA,QL (60 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	4	PA
TRELSTAR 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML INTRAMUSCULAR SYRINGE <b>DL</b>	4	PA
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	
<i>tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	1	

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tri-estarylla 0.18/0.215/0.25 mg-35 mcg(28) tablet <b>MO</b>	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <b>MO</b>	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MO</b>	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MO</b>	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MO</b>	1	
TRI-NORINYL (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET <b>MO</b>	3	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	1	
trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	1	
trinessa lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MO</b>	1	
TRIOSTAT 10 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	
TRIPTODUR 22.5 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	4	PA,QL (1 per 168 days)
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	1	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (2 per 28 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (1.56 per 30 days)
UCERIS 2 MG/ACTUATION RECTAL FOAM <b>MO</b>	3	PA
UCERIS 9 MG TABLET, EXTENDED RELEASE <b>DL</b>	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 <b>MO</b>	1	
VAGIFEM 10 MCG VAGINAL TABLET <b>MO</b>	3	PA
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>MO</b>	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION <b>MO</b>	1	
vestura (28) 3 mg-20 mcg tablet <b>MO</b>	1	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	2	QL (9 per 30 days)
vienva 0.1 mg-20 mcg tablet <b>MO</b>	1	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	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 <b>MO</b>	3	PA,QL (300 per 30 days)

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<i>vyfemla (28) 0.4 mg-35 mcg tablet</i> <sup>MO</sup>	1	
<i>wera (28) 0.5 mg-35 mcg tablet</i> <sup>MO</sup>	1	
<i>wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet</i> <sup>MO</sup>	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 <sup>MO</sup>	3	QL (30 per 30 days)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	3	QL (60 per 30 days)
<i>xulane 150 mcg-35 mcg/24 hr transdermal patch</i> <sup>MO</sup>	1	QL (3 per 28 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MO</sup>	3	PA,QL (15 per 30 days)
YASMIN (28) 3 MG-0.03 MG TABLET <sup>MO</sup>	3	
YAZ (28) 3 MG-20 MCG TABLET <sup>MO</sup>	3	
<i>yuvafem 10 mcg vaginal tablet</i> <sup>MO</sup>	1	
<i>zarah 3 mg-0.03 mg tablet</i> <sup>MO</sup>	1	
<i>zenchent (28) 0.4 mg-35 mcg tablet</i> <sup>MO</sup>	1	
<i>zenchent fe tablet chewable</i> <sup>MO</sup>	1	
<i>zodex 1.5 mg (21 tabs) tablets in a dose pack</i> <sup>MO</sup>	1	
ZODEX 1.5 MG (49 TABS) TABLETS IN A DOSE PACK <sup>MO</sup>	1	
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT <sup>MO</sup>	3	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT <sup>MO</sup>	3	PA,QL (1 per 28 days)
ZOMACTON 10 MG, 5 MG SUBCUTANEOUS SOLUTION <sup>DL</sup>	4	PA
ZONACORT 1.5 MG (27 TABS), 1.5 MG (41 TABS) TABLETS IN A DOSE PACK <sup>MO</sup>	1	
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION <sup>DL</sup>	4	PA
<i>zovia 1/35e (28) 1 mg-35 mcg tablet</i> <sup>MO</sup>	1	
<i>zovia 1/50e (28) 1 mg-50 mcg tablet</i> <sup>MO</sup>	1	
<b>LOCAL ANESTHETICS (PARENTERAL)</b>		
<i>bupivacaine 0.25% vial</i> <sup>MO</sup>	1	
<i>bupivacaine 0.25% vial; bupivacaine 0.5% ampul; bupivacaine 0.75% vial</i> <sup>MO</sup>	1	
<i>bupivacaine-dextr 0.75% amp</i> <sup>MO</sup>	1	
<i>bupivacaine 0.25%-epi 1:200,000; bupivacaine 0.5%-epi 1:200,000</i> <sup>MO</sup>	1	
<i>bupivacaine 0.25%-epi 1:200,000; bupivacaine 0.5%-epi 1:200,000</i> <sup>MO</sup>	1	
<i>bupivacaine 0.5%-epi 1:200,000</i> <sup>MO</sup>	1	
CARBOCAINE 1 % (10 MG/ML), 2 % INJECTION SOLUTION <sup>MO</sup>	3	
CARBOCAINE (PF) 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %) INJECTION SOLUTION <sup>MO</sup>	3	
<i>chloroprocaine 2% vial; chloroprocaine 3% vial</i> <sup>MO</sup>	1	
<i>lidocaine 5% in d7.5w ampul</i> <sup>MO</sup>	1	

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<i>lidocaine hcl 0.5% vial; lidocaine hcl 1% ampul; lidocaine hcl 1.5% ampul; lidocaine hcl 2% vial; lidocaine hcl 4% ampul</i> <b>MO</b>	1	
<i>lidocaine hcl 0.5% vial; lidocaine hcl 1% vial; lidocaine hcl 2% vial</i> <b>MO</b>	1	
<i>lidocaine 0.5%-epi 1:200,000; lidocaine 1%-epi 1:100,000; lidocaine 2%-epi 1:100,000</i> <b>MO</b>	1	
<i>lidocaine 2% - epi 1:100,000; lidocaine 2% - epi 1:50,000</i> <b>MO</b>	1	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION <b>MO</b>	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) INJECTION SOLUTION <b>MO</b>	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) INJECTION SOLUTION <b>MO</b>	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION <b>MO</b>	3	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION <b>MO</b>	3	
<i>mepivacaine hcl 3% cartridge</i> <b>MO</b>	1	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) INJECTION SOLUTION <b>MO</b>	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) INJECTION SOLUTION <b>MO</b>	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) INJECTION SOLUTION <b>MO</b>	3	
<i>polocaine 1 % (10 mg/ml), 2 % injection solution</i> <b>MO</b>	1	
<i>polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution</i> <b>MO</b>	1	
<i>ropivacaine 0.2% 40 mg/20 ml; ropivacaine 0.5% 150 mg/30 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml</i> <b>MO</b>	1	
<i>sensorcaine 0.25 % (2.5 mg/ml) injection solution</i> <b>MO</b>	3	
<i>sensorcaine 0.5 % (5 mg/ml) injection solution</i> <b>MO</b>	1	
<i>sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.75 % (7.5 mg/ml) injection solution</i> <b>MO</b>	1	
<i>sensorcaine-mpf 0.5 % (5 mg/ml) injection solution</i> <b>MO</b>	3	
<i>sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) injection solution</i> <b>MO</b>	1	
<i>sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection solution</i> <b>MO</b>	1	
<i>sensorcaine-mpf/epinephrine 0.5 %-1:200,000, 0.75 %-1:200,000 injection solution</i> <b>MO</b>	3	
<i>sensorcaine/epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 injection solution</i> <b>MO</b>	1	
XYLOCAINE 10 MG/ML (1 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %) INJECTION SOLUTION <b>MO</b>	3	
XYLOCAINE DENTAL WITH EPINEPHRINE 2 %-1:100,000, 2 %-1:50,000 INJECTION CARTRIDGE <b>MO</b>	1	

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XYLOCAINE-EPINEPHRINE 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 INJECTION SOLUTION <b>MO</b>	3	
XYLOCAINE-MPF 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %) INJECTION SOLUTION <b>MO</b>	3	
XYLOCAINE-MPF/EPINEPHRINE 1 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000 INJECTION SOLUTION <b>MO</b>	3	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ACETADOTE 200 MG/ML (20 %) INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>acetylcysteine 6 gram/30 ml vial</i> <b>MO</b>	1	
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3.6 per 28 days)
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
ACTONEL 150 MG TABLET <b>MO</b>	3	PA,QL (1 per 30 days)
ACTONEL 30 MG, 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
ACTONEL 35 MG TABLET <b>MO</b>	3	PA,QL (4 per 28 days)
<i>alendronate sod 70 mg/75 ml</i> <b>MO</b>	1	QL (300 per 30 days)
<i>alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>alendronate sodium 35 mg, 70 mg tab</i> <b>MO</b>	1	QL (4 per 28 days)
<i>allopurinol 100 mg, 300 mg tablet</i> <b>MO</b>	1	
<i>allopurinol sodium 500 mg vial</i> <b>MO</b>	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>amifostine 500 mg vial</i> <b>DL</b>	4	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (60 per 30 days)
ANTABUSE 250 MG, 500 MG TABLET <b>MO</b>	1	
ARAVA 10 MG, 20 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	B vs D
ATELVIA 35 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA,QL (4 per 28 days)
ATGAM 50 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	PA
AUBAGIO 14 MG, 7 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
AVODART 0.5 MG CAPSULE <b>MO</b>	3	PA,QL (30 per 30 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT <b>DL</b>	4	PA,QL (1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT <b>DL</b>	4	PA,QL (1 per 28 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT <b>DL</b>	4	PA,QL (4 per 28 days)
AZASAN 100 MG, 75 MG TABLET <b>MO</b>	1	B vs D
<i>azathioprine 50 mg tablet</i> <b>MO</b>	1	B vs D

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<i>azathioprine sod 100 mg vial</i> <b>MO</b>	3	B vs D
BENLYSTA 120 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR <b>DL</b>	4	PA,QL (4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (6 per 28 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS KIT <b>DL</b>	4	PA,QL (20 per 30 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (200 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (15 per 30 days)
BINOSTO 70 MG EFFERVESCENT TABLET <b>MO</b>	3	QL (4 per 28 days)
BONIVA 150 MG TABLET <b>MO</b>	3	PA,QL (1 per 28 days)
BONIVA 3 MG/3 ML INTRAVENOUS SYRINGE <b>MO</b>	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 <b>MO</b>	3	
CARNITOR 330 MG TABLET <b>MO</b>	3	
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION <b>MO</b>	3	
CELLCEPT 200 MG/ML ORAL SUSPENSION <b>DL</b>	4	B vs D
CELLCEPT 250 MG CAPSULE <b>MO</b>	3	B vs D
CELLCEPT 500 MG TABLET <b>DL</b>	4	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
CERDELGA 84 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (3 per 30 days)
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (3 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (20 per 30 days)
COLCRYZ 0.6 MG TABLET <b>MO</b>	2	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (12 per 28 days)
<i>cyclosporine 100 mg, 25 mg capsule</i> <b>MO</b>	1	B vs D
<i>cyclosporine 50 mg/ml ampul</i> <b>MO</b>	1	B vs D
<i>cyclosporine 100 mg/ml soln</i> <b>MO</b>	1	B vs D
<i>cyclosporine modified 100 mg, 25 mg, 50 mg</i> <b>MO</b>	1	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER <b>DL</b>	4	
CYSTAGON 150 MG, 50 MG CAPSULE <b>MO</b>	3	
DEMSEER 250 MG CAPSULE <b>DL</b>	4	
<i>denta 5000 plus 1.1 % cream</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>dentagel 1.1 %</i> <b>MO</b>	1	
<i>dexrazoxane 250 mg, 500 mg vial</i> <b>MO</b>	1	B vs D
<i>disulfiram 250 mg, 500 mg tablet</i> <b>MO</b>	1	
<i>dutasteride 0.5 mg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> <b>MO</b>	1	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE <b>MO</b>	3	QL (90 per 30 days)
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4.08 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (7.84 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (7.84 per 28 days)
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	B vs D
ETHYOL 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
<i>etidronate disodium 200 mg, 400 mg tab</i> <b>MO</b>	1	
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
EXTAVIA 0.3 MG SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (15 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (15 per 30 days)
<i>finasteride 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (18 per 30 days)
FLUOR-A-DAY(WITH XYLITOL) 1 MG FLUORIDE (2.2 MG)-236.79 MG CHEW TABLET <b>MO</b>	3	
<i>fluoride 0.25 mg tablet chew; fluoride 0.5 mg tablet chew; fluoride 1 mg tablet chewable</i> <b>MO</b>	1	
<i>neutral sodium fluoride</i> <b>MO</b>	1	QL (473 per 30 days)
<i>sodium fluoride 0.5 mg/ml drop</i> <b>MO</b>	1	
<i>fluoritab 0.125 mg/drps drops</i> <b>MO</b>	1	
<i>fluoritab 0.5 mg fluoride (1.1 mg sodium fluoride) chewable tablet</i> <b>MO</b>	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG SODIUM FLUORIDE) CHEWABLE TABLET <b>MO</b>	1	
<i>fomepizole 1.5 gm/1.5 ml vial</i> <b>MO</b>	1	
FOSAMAX 70 MG TABLET <b>MO</b>	3	PA,QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET <b>MO</b>	3	QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET <b>MO</b>	3	ST,QL (4 per 28 days)
FUSILEV 50 MG INTRAVENOUS SOLUTION <b>MO</b>	3	PA
<i>gengraf 100 mg, 25 mg, 50 mg capsule</i> <b>MO</b>	1	B vs D
<i>gengraf 100 mg/ml oral solution</i> <b>MO</b>	1	B vs D
GILENYA 0.5 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (20 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT <b>DL</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT <b>DL</b>	4	PA,QL (6 per 28 days)
<i>ibandronate 3 mg/3 ml syringe</i> <b>MO</b>	1	PA,QL (3 per 90 days)
<i>ibandronate 3 mg/3 ml vial</i> <b>MO</b>	1	PA,QL (3 per 90 days)
<i>ibandronate sodium 150 mg tab</i> <b>MO</b>	1	QL (1 per 28 days)
IMURAN 50 MG TABLET <b>MO</b>	3	B vs D
INFLECTRA 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
KEVEYIS 50 MG TABLET <b>DL</b>	4	PA,QL (120 per 30 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (2.28 per 28 days)
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (20.1 per 30 days)
KUVAN 100 MG SOLUBLE TABLET <b>DL</b>	4	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET <b>DL</b>	4	PA
<i>leflunomide 10 mg, 20 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
LEMRADA 12 MG/1.2 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (6 per 365 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab</i> <b>MO</b>	1	
<i>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</i> <b>MO</b>	1	B vs D
<i>levocarnitine 200 mg/ml vial</i> <b>MO</b>	1	
<i>levocarnitine 330 mg tablet</i> <b>MO</b>	1	
<i>levocarnitine 1 g/10 ml soln</i> <b>MO</b>	1	
<i>levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 250 mg/25 ml vl</i> <b>DL</b>	4	PA
<i>levoleucovorin 50 mg vial</i> <b>MO</b>	1	PA
<i>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</i> <b>MO</b>	1	
<i>mesna 1 gram/10 ml vial</i> <b>MO</b>	1	B vs D
MESNEX 100 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
MESNEX 400 MG TABLET <b>DL</b>	4	
MITIGARE 0.6 MG CAPSULE <b>MO</b>	3	ST,QL (60 per 30 days)
<i>mycophenolate 200 mg/ml susp</i> <b>MO</b>	1	B vs D

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<i>mycophenolate 250 mg capsule</i> <b>MO</b>	1	B vs D
<i>mycophenolate 500 mg tablet</i> <b>MO</b>	1	B vs D
<i>mycophenolate 500 mg vial</i> <b>MO</b>	1	B vs D
<i>mycophenolic acid dr 180 mg, 360 mg tb</i> <b>MO</b>	1	B vs D
MYFORTIC 180 MG, 360 MG TABLET, DELAYED RELEASE <b>MO</b>	3	B vs D
NEORAL 100 MG, 25 MG CAPSULE <b>MO</b>	3	B vs D
NEORAL 100 MG/ML ORAL SOLUTION <b>MO</b>	3	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA, QL (20 per 30 days)
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA, QL (40 per 365 days)
<i>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 vl</i> <b>MO</b>	1	PA
<i>octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr</i> <b>MO</b>	1	PA
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA, QL (4 per 28 days)
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA, QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA, QL (2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR <b>DL</b>	4	PA, QL (4 per 28 days)
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE <b>DL</b>	4	
ORFADIN 4 MG/ML ORAL SUSPENSION <b>DL</b>	4	
OTEZLA 30 MG TABLET <b>DL</b>	4	PA, QL (60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK <b>DL</b>	4	PA, QL (27 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK <b>DL</b>	4	PA, QL (55 per 28 days)
<i>pamidronate 30 mg/10 ml vial</i> <b>MO</b>	1	QL (30 per 21 days)
<i>pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial</i> <b>MO</b>	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 <b>DL</b>	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 <b>DL</b>	4	PA, QL (1 per 28 days)
PREVIDENT 0.2 % DENTAL SOLUTION <b>MO</b>	3	QL (473 per 30 days)
<i>prevident 1.1 % gel</i> <b>MO</b>	3	
PREVIDENT 5000 BOOSTER PLUS 1.1 % DENTAL PASTE <b>MO</b>	3	
PREVIDENT 5000 DRY MOUTH 1.1 % GEL <b>MO</b>	3	

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PREVIDENT 5000 ENAMEL PROTECT 1.1 %-5 % DENTAL PASTE <b>MO</b>	3	
PREVIDENT 5000 PLUS 1.1 % CREAM <b>MO</b>	3	
PREVIDENT 5000 SENSITIVE 1.1 %-5 % DENTAL PASTE <b>MO</b>	3	
PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE <b>DL</b>	4	PA,QL (120 per 30 days)
PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE <b>DL</b>	4	PA,QL (780 per 30 days)
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE <b>MO</b>	3	B vs D
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE <b>MO</b>	3	QL (1 per 180 days)
PROSCAR 5 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET <b>MO</b>	3	B vs D
RAPAMUNE 1 MG/ML ORAL SOLUTION <b>MO</b>	3	B vs D
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. <b>DL</b>	4	PA,QL (4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4.2 per 28 days)
RECLAST 5 MG/100 ML INTRAVENOUS PIGGYBACK <b>MO</b>	3	PA,QL (100 per 365 days)
REMICADE 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
RENFLEXIS 100 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>risedronate sod dr 35 mg, 35 mg tab; risedronate sodium 35 mg, 35 mg tab</i> <b>MO</b>	1	QL (4 per 28 days)
<i>risedronate sodium 150 mg tab</i> <b>MO</b>	1	QL (1 per 30 days)
<i>risedronate sodium 30 mg, 5 mg tab; risedronate sodium 30 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (4 per 28 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE <b>MO</b>	3	B vs D
SANDIMMUNE 100 MG/ML, 250 MG/5 ML INTRAVENOUS SOLUTION; SANDIMMUNE 100 MG/ML, 250 MG/5 ML ORAL SOLUTION <b>MO</b>	3	B vs D
SANDOSTATIN 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML INJECTION SOLUTION <b>DL</b>	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE <b>DL</b>	4	PA
<i>sf 1.1 % dental gel</i> <b>MO</b>	1	
<i>sf 5000 plus 1.1 % dental cream</i> <b>MO</b>	1	
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (1 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1 per 30 days)

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SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	4	PA,QL (0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (20 per 28 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	1	B vs D
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> <b>MO</b>	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 <b>DL</b>	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE <b>DL</b>	4	PA,QL (14 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)
THIOLA 100 MG TABLET <b>DL</b>	4	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION <b>MO</b>	2	PA
TOTECT 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
TYBOST 150 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (15 per 28 days)
ULORIC 40 MG, 80 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET <b>DL</b>	4	QL (20 per 365 days)
XELJANZ 5 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (1.7 per 28 days)
XURIDEN 2 GRAM ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (120 per 30 days)
ZAVESCA 100 MG CAPSULE <b>DL</b>	4	PA,QL (90 per 30 days)
ZINBRYTA 150 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1 per 30 days)
ZINECARD (AS HCL) 250 MG, 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	B vs D
<i>zoledronic acid 4 mg/100 ml</i> <b>MO</b>	1	PA,QL (300 per 21 days)
<i>zoledronic acid 4 mg vial</i> <b>MO</b>	3	PA
<i>zoledronic acid 4 mg/5 ml vial</i> <b>MO</b>	1	PA,QL (15 per 21 days)
<i>zoledronic acid 5 mg/100 ml</i> <b>MO</b>	1	PA,QL (100 per 365 days)
ZOMETA 4 MG/100 ML INTRAVENOUS PIGGYBACK <b>DL</b>	4	PA,QL (300 per 21 days)
ZOMETA 4 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (15 per 21 days)
ZORTRESS 0.25 MG, 0.75 MG TABLET <b>MO</b>	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET <b>MO</b>	3	B vs D,QL (120 per 30 days)
ZYLOPRIM 100 MG, 300 MG TABLET <b>MO</b>	3	
<b>OXYTOCICS</b>		
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE <b>MO</b>	3	
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	3	

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<i>methergine 0.2 mg tablet</i> <b>MO</b>	1	
<i>methylergonovine 0.2 mg tablet</i> <b>MO</b>	1	
<i>methylergonovine 0.2 mg/ml amp</i> <b>MO</b>	1	
<i>oxytocin 10 units/ml vial</i> <b>MO</b>	1	
PITOCIN 10 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	
<b>PHARMACEUTICAL AIDS</b>		
BAND-AID GAUZE PADS 2" X 2" BANDAGE <b>MO</b>	1	
BORDERED GAUZE 2" X 2" BANDAGE <b>MO</b>	1	
CURITY GAUZE 2" X 2" BANDAGE <b>MO</b>	1	
DERMACEA 2" X 2" BANDAGE <b>MO</b>	1	
GAUZE PADS 2"X2" <b>MO</b>	1	
GAUZE PAD 2" X 2" BANDAGE <b>MO</b>	1	
GAUZE PADS, STERILE 2"X2" <b>MO</b>	1	
<b>RESPIRATORY TRACT AGENTS</b>		
ACCOLATE 10 MG, 20 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> <b>MO</b>	1	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET <b>DL</b>	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 <b>MO</b>	2	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (12 per 30 days)
AEROSPAN 80 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	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 <b>MO</b>	3	ST,QL (1 per 30 days)
ALOCRIL 2 % EYE DROPS <b>MO</b>	3	
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	ST,QL (18.3 per 28 days)
ARALAST NP 1,000 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (24 per 30 days)
ARALAST NP 500 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (44 per 30 days)
ARMONAIR RESPICLICK 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER <b>MO</b>	3	ST,QL (1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	2	QL (30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	ST,QL (13 per 30 days)

