

2019

# Prescription Drug Guide

## Humana Formulary

List of covered drugs

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

Humana Walmart Rx Plan (PDP)

This formulary was updated on 09/27/2018. For more recent information or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that the automated phone system may answer your call during weekends and holidays from Apr. 1 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit [Humana.com](http://Humana.com).

Other pharmacies are available in our network.

For a complete list of Contract/PBP numbers this document relates to, please see the final page of this document.



Rx Plan (PDP)



# Welcome to Humana!

**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 Humana. This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2019. 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 formulary?

A formulary is the entire list of covered drugs or medicines selected by Humana. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. Humana worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. Humana will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

## Can the formulary change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

**New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Formulary?"

**Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

When a drug is removed from the formulary

When prior authorization, quantity limits, or step-therapy restrictions are added to a drug or made more restrictive

When a drug is moved to a higher cost-sharing tier

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

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

The enclosed formulary is current as of January 1, 2019. We'll update the printed formularies each month and they'll be available on **Humana.com/medicaredruglist**.

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

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

### **How do I use the formulary?**

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

#### **Medical condition**

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

#### **Alphabetical listing**

If you're not sure about your drug's group, you should look for your drug in the Index that begins on page 87. 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 five tiers.

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

**Tier 1 - Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for the plan

**Tier 2 - Generic:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs

**Tier 3 - Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred Drug drugs

**Tier 4 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs

**Tier 5 - Specialty Tier:** Some injectables and other high-cost drugs

## How much will I pay for covered drugs?

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

The amount of money you pay depends on:

- Which tier your drug is on

- Whether you fill your prescription at a network pharmacy

- Your current drug payment stage - please read your Evidence of Coverage (EOC) for more information

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

## Are there any restrictions on my coverage?

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

**Prior Authorization (PA):** Humana requires you to get prior authorization for certain drugs to be covered under your plan. This means that you'll need to get approval from Humana before you fill your prescriptions. If you don't get approval, Humana may not cover the drug.

**Quantity Limits (QL):** For some drugs, Humana limits the amount of the drug that is covered. Humana might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it's normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Some drugs are limited to a 30-day supply regardless of tier placement.

**Step Therapy (ST):** In some cases, Humana 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, Humana may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Humana will then cover Drug B.

**Part B versus Part D (B vs D):** Some drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted to Humana that describes the use and the place where you receive and take the drug so 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 Humana 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 Humana to make an exception to these restrictions or limits. See the section "**How do I request an exception to the formulary?**" on page 6 for information about how to request an exception.

## Does healthcare reform impact my coverage?

Since 2011, Medicare has made changes to help with the cost of drugs while members are in the Prescription Drug Plan coverage gap, which is often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with the companies that make prescription drugs and health plans so you receive nearly 70 percent off the cost of many covered, brand-name drugs while you're in the coverage gap. Medicare members who receive the low-income subsidy ("Extra Help") or are covered by a qualified, commercial prescription plan through an employer won't get this discount.

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

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

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

You can ask Customer Care for a list of similar drugs that Humana covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by Humana.

You can ask Humana to make an exception and cover your drug. See below for information about how to request an exception.

Talk to your 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 Humana to make an exception to the coverage rules. There are several types of exceptions that you can ask to be made.

**Formulary exception:** You can request that your drug be covered if it's not on the formulary.

**Utilization restriction exception:** You can request coverage restrictions or limits not be applied to your drug. For example, if your drug has a quantity limit, you can ask for the limit not to be applied and to cover more doses of the drug.

**Tier exception:** You can request a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can request it to be covered as a preferred drug instead. This would lower how much money you must pay for your drug. Please remember a higher level of coverage cannot be requested for the drug if approval was granted to cover a drug that was not on the formulary.

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

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

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

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

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

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

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

If you're a resident of a long-term care facility and you take Part D drugs that aren't on the formulary, we'll cover a 30-day supply unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 30 days of a drug) during the first 90 days you're a member of our plan. We'll cover a

31-day emergency supply of your drug unless you have a prescription for fewer days (in which we will allow multiple fills to provide up to a total of 31 days of a drug) while you request a formulary exception if:

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

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

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

For these changes in treatment settings, Humana will cover as much as a 30-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. Humana 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**

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

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

### **Humana-Medicare.com - Find a Plan**

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

### **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 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.

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

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



## Humana Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 87.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>Analgesics</b>		
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 <b>DL</b>	3	QL (2700 per 30 days)
acetaminophen-cod #2 tablet <b>DL</b>	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet <b>DL</b>	3	QL (360 per 30 days)
acetaminophen-cod #4 tablet <b>DL</b>	3	QL (180 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM <b>DL</b>	3	QL (60 per 30 days)
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule <b>DL</b>	3	QL (360 per 30 days)
butalb-caff-acetaminoph-codein <b>DL</b>	3	QL (360 per 30 days)
butalbital-acetaminophn 50-325 <b>MO</b>	4	QL (180 per 30 days)
butalb-acetamin-caff 50-325-40 <b>MO</b>	4	QL (180 per 30 days)
butalbit-acetaminophen-caff cp <b>MO</b>	4	QL (180 per 30 days)
butalb-aspirin-caffe 50-325-40 <b>MO</b>	4	QL (180 per 30 days)
butalbital-asa-caffeine cap <b>MO</b>	4	QL (180 per 30 days)
butorphanol 10 mg/ml spray <b>DL</b>	4	QL (5 per 28 days)
capacet 50 mg-325 mg-40 mg capsule <b>MO</b>	2	QL (180 per 30 days)
CAPITAL WITH CODEINE SUSP <b>DL</b>	4	QL (2700 per 30 days)
celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule <b>MO</b>	2	QL (60 per 30 days)
asa-butalb-caff-cod #3 capsule <b>DL</b>	3	QL (360 per 30 days)
diclofenac sod ec 25 mg tab <b>MO</b>	3	
diclofenac sod ec 50 mg tab <b>MO</b>	2	
diclofenac sod ec 75 mg tab <b>MO</b>	1	
diclofenac sod er 100 mg tab <b>MO</b>	2	
diclofenac sodium 1% gel <b>MO</b>	3	
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>	3	QL (60 per 30 days)
endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet <b>DL</b>	3	QL (360 per 30 days)
etodolac 200 mg, 300 mg capsule <b>MO</b>	3	
etodolac 400 mg, 500 mg tablet <b>MO</b>	3	
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 <b>DL</b>	4	QL (20 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fentanyl 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 <b>DL</b>	5	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul <b>DL</b>	4	QL (720 per 30 days)
fentanyl 100 mcg/2 ml syringe <b>DL</b>	4	QL (720 per 30 days)
flurbiprofen 100 mg, 50 mg tablet <b>MO</b>	2	
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 <b>DL</b>	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 <b>DL</b>	4	QL (2700 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg <b>DL</b>	4	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 <b>DL</b>	3	QL (150 per 30 days)
hydromorphone 2 mg, 4 mg tablet <b>DL</b>	3	QL (360 per 30 days)
hydromorphone 8 mg tablet <b>DL</b>	3	QL (240 per 30 days)
ibu 400 mg, 600 mg, 800 mg tablet <b>MO</b>	1	
ibuprofen 100 mg/5 ml susp <b>MO</b>	1	
ibuprofen 400 mg, 600 mg, 800 mg tablet <b>MO</b>	1	
indomethacin 25 mg capsule <b>MO</b>	1	
indomethacin 50 mg, 75 mg capsule; indomethacin er 50 mg, 75 mg capsule <b>MO</b>	4	
ketoprofen 25 mg, 50 mg, 75 mg capsule <b>MO</b>	3	
ketorolac 10 mg tablet <b>MO</b>	4	QL (20 per 30 days)
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>	4	QL (300 per 30 days)
meperidine 100 mg tablet <b>DL</b>	3	QL (360 per 30 days)
meperidine 50 mg tablet <b>DL</b>	3	QL (480 per 30 days)
meperidine 50 mg/5 ml solution <b>DL</b>	3	QL (720 per 30 days)
methadone 10 mg/5 ml solution <b>DL</b>	4	QL (1800 per 30 days)
methadone 10 mg/ml oral conc <b>DL</b>	4	QL (360 per 30 days)
methadone 5 mg/5 ml solution <b>DL</b>	4	QL (3600 per 30 days)
methadone hcl 10 mg tablet <b>DL</b>	4	QL (240 per 30 days)
methadone hcl 5 mg tablet <b>DL</b>	4	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate <b>DL</b>	4	QL (360 per 30 days)
morphine sulf 10 mg/5 ml soln <b>DL</b>	3	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln <b>DL</b>	3	QL (1350 per 30 days)
morphine sulf er 100 mg tablet <b>DL</b>	3	QL (180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>morphine sulf er 15 mg, 30 mg, 60 mg tablet</i> <b>DL</b>	3	QL (120 per 30 days)
<i>morphine sulf er 200 mg tablet</i> <b>DL</b>	3	QL (90 per 30 days)
<i>morphine sulfate 10 mg/ml vial</i> <b>DL</b>	4	QL (360 per 30 days)
<i>morphine sulfate ir 15 mg, 30 mg tab</i> <b>DL</b>	3	QL (180 per 30 days)
<i>morphine sulf 100 mg/5 ml soln</i> <b>DL</b>	3	QL (540 per 30 days)
<i>nabumetone 500 mg, 750 mg tablet</i> <b>MO</b>	2	
<i>naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet</i> <b>MO</b>	2	
<i>naproxen 375 mg, 500 mg tablet</i> <b>MO</b>	1	
<i>oxycodon 10 mg/0.5 ml oral syr</i> <b>DL</b>	4	QL (270 per 30 days)
<i>oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet</i> <b>DL</b>	3	QL (360 per 30 days)
<i>oxycodone hcl 100 mg/5 ml soln</i> <b>DL</b>	4	QL (270 per 30 days)
<i>oxycodone hcl 5 mg capsule</i> <b>DL</b>	4	QL (360 per 30 days)
<i>oxycodone hcl 5 mg/5 ml soln</i> <b>DL</b>	4	QL (5400 per 30 days)
<i>oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325</i> <b>DL</b>	3	QL (360 per 30 days)
<i>oxycodone-aspirin 4.8355-325</i> <b>DL</b>	4	QL (360 per 30 days)
<i>pentazocine-naloxone tablet</i> <b>DL</b>	4	QL (360 per 30 days)
<i>piroxicam 10 mg, 20 mg capsule</i> <b>MO</b>	3	
<i>sulindac 150 mg, 200 mg tablet</i> <b>MO</b>	2	
<i>tramadol hcl 50 mg tablet</i> <b>DL</b>	2	QL (240 per 30 days)
<i>tramadol hcl er 100 mg, 200 mg, 300 mg tablet</i> <b>DL</b>	3	QL (30 per 30 days)
<i>tramadol-acetaminophn 37.5-325</i> <b>DL</b>	3	QL (240 per 30 days)
<i>XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE</i> <b>DL</b>	3	QL (60 per 30 days)
<b>Anesthetics</b>		
<i>lidocaine 5% patch</i> <b>MO</b>	4	PA,QL (90 per 30 days)
<i>lidocaine hcl 2% jelly</i> <b>MO</b>	2	
<i>lidocaine viscous 2 % mucosal solution</i> <b>MO</b>	2	
<i>lidocaine-prilocaine cream</i> <b>MO</b>	4	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate calc dr 333 mg tab</i> <b>MO</b>	4	
<i>buprenorphine 2 mg, 8 mg tablet sl</i> <b>MO</b>	3	QL (90 per 30 days)
<i>bupropion hcl sr 150 mg tablet</i> <b>MO</b>	3	QL (90 per 30 days)
<i>CHANTIX 0.5 MG, 1 MG TABLET</i> <b>MO</b>	4	QL (56 per 28 days)
<i>CHANTIX CONTINUING MONTH BOX 1 MG TABLET</i> <b>MO</b>	4	QL (56 per 28 days)
<i>CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK</i> <b>MO</b>	4	QL (56 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
disulfiram 250 mg, 500 mg tablet <b>MO</b>	4	
naloxone 0.4 mg/ml vial <b>MO</b>	2	
naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe <b>MO</b>	3	
naltrexone 50 mg tablet <b>MO</b>	2	
NARCAN 2 MG NASAL SPRAY; NARCAN 2 MG/ACTUATION, 4 MG/ACTUATION NASAL SPRAY <b>MO</b>	3	QL (2 per 30 days)
NICOTROL NS 10 MG/ML NASAL SPRAY <b>MO</b>	4	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE <b>DL</b>	5	QL (1 per 28 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET <b>MO</b>	3	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET <b>MO</b>	3	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET <b>MO</b>	3	QL (60 per 30 days)
<b>Antibacterials</b>		
acetic acid 2% ear solution <b>MO</b>	2	
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial <b>MO</b>	4	
amoxicillin 125 mg, 250 mg tab chew <b>MO</b>	2	
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>	2	
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>	2	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet <b>MO</b>	2	
ampicillin 125 mg/5 ml, 250 mg/5 ml susp <b>MO</b>	2	
ampicillin 250 mg, 500 mg capsule <b>MO</b>	2	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial <b>MO</b>	4	
ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial <b>MO</b>	4	
azithromycin 1 gm pwd packet <b>MO</b>	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml susp <b>MO</b>	3	
azithromycin 250 mg, 500 mg tablet <b>MO</b>	2	
azithromycin 600 mg tablet <b>MO</b>	2	QL (16 per 60 days)
azithromycin i.v. 500 mg vial <b>MO</b>	4	
aztreonam 1 gm vial <b>MO</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
aztreonam 2 gm vial <sup>DL</sup>	5	
bacitracin 50,000 unit vial <sup>MO</sup>	3	
bacitracin 500 unit/gm ophth <sup>MO</sup>	4	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION <sup>DL</sup>	5	PA
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	4	
cefaclor 250 mg, 500 mg capsule <sup>MO</sup>	3	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp <sup>MO</sup>	3	
cefadroxil 500 mg capsule <sup>MO</sup>	2	
cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial <sup>MO</sup>	4	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp <sup>MO</sup>	3	
cefdinir 300 mg capsule <sup>MO</sup>	2	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial <sup>MO</sup>	4	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml <sup>MO</sup>	4	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial <sup>MO</sup>	4	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial <sup>MO</sup>	4	
cefpodoxime 100 mg, 200 mg tablet <sup>MO</sup>	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp <sup>MO</sup>	4	
cefprozil 250 mg, 500 mg tablet <sup>MO</sup>	3	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial <sup>MO</sup>	4	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm vial <sup>MO</sup>	4	
cefuroxime axetil 250 mg, 500 mg tab <sup>MO</sup>	3	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial <sup>MO</sup>	4	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp <sup>MO</sup>	2	
cephalexin 250 mg, 500 mg capsule <sup>MO</sup>	1	
ciprofloxacin 0.2% otic soln <sup>MO</sup>	4	
ciprofloxacin 0.3% eye drop <sup>MO</sup>	2	
ciprofloxacin hcl 100 mg tab <sup>MO</sup>	4	
ciprofloxacin hcl 250 mg, 500 mg tab <sup>MO</sup>	1	
ciprofloxacin hcl 750 mg tab <sup>MO</sup>	2	
ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml <sup>MO</sup>	4	
ciprofloxacin 200 mg/20 ml, 400 mg/40 ml vial <sup>MO</sup>	4	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus <sup>MO</sup>	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
clarithromycin 250 mg, 500 mg tablet <b>MO</b>	3	
clarithromycin er 500 mg tab <b>MO</b>	3	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule <b>MO</b>	2	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns <b>MO</b>	4	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml <b>MO</b>	4	
clindamycin 75 mg/5 ml soln <b>MO</b>	4	
clindamycin pediatric 75 mg/5 ml oral solution <b>MO</b>	4	
clindamycin 2% vaginal cream <b>MO</b>	4	
clindamycin ph 1% gel <b>MO</b>	4	
clindamycin ph 1% solution <b>MO</b>	3	
clindamycin ph 900 mg/6 ml vl <b>MO</b>	4	
clindamycin phos 1% pledget <b>MO</b>	3	
clindamycin phosp 1% lotion <b>MO</b>	4	
colistimethate 150 mg vial <b>MO</b>	4	
daptomycin 350 mg, 500 mg vial <b>DL</b>	5	
demeclocycline 150 mg, 300 mg tablet <b>MO</b>	4	
dicloxacillin 250 mg, 500 mg capsule <b>MO</b>	2	
DIFICID 200 MG TABLET <b>DL</b>	5	QL (20 per 10 days)
doripenem 250 mg, 500 mg vial <b>MO</b>	4	
doxy-100 100 mg intravenous solution <b>MO</b>	4	
doxycycline hyc 100 mg vial <b>MO</b>	4	
doxycycline hyclate 100 mg, 20 mg tab <b>MO</b>	3	
doxycycline hyclate 100 mg, 50 mg cap <b>MO</b>	3	
doxycycline 25 mg/5 ml susp <b>MO</b>	4	
doxycycline mono 100 mg, 50 mg cap <b>MO</b>	2	QL (60 per 30 days)
doxycycline mono 100 mg, 50 mg, 75 mg tablet <b>MO</b>	3	
ertapenem 1 gram vial <b>DL</b>	4	
ery pads 2 % topical swab <b>MO</b>	3	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
erythromycin 0.5% eye ointment <b>MO</b>	1	
erythromycin dr 250 mg cap <b>MO</b>	4	
erythromycin 2% pledgets <b>MO</b>	3	
erythromycin 2% solution <b>MO</b>	2	
gentak 0.3 % (3 mg/gram) eye ointment <b>MO</b>	2	
gentamicin 0.1% cream <b>MO</b>	3	
gentamicin 0.1% ointment <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentamicin 0.3% eye drop <b>MO</b>	1	
gentamicin 0.3% eye ointment <b>MO</b>	2	
gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial <b>MO</b>	4	
imipenem-cilastatin 250 mg, 500 mg vial <b>MO</b>	4	
INVANZ 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM SOLUTION FOR INJECTION <b>DL</b>	4	
levofloxacin 25 mg/ml solution <b>MO</b>	4	
levofloxacin 250 mg, 500 mg, 750 mg tablet <b>MO</b>	2	
levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w <b>MO</b>	4	
linezolid 100 mg/5 ml susp <b>DL</b>	5	QL (1800 per 30 days)
linezolid 600 mg tablet <b>MO</b>	4	
linezolid 600 mg/300 ml-d5w <b>DL</b>	5	
linezolid 600mg/300ml-0.9%nacl <b>DL</b>	5	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial <b>MO</b>	4	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 <b>MO</b>	4	
methenamine hipp 1 gm tablet <b>MO</b>	4	
metronidazole 0.75% cream <b>MO</b>	4	
metronidazole 0.75% lotion <b>MO</b>	4	
metronidazole 250 mg, 500 mg tablet <b>MO</b>	2	
metronidazole top 1% gel pump; metronidazole topical 0.75% gl; metronidazole topical 1% gel; metronidazole vaginal 0.75% gl <b>MO</b>	4	
metronidazole 500 mg/100 ml <b>MO</b>	4	
minocycline 100 mg, 50 mg, 75 mg capsule <b>MO</b>	2	
moxifloxacin 0.5% eye drops <b>MO</b>	3	
mupirocin 2% ointment <b>MO</b>	2	
nafcillin 10 gm bulk vial <b>DL</b>	5	
neomycin 500 mg tablet <b>MO</b>	3	
nitrofurantoin 25 mg/5 ml susp <b>MO</b>	4	QL (2400 per 30 days)
nitrofurantoin mcr 100 mg, 50 mg cap <b>MO</b>	4	QL (90 per 365 days)
nitrofurantoin mono-mcr 100 mg <b>MO</b>	4	QL (90 per 365 days)
ofloxacin 0.3% ear drops <b>MO</b>	4	
ofloxacin 0.3% eye drops <b>MO</b>	2	
ofloxacin 300 mg, 400 mg tablet <b>MO</b>	4	
ORBACTIV 400 MG INTRAVENOUS SOLUTION <b>DL</b>	5	QL (3 per 28 days)
paramomycin 250 mg capsule <b>MO</b>	4	
penicillin g k 5 million unit <b>DL</b>	5	
penicillin gk 20 million unit <b>MO</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
pen g 1.2 million unit/2 ml <b>MO</b>	4	
penicillin g 600,000 unit/1 ml <b>DL</b>	5	
penicillin g na 5 million unit <b>DL</b>	5	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln <b>MO</b>	1	
penicillin vk 250 mg tablet <b>MO</b>	1	
penicillin vk 500 mg tablet <b>MO</b>	2	
piperacil-tazobact 3.375 gm vl; piperacil-tazobact 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 4.5 gm vial <b>MO</b>	4	
polymyxin b sulfate vial <b>MO</b>	4	
PRIMSOL 50 MG/5 ML ORAL SOLUTION <b>MO</b>	4	
silver sulfadiazine 1% cream <b>MO</b>	1	
SIVEXTRO 200 MG INTRAVENOUS SOLUTION <b>DL</b>	5	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET <b>DL</b>	5	QL (6 per 28 days)
SSD 1 % TOPICAL CREAM <b>MO</b>	2	
sulfacetamide 10% eye drops <b>MO</b>	2	
sulfacetamide 10% eye ointment <b>MO</b>	3	
sulfacetamide sod 10% top susp <b>MO</b>	4	
sulfadiazine 500 mg tablet <b>MO</b>	4	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet <b>MO</b>	1	
sulfamethoxazole-tmp inj vial <b>MO</b>	4	
sulfamethoxazole-tmp susp <b>MO</b>	4	
SUPRAX 400 MG CAPSULE <b>MO</b>	4	
SYNERCID 500 MG INTRAVENOUS SOLUTION <b>DL</b>	5	
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION <b>DL</b>	5	
tigecycline 50 mg vial <b>DL</b>	5	
tinidazole 250 mg, 500 mg tablet <b>MO</b>	3	
tobramycin 0.3% eye drop <b>MO</b>	1	
tobramycin 10 mg/ml, 40 mg/ml vial <b>MO</b>	4	
TOBREX 0.3 % EYE OINTMENT <b>MO</b>	4	
trimethoprim 100 mg tablet <b>MO</b>	2	
vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg vial; vancomycin hcl 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial <b>MO</b>	4	
vancomycin hcl 125 mg capsule <b>DL</b>	4	QL (120 per 30 days)
vancomycin hcl 250 mg capsule <b>DL</b>	5	QL (240 per 30 days)
<b>Anticonvulsants</b>		
APTIOM 200 MG, 400 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
APTIOM 600 MG, 800 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
BANZEL 200 MG TABLET <b>DL</b>	5	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION <b>DL</b>	5	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET <b>DL</b>	5	PA,QL (240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION <b>DL</b>	5	PA,QL (600 per 30 days)
BUTISOL 30 MG TABLET <b>MO</b>	4	
<i>carbamazepine 100 mg tab chew</i> <b>MO</b>	3	
<i>carbamazepine 100 mg/5 ml susp</i> <b>MO</b>	4	
<i>carbamazepine 200 mg tablet</i> <b>MO</b>	3	
<i>carbamazepine er 100 mg, 200 mg, 300 mg cap</i> <b>MO</b>	4	
<i>carbamazepine er 100 mg, 400 mg tablet</i> <b>MO</b>	4	
<i>carbamazepine er 200 mg tablet</i> <b>MO</b>	4	QL (120 per 30 days)
CELONTIN 300 MG CAPSULE <b>MO</b>	4	
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT <b>DL</b>	4	
<i>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</i> <b>DL</b>	4	
DILANTIN 30 MG CAPSULE <b>MO</b>	4	
DILANTIN EXTENDED 100 MG CAPSULE <b>MO</b>	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET <b>MO</b>	4	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
<i>divalproex dr 125 mg cap sprnk</i> <b>MO</b>	3	
<i>divalproex sod dr 125 mg, 250 mg, 500 mg tab</i> <b>MO</b>	2	
<i>divalproex sod er 250 mg, 500 mg tab</i> <b>MO</b>	4	
<i>epitol 200 mg tablet</i> <b>MO</b>	3	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	
<i>ethosuximide 250 mg capsule</i> <b>MO</b>	4	
<i>ethosuximide 250 mg/5 ml soln</i> <b>MO</b>	4	
<i>felbamate 400 mg, 600 mg tablet</i> <b>MO</b>	4	
<i>felbamate 600 mg/5 ml susp</i> <b>DL</b>	4	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION <b>DL</b>	5	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
<i>gabapentin 100 mg, 300 mg, 400 mg capsule</i> <b>MO</b>	2	QL (270 per 30 days)
<i>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</i> <b>MO</b>	4	QL (2250 per 30 days)
<i>gabapentin 600 mg, 800 mg tablet</i> <b>MO</b>	2	QL (180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) tablet; lamotrigine 25 mg tb start kit; lamotrigine tab start kt-green; lamotrigine tab start kt-orang <sup>MO</sup>	2	
lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet <sup>MO</sup>	2	
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet <sup>MO</sup>	4	
lamotrigine odt 100 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 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) <sup>MO</sup>	4	
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet <sup>MO</sup>	2	
levetiracetam 100 mg/ml soln <sup>MO</sup>	2	
levetiracetam 500 mg/5 ml soln <sup>MO</sup>	4	
levetiracetam er 500 mg, 750 mg tablet <sup>MO</sup>	3	
ONFI 10 MG, 20 MG TABLET <sup>DL</sup>	5	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION <sup>DL</sup>	5	PA,QL (480 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg tablet <sup>MO</sup>	3	
oxcarbazepine 300 mg/5 ml susp <sup>MO</sup>	4	
PEGANONE 250 MG TABLET <sup>MO</sup>	4	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet <sup>MO</sup>	3	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet <sup>MO</sup>	3	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix <sup>MO</sup>	4	QL (1500 per 30 days)
phenobarbital 30 mg tablet <sup>MO</sup>	3	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE <sup>MO</sup>	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp <sup>MO</sup>	2	
phenytoin 50 mg tablet chew <sup>MO</sup>	2	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap <sup>MO</sup>	2	
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET <sup>DL</sup>	4	PA
primidone 250 mg, 50 mg tablet <sup>MO</sup>	2	
roweepra 1,000 mg, 500 mg, 750 mg tablet <sup>MO</sup>	2	
roweepra xr 500 mg, 750 mg tablet,extended release <sup>MO</sup>	3	
SABRIL 500 MG TABLET <sup>DL</sup>	5	PA,QL (180 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION <sup>MO</sup>	4	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION <sup>MO</sup>	4	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION <sup>MO</sup>	4	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION <sup>MO</sup>	4	ST,QL (120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg tablet <sup>MO</sup>	2	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack <sup>MO</sup>	2	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack <sup>MO</sup>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack <sup>MO</sup>	2	
tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg tablet <sup>MO</sup>	4	
topiramate 100 mg, 200 mg, 50 mg tablet <sup>MO</sup>	2	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap <sup>MO</sup>	2	
topiramate 25 mg tablet <sup>MO</sup>	2	QL (90 per 30 days)
valproic acid 250 mg capsule <sup>MO</sup>	2	
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 <sup>MO</sup>	2	
vigabatrin 500 mg powder packt <sup>DL</sup>	5	PA,QL (180 per 30 days)
vigadrone 500 mg oral powder packet <sup>DL</sup>	5	PA,QL (180 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION <sup>MO</sup>	4	QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET <sup>MO</sup>	4	
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION <sup>MO</sup>	4	
zonisamide 100 mg, 25 mg, 50 mg capsule <sup>MO</sup>	2	
<b>Antidementia Agents</b>		
donepezil hcl 10 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
donepezil hcl 10 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
galantamine 4 mg/ml oral soln <sup>MO</sup>	4	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule <sup>MO</sup>	4	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet <sup>MO</sup>	4	QL (60 per 30 days)
memantine 5-10 mg titration pk <sup>MO</sup>	2	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet <sup>MO</sup>	2	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution <sup>MO</sup>	4	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg capsule <sup>MO</sup>	3	PA,QL (30 per 30 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 <sup>MO</sup>	3	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <sup>MO</sup>	3	QL (28 per 28 days)
rivastigmine 13.3 mg/24hr ptch; rivastigmine 4.6 mg/24hr patch; rivastigmine 9.5 mg/24hr patch <sup>MO</sup>	4	QL (30 per 30 days)
rivastigmine 1.5 mg, 3 mg capsule <sup>MO</sup>	4	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule <sup>MO</sup>	4	QL (60 per 30 days)
<b>Antidepressants</b>		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab <sup>MO</sup>	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet <sup>MO</sup>	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
bupropion hcl 100 mg, 75 mg tablet <b>MO</b>	3	QL (180 per 30 days)
bupropion hcl xl 150 mg tablet <b>MO</b>	3	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet <b>MO</b>	3	QL (60 per 30 days)
citalopram hbr 10 mg tablet <b>MO</b>	2	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln <b>MO</b>	3	
citalopram hbr 20 mg tablet <b>MO</b>	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet <b>MO</b>	1	QL (30 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule <b>MO</b>	4	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet <b>MO</b>	4	
desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb <b>MO</b>	3	QL (30 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap <b>MO</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>	5	QL (30 per 30 days)
escitalopram 10 mg tablet <b>MO</b>	2	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml <b>MO</b>	4	QL (600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	PA, QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE, EXTENDED RELEASE, 24 HR, DOSE PACK <b>MO</b>	4	PA, QL (28 per 28 days)
fluoxetine 20 mg/5 ml solution <b>MO</b>	2	
fluoxetine dr 90 mg capsule <b>MO</b>	4	QL (4 per 28 days)
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)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab <b>MO</b>	2	QL (90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet <b>MO</b>	2	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap <b>MO</b>	4	
maprotiline 25 mg, 50 mg, 75 mg tablet <b>MO</b>	4	
MARPLAN 10 MG TABLET <b>MO</b>	4	
mirtazapine 15 mg, 30 mg, 45 mg odt <b>MO</b>	4	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg tablet <b>MO</b>	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet <b>MO</b>	2	
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet <b>MO</b>	4	
nortriptyline 10 mg/5 ml soln <b>MO</b>	3	
nortriptyline hcl 10 mg, 25 mg cap <b>MO</b>	1	
nortriptyline hcl 50 mg, 75 mg cap <b>MO</b>	2	
paroxetine hcl 10 mg, 20 mg tablet <b>MO</b>	1	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paroxetine hcl 30 mg, 40 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	4	
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 <sup>MO</sup>	4	
phenelzine sulfate 15 mg tab <sup>MO</sup>	3	
protriptyline hcl 10 mg, 5 mg tablet <sup>MO</sup>	4	
sertraline 20 mg/ml oral conc <sup>MO</sup>	3	
sertraline hcl 100 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet <sup>MO</sup>	2	QL (90 per 30 days)
tranylcypromine sulf 10 mg tab <sup>MO</sup>	4	
trazodone 100 mg, 150 mg, 50 mg tablet <sup>MO</sup>	1	
trazodone 300 mg tablet <sup>MO</sup>	3	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp <sup>MO</sup>	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET <sup>MO</sup>	4	ST,QL (30 per 30 days)
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet <sup>MO</sup>	2	
venlafaxine hcl er 150 mg cap <sup>MO</sup>	2	QL (60 per 30 days)
venlafaxine hcl er 37.5 mg cap <sup>MO</sup>	2	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap <sup>MO</sup>	2	QL (90 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 <sup>MO</sup>	4	PA,QL (30 per 30 days)
<b>Antiemetics</b>		
aprepitant 125 mg, 40 mg capsule <sup>MO</sup>	4	B vs D,QL (2 per 28 days)
aprepitant 125-80-80 mg pack <sup>MO</sup>	4	B vs D,QL (6 per 28 days)
aprepitant 80 mg capsule <sup>MO</sup>	4	B vs D,QL (4 per 28 days)
compro 25 mg rectal suppository <sup>MO</sup>	4	
dronabinol 10 mg, 2.5 mg, 5 mg capsule <sup>MO</sup>	4	B vs D,QL (120 per 30 days)
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial <sup>MO</sup>	4	
granisetron hcl 1 mg tablet <sup>MO</sup>	3	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial <sup>MO</sup>	4	
granisetron hcl 4 mg/4 ml vial <sup>MO</sup>	4	QL (4 per 28 days)
meclizine 12.5 mg, 25 mg tablet <sup>MO</sup>	3	
metoclopramide 10 mg tablet <sup>MO</sup>	1	
metoclopramide 10 mg/2 ml vial <sup>MO</sup>	4	
metoclopramide 5 mg tablet <sup>MO</sup>	2	
metoclopramide 5 mg/5 ml soln <sup>MO</sup>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron odt 4 mg, 8 mg tablet <sup>MO</sup>	2	B vs D, QL (90 per 30 days)
ondansetron 4 mg/5 ml solution <sup>MO</sup>	4	B vs D, QL (450 per 30 days)
ondansetron 40 mg/20 ml vial <sup>MO</sup>	3	
ondansetron hcl 24 mg tablet <sup>MO</sup>	3	B vs D, QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet <sup>MO</sup>	2	B vs D, QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr <sup>MO</sup>	3	
ondansetron hcl 4 mg/2 ml vial <sup>MO</sup>	3	
prochlorperazine 25 mg supp <sup>MO</sup>	4	
prochlorperazine 10 mg/2 ml vl <sup>MO</sup>	4	
prochlorperazine 10 mg tab <sup>MO</sup>	1	B vs D
prochlorperazine 5 mg tablet <sup>MO</sup>	2	B vs D
promethazine 12.5 mg, 50 mg tablet <sup>MO</sup>	3	
promethazine 25 mg tablet <sup>MO</sup>	1	
promethazine 6.25 mg/5 ml syrup <sup>MO</sup>	1	
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH <sup>MO</sup>	4	QL (4 per 30 days)
scopolamine 1 mg/3 day patch <sup>MO</sup>	4	QL (10 per 30 days)
trimethobenzamide 300 mg cap <sup>MO</sup>	4	B vs D
<b>Antifungals</b>		
AMBISOME 50 MG INTRAVENOUS SUSPENSION <sup>DL</sup>	5	B vs D
amphotericin b 50 mg vial <sup>MO</sup>	4	B vs D
caspofungin acetate 50 mg, 70 mg vial <sup>DL</sup>	5	
ciclodan 0.77 % topical cream <sup>MO</sup>	2	
ciclodan 8 % topical solution <sup>MO</sup>	2	
ciclopirox 0.77% cream <sup>MO</sup>	2	
ciclopirox 0.77% gel <sup>MO</sup>	4	
ciclopirox 0.77% topical susp <sup>MO</sup>	3	
ciclopirox 8% solution <sup>MO</sup>	4	
clotrimazole 1% cream <sup>MO</sup>	2	
clotrimazole 1% solution <sup>MO</sup>	3	
clotrimazole 10 mg troche <sup>MO</sup>	2	
clotrimazole-betamethasone crm <sup>MO</sup>	3	
clotrimazole-betamethasone lot <sup>MO</sup>	4	
CRESEMBA 186 MG CAPSULE <sup>DL</sup>	5	PA
CRESEMBA 372 MG INTRAVENOUS SOLUTION <sup>DL</sup>	5	PA
econazole nitrate 1% cream <sup>MO</sup>	4	
ERAXIS(WATER DILUENT) 100 MG, 50 MG INTRAVENOUS SOLUTION <sup>DL</sup>	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluconazole 10 mg/ml, 40 mg/ml susp <sup>MO</sup>	3	
fluconazole 100 mg, 200 mg, 50 mg tablet <sup>MO</sup>	2	
fluconazole 150 mg tablet <sup>MO</sup>	1	
fluconazole-dext 200 mg/100 ml, 400 mg/200 ml <sup>MO</sup>	4	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml <sup>MO</sup>	4	
flucytosine 250 mg, 500 mg capsule <sup>DL</sup>	5	
griseofulvin 125 mg/5 ml susp <sup>MO</sup>	4	
griseofulvin ultra 125 mg, 250 mg tab <sup>MO</sup>	4	
itraconazole 100 mg capsule <sup>MO</sup>	4	QL (120 per 30 days)
ketoconazole 2% cream <sup>MO</sup>	2	
ketoconazole 2% shampoo <sup>MO</sup>	2	
miconazole-3 200 mg vaginal suppository <sup>MO</sup>	3	
NATACYN 5 % EYE DROPS,SUSPENSION <sup>MO</sup>	4	
NOXAFIL 100 MG TABLET,DELAYED RELEASE <sup>DL</sup>	5	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <sup>DL</sup>	5	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION <sup>DL</sup>	5	PA
nyamyc 100,000 unit/gram topical powder <sup>MO</sup>	3	
nyata 100,000 unit/gm powder <sup>MO</sup>	3	
nystatin 100,000 unit/gm cream <sup>MO</sup>	1	
nystatin 100,000 unit/gm oint <sup>MO</sup>	2	
nystatin 100,000 unit/gm powd <sup>MO</sup>	3	
nystatin 100,000 unit/ml susp <sup>MO</sup>	2	
nystatin 500,000 unit oral tab <sup>MO</sup>	3	
nystatin-triamcinolone cream <sup>MO</sup>	4	
nystatin-triamcinolone ointm <sup>MO</sup>	4	
nystop 100,000 unit/gram topical powder <sup>MO</sup>	3	
terbinafine hcl 250 mg tablet <sup>MO</sup>	1	QL (90 per 365 days)
terconazole 0.4% cream; terconazole 0.8% cream <sup>MO</sup>	3	
terconazole 80 mg suppository <sup>MO</sup>	4	
voriconazole 200 mg vial <sup>DL</sup>	5	PA
voriconazole 200 mg, 50 mg tablet <sup>DL</sup>	5	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp <sup>DL</sup>	5	PA,QL (400 per 30 days)
<b>Antigout Agents</b>		
allopurinol 100 mg, 300 mg tablet <sup>MO</sup>	1	
COLCRYS 0.6 MG TABLET <sup>MO</sup>	3	QL (120 per 30 days)

