

# 2013 Prescription Drug Guide

## **Humana Formulary**

List of covered drugs

Humana Complete (PDP)

Region 6  
States of Pennsylvania and West  
Virginia



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

**Humana**<sup>®</sup>



# 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.

## What is the formulary?

A formulary is a list of covered drugs selected by Humana, which worked with a team of healthcare providers, that represents the prescription therapies believed to be a necessary part of a quality treatment program. Humana will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Humana network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the formulary change?

Generally, if you take a drug on our 2013 formulary that was covered at the beginning of the year, we won't discontinue or reduce coverage of the drug during the 2013 coverage year. However, we may change the formulary when a new, less-expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

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

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

When one of these changes happens, we will notify members at least 60 days before the change or when the member requests a refill of the affected drug.

If the Food and Drug Administration decides a drug on our formulary is unsafe or the drug's manufacturer removes the drug from the market, we'll immediately remove the drug from our formulary and notify members who take the drug.

The enclosed formulary is current as of January 1, 2013. We will update our printed formularies each month, and they will be available on **Humana.com**.

To get updated information about the drugs that Humana covers, please visit **Humana.com**. Select "Medicare Drug List" from the Humana Medicare Plans tab at the top left of the website. The Medicare Drug List search tool lets you search for your drug by name or drug type.

For help and information, call Humana Customer Care at **1-800-281-6918**. If you use a TTY, call **711**. From Oct. 1 - Feb. 14, you can call us seven days a week from 8 a.m. - 8 p.m. From Feb. 15 - Sept. 30, you can leave us a voicemail message after hours, Saturdays, Sundays and some public holidays. Just leave a message and select the reason for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana ID card with you when you call.

## How do I use the formulary?

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

### **Medical Condition**

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Drugs." If you know what 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.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 190. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Prescription drugs are grouped into one of four tiers - Tier 1, Tier 2, Tier 3, or Tier 4. Generic drugs have the same active ingredients as brand drugs and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity, and stability as brand drugs. Your cost for generic drugs is usually lower than your cost for brand drugs.

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

### **How much will I pay for Covered Drugs?**

The amount of money you pay depends on which drug tier your drug falls under in the formulary and whether you fill your prescription at a network pharmacy. Humana pays part of the costs for your covered drugs and you pay part of the costs, too. 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 requirements and limits may include:

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

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

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

You can also visit **Humana.com** to get more information about the restrictions applied to specific covered drugs. Just select "Medicare Drug List" from the Humana Medicare Plans tab at the top left of the website. The Medicare Drug List search tool lets you search for your drug by name or drug type.

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?**

Medicare Coverage Gap Discount Program beginning in 2011: Starting Jan. 1, 2011, Medicare made changes to help with the cost of medicines while members are in the Prescription Drug Plan coverage gap, often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with the companies that make prescription medicines and health plans to give you nearly 52.5 percent off on many covered brand-name prescriptions while you are in the coverage gap. Remember that Medicare members who now receive the low-income subsidy ("Extra Help") or are covered by a qualified, commercial prescription plan through an employer will not receive this discount.

Coverage in the "gap" for generic prescription medicines: Starting Jan. 1, 2011, Medicare made changes to help with the cost of medicines while members are in the Prescription Drug Plan coverage gap, often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with health plans to provide some generic drug coverage while you are in the coverage gap.

### **What if my drug is not on the formulary?**

If your drug isn't included in this list of covered drugs, you should visit **Humana.com** to see if your drug is covered. You can also contact 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 are covered by Humana. When you receive the list, show it 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.

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

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. When you're requesting an exception, you should submit a statement from your doctor supporting your request. This is called a supporting statement. Generally, we must make our decision within 72 hours of getting your prescribing doctor's supporting statement. You can request a quicker, or expedited, exception if you or your doctor believe that your health could be seriously harmed by waiting as long as 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing doctor's supporting statement.

### **What do I need to do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan, you may be taking drugs that aren't on our formulary. Or you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you can switch to an appropriate drug that we cover or if you should request a formulary exception so that we'll cover your drug. In certain cases, we may cover as much as a 30-day supply of your drug during the first 90 days you're a member of our plan while you talk to your doctor to decide the right steps for you to take.

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

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

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

- You need a drug that's not on our formulary *or*
- You have limited ability to get your drugs *and*

- You're past the first 90 days of membership in our plan

Throughout the plan year, you may have a change in your treatment setting (the place where you receive and take your medicine) because of the level of care you require. Such transitions 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 are served by a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

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

### **Transition Extension**

Humana makes arrangements on a case-by case basis to continue to provide necessary drugs to you with an extension of the transition period in the event your exception request or appeal has not been processed by the end of your transition period.

A member 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**

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

## For More Information

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

If you have questions about Humana, please visit our website at **Humana.com**. Select "Medicare Drug List" from the Humana Medicare Plans tab at the top left of the website. The Medicare Drug List search tool lets you search for your drug by name or drug type.

You can also call Humana Customer Care at **1-800-281-6918**. If you use a TTY, call **711**. You can call seven days a week from 8 a.m. - 8 p.m. From Feb. 15 until the following Annual Election Period (AEP), you can leave us a voicemail message after hours, Saturdays, Sundays and some public holidays. Just leave a message and select the reason for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana ID card with you when you call.

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



## Humana Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 190.

### How to read your formulary

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

**GB** - Select brand drugs that are covered in the gap

**GC** - Tier 1 or Tier 2 drugs that are covered in the gap

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>ANTI-INFECTIVE AGENTS</b>		
abacavir 300 mg tablet <b>SP</b>	3	QL (60 per 30 days)
ABELCET 5 MG/ML IV <b>MO</b>	4	
acyclovir 200 mg capsule <b>GC,MO</b>	1	
acyclovir 200 mg/5 ml susp <b>GC,MO</b>	1	
acyclovir 400 mg tablet <b>GC,MO</b>	1	
acyclovir 500 mg/10 ml vial <b>GC,MO</b>	1	
acyclovir 800 mg tablet <b>GC,MO</b>	1	
acyclovir sodium 1 gm vial <b>GC,MO</b>	1	
acyclovir sodium 500 mg vial <b>GC,MO</b>	1	
ALBENZA 200 MG TABLET <b>GB,MO</b>	3	
ALINIA 100 MG/5 ML ORAL SUSP <b>MO</b>	3	QL (150 per 30 days)
ALINIA 500 MG TABLET <b>MO</b>	3	QL (40 per 30 days)
AMBISOME 50 MG IV SUSP <b>MO</b>	3	
amikacin (pf) 100 mg/2 ml <b>MO</b>	3	
amikacin 1,000 mg/4 ml vial <b>MO</b>	2	
amikacin 250 mg/ml disp syr <b>MO</b>	3	
amikacin 500 mg/2 ml <b>MO</b>	2	
amikacin sulfate 100 mg/2 ml <b>MO</b>	3	
amox tr-k clv 200-28.5 tab chw <b>GC,MO</b>	1	
amox tr-k clv 200-28.5/5 susp <b>GC,MO</b>	1	
amox tr-k clv 250-125 mg tab <b>GC,MO</b>	1	
amox tr-k clv 250-62.5/5 susp <b>GC,MO</b>	1	
amox tr-k clv 400-57 tab chew <b>GC,MO</b>	1	
amox tr-k clv 400-57/5 susp <b>GC,MO</b>	1	
amox tr-k clv 500-125 mg tab <b>GC,MO</b>	1	
amox tr-k clv 600-42.9/5 susp <b>GC,MO</b>	1	
amox tr-k clv 875-125 mg tab <b>GC,MO</b>	1	
amoxicillin 125 mg tab chew <b>GC,MO</b>	1	
amoxicillin 125 mg/5 ml susp <b>GC,MO</b>	1	
amoxicillin 200 mg/5 ml susp <b>GC,MO</b>	1	
amoxicillin 250 mg capsule <b>GC,MO</b>	1	
amoxicillin 250 mg tab chew <b>GC,MO</b>	1	
amoxicillin 250 mg/5 ml susp <b>GC,MO</b>	1	
amoxicillin 400 mg/5 ml susp <b>GC,MO</b>	1	
amoxicillin 500 mg capsule <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin 500 mg tablet <b>GC,MO</b>	1	
amoxicillin 875 mg tablet <b>GC,MO</b>	1	
amoxicillin-clav er 1,000-62.5 <b>MO</b>	2	
AMPHOTEC 100 MG VIAL <b>MO</b>	3	
AMPHOTEC 50 MG VIAL <b>MO</b>	3	
amphotericin b 50 mg vial <b>MO</b>	2	
ampicillin 1 gm a-v vial <b>MO</b>	3	
ampicillin 1 gm vial <b>MO</b>	3	
ampicillin 10 gm vial <b>MO</b>	3	
ampicillin 125 mg vial <b>MO</b>	3	
ampicillin 125 mg/5 ml susp <b>GC,MO</b>	1	
ampicillin 2 gm a-v vial <b>MO</b>	3	
ampicillin 2 gm vial <b>MO</b>	3	
ampicillin 250 mg vial <b>MO</b>	3	
ampicillin 250 mg/5 ml susp <b>GC,MO</b>	1	
ampicillin 500 mg vial <b>MO</b>	3	
ampicillin tr 250 mg capsule <b>GC,MO</b>	1	
ampicillin tr 500 mg capsule <b>GC,MO</b>	1	
ampicillin-sulb 3 gm add vial <b>MO</b>	3	
ampicillin-sulbactam 1.5 gm vl <b>MO</b>	3	
ampicillin-sulbactam 15 gm vl <b>MO</b>	3	
ampicillin-sulbactam 3 gm vial <b>MO</b>	3	
ANCOBON 250 MG CAPSULE <b>MO</b>	3	
ANCOBON 500 MG CAPSULE <b>MO</b>	3	
APTIVUS 100 MG/ML ORAL SOLN <b>SP</b>	4	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE <b>SP</b>	4	QL (120 per 30 days)
ARALEN 500 MG TABLET <b>MO</b>	3	
atovaquone-proguanil 250-100 <b>MO</b>	3	
atovaquone-proguanil 62.5-25 <b>MO</b>	3	
ATRIPLA 600 MG-200 MG-300 MG TABLET <b>SP</b>	4	QL (30 per 30 days)
AVELOX IN SODIUM CHLORIDE (ISO-OSMOTIC) 400 MG/250 ML IV PIGGY BACK <b>MO</b>	3	
AZACTAM 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	PA
AZACTAM 2 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	PA
AZACTAM IN ISO-OSMOTIC DEXTROSE 1 GRAM/50 ML IV PIGGY BACK <b>MO</b>	3	
AZACTAM IN ISO-OSMOTIC DEXTROSE 2 GRAM/50 ML IV PIGGY BACK <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
azithromycin 1 gm pwd packet <b>GC,MO</b>	1	
azithromycin 100 mg/5 ml susp <b>GC,MO</b>	1	
azithromycin 2.5 gm bulk vial <b>MO</b>	3	
azithromycin 200 mg/5 ml susp <b>GC,MO</b>	1	
azithromycin 250 mg tablet <b>GC,MO</b>	1	
azithromycin 500 mg tablet <b>GC,MO</b>	1	
azithromycin 600 mg tablet <b>GC,MO</b>	1	
azithromycin i.v. 500 mg vial <b>GC,MO</b>	1	
aztreonam 1 gm vial <b>GC,MO</b>	1	
aztreonam 2 gm vial <b>MO</b>	4	
AZULFIDINE 500 MG TABLET <b>MO</b>	3	
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE <b>MO</b>	3	
baciiim 50,000 unit im <b>MO</b>	3	
bacitracin 50,000 units vial <b>GC,MO</b>	1	
BACTRIM 400 MG-80 MG TABLET <b>MO</b>	3	
BACTRIM DS 800 MG-160 MG TABLET <b>MO</b>	3	
BARACLUDE 0.05 MG/ML ORAL SOLN <b>SP</b>	3	QL (630 per 30 days)
BARACLUDE 0.5 MG TABLET <b>SP</b>	4	QL (30 per 30 days)
BARACLUDE 1 MG TABLET <b>SP</b>	4	QL (30 per 30 days)
BICILLIN C-R 1,200,000 UNIT/2 ML IM SYRINGE <b>GB,MO</b>	3	
BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML IM SYRINGE <b>GB,MO</b>	3	
BICILLIN L-A 1,200,000 UNIT/2 ML IM SYRINGE <b>MO</b>	3	
BICILLIN L-A 2,400,000 UNIT/4 ML IM SYRINGE <b>MO</b>	3	
BICILLIN L-A 600,000 UNIT/ML IM SYRINGE <b>MO</b>	3	
BILTRICIDE 600 MG TABLET <b>MO</b>	3	
CANCIDAS 50 MG IV SOLUTION <b>MO</b>	4	B vs D
CANCIDAS 70 MG IV SOLUTION <b>MO</b>	4	B vs D
CAPASTAT 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
CAYSTON 75 MG/ML NEB SOLUTION <b>MO</b>	4	PA,QL (84 per 28 days)
CEDAX 180 MG/5 ML ORAL SUSP <b>MO</b>	3	
CEDAX 400 MG CAPSULE <b>MO</b>	3	
CEDAX 90 MG/5 ML ORAL SUSP <b>MO</b>	3	
cefaclor 250 mg capsule <b>GC,MO</b>	1	
cefaclor 500 mg capsule <b>GC,MO</b>	1	
cefaclor er 500 mg tablet <b>MO</b>	2	
cefadroxil 1 gm tablet <b>GC,MO</b>	1	

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

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

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
cefadroxil 250 mg/5 ml susp <b>GC,MO</b>	1	
cefadroxil 500 mg capsule <b>GC,MO</b>	1	
cefadroxil 500 mg/5 ml susp <b>GC,MO</b>	1	
cefazolin 1 gm add-van vial <b>GC,MO</b>	1	
cefazolin 1 gm vial <b>GC,MO</b>	1	
cefazolin 1 gm-d5w bag <b>MO</b>	2	
cefazolin 10 gm vial <b>GC,MO</b>	1	
cefazolin 2 gm-d5w bag <b>MO</b>	2	
cefazolin 20 gm bulk vial <b>MO</b>	2	
cefazolin 500 mg vial <b>MO</b>	2	
cefdinir 125 mg/5 ml susp <b>GC,MO</b>	1	
cefdinir 250 mg/5 ml susp <b>GC,MO</b>	1	
cefdinir 300 mg capsule <b>GC,MO</b>	1	
cefepime 1 gm injection <b>MO</b>	3	
cefepime 2 gm injection <b>MO</b>	3	
cefepime hcl 1 gm vial <b>MO</b>	3	
cefepime hcl 2 gram vial <b>MO</b>	3	
cefepime-dextrose 1 gm/50 ml <b>MO</b>	3	
cefepime-dextrose 2 gm/50 ml <b>MO</b>	3	
cefotaxime sodium 1 gm vial <b>GC,MO</b>	1	
cefotaxime sodium 10 gm vial <b>GC,MO</b>	1	
cefotaxime sodium 2 gm vial <b>GC,MO</b>	1	
cefotaxime sodium 20 gm vial <b>GC,MO</b>	1	
cefotaxime sodium 500 mg vial <b>GC,MO</b>	1	
cefotetan 1 gm vial <b>MO</b>	3	
cefotetan 10 gm vial <b>MO</b>	3	
cefotetan 2 gm vial <b>MO</b>	3	
cefotetan-dextr 1 g duplex bag <b>MO</b>	3	
cefotetan-dextr 2 g duplex bag <b>MO</b>	3	
cefoxitin 1 gm piggyback bag <b>MO</b>	3	
cefoxitin 1 gm vial <b>MO</b>	3	
cefoxitin 10 gm vial <b>MO</b>	3	
cefoxitin 2 gm piggyback bag <b>MO</b>	3	
cefoxitin 2 gm vial <b>MO</b>	3	
cefpodoxime 100 mg tablet <b>MO</b>	3	
cefpodoxime 100 mg/5 ml susp <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefpodoxime 200 mg tablet <b>MO</b>	3	
cefpodoxime 50 mg/5 ml susp <b>MO</b>	3	
cefprozil 125 mg/5 ml susp <b>MO</b>	2	
cefprozil 250 mg tablet <b>MO</b>	2	
cefprozil 250 mg/5 ml susp <b>MO</b>	2	
cefprozil 500 mg tablet <b>MO</b>	2	
ceftazidime 1 gm piggyback <b>GC,MO</b>	1	
ceftazidime 1 gm vial <b>GC,MO</b>	1	
ceftazidime 2 gm piggyback <b>GC,MO</b>	1	
ceftazidime 2 gm vial <b>GC,MO</b>	1	
ceftazidime 500 mg vial <b>GC,MO</b>	1	
ceftazidime 6 gm vial <b>GC,MO</b>	1	
ceftriaxone 1 gm piggyback <b>MO</b>	2	
ceftriaxone 1 gm vial <b>GC,MO</b>	1	
ceftriaxone 1 gm-d5w bag <b>MO</b>	2	
ceftriaxone 10 gm vial <b>GC,MO</b>	1	
ceftriaxone 2 gm add vial <b>MO</b>	2	
ceftriaxone 2 gm piggyback <b>MO</b>	2	
ceftriaxone 2 gm vial <b>GC,MO</b>	1	
ceftriaxone 2 gm-d5w bag <b>MO</b>	2	
ceftriaxone 250 mg vial <b>GC,MO</b>	1	
ceftriaxone 500 mg vial <b>GC,MO</b>	1	
cefuroxime 1.5g/50 ml bag <b>GC,MO</b>	1	
cefuroxime 750 mg/50 ml bag <b>GC,MO</b>	1	
cefuroxime axetil 250 mg tab <b>GC,MO</b>	1	
cefuroxime axetil 500 mg tab <b>GC,MO</b>	1	
cefuroxime sod 7.5 gm vial <b>MO</b>	2	
cefuroxime sod 750 mg vial <b>MO</b>	2	
cephalexin 125 mg/5 ml susp <b>GC,MO</b>	1	
cephalexin 250 mg capsule <b>GC,MO</b>	1	
cephalexin 250 mg tablet <b>GC,MO</b>	1	
cephalexin 250 mg/5 ml susp <b>GC,MO</b>	1	
cephalexin 500 mg capsule <b>GC,MO</b>	1	
cephalexin 500 mg tablet <b>GC,MO</b>	1	
chloramphen na succ 1 gm vl <b>MO</b>	2	
chloroquine ph 250 mg tablet <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
chloroquine ph 500 mg tablet <b>MO</b>	2	
ciprofloxacin 10 mg/ml vial <b>GC,MO</b>	1	
ciprofloxacin 200 mg/20 ml vl <b>GC,MO</b>	1	
ciprofloxacin 400 mg/40 ml vl <b>GC,MO</b>	1	
ciprofloxacin er 1,000 mg tab <b>GC,MO</b>	1	
ciprofloxacin er 500 mg tablet <b>GC,MO</b>	1	
ciprofloxacin hcl 100 mg tab <b>GC,MO</b>	1	
ciprofloxacin hcl 250 mg tab <b>GC,MO</b>	1	
ciprofloxacin hcl 500 mg tab <b>GC,MO</b>	1	
ciprofloxacin hcl 750 mg tab <b>GC,MO</b>	1	
ciprofloxacin-d5w 200 mg/100 ml <b>GC,MO</b>	1	
ciprofloxacin-d5w 400 mg/200 ml <b>GC,MO</b>	1	
CLAFORAN 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
CLAFORAN 10 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
CLAFORAN 2 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
CLAFORAN 500 MG SOLUTION FOR INJECTION <b>MO</b>	3	
clarithromycin 125 mg/5 ml sus <b>GC,MO</b>	1	
clarithromycin 250 mg tablet <b>GC,MO</b>	1	
clarithromycin 250 mg/5 ml sus <b>GC,MO</b>	1	
clarithromycin 500 mg tablet <b>GC,MO</b>	1	
clarithromycin er 500 mg tab <b>GC,MO</b>	1	
CLEOCIN 150 MG CAPSULE <b>MO</b>	3	
CLEOCIN 150 MG/ML INJECTION <b>MO</b>	3	
CLEOCIN 300 MG CAPSULE <b>MO</b>	3	PA
CLEOCIN 600 MG/4 ML IV <b>MO</b>	3	
CLEOCIN 75 MG CAPSULE <b>MO</b>	3	PA
CLEOCIN 900 MG/6 ML IV <b>MO</b>	3	
CLEOCIN IN D5W 300 MG/50 ML IV PIGGY BACK <b>MO</b>	3	
CLEOCIN IN D5W 600 MG/50 ML IV PIGGY BACK <b>MO</b>	3	
CLEOCIN IN D5W 900 MG/50 ML IV PIGGY BACK <b>MO</b>	3	
clindamycin 150 mg/ml addvan <b>GC,MO</b>	1	
clindamycin 75 mg/5 ml soln <b>MO</b>	2	
clindamycin hcl 150 mg capsule <b>GC,MO</b>	1	
clindamycin hcl 300 mg capsule <b>GC,MO</b>	1	
clindamycin hcl 75 mg capsule <b>GC,MO</b>	1	
clindamycin ph 900 mg/6 ml vl <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COARTEM 20 MG-120 MG TABLET <b>MO</b>	3	QL (24 per 30 days)
colistimethate 150 mg vial <b>MO</b>	3	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION <b>MO</b>	3	
COMPLERA 200 MG-25 MG-300 MG TABLET <b>SP</b>	4	QL (30 per 30 days)
COPEGUS 200 MG TABLET <b>SP</b>	4	PA,QL (168 per 28 days)
CRIXIVAN 100 MG CAPSULE <b>SP</b>	4	QL (720 per 30 days)
CRIXIVAN 200 MG CAPSULE <b>SP</b>	3	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE <b>SP</b>	3	QL (270 per 30 days)
CUBICIN 500 MG IV SOLUTION <b>MO</b>	4	B vs D
CYTOVENE 500 MG IV SOLUTION <b>MO</b>	3	
dapsone 100 mg tablet <b>MO</b>	2	
dapsone 25 mg tablet <b>MO</b>	2	
DARAPRIM 25 MG TABLET <b>GB,MO</b>	3	
demeclocycline 150 mg tablet <b>MO</b>	3	
demeclocycline 300 mg tablet <b>MO</b>	3	
dicloxacillin 250 mg capsule <b>GC,MO</b>	1	
dicloxacillin 500 mg capsule <b>GC,MO</b>	1	
didanosine dr 125 mg capsule <b>SP</b>	3	QL (90 per 30 days)
didanosine dr 200 mg capsule <b>SP</b>	3	QL (60 per 30 days)
didanosine dr 250 mg capsule <b>SP</b>	3	QL (30 per 30 days)
didanosine dr 400 mg capsule <b>SP</b>	3	QL (30 per 30 days)
DIFICID 200 MG TABLET <b>MO</b>	4	QL (20 per 10 days)
DIFLUCAN 10 MG/ML ORAL SUSP <b>MO</b>	3	
DIFLUCAN 100 MG TABLET <b>MO</b>	3	PA
DIFLUCAN 150 MG TABLET <b>MO</b>	3	QL (4 per 28 days)
DIFLUCAN 200 MG TABLET <b>MO</b>	3	PA
DIFLUCAN 40 MG/ML ORAL SUSP <b>MO</b>	3	
DIFLUCAN 50 MG TABLET <b>MO</b>	3	
DIFLUCAN-DEXTR 400 MG/200 ML <b>MO</b>	3	
DIFLUCAN-SALINE 200 MG/100 ML <b>MO</b>	3	
DIFLUCAN-SALINE 400 MG/200 ML <b>MO</b>	3	
DORIBAX 250 MG IV SUSP <b>MO</b>	3	
DORIBAX 500 MG IV SUSP <b>MO</b>	3	
doxycycline hyc 100 mg vial <b>GC,MO</b>	1	
doxycycline hyc dr 100 mg cap <b>GC,MO</b>	1	
doxycycline hyc dr 100 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
doxycycline hyc dr 75 mg tab <b>MO</b>	2	
doxycycline hyclate 100 mg cap <b>GC,MO</b>	1	
doxycycline hyclate 100 mg tab <b>GC,MO</b>	1	
doxycycline hyclate 50 mg cap <b>GC,MO</b>	1	
doxycycline mono 100 mg cap <b>GC,MO</b>	1	QL (60 per 30 days)
doxycycline mono 100 mg tablet <b>GC,MO</b>	1	
doxycycline mono 150 mg cap <b>MO</b>	4	
doxycycline mono 150 mg tablet <b>GC,MO</b>	1	
doxycycline mono 50 mg cap <b>GC,MO</b>	1	QL (60 per 30 days)
doxycycline mono 50 mg tablet <b>GC,MO</b>	1	
doxycycline mono 75 mg capsule <b>MO</b>	2	QL (30 per 30 days)
doxycycline mono 75 mg tablet <b>GC,MO</b>	1	
E.E.S. 400 400 MG TABLET <b>MO</b>	3	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSP <b>MO</b>	3	
EDURANT 25 MG TABLET <b>SP</b>	3	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLN <b>SP</b>	3	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE <b>SP</b>	3	QL (30 per 30 days)
EPIVIR 10 MG/ML ORAL SOLN <b>SP</b>	3	QL (960 per 30 days)
EPIVIR 150 MG TABLET <b>SP</b>	3	QL (60 per 30 days)
EPIVIR 300 MG TABLET <b>SP</b>	3	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET <b>SP</b>	3	QL (90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLN <b>SP</b>	3	QL (1680 per 28 days)
EPZICOM 600 MG-300 MG TABLET <b>SP</b>	4	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG IV SOLUTION <b>MO</b>	3	B vs D
ERAXIS(WATER DILUENT) 50 MG IV SOLUTION <b>MO</b>	3	B vs D
ERY-TAB 250 MG TABLET,DELAYED RELEASE <b>MO</b>	3	
ERY-TAB 333 MG TABLET,DELAYED RELEASE <b>MO</b>	3	
ERY-TAB 500 MG TABLET,DELAYED RELEASE <b>MO</b>	3	
ERYPED 200 200 MG/5 ML ORAL SUSP <b>MO</b>	3	
ERYPED 400 400 MG/5 ML ORAL SUSP <b>MO</b>	3	
ERYTHROCIN 1,000 MG IV SOLUTION <b>GC,MO</b>	1	
ERYTHROCIN 500 MG FILMTAB <b>GC,MO</b>	1	
ERYTHROCIN 500 MG IV SOLUTION <b>GC,MO</b>	1	
ERYTHROCIN STEARATE 250 MG TABLET <b>GC,MO</b>	1	
erythromycin 250 mg filmtab <b>GC,MO</b>	1	
erythromycin 500 mg filmtab <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
erythromycin ec 250 mg cap <b>GC,MO</b>	1	
erythromycin es 400 mg tab <b>GC,MO</b>	1	
erythromycin-sulfisox susp <b>GC,MO</b>	1	
ethambutol hcl 100 mg tablet <b>GC,MO</b>	1	
ethambutol hcl 400 mg tablet <b>GC,MO</b>	1	
FACTIVE 320 MG TABLET <b>MO</b>	3	
famciclovir 125 mg tablet <b>MO</b>	2	QL (60 per 30 days)
famciclovir 250 mg tablet <b>MO</b>	2	QL (60 per 30 days)
famciclovir 500 mg tablet <b>MO</b>	2	QL (60 per 30 days)
fluconazole 10 mg/ml susp <b>GC,MO</b>	1	
fluconazole 100 mg tablet <b>GC,MO</b>	1	
fluconazole 150 mg tablet <b>GC,MO</b>	1	QL (4 per 28 days)
fluconazole 200 mg tablet <b>GC,MO</b>	1	
fluconazole 40 mg/ml susp <b>GC,MO</b>	1	
fluconazole 50 mg tablet <b>GC,MO</b>	1	
fluconazole-dext 200 mg/100 ml <b>GC,MO</b>	1	
fluconazole-dext 400 mg/200 ml <b>GC,MO</b>	1	
fluconazole-ns 100 mg/50 ml <b>GC,MO</b>	1	
fluconazole-ns 200 mg/100 ml <b>GC,MO</b>	1	
fluconazole-ns 400 mg/200 ml <b>GC,MO</b>	1	
flucytosine 250 mg capsule <b>MO</b>	2	
flucytosine 500 mg capsule <b>MO</b>	2	
FLUMADINE 100 MG TABLET <b>MO</b>	3	
FORTAZ 1 GRAM IV SOLUTION <b>MO</b>	3	
FORTAZ 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
FORTAZ 2 GRAM IV SOLUTION <b>MO</b>	3	
FORTAZ 2 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
FORTAZ 500 MG SOLUTION FOR INJECTION <b>MO</b>	3	
FORTAZ 6 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
FORTAZ IN D5W 1 GRAM/50 ML IV PIGGY BACK <b>MO</b>	3	
FORTAZ IN D5W 2 GRAM/50 ML IV PIGGY BACK <b>MO</b>	3	
foscarnet 24 mg/ml infus bttl <b>MO</b>	3	B vs D
FOSCAVIR 24 MG/ML IV <b>MO</b>	3	B vs D
FUZEON 90 MG SUB-Q KIT <b>SP</b>	4	QL (60 per 30 days)
FUZEON 90 MG SUB-Q SOLN <b>MO</b>	4	QL (60 per 30 days)
ganciclovir 500 mg vial <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
gentamicin 10 mg/ml vial <b>GC,MO</b>	1	
gentamicin 40 mg/ml vial <b>GC,MO</b>	1	
gentamicin 70 mg/ns 50 ml pb <b>MO</b>	2	
gentamicin 80 mg/ns 50 ml pb <b>GC,MO</b>	1	
gentamicin 90 mg/ns 100 ml pb <b>MO</b>	2	
gentamicin ped 10 mg/ml vial <b>GC,MO</b>	1	
GRIFULVIN V 500 MG TABLET <b>MO</b>	3	
GRIS-PEG 125 MG TABLET <b>MO</b>	3	
GRIS-PEG 250 MG TABLET <b>MO</b>	3	
griseofulvin 125 mg/5 ml susp <b>MO</b>	3	
HELIDAC 250 MG-500 MG-262.4 MG ORAL PACK <b>MO</b>	3	
HEPSERA 10 MG TABLET <b>SP</b>	4	
HIPREX 1 GRAM TABLET <b>MO</b>	3	PA
hydroxychloroquine 200 mg tab <b>GC,MO</b>	1	
imipenem-cilastatin 250 mg vl <b>MO</b>	3	
imipenem-cilastatin 500 mg vl <b>MO</b>	3	
INCIVEK 375 MG TABLET <b>SP</b>	4	PA,QL (168 per 28 days)
INFERGEN 15 MCG/0.5 ML SUB-Q <b>SP</b>	4	PA,QL (30 per 30 days)
INFERGEN 9 MCG/0.3 ML SUB-Q <b>SP</b>	4	PA,QL (12 per 30 days)
INTELENCE 100 MG TABLET <b>SP</b>	4	QL (120 per 30 days)
INTELENCE 200 MG TABLET <b>SP</b>	4	QL (60 per 30 days)
INTELENCE 25 MG TABLET <b>MO</b>	2	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <b>SP</b>	3	PA
INTRON A 10 MILLION UNIT/ML <b>SP</b>	3	PA
INTRON A 10 MILLION UNIT/ML INJECTION <b>SP</b>	3	PA
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <b>SP</b>	3	PA
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <b>SP</b>	3	PA
INTRON A 6 MILLION UNIT/ML INJECTION <b>SP</b>	4	PA
INVANZ 1 GRAM IV SOLUTION <b>MO</b>	3	
INVANZ 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
INVIRASE 200 MG CAPSULE <b>SP</b>	4	QL (300 per 30 days)
INVIRASE 500 MG TABLET <b>SP</b>	4	QL (120 per 30 days)
ISENTRESS 400 MG TABLET <b>SP</b>	4	QL (120 per 30 days)
iso gentamicin 100 mg/100 ml <b>GC,MO</b>	1	
iso gentamicin 120 mg/100 ml <b>MO</b>	2	
isonarif 300 mg-150 mg capsule <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
isoniazid 100 mg tablet <b>GC,MO</b>	1	
isoniazid 100 mg/ml vial <b>GC,MO</b>	1	
isoniazid 300 mg tablet <b>GC,MO</b>	1	
isoniazid 50 mg/5 ml syrup <b>GC,MO</b>	1	
isoton gentamicin 100 mg/50 ml <b>MO</b>	2	
isoton gentamicin 60 mg/100 ml <b>MO</b>	2	
isoton gentamicin 60 mg/50 ml <b>MO</b>	2	
isoton gentamicin 80 mg/100 ml <b>GC,MO</b>	1	
itraconazole 100 mg capsule <b>MO</b>	3	QL (120 per 30 days)
KALETRA 100 MG-25 MG TABLET <b>SP</b>	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET <b>SP</b>	4	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLN <b>SP</b>	4	
kanamycin 1 gm/3 ml vial <b>GC,MO</b>	1	
KEFLEX 250 MG CAPSULE <b>MO</b>	3	PA
KEFLEX 500 MG CAPSULE <b>MO</b>	3	PA
KEFLEX 750 MG CAPSULE <b>MO</b>	3	
KETEK 300 MG TABLET <b>MO</b>	3	
KETEK 400 MG TABLET <b>MO</b>	3	
ketoconazole 200 mg tablet <b>GC,MO</b>	1	
lamivudine 150 mg tablet <b>SP</b>	3	QL (60 per 30 days)
lamivudine 300 mg tablet <b>SP</b>	3	QL (30 per 30 days)
lamivudine-zidovudine tablet <b>SP</b>	3	QL (60 per 30 days)
LEVAQUIN 250 MG/10 ML ORAL SOLN <b>MO</b>	3	
LEVAQUIN I.V. 25 MG/ML VIAL <b>MO</b>	3	
LEVAQUIN IN D5W 250 MG/50 ML IV PIGGY BACK <b>MO</b>	3	
LEVAQUIN IN D5W 500 MG/100 ML IV PIGGY BACK <b>MO</b>	3	
LEVAQUIN IN D5W 750 MG/150 ML IV PIGGY BACK <b>MO</b>	3	
levofloxacin 25 mg/ml solution <b>GC,MO</b>	1	
levofloxacin 250 mg tablet <b>GC,MO</b>	1	
levofloxacin 500 mg tablet <b>GC,MO</b>	1	
levofloxacin 500 mg/20 ml vial <b>MO</b>	3	
levofloxacin 750 mg tablet <b>GC,MO</b>	1	
levofloxacin-d5w 250 mg/50 ml <b>MO</b>	3	
levofloxacin-d5w 500 mg/100 ml <b>MO</b>	3	
levofloxacin-d5w 750 mg/150 ml <b>MO</b>	3	
LEXIVA 50 MG/ML ORAL SUSP <b>SP</b>	2	QL (1575 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
LEXIVA 700 MG TABLET <b>SP</b>	4	QL (120 per 30 days)
LINCOCIN 300 MG/ML INJECTION <b>MO</b>	3	
MALARONE 250 MG-100 MG TABLET <b>MO</b>	3	
MALARONE 62.5 MG-25 MG TABLET <b>MO</b>	3	PA
MAXIPIME 1 GM ADD-VANTAGE VL <b>MO</b>	3	
MAXIPIME 1 GRAM VIAL <b>MO</b>	3	
MAXIPIME 2 GM ADD-VANTAGE VL <b>MO</b>	3	
MAXIPIME 2 GRAM VIAL <b>MO</b>	3	
mebendazole 100 mg tab chew <b>GC,MO</b>	1	
mefloquine hcl 250 mg tablet <b>MO</b>	2	
MEFOXIN IN DEXTROSE (ISO-OSMOTIC) 1 GRAM/50 ML IV PIGGY BACK <b>GC,MO</b>	1	
MEFOXIN IN DEXTROSE (ISO-OSMOTIC) 2 GRAM/50 ML IV PIGGY BACK <b>GC,MO</b>	1	
MEPRON 750 MG/5 ML ORAL SUSP <b>MO</b>	4	
meropenem iv 1 gm vial <b>MO</b>	3	
meropenem iv 500 mg vial <b>MO</b>	3	
MERREM 1 GRAM IV SOLUTION <b>MO</b>	3	PA
MERREM 500 MG IV SOLUTION <b>MO</b>	3	
methenamine hipp 1 gm tablet <b>MO</b>	3	
methenamine md 1 gm tablet <b>MO</b>	3	
methenamine md 500 mg tablet <b>MO</b>	3	
METRO I.V. 500 MG/100 ML PIGGY BACK <b>MO</b>	3	
metronidazole 250 mg tablet <b>GC,MO</b>	1	
metronidazole 375 mg capsule <b>GC,MO</b>	1	
metronidazole 500 mg tablet <b>GC,MO</b>	1	
metronidazole 500 mg/100 ml <b>MO</b>	3	
minocycline 100 mg capsule <b>GC,MO</b>	1	
minocycline 50 mg capsule <b>GC,MO</b>	1	
minocycline 75 mg capsule <b>GC,MO</b>	1	
minocycline er 135 mg tablet <b>MO</b>	2	QL (30 per 30 days)
minocycline er 45 mg tablet <b>MO</b>	2	QL (30 per 30 days)
minocycline er 90 mg tablet <b>MO</b>	2	QL (30 per 30 days)
minocycline hcl 100 mg tablet <b>GC,MO</b>	1	
minocycline hcl 50 mg tablet <b>GC,MO</b>	1	
minocycline hcl 75 mg tablet <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONUROL 3 GRAM ORAL PACKET <b>MO</b>	3	
morgidox 100 mg capsule <b>GC,MO</b>	1	
MYAMBUTOL 100 MG TABLET <b>MO</b>	3	
MYAMBUTOL 400 MG TABLET <b>MO</b>	3	
MYCAMINE 100 MG IV SOLUTION <b>MO</b>	4	
MYCAMINE 50 MG IV SOLUTION <b>MO</b>	4	
MYCOBUTIN 150 MG CAPSULE <b>MO</b>	3	
nafcillin 1 gm add-van vial <b>MO</b>	4	
nafcillin 1 gm vial <b>MO</b>	4	
nafcillin 1 gm/ 50 ml inj <b>MO</b>	4	
nafcillin 10 gm vial <b>MO</b>	4	
nafcillin 2 gm add-vant vial <b>MO</b>	4	
nafcillin 2 gm vial <b>MO</b>	4	
nafcillin 2 gm/ 100 ml inj <b>MO</b>	4	
neo-fradin 25 mg/ml oral soln <b>GC,MO</b>	1	
neomycin 500 mg tablet <b>GC,MO</b>	1	
nevirapine 200 mg tablet <b>SP</b>	2	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp <b>SP</b>	3	QL (1200 per 30 days)
nitrofurantoin 25 mg/5 ml susp <b>MO</b>	3	PA,QL (90 per 120 days)
nitrofurantoin mcr 100 mg cap <b>MO</b>	3	PA
nitrofurantoin mcr 50 mg cap <b>MO</b>	3	PA
nitrofurantoin mono-mcr 100 mg <b>MO</b>	3	PA
NOROXIN 400 MG TABLET <b>MO</b>	3	
NORVIR 100 MG CAPSULE <b>SP</b>	3	QL (360 per 30 days)
NORVIR 100 MG TABLET <b>SP</b>	3	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLN <b>SP</b>	3	QL (480 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSP <b>MO</b>	4	PA,QL (840 per 28 days)
nystatin 100,000 units/ml susp <b>GC,MO</b>	1	
nystatin 500,000 unit oral tab <b>GC,MO</b>	1	
OCUDOX 50 MG KIT <b>GC,MO</b>	1	
ofloxacin 200 mg tablet <b>GC,MO</b>	1	
ofloxacin 300 mg tablet <b>GC,MO</b>	1	
ofloxacin 400 mg tablet <b>GC,MO</b>	1	
oxacillin 1 gm add-vantage vl <b>MO</b>	3	
oxacillin 1 gm vial <b>MO</b>	3	
oxacillin 1 gm/ 50 ml inj <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
oxacillin 10 gm vial <b>MO</b>	3	
oxacillin 2 gm add-vantage vl <b>MO</b>	3	
oxacillin 2 gm vial <b>MO</b>	3	
oxacillin 2 gm/ 50 ml inj <b>MO</b>	3	
paromomycin 250 mg capsule <b>MO</b>	3	
PASER 4 GRAM ORAL PACKET <b>GC,MO</b>	1	
PCE 333 MG PARTICLES IN TABLET <b>MO</b>	3	
PCE 500 MG PARTICLES IN TABLET <b>MO</b>	3	
PEGASYS 180 MCG/0.5 ML SUB-Q SYRINGE <b>SP</b>	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUB-Q <b>SP</b>	4	PA,QL (4 per 28 days)
PEGASYS CONVENIENCE PACK 180 MCG/0.5 ML SUB-Q KIT <b>SP</b>	4	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML SUB-Q PEN INJECTOR <b>SP</b>	4	PA,QL (2 per 28 days)
PEGASYS PROCLICK 180 MCG/0.5 ML SUB-Q PEN INJECTOR <b>SP</b>	4	PA,QL (2 per 28 days)
PEGINTRON 120 MCG/0.5 ML SUB-Q KIT <b>SP</b>	4	PA,QL (4 per 28 days)
PEGINTRON 150 MCG/0.5 ML SUB-Q KIT <b>SP</b>	4	PA,QL (4 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUB-Q KIT <b>SP</b>	4	PA,QL (4 per 28 days)
PEGINTRON 80 MCG/0.5 ML SUB-Q KIT <b>SP</b>	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBQ KIT <b>SP</b>	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBQ KIT <b>SP</b>	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBQ KIT <b>SP</b>	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBQ KIT <b>SP</b>	4	PA,QL (4 per 28 days)
pen g 1.2 million unit/2 ml <b>MO</b>	3	
pen g k 1 million unit/50 ml <b>MO</b>	2	
pen g k 2 million unit/50 ml <b>MO</b>	2	
pen g k 3 million unit/50 ml <b>MO</b>	2	
penicillin g 600,000 unit/1 ml <b>MO</b>	3	
penicillin g k 5 million unit <b>MO</b>	2	
penicillin g na 5 million unit <b>MO</b>	2	
penicillin gk 20 million unit <b>MO</b>	2	
penicillin vk 125 mg/5 ml sus <b>GC,MO</b>	1	
penicillin vk 250 mg tablet <b>GC,MO</b>	1	
penicillin vk 250 mg/5 ml soln <b>GC,MO</b>	1	
penicillin vk 500 mg tablet <b>GC,MO</b>	1	
PENTAM 300 MG SOLUTION FOR INJECTION <b>MO</b>	3	B vs D
pfizerpen-g 20 million unit solution for injection <b>GC,MO</b>	1	
pfizerpen-g 5 million unit solution for injection <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phosphasal 81.6 mg-10.8 mg-40.8 mg tablet <b>MO</b>	2	PA
piperacil-tazobact 2.25 gm vl <b>GC,MO</b>	1	
piperacil-tazobact 3.375 gm vl <b>GC,MO</b>	1	
piperacil-tazobact 4.5 gm vial <b>GC,MO</b>	1	
piperacil-tazobact 40.5 gram <b>GC,MO</b>	1	
piperacillin 2 gm vial <b>GC,MO</b>	1	
piperacillin 3 gm vial <b>GC,MO</b>	1	
piperacillin 4 gm vial <b>GC,MO</b>	1	
piperacillin 40 gm bulk vial <b>GC,MO</b>	1	
polymyxin b sulfate vial <b>MO</b>	2	
PREZISTA 150 MG TABLET <b>SP</b>	3	QL (240 per 30 days)
PREZISTA 400 MG TABLET <b>SP</b>	4	QL (90 per 30 days)
PREZISTA 600 MG TABLET <b>SP</b>	4	QL (60 per 30 days)
PREZISTA 75 MG TABLET <b>SP</b>	3	QL (480 per 30 days)
PRIFTIN 150 MG TABLET <b>MO</b>	3	
primaquine 26.3 mg tablet <b>MO</b>	2	
PRIMAXIN I.M. 500 MG VIAL <b>MO</b>	2	
PRIMAXIN IV 250 MG IV SOLUTION <b>MO</b>	2	
PRIMAXIN IV 500 MG IV SOLUTION <b>MO</b>	2	
PRIMSOL 50 MG/5 ML ORAL SOLN <b>GC,MO</b>	1	
PYLERA 140 MG-125 MG-125 MG CAPSULE <b>MO</b>	3	QL (144 per 30 days)
pyrazinamide 500 mg tablet <b>MO</b>	3	
QUALAQUIN 324 MG CAPSULE <b>MO</b>	3	PA,QL (42 per 7 days)
quinine sulfate 324 mg capsule <b>MO</b>	3	PA,QL (42 per 7 days)
REBETOL 200 MG CAPSULE <b>SP</b>	4	PA,QL (168 per 28 days)
REBETOL 40 MG/ML ORAL SOLN <b>SP</b>	3	PA,QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION FOR INHALATION <b>MO</b>	3	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET <b>SP</b>	3	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET <b>SP</b>	3	QL (180 per 30 days)
RETROVIR 10 MG/ML IV <b>SP</b>	3	
RETROVIR 10 MG/ML SYRUP <b>SP</b>	3	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE <b>SP</b>	3	QL (180 per 30 days)
RETROVIR 300 MG TABLET <b>SP</b>	3	QL (60 per 30 days)
REYATAZ 100 MG CAPSULE <b>SP</b>	4	QL (120 per 30 days)
REYATAZ 150 MG CAPSULE <b>SP</b>	4	QL (60 per 30 days)
REYATAZ 200 MG CAPSULE <b>SP</b>	4	QL (60 per 30 days)