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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 <b>MO</b>	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 <b>MO</b>	2	QL (60 per 30 days)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp</i> <b>MO</b>	1	B vs D,QL (240 per 30 days)
<i>budesonide 1 mg/2 ml inh susp</i> <b>MO</b>	1	B vs D
CINQAIR 10 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA
<i>cromolyn 100 mg/5 ml oral conc</i> <b>MO</b>	3	
<i>cromolyn 20 mg/2 ml neb soln</i> <b>MO</b>	1	B vs D
<i>cromolyn 4% eye drops</i> <b>MO</b>	1	
CUROSURF 120 MG/1.5 ML INTRATRACHEAL SUSPENSION <b>MO</b>	3	
CUROSURF 240 MG/3 ML INTRATRACHEAL SUSPENSION <b>DL</b>	4	
DALIRESP 500 MCG TABLET <b>MO</b>	2	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL (13 per 30 days)
<i>epoprostenol sodium 0.5 mg, 1.5 mg vl</i> <b>DL</b>	4	PA
ESBRIET 267 MG CAPSULE <b>DL</b>	4	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET <b>DL</b>	4	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET <b>DL</b>	4	PA,QL (90 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (10.6 per 30 days)
<i>fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14</i> <b>MO</b>	3	QL (1 per 30 days)
GASTROCROM 100 MG/5 ML ORAL CONCENTRATE <b>DL</b>	4	
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION <b>DL</b>	4	PA
INFASURF 35 MG/ML INTRATRACHEAL SUSPENSION <b>MO</b>	3	
KALYDECO 150 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET <b>DL</b>	4	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
<i>montelukast sod 10 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>montelukast sod 4 mg granules</i> <b>MO</b>	1	QL (30 per 30 days)
<i>montelukast sod 4 mg, 5 mg tab chew</i> <b>MO</b>	1	QL (30 per 30 days)
NUCALA 100 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (1 per 28 days)
OFEV 100 MG, 150 MG CAPSULE <b>DL</b>	4	PA,QL (60 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPSUMIT 10 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (1000 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (500 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (720 per 30 days)
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	PA,QL (300 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE <b>DL</b>	4	PA,QL (150 per 30 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET <b>DL</b>	4	PA,QL (112 per 28 days)
PROLASTIN-C 1,000 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (24 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION <b>MO</b>	3	B vs D,QL (240 per 30 days)
PULMICORT 1 MG/2 ML SUSPENSION FOR NEBULIZATION <b>MO</b>	3	B vs D
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION BREATH ACTIVATED <b>MO</b>	3	ST,QL (2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION <b>DL</b>	4	B vs D,QL (150 per 30 days)
QVAR 40 MCG/ACTUATION METERED AEROSOL ORAL INHALER <b>MO</b>	3	ST,QL (34.8 per 30 days)
QVAR 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER <b>MO</b>	3	ST,QL (17.4 per 30 days)
<b>MO</b>	3	ST,QL (10.6 per 30 days)
<b>MO</b>	3	ST,QL (21.2 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION <b>DL</b>	4	PA
SINGULAIR 10 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET <b>MO</b>	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
SURVANTA 25 MG/ML INTRATRACHEAL SUSPENSION <b>MO</b>	3	
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL (10.2 per 30 days)
TRACLEER 125 MG, 62.5 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION <b>DL</b>	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK <b>DL</b>	4	PA,QL (200 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (270 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL (90 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (6 per 28 days)
<i>zafirlukast 10 mg, 20 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (24 per 30 days)
<i>zileuton er 600 mg tablet</i> <b>MO</b>	1	ST,QL (120 per 30 days)
ZYFLO 600 MG TABLET <b>DL</b>	4	ST,QL (120 per 30 days)
ZYFLO CR 600 MG TABLET,EXTENDED RELEASE <b>DL</b>	4	ST,QL (120 per 30 days)
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
8-MOP 10 MG CAPSULE <b>MO</b>	3	
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG CAPSULE <b>DL</b>	4	ST,QL (60 per 30 days)
ABSORICA 40 MG CAPSULE <b>DL</b>	4	ST,QL (120 per 30 days)
ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
<i>acitretin 10 mg, 17.5 mg, 25 mg capsule</i> <b>DL</b>	4	
<i>acyclovir 5% ointment</i> <b>MO</b>	1	PA
ACZONE 5 %, 7.5 % TOPICAL GEL; ACZONE 5 %, 7.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
<i>adapalene 0.1% cream</i> <b>MO</b>	1	
<i>adapalene 0.1% gel; adapalene 0.3% gel; adapalene 0.3% gel pump</i> <b>MO</b>	1	
<i>adapalene 0.1% lotion</i> <b>MO</b>	1	
<i>adapalene-bnzyl perox 0.1-2.5%</i> <b>MO</b>	1	
AKTIPAK 3 %-5 % TOPICAL GEL <b>MO</b>	3	
ALA-CORT 1 % TOPICAL CREAM <b>MO</b>	1	
<i>ala-cort 2.5 % topical cream</i> <b>MO</b>	1	
ALA-SCALP 2 % LOTION <b>MO</b>	1	
<i>alclometasone dipr 0.05% oint</i> <b>MO</b>	1	
<i>alclometasone dipro 0.05% crm</i> <b>MO</b>	1	
ALCOHOL PADS <b>MO</b>	1	
ALCOHOL PREP PADS <b>MO</b>	1	
ALCOHOL PREP SWABS <b>MO</b>	1	
ALCOHOL 70% SWABS <b>MO</b>	1	
ALCOHOL WIPES <b>MO</b>	1	
ALDARA 5 % TOPICAL CREAM PACKET <b>MO</b>	3	PA,QL (12 per 30 days)
ALTABAX 1 % TOPICAL OINTMENT <b>MO</b>	3	
<i>amcinonide 0.1% cream</i> <b>MO</b>	1	
<i>amcinonide 0.1% lotion</i> <b>MO</b>	1	
<i>amcinonide 0.1% ointment</i> <b>MO</b>	1	
<i>ammonium lactate 12% cream</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ammonium lactate 12% lotion</i> <b>MO</b>	1	
<i>anusol-hc 2.5 % topical cream with perineal applicator</i> <b>MO</b>	1	
<i>apexicon e 0.05 % topical cream</i> <b>MO</b>	1	
ATRALIN 0.05 % TOPICAL GEL <b>MO</b>	3	PA
AVC VAGINAL 15 % CREAM <b>MO</b>	3	
AVITA 0.025 % TOPICAL CREAM <b>MO</b>	3	PA
AVITA 0.025 % TOPICAL GEL <b>MO</b>	3	PA
AZELEX 20 % TOPICAL CREAM <b>MO</b>	3	
BACTROBAN 2 % TOPICAL CREAM <b>MO</b>	3	
BACTROBAN 2% OINTMENT <b>MO</b>	3	
BD ALCOHOL SWABS <b>MO</b>	1	
BENZACLIN 1 %-5 % TOPICAL GEL <b>MO</b>	3	
BENZACLIN PUMP 1 %-5 % TOPICAL GEL <b>MO</b>	3	
BENZAMYCIN 3 %-5 % TOPICAL GEL <b>MO</b>	3	
BENZAMYCINPAK GEL <b>MO</b>	3	
<i>betamethasone dp 0.05% crm</i> <b>MO</b>	1	
<i>betamethasone dp 0.05% lot</i> <b>MO</b>	1	
<i>betamethasone dp 0.05% oint</i> <b>MO</b>	1	
<i>betamethasone va 0.1% cream</i> <b>MO</b>	1	
<i>betamethasone va 0.1% lotion</i> <b>MO</b>	1	
<i>betamethasone valer 0.1% ointm</i> <b>MO</b>	1	
<i>betamethasone valer 0.12% foam</i> <b>MO</b>	1	
<i>betamethasone dp aug 0.05% crm</i> <b>MO</b>	1	
<i>betamethasone dp aug 0.05% gel</i> <b>MO</b>	1	
<i>betamethasone dp aug 0.05% lot</i> <b>MO</b>	1	
<i>betamethasone dp aug 0.05% oin</i> <b>MO</b>	1	
<i>calcipotriene 0.005% cream</i> <b>MO</b>	1	QL (120 per 30 days)
<i>calcipotriene 0.005% ointment</i> <b>MO</b>	1	
<i>calcipotriene 0.005% solution</i> <b>MO</b>	1	QL (60 per 30 days)
<i>calcipotriene-betameth dp oint</i> <b>DL</b>	4	PA,QL (60 per 30 days)
<i>calcitrene 0.005 % topical ointment</i> <b>MO</b>	1	
<i>calcitriol 3 mcg/g ointment</i> <b>MO</b>	1	ST,QL (800 per 28 days)
CAPEX 0.01 % SHAMPOO <b>MO</b>	3	
CARAC 0.5 % TOPICAL CREAM <b>MO</b>	3	PA
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS <b>MO</b>	1	
CENTANY 2 % TOPICAL OINTMENT <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ciclodan 0.77 % topical cream</i> <b>MO</b>	1	
<i>ciclodan 8 % topical solution</i> <b>MO</b>	1	
CICLODAN KIT 0.77 % TOPICAL COMBO PACK <b>MO</b>	3	
CICLODAN KIT 8 % TOPICAL SOLUTION <b>MO</b>	3	
<i>ciclopirox 0.77% cream</i> <b>MO</b>	1	
<i>ciclopirox 0.77% gel</i> <b>MO</b>	1	
<i>ciclopirox 0.77% topical susp</i> <b>MO</b>	1	
<i>ciclopirox 1% shampoo</i> <b>MO</b>	1	
<i>ciclopirox 8% solution</i> <b>MO</b>	1	
<i>ciclopirox 8% treatment kit</i> <b>MO</b>	1	
<i>claravis 10 mg, 20 mg, 30 mg capsule</i> <b>MO</b>	1	ST,QL (60 per 30 days)
<i>claravis 40 mg capsule</i> <b>MO</b>	1	ST,QL (120 per 30 days)
CLEOCIN 100 MG VAGINAL SUPPOSITORY <b>MO</b>	3	
CLEOCIN 2 % VAGINAL CREAM <b>MO</b>	3	PA
CLEOCIN T 1 % LOTION <b>MO</b>	3	
CLEOCIN T 1 % SOLUTION <b>MO</b>	3	
CLEOCIN T 1 % TOPICAL GEL <b>MO</b>	3	
CLEOCIN T 1 % TOPICAL SWAB <b>MO</b>	3	
<i>clindacin etz 1 % topical swab</i> <b>MO</b>	1	
<i>clindacin p 1 % topical swab</i> <b>MO</b>	1	
CLINDAGEL 1 % TOPICAL <b>MO</b>	3	
<i>clindamycin 2% vaginal cream</i> <b>MO</b>	1	
<i>clindamycin ph 1% gel</i> <b>MO</b>	1	
<i>clindamycin ph 1% solution</i> <b>MO</b>	1	
<i>clindamycin phos 1% pledget</i> <b>MO</b>	1	
<i>clindamycin phosp 1% lotion</i> <b>MO</b>	1	
<i>clindamycin phosphate 1% foam</i> <b>MO</b>	1	
<i>clind ph-benzoyl perox 1.2-5%; clinda-benzoyl perox 1-5% pump;</i>	1	
<i>clindamycin-benzoyl perox 1-5%</i> <b>MO</b>		
<i>clinda-tretinoin 1.2%-0.025%</i> <b>MO</b>	1	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE <b>MO</b>	3	
<i>clobetasol 0.05% cream</i> <b>MO</b>	1	
<i>clobetasol 0.05% gel</i> <b>MO</b>	1	
<i>clobetasol 0.05% ointment</i> <b>MO</b>	1	
<i>clobetasol 0.05% shampoo</i> <b>MO</b>	1	
<i>clobetasol 0.05% solution</i> <b>MO</b>	1	
<i>clobetasol 0.05% topical lotn</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>clobetasol prop 0.05% foam</i> <b>MO</b>	1	
<i>clobetasol prop 0.05% spray</i> <b>MO</b>	1	
<i>clobetasol emollient 0.05% crm</i> <b>MO</b>	1	
<i>clobetasol emulsion 0.05% foam</i> <b>MO</b>	1	
CLOBEX 0.05 % LOTION <b>MO</b>	3	ST
CLOBEX 0.05 % SHAMPOO <b>DL</b>	4	ST
CLOBEX 0.05 % TOPICAL SPRAY <b>MO</b>	3	ST
<i>clocortolone pivalate 0.1% crm</i> <b>MO</b>	1	
<i>clodan 0.05 % shampoo</i> <b>MO</b>	1	
CLODERM 0.1 % TOPICAL CREAM <b>MO</b>	3	PA
<i>clotrimazole 1% cream</i> <b>MO</b>	1	
<i>clotrimazole 1% solution</i> <b>MO</b>	1	
<i>clotrimazole 10 mg troche</i> <b>MO</b>	1	
<i>clotrimazole-betamethasone crm</i> <b>MO</b>	1	
<i>clotrimazole-betamethasone lot</i> <b>MO</b>	1	
CNL 8 NAIL KIT <b>MO</b>	1	
<i>colocort 100 mg/60 ml enema</i> <b>MO</b>	1	
CONDYLOX 0.5 % TOPICAL GEL <b>MO</b>	3	
CONDYLOX 0.5% TOPICAL SOLN <b>MO</b>	3	
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 <b>MO</b>	3	
CORDRAN 4 MCG/SQ CM TAPE SMALL <b>MO</b>	3	
<i>cormax 0.05 % scalp solution</i> <b>MO</b>	1	
CORTENEMA 100 MG/60 ML <b>MO</b>	3	
CORTIFOAM 10 % (80 MG) RECTAL <b>MO</b>	3	
CORTISPORIN 1 % TOPICAL OINTMENT <b>MO</b>	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM <b>MO</b>	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (32 per 365 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS <b>DL</b>	4	PA,QL (32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (32 per 365 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS <b>DL</b>	4	PA,QL (32 per 365 days)
CURITY ALCOHOL SWABS <b>MO</b>	1	
CUTIVATE 0.05 % LOTION <b>MO</b>	3	PA
CUTIVATE 0.05 % TOPICAL CREAM <b>MO</b>	3	PA
<i>dapsone 5% gel</i> <b>MO</b>	1	
DENAVIR 1 % TOPICAL CREAM <b>MO</b>	3	PA
DERMA-SMOOTH/FS BODY OIL 0.01 % <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DERMA-SMOOTH/FS SCALP OIL 0.01 % <b>MO</b>	3	
DERMATOP 0.1 % TOPICAL CREAM <b>MO</b>	3	
DERMATOP 0.1 % TOPICAL OINTMENT <b>MO</b>	3	
DESONATE 0.05 % TOPICAL GEL <b>MO</b>	3	
<i>desonide 0.05% cream</i> <b>MO</b>	1	
<i>desonide 0.05% lotion</i> <b>MO</b>	1	
<i>desonide 0.05% ointment</i> <b>MO</b>	1	
DESOWEN 0.05 % LOTION <b>MO</b>	1	PA
DESOWEN 0.05 % TOPICAL CREAM <b>MO</b>	3	
<i>desoximetasone 0.05% cream; desoximetasone 0.25% cream</i> <b>MO</b>	1	
<i>desoximetasone 0.05% gel</i> <b>MO</b>	1	
<i>desoximetasone 0.05% ointment; desoximetasone 0.25% ointment</i> <b>MO</b>	1	
<i>diclofenac sodium 3% gel</i> <b>MO</b>	1	PA
DIFFERIN 0.1 % LOTION <b>MO</b>	3	
DIFFERIN 0.1 % TOPICAL CREAM <b>MO</b>	3	PA
DIFFERIN 0.1 % TOPICAL GEL <b>MO</b>	3	PA
DIFFERIN 0.3 %, 0.3 % TOPICAL GEL; DIFFERIN 0.3 %, 0.3 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
<i>diflorasone 0.05% cream</i> <b>MO</b>	1	
<i>diflorasone 0.05% ointment</i> <b>MO</b>	1	
DIPROLENE 0.05 % TOPICAL OINTMENT <b>MO</b>	3	
DIPROLENE 0.05% LOTION <b>MO</b>	3	
DIPROLENE AF 0.05% CREAM <b>MO</b>	3	
DOVONEX 0.005 % TOPICAL CREAM <b>DL</b>	4	ST,QL (120 per 30 days)
<i>doxepin 5% cream</i> <b>DL</b>	4	
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (6 per 28 days)
EASY TOUCH ALCOHOL PREP PADS <b>MO</b>	1	
<i>econazole nitrate 1% cream</i> <b>MO</b>	1	
EFUDEX 5 % TOPICAL CREAM <b>MO</b>	3	PA
ELIDEL 1 % TOPICAL CREAM <b>MO</b>	3	
ELIMITE 5 % TOPICAL CREAM <b>MO</b>	3	
ELOCON 0.1 % TOPICAL CREAM <b>MO</b>	3	
ELOCON 0.1 % TOPICAL OINTMENT <b>MO</b>	3	
ELOCON 0.1% LOTION <b>MO</b>	3	
EMLA CREAM <b>MO</b>	3	
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM <b>DL</b>	3	QL (120 per 30 days)
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
EPIFOAM 1 %-1 % TOPICAL <b>MO</b>	3	
ERTACZO 2 % TOPICAL CREAM <b>MO</b>	3	
<i>ery pads</i> 2 % topical swab <b>MO</b>	1	
ERYGEL 2 % TOPICAL <b>MO</b>	1	
<i>erythromycin</i> 2% gel <b>MO</b>	1	
<i>erythromycin</i> 2% pledgets <b>MO</b>	1	
<i>erythromycin</i> 2% solution <b>MO</b>	1	
<i>erythromycin-benzoyl</i> gel <b>MO</b>	1	
EUCRISA 2 % TOPICAL OINTMENT <b>MO</b>	3	PA
EURAX 10 % LOTION <b>MO</b>	3	
EURAX 10 % TOPICAL CREAM <b>MO</b>	3	
EVOCLIN 1 % TOPICAL FOAM <b>MO</b>	3	PA
EXELDERM 1 % TOPICAL CREAM <b>MO</b>	3	
EXELDERM 1 % TOPICAL SOLUTION <b>MO</b>	3	
EXTINA 2 % TOPICAL FOAM <b>MO</b>	3	
FABIOR 0.1 % TOPICAL FOAM <b>MO</b>	3	PA
FINACEA 15 % TOPICAL FOAM <b>MO</b>	3	ST
FINACEA 15 % TOPICAL GEL <b>MO</b>	3	ST
<i>fluocinolone</i> 0.01% body oil <b>MO</b>	1	
<i>fluocinolone</i> 0.01% cream; <i>fluocinolone</i> 0.025% cream <b>MO</b>	1	
<i>fluocinolone</i> 0.01% solution <b>MO</b>	1	
<i>fluocinolone</i> 0.025% ointment <b>MO</b>	1	
<i>fluocinolone</i> 0.01% scalp oil <b>MO</b>	1	
<i>fluocinonide</i> 0.05% cream; <i>fluocinonide</i> 0.1% cream <b>MO</b>	1	
<i>fluocinonide</i> 0.05% gel <b>MO</b>	1	
<i>fluocinonide</i> 0.05% ointment <b>MO</b>	1	
<i>fluocinonide</i> 0.05% solution <b>MO</b>	1	
<i>fluocinonide-e</i> 0.05 % topical cream <b>MO</b>	1	
<i>fluocinonide-e</i> 0.05% cream <b>MO</b>	1	
<i>fluorouracil</i> 0.5% cream <b>DL</b>	4	
<i>fluorouracil</i> 2% topical soln; <i>fluorouracil</i> 5% topical soln <b>MO</b>	1	
<i>fluorouracil</i> 5% cream <b>MO</b>	1	
<i>flurandrenolide</i> 0.05% cream <b>MO</b>	1	
<i>flurandrenolide</i> 0.05% lotion <b>MO</b>	1	
<i>flurandrenolide</i> 0.05% ointment <b>MO</b>	1	