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>probenecid 500 mg tablet</i> <b>MO</b>	3	
<i>probenecid-colchicine tabs</i> <b>MO</b>	3	
<b>Antimigraine Agents</b>		
ERGOMAR 2 MG SUBLINGUAL TABLET <b>DL</b>	5	
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> <b>MO</b>	3	QL (9 per 30 days)
<i>rizatriptan 10 mg, 5 mg odt</i> <b>MO</b>	3	QL (12 per 30 days)
<i>rizatriptan 10 mg, 5 mg tablet</i> <b>MO</b>	2	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>	4	QL (6 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject</i> <b>MO</b>	4	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml syrng</i> <b>MO</b>	4	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml vial</i> <b>MO</b>	4	QL (6 per 30 days)
<i>sumatriptan succ 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	2	QL (9 per 30 days)
<b>Antimyasthenic Agents</b>		
<i>guanidine hcl 125 mg tablet</i> <b>MO</b>	3	
<i>pyridostigmine br 60 mg tablet</i> <b>MO</b>	3	
<b>Antimycobacterials</b>		
CAPASTAT 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	4	
<i>cycloserine 250 mg capsule</i> <b>DL</b>	5	
<i>dapsone 100 mg, 25 mg tablet</i> <b>MO</b>	3	
<i>ethambutol hcl 100 mg, 400 mg tablet</i> <b>MO</b>	4	
<i>isoniazid 100 mg tablet</i> <b>MO</b>	2	
<i>isoniazid 300 mg tablet</i> <b>MO</b>	1	
<i>isoniazid 50 mg/5 ml solution</i> <b>MO</b>	4	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET <b>MO</b>	4	
PRIFTIN 150 MG TABLET <b>MO</b>	4	
<i>pyrazinamide 500 mg tablet</i> <b>MO</b>	4	
<i>rifabutin 150 mg capsule</i> <b>MO</b>	4	
<i>rifampin 150 mg, 300 mg capsule</i> <b>MO</b>	3	
RIFATER 50 MG-120 MG-300 MG TABLET <b>MO</b>	4	
SIRTURO 100 MG TABLET <b>DL</b>	5	PA,QL (68 per 28 days)
TRECTOR 250 MG TABLET <b>MO</b>	4	
<b>Antineoplastics</b>		
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION <b>DL</b>	5	PA
ALECENSA 150 MG CAPSULE <b>DL</b>	5	PA,QL (240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALUNBRIG 180 MG, 90 MG, 90 MG (7)- 180 MG (23) TABLET; ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK <b>DL</b>	5	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET <b>DL</b>	5	PA,QL (180 per 30 days)
<i>anastrozole 1 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
<i>bexarotene 75 mg capsule</i> <b>DL</b>	5	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> <b>MO</b>	3	QL (30 per 30 days)
BOSULIF 100 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
BRAFTOVI 50 MG CAPSULE <b>DL</b>	5	PA,QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE <b>DL</b>	5	PA,QL (180 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)
CAPRELSA 100 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES <b>DL</b>	5	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES <b>DL</b>	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES <b>DL</b>	5	PA,QL (84 per 28 days)
COTELLIC 20 MG TABLET <b>DL</b>	5	PA,QL (63 per 28 days)
<i>cyclophosphamide 25 mg, 50 mg capsule</i> <b>MO</b>	4	B vs D
DROXIA 200 MG, 300 MG, 400 MG CAPSULE <b>MO</b>	4	
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
EMCYT 140 MG CAPSULE <b>DL</b>	5	
ERIVEDGE 150 MG CAPSULE <b>DL</b>	5	PA,QL (28 per 28 days)
ERLEADA 60 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
<i>exemestane 25 mg tablet</i> <b>MO</b>	4	QL (60 per 30 days)
FARESTON 60 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE <b>DL</b>	5	PA,QL (6 per 21 days)
<i>flutamide 125 mg capsule</i> <b>MO</b>	4	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
GLEOSTINE 10 MG, 40 MG, 5 MG CAPSULE <b>MO</b>	4	PA
GLEOSTINE 100 MG CAPSULE <b>DL</b>	5	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
HEXALEN 50 MG CAPSULE <b>DL</b>	5	
<i>hydroxyurea 500 mg capsule</i> <b>MO</b>	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE <b>DL</b>	5	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ICLUSIG 45 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
IDHIFA 100 MG, 50 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
<i>imatinib mesylate 100 mg tab</i> <b>DL</b>	5	PA,QL (180 per 30 days)
<i>imatinib mesylate 400 mg tab</i> <b>DL</b>	5	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET <b>DL</b>	5	PA,QL (28 per 28 days)
IMBRUVICA 70 MG CAPSULE <b>DL</b>	5	PA,QL (28 per 28 days)
INLYTA 1 MG TABLET <b>DL</b>	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET <b>DL</b>	5	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET <b>DL</b>	5	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET <b>DL</b>	5	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET <b>DL</b>	5	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET <b>DL</b>	5	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET <b>DL</b>	5	PA,QL (91 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE; LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE <b>DL</b>	5	PA,QL (90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)
<i>letrozole 2.5 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab</i> <b>MO</b>	3	
<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>	4	
LEUKERAN 2 MG TABLET <b>DL</b>	5	
LONSURF 15 MG-6.14 MG TABLET <b>DL</b>	5	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET <b>DL</b>	5	PA,QL (80 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE <b>DL</b>	5	PA,QL (448 per 28 days)
MATULANE 50 MG CAPSULE <b>DL</b>	5	
MEKINIST 0.5 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MEKTOVI 15 MG TABLET <b>DL</b>	5	PA,QL (180 per 30 days)
<i>melphalan 2 mg tablet</i> <b>MO</b>	4	B vs D
<i>mercaptopurine 50 mg tablet</i> <b>MO</b>	3	
MESNEX 400 MG TABLET <b>DL</b>	5	
NERLYNX 40 MG TABLET <b>DL</b>	5	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
<i>nilutamide 150 mg tablet</i> <b>DL</b>	5	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	5	PA,QL (3 per 28 days)
ODOMZO 200 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
PANRETIN 0.1 % TOPICAL GEL <b>DL</b>	5	
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	5	PA,QL (21 per 28 days)
POTELIGEO 4 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
PURIXAN 20 MG/ML ORAL SUSPENSION <b>DL</b>	5	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE <b>DL</b>	5	PA,QL (28 per 28 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE <b>DL</b>	5	PA,QL (224 per 28 days)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION <b>DL</b>	5	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET <b>DL</b>	5	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET <b>DL</b>	5	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE <b>DL</b>	5	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET <b>DL</b>	5	
TAFINLAR 50 MG CAPSULE <b>DL</b>	5	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE <b>DL</b>	5	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
<i>tamoxifen 10 mg, 20 mg tablet</i> <b>MO</b>	2	
TARCEVA 100 MG, 150 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET <b>DL</b>	5	PA,QL (90 per 30 days)
TARGRETIN 1 % TOPICAL GEL <b>DL</b>	5	PA
TARGRETIN 75 MG CAPSULE <b>DL</b>	5	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	5	PA,QL (120 per 30 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (27 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THERACYS 81 MG VIAL <b>MO</b>	4	
TIBSOVO 250 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
<i>tretinoin 10 mg capsule</i> <b>DL</b>	5	
TYKERB 250 MG TABLET <b>DL</b>	5	PA,QL (150 per 30 days)
VALCHLOR 0.016 % TOPICAL GEL <b>DL</b>	5	PA,QL (60 per 28 days)
VENCLEXTA 10 MG TABLET <b>MO</b>	4	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET <b>MO</b>	4	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK <b>DL</b>	5	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
VOTRIENT 200 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE <b>DL</b>	5	PA,QL (120 per 30 days)
ZEJULA 100 MG CAPSULE <b>DL</b>	5	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET <b>DL</b>	5	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE <b>DL</b>	5	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE <b>DL</b>	5	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
<b>Antiparasitics</b>		
ALBENZA 200 MG TABLET <b>DL</b>	5	
ALINIA 100 MG/5 ML ORAL SUSPENSION <b>DL</b>	5	QL (150 per 30 days)
ALINIA 500 MG TABLET <b>DL</b>	5	QL (40 per 30 days)
<i>atovaquone 750 mg/5 ml susp</i> <b>DL</b>	5	
<i>atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25</i> <b>MO</b>	4	
<i>chloroquine ph 250 mg, 500 mg tablet</i> <b>MO</b>	4	
COARTEM 20 MG-120 MG TABLET <b>MO</b>	4	QL (24 per 30 days)
DARAPRIM 25 MG TABLET <b>DL</b>	5	
<i>hydroxychloroquine 200 mg tab</i> <b>MO</b>	3	
<i>ivermectin 3 mg tablet</i> <b>MO</b>	3	
<i>lindane 1% shampoo</i> <b>MO</b>	4	
<i>malathion 0.5% lotion</i> <b>MO</b>	4	
<i>mefloquine hcl 250 mg tablet</i> <b>MO</b>	2	
NEBUPENT 300 MG SOLUTION FOR INHALATION <b>MO</b>	4	B vs D
PENTAM 300 MG SOLUTION FOR INJECTION <b>MO</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
permethrin 5% cream <sup>MO</sup>	3	
primaquine 26.3 mg tablet <sup>MO</sup>	3	
quinine sulfate 324 mg capsule <sup>MO</sup>	4	PA,QL (42 per 7 days)
<b>Antiparkinson Agents</b>		
amantadine 100 mg capsule <sup>MO</sup>	4	
amantadine 100 mg tablet <sup>MO</sup>	4	
amantadine 50 mg/5 ml solution <sup>MO</sup>	3	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE <sup>DL</sup>	5	QL (84 per 28 days)
benztropine mes 0.5 mg, 1 mg tab; benztropine mes 0.5 mg, 1 mg tablet <sup>MO</sup>	2	
benztropine mes 2 mg tablet <sup>MO</sup>	1	
bromocriptine 2.5 mg tablet <sup>MO</sup>	4	
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt <sup>MO</sup>	4	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab <sup>MO</sup>	3	
carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab <sup>MO</sup>	2	
carbidopa-levodopa 100 mg-enta; carbidopa-levodopa 125 mg-enta; carbidopa-levodopa 150 mg-enta; carbidopa-levodopa 200 mg-enta; carbidopa-levodopa 50 mg-enta; carbidopa-levodopa 75 mg-enta <sup>MO</sup>	4	
entacapone 200 mg tablet <sup>MO</sup>	4	QL (300 per 30 days)
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 <sup>MO</sup>	4	QL (30 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet <sup>MO</sup>	2	
rasagiline mesylate 0.5 mg, 1 mg tab <sup>MO</sup>	4	
ropinirole hcl 0.25 mg, 3 mg tablet <sup>MO</sup>	2	QL (180 per 30 days)
ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet <sup>MO</sup>	2	QL (90 per 30 days)
ropinirole hcl 4 mg, 5 mg tablet <sup>MO</sup>	2	
selegiline hcl 5 mg capsule <sup>MO</sup>	3	
selegiline hcl 5 mg tablet <sup>MO</sup>	4	
tolcapone 100 mg tablet <sup>DL</sup>	5	PA
trihexyphenidyl 2 mg tablet <sup>MO</sup>	1	
trihexyphenidyl 2 mg/5 ml elx <sup>MO</sup>	2	
trihexyphenidyl 5 mg tablet <sup>MO</sup>	2	
<b>Antipsychotics</b>		
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <sup>DL</sup>	5	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <sup>DL</sup>	5	QL (1 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>aripiprazole 1 mg/ml solution</i> <b>MO</b>	4	QL (750 per 30 days)
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet</i> <b>MO</b>	4	QL (30 per 30 days)
<i>aripiprazole odt 10 mg, 15 mg tablet</i> <b>MO</b>	4	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE	5	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	5	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	5	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	5	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	5	QL (2.4 per 42 days)
<i>chlorpromazine 10 mg, 25 mg tablet</i> <b>MO</b>	4	B vs D
<i>chlorpromazine 100 mg, 200 mg, 50 mg tablet</i> <b>MO</b>	4	
<i>clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	3	
<i>clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet</i> <b>MO</b>	4	PA
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>	4	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 6 MG, 8 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
<i>fluphenazine dec 125 mg/5 ml</i> <b>MO</b>	4	
<i>fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet</i> <b>MO</b>	4	
<i>fluphenazine 2.5 mg/5 ml elix</i> <b>MO</b>	4	
<i>fluphenazine 2.5 mg/ml vial</i> <b>MO</b>	4	
<i>fluphenazine 5 mg/ml conc</i> <b>MO</b>	4	
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION <b>MO</b>	4	
<i>haloperidol 0.5 mg, 1 mg, 2 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>haloperidol 10 mg, 20 mg tablet</i> <b>MO</b>	2	
<i>haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp</i> <b>MO</b>	4	
<i>haloperidol lac 2 mg/ml conc</i> <b>MO</b>	2	
<i>haloperidol lac 5 mg/ml syring</i> <b>MO</b>	4	
<i>haloperidol lac 5 mg/ml vial</i> <b>MO</b>	4	
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE <b>DL</b>	5	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <b>DL</b>	5	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE	5	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE	5	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	5	QL (1.75 per 90 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE	5	QL (2.62 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET <b>DL</b>	4	PA,QL (60 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule <b>MO</b>	2	
molindone hcl 10 mg tablet <b>MO</b>	4	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet <b>MO</b>	4	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet <b>MO</b>	4	PA,QL (360 per 30 days)
NUPLAZID 10 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
NUPLAZID 17 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
NUPLAZID 34 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
olanzapine 10 mg vial <b>MO</b>	3	
olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet <b>MO</b>	3	QL (30 per 30 days)
olanzapine 15 mg, 20 mg tablet <b>MO</b>	3	QL (60 per 30 days)
olanzapine odt 10 mg, 5 mg tablet <b>MO</b>	4	QL (30 per 30 days)
olanzapine odt 15 mg, 20 mg tablet <b>MO</b>	4	QL (60 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet <b>MO</b>	4	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet <b>MO</b>	4	PA,QL (60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet <b>MO</b>	4	
pimozide 1 mg, 2 mg tablet <b>MO</b>	4	
quetiapine fumarate 100 mg, 300 mg, 400 mg tab <b>MO</b>	2	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab <b>MO</b>	2	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE <b>DL</b>	5	QL (2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt <b>MO</b>	4	QL (60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet <b>MO</b>	2	QL (60 per 30 days)
risperidone 0.5 mg odt <b>MO</b>	4	QL (120 per 30 days)
risperidone 0.5 mg tablet <b>MO</b>	2	QL (120 per 30 days)
risperidone 1 mg/ml solution <b>MO</b>	2	
SAPHRIS 10 MG, 5 MG SUBLINGUAL TABLET	5	PA,QL (60 per 30 days)
SAPHRIS 2.5 MG SUBLINGUAL TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet <b>MO</b>	3	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule <b>MO</b>	4	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet <b>MO</b>	3	
VERSACLOZ 50 MG/ML ORAL SUSPENSION <b>DL</b>	5	PA,QL (540 per 30 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK <b>MO</b>	4	PA