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

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



<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
REYATAZ 300 MG CAPSULE <b>SP</b>	4	QL (30 per 30 days)
RIBAPAK DOSE PACK 200 MG (28)-400 MG (28) TABLETS <b>MO</b>	4	PA,QL (112 per 28 days)
RIBAPAK DOSE PACK 200 MG (7)-400 MG (7) TABLETS <b>MO</b>	4	PA,QL (112 per 28 days)
RIBAPAK DOSE PACK 400 MG (28)-400 MG (28) TABLETS <b>SP</b>	4	PA,QL (84 per 28 days)
RIBAPAK DOSE PACK 400 MG (7)-400 MG (7) TABLETS <b>MO</b>	4	PA,QL (84 per 28 days)
RIBAPAK DOSE PACK 600 MG (28)-400 MG (28) TABLETS <b>SP</b>	4	PA,QL (112 per 30 days)
RIBAPAK DOSE PACK 600 MG (28)-600 MG (28) TABLETS <b>SP</b>	4	PA,QL (56 per 28 days)
RIBAPAK DOSE PACK 600 MG (7)-400 MG (7) TABLETS <b>MO</b>	4	PA,QL (112 per 30 days)
RIBAPAK DOSE PACK 600 MG (7)-600 MG (7) TABLETS <b>MO</b>	4	PA,QL (56 per 28 days)
ribasphere 200 mg capsule <b>SP</b>	3	PA,QL (168 per 28 days)
ribasphere 200 mg tablet <b>SP</b>	3	PA,QL (168 per 28 days)
ribasphere 400 mg tablet <b>SP</b>	3	PA,QL (112 per 30 days)
ribasphere 600 mg tablet <b>SP</b>	4	PA,QL (56 per 28 days)
RIBATAB DOSE PACK 400 MG (28)-400 MG (28) TABLETS <b>SP</b>	4	PA,QL (84 per 28 days)
RIBATAB DOSE PACK 600 MG (28)-400 MG (28) TABLETS <b>SP</b>	4	PA,QL (112 per 30 days)
RIBATAB DOSE PACK 600 MG (28)-600 MG (28) TABLETS <b>SP</b>	4	PA,QL (56 per 28 days)
ribavirin 200 mg capsule <b>SP</b>	2	PA,QL (168 per 28 days)
ribavirin 200 mg tablet <b>SP</b>	2	PA,QL (168 per 28 days)
RIFADIN 150 MG CAPSULE <b>MO</b>	3	
RIFADIN 300 MG CAPSULE <b>MO</b>	3	
RIFADIN 600 MG IV SOLUTION <b>MO</b>	3	
RIFAMATE 300 MG-150 MG CAPSULE <b>MO</b>	3	
rifampin 150 mg capsule <b>GC,MO</b>	1	
rifampin 300 mg capsule <b>GC,MO</b>	1	
rifampin iv 600 mg vial <b>GC,MO</b>	1	
RIFATER 50 MG-120 MG-300 MG TABLET <b>MO</b>	3	
rimantadine hcl 100 mg tablet <b>GC,MO</b>	1	
ROCEPHIN 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
ROCEPHIN 500 MG SOLUTION FOR INJECTION <b>MO</b>	3	
SELZENTRY 150 MG TABLET <b>SP</b>	4	QL (240 per 30 days)
SELZENTRY 300 MG TABLET <b>SP</b>	4	QL (120 per 30 days)
SEPTRA 80-400 TABLET <b>MO</b>	3	
SEPTRA DS TABLET <b>MO</b>	3	
SEROMYCIN 250 MG CAPSULE <b>MO</b>	3	
stavudine 1 mg/ml solution <b>GC,SP</b>	1	QL (2400 per 30 days)
stavudine 15 mg capsule <b>GC,SP</b>	1	QL (120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
stavudine 20 mg capsule <b>GC,SP</b>	1	QL (120 per 30 days)
stavudine 30 mg capsule <b>GC,SP</b>	1	QL (30 per 30 days)
stavudine 40 mg capsule <b>GC,SP</b>	1	QL (60 per 30 days)
streptomycin sulf 1 gm vial <b>MO</b>	2	
STROMECTOL 3 MG TABLET <b>MO</b>	2	
sulfadiazine 500 mg tablet <b>MO</b>	3	
sulfamethoxazole-tmp ds tablet <b>GC,MO</b>	1	
sulfamethoxazole-tmp ss tablet <b>GC,MO</b>	1	
sulfamethoxazole-tmp susp <b>GC,MO</b>	1	
sulfamethoxazole-tmp vial <b>GC,MO</b>	1	
sulfasalazine 500 mg tablet <b>GC,MO</b>	1	
sulfasalazine dr 500 mg tab <b>GC,MO</b>	1	
sulfazine 500 mg tablet <b>GC,MO</b>	1	
sulfazine ec 500 mg tablet, delayed release <b>GC,MO</b>	1	
SUPRAX 100 MG/5 ML ORAL SUSP <b>MO</b>	3	
SUPRAX 200 MG/5 ML ORAL SUSP <b>MO</b>	3	
SUSTIVA 200 MG CAPSULE <b>SP</b>	2	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE <b>SP</b>	2	QL (480 per 30 days)
SUSTIVA 600 MG TABLET <b>SP</b>	2	QL (30 per 30 days)
SYLATRON 296 MCG SUB-Q KIT <b>SP</b>	4	PA,QL (4 per 28 days)
SYLATRON 4-PACK 296 MCG SUB-Q KIT <b>SP</b>	4	PA,QL (4 per 28 days)
SYLATRON 4-PACK 444 MCG SUB-Q KIT <b>SP</b>	4	PA,QL (4 per 28 days)
SYLATRON 4-PACK 888 MCG SUB-Q KIT <b>SP</b>	4	PA,QL (4 per 28 days)
SYLATRON 444 MCG SUB-Q KIT <b>SP</b>	4	PA,QL (4 per 28 days)
SYLATRON 888 MCG SUB-Q KIT <b>SP</b>	4	PA,QL (4 per 28 days)
SYNERCID 500 MG IV SOLUTION <b>MO</b>	4	
TAMIFLU 12 MG/ML SUSPENSION <b>MO</b>	3	QL (350 per 365 days)
TAMIFLU 30 MG CAPSULE <b>MO</b>	3	QL (112 per 365 days)
TAMIFLU 45 MG CAPSULE <b>MO</b>	3	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSP <b>MO</b>	3	QL (720 per 365 days)
TAMIFLU 75 MG CAPSULE <b>MO</b>	3	QL (56 per 365 days)
tazicef 1 gram iv solution <b>MO</b>	2	
tazicef 1 gram solution for injection <b>GC,MO</b>	1	
tazicef 2 gram iv solution <b>MO</b>	2	
tazicef 2 gram solution for injection <b>MO</b>	2	
tazicef 6 gram solution for injection <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
TEFLARO 400 MG IV SOLUTION <b>MO</b>	3	
TEFLARO 600 MG IV SOLUTION <b>MO</b>	3	
terbinafine hcl 250 mg tablet <b>GC,MO</b>	1	QL (90 per 365 days)
TERRAMYCIN 250 MG/2 ML IM <b>MO</b>	3	
TERRAMYCIN IM 100 MG/2 ML IM <b>MO</b>	3	
tetracycline 250 mg capsule <b>GC,MO</b>	1	
tetracycline 500 mg capsule <b>GC,MO</b>	1	
TIMENTIN 3.1 G IV SOLUTION <b>MO</b>	3	
TIMENTIN 3.1 G/100 ML IV PIGGY BACK <b>MO</b>	3	
TIMENTIN 31 G IV SOLUTION <b>MO</b>	3	
tinidazole 250 mg tablet <b>MO</b>	2	
tinidazole 500 mg tablet <b>MO</b>	2	
TOBI 300 MG/5 ML NEB SOLUTION <b>MO</b>	4	PA,QL (280 per 28 days)
tobramycin 1.2 gm vial <b>GC,MO</b>	1	
tobramycin 10 mg/ml vial <b>GC,MO</b>	1	
tobramycin 40 mg/ml syringe <b>GC,MO</b>	1	
tobramycin 40 mg/ml vial <b>GC,MO</b>	1	
tobramycin 60 mg/50 ml ns <b>GC,MO</b>	1	
tobramycin 80 mg/100 ml ns <b>GC,MO</b>	1	
TRECTOR 250 MG TABLET <b>MO</b>	3	
trimethoprim 100 mg tablet <b>GC,MO</b>	1	
TRIZIVIR 300 MG-150 MG-300 MG TABLET <b>SP</b>	4	QL (60 per 30 days)
TRUVADA 200 MG-300 MG TABLET <b>SP</b>	4	QL (30 per 30 days)
TYGACIL 50 MG IV SOLUTION <b>MO</b>	3	
TYZEKA 600 MG TABLET <b>SP</b>	3	QL (30 per 30 days)
ur n-c 81.6 mg-10.8 mg-40.8 mg tablet <b>MO</b>	2	PA
URETRON D-S 120 MG-0.12 MG-10.8 MG TABLET <b>MO</b>	3	PA
URETRON D-S 81.6 MG-10.8 MG-40.8 MG TABLET <b>MO</b>	3	PA
urin ds 81.6 mg-10.8 mg-40.8 mg tablet <b>MO</b>	3	PA
UROQID-ACID NO.2 500 MG-500 MG TABLET <b>MO</b>	3	
ustell 120 mg-0.12 mg capsule <b>MO</b>	2	PA
utira-c tablet <b>MO</b>	3	PA
valacyclovir hcl 1 gram tablet <b>MO</b>	2	QL (90 per 30 days)
valacyclovir hcl 500 mg tablet <b>MO</b>	2	QL (60 per 30 days)
VALCYTE 450 MG TABLET <b>MO</b>	4	QL (120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (1056 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
VANCOGIN 125 MG CAPSULE <b>MO</b>	4	
VANCOGIN 250 MG CAPSULE <b>MO</b>	4	
vancomycin 1 gm vial <b>MO</b>	2	B vs D
vancomycin 500 mg vial <b>MO</b>	2	B vs D
vancomycin 750 mg/150 ml bag <b>MO</b>	3	
vancomycin hcl 10 gm vial <b>MO</b>	2	B vs D
vancomycin hcl 125 mg capsule <b>MO</b>	4	
vancomycin hcl 1g/200 ml bag <b>MO</b>	3	B vs D
vancomycin hcl 250 mg capsule <b>MO</b>	4	
vancomycin hcl 5 gm vial <b>MO</b>	2	B vs D
vancomycin hcl 750 mg vial <b>MO</b>	2	B vs D
vancomycin-d5w 500 mg/100 ml <b>MO</b>	3	B vs D
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSP <b>MO</b>	4	PA,QL (400 per 30 days)
VFEND IV 200 MG SOLN <b>MO</b>	3	
VIBATIV 250 MG IV SOLUTION <b>MO</b>	3	B vs D
VIBATIV 750 MG IV SOLUTION <b>MO</b>	3	B vs D
VIBRAMYCIN 100 MG CAPSULE <b>MO</b>	3	PA
VIBRAMYCIN 25 MG/5 ML ORAL SUSP <b>MO</b>	3	
VIBRAMYCIN 50 MG CAPSULE <b>MO</b>	3	
VIBRAMYCIN 50 MG/5 ML SYRUP <b>MO</b>	3	
VICTRELIS 200 MG CAPSULE <b>SP</b>	4	PA,QL (336 per 28 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>SP</b>	3	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>SP</b>	3	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE,DELAYED RELEASE <b>SP</b>	3	QL (90 per 30 days)
VIDEX EC 200 MG CAPSULE,DELAYED RELEASE <b>SP</b>	3	QL (60 per 30 days)
VIDEX EC 250 MG CAPSULE,DELAYED RELEASE <b>SP</b>	3	QL (30 per 30 days)
VIDEX EC 400 MG CAPSULE,DELAYED RELEASE <b>SP</b>	3	QL (30 per 30 days)
VIRACEPT 250 MG TABLET <b>SP</b>	3	QL (300 per 30 days)
VIRACEPT 625 MG TABLET <b>SP</b>	4	QL (120 per 30 days)
VIRACEPT POWDER <b>SP</b>	3	
VIRAMUNE 200 MG TABLET <b>SP</b>	3	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSP <b>SP</b>	3	QL (1200 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE <b>SP</b>	3	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION <b>MO</b>	4	B vs D
VIREAD 150 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
VIREAD 200 MG TABLET <b>MO</b>	3	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIREAD 250 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
VIREAD 300 MG TABLET <b>SP</b>	4	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <b>MO</b>	3	QL (240 per 30 days)
visqid a-a tablet <b>GC,MO</b>	1	
VISTIDE 75 MG/ML IV <b>MO</b>	4	
voriconazole 200 mg tablet <b>MO</b>	4	PA,QL (120 per 30 days)
voriconazole 200 mg vial <b>MO</b>	3	
voriconazole 50 mg tablet <b>MO</b>	4	PA,QL (120 per 30 days)
XIFAXAN 200 MG TABLET <b>MO</b>	3	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
YODOXIN 210 MG TABLET <b>MO</b>	3	
YODOXIN 650 MG TABLET <b>MO</b>	3	
ZERIT 1 MG/ML ORAL SOLUTION <b>SP</b>	3	QL (2400 per 30 days)
ZERIT 15 MG CAPSULE <b>SP</b>	3	QL (120 per 30 days)
ZERIT 20 MG CAPSULE <b>SP</b>	3	QL (120 per 30 days)
ZERIT 30 MG CAPSULE <b>SP</b>	3	QL (30 per 30 days)
ZERIT 40 MG CAPSULE <b>SP</b>	3	QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLN <b>SP</b>	3	QL (960 per 30 days)
ZIAGEN 300 MG TABLET <b>SP</b>	3	QL (60 per 30 days)
zidovudine 100 mg capsule <b>GC,SP</b>	1	QL (180 per 30 days)
zidovudine 300 mg tablet <b>GC,SP</b>	1	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup <b>GC,SP</b>	1	QL (1680 per 28 days)
ZINACEF 1.5 GRAM IV SOLUTION <b>MO</b>	3	
ZINACEF 1.5 GRAM SOLUTION FOR INJECTION <b>MO</b>	3	
ZINACEF 7.5 GRAM IV SOLUTION <b>MO</b>	3	
ZINACEF 750 MG IV SOLUTION <b>MO</b>	3	
ZINACEF 750 MG SOLUTION FOR INJECTION <b>MO</b>	3	
ZINACEF IN DEXTROSE (ISO-OSMOTIC) 750 MG/50 ML IV PIGGY BACK <b>MO</b>	3	
ZINACEF IN STERILE WATER 1.5 GRAM/50 ML IV PIGGY BACK <b>MO</b>	3	
ZITHROMAX 1 GRAM ORAL PACKET <b>MO</b>	3	
ZITHROMAX 250 MG TABLET <b>MO</b>	3	
ZITHROMAX 500 MG TABLET <b>MO</b>	3	
ZITHROMAX 600 MG TABLET <b>MO</b>	3	
ZITHROMAX TRI-PAK 500 MG TABLET <b>MO</b>	3	
ZITHROMAX Z-PAK 250 MG TABLET <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOSYN 2.25 GRAM IV SOLUTION <b>MO</b>	3	PA
ZOSYN 3.375 GRAM IV SOLUTION <b>MO</b>	3	PA
ZOSYN 4.5 GRAM IV SOLUTION <b>MO</b>	3	PA
ZOSYN 40.5 GRAM IV SOLUTION <b>MO</b>	3	
ZOSYN IN DEXTROSE (ISO-OSMOTIC) 2.25 GRAM/50 ML IV PIGGY BACK <b>MO</b>	3	
ZOSYN IN DEXTROSE (ISO-OSMOTIC) 3.375 GRAM/50 ML IV PIGGY BACK <b>MO</b>	3	PA
ZOSYN IN DEXTROSE (ISO-OSMOTIC) 4.5 GRAM/100 ML IV PIGGY BACK <b>MO</b>	3	PA
ZYVOX 100 MG/5 ML ORAL SUSP <b>MO</b>	4	
ZYVOX 200 MG/100 ML IV <b>MO</b>	4	
ZYVOX 600 MG TABLET <b>MO</b>	4	
ZYVOX 600 MG/300 ML IV <b>MO</b>	4	
<b>ANTIHISTAMINE DRUGS</b>		
cetirizine hcl 1 mg/ml syrup <b>GC,MO</b>	1	QL (300 per 30 days)
fexofenadine hcl 180 mg tablet <b>MO</b>	2	QL (30 per 30 days)
fexofenadine hcl 30 mg tablet <b>MO</b>	2	QL (60 per 30 days)
fexofenadine hcl 60 mg tablet <b>MO</b>	2	QL (60 per 30 days)
fexofenadine-pse er 180-240 tb <b>MO</b>	2	QL (30 per 30 days)
fexofenadine-pse er 60-120 tab <b>MO</b>	2	QL (60 per 30 days)
levocetirizine 2.5 mg/5 ml sol <b>MO</b>	3	QL (300 per 30 days)
levocetirizine 5 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
NOREL SR TABLET <b>MO</b>	3	
phenadoz 12.5 mg rectal suppository <b>GC,MO</b>	1	PA
phenadoz 25 mg rectal suppository <b>GC,MO</b>	1	PA
PHENERGAN 25 MG/ML INJECTION <b>MO</b>	3	PA
PHENERGAN 50 MG/ML INJECTION <b>MO</b>	3	PA
promethegan 12.5 mg rectal suppository <b>GC,MO</b>	1	PA
promethegan 25 mg rectal suppository <b>GC,MO</b>	1	PA
promethegan 50 mg rectal suppository <b>GC,MO</b>	1	PA
PROTID ER 8 MG-40 MG-500 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
RESPA-AR 8 MG-90 MG-0.24 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
ru-tuss tablet <b>MO</b>	3	
SEMPREX-D 8 MG-60 MG CAPSULE <b>MO</b>	3	
XYZAL 2.5 MG/5 ML ORAL SOLN <b>MO</b>	3	QL (300 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>ANTINEOPLASTIC AGENTS</b>		
ABRAXANE 100 MG IV SOLUTION <b>MO</b>	4	PA,QL (700 per 21 days)
adriamycin 10 mg iv solution <b>MO</b>	2	B vs D
adriamycin 10 mg/5 ml iv <b>MO</b>	2	B vs D
adriamycin 20 mg iv solution <b>MO</b>	2	B vs D
adriamycin 20 mg/10 ml iv <b>MO</b>	2	B vs D
ADRIAMYCIN 50 MG IV SOLUTION <b>MO</b>	2	B vs D
adriamycin 50 mg/25 ml iv <b>MO</b>	2	B vs D
adriamycin pfs 2 mg/ml iv <b>MO</b>	2	B vs D
AFINITOR 10 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
AFINITOR 2.5 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
AFINITOR 5 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
AFINITOR 7.5 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
ALIMTA 100 MG IV SOLUTION <b>MO</b>	4	PA,QL (60 per 21 days)
ALIMTA 500 MG IV SOLUTION <b>MO</b>	4	PA,QL (60 per 21 days)
ALKERAN 2 MG TABLET <b>MO</b>	4	B vs D
ALKERAN 50 MG IV SOLUTION <b>MO</b>	3	B vs D
anastrozole 1 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
ARRANON 250 MG/50 ML IV <b>MO</b>	4	PA
ARZERRA 1,000 MG/50 ML IV <b>MO</b>	4	PA,QL (400 per 28 days)
ARZERRA 100 MG/5 ML IV <b>MO</b>	4	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML IV <b>MO</b>	4	PA
bicalutamide 50 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
BICNU 100 MG IV SOLUTION <b>MO</b>	3	B vs D
bleomycin sulfate 15 unit vial <b>MO</b>	2	B vs D
bleomycin sulfate 30 unit vial <b>MO</b>	2	B vs D
BUSULFEX 60 MG/10 ML IV <b>MO</b>	3	B vs D
CAMPATH 30 MG/ML IV <b>MO</b>	4	PA,QL (12 per 28 days)
CAMPTOSAR 100 MG/5 ML IV <b>MO</b>	3	B vs D
CAMPTOSAR 300 MG/15 ML IV <b>MO</b>	4	B vs D
CAMPTOSAR 40 MG/2 ML IV <b>MO</b>	4	B vs D
CAPRELSA 100 MG TABLET <b>SP</b>	4	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
carboplatin 150 mg vial <b>MO</b>	2	B vs D
carboplatin 50 mg/5 ml vial <b>MO</b>	2	B vs D
CASODEX 50 MG TABLET <b>MO</b>	3	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CEENU 10 MG CAPSULE <b>SP</b>	3	
CEENU 100 MG CAPSULE <b>SP</b>	3	
CEENU 40 MG CAPSULE <b>SP</b>	3	
CERUBIDINE 20 MG IV SOLUTION <b>MO</b>	3	B vs D
cisplatin 1 mg/ml vial <b>MO</b>	2	B vs D
cladribine 10 mg/10 ml vial <b>GC,MO</b>	1	B vs D
CLOLAR 20 MG/20 ML IV <b>MO</b>	4	B vs D
COSMEGEN 0.5 MG IV SOLUTION <b>MO</b>	4	B vs D
cyclophosphamide 1 gm vial <b>MO</b>	3	B vs D
cyclophosphamide 2 gm vial <b>MO</b>	3	B vs D
cyclophosphamide 25 mg tab <b>MO</b>	3	B vs D
cyclophosphamide 50 mg tablet <b>MO</b>	3	B vs D
cyclophosphamide 500 mg vial <b>MO</b>	3	B vs D
cytarabine 1 gm vial <b>GC,MO</b>	1	B vs D
cytarabine 100 mg vial <b>GC,MO</b>	1	B vs D
cytarabine 100 mg/ml vial <b>GC,MO</b>	1	B vs D
cytarabine 2 gm vial <b>GC,MO</b>	1	B vs D
cytarabine 20 mg/ml vial <b>GC,MO</b>	1	B vs D
cytarabine 500 mg vial <b>GC,MO</b>	1	B vs D
dacarbazine 100 mg vial <b>GC,MO</b>	1	B vs D
dacarbazine 200 mg vial <b>GC,MO</b>	1	B vs D
DACOGEN 50 MG IV SOLUTION <b>MO</b>	4	PA
dactinomycin 0.5 mg vial <b>MO</b>	2	B vs D
daunorubicin 20 mg vial <b>GC,MO</b>	1	B vs D
daunorubicin 50 mg/10 ml vial <b>GC,MO</b>	1	B vs D
DAUNOXOME 2 MG/ML IV <b>MO</b>	3	B vs D
DEPOCYT (PF) 50 MG/5 ML (10 MG/ML) SUSP, INTRATHECAL <b>MO</b>	4	B vs D
DOCEFREZ 20 MG IV SOLUTION <b>MO</b>	3	B vs D
DOCEFREZ 80 MG IV SOLUTION <b>MO</b>	4	B vs D
docetaxel 160 mg/16 ml vial <b>MO</b>	4	B vs D
docetaxel 160 mg/8 ml vial <b>MO</b>	4	B vs D
docetaxel 20 mg/0.5 ml vial <b>MO</b>	4	B vs D
docetaxel 20 mg/2 ml vial <b>MO</b>	4	B vs D
docetaxel 20 mg/ml vial <b>MO</b>	4	B vs D
docetaxel 80 mg/2 ml vial <b>MO</b>	4	B vs D
docetaxel 80 mg/4 ml vial <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
docetaxel 80 mg/8 ml vial <b>MO</b>	4	B vs D
DOXIL 2 MG/ML IV <b>MO</b>	4	B vs D
doxorubicin 10 mg vial <b>MO</b>	3	B vs D
doxorubicin 10 mg/5 ml vial <b>MO</b>	3	B vs D
doxorubicin 150 mg/75 ml vial <b>MO</b>	3	B vs D
doxorubicin 20 mg/10 ml vial <b>MO</b>	3	B vs D
doxorubicin 50 mg vial <b>MO</b>	3	B vs D
doxorubicin 50 mg/25 ml vial <b>MO</b>	3	B vs D
DROXIA 200 MG CAPSULE <b>MO</b>	3	
DROXIA 300 MG CAPSULE <b>MO</b>	3	
DROXIA 400 MG CAPSULE <b>MO</b>	3	
ELIGARD 22.5 MG SUB-Q SYRINGE <b>MO</b>	3	PA
ELIGARD 30 MG SUB-Q SYRINGE <b>MO</b>	3	PA
ELIGARD 45 MG SUB-Q SYRINGE <b>MO</b>	3	PA
ELIGARD 7.5 MG SUB-Q SYRINGE <b>MO</b>	3	PA
ELLENCEN 200 MG/100 ML IV <b>MO</b>	4	PA
ELLENCEN 50 MG/25 ML IV <b>MO</b>	4	PA
ELOXATIN 100 MG/20 ML SOLN <b>MO</b>	4	PA
ELOXATIN 200 MG/40 ML SOLN <b>MO</b>	4	PA
ELOXATIN 50 MG/10 ML (5 MG/ML) SOLN <b>MO</b>	4	PA
ELSPAR 10,000 UNIT SOLUTION FOR INJECTION <b>MO</b>	3	B vs D
EMCYT 140 MG CAPSULE <b>MO</b>	3	
epirubicin 200 mg/100 ml vial <b>MO</b>	3	PA
epirubicin 50 mg/25 ml vial <b>MO</b>	3	PA
epirubicin hcl 200 mg vial <b>MO</b>	3	B vs D
epirubicin hcl 50 mg vial <b>MO</b>	3	B vs D
ERBITUX 100 MG/50 ML IV <b>MO</b>	4	PA
ERBITUX 200 MG/100 ML IV <b>MO</b>	4	PA
ERIVEDGE 150 MG CAPSULE <b>MO</b>	4	PA,QL (28 per 28 days)
ETOPOPHOS 100 MG IV SOLUTION <b>MO</b>	4	B vs D
etoposide 100 mg/5 ml vial <b>MO</b>	2	
etoposide 50 mg capsule <b>MO</b>	4	
exemestane 25 mg tablet <b>MO</b>	3	QL (60 per 30 days)
FARESTON 60 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
FASLODEX 250 MG/5 ML IM SYRINGE <b>MO</b>	4	B vs D,QL (30 per 30 days)
FIRMAGON 120 MG SUB-Q SOLN <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
FIRMAGON 80 MG SUB-Q SOLN <b>MO</b>	3	PA
floxuridine 500 mg vial <b>GC,MO</b>	1	B vs D
FLUDARA 50 MG IV SOLUTION <b>MO</b>	4	B vs D
fludarabine 50 mg vial <b>GC,MO</b>	1	B vs D
fludarabine 50 mg/2 ml vial <b>GC,MO</b>	1	B vs D
fluorouracil 1,000 mg/20 ml vial <b>MO</b>	3	B vs D
fluorouracil 2,500 mg/50 ml vial <b>MO</b>	3	B vs D
fluorouracil 5,000 mg/100 ml <b>MO</b>	3	B vs D
fluorouracil 500 mg/10 ml vial <b>MO</b>	3	B vs D
flutamide 125 mg capsule <b>MO</b>	3	
FOLOTYN 20 MG/ML (1 ML) IV <b>MO</b>	4	PA
FOLOTYN 40 MG/2 ML (20 MG/ML) IV <b>MO</b>	4	PA
gemcitabine 1 gram/26.3 ml vial <b>MO</b>	4	B vs D
gemcitabine 2 gram/52.6 ml vial <b>MO</b>	4	B vs D
gemcitabine 200 mg/5.26 ml vial <b>MO</b>	4	B vs D
gemcitabine hcl 1 gram vial <b>MO</b>	4	B vs D
gemcitabine hcl 2 gram vial <b>MO</b>	4	B vs D
gemcitabine hcl 200 mg vial <b>MO</b>	4	B vs D
GEMZAR 1 GRAM IV SOLUTION <b>MO</b>	4	PA
GEMZAR 200 MG IV SOLUTION <b>MO</b>	4	PA
GLEEVEC 100 MG TABLET <b>SP</b>	4	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET <b>SP</b>	4	PA,QL (60 per 30 days)
HALAVEN 1 MG/2 ML (0.5 MG/ML) IV <b>MO</b>	4	PA,QL (10 per 21 days)
HERCEPTIN 440 MG IV SOLUTION <b>MO</b>	4	PA
HEXALEN 50 MG CAPSULE <b>MO</b>	4	
HYCAMTIN 0.25 MG CAPSULE <b>SP</b>	4	B vs D
HYCAMTIN 1 MG CAPSULE <b>SP</b>	4	B vs D
HYCAMTIN 4 MG IV SOLUTION <b>MO</b>	4	B vs D
HYDREA 500 MG CAPSULE <b>MO</b>	3	
hydroxyurea 500 mg capsule <b>GC,MO</b>	1	
IDAMYCIN PFS 1 MG/ML IV <b>MO</b>	4	B vs D
idarubicin pfs 10 mg/10 ml vial <b>MO</b>	4	B vs D
IFEX 1 GRAM IV SOLUTION <b>MO</b>	3	B vs D
IFEX 3 GRAM IV SOLUTION <b>MO</b>	3	B vs D
ifosfamide 1 gm vial <b>MO</b>	2	B vs D
ifosfamide 1 gm/ 20 ml vial <b>MO</b>	2	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ifosfamide 3 gm vial <b>MO</b>	2	B vs D
ifosfamide 3 gm/ 60 ml vial <b>MO</b>	2	B vs D
ifosfamide-mesna kit <b>MO</b>	2	B vs D
INLYTA 1 MG TABLET <b>MO</b>	4	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET <b>SP</b>	4	QL (30 per 30 days)
irinotecan hcl 100 mg/5 ml vl <b>MO</b>	3	B vs D
irinotecan hcl 40 mg/2 ml vial <b>MO</b>	3	B vs D
irinotecan hcl 500 mg/25 ml vl <b>MO</b>	3	B vs D
ISTODAX 10 MG/2 ML IV SOLUTION <b>MO</b>	4	PA
IXEMPRA 15 MG IV SOLUTION <b>MO</b>	4	PA,QL (45 per 21 days)
IXEMPRA 45 MG IV SOLUTION <b>MO</b>	4	PA,QL (45 per 21 days)
JAKAFI 10 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
JAKAFI 15 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
JAKAFI 20 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
JAKAFI 25 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
JAKAFI 5 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FINAL CONC.) IV <b>MO</b>	4	PA,QL (4 per 21 days)
letrozole 2.5 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
LEUKERAN 2 MG TABLET <b>MO</b>	2	
leuprolide 2wk 1 mg/0.2 ml kt <b>MO</b>	2	PA,QL (3 per 14 days)
LEUSTATIN 10 MG/10 ML VIAL <b>MO</b>	4	B vs D
lipodox 2 mg/ml iv <b>MO</b>	4	B vs D
lipodox 50 2 mg/ml iv <b>MO</b>	4	B vs D
LUPRON DEPOT (3 MONTH) 11.25 MG IM SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 90 days)
LUPRON DEPOT (3 MONTH) 22.5 MG IM SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG IM SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 120 days)
LUPRON DEPOT (6 MONTH) 45 MG IM SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 180 days)
LUPRON DEPOT 3.75 MG IM SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG IM SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 30 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG IM SYRINGE KIT <b>MO</b>	3	PA,QL (1 per 90 days)
LUPRON DEPOT-PED (3 MONTH) 30 MG IM SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 90 days)
LUPRON DEPOT-PED 11.25 MG IM KIT <b>SP</b>	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 15 MG IM KIT <b>SP</b>	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 7.5 MG (PED) IM KIT <b>SP</b>	4	PA,QL (1 per 28 days)
LYSODREN 500 MG TABLET <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
MATULANE 50 MG CAPSULE <sup>SP</sup>	4	
megestrol 20 mg tablet <sup>MO</sup>	2	PA
megestrol 40 mg tablet <sup>MO</sup>	2	PA
megestrol acet 40 mg/ml susp <sup>MO</sup>	2	PA
melphalan hcl 50 mg vial <sup>GC,MO</sup>	1	B vs D
mercaptopurine 50 mg tablet <sup>MO</sup>	2	
methotrexate 1 gm vial <sup>GC,MO</sup>	1	
methotrexate 1 gm/40 ml vial <sup>GC,MO</sup>	1	
methotrexate 2.5 mg tablet <sup>GC,MO</sup>	1	B vs D
methotrexate 25 mg/ml vial <sup>GC,MO</sup>	1	
mitomycin 20 mg vial <sup>MO</sup>	3	B vs D
mitomycin 40 mg vial <sup>MO</sup>	2	B vs D
mitomycin 5 mg vial <sup>MO</sup>	2	B vs D
mitoxantrone 25 mg/12.5 ml vial <sup>MO</sup>	2	B vs D
MUSTARGEN 10 MG SOLUTION FOR INJECTION <sup>MO</sup>	3	B vs D
MYLERAN 2 MG TABLET <sup>MO</sup>	3	
NEXAVAR 200 MG TABLET <sup>SP</sup>	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET <sup>MO</sup>	3	QL (60 per 30 days)
NIPENT 10 MG IV SOLUTION <sup>MO</sup>	4	B vs D
NOVANTRONE 2 MG/ML VIAL <sup>MO</sup>	4	B vs D
OFORTA 10 MG TABLET <sup>SP</sup>	4	
ONCASPAR 750 UNIT/ML INJECTION <sup>MO</sup>	4	B vs D
ONTAK 150 MCG/ML IV <sup>MO</sup>	4	PA,QL (108 per 21 days)
onxol 6 mg/ml concentrate, iv <sup>MO</sup>	4	B vs D
oxaliplatin 100 mg vial <sup>GC,MO</sup>	1	B vs D
oxaliplatin 100 mg/20 ml vial <sup>GC,MO</sup>	1	PA
oxaliplatin 50 mg vial <sup>GC,MO</sup>	1	B vs D
oxaliplatin 50 mg/10 ml vial <sup>GC,MO</sup>	1	PA
paclitaxel 100 mg/16.7 ml vial <sup>MO</sup>	2	B vs D
pentostatin 10 mg vial <sup>GC,MO</sup>	1	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) IV <sup>MO</sup>	4	PA,QL (14 per 21 days)
PHOTOFRIN 75 MG IV SOLUTION <sup>MO</sup>	4	B vs D
PROLEUKIN 22 MILLION UNIT IV SOLUTION <sup>MO</sup>	4	
PURINETHOL 50 MG TABLET <sup>MO</sup>	3	
REVLIMID 10 MG CAPSULE <sup>SP</sup>	4	PA,QL (28 per 28 days)
REVLIMID 15 MG CAPSULE <sup>SP</sup>	4	PA,QL (28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REVLIMID 2.5 MG CAPSULE <b>MO</b>	4	PA,QL (28 per 28 days)
REVLIMID 25 MG CAPSULE <b>SP</b>	4	PA,QL (28 per 28 days)
REVLIMID 5 MG CAPSULE <b>SP</b>	4	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLETS IN A DOSE PACK <b>MO</b>	3	B vs D
RITUXAN 10 MG/ML CONCENTRATE, IV <b>MO</b>	4	PA
SPRYCEL 100 MG TABLET <b>SP</b>	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET <b>SP</b>	4	PA,QL (90 per 30 days)
SPRYCEL 50 MG TABLET <b>SP</b>	4	PA,QL (60 per 30 days)
SPRYCEL 70 MG TABLET <b>SP</b>	4	PA,QL (60 per 30 days)
SPRYCEL 80 MG TABLET <b>SP</b>	4	PA,QL (60 per 30 days)
SUTENT 12.5 MG CAPSULE <b>SP</b>	4	PA,QL (28 per 28 days)
SUTENT 25 MG CAPSULE <b>SP</b>	4	PA,QL (28 per 28 days)
SUTENT 50 MG CAPSULE <b>SP</b>	4	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET <b>MO</b>	3	
tamoxifen 10 mg tablet <b>GC,MO</b>	1	
tamoxifen 20 mg tablet <b>GC,MO</b>	1	
TARCEVA 100 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
TARCEVA 150 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET <b>SP</b>	4	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE <b>SP</b>	4	PA,QL (300 per 30 days)
TASIGNA 150 MG CAPSULE <b>SP</b>	4	PA,QL (120 per 30 days)
TASIGNA 200 MG CAPSULE <b>SP</b>	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/0.5 ML VIAL <b>MO</b>	4	B vs D
TAXOTERE 20 MG/ML (1 ML) IV <b>MO</b>	4	B vs D
TAXOTERE 80 MG/4 ML (20 MG/ML) IV <b>MO</b>	4	B vs D
TAXOTERE 80 MG/8 ML (FINAL CONC.) IV <b>MO</b>	4	B vs D
TEMODAR 100 MG IV SOLUTION <b>MO</b>	4	PA,QL (27 per 30 days)
thiotepa 15 mg vial <b>GC,MO</b>	1	B vs D
toposar 20 mg/ml iv <b>MO</b>	3	B vs D
topotecan hcl 4 mg vial <b>MO</b>	4	B vs D
topotecan hcl 4 mg/4 ml vial <b>MO</b>	4	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FINAL) IV SOLUTION <b>MO</b>	4	PA,QL (100 per 28 days)
TREANDA 100 MG IV SOLUTION <b>MO</b>	4	PA,QL (600 per 21 days)
TREANDA 25 MG IV SOLUTION <b>MO</b>	4	PA,QL (300 per 21 days)
TRELSTAR 11.25 MG/2 ML IM SYRINGE <b>MO</b>	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRELSTAR 22.5 MG IM SUSP <b>MO</b>	3	PA
TRELSTAR 22.5 MG/2 ML IM SYRINGE <b>MO</b>	3	PA
TRELSTAR 3.75 MG/2 ML IM SYRINGE <b>MO</b>	3	PA
TRELSTAR DEPOT 3.75 MG IM SUSP <b>MO</b>	3	PA,QL (1 per 28 days)
TRELSTAR LA 11.25 MG IM SUSP <b>MO</b>	3	PA,QL (1 per 84 days)
tretinoin 10 mg capsule <b>SP</b>	2	
TREXALL 10 MG TABLET <b>MO</b>	3	B vs D
TREXALL 15 MG TABLET <b>MO</b>	3	B vs D
TREXALL 5 MG TABLET <b>MO</b>	3	B vs D
TREXALL 7.5 MG TABLET <b>MO</b>	3	B vs D
TRISENOX 10 MG/10 ML IV <b>MO</b>	3	B vs D
TYKERB 250 MG TABLET <b>SP</b>	4	PA,QL (150 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL <b>MO</b>	4	PA,QL (80 per 28 days)
VANDETANIB 100 MG TABLET <b>SP</b>	4	PA,QL (60 per 30 days)
VANDETANIB 300 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
VECTIBIX 100 MG/5 ML (20 MG/ML) IV <b>MO</b>	4	PA
VECTIBIX 400 MG/20 ML (20 MG/ML) IV <b>MO</b>	4	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION <b>MO</b>	4	PA,QL (14 per 21 days)
VIDAZA 100 MG SUB-Q SOLN <b>MO</b>	4	PA
vinblastine 1 mg/ml vial <b>GC,MO</b>	1	B vs D
vinblastine sulf 10 mg vial <b>GC,MO</b>	1	B vs D
vincasar pfs 2 mg/2 ml iv <b>GC,MO</b>	1	B vs D
vincristine 1 mg/ml vial <b>GC,MO</b>	1	B vs D
vincristine 2 mg/2 ml vial <b>GC,MO</b>	1	B vs D
vinorelbine 10 mg/ml vial <b>MO</b>	4	B vs D
vinorelbine 50 mg/5 ml vial <b>MO</b>	3	
VOTRIENT 200 MG TABLET <b>SP</b>	4	PA,QL (120 per 30 days)
VUMON 10 MG/ML IV <b>MO</b>	3	B vs D
XALKORI 200 MG CAPSULE <b>SP</b>	4	PA,QL (60 per 30 days)
XALKORI 250 MG CAPSULE <b>SP</b>	4	PA,QL (60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) IV <b>MO</b>	4	PA,QL (40 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) IV <b>MO</b>	4	PA,QL (70 per 21 days)
ZALTRAP 100 MG/4 ML (25 MG/ML) IV <b>SP</b>	4	PA,QL (5 per 28 days)
ZALTRAP 200 MG/8 ML (25 MG/ML) IV <b>SP</b>	4	PA,QL (5 per 28 days)
ZANOSAR 1 GRAM IV SOLUTION <b>MO</b>	3	B vs D
ZELBORAF 240 MG TABLET <b>SP</b>	4	PA,QL (240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOLADEX 10.8 MG SUBQ IMPLANT <b>MO</b>	4	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBQ IMPLANT <b>MO</b>	3	PA,QL (1 per 28 days)
ZOLINZA 100 MG CAPSULE <b>SP</b>	4	PA,QL (120 per 30 days)
ZYTIGA 250 MG TABLET <b>SP</b>	4	PA,QL (120 per 30 days)
<b>AUTONOMIC DRUGS</b>		
albuterol 0.083% inhal soln <b>GC,MO</b>	1	B vs D
albuterol 2.5 mg/0.5 ml sol <b>GC,MO</b>	1	B vs D
albuterol 5 mg/ml solution <b>GC,MO</b>	1	B vs D
albuterol sul 0.63 mg/3 ml sol <b>GC,MO</b>	1	B vs D
albuterol sul 1.25 mg/3 ml sol <b>GC,MO</b>	1	B vs D
albuterol sulf 2 mg/5 ml syrup <b>GC,MO</b>	1	
albuterol sulfate 2 mg tab <b>GC,MO</b>	1	
albuterol sulfate 4 mg tab <b>GC,MO</b>	1	
albuterol sulfate er 4 mg tab <b>MO</b>	2	
albuterol sulfate er 8 mg tab <b>MO</b>	2	
alfuzosin hcl er 10 mg tablet <b>MO</b>	2	QL (30 per 30 days)
ANASPAZ 0.125 MG DISINTEGRATING TABLET <b>MO</b>	3	PA
atracurium 100 mg/10 ml vial <b>GC,MO</b>	1	
atropine 0.05 mg/ml syringe <b>GC,MO</b>	1	
atropine 0.1 mg/ml abboject <b>GC,MO</b>	1	
atropine 0.4 mg/0.5 ml ampul <b>GC,MO</b>	1	
atropine 0.4 mg/ml vial <b>GC,MO</b>	1	
atropine 1 mg/ml vial <b>GC,MO</b>	1	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (30 per 30 days)
baclofen 10 mg tablet <b>GC,MO</b>	1	
baclofen 20 mg tablet <b>GC,MO</b>	1	
bethanechol 10 mg tablet <b>MO</b>	2	
bethanechol 25 mg tablet <b>MO</b>	2	
bethanechol 5 mg tablet <b>MO</b>	2	
bethanechol 50 mg tablet <b>MO</b>	2	
BROVANA 15 MCG/2 ML NEB SOLUTION <b>MO</b>	3	PA,QL (124 per 30 days)
CAFERGOT 1 MG-100 MG TABLET <b>MO</b>	3	
CANTIL 25 MG TABLET <b>MO</b>	3	
carisoprodol 250 mg tablet <b>GC,MO</b>	1	PA,QL (120 per 30 days)
carisoprodol 350 mg tablet <b>GC,MO</b>	1	PA
carisoprodol compound tab <b>MO</b>	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carisoprodol cpd-codeine tab <b>MO</b>	3	PA,QL (360 per 30 days)
CHANTIX 0.5 MG TABLET <b>MO</b>	3	QL (56 per 28 days)
CHANTIX 1 MG TABLET <b>MO</b>	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <b>MO</b>	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH PAK 1 MG TABLET <b>MO</b>	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK <b>MO</b>	3	QL (56 per 28 days)
CHANTIX STARTING MONTH PAK 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK <b>MO</b>	3	QL (56 per 28 days)
cisatracurium 20 mg/10 ml vial <b>MO</b>	3	
cisatracurium 200 mg/20 ml vl <b>MO</b>	3	
COMBIVENT 18 MCG-103 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (30 per 28 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (4 per 20 days)
D.H.E.45 1 MG/ML INJECTION <b>MO</b>	4	
dantrolene sodium 100 mg cap <b>MO</b>	2	
dantrolene sodium 25 mg cap <b>MO</b>	2	
dantrolene sodium 50 mg cap <b>MO</b>	2	
dihydroergotamine 1 mg/ml am <b>MO</b>	4	
dobutamine 1 gm-d5w 250 ml <b>GC,MO</b>	1	
dobutamine 12.5 mg/ml vial <b>GC,MO</b>	1	
dobutamine 250 mg-d5w 250 ml <b>GC,MO</b>	1	
dobutamine 250 mg-d5w 500 ml <b>GC,MO</b>	1	
dobutamine 500 mg-d5w 250 ml <b>GC,MO</b>	1	
dobutamine 500 mg-d5w 500 ml <b>GC,MO</b>	1	
donepezil hcl 10 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
donepezil hcl 5 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
donepezil hcl odt 10 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
donepezil hcl odt 5 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
dopamine 160 mg/ml vial <b>GC,MO</b>	1	
dopamine 200 mg-d5w 250 ml <b>GC,MO</b>	1	
dopamine 40 mg/ml vial <b>GC,MO</b>	1	
dopamine 400 mg-d5w 250 ml <b>GC,MO</b>	1	
dopamine 400 mg-d5w 500 ml <b>GC,MO</b>	1	
dopamine 80 mg/ml vial <b>GC,MO</b>	1	
dopamine 800 mg-d5w 250 ml <b>GC,MO</b>	1	
dopamine 800 mg-d5w 500 ml <b>GC,MO</b>	1	