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fluticasone prop 0.005% oint</i> <b>MO</b>	1	
<i>fluticasone prop 0.05% cream</i> <b>MO</b>	1	
<i>fluticasone prop 0.05% lotion</i> <b>MO</b>	1	
<i>gentamicin 0.1% cream</i> <b>MO</b>	1	
<i>gentamicin 0.1% ointment</i> <b>MO</b>	1	
<i>gynazole-1 2 % vaginal cream</i> <b>MO</b>	1	
<i>halobetasol prop 0.05% cream</i> <b>MO</b>	1	
<i>halobetasol prop 0.05% ointmnt</i> <b>MO</b>	1	
HALOG 0.1 % TOPICAL CREAM <b>MO</b>	3	
HALOG 0.1 % TOPICAL OINTMENT <b>MO</b>	3	
<i>hydrocortisone 1% cream; hydrocortisone 2.5% cream</i> <b>MO</b>	1	
<i>hydrocortisone 1% ointment; hydrocortisone 2.5% ointment</i> <b>MO</b>	1	
<i>hydrocortisone 100 mg/60 ml</i> <b>MO</b>	1	
<i>hydrocortisone 2.5% lotion</i> <b>MO</b>	1	
<i>hydrocort buty 0.1% lipo cream</i> <b>MO</b>	1	
<i>hydrocortisone buty 0.1% cream</i> <b>MO</b>	1	
<i>hydrocortisone butyr 0.1% oint</i> <b>MO</b>	1	
<i>hydrocortisone butyr 0.1% soln</i> <b>MO</b>	1	
<i>hydrocortisone val 0.2% cream</i> <b>MO</b>	1	
<i>hydrocortisone val 0.2% ointmt</i> <b>MO</b>	1	
<i>hydrocortisone 1% absorbase</i> <b>MO</b>	1	
<i>imiquimod 5% cream packet</i> <b>MO</b>	1	QL (12 per 30 days)
INCONTROL ALCOHOL PADS <b>MO</b>	1	
IV PREP WIPES MEDICATED <b>MO</b>	1	
JUBLIA 10 % TOPICAL SOLUTION WITH APPLICATOR <b>MO</b>	3	PA,QL (4 per 28 days)
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL <b>MO</b>	3	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION <b>DL</b>	4	
KERYDIN 5 % TOPICAL SOLUTION WITH APPLICATOR <b>MO</b>	3	
<i>ketoconazole 2% cream</i> <b>MO</b>	1	
<i>ketoconazole 2% foam</i> <b>MO</b>	1	
<i>ketoconazole 2% shampoo</i> <b>MO</b>	1	
KLARON 10 % LOTION (SUSPENSION) <b>MO</b>	3	
LEVULAN 20 % TOPICAL SOLUTION <b>MO</b>	3	
<i>lidocaine 5% ointment</i> <b>MO</b>	1	PA
<i>lidocaine 5% patch</i> <b>MO</b>	1	PA,QL (90 per 30 days)
<i>lidocaine hcl 4% solution</i> <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lidocaine-prilocaine cream</i> <b>MO</b>	1	
<i>lidocaine-tetracaine 7%-7% crm</i> <b>MO</b>	1	
LIDODERM 5 % TOPICAL PATCH <b>MO</b>	3	PA,QL (90 per 30 days)
<i>lindane 1% lotion</i> <b>MO</b>	1	
<i>lindane 1% shampoo</i> <b>MO</b>	1	
LOCOID 0.1 % LOTION <b>MO</b>	3	
LOCOID 0.1 % TOPICAL CREAM <b>MO</b>	3	
LOCOID 0.1 % TOPICAL OINTMENT <b>MO</b>	3	
LOCOID 0.1 % TOPICAL SOLUTION <b>MO</b>	3	
LOCOID LIPOCREAM 0.1 % TOPICAL <b>MO</b>	3	
LOPROX 1 % SHAMPOO <b>MO</b>	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM <b>MO</b>	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION <b>MO</b>	3	
LOTRISONE 1 %-0.05 % TOPICAL CREAM <b>MO</b>	3	
LTA PRE-ATTACHED 4 % LARYNGOTRACHEAL SOLUTION <b>MO</b>	1	
LUXIQ 0.12 % TOPICAL FOAM <b>MO</b>	3	
LUZU 1 % TOPICAL CREAM <b>MO</b>	3	PA,QL (60 per 28 days)
<i>malathion 0.5% lotion</i> <b>MO</b>	1	
MENTAX 1 % TOPICAL CREAM <b>MO</b>	3	
<i>methoxsalen 10 mg softgel</i> <b>DL</b>	4	
METROCREAM 0.75 % TOPICAL <b>MO</b>	3	PA
METROGEL 1 %, 1 % TOPICAL; METROGEL 1 %, 1 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
METROGEL VAGINAL 0.75 % <b>MO</b>	3	
METROLOTION 0.75 % TOPICAL <b>MO</b>	3	PA
<i>metronidazole 0.75% cream</i> <b>MO</b>	1	
<i>metronidazole 0.75% lotion</i> <b>MO</b>	1	
<i>metronidazole top 1% gel pump; metronidazole topical 0.75% gl;</i> <i>metronidazole topical 1% gel; metronidazole vaginal 0.75% gl</i> <b>MO</b>	1	
<i>miconazole-3 200 mg vaginal suppository</i> <b>MO</b>	1	
MICORT-HC 2.5 % (4 GRAM) TOPICAL CREAM WITH PERINEAL APPLICATOR <b>MO</b>	1	
<i>micort-hc 2.5 % topical cream with perineal applicator</i> <b>MO</b>	1	
MIRVASO 0.33 %, 0.33 % TOPICAL GEL; MIRVASO 0.33 %, 0.33 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
<i>mometasone furoate 0.1% cream</i> <b>MO</b>	1	
<i>mometasone furoate 0.1% oint</i> <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mometasone furoate 0.1% soln <b>MO</b>	1	
mupirocin 2% ointment <b>MO</b>	1	
mupirocin 2% cream <b>MO</b>	1	
myorisan 10 mg, 20 mg, 30 mg capsule <b>MO</b>	1	QL (60 per 30 days)
myorisan 40 mg capsule <b>MO</b>	1	QL (120 per 30 days)
naftifine hcl 1% cream; naftifine hcl 2% cream <b>MO</b>	1	ST
NAFTIN 1 %, 2 % TOPICAL CREAM; NAFTIN 1% CREAM <b>MO</b>	3	PA
NAFTIN 1 %, 2 % TOPICAL GEL <b>MO</b>	3	PA
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM <b>MO</b>	1	
neomy-polymyxin b 40 mg/ml amp <b>MO</b>	1	
NEOSPORIN GU IRRIGANT 40 MG-200,000 UNIT/ML <b>MO</b>	1	
neuac 1.2 % (1 % base)-5 % topical gel <b>MO</b>	1	
NIZORAL 2 % SHAMPOO <b>MO</b>	3	
nolix 0.05 % lotion <b>MO</b>	1	
NORITATE 1 % TOPICAL CREAM <b>MO</b>	3	ST
NUVESSA 1.3 % VAGINAL GEL <b>MO</b>	3	
nyamyc 100,000 unit/gram topical powder <b>MO</b>	1	
nyata 100,000 unit/gram topical powder <b>MO</b>	1	
nystatin 100,000 unit/gm cream <b>MO</b>	1	
nystatin 100,000 unit/gm powd <b>MO</b>	1	
nystatin 100,000 units/gm oint <b>MO</b>	1	
nystatin-triamcinolone cream <b>MO</b>	1	
nystatin-triamcinolone ointm <b>MO</b>	1	
nystop 100,000 unit/gram topical powder <b>MO</b>	1	
OLUX 0.05 % TOPICAL FOAM <b>MO</b>	3	PA
OLUX-E 0.05 % TOPICAL FOAM <b>MO</b>	3	
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP <b>MO</b>	3	
oralone 0.1 % dental paste <b>MO</b>	1	
ORAVIG 50 MG BUCCAL TABLET <b>MO</b>	3	QL (14 per 30 days)
OVIDE 0.5 % LOTION <b>MO</b>	3	PA
oxiconazole nitrate 1% cream <b>MO</b>	1	
OXISTAT 1 % LOTION <b>MO</b>	3	
OXISTAT 1 % TOPICAL CREAM <b>MO</b>	3	
OXSORALEN 1% LOTION <b>MO</b>	3	
OXSORALEN ULTRA 10 MG LIQUID-FILLED,RAPID RELEASE CAPSULE <b>DL</b>	4	
PANDEL 0.1 % TOPICAL CREAM <b>DL</b>	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PANRETIN 0.1 % TOPICAL GEL <b>DL</b>	4	
PENLAC 8 % TOPICAL SOLUTION <b>MO</b>	3	
<i>permethrin 5% cream</i> <b>MO</b>	1	
PICATO 0.015 % TOPICAL GEL <b>MO</b>	3	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL <b>MO</b>	3	QL (2 per 30 days)
PLIAGLIS 7 %-7 % TOPICAL CREAM <b>MO</b>	3	
<i>podofilox 0.5% topical soln</i> <b>MO</b>	1	
<i>prednicarbate 0.1% cream</i> <b>MO</b>	1	
<i>prednicarbate 0.1% ointment</i> <b>MO</b>	1	
PRO COMFORT ALCOHOL PADS <b>MO</b>	1	
<i>procto-med hc 2.5 % topical cream perineal applicator</i> <b>MO</b>	1	
<i>procto-pak 1 % topical cream perineal applicator</i> <b>MO</b>	1	
PROCTOFOAM HC 1 %-1 % <b>MO</b>	3	
<i>proctosol hc 2.5 % topical cream perineal applicator</i> <b>MO</b>	1	
<i>proctozone-hc 2.5 % topical cream perineal applicator</i> <b>MO</b>	1	
PROTOPIC 0.03 %, 0.1 % TOPICAL OINTMENT <b>MO</b>	3	
PRUDOXIN 5 % TOPICAL CREAM <b>MO</b>	3	
<i>psorcon 0.05 % topical cream</i> <b>MO</b>	1	
RECTIV 0.4 % (W/W) OINTMENT <b>MO</b>	3	QL (30 per 30 days)
REGANEX 0.01 % TOPICAL GEL <b>DL</b>	4	
RETIN-A 0.01 %, 0.025 % TOPICAL GEL <b>MO</b>	3	PA
RETIN-A 0.025 %, 0.05 %, 0.1 % TOPICAL CREAM <b>MO</b>	3	PA
RETIN-A MICRO 0.04 %, 0.1 % TOPICAL GEL <b>MO</b>	3	PA
RETIN-A MICRO PUMP 0.04 %, 0.08 %, 0.1 % TOPICAL GEL <b>DL</b>	4	PA
RHOFADE 1 % TOPICAL CREAM <b>MO</b>	3	PA,QL (30 per 30 days)
RIMSO-50 50 % INTRAVESICAL SOLUTION <b>MO</b>	3	
<i>rosadan 0.75 % topical cream</i> <b>MO</b>	1	
<i>rosadan 0.75 % topical gel</i> <b>MO</b>	1	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT <b>MO</b>	3	
<i>selenium sulfide 2.5% lotion</i> <b>MO</b>	1	
SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP <b>DL</b>	4	PA,QL (120 per 365 days)
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (4.5 per 28 days)
SILVADENE 1 % TOPICAL CREAM <b>MO</b>	3	
<i>silver sulfadiazine 1% cream</i> <b>MO</b>	1	
SKLICE 0.5 % LOTION <b>MO</b>	3	
SOLARAZE 3 % TOPICAL GEL <b>MO</b>	3	PA

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOOLANTRA 1 % TOPICAL CREAM <b>MO</b>	3	
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE <b>DL</b>	4	PA
SORILUX 0.005 % TOPICAL FOAM <b>MO</b>	3	ST,QL (120 per 28 days)
<i>spinosad 0.9% topical susp</i> <b>MO</b>	1	QL (240 per 30 days)
SSD 1 % TOPICAL CREAM <b>MO</b>	1	
STELARA 130 MG/26 ML INTRAVENOUS SOLUTION <b>DL</b>	4	PA,QL (104 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION <b>DL</b>	4	PA,QL (1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (3 per 84 days)
<i>sulfacetamide sod 10% top susp</i> <b>MO</b>	1	
SULFAMYLLON 50 GRAM TOPICAL PACKET <b>MO</b>	3	
SULFAMYLLON 85 MG/G TOPICAL CREAM <b>MO</b>	3	
SURE COMFORT ALCOHOL PREP PADS <b>MO</b>	1	
SURE-PREP ALCOHOL PREP PADS <b>MO</b>	1	
SYNALAR 0.01 % TOPICAL SOLUTION <b>MO</b>	3	
SYNERA 70 MG-70 MG PATCH <b>DL</b>	4	PA
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT <b>DL</b>	4	PA,QL (60 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION <b>MO</b>	2	QL (420 per 30 days)
<i>tacrolimus 0.03% ointment; tacrolimus 0.1% ointment</i> <b>MO</b>	1	
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (3 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (3 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (3 per 28 days)
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (3 per 28 days)
TALTZ SYRINGE (2 PACK) 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (3 per 28 days)
TALTZ SYRINGE (3 PACK) 80 MG/ML SUBCUTANEOUS <b>DL</b>	4	PA,QL (3 per 28 days)
TARGRETIN 1 % TOPICAL GEL <b>DL</b>	4	PA
<i>tazarotene 0.1% cream</i> <b>MO</b>	1	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM <b>MO</b>	3	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL <b>MO</b>	3	PA
TEMOVATE 0.05 % TOPICAL CREAM <b>MO</b>	3	PA
TEMOVATE 0.05 % TOPICAL OINTMENT <b>MO</b>	3	PA
TERAZOL 3 CREAM <b>MO</b>	3	
TERAZOL 7 0.4 % VAGINAL CREAM <b>MO</b>	3	
<i>terconazole 0.4% cream; terconazole 0.8% cream</i> <b>MO</b>	1	
<i>terconazole 80 mg suppository</i> <b>MO</b>	1	
TEXACORT 2.5 % TOPICAL SOLUTION <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THERMAZENE 1 % TOPICAL CREAM <b>MO</b>	3	
TOLAK 4 % TOPICAL CREAM <b>MO</b>	3	
TOPICORT 0.05 % TOPICAL GEL <b>MO</b>	1	
TOPICORT 0.05 % TOPICAL OINTMENT <b>MO</b>	3	
TOPICORT 0.05 %, 0.25 % TOPICAL CREAM <b>MO</b>	1	
TOPICORT 0.25 % TOPICAL OINTMENT <b>MO</b>	1	
TOPICORT 0.25 % TOPICAL SPRAY <b>MO</b>	3	
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	4	PA,QL (1 per 28 days)
TRETIN-X 0.0375 %, 0.075 % TOPICAL CREAM; TRETIN-X 0.0375% CREAM <b>MO</b>	1	PA
<i>tretinoin 0.01% gel; tretinoin 0.025% gel; tretinoin 0.05% gel</i> <b>MO</b>	1	PA
<i>tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream</i> <b>MO</b>	1	PA
<i>tretinoin gel micro 0.04% pump; tretinoin gel micro 0.04% tube; tretinoin gel micro 0.1% pump; tretinoin gel micro 0.1% tube</i> <b>MO</b>	1	PA
<i>triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream</i> <b>MO</b>	1	
<i>triamcinolone 0.025% lotion; triamcinolone 0.1% lotion</i> <b>MO</b>	1	
<i>triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment</i> <b>MO</b>	1	
<i>triamcinolone 0.1% paste</i> <b>MO</b>	1	
<i>triamcinolone 0.147 mg/g spray</i> <b>MO</b>	1	
<i>trianex 0.05 % topical ointment</i> <b>DL</b>	4	
<i>triderm 0.1 %, 0.5 % topical cream</i> <b>MO</b>	1	
TRIDESILON 0.05 % TOPICAL CREAM <b>MO</b>	3	
ULESFIA 5 % LOTION <b>MO</b>	3	
ULTILET ALCOHOL SWAB <b>MO</b>	1	
ULTRAVATE 0.05 % LOTION <b>DL</b>	4	
ULTRAVATE 0.05 % TOPICAL CREAM <b>DL</b>	4	
ULTRAVATE 0.05 % TOPICAL OINTMENT <b>DL</b>	4	
UVADEX 20 MCG/ML INJECTION SOLUTION <b>MO</b>	3	B vs D
VALCHLOR 0.016 % TOPICAL GEL <b>DL</b>	4	PA,QL (60 per 28 days)
VANAZOLE 0.75 % VAGINAL GEL <b>MO</b>	3	
VANOS 0.1 % TOPICAL CREAM <b>MO</b>	3	
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT <b>DL</b>	4	ST,QL (800 per 28 days)
VELTIN 1.2 %-0.025 % TOPICAL GEL <b>MO</b>	3	
VERDESO 0.05 % TOPICAL FOAM <b>MO</b>	3	
VEREGEN 15 % TOPICAL OINTMENT <b>DL</b>	4	QL (30 per 30 days)
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT <b>MO</b>	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WEBCOL TOPICAL PADS <b>MO</b>	1	
XERESE 5 %-1 % TOPICAL CREAM <b>DL</b>	4	
zenatane 10 mg, 20 mg, 30 mg capsule <b>MO</b>	1	QL (60 per 30 days)
zenatane 40 mg capsule <b>MO</b>	1	QL (120 per 30 days)
ZIANA 1.2 %-0.025 % TOPICAL GEL <b>MO</b>	3	PA
ZONALON 5 % TOPICAL CREAM <b>MO</b>	3	
ZOVIRAX 5 % TOPICAL CREAM <b>DL</b>	4	PA
ZOVIRAX 5 % TOPICAL OINTMENT <b>DL</b>	4	PA
ZYCLARA 2.5 %, 3.75 % TOPICAL CREAM PUMP <b>MO</b>	3	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET <b>MO</b>	3	
<b>SMOOTH MUSCLE RELAXANTS</b>		
aminophylline 250 mg/10 ml, 500 mg/20 ml v1 <b>MO</b>	1	
darifenacin er 15 mg, 7.5 mg tablet <b>MO</b>	1	ST,QL (30 per 30 days)
DETROL 1 MG, 2 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
DITROPAN XL 10 MG, 15 MG, 5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR <b>MO</b>	1	
ENABLEX 15 MG, 7.5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
flavoxate hcl 100 mg tablet <b>MO</b>	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 <b>MO</b>	3	QL (30 per 30 days)
GELNIQUE 3% GEL <b>MO</b>	3	QL (276 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
oxybutynin 5 mg tablet <b>MO</b>	1	
oxybutynin 5 mg/5 ml syrup <b>MO</b>	1	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet <b>MO</b>	1	QL (60 per 30 days)
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	3	QL (8 per 28 days)
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	1	
theophylline 80 mg/15 ml, 80 mg/15 ml soln <b>MO</b>	1	
theophylline er 100 mg, 200 mg, 300 mg, 450 mg tab; theophylline er 100 mg, 200 mg, 300 mg, 450 mg tablet <b>MO</b>	1	
theophylline er 400 mg, 600 mg tablet <b>MO</b>	1	
theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w <b>MO</b>	1	
tolterodine tart er 2 mg, 4 mg cap <b>MO</b>	1	QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tolterodine tartrate 1 mg, 2 mg tab <b>MO</b>	1	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
tropium chloride 20 mg tablet <b>MO</b>	1	
tropium chloride er 60 mg cap <b>MO</b>	1	QL (30 per 30 days)
VESICARE 10 MG, 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<b>VITAMINS</b>		
bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release <b>MO</b>	3	
c-nate dha 28 mg iron-1 mg-200 mg capsule <b>MO</b>	1	
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE <b>MO</b>	3	
calcitriol 0.25 mcg, 0.5 mcg capsule <b>MO</b>	1	
calcitriol 1 mcg/ml, 1 mcg/ml ampul; calcitriol 1 mcg/ml, 1 mcg/ml solution <b>MO</b>	1	
calcium pnv 28 mg-1 mg-250 mg capsule <b>MO</b>	1	
CITRANATAL (DUAL-IRON) 27 MG IRON-1 MG-50 MG TABLET <b>MO</b>	3	
CITRANATAL 90 DHA (ALGAL OIL) 90 MG IRON-1 MG-50 MG-300 MG ORAL PACK <b>MO</b>	3	
CITRANATAL ASSURE 35 MG IRON-1 MG-50 MG-300 MG ORAL PACK <b>MO</b>	3	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS <b>MO</b>	3	
CITRANATAL DHA (ALGAL OIL) 27 MG IRON-1 MG-50 MG-250 MG ORAL PACK <b>MO</b>	3	
complete natal dha 29 mg-1 mg-250 mg oral pack <b>MO</b>	1	
completenate 29 mg iron-1 mg chewable tablet <b>MO</b>	1	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE <b>MO</b>	3	
CONCEPT OB 85 MG-1 MG CAPSULE <b>MO</b>	3	
dothelle dha 35 mg-1 mg-200 mg capsule <b>MO</b>	1	
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule <b>MO</b>	1	
doxercalciferol 4 mcg/2 ml vl <b>MO</b>	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK <b>MO</b>	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 <b>MO</b>	3	
FLORIVA PLUS 0.25 MG FLUORIDE (0.55 MG)/ML ORAL DROPS <b>MO</b>	3	
focalgin 90 dha 90 mg iron-1 mg-50 mg-300 mg oral pack <b>MO</b>	1	
focalgin ca 35 mg iron-1 mg-50 mg-300 mg oral pack <b>MO</b>	1	
folivane-ob 85 mg-1 mg capsule <b>MO</b>	3	
HECTOROL 0.5 MCG, 1 MCG, 2.5 MCG CAPSULE <b>MO</b>	3	PA
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION <b>MO</b>	2	