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule <b>MO</b>	4	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	4	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	5	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	5	QL (1 per 28 days)
<b>Antispasticity Agents</b>		
baclofen 10 mg tablet <b>MO</b>	1	
baclofen 20 mg tablet <b>MO</b>	2	
baclofen 5 mg tablet <b>MO</b>	2	QL (90 per 30 days)
dantrolene sodium 100 mg, 25 mg, 50 mg cap <b>MO</b>	4	
tizanidine hcl 2 mg, 4 mg tablet <b>MO</b>	2	
<b>Antivirals</b>		
abacavir 20 mg/ml solution <b>MO</b>	4	QL (960 per 30 days)
abacavir 300 mg tablet <b>MO</b>	4	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg <b>MO</b>	4	QL (30 per 30 days)
abacavir-lamivudine-zidov tab <b>DL</b>	5	QL (60 per 30 days)
acyclovir 200 mg capsule <b>MO</b>	1	
acyclovir 400 mg, 800 mg tablet <b>MO</b>	2	
acyclovir 5% ointment <b>MO</b>	4	PA
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial <b>MO</b>	4	B vs D
adefovir dipivoxil 10 mg tab <b>DL</b>	5	
APTIVUS 100 MG/ML ORAL SOLUTION <b>DL</b>	5	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE <b>DL</b>	5	QL (120 per 30 days)
atazanavir sulfate 150 mg, 200 mg cap <b>DL</b>	5	QL (60 per 30 days)
atazanavir sulfate 300 mg cap <b>DL</b>	5	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION <b>DL</b>	5	QL (630 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
CIMDUO 300 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
CRIXIVAN 200 MG CAPSULE <b>MO</b>	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE <b>MO</b>	4	QL (270 per 30 days)
DESCOVY 200 MG-25 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
didanosine dr 125 mg capsule <b>MO</b>	4	QL (90 per 30 days)
didanosine dr 200 mg capsule <b>MO</b>	4	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule <b>MO</b>	4	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EDURANT 25 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
<i>efavirenz 200 mg capsule</i> <b>DL</b>	4	QL (120 per 30 days)
<i>efavirenz 50 mg capsule</i> <b>MO</b>	4	QL (480 per 30 days)
<i>efavirenz 600 mg tablet</i> <b>DL</b>	5	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE <b>MO</b>	4	QL (30 per 30 days)
<i>entecavir 0.5 mg, 1 mg tablet</i> <b>MO</b>	4	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET <b>DL</b>	5	PA,QL (28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION <b>MO</b>	4	
EVOTAZ 300 MG-150 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> <b>MO</b>	3	QL (90 per 30 days)
<i>fosamprenavir 700 mg tablet</i> <b>DL</b>	5	QL (120 per 30 days)
FUZEON 90 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	QL (60 per 30 days)
<i>ganciclovir 50 mg/ml, 500 mg vial; ganciclovir 500 mg/10 ml vial</i> <b>DL</b>	5	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
HARVONI 90 MG-400 MG TABLET <b>DL</b>	5	PA,QL (28 per 28 days)
INTELENCE 100 MG TABLET <b>DL</b>	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET <b>DL</b>	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET <b>MO</b>	4	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>	5	PA
INVIRASE 200 MG CAPSULE <b>DL</b>	5	QL (300 per 30 days)
INVIRASE 500 MG TABLET <b>DL</b>	5	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET <b>DL</b>	5	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <b>MO</b>	3	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET <b>MO</b>	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET <b>DL</b>	5	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET <b>DL</b>	5	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET <b>MO</b>	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET <b>DL</b>	5	QL (150 per 30 days)
<i>lamivudine 10 mg/ml oral soln</i> <b>MO</b>	3	
<i>lamivudine 150 mg tablet</i> <b>MO</b>	4	QL (60 per 30 days)
<i>lamivudine 300 mg tablet</i> <b>MO</b>	4	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lamivudine hbv 100 mg tablet</i> <b>MO</b>	4	QL (90 per 30 days)
<i>lamivudine-zidovudine tablet</i> <b>MO</b>	4	QL (60 per 30 days)
LEXIVA 50 MG/ML ORAL SUSPENSION <b>MO</b>	4	QL (1575 per 28 days)
<i>lopinavir-ritonavir 80-20mg/ml</i> <b>MO</b>	4	
MAVYRET 100 MG-40 MG TABLET <b>DL</b>	5	PA,QL (84 per 28 days)
<i>nevirapine 200 mg tablet</i> <b>MO</b>	2	QL (60 per 30 days)
<i>nevirapine 50 mg/5 ml susp</i> <b>MO</b>	4	QL (1200 per 30 days)
<i>nevirapine er 100 mg tablet</i> <b>MO</b>	4	QL (120 per 30 days)
<i>nevirapine er 400 mg tablet</i> <b>MO</b>	4	QL (30 per 30 days)
NORVIR 100 MG CAPSULE <b>MO</b>	4	QL (360 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET <b>DL</b>	5	QL (360 per 30 days)
NORVIR 100 MG TABLET <b>MO</b>	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (480 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
<i>oseltamivir 6 mg/ml suspension</i> <b>MO</b>	4	QL (1440 per 365 days)
<i>oseltamivir phos 30 mg capsule</i> <b>MO</b>	3	QL (224 per 365 days)
<i>oseltamivir phos 45 mg, 75 mg capsule</i> <b>MO</b>	3	QL (112 per 365 days)
PREZCOBIX 800 MG-150 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION <b>DL</b>	5	QL (360 per 30 days)
PREZISTA 150 MG TABLET <b>MO</b>	4	QL (240 per 30 days)
PREZISTA 600 MG TABLET <b>DL</b>	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET <b>DL</b>	5	QL (480 per 30 days)
PREZISTA 800 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION <b>MO</b>	4	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET <b>MO</b>	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET <b>MO</b>	4	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	
REYATAZ 50 MG ORAL POWDER PACKET <b>MO</b>	4	
<i>ribavirin 200 mg capsule</i> <b>MO</b>	3	QL (168 per 28 days)
<i>ribavirin 200 mg tablet</i> <b>MO</b>	3	QL (168 per 28 days)
<i>ribavirin 6 gm inhalation vial</i> <b>DL</b>	5	B vs D
<i>rimantadine hcl 100 mg tablet</i> <b>MO</b>	4	
<i>ritonavir 100 mg tablet</i> <b>MO</b>	4	QL (360 per 30 days)
SELZENTRY 150 MG TABLET <b>DL</b>	5	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION <b>DL</b>	5	QL (1800 per 30 days)
SELZENTRY 25 MG TABLET <b>MO</b>	4	QL (240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SELZENTRY 300 MG, 75 MG TABLET <b>DL</b>	5	QL (120 per 30 days)
stavudine 15 mg, 20 mg capsule <b>MO</b>	3	QL (120 per 30 days)
stavudine 30 mg, 40 mg capsule <b>MO</b>	3	QL (60 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT <b>DL</b>	5	PA,QL (4 per 28 days)
SYMFI 600 MG-300 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
tenofovir disop fum 300 mg tb <b>DL</b>	5	QL (30 per 30 days)
TIVICAY 10 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET <b>DL</b>	5	QL (60 per 30 days)
trifluridine 1% eye drops <b>MO</b>	3	
TRIUMEQ 600 MG-50 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	5	
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>	5	QL (30 per 30 days)
TYBOST 150 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
valacyclovir hcl 1 gram, 500 mg tablet <b>MO</b>	3	QL (90 per 30 days)
valganciclovir 450 mg tablet <b>DL</b>	5	QL (120 per 30 days)
valganciclovir hcl 50 mg/ml <b>DL</b>	5	QL (1056 per 30 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	4	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE, DELAYED RELEASE <b>MO</b>	4	QL (90 per 30 days)
VIRACEPT 250 MG TABLET <b>DL</b>	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET <b>DL</b>	5	QL (120 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION <b>DL</b>	5	QL (1200 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <b>DL</b>	5	QL (240 per 30 days)
VITEKTA 150 MG, 85 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
ZERIT 1 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (2400 per 30 days)
zidovudine 100 mg capsule <b>MO</b>	4	QL (180 per 30 days)
zidovudine 300 mg tablet <b>MO</b>	2	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup <b>MO</b>	4	QL (1680 per 28 days)
ZIRGAN 0.15 % EYE GEL <b>MO</b>	4	QL (5 per 30 days)
<b>Anxiolytics</b>		
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet <b>DL</b>	3	QL (120 per 30 days)
alprazolam 2 mg tablet <b>DL</b>	3	QL (150 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
buspirone hcl 10 mg, 5 mg tablet <b>MO</b>	1	
buspirone hcl 15 mg, 30 mg, 7.5 mg tablet <b>MO</b>	2	
chlordiazepoxide 10 mg, 25 mg, 5 mg capsule <b>DL</b>	4	QL (120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt <b>DL</b>	4	
clonazepam 0.5 mg, 1 mg, 2 mg tablet <b>DL</b>	3	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet <b>DL</b>	4	
diazepam 10 mg tablet <b>DL</b>	3	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet <b>DL</b>	3	QL (90 per 30 days)
diazepam 5 mg/5 ml solution <b>DL</b>	4	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc <b>DL</b>	4	QL (240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate <b>DL</b>	4	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule <b>MO</b>	4	
doxepin 10 mg/ml oral conc <b>MO</b>	4	
hydroxyzine 10 mg/5 ml soln <b>MO</b>	3	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet <b>MO</b>	3	
lorazepam 0.5 mg, 1 mg tablet <b>DL</b>	2	QL (90 per 30 days)
lorazepam 2 mg tablet <b>DL</b>	2	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent <b>DL</b>	3	QL (150 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate <b>DL</b>	3	QL (150 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg capsule <b>DL</b>	4	
<b>Bipolar Agents</b>		
lithium carbonate 150 mg, 600 mg cap <b>MO</b>	2	
lithium carbonate 300 mg cap <b>MO</b>	1	
lithium carbonate 300 mg tab <b>MO</b>	2	
lithium carbonate er 300 mg, 450 mg tb <b>MO</b>	2	
lithium 8 meq/5 ml solution <b>MO</b>	3	
<b>Blood Glucose Regulators</b>		
acarbose 100 mg, 25 mg, 50 mg tablet <b>MO</b>	4	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION <b>MO</b>	4	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	4	QL (3.4 per 28 days)
FARXIGA 10 MG, 5 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	3	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glimepiride 1 mg, 2 mg, 4 mg tablet <b>MO</b>	1	
glipizide 10 mg, 5 mg tablet <b>MO</b>	1	
glipizide er 10 mg, 2.5 mg, 5 mg tablet; glipizide xl 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	2	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg <b>MO</b>	2	
GLUCAGEN HYPOKIT 1 MG INJECTION <b>MO</b>	3	
glyburide 1.25 mg tablet <b>MO</b>	2	
glyburide 2.5 mg, 5 mg tablet <b>MO</b>	1	
glyburide micro 1.5 mg tab <b>MO</b>	2	
glyburide micro 3 mg, 6 mg tablet <b>MO</b>	1	
glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg <b>MO</b>	2	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN <b>DL</b>	5	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS <b>DL</b>	5	
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>	3	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>	3	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	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>	3	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	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>	4	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	3	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	3	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
<i>metformin hcl 1,000 mg, 500 mg, 850 mg tablet</i> <b>MO</b>	1	
<i>metformin hcl er 500 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
<i>metformin hcl er 750 mg tablet</i> <b>MO</b>	2	QL (60 per 30 days)
<i>nateglinide 120 mg, 60 mg tablet</i> <b>MO</b>	3	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP <b>MO</b>	3	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS <b>MO</b>	3	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	3	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG <b>MO</b>	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
ONGLYZA 2.5 MG, 5 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (1.5 per 28 days)
OZEMPIC 1 MG/0.75 ML (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (3 per 28 days)
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
PROGLYCEM 50 MG/ML ORAL SUSPENSION <b>MO</b>	4	
<i>repaglinide 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	3	
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	ST,QL (15 per 24 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	5	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	5	QL (10.5 per 28 days)
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET <b>MO</b>	3	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN <b>MO</b>	3	
TRADJENTA 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	3	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	3	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (9 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	ST,QL (15 per 30 days)
<b>Blood Products/Modifiers/Volume Expanders</b>		
AMICAR 1,000 MG, 500 MG TABLET <b>DL</b>	5	
AMICAR 250 MG/ML (25 %) ORAL SOLUTION <b>DL</b>	5	
<i>anagrelide hcl 0.5 mg, 1 mg capsule</i> <b>MO</b>	4	
<i>aspirin-dipyridam er 25-200 mg</i> <b>MO</b>	4	ST
BRILINTA 60 MG, 90 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
<i>cilostazol 100 mg, 50 mg tablet</i> <b>MO</b>	2	
<i>clopidogrel 300 mg tablet</i> <b>MO</b>	2	
<i>clopidogrel 75 mg tablet</i> <b>MO</b>	2	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>	4	
<i>dipyridamole 25 mg, 50 mg, 75 mg tablet</i> <b>MO</b>	4	
ELIQUIS 2.5 MG TABLET <b>MO</b>	3	QL (60 per 30 days)