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DUONEB 0.5 MG-3 MG(2.5 MG BASE)/3 ML NEB SOLUTION <b>MO</b>	3	B vs D
ed-spaz 0.125 mg disintegrating tablet <b>GC,MO</b>	1	PA
ephedrine su 50 mg/ml vial <b>GC,MO</b>	1	
epinephrine 0.1 mg/ml syringe <b>GC,MO</b>	1	
epinephrine 0.15 mg auto-inject <b>GC,MO</b>	1	
epinephrine 0.3 mg auto-inject <b>MO</b>	2	
epinephrine 1 mg/ml ampul <b>GC,MO</b>	1	
epinephrine 1 mg/ml vial <b>GC,MO</b>	1	
EPIPEN 0.3 MG/0.3 ML (1:1,000) IM INJECTOR <b>GB,MO</b>	2	
EPIPEN JR 0.15 MG/0.3 ML (1:2,000) IM INJECTOR <b>GB,MO</b>	2	
ERGOMAR 2 MG SUBLINGUAL TABLET <b>GC,MO</b>	1	
ergotamine-caffeine tablet <b>GC,MO</b>	1	
EXELON 2 MG/ML ORAL SOLN <b>MO</b>	3	QL (240 per 30 days)
EXELON 4.6 MG/24 HOUR TRANSDERM 24 HR PATCH <b>MO</b>	3	QL (30 per 30 days)
EXELON 9.5 MG/24 HOUR TRANSDERM 24 HR PATCH <b>MO</b>	3	QL (30 per 30 days)
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE <b>MO</b>	2	QL (60 per 30 days)
galantamine 4 mg/ml oral soln <b>MO</b>	3	QL (200 per 30 days)
galantamine er 16 mg capsule <b>MO</b>	3	QL (30 per 30 days)
galantamine er 24 mg capsule <b>MO</b>	3	QL (30 per 30 days)
galantamine er 8 mg capsule <b>MO</b>	3	QL (30 per 30 days)
galantamine hbr 12 mg tablet <b>MO</b>	3	QL (60 per 30 days)
galantamine hbr 4 mg tablet <b>MO</b>	3	QL (60 per 30 days)
galantamine hbr 8 mg tablet <b>MO</b>	3	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial <b>MO</b>	2	
glycopyrrolate 1 mg tablet <b>MO</b>	2	
glycopyrrolate 2 mg tablet <b>MO</b>	2	
guanidine hcl 125 mg tablet <b>GC,MO</b>	1	
iprat-albut 0.5-3(2.5) mg/3 ml <b>MO</b>	2	B vs D
ipratropium br 0.02% soln <b>GC,MO</b>	1	B vs D
isoproterenol 0.2 mg/ml syrn <b>GC,MO</b>	1	
ISUPREL 0.2 MG/ML INJECTION <b>MO</b>	3	
levalbuterol conc 1.25 mg/0.5 <b>GC,MO</b>	1	B vs D
LEVOPHED 1 MG/ML IV <b>MO</b>	3	
LIORESAL 2,000 MCG/ML INTRATHECAL <b>MO</b>	4	
LIORESAL 50 MCG/ML INTRATHECAL <b>MO</b>	3	
LIORESAL 500 MCG/ML INTRATHECAL <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
MAXAIR AUTOHALER 200 MCG/INHALATION BREATH ACTIVATED <b>MO</b>	3	QL (14 per 30 days)
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
metaproterenol 10 mg tablet <b>MO</b>	2	
metaproterenol 10 mg/5 ml syr <b>MO</b>	2	
metaproterenol 20 mg tablet <b>MO</b>	2	
metaxalone 800 mg tablet <b>MO</b>	2	PA,QL (120 per 30 days)
methocarbamol 500 mg tablet <b>GC,MO</b>	1	PA
methocarbamol 750 mg tablet <b>GC,MO</b>	1	PA
methscopolamine brom 2.5 mg tb <b>MO</b>	2	
methscopolamine brom 5 mg tab <b>MO</b>	2	
midodrine hcl 10 mg tablet <b>MO</b>	3	
midodrine hcl 2.5 mg tablet <b>MO</b>	3	
midodrine hcl 5 mg tablet <b>MO</b>	3	
migergot 2 mg-100 mg rectal suppository <b>MO</b>	2	
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY <b>MO</b>	3	QL (8 per 30 days)
MYTELASE 10 MG TABLET <b>MO</b>	3	
NEO-SYNEPHRINE 10 MG/ML INJECTION <b>MO</b>	3	
neostigmine 1:1,000 vial <b>GC,MO</b>	1	
neostigmine 1:2,000 vial <b>GC,MO</b>	1	
NICOTROL NS 10 MG/ML NASAL SPRAY <b>MO</b>	3	
NIMBEX 10 MG/ML IV <b>MO</b>	3	
NIMBEX 2 MG/ML IV <b>MO</b>	3	
norepinephrine 4 mg/4 ml ampul <b>GC,MO</b>	1	
NORFLEX 60 MG/2 ML AMPUL <b>MO</b>	3	PA
nulev 0.125 mg disintegrating tablet <b>MO</b>	3	PA
orphenadrine 30 mg/ml ampule <b>MO</b>	2	PA
orphenadrine er 100 mg tablet <b>MO</b>	2	PA
pancuronium 1 mg/ml vial <b>GC,MO</b>	1	
pancuronium 2 mg/ml vial <b>GC,MO</b>	1	
PERFOROMIST 20 MCG/2 ML NEB SOLUTION <b>MO</b>	3	PA,QL (120 per 30 days)
phentolamine 5 mg vial <b>MO</b>	2	
phenylephrine 10 mg/ml vial <b>GC,MO</b>	1	
pilocarpine hcl 5 mg tablet <b>MO</b>	3	
pilocarpine hcl 7.5 mg tablet <b>MO</b>	3	
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (36 per 30 days)
PROAMATINE 10 MG TABLET <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROAMATINE 2.5 MG TABLET <b>MO</b>	3	
PROAMATINE 5 MG TABLET <b>MO</b>	3	
propantheline 15 mg tablet <b>GC,MO</b>	1	PA
PROSTIGMIN 15 MG TABLET <b>MO</b>	3	
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (36 per 30 days)
pyridostigmine br 60 mg tablet <b>MO</b>	2	
RAPAFLO 4 MG CAPSULE <b>MO</b>	2	QL (30 per 30 days)
RAPAFLO 8 MG CAPSULE <b>MO</b>	2	QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION <b>MO</b>	3	
revonto 20 mg iv solution <b>MO</b>	2	
rivastigmine 1.5 mg capsule <b>MO</b>	2	QL (90 per 30 days)
rivastigmine 3 mg capsule <b>MO</b>	2	QL (90 per 30 days)
rivastigmine 4.5 mg capsule <b>MO</b>	2	QL (60 per 30 days)
rivastigmine 6 mg capsule <b>MO</b>	2	QL (60 per 30 days)
ROBINUL 0.2 MG/ML INJECTION <b>MO</b>	3	
ROBINUL 1 MG TABLET <b>MO</b>	3	
ROBINUL FORTE 2 MG TABLET <b>MO</b>	3	PA
rocuronium 100 mg/10 ml vial <b>GC,MO</b>	1	
SEREVENT DISKUS 50 MCG/DOSE FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES <b>MO</b>	2	QL (30 per 30 days)
tamsulosin hcl 0.4 mg capsule <b>GC,MO</b>	1	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial <b>MO</b>	4	
terbutaline sulfate 2.5 mg tab <b>MO</b>	2	
terbutaline sulfate 5 mg tab <b>MO</b>	2	
tizanidine hcl 2 mg tablet <b>GC,MO</b>	1	
tizanidine hcl 4 mg tablet <b>GC,MO</b>	1	
tubocurarine cl 3 mg/ml syrn <b>GC,MO</b>	1	
TWINJECT 0.15 MG AUTO-INJECTOR <b>MO</b>	3	
TWINJECT 0.3 MG AUTO-INJECTOR <b>MO</b>	3	
vecuronium 10 mg vial <b>GC,MO</b>	1	
vecuronium 20 mg vial <b>GC,MO</b>	1	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (36 per 30 days)
ZEMURON 10 MG/ML IV <b>MO</b>	3	
<b>BLOOD FORMATION, COAGULATION &amp; THROMBOSIS</b>		
ACTIVASE 100 MG SOLUTION <b>MO</b>	4	B vs D
ACTIVASE 50 MG 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
ALPHANINE SD 1,000 (+/-) UNIT IV SOLUTION <b>MO</b>	3	
AMICAR 1,000 MG TABLET <b>MO</b>	3	
AMICAR 25% SOLUTION <b>MO</b>	3	
AMICAR 500 MG TABLET <b>MO</b>	4	
aminocaproic acid 1,000 mg tab <b>MO</b>	3	
aminocaproic acid 25% solution <b>GC,MO</b>	1	
aminocaproic acid 250 mg/ml <b>GC,MO</b>	1	
aminocaproic acid 500 mg tab <b>GC,MO</b>	1	
anagrelide hcl 0.5 mg capsule <b>MO</b>	2	
anagrelide hcl 1 mg capsule <b>MO</b>	2	
argatroban 100 mg/ml vial <b>GC,MO</b>	1	B vs D
CEPROTIN (BLUE BAR) 500 UNIT IV SOLUTION <b>MO</b>	3	
CEPROTIN (GREEN BAR) 1,000 UNIT IV SOLUTION <b>MO</b>	3	
cilostazol 100 mg tablet <b>GC,MO</b>	1	
cilostazol 50 mg tablet <b>GC,MO</b>	1	
clopidogrel 300 mg tablet <b>GC,MO</b>	1	QL (1 per 30 days)
clopidogrel 75 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
COUMADIN 1 MG TABLET <b>MO</b>	3	
COUMADIN 10 MG TABLET <b>MO</b>	3	
COUMADIN 2 MG TABLET <b>MO</b>	3	
COUMADIN 2.5 MG TABLET <b>MO</b>	3	
COUMADIN 3 MG TABLET <b>MO</b>	3	
COUMADIN 4 MG TABLET <b>MO</b>	3	
COUMADIN 5 MG IV SOLUTION <b>MO</b>	3	
COUMADIN 5 MG TABLET <b>MO</b>	3	
COUMADIN 6 MG TABLET <b>MO</b>	3	
COUMADIN 7.5 MG TABLET <b>MO</b>	3	
CYKLOKAPRON 100 MG/ML IV <b>MO</b>	2	PA,QL (400 per 30 days)
EFFIENT 10 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EFFIENT 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
enoxaparin 100 mg/ml syr <b>MO</b>	3	QL (28 per 30 days)
enoxaparin 120 mg/0.8 ml syr <b>MO</b>	3	QL (28 per 30 days)
enoxaparin 150 mg/ml syr <b>MO</b>	3	QL (28 per 30 days)
enoxaparin 30 mg/0.3 ml syr <b>MO</b>	3	QL (28 per 30 days)
enoxaparin 300 mg/3 ml vial <b>MO</b>	3	QL (28 per 30 days)
enoxaparin 40 mg/0.4 ml syr <b>MO</b>	3	QL (28 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
enoxaparin 60 mg/0.6 ml syr <b>MO</b>	3	QL (28 per 30 days)
enoxaparin 80 mg/0.8 ml syr <b>MO</b>	3	QL (28 per 30 days)
EPOGEN 10,000 UNIT/ML INJECTION <b>SP</b>	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML INJECTION <b>SP</b>	2	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION <b>SP</b>	3	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION <b>SP</b>	3	PA,QL (14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION <b>SP</b>	2	PA,QL (14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION <b>SP</b>	2	PA,QL (14 per 30 days)
fe c plus 100 mg-250 mg-25 mcg-1 mg tablet <b>MO</b>	3	
fondaparinux 10 mg/0.8 ml syr <b>MO</b>	3	QL (14 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr <b>MO</b>	3	QL (14 per 30 days)
fondaparinux 5 mg/0.4 ml syr <b>MO</b>	3	QL (14 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr <b>MO</b>	3	QL (14 per 30 days)
FRAGMIN 10,000 UNIT/ML SUB-Q SYRINGE <b>MO</b>	3	QL (14 per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SUB-Q SYRINGE <b>MO</b>	3	QL (14 per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SUB-Q SYRINGE <b>MO</b>	3	QL (14 per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML SUB-Q SYRINGE <b>MO</b>	3	QL (14 per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SUB-Q SYRINGE <b>MO</b>	3	QL (14 per 30 days)
FRAGMIN 25,000 UNIT/ML SUB-Q <b>MO</b>	3	QL (2 per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SUB-Q SYRINGE <b>MO</b>	3	QL (14 per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SUB-Q SYRINGE <b>MO</b>	3	QL (14 per 30 days)
heparin iv flush 100 units/ml <b>MO</b>	2	
heparin sod 1,000 unit/ml vial <b>MO</b>	2	B vs D
heparin sod 10,000 unit/ml vl <b>MO</b>	2	
heparin sod 2,000 unit/ml vial <b>MO</b>	2	
heparin sod 2,500 unit/ml vial <b>MO</b>	2	
heparin sod 20,000 unit/ml vl <b>MO</b>	2	
heparin sod 5,000 unit/ 0.5 ml <b>MO</b>	2	
heparin sod 5,000 unit/0.5 ml <b>MO</b>	2	
heparin sod 5,000 unit/ml syr <b>MO</b>	2	
heparin sod 5,000 unit/ml vial <b>MO</b>	2	
heparin-1/2ns 12,500 unit/250 <b>GC,MO</b>	1	
heparin-1/2ns 25,000 unit/250 <b>GC,MO</b>	1	
heparin-1/2ns 25,000 unit/500 <b>GC,MO</b>	1	
heparin-d5w 12,500 unit/250 ml <b>GC,MO</b>	1	
heparin-d5w 20,000 unit/500 ml <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin-d5w 25,000 unit/250 ml <b>GC,MO</b>	1	
heparin-d5w 25,000 unit/500 ml <b>GC,MO</b>	1	
heparin-ns 1,000 unit/500 ml <b>GC,MO</b>	1	
heparin-ns 2,000 unit/1,000 ml <b>GC,MO</b>	1	
ICAR-C PLUS 100 MG-250 MG-25 MCG-1 MG TABLET <b>MO</b>	3	
INNOHEP 20,000 UNIT/ML VIAL <b>MO</b>	3	QL (14 per 30 days)
INTEGRILIN 0.75 MG/ML IV <b>MO</b>	3	
INTEGRILIN 2 MG/ML IV <b>MO</b>	3	
jantoven 1 mg tablet <b>GC,MO</b>	1	
jantoven 10 mg tablet <b>GC,MO</b>	1	
jantoven 2 mg tablet <b>GC,MO</b>	1	
jantoven 2.5 mg tablet <b>GC,MO</b>	1	
jantoven 3 mg tablet <b>GC,MO</b>	1	
jantoven 4 mg tablet <b>GC,MO</b>	1	
jantoven 5 mg tablet <b>GC,MO</b>	1	
jantoven 6 mg tablet <b>GC,MO</b>	1	
jantoven 7.5 mg tablet <b>GC,MO</b>	1	
LEUKINE 250 MCG SOLUTION FOR INJECTION <b>SP</b>	4	PA
LEUKINE 500 MCG/ML INJECTION <b>SP</b>	4	PA
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUB-Q <b>SP</b>	4	PA,QL (8 per 30 days)
NEULASTA 6 MG/0.6 ML SUB-Q SYRINGE <b>SP</b>	4	PA,QL (2 per 28 days)
NEUMEGA 5 MG SUB-Q SOLN <b>SP</b>	4	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML SYRINGE <b>SP</b>	4	PA,QL (14 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION <b>SP</b>	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML SYRINGE <b>SP</b>	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION <b>SP</b>	4	PA,QL (14 per 30 days)
pentoxifylline er 400 mg tab <b>GC,MO</b>	1	
PLETAL 100 MG TABLET <b>MO</b>	3	
PLETAL 50 MG TABLET <b>MO</b>	3	
PRADAXA 150 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
PRADAXA 75 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
PROCRIT 10,000 UNIT/ML INJECTION <b>SP</b>	3	PA,QL (14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION <b>SP</b>	2	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION <b>SP</b>	3	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION <b>SP</b>	4	PA,QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION <b>SP</b>	2	PA,QL (14 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCRIT 4,000 UNIT/ML INJECTION <b>SP</b>	2	PA,QL (14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION <b>SP</b>	4	PA,QL (4 per 30 days)
PROMACTA 12.5 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
PROMACTA 75 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
protamine 10 mg/ml vial <b>GC,MO</b>	1	B vs D
REFLUDAN 50 MG IV SOLUTION <b>MO</b>	4	B vs D
REOPRO 10 MG/5 ML IV <b>MO</b>	4	
RIASTAP 1 GRAM (900 MG-1,300 MG) IV SOLUTION <b>MO</b>	3	
ticlopidine 250 mg tablet <b>MO</b>	2	PA
TNKASE 50 MG IV KIT <b>MO</b>	4	
tranexamic acid 1,000 mg/10 ml <b>MO</b>	2	
tranexamic acid 1000 mg/10 ml <b>MO</b>	2	PA,QL (400 per 30 days)
TRENTAL 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
warfarin sodium 1 mg tablet <b>GC,MO</b>	1	
warfarin sodium 10 mg tablet <b>GC,MO</b>	1	
warfarin sodium 2 mg tablet <b>GC,MO</b>	1	
warfarin sodium 2.5 mg tablet <b>GC,MO</b>	1	
warfarin sodium 3 mg tablet <b>GC,MO</b>	1	
warfarin sodium 4 mg tablet <b>GC,MO</b>	1	
warfarin sodium 5 mg tablet <b>GC,MO</b>	1	
warfarin sodium 6 mg tablet <b>GC,MO</b>	1	
warfarin sodium 7.5 mg tablet <b>GC,MO</b>	1	
XARELTO 10 MG TABLET <b>MO</b>	3	QL (35 per 60 days)
XARELTO 15 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
XARELTO 20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<b>CARDIOVASCULAR DRUGS</b>		
ACCUPRIL 10 MG TABLET <b>GB,MO</b>	3	
ACCUPRIL 20 MG TABLET <b>GB,MO</b>	3	
ACCUPRIL 40 MG TABLET <b>GB,MO</b>	3	
ACCUPRIL 5 MG TABLET <b>MO</b>	3	
ACCURETIC 10 MG-12.5 MG TABLET <b>MO</b>	3	
ACCURETIC 20 MG-12.5 MG TABLET <b>MO</b>	3	
ACCURETIC 20 MG-25 MG TABLET <b>MO</b>	3	
acebutolol 200 mg capsule <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acebutolol 400 mg capsule <b>GC,MO</b>	1	
ACEON 2 MG TABLET <b>GB,MO</b>	3	
ACEON 4 MG TABLET <b>MO</b>	3	
ACEON 8 MG TABLET <b>MO</b>	3	
ADALAT CC 30 MG TABLET,EXTENDED RELEASE <b>GB,MO</b>	3	QL (60 per 30 days)
ADALAT CC 60 MG TABLET,EXTENDED RELEASE <b>GB,MO</b>	3	QL (60 per 30 days)
ADALAT CC 90 MG TABLET,EXTENDED RELEASE <b>GB,MO</b>	3	QL (60 per 30 days)
ADCIRCA 20 MG TABLET <b>SP</b>	4	PA,QL (60 per 30 days)
ADENOCARD 3 MG/ML IV SYRINGE <b>MO</b>	3	
adenosine 12 mg/4 ml syringe <b>GC,MO</b>	1	
adenosine 12 mg/4 ml vial <b>GC,MO</b>	1	
afeditab cr 30 mg tablet,extended release <b>MO</b>	2	QL (60 per 30 days)
afeditab cr 60 mg tablet,extended release <b>MO</b>	2	QL (60 per 30 days)
AGGRENOX 200 MG-25 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	ST
ALDACTAZIDE 25 MG-25 MG TABLET <b>MO</b>	3	
ALDACTAZIDE 50 MG-50 MG TABLET <b>MO</b>	3	
ALDACTONE 100 MG TABLET <b>MO</b>	3	
ALDACTONE 25 MG TABLET <b>GB,MO</b>	3	
ALDACTONE 50 MG TABLET <b>MO</b>	3	
amiodarone 150 mg/3 ml syringe <b>GC,MO</b>	1	
amiodarone 900 mg/18 ml vial <b>GC,MO</b>	1	
amiodarone hcl 200 mg tablet <b>GC,MO</b>	1	
amiodarone hcl 400 mg tablet <b>GC,MO</b>	1	
amlodipine besylate 10 mg tab <b>GC,MO</b>	1	
amlodipine besylate 2.5 mg tab <b>GC,MO</b>	1	
amlodipine besylate 5 mg tab <b>GC,MO</b>	1	
amlodipine-atorvast 10-10 mg <b>GC,MO</b>	1	QL (30 per 30 days)
amlodipine-atorvast 10-20 mg <b>GC,MO</b>	1	QL (30 per 30 days)
amlodipine-atorvast 10-40 mg <b>GC,MO</b>	1	QL (30 per 30 days)
amlodipine-atorvast 10-80 mg <b>GC,MO</b>	1	QL (30 per 30 days)
amlodipine-atorvast 2.5-10 mg <b>GC,MO</b>	1	QL (30 per 30 days)
amlodipine-atorvast 2.5-20 mg <b>GC,MO</b>	1	QL (30 per 30 days)
amlodipine-atorvast 2.5-40 mg <b>GC,MO</b>	1	QL (30 per 30 days)
amlodipine-atorvast 5-10 mg <b>GC,MO</b>	1	QL (30 per 30 days)
amlodipine-atorvast 5-20 mg <b>GC,MO</b>	1	QL (30 per 30 days)
amlodipine-atorvast 5-40 mg <b>GC,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
amlodipine-atorvast 5-80 mg <b>GC,MO</b>	1	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg <b>MO</b>	2	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg <b>MO</b>	2	QL (30 per 30 days)
amlodipine-benazepril 2.5-10 <b>MO</b>	2	QL (60 per 30 days)
amlodipine-benazepril 5-10 mg <b>MO</b>	2	QL (60 per 30 days)
amlodipine-benazepril 5-20 mg <b>MO</b>	2	QL (60 per 30 days)
amlodipine-benazepril 5-40 mg <b>MO</b>	2	QL (30 per 30 days)
AMTURNIDE 150 MG-5 MG-12.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-12.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
AMTURNIDE 300 MG-10 MG-25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-12.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
AMTURNIDE 300 MG-5 MG-25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
amyl nitrite ampul <b>GC,MO</b>	1	
ANTARA 130 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
ANTARA 43 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
ATACAND 16 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
ATACAND 32 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ATACAND 4 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
ATACAND 8 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
ATACAND HCT 16 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ATACAND HCT 32 MG-12.5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ATACAND HCT 32 MG-25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
atenolol 100 mg tablet <b>GC,MO</b>	1	
atenolol 25 mg tablet <b>GC,MO</b>	1	
atenolol 50 mg tablet <b>GC,MO</b>	1	
atenolol-chlorthal 50-25 tb <b>GC,MO</b>	1	
atenolol-chlorthalidone 100-25 <b>GC,MO</b>	1	
atorvastatin 10 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
atorvastatin 20 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
atorvastatin 40 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
atorvastatin 80 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
AVALIDE 300-25 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
benazepril hcl 10 mg tablet <b>GC,MO</b>	1	
benazepril hcl 20 mg tablet <b>GC,MO</b>	1	
benazepril hcl 40 mg tablet <b>GC,MO</b>	1	
benazepril hcl 5 mg tablet <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
benazepril-hctz 10-12.5 mg tab <b>GC,MO</b>	1	
benazepril-hctz 20-12.5 mg tab <b>GC,MO</b>	1	
benazepril-hctz 20-25 mg tab <b>GC,MO</b>	1	
benazepril-hctz 5-6.25 mg tab <b>GC,MO</b>	1	
betaxolol 10 mg tablet <b>MO</b>	2	
betaxolol 20 mg tablet <b>MO</b>	2	
BIDIL 20 MG-37.5 MG TABLET <b>MO</b>	2	QL (180 per 30 days)
bisoprolol fumarate 10 mg tab <b>GC,MO</b>	1	
bisoprolol fumarate 5 mg tab <b>GC,MO</b>	1	
bisoprolol-hctz 10-6.25 mg tab <b>GC,MO</b>	1	
bisoprolol-hctz 2.5-6.25 mg tb <b>GC,MO</b>	1	
bisoprolol-hctz 5-6.25 mg tab <b>GC,MO</b>	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) IV <b>MO</b>	3	
BREVIBLOC IN SODIUM CHLORIDE (ISO-OSM) 2,000 MG/100 ML (20 MG/ML) IV <b>MO</b>	3	
BREVIBLOC IN SODIUM CHLORIDE (ISO-OSM) 2,500 MG/250 ML (10 MG/ML) IV <b>MO</b>	3	
BYSTOLIC 10 MG TABLET <b>MO</b>	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
BYSTOLIC 5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
CALAN 120 MG TABLET <b>MO</b>	3	
CALAN 80 MG TABLET <b>GB,MO</b>	3	
CALAN SR 120 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
CALAN SR 180 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
CALAN SR 240 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
captopril 100 mg tablet <b>GC,MO</b>	1	
captopril 12.5 mg tablet <b>GC,MO</b>	1	
captopril 25 mg tablet <b>GC,MO</b>	1	
captopril 50 mg tablet <b>GC,MO</b>	1	
captopril-hctz 25-15 mg tablet <b>GC,MO</b>	1	
captopril-hctz 25-25 mg tablet <b>GC,MO</b>	1	
captopril-hctz 50-15 mg tablet <b>GC,MO</b>	1	
captopril-hctz 50-25 mg tablet <b>GC,MO</b>	1	
CARDENE SR 30 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
CARDENE SR 60 MG CAPSULE,EXTENDED RELEASE <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
cartia xt 120 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
cartia xt 180 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
cartia xt 240 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release <b>GC,MO</b>	1	QL (30 per 30 days)
carvedilol 12.5 mg tablet <b>GC,MO</b>	1	
carvedilol 25 mg tablet <b>GC,MO</b>	1	
carvedilol 3.125 mg tablet <b>GC,MO</b>	1	
carvedilol 6.25 mg tablet <b>GC,MO</b>	1	
cholestyramine light 4 gram oral powder <b>MO</b>	3	
cholestyramine light 4 gram packet <b>MO</b>	3	
cholestyramine packet <b>MO</b>	2	
cholestyramine powder <b>MO</b>	2	
clonidine 0.1 mg/day patch <b>GC,MO</b>	1	QL (4 per 28 days)
clonidine 0.2 mg/day patch <b>GC,MO</b>	1	QL (4 per 28 days)
clonidine 0.3 mg/day patch <b>GC,MO</b>	1	QL (4 per 28 days)
clonidine hcl 0.1 mg tablet <b>GC,MO</b>	1	
clonidine hcl 0.2 mg tablet <b>GC,MO</b>	1	
clonidine hcl 0.3 mg tablet <b>GC,MO</b>	1	
clorpres 0.1 mg-15 mg tablet <b>MO</b>	3	
clorpres 0.2 mg-15 mg tablet <b>MO</b>	3	
clorpres 0.3 mg-15 mg tablet <b>MO</b>	3	
colestipol hcl 1 gm tablet <b>MO</b>	2	
colestipol hcl granules <b>MO</b>	2	
colestipol hcl granules packet <b>MO</b>	2	
colestipol micronized 1 gm tab <b>MO</b>	2	
COREG CR 10 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
COREG CR 20 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
COREG CR 40 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
COREG CR 80 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
CORLOPAM 10 MG/ML IV <b>MO</b>	3	
CORVERT 0.1 MG/ML IV <b>MO</b>	3	
CORZIDE 40 MG-5 MG TABLET <b>GB,MO</b>	3	
CORZIDE 80 MG-5 MG TABLET <b>GB,MO</b>	3	
COVERA-HS ER 180 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
COVERA-HS ER 240 MG TABLET <b>GB,MO</b>	3	QL (60 per 30 days)
CRESTOR 10 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CRESTOR 20 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
CRESTOR 40 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
CRESTOR 5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
digoxin 0.25 mg/ml ampul <b>GC,MO</b>	1	PA
digoxin 0.25 mg/ml syringe <b>GC,MO</b>	1	
digoxin 125 mcg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
digoxin 250 mcg tablet <b>GC,MO</b>	1	PA
digoxin 50 mcg/ml solution <b>GC,MO</b>	1	PA
DILACOR XR 240 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE <b>GB,MO</b>	3	
dilt-cd 120 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
dilt-cd 180 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
dilt-cd 240 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
dilt-cd 300 mg capsule,extended release <b>GC,MO</b>	1	QL (30 per 30 days)
dilt-xr 120 mg capsule, extended release <b>GC,MO</b>	1	QL (60 per 30 days)
dilt-xr 180 mg capsule, extended release <b>GC,MO</b>	1	QL (60 per 30 days)
dilt-xr 240 mg capsule, extended release <b>GC,MO</b>	1	QL (60 per 30 days)
diltia xt 120 mg capsule, extended release <b>GC,MO</b>	1	QL (60 per 30 days)
diltia xt 180 mg capsule, extended release <b>GC,MO</b>	1	QL (60 per 30 days)
diltia xt 240 mg capsule, extended release <b>GC,MO</b>	1	QL (60 per 30 days)
diltiazem 120 mg tablet <b>GC,MO</b>	1	
diltiazem 24hr cd 120 mg cap <b>GC,MO</b>	1	QL (60 per 30 days)
diltiazem 24hr cd 180 mg cap <b>GC,MO</b>	1	QL (60 per 30 days)
diltiazem 24hr er 240 mg cap <b>GC,MO</b>	1	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap <b>GC,MO</b>	1	QL (30 per 30 days)
diltiazem 25 mg/5 ml carpject <b>GC,MO</b>	1	
diltiazem 30 mg tablet <b>GC,MO</b>	1	
diltiazem 50 mg/10 ml vial <b>GC,MO</b>	1	
diltiazem 60 mg tablet <b>GC,MO</b>	1	
diltiazem 90 mg tablet <b>GC,MO</b>	1	
diltiazem er 120 mg 12-hr cap <b>GC,MO</b>	1	
diltiazem er 120 mg capsule <b>GC,MO</b>	1	QL (60 per 30 days)
diltiazem er 180 mg capsule <b>GC,MO</b>	1	QL (60 per 30 days)
diltiazem er 240 mg capsule <b>GC,MO</b>	1	QL (60 per 30 days)
diltiazem er 60 mg 12-hr cap <b>GC,MO</b>	1	
diltiazem er 90 mg 12-hr cap <b>GC,MO</b>	1	

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

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

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
diltiazem hcl 100 mg vial <b>MO</b>	3	
diltiazem hcl er 240 mg cap <b>GC,MO</b>	1	QL (60 per 30 days)
diltiazem hcl er 300 mg cap <b>GC,MO</b>	1	QL (30 per 30 days)
diltiazem hcl er 360 mg cap <b>GC,MO</b>	1	QL (30 per 30 days)
diltiazem hcl er 420 mg cap <b>GC,MO</b>	1	QL (30 per 30 days)
diltzac er 120 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
diltzac er 180 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
diltzac er 240 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
diltzac er 300 mg capsule,extended release <b>GC,MO</b>	1	QL (30 per 30 days)
diltzac er 360 mg capsule,extended release <b>GC,MO</b>	1	QL (30 per 30 days)
DIOVAN 160 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
DIOVAN 320 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
DIOVAN 40 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
DIOVAN 80 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
DIOVAN HCT 160 MG-12.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
DIOVAN HCT 160 MG-25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
DIOVAN HCT 320 MG-12.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
DIOVAN HCT 320 MG-25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
DIOVAN HCT 80 MG-12.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
disopyramide 100 mg capsule <b>MO</b>	2	PA
disopyramide 150 mg cap sa <b>GC,MO</b>	1	PA
disopyramide 150 mg capsule <b>MO</b>	2	PA
doxazosin mesylate 1 mg tab <b>GC,MO</b>	1	
doxazosin mesylate 2 mg tab <b>GC,MO</b>	1	
doxazosin mesylate 4 mg tab <b>GC,MO</b>	1	
doxazosin mesylate 8 mg tab <b>GC,MO</b>	1	
DYNACIRC CR 10 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
DYNACIRC CR 5 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
enalapril maleate 10 mg tab <b>GC,MO</b>	1	
enalapril maleate 2.5 mg tab <b>GC,MO</b>	1	
enalapril maleate 20 mg tab <b>GC,MO</b>	1	
enalapril maleate 5 mg tablet <b>GC,MO</b>	1	
enalapril-hctz 10-25 mg tablet <b>GC,MO</b>	1	
enalapril-hctz 5-12.5 mg tab <b>GC,MO</b>	1	
enalaprilat 1.25 mg/ml vial <b>GC,MO</b>	1	
eplerenone 25 mg tablet <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
eplerenone 50 mg tablet <b>MO</b>	3	
epoprostenol sodium 0.5 mg v1 <b>MO</b>	4	PA
epoprostenol sodium 1.5 mg v1 <b>MO</b>	4	PA
esmolol hcl 100 mg/10 ml vial <b>GC,MO</b>	1	
EXFORGE 10 MG-160 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
EXFORGE 10 MG-320 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
EXFORGE 5 MG-160 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
EXFORGE 5 MG-320 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
EXFORGE HCT 10 MG-320 MG-25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
EXFORGE HCT 5 MG-160 MG-25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
felodipine er 10 mg tablet <b>MO</b>	2	QL (30 per 30 days)
felodipine er 2.5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
felodipine er 5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
fenofibrate 134 mg capsule <b>MO</b>	2	QL (30 per 30 days)
fenofibrate 160 mg tablet <b>MO</b>	2	QL (30 per 30 days)
fenofibrate 200 mg capsule <b>MO</b>	2	QL (30 per 30 days)
fenofibrate 54 mg tablet <b>MO</b>	2	QL (60 per 30 days)
fenofibrate 67 mg capsule <b>MO</b>	2	QL (60 per 30 days)
fenoldopam 10 mg/ml ampule <b>GC,MO</b>	1	
flecainide acetate 100 mg tab <b>MO</b>	2	
flecainide acetate 150 mg tab <b>MO</b>	2	
flecainide acetate 50 mg tab <b>MO</b>	2	
fluvastatin sodium 20 mg cap <b>MO</b>	2	QL (60 per 30 days)
fluvastatin sodium 40 mg cap <b>MO</b>	2	QL (60 per 30 days)
fosinopril sodium 10 mg tab <b>GC,MO</b>	1	
fosinopril sodium 20 mg tab <b>GC,MO</b>	1	
fosinopril sodium 40 mg tab <b>GC,MO</b>	1	
fosinopril-hctz 10-12.5 mg tab <b>MO</b>	2	
fosinopril-hctz 20-12.5 mg tab <b>MO</b>	2	
gemfibrozil 600 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
guanfacine 1 mg tablet <b>GC,MO</b>	1	PA
guanfacine 2 mg tablet <b>GC,MO</b>	1	PA
hydralazine 10 mg tablet <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydralazine 100 mg tablet <b>GC,MO</b>	1	
hydralazine 20 mg/ml vial <b>GC,MO</b>	1	
hydralazine 25 mg tablet <b>GC,MO</b>	1	
hydralazine 50 mg tablet <b>GC,MO</b>	1	
ibutilide fum 1 mg/10 ml vial <b>GC,MO</b>	1	
IMDUR 120 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA
IMDUR 30 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA
IMDUR 60 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA
inamrinone 100 mg/20 ml vial <b>GC,MO</b>	1	
irbesartan 150 mg tablet <b>MO</b>	2	QL (30 per 30 days)
irbesartan 300 mg tablet <b>MO</b>	2	QL (30 per 30 days)
irbesartan 75 mg tablet <b>MO</b>	2	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb <b>MO</b>	2	QL (30 per 30 days)
irbesartan-hctz 300-12.5 mg tb <b>MO</b>	2	QL (30 per 30 days)
isoditrate 40 mg tablet,extended release <b>GC,MO</b>	1	
ISOPTIN SR 120 MG TABLET <b>GB,MO</b>	3	
ISOPTIN SR 180 MG TABLET <b>GB,MO</b>	3	
ISOPTIN SR 240 MG TABLET <b>MO</b>	3	
ISORDIL 40 MG TABLET <b>MO</b>	3	
ISORDIL TITRADOSE 5 MG TABLET <b>MO</b>	3	
isosorbide dn 10 mg tablet <b>GC,MO</b>	1	
isosorbide dn 2.5 mg tab sl <b>GC,MO</b>	1	
isosorbide dn 20 mg tablet <b>GC,MO</b>	1	
isosorbide dn 30 mg tablet <b>GC,MO</b>	1	
isosorbide dn 5 mg tablet <b>GC,MO</b>	1	
isosorbide dn 5 mg tablet sl <b>GC,MO</b>	1	
isosorbide dn er 40 mg tablet <b>GC,MO</b>	1	
isosorbide mn 10 mg tablet <b>GC,MO</b>	1	
isosorbide mn 20 mg tablet <b>GC,MO</b>	1	
isosorbide mn er 120 mg tab <b>GC,MO</b>	1	
isosorbide mn er 30 mg tablet <b>GC,MO</b>	1	
isosorbide mn er 60 mg tablet <b>GC,MO</b>	1	
isradipine 2.5 mg capsule <b>MO</b>	3	
isradipine 5 mg capsule <b>MO</b>	3	
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (120 per 30 days)
labetalol hcl 100 mg tablet <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
labetalol hcl 20 mg/4 ml crpj <b>GC,MO</b>	1	
labetalol hcl 200 mg tablet <b>GC,MO</b>	1	
labetalol hcl 300 mg tablet <b>GC,MO</b>	1	
labetalol hcl 5 mg/ml vial <b>GC,MO</b>	1	
LANOXIN 125 MCG TABLET <b>GB,MO</b>	3	QL (30 per 30 days)
LANOXIN 250 MCG TABLET <b>GB,MO</b>	3	PA
LANOXIN 250 MCG/ML INJECTION <b>MO</b>	3	PA
LANOXIN PEDIATRIC 100 MCG/ML INJECTION <b>MO</b>	3	PA
LESCOL 20 MG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
LESCOL 40 MG CAPSULE <b>MO</b>	3	PA,QL (60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
LETAIRIS 10 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET <b>SP</b>	4	PA,QL (30 per 30 days)
LEVATOL 20 MG TABLET <b>MO</b>	3	
lidocaine 0.4% in d5w soln <b>GC,MO</b>	1	
lidocaine 0.8% in d5w soln <b>GC,MO</b>	1	
lidocaine hcl 1% syringe <b>GC,MO</b>	1	
lidocaine hcl 2% abboject <b>GC,MO</b>	1	
lisinopril 10 mg tablet <b>GC,MO</b>	1	
lisinopril 2.5 mg tablet <b>GC,MO</b>	1	
lisinopril 20 mg tablet <b>GC,MO</b>	1	
lisinopril 30 mg tablet <b>GC,MO</b>	1	
lisinopril 40 mg tablet <b>GC,MO</b>	1	
lisinopril 5 mg tablet <b>GC,MO</b>	1	
lisinopril-hctz 10-12.5 mg tab <b>GC,MO</b>	1	
lisinopril-hctz 20-12.5 mg tab <b>GC,MO</b>	1	
lisinopril-hctz 20-25 mg tab <b>GC,MO</b>	1	
LOPRESSOR 100 MG TABLET <b>MO</b>	3	
LOPRESSOR 5 MG/5 ML IV <b>MO</b>	3	
LOPRESSOR 50 MG TABLET <b>MO</b>	3	
LOPRESSOR HCT 100 MG-25 MG TABLET <b>MO</b>	3	
LOPRESSOR HCT 50 MG-25 MG TABLET <b>GB,MO</b>	3	
losartan potassium 100 mg tab <b>GC,MO</b>	1	QL (60 per 30 days)
losartan potassium 25 mg tab <b>GC,MO</b>	1	QL (60 per 30 days)
losartan potassium 50 mg tab <b>GC,MO</b>	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg tab <b>GC,MO</b>	1	QL (60 per 30 days)