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HECTOROL 4 MCG/2 ML INTRAVENOUS SOLUTION <b>MO</b>	3	
<i>hemenatal ob 28 mg-6 mg-1 mg tablet</i> <b>MO</b>	3	
<i>hemenatal ob + dha 28 mg iron-6 mg iron-1 mg oral pack</i> <b>MO</b>	1	
<i>inatal advance tablet</i> <b>MO</b>	1	
<i>inatal ultra tablet</i> <b>MO</b>	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET <b>MO</b>	3	
<i>levomefolate dha 27 mg-400 mcg-1.13 mg-250 mg capsule</i> <b>MO</b>	1	
<i>macnatal cn dha softgel</i> <b>MO</b>	1	
<i>multi-vitamin with fluoride 0.25 mg/ml, 0.5 mg/ml oral drops</i> <b>MO</b>	3	
<i>multi-vitamin with fluoride 0.5 mg, 1 mg chewable tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>multi-vitamin-fluoride (vit e acetate) 0.25 mg/ml oral drops</i> <b>MO</b>	3	
<i>multivit-fluor 0.25 mg/ml drop</i> <b>MO</b>	3	
<i>multivitamin with fluoride 0.5 mg chewable tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>multivitamins with fluoride 0.25 mg, 0.5 mg, 1 mg chewable tablet</i> <b>MO</b>	1	QL (30 per 30 days)
MVC-FLUORIDE 0.25 MG, 0.5 MG, 1 MG CHEWABLE TABLET <b>MO</b>	3	QL (30 per 30 days)
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET <b>MO</b>	3	
NATELLE ONE 28 MG-1 MG-250 MG CAPSULE <b>MO</b>	3	
NEXA PLUS 29 MG IRON-1.25 MG-55 MG CAPSULE <b>MO</b>	3	
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET <b>MO</b>	3	
OB COMPLETE 50 MG IRON-1.25 MG TABLET <b>MO</b>	3	
OB COMPLETE GOLD 27.5 MG IRON-1 MG CAPSULE <b>MO</b>	3	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE <b>MO</b>	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE <b>MO</b>	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET <b>MO</b>	3	
<i>paire ob plus dha combo pack</i> <b>MO</b>	3	
<i>paricalcitol 1 mcg, 2 mcg capsule</i> <b>MO</b>	1	QL (30 per 30 days)
<i>paricalcitol 10 mcg/2 ml vial; paricalcitol 5 mcg/ml, 5 mcg/ml vial</i> <b>MO</b>	1	QL (48 per 28 days)
<i>paricalcitol 2 mcg/ml vial</i> <b>MO</b>	1	
<i>paricalcitol 2 mcg/ml vial</i> <b>MO</b>	1	QL (24 per 30 days)
<i>paricalcitol 4 mcg capsule</i> <b>MO</b>	1	QL (12 per 30 days)
<i>pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack</i> <b>MO</b>	1	
POLY-VI-FLOR 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE CHEWABLE TABLET <b>MO</b>	3	
POLY-VI-FLOR 0.25 MG/ML FLUORIDE BIPHASIC ORAL DROPS <b>MO</b>	3	QL (50 per 30 days)
POLY-VI-FLOR WITH IRON 0.25 MG FLUORIDE-7 MG IRON/ML BPHASE ORAL DROPS <b>MO</b>	3	QL (50 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
POLY-VI-FLOR WITH IRON 0.5 MG FLUORIDE-10 MG IRON CHEWABLE TABLET <b>MO</b>	3	
<i>pr natal 400 29 mg-1 mg-400 mg oral pack</i> <b>MO</b>	1	
<i>pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule, delayed release</i> <b>MO</b>	1	
<i>pr natal 430 29 mg iron-1 mg-430 mg oral pack</i> <b>MO</b>	1	
<i>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule, delayed release</i> <b>MO</b>	1	
PREFERA-OB 28 MG-6 MG-1 MG TABLET <b>MO</b>	3	
PREFERA-OB ONE 22 MG-6 MG-1 MG-200 MG CAPSULE <b>MO</b>	3	
PREFERA-OB PLUS DHA 28 MG IRON-6 MG IRON-1 MG ORAL PACK <b>MO</b>	3	
<i>prenaissance 29 mg-1.25 mg-55 mg-325 mg capsule</i> <b>MO</b>	3	
<i>prenaissance plus 28 mg-1 mg-50 mg-250 mg capsule</i> <b>MO</b>	3	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET <b>MO</b>	3	
PRENATABS FA 29 MG-1 MG TABLET <b>MO</b>	1	
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> <b>MO</b>	1	
<i>prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack</i> <b>MO</b>	3	
<i>prenatal vitamins plus low iron 27 mg iron-1 mg tablet</i> <b>MO</b>	1	
PRENATE AM 1 MG-500 MG TABLET <b>MO</b>	3	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE <b>MO</b>	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET <b>MO</b>	3	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE <b>MO</b>	3	
PRENATE MINI SOFTGEL <b>MO</b>	3	
<i>preplus 27 mg iron-1 mg tablet</i> <b>MO</b>	1	
PREQUE 10 TABLET <b>MO</b>	3	
QUFLORA PEDIATRIC 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET <b>MO</b>	3	
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 <b>MO</b>	3	
RAYALDEE 30 MCG CAPSULE, EXTENDED RELEASE <b>DL</b>	4	PA, QL (60 per 30 days)
<i>relnate dha 28 mg iron-1 mg-200 mg capsule</i> <b>MO</b>	1	
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE <b>MO</b>	3	
ROCALTROL 1 MCG/ML ORAL SOLUTION <b>MO</b>	3	
<i>se-natal 19 29 mg iron-1 mg chewable tablet</i> <b>MO</b>	1	
<i>se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet</i> <b>MO</b>	1	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET <b>MO</b>	3	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET <b>MO</b>	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK <b>MO</b>	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
taron-c dha 35 mg-1 mg-200 mg capsule <b>MO</b>	1	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule <b>MO</b>	1	
thrivite-19 29 mg iron-1 mg-25 mg tablet <b>MO</b>	1	
TL FOLATE TABLET <b>MO</b>	3	
tl-select 29 mg-1.25 mg-55 mg-325 mg capsule <b>MO</b>	3	
TRI-VI-FLOR 0.25 MG/ML FLUORIDE, 0.5 MG/ML FLUORIDE BIPHASIC ORAL DROPS <b>MO</b>	3	QL (50 per 30 days)
tri-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops <b>MO</b>	1	QL (50 per 30 days)
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops <b>MO</b>	1	QL (50 per 30 days)
triadvance 90 mg-1 mg-50 mg tablet <b>MO</b>	1	
TRICARE 27 MG IRON-1 MG TABLET <b>MO</b>	1	
TRICARE PRENATAL DHA ONE 27 MG-1 MG-25 MG-500 MG CAPSULE <b>MO</b>	3	
trinatal gt 90 mg-1 mg-50 mg tablet <b>MO</b>	1	
trinatal rx 1 60 mg iron-1 mg tablet <b>MO</b>	1	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE <b>MO</b>	3	
triveen-duo dha 29 mg-1 mg-400 mg oral pack <b>MO</b>	1	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule <b>MO</b>	1	
ultimatecare one 27 mg-1 mg-330 mg capsule <b>MO</b>	1	
ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule <b>MO</b>	1	
vena-bal dha 27 mg-1 mg-430 mg tablet-capsule, delayed release <b>MO</b>	3	
VINATE DHA RF 27 MG IRON-1.13 MG-581.28 MG CAPSULE <b>MO</b>	3	
virt-c dha 35 mg-1 mg-200 mg capsule <b>MO</b>	1	
virt-nate dha 28 mg iron-1 mg-200 mg capsule <b>MO</b>	1	
virt-select 29 mg-1.25 mg-55 mg-325 mg capsule <b>MO</b>	1	
VITAFOL FE+ (WITH DOCUSATE) 90 MG IRON-1 MG-50 MG-200 MG CAPSULE <b>MO</b>	3	
VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET <b>MO</b>	3	
VITAFOL NANO 18 MG IRON-1 MG TABLET <b>MO</b>	3	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE <b>MO</b>	3	
VITAFOL-OB 65 MG-1 MG TABLET <b>MO</b>	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK <b>MO</b>	3	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE <b>MO</b>	3	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE <b>MO</b>	3	
VITAMEDMD PLUS RX COMBO PACK <b>MO</b>	3	
vol-nate 28 mg iron-1 mg tablet <b>MO</b>	3	
vol-plus 27 mg iron-1 mg tablet <b>MO</b>	1	
vol-tab rx 29 mg iron-1 mg tablet <b>MO</b>	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>vp-ch-pnv 30 mg iron-1 mg-50 mg-260 mg capsule</i> <b>MO</b>	1	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE <b>MO</b>	3	
<i>zatean-ch 27 mg-1 mg-50 mg-250 mg capsule</i> <b>MO</b>	1	
ZEMPLAR 1 MCG, 2 MCG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
ZEMPLAR 2 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	QL (24 per 30 days)
ZEMPLAR 5 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	QL (48 per 28 days)

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

# Index

## A

- a-hydrocort... 117
- abacavir... 10
- abacavir-lamivudine... 10
- abacavir-lamivudine-zidovudine... 10
- ABELCET... 10
- ABILIFY MAINTENA... 59
- ABILIFY... 59
- ABRAXANE... 28
- ABSORICA... 147
- ABSTRAL... 59
- acamprosate... 59
- ACANYA... 147
- acarbose... 117
- ACCOLATE... 144
- ACCUPRIL... 46
- ACCURETIC... 46
- acebutolol... 46
- ACEON... 46
- ACETADOTE... 137
- acetaminophen-caff-dihydrocod... 59
- acetaminophen-codeine... 59
- acetazol hc... 105
- acetazolamide sodium... 105
- acetazolamide... 105
- acetic acid... 98, 105
- acetic acid-aluminum acetate... 105
- acetylcysteine... 137, 144
- ACIPHEX SPRINKLE... 111
- ACIPHEX... 111
- acitretin... 147
- ACTEMRA... 137
- ACTHAR H.P.... 98
- ACTHIB (PF)... 35
- ACTIGALL... 111
- ACTIMMUNE... 137
- ACTIQ... 59
- ACTIVELLA... 117
- ACTONEL... 137
- ACTOPLUS MET XR... 117
- ACTOPLUS MET... 117
- ACTOS... 117
- ACULAR LS... 105
- ACULAR... 105
- ACUVAIL (PF)... 105
- acyclovir sodium... 10
- acyclovir... 10, 147
- ACZONE... 147
- ADACEL(TDAP ADOLESN/ADULT)(PF)... 35
- ADAGEN... 105
- ADALAT CC... 46
- adapalene... 147
- adapalene-benzoyl peroxide... 147
- ADCIRCA... 46
- ADDERALL XR... 60
- ADDERALL... 59, 60
- adefovir... 10
- ADEMPAS... 144
- ADENOCARD... 46
- adenosine... 46
- ADLYXIN... 117
- ADOXA... 10
- ADRENALIN... 38
- adriamycin... 28
- adrucil... 28
- ADVAIR DISKUS... 144
- ADVAIR HFA... 144
- ADVICOR... 47
- ADVOCATE PEN NEEDLE... 89
- ADVOCATE SYRINGES... 90
- ADZENYS XR-ODT... 60
- AEROSPAN... 144
- afeditab cr... 47
- AFINITOR DISPERZ... 28
- AFINITOR... 28
- AFREZZA... 117

AGGRENOX... 47	ALIQOPA... 28	AMBISOME... 10
AGRYLIN... 43	ALKERAN... 28	amcinonide... 147
AIRDUO RESPICLICK... 144	allopurinol sodium... 137	AMERGE... 60
ak-poly-bac... 105	allopurinol... 137	amethia lo... 118
AKTEN (PF)... 105	ALLZITAL... 60	amethia... 118
AKTIPAK... 147	almotriptan malate... 60	amethyst... 118
AKYNZEO... 111	ALOCRI... 144	AMICAR... 43
ALA-CORT... 147	ALOMIDE... 106	amifostine crystalline... 137
ALA-SCALP... 147	ALOPRIM... 137	amikacin... 10
ALBENZA... 10	ALORA... 117	amiloride... 98
albuterol sulfate... 38	alose tron... 111	amiloride-hydrochlorothiazide... 98
ALCAINE... 105	ALPHAGAN P... 106	amino acids 15 %... 98
alclometasone... 147	alprazolam intensol... 60	aminocaproic acid... 43
ALCOHOL PADS... 147	alprazolam... 60	aminophylline... 159
ALCOHOL PREP PADS... 147	ALREX... 106	AMINOSYN II 10 %... 98
ALCOHOL PREP SWABS... 147	ALTABAX... 147	AMINOSYN II 15 %... 98
ALCOHOL SWABS... 147	ALTACE... 47	AMINOSYN II 7 %... 98
ALCOHOL WIPES... 147	altavera (28)... 117	AMINOSYN II 8.5 %... 98
ALDACTAZIDE... 47	ALTOPREV... 47	AMINOSYN II 8.5 %-ELECTROLYTES... 98
ALDACTONE... 47	ALUNBRIG... 28	AMINOSYN M 3.5 %... 98
ALDARA... 147	ALVESCO... 144	AMINOSYN 10 %... 98
ALDURAZYME... 105	alyacen 1/35 (28)... 118	AMINOSYN 7 % WITH ELECTROLYTES... 98
ALECENSA... 28	alyacen 7/7/7 (28)... 118	AMINOSYN 8.5 %... 98
alendronate... 137	amabelz... 118	AMINOSYN 8.5 %-ELECTROLYTES... 98
ALFENTANIL... 60	amantadine hcl... 60	AMINOSYN-HBC 7%... 98
alfuzosin... 38	AMARYL... 118	AMINOSYN-PF 10 %... 98
ALIMTA... 28	AMBIEN CR... 60	
ALINIA... 10	AMBIEN... 60	

AMINOSYN-PF 7 % (SULFITE-FREE)... 98	ANAFRANIL... 60	ARALAST NP... 144
AMINOSYN-RF 5.2 %... 98	anagrelide... 43	aranelle (28)... 118
amiodarone... 47	ANAPROX DS... 60	ARANESP (IN POLYSORBATE)... 43
AMITIZA... 111	ANAPROX... 60	ARAVA... 137
amitriptyline... 60	anastrozole... 118	arbinoxa... 27
amitriptyline-chlordiazepoxide... 60	ANCOBON... 10	ARCALYST... 137
amlodipine... 47	ANDRODERM... 118	ARCAPTA NEOHALER... 38
amlodipine-atorvastatin... 47	ANDROGEL... 118	argatroban... 43
amlodipine-benazepril... 47	ANDROID... 118	ARICEPT... 38
amlodipine-olmesartan... 47	androxy... 118	ARIMIDEX... 118
amlodipine-valsartan... 47	ANGELIQ... 118	aripiprazole... 60
amlodipine-valsartan-hcthiamid... 47	ANORO ELLIPTA... 38	ARISTADA... 60, 61
ammonium lactate... 147, 148	ANTABUSE... 137	ARISTOSPAN INTRA-ARTICULAR... 118
AMMONUL... 98	ANTARA... 47	ARISTOSPAN INTRALESIONAL... 118
amoxapine... 60	anusol-hc... 148	ARIXTRA... 43
amoxicil-clarithromy-lansopraz... 111	ANZEMET... 111	armodafinil... 61
amoxicillin... 10	apexicon e... 148	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... 118
ampicillin... 10	APOKYN... 60	ARRANON... 28
ampicillin-sulbactam... 10	apraclonidine... 106	ARTHROTEC 50... 61
AMPYRA... 137	aprepitant... 111	ARTHROTEC 75... 61
AMRIX... 38	apri... 118	ARZERRA... 28
AMYTAL... 60	APRISO... 111	ASACOL HD... 111
ANADROL-50... 118	APTENSIO XR... 60	ascomp with codeine... 61
	APTIOM... 60	ashlyna... 118
	APTIVUS... 11	

ASMANEX HFA... 144	AUGMENTIN... 11	AYGESTIN... 119
ASMANEX TWISTHALER... 145	AURYXIA... 99	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... 106
ASTEPRO... 106	AUTOPEN 2 TO 32 UNITS... 90	azathioprine sodium... 138
astramorph-pf... 61	AUTOPEN 2 TO 42 UNITS... 90	azathioprine... 137
ATACAND HCT... 47	AVALIDE... 47	azelastine... 106
ATACAND... 47	AVANDIA... 118	AZELEX... 148
ATELVIA... 137	AVAPRO... 47	AZILECT... 61
atenolol... 47	AVASTIN... 28	azithromycin... 11
atenolol-chlorthalidone... 47	AVC VAGINAL... 148	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)... 119
atovaquone-proguanil... 11	avidoxy... 11	<b>B</b>
ATRALIN... 148	AVITA... 148	baciim... 11
ATRIPLA... 11	AVODART... 137	bacitracin... 11, 106
atropine... 38, 106	AVONEX (WITH ALBUMIN)... 137	bacitracin-polymyxin b... 106
ATROVENT HFA... 38	AVONEX... 137	baclofen... 38
ATROVENT... 106	AVYCAZ... 11	BACTRIM DS... 11
AUBAGIO... 137	AXERT... 61	BACTRIM... 11
aubra... 118	AXIRON... 118	BACTROBAN NASAL... 106
AUGMENTIN ES-600... 11		BACTROBAN... 148
AUGMENTIN XR... 11		



BAL IN OIL... 117	BD INSULIN SYRINGE U-500... 90	BENTYL... 38
bal-care dha... 160	BD INSULIN SYRINGE ULT-FINE II... 90	BENZAACLIN PUMP... 148
balanced salt... 106	BD INSULIN SYRINGE ULTRA-FINE... 91	BENZAACLIN... 148
balsalazide... 111	BD INSULIN SYRINGE... 90	BENZAMYCIN... 148
balziva (28)... 119	BD INTEGRA INSULIN SYRINGE... 91	BENZAMYCINPAK... 148
BAND-AID GAUZE PADS... 144	BD LO-DOSE MICRO-FINE IV... 91	benztropine... 61
BANZEL... 61	BD LO-DOSE ULTRA-FINE... 91	BEPREVE... 106
BARACLUDE... 11	BD SAFETYGLIDE INSULIN SYRINGE... 91	BERINERT... 138
BASAGLAR KWIKPEN... 119	BD SAFETYGLIDE SYRINGE... 91	BESIVANCE... 106
BAVENCIO... 28	BD ULTRA-FINE MICRO PEN NEEDLE... 91	BESPONSА... 28
BAXDELA... 11	BD ULTRA-FINE NANO PEN NEEDLES... 91	BETADINE OPHTHALMIC PREP... 106
BCG VACCINE, LIVE (PF)... 35	BECONASE AQ... 106	BETAGAN... 106
BD ALCOHOL SWABS... 148	bekyree (28)... 119	betamethasone acet,sod phos... 119
BD AUTOSHIELD DUO PEN NEEDLE... 90	BELBUCA... 61	betamethasone dipropionate... 148
BD AUTOSHIELD PEN NEEDLE... 90	BELEODAQ... 28	betamethasone valerate... 148
BD ECLIPSE LUER-LOK... 90	belladonna alkaloids-opium... 61	betamethasone, augmented... 148
BD INSULIN PEN NEEDLE UF MINI... 90	belladonna-opium... 61	BETAPACE AF... 48
BD INSULIN PEN NEEDLE UF ORIG... 90	BELSOMRA... 61	BETAPACE... 48
BD INSULIN PEN NEEDLE UF SHORT... 90	benazepril... 47	BETASERON... 138
BD INSULIN SYRINGE HALF UNIT... 90	benazepril-hydrochlorothiazide... 47	betaxolol... 48, 106
BD INSULIN SYRINGE MICRO-FINE... 90	BENDEKA... 28	bethanechol chloride... 39
BD INSULIN SYRINGE SAFETY-LOK... 90	BENICAR HCT... 48	BETHKIS... 12
BD INSULIN SYRINGE SLIP TIP... 90	BENICAR... 47	BETIMOL... 106
	BENLYSTA... 138	BETOPTIC S... 106
		BEVESPI AEROSPHERE... 39
		BEVYXXA... 43
		bexarotene... 28

BEXSERO... 35	BREVICON (28)... 119	buprenorphine-naloxone... 62
BEYAZ... 119	briellyn... 119	buproban... 62
BIAXIN... 12	BRILINTA... 43	bupropion hcl (smoking deter)... 62
bicalutamide... 28	brimonidine... 106	bupropion hcl... 62
BICILLIN C-R... 12	BRISDELLE... 61	buspirone... 62
BICILLIN L-A... 12	BRIVIACT... 61	busulfan... 28
BICNU... 28	bromfenac... 106	BUSULFEX... 28
BIDIL... 48	bromocriptine... 61	butalbital compound w/codeine... 62
BILTRICIDE... 12	BROMSITE... 106	butalbital-acetaminop-caf-cod... 62
bimatoprost... 106	BROVANA... 39	butalbital-acetaminophen... 62
BINOSTO... 138	BSS PLUS... 106	butalbital-acetaminophen-caff... 62
bisoprolol fumarate... 48	BSS... 106	butalbital-aspirin-caffeine... 62
bisoprolol-hydrochlorothiazide... 48	budesonide... 107, 119, 145	BUTISOL... 62
BIVIGAM... 35	bumetanide... 99	butorphanol tartrate... 62
bleomycin... 28	BUNAVAIL... 62	BUTRANS... 62
BLEPH-10... 106	bupap... 62	BYDUREON... 119
BLEPHAMIDE S.O.P.... 106	BUPHENYL... 99	BYETTA... 119
BLEPHAMIDE... 106	bupivacaine (pf)... 135	BYSTOLIC... 48
blisovi fe 1.5/30 (28)... 119	bupivacaine... 135	BYVALSON... 48
blisovi fe 1/20 (28)... 119	bupivacaine-dextrose-water(pf)... 135	<b>C</b>
blisovi 24 fe... 119	bupivacaine-epinephrine (pf)... 135	c-nate dha... 160
BONIVA... 138	bupivacaine-epinephrine bitart... 135	cabergoline... 62
BOOSTRIX TDAP... 35	bupivacaine-epinephrine... 135	CABOMETYX... 28
BORDERED GAUZE... 144	BUPRENEX... 62	CADEAU DHA... 160
BOSULIF... 28	buprenorphine hcl... 62	CADUET... 48
BREO ELLIPTA... 145	buprenorphine... 62	CAFECIT... 62
BREVIBLOC IN NACL (ISO-OSM)... 48		CAFERGOT... 39
BREVIBLOC... 48		

caffeine citrate... 62	CAPEX... 148	CARIMUNE NF NANOFILTERED... 35
caffeine-sodium benzoate... 63	CAPITAL WITH CODEINE... 63	carisoprodol... 39
CALAN SR... 48	CAPRELSA... 28	carisoprodol-asa-codeine... 39
CALAN... 48	captopril... 48	carisoprodol-aspirin... 39
calcipotriene... 148	captopril-hydrochlorothiazide... 48	CARNITOR (SUGAR-FREE)... 138
calcipotriene-betamethasone... 148	CARAC... 148	CARNITOR... 138
calcitonin (salmon)... 119	CARAFATE... 111	carteolol... 107
calcitrene... 148	CARBAGLU... 99	cartia xt... 49
calcitriol... 148, 160	carbamazepine... 63	carvedilol... 49
calcium acetate... 99	CARBATROL... 63	CASODEX... 28
calcium chloride... 99	carbidopa... 63	caspofungin... 12
calcium disodium versenate... 117	carbidopa-levodopa... 63	CATAPRES... 49
calcium gluconate... 99	carbidopa-levodopa-entacapone... 63	CATAPRES-TTS-1... 49
calcium pnv... 160	carbinoxamine maleate... 27	CATAPRES-TTS-2... 49
CALDOLOR... 63	CARBOCAINE (PF)... 135	CATAPRES-TTS-3... 49
CAMBIA... 63	CARBOCAINE... 135	CAYSTON... 12
camila... 119	carboplatin... 28	caziant (28)... 119
CAMPTOSAR... 28	CARDIZEM CD... 48	CEDAX... 12
camrese lo... 119	CARDIZEM LA... 48	cefaclor... 12
camrese... 119	CARDIZEM... 48	cefadroxil... 12
CANASA... 111	CARDURA XL... 49	cefazolin in dextrose (iso-os)... 12
CANCIDAS... 12	CARDURA... 49	cefazolin... 12
candesartan... 48	CAREFINE PEN NEEDLE... 91	cefdinir... 12
candesartan-hydrochlorothiazid... 48	CARETOUCH ALCOHOL PREP PAD... 148	cefepime in dextrose 5 %... 12
CANTIL... 39	CARETOUCH INSULIN SYRINGE... 91	cefepime in dextrose,iso-osm... 12
capacet... 63	CARETOUCH PEN NEEDLE... 91	cefepime... 12
CAPASTAT... 12		cefixime... 12
		CEFOTAN... 12

cefotaxime... 12	CEREZYME... 105	CIALIS... 49
cefotetan in dextrose, iso-osm... 12	CERVIDIL... 143	CICLODAN KIT... 149
cefotetan... 12	CESAMET... 111	ciclodan... 149
cefoxitin in dextrose, iso-osm... 12	cetirizine... 27	ciclopirox... 149
cefoxitin... 12	cevimeline... 39	ciclopirox-ure-camph-menth-euc... 149
cefpodoxime... 13	CHANTIX CONTINUING MONTH BOX... 39	cidofovir... 13
cefprozil... 13	CHANTIX STARTING MONTH BOX... 39	cilostazol... 44
ceftazidime in d5w... 13	CHANTIX... 39	CILOXAN... 107
ceftazidime... 13	chateal... 119	cimetidine hcl... 112
ceftibuten... 13	CHEMET... 117	cimetidine... 112
CEFTIN... 13	CHENODAL... 111	CIMZIA POWDER FOR RECONST... 138
ceftriaxone in dextrose,iso-os... 13	chloramphenicol sod succinate... 13	CIMZIA STARTER KIT... 138
ceftriaxone... 13	chlordiazepoxide hcl... 63	CIMZIA... 138
cefuroxime axetil... 13	chlorhexidine gluconate... 107	CINQAIR... 145
cefuroxime sodium... 13	chlorprocaine (pf)... 135	CINRYZE... 138
CELEBREX... 63	chloroquine phosphate... 13	CIPRO HC... 107
celecoxib... 63	chlorothiazide sodium... 99	CIPRO IN D5W... 13
CELESTONE SOLUSPAN... 119	chlorothiazide... 99	CIPRO XR... 13
CELEXA... 63	chlorpromazine... 63	CIPRO... 13
CELLCEPT INTRAVENOUS... 138	chlorpropamide... 119	CIPRODEX... 107
CELLCEPT... 138	chlorthalidone... 99	ciprofloxacin (mixture)... 13
CELONTIN... 63	chlorzoxazone... 39	ciprofloxacin hcl... 13, 107
CENTANY... 148	CHOLBAM... 112	ciprofloxacin in 5 % dextrose... 13
cephalexin... 13	cholestyramine (with sugar)... 49	ciprofloxacin lactate... 13
CEPROTIN (BLUE BAR)... 43	cholestyramine light... 49	ciprofloxacin... 13
CEPROTIN (GREEN BAR)... 43	chorionic gonadotropin, human... 119	cisplatin... 29
CERDELGA... 138		
CEREBYX... 63		