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELIQUIS 5 MG, 5 MG (74 TABS) TABLET; ELIQUIS 5 MG, 5 MG (74 TABS) TABLETS IN A DOSE PACK <b>MO</b>	3	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml syringe <b>MO</b>	4	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr <b>MO</b>	4	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr <b>MO</b>	4	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial <b>MO</b>	4	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr <b>MO</b>	4	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	5	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (28 per 30 days)
fondaparinux 10 mg/0.8 ml syr <b>DL</b>	5	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr <b>MO</b>	4	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr <b>DL</b>	5	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr <b>DL</b>	5	QL (18 per 30 days)
heparin 40,000 unit/4 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 5,000 unit/ml vial <b>MO</b>	3	
heparin sod 20,000 unit/ml vl <b>MO</b>	4	
heparin sod 5,000 unit/ml syr <b>MO</b>	3	
heparin sod 5,000 unit/ml syrg <b>MO</b>	3	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml <b>MO</b>	3	
heparin sod 5,000 unit/0.5 ml <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>	2	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	5	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>	5	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <b>DL</b>	5	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION <b>DL</b>	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE <b>DL</b>	5	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <b>DL</b>	5	PA,QL (22.4 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE <b>MO</b>	4	QL (60 per 30 days)
prasugrel 10 mg, 5 mg tablet <b>MO</b>	3	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>DL</b>	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	5	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROMACTA 25 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET <b>DL</b>	5	PA,QL (90 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	5	PA,QL (14 per 30 days)
tranexamic acid 650 mg tablet <b>MO</b>	3	QL (30 per 5 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet <b>MO</b>	1	
XARELTO 10 MG, 20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A STARTER PACK <b>MO</b>	3	QL (51 per 30 days)
XARELTO 15 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE <b>DL</b>	5	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE <b>DL</b>	5	PA,QL (11.2 per 30 days)
<b>Cardiovascular Agents</b>		
acebutolol 200 mg, 400 mg capsule <b>MO</b>	2	
acetazolamide 125 mg, 250 mg tablet <b>MO</b>	4	
acetazolamide er 500 mg cap <b>MO</b>	3	
afeditab cr 30 mg, 60 mg tablet, extended release <b>MO</b>	3	QL (60 per 30 days)
amiloride hcl 5 mg tablet <b>MO</b>	3	
amiloride hcl-hctz 5-50 mg tab <b>MO</b>	2	
amiodarone hcl 100 mg, 400 mg tablet <b>MO</b>	4	
amiodarone hcl 200 mg tablet <b>MO</b>	2	
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab <b>MO</b>	2	
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 <b>MO</b>	2	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg <b>MO</b>	2	QL (30 per 30 days)
amlod-vals-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-vals-hctz 10-160-12.5mg <b>MO</b>	4	QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg tablet <b>MO</b>	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 <b>MO</b>	2	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet <b>MO</b>	2	QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet <b>MO</b>	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab <b>MO</b>	2	
BIDIL 20 MG-37.5 MG TABLET <b>MO</b>	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab <b>MO</b>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <b>MO</b>	1	
bumetanide 0.5 mg, 1 mg, 2 mg tablet <b>MO</b>	2	
BYSTOLIC 10 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb <b>MO</b>	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb <b>MO</b>	3	QL (30 per 30 days)
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 <b>MO</b>	3	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet <b>MO</b>	3	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet <b>MO</b>	3	
cartia xt 120 mg, 180 mg, 240 mg capsule, extended release <b>MO</b>	3	QL (60 per 30 days)
cartia xt 300 mg capsule, extended release <b>MO</b>	3	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet <b>MO</b>	1	
chlorothiazide 250 mg, 500 mg tablet <b>MO</b>	2	
chlorthalidone 25 mg, 50 mg tablet <b>MO</b>	2	
cholestyramine packet; cholestyramine powder <b>MO</b>	3	
cholestyramine light 4 gram oral powder; cholestyramine light 4 gram powder for susp in a packet <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>	4	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg tablet <b>MO</b>	1	
clonidine hcl 0.3 mg tablet <b>MO</b>	2	
colestipol hcl granules <b>MO</b>	4	
colestipol hcl granules packet <b>MO</b>	4	
colestipol micronized 1 gm tab <b>MO</b>	3	
CORLANOR 5 MG, 7.5 MG TABLET <b>MO</b>	4	PA, QL (60 per 30 days)
DEMSER 250 MG CAPSULE <b>DL</b>	5	
digitek 125 mcg tablet <b>MO</b>	2	QL (30 per 30 days)
digitek 250 mcg tablet <b>MO</b>	4	QL (30 per 30 days)
digox 125 mcg tablet <b>MO</b>	2	QL (30 per 30 days)
digox 250 mcg tablet <b>MO</b>	4	QL (30 per 30 days)
digoxin 0.05 mg/ml solution <b>MO</b>	4	
digoxin 125 mcg tablet <b>MO</b>	2	QL (30 per 30 days)
digoxin 250 mcg tablet <b>MO</b>	4	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release <sup>MO</sup>	2	QL (60 per 30 days)
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet <sup>MO</sup>	2	
diltiazem 12hr er 120 mg, 60 mg, 90 mg cap <sup>MO</sup>	3	
diltiazem 24hr er 120 mg, 180 mg, 240 mg cap <sup>MO</sup>	2	QL (60 per 30 days)
diltiazem 24hr er 300 mg, 360 mg, 420 mg cap <sup>MO</sup>	2	QL (30 per 30 days)
diltiazem er 120 mg, 180 mg, 240 mg capsule <sup>MO</sup>	2	QL (60 per 30 days)
DIURIL 250 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	4	
dofetilide 125 mcg capsule <sup>MO</sup>	4	QL (240 per 30 days)
dofetilide 250 mcg capsule <sup>MO</sup>	4	QL (120 per 30 days)
dofetilide 500 mcg capsule <sup>MO</sup>	4	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab <sup>MO</sup>	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet <sup>MO</sup>	2	
enalapril-hctz 10-25 mg tablet <sup>MO</sup>	2	
enalapril-hctz 5-12.5 mg tab <sup>MO</sup>	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET <sup>MO</sup>	3	PA,QL (60 per 30 days)
ezetimibe 10 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
fenofibrate 160 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
fenofibrate 54 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
fenofibrate 134 mg, 200 mg capsule <sup>MO</sup>	3	QL (30 per 30 days)
fenofibrate 67 mg capsule <sup>MO</sup>	3	QL (60 per 30 days)
fenofibrate 145 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
fenofibrate 48 mg tablet <sup>MO</sup>	3	QL (60 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab <sup>MO</sup>	3	
fosinopril sodium 10 mg, 20 mg, 40 mg tab <sup>MO</sup>	2	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab <sup>MO</sup>	2	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/5 ml soln <sup>MO</sup>	2	
furosemide 20 mg, 40 mg, 80 mg tablet <sup>MO</sup>	1	
furosemide 40 mg/4 ml vial <sup>MO</sup>	4	
gemfibrozil 600 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
guanfacine 1 mg tablet <sup>MO</sup>	1	
guanfacine 2 mg tablet <sup>MO</sup>	2	
hydralazine 10 mg, 25 mg tablet <sup>MO</sup>	1	
hydralazine 100 mg, 50 mg tablet <sup>MO</sup>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrochlorothiazide 12.5 mg cp <sup>MO</sup>	1	
hydrochlorothiazide 12.5 mg tb <sup>MO</sup>	2	
hydrochlorothiazide 25 mg, 50 mg tab <sup>MO</sup>	1	
indapamide 1.25 mg, 2.5 mg tablet <sup>MO</sup>	1	
irbesartan 150 mg, 300 mg, 75 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb <sup>MO</sup>	2	QL (30 per 30 days)
isosorbide dinitr er 40 mg tab <sup>MO</sup>	4	
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg tab <sup>MO</sup>	3	
isosorbide mononit 10 mg, 20 mg tab <sup>MO</sup>	2	
isosorbide mononit er 120 mg <sup>MO</sup>	2	
isosorbide mononit er 30 mg, 60 mg tb <sup>MO</sup>	1	
isradipine 2.5 mg, 5 mg capsule <sup>MO</sup>	4	
labetalol hcl 100 mg, 200 mg, 300 mg tablet <sup>MO</sup>	2	
lisinopril 10 mg, 2.5 mg, 20 mg, 5 mg tablet <sup>MO</sup>	1	
lisinopril 30 mg, 40 mg tablet <sup>MO</sup>	2	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab <sup>MO</sup>	1	
losartan potassium 100 mg, 25 mg, 50 mg tab <sup>MO</sup>	2	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab <sup>MO</sup>	2	QL (60 per 30 days)
lovastatin 10 mg, 20 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
lovastatin 40 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
methazolamide 25 mg, 50 mg tablet <sup>MO</sup>	4	
methyldopa 250 mg tablet <sup>MO</sup>	1	
methyldopa 500 mg tablet <sup>MO</sup>	3	
methyldopa-hctz 250-15 mg, 250-25 mg tab <sup>MO</sup>	3	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab <sup>MO</sup>	2	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab <sup>MO</sup>	3	
metoprolol tartrate 100 mg, 25 mg, 50 mg tab <sup>MO</sup>	1	
metoprolol tartrate 37.5 mg, 75 mg tab; metoprolol tartrate 37.5 mg, 75 mg tb <sup>MO</sup>	2	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet <sup>MO</sup>	4	
minoxidil 10 mg, 2.5 mg tablet <sup>MO</sup>	2	
moexipril hcl 15 mg, 7.5 mg tablet <sup>MO</sup>	2	
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 <sup>MO</sup>	2	
MULTAQ 400 MG TABLET <sup>MO</sup>	3	QL (60 per 30 days)
nadolol-bendroflu 40-5 mg, 80-5 mg tab <sup>MO</sup>	4	
niacin er 1,000 mg, 500 mg, 750 mg tablet <sup>MO</sup>	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
niacor 500 mg tablet <b>MO</b>	2	
nifedical xl 30 mg, 60 mg tablet <b>MO</b>	3	QL (60 per 30 days)
nifedipine er 30 mg, 60 mg, 90 mg tablet <b>MO</b>	3	QL (60 per 30 days)
nimodipine 30 mg capsule <b>MO</b>	4	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch <b>MO</b>	2	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl <b>MO</b>	3	
nitroglycerin 0.4 mg/hr patch <b>MO</b>	2	QL (60 per 30 days)
nitroglycerin lingual 0.4 mg <b>MO</b>	4	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET <b>MO</b>	3	
NORTHERA 100 MG, 200 MG CAPSULE <b>DL</b>	5	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE <b>DL</b>	5	PA,QL (180 per 30 days)
olmesartan medoxomil 20 mg, 40 mg, 5 mg tab <b>MO</b>	2	QL (30 per 30 days)
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 <b>MO</b>	4	QL (30 per 30 days)
olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab <b>MO</b>	3	QL (30 per 30 days)
PACERONE 100 MG, 400 MG TABLET <b>MO</b>	4	
pacerone 200 mg tablet <b>MO</b>	4	
pentoxifylline er 400 mg tab <b>MO</b>	2	
perindopril erbumine 2 mg, 4 mg, 8 mg tab <b>MO</b>	2	
pindolol 10 mg, 5 mg tablet <b>MO</b>	3	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	5	PA,QL (2 per 28 days)
PRALUENT 150 MG/ML, 75 MG/ML SYRINGE <b>DL</b>	5	PA,QL (2 per 28 days)
pravastatin sodium 10 mg, 20 mg, 80 mg tab <b>MO</b>	2	QL (30 per 30 days)
pravastatin sodium 40 mg tab <b>MO</b>	2	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule <b>MO</b>	2	
prevalite 4 gram oral powder; prevalite 4 gram powder for susp in a packet <b>MO</b>	3	
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet <b>MO</b>	3	
propafenone hcl er 225 mg, 325 mg, 425 mg cap <b>MO</b>	4	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet <b>MO</b>	2	
propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln <b>MO</b>	3	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule <b>MO</b>	4	
propranolol-hctz 40-25 mg, 80-25 mg tab <b>MO</b>	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet <b>MO</b>	2	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab <b>MO</b>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quinidine sulfate 200 mg, 300 mg tab <sup>MO</sup>	2	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule <sup>MO</sup>	2	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	4	ST,QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR <sup>DL</sup>	5	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>DL</sup>	5	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE <sup>DL</sup>	5	PA,QL (3 per 28 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab <sup>MO</sup>	2	QL (30 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet <sup>MO</sup>	2	
sotalol 120 mg, 160 mg, 240 mg tablet <sup>MO</sup>	2	
sotalol 80 mg tablet <sup>MO</sup>	1	
sotalol af 120 mg, 160 mg tablet <sup>MO</sup>	2	
sotalol af 80 mg tablet <sup>MO</sup>	1	
spironolactone-hctz 25-25 tab <sup>MO</sup>	2	
spironolactone 100 mg, 50 mg tablet <sup>MO</sup>	2	
spironolactone 25 mg tablet <sup>MO</sup>	1	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release <sup>MO</sup>	2	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release <sup>MO</sup>	2	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET <sup>MO</sup>	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET <sup>MO</sup>	3	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
telmisartan 80 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb <sup>MO</sup>	4	ST,QL (30 per 30 days)
telmisartan-hctz 80-12.5 mg tb <sup>MO</sup>	4	ST,QL (60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule <sup>MO</sup>	1	
timolol maleate 10 mg, 20 mg, 5 mg tablet <sup>MO</sup>	4	
torse mide 10 mg, 100 mg, 20 mg, 5 mg tablet <sup>MO</sup>	2	
trandolapril 1 mg, 2 mg, 4 mg tablet <sup>MO</sup>	2	
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp <sup>MO</sup>	2	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb <sup>MO</sup>	1	
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab <b>MO</b>	2	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE <b>MO</b>	4	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE <b>MO</b>	4	QL (120 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>	3	QL (60 per 30 days)
verapamil 120 mg, 80 mg tablet <b>MO</b>	1	
verapamil 40 mg tablet <b>MO</b>	2	
verapamil er 120 mg, 180 mg, 240 mg tablet <b>MO</b>	2	
verapamil er pm 100 mg, 300 mg capsule <b>MO</b>	2	QL (30 per 30 days)
verapamil er pm 200 mg capsule <b>MO</b>	2	QL (60 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET <b>MO</b>	3	
WELCHOL 625 MG TABLET <b>MO</b>	3	
<b>Central Nervous System Agents</b>		
AMPYRA 10 MG TABLET,EXTENDED RELEASE <b>DL</b>	5	PA,QL (60 per 30 days)
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule <b>MO</b>	3	QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule <b>MO</b>	3	QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT <b>DL</b>	5	PA,QL (15 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (12 per 28 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab <b>MO</b>	4	QL (60 per 30 days)
dextroamphetamine 10 mg tab <b>MO</b>	4	QL (180 per 30 days)
dextroamphetamine 5 mg tab <b>MO</b>	4	QL (150 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>	3	QL (90 per 30 days)
dextroamp-amphetamin 30 mg tab <b>MO</b>	3	QL (60 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
glatiramer 20 mg/ml syringe <b>DL</b>	5	PA,QL (30 per 30 days)
glatiramer 40 mg/ml syringe <b>DL</b>	5	PA,QL (12 per 28 days)
glatopa 20 mg/ml subcutaneous syringe <b>DL</b>	5	PA,QL (30 per 30 days)
glatopa 40 mg/ml subcutaneous syringe <b>DL</b>	5	PA,QL (12 per 28 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE <b>MO</b>	3	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (900 per 30 days)