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
losartan-hctz 100-25 mg tab <b>GC,MO</b>	1	QL (60 per 30 days)
losartan-hctz 50-12.5 mg tab <b>GC,MO</b>	1	QL (60 per 30 days)
LOTENSIN 10 MG TABLET <b>GB,MO</b>	3	
LOTENSIN 20 MG TABLET <b>MO</b>	3	
LOTENSIN 40 MG TABLET <b>MO</b>	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET <b>GB,MO</b>	3	
LOTENSIN HCT 20 MG-12.5 MG TABLET <b>GB,MO</b>	3	
LOTENSIN HCT 20 MG-25 MG TABLET <b>MO</b>	3	
lovastatin 10 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
lovastatin 20 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
lovastatin 40 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE <b>MO</b>	2	QL (120 per 30 days)
MAVIK 1 MG TABLET <b>MO</b>	3	
MAVIK 2 MG TABLET <b>GB,MO</b>	3	
MAVIK 4 MG TABLET <b>GB,MO</b>	3	
metoprolol 1 mg/ml carpuject <b>GC,MO</b>	1	
metoprolol succ er 100 mg tab <b>GC,MO</b>	1	QL (60 per 30 days)
metoprolol succ er 200 mg tab <b>GC,MO</b>	1	QL (60 per 30 days)
metoprolol succ er 25 mg tab <b>GC,MO</b>	1	QL (60 per 30 days)
metoprolol succ er 50 mg tab <b>GC,MO</b>	1	QL (60 per 30 days)
metoprolol tart 5 mg/5 ml amp <b>GC,MO</b>	1	
metoprolol tartrate 100 mg tab <b>GC,MO</b>	1	
metoprolol tartrate 25 mg tab <b>GC,MO</b>	1	
metoprolol tartrate 50 mg tab <b>GC,MO</b>	1	
metoprolol-hctz 100-25 mg tab <b>MO</b>	2	
metoprolol-hctz 100-50 mg tab <b>MO</b>	2	
metoprolol-hctz 50-25 mg tab <b>MO</b>	2	
mexiletine 150 mg capsule <b>MO</b>	2	
mexiletine 200 mg capsule <b>MO</b>	2	
mexiletine 250 mg capsule <b>MO</b>	2	
milrinone lact 10 mg/10 ml vl <b>GC,MO</b>	1	
milrinone-d5w 20 mg/100 ml <b>GC,MO</b>	1	
milrinone-d5w 40 mg/200 ml <b>GC,MO</b>	1	
MINIPRESS 1 MG CAPSULE <b>GB,MO</b>	3	
MINIPRESS 2 MG CAPSULE <b>GB,MO</b>	3	PA
MINIPRESS 5 MG CAPSULE <b>GB,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
minoxidil 10 mg tablet <b>GC,MO</b>	1	
minoxidil 2.5 mg tablet <b>GC,MO</b>	1	
moexipril hcl 15 mg tablet <b>GC,MO</b>	1	
moexipril hcl 7.5 mg tablet <b>GC,MO</b>	1	
moexipril-hctz 15-12.5 mg tab <b>GC,MO</b>	1	
moexipril-hctz 15-25 mg tablet <b>GC,MO</b>	1	
moexipril-hctz 7.5-12.5 mg tab <b>GC,MO</b>	1	
MONOKET 10 MG TABLET <b>GB,MO</b>	3	
MONOKET 20 MG TABLET <b>MO</b>	3	
MULTAQ 400 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
nadolol 20 mg tablet <b>GC,MO</b>	1	
nadolol 40 mg tablet <b>GC,MO</b>	1	
nadolol 80 mg tablet <b>GC,MO</b>	1	
nadolol-bendroflu 40-5 mg tab <b>MO</b>	2	
nadolol-bendroflu 80-5 mg tab <b>MO</b>	2	
NATRECOR 1.5 MG IV SOLUTION <b>MO</b>	3	
NEXTERONE 150 MG/100 ML (1.5 MG/ML) IV <b>MO</b>	3	
NEXTERONE 360 MG/200 ML (1.8 MG/ML) IV <b>MO</b>	3	
niacor 500 mg tablet <b>MO</b>	2	
NIASPAN EXTENDED-RELEASE 1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	
NIASPAN EXTENDED-RELEASE 500 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	
NIASPAN EXTENDED-RELEASE 750 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	
nicardipine 20 mg capsule <b>GC,MO</b>	1	
nicardipine 25 mg/10 ml ampule <b>GC,MO</b>	1	
nicardipine 30 mg capsule <b>GC,MO</b>	1	
nifediac cc 30 mg tablet,extended release <b>MO</b>	2	QL (60 per 30 days)
nifediac cc 60 mg tablet,extended release <b>MO</b>	2	QL (60 per 30 days)
nifediac cc 90 mg tablet,extended release <b>MO</b>	2	QL (60 per 30 days)
nifedical xl 30 mg tablet,extended release <b>MO</b>	2	QL (60 per 30 days)
nifedical xl 60 mg tablet,extended release <b>MO</b>	2	QL (60 per 30 days)
nifedipine er 30 mg tablet <b>MO</b>	2	QL (60 per 30 days)
nifedipine er 60 mg tablet <b>MO</b>	2	QL (60 per 30 days)
nifedipine er 90 mg tablet <b>MO</b>	2	QL (60 per 30 days)
nimodipine 30 mg capsule <b>MO</b>	3	
nisoldipine er 17 mg tablet <b>MO</b>	3	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nisoldipine er 20 mg tablet <b>MO</b>	3	QL (30 per 30 days)
nisoldipine er 25.5 mg tablet <b>MO</b>	3	QL (60 per 30 days)
nisoldipine er 30 mg tablet <b>MO</b>	3	QL (60 per 30 days)
nisoldipine er 34 mg tablet <b>MO</b>	3	QL (30 per 30 days)
nisoldipine er 40 mg tablet <b>MO</b>	3	QL (30 per 30 days)
nisoldipine er 8.5 mg tablet <b>MO</b>	3	QL (30 per 30 days)
NITRO-DUR 0.1 MG/HR TRANSDERM 24 HR PATCH <b>GB,MO</b>	3	QL (30 per 30 days)
NITRO-DUR 0.2 MG/HR TRANSDERM 24 HR PATCH <b>MO</b>	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR TRANSDERM 24 HR PATCH <b>MO</b>	3	
NITRO-DUR 0.4 MG/HR TRANSDERM 24 HR PATCH <b>MO</b>	3	QL (60 per 30 days)
NITRO-DUR 0.6 MG/HR TRANSDERM 24 HR PATCH <b>MO</b>	3	QL (30 per 30 days)
NITRO-DUR 0.8 MG/HR TRANSDERM 24 HR PATCH <b>MO</b>	3	
nitroglycerin 0.1 mg/hr patch <b>GC,MO</b>	1	QL (30 per 30 days)
nitroglycerin 0.2 mg/hr patch <b>GC,MO</b>	1	QL (30 per 30 days)
nitroglycerin 0.3 mg tab sl <b>GC,MO</b>	1	
nitroglycerin 0.4 mg tablet sl <b>GC,MO</b>	1	
nitroglycerin 0.4 mg/hr patch <b>GC,MO</b>	1	QL (60 per 30 days)
nitroglycerin 0.6 mg tab sl <b>GC,MO</b>	1	
nitroglycerin 0.6 mg/hr patch <b>GC,MO</b>	1	QL (30 per 30 days)
nitroglycerin 5 mg/ml vial <b>GC,MO</b>	1	
nitroglycerin lingual 0.4 mg <b>MO</b>	2	
NITROLINGUAL 0.4 MG/DOSE SPRAY <b>MO</b>	3	
NITROPRESS 25 MG/ML IV <b>MO</b>	3	
NITROSTAT 0.3 MG SUBLINGUAL TABLET <b>MO</b>	2	
NITROSTAT 0.4 MG SUBLINGUAL TABLET <b>GB,MO</b>	2	
NITROSTAT 0.6 MG SUBLINGUAL TABLET <b>MO</b>	2	
ntg 0.2 mg/ml in d5w <b>GC,MO</b>	1	
ntg 100 mg/250 ml in d5w <b>GC,MO</b>	1	
ntg 200 mg/500 ml in d5w <b>GC,MO</b>	1	
ntg 25 mg/250 ml in d5w <b>GC,MO</b>	1	
ntg 50 mg/500 ml in d5w <b>GC,MO</b>	1	
PACERONE 100 MG TABLET <b>MO</b>	2	
pacerone 200 mg tablet <b>GC,MO</b>	1	
PACERONE 400 MG TABLET <b>MO</b>	2	
papaverine 150 mg capsule sa <b>MO</b>	3	
papaverine 300 mg/10 ml vial <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
perindopril erbumine 2 mg tab <b>GC,MO</b>	1	
perindopril erbumine 4 mg tab <b>GC,MO</b>	1	
perindopril erbumine 8 mg tab <b>GC,MO</b>	1	
pindolol 10 mg tablet <b>MO</b>	2	
pindolol 5 mg tablet <b>MO</b>	2	
pravastatin sodium 10 mg tab <b>GC,MO</b>	1	QL (30 per 30 days)
pravastatin sodium 20 mg tab <b>GC,MO</b>	1	QL (30 per 30 days)
pravastatin sodium 40 mg tab <b>GC,MO</b>	1	QL (60 per 30 days)
pravastatin sodium 80 mg tab <b>GC,MO</b>	1	QL (30 per 30 days)
prazosin 1 mg capsule <b>GC,MO</b>	1	
prazosin 2 mg capsule <b>GC,MO</b>	1	
prazosin 5 mg capsule <b>GC,MO</b>	1	
prevalite 4 gram oral packet <b>MO</b>	3	
prevalite 4 gram oral powder <b>MO</b>	3	
PRINIVIL 10 MG TABLET <b>GB,MO</b>	3	
PRINIVIL 20 MG TABLET <b>GB,MO</b>	3	
PRINIVIL 5 MG TABLET <b>MO</b>	3	
PRINZIDE 10 MG-12.5 MG TABLET <b>GB,MO</b>	3	
PRINZIDE 20 MG-12.5 MG TABLET <b>GB,MO</b>	3	
procainamide 100 mg/ml vial <b>GC,MO</b>	1	
procainamide 500 mg/ml vial <b>GC,MO</b>	1	
PROGLYCEM 50 MG/ML ORAL SUSP <b>MO</b>	3	
propafenone hcl 150 mg tablet <b>MO</b>	2	
propafenone hcl 225 mg tab <b>MO</b>	2	
propafenone hcl 300 mg tab <b>MO</b>	2	
propafenone hcl er 225 mg cap <b>MO</b>	2	
propafenone hcl sr 325 mg cap <b>MO</b>	2	
propafenone hcl sr 425 mg cap <b>MO</b>	2	
propranolol 1 mg/ml vial <b>GC,MO</b>	1	
propranolol 10 mg tablet <b>GC,MO</b>	1	
propranolol 20 mg tablet <b>GC,MO</b>	1	
propranolol 20 mg/5 ml soln <b>GC,MO</b>	1	
propranolol 40 mg tablet <b>GC,MO</b>	1	
propranolol 40 mg/5 ml soln <b>GC,MO</b>	1	
propranolol 60 mg tablet <b>GC,MO</b>	1	
propranolol 80 mg tablet <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
propranolol er 120 mg capsule <b>MO</b>	2	
propranolol er 160 mg capsule <b>MO</b>	2	
propranolol er 60 mg capsule <b>MO</b>	2	
propranolol er 80 mg capsule <b>MO</b>	2	
propranolol-hctz 40-25 mg tab <b>MO</b>	2	
propranolol-hctz 80-25 mg tab <b>MO</b>	2	
QUESTRAN 4 GRAM PACKET <b>MO</b>	3	PA
QUESTRAN LIGHT 4 GRAM PACKET <b>MO</b>	3	PA
quinapril 10 mg tablet <b>GC,MO</b>	1	
quinapril 20 mg tablet <b>GC,MO</b>	1	
quinapril 40 mg tablet <b>GC,MO</b>	1	
quinapril 5 mg tablet <b>GC,MO</b>	1	
quinapril-hctz 10-12.5 mg tab <b>MO</b>	2	
quinapril-hctz 20-12.5 mg tab <b>MO</b>	2	
quinapril-hctz 20-25 mg tab <b>MO</b>	2	
quinidine gluc 80 mg/ml vial <b>GC,MO</b>	1	
quinidine gluc er 324 mg tab <b>MO</b>	2	
quinidine sulf er 300 mg tab <b>MO</b>	2	
quinidine sulfate 200 mg tab <b>GC,MO</b>	1	
quinidine sulfate 300 mg tab <b>GC,MO</b>	1	
ramipril 1.25 mg capsule <b>GC,MO</b>	1	
ramipril 10 mg capsule <b>GC,MO</b>	1	
ramipril 2.5 mg capsule <b>GC,MO</b>	1	
ramipril 5 mg capsule <b>GC,MO</b>	1	
RANEXA 1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	ST,QL (120 per 30 days)
RANEXA 500 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	ST,QL (120 per 30 days)
REMODULIN 1 MG/ML INJECTION <b>MO</b>	4	PA
REMODULIN 10 MG/ML INJECTION <b>MO</b>	4	PA
REMODULIN 2.5 MG/ML INJECTION <b>MO</b>	4	PA
REMODULIN 5 MG/ML INJECTION <b>MO</b>	4	PA
reserpine 0.1 mg tablet <b>MO</b>	2	
reserpine 0.25 mg tablet <b>MO</b>	2	PA
REVATIO 20 MG TABLET <b>SP</b>	4	PA,QL (90 per 30 days)
SIMCOR 1,000 MG-20 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
SIMCOR 1,000 MG-40 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
SIMCOR 500 MG-20 MG TABLET,EXTENDED RELEASE <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
SIMCOR 500 MG-40 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
SIMCOR 750 MG-20 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
simvastatin 10 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
simvastatin 20 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
simvastatin 40 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
simvastatin 5 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
simvastatin 80 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
sorine 120 mg tablet <b>GC,MO</b>	1	
sorine 160 mg tablet <b>GC,MO</b>	1	
sorine 240 mg tablet <b>GC,MO</b>	1	
sorine 80 mg tablet <b>GC,MO</b>	1	
sotalol 120 mg tablet <b>GC,MO</b>	1	
sotalol 160 mg tablet <b>GC,MO</b>	1	
sotalol 240 mg tablet <b>GC,MO</b>	1	
sotalol 80 mg tablet <b>GC,MO</b>	1	
sotalol af 120 mg tablet <b>GC,MO</b>	1	
sotalol af 160 mg tablet <b>GC,MO</b>	1	
sotalol af 80 mg tablet <b>GC,MO</b>	1	
sotalol hcl 150 mg/10 ml vial <b>GC,MO</b>	1	
spironolactone 100 mg tablet <b>GC,MO</b>	1	
spironolactone 25 mg tablet <b>GC,MO</b>	1	
spironolactone 50 mg tablet <b>GC,MO</b>	1	
spironolactone-hctz 25-25 tab <b>GC,MO</b>	1	
taztia xt 120 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
taztia xt 180 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
taztia xt 240 mg capsule,extended release <b>GC,MO</b>	1	QL (60 per 30 days)
taztia xt 300 mg capsule,extended release <b>GC,MO</b>	1	QL (30 per 30 days)
taztia xt 360 mg capsule,extended release <b>GC,MO</b>	1	QL (30 per 30 days)
TEKAMLO 150 MG-10 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TEKAMLO 150 MG-5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TEKAMLO 300 MG-10 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TEKAMLO 300 MG-5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TEKTURNA 150 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TEKTURNA 300 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-25 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TEKTURNA HCT 300 MG-12.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TEKTURNA HCT 300 MG-25 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
TENORETIC 100 100 MG-25 MG TABLET <b>MO</b>	3	
TENORETIC 50 50 MG-25 MG TABLET <b>MO</b>	3	PA
TENORMIN 100 MG TABLET <b>MO</b>	3	
TENORMIN 25 MG TABLET <b>MO</b>	3	
TENORMIN 50 MG TABLET <b>MO</b>	3	
terazosin 1 mg capsule <b>GC,MO</b>	1	
terazosin 10 mg capsule <b>GC,MO</b>	1	
terazosin 2 mg capsule <b>GC,MO</b>	1	
terazosin 5 mg capsule <b>GC,MO</b>	1	
TIAZAC 120 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
TIAZAC 180 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
TIAZAC 240 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
TIAZAC 300 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
TIAZAC 360 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
TIAZAC 420 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
TIKOSYN 125 MCG CAPSULE <b>SP</b>	3	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE <b>SP</b>	3	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE <b>SP</b>	3	QL (60 per 30 days)
timolol maleate 10 mg tablet <b>GC,MO</b>	1	
timolol maleate 20 mg tablet <b>GC,MO</b>	1	
timolol maleate 5 mg tablet <b>GC,MO</b>	1	
TOPROL XL 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
TOPROL XL 200 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
TOPROL XL 25 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
TOPROL XL 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
TRACLEER 125 MG TABLET <b>SP</b>	4	PA,QL (60 per 30 days)
TRACLEER 62.5 MG TABLET <b>SP</b>	4	PA,QL (60 per 30 days)
TRANDATE 100 MG TABLET <b>MO</b>	3	
TRANDATE 200 MG TABLET <b>GB,MO</b>	3	
TRANDATE 300 MG TABLET <b>MO</b>	3	
trandolapril 1 mg tablet <b>GC,MO</b>	1	
trandolapril 2 mg tablet <b>GC,MO</b>	1	
trandolapril 4 mg tablet <b>GC,MO</b>	1	
TRICOR 145 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRICOR 48 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
TRILIPIX 135 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)
TRILIPIX 45 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)
UNIRETIC 15 MG-12.5 MG TABLET <b>GB,MO</b>	3	
UNIRETIC 15 MG-25 MG TABLET <b>GB,MO</b>	3	PA
UNIRETIC 7.5 MG-12.5 MG TABLET <b>GB,MO</b>	3	
UNIVASC 15 MG TABLET <b>MO</b>	3	
UNIVASC 7.5 MG TABLET <b>MO</b>	3	
VALTURNA 150-160 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
VALTURNA 300-320 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
VELETRI 1.5 MG IV SOLUTION <b>MO</b>	4	PA
VENTAVIS 10 MCG/ML NEB SOLUTION <b>SP</b>	4	PA, QL (270 per 30 days)
VENTAVIS 20 MCG/ML NEB SOLUTION <b>SP</b>	4	PA, QL (270 per 30 days)
verapamil 120 mg tablet <b>GC,MO</b>	1	
verapamil 2.5 mg/ml syringe <b>GC,MO</b>	1	
verapamil 2.5 mg/ml vial <b>GC,MO</b>	1	
verapamil 360 mg cap pellet <b>GC,MO</b>	1	QL (60 per 30 days)
verapamil 40 mg tablet <b>GC,MO</b>	1	
verapamil 80 mg tablet <b>GC,MO</b>	1	
verapamil er 120 mg capsule <b>GC,MO</b>	1	QL (60 per 30 days)
verapamil er 120 mg tablet <b>GC,MO</b>	1	
verapamil er 180 mg capsule <b>GC,MO</b>	1	QL (60 per 30 days)
verapamil er 180 mg tablet <b>GC,MO</b>	1	
verapamil er 240 mg capsule <b>GC,MO</b>	1	QL (60 per 30 days)
verapamil er 240 mg tablet <b>GC,MO</b>	1	
verapamil er pm 100 mg capsule <b>GC,MO</b>	1	QL (30 per 30 days)
verapamil er pm 200 mg capsule <b>GC,MO</b>	1	QL (60 per 30 days)
verapamil er pm 300 mg capsule <b>GC,MO</b>	1	QL (30 per 30 days)
VYTORIN 10-10 10 MG-10 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
VYTORIN 10-20 10 MG-20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
VYTORIN 10-40 10 MG-40 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
VYTORIN 10-80 10 MG-80 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACK <b>MO</b>	2	
WELCHOL 625 MG TABLET <b>MO</b>	2	
XYLOCAINE (CARDIAC) (PF) 20 MG/ML (2 %) IV <b>MO</b>	3	
ZETIA 10 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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZIAC 10 MG-6.25 MG TABLET <b>MO</b>	3	PA
ZIAC 2.5 MG-6.25 MG TABLET <b>MO</b>	3	PA
ZIAC 5 MG-6.25 MG TABLET <b>MO</b>	3	PA
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
ABILIFY 1 MG/ML ORAL SOLN <b>MO</b>	3	QL (750 per 30 days)
ABILIFY 10 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ABILIFY 15 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ABILIFY 2 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ABILIFY 20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ABILIFY 30 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ABILIFY 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ABILIFY 9.75 MG/1.3 ML IM <b>MO</b>	3	QL (120 per 30 days)
ABILIFY DISCMELT 10 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (60 per 30 days)
ABILIFY DISCMELT 15 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (60 per 30 days)
acetaminoph-caff-dihydrocodein <b>MO</b>	3	QL (180 per 30 days)
acetaminophen-cod #2 tablet <b>MO</b>	2	QL (390 per 30 days)
acetaminophen-cod #3 tablet <b>MO</b>	2	QL (390 per 30 days)
acetaminophen-cod #4 tablet <b>MO</b>	2	QL (390 per 30 days)
acetaminophen-codeine elixir <b>MO</b>	2	QL (5010 per 30 days)
ACUFLEX CAPLET <b>MO</b>	3	
alfentanil 500 mcg/ml amp <b>MO</b>	2	QL (450 per 30 days)
ali-flex tablet <b>GC,MO</b>	1	
alprazolam 0.25 mg tablet <b>MO</b>	2	QL (120 per 30 days)
alprazolam 0.5 mg tablet <b>MO</b>	2	QL (120 per 30 days)
alprazolam 1 mg tablet <b>MO</b>	2	QL (240 per 30 days)
alprazolam 2 mg tablet <b>MO</b>	2	QL (150 per 30 days)
amantadine 100 mg capsule <b>GC,MO</b>	1	
amantadine 100 mg tablet <b>GC,MO</b>	1	
amantadine 50 mg/5 ml syrup <b>GC,MO</b>	1	
amitriptyline hcl 10 mg tab <b>GC,MO</b>	1	PA
amitriptyline hcl 100 mg tab <b>GC,MO</b>	1	PA
amitriptyline hcl 150 mg tab <b>GC,MO</b>	1	PA
amitriptyline hcl 25 mg tab <b>GC,MO</b>	1	PA
amitriptyline hcl 50 mg tab <b>GC,MO</b>	1	PA
amitriptyline hcl 75 mg tab <b>GC,MO</b>	1	PA
amoxapine 100 mg tablet <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxapine 150 mg tablet <b>GC,MO</b>	1	
amoxapine 25 mg tablet <b>GC,MO</b>	1	
amoxapine 50 mg tablet <b>GC,MO</b>	1	
anabar 20 mg-300 mg-200 mg tablet <b>GC,MO</b>	1	
APOKYN 10 MG/ML SUBQ CARTRIDGE <b>MO</b>	4	QL (60 per 30 days)
astramorph-pf 0.5 mg/ml injection <b>GC,MO</b>	1	QL (7200 per 30 days)
astramorph-pf 1 mg/ml injection <b>GC,MO</b>	1	QL (3600 per 30 days)
AVINZA 120 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
AVINZA 30 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
AVINZA 45 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
AVINZA 60 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
AVINZA 75 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
AVINZA 90 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
AZILECT 0.5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
AZILECT 1 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
BANZEL 200 MG TABLET <b>MO</b>	3	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSP <b>MO</b>	3	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET <b>MO</b>	3	PA,QL (240 per 30 days)
be-flex plus capsule <b>GC,MO</b>	1	
benztropine 2 mg/2 ml ampule <b>GC,MO</b>	1	
benztropine mes 0.5 mg tab <b>GC,MO</b>	1	PA
benztropine mes 1 mg tablet <b>GC,MO</b>	1	PA
benztropine mes 2 mg tablet <b>GC,MO</b>	1	PA
bioregesic tablet <b>GC,MO</b>	1	
bp poly-650 tablet <b>GC,MO</b>	1	
bromocriptine 2.5 mg tablet <b>MO</b>	3	
bromocriptine 5 mg capsule <b>MO</b>	3	
budeprion sr 100 mg tablet,extended release <b>MO</b>	2	QL (120 per 30 days)
budeprion sr 150 mg tablet,extended release <b>MO</b>	2	QL (90 per 30 days)
budeprion xl 150 mg tablet <b>MO</b>	2	QL (90 per 30 days)
budeprion xl 300 mg 24 hr tablet, extended release <b>MO</b>	2	QL (90 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION <b>MO</b>	4	PA,QL (240 per 30 days)
buprenorphine 0.3 mg/ml syrn <b>MO</b>	3	PA,QL (240 per 30 days)
buprenorphine 0.3 mg/ml vial <b>MO</b>	3	PA,QL (240 per 30 days)
buprenorphine 2 mg tablet sl <b>MO</b>	3	PA,QL (90 per 30 days)
buprenorphine 8 mg tablet sl <b>MO</b>	3	PA,QL (90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
buproban 150 mg tablet,extended release <b>MO</b>	2	QL (90 per 30 days)
bupropion hcl 100 mg tablet <b>MO</b>	2	QL (180 per 30 days)
bupropion hcl 75 mg tablet <b>MO</b>	2	
bupropion hcl sr 100 mg tablet <b>MO</b>	2	QL (120 per 30 days)
bupropion hcl sr 200 mg tab <b>MO</b>	2	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet <b>MO</b>	2	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet <b>MO</b>	2	QL (90 per 30 days)
bupropion sr 150 mg tablet <b>MO</b>	2	QL (90 per 30 days)
buspirone hcl 10 mg tablet <b>GC,MO</b>	1	
buspirone hcl 15 mg tablet <b>GC,MO</b>	1	
buspirone hcl 30 mg tablet <b>GC,MO</b>	1	
buspirone hcl 5 mg tablet <b>GC,MO</b>	1	
buspirone hcl 7.5 mg tablet <b>GC,MO</b>	1	
BUTISOL 30 MG TABLET <b>MO</b>	3	PA
BUTISOL 30 MG/5 ML ELIXIR <b>MO</b>	3	PA
BUTISOL 50 MG TABLET <b>MO</b>	3	PA
butorphanol 1 mg/ml syringe <b>MO</b>	2	QL (960 per 30 days)
butorphanol 1 mg/ml vial <b>MO</b>	2	QL (960 per 30 days)
butorphanol 10 mg/ml spray <b>MO</b>	2	QL (5 per 28 days)
butorphanol 2 mg/ml syringe <b>MO</b>	2	QL (480 per 30 days)
butorphanol 2 mg/ml vial <b>MO</b>	2	QL (480 per 30 days)
cabergoline 0.5 mg tablet <b>MO</b>	2	QL (16 per 28 days)
CAFCIT 60 MG/3 ML (20 MG/ML) IV <b>MO</b>	3	
CAFCIT 60 MG/3 ML (20 MG/ML) ORAL SOLN <b>MO</b>	3	
caff-sod benzoate 500 mg vl <b>GC,MO</b>	1	
caffeine cit 60 mg/3 ml oral <b>GC,MO</b>	1	
caffeine cit 60 mg/3 ml vial <b>GC,MO</b>	1	
cafgesic capsule <b>GC,MO</b>	1	
cafgesic forte tablet <b>GC,MO</b>	1	
CAMPRAL 333 MG DOSE PAK <b>MO</b>	3	QL (180 per 30 days)
CAMPRAL 333 MG TABLET,DELAYED RELEASE <b>MO</b>	3	
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSP <b>MO</b>	3	QL (5010 per 30 days)
carbamazepine 100 mg tab chew <b>GC,MO</b>	1	
carbamazepine 100 mg/5 ml susp <b>GC,MO</b>	1	
carbamazepine 200 mg tablet <b>GC,MO</b>	1	
carbamazepine 200 mg/10 ml liq <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbamazepine er 100 mg cap <b>MO</b>	3	QL (60 per 30 days)
carbamazepine er 200 mg cap <b>MO</b>	3	QL (240 per 30 days)
carbamazepine er 300 mg cap <b>MO</b>	3	QL (150 per 30 days)
carbamazepine xr 200 mg tablet <b>GC,MO</b>	1	
carbamazepine xr 400 mg tablet <b>GC,MO</b>	1	
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (240 per 30 days)
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	QL (150 per 30 days)
carbidopa-levo 10-100 mg odt <b>MO</b>	2	
carbidopa-levo 25-100 mg odt <b>MO</b>	2	
carbidopa-levo 25-250 mg odt <b>MO</b>	2	
carbidopa-levo er 25-100 tab <b>GC,MO</b>	1	
carbidopa-levo er 50-200 tab <b>GC,MO</b>	1	
carbidopa-levodopa 10-100 tab <b>MO</b>	2	
carbidopa-levodopa 25-100 tab <b>MO</b>	2	
carbidopa-levodopa 25-250 tab <b>MO</b>	2	
carbidopa-levodopa-enta 100 mg <b>MO</b>	2	
carbidopa-levodopa-enta 125 mg <b>MO</b>	2	
carbidopa-levodopa-enta 150 mg <b>MO</b>	2	
carbidopa-levodopa-enta 200 mg <b>MO</b>	2	
carbidopa-levodopa-enta 50 mg <b>MO</b>	2	
carbidopa-levodopa-enta 75 mg <b>MO</b>	2	
CELEBREX 100 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
CELEBREX 200 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
CELEBREX 400 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
CELEBREX 50 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
CELONTIN 300 MG CAPSULE <b>MO</b>	3	
chlorpromazine 10 mg tablet <b>MO</b>	2	B vs D
chlorpromazine 100 mg tablet <b>MO</b>	2	
chlorpromazine 200 mg tablet <b>MO</b>	2	
chlorpromazine 25 mg tablet <b>MO</b>	2	B vs D
chlorpromazine 25 mg/ml amp <b>GC,MO</b>	1	
chlorpromazine 50 mg tablet <b>MO</b>	2	
choline mag trisal 1 gm tab <b>GC,MO</b>	1	
choline mag trisal 500 mg tb <b>GC,MO</b>	1	
choline mag trisal 750 mg tb <b>GC,MO</b>	1	