citalopram... 63	clindamycin hcl... 14	CLINIMIX 4.25%/D10W SULF FREE... 99
CITRANATAL (DUAL-IRON)... 160	clindamycin in 0.9 % sod chlor... 14	CLINIMIX 4.25%/D5W SULFIT FREE... 99
CITRANATAL ASSURE... 160	clindamycin in 5 % dextrose... 14	CLINIMIX 5%-D20W(SULFITE-FREE)... 99
CITRANATAL B-CALM (FE GLUC)... 160	clindamycin palmitate hcl... 14	CLINIMIX 5%/D15W SULFITE FREE... 99
CITRANATAL DHA (ALGAL OIL)... 160	clindamycin pediatric... 14	CLINIMIX 5%/D25W SULFITE-FREE... 99
CITRANATAL 90 DHA (ALGAL OIL)... 160	clindamycin phosphate... 14, 149	clinisol sf 15 %... 100
cladribine... 29	clindamycin-benzoyl peroxide... 149	clobetasol... 149, 150
CLAFORAN IN DEXTROSE(ISO-OSM)... 13	clindamycin-tretinoin... 149	clobetasol-emollient... 150
CLAFORAN... 13	CLINDESSE... 149	CLOBEX... 150
claravis... 149	CLINIMIX E 2.75%/D10W SUL FREE... 99	clocortolone pivalate... 150
CLARINEX... 27	CLINIMIX E 2.75%/D5W SULF FREE... 99	clodan... 150
CLARINEX-D 12 HOUR... 27	CLINIMIX E 4.25%/D10W SUL FREE... 99	CLODERM... 150
clarithromycin... 14	CLINIMIX E 4.25%/D25W SUL FREE... 99	clofarabine... 29
clemastine... 27	CLINIMIX E 4.25%/D5W SULF FREE... 100	CLOLAR... 29
CLEOCIN HCL... 14	CLINIMIX E 4.25%/D5W SULF FREE... 100	clomipramine... 63
CLEOCIN IN 5 % DEXTROSE... 14	CLINIMIX E 5%/D15W SULFIT FREE... 100	clonazepam... 64
CLEOCIN PEDIATRIC... 14	CLINIMIX E 5%/D20W SULFIT FREE... 100	clonidine hcl... 49
CLEOCIN T... 149	CLINIMIX E 5%/D25W SULFIT FREE... 100	clonidine... 49
CLEOCIN... 14, 149	CLINIMIX 2.75%/D5W SULFIT FREE... 99	clopidogrel... 44
CLEVIPREX... 49	CLINIMIX 4.25%-D20W SULF-FREE... 99	clorazepate dipotassium... 64
CLICKFINE... 91	CLINIMIX 4.25%-D25W SULF-FREE... 99	clorpres... 49
CLIMARA PRO... 119		clotrimazole... 150
CLIMARA... 119		clotrimazole-betamethasone... 150
clindacin etz... 149		clozapine... 64
clindacin p... 149		
CLINDAGEL... 149		

CLOZARIL... 64	COMTAN... 64	COSENTYX PEN... 150
CNL 8 NAIL... 150	CONCEPT DHA... 160	COSENTYX... 150
COARTEM... 14	CONCEPT OB... 160	COSMEGEN... 29
codeine sulfate... 64	CONCERTA... 64	COSOFT (PF)... 107
codeine-butalbital-asa-caff... 64	CONDYLOX... 150	COSOFT... 107
COGENTIN... 64	constulose... 100	COTELLIC... 29
COLAZAL... 112	CONZIP... 64	COTEMPLA XR-ODT... 64
COLCRYS... 138	COPAXONE... 138	COUMADIN... 44
COLESTID FLAVORED... 49	COPEGUS... 14	COZAAR... 50
COLESTID... 49	CORDARONE... 49	CREON... 112
colestipol... 49	CORDRAN TAPE LARGE ROLL... 150	CRESEMBA... 14
colistin (colistimethate na)... 14	CORDRAN TAPE SMALL ROLL... 150	CRESTOR... 50
colocort... 150	COREG CR... 49	CRINONE... 119
COLY-MYCIN M PARENTERAL... 14	COREG... 49	CRIXIVAN... 14
COLY-MYCIN S... 107	CORGARD... 49	cromolyn... 145
COLYTE WITH FLAVOR PACKS... 112	CORLANOR... 49	cryselle (28)... 119
COMBIGAN... 107	CORLOPAM... 49	CUBICIN RF... 14
COMBIPATCH... 119	cormax... 150	CUBICIN... 14
COMBIVENT RESPIMAT... 39	CORTEF... 119	CUPRIMINE... 117
COMBIVIR... 14	CORTENEMA... 150	CURITY ALCOHOL SWABS... 150
COMETRIQ... 29	CORTIFOAM... 150	CURITY GAUZE... 144
COMFORT EZ PEN NEEDLES... 91	cortisone... 119	CUROSURF... 145
COMFORT EZ SYRINGE... 92	CORTISPORIN... 150	CUTIVATE... 150
COMPAZINE... 112	CORTISPORIN-TC... 107	CUVPOSA... 39
COMPLERA... 14	CORVERT... 49	cyclafem 1/35 (28)... 119
complete natal dha... 160	CORZIDE... 49	cyclafem 7/7/7 (28)... 120
completenate... 160	COSENTYX (2 SYRINGES)... 150	CYCLESSA (28)... 120
compro... 112	COSENTYX PEN (2 PENS)... 150	cyclobenzaprine... 39

CYCLOGYL... 107	danazol... 120	demeclocycline... 15
cyclopentolate... 107	DANTRIUM... 39	DEMEROL (PF)... 64
cyclophosphamide... 29	dantrolene... 39	DEMEROL... 64
cycloserine... 14	dapsone... 14, 150	DEMSEK... 138
CYCLOSET... 64	DAPTACEL (DTAP PEDIATRIC) (PF)... 36	DENAVIR... 150
cyclosporine modified... 138	daptomycin... 14	denta 5000 plus... 138
cyclosporine... 138	DARAPRIM... 14	dentagel... 139
CYKLOKAPRON... 44	darifenacin... 159	DEPACON... 65
CYMBALTA... 64	DARZALEX... 29	DEPAKENE... 65
cyproheptadine... 27	dasetta 1/35 (28)... 120	DEPAKOTE ER... 65
CYRAMZA... 29	dasetta 7/7/7 (28)... 120	DEPAKOTE SPRINKLES... 65
cyred... 120	daunorubicin... 29	DEPAKOTE... 65
CYSTADANE... 138	DAUNOXOME... 29	DEPEN TITRATABS... 117
CYSTAGON... 138	DAXBIA... 15	DEPO-ESTRADIOL... 120
CYSTARAN... 107	DAYPRO... 64	DEPO-MEDROL... 120
cytarabine (pf)... 29	daysee... 120	DEPO-PROVERA... 120
cytarabine... 29	DAYTRANA... 64	DEPO-SUBQ PROVERA 104... 120
CYTOGAM... 35	DDAVP... 120	DEPO-TESTOSTERONE... 120
CYTOMEL... 120	deblitane... 120	DEPOCYT (PF)... 29
CYTOTEC... 112	decitabine... 29	DERMA-SMOOTHIE/FS BODY OIL... 150
CYTOVENE... 14	deferoxamine... 117	DERMA-SMOOTHIE/FS SCALP OIL... 151
<b>D</b>	DEFITELIO... 44	DERMACEA... 144
D.H.E.45... 39	DELESTROGEN... 120	DERMATOP... 151
dacarbazine... 29	DELTAONE... 120	DERMOTIC OIL... 107
DACOGEN... 29	delyla (28)... 120	DESCOVY... 15
DAKLINZA... 14	DELZICOL... 112	DESFERAL... 117
DALIRESP... 145	DEMADEX... 100	
DALVANCE... 14		

desipramine... 65	DEXPAK 6 DAY... 121	diazepam... 66
desloratadine... 27	dexrazoxane hcl... 139	DIBENZYLINE... 39
desmopressin... 120	dextroamphetamine... 65	DICLEGIS... 112
desog-e.estradiol/e.estradiol... 120	dextroamphetamine-amphetamine... 65	diclofenac potassium... 66
DESOGEN... 120	dextrose 10 % and 0.2 % nacl... 100	diclofenac sodium... 66, 107, 151
desogestrel-ethinyl estradiol... 120	dextrose 10 % in water (d10w)... 100	diclofenac-misoprostol... 66
DESONATE... 151	dextrose 20 % in water (d20w)... 100	dicloxacillin... 15
desonide... 151	dextrose 25 % in water (d25w)... 100	dicyclomine... 39
DESOWEN... 151	dextrose 30 % in water (d30w)... 100	didanosine... 15
desoximetasone... 151	dextrose 40 % in water (d40w)... 100	DIFFERIN... 151
DESOXYN... 65	dextrose 5 % in water (d5w)... 100	DIFICID... 15
desvenlafaxine fumarate... 65	dextrose 5 %-lactated ringers... 100	diflorasone... 151
desvenlafaxine succinate... 65	dextrose 5%-0.2 % sod chloride... 100	DIFLUCAN... 15
desvenlafaxine... 65	dextrose 5%-0.3 % sod.chloride... 100	diflunisal... 66
DETROL LA... 159	dextrose 70 % in water (d70w)... 100	digitek... 50
DETROL... 159	DIABETA... 121	digox... 50
dexamethasone intensol... 121	DIAMOX SEQUELS... 107	digoxin... 50
dexamethasone sodium phos (pf)... 121	DIASTAT ACUDIAL... 66	dihydroergotamine... 39
dexamethasone sodium phosphate... 107, 121	DIASTAT... 65	DILANTIN EXTENDED... 66
dexamethasone... 120	diazepam intensol... 66	DILANTIN INFATABS... 66
DEXEDRINE SPANSULE... 65		DILANTIN... 66
DEXEDRINE... 65		DILANTIN-125... 66
DEXILANT... 112		DILATRATE-SR... 50
dexmethylphenidate... 65		DILAUDID (PF)... 66
DEXPAK 10 DAY... 121		DILAUDID... 66
DEXPAK 13 DAY... 121		DILAUDID-HP (PF)... 66
		dilt-xr... 50
		diltiazem hcl... 50



dimenhydrinate... 112	doripenem... 15	duloxetine... 67
DIOVAN HCT... 50	DORYX MPC... 15	DUOPA... 67
DIOVAN... 50	DORYX... 15	DUPIXENT... 151
DIPENTUM... 112	dorzolamide... 107	DURAGESIC... 67
diphenhydramine hcl... 27	dorzolamide-timolol... 107	DURAMORPH (PF)... 67
diphenoxylate-atropine... 112	dothelle dha... 160	DUREZOL... 107
DIPROLENE AF... 151	DOVONEX... 151	dutasteride... 139
DIPROLENE... 151	doxazosin... 50	dutasteride-tamsulosin... 139
dipyridamole... 50	doxepin... 66, 151	DUTOPROL... 50
disopyramide phosphate... 50	doxercalciferol... 160	DYAZIDE... 100
disulfiram... 139	DOXIL... 29	DYLOJECT... 67
DITROPAN XL... 159	doxorubicin... 29	DYMISTA... 107
DIURIL IV... 100	doxorubicin, peg-liposomal... 29	DYRENIUM... 100
DIURIL... 100	doxy-100... 15	d10 %-0.45 % sodium chloride... 100
divalproex... 66	doxycycline hyclate... 15, 107	d2.5 %-0.45 % sodium chloride... 100
DIVIGEL... 121	doxycycline monohydrate... 15	d5 % and 0.9 % sodium chloride... 100
dobutamine in d5w... 39	dronabinol... 112	d5 %-0.45 % sodium chloride... 100
dobutamine... 39	droperidol... 66	
DOCEFREZ... 29	DROPLET PEN NEEDLE... 92	<b>E</b>
docetaxel... 29	drospirenone-e.estradiol-lm.fa... 121	E.E.S. GRANULES... 15
dofetilide... 50	drospirenone-ethinyl estradiol... 121	E.E.S. 400... 15
DOLOPHINE... 66	DROXIA... 29	EASY COMFORT INSULIN SYRINGE... 92
donepezil... 39	DUAVEE... 121	EASY COMFORT PEN NEEDLES... 92
dopamine in 5 % dextrose... 40	DUET DHA WITH OMEGA-3... 160	EASY TOUCH ALCOHOL PREP PADS... 151
dopamine... 40	DUETACT... 121	EASY TOUCH FLIPLOCK INSULIN... 92
DOPRAM... 66	DUEXIS... 66	
DORAL... 66	DULERA... 145	
DORIBAX... 15		

EASY TOUCH INSULIN SAFETY SYR... 92	ELIGARD (4 MONTH)... 121	enalapril-hydrochlorothiazide... 51
EASY TOUCH INSULIN SYRINGE... 92	ELIGARD (6 MONTH)... 121	enalaprilat... 51
EASY TOUCH LUER LOCK INSULIN... 92	ELIGARD... 121	ENBREL SURECLICK... 139
EASY TOUCH SHEATHLOCK INSULIN... 93	ELIMITE... 151	ENBREL... 139
EASY TOUCH UNI-SLIP... 93	elinest... 121	endocet... 67
EASY TOUCH... 92	eliphos... 100	ENDOMETRIN... 121
EC-NAPROSYN... 67	ELIQUIS... 44	ENGERIX-B (PF)... 36
econazole... 151	ELITEK... 105	ENGERIX-B PEDIATRIC (PF)... 36
EDARBI... 50	ELIXOPHYLLIN... 159	ENJUWIA... 121
EDARBYCLOR... 50	ELLA... 121	enlon... 98
EDECIN... 100	ELLECE... 29	ENLON-PLUS... 98
EDLUAR... 67	ELMIRON... 139	enoxaparin... 44
EDURANT... 15	ELOCON... 151	enpresse... 121
EFFEXOR XR... 67	ELOXATIN... 29	enskyce... 121
EFFIENT... 44	EMADINE... 107	ENSTILAR... 151
EFUDEX... 151	EMBEDA... 67	entacapone... 67
EGRIFTA... 121	EMCYT... 29	entecavir... 15
ELAPRASE... 105	EMEND (FOSAPREPITANT)... 112	ENTOCORT EC... 121
ELDEPRYL... 67	EMEND... 112	ENTRESTO... 51
electrolyte-48 in d5w... 100	EMFLAZA... 121	ENTYVIO... 112
ELELYSO... 105	EMLA... 151	enulose... 100
ELESTAT... 107	emoquette... 121	ENVARUSUS XR... 139
ELESTRIN... 121	EMPLICITI... 29	EPANED... 51
eletriptan hbr... 67	EMSAM... 67	EPCLUSA... 16
ELIDEL... 151	EMTRIVA... 15	EPIDUO FORTE... 152
ELIGARD (3 MONTH)... 121	emverm... 15	EPIDUO... 151
	ENABLEX... 159	EPIFOAM... 152
	enalapril maleate... 50	epinastine... 107

epinephrine... 40	ERYPED 200... 16	ethosuximide... 67
EPIPEN JR 2-PAK... 40	ERYPED 400... 16	ethynodiol diac-eth estradiol... 122
EPIPEN JR... 40	ERYTHROCIN (AS STEARATE)... 16	ETHYOL... 139
EPIPEN 2-PAK... 40	ERYTHROCIN... 16	etidronate disodium... 139
EPIPEN... 40	erythromycin ethylsuccinate... 16	etodolac... 67, 68
epirubicin... 30	erythromycin with ethanol... 152	ETOPOPHOS... 30
epitol... 67	erythromycin... 16, 107	etoposide... 30
EPIVIR HBV... 16	erythromycin-benzoyl peroxide... 152	EUCRISA... 152
EPIVIR... 16	ESBRIET... 145	EURAX... 152
eplerenone... 51	escitalopram oxalate... 67	EVAMIST... 122
EPOGEN... 44	ESGIC... 67	EVEKEO... 68
epoprostenol (glycine)... 145	esmolol... 51	EVISTA... 122
eprosartan... 51	esomeprazole magnesium... 112	EVOCLIN... 152
eptifibatide... 44	esomeprazole sodium... 112	EVOMELA... 30
EPZICOM... 16	estarylla... 121	EVOTAZ... 16
EQUETRO... 67	estazolam... 67	EVOXAC... 40
ERAXIS(WATER DILUENT)... 16	ESTRACE... 121	EVZIO... 68
ERBITUX... 30	estradiol valerate... 122	EXALGO ER... 68
ergoloid... 40	estradiol... 121, 122	EXEL INSULIN... 93
ERGOMAR... 40	estradiol-norethindrone acet... 122	EXELDERM... 152
ergotamine-caffeine... 40	ESTRING... 122	EXELON... 40
ERIVEDGE... 30	estropipate... 122	exemestane... 122
errin... 121	ESTROSTEP FE-28... 122	EXFORGE HCT... 51
ERTACZO... 152	eszopiclone... 67	EXFORGE... 51
ERWINAZE... 30	ethacrynate sodium... 100	EXJADE... 117
ery pads... 152	ethacrynic acid... 101	EXONDYS 51... 139
ERY-TAB... 16	ethambutol... 16	EXTAVIA... 139
ERYGEL... 152		EXTINA... 152

ezetimibe... 51	fenofibrate nanocrystallized... 51	FLEBOGAMMA DIF... 36
ezetimibe-simvastatin... 51	fenofibrate... 51	flecainide... 51
<b>F</b>	fenofibric acid (choline)... 51	FLECTOR... 68
FABIOR... 152	fenofibric acid... 51	FLO-PRED... 122
FABRAZYME... 105	FENOGLIDE... 51	FLOLIPID... 51
falmina (28)... 122	fenoprofen... 68	FLOMAX... 40
famciclovir... 16	fenpropen... 68	FLORIVA PLUS... 160
famotidine (pf)... 112	fenpropen... 68	FLORIVA... 160
famotidine (pf)-nacl (iso-os)... 112	fentanyl... 68	FLOVENT DISKUS... 145
famotidine... 112	FENTORA... 68	FLOVENT HFA... 145
FAMVIR... 16	FERRIPROX... 117	floxuridine... 30
FANAPT... 68	FETZIMA... 68	fluconazole in dextrose(iso-o)... 16
FARESTON... 122	FEXMID... 40	fluconazole in nacl (iso-osm)... 16
FARXIGA... 122	FIASP FLEXTOUCH... 122	fluconazole... 16
FARYDAK... 30	FIASP... 122	flucytosine... 16
FASLODEX... 30	FIBRICOR... 51	fludarabine... 30
fayosim... 122	FINACEA... 152	fludrocortisone... 122
FAZACLO... 68	finasteride... 139	FLUMADINE... 16
felbamate... 68	FIORICET WITH CODEINE... 68	flumazenil... 68
FELBATOL... 68	fioricet... 68	flunisolide... 107
FELDENE... 68	FIORINAL... 68	fluocinolone acetone oil... 107
felodipine... 51	FIORINAL-CODEINE #3... 68	fluocinolone and shower cap... 152
FEMARA... 122	FIRAZYR... 139	fluocinolone... 152
FEMCON FE... 122	FIRMAGON KIT W DILUENT SYRINGE... 122	fluocinonide... 152
FEMHRT LOW DOSE... 122	FLAGYL... 16	fluocinonide-e... 152
FEMRING... 122	FLAREX... 107	fluocinonide-emollient... 152
femynor... 122	flavoxate... 159	FLUOR-A-DAY (WITH XYLITOL)... 139
fenofibrate micronized... 51		fluoride (sodium)... 139

fluoritab... 139	FORTAZ IN DEXTROSE 5 %... 16	GABITRIL... 69
fluorometholone... 107	FORTAZ... 16	galantamine... 40
fluorouracil... 30, 152	FORTEO... 122	GAMASTAN S/D... 36
fluoxetine... 69	FORTESTA... 122	GAMMAGARD LIQUID... 36
fluphenazine decanoate... 69	FOSAMAX PLUS D... 139	GAMMAGARD S-D (IGA < 1 MCG/ML)... 36
fluphenazine hcl... 69	FOSAMAX... 139	GAMMAKED... 36
flurandrenolide... 152	fosamprenavir... 16	GAMMAPLEX (WITH SORBITOL)... 36
flurazepam... 69	foscarnet... 16	GAMMAPLEX... 36
flurbiprofen sodium... 107	FOSCAVIR... 16	GAMUNEX-C... 36
flurbiprofen... 69	fosinopril... 52	ganciclovir sodium... 17
flutamide... 30	fosinopril-hydrochlorothiazide... 52	GARDASIL (PF)... 36
fluticasone... 107, 153	fosphenytoin... 69	GARDASIL 9 (PF)... 36
fluticasone-salmeterol... 145	FOSRENOL... 101	GASTROCROM... 145
fluvastatin... 51	FRAGMIN... 44	gatifloxacin... 108
fluvoxamine... 69	FREAMINE HBC 6.9 %... 101	GATTEX ONE-VIAL... 113
FML FORTE... 108	FREAMINE III 10 %... 101	GATTEX 30-VIAL... 113
FML LIQUIFILM... 108	FREESTYLE PRECISION... 93	GAUZE BANDAGE... 144
FML S.O.P.... 108	FROVA... 69	GAUZE PAD... 144
focalgin ca... 160	frovatriptan... 69	gavilyte-c... 113
focalgin 90 dha... 160	FULYZAQ... 112	gavilyte-g... 113
FOCALIN XR... 69	FURADANTIN... 17	gavilyte-h and bisacodyl... 113
FOCALIN... 69	furosemide... 101	gavilyte-n... 113
folivane-ob... 160	FUSILEV... 139	GAZYVA... 30
FOLOTYN... 30	FUZEON... 17	GELNIQUE... 159
fomepizole... 139	fyavolv... 122	gemcitabine... 30
fondaparinux... 44	FYCOMPA... 69	gemfibrozil... 52
FORFIVO XL... 69		GEMZAR... 30
FORTAMET... 122		
	<b>G</b>	
	gabapentin... 69	