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LYRICA 225 MG, 300 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet <b>MO</b>	4	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol <b>MO</b>	4	QL (900 per 30 days)
methylphenidate 5 mg/5 ml soln <b>MO</b>	4	QL (1800 per 30 days)
methylphenidate er 10 mg tab <b>MO</b>	4	QL (180 per 30 days)
methylphenidate er 20 mg tab <b>MO</b>	4	QL (90 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE <b>MO</b>	4	PA,QL (60 per 30 days)
riluzole 50 mg tablet <b>MO</b>	4	
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>	3	QL (60 per 30 days)
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>	5	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE <b>DL</b>	5	PA,QL (14 per 30 days)
tetrabenazine 12.5 mg tablet <b>DL</b>	5	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet <b>DL</b>	5	PA,QL (120 per 30 days)
<b>Dental &amp; Oral Agents</b>		
chlorhexidine 0.12% rinse <b>MO</b>	1	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION <b>DL</b>	5	
oralone 0.1 % dental paste <b>MO</b>	3	
pilocarpine hcl 5 mg, 7.5 mg tablet <b>MO</b>	4	
triamcinolone 0.1% paste <b>MO</b>	3	
<b>Dermatological Agents</b>		
8-MOP 10 MG CAPSULE <b>MO</b>	4	
acitretin 10 mg, 17.5 mg, 25 mg capsule <b>DL</b>	5	
adapalene 0.1% gel <b>MO</b>	4	
ammonium lactate 12% cream <b>MO</b>	2	
ammonium lactate 12% lotion <b>MO</b>	2	
amneestem 10 mg, 20 mg capsule <b>MO</b>	4	QL (60 per 30 days)
amneestem 40 mg capsule <b>MO</b>	4	QL (120 per 30 days)
calcipotriene 0.005% cream <b>MO</b>	4	QL (120 per 30 days)
calcipotriene 0.005% solution <b>MO</b>	4	QL (60 per 30 days)
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (32 per 365 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS <b>DL</b>	5	PA,QL (32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS <b>DL</b>	5	PA,QL (32 per 365 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS <b>DL</b>	5	PA,QL (32 per 365 days)
ELIDEL 1 % TOPICAL CREAM <b>MO</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
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM <b>DL</b>	4	QL (120 per 30 days)
fluorouracil 2% topical soln; fluorouracil 5% topical soln <b>MO</b>	4	
fluorouracil 5% cream <b>MO</b>	4	
imiquimod 5% cream packet <b>MO</b>	3	QL (12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg capsule <b>MO</b>	4	QL (60 per 30 days)
isotretinoin 40 mg capsule <b>MO</b>	4	QL (120 per 30 days)
methoxsalen 10 mg softgel <b>DL</b>	5	
myorisan 10 mg, 20 mg, 30 mg capsule <b>MO</b>	4	QL (60 per 30 days)
myorisan 40 mg capsule <b>MO</b>	4	QL (120 per 30 days)
podofilox 0.5% topical soln <b>MO</b>	4	
RECTIV 0.4 % (W/W) OINTMENT <b>MO</b>	4	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL <b>DL</b>	5	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT <b>MO</b>	4	
selenium sulfide 2.5% lotion <b>MO</b>	2	
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment <b>MO</b>	4	
tazarotene 0.1% cream <b>MO</b>	4	PA
TAZORAC 0.05 % TOPICAL CREAM <b>MO</b>	4	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL <b>MO</b>	4	PA
TOLAK 4 % TOPICAL CREAM <b>MO</b>	4	
tretinoin 0.01% gel; tretinoin 0.05% gel <b>MO</b>	4	PA
tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream <b>MO</b>	4	PA
tretinoin 0.025% gel <b>MO</b>	3	PA
UVADEX 20 MCG/ML INJECTION SOLUTION <b>MO</b>	4	
zenatane 10 mg, 20 mg, 30 mg capsule <b>MO</b>	4	QL (60 per 30 days)
zenatane 40 mg capsule <b>MO</b>	4	QL (120 per 30 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AMINOSYN 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AURYXIA 210 MG IRON TABLET <b>MO</b>	4	PA,QL (360 per 30 days)
<i>bal-care dha 27 mg-1 mg-430 mg tablet-capsule, delayed release</i> <b>MO</b>	4	
<i>c-nate dha 28 mg iron-1 mg-200 mg capsule</i> <b>MO</b>	4	
calcium acetate 667 mg gelcap <b>MO</b>	3	
calcium acetate 667 mg tablet <b>MO</b>	3	
CARBAGLU 200 MG DISPERSIBLE TABLET <b>DL</b>	5	PA
CHEMET 100 MG CAPSULE <b>DL</b>	5	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
<i>complete natal dha 29 mg-1 mg-250 mg oral pack</i> <b>MO</b>	4	
CUPRIMINE 250 MG CAPSULE <b>DL</b>	4	
<i>dextrose 10%-0.45% nacl iv sol</i> <b>MO</b>	2	
<i>dextrose 2.5%-0.45% nacl iv</i> <b>MO</b>	2	
<i>dextrose 5%-0.9% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-0.45% nacl iv soln</i> <b>MO</b>	2	
DEPEN TITRATABS 250 MG TABLET <b>DL</b>	5	
<i>dextrose 10%-0.2% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 10%-water iv solution</i> <b>MO</b>	2	
<i>dextrose 20%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 25%-water syringe</i> <b>MO</b>	2	
<i>dextrose 30%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 40%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-lr iv solution</i> <b>MO</b>	2	
<i>dextrose 5%-0.2% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-0.3% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 50%-water syringe</i> <b>MO</b>	2	
<i>dextrose 50%-water vial</i> <b>MO</b>	2	
<i>dextrose 70%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-electrolyte 48</i> <b>MO</b>	2	
<i>folivane-ob 85 mg-1 mg capsule</i> <b>MO</b>	4	
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
HEPATAMINE 8% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
JADENU 180 MG, 360 MG, 90 MG TABLET <b>DL</b>	5	PA
JADENU SPRINKLE 180 MG ORAL GRANULES IN PACKET <b>DL</b>	5	PA,QL (600 per 30 days)
JADENU SPRINKLE 360 MG ORAL GRANULES IN PACKET <b>DL</b>	5	PA,QL (300 per 30 days)
JADENU SPRINKLE 90 MG ORAL GRANULES IN PACKET <b>DL</b>	5	PA,QL (1200 per 30 days)
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
<i>kionex powder</i> <b>MO</b>	3	
<i>kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension</i> <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	2	
<i>klor-con m10 meq tablet,extended release <b>MO</b></i>	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	2	
<i>klor-con m20 meq tablet,extended release <b>MO</b></i>	2	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release; klor-con sprinkle er 10 meq, 8 meq cp <b>MO</b></i>	2	
<i>levocarnitine 330 mg tablet <b>MO</b></i>	3	
<i>levocarnitine 1 g/10 ml soln <b>MO</b></i>	4	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
NUTRILIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET <b>MO</b>	4	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
<i>prn ob+dha 27 mg-1 mg-50 mg-250 mg oral pack <b>MO</b></i>	4	
<i>kcl 20 meq in d5w-0.45% nacl <b>MO</b></i>	4	
<i>potassium cl 10% (20 meq/15ml); potassium cl 20% (40 meq/15ml) <b>MO</b></i>	4	
<i>potassium cl er 10 meq, 20 meq tablet <b>MO</b></i>	2	
<i>potassium cl er 10 meq, 20 meq, 8 meq tablet <b>MO</b></i>	2	
<i>potassium cl er 10 meq, 8 meq capsule <b>MO</b></i>	2	
<i>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></i>	3	
<i>pr natal 400 29 mg-1 mg-400 mg oral pack <b>MO</b></i>	4	
<i>pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release <b>MO</b></i>	4	
<i>pr natal 430 29 mg iron-1 mg-430 mg oral pack <b>MO</b></i>	4	
<i>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release <b>MO</b></i>	4	
PREMASOL 10 % INTRAVENOUS SOLUTION <b>MO</b>	2	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION <b>MO</b>	2	B vs D
PRENATABS FA 29 MG-1 MG TABLET <b>MO</b>	4	
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet <b>MO</b></i>	4	
<i>preplus 27 mg iron-1 mg tablet <b>MO</b></i>	1	
PROCALAMINE 3% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
<i>relnate dha prenatal softgel <b>MO</b></i>	4	
REVELA 0.8 GRAM ORAL POWDER PACKET <b>MO</b>	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET <b>MO</b>	3	QL (180 per 30 days)
REVELA 800 MG TABLET <b>MO</b>	3	QL (540 per 30 days)
SAMSCA 15 MG, 30 MG TABLET <b>DL</b>	5	QL (60 per 30 days)
<i>se-natal 19 29 mg iron-1 mg chewable tablet <b>MO</b></i>	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
se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet <sup>MO</sup>	4	
sevelamer 0.8 gm powder packet <sup>MO</sup>	3	QL (540 per 30 days)
sevelamer 2.4 gm powder packet <sup>MO</sup>	3	QL (180 per 30 days)
sevelamer carbonate 800 mg tab <sup>MO</sup>	3	QL (540 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION <sup>MO</sup>	4	B vs D
saline 0.45% soln-excel con <sup>MO</sup>	4	
sodium chloride 0.45% soln <sup>MO</sup>	4	
sodium chloride 0.9% solution <sup>MO</sup>	4	
sodium lactate 5 meq/ml vial <sup>MO</sup>	4	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp <sup>MO</sup>	3	
sodium polystyrene sulf powder <sup>MO</sup>	3	
sps 15 gm/60 ml suspension <sup>MO</sup>	3	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema <sup>MO</sup>	3	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION <sup>MO</sup>	3	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA <sup>MO</sup>	3	
taron-c dha 35 mg-1 mg-200 mg capsule <sup>MO</sup>	4	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule <sup>MO</sup>	4	
TRAVASOL 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
trientine hcl 250 mg capsule <sup>DL</sup>	5	
trinatal rx 1 60 mg iron-1 mg tablet <sup>MO</sup>	4	
triveen-duo dha 29 mg-1 mg-400 mg oral pack <sup>MO</sup>	4	
TROPHAMINE 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
ultimatecare one capsule <sup>MO</sup>	4	
ultimatecare one nf capsule <sup>MO</sup>	4	
virt-c dha 35 mg-1 mg-200 mg capsule <sup>MO</sup>	4	
virt-nate dha 28 mg iron-1 mg-200 mg capsule <sup>MO</sup>	4	
zatean-ch capsule <sup>MO</sup>	4	
<b>Gastrointestinal Agents</b>		
CHENODAL 250 MG TABLET <sup>DL</sup>	5	PA
cimetidine 200 mg, 300 mg, 400 mg tablet <sup>MO</sup>	2	
cimetidine 800 mg tablet <sup>MO</sup>	1	
cimetidine 300 mg/5 ml soln <sup>MO</sup>	2	
constulose 10 gram/15 ml oral solution <sup>MO</sup>	2	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE <sup>MO</sup>	4	QL (30 per 30 days)
dicyclomine 10 mg capsule <sup>MO</sup>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dicyclomine 10 mg/5 ml soln <b>MO</b>	3	
dicyclomine 20 mg tablet <b>MO</b>	1	
diphenoxylat-atrop 2.5-0.025/5 <b>MO</b>	4	
diphenoxylate-atrop 2.5-0.025 <b>MO</b>	4	
enulose 10 gram/15 ml oral solution <b>MO</b>	2	
famotidine 20 mg tablet <b>MO</b>	1	
famotidine 40 mg tablet <b>MO</b>	2	
famotidine 40 mg/4 ml vial <b>MO</b>	4	
famotidine 40 mg/5 ml susp <b>MO</b>	4	
famotidine 20 mg/2 ml vial <b>MO</b>	4	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <b>DL</b>	5	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <b>DL</b>	5	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution <b>MO</b>	2	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution <b>MO</b>	2	
gavilyte-n 420 gram oral solution <b>MO</b>	2	
generlac 10 gram/15 ml oral solution <b>MO</b>	2	
glycopyrrolate 1 mg, 2 mg tablet <b>MO</b>	3	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution <b>MO</b>	1	
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
loperamide 2 mg capsule <b>MO</b>	2	
misoprostol 100 mcg, 200 mcg tablet <b>MO</b>	3	
MOVANTIK 12.5 MG, 25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (30 per 30 days)
nizatidine 15 mg/ml solution <b>MO</b>	4	
nizatidine 150 mg, 300 mg capsule <b>MO</b>	2	
omeprazole dr 10 mg, 20 mg, 40 mg capsule <b>MO</b>	2	QL (60 per 30 days)
pantoprazole sod dr 20 mg, 40 mg tab <b>MO</b>	2	QL (60 per 30 days)
peg 3350 electrolyte soln; peg-3350 and electrolytes soln <b>MO</b>	2	
peg 3350-electrolyte solution <b>MO</b>	2	
polyethylene glycol 3350 powd <b>MO</b>	3	
propantheline 15 mg tablet <b>MO</b>	4	
PYLERA 140 MG-125 MG-125 MG CAPSULE <b>MO</b>	4	QL (144 per 30 days)
ranitidine 15 mg/ml syrup <b>MO</b>	2	
ranitidine 150 mg, 300 mg capsule <b>MO</b>	3	
ranitidine 150 mg, 300 mg tablet <b>MO</b>	1	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION <b>MO</b>	4	QL (36 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (36 per 28 days)
RELISTOR 150 MG TABLET <b>MO</b>	4	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (12 per 30 days)
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (28 per 28 days)
<i>sucrafate 1 gm tablet</i> <b>MO</b>	2	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <b>MO</b>	3	
<i>trilyte with flavor packets 420 gram oral solution</i> <b>MO</b>	2	
<i>ursodiol 250 mg tablet</i> <b>MO</b>	3	
<i>ursodiol 500 mg tablet</i> <b>MO</b>	4	
XIFAXAN 200 MG TABLET <b>DL</b>	5	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET <b>DL</b>	5	PA,QL (84 per 28 days)
<b>Genetic/Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	5	
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
CERDELGA 84 MG CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)
CEREZYME 400 UNIT INTRAVENOUS SOLUTION <b>DL</b>	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE <b>DL</b>	5	PA,QL (120 per 30 days)
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER <b>DL</b>	5	
CYSTAGON 150 MG, 50 MG CAPSULE <b>MO</b>	4	
ELELYSO 200 UNIT INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (70 per 30 days)
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION <b>DL</b>	5	PA
KUVAN 100 MG SOLUBLE TABLET <b>DL</b>	5	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET <b>DL</b>	5	PA
NITYR 10 MG, 2 MG, 5 MG TABLET <b>DL</b>	5	
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE <b>DL</b>	5	
ORFADIN 4 MG/ML ORAL SUSPENSION <b>DL</b>	5	
<i>sodium phenylbutyrate powder</i> <b>DL</b>	5	
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (38.4 per 28 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUCRAID 8,500 UNIT/ML ORAL SOLUTION <b>DL</b>	5	
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP DR 10,000 UNIT CAPSULE; ZENPEP DR 15,000 UNIT CAPSULE; ZENPEP DR 20,000 UNIT CAPSULE; ZENPEP DR 25,000 UNIT CAPSULE; ZENPEP DR 3,000 UNIT CAPSULE; ZENPEP DR 40,000 UNIT CAPSULE; ZENPEP DR 5,000 UNIT CAPSULE <b>MO</b>	4	
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl er 10 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>bethanechol 10 mg, 25 mg, 5 mg tablet</i> <b>MO</b>	3	
<i>bethanechol 50 mg tablet</i> <b>MO</b>	4	
<i>dutasteride 0.5 mg capsule</i> <b>MO</b>	3	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> <b>MO</b>	4	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE <b>MO</b>	4	QL (90 per 30 days)
<i>finasteride 5 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>flavoxate hcl 100 mg tablet</i> <b>MO</b>	3	
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
<i>oxybutynin 5 mg tablet</i> <b>MO</b>	2	
<i>oxybutynin 5 mg/5 ml syrup</i> <b>MO</b>	2	
<i>oxybutynin cl er 10 mg, 15 mg, 5 mg tablet</i> <b>MO</b>	3	QL (60 per 30 days)
<i>tamsulosin hcl 0.4 mg capsule</i> <b>MO</b>	2	QL (60 per 30 days)
THIOLA 100 MG TABLET <b>DL</b>	5	
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
ACTHAR H.P. 80 UNIT/ML INJECTION GEL <b>DL</b>	5	PA,QL (30 per 30 days)
<i>betamethasone dp 0.05% crm</i> <b>MO</b>	3	
<i>betamethasone dp 0.05% lot</i> <b>MO</b>	3	
<i>betamethasone dp 0.05% oint</i> <b>MO</b>	3	
<i>betamethasone va 0.1% cream</i> <b>MO</b>	2	
<i>betamethasone va 0.1% lotion</i> <b>MO</b>	2	
<i>betamethasone valer 0.1% ointm</i> <b>MO</b>	2	
<i>betamethasone dp aug 0.05% crm</i> <b>MO</b>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>betamethasone dp aug 0.05% gel</i> <sup>MO</sup>	4	
<i>betamethasone dp aug 0.05% lot</i> <sup>MO</sup>	4	
<i>betamethasone dp aug 0.05% oin</i> <sup>MO</sup>	4	
<i>clobetasol 0.05% cream</i> <sup>MO</sup>	4	
<i>clobetasol 0.05% gel</i> <sup>MO</sup>	4	
<i>clobetasol 0.05% ointment</i> <sup>MO</sup>	4	
<i>clobetasol 0.05% solution</i> <sup>MO</sup>	4	
<i>clobetasol emollient 0.05% crm</i> <sup>MO</sup>	4	
<i>cormax 0.05 % scalp solution</i> <sup>MO</sup>	4	
<i>cortisone 25 mg tablet</i> <sup>MO</sup>	4	
<i>decadron 0.5 mg/5 ml oral elixir</i> <sup>MO</sup>	3	
<i>desoximetasone 0.25% cream</i> <sup>MO</sup>	4	
<i>desoximetasone 0.25% ointment</i> <sup>MO</sup>	4	
<i>dexamethasone 0.5 mg, 0.75 mg, 4 mg tablet</i> <sup>MO</sup>	1	
<i>dexamethasone 0.5 mg/5 ml elx</i> <sup>MO</sup>	3	
<i>dexamethasone 0.5 mg/5 ml liq</i> <sup>MO</sup>	3	
<i>dexamethasone 1 mg, 1.5 mg, 2 mg, 6 mg tablet</i> <sup>MO</sup>	2	
<i>dexamethasone intensol 1 mg/ml drops (concentrate)</i> <sup>MO</sup>	3	
<i>fludrocortisone 0.1 mg tablet</i> <sup>MO</sup>	2	
<i>fluocinolone 0.01% body oil</i> <sup>MO</sup>	4	
<i>fluocinolone 0.01% cream; fluocinolone 0.025% cream</i> <sup>MO</sup>	4	
<i>fluocinolone 0.01% solution</i> <sup>MO</sup>	4	
<i>fluocinolone 0.025% ointment</i> <sup>MO</sup>	4	
<i>fluocinolone 0.01% scalp oil</i> <sup>MO</sup>	4	
<i>fluocinonide 0.05% cream</i> <sup>MO</sup>	3	
<i>fluocinonide 0.05% gel</i> <sup>MO</sup>	4	
<i>fluocinonide 0.05% ointment</i> <sup>MO</sup>	3	
<i>fluocinonide 0.05% solution</i> <sup>MO</sup>	4	
<i>fluocinonide-e 0.05 % topical cream</i> <sup>MO</sup>	4	
<i>fluocinonide-e 0.05% cream</i> <sup>MO</sup>	4	
<i>fluticasone prop 0.005% oint</i> <sup>MO</sup>	2	
<i>fluticasone prop 0.05% cream</i> <sup>MO</sup>	2	
<i>hydrocortisone 1% cream</i> <sup>MO</sup>	2	
<i>hydrocortisone 1% cream; hydrocortisone 2.5% cream</i> <sup>MO</sup>	1	
<i>hydrocortisone 1% ointment; hydrocortisone 2.5% ointment</i> <sup>MO</sup>	2	
<i>hydrocortisone 10 mg, 20 mg, 5 mg tablet</i> <sup>MO</sup>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone 2.5% cream <sup>MO</sup>	4	
hydrocortisone 2.5% lotion <sup>MO</sup>	2	
hydrocortisone 1% absorbase <sup>MO</sup>	2	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tablet <sup>MO</sup>	2	B vs D
methylprednisolone 4 mg dosepk <sup>MO</sup>	2	
methylprednisolone 40 mg/ml, 80 mg/ml vl <sup>MO</sup>	4	
methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 40 mg vl <sup>MO</sup>	4	
mometasone furoate 0.1% cream <sup>MO</sup>	2	
mometasone furoate 0.1% oint <sup>MO</sup>	2	
mometasone furoate 0.1% soln <sup>MO</sup>	2	
prednisolone 15 mg/5 ml syrup <sup>MO</sup>	2	
prednisolone 15 mg/5 ml soln <sup>MO</sup>	2	
prednisolone 20 mg/5 ml soln <sup>MO</sup>	4	
prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml <sup>MO</sup>	3	
prednisone 1 mg, 10 mg, 20 mg, 50 mg tablet <sup>MO</sup>	2	B vs D
prednisone 10 mg, 5 mg tab dose pack <sup>MO</sup>	2	
prednisone 2.5 mg, 5 mg tablet <sup>MO</sup>	1	B vs D
prednisone 5 mg/5 ml solution <sup>MO</sup>	3	B vs D
prednisone intensol 5 mg/ml oral concentrate <sup>MO</sup>	4	B vs D
procto-med hc 2.5 % topical cream perineal applicator <sup>MO</sup>	4	
procto-pak 1 % topical cream perineal applicator <sup>MO</sup>	2	
proctosol hc 2.5 % topical cream perineal applicator <sup>MO</sup>	4	
proctozone-hc 2.5 % topical cream perineal applicator <sup>MO</sup>	4	
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream <sup>MO</sup>	1	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion <sup>MO</sup>	3	
triamcinolone 0.025% oint; triamcinolone 0.5% ointment <sup>MO</sup>	2	
triamcinolone 0.1% ointment <sup>MO</sup>	1	
triderm 0.1 % topical cream <sup>MO</sup>	2	
triderm 0.5 % topical cream <sup>MO</sup>	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION <sup>MO</sup>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
chorionic gonad 10,000 unit vl <sup>DL</sup>	5	PA
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr <sup>MO</sup>	4	QL (25 per 30 days)
desmopressin acetate 0.1 mg tb <sup>MO</sup>	4	QL (180 per 30 days)
desmopressin acetate 0.2 mg tb <sup>MO</sup>	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
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (60 per 30 days)
EGRIFTA 2 MG VIAL <b>DL</b>	5	PA,QL (30 per 30 days)
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE <b>DL</b>	5	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY <b>DL</b>	5	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>altavera</i> (28) 0.15 mg-0.03 mg tablet <b>MO</b>	4	
<i>alyacen</i> 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
<i>alyacen</i> 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MO</b>	4	
<i>amabelz</i> 0.5 mg-0.1 mg tablet; <i>amabelz</i> 1 mg-0.5 mg tablet <b>MO</b>	4	
<i>amethia lo</i> 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
ANADROL-50 50 MG TABLET <b>DL</b>	5	
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET <b>MO</b>	3	PA,QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PACKET; ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP <b>MO</b>	3	PA,QL (150 per 30 days)
<i>androxy</i> 10 mg tablet <b>MO</b>	4	
<i>apri</i> 0.15 mg-0.03 mg tablet <b>MO</b>	4	
<i>aranelle</i> (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet <b>MO</b>	4	
<i>abra</i> 0.1 mg-20 mcg tablet <b>MO</b>	4	
<i>abra eq</i> 0.1 mg-20 mcg tablet <b>MO</b>	4	
<i>aviane</i> 0.1 mg-20 mcg tablet <b>MO</b>	4	
<i>azurette</i> (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
<i>bekyree</i> (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
<i>blisovi</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	4	
<i>blisovi fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
<i>blisovi fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
<i>camila</i> 0.35 mg tablet <b>MO</b>	4	
<i>camrese</i> 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
<i>camrese lo</i> 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
<i>caziant</i> (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>MO</b>	4	
<i>chateal</i> 0.15 mg-0.03 mg tablet <b>MO</b>	4	
<i>chateal eq</i> 0.15 mg-0.03 mg tablet <b>MO</b>	4	
<i>cryselle</i> (28) 0.3 mg-30 mcg tablet <b>MO</b>	4	
<i>cyclafem</i> 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <sup>MO</sup>	4	
<i>cyred 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	4	
<i>danazol 100 mg, 200 mg, 50 mg capsule</i> <sup>MO</sup>	4	
<i>dasetta 1/35 (28) 1 mg-35 mcg tablet</i> <sup>MO</sup>	4	
<i>dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet</i> <sup>MO</sup>	4	
<i>deblitane 0.35 mg tablet</i> <sup>MO</sup>	4	
<i>delyla (28) 0.1 mg-20 mcg tablet</i> <sup>MO</sup>	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL <sup>MO</sup>	4	QL (5 per 30 days)
<i>desogestr-eth estrad eth estra</i> <sup>MO</sup>	4	
<i>desogestrel-ethinyl estrad tab</i> <sup>MO</sup>	4	
<i>drosiprenone-ee 3-0.02 mg, 3-0.03 mg tab</i> <sup>MO</sup>	4	
DUAVEE 0.45 MG-20 MG TABLET <sup>MO</sup>	4	PA,QL (30 per 30 days)
<i>elinst 0.3 mg-30 mcg tablet</i> <sup>MO</sup>	4	
ELLA 30 MG TABLET <sup>MO</sup>	3	QL (1 per 30 days)
<i>emoquette 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	4	
<i>enpresse 50-30 (6)/75-40(5)/125-30(10) tablet</i> <sup>MO</sup>	4	
<i>enskyce 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	4	
<i>errin 0.35 mg tablet</i> <sup>MO</sup>	4	
<i>estradiol 0.01% cream</i> <sup>MO</sup>	3	
<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> <sup>MO</sup>	4	QL (8 per 28 days)
<i>estradiol 0.0375 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol tds 0.025 mg/day; estradiol tds 0.05 mg/day; estradiol tds 0.1 mg/day</i> <sup>MO</sup>	4	QL (4 per 28 days)
<i>estradiol 0.5 mg, 1 mg, 2 mg tablet</i> <sup>MO</sup>	1	
<i>estradiol valerate 20 mg/ml, 40 mg/ml vl</i> <sup>MO</sup>	4	
<i>estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb</i> <sup>MO</sup>	3	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING <sup>MO</sup>	4	QL (1 per 90 days)
<i>estropipate 0.625(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 1.25(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 2.5(0.75 mg, 1.5 mg, 3 mg) tab</i> <sup>MO</sup>	3	
<i>ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg</i> <sup>MO</sup>	4	
<i>falmina (28) 0.1 mg-20 mcg tablet</i> <sup>MO</sup>	4	
<i>femynor 0.25 mg-35 mcg tablet</i> <sup>MO</sup>	4	
<i>gianvi (28) 3 mg-0.02 mg tablet</i> <sup>MO</sup>	4	
<i>gildess 1.5 mg-30 mcg tablet</i> <sup>MO</sup>	4	
<i>gildess 1 mg-20 mcg tablet</i> <sup>MO</sup>	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gildess fe 1.5-30 tablet</i> <sup>MO</sup>	4	
<i>heather 0.35 mg tablet</i> <sup>MO</sup>	4	
<i>incassia 0.35 mg tablet</i> <sup>MO</sup>	4	
<i>introvale 0.15 mg-30 mcg tablets,3 month dose pack</i> <sup>MO</sup>	4	QL (91 per 90 days)
<i>isibloom 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	4	
<i>jencycla 0.35 mg tablet</i> <sup>MO</sup>	4	
<i>juleber 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	4	
<i>junel 1.5/30 (21) 1.5 mg-30 mcg tablet</i> <sup>MO</sup>	4	
<i>junel 1/20 (21) 1 mg-20 mcg tablet</i> <sup>MO</sup>	4	
<i>junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> <sup>MO</sup>	4	
<i>junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> <sup>MO</sup>	4	
<i>junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet</i> <sup>MO</sup>	4	
<i>kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> <sup>MO</sup>	4	
<i>kelnor 1-50 1 mg-50 mcg tablet</i> <sup>MO</sup>	4	
<i>kelnor 1/35 (28) 1 mg-35 mcg tablet</i> <sup>MO</sup>	4	
<i>kimidess 28 day tablet</i> <sup>MO</sup>	4	
<i>kurvelo 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	4	
<i>levono-e estrad 0.10-0.02-0.01</i> <sup>MO</sup>	4	QL (91 per 90 days)
<i>larin 1.5/30 (21) 1.5 mg-30 mcg tablet</i> <sup>MO</sup>	4	
<i>larin 1/20 (21) 1 mg-20 mcg tablet</i> <sup>MO</sup>	4	
<i>larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet</i> <sup>MO</sup>	4	
<i>larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> <sup>MO</sup>	4	
<i>larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> <sup>MO</sup>	4	
<i>larissia 0.1 mg-20 mcg tablet</i> <sup>MO</sup>	4	
<i>lessina 0.1 mg-20 mcg tablet</i> <sup>MO</sup>	4	
<i>levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet</i> <sup>MO</sup>	4	
<i>levonor-eth estrad triphasic</i> <sup>MO</sup>	4	
<i>levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03</i> <sup>MO</sup>	4	
<i>levonor-eth estrad 0.15-0.03</i> <sup>MO</sup>	4	QL (91 per 90 days)
<i>levora-28 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	4	
<i>lillow 0.15 mg-0.03 mg tablet</i> <sup>MO</sup>	4	
<i>lomedica 24 fe 1 mg-20 mcg tab</i> <sup>MO</sup>	4	
<i>loryna (28) 3 mg-0.02 mg tablet</i> <sup>MO</sup>	4	
<i>low-ogestrel (28) 0.3 mg-30 mcg tablet</i> <sup>MO</sup>	4	
<i>lutera (28) 0.1 mg-20 mcg tablet</i> <sup>MO</sup>	4	
<i>lyza 0.35 mg tablet</i> <sup>MO</sup>	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
marlissa 0.15 mg-0.03 mg tablet <b>MO</b>	4	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab <b>MO</b>	1	
medroxyprogesterone 150 mg/ml <b>MO</b>	2	QL (1 per 90 days)
megestrol 20 mg tablet <b>MO</b>	1	
megestrol 40 mg tablet <b>MO</b>	2	
megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml <b>MO</b>	4	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET <b>MO</b>	4	
METHITEST 10 MG TABLET <b>DL</b>	5	
methyltestosterone 10 mg cap <b>DL</b>	5	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	4	
microgestin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
mili 0.25 mg-35 mcg tablet <b>MO</b>	4	
mimvey 1 mg-0.5 mg tablet <b>MO</b>	4	
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <b>MO</b>	4	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	4	
necon 1-35-28 tablet <b>MO</b>	4	
necon 10-11-28 tablet <b>MO</b>	4	
nikki (28) 3 mg-0.02 mg tablet <b>MO</b>	4	
noret-estr-fe 0.4-0.035(21)-75 <b>MO</b>	4	
norethindrone 0.35 mg tablet <b>MO</b>	4	
norethind-eth estrad 1-0.02 mg <b>MO</b>	4	
norethindrone 5 mg tablet <b>MO</b>	3	
noreth-estrad-fe 1-0.02(21)-75; noreth-estrad-fe 1-0.02(24)-75 <b>MO</b>	4	
noreth-estrad-fe 1-0.02(24)-75 <b>MO</b>	4	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg <b>MO</b>	4	
norlyda 0.35 mg tablet <b>MO</b>	4	
norlyroc 0.35 mg tablet <b>MO</b>	4	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	4	
nortrel 1/35 (21) 1 mg-35 mcg tablet <b>MO</b>	4	
nortrel 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MO</b>	4	
ogestrel (28) 0.5 mg-50 mcg tablet <b>MO</b>	4	
orsythia 0.1 mg-20 mcg tablet <b>MO</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
oxandrolone 10 mg tablet <b>DL</b>	5	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet <b>MO</b>	4	PA,QL (120 per 30 days)
pimtrex (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet <b>MO</b>	4	
portia 0.15 mg-0.03 mg tablet <b>MO</b>	4	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET <b>MO</b>	4	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM <b>MO</b>	3	
previfem 0.25 mg-35 mcg tablet <b>MO</b>	4	
progesterone oil 50 mg/ml vial <b>MO</b>	4	
progesterone in oil 50 mg/ml intramuscular <b>MO</b>	4	
progesterone 100 mg, 200 mg capsule <b>MO</b>	3	
quasense 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
raloxifene hcl 60 mg tablet <b>MO</b>	3	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet <b>MO</b>	4	
setlakin 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
sharobel 0.35 mg tablet <b>MO</b>	4	
sprintec (28) 0.25 mg-35 mcg tablet <b>MO</b>	4	
sronyx 0.1 mg-20 mcg tablet <b>MO</b>	4	
syeda 3 mg-0.03 mg tablet <b>MO</b>	4	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml <b>MO</b>	3	QL (24 per 90 days)
testosterone enan 200 mg/ml <b>MO</b>	4	QL (24 per 90 days)
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <b>MO</b>	4	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <b>MO</b>	4	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MO</b>	4	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MO</b>	4	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MO</b>	4	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
trinessa lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MO</b>	4	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
tulana 0.35 mg tablet <b>MO</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
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>MO</b>	4	
vestura 3 mg-0.02 mg tablet <b>MO</b>	4	
vienva 0.1 mg-20 mcg tablet <b>MO</b>	4	
violele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
vylibra 0.25 mg-35 mcg tablet <b>MO</b>	4	
wera (28) 0.5 mg-35 mcg tablet <b>MO</b>	4	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet <b>MO</b>	4	
zarah 3 mg-0.03 mg tablet <b>MO</b>	4	
zenchent fe tablet chewable <b>MO</b>	4	
zovia 1/35e (28) 1 mg-35 mcg tablet <b>MO</b>	4	
zovia 1-50e tablet <b>MO</b>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
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>	3	
levothyroxine 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	
levothyroxine 300 mcg tablet <b>MO</b>	2	
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>	3	
liothyronine sod 10 mcg/ml vl <b>MO</b>	3	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab <b>MO</b>	3	
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>	3	
THYROLAR-1 12.5 MCG-50 MCG TABLET <b>MO</b>	2	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET <b>MO</b>	2	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET <b>MO</b>	2	
THYROLAR-2 25 MCG-100 MCG TABLET <b>MO</b>	2	
THYROLAR-3 37.5 MCG-150 MCG TABLET <b>MO</b>	2	
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>	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN 500 MG TABLET <b>MO</b>	3	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
cabergoline 0.5 mg tablet <b>MO</b>	4	QL (16 per 28 days)
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION <b>MO</b>	4	PA
<i>leuprolide 2wk 14 mg/2.8 ml kt</i> <b>MO</b>	4	
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT <b>DL</b>	5	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT	5	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT <b>DL</b>	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA,QL (1 per 90 days)
<i>octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 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</i> <b>MO</b>	4	PA
<i>octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr</i> <b>MO</b>	4	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	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>	5	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (30 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY <b>DL</b>	5	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole 10 mg, 5 mg tablet</i> <b>MO</b>	2	
<i>propylthiouracil 50 mg tablet</i> <b>MO</b>	3	
<b>Immunological Agents</b>		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE <b>MO</b>	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP <b>MO</b>	4	
ARCALYST 220 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ATGAM 50 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	PA
<i>azathioprine 50 mg tablet</i> <b>MO</b>	2	B vs D
BCG VACCINE (TICE STRAIN) VIAL <b>MO</b>	4	
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR <b>DL</b>	5	PA,QL (4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (4 per 28 days)
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
CELLCEPT 200 MG/ML ORAL SUSPENSION <b>DL</b>	5	B vs D
CELLCEPT 250 MG CAPSULE <b>MO</b>	4	B vs D
CELLCEPT 500 MG TABLET <b>DL</b>	5	B vs D
<i>cyclosporine 100 mg, 25 mg capsule</i> <b>MO</b>	4	B vs D
<i>cyclosporine modified 100 mg, 25 mg, 50 mg</i> <b>MO</b>	4	B vs D
<i>cyclosporine modified 100mg/ml</i> <b>MO</b>	4	B vs D
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (1050 per 30 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP <b>MO</b>	4	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (8.16 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (7.84 per 28 days)
ENBREL MINI 50 MG/ML (0.98 ML) SUBCUTANEOUS CARTRIDGE <b>DL</b>	5	PA,QL (7.84 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	5	PA,QL (7.84 per 28 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D
ENGERIX-B 10 MCG/0.5 ML PED VL <b>MO</b>	4	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (9 per 30 days)
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>	5	PA
GARDASIL VIAL <b>MO</b>	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (1.5 per 365 days)
<i>gengraf 100 mg, 25 mg, 50 mg capsule</i> <b>MO</b>	4	B vs D
<i>gengraf 100 mg/ml oral solution</i> <b>MO</b>	4	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
HUMIRA 10 MG/0.1 ML, 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	5	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	5	PA,QL (6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML, 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT; HUMIRA PEDIATRIC CROHNS START 40 MG/0.8 ML, 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT <b>DL</b>	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS KIT <b>DL</b>	5	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML, 80 MG/0.8 ML SUBCUT KIT <b>DL</b>	5	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT; HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUTANEOUS KIT <b>DL</b>	5	PA,QL (6 per 28 days)
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	4	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP <b>MO</b>	4	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
INFLECTRA 100 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION <b>MO</b>	4	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
KEDRAB (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	5	B vs D
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	5	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (2.28 per 28 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
<i>leflunomide 10 mg, 20 mg tablet</i> <b>MO</b>	3	QL (30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION <b>MO</b>	4	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
MENHIBRIX VACCINE VIAL <b>MO</b>	4	
MENOMUNE-A-C-Y-W-135 W-DILUENT <b>MO</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
MENOMUNE-A-C-Y-W-135 W-DILUENT <b>MO</b>	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT <b>MO</b>	4	
<i>methotrexate 2.5 mg tablet</i> <b>MO</b>	3	B vs D
<i>methotrexate 50 mg/2 ml vial</i> <b>MO</b>	2	
<i>methotrexate 50 mg/2 ml vial</i> <b>MO</b>	2	
<i>mycophenolate 200 mg/ml susp</i> <b>MO</b>	4	B vs D
<i>mycophenolate 250 mg capsule</i> <b>MO</b>	3	B vs D
<i>mycophenolate 500 mg tablet</i> <b>MO</b>	3	B vs D
<i>mycophenolate 500 mg vial</i> <b>MO</b>	4	B vs D
<i>mycophenolic acid dr 180 mg, 360 mg tb</i> <b>MO</b>	4	B vs D
MYFORTIC 180 MG, 360 MG TABLET, DELAYED RELEASE <b>MO</b>	4	B vs D
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT <b>MO</b>	4	
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION <b>MO</b>	4	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION <b>MO</b>	4	B vs D
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET <b>MO</b>	4	B vs D
RAPAMUNE 1 MG/ML ORAL SOLUTION <b>MO</b>	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
RIDAURA 3 MG CAPSULE <b>DL</b>	5	
ROTARIX 10EXP6 CCID50/ML SUSPENSION <b>MO</b>	4	
ROTATEQ VACCINE 2 ML ORAL SOLUTION <b>MO</b>	4	
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION <b>DL</b>	5	PA, QL (8 per 28 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION <b>MO</b>	4	B vs D
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT <b>MO</b>	4	QL (2 per 365 days)
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	4	B vs D
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION <b>DL</b>	5	PA
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> <b>MO</b>	4	B vs D
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</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
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
<i>diphtheria-tetanus toxoids-ped</i> <b>MO</b>	4	
<i>tetanus diphtheria toxoids</i> <b>MO</b>	4	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION <b>MO</b>	3	PA
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	4	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
TWINRIX VACCINE VIAL <b>MO</b>	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
XATMEP 2.5 MG/ML ORAL SOLUTION <b>DL</b>	5	PA
XOLAIR 150 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (6 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	4	
ZORTRESS 0.25 MG, 0.75 MG TABLET <b>MO</b>	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET <b>MO</b>	4	B vs D,QL (120 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	4	QL (1 per 365 days)
<b>Inflammatory Bowel Disease Agents</b>		
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
<i>balsalazide disodium 750 mg cp</i> <b>MO</b>	4	
<i>budesonide ec 3 mg capsule</i> <b>MO</b>	4	
<i>colocort 100 mg/60 ml enema</i> <b>MO</b>	4	
<i>hydrocortisone 100 mg/60 ml</i> <b>MO</b>	4	
<i>mesalamine 4 gm/60 ml enema</i> <b>MO</b>	4	QL (1800 per 30 days)
<i>sulfasalazine 500 mg tablet; sulfasalazine dr 500 mg tab</i> <b>MO</b>	2	
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>alendronate sodium 35 mg, 70 mg tab</i> <b>MO</b>	2	QL (4 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET <b>MO</b>	4	QL (4 per 28 days)
<i>calcitonin-salmon 200 units sp</i> <b>MO</b>	3	QL (3.7 per 28 days)
<i>calcitriol 0.25 mcg, 0.5 mcg capsule</i> <b>MO</b>	2	
<i>calcitriol 1 mcg/ml solution</i> <b>MO</b>	4	
<i>etidronate disodium 200 mg, 400 mg tab</i> <b>MO</b>	4	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	PA,QL (2.4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ibandronate sodium 150 mg tab</i> <b>MO</b>	3	QL (1 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION SOLUTION <b>MO</b>	4	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE <b>DL</b>	5	PA,QL (2 per 28 days)
<i>pamidronate 30 mg/10 ml vial</i> <b>MO</b>	3	QL (30 per 21 days)
<i>pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial</i> <b>MO</b>	3	QL (10 per 21 days)
<i>paricalcitol 1 mcg, 2 mcg capsule</i> <b>MO</b>	4	QL (30 per 30 days)
<i>paricalcitol 4 mcg capsule</i> <b>MO</b>	4	QL (12 per 30 days)
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (1 per 180 days)
<i>risedronate sod dr 35 mg tab</i> <b>MO</b>	4	QL (4 per 28 days)
SENSIPAR 30 MG, 60 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
SENSIPAR 90 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (1.7 per 28 days)
<i>zoledronic acid 4 mg/100 ml</i> <b>MO</b>	4	PA,QL (300 per 21 days)
<i>zoledronic acid 4 mg vial</i> <b>MO</b>	4	PA
<i>zoledronic acid 4 mg/5 ml vial</i> <b>MO</b>	4	PA,QL (15 per 21 days)
<i>zoledronic acid 5 mg/100 ml</i> <b>MO</b>	3	PA,QL (100 per 365 days)
<b>Miscellaneous Therapeutic Agents</b>		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	2	
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>	2	
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>	2	
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>	2	
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	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" <b>MO</b>	2	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <b>MO</b>	2	
AUTOPEN 1 TO 16 UNITS <b>MO</b>	2	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <b>MO</b>	2	
AUTOPEN 2 TO 32 UNITS <b>MO</b>	2	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <b>MO</b>	2	
BAND-AID GAUZE PADS 2" X 2" BANDAGE <b>MO</b>	2	
BD ALCOHOL SWABS <b>MO</b>	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" <b>MO</b>	2	
BD AUTOSHIELD NEEDLE 5MMX29G; BD AUTOSHIELD NEEDLE 8MMX29G <b>MO</b>	2	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <b>MO</b>	2	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MO</b>	2	
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" <b>MO</b>	2	
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>	2	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" <b>MO</b>	2	
BD INSULIN SYRINGE SLIP TIP 1 ML <b>MO</b>	2	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" <b>MO</b>	2	
BD INSUL SYR 0.3 ML 31GX15/64"; BD INSUL SYR 0.5 ML 31GX15/64"; BD INSULIN SYR 1 ML 29GX1/2"; BD INSULIN SYR 1 ML 31GX15/64"; 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"; 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>	2	
BD INTEGRA SYR 1 ML 29GX1/2" <b>MO</b>	2	
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>	2	
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>	2	