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

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

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
choline mag trisal liquid <b>MO</b>	2	
citalopram hbr 10 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln <b>GC,MO</b>	1	
citalopram hbr 20 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
CLINORIL 200 MG TABLET <b>GB,MO</b>	3	
clomipramine 25 mg capsule <b>GC,MO</b>	1	PA
clomipramine 50 mg capsule <b>GC,MO</b>	1	PA
clomipramine 75 mg capsule <b>GC,MO</b>	1	PA
clonazepam 0.125 mg dis tab <b>MO</b>	3	
clonazepam 0.25 mg odt <b>MO</b>	3	
clonazepam 0.5 mg dis tablet <b>MO</b>	3	
clonazepam 0.5 mg tablet <b>MO</b>	2	
clonazepam 1 mg dis tablet <b>MO</b>	3	
clonazepam 1 mg tablet <b>MO</b>	2	
clonazepam 2 mg odt <b>MO</b>	3	
clonazepam 2 mg tablet <b>MO</b>	2	
clonidine 1000 mcg/10 ml vial <b>GC,MO</b>	1	
clonidine 5,000 mcg/10 ml vial <b>GC,MO</b>	1	
clorazepate 15 mg tablet <b>MO</b>	3	
clorazepate 3.75 mg tablet <b>MO</b>	3	
clorazepate 7.5 mg tablet <b>MO</b>	3	
clozapine 100 mg tablet <b>MO</b>	2	
clozapine 200 mg tablet <b>MO</b>	2	
clozapine 25 mg tablet <b>MO</b>	2	
clozapine 50 mg tablet <b>MO</b>	2	
codeine ph 15 mg/ml syringe <b>GC,MO</b>	1	
codeine ph 30 mg/ml syringe <b>GC,MO</b>	1	
codeine sulfate 15 mg tablet <b>MO</b>	2	QL (360 per 30 days)
codeine sulfate 30 mg tablet <b>MO</b>	2	QL (360 per 30 days)
codeine sulfate 60 mg tablet <b>MO</b>	2	QL (180 per 30 days)
COGENTIN 2 MG/2 ML INJECTION <b>MO</b>	3	PA
COMTAN 200 MG TABLET <b>MO</b>	2	QL (300 per 30 days)
CYMBALTA 20 MG CAPSULE,DELAYED RELEASE <b>MO</b>	2	QL (60 per 30 days)
CYMBALTA 30 MG CAPSULE,DELAYED RELEASE <b>MO</b>	2	QL (60 per 30 days)
CYMBALTA 60 MG CAPSULE,DELAYED RELEASE <b>MO</b>	2	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
d-amphetamine er 10 mg capsule <b>MO</b>	2	PA,QL (180 per 30 days)
d-amphetamine er 15 mg capsule <b>MO</b>	2	PA,QL (120 per 30 days)
d-amphetamine er 5 mg capsule <b>MO</b>	2	PA,QL (60 per 30 days)
DEPACON 500 MG/5 ML (100 MG/ML) IV <b>MO</b>	3	
depade 50 mg tablet <b>MO</b>	3	
DEPAKENE 250 MG CAPSULE <b>MO</b>	3	
DEPAKENE 250 MG/5 ML ORAL SOLN <b>MO</b>	3	
desipramine 10 mg tablet <b>MO</b>	3	
desipramine 100 mg tablet <b>MO</b>	3	
desipramine 150 mg tablet <b>MO</b>	3	
desipramine 25 mg tablet <b>MO</b>	3	
desipramine 50 mg tablet <b>MO</b>	3	
desipramine 75 mg tablet <b>MO</b>	3	
dexmethylphenidate 10 mg tab <b>GC,MO</b>	1	PA,QL (60 per 30 days)
dexmethylphenidate 2.5 mg tab <b>GC,MO</b>	1	PA,QL (60 per 30 days)
dexmethylphenidate 5 mg tab <b>GC,MO</b>	1	PA,QL (60 per 30 days)
dextroamphetamine 10 mg tab <b>MO</b>	2	PA,QL (180 per 30 days)
dextroamphetamine 5 mg tab <b>MO</b>	2	PA,QL (150 per 30 days)
diazepam 10 mg tablet <b>MO</b>	3	QL (120 per 30 days)
diazepam 2 mg tablet <b>MO</b>	3	QL (90 per 30 days)
diazepam 2.5 mg rectal gel <b>MO</b>	3	
diazepam 20 mg rectal gel <b>MO</b>	3	
diazepam 5 mg tablet <b>MO</b>	3	QL (90 per 30 days)
diazepam 5 mg/5 ml solution <b>MO</b>	3	QL (1200 per 30 days)
diazepam 5-7.5-10 mg gel kit <b>MO</b>	3	
diazepam intensol 5 mg/ml oral concentrate <b>MO</b>	3	QL (1200 per 30 days)
diclofenac pot 50 mg tablet <b>GC,MO</b>	1	
diclofenac sod ec 25 mg tab <b>GC,MO</b>	1	
diclofenac sod ec 50 mg tab <b>GC,MO</b>	1	
diclofenac sod ec 75 mg tab <b>GC,MO</b>	1	
diclofenac sod er 100 mg tab <b>GC,MO</b>	1	
diflunisal 500 mg tablet <b>MO</b>	2	
DILANTIN 30 MG CAPSULE <b>MO</b>	3	
DILANTIN EXTENDED 100 MG CAPSULE <b>MO</b>	3	
dilantin infatabs 50 mg chewable tablet <b>MO</b>	3	
DILANTIN-125 125 MG/5 ML ORAL SUSP <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
divalproex sod dr 125 mg tab <b>GC,MO</b>	1	
divalproex sod dr 250 mg tab <b>GC,MO</b>	1	
divalproex sod dr 500 mg tab <b>GC,MO</b>	1	
divalproex sod er 250 mg tab <b>GC,MO</b>	1	
divalproex sod er 500 mg tab <b>GC,MO</b>	1	
divalproex sodium 125 mg cap <b>GC,MO</b>	1	
dologesic capsule <b>GC,MO</b>	1	
DOLOGESIC LIQUID <b>MO</b>	3	
DOLOPHINE 10 MG TABLET <b>GC,GB,MO</b>	1	QL (240 per 30 days)
DOLOPHINE 5 MG TABLET <b>GC,GB,MO</b>	1	QL (480 per 30 days)
DOLOREX SOFTGEL CAPSULE <b>MO</b>	3	
DOPRAM 20 MG/ML IV <b>MO</b>	3	
doxapram hcl 20 mg/ml vial <b>MO</b>	3	
doxepin 10 mg capsule <b>GC,MO</b>	1	PA
doxepin 10 mg/ml oral conc <b>GC,MO</b>	1	PA
doxepin 100 mg capsule <b>GC,MO</b>	1	PA
doxepin 150 mg capsule <b>GC,MO</b>	1	PA
doxepin 25 mg capsule <b>GC,MO</b>	1	PA
doxepin 50 mg capsule <b>GC,MO</b>	1	PA
doxepin 75 mg capsule <b>GC,MO</b>	1	PA
droperidol 2.5 mg/ml vial <b>MO</b>	2	
DURABAC CAPSULE <b>MO</b>	3	
DURABAC FORTE TABLET <b>MO</b>	3	
DURACLON (PF) 1,000 MCG/10 ML (100 MCG/ML) EPIDURAL <b>MO</b>	3	
DURACLON (PF) 5,000 MCG/10 ML EPIDURAL <b>MO</b>	3	
DURAMORPH (PF) 0.5 MG/ML INJECTION <b>MO</b>	3	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION <b>MO</b>	3	QL (3600 per 30 days)
duraxin 20 mg-300 mg-200 mg capsule <b>GC,MO</b>	1	
EC-NAPROSYN 375 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA
EC-NAPROSYN 500 MG TABLET,DELAYED RELEASE <b>GB,MO</b>	3	PA
ed-flex capsule <b>GC,MO</b>	1	
EMBEDA 100-4 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
EMBEDA 20-0.8 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
EMBEDA 30-1.2 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
EMBEDA 50-2 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
EMBEDA 60-2.4 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMBEDA 80-3.2 MG CAPSULE <b>MO</b>	2	QL (60 per 30 days)
EMSAM 12 MG/24 HR TRANSDERM 24 HR PATCH <b>MO</b>	4	QL (30 per 30 days)
EMSAM 6 MG/24 HR TRANSDERM 24 HR PATCH <b>MO</b>	3	QL (30 per 30 days)
EMSAM 9 MG/24 HR TRANSDERM 24 HR PATCH <b>MO</b>	4	QL (30 per 30 days)
endocet 10 mg-325 mg tablet <b>MO</b>	2	QL (360 per 30 days)
endocet 10 mg-650 mg tablet <b>MO</b>	2	QL (180 per 30 days)
endocet 5 mg-325 mg tablet <b>MO</b>	2	QL (360 per 30 days)
endocet 7.5 mg-325 mg tablet <b>MO</b>	2	QL (360 per 30 days)
endocet 7.5 mg-500 mg tablet <b>MO</b>	2	QL (240 per 30 days)
epitol 200 mg tablet <b>GC,MO</b>	1	
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE <b>GB,MO</b>	3	
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	3	
escitalopram 10 mg tablet <b>MO</b>	2	QL (30 per 30 days)
escitalopram 20 mg tablet <b>MO</b>	2	QL (30 per 30 days)
escitalopram 5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml <b>MO</b>	2	QL (600 per 30 days)
ethosuximide 250 mg capsule <b>GC,MO</b>	1	
ethosuximide 250 mg/5 ml soln <b>GC,MO</b>	1	
etodolac 200 mg capsule <b>GC,MO</b>	1	
etodolac 300 mg capsule <b>GC,MO</b>	1	
etodolac 400 mg tablet <b>GC,MO</b>	1	
etodolac 500 mg tablet <b>GC,MO</b>	1	
etodolac er 400 mg tablet <b>MO</b>	2	
etodolac er 500 mg tablet <b>MO</b>	2	
etodolac er 600 mg tablet <b>MO</b>	2	
EXALGO ER 12 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (180 per 30 days)
EXALGO ER 16 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
EXALGO ER 8 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (240 per 30 days)
FANAPT 1 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
FANAPT 10 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
FANAPT 12 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK <b>MO</b>	3	PA,QL (60 per 30 days)
FANAPT 2 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
FANAPT 4 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
FANAPT 6 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FANAPT 8 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
FAZACLO 100 MG DISINTEGRATING TABLET <b>MO</b>	3	ST
FAZACLO 12.5 MG DISINTEGRATING TABLET <b>MO</b>	3	ST
FAZACLO 150 MG DISINTEGRATING TABLET <b>MO</b>	3	ST
FAZACLO 200 MG DISINTEGRATING TABLET <b>MO</b>	3	ST
FAZACLO 25 MG DISINTEGRATING TABLET <b>MO</b>	3	ST
felbamate 400 mg tablet <b>MO</b>	3	
felbamate 600 mg tablet <b>MO</b>	3	
felbamate 600 mg/5 ml susp <b>MO</b>	3	
FELBATOL 400 MG TABLET <b>MO</b>	4	
FELBATOL 600 MG TABLET <b>MO</b>	4	
FELBATOL 600 MG/5 ML ORAL SUSP <b>MO</b>	4	
fenoprofen 600 mg tablet <b>MO</b>	3	
fentanyl 0.05 mg/ml ampul <b>MO</b>	3	QL (720 per 30 days)
fentanyl 0.05 mg/ml syringe <b>MO</b>	3	QL (240 per 30 days)
fentanyl 100 mcg/hr patch <b>MO</b>	3	QL (20 per 30 days)
fentanyl 12 mcg/hr patch <b>MO</b>	3	QL (20 per 30 days)
fentanyl 25 mcg/hr patch <b>MO</b>	3	QL (20 per 30 days)
fentanyl 50 mcg/hr patch <b>MO</b>	3	QL (20 per 30 days)
fentanyl 75 mcg/hr patch <b>MO</b>	3	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg <b>MO</b>	4	PA,QL (120 per 30 days)
fentanyl cit otfc 1,600 mcg <b>MO</b>	4	PA,QL (120 per 30 days)
fentanyl citrate otfc 200 mcg <b>MO</b>	4	PA,QL (120 per 30 days)
fentanyl citrate otfc 400 mcg <b>MO</b>	4	PA,QL (120 per 30 days)
fentanyl citrate otfc 600 mcg <b>MO</b>	4	PA,QL (120 per 30 days)
fentanyl citrate otfc 800 mcg <b>MO</b>	4	PA,QL (120 per 30 days)
FLECTOR 1.3 % ADHESIVE PATCH <b>MO</b>	3	QL (60 per 30 days)
FLEXTRA PLUS CAPSULE <b>MO</b>	3	
FLEXTRA-650 TABLET <b>MO</b>	3	
FLEXTRA-DS TABLET <b>MO</b>	3	
flumazenil 0.1 mg/ml vial <b>GC,MO</b>	1	
fluoxetine 20 mg/5 ml solution <b>GC,MO</b>	1	
fluoxetine dr 90 mg capsule <b>MO</b>	2	QL (4 per 28 days)
fluoxetine hcl 10 mg capsule <b>GC,MO</b>	1	QL (60 per 30 days)
fluoxetine hcl 10 mg tablet <b>GC,MO</b>	1	
fluoxetine hcl 20 mg capsule <b>GC,MO</b>	1	QL (120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoxetine hcl 20 mg tablet <b>GC,MO</b>	1	
fluoxetine hcl 40 mg capsule <b>GC,MO</b>	1	QL (60 per 30 days)
fluoxetine hcl 60 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
fluphenazine 1 mg tablet <b>GC,MO</b>	1	
fluphenazine 10 mg tablet <b>GC,MO</b>	1	
fluphenazine 2.5 mg tablet <b>GC,MO</b>	1	
fluphenazine 2.5 mg/5 ml elix <b>GC,MO</b>	1	
fluphenazine 2.5 mg/ml vial <b>GC,MO</b>	1	
fluphenazine 5 mg tablet <b>GC,MO</b>	1	
fluphenazine 5 mg/ml conc <b>GC,MO</b>	1	
fluphenazine dec 25 mg/ml vl <b>MO</b>	3	
flurbiprofen 100 mg tablet <b>GC,MO</b>	1	
flurbiprofen 50 mg tablet <b>GC,MO</b>	1	
fluvoxamine maleate 100 mg tab <b>MO</b>	2	QL (90 per 30 days)
fluvoxamine maleate 25 mg tab <b>MO</b>	2	QL (90 per 30 days)
fluvoxamine maleate 50 mg tab <b>MO</b>	2	QL (90 per 30 days)
fosphenytoin 100 mg pe/2 ml vl <b>GC,MO</b>	1	
fosphenytoin 500 mg pe/10 ml <b>GC,MO</b>	1	
frenadol tablet <b>GC,MO</b>	1	
gabapentin 100 mg capsule <b>GC,MO</b>	1	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln <b>MO</b>	2	
gabapentin 300 mg capsule <b>GC,MO</b>	1	QL (270 per 30 days)
gabapentin 400 mg capsule <b>GC,MO</b>	1	QL (270 per 30 days)
gabapentin 600 mg tablet <b>GC,MO</b>	1	QL (180 per 30 days)
gabapentin 800 mg tablet <b>GC,MO</b>	1	QL (180 per 30 days)
GABITRIL 12 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
GABITRIL 16 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
GABITRIL 2 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
GABITRIL 4 MG TABLET <b>MO</b>	3	
GEODON 20 MG IM <b>MO</b>	3	
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE <b>MO</b>	3	ST,QL (78 per 30 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (90 per 30 days)
HALDOL 5 MG/ML INJECTION <b>MO</b>	3	
HALDOL DECANOATE 100 MG/ML IM <b>MO</b>	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HALDOL DECANOATE 50 MG/ML IM <b>MO</b>	3	
haloperidol 0.5 mg tablet <b>GC,MO</b>	1	
haloperidol 1 mg tablet <b>GC,MO</b>	1	
haloperidol 10 mg tablet <b>GC,MO</b>	1	
haloperidol 2 mg tablet <b>GC,MO</b>	1	
haloperidol 20 mg tablet <b>GC,MO</b>	1	
haloperidol 5 mg tablet <b>GC,MO</b>	1	
haloperidol dec 100 mg/ml vial <b>MO</b>	2	
haloperidol dec 50 mg/ml vial <b>MO</b>	2	
haloperidol lac 2 mg/ml conc <b>GC,MO</b>	1	
haloperidol lac 5 mg/ml vial <b>GC,MO</b>	1	
HORIZANT ER 600 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	PA,QL (60 per 30 days)
hydrocodon-acetaminoph 2.5-325 <b>MO</b>	2	QL (360 per 30 days)
hydrocodon-acetaminoph 2.5-500 <b>MO</b>	2	QL (240 per 30 days)
hydrocodon-acetaminoph 7.5-300 <b>MO</b>	2	QL (390 per 30 days)
hydrocodon-acetaminoph 7.5-325 <b>MO</b>	2	QL (360 per 30 days)
hydrocodon-acetaminoph 7.5-500 <b>MO</b>	2	QL (240 per 30 days)
hydrocodon-acetaminoph 7.5-650 <b>MO</b>	2	QL (180 per 30 days)
hydrocodon-acetaminoph 7.5-750 <b>MO</b>	2	QL (150 per 30 days)
hydrocodon-acetaminophen 5-300 <b>MO</b>	2	QL (390 per 30 days)
hydrocodon-acetaminophen 5-325 <b>MO</b>	2	QL (360 per 30 days)
hydrocodon-acetaminophen 5-500 <b>MO</b>	2	QL (240 per 30 days)
hydrocodon-acetaminophn 10-300 <b>MO</b>	2	QL (390 per 30 days)
hydrocodon-acetaminophn 10-325 <b>MO</b>	2	QL (360 per 30 days)
hydrocodon-acetaminophn 10-500 <b>MO</b>	2	QL (240 per 30 days)
hydrocodon-acetaminophn 10-650 <b>MO</b>	2	QL (180 per 30 days)
hydrocodon-acetaminophn 10-660 <b>MO</b>	2	QL (180 per 30 days)
hydrocodon-acetaminophn 10-750 <b>MO</b>	2	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 <b>MO</b>	2	QL (150 per 30 days)
hydromorphone 1 mg/ml syringe <b>MO</b>	3	QL (720 per 30 days)
hydromorphone 2 mg tablet <b>MO</b>	3	QL (360 per 30 days)
hydromorphone 2 mg/ml syringe <b>MO</b>	3	QL (360 per 30 days)
hydromorphone 2 mg/ml vial <b>MO</b>	3	QL (360 per 30 days)
hydromorphone 3 mg suppos <b>MO</b>	3	QL (120 per 30 days)
hydromorphone 4 mg tablet <b>MO</b>	3	QL (360 per 30 days)
hydromorphone 4 mg/ml syrin <b>MO</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
hydromorphone 500 mg/50 ml via <b>MO</b>	3	QL (144 per 30 days)
hydromorphone 8 mg tablet <b>MO</b>	3	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp <b>MO</b>	3	QL (720 per 30 days)
hydromorphone hcl 2 mg/ml amp <b>MO</b>	3	QL (360 per 30 days)
hydromorphone hcl 4 mg/ml amp <b>MO</b>	3	QL (180 per 30 days)
ibuprofen 100 mg/5 ml susp <b>GC,MO</b>	1	
ibuprofen 400 mg tablet <b>GC,MO</b>	1	
ibuprofen 600 mg tablet <b>GC,MO</b>	1	
ibuprofen 800 mg tablet <b>GC,MO</b>	1	
imipramine hcl 10 mg tablet <b>GC,MO</b>	1	PA
imipramine hcl 25 mg tablet <b>GC,MO</b>	1	PA
imipramine hcl 50 mg tablet <b>GC,MO</b>	1	PA
imipramine pamoate 100 mg cap <b>MO</b>	3	PA
imipramine pamoate 125 mg cap <b>MO</b>	3	PA
imipramine pamoate 150 mg cap <b>MO</b>	3	PA
imipramine pamoate 75 mg cap <b>MO</b>	3	PA
INDOCIN 1 MG IV SOLUTION <b>MO</b>	3	
INDOCIN 25 MG/5 ML ORAL SUSP <b>MO</b>	3	
INDOCIN 50 MG RECTAL SUPPOSITORY <b>MO</b>	3	
indomethacin 1 mg vial <b>GC,MO</b>	1	
indomethacin 25 mg capsule <b>GC,MO</b>	1	
indomethacin 50 mg capsule <b>GC,MO</b>	1	
indomethacin er 75 mg capsule <b>MO</b>	3	
INFUMORPH P/F 10 MG/ML INJECTION <b>MO</b>	3	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION <b>MO</b>	3	QL (150 per 30 days)
INVEGA 1.5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
INVEGA 3 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (60 per 30 days)
INVEGA 9 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (30 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML IM SYRINGE <b>MO</b>	4	QL (1 per 30 days)
INVEGA SUSTENNA 156 MG/ML (1 ML) IM SYRINGE <b>MO</b>	4	QL (1 per 30 days)
INVEGA SUSTENNA 234 MG/1.5 ML IM SYRINGE <b>MO</b>	4	QL (1 per 30 days)
INVEGA SUSTENNA 39 MG/0.25 ML IM SYRINGE <b>MO</b>	3	QL (1 per 30 days)
INVEGA SUSTENNA 78 MG/0.5 ML IM SYRINGE <b>MO</b>	3	QL (1 per 30 days)
ketoprofen 50 mg capsule <b>GC,MO</b>	1	
ketoprofen 75 mg capsule <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ketoprofen er 200 mg capsule <b>MO</b>	2	
LAGESIC CAPLET <b>MO</b>	3	
LAMICTAL 100 MG TABLET <b>MO</b>	3	QL (150 per 30 days)
LAMICTAL 150 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
LAMICTAL 200 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET <b>MO</b>	3	
LAMICTAL 25 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET <b>MO</b>	3	
LAMICTAL ODT 100 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (120 per 30 days)
LAMICTAL ODT 200 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (90 per 30 days)
LAMICTAL ODT 25 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (120 per 30 days)
LAMICTAL ODT 50 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (90 per 30 days)
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING <b>MO</b>	3	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TAB,DISINTEGRATING <b>MO</b>	3	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT <b>MO</b>	3	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK <b>MO</b>	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK <b>MO</b>	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK <b>MO</b>	3	
LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (90 per 30 days)
LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (90 per 30 days)
LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (90 per 30 days)
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE <b>MO</b>	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200MG(7) TAB,EXT.REL <b>MO</b>	3	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50MG (14)-100MG (7) TAB,EXT.REL <b>MO</b>	3	
lamotrigine 100 mg tablet <b>GC,MO</b>	1	QL (150 per 30 days)
lamotrigine 150 mg tablet <b>GC,MO</b>	1	QL (90 per 30 days)
lamotrigine 200 mg tablet <b>GC,MO</b>	1	QL (90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine 25 mg disper tab <b>GC,MO</b>	1	
lamotrigine 25 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
lamotrigine 25 mg tb start kit <b>GC,MO</b>	1	
lamotrigine 5 mg disper tablet <b>GC,MO</b>	1	
LATUDA 20 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
LATUDA 40 MG TABLET <b>MO</b>	3	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
LEVACET 500 MG-250 MG-150 MG-32.5 MG TABLET <b>MO</b>	3	
levetiraceta-nacl 1,000 mg/100 <b>GC,MO</b>	1	
levetiraceta-nacl 1,500 mg/100 <b>GC,MO</b>	1	
levetiracetam 1,000 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
levetiracetam 100 mg/ml soln <b>GC,MO</b>	1	
levetiracetam 250 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
levetiracetam 500 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
levetiracetam 500 mg/5 ml soln <b>GC,MO</b>	1	QL (900 per 30 days)
levetiracetam 500 mg/5 ml vial <b>GC,MO</b>	1	
levetiracetam 750 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
levetiracetam er 500 mg tablet <b>GC,MO</b>	1	QL (180 per 30 days)
levetiracetam er 750 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
levetiracetam-nacl 500 mg/100 <b>GC,MO</b>	1	
levorphanol 2 mg tablet <b>MO</b>	2	QL (240 per 30 days)
LEXAPRO 5 MG/5 ML ORAL SOLN <b>MO</b>	3	PA,QL (600 per 30 days)
lithium 8 meq/5 ml solution <b>GC,MO</b>	1	
lithium carbonate 150 mg cap <b>GC,MO</b>	1	
lithium carbonate 300 mg cap <b>GC,MO</b>	1	
lithium carbonate 300 mg tab <b>GC,MO</b>	1	
lithium carbonate 600 mg cap <b>GC,MO</b>	1	
lithium carbonate er 300 mg tb <b>GC,MO</b>	1	
lithium er 450 mg tablet <b>GC,MO</b>	1	
lorazepam 0.5 mg tablet <b>MO</b>	2	QL (90 per 30 days)
lorazepam 1 mg tablet <b>MO</b>	2	QL (90 per 30 days)
lorazepam 2 mg tablet <b>MO</b>	2	QL (150 per 30 days)
loxapine 10 mg capsule <b>MO</b>	2	
loxapine 25 mg capsule <b>MO</b>	2	
loxapine 5 mg capsule <b>MO</b>	2	
loxapine 50 mg capsule <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
LOXITANE 10 MG CAPSULE <b>MO</b>	3	
LOXITANE 25 MG CAPSULE <b>MO</b>	2	
LOXITANE 5 MG CAPSULE <b>MO</b>	3	
LOXITANE 50 MG CAPSULE <b>MO</b>	2	
LUNESTA 1 MG TABLET <b>MO</b>	3	PA
LUNESTA 2 MG TABLET <b>MO</b>	3	PA
LUNESTA 3 MG TABLET <b>MO</b>	3	PA
LUVOX CR 100 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
LUVOX CR 150 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
LYRICA 100 MG CAPSULE <b>MO</b>	3	ST,QL (90 per 30 days)
LYRICA 150 MG CAPSULE <b>MO</b>	3	ST,QL (90 per 30 days)
LYRICA 200 MG CAPSULE <b>MO</b>	3	ST,QL (90 per 30 days)
LYRICA 225 MG CAPSULE <b>MO</b>	3	ST,QL (60 per 30 days)
LYRICA 25 MG CAPSULE <b>MO</b>	3	ST,QL (90 per 30 days)
LYRICA 300 MG CAPSULE <b>MO</b>	3	ST,QL (60 per 30 days)
LYRICA 50 MG CAPSULE <b>MO</b>	3	ST,QL (90 per 30 days)
LYRICA 75 MG CAPSULE <b>MO</b>	3	ST,QL (90 per 30 days)
magnesium chl 200 mg/ml vial <b>GC,MO</b>	1	
magnesium sulf 4% iv soln <b>GC,MO</b>	1	
magnesium sulf 8% iv soln <b>GC,MO</b>	1	
magnesium sulfate 50% syringe <b>GC,MO</b>	1	
magnesium sulfate 50% vial <b>MO</b>	2	
magnesium-d5w 1 gm/100 ml soln <b>MO</b>	2	
maprotiline 25 mg tablet <b>MO</b>	2	
maprotiline 50 mg tablet <b>MO</b>	2	
maprotiline 75 mg tablet <b>MO</b>	2	
margesic h 5-500 capsule <b>MO</b>	2	QL (240 per 30 days)
MARPLAN 10 MG TABLET <b>MO</b>	3	
MAXALT 10 MG TABLET <b>MO</b>	3	QL (12 per 30 days)
MAXALT 5 MG TABLET <b>MO</b>	3	QL (12 per 30 days)
MAXALT-MLT 10 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (12 per 30 days)
MAXALT-MLT 5 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (12 per 30 days)
MAXIDONE 10 MG-750 MG TABLET <b>MO</b>	3	QL (150 per 30 days)
MEBARAL 100 MG TABLET <b>MO</b>	3	PA
MEBARAL 32 MG TABLET <b>MO</b>	3	PA
MEBARAL 50 MG TABLET <b>MO</b>	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meclofenamate 100 mg capsule <b>GC,MO</b>	1	
meclofenamate 50 mg capsule <b>GC,MO</b>	1	
meloxicam 15 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp <b>GC,MO</b>	1	QL (300 per 30 days)
methadone 10 mg/5 ml solution <b>GC,MO</b>	1	QL (1800 per 30 days)
methadone 10 mg/ml oral conc <b>MO</b>	2	QL (360 per 30 days)
methadone 5 mg/5 ml solution <b>GC,MO</b>	1	QL (3600 per 30 days)
methadone hcl 10 mg tablet <b>GC,MO</b>	1	QL (240 per 30 days)
methadone hcl 10 mg/ml vial <b>GC,MO</b>	1	QL (360 per 30 days)
methadone hcl 5 mg tablet <b>GC,MO</b>	1	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate <b>MO</b>	2	QL (360 per 30 days)
methadose 10 mg tablet <b>GC,MO</b>	1	QL (240 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE <b>MO</b>	2	QL (360 per 30 days)
methamphetamine 5 mg tablet <b>MO</b>	4	QL (150 per 30 days)
methyl salicylate liquid <b>GC,MO</b>	1	
methylphenidate 10 mg tablet <b>GC,MO</b>	1	PA,QL (90 per 30 days)
methylphenidate 20 mg tablet <b>GC,MO</b>	1	PA,QL (90 per 30 days)
methylphenidate 5 mg tablet <b>GC,MO</b>	1	PA,QL (90 per 30 days)
mirtazapine 15 mg odt <b>GC,MO</b>	1	QL (30 per 30 days)
mirtazapine 15 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
mirtazapine 30 mg odt <b>MO</b>	2	QL (30 per 30 days)
mirtazapine 30 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
mirtazapine 45 mg odt <b>MO</b>	2	QL (30 per 30 days)
mirtazapine 45 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
mirtazapine 7.5 mg tablet <b>GC,MO</b>	1	
MOBAN 10 MG TABLET <b>MO</b>	3	
MOBAN 25 MG TABLET <b>MO</b>	3	
MOBAN 5 MG TABLET <b>MO</b>	3	
MOBAN 50 MG TABLET <b>MO</b>	3	
modafinil 100 mg tablet <b>MO</b>	3	PA,QL (60 per 30 days)
modafinil 200 mg tablet <b>MO</b>	4	PA,QL (60 per 30 days)
morphine 0.5 mg/ml vial <b>MO</b>	2	QL (7200 per 30 days)
morphine 1 mg/ml syringe <b>MO</b>	2	QL (3600 per 30 days)
morphine 1 mg/ml syringe <b>MO</b>	2	QL (3600 per 30 days)
morphine 1 mg/ml vial p-f <b>MO</b>	2	QL (3600 per 30 days)