GENERESS FE... 123	GLUCAGON EMERGENCY KIT (HUMAN)... 123	griseofulvin microsize... 17
generlac... 101	GLUCOPHAGE XR... 123	griseofulvin ultramicrosize... 17
gengraf... 139	GLUCOPHAGE... 123	guanfacine... 52, 70
GENOTROPIN MINIQUICK... 123	GLUCOTROL XL... 123	guanidine... 40
GENOTROPIN... 123	GLUCOTROL... 123	gynazole-1... 153
gentak... 108	GLUCOVANCE... 123	<b>H</b>
gentamicin in nacl (iso-osm)... 17	GLUMETZA... 123	HAEGARDA... 139
gentamicin sulfate (ped) (pf)... 17	glyburide micronized... 123	HALAVEN... 30
gentamicin sulfate (pf)... 17	glyburide... 123	HALCION... 70
gentamicin... 17, 108, 153	glyburide-metformin... 123	HALDOL DECANOATE... 70
GENVOYA... 17	GLYCOPHOS... 101	HALDOL... 70
GEODON... 69	glycopyrrolate... 40	halobetasol propionate... 153
gianvi (28)... 123	glydo... 108	HALOG... 153
GIAZO... 113	GLYNASE... 123	haloperidol decanoate... 70
gildagia... 123	GLYSET... 123	haloperidol lactate... 70
gildess fe 1.5/30 (28)... 123	GLYXAMBI... 123	haloperidol... 70
gildess 1.5/30 (21)... 123	GOCOVRI... 70	HARVONI... 17
gildess 1/20 (21)... 123	GOLYTELY... 113	HAVRIX (PF)... 36
GILENYA... 139	GONITRO... 52	HEALTHY ACCENTS UNIFINE PENTIP... 93
GILOTRIF... 30	GRALISE 30-DAY STARTER PACK... 70	heather... 123
GLASSIA... 145	GRALISE... 70	HECTOROL... 160, 161
GLEEVEC... 30	granisetron (pf)... 113	HEMABATE... 143
GLEOSTINE... 30	granisetron hcl... 113	HEMANGEOL... 52
glimepiride... 123	GRANIX... 44	hemenatal ob + dha... 161
glipizide... 123	GRASTEK... 36	hemenatal ob... 161
glipizide-metformin... 123	GRIFULVIN V... 17	heparin (porcine) in nacl (pf)... 45
GLUCAGEN HYPOKIT... 123	GRIS-PEG (ULTRAMICROSIZE)... 17	heparin (porcine) in 5 % dex... 45

heparin (porcine)... 44, 45	HUMIRA... 140	hydroxyprogesterone caproate... 124
heparin(porcine) in 0.45% nacl... 45	HUMULIN N KWIKPEN... 124	hydroxyurea... 30
heparin, porcine (pf)... 45	HUMULIN N... 124	hydroxyzine hcl... 71
HEPATAMINE 8%... 101	HUMULIN R U-100... 124	hydroxyzine pamoate... 71
HEPSERA... 17	HUMULIN R U-500 (CONC) KWIKPEN... 124	HYPERLYTE CR... 101
HERCEPTIN... 30	HUMULIN R U-500 (CONCENTRATED)... 124	HYPERRAB S/D (PF)... 36
HETLIOZ... 70	HUMULIN 70/30 KWIKPEN... 124	HYPERTET S/D (PF)... 36
HEXALEN... 30	HUMULIN 70/30... 124	HYSINGLA ER... 71
HIBERIX (PF)... 36	HYCAMTIN... 30	HYZAAR... 52
HIPREX... 17	HYCET... 70	<b>I</b>
HORIZANT... 70	hydralazine... 52	ibandronate... 140
HUMALOG JUNIOR KWIKPEN... 124	HYDREA... 30	IBRANCE... 30
HUMALOG KWIKPEN... 124	hydrochlorothiazide... 101	IBUDONE... 71
HUMALOG MIX 50-50 KWIKPEN... 124	hydrocodone-acetaminophen... 70	ibuprofen... 71
HUMALOG MIX 50-50... 124	hydrocodone-ibuprofen... 70	ibuprofen-oxycodone... 71
HUMALOG MIX 75-25 KWIKPEN... 124	hydrocortisone butyr-emollient... 153	ibutilide fumarate... 52
HUMALOG MIX 75-25... 124	hydrocortisone butyrate... 153	ICLUSIG... 30
HUMALOG... 123	hydrocortisone valerate... 153	IDAMYCIN PFS... 30
HUMAPEN LUXURA HD... 93	hydrocortisone... 124, 153	idarubicin... 31
HUMATROPE... 124	hydrocortisone-acetic acid... 108	IDHIFA... 31
HUMIRA PEDIATRIC CROHN'S START... 140	hydrocortisone-min oil-wht pet... 153	IFEX... 31
HUMIRA PEN CROHN'S-UC-HS START... 140	hydromorphone (pf)... 71	ifosfamide... 31
HUMIRA PEN PSORIASIS-UVEITIS... 140	hydromorphone... 70, 71	ILEVRO... 108
HUMIRA PEN... 140	hydroxychloroquine... 17	ILOTYCIN... 108
		imatinib... 31
		IMBRUVICA... 31
		IMFINZI... 31

imipenem-cilastatin... 17	INLYTA... 31	IONOSOL-B IN D5W... 101
imipramine hcl... 71	INNOPRAN XL... 52	IONOSOL-MB IN D5W... 101
imipramine pamoate... 71	INSPIRA... 52	IOPIDINE... 108
imiquimod... 153	INSULIN SYR/NDL U100 HALF MARK... 93	IPOL... 36
IMITREX STATDOSE KIT REFILL... 71	INSULIN SYRINGE MICROFINE... 93	ipratropium bromide... 40, 108
IMITREX STATDOSE PEN... 71	INSULIN SYRINGE NEEDLELESS... 93	ipratropium-albuterol... 40
IMITREX... 71	INSULIN SYRINGE ULTRAFINE... 93	irbesartan... 52
IMLYGIC... 31	INSULIN SYRINGE... 93	irbesartan-hydrochlorothiazide... 52
IMOGAM RABIES-HT (PF)... 36	INSULIN SYRINGE-NEEDLE U-100... 93	IRENKA... 72
IMOVAX RABIES VACCINE (PF)... 36	INSULIN SYRINGES (DISPOSABLE)... 93	IRESSA... 31
IMPAVIDO... 17	INSUPEN... 93	irinotecan... 31
IMURAN... 140	INTEGRILIN... 45	ISENTRESS HD... 18
inatal advance... 161	INTELENCE... 17	ISENTRESS... 17, 18
inatal ultra... 161	INTERMEZZO... 71	isibloom... 124
INCONTROL ALCOHOL PADS... 153	INTRALIPID... 101	isochron... 52
INCONTROL PEN NEEDLE... 93	INTRON A... 17	ISOLYTE S PH 7.4... 101
INCRELEX... 124	introvale... 124	ISOLYTE-P IN 5 % DEXTROSE... 101
INCRUSE ELLIPTA... 40	INTUNIV ER... 71	ISOLYTE-S... 101
indapamide... 101	INVANZ... 17	isoniazid... 18
INDERAL LA... 52	INVEGA SUSTENNA... 72	ISOPTO ATROPINE... 108
INDOCIN... 71	INVEGA TRINZA... 72	ISOPTO CARPINE... 108
indomethacin sodium... 71	INVEGA... 72	ISORDIL TITRADOSE... 52
indomethacin... 71	INVIRASE... 17	ISORDIL... 52
INFANRIX (DTAP) (PF)... 36	INVOKAMET XR... 124	isosorbide dinitrate... 52
INFASURF... 145	INVOKAMET... 124	isosorbide mononitrate... 52
INFLECTRA... 140	INVOKANA... 124	isradipine... 52
INFUMORPH P/F... 71		ISTALOL... 108
INGREZZA... 71		ISTODAX... 31



ISUPREL... 40	junel fe 24... 125	ketorolac... 72, 108
itraconazole... 18	junel 1.5/30 (21)... 125	KEVEYIS... 140
IV PREP WIPES... 153	junel 1/20 (21)... 125	KEVZARA... 140
ivermectin... 18	JUXTAPID... 52	KEYTRUDA... 31
IXEMPRA... 31		KHEDEZLA... 72
IXIARO (PF)... 37	<b>K</b>	kimidess (28)... 125
<b>J</b>	K-TAB... 101	KINERET... 140
JADENU SPRINKLE... 117	KABIVEN... 101	KINRIX (PF)... 37
JADENU... 117	KADCYLA... 31	kionex (with sorbitol)... 101
JAKAFI... 31	KADIAN... 72	kionex... 101
JALYN... 140	kaitlib fe... 125	KISQALI FEMARA CO-PACK... 31
jantoven... 45	KALETRA... 18	KISQALI... 31
JANUMET XR... 124	KALYDECO... 145	KITABIS PAK... 18
JANUMET... 124	KANUMA... 105	KLARON... 153
JANUVIA... 124	KAPVAY... 52	klofensaid ii... 72
JARDIANCE... 125	KARBINAL ER... 27	KLONOPIN... 72
jencycla... 125	kariva (28)... 125	klor-con m10... 101
JENTADUETO XR... 125	KAZANO... 125	KLOR-CON M15... 101
JENTADUETO... 125	KEFLEX... 18	klor-con m20... 101
jevantique lo... 125	kelnor 1/35 (28)... 125	klor-con sprinkle... 101
JEVTANA... 31	KENALOG... 125, 153	KLOR-CON 10... 101
jinteli... 125	KENGREAL... 45	KLOR-CON 8... 101
jolessa... 125	KEPIVANCE... 153	KOMBIGLYZE XR... 125
jolivette... 125	KEPPRA XR... 72	KORLYM... 125
JUBLIA... 153	KEPPRA... 72	KOSHER PRENATAL PLUS IRON... 161
juleber... 125	KERYDIN... 153	KRISTALOSE... 101
junel fe 1.5/30 (28)... 125	KETEK... 18	kurvelo... 125
junel fe 1/20 (28)... 125	ketoconazole... 18, 153	
	ketoprofen... 72	

KUVAN... 140	lamotrigine... 73	letrozole... 126
KYNAMRO... 52	LANOXIN PEDIATRIC... 52	leucovorin calcium... 140
KYPROLIS... 31	LANOXIN... 52	LEUKERAN... 31
<b>L</b>	lansoprazole... 113	LEUKINE... 45
l norgest/e.estradiol-e.estrad... 125	lanthanum... 102	leuprolide... 126
labetalol... 52	LANTUS SOLOSTAR... 125	levabuterol hcl... 40
LACRISERT... 108	LANTUS... 125	levabuterol tartrate... 40
lactated ringers... 101	larin fe 1.5/30 (28)... 125	LEVAQUIN... 18
lactulose... 101	larin fe 1/20 (28)... 125	LEVEMIR FLEXTOUCH... 126
LAMICTAL ODT STARTER (BLUE)... 72	larin 1.5/30 (21)... 125	LEVEMIR... 126
LAMICTAL ODT STARTER (GREEN)... 72	larin 1/20 (21)... 125	levetiracetam in nacl (iso-os)... 73
LAMICTAL ODT STARTER (ORANGE)... 73	larin 24 fe... 125	levetiracetam... 73
LAMICTAL ODT... 72	larissia... 125	LEVO-T... 126
LAMICTAL STARTER (BLUE) KIT... 73	LARTRUVO... 31	levobunolol... 108
LAMICTAL STARTER (GREEN) KIT... 73	LASIX... 102	levocarnitine (with sugar)... 140
LAMICTAL STARTER (ORANGE) KIT... 73	LASTACFT... 108	levocarnitine... 140
LAMICTAL XR STARTER (BLUE)... 73	latanoprost... 108	levocetirizine... 27
LAMICTAL XR STARTER (GREEN)... 73	LATUDA... 73	levofloxacin in d5w... 18
LAMICTAL XR STARTER (ORANGE)... 73	LAYOLIS FE... 126	levofloxacin... 18, 108
LAMICTAL XR... 73	LAZANDA... 73	levoleucovorin... 140
LAMICTAL... 72	leena 28... 126	levomefolate dha... 161
LAMISIL... 18	leflunomide... 140	levonest (28)... 126
lamivudine... 18	LEMTRADA... 140	levonorg-eth estrad triphasic... 126
lamivudine-zidovudine... 18	LENVIMA... 31	levonorgestrel... 126
	LESCOL XL... 53	levonorgestrel-ethinyl estrad... 126
	LESCOL... 53	LEVOPHED (BITARTRATE)... 40
	lessina... 126	levora-28... 126
	LETAIRIS... 145	levorphanol tartrate... 73

levothyroxine... 126	lipodox... 32	lopinavir-ritonavir... 18
LEVOXYL... 126	LIPOFEN... 53	lopreeza... 126
LEVULAN... 153	lisinopril... 53	LOPRESSOR HCT... 53
LEXAPRO... 73	lisinopril-hydrochlorothiazide... 53	LOPRESSOR... 53
LEXIVA... 18	LITE TOUCH INSULIN PEN NEEDLES... 94	LOPROX (AS OLAMINE)... 154
LIALDA... 113	LITE TOUCH INSULIN SYRINGE... 94	LOPROX... 154
lidocaine (pf) in d7.5w... 135	lithium carbonate... 74	lorazepam intensol... 74
lidocaine (pf)... 53, 136	lithium citrate... 74	lorazepam... 74
lidocaine hcl... 108, 136, 153	LITHOBID... 74	lorcet (hydrocodone)... 74
lidocaine in 5 % dextrose (pf)... 53	LITHOSTAT... 102	lorcet hd... 74
lidocaine viscous... 108	LIVALO... 53	lorcet plus... 74
lidocaine... 153	LO LOESTRIN FE... 126	lortab elixir... 74
lidocaine-epinephrine bit... 136	LOCOID LIPOCREAM... 154	lortab 10-325... 74
lidocaine-epinephrine... 136	LOCOID... 154	lortab 5-325... 74
lidocaine-prilocaine... 154	locort... 126	lortab 7.5-325... 74
lidocaine-tetracaine... 154	LODINE... 74	loryna (28)... 126
LIDODERM... 154	LODOSYN... 74	LORZONE... 41
lillow... 126	LOESTRIN FE 1.5/30 (28-DAY)... 126	losartan... 53
LINCOCIN... 18	LOESTRIN FE 1/20 (28-DAY)... 126	losartan-hydrochlorothiazide... 53
lincomycin... 18	LOESTRIN 1.5/30 (21)... 126	LOSEASONIQUE... 126
lindane... 154	LOESTRIN 1/20 (21)... 126	LOTEMAX... 108
linezolid... 18	lofibra... 53	LOTENSIN HCT... 53
linezolid-0.9% sodium chloride... 18	lomedia 24 fe... 126	LOTENSIN... 53
LINZESS... 113	LOMOTIL... 113	LOTREL... 53
LIORESAL... 41	LONSURF... 32	LOTRISONE... 154
liothyronine... 126	loperamide... 113	LOTRONEX... 113
LIPITOR... 53	LOPID... 53	lovastatin... 53
lipodox 50... 32		LOVAZA... 53

LOVENOX... 45	MACROBID... 18	MARTEN-TAB... 74
low-ogestrel (28)... 126	MACRODANTIN... 18	MATULANE... 32
loxapine succinate... 74	MAGELLAN INSULIN SAFETY SYRNG... 94	matzim la... 53
LTA PRE-ATTACHED... 154	MAGELLAN SYRINGE... 94	MAVIK... 53
ludent fluoride... 140	magnesium chloride... 74	MAVYRET... 19
LUMIGAN... 108	magnesium sulfate in d5w... 74	MAXALT... 74
LUMIZYME... 105	magnesium sulfate in water... 74	MAXALT-MLT... 75
LUNESTA... 74	magnesium sulfate... 74	MAXI-COMFORT INSULIN SYRINGE... 94
LUPANETA PACK (1 MONTH)... 126	MAKENA... 127	MAXIDEX... 108
LUPANETA PACK (3 MONTH)... 127	MALARONE PEDIATRIC... 19	MAXIPIME... 19
LUPRON DEPOT (3 MONTH)... 127	MALARONE... 19	MAXITROL... 108
LUPRON DEPOT (4 MONTH)... 127	malathion... 154	MAXZIDE... 102
LUPRON DEPOT (6 MONTH)... 127	mannitol 10 %... 102	MAXZIDE-25MG... 102
LUPRON DEPOT... 127	mannitol 20 %... 102	meclizine... 113
LUPRON DEPOT-PED (3 MONTH)... 127	mannitol 25 %... 102	meclofenamate... 75
LUPRON DEPOT-PED... 127	mannitol 5 %... 102	MEDROL (PAK)... 127
lutra (28)... 127	maprotiline... 74	MEDROL... 127
LUXIQ... 154	MARCAINE (PF)... 136	medroxyprogesterone... 127
LUZU... 154	MARCAINE SPINAL (PF)... 136	mefenamic acid... 75
LYNPARZA... 32	MARCAINE... 136	mefloquine... 19
LYRICA... 74	MARCAINE-EPINEPHRINE (PF)... 136	MEGACE ES... 127
LYSODREN... 32	MARCAINE-EPINEPHRINE... 136	MEGACE... 127
LYSTEDA... 45	MARGESIC... 74	megestrol... 127
lyza... 127	MARINOL... 113	MEKINIST... 32
<b>M</b>	marlissa... 127	melodetta 24 fe... 127
M-M-R II (PF)... 37	MARPLAN... 74	meloxicam... 75
macnatal cn dha... 161	MARQIBO... 32	melphalan hcl... 32

melphalan... 32	metaxall... 41	methylprednisolone... 127
memantine... 75	metaxalone... 41	methyltestosterone... 128
MENACTRA (PF)... 37	metformin... 127	metipranolol... 108
MENEST... 127	methadone intensol... 75	metoclopramide hcl... 113
MENHIBRIX (PF)... 37	methadone... 75	metolazone... 102
MENOMUNE - A/C/Y/W-135 (PF)... 37	METHADOSE... 75	metoprolol succinate... 53
MENOMUNE - A/C/Y/W-135... 37	methamphetamine... 75	metoprolol ta-hydrochlorothiaz... 54
MENOSTAR... 127	methazolamide... 108	metoprolol tartrate... 54
MENTAX... 154	methenamine hippurate... 19	METZOLV ODT... 113
MENVEO A-C-Y-W-135-DIP (PF)... 37	methergine... 144	METRO I.V.... 19
meperidine (pf)... 75	methimazole... 127	METROCREAM... 154
meperidine... 75	METHITEST... 127	METROGEL VAGINAL... 154
mepivacaine (pf)... 136	methocarbamol... 41	METROGEL... 154
meprobamate... 75	methotrexate sodium (pf)... 32	METROLOTION... 154
MEPRON... 19	methotrexate sodium... 32	metronidazole in nacl (iso-os)... 19
mercaptopurine... 32	methoxsalen... 154	metronidazole... 19, 154
meropenem... 19	methscopolamine... 41	mexiletine... 54
meropenem-0.9% sodium chloride... 19	methyclothiazide... 102	MIACALCIN... 128
MERREM... 19	methyldopa... 53	mibelas 24 fe... 128
mesalamine... 113	methyldopa-hydrochlorothiazide... 53	MICARDIS HCT... 54
mesna... 140	methyldopate... 53	MICARDIS... 54
MESNEX... 140	methylergonovine... 144	miconazole-3... 154
MESTINON TIMESPAN... 41	METHYLIN... 75	MICORT-HC... 154
MESTINON... 41	methylphenidate hcl... 75, 76	microgestin fe 1.5/30 (28)... 128
METADATE CD... 75	methylprednisolone acetate... 128	microgestin fe 1/20 (28)... 128
metadate er... 75	methylprednisolone sodium succ... 128	microgestin 1.5/30 (21)... 128
metaproterenol... 41		microgestin 1/20 (21)... 128

MICROGESTIN 24 FE... 128	MIRVASO... 154	morphine... 76, 77
MICROZIDE... 102	misoprostol... 113	MOTOFEN... 113
midazolam... 76	MITIGARE... 140	MOVANTIK... 113
midodrine... 41	mitomycin... 32	MOVIPREP... 113
migergot... 41	mitoxantrone... 32	MOXEZA... 109
miglitol... 128	MOBIC... 76	moxifloxacin in nacl (iso-osm)... 19
MIGRANAL... 41	modafinil... 76	moxifloxacin... 19, 109
millipred dp... 128	moderiba dose pack... 19	moxifloxacin-sod.ace,sul-water... 19
MILLIPRED... 128	moderiba... 19	MOZOBIL... 45
milrinone in 5 % dextrose... 54	moexipril... 54	MS CONTIN... 77
milrinone... 54	moexipril-hydrochlorothiazide... 54	MULTAQ... 54
mimvey lo... 128	molindone... 76	multi-vitamin with fluoride... 161
mimvey... 128	mometasone... 109, 154, 155	multivit-fluor (vit e acetate)... 161
MINASTRIN 24 FE... 128	mondoxyne nl... 19	multivit-fluor(d-vit e acetat)... 161
MINI ULTRA-THIN II... 94	mono-lynyah... 128	multivitamin with fluoride... 161
MINIPRESS... 54	MONOJECT INSULIN SAFETY SYRING... 94	multivitamins with fluoride... 161
MINIVELLE... 128	MONOJECT INSULIN SYRINGE... 94	mupirocin calcium... 155
MINOCIN KIT WITH WIPES... 19	MONOJECT SYRINGE... 94	mupirocin... 155
MINOCIN... 19	MONOJECT ULTRA COMFORT INSULIN... 94	MUSTARGEN... 32
minocycline... 19	mononessa (28)... 128	MVC-FLUORIDE... 161
minoxidil... 54	montelukast... 145	MYALEPT... 128
MIOCHOL-E... 108	MONUROL... 19	MYAMBUTOL... 19
MIOSTAT... 109	morgidox... 19	MYCAMINE... 19
MIRAPEX ER... 76	MORPHABOND ER... 76	MYCOBUTIN... 19
MIRAPEX... 76	morphine (pf)... 77	mycophenolate mofetil hcl... 141
MIRCERA... 45	morphine concentrate... 77	mycophenolate mofetil... 140, 141
MIRCETTE (28)... 128		mycophenolate sodium... 141
mirtazapine... 76		