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD 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 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 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 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" <b>MO</b>	2	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" <b>MO</b>	2	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" <b>MO</b>	2	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" <b>MO</b>	2	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" <b>MO</b>	2	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" <b>MO</b>	2	
BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" <b>MO</b>	2	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" <b>MO</b>	2	
BORDERED GAUZE 2" X 2" BANDAGE <b>MO</b>	2	
<i>caffeine cit 60 mg/3 ml oral</i> <b>MO</b>	2	
<i>calcium disodium versenate 200 mg/ml injection solution</i> <b>MO</b>	2	
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>	2	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS <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>	2	
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>	2	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	2	
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>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMFORT EZ SYRINGE 0.3 ML 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>	2	
CURITY ALCOHOL SWABS <b>MO</b>	1	
CURITY GAUZE 2" X 2" BANDAGE <b>MO</b>	2	
DERMACEA 2" X 2" BANDAGE <b>MO</b>	2	
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>	2	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" <b>MO</b>	2	
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>	2	
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>	2	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" <b>MO</b>	2	
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>	2	
EASY TOUCH ALCOHOL PREP PADS <b>MO</b>	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MO</b>	2	
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>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH INSULIN SYRINGE 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>	2	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE <b>MO</b>	2	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" <b>MO</b>	2	
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>	2	
EASY TOUCH UNI-SLIP 1 ML SYRINGE <b>MO</b>	2	
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>	2	
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>	2	
GAUZE PADS 2"X2" <b>MO</b>	2	
GAUZE PAD 2" X 2" BANDAGE <b>MO</b>	2	
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>	2	
HUMAPEN LUXURA HD SUBCUTANEOUS <b>MO</b>	2	
INCONTROL ALCOHOL PADS <b>MO</b>	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	2	
INSULIN SYR 0.3ML 31GX1/4(1/2) <b>MO</b>	2	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MO</b>	2	
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>	2	
BD LUER-LOK SYRINGE 1 ML <b>MO</b>	2	
BD INSULIN SYR 0.5 ML 29GX1/2" <b>MO</b>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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"; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 0.5 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 29GX1/2"; RELION INS SYR 0.3 ML 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>	2	
INSULIN SYRINGE U100 1 ML <b>MO</b>	2	
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>	2	
IV PREP WIPES MEDICATED <b>MO</b>	1	
KORLYM 300 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
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>	2	
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>	2	
LITHOSTAT 250 MG TABLET <b>MO</b>	4	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" <b>MO</b>	2	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" <b>MO</b>	2	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" <b>MO</b>	2	
<i>methergine 0.2 mg tablet</i> <b>MO</b>	4	
<i>methylergonovine 0.2 mg tablet</i> <b>MO</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
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <b>MO</b>	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"; 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>	2	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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>	2	
MONOJECT SYRINGE 1/2 ML 28 GAUGE <b>MO</b>	2	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE <b>MO</b>	2	
NOVOFINE 30G X 1/3" NEEDLES <b>MO</b>	2	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <b>MO</b>	2	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <b>MO</b>	2	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <b>MO</b>	2	
NOVOPEN ECHO SUBCUTANEOUS <b>MO</b>	2	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE <b>MO</b>	2	
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>	2	
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>	2	
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>	2	
PRO COMFORT ALCOHOL PADS <b>MO</b>	1	
PRO COMFORT INSULIN SYRINGE 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; PRO COMFORT INSULIN SYRINGE 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>	2	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16" <b>MO</b>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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>	2	
RELION NEEDLES 31 GAUGE X 1/4" <b>MO</b>	2	
RELION PEN NEEDLES 32 GAUGE X 5/32" <b>MO</b>	2	
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>	2	
<i>sod phenylacet-sod benzoate v</i> <b>DL</b>	5	
GAUZE PADS, STERILE 2"X2" <b>MO</b>	2	
SURE COMFORT ALCOHOL PREP PADS <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" <b>MO</b>	2	
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>	2	
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>	2	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MO</b>	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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>	2	
SURE-PREP ALCOHOL PREP PADS <b>MO</b>	1	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" <b>MO</b>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" <b>MO</b>	2	
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>	2	
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>	2	
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>	2	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE <b>MO</b>	2	
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>	2	
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>	2	
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>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTICARE 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>	2	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" <b>MO</b>	2	
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>	2	
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>	2	
ULTILET ALCOHOL SWAB <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>	2	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" <b>MO</b>	2	
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>	2	
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>	2	

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA-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>	2	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <b>MO</b>	2	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" <b>MO</b>	2	
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>	2	
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>	2	
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>	2	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" <b>MO</b>	2	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET <b>DL</b>	5	QL (20 per 365 days)
WEBCOL TOPICAL PADS <b>MO</b>	1	
<b>Ophthalmic Agents</b>		
<i>ak-poly-bac 500 unit-10,000 unit/gram eye ointment</i> <b>MO</b>	2	
AKTEN (PF) 3.5 % EYE GEL <b>MO</b>	4	
<i>apraclonidine hcl 0.5% drops</i> <b>MO</b>	4	
<i>atropine 1% eye drops</i> <b>MO</b>	1	
<i>azelastine hcl 0.05% drops</i> <b>MO</b>	3	
<i>bacitracin-polymyxin eye oint</i> <b>MO</b>	2	
BETADINE OPHTHALMIC PREP 5 % SOLUTION <b>MO</b>	4	
<i>betaxolol hcl 0.5% eye drop</i> <b>MO</b>	3	
<i>brimonidine 0.2% eye drop</i> <b>MO</b>	2	
<i>brimonidine tartrate 0.15% drp</i> <b>MO</b>	3	
<i>carteolol hcl 1% eye drops</i> <b>MO</b>	2	
COMBIGAN 0.2 %-0.5 % EYE DROPS <b>MO</b>	3	QL (5 per 25 days)
<i>cromolyn 4% eye drops</i> <b>MO</b>	2	
CYSTARAN 0.44 % EYE DROPS <b>DL</b>	5	PA,QL (60 per 28 days)
<i>dexamethasone 0.1% eye drop</i> <b>MO</b>	2	
<i>diclofenac 0.1% eye drops</i> <b>MO</b>	2	
<i>dorzolamide hcl 2% eye drops</i> <b>MO</b>	2	QL (10 per 30 days)
<i>dorzolamide-timolol eye drops</i> <b>MO</b>	2	QL (10 per 30 days)
DUREZOL 0.05 % EYE DROPS <b>MO</b>	3	
<i>fluorometholone 0.1% drops</i> <b>MO</b>	3	
<i>flurbiprofen 0.03% eye drop</i> <b>MO</b>	2	
ILEVRO 0.3 % EYE DROPS,SUSPENSION <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution</i> <sup>MO</sup>	2	
<i>latanoprost 0.005% eye drops</i> <sup>MO</sup>	2	QL (5 per 25 days)
<i>levobunolol 0.5% eye drops</i> <sup>MO</sup>	1	
LOTEMAX 0.5 % EYE DROPS,SUSPENSION; LOTEMAX 0.5 % EYE GEL DROPS <sup>MO</sup>	4	
LOTEMAX 0.5 % EYE OINTMENT <sup>MO</sup>	4	
LUMIGAN 0.01 % EYE DROPS <sup>MO</sup>	3	QL (2.5 per 25 days)
<i>metipranolol 0.3% eye drops</i> <sup>MO</sup>	2	
<i>neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment</i> <sup>MO</sup>	3	
<i>neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment</i> <sup>MO</sup>	3	
<i>neo-bacit-poly-hc eye ointment</i> <sup>MO</sup>	3	
<i>neomyc-bacit-polymix eye oint</i> <sup>MO</sup>	3	
<i>neomyc-polym-dexamet eye ointm</i> <sup>MO</sup>	2	
<i>neomyc-polym-dexameth eye drop</i> <sup>MO</sup>	2	
<i>neomyc-polym-gramicid eye drop</i> <sup>MO</sup>	3	
<i>neomycin-poly-hc eye drops</i> <sup>MO</sup>	4	
<i>neosporin eye drops</i> <sup>MO</sup>	2	
<i>olopatadine hcl 0.2% eye drop</i> <sup>MO</sup>	2	
PAZEO 0.7 % EYE DROPS <sup>MO</sup>	3	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <sup>MO</sup>	4	
<i>pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops</i> <sup>MO</sup>	3	
<i>polycin 500 unit-10,000 unit/gram eye ointment</i> <sup>MO</sup>	2	
<i>polymyxin b-tmp eye drops</i> <sup>MO</sup>	1	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION <sup>MO</sup>	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT <sup>MO</sup>	4	
<i>prednisolone ac 1% eye drop</i> <sup>MO</sup>	3	
<i>prednisolone sod 1% eye drop</i> <sup>MO</sup>	3	
<i>proparacaine 0.5% eye drops</i> <sup>MO</sup>	2	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE <sup>MO</sup>	3	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS <sup>MO</sup>	3	QL (5.5 per 25 days)
<i>sulf-pred 10-0.23% eye drops</i> <sup>MO</sup>	2	
<i>timolol 0.25% gel-solution; timolol 0.5% gel-solution</i> <sup>MO</sup>	3	
<i>timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops</i> <sup>MO</sup>	1	
<i>tobramycin-dexameth ophth susp</i> <sup>MO</sup>	4	
TRAVATAN Z 0.004 % EYE DROPS <sup>MO</sup>	3	QL (2.5 per 25 days)
<i>tropicamide 0.5% eye drop; tropicamide 1% eye drops</i> <sup>MO</sup>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>Otic Agents</b>		
<i>acetic acid-aluminum drops</i> <sup>MO</sup>	3	
<i>hydrocortison-acetic acid soln</i> <sup>MO</sup>	4	
<i>neomycin-polymyxin-hc ear soln</i> <sup>MO</sup>	3	
<i>neomycin-polymyxin-hc ear susp</i> <sup>MO</sup>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> <sup>MO</sup>	4	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET <sup>DL</sup>	5	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 <sup>MO</sup>	3	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	3	QL (12 per 30 days)
<i>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</i> <sup>MO</sup>	2	B vs D
<i>albuterol sulf 2 mg/5 ml syrup</i> <sup>MO</sup>	1	
<i>albuterol sulfate 2 mg, 4 mg tab</i> <sup>MO</sup>	1	
<i>albuterol sulfate er 4 mg, 8 mg tab</i> <sup>MO</sup>	4	
<i>aminophylline 250 mg/10 ml, 500 mg/20 ml vl</i> <sup>MO</sup>	4	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION <sup>MO</sup>	3	QL (60 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <sup>MO</sup>	3	QL (30 per 30 days)
<i>azelastine 0.1% (137 mcg) spry</i> <sup>MO</sup>	3	QL (30 per 25 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER <sup>MO</sup>	4	QL (10.7 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION <sup>MO</sup>	3	QL (60 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <sup>MO</sup>	4	PA
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp</i> <sup>MO</sup>	4	B vs D
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <sup>DL</sup>	5	PA,QL (84 per 28 days)
<i>cetirizine hcl 1 mg/ml soln</i> <sup>MO</sup>	2	QL (300 per 30 days)
<i>clemastine fum 2.68 mg tab</i> <sup>MO</sup>	4	
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MO</sup>	4	QL (4 per 20 days)
<i>cromolyn 100 mg/5 ml oral conc</i> <sup>MO</sup>	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cromolyn 20 mg/2 ml neb soln</i> <b>MO</b>	4	B vs D
<i>cyproheptadine 2 mg/5 ml syrup</i> <b>MO</b>	4	
<i>cyproheptadine 4 mg tablet</i> <b>MO</b>	4	
DALIRESP 250 MCG TABLET <b>MO</b>	3	QL (28 per 365 days)
DALIRESP 500 MCG TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>desloratadine 5 mg tablet</i> <b>MO</b>	3	QL (30 per 30 days)
<i>diphenhydramine 50 mg/ml vial</i> <b>MO</b>	4	
EPINEPHRINE 0.15 MG AUTO-INJCT <b>MO</b>	3	QL (4 per 30 days)
<i>epinephrine 0.3 mg auto-inject</i> <b>MO</b>	3	QL (4 per 30 days)
<i>epoprostenol sodium 0.5 mg, 1.5 mg v/</i> <b>DL</b>	5	PA
ESBRIET 267 MG CAPSULE <b>DL</b>	5	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET <b>DL</b>	5	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET <b>DL</b>	5	PA,QL (90 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (10.6 per 30 days)
<i>flunisolide 0.025% spray</i> <b>MO</b>	3	QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray</i> <b>MO</b>	2	QL (16 per 30 days)
<i>fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14;</i> <i>fluticasone-salmeterol 55-14</i> <b>MO</b>	3	QL (1 per 30 days)
<i>hydroxyzine pam 100 mg, 25 mg, 50 mg cap</i> <b>MO</b>	3	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (30 per 30 days)
<i>ipratropium 0.03% spray</i> <b>MO</b>	2	QL (30 per 30 days)
<i>ipratropium 0.06% spray</i> <b>MO</b>	2	QL (45 per 30 days)
<i>ipratropium br 0.02% soln</i> <b>MO</b>	1	B vs D
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i> <b>MO</b>	2	B vs D
KALYDECO 150 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET <b>DL</b>	5	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
<i>levocetirizine 5 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>metaproterenol 10 mg, 20 mg tablet</i> <b>MO</b>	4	
<i>metaproterenol 10 mg/5 ml syr</i> <b>MO</b>	4	
<i>montelukast sod 10 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>montelukast sod 4 mg granules</i> <b>MO</b>	4	QL (30 per 30 days)
<i>montelukast sod 4 mg, 5 mg tab chew</i> <b>MO</b>	2	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OFEV 100 MG, 150 MG CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET; ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET <b>DL</b>	5	PA,QL (56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET <b>DL</b>	5	PA,QL (112 per 28 days)
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <b>MO</b>	4	PA
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION <b>DL</b>	5	B vs D
REVATIO 10 MG/ML ORAL SUSPENSION <b>DL</b>	5	PA,QL (180 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
<i>sildenafil 20 mg tablet</i> <b>MO</b>	4	PA,QL (90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES <b>MO</b>	3	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	QL (10.2 per 30 days)
<i>tadalafil 20 mg tablet</i> <b>DL</b>	5	PA,QL (60 per 30 days)
<i>theophylline er 100 mg, 200 mg tablet</i> <b>MO</b>	3	
<i>theophylline er 300 mg, 450 mg tab</i> <b>MO</b>	4	
<i>theophylline er 400 mg tablet</i> <b>MO</b>	3	
<i>theophylline er 600 mg tablet</i> <b>MO</b>	4	
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG CAPSULES FOR INHALATION <b>DL</b>	5	PA,QL (224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION <b>DL</b>	5	PA,QL (120 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
VENTAVIS 10 MCG/ML, 20 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	5	PA
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (36 per 30 days)
<i>zafirlukast 10 mg, 20 mg tablet</i> <b>MO</b>	4	QL (60 per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol 350 mg tablet</i> <b>MO</b>	2	
<i>cyclobenzaprine 10 mg, 5 mg tablet</i> <b>MO</b>	4	
<i>methocarbamol 500 mg, 750 mg tablet</i> <b>MO</b>	4	
<i>orphenadrine er 100 mg tablet</i> <b>MO</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
<b>Sleep Disorder Agents</b>		
BELSOMRA 10 MG, 15 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg tablet <b>MO</b>	2	QL (30 per 30 days)
HETLIOZ 20 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
modafinil 100 mg, 200 mg tablet <b>MO</b>	4	PA,QL (60 per 30 days)
temazepam 15 mg, 30 mg capsule <b>DL</b>	2	QL (30 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION <b>DL</b>	5	PA,QL (540 per 30 days)
zaleplon 10 mg, 5 mg capsule <b>MO</b>	2	QL (30 per 30 days)
zolpidem tartrate 10 mg, 5 mg tablet <b>MO</b>	2	QL (30 per 30 days)

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

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

# Index

## A

- abacavir... 33
- abacavir-lamivudine... 33
- abacavir-lamivudine-zidovudine... 33
- ABILIFY MAINTENA... 30
- acamprosate... 12
- acarbose... 37
- acebutolol... 42
- acetaminophen-codeine... 10
- acetazolamide... 42
- acetic acid... 13
- acetic acid-aluminum acetate... 83
- acetylcysteine... 83
- acitretin... 49
- ACTHAR H.P.... 57
- ACTHIB (PF)... 66
- ACTIMMUNE... 66
- acyclovir sodium... 33
- acyclovir... 33
- ADACEL(TDAP ADOLESN/ADULT)(PF)... 66
- ADAGEN... 56
- adapalene... 49
- adefovir... 33
- ADEMPAS... 83
- ADVAIR DISKUS... 83
- ADVAIR HFA... 83
- ADVOCATE PEN NEEDLE... 71
- ADVOCATE SYRINGES... 71
- afeditab cr... 42
- AFINITOR DISPERZ... 25
- AFINITOR... 25
- ak-poly-bac... 81
- AKTEN (PF)... 81
- ALBENZA... 29
- albuterol sulfate... 83
- ALCOHOL PADS... 71
- ALCOHOL PREP PADS... 71
- ALCOHOL PREP SWABS... 71
- ALCOHOL SWABS... 71
- ALCOHOL WIPES... 71
- ALECENSA... 25
- alendronate... 70
- alfuzosin... 57
- ALINIA... 29
- allopurinol... 24
- alprazolam... 36
- altavera (28)... 60
- ALUNBRIG... 26
- alyacen 1/35 (28)... 60
- alyacen 7/7/7 (28)... 60
- amabelz... 60
- amantadine hcl... 30
- AMBISOME... 23
- amethia lo... 60
- AMICAR... 40
- amikacin... 13
- amiloride... 42
- amiloride-hydrochlorothiazide... 42
- aminophylline... 83
- AMINOSYN II 10 %... 50
- AMINOSYN II 15 %... 50
- AMINOSYN II 7 %... 50
- AMINOSYN II 8.5 %... 50
- AMINOSYN II 8.5 %-ELECTROLYTES... 50
- AMINOSYN M 3.5 %... 50
- AMINOSYN 10 %... 50
- AMINOSYN 7 % WITH ELECTROLYTES... 50
- AMINOSYN 8.5 %... 50
- AMINOSYN 8.5 %-ELECTROLYTES... 50
- AMINOSYN-HBC 7%... 51
- AMINOSYN-PF 10 %... 51
- AMINOSYN-PF 7 % (SULFITE-FREE)... 51
- AMINOSYN-RF 5.2 %... 51
- amiodarone... 42

amitriptyline... 20	APTIVUS... 33	AUTOPEN 1 TO 21 UNITS... 72
amlodipine... 42	ARALAST NP... 56	AUTOPEN 2 TO 32 UNITS... 72
amlodipine-benazepril... 42	aranelle (28)... 60	AUTOPEN 2 TO 42 UNITS... 72
amlodipine-valsartan... 42	ARCALYST... 66	AVASTIN... 26
amlodipine-valsartan-hcthiazyd... 42	aripiprazole... 31	aviane... 60
ammonium lactate... 49	ARISTADA INITIO... 31	azathioprine... 67
amnesteam... 49	ARISTADA... 31	azelastine... 81, 83
amoxapine... 20	ARNUITY ELLIPTA... 83	azithromycin... 13
amoxicillin... 13	aspirin-dipyridamole... 40	aztreonam... 13, 14
amoxicillin-pot clavulanate... 13	ASSURE ID INSULIN SAFETY... 71	azurette (28)... 60
amphotericin b... 23	ASSURE ID PEN NEEDLE... 72	<b>B</b>
ampicillin sodium... 13	atazanavir... 33	bacitracin... 14
ampicillin... 13	atenolol... 42	bacitracin-polymyxin b... 81
ampicillin-sulbactam... 13	atenolol-chlorthalidone... 42	baclofen... 33
AMPYRA... 48	ATGAM... 67	bal-care dha... 51
ANADROL-50... 60	atomoxetine... 48	balsalazide... 70
anagrelide... 40	atorvastatin... 42	BAND-AID GAUZE PADS... 72
anastrozole... 26	atovaquone... 29	BANZEL... 18
ANDROGEL... 60	atovaquone-proguanil... 29	BARACLUDE... 33
androxy... 60	ATRIPLA... 33	BCG VACCINE, LIVE (PF)... 67
ANORO ELLIPTA... 83	atropine... 81	BD ALCOHOL SWABS... 72
APOKYN... 30	aubra eq... 60	BD AUTOSHIELD DUO PEN NEEDLE... 72
apraclonidine... 81	aubra... 60	BD AUTOSHIELD PEN NEEDLE... 72
aprepitant... 22	AURYXIA... 51	BD ECLIPSE LUER-LOK... 72
apri... 60	AUSTEDO... 48	BD INSULIN SYRINGE HALF UNIT... 72
APRISO... 70	AUTOJECT 2 INJECTION DEVICE... 72	BD INSULIN SYRINGE MICRO-FINE... 72
APTIOM... 17, 18	AUTOPEN 1 TO 16 UNITS... 72	