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine 1 mg/ml-d5w 100 ml <b>MO</b>	2	QL (3600 per 30 days)
morphine 1 mg/ml-d5w 250 ml <b>MO</b>	2	QL (3600 per 30 days)
morphine 10 mg/ml syringe <b>MO</b>	2	QL (360 per 30 days)
morphine 10 mg/ml vial <b>MO</b>	2	QL (360 per 30 days)
morphine 15 mg/ml syringe <b>MO</b>	2	QL (240 per 30 days)
morphine 2 mg/ml syringe <b>MO</b>	2	QL (1800 per 30 days)
morphine 300 mg/20 ml vial <b>MO</b>	2	QL (600 per 30 days)
morphine 4 mg/ml syringe <b>MO</b>	2	QL (900 per 30 days)
morphine 5 mg/ml vial <b>MO</b>	2	QL (720 per 30 days)
morphine 8 mg/ml syringe <b>MO</b>	2	QL (450 per 30 days)
morphine 8 mg/ml vial <b>MO</b>	2	QL (450 per 30 days)
morphine sulf 10 mg suppos <b>MO</b>	2	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln <b>MO</b>	2	QL (2700 per 30 days)
morphine sulf 100 mg/5 ml soln <b>MO</b>	2	QL (600 per 30 days)
morphine sulf 20 mg suppos <b>MO</b>	2	QL (180 per 30 days)
morphine sulf 20 mg/5 ml soln <b>MO</b>	2	QL (1350 per 30 days)
morphine sulf 30 mg suppos <b>MO</b>	2	QL (180 per 30 days)
morphine sulf 5 mg suppos <b>MO</b>	2	QL (180 per 30 days)
morphine sulf er 100 mg tablet <b>MO</b>	2	QL (180 per 30 days)
morphine sulf er 15 mg tablet <b>MO</b>	2	QL (120 per 30 days)
morphine sulf er 200 mg tablet <b>MO</b>	2	QL (90 per 30 days)
morphine sulf er 30 mg tablet <b>MO</b>	2	QL (120 per 30 days)
morphine sulf er 60 mg tablet <b>MO</b>	2	QL (120 per 30 days)
morphine sulfate 1 mg/ml vial <b>MO</b>	2	QL (3600 per 30 days)
morphine sulfate 25 mg/ml vial <b>MO</b>	2	QL (150 per 30 days)
morphine sulfate 25 mg/ml vl <b>MO</b>	2	QL (150 per 30 days)
morphine sulfate 50 mg/ml vial <b>MO</b>	2	QL (240 per 30 days)
morphine sulfate er 100 mg cap <b>MO</b>	2	QL (60 per 30 days)
morphine sulfate er 20 mg cap <b>MO</b>	2	QL (60 per 30 days)
morphine sulfate er 30 mg cap <b>MO</b>	2	QL (60 per 30 days)
morphine sulfate er 50 mg cap <b>MO</b>	2	QL (60 per 30 days)
morphine sulfate er 60 mg cap <b>MO</b>	2	QL (60 per 30 days)
morphine sulfate er 80 mg cap <b>MO</b>	2	QL (60 per 30 days)
morphine sulfate ir 15 mg tab <b>MO</b>	2	QL (180 per 30 days)
morphine sulfate ir 30 mg tab <b>MO</b>	2	QL (180 per 30 days)
mst 600 600 mg tablet <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
nabumetone 500 mg tablet <b>GC,MO</b>	1	
nabumetone 750 mg tablet <b>GC,MO</b>	1	
nalbuphine 100 mg/10 ml vial <b>MO</b>	3	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial <b>MO</b>	3	QL (120 per 30 days)
NALFON 200 MG PULVULE <b>MO</b>	3	
NALFON 400 MG CAPSULE <b>MO</b>	3	
naloxone 0.02 mg/ml vial <b>GC,MO</b>	1	
naloxone 0.4 mg/ml syringe <b>GC,MO</b>	1	
naloxone 0.4 mg/ml vial <b>GC,MO</b>	1	
naloxone 2 mg/2 ml syringe <b>GC,MO</b>	1	
naltrexone 50 mg tablet <b>GC,MO</b>	1	
NAMENDA 10 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
NAMENDA 10 MG/5 ML ORAL SOLN <b>MO</b>	2	QL (360 per 30 days)
NAMENDA 5 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK <b>MO</b>	2	QL (98 per 30 days)
naproxen 125 mg/5 ml suspen <b>GC,MO</b>	1	
naproxen 250 mg tablet <b>GC,MO</b>	1	
naproxen 375 mg tablet <b>GC,MO</b>	1	
naproxen 500 mg tablet <b>GC,MO</b>	1	
naproxen dr 375 mg tablet <b>GC,MO</b>	1	
naproxen dr 500 mg tablet <b>GC,MO</b>	1	
naproxen sodium 275 mg tab <b>GC,MO</b>	1	
naproxen sodium 550 mg tab <b>GC,MO</b>	1	
naratriptan hcl 1 mg tablet <b>MO</b>	3	QL (9 per 30 days)
naratriptan hcl 2.5 mg tablet <b>MO</b>	3	QL (9 per 30 days)
NARDIL 15 MG TABLET <b>MO</b>	3	
NAVANE 10 MG CAPSULE <b>GB,MO</b>	3	
NAVANE 2 MG CAPSULE <b>GB,MO</b>	3	
NAVANE 20 MG CAPSULE <b>MO</b>	3	
NAVANE 5 MG CAPSULE <b>MO</b>	3	
nefazodone hcl 100 mg tablet <b>MO</b>	2	
nefazodone hcl 150 mg tablet <b>MO</b>	2	
nefazodone hcl 200 mg tablet <b>MO</b>	2	
nefazodone hcl 250 mg tablet <b>MO</b>	2	
nefazodone hcl 50 mg tablet <b>MO</b>	2	
NEUPRO 1 MG/24 HOUR TRANSDERM 24 HR PATCH <b>MO</b>	3	PA,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEUPRO 2 MG/24 HOUR TRANSDERM 24 HR PATCH <b>MO</b>	3	PA,QL (30 per 30 days)
NEUPRO 3 MG/24 HOUR TRANSDERM 24 HR PATCH <b>MO</b>	3	PA,QL (30 per 30 days)
NEUPRO 4 MG/24 HOUR TRANSDERM 24 HR PATCH <b>MO</b>	3	PA,QL (30 per 30 days)
NEUPRO 6 MG/24 HOUR TRANSDERM 24 HR PATCH <b>MO</b>	3	PA,QL (30 per 30 days)
NEUPRO 8 MG/24 HOUR TRANSDERM 24 HR PATCH <b>MO</b>	3	PA,QL (30 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLN <b>MO</b>	3	
NORPRAMIN 10 MG TABLET <b>MO</b>	3	
NORPRAMIN 100 MG TABLET <b>GB,MO</b>	3	
NORPRAMIN 150 MG TABLET <b>MO</b>	3	
NORPRAMIN 25 MG TABLET <b>GB,MO</b>	3	
NORPRAMIN 50 MG TABLET <b>GB,MO</b>	3	
NORPRAMIN 75 MG TABLET <b>MO</b>	3	
nortriptyline 10 mg/5 ml sol <b>GC,MO</b>	1	
nortriptyline hcl 10 mg cap <b>GC,MO</b>	1	
nortriptyline hcl 25 mg cap <b>GC,MO</b>	1	
nortriptyline hcl 50 mg cap <b>GC,MO</b>	1	
nortriptyline hcl 75 mg cap <b>GC,MO</b>	1	
NUEDEXTA 20 MG-10 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
olanzapine 10 mg tablet <b>MO</b>	2	QL (30 per 30 days)
olanzapine 10 mg vial <b>MO</b>	2	QL (60 per 30 days)
olanzapine 15 mg tablet <b>MO</b>	2	QL (60 per 30 days)
olanzapine 2.5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
olanzapine 20 mg tablet <b>MO</b>	2	QL (60 per 30 days)
olanzapine 5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
olanzapine 7.5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
olanzapine odt 10 mg tablet <b>MO</b>	2	QL (30 per 30 days)
olanzapine odt 15 mg tablet <b>MO</b>	2	QL (60 per 30 days)
olanzapine odt 20 mg tablet <b>MO</b>	2	QL (60 per 30 days)
olanzapine odt 5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
ONFI 10 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
ONFI 20 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
ONFI 5 MG TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
OPANA ER 10 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
OPANA ER 20 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
OPANA ER 30 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
OPANA ER 40 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPANA ER 5 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
ORAP 1 MG TABLET <b>GB,MO</b>	3	
ORAP 2 MG TABLET <b>MO</b>	3	
oxaprozin 600 mg tablet <b>GC,MO</b>	1	
oxazepam 10 mg capsule <b>MO</b>	3	
oxazepam 15 mg capsule <b>MO</b>	3	
oxazepam 30 mg capsule <b>MO</b>	3	
oxcarbazepine 150 mg tablet <b>GC,MO</b>	1	
oxcarbazepine 300 mg tablet <b>GC,MO</b>	1	
oxcarbazepine 300 mg/5 ml susp <b>GC,MO</b>	1	
oxcarbazepine 600 mg tablet <b>GC,MO</b>	1	
oxycodon-acetaminophen 2.5-325 <b>MO</b>	2	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-325 <b>MO</b>	2	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-500 <b>MO</b>	2	QL (240 per 30 days)
oxycodone conc 20 mg/ml soln <b>MO</b>	2	QL (270 per 30 days)
oxycodone hcl 10 mg tablet <b>MO</b>	2	QL (360 per 30 days)
oxycodone hcl 15 mg tablet <b>MO</b>	2	QL (360 per 30 days)
oxycodone hcl 20 mg tablet <b>MO</b>	2	QL (360 per 30 days)
oxycodone hcl 30 mg tablet <b>MO</b>	2	QL (360 per 30 days)
oxycodone hcl 5 mg capsule <b>MO</b>	2	QL (360 per 30 days)
oxycodone hcl 5 mg tablet <b>MO</b>	2	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml sol <b>MO</b>	2	QL (5400 per 30 days)
oxycodone-acetaminophen 10-325 <b>MO</b>	2	QL (360 per 30 days)
oxycodone-acetaminophen 10-650 <b>MO</b>	2	QL (180 per 30 days)
oxycodone-acetaminophen 5-325 <b>MO</b>	2	QL (360 per 30 days)
oxycodone-acetaminophen 5-500 <b>MO</b>	2	QL (240 per 30 days)
oxycodone-asa 4.5-0.38-325 tab <b>MO</b>	2	QL (360 per 30 days)
oxycodone-aspirin 4.83-325 mg <b>MO</b>	3	QL (360 per 30 days)
oxycodone-ibuprofen 5-400 tab <b>MO</b>	2	QL (240 per 30 days)
oxymorphone hcl er 15 mg tab <b>MO</b>	2	QL (60 per 30 days)
oxymorphone hcl er 7.5 mg tab <b>MO</b>	2	QL (60 per 30 days)
paroxetine cr 12.5 mg tablet <b>MO</b>	3	QL (60 per 30 days)
paroxetine cr 25 mg tablet <b>MO</b>	3	QL (90 per 30 days)
paroxetine er 37.5 mg tablet <b>MO</b>	3	QL (60 per 30 days)
paroxetine hcl 10 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
paroxetine hcl 10 mg/5 ml susp <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paroxetine hcl 20 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
paroxetine hcl 30 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
paroxetine hcl 40 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSP <b>MO</b>	3	
PEGANONE 250 MG TABLET <b>MO</b>	3	
PENNSAID 1.5 % TOPICAL DROPS <b>MO</b>	3	
perphen-amitrip 2 mg-10 mg tab <b>MO</b>	2	PA
perphen-amitrip 2 mg-25 mg tab <b>MO</b>	2	PA
perphen-amitrip 4 mg-10 mg tab <b>MO</b>	2	PA
perphen-amitrip 4 mg-25 mg tab <b>MO</b>	2	PA
perphen-amitrip 4 mg-50 mg tab <b>MO</b>	2	PA
perphenazine 16 mg tablet <b>MO</b>	2	
perphenazine 2 mg tablet <b>MO</b>	2	
perphenazine 4 mg tablet <b>MO</b>	2	
perphenazine 8 mg tablet <b>MO</b>	2	
phenelzine sulfate 15 mg tab <b>MO</b>	2	
phenobarbital 100 mg tablet <b>MO</b>	2	PA,QL (60 per 30 days)
phenobarbital 15 mg tablet <b>MO</b>	2	PA,QL (90 per 30 days)
phenobarbital 16.2 mg tablet <b>MO</b>	2	PA,QL (90 per 30 days)
phenobarbital 30 mg tablet <b>MO</b>	2	PA,QL (210 per 30 days)
phenobarbital 32.4 mg tablet <b>MO</b>	2	PA,QL (90 per 30 days)
phenobarbital 60 mg tablet <b>MO</b>	2	PA,QL (90 per 30 days)
phenobarbital 64.8 mg tablet <b>MO</b>	2	PA,QL (90 per 30 days)
phenobarbital 97.2 mg tablet <b>MO</b>	2	PA,QL (90 per 30 days)
PHENYTEK 200 MG CAPSULE <b>MO</b>	2	
PHENYTEK 300 MG CAPSULE <b>MO</b>	2	
phenytoin 100 mg/4 ml susp <b>GC,MO</b>	1	
phenytoin 125 mg/5 ml susp <b>GC,MO</b>	1	
phenytoin 50 mg/ml syringe <b>GC,MO</b>	1	
phenytoin 50 mg/ml vial <b>GC,MO</b>	1	
phenytoin sod ext 100 mg cap <b>GC,MO</b>	1	
phenytoin sod ext 200 mg cap <b>GC,MO</b>	1	
phenytoin sod ext 300 mg cap <b>GC,MO</b>	1	
piroxicam 10 mg capsule <b>MO</b>	2	
piroxicam 20 mg capsule <b>MO</b>	2	
POTIGA 200 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
POTIGA 300 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
POTIGA 400 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
POTIGA 50 MG TABLET <b>MO</b>	3	PA,QL (270 per 30 days)
pramipexole 0.125 mg tablet <b>GC,MO</b>	1	
pramipexole 0.25 mg tablet <b>GC,MO</b>	1	
pramipexole 0.5 mg tablet <b>GC,MO</b>	1	
pramipexole 0.75 mg tablet <b>GC,MO</b>	1	
pramipexole 1 mg tablet <b>GC,MO</b>	1	
pramipexole 1.5 mg tablet <b>GC,MO</b>	1	
PRECEDEX 200 MCG/2 ML IV <b>MO</b>	3	
PRIALT 100 MCG/ML INTRATHECAL <b>MO</b>	4	
PRIALT 25 MCG/ML INTRATHECAL <b>MO</b>	4	
primidone 250 mg tablet <b>GC,MO</b>	1	
primidone 50 mg tablet <b>GC,MO</b>	1	
PRISTIQ 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
protriptyline hcl 10 mg tablet <b>MO</b>	3	
protriptyline hcl 5 mg tablet <b>MO</b>	3	
quetiapine fumarate 100 mg tab <b>MO</b>	2	QL (90 per 30 days)
quetiapine fumarate 200 mg tab <b>MO</b>	2	QL (120 per 30 days)
quetiapine fumarate 25 mg tab <b>MO</b>	2	QL (120 per 30 days)
quetiapine fumarate 300 mg tab <b>MO</b>	2	QL (90 per 30 days)
quetiapine fumarate 400 mg tab <b>MO</b>	2	QL (90 per 30 days)
quetiapine fumarate 50 mg tab <b>MO</b>	2	QL (120 per 30 days)
RELAGESIC TABLET <b>MO</b>	3	
REQUIP XL 12 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (90 per 30 days)
REQUIP XL 2 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (90 per 30 days)
REQUIP XL 4 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (90 per 30 days)
REQUIP XL 6 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (90 per 30 days)
REQUIP XL 8 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (90 per 30 days)
revia 50 mg tablet <b>MO</b>	3	
rhinoflex 50 mg-500 mg tablet <b>GC,MO</b>	1	
rhinoflex-650 50 mg-650 mg tablet <b>GC,MO</b>	1	
RILUTEK 50 MG TABLET <b>MO</b>	2	
RISPERDAL CONSTA 12.5 MG/2 ML IM SYRINGE <b>MO</b>	3	QL (2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML IM SYRINGE <b>MO</b>	3	QL (2 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RISPERDAL CONSTA 37.5 MG/2 ML IM SYRINGE <b>MO</b>	3	QL (4 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML IM SYRINGE <b>MO</b>	4	QL (4 per 28 days)
RISPERDAL M-TAB 0.5 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (120 per 30 days)
RISPERDAL M-TAB 1 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (60 per 30 days)
RISPERDAL M-TAB 2 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (60 per 30 days)
RISPERDAL M-TAB 3 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (60 per 30 days)
RISPERDAL M-TAB 4 MG DISINTEGRATING TABLET <b>MO</b>	3	QL (60 per 30 days)
risperidone 0.25 mg odt <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone 0.25 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone 0.5 mg odt <b>GC,MO</b>	1	QL (120 per 30 days)
risperidone 0.5 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
risperidone 1 mg odt <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone 1 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone 1 mg/ml solution <b>GC,MO</b>	1	
risperidone 2 mg odt <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone 2 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone 3 mg odt <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone 3 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone 4 mg odt <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone 4 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone m-tab 0.5 mg disintegrating tablet <b>GC,MO</b>	1	QL (120 per 30 days)
risperidone m-tab 1 mg disintegrating tablet <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone m-tab 2 mg disintegrating tablet <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone m-tab 3 mg disintegrating tablet <b>GC,MO</b>	1	QL (60 per 30 days)
risperidone m-tab 4 mg disintegrating tablet <b>GC,MO</b>	1	QL (60 per 30 days)
ROMAZICON 0.1 MG/ML IV <b>MO</b>	3	
ropinirole hcl 0.25 mg tablet <b>GC,MO</b>	1	
ropinirole hcl 0.5 mg tablet <b>GC,MO</b>	1	
ropinirole hcl 1 mg tablet <b>GC,MO</b>	1	
ropinirole hcl 2 mg tablet <b>GC,MO</b>	1	
ropinirole hcl 3 mg tablet <b>GC,MO</b>	1	
ropinirole hcl 4 mg tablet <b>GC,MO</b>	1	
ropinirole hcl 5 mg tablet <b>GC,MO</b>	1	
ropinirole hcl er 12 mg tablet <b>MO</b>	3	QL (90 per 30 days)
ropinirole hcl er 2 mg tablet <b>MO</b>	3	QL (90 per 30 days)
ropinirole hcl er 4 mg tablet <b>MO</b>	3	QL (90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ropinirole hcl er 6 mg tablet <b>MO</b>	3	QL (90 per 30 days)
ropinirole hcl er 8 mg tablet <b>MO</b>	3	QL (90 per 30 days)
roxiket 5 mg-325 mg tablet <b>MO</b>	2	QL (360 per 30 days)
ROXICET 5 MG-325 MG/5 ML ORAL SOLN <b>MO</b>	2	QL (1830 per 30 days)
ROXICET 5-500 CAPLET <b>MO</b>	2	QL (240 per 30 days)
SABRIL 500 MG ORAL POWDER IN PACKET <b>MO</b>	4	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET <b>MO</b>	4	PA,QL (180 per 30 days)
salsalate 500 mg tablet <b>MO</b>	2	
salsalate 750 mg tablet <b>MO</b>	2	
SAPHRIS 10 MG SUBLINGUAL TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
SAPHRIS 5 MG SUBLINGUAL TABLET <b>MO</b>	3	PA,QL (60 per 30 days)
SAVELLA 100 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK <b>MO</b>	2	QL (60 per 30 days)
SAVELLA 12.5 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
SAVELLA 25 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
SAVELLA 50 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
selegiline hcl 5 mg capsule <b>MO</b>	2	
selegiline hcl 5 mg tablet <b>MO</b>	2	
SEROQUEL 100 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
SEROQUEL 200 MG TABLET <b>MO</b>	3	PA,QL (120 per 30 days)
SEROQUEL 25 MG TABLET <b>MO</b>	3	PA,QL (120 per 30 days)
SEROQUEL 300 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
SEROQUEL 400 MG TABLET <b>MO</b>	3	PA,QL (90 per 30 days)
SEROQUEL 50 MG TABLET <b>MO</b>	3	PA,QL (120 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (120 per 30 days)
sertraline 20 mg/ml oral conc <b>GC,MO</b>	1	
sertraline hcl 100 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
sertraline hcl 25 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
sertraline hcl 50 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
STAFLEX CAPLET <b>MO</b>	3	QL (240 per 30 days)
stagesic 5 mg-500 mg capsule <b>MO</b>	2	QL (240 per 30 days)
STAVZOR 125 MG CAPSULE,DELAYED RELEASE <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
STAVZOR 250 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	
STAVZOR 500 MG CAPSULE,DELAYED RELEASE <b>MO</b>	3	
STRATTERA 10 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
STRATTERA 100 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
STRATTERA 18 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
STRATTERA 25 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
STRATTERA 40 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
STRATTERA 60 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
STRATTERA 80 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM <b>MO</b>	3	PA,QL (90 per 30 days)
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM <b>MO</b>	3	PA,QL (90 per 30 days)
sufentanil 250 mcg/5 ml ampul <b>MO</b>	2	QL (1440 per 30 days)
sulindac 150 mg tablet <b>GC,MO</b>	1	
sulindac 200 mg tablet <b>GC,MO</b>	1	
sumatriptan 20 mg nasal spray <b>MO</b>	3	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml cart <b>MO</b>	3	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml inject <b>MO</b>	3	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml syrng <b>MO</b>	2	QL (6 per 30 days)
sumatriptan 5 mg nasal spray <b>MO</b>	3	QL (12 per 30 days)
sumatriptan 6 mg/0.5 ml inject <b>MO</b>	3	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml refill <b>MO</b>	3	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng <b>MO</b>	2	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial <b>MO</b>	3	QL (6 per 30 days)
sumatriptan succ 100 mg tablet <b>GC,MO</b>	1	QL (9 per 30 days)
sumatriptan succ 25 mg tablet <b>GC,MO</b>	1	QL (9 per 30 days)
sumatriptan succ 50 mg tablet <b>GC,MO</b>	1	QL (9 per 30 days)
SURMONTIL 100 MG CAPSULE <b>MO</b>	3	PA
SURMONTIL 25 MG CAPSULE <b>MO</b>	3	PA
SURMONTIL 50 MG CAPSULE <b>MO</b>	3	PA
TASMAR 100 MG TABLET <b>MO</b>	3	PA
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
temazepam 15 mg capsule <b>MO</b>	3	QL (30 per 30 days)
temazepam 22.5 mg capsule <b>MO</b>	3	
temazepam 30 mg capsule <b>MO</b>	3	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
temazepam 7.5 mg capsule <b>MO</b>	3	
thioridazine 10 mg tablet <b>GC,MO</b>	1	PA
thioridazine 100 mg tablet <b>GC,MO</b>	1	PA
thioridazine 25 mg tablet <b>GC,MO</b>	1	PA
thioridazine 50 mg tablet <b>GC,MO</b>	1	PA
thiothixene 1 mg capsule <b>GC,MO</b>	1	
thiothixene 10 mg capsule <b>GC,MO</b>	1	
thiothixene 2 mg capsule <b>GC,MO</b>	1	
thiothixene 5 mg capsule <b>GC,MO</b>	1	
tolmetin sodium 200 mg tab <b>MO</b>	2	
tolmetin sodium 400 mg cap <b>MO</b>	2	
tolmetin sodium 600 mg tab <b>MO</b>	2	