MYDAYIS... 77	NAPROSYN... 78	neo-polycin... 109
MYDRIACYL... 109	naproxen sodium... 78	NEO-SYNALAR... 155
MYFORTIC... 141	naproxen... 78	neomycin... 20
MYLOTARG... 32	naratriptan... 78	neomycin-bacitracin-poly-hc... 109
myorisan... 155	NARCAN... 78	neomycin-bacitracin-polymyxin... 109
MYRBETRIQ... 159	NARDIL... 78	neomycin-polymyxin b gu... 155
MYSOLINE... 77	NAROPIN (PF)... 136	neomycin-polymyxin b-dexameth... 109
MYTESI... 113	NASONEX... 109	neomycin-polymyxin-gramicidin... 109
myzilra... 128	NATACHEW (FE BIS-GLYCINATE)... 161	neomycin-polymyxin-hc... 109
<b>N</b>	NATACYN... 109	NEORAL... 141
nabumetone... 77	NATAZIA... 128	neosporin (neo-polym-gramicid)... 109
nadolol... 54	nateglinide... 128	NEOSPORIN GU IRRIGANT... 155
nadolol-bendroflumethiazide... 54	NATELLE ONE... 161	neostigmine methylsulfate... 41
nafcillin in dextrose iso-osm... 20	NATESTO... 128	NEPHRAMINE 5.4 %... 102
nafcillin... 20	NATPARA... 128	NEPTAZANE... 109
naftifine... 155	NATRECOR... 54	NERLYNX... 32
NAFTIN... 155	NAVELBINE... 32	NESACAINE... 136
NAGLAZYME... 105	NEBUPENT... 20	NESACAINE-MPF... 136
nalbuphine... 77	nebusal... 102	NESINA... 128
NALFON... 77	necon 0.5/35 (28)... 128	neuac... 155
naloxone... 77	necon 1/35 (28)... 128	NEULASTA... 45
naltrexone... 77	necon 1/50 (28)... 128	NEUPOGEN... 45
NAMENDA TITRATION PAK... 77	necon 10/11 (28)... 128	NEUPRO... 78
NAMENDA XR... 78	necon 7/7/7 (28)... 128	NEURONTIN... 78
NAMENDA... 77	nefazodone... 78	NEUT... 102
NAMZARIC... 78	NEMBUTAL SODIUM... 78	
naphazoline... 109	neo-polycin hc... 109	
NAPRELAN CR... 78		

NEVANAC... 109	nitrofurantoin... 20	NORMOSOL-M IN 5 % DEXTROSE... 102
nevirapine... 20	nitroglycerin in 5 % dextrose... 55	NORMOSOL-R IN 5 % DEXTROSE... 102
NEXA PLUS... 161	nitroglycerin... 55	NORMOSOL-R PH 7.4... 102
NEXAVAR... 32	NITROLINGUAL... 55	NORMOSOL-R... 102
NEXIUM IV... 114	NITROMIST... 55	NORPACE CR... 55
NEXIUM PACKET... 114	NITRONAL... 55	NORPACE... 55
NEXIUM... 114	NITROPRESS... 55	NORPRAMIN... 78
NEXTERONE... 54	NITROSTAT... 55	NORTHERA... 41
niacin... 54	nizatidine... 114	nortrel 0.5/35 (28)... 129
niacor... 54	NIZORAL... 155	nortrel 1/35 (21)... 129
NIASPAN EXTENDED-RELEASE... 54	nolix... 155	nortrel 1/35 (28)... 129
nicardipine... 54	nora-be... 129	nortrel 7/7/7 (28)... 129
NICOTROL NS... 41	NORCO... 78	nortriptyline... 78
NICOTROL... 41	NORDITROPIN FLEXP... 129	NORVASC... 55
nifedical xl... 54	norepinephrine bitartrate... 41	NORVIR... 20
nifedipine... 54	noreth-ethinyl estradiol-iron... 129	NOVAREL... 129
nikki (28)... 129	norethindrone (contraceptive)... 129	NOVOFINE AUTOCOVER... 94
NILANDRON... 32	norethindrone ac-eth estradiol... 129	NOVOFINE PLUS... 94
nilutamide... 32	norethindrone acetate... 129	NOVOFINE 30... 94
nimodipine... 54	norethindrone-e.estradiol-iron... 129	NOVOFINE 32... 94
NINLARO... 32	norgestimate-ethinyl estradiol... 129	NOVOLIN N... 129
NIPENT... 32	NORINYL 1+50 (28)... 129	NOVOLIN R... 129
nisoldipine... 54	NORINYL 1/35 (28)... 129	NOVOLIN 70/30... 129
NITRO-BID... 54	NORITATE... 155	NOVOLOG FLEXPEN... 129
NITRO-DUR... 55	norlyda... 129	NOVOLOG MIX 70-30 FLEXPEN... 129
nitrofurantoin macrocrystal... 20	norlyroc... 129	NOVOLOG MIX 70-30... 129
nitrofurantoin monohyd/m-cryst... 20		



NOVOLOG PENFILL... 129	OB COMPLETE ONE... 161	omega-3 acid ethyl esters... 55
NOVOLOG... 129	OB COMPLETE PETITE... 161	omeppi... 114
NOVOPEN ECHO... 94	OB COMPLETE PREMIER... 161	omeprazole... 114
NOVOTWIST... 95	OB COMPLETE... 161	omeprazole-sodium bicarbonate... 114
NOXAFIL... 20	OCALIVA... 114	OMNARIS... 109
NUCALA... 145	ocella... 129	OMNIPRED... 109
NUCYNTA ER... 79	OCREVUS... 141	OMNITROPE... 130
NUCYNTA... 78	OCTAGAM... 37	ONCASPAR... 32
NUEDEXTA... 79	octreotide acetate... 141	ondansetron hcl (pf)... 114
NULOJIX... 141	OCUFEN... 109	ondansetron hcl... 114
NULYTELY WITH FLAVOR PACKS... 114	OCUFLOX... 109	ondansetron... 114
NUPLAZID... 79	ODEFSEY... 20	ONEXTON... 155
NUTRILIPID... 102	ODOMZO... 32	ONFI... 79
NUTROPIN AQ NUSPIN... 129	OFEV... 145	ONGLYZA... 130
NUTROPIN AQ... 129	ofloxacin... 20, 109	ONIVYDE... 32
NUVARING... 129	ogestrel (28)... 129	ONMEL... 20
NUVESSA... 155	olanzapine... 79	ONZETRA XSAIL... 79
NUVIGIL... 79	olanzapine-fluoxetine... 79	OPANA ER... 79
nyamyc... 155	olmesartan... 55	OPANA... 79
nyata... 155	olmesartan-amlodipin-hcthiazyd... 55	OPDIVO... 32
NYMALIZE... 55	olmesartan-hydrochlorothiazide... 55	OPSUMIT... 146
nystatin... 20, 155	olopatadine... 109	ORACEA... 20
nystatin-triamcinolone... 155	OLUX... 155	ORALAIR... 37
nystop... 155	OLUX-E... 155	oralone... 155
<b>0</b>	OLYSIO... 20	ORAP... 79
O-CAL PRENATAL... 161	OMECLAMOX-PAK... 114	ORAPRED ODT... 130
OB COMPLETE GOLD... 161		ORAVIG... 155

ORBACTIV... 20	oxacillin... 20	PANCREAZE... 114
ORENCIA CLICKJECT... 141	oxaliplatin... 33	pancrelipase 5000... 114
ORENCIA... 141	oxandrolone... 130	PANDEL... 155
ORENITRAM... 146	oxaprozin... 79	PANRETIN... 156
ORFADIN... 141	oxazepam... 79	pantoprazole... 114
ORKAMBI... 146	oxcarbazepine... 79	PARAFON FORTE DSC... 41
orphenadrine citrate... 41	OXECTA... 79	paricalcitol... 161
orsythia... 130	oxiconazole... 155	PARLODEL... 80
ORTHO MICRONOR... 130	OXISTAT... 155	PARNATE... 80
ORTHO TRI-CYCLEN (28)... 130	OXSORALEN ULTRA... 155	paroex oral rinse... 109
ORTHO TRI-CYCLEN LO (28)... 130	OXSORALEN... 155	paromomycin... 20
ORTHO-CYCLEN (28)... 130	OXTELLAR XR... 79	paroxetine hcl... 80
ORTHO-NOVUM 1/35 (28)... 130	oxybutynin chloride... 159	paroxetine mesylate... 80
ORTHO-NOVUM 7/7/7 (28)... 130	oxycodone... 79	PASER... 20
oseltamivir... 20	oxycodone-acetaminophen... 79, 80	PATADAY... 109
OSENI... 130	oxycodone-aspirin... 80	PATANASE... 109
OSMITROL 10 %... 102	OXYCONTIN... 80	PATANOL... 109
OSMITROL 15 %... 102	oxymorphone... 80	PAXIL CR... 80
OSMITROL 20 %... 102	oxytocin... 144	PAXIL... 80
OSMITROL 5 %... 102	OXYTROL... 159	PAZEO... 109
OSMOPREP... 114		PCE... 20
OTEZLA STARTER... 141	<b>P</b>	PEDIAPRED... 130
OTEZLA... 141	PACERONE... 55	PEDIARIX (PF)... 37
OTOVEL... 109	paclitaxel... 33	PEDVAX HIB (PF)... 37
OTREXUP (PF)... 33	paire ob plus dha... 161	peg 3350-electrolytes... 114
OVCON-35 (28)... 130	paliperidone... 80	peg-electrolyte soln... 114
OVIDE... 155	PAMELOR... 80	peg-prep... 114
oxacillin in dextrose(iso-osm)... 20	pamidronate... 141	PEGANONE... 80

PEGASYS PROCLICK... 21	perphenazine... 80	pioglitazone... 130
PEGASYS... 21	perphenazine-amitriptyline... 81	pioglitazone-glimepiride... 130
PEGINTRON REDIPEN... 21	PERSANTINE... 55	pioglitazone-metformin... 130
PEGINTRON... 21	PERTZYE... 115	piperacillin-tazobactam... 21
PEN NEEDLE... 95	PEXEVA... 81	pirmella... 130
PEN NEEDLE, DIABETIC... 95	pfizerpen-g... 21	piroxicam... 81
penicillin g pot in dextrose... 21	phenadoz... 27	PITOCIN... 144
penicillin g potassium... 21	phenelzine... 81	PLAQUENIL... 21
penicillin g procaine... 21	PHENERGAN... 27	PLASMA-LYTE A... 102
penicillin g sodium... 21	phenobarbital sodium... 81	PLASMA-LYTE 148... 102
penicillin v potassium... 21	phenobarbital... 81	PLASMA-LYTE-56 IN 5 % DEXTROSE... 102
PENLAC... 156	phenoxybenzamine... 41	PLAVIX... 45
PENNSAID... 80	phentolamine... 41	PLEGRIDY... 141
PENTACEL (PF)... 37	phenylephrine hcl... 41	PLETAL... 45
PENTAM... 21	PHENYTEK... 81	PLIAGLIS... 156
PENTASA... 114	phenytoin sodium extended... 81	pnv ob+dha... 161
pentazocine-naloxone... 80	phenytoin sodium... 81	podofilox... 156
PENTIPS... 95	phenytoin... 81	polocaine... 136
pentobarbital sodium... 80	philith... 130	polocaine-mpf... 136
pentoxifylline... 45	PHOSLYRA... 102	POLY-VI-FLOR WITH IRON... 161, 162
pepcid... 114	PHOSPHOLINE IODIDE... 109	POLY-VI-FLOR... 161
PERCOCET... 80	PHYSIOLYTE... 102	polycin... 110
PERFOROMIST... 41	PHYSIOSOL IRRIGATION... 102	polyethylene glycol 3350... 115
PERIKABIVEN... 102	PICATO... 156	polymyxin b sulf-trimethoprim... 110
perindopril erbumine... 55	pilocarpine hcl... 41, 109	polymyxin b sulfate... 21
periogard... 109	pimozide... 81	POLYTRIM... 110
PERJETA... 33	pimtrea (28)... 130	
permethrin... 156	pindolol... 55	

POMALYST... 33	PRALUENT SYRINGE... 55	PREMPHASE... 131
PONSTEL... 81	pramipexole... 81	PREMPRO... 131
portia... 130	PRANDIMET... 130	prenaissance plus... 162
PORTRAZZA... 33	PRANDIN... 130	prenaissance... 162
potassium acetate... 102	prasugrel... 46	PRENATA... 162
potassium chlorid-d5-0.45%nacl... 102	PRAVACHOL... 55, 56	PRENATABS FA... 162
potassium chloride in lr-d5... 103	pravastatin... 56	prenatal plus (calcium carb)... 162
potassium chloride in 0.9%nacl... 103	prazosin... 56	prenatal plus dha... 162
potassium chloride in 5 % dex... 103	PRECOSE... 130	prenatal vitamin plus low iron... 162
potassium chloride... 102, 103	PRED FORTE... 110	PRENATE AM... 162
potassium chloride-d5-0.2%nacl... 103	PRED MILD... 110	PRENATE DHA... 162
potassium chloride-d5-0.3%nacl... 103	PRED-G S.O.P.... 110	PRENATE ELITE... 162
potassium chloride-d5-0.9%nacl... 103	PRED-G... 110	PRENATE ESSENTIAL... 162
potassium chloride-0.45 % nacl... 103	prednicarbate... 156	PRENATE MINI... 162
potassium chloride-0.9%nacl... 103	prednisolone acetate... 110	preplus... 162
potassium chloride-0.45 % nacl... 103	prednisolone sodium phosphate... 110, 130	PREPOPIK... 115
potassium citrate... 103	prednisolone... 130	PREQUE 10... 162
potassium phosphate m-/d-basic... 103	prednisone intensol... 131	PRESTALIA... 56
POTIGA... 81	prednisone... 130, 131	PREVACID SOLUTAB... 115
pr natal 400 ec... 162	PREFERA-OB ONE... 162	PREVACID... 115
pr natal 400... 162	PREFERA-OB PLUS DHA... 162	prevalite... 56
pr natal 430 ec... 162	PREFERA-OB... 162	PREVIDENT 5000 BOOSTER PLUS... 141
pr natal 430... 162	PREFEST... 131	PREVIDENT 5000 DRY MOUTH... 141
PRADAXA... 46	PREGNYL... 131	PREVIDENT 5000 ENAMEL PROTECT... 142
PRALUENT PEN... 55	PREMARIN... 131	PREVIDENT 5000 PLUS... 142
	PREMASOL 10 %... 103	PREVIDENT 5000 SENSITIVE... 142
	PREMASOL 6 %... 103	

PREVIDENT... 141	prochlorperazine maleate... 115	propranolol... 56
previfem... 131	prochlorperazine... 115	propranolol-hydrochlorothiazid... 56
PREVPAC... 115	PROCRIT... 46	propylthiouracil... 131
PREZCOBIX... 21	procto-med hc... 156	PROQUAD (PF)... 37
PREZISTA... 21	procto-pak... 156	PROSCAR... 142
PRIALT... 81	PROCTOFOAM HC... 156	PROSOL 20 %... 103
PRIFTIN... 21	proctosol hc... 156	protamine... 46
PRILOSEC... 115	proctozone-hc... 156	PROTONIX... 115
primaquine... 21	PROCYSBI... 142	PROTOPIC... 156
PRIMAXIN IV... 21	PRODIGY INSULIN SYRINGE... 95	protriptyline... 81
primidone... 81	progesterone in oil... 131	PROVENTIL HFA... 41
primlev... 81	progesterone micronized... 131	PROVERA... 131
PRIMSOL... 21	progesterone... 131	PROVIGIL... 81
PRINIVIL... 56	PROGLYCEM... 131	PROZAC WEEKLY... 81
PRISTIQ... 81	PROGRAF... 142	PROZAC... 81
PRIVIGEN... 37	PROLASTIN-C... 146	PRUDOXIN... 156
PRO COMFORT ALCOHOL PADS... 156	PROLENSA... 110	psorcon... 156
PRO COMFORT PEN NEEDLE... 95	PROLEUKIN... 33	PULMICORT FLEXHALER... 146
PROAIR HFA... 41	PROLIA... 142	PULMICORT... 146
PROAIR RESPICLICK... 41	PROMACTA... 46	PULMOZYME... 146
probenecid... 103	promethazine vc... 27	PURIXAN... 33
probenecid-colchicine... 103	promethazine... 27	PYLERA... 21
procainamide... 56	promethazine-phenylephrine... 27	pyrazinamide... 21
PROCALAMINE 3%... 103	promethegan... 27	pyridostigmine bromide... 41
PROCARDIA XL... 56	PROMETRIUM... 131	
PROCARDIA... 56	propafenone... 56	<b>Q</b>
procentra... 81	propantheline... 41	QBRELIS... 56
prochlorperazine edisylate... 115	proparacaine... 110	QNASL... 110
		QUADRACEL (PF)... 37

QUALAQUIN... 21	ranitidine hcl... 115	REMERON... 82
QUARTETTE... 131	RAPAFLO... 42	REMICADE... 142
quasense... 131	RAPAMUNE... 142	REMODULIN... 146
quazepam... 81	rasagiline... 82	RENACIDIN... 103
QUDEXY XR... 82	RASUVO (PF)... 33	RENAGEL... 103
QUESTRAN LIGHT... 56	RAVICTI... 103	RENFLEXIS... 142
QUESTRAN... 56	RAYALDEE... 162	RENVELA... 103
quetiapine... 82	RAYOS... 131	REOPRO... 46
QUFLORA PEDIATRIC DROPS... 162	RAZADYNE ER... 42	repaglinide... 131
QUFLORA PEDIATRIC... 162	RAZADYNE... 42	repaglinide-metformin... 131
QUILLICHEW ER... 82	REBETOL... 22	REPATHA PUSHTRONEX... 56
QUILLIVANT XR... 82	REBIF (WITH ALBUMIN)... 142	REPATHA SURECLICK... 56
quinapril... 56	REBIF REBIDOSE... 142	REPATHA SYRINGE... 56
quinapril-hydrochlorothiazide... 56	REBIF TITRATION PACK... 142	reprexain... 82
quinidine gluconate... 56	RECLAST... 142	REQUIP XL... 82
quinidine sulfate... 56	reclipsen (28)... 131	REQUIP... 82
quinine sulfate... 21	RECOMBIVAX HB (PF)... 37	RESCRIPTOR... 22
QVAR REDIHALER... 146	RECTIV... 156	RESECTISOL... 103
QVAR... 146	REGLAN... 115	reserpine... 56
<b>R</b>	REGONOL... 42	RESTASIS MULTIDOSE... 110
RABAVERT (PF)... 37	REGRANEX... 156	RESTASIS... 110
rabeprazole... 115	RELENZA DISKHALER... 22	RESTORIL... 82
RADICAVA... 82	RELION NEEDLES... 95	RETIN-A MICRO PUMP... 156
RAGWITEK... 37	RELION PEN NEEDLES... 95	RETIN-A MICRO... 156
rajani... 131	RELISTOR... 115	RETIN-A... 156
raloxifene... 131	relnate dha... 162	RETROVIR... 22
ramipril... 56	RELPAK... 82	REVATIO... 56, 57
RANEXA... 56	REMERON SOLTAB... 82	REVLIMID... 33

revonto... 42  
REXULTI... 82  
REYATAZ... 22  
RHINOCORT AQUA... 110  
RHOFADE... 156  
RHOPHYLAC... 37  
RIASTAP... 46  
RIBASPHERE RIBAPAK... 22  
ribasphere... 22  
RIBATAB DOSE PACK... 22  
ribavirin... 22  
RIDAURA... 116  
rifabutin... 22  
RIFADIN... 22  
RIFAMATE... 22  
rifampin... 22  
RIFATER... 22  
RILUTEK... 82  
riluzole... 82  
rimantadine... 23  
RIMSO-50... 156  
ringer's... 103  
RIOMET... 131  
risedronate... 142  
RISPERDAL CONSTA... 82  
RISPERDAL M-TAB... 82, 83  
RISPERDAL... 82  
risperidone... 83

RITALIN LA... 83  
RITALIN... 83  
RITUXAN HYCELA... 33  
RITUXAN... 33  
rivastigmine tartrate... 42  
RIVELSA... 131  
rizatriptan... 83  
ROBAXIN... 42  
ROBAXIN-750... 42  
ROBINUL FORTE... 42  
ROBINUL... 42  
ROCALTROL... 162  
ropinirole... 83  
ropivacaine (pf)... 136  
rosadan... 156  
rosuvastatin... 57  
ROTARIX... 37  
ROTATEQ VACCINE... 37  
roweepra... 83  
ROXICODONE... 83  
ROZEREM... 83  
RUBRACA... 33  
RUCONEST... 142  
RYDAPT... 33  
RYTARY... 83  
RYTHMOL SR... 57  
RYTHMOL... 57  
RYVENT... 27

## S

SABRIL... 83  
SAFESNAP INSULIN SYRINGE... 95  
SAFYRAL... 131  
SAIZEN CLICK.EASY... 131  
SAIZEN SAIZENPREP... 131  
SAIZEN... 131  
SALAGEN (PILOCARPINE)... 42  
SAMSCA... 103  
SANCUSO... 115  
SANDIMMUNE... 142  
SANDOSTATIN LAR DEPOT... 142  
SANDOSTATIN... 142  
SANTYL... 156  
SAPHRIS (BLACK CHERRY)... 83  
SARAFEM... 83  
SAVAYSA... 46  
SAVELLA... 83  
scopolamine base... 115  
scopolamine hbr... 42  
se-natal 19 (with docusate)... 162  
se-natal 19... 162  
SEASONIQUE... 131  
SECONAL SODIUM... 83  
SECTRAL... 57  
SEEBRI NEOHALER... 42  
SELECT-OB (FOLIC ACID)... 162  
SELECT-OB + DHA... 162

SELECT-OB... 162	silver sulfadiazine... 156	sodium phenylbutyrate... 104
selegiline hcl... 83	SIMBRINZA... 110	sodium phosphate... 104
selenium sulfide... 156	SIMCOR... 57	sodium polystyrene (sorb free)... 104
SELZENTRY... 23	SIMPONI ARIA... 143	sodium polystyrene sulfonate... 104
SEMPREX-D... 27	SIMPONI... 142, 143	SOLARAZE... 156
SENSIPAR... 132	SIMULECT... 143	SOLQUA 100/33... 132
sensorcaine... 136	simvastatin... 57	SOLODYN... 23
sensorcaine-mpf spinal... 136	SINEMET CR... 84	SOLTAMOX... 132
sensorcaine-mpf... 136	SINEMET... 84	SOLU-CORTEF (PF)... 132
sensorcaine-mpf/epinephrine... 136	SINGULAIR... 146	SOLU-CORTEF... 132
sensorcaine/epinephrine... 136	sirolimus... 143	SOLU-MEDROL (PF)... 132
SEREVENT DISKUS... 42	SIRTURO... 23	SOLU-MEDROL... 132
SERNIVO... 156	SIVEXTRO... 23	SOMA... 42
SEROQUEL XR... 83, 84	SKELAXIN... 42	SOMATULINE DEPOT... 132
SEROQUEL... 83	SKLICE... 156	SOMAVERT... 132
SEROSTIM... 132	SMOFLIPID... 103	SONATA... 84
sertraline... 84	sodium acetate... 103	SOOLANTRA... 157
setlakin... 132	sodium benzoate-sod phenylacet... 104	sorbitol-mannitol... 104
sf 5000 plus... 142	sodium bicarbonate... 104	SORIATANE... 157
sf... 142	sodium chloride 0.45 %... 104	SORILUX... 157
SFROWASA... 115	sodium chloride 0.9 %... 104	sorine... 57
sharobel... 132	sodium chloride 3 %... 104	sotalol af... 57
SIGNIFOR LAR... 132	sodium chloride 5 %... 104	sotalol... 57
SIGNIFOR... 132	sodium chloride... 104	SOTYLIZE... 57
sildenafil (antihypertensive)... 57	SODIUM EDECRIN... 104	SOVALDI... 23
SILENOR... 84	sodium lactate... 104	spinosad... 157
SILIQ... 156	sodium nitroprusside... 57	SPIRIVA RESPIMAT... 42
SILVADENE... 156		