BD INSULIN SYRINGE SAFETY-LOK... 72	benazepril-hydrochlorothiazide... 42	BOSULIF... 26
BD INSULIN SYRINGE SLIP TIP... 72	BENLYSTA... 67	BRAFTOVI... 26
BD INSULIN SYRINGE U-500... 72	benztropine... 30	BREO ELLIPTA... 83
BD INSULIN SYRINGE ULTRA-FINE... 72	BESIVANCE... 14	BRILINTA... 40
BD INSULIN SYRINGE... 72	BETADINE OPHTHALMIC PREP... 81	brimonidine... 81
BD INTEGRA INSULIN SYRINGE... 72	betamethasone dipropionate... 57	BRIVIACT... 18
BD LO-DOSE MICRO-FINE IV... 72	betamethasone valerate... 57	bromocriptine... 30
BD LO-DOSE ULTRA-FINE... 72	betamethasone, augmented... 57, 58	BROVANA... 83
BD SAFETYGLIDE INSULIN SYRINGE... 73	BETASERON... 48	budesonide... 70, 83
BD SAFETYGLIDE SYRINGE... 73	betaxolol... 81	bumetanide... 43
BD ULTRA-FINE MICRO PEN NEEDLE... 73	bethanechol chloride... 57	buprenorphine hcl... 12
BD ULTRA-FINE MINI PEN NEEDLE... 73	BETHKIS... 14	bupropion hcl (smoking deter)... 12
BD ULTRA-FINE NANO PEN NEEDLE... 73	BEVESPI AEROSPHERE... 83	bupropion hcl... 21
BD ULTRA-FINE ORIG PEN NEEDLE... 73	bexarotene... 26	buspirone... 37
BD ULTRA-FINE SHORT PEN NEEDLE... 73	BEXSERO... 67	butalbital compound w/codeine... 10
BD VEO INSULIN SYR HALF UNIT... 73	bicalutamide... 26	butalbital-acetaminop-caf-cod... 10
BD VEO INSULIN SYRINGE UF... 73	BICILLIN L-A... 14	butalbital-acetaminophen... 10
bekyree (28)... 60	BIDIL... 42	butalbital-acetaminophen-caff... 10
BELBUCA... 10	BIKTARVY... 33	butalbital-aspirin-caffeine... 10
BELSOMRA... 86	BINOSTO... 70	BUTISOL... 18
benazepril... 42	bisoprolol fumarate... 42	butorphanol tartrate... 10
	bisoprolol-hydrochlorothiazide... 43	BYDUREON BCISE... 37
	blisovi fe 1.5/30 (28)... 60	BYDUREON... 37
	blisovi fe 1/20 (28)... 60	BYSTOLIC... 43
	blisovi 24 fe... 60	<b>C</b>
	BOOSTRIX TDAP... 67	c-nate dha... 51
	BORDERED GAUZE... 73	cabergoline... 65

CABOMETYX... 26	CARETOUCH PEN NEEDLE... 73	cetirizine... 83
caffeine citrate... 73	carisoprodol... 85	CHANTIX CONTINUING MONTH BOX... 12
calcipotriene... 49	carteolol... 81	CHANTIX STARTING MONTH BOX... 12
calcitonin (salmon)... 70	cartia xt... 43	CHANTIX... 12
calcitriol... 70	carvedilol... 43	chateal eq... 60
calcium acetate... 51	caspofungin... 23	chateal... 60
calcium disodium versenate... 73	CAYSTON... 83	CHEMET... 51
CALQUENCE... 26	caziant (28)... 60	CHENODAL... 54
camila... 60	cefaclor... 14	chlordiazepoxide hcl... 37
camrese lo... 60	cefadroxil... 14	chlorhexidine gluconate... 49
camrese... 60	cefazolin... 14	chloroquine phosphate... 29
candesartan... 43	cefdinir... 14	chlorothiazide... 43
candesartan-hydrochlorothiazid... 43	cefepime in dextrose 5 %... 14	chlorpromazine... 31
capacet... 10	cefepime... 14	chlorthalidone... 43
CAPASTAT... 25	cefotetan... 14	CHOLBAM... 56
CAPITAL WITH CODEINE... 10	cefoxitin... 14	cholestyramine (with sugar)... 43
CAPRELSA... 26	cefpodoxime... 14	cholestyramine light... 43
captopril... 43	cefprozil... 14	chorionic gonadotropin, human... 59
captopril-hydrochlorothiazide... 43	ceftazidime... 14	ciclodan... 23
CARBAGLU... 51	ceftriaxone... 14	ciclopirox... 23
carbamazepine... 18	cefuroxime axetil... 14	cilostazol... 40
carbidopa-levodopa... 30	cefuroxime sodium... 14	CIMDUO... 33
carbidopa-levodopa-entacapone... 30	celecoxib... 10	cimetidine hcl... 54
CAREFINE PEN NEEDLE... 73	CELLCEPT... 67	cimetidine... 54
CARETOUCH ALCOHOL PREP PAD... 73	CELONTIN... 18	ciprofloxacin hcl... 14
CARETOUCH INSULIN SYRINGE... 73	cephalexin... 14	ciprofloxacin in 5 % dextrose... 14
	CERDELGA... 56	
	CEREZYME... 56	

ciprofloxacin lactate... 14	CLINIMIX 4.25%-D25W SULF-FREE... 51	COMBIGAN... 81
citalopram... 21	CLINIMIX 4.25%/D10W SULF FREE... 51	COMBIVENT RESPIMAT... 83
clarithromycin... 14, 15	CLINIMIX 4.25%/D5W SULFIT FREE... 51	COMETRIQ... 26
clemastine... 83	CLINIMIX 5%-D20W(SULFITE-FREE)... 51	COMFORT EZ PEN NEEDLES... 73
CLICKFINE... 73	CLINIMIX 5%/D15W SULFITE FREE... 51	COMFORT EZ SYRINGE... 74
clindamycin hcl... 15	CLINIMIX 5%/D25W SULFITE-FREE... 51	COMPLERA... 33
clindamycin in 0.9 % sod chlor... 15	clobetasol... 58	complete natal dha... 52
clindamycin in 5 % dextrose... 15	clobetasol-emollient... 58	compro... 22
clindamycin palmitate hcl... 15	clomipramine... 21	constulose... 54
clindamycin pediatric... 15	clonazepam... 37	COPAXONE... 48
clindamycin phosphate... 15	clonidine hcl... 43	CORLANOR... 43
CLINIMIX E 2.75%/D10W SUL FREE... 51	clonidine... 43	cormax... 58
CLINIMIX E 2.75%/D5W SULF FREE... 51	clopidogrel... 40	cortisone... 58
CLINIMIX E 4.25%/D10W SUL FREE... 51	clorazepate dipotassium... 37	COSENTYX (2 SYRINGES)... 49
CLINIMIX E 4.25%/D25W SUL FREE... 51	clotrimazole... 23	COSENTYX PEN (2 PENS)... 49
CLINIMIX E 4.25%/D5W SULF FREE... 51	clotrimazole-betamethasone... 23	COSENTYX PEN... 49
CLINIMIX E 5%/D15W SULFIT FREE... 51	clozapine... 31	COSENTYX... 49
CLINIMIX E 5%/D20W SULFIT FREE... 52	COARTEM... 29	COTELLIC... 26
CLINIMIX E 5%/D25W SULFIT FREE... 52	codeine-butalbital-asa-caff... 10	COUMADIN... 40
CLINIMIX 2.75%/D5W SULFIT FREE... 51	COLCRYS... 24	CREON... 56
CLINIMIX 4.25%-D20W SULF-FREE... 51	colestipol... 43	CRESEMBA... 23
	colistin (colistimethate na)... 15	CRIXIVAN... 33
	colocort... 70	cromolyn... 81, 83, 84
		cryselle (28)... 60
		CUPRIMINE... 52
		CURITY ALCOHOL SWABS... 74
		CURITY GAUZE... 74
		cyclafem 1/35 (28)... 60

cyclafem 7/7/7 (28)... 61	DEPEN TITRATABS... 52	dextrose 5%-0.2 % sod chloride... 52
cyclobenzaprine... 85	DEPO-ESTRADIOL... 61	dextrose 5%-0.3 % sod.chloride... 52
cyclophosphamide... 26	DERMACEA... 74	dextrose 50 % in water (d50w)... 52
cycloserine... 25	DESCOVY... 33	dextrose 70 % in water (d70w)... 52
cyclosporine modified... 67	desipramine... 21	DIASTAT ACUDIAL... 18
cyclosporine... 67	desloratadine... 84	diazepam intensol... 37
cyproheptadine... 84	desmopressin... 59	diazepam... 18, 37
cyred... 61	desog-e.estradiol/e.estradiol... 61	diclofenac sodium... 10, 81
CYSTADANE... 56	desogestrel-ethinyl estradiol... 61	dicloxacillin... 15
CYSTAGON... 56	desoximetasone... 58	dicyclomine... 54, 55
CYSTARAN... 81	desvenlafaxine succinate... 21	didanosine... 33
CYTOGAM... 67	dexamethasone intensol... 58	DIFICID... 15
<b>D</b>	dexamethasone sodium phosphate... 81	digitek... 43
DALIRESP... 84	dexamethasone... 58	digox... 43
danazol... 61	DEXILANT... 54	digoxin... 43
dantrolene... 33	dexmethylphenidate... 48	DILANTIN EXTENDED... 18
dapsone... 25	dextroamphetamine... 48	DILANTIN INFATABS... 18
DAPTACEL (DTAP PEDIATRIC) (PF)... 67	dextroamphetamine-amphetamine... 48	DILANTIN... 18
daptomycin... 15	dextrose 10 % and 0.2 % nacl... 52	DILANTIN-125... 18
DARAPRIM... 29	dextrose 10 % in water (d10w)... 52	dilt-xr... 44
dasetta 1/35 (28)... 61	dextrose 20 % in water (d20w)... 52	diltiazem hcl... 44
dasetta 7/7/7 (28)... 61	dextrose 25 % in water (d25w)... 52	diphenhydramine hcl... 84
deblitane... 61	dextrose 30 % in water (d30w)... 52	diphenoxylate-atropine... 55
decadron... 58	dextrose 40 % in water (d40w)... 52	dipyridamole... 40
delyla (28)... 61	dextrose 5 % in water (d5w)... 52	disulfiram... 13
demeclocycline... 15	dextrose 5 %-lactated ringers... 52	DIURIL... 44
DEMSEK... 43		

divalproex... 18	EASY COMFORT PEN NEEDLES... 74	EMCYT... 26
dofetilide... 44	EASY GLIDE PEN NEEDLE... 74	emoquette... 61
donepezil... 20	EASY TOUCH ALCOHOL PREP PADS... 74	EMSAM... 21
doripenem... 15	EASY TOUCH FLIPLOCK INSULIN... 74	EMTRIVA... 34
dorzolamide... 81	EASY TOUCH INSULIN SAFETY SYR... 74	enalapril maleate... 44
dorzolamide-timolol... 81	EASY TOUCH INSULIN SYRINGE... 75	enalapril-hydrochlorothiazide... 44
doxazosin... 44	EASY TOUCH LUER LOCK INSULIN... 75	ENBREL MINI... 67
doxepin... 37	EASY TOUCH PEN NEEDLE... 75	ENBREL SURECLICK... 67
doxy-100... 15	EASY TOUCH SHEATHLOCK INSULIN... 75	ENBREL... 67
doxycycline hyclate... 15	EASY TOUCH UNI-SLIP... 75	endocet... 10
doxycycline monohydrate... 15	EASY TOUCH... 74	ENGERIX-B (PF)... 67
dronabinol... 22	econazole... 23	ENGERIX-B PEDIATRIC (PF)... 67
DROPLET PEN NEEDLE... 74	EDURANT... 34	enoxaparin... 41
DROPSAFE PEN NEEDLE... 74	efavirenz... 34	enpresse... 61
drospirenone-ethinyl estradiol... 61	EGRIFTA... 60	enskyce... 61
DROXIA... 26	electrolyte-48 in d5w... 52	ENSTILAR... 50
DUAVEE... 61	ELELYSO... 56	entacapone... 30
duloxetine... 21	ELIDEL... 49	entecavir... 34
DUREZOL... 81	elinest... 61	ENTRESTO... 44
dutasteride... 57	ELIQUIS... 40, 41	enulose... 55
dutasteride-tamsulosin... 57	ELITEK... 26	EPCLUSA... 34
d10 %-0.45 % sodium chloride... 52	ELLA... 61	EPINEPHRINE... 84
d2.5 %-0.45 % sodium chloride... 52	ELMIRON... 57	epitol... 18
d5 % and 0.9 % sodium chloride... 52	EMBEDA... 10	EPIVIR HBV... 34
d5 %-0.45 % sodium chloride... 52		EPOGEN... 41
<b>E</b>		epoprostenol (glycine)... 84
EASY COMFORT INSULIN SYRINGE... 74		EQUETRO... 18
		ERAXIS(WATER DILUENT)... 23

ERGOMAR... 25	falmina (28)... 61	FLOVENT DISKUS... 84
ERIVEDGE... 26	famciclovir... 34	FLOVENT HFA... 84
ERLEADA... 26	famotidine (pf)... 55	fluconazole in dextrose(iso-o)... 24
errin... 61	famotidine... 55	fluconazole in nacl (iso-osm)... 24
ertapenem... 15	FANAPT... 31	fluconazole... 24
ery pads... 15	FARESTON... 26	flucytosine... 24
ERYTHROCIN... 15	FARXIGA... 37	fludrocortisone... 58
erythromycin with ethanol... 15	FARYDAK... 26	flunisolide... 84
erythromycin... 15	felbamate... 18	fluocinolone and shower cap... 58
ESBRIET... 84	felodipine... 44	fluocinolone... 58
escitalopram oxalate... 21	femynor... 61	fluocinonide... 58
estradiol valerate... 61	fenofibrate micronized... 44	fluocinonide-e... 58
estradiol... 61	fenofibrate nanocrystallized... 44	fluocinonide-emollient... 58
estradiol-norethindrone acet... 61	fenofibrate... 44	fluorometholone... 81
ESTRING... 61	fentanyl citrate (pf)... 11	fluorouracil... 50
estropipate... 61	fentanyl citrate... 11	fluoxetine... 21
eszopiclone... 86	fentanyl... 10	fluphenazine decanoate... 31
ethambutol... 25	FETZIMA... 21	fluphenazine hcl... 31
ethosuximide... 18	FIASP FLEXTOUCH U-100 INSULIN... 37	flurbiprofen sodium... 81
ethynodiol diac-eth estradiol... 61	FIASP U-100 INSULIN... 37	flurbiprofen... 11
etidronate disodium... 70	finasteride... 57	flutamide... 26
etodolac... 10	FIRAZYR... 67	fluticasone... 58, 84
EVOTAZ... 34	FIRMAGON KIT W DILUENT SYRINGE... 65, 66	fluticasone-salmeterol... 84
EXEL INSULIN... 75	FIRMAGON... 65	fluvoxamine... 21
exemestane... 26	flavoxate... 57	folivane-ob... 52
EXONDYS 51... 56	flecainide... 44	fondaparinux... 41
ezetimibe... 44		FORTEO... 70
		fosamprenavir... 34

**F**

fosinopril... 44	GEODON... 31	haloperidol decanoate... 31
fosinopril-hydrochlorothiazide... 44	gianvi (28)... 61	haloperidol lactate... 31
FREAMINE HBC 6.9 %... 52	gildess fe 1.5/30 (28)... 62	haloperidol... 31
FREAMINE III 10 %... 52	gildess 1.5/30 (21)... 61	HARVONI... 34
FREESTYLE PRECISION... 75	gildess 1/20 (21)... 61	HAVRIX (PF)... 68
furosemide... 44	GILENYA... 48	HEALTHY ACCENTS UNIFINE PENTIP... 75
FUZEON... 34	GILOTRIF... 26	heather... 62
FYCOMPA... 18	GLASSIA... 56	heparin (porcine)... 41
<b>G</b>	glatiramer... 48	heparin, porcine (pf)... 41
gabapentin... 18	glatopa... 48	HEPATAMINE 8%... 52
galantamine... 20	GLEOSTINE... 26	HERCEPTIN... 26
GAMUNEX-C... 67	glimepiride... 38	HETLIOZ... 86
ganciclovir sodium... 34	glipizide... 38	HEXALEN... 26
GARDASIL (PF)... 67	glipizide-metformin... 38	HIBERIX (PF)... 68
GARDASIL 9 (PF)... 67	GLUCAGEN HYPOKIT... 38	HUMAPEN LUXURA HD... 75
GATTEX ONE-VIAL... 55	glyburide micronized... 38	HUMIRA PEDIATRIC CROHN'S START... 68
GATTEX 30-VIAL... 55	glyburide... 38	HUMIRA PEN CROHN'S-UC-HS START... 68
GAUZE BANDAGE... 75	glyburide-metformin... 38	HUMIRA PEN PSORIASIS-UVEITIS... 68
GAUZE PAD... 75	glycopyrrolate... 55	HUMIRA PEN... 68
gavilyte-c... 55	GLYXAMBI... 38	HUMIRA... 68
gavilyte-g... 55	granisetron (pf)... 22	HUMULIN R U-500 (CONC) INSULIN... 38
gavilyte-n... 55	granisetron hcl... 22	HUMULIN R U-500 (CONC) KWIKPEN... 38
gemfibrozil... 44	griseofulvin microsize... 24	hydralazine... 44
generlac... 55	griseofulvin ultramicrosize... 24	
gengraf... 67	guanfacine... 44	
gentak... 15	guanidine... 25	
gentamicin... 15, 16	<b>H</b>	
GENVOYA... 34	HAEGARDA... 68	

hydrochlorothiazide... 45	INCONTROL ALCOHOL PADS... 75	INVOKAMET... 38
hydrocodone-acetaminophen... 11	INCONTROL PEN NEEDLE... 75	INVOKANA... 38
hydrocodone-ibuprofen... 11	INCRELEX... 60	IPOL... 68
hydrocortisone... 58, 59, 70	INCRUSE ELLIPTA... 84	ipratropium bromide... 84
hydrocortisone-acetic acid... 83	indapamide... 45	ipratropium-albuterol... 84
hydrocortisone-min oil-wht pet... 59	indomethacin... 11	irbesartan... 45
hydromorphone... 11	INFANRIX (DTAP) (PF)... 68	irbesartan-hydrochlorothiazide... 45
hydroxychloroquine... 29	INFLECTRA... 68	IRESSA... 27
hydroxyurea... 26	INLYTA... 27	ISENTRESS HD... 34
hydroxyzine hcl... 37	INSULIN SYR/NDL U100 HALF MARK... 75	ISENTRESS... 34
hydroxyzine pamoate... 84	INSULIN SYRINGE MICROFINE... 75	isibloom... 62
<b>I</b>	INSULIN SYRINGE NEEDLELESS... 75	isoniazid... 25
ibandronate... 71	INSULIN SYRINGE ULTRAFINE... 75	isosorbide dinitrate... 45
IBRANCE... 26	INSULIN SYRINGE... 75	isosorbide mononitrate... 45
ibu... 11	INSULIN SYRINGE-NEEDLE U-100... 76	isotretinoin... 50
ibuprofen... 11	INSULIN SYRINGES (DISPOSABLE)... 76	isradipine... 45
ICLUSIG... 26, 27	INSUPEN... 76	itraconazole... 24
IDHIFA... 27	INTELENCE... 34	IV PREP WIPES... 76
ILEVRO... 81	INTRALIPID... 52	ivermectin... 29
imatinib... 27	INTRON A... 34	IXIARO (PF)... 68
IMBRUVICA... 27	introvale... 62	<b>J</b>
imipenem-cilastatin... 16	INVANZ... 16	JADENU SPRINKLE... 52
imipramine hcl... 21	INVEGA SUSTENNA... 31	JADENU... 52
imipramine pamoate... 21	INVEGA TRINZA... 31, 32	JAKAFI... 27
imiquimod... 50	INVIRASE... 34	jantoven... 41
IMOGAM RABIES-HT (PF)... 68	INVOKAMET XR... 38	JANUMET XR... 38
IMOVAX RABIES VACCINE (PF)... 68		JANUMET... 38
incassia... 62		JANUVIA... 38



JARDIANCE... 38	kionex... 52	larissia... 62
jencycla... 62	KISQALI FEMARA CO-PACK... 27	latanoprost... 82
JENTADUETO XR... 38	KISQALI... 27	LATUDA... 32
JENTADUETO... 38	klor-con m10... 53	leflunomide... 68
juleber... 62	KLOR-CON M15... 53	LENVIMA... 27
JULUCA... 34	klor-con m20... 53	lessina... 62
junel fe 1.5/30 (28)... 62	klor-con sprinkle... 53	LETAIRIS... 84
junel fe 1/20 (28)... 62	KLOR-CON 10... 53	letrozole... 27
junel fe 24... 62	KLOR-CON 8... 53	leucovorin calcium... 27
junel 1.5/30 (21)... 62	KOMBIGLYZE XR... 38	LEUKERAN... 27
junel 1/20 (21)... 62	KORLYM... 76	leuprolide... 66
<b>K</b>	kurvelo... 62	LEVEMIR FLEXTOUCH U-100 INSULN... 39
KABIVEN... 52	KUVAN... 56	LEVEMIR U-100 INSULIN... 39
KADCYLA... 27	<b>L</b>	levetiracetam... 19
KALETRA... 34	l norgest/e.estradiol-e.estrad... 62	LEVO-T... 65
KALYDECO... 84	labetalol... 45	levobunolol... 82
kariva (28)... 62	lactulose... 55	levocarnitine (with sugar)... 53
KEDRAB (PF)... 68	lamivudine... 34, 35	levocarnitine... 53
kelnor 1-50... 62	lamivudine-zidovudine... 35	levocetirizine... 84
kelnor 1/35 (28)... 62	lamotrigine... 19	levofloxacin in d5w... 16
KEPIVANCE... 49	LANTUS SOLOSTAR U-100 INSULIN... 39	levofloxacin... 16
ketoconazole... 24	LANTUS U-100 INSULIN... 39	levonest (28)... 62
ketoprofen... 11	larin fe 1.5/30 (28)... 62	levonorg-eth estrad triphasic... 62
ketorolac... 11, 82	larin fe 1/20 (28)... 62	levonorgestrel-ethinyl estrad... 62
KEVZARA... 68	larin 1.5/30 (21)... 62	levora-28... 62
kimidess (28)... 62	larin 1/20 (21)... 62	levothyroxine... 65
KINRIX (PF)... 68	larin 24 fe... 62	LEVOXYL... 65
kionex (with sorbitol)... 52		