TOPAMAX 100 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
TOPAMAX 15 MG SPRINKLE CAPSULE <b>MO</b>	3	
TOPAMAX 200 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
TOPAMAX 25 MG SPRINKLE CAPSULE <b>MO</b>	3	
TOPAMAX 25 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
TOPAMAX 50 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
topiragen 100 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
topiragen 200 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
topiragen 25 mg tablet <b>GC,MO</b>	1	QL (90 per 30 days)
topiragen 50 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
topiramate 100 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
topiramate 15 mg sprinkle cap <b>GC,MO</b>	1	
topiramate 200 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
topiramate 25 mg sprinkle cap <b>GC,MO</b>	1	
topiramate 25 mg tablet <b>GC,MO</b>	1	QL (90 per 30 days)
topiramate 50 mg tablet <b>GC,MO</b>	1	QL (120 per 30 days)
tramadol hcl 50 mg tablet <b>GC,MO</b>	1	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 <b>MO</b>	2	QL (240 per 30 days)
tranylcyromine sulf 10 mg tab <b>MO</b>	3	
trazodone 100 mg tablet <b>GC,MO</b>	1	
trazodone 150 mg tablet <b>GC,MO</b>	1	
trazodone 300 mg tablet <b>GC,MO</b>	1	
trazodone 50 mg tablet <b>GC,MO</b>	1	
TREXIMET 85 MG-500 MG TABLET <b>MO</b>	3	QL (12 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trifluoperazine 1 mg tablet <b>GC,MO</b>	1	
trifluoperazine 10 mg tablet <b>GC,MO</b>	1	
trifluoperazine 2 mg tablet <b>GC,MO</b>	1	
trifluoperazine 5 mg tablet <b>GC,MO</b>	1	
trihexyphenidyl 2 mg tablet <b>GC,MO</b>	1	PA
trihexyphenidyl 2 mg/5 ml elx <b>GC,MO</b>	1	PA
trihexyphenidyl 5 mg tablet <b>GC,MO</b>	1	PA
TRILEPTAL 300 MG/5 ML ORAL SUSP <b>MO</b>	3	
trimipramine maleate 100 mg cp <b>MO</b>	3	PA
trimipramine maleate 25 mg cap <b>MO</b>	3	PA
trimipramine maleate 50 mg cap <b>MO</b>	3	PA
ULTIVA 1 MG SOLUTION <b>MO</b>	3	QL (450 per 30 days)
ULTIVA 2 MG SOLUTION <b>MO</b>	3	QL (240 per 30 days)
ULTIVA 5 MG SOLUTION <b>MO</b>	3	QL (90 per 30 days)
ULTRACET 37.5 MG-325 MG TABLET <b>MO</b>	3	QL (240 per 30 days)
valproate sod 500 mg/5 ml vl <b>GC,MO</b>	1	
valproic acid 250 mg capsule <b>GC,MO</b>	1	
valproic acid 250 mg/5 ml soln <b>GC,MO</b>	1	
valproic acid 250 mg/5 ml syr <b>GC,MO</b>	1	
valproic acid 500 mg/10 ml sol <b>GC,MO</b>	1	
venlafaxine hcl 100 mg tablet <b>MO</b>	2	
venlafaxine hcl 25 mg tablet <b>MO</b>	2	
venlafaxine hcl 37.5 mg tablet <b>MO</b>	2	
venlafaxine hcl 50 mg tablet <b>MO</b>	2	
venlafaxine hcl 75 mg tablet <b>MO</b>	2	
venlafaxine hcl er 150 mg cap <b>GC,MO</b>	1	QL (60 per 30 days)
VENLAFAXINE HCL ER 150 MG TAB <b>MO</b>	3	QL (30 per 30 days)
VENLAFAXINE HCL ER 225 MG TAB <b>MO</b>	3	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap <b>GC,MO</b>	1	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg tab <b>MO</b>	3	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap <b>GC,MO</b>	1	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab <b>MO</b>	3	QL (60 per 30 days)
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK <b>MO</b>	3	QL (30 per 30 days)
VIIBRYD 10 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
VIIBRYD 20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
VIIBRYD 40 MG TABLET <b>MO</b>	3	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIMOVO 375 MG-20 MG TABLETS,IMMEDIATE & DELAYED RELEASE <b>MO</b>	2	ST,QL (60 per 30 days)
VIMOVO 500 MG-20 MG TABLETS,IMMEDIATE & DELAYED RELEASE <b>MO</b>	2	ST,QL (60 per 30 days)
VIMPAT 10 MG/ML ORAL SOLN <b>MO</b>	3	QL (1395 per 30 days)
VIMPAT 100 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
VIMPAT 150 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
VIMPAT 200 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
VIMPAT 200 MG/20 ML IV <b>MO</b>	3	
VIMPAT 50 MG TABLET <b>MO</b>	3	QL (90 per 30 days)
vistra 650 tablet <b>GC,MO</b>	1	
VIVITROL 380 MG IM SUSPENSION,EXTENDED RELEASE <b>MO</b>	4	PA
VOLTAREN 1 % TOPICAL GEL <b>MO</b>	3	
XENAZINE 12.5 MG TABLET <b>SP</b>	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET <b>SP</b>	4	PA,QL (120 per 30 days)
XYREM 500 MG/ML ORAL SOLN <b>SP</b>	4	
zaleplon 10 mg capsule <b>GC,MO</b>	1	PA,QL (90 per 365 days)
zaleplon 5 mg capsule <b>GC,MO</b>	1	PA,QL (90 per 365 days)
ZARONTIN 250 MG CAPSULE <b>MO</b>	3	
ZARONTIN 250 MG/5 ML ORAL SOLN <b>MO</b>	3	
zerlor tablet <b>GC,MO</b>	1	QL (180 per 30 days)
zgesic 66 mg-600 mg tablet,extended release <b>GC,MO</b>	1	
ziprasidone hcl 20 mg capsule <b>MO</b>	2	QL (60 per 30 days)
ziprasidone hcl 40 mg capsule <b>MO</b>	2	QL (60 per 30 days)
ziprasidone hcl 60 mg capsule <b>MO</b>	2	QL (60 per 30 days)
ziprasidone hcl 80 mg capsule <b>MO</b>	2	QL (60 per 30 days)
zolpidem tartrate 10 mg tablet <b>GC,MO</b>	1	QL (90 per 365 days)
zolpidem tartrate 5 mg tablet <b>GC,MO</b>	1	QL (90 per 365 days)
zonisamide 100 mg capsule <b>GC,MO</b>	1	
zonisamide 25 mg capsule <b>GC,MO</b>	1	
zonisamide 50 mg capsule <b>GC,MO</b>	1	
ZYBAN 150 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	QL (90 per 30 days)
ZYPREXA 10 MG IM <b>MO</b>	3	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG IM SUSP <b>MO</b>	3	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 300 MG IM SUSP <b>MO</b>	4	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG IM SUSP <b>MO</b>	4	PA,QL (1 per 28 days)
<b>DEVICES</b>		
1ST TIER UNIFINE PENTIPS 29 X 1/2" NEEDLE <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
1ST TIER UNIFINE PENTIPS 31 X 1/4" NEEDLE GC,MO	1	
1ST TIER UNIFINE PENTIPS 31 X 3/16" NEEDLE GC,MO	1	
1ST TIER UNIFINE PENTIPS 31 X 5/16" NEEDLE GC,MO	1	
ACTI-LANCE LANCETS MO	3	
ACURA METER KIT MO	3	
ACURA STARTER KIT MO	3	
ADJUSTABLE LANCING DEVICE GC,MO	1	
ADVANCE INTUITION GLUCOSE KIT MO	3	
ADVANCED LANCING DEVICE KIT MO	3	
ADVOCATE LANCET MO	3	
ADVOCATE PEN NEEDLES 31 X 3/16" GC,MO	1	
ADVOCATE PEN NEEDLES 31 X 5/16" GC,MO	1	
ADVOCATE SYRINGES 0.3 ML 29 X 1/2" GC,MO	1	
ADVOCATE SYRINGES 0.3 ML 30 X 5/16" GC,MO	1	
ADVOCATE SYRINGES 0.3 ML 31 X 5/16" GC,MO	1	
ADVOCATE SYRINGES 1 ML 29 X 1/2" GC,MO	1	
ADVOCATE SYRINGES 1 ML 30 X 5/16" GC,MO	1	
ADVOCATE SYRINGES 1 ML 31 X 5/16" GC,MO	1	
ADVOCATE SYRINGES 1/2 ML 29 X 1/2" GC,MO	1	
ADVOCATE SYRINGES 1/2 ML 30 X 5/16" GC,MO	1	
ADVOCATE SYRINGES 1/2 ML 31 X 5/16" GC,MO	1	
AIMSCO INS PEN NDL 29GX1/2" GC,MO	1	
AIMSCO INS PEN NDL 31GX5/16" GC,MO	1	
AIMSCO INS SYR 0.5 ML 28GX1/2" GC,MO	1	
AIMSCO INS SYR 1 ML 28GX1/2" GC,MO	1	
ALTERNATE SITE LANCET MO	3	
ALTERNATE SITE LANCING DEVICE MO	3	
ASSURA EASICLOSE MINI POUCH 10 1/4" 470 ML MO	3	
ASSURE 4 CONTROL SOLUTION COMBO PACK MO	3	
ASSURE 4 METER MO	3	
ASSURE ID INSULIN SAFETY 0.5 ML 29 X 1/2" SYRINGE GC,MO	1	
ASSURE ID INSULIN SAFETY 1 ML 29 X 1/2" SYRINGE GC,MO	1	
ASSURE LANCE MISC MO	3	
ASSURE PLATINUM GC,MO	1	
ASSURE PRO BLOOD GLUCOSE METER KIT MO	3	
AURORA HEALTHCARE LANCETS MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUTOJECT 2 INJECTION DEVICE <b>GC,MO</b>	1	
AUTOJECT 2 INJECTION DEVICE SUB-Q INSULIN PEN <b>GC,MO</b>	1	
AUTOLET IMPRESSION LANCING DEVICE KIT <b>MO</b>	3	
AUTOLET LITE CLINISAFE DEV <b>MO</b>	3	
AUTOLET LITE CLINISAFE DEVICE <b>MO</b>	3	
AUTOLET MINI KIT <b>MO</b>	3	
AUTOLET MKII CLINISAFE DEVICE <b>MO</b>	3	
AUTOLET PLATFORMS <b>MO</b>	3	
AUTOPEN 1 TO 16 UNITS SUB-Q INSULIN PEN <b>GC,MO</b>	1	
AUTOPEN 1 TO 21 UNITS SUB-Q INSULIN PEN <b>GC,MO</b>	1	
AUTOPEN 2 TO 32 UNITS SUB-Q INSULIN PEN <b>GC,MO</b>	1	
AUTOPEN 2 TO 42 UNITS SUB-Q INSULIN PEN <b>GC,MO</b>	1	
BD AUTOSHIELD PEN NEEDLE 29 X 1/2" <b>GC,MO</b>	1	
BD AUTOSHIELD PEN NEEDLE 29 X 3/16" <b>GC,MO</b>	1	
BD AUTOSHIELD PEN NEEDLE 29 X 5/16" <b>GC,MO</b>	1	
BD ECLIPSE LUER-LOK 1 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
BD INSULIN PEN NEEDLE UF MINI 31 X 3/16" <b>GC,MO</b>	1	
BD INSULIN PEN NEEDLE UF ORIG 29 X 1/2" <b>GC,MO</b>	1	
BD INSULIN PEN NEEDLE UF SHORT 31 X 5/16" <b>GC,MO</b>	1	
BD INSULIN SYR 1 ML 25GX5/8" <b>GC,MO</b>	1	
BD INSULIN SYR 1 ML 27GX5/8" <b>GC,MO</b>	1	
BD INSULIN SYRINGE 1 ML 25 X 1" <b>GC,MO</b>	1	
BD INSULIN SYRINGE 1 ML 25 X 5/8" <b>GC,MO</b>	1	
BD INSULIN SYRINGE 1 ML 26 X 1/2" <b>GC,MO</b>	1	
BD INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 15/64" <b>GC,MO</b>	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 <b>GC,MO</b>	1	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28 X 1/2" <b>GC,MO</b>	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
BD INSULIN SYRINGE MICRO-FINE 1/2 ML 28 X 1/2" <b>GC,MO</b>	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 X 1/2" <b>GC,MO</b>	1	
BD INSULIN SYRINGE SLIP TIP 1 ML <b>GC,MO</b>	1	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
BD INSULIN SYRINGE ULT-FINE II 1 ML 31 X 5/16" <b>GC,MO</b>	1	
BD INSULIN SYRINGE ULT-FINE II 1/2 ML 31 X 5/16" <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 X 1/2" <b>GC,MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 X 1/2" <b>GC,MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 30 X 1/2" <b>GC,MO</b>	1	
BD INTEGRA INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
BD LANCET DEVICE <b>MO</b>	3	
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 X 1/2" SYRINGE <b>GC,MO</b>	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 X 1/2" SYRINGE <b>GC,MO</b>	1	
BD LO-DOSE ULTRA-FINE 0.3 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
BD LO-DOSE ULTRA-FINE 1/2 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
BD LUER-LOK SYRINGE 1 ML <b>GC,MO</b>	1	
BD MICROTAINER LANCET <b>MO</b>	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
BD SAFETYGLIDE INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>GC,MO</b>	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 X 5/8" <b>GC,MO</b>	1	
BD ULTRA FINE 33G LANCETS <b>MO</b>	3	
BD ULTRA FINE LANCETS <b>MO</b>	3	
BD ULTRA-FINE NANO PEN NEEDLES 32 X 5/32" <b>GC,MO</b>	1	
BLOOD GLUCOSE MONITORING KIT <b>MO</b>	3	
BLOOD GLUCOSE MONITORING SYST <b>MO</b>	3	
BREEZE 2 KIT <b>MO</b>	3	
CAREONE LANCING DEVICE <b>MO</b>	3	
CAREONE THIN LANCET <b>MO</b>	3	
CAREONE ULTIGUARD 0.3 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
CAREONE ULTIGUARD 0.3 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
CAREONE ULTIGUARD 1 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
CAREONE ULTIGUARD 1 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
CAREONE ULTIGUARD 1/2 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
CAREONE ULTIGUARD 1/2 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
CAREONE ULTRA THIN LANCET <b>MO</b>	3	
CLEVER CHEK LANCETS <b>MO</b>	3	
CLICKFINE 31 X 1/4" NEEDLE <b>GC,MO</b>	1	
CLICKFINE 31 X 5/16" NEEDLE <b>GC,MO</b>	1	
COAGUCHEK LANCETS <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
COMFORT EZ 0.3 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 0.3 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 0.3 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 0.3 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 1 ML 28 X 1/2" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 1 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 1 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 1 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 1 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 1/2 ML 28 X 1/2" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 1/2 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 1/2 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 1/2 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 1/2 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
COMFORT EZ 31 X 1/4" NEEDLE <b>GC,MO</b>	1	
COMFORT EZ 31 X 3/16" NEEDLE <b>GC,MO</b>	1	
COMFORT EZ 31 X 5/16" NEEDLE <b>GC,MO</b>	1	
COMFORT LANCETS <b>MO</b>	3	
COMP-AIR ELITE COMP NEB SYSTEM DEVICE <b>MO</b>	3	
CONTOUR METER KIT <b>MO</b>	3	
CONTOUR USB KIT <b>MO</b>	3	
CONTROL MONITORING SYSTEM KIT <b>MO</b>	3	
CVS SYRINGE 3/10 ML <b>GC,MO</b>	1	
DIABETIC.COM STARTER KIT <b>MO</b>	3	
DIDGET METER <b>MO</b>	3	
DISCOVISC 40 MG-17 MG/ML INTRAOCULAR SYRINGE <b>MO</b>	3	
DUOVISC VISCO ELASTIC 3 %-4 % (0.35 ML) 1 %(0.4 ML) INTRAOCULAR KIT <b>MO</b>	3	
E-Z JECT LANCETS <b>MO</b>	3	
E-Z JECT SUPER THIN LANCET 30G <b>MO</b>	3	
E-Z JECT THIN LANCETS <b>MO</b>	3	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
EASY COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" <b>GC,MO</b>	1	
EASY COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>GC,MO</b>	1	
EASY COMFORT LANCETS <b>MO</b>	3	
EASY COMFORT LANCETS <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
EASY COMFORT LANCETS <b>MO</b>	3	
EASY COMFORT LANCETS <b>MO</b>	3	
EASY COMFORT LANCETS <b>MO</b>	3	
EASY COMFORT LANCETS <b>MO</b>	3	
EASY COMFORT LANCETS <b>MO</b>	3	
EASY COMFORT LANCETS <b>MO</b>	3	
EASY PRO PLUS KIT <b>MO</b>	3	
EASY TOUCH 29 X 1/2" NEEDLE <b>GC,MO</b>	1	
EASY TOUCH 31 X 1/4" NEEDLE <b>GC,MO</b>	1	
EASY TOUCH 31 X 3/16" NEEDLE <b>GC,MO</b>	1	
EASY TOUCH 31 X 5/16" NEEDLE <b>GC,MO</b>	1	
EASY TOUCH 32 X 1/4" NEEDLE <b>GC,MO</b>	1	
EASY TOUCH 32 X 3/16" NEEDLE <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 1/2" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 27 X 1/2" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 1/2" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 30 X 5/16" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 X 1/2" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 1/2" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>GC,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>GC,MO</b>	1	
EASYGLUCO METER KIT <b>MO</b>	3	
EASYGLUCO MONITORING SYSTEM KIT <b>MO</b>	3	
euflexxa 10 mg/ml intra-articular syringe <b>MO</b>	3	
EVENCARE KIT <b>MO</b>	3	
EXEL INSULIN 0.3 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
EXEL INSULIN 1 ML 27 X 1/2" SYRINGE <b>GC,MO</b>	1	
EXEL INSULIN 1 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
EXEL INSULIN 1/2 ML 28 X 1/2" SYRINGE <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EXEL INSULIN 1/2 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
EZ SMART LANCETS <b>MO</b>	3	
EZ SMART PLUS SYSTEM KIT <b>MO</b>	3	
EZ SMART SYSTEM KIT <b>MO</b>	3	
FIFTY50 2.0 GLUCOSE METER <b>MO</b>	3	
FIFTY50 RESERVOIR 1.8 ML MISC <b>GC,MO</b>	1	
FIFTY50 RESERVOIR 3 ML MISC <b>MO</b>	3	
FINGERSTIX LANCETS <b>MO</b>	3	
FIRST CHOICE LANCETS THIN <b>MO</b>	3	
FREESTYLE FLASH SYSTEM KIT <b>MO</b>	3	
FREESTYLE FREEDOM KIT <b>MO</b>	3	
FREESTYLE FREEDOM LITE KIT <b>MO</b>	3	
FREESTYLE LANCETS <b>MO</b>	3	
FREESTYLE LITE METER KIT <b>MO</b>	3	
FREESTYLE SIDEKICK II KIT <b>MO</b>	3	
FREESTYLE SYSTEM KIT <b>MO</b>	3	
G-4 KIT <b>MO</b>	3	
GENTLE DRAW LANCING DEVICE <b>GC,MO</b>	1	
GLUCOCARD 01 METER <b>MO</b>	3	
GLUCOCARD 01 METER KIT <b>MO</b>	3	
GLUCOCARD 01-MINI KIT <b>GC,MO</b>	1	
GLUCOCARD VITAL KIT <b>MO</b>	3	
GLUCOCARD X-METER KIT <b>MO</b>	3	
GLUCOCOM LANCETS <b>MO</b>	3	
GLUCOLET 2 AUTOMATIC LANCING KIT <b>MO</b>	3	
GLUCOLET 2 AUTOMATIC LANCING MISC <b>MO</b>	3	
GLUCOPRO 0.3 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
GLUCOPRO 0.3 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
GLUCOPRO 0.3 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
GLUCOPRO 0.3 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
GLUCOPRO 1 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
GLUCOPRO 1 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
GLUCOPRO 1 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
GLUCOPRO 1 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
GLUCOPRO 1/2 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
GLUCOPRO 1/2 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCOPRO 1/2 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
GLUCOPRO 1/2 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
GLUCOPRO SYRINGE <b>GC,MO</b>	1	
GLUCOSOURCE MISC <b>MO</b>	3	
HAEMOLANCE LOW FLOW LANCETS <b>MO</b>	3	
HAEMOLANCE PLUS LANCETS <b>MO</b>	3	
HAEMOLANCE PLUS MISC <b>MO</b>	3	
HAEMOLANCE, RETRACTABLE LANCET <b>MO</b>	3	
HEALTHY ACCENTS UNIFINE PENTIP 29 X 1/2" NEEDLE <b>GC,MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 1/4" NEEDLE <b>GC,MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 3/16" NEEDLE <b>GC,MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 X 5/16" NEEDLE <b>GC,MO</b>	1	
HUMAPEN LUXURA HD SUB-Q INSULIN PEN <b>MO</b>	3	
HUMAPEN MEMOIR SUB-Q INSULIN PEN <b>MO</b>	3	
HYALGAN 10 MG/ML INTRA-ARTICULAR <b>MO</b>	3	
HYALGAN 10 MG/ML INTRA-ARTICULAR SYRINGE <b>MO</b>	3	
HYPOLANCE AST LANCING KIT <b>MO</b>	3	
IN CONTROL PEN NEEDLE 29 X 1/2" <b>GC,MO</b>	1	
IN CONTROL PEN NEEDLE 31 X 1/4" <b>GC,MO</b>	1	
IN CONTROL PEN NEEDLE 31 X 5/16" <b>GC,MO</b>	1	
INFINITY METER KIT <b>MO</b>	3	
INFINITY STARTER KIT <b>MO</b>	3	
INJECT-EASE AUTOMATIC INJECTOR MISC <b>MO</b>	3	
INNOVO SUB-Q INSULIN PEN <b>GC,MO</b>	1	
INSULIN 1 ML SYRINGE <b>GC,MO</b>	1	
INSULIN 1/2 ML SYRINGE <b>GC,MO</b>	1	
INSULIN 3/10 ML SYRINGE <b>GC,MO</b>	1	
INSULIN PEN NEEDLE 29 X 1/2" <b>GC,MO</b>	1	
INSULIN PEN NEEDLE 31 <b>GC,MO</b>	1	
INSULIN PEN NEEDLE 31 X 1/4" <b>GC,MO</b>	1	
INSULIN SYR 1/2 ML BULK PACK <b>GC,MO</b>	1	
INSULIN SYRIN 0.3 ML 31GX5/16" <b>GC,MO</b>	1	
INSULIN SYRIN 0.5 ML 31GX5/16" <b>GC,MO</b>	1	
INSULIN SYRINGE 1 ML <b>GC,MO</b>	1	
INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN SYRINGE 1 ML 30 X 5/16" GC,MO	1	
INSULIN SYRINGE 1 ML 31GX5/16" GC,MO	1	
INSULIN SYRINGE 1/2 ML 28 X 1/2" GC,MO	1	
INSULIN SYRINGE 1/2 ML 29 X 1/2" GC,MO	1	
INSULIN SYRINGE 1/2 ML 30 X 5/16" GC,MO	1	
INSULIN SYRINGE MICROFINE 0.3 ML 28 X 1/2" GC,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 X 5/8" GC,MO	1	
INSULIN SYRINGE MICROFINE 1/2 ML 28 X 1/2" GC,MO	1	
INSULIN SYRINGE U100 0.5 ML GC,MO	1	
INSULIN SYRINGE U100 1 ML GC,MO	1	
INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 X 15/64" GC,MO	1	
INSULIN SYRINGE ULTRA-FINE 1 ML 31 X 15/64" GC,MO	1	
INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 X 15/64" GC,MO	1	
INSULIN SYRINGE ULTRAFINE 1/2 ML 29 X 1/2" GC,MO	1	
INSULIN SYRINGE/NEEDLE 0.5CC/27G 1/2 ML 27 X 1/2" GC,MO	1	
INSUMED SYR 0.3 ML 31GX5/16" GC,MO	1	
INSUPEN 29 X 1/2" NEEDLE GC,MO	1	
INSUPEN 30 X 5/16" NEEDLE GC,MO	1	
INSUPEN 31 X 1/4" NEEDLE GC,MO	1	
INSUPEN 31 X 5/16" NEEDLE GC,MO	1	
INSUPEN 32 X 1/4" NEEDLE GC,MO	1	
INSUPEN 32 X 5/16" NEEDLE GC,MO	1	
INSUPEN 32 X 5/32" NEEDLE GC,MO	1	
KINRAY VALUE PACK MO	3	
KMART VALU PLUS SYR 1/2 ML GC,MO	1	
LANCETS, SUPER THIN MO	3	
LANCETS,THIN MO	3	
LANCING SYSTEM MO	3	
LEADER PEN NEEDLES 12MM 29G GC,MO	1	
LIBERTY BLOOD GLUCOSE MONITOR MO	3	
LIFE MEDICAL STARTER KIT MO	3	
LIFESCAN FINEPOINT LANCETS GC,MO	1	
LITE TOUCH INSULIN PEN NEEDLES 29 X 1/2" GC,MO	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 3/16" GC,MO	1	
LITE TOUCH INSULIN PEN NEEDLES 31 X 5/16" GC,MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 X 1/2" GC,MO	1	