SPIRIVA WITH HANDIHALER... 42	STRIANT... 132	SURE COMFORT INSULIN SYRINGE... 95
spironolacton-hydrochlorothiaz... 57	STRIBILD... 23	SURE COMFORT PEN NEEDLE... 95
spironolactone... 57	STRIVERDI RESPIMAT... 42	SURE-FINE PEN NEEDLES... 95
SPORANOX PULSEPAK... 23	STROMECTOL... 23	SURE-JECT INSULIN SYRINGE... 96
SPORANOX... 23	SUBOXONE... 84	SURE-PREP ALCOHOL PREP PADS... 157
sprintec (28)... 132	SUBSYS... 84	SURMONTIL... 85
SPRITAM... 84	SUCRAID... 105	SURVANTA... 146
SPRYCEL... 33	sucralfate... 115	SUSTIVA... 23
SPS (WITH SORBITOL)... 104	sufentanil citrate... 84	SUTENT... 33
sronyx... 132	SULAR... 57	syeda... 132
SSD... 157	sulfacetamide sodium (acne)... 157	SYLATRON... 23
STALEVO 100... 84	sulfacetamide sodium... 110	SYLVANT... 33
STALEVO 125... 84	sulfacetamide-prednisolone... 110	SYMBICORT... 146
STALEVO 150... 84	sulfadiazine... 23	SYMBYAX... 85
STALEVO 200... 84	sulfamethoxazole-trimethoprim... 23	SYMLINPEN 120... 132
STALEVO 50... 84	SULFAMYLON... 157	SYMLINPEN 60... 132
STALEVO 75... 84	sulfasalazine... 23	SYMPROIC... 115
STARLIX... 132	SULFATRIM... 23	SYNAGIS... 23
stavudine... 23	sulindac... 84	SYNALAR... 157
STELARA... 157	sumatriptan succinate... 84, 85	SYNALGOS-DC... 85
STERILE GAUZE PAD... 144	sumatriptan... 84	SYNAREL... 132
STIMATE... 132	SUMAVEL DOSEPRO... 85	SYNDROS... 115
STIOLTO RESPIMAT... 42	SUPRAX... 23	SYNERA... 157
STIVARGA... 33	SUPREP BOWEL PREP KIT... 115	SYNERCID... 23
STRATTERA... 84	SURE COMFORT ALCOHOL PREP PADS... 157	SYNJARDY XR... 132, 133
STRENSIQ... 105	SURE COMFORT INS. SYR. U-100... 95	SYNJARDY... 132
streptomycin... 23		

SYNRIBO... 33	taron-prex prenatal-dha... 163	TENORETIC 100... 57
SYNTHROID... 133	TASIGNA... 34	TENORETIC 50... 57
SYPRINE... 117	TASMAR... 85	TENORMIN... 58
<b>T</b>	TAXOTERE... 34	TERAZOL 3... 157
TABLOID... 34	TAYTULLA... 133	TERAZOL 7... 157
TACLONEX... 157	tazarotene... 157	terazosin... 58
tacrolimus... 143, 157	tazicef... 24	terbinafine hcl... 24
TAFINLAR... 34	TAZORAC... 157	terbutaline... 42
TAGRISSO... 34	taztia xt... 57	terconazole... 157
TALTZ AUTOINJECTOR (2 PACK)... 157	TECENTRIQ... 34	TERUMO INSULIN SYRINGE... 96
TALTZ AUTOINJECTOR (3 PACK)... 157	TECFIDERA... 143	TESTIM... 133
TALTZ AUTOINJECTOR... 157	TECHLITE PEN NEEDLE... 96	testosterone cypionate... 133
TALTZ SYRINGE (2 PACK)... 157	TECHNIVIE... 24	testosterone enanthate... 133
TALTZ SYRINGE (3 PACK)... 157	TEFLARO... 24	testosterone... 133
TALTZ SYRINGE... 157	TEGRETOL XR... 85	TESTRED... 133
TALWIN... 85	TEGRETOL... 85	tetanus-diphtheria toxoids-td... 37
TAMIFLU... 23, 24	TEKTURNA HCT... 57	tetanus,diphtheria tox ped(pf)... 37
tamoxifen... 133	TEKTURNA... 57	tetrabenazine... 85
tamsulosin... 42	telmisartan... 57	tetracycline... 24
TANZEUM... 133	telmisartan-amlodipine... 57	TEXACORT... 157
TAPAZOLE... 133	telmisartan-hydrochlorothiazid... 57	THALOMID... 143
TARCEVA... 34	temazepam... 85	THAM... 104
TARGADOX... 24	TEMODAR... 34	THEO-24... 159
TARGRETIN... 34, 157	TEMOVATE... 157	theophylline in dextrose 5 %... 159
tarina fe 1/20 (28)... 133	tencon... 85	theophylline... 159
TARKA... 57	TENEX... 57	THERACYS... 37
taron-c dha... 163	teniposide... 34	THERMAZENE... 158
	TENIVAC (PF)... 37	THINPRO INSULIN SYRINGE... 96

THIOLA... 143	tl-select... 163	TORISEL... 34
thioridazine... 85	TNKASE... 46	toremide... 104
thiotepa... 34	TOBI PODHALER... 24	TOTECT... 143
thiothixene... 85	TOBI... 24	TOUJEO SOLOSTAR... 133
thrivite-19... 163	TOBRADEX ST... 110	TOVIAZ... 160
THYMOGLOBULIN... 143	TOBRADEX... 110	TPN ELECTROLYTES... 104
THYROLAR-1... 133	tobramycin in 0.225 % nacl... 24	TRACLEER... 146
THYROLAR-1/2... 133	tobramycin sulfate... 24	TRADJENTA... 133
THYROLAR-1/4... 133	tobramycin with nebulizer... 24	tramadol... 86
THYROLAR-2... 133	tobramycin... 110	tramadol-acetaminophen... 86
THYROLAR-3... 133	tobramycin-dexamethasone... 110	trandolapril... 58
tiagabine... 85	TOBEX... 110	trandolapril-verapamil... 58
TIAZAC... 58	TOFRANIL... 85	tranexamic acid... 46
TIGAN... 116	TOFRANIL-PM... 85	TRANSDERM-SCOP... 116
tigecycline... 24	TOLAK... 158	TRANXENE T-TAB... 86
TIKOSYN... 58	tolazamide... 133	tranylcypromine... 86
tilia fe... 133	tolbutamide... 133	TRAVASOL 10 %... 104
timolol maleate... 58, 110	tolcapone... 85	TRAVATAN Z... 110
TIMOPTIC OCUDOSE (PF)... 110	tolmetin... 85	travoprost (benzalkonium)... 110
TIMOPTIC... 110	tolterodine... 159, 160	trazodone... 86
TIMOPTIC-XE... 110	TOPAMAX... 85	TREANDA... 34
TINDAMAX... 24	TOPCARE CLICKFINE... 96	TRECTOR... 24
tinidazole... 24	TOPCARE ULTRA COMFORT... 96	TRELEGY ELLIPTA... 133
TIROSINT... 133	TOPICORT... 158	TRELSTAR... 133
TIVICAY... 24	topiramate... 85, 86	TREMFYA... 158
TIVORBEX... 85	toposar... 34	TRESIBA FLEXTOUCH U-100... 133
tizanidine... 42	topotecan... 34	TRESIBA FLEXTOUCH U-200... 133
TL FOLATE... 163	TOPROL XL... 58	TRETIN-X... 158

tretinoin (chemotherapy)... 34	TRICOR... 58	TRIZIVIR... 24
tretinoin microspheres... 158	triderm... 158	TROKENDI XR... 86
tretinoin... 158	TRIDESILON... 158	TROPHAMINE 10 %... 104
TREXALL... 34	TRIESENCE (PF)... 111	TROPHAMINE 6%... 104
TREXIMET... 86	trifluoperazine... 86	tropicamide... 111
TREZIX... 86	trifluridine... 111	trospium... 160
tri femynor... 133	TRIGLIDE... 58	TRUEPLUS INSULIN... 96
tri-estarylla... 134	trihexyphenidyl... 86	TRUEPLUS PEN NEEDLE... 96
tri-legest fe... 134	triklo... 58	TRULANCE... 116
tri-linyah... 134	TRILEPTAL... 86	TRULICITY... 134
tri-lo-estarylla... 134	TRILIPIX... 58	TRUMENBA... 37
tri-lo-marzia... 134	trilyte with flavor packets... 116	TRUSOPT... 111
tri-lo-sprintec... 134	trimethobenzamide... 116	TRUVADA... 24
TRI-NORINYL (28)... 134	trimethoprim... 24	TUDORZA PRESSAIR... 42
tri-previfem (28)... 134	trimipramine... 86	TWINRIX (PF)... 38
tri-sprintec (28)... 134	trinatal gt... 163	TWYNSTA... 58
TRI-VI-FLOR... 163	trinatal rx 1... 163	TYBOST... 143
tri-vit with fluoride and iron... 163	trinessa (28)... 134	TYGACIL... 24
tri-vitamin with fluoride... 163	trinessa lo... 134	TYKERB... 34
triadvance... 163	TRINTELLIX... 86	TYLENOL-CODEINE #3... 86
triamcinolone acetonide... 110, 158	TRIOSTAT... 134	TYLENOL-CODEINE #4... 86
triamterene-hydrochlorothiazid... 104	TRIPTODUR... 134	TYMLOS... 134
trianex... 158	TRISENOX... 34	TYPHIM VI... 38
triazolam... 86	TRISTART DHA... 163	TYSABRI... 143
TRIBENZOR... 58	TRIUMEQ... 24	TYVASO INSTITUTIONAL START KIT... 146
TRICARE PRENATAL DHA ONE... 163	triveen-duo dha... 163	TYVASO REFILL KIT... 146
TRICARE... 163	triveen-prx rnf... 163	TYVASO STARTER KIT... 146
	trivora (28)... 134	

TYVASO... 146	ULTRAM ER... 86	valproate sodium... 87
TYZEKA... 24	ULTRAM... 86	valproic acid (as sodium salt)... 87
<b>U</b>	ULTRAVATE... 158	valproic acid... 87
UCERIS... 134	ULTRESA... 116	valsartan... 58
ULESFIA... 158	UNASYN... 24	valsartan-hydrochlorothiazide... 58
ULORIC... 143	UNIFINE PENTIPS PLUS... 98	VALSTAR... 34
ULTICARE INSULIN SYR HALF UNIT... 97	UNIFINE PENTIPS... 98	VALTREX... 24
ULTICARE INSULIN SYRINGE... 97	UNITHROID... 134	vanatol lq... 87
ULTICARE PEN NEEDLE... 97	UNITUXIN... 34	vanatol s... 87
ULTICARE... 97	UPTRAVI... 146	VANCOGIN... 24, 25
ULTILET ALCOHOL SWAB... 158	URECHOLINE... 42	vancomycin in dextrose 5 %... 25
ULTILET INSULIN SYRINGE... 97	UROCIT-K 10... 104	vancomycin in 0.9% sodium cl... 25
ULTILET PEN NEEDLE... 97	UROCIT-K 15... 105	vancomycin... 25
ultimatecare one nf... 163	UROCIT-K 5... 105	VANDAZOLE... 158
ultimatecare one... 163	UROXATRAL... 42	VANISHPOINT SYRINGE... 98
ULTIVA... 86	URSO FORTE... 116	VANOS... 158
ULTRA CMFT INS SYR HALF UNIT... 97	URSO 250... 116	VAPRISOL... 105
ULTRA COMFORT INSULIN SYRINGE... 97	ursodiol... 116	VAQTA (PF)... 38
ULTRA-THIN II (SHORT) INS SYR... 97	UTIBRON NEOHALER... 42	VARIVAX (PF)... 38
ULTRA-THIN II (SHORT) PEN NDL... 98	UVADEX... 158	VARIZIG... 38
ULTRA-THIN II INS PEN NEEDLES... 98	<b>V</b>	VASCEPA... 58
ULTRA-THIN II INSULIN SYRINGE... 98	VABOMERE... 24	VASERETIC... 58
ULTRACET... 86	VAGIFEM... 134	VASOTEC... 58
	valacyclovir... 24	VAZCULEP... 42
	VALCHLOR... 158	vecamyl... 58
	VALCYTE... 24	VECTIBIX... 34
	valganciclovir... 24	VECTICAL... 158
	VALIUM... 86, 87	VELCADE... 34

VELETRI... 146	VGO 40... 98	viorele (28)... 134
velivet triphasic regimen (28)... 134	VIBATIV... 25	VIRACEPT... 25
VELPHORO... 105	VIBERZI... 116	VIRAMUNE XR... 25
VELTASSA... 105	VIBRAMYCIN... 25	VIRAMUNE... 25
VELTIN... 158	vicodin es... 87	VIRAZOLE... 25
VEMLIDY... 25	vicodin hp... 87	VIREAD... 25
vena-bal dha... 163	vicodin... 87	VIROPTIC... 111
VENCLEXTA STARTING PACK... 34	VICOPROFEN... 87	virt-c dha... 163
VENCLEXTA... 34	VICTOZA 2-PAK... 134	virt-nate dha... 163
venlafaxine... 87	VICTOZA 3-PAK... 134	virt-select... 163
VENTAVIS... 146, 147	VIDAZA... 34	VISTARIL... 87
VENTOLIN HFA... 43	VIDEX EC... 25	VISTIDE... 25
VERAMYST... 111	VIDEX 2 GRAM PEDIATRIC... 25	VISTOGARD... 143
verapamil... 58, 59	VIDEX 4 GRAM PEDIATRIC... 25	VITAFOL FE+ (WITH DOCUSATE)... 163
VERDESOL... 158	VIEKIRA PAK... 25	VITAFOL GUMMIES... 163
verdrocet... 87	VIEKIRA XR... 25	VITAFOL NANO... 163
VEREGEN... 158	vienva... 134	VITAFOL ULTRA... 163
VERELAN PM... 59	vigabatrin... 87	VITAFOL-OB... 163
VERELAN... 59	VIGAMOX... 111	VITAFOL-OB+DHA... 163
VERIPRED 20... 134	VIIBRYD... 87	VITAFOL-ONE... 163
VERSACLOZ... 87	VIMOVO... 87	VITAMED MD ONE RX... 163
VESICARE... 160	VIMPAT... 87	VITAMED MD PLUS RX... 163
vestura (28)... 134	VINATE DHA RF... 163	VITEKTA... 25
VEXOL... 111	vinblastine... 34	VIVELLE-DOT... 134
VFEND IV... 25	vincasar pfs... 34	VIVITROL... 87
VFEND... 25	vincristine... 35	VIVLODEX... 87
VGO 20... 98	vinorelbine... 35	VOGELXO... 134
VGO 30... 98	VIOKACE... 116	

vol-nate... 163	WELLBUTRIN XL... 88	XOPENEX CONCENTRATE... 43
vol-plus... 163	WELLBUTRIN... 87	XOPENEX HFA... 43
vol-tab rx... 163	wera (28)... 135	XOPENEX... 43
VOLTAREN... 87	WINRHO SDF... 38	XTAMPZA ER... 88
VOLTAREN-XR... 87	wymzya fe... 135	XTANDI... 35
VOLUVEN 6 %... 105	<b>X</b>	xulane... 135
voriconazole... 26	XADAGO... 88	XULTOPHY 100/3.6... 135
VOSEVI... 26	XALATAN... 111	XURIDEN... 143
VOSPIRE ER... 43	XALKORI... 35	XYLOCAINE (CARDIAC) (PF)... 59
VOTRIENT... 35	XANAX XR... 88	XYLOCAINE DENTAL-EPINEPHRINE... 136
vp-ch-pnv... 164	XANAX... 88	XYLOCAINE... 136
VP-PNV-DHA... 164	XARELTO... 46	XYLOCAINE-EPINEPHRINE... 137
VPRIV... 105	XARTEMIS XR... 88	XYLOCAINE-MPF... 137
VRAYLAR... 87	XATMEP... 35	XYLOCAINE-MPF/EPINEPHRINE... 137
VUSION... 158	XELJANZ XR... 143	xylon 10... 88
vyfemla (28)... 135	XELJANZ... 143	XYREM... 88
VYTORIN 10-10... 59	XENAZINE... 88	XYZAL... 27
VYTORIN 10-20... 59	XENICAL... 116	<b>Y</b>
VYTORIN 10-40... 59	XERESE... 159	YASMIN (28)... 135
VYTORIN 10-80... 59	XERMELO... 116	YAZ (28)... 135
VYVANSE... 87	XGEVA... 143	YERVOY... 35
VYXEOS... 35	XIFAXAN... 26	YF-VAX (PF)... 38
<b>W</b>	XIGDUO XR... 135	YONDELIS... 35
warfarin... 46	XIIDRA... 111	YOSPRALA... 88
water for irrigation, sterile... 105	XODOL 10/300... 88	yuvafem... 135
WEBCOL... 159	XODOL 5/300... 88	<b>Z</b>
WELCHOL... 59	XODOL 7.5/300... 88	zafirlukast... 147
WELLBUTRIN SR... 88	XOLAIR... 147	

zaleplon... 88	ZESTORETIC... 59	ZOLADEX... 135
ZALTRAP... 35	ZESTRIL... 59	zoledronic ac-mannitol-0.9nacl... 143
ZAMICET... 88	ZETIA... 59	zoledronic acid... 143
ZANAFLEX... 43	ZETONNA... 111	zoledronic acid-mannitol-water... 143
ZANOSAR... 35	ZIAC... 59	ZOLINZA... 35
ZANTAC... 116	ZIAGEN... 26	zolmitriptan... 89
zarah... 135	ZIANA... 159	ZOLOFT... 89
ZARONTIN... 88	zidovudine... 26	zolpidem... 89
ZARXIO... 46	zileuton... 147	ZOLPIMIST... 89
zatean-ch... 164	ZINACEF IN STERILE WATER... 26	ZOMACTON... 135
ZAVESCA... 143	ZINACEF... 26	ZOMETA... 143
ZEBETA... 59	ZINBRYTA... 143	ZOMIG ZMT... 89
ZEBUTAL... 88	ZINECARD (AS HCL)... 143	ZOMIG... 89
ZEGERID... 116	ZINPLAVA... 38	ZONACORT... 135
ZEJULA... 35	ZIOPTAN (PF)... 111	ZONALON... 159
ZELAPAR... 88	ziprasidone hcl... 88	ZONEGRAN... 89
ZELBORAF... 35	ZIPSOR... 88	zonisamide... 89
ZEMAIRA... 147	ZIRGAN... 111	ZONTIVITY... 46
ZEMBRACE SYMTOUCH... 88	ZITHROMAX TRI-PAK... 26	ZORBTIVE... 135
ZEMPLAR... 164	ZITHROMAX Z-PAK... 26	ZORTRESS... 143
zenatane... 159	ZITHROMAX... 26	ZORVOLEX... 89
zenchent (28)... 135	ZMAX... 26	ZOSTAVAX (PF)... 38
zenchent fe... 135	ZOCOR... 59	ZOSYN IN DEXTROSE (ISO-OSM)... 26
ZENPEP... 116	zodex... 135	ZOSYN... 26
zenzedi... 88	ZOFRAN (AS HYDROCHLORIDE)... 116	zovia 1/35e (28)... 135
ZEPATIER... 26	ZOFRAN ODT... 116	zovia 1/50e (28)... 135
ZERBAXA... 26	ZOHYDRO ER... 88	
ZERIT... 26		



ZOVIRAX... 26, 159  
ZUBSOLV... 89  
ZUPLENZ... 116  
ZURAMPIC... 105  
ZYBAN... 89  
ZYCLARA... 159  
ZYDELIG... 35  
ZYFLO CR... 147  
ZYFLO... 147  
ZYKADIA... 35  
ZYLET... 111  
ZYLOPRIM... 143  
ZYMAXID... 111  
ZYPREXA RELPREV... 89  
ZYPREXA ZYDIS... 89  
ZYPREXA... 89  
ZYTIGA... 35  
ZYVOX... 26, 27  
1ST TIER UNIFINE PENTIPS PLUS...  
89  
1ST TIER UNIFINE PENTIPS... 89  
8-MOP... 147

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- 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 1-866-396-8810 or if you use a TTY, call 711.

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Discrimination Grievances  
P.O. Box 14618  
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-866-396-8810 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 1-866-396-8810 (TTY: 711).

**Español (Spanish): ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-396-8810 (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 1-866-396-8810 (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 1-866-396-8810 (TTY: 711).

**한국어 (Korean): 주의 :** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-396-8810 (TTY: 711) 번으로 전화해 주십시오.

**Tagalog (Tagalog – Filipino): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-396-8810 (TTY: 711).

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-396-8810 (телетайп: 711).

**Kreyòl Ayisyen (French Creole): ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-396-8810 (TTY: 711).

**Français (French): ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-396-8810 (ATS : 711).

**Polski (Polish): UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-396-8810 (TTY: 711).

**Português (Portuguese): ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-396-8810 (TTY: 711).

**Italiano (Italian): ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-396-8810 (TTY: 711).

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-396-8810 (TTY: 711).

**日本語 (Japanese): 注意事項：**日本語を話される場合、無料の言語支援をご利用いただけます。1-866-396-8810 (TTY: 711) まで、お電話にてご連絡ください。

**فارسی (Farsi):**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-396-8810 (TTY: 711) تماس بگیرید.

**Diné Bizaad (Navajo): Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kojł' hódíłnih 1-866-396-8810 (TTY: 711).

**العربية (Arabic):**


ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-396-8810 (رقم هاتف الصم والبكم: 711).











This formulary was updated on 11/01/2017. 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](http://Humana.com).

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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.

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