LEXIVA... 35	losartan-hydrochlorothiazide... 45	MAXI-COMFORT INSULIN SYRINGE... 76
lidocaine hcl... 12	LOTEMAX... 82	meclizine... 22
lidocaine viscous... 12	lovastatin... 45	medroxyprogesterone... 63
lidocaine... 12	low-ogestrel (28)... 62	mefloquine... 29
lidocaine-prilocaine... 12	loxapine succinate... 32	megestrol... 63
lillow... 62	LUMIGAN... 82	MEKINIST... 27
lindane... 29	LUPRON DEPOT (3 MONTH)... 66	MEKTOVI... 28
linezolid in dextrose 5%... 16	LUPRON DEPOT (4 MONTH)... 66	meloxicam... 11
linezolid... 16	LUPRON DEPOT (6 MONTH)... 66	melphalan... 28
linezolid-0.9% sodium chloride... 16	LUPRON DEPOT... 66	memantine... 20
LINZESS... 55	LUPRON DEPOT-PED (3 MONTH)... 66	MENACTRA (PF)... 68
liothyronine... 65	LUPRON DEPOT-PED... 66	MENEST... 63
lisinopril... 45	lutera (28)... 62	MENHIBRIX (PF)... 68
lisinopril-hydrochlorothiazide... 45	LYNPARZA... 27	MENOMUNE - A/C/Y/W-135 (PF)... 69
LITE TOUCH INSULIN PEN NEEDLES... 76	LYRICA... 48, 49	MENOMUNE - A/C/Y/W-135... 68
LITE TOUCH INSULIN SYRINGE... 76	LYSODREN... 65	MENVEO A-C-Y-W-135-DIP (PF)... 69
lithium carbonate... 37	lyza... 62	meperidine... 11
lithium citrate... 37		mercaptopurine... 28
LITHOSTAT... 76	<b>M</b>	meropenem... 16
lomedina 24 fe... 62	M-M-R II (PF)... 68	meropenem-0.9% sodium chloride... 16
LONSURF... 27	MAGELLAN INSULIN SAFETY SYRNG... 76	mesalamine... 70
loperamide... 55	MAGELLAN SYRINGE... 76	MESNEX... 28
lopinavir-ritonavir... 35	malathion... 29	metaproterenol... 84
lorazepam intensol... 37	maprotiline... 21	metformin... 39
lorazepam... 37	marlissa... 63	methadone intensol... 11
loryna (28)... 62	MARPLAN... 21	methadone... 11
losartan... 45	MATULANE... 27	
	MAVYRET... 35	

methazolamide... 45	microgestin fe 1.5/30 (28)... 63	MOZOBIL... 41
methenamine hippurate... 16	microgestin fe 1/20 (28)... 63	MULTAQ... 45
methergine... 76	microgestin 1.5/30 (21)... 63	mupirocin... 16
methimazole... 66	microgestin 1/20 (21)... 63	MYALEPT... 55
METHITEST... 63	midodrine... 45	mycophenolate mofetil hcl... 69
methocarbamol... 85	mili... 63	mycophenolate mofetil... 69
methotrexate sodium (pf)... 69	mimvey... 63	mycophenolate sodium... 69
methotrexate sodium... 69	MINI ULTRA-THIN II... 77	MYFORTIC... 69
methoxsalen... 50	minocycline... 16	myorisan... 50
methyldopa... 45	minoxidil... 45	MYRBETRIQ... 57
methyldopa-hydrochlorothiazide... 45	mirtazapine... 21	myzilra... 63
methylergonovine... 76	misoprostol... 55	<b>N</b>
methylphenidate hcl... 49	modafinil... 86	nabumetone... 12
methylprednisolone acetate... 59	moexipril... 45	nadolol-bendroflumethiazide... 45
methylprednisolone sodium succ... 59	moexipril-hydrochlorothiazide... 45	nafcillin... 16
methylprednisolone... 59	molindone... 32	naloxone... 13
methyltestosterone... 63	mometasone... 59	naltrexone... 13
metipranolol... 82	MONOJECT INSULIN SAFETY SYRINGE... 77	NAMZARIC... 20
metoclopramide hcl... 22	MONOJECT INSULIN SYRINGE... 77	naproxen... 12
metoprolol succinate... 45	MONOJECT SYRINGE... 77	naratriptan... 25
metoprolol ta-hydrochlorothiaz... 45	MONOJECT ULTRA COMFORT INSULIN... 77	NARCAN... 13
metoprolol tartrate... 45	montelukast... 84	NATACYN... 24
metronidazole in nacl (iso-os)... 16	morphine concentrate... 12	NATAZIA... 63
metronidazole... 16	morphine... 11, 12	nateglinide... 39
MIACALCIN... 71	MOVANTIK... 55	NATPARA... 71
miconazole-3... 24	moxifloxacin... 16	NEBUPENT... 29
		necon 0.5/35 (28)... 63
		necon 1/35 (28)... 63

necon 10/11 (28)... 63	nimodipine... 46	NOVOFINE 32... 77
nefazodone... 21	NINLARO... 28	NOVOLIN N NPH U-100 INSULIN... 39
neo-polycin hc... 82	nitrofurantoin macrocrystal... 16	NOVOLIN R REGULAR U-100 INSULN... 39
neo-polycin... 82	nitrofurantoin monohyd/m-cryst... 16	NOVOLIN 70/30 U-100 INSULIN... 39
neomycin... 16	nitrofurantoin... 16	NOVOLOG FLEXPEN U-100 INSULIN... 39
neomycin-bacitracin-poly-hc... 82	nitroglycerin... 46	NOVOLOG MIX 70-30 U-100 INSULN... 39
neomycin-bacitracin-polymyxin... 82	NITROSTAT... 46	NOVOLOG MIX 70-30FLEXPEN U-100... 39
neomycin-polymyxin b-dexameth... 82	NITYR... 56	NOVOLOG PENFILL U-100 INSULIN... 39
neomycin-polymyxin-gramicidin... 82	nizatidine... 55	NOVOLOG U-100 INSULIN ASPART... 39
neomycin-polymyxin-hc... 82, 83	noreth-ethinyl estradiol-iron... 63	NOVOPEN ECHO... 77
neosporin (neo-polym-gramicid)... 82	norethindrone (contraceptive)... 63	NOVOTWIST... 77
NEPHRAMINE 5.4 %... 53	norethindrone ac-eth estradiol... 63	NOXAFIL... 24
NERLYNX... 28	norethindrone acetate... 63	NUEDEXTA... 49
NEULASTA... 41	norethindrone-e.estradiol-iron... 63	NUPLAZID... 32
NEUPOGEN... 41	norgestimate-ethinyl estradiol... 63	NUTRILIPID... 53
NEUPRO... 30	norlyda... 63	nyamyc... 24
nevirapine... 35	norlyroc... 63	nyata... 24
NEXAVAR... 28	NORTHERA... 46	nystatin... 24
niacin... 45	nortrel 0.5/35 (28)... 63	nystatin-triamcinolone... 24
niacor... 46	nortrel 1/35 (21)... 63	nystop... 24
NICOTROL NS... 13	nortrel 1/35 (28)... 63	
nifedical xl... 46	nortrel 7/7/7 (28)... 63	<b>0</b>
nifedipine... 46	nortriptyline... 21	O-CAL PRENATAL... 53
nikki (28)... 63	NORVIR... 35	
nilutamide... 28	NOVOFINE AUTOCOVER... 77	
	NOVOFINE PLUS... 77	
	NOVOFINE 30... 77	

octreotide acetate... 66	oxandrolone... 64	penicillin g procaine... 17
ODEFSEY... 35	oxazepam... 37	penicillin g sodium... 17
ODOMZO... 28	oxcarbazepine... 19	penicillin v potassium... 17
OFEV... 85	oxybutynin chloride... 57	PENTACEL (PF)... 69
ofloxacin... 16	oxycodone... 12	PENTAM... 29
ogestrel (28)... 63	oxycodone-acetaminophen... 12	pentazocine-naloxone... 12
olanzapine... 32	oxycodone-aspirin... 12	PENTIPS... 77
olmesartan... 46	OZEMPIC... 39	pentoxifylline... 46
olmesartan-amlodipin-hcthiazid... 46	<b>P</b>	PERFOROMIST... 85
olmesartan-hydrochlorothiazide... 46	PACERONE... 46	PERIKABIVEN... 53
olopatadine... 82	paliperidone... 32	perindopril erbumine... 46
omeprazole... 55	pamidronate... 71	permethrin... 30
OMNITROPE... 60	PANRETIN... 28	perphenazine... 32
ondansetron hcl (pf)... 23	pantoprazole... 55	perphenazine-amitriptyline... 22
ondansetron hcl... 23	paricalcitol... 71	phenelzine... 22
ondansetron... 23	paromomycin... 16	phenobarbital... 19
ONFI... 19	paroxetine hcl... 21, 22	PHENYTEK... 19
ONGLYZA... 39	PASER... 25	phenytoin sodium extended... 19
OPSUMIT... 85	PAXIL... 22	phenytoin... 19
oralone... 49	PAZEO... 82	PHOSPHOLINE IODIDE... 82
ORBACTIV... 16	PEDIARIX (PF)... 69	pilocarpine hcl... 49, 82
ORFADIN... 56	PEDVAX HIB (PF)... 69	pimozide... 32
ORKAMBI... 85	peg 3350-electrolytes... 55	pimtree (28)... 64
orphenadrine citrate... 85	peg-electrolyte soln... 55	pindolol... 46
orsythia... 63	PEGANONE... 19	pioglitazone... 39
oseltamivir... 35	PEN NEEDLE... 77	piperacillin-tazobactam... 17
	PEN NEEDLE, DIABETIC... 77	pirmella... 64
	penicillin g potassium... 16	piroxicam... 12

pnv ob+dha... 53	prednisolone sodium phosphate... 59, 82	prochlorperazine... 23
podofilox... 50	prednisolone... 59	PROCRIT... 41
polycin... 82	prednisone intensol... 59	procto-med hc... 59
polyethylene glycol 3350... 55	prednisone... 59	procto-pak... 59
polymyxin b sulf-trimethoprim... 82	PREMARIN... 64	proctosol hc... 59
polymyxin b sulfate... 17	PREMASOL 10 %... 53	proctozone-hc... 59
POMALYST... 28	PREMASOL 6 %... 53	PRODIGY INSULIN SYRINGE... 78
portia... 64	PRENATABS FA... 53	progesterone in oil... 64
potassium chlorid-d5-0.45%nacl... 53	prenatal plus (calcium carb)... 53	progesterone micronized... 64
potassium chloride... 53	preplus... 53	progesterone... 64
potassium citrate... 53	prevalite... 46	PROGLYCEM... 39
POTELIGEO... 28	previfem... 64	PROLIA... 71
POTIGA... 19	PREZCOBIX... 35	PROMACTA... 41, 42
pr natal 400 ec... 53	PREZISTA... 35	promethazine... 23
pr natal 400... 53	PRIFTIN... 25	propafenone... 46
pr natal 430 ec... 53	primaquine... 30	propantheline... 55
pr natal 430... 53	primidone... 19	proparacaine... 82
PRADAXA... 41	PRIMSOL... 17	propranolol... 46
PRALUENT PEN... 46	PRO COMFORT ALCOHOL PADS... 77	propranolol-hydrochlorothiazid... 46
PRALUENT SYRINGE... 46	PRO COMFORT INSULIN SYRINGE... 77	propylthiouracil... 66
pramipexole... 30	PRO COMFORT PEN NEEDLE... 77	PROQUAD (PF)... 69
prasugrel... 41	probenecid... 25	protriptyline... 22
pravastatin... 46	probenecid-colchicine... 25	PULMOZYME... 85
prazosin... 46	PROCALAMINE 3%... 53	PURIXAN... 28
PRED-G S.O.P.... 82	prochlorperazine edisylate... 23	PYLERA... 55
PRED-G... 82	prochlorperazine maleate... 23	pyrazinamide... 25
prednisolone acetate... 82		pyridostigmine bromide... 25

**Q**

QUADRACEL (PF)... 69	REPATHA SURECLICK... 47	ROTATEQ VACCINE... 69
quasense... 64	REPATHA SYRINGE... 47	roweepra xr... 19
quetiapine... 32	RESCRIPTOR... 35	roweepra... 19
quinapril... 46	RESTASIS MULTIDOSE... 82	RUBRACA... 28
quinapril-hydrochlorothiazide... 46	RESTASIS... 82	RUCONEST... 69
quinidine sulfate... 47	RETACRIT... 42	RYDAPT... 28
quinine sulfate... 30	RETROVIR... 35	<b>S</b>
<b>R</b>	REVATIO... 85	SABRIL... 19
RABAVERT (PF)... 69	REVLIMID... 28	SAFESNAP INSULIN SYRINGE... 78
raloxifene... 64	REXULTI... 32	SAMSCA... 53
ramipril... 47	REYATAZ... 35	SANCUSO... 23
RANEXA... 47	ribavirin... 35	SANDIMMUNE... 69
ranitidine hcl... 55	RIDAURA... 69	SANTYL... 50
RAPAMUNE... 69	rifabutin... 25	SAPHRIS... 32
rasagiline... 30	rifampin... 25	SAVELLA... 49
reclipsen (28)... 64	RIFATER... 25	scopolamine base... 23
RECOMBIVAX HB (PF)... 69	riluzole... 49	se-natal 19 (with docusate)... 54
RECTIV... 50	rimantadine... 35	se-natal 19... 53
REGRANEX... 50	risedronate... 71	selegiline hcl... 30
RELENZA DISKHALER... 35	RISPERDAL CONSTA... 32	selenium sulfide... 50
RELION NEEDLES... 78	risperidone... 32	SELZENTRY... 35, 36
RELION PEN NEEDLES... 78	ritonavir... 35	SENSIPAR... 71
RELISTOR... 55, 56	rivastigmine tartrate... 20	SEREVENT DISKUS... 85
relnate dha... 53	rivastigmine... 20	SEROSTIM... 56
REMICADE... 69	rizatriptan... 25	sertraline... 22
RENVELA... 53	ropinirole... 30	setlakin... 64
repaglinide... 39	rosuvastatin... 47	sevelamer carbonate... 54
REPATHA PUSHTRONEX... 47	ROTARIX... 69	sharobel... 64

SHINGRIX (PF)... 69

SIGNIFOR... 66

sildenafil (antihypertensive)... 85

silver sulfadiazine... 17

simvastatin... 47

sirolimus... 69

SIRTURO... 25

SIVEXTRO... 17

SMOFLIPID... 54

sodium benzoate-sod phenylacet... 78

sodium chloride 0.45 %... 54

sodium chloride 0.9 %... 54

sodium lactate... 54

sodium phenylbutyrate... 56

sodium polystyrene (sorb free)... 54

sodium polystyrene sulfonate... 54

SOLIQUA 100/33... 39

SOLTAMOX... 28

SOMATULINE DEPOT... 66

SOMAVERT... 66

sorine... 47

sotalol af... 47

sotalol... 47

SPIRIVA RESPIMAT... 85

SPIRIVA WITH HANDIHALER... 85

spironolacton-hydrochlorothiaz... 47

spironolactone... 47

sprintec (28)... 64

SPRITAM... 19

SPRYCEL... 28

SPS (WITH SORBITOL)... 54

sronyx... 64

SSD... 17

stavudine... 36

STERILE GAUZE PAD... 78

STIMATE... 60

STIOLTO RESPIMAT... 85

STIVARGA... 28

STRENSIQ... 56

STRIBILD... 36

STRIVERDI RESPIMAT... 85

subvenite starter (blue) kit... 19

subvenite starter (green) kit... 19

subvenite starter (orange) kit... 20

subvenite... 19

SUCRAID... 57

sucrafate... 56

sulfacetamide sodium (acne)... 17

sulfacetamide sodium... 17

sulfacetamide-prednisolone... 82

sulfadiazine... 17

sulfamethoxazole-trimethoprim... 17

sulfasalazine... 70

sulindac... 12

sumatriptan succinate... 25

SUPRAX... 17

SUPREP BOWEL PREP KIT... 56

SURE COMFORT ALCOHOL PREP PADS... 78

SURE COMFORT INS. SYR. U-100... 78

SURE COMFORT INSULIN SYRINGE... 78

SURE COMFORT PEN NEEDLE... 78

SURE-FINE PEN NEEDLES... 78

SURE-JECT INSULIN SYRINGE... 78

SURE-PREP ALCOHOL PREP PADS... 78

SUTENT... 28

syeda... 64

SYLATRON... 36

SYMBICORT... 85

SYMFI LO... 36

SYMFI... 36

SYMLINPEN 120... 39

SYMLINPEN 60... 39

SYMTUZA... 36

SYNAGIS... 69

SYNAREL... 66

SYNERCID... 17

SYNJARDY XR... 40

SYNJARDY... 39



SYNRIBO... 28

SYNTHROID... 65

**T**

TABLOID... 28

tacrolimus... 50, 69

tadalafil (antihypertensive)... 85

TAFINLAR... 28

TAGRISSO... 28

tamoxifen... 28

tamsulosin... 57

TARCEVA... 28

TARGRETIN... 28

tarina fe 1/20 (28)... 64

taron-c dha... 54

taron-prex prenatal-dha... 54

TASIGNA... 28

tazarotene... 50

TAZORAC... 50

taztia xt... 47

TECFIDERA... 49

TECHLITE INSULIN SYR HALF UNIT... 78

TECHLITE INSULIN SYRINGE... 79

TECHLITE PEN NEEDLE... 79

TEFLARO... 17

TEKTURNA HCT... 47

TEKTURNA... 47

telmisartan... 47

telmisartan-hydrochlorothiazid... 47

temazepam... 86

TEMODAR... 28

TENIVAC (PF)... 69, 70

tenofovir disoproxil fumarate... 36

terazosin... 47

terbinafine hcl... 24

terconazole... 24

TERUMO INSULIN SYRINGE... 79

testosterone cypionate... 64

testosterone enanthate... 64

tetanus-diphtheria toxoids-td... 70

tetanus,diphtheria tox ped(pf)... 70

tetrabenazine... 49

THALOMID... 28

theophylline... 85

THERACYS... 29

THINPRO INSULIN SYRINGE... 79

THIOLA... 57

thioridazine... 32

thiothixene... 32

THYMOGLOBULIN... 70

THYROLAR-1... 65

THYROLAR-1/2... 65

THYROLAR-1/4... 65

THYROLAR-2... 65

THYROLAR-3... 65

tiagabine... 20

TIBSOVO... 29

tigecycline... 17

tilia fe... 64

timolol maleate... 47, 82

tinidazole... 17

TIVICAY... 36

tizanidine... 33

TOBI PODHALER... 85

tobramycin sulfate... 17

tobramycin... 17

tobramycin-dexamethasone... 82

TOBEX... 17

TOLAK... 50

tolcapone... 30

TOPCARE CLICKFINE... 79

TOPCARE ULTRA COMFORT... 79

topiramate... 20

torse mide... 47

TOUJEO MAX U-300 SOLOSTAR... 40

TOUJEO SOLOSTAR U-300 INSULIN... 40

TOVIAZ... 57

TRACLEER... 85

TRADJENTA... 40

tramadol... 12

tramadol-acetaminophen... 12

trandolapril... 47

tranexamic acid... 42

tranylcypromine... 22	trilyte with flavor packets... 56	ULTICARE INSULIN SYRINGE... 80
TRAVASOL 10 %... 54	trimethobenzamide... 23	ULTICARE PEN NEEDLE... 80
TRAVATAN Z... 82	trimethoprim... 17	ULTICARE... 80
trazodone... 22	trimipramine... 22	ULTILET ALCOHOL SWAB... 80
TRECTOR... 25	trinatal rx 1... 54	ULTILET INSULIN SYRINGE... 80
TRELEGY ELLIPTA... 85	trinessa (28)... 64	ULTILET PEN NEEDLE... 80
TRESIBA FLEXTOUCH U-100... 40	trinessa lo... 64	ultimatecare one nf... 54
TRESIBA FLEXTOUCH U-200... 40	TRINTELLIX... 22	ultimatecare one... 54
tretinoin (chemotherapy)... 29	TRIUMEQ... 36	ULTRA CMFT INS SYR HALF UNIT... 80
tretinoin... 50	triveen-duo dha... 54	ULTRA COMFORT INSULIN SYRINGE... 80
TREXALL... 70	trivora (28)... 64	ULTRA-THIN II (SHORT) INS SYR... 81
tri femynor... 64	TROGARZO... 36	ULTRA-THIN II (SHORT) PEN NDL... 81
tri-legest fe... 64	TROPHAMINE 10 %... 54	ULTRA-THIN II (SHORT) INS PEN NEEDLES... 81
tri-lo-estarylla... 64	TROPHAMINE 6%... 54	ULTRA-THIN II INSULIN SYRINGE... 81
tri-lo-marzia... 64	tropicamide... 82	UNIFINE PENTIPS PLUS... 81
tri-lo-sprintec... 64	TRUEPLUS INSULIN... 79	UNIFINE PENTIPS... 81
tri-mili... 64	TRUEPLUS PEN NEEDLE... 79	UNITHROID... 65
tri-previfem (28)... 64	TRULICITY... 40	ursodiol... 56
tri-sprintec (28)... 64	TRUMENBA... 70	UVADEX... 50
tri-vylibra... 64	TRUVADA... 36	
triamcinolone acetonide... 49, 59	tulana... 64	<b>V</b>
triamterene-hydrochlorothiazid... 47	TWINRIX (PF)... 70	valacyclovir... 36
triderm... 59	TYBOST... 36	VALCHLOR... 29
trientine... 54	TYKERB... 29	valganciclovir... 36
trifluoperazine... 32	TYPHIM VI... 70	valproic acid (as sodium salt)... 20
trifluridine... 36	<b>U</b>	
trihexyphenidyl... 30	ULTICARE INSULIN SYR HALF UNIT... 80	

valproic acid... 20	VIMPAT... 20	XTAMPZA ER... 12
valsartan... 47	viorele (28)... 65	XTANDI... 29
valsartan-hydrochlorothiazide... 48	VIRACEPT... 36	XULTOPHY 100/3.6... 40
vancomycin... 17	VIRAMUNE... 36	XYREM... 86
VANISHPOINT SYRINGE... 81	VIREAD... 36	<b>Y</b>
VAQTA (PF)... 70	virt-c dha... 54	YF-VAX (PF)... 70
VARIVAX (PF)... 70	virt-nate dha... 54	<b>Z</b>
VASCEPA... 48	VISTOGARD... 81	zafirlukast... 85
velivet triphasic regimen (28)... 65	VITEKTA... 36	zaleplon... 86
VENCLEXTA STARTING PACK... 29	VIVITROL... 13	zarah... 65
VENCLEXTA... 29	voriconazole... 24	ZARXIO... 42
venlafaxine... 22	VOTRIENT... 29	zatean-ch... 54
VENTAVIS... 85	VRAYLAR... 32, 33	ZEJULA... 29
VENTOLIN HFA... 85	vylibra... 65	ZELBORAF... 29
verapamil... 48	<b>W</b>	zenatane... 50
VERIPRED 20... 59	warfarin... 42	zenchent fe... 65
VERSACLOZ... 32	WEBCOL... 81	ZENPEP... 57
VERZENIO... 29	WELCHOL... 48	ZERIT... 36
vestura (28)... 65	wera (28)... 65	zidovudine... 36
VICTOZA 2-PAK... 40	wymzya fe... 65	ziprasidone hcl... 33
VICTOZA 3-PAK... 40	<b>X</b>	ZIRGAN... 36
VIDEX EC... 36	XALKORI... 29	zoledronic ac-mannitol-0.9nacl... 71
VIDEX 2 GRAM PEDIATRIC... 36	XARELTO... 42	zoledronic acid... 71
VIDEX 4 GRAM PEDIATRIC... 36	XATMEP... 70	zoledronic acid-mannitol-water... 71
vienva... 65	XGEVA... 71	ZOLINZA... 29
vigabatrin... 20	XIFAXAN... 56	zolpidem... 86
vigadrone... 20	XIGDUO XR... 40	zonisamide... 20
VIIBRYD... 22	XOLAIR... 70	

ZORTRESS... 70  
ZOSTAVAX (PF)... 70  
zovia 1/35e (28)... 65  
zovia 1/50e (28)... 65  
ZUBSOLV... 13  
ZYDELIG... 29  
ZYKADIA... 29  
ZYPREXA RELPREVV... 33  
ZYTIGA... 29  
1ST TIER UNIFINE PENTIPS PLUS...  
71  
1ST TIER UNIFINE PENTIPS... 71  
8-MOP... 49

## Discrimination is Against the Law

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

Humana Inc. and its subsidiaries provide: (1) 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; and, (2) 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 **1-877-320-1235** or if you use a **TTY**, call **711**.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion, you can file a grievance with Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.

If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

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

## Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)** 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 **1-877-320-1235 (TTY: 711)**。... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-320-1235 (TTY: 711)**... 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-320-1235 (TTY: 711)** 번으로 전화해 주십시오 ... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-320-1235 (TTY: 711)**... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-320-1235 (телетайп: 711)**... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-320-1235 (TTY: 711)**... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-320-1235 (ATS: 711)**... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-320-1235 (TTY: 711)**... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-320-1235 (TTY: 711)**... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-320-1235 (TTY: 711)**... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-320-1235 (TTY: 711)**... 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。 **1-877-320-1235 (TTY: 711)** まで、お電話にてご連絡ください。 ...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-877-320-1235 (TTY: 711)** تماس بگیرید.

Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódíłnih **1-877-320-1235 (TTY: 711)**...

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-320-1235 (رقم هاتف الصم والبكم: 711)**.





This formulary was updated on 09/27/2018. For more recent information or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that the automated phone system may answer your call during weekends and holidays from Apr. 1 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

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

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. **Call 1-800-281-6918 (TTY: 711).**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-281-6918 (TTY: 711).**

S5552-005; S5884-148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180

**Humana**<sup>®</sup>

**Walmart** 

Rx Plan (PDP)

Humana.com