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

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

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1 ML 28 <b>GC,MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1 ML 29 <b>GC,MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1 ML 30 X 7/16" <b>GC,MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1 ML 31 X 5/16" <b>GC,MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 <b>GC,MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 <b>GC,MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 <b>GC,MO</b>	1	
LITE TOUCH INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>GC,MO</b>	1	
LITE TOUCH LANCETS <b>MO</b>	3	
LITE TOUCH LANCING DEVICE <b>MO</b>	3	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 X 1/2" <b>GC,MO</b>	1	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 X 5/16" <b>GC,MO</b>	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
MAGELLAN SYRINGE 0.5 ML 30 X 5/16" <b>GC,MO</b>	1	
MAGELLAN SYRINGE 1 ML 27 X 1/2" <b>GC,MO</b>	1	
MAJOR COMFORT MISC <b>MO</b>	3	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>GC,MO</b>	1	
MEDI-JECTOR NEEDLE-FREE SYR A MISC <b>GC,MO</b>	1	
MEDI-JECTOR NEEDLE-FREE SYR B MISC <b>GC,MO</b>	1	
MEDI-JECTOR NEEDLE-FREE SYR C MISC <b>GC,MO</b>	1	
MEDI-JECTOR VISION SUB-Q INSULIN PEN <b>GC,MO</b>	1	
MEDI-LANCE LANCETS <b>MO</b>	3	
MEDISENSE COMBO PACK <b>MO</b>	3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK <b>MO</b>	3	
MEDISENSE GLUCOSE KETONE COMBO PACK <b>MO</b>	3	
MEDLANCE PLUS LANCETS <b>MO</b>	3	
MICRO BLOOD GLUCOSE KIT <b>MO</b>	3	
MICROLET 2 LANCING DEVICE KIT <b>MO</b>	3	
MICROLET LANCET <b>MO</b>	3	
MINI ULTRA-THIN II 31 X 3/16" NEEDLE <b>GC,MO</b>	1	
MINI WRIGHT PEAK FLOW METER <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
MINI-WRIGHT PEAK FLOW METER <b>MO</b>	3	
MINIMED SYRINGE RESERVOIR 3 ML <b>MO</b>	3	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 1/2 ML 30 X 5/16" <b>GC,MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 29 X 1/2" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 25 X 5/8" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 27 X 1/2" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 30 X 5/16" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 1 ML 31 X 5/16" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>GC,MO</b>	1	
MONOJECT INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>GC,MO</b>	1	
MONOJECT SYRINGE 1/2 ML 28 <b>GC,MO</b>	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 SYRINGE <b>GC,MO</b>	1	
MONOJECTOR LANCET DEVICE <b>MO</b>	3	
MONOLET LANCETS <b>MO</b>	3	
MONOLET THIN LANCETS <b>MO</b>	3	
MS INS SYRINGE 1 ML 30GX1/2" <b>GC,MO</b>	1	
MULTI-LANCET DEVICE <b>MO</b>	3	
NEEDLE-PRO EDGE 0.3 ML 29GX1/2 <b>GC,MO</b>	1	
NEEDLE-PRO EDGE 0.3 ML 30GX1/2 <b>GC,MO</b>	1	
NEEDLE-PRO EDGE 0.5 ML 28GX1/2 <b>GC,MO</b>	1	
NEEDLE-PRO EDGE 0.5 ML 29GX1/2 <b>GC,MO</b>	1	
NEEDLE-PRO EDGE 0.5 ML 30GX1/2 <b>GC,MO</b>	1	
NEEDLE-PRO EDGE 1 ML 26GX1/2" <b>GC,MO</b>	1	
NEEDLE-PRO EDGE 1 ML 27GX1/2" <b>GC,MO</b>	1	
NEEDLE-PRO EDGE 1 ML 28GX1/2" <b>GC,MO</b>	1	

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

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

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
NEEDLE-PRO EDGE 1 ML 29GX1/2" <b>GC,MO</b>	1	
NEEDLE-PRO EDGE 1 ML 30GX1/2" <b>GC,MO</b>	1	
NOVA SUREFLEX LANCETS <b>MO</b>	3	
NOVOFINE 30 30 X 1/3" NEEDLE <b>GC,MO</b>	1	
NOVOFINE 32 32 X 1/4" NEEDLE <b>GC,MO</b>	1	
NOVOFINE AUTOCOVER 30 X 1/3" NEEDLE <b>GC,MO</b>	1	
NOVOPEN 3 PENMATE SUB-Q INSULIN PEN <b>GC,MO</b>	1	
NOVOPEN 3 SUB-Q INSULIN PEN <b>GC,MO</b>	1	
NOVOPEN JR SUB-Q INSULIN PEN <b>GC,MO</b>	1	
NOVOTWIST 30 X 1/3" NEEDLE <b>GC,MO</b>	1	
NOVOTWIST 32 X 1/5" NEEDLE <b>GC,MO</b>	1	
NUTRIPORT BALLOON KIT <b>MO</b>	3	
ONE TOUCH BASIC SYSTEM KIT <b>GC,MO</b>	1	
ONE TOUCH DELICA LANCETS <b>GC,MO</b>	1	
ONE TOUCH DELICA LANCING DEVICE KIT <b>GC,MO</b>	1	
ONE TOUCH SURESOFT LANCING DEVICES <b>GC,MO</b>	1	
ONE TOUCH ULTRA 2 KIT <b>GC,MO</b>	1	
ONE TOUCH ULTRA SMART KIT <b>GC,MO</b>	1	
ONE TOUCH ULTRA SYSTEM KIT <b>GC,MO</b>	1	
ONE TOUCH ULTRALINK KIT <b>GC,MO</b>	1	
ONE TOUCH ULTRAMINI KIT <b>GC,MO</b>	1	
ONE TOUCH ULTRASOFT LANCETS <b>GC,MO</b>	1	
ORSINI INSULIN SYRINGE 1 ML 30 X 5/16" <b>GC,MO</b>	1	
ORSINI INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
ORSINI INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>GC,MO</b>	1	
PEN NEEDLE 29 GAUGE <b>GC,MO</b>	1	
PEN NEEDLE 29 X 1/2" <b>GC,MO</b>	1	
PEN NEEDLE 30 X 3/16" <b>GC,MO</b>	1	
PEN NEEDLE 30 X 5/16" <b>GC,MO</b>	1	
PEN NEEDLE 31 X 1/4" <b>GC,MO</b>	1	
PEN NEEDLE 31 X 3/16" <b>GC,MO</b>	1	
PEN NEEDLE 31 X 5/16" <b>GC,MO</b>	1	
PEN NEEDLES 6MM 31G <b>GC,MO</b>	1	
PENLET PLUS BLOOD SAMPLER KIT <b>MO</b>	3	
POCKETCHEM EZ KIT <b>MO</b>	3	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK <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
PRECISION GLUCOSE/KETONE CONTR COMBO PACK <b>MO</b>	3	
PRECISION MISC <b>MO</b>	3	
PRECISION SURE DOSE SYRINGE <b>GC,MO</b>	1	
PRECISION XTRA MONITOR <b>MO</b>	3	
PREFERRED PLUS SYRINGE 0.5 ML <b>GC,MO</b>	1	
PREFERRED PLUS SYRINGE 1 ML <b>GC,MO</b>	1	
PRESTIGE BLOOD GLUCOSE METR <b>MO</b>	3	
PRESTIGE METER <b>MO</b>	3	
PRESTIGE SMART SYS IQ KIT <b>MO</b>	3	
PRESTIGE SMART SYS TEST STP <b>MO</b>	3	
PRESTIGE SMART SYS VALUE PK <b>MO</b>	3	
PRESTIGE SMART SYSTEM METER <b>MO</b>	3	
PRESTIGE STARTER KIT <b>MO</b>	3	
PRESTIGE VALUE PACK <b>MO</b>	3	
PRODIGY CONTROL SOLUTION,HIGH <b>GC,MO</b>	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
PRODIGY INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
PRODIGY INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
PRODIGY INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>GC,MO</b>	1	
PRODIGY LANCETS <b>MO</b>	3	
PRODIGY PEN NEEDLE 29 X 1/2" <b>GC,MO</b>	1	
PRODIGY PEN NEEDLE 31 X 3/16" <b>GC,MO</b>	1	
PRODIGY PEN NEEDLE 31 X 5/16" <b>GC,MO</b>	1	
PRODIGY TWIST TOP LANCET <b>MO</b>	3	
provisc 10 mg/ml intraocular syringe <b>MO</b>	3	
PUB INS SYRIN 0.3 ML 30GX1/2" <b>GC,MO</b>	1	
PUB INSUL SYR 0.5 ML 30GX1/2" <b>GC,MO</b>	1	
PUBLIX 28G LANCET <b>MO</b>	3	
QUICKTEK KIT <b>MO</b>	3	
RELION CONFIRM KIT <b>MO</b>	3	
RELION INS SYR 0.3 ML 29GX1/2" <b>GC,MO</b>	1	
RELION INS SYR 0.3 ML 30GX5/16 <b>GC,MO</b>	1	
RELION INS SYR 1 ML 29GX1/2" <b>GC,MO</b>	1	
RELION INS SYR 1 ML 30GX5/16" <b>GC,MO</b>	1	
RELION NEEDLES 31 X 1/4" <b>GC,MO</b>	1	
RELION PEN 31G X 5/16" NEEDLE <b>GC,MO</b>	1	

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RELION SYR 0.5 ML 30GX5/16" <b>GC,MO</b>	1	
RELION ULTRA THIN PLUS LANCETS <b>MO</b>	3	
RENEW ADVANCED MICRO-LANCETS <b>MO</b>	3	
REUSABLE NEBULIZER KIT <b>MO</b>	3	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
SAFESNAP INSULIN SYRINGE 0.5 ML 29 X 1/2" <b>GC,MO</b>	1	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 X 5/16" <b>GC,MO</b>	1	
SAFESNAP INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
SAFESNAP INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
SAFETY-LET LANCETS <b>MO</b>	3	
SELECT-LITE LANCING DEVICE <b>MO</b>	3	
SELECT-LITE MISC <b>MO</b>	3	
SENSURA CLICK OSTOMY POUCH <b>MO</b>	3	
SENSURA FLEX OSTOMY BASE PLATE <b>MO</b>	3	
SENSURA FLEX OSTOMY POUCH <b>MO</b>	3	
SENSURA OSTOMY BASE PLATE <b>MO</b>	3	
SINGLE-LET MISC <b>MO</b>	3	
SMARTEST LANCET <b>MO</b>	3	
SOFT TOUCH LANCET DEVICE <b>MO</b>	3	
SOLO V2 LANCETS <b>MO</b>	3	
supartz 10 mg/ml intra-articular syringe <b>MO</b>	3	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 1/2" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 1/2" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 1/2" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>GC,MO</b>	1	
SURE COMFORT INSULIN SYRINGE U-100 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
SURE COMFORT LANCETS <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

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
SURE COMFORT PEN NEEDLE 29 X 1/2" <b>GC,MO</b>	1	
SURE COMFORT PEN NEEDLE 30 X 5/16" <b>GC,MO</b>	1	
SURE COMFORT PEN NEEDLE 31 X 3/16" <b>GC,MO</b>	1	
SURE COMFORT PEN NEEDLE 31 X 5/16" <b>GC,MO</b>	1	
SURE EDGE BLOOD GLUCOSE METER <b>MO</b>	3	
SURE-FINE PEN NEEDLES 29 X 1/2" <b>GC,MO</b>	1	
SURE-FINE PEN NEEDLES 31 X 3/16" <b>GC,MO</b>	1	
SURE-FINE PEN NEEDLES 31 X 5/16" <b>GC,MO</b>	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
SURE-JECT INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
SURE-JECT INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
SURE-JECT INSULIN SYRINGE 1 ML 30 X 5/16" <b>GC,MO</b>	1	
SURE-JECT INSULIN SYRINGE 1 ML 31 X 5/16" <b>GC,MO</b>	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>GC,MO</b>	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>GC,MO</b>	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>GC,MO</b>	1	
SURESTEP GLUC CONTROL SOLN <b>MO</b>	3	
SURESTEP PRO LINEARITY KIT <b>MO</b>	3	
SURESTEP SYSTEM <b>MO</b>	3	
SYNVISC 16MG/2 ML INTRA-ARTICULAR SYRINGE <b>MO</b>	3	
SYNVISC-ONE 48 MG/6 ML INTRA-ARTICULAR SYRINGE <b>MO</b>	3	
TECHLITE AST LANCETS <b>MO</b>	3	
TECHLITE LANCETS <b>MO</b>	3	
TERUMO INS SYRINGE U100-1 ML <b>GC,MO</b>	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8" <b>GC,MO</b>	1	
TERUMO INSULIN SYRINGE 0.5CC/27G 1/2 ML 27 X 1/2" <b>GC,MO</b>	1	
TERUMO INSULIN SYRINGE 1 ML 27 X 1/2" <b>GC,MO</b>	1	
TERUMO INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
TERUMO INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
TERUMO INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>GC,MO</b>	1	
TERUMO INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8" <b>GC,MO</b>	1	
TERUMO SURGUARD SYR 28G-1 ML <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TERUMO SURGUARD SYR 28G-1/2 ML <b>GC,MO</b>	1	
TERUMO SURGUARD SYR 29G-0.3 ML <b>GC,MO</b>	1	
TERUMO SURGUARD SYR 29G-1/2 ML <b>GC,MO</b>	1	
TERUMO SURGUARD SYRN 29G-1 ML <b>GC,MO</b>	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" <b>GC,MO</b>	1	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" <b>GC,MO</b>	1	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" <b>GC,MO</b>	1	
THINPRO INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
THINPRO INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
THINPRO INSULIN SYRINGE 1 ML 30 X 3/8" <b>GC,MO</b>	1	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" <b>GC,MO</b>	1	
THINPRO INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>GC,MO</b>	1	
THINPRO INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" <b>GC,MO</b>	1	
THINSET RESERVOIR 1.8 ML <b>MO</b>	3	
THINSET RESERVOIR 3 ML <b>MO</b>	3	
TOPCARE CLICKFINE 31 X 1/4" NEEDLE <b>GC,MO</b>	1	
TOPCARE CLICKFINE 31 X 5/16" NEEDLE <b>GC,MO</b>	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
TOPCARE ULTRA COMFORT 0.3 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
TOPCARE ULTRA COMFORT 0.3 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
TOPCARE ULTRA COMFORT 1 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
TOPCARE ULTRA COMFORT 1 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
TOPCARE ULTRA COMFORT 1 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
TOPCARE ULTRA COMFORT 1/2 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
TOPCARE ULTRA COMFORT 1/2 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
TOPCARE ULTRA COMFORT 1/2 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
TOPCARE UNIVERSAL1 THIN LANCET <b>MO</b>	3	
TRUETEST HIGH GLUCOSE CONTROL SOLN <b>GC,MO</b>	1	
TRUETEST NORMAL GLUCOSE CONTROL SOLN <b>GC,MO</b>	1	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT <b>MO</b>	3	
TRUETRACK SMART SYSTEM KIT <b>MO</b>	3	
TRUZONE PEAK FLOW METER <b>MO</b>	3	
ULTI-LANCE KIT <b>MO</b>	3	
ULTICARE 0.3 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTICARE 1 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTICARE 1.5 ML 22 X 1 1/2" SYRINGE <b>GC,MO</b>	1	
ULTICARE 1/2 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTICARE 29 X 1/2" NEEDLE <b>GC,MO</b>	1	
ULTICARE 31 X 1/4" NEEDLE <b>GC,MO</b>	1	
ULTICARE 31 X 5/16" NEEDLE <b>GC,MO</b>	1	
ULTICARE 32 X 5/32" NEEDLE <b>GC,MO</b>	1	
ULTICARE INS SYR 1 ML 28GX1/2" <b>GC,MO</b>	1	
ULTICARE MISC <b>MO</b>	3	
ULTICARE SYRIN 0.5 ML 28GX1/2" <b>GC,MO</b>	1	
ULTICARE U100 0.5 ML 29GX1/2" <b>GC,MO</b>	1	
ULTIGUARD 0.3 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTIGUARD 0.3 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTIGUARD 0.3 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTIGUARD 0.3 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTIGUARD 1 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTIGUARD 1 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTIGUARD 1 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTIGUARD 1 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTIGUARD 1/2 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTIGUARD 1/2 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTIGUARD 1/2 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTIGUARD 1/2 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTILET CLASSIC LANCETS <b>MO</b>	3	
ULTILET INSULIN SYRINGE 0.3 ML 29 <b>GC,MO</b>	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTILET INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
ULTILET INSULIN SYRINGE 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTILET INSULIN SYRINGE 1 ML 29 <b>GC,MO</b>	1	
ULTILET INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTILET INSULIN SYRINGE 1 ML 30 X 5/16" <b>GC,MO</b>	1	
ULTILET INSULIN SYRINGE 1 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTILET INSULIN SYRINGE 1/2 ML 29 <b>GC,MO</b>	1	
ULTILET INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTILET INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>GC,MO</b>	1	
ULTILET INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTILET LANCETS <b>MO</b>	3	
ULTILET PEN NEEDLE 29 GAUGE <b>GC,MO</b>	1	
ULTIMA MONITOR <b>MO</b>	3	
ULTRA COMFORT INSULIN SYRINGE <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 X 7/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 30 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 31 X 5/16" <b>GC,MO</b>	1	
ULTRA THIN II LANCETS <b>MO</b>	3	
ULTRA THIN LANCETS <b>MO</b>	3	
ULTRA THIN PLUS LANCETS <b>MO</b>	4	
ULTRA TLC LANCETS <b>MO</b>	3	
ULTRA-THIN II (SHORT) INS SYR 0.3 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTRA-THIN II (SHORT) INS SYR 0.3 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTRA-THIN II (SHORT) INS SYR 1 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTRA-THIN II (SHORT) INS SYR 1/2 ML 30 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTRA-THIN II (SHORT) INS SYR 1/2 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTRA-THIN II (SHORT) PEN NDL 31 X 5/16" NEEDLE <b>GC,MO</b>	1	
ULTRA-THIN II INS PEN NEEDLES 29 X 1/2" <b>GC,MO</b>	1	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRA-THIN II INSULIN SYRINGE 1/2 ML 29 X 1/2" <b>GC,MO</b>	1	
ULTRACOMFORT 1 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTRACOMFORT 1 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTRACOMFORT 1 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTRACOMFORT 1/2 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTRACOMFORT 1/2 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTRACOMFORT 1/2 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTRACOMFORT 31 X 1/4" NEEDLE <b>GC,MO</b>	1	
ULTRACOMFORT 31 X 5/16" NEEDLE <b>GC,MO</b>	1	
ULTRACOMFORT W/ CONTAINER 1 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTRACOMFORT W/ CONTAINER 1 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTRACOMFORT W/ CONTAINER 1 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
ULTRACOMFORT W/ CONTAINER 1/2 ML 29 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTRACOMFORT W/ CONTAINER 1/2 ML 30 X 1/2" SYRINGE <b>GC,MO</b>	1	
ULTRACOMFORT W/ CONTAINER 1/2 ML 31 X 5/16" SYRINGE <b>GC,MO</b>	1	
UNIFINE PENTIPS 29 GAUGE NEEDLE <b>GC,MO</b>	1	
UNIFINE PENTIPS 29 X 1/2" NEEDLE <b>GC,MO</b>	1	
UNIFINE PENTIPS 29 X 5/16" NEEDLE <b>GC,MO</b>	1	
UNIFINE PENTIPS 30 X 5/16" NEEDLE <b>GC,MO</b>	1	
UNIFINE PENTIPS 31 NEEDLE <b>GC,MO</b>	1	
UNIFINE PENTIPS 31 X 1/4" NEEDLE <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UNIFINE PENTIPS 31 X 3/16" NEEDLE <b>GC,MO</b>	1	
UNIFINE PENTIPS 31 X 5/16" NEEDLE <b>GC,MO</b>	1	
UNIFINE PENTIPS 6MM NEEDLES <b>GC,MO</b>	1	
UNILET COMFORTOUCH LANCET <b>MO</b>	3	
UNILET EXCELITE II LANCET <b>MO</b>	3	
UNILET EXCELITE LANCET <b>MO</b>	3	
UNILET GP LANCET <b>MO</b>	3	
UNILET GP LANCET <b>MO</b>	3	
UNILET GP LANCET SUPERLITE <b>MO</b>	3	
UNILET LANCET <b>MO</b>	3	
UNILET SUPERLITE LANCET <b>MO</b>	3	
UNISTIK 2 DEVICE KIT <b>MO</b>	3	
UNISTIK 2 EXTRA KIT <b>MO</b>	3	
UNISTIK 2 NORMAL LANCET&DEVICE KIT <b>MO</b>	3	
UNISTIK 3 COMFORT DEVICE KIT <b>MO</b>	3	
UNISTIK 3 COMFORT LANCET <b>MO</b>	3	
UNISTIK 3 EXTRA LANCET <b>MO</b>	3	
UNISTIK 3 KIT <b>MO</b>	3	
UNISTIK 3 MM DEVICE <b>MO</b>	3	
UNISTIK 3 NEONATAL DEVICE KIT <b>MO</b>	3	
UNISTIK 3 NEONATAL KIT <b>MO</b>	3	
UNISTIK 3 NORMAL LANCET <b>MO</b>	3	
UNISTIK CZT LANCET <b>MO</b>	3	
UNISTIK KIT <b>MO</b>	3	
UNISTIK-2 3 MM DEVICE <b>MO</b>	3	
VANISHPOINT SYRINGE 1 ML 29 X 1/2" <b>GC,MO</b>	1	
VANISHPOINT SYRINGE 1/2 ML 30 X 1/2" <b>GC,MO</b>	1	
VISCOAT 4 %-3 % (40 MG-30 MG/ML) INTRAOCULAR SYRINGE <b>MO</b>	3	
WAVESENSE LANCETS <b>MO</b>	3	
<b>DIAGNOSTIC AGENTS</b>		
ACCU-CHEK ACTIVE TEST STRIPS <b>GC,MO</b>	1	QL (150 per 30 days)
ACCU-CHEK AVIVA STRIPS <b>GC,MO</b>	1	QL (150 per 30 days)
ACCU-CHEK COMFORT CURVE TEST STRIPS <b>GC,MO</b>	1	QL (150 per 30 days)
ACCUTREND GLUCOSE STRIPS <b>MO</b>	3	QL (150 per 30 days)
ACTHAR H.P. 80 UNIT/ML INJECTION GEL <b>SP</b>	4	PA
ACURA TEST STRIPS <b>MO</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
ADVANCE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
ADVOCATE REDI-CODE STRIPS <b>MO</b>	3	QL (150 per 30 days)
ADVOCATE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
ASCENSIA AUTODISC TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
ASSURE 3 TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
ASSURE 4 STRIPS <b>MO</b>	3	QL (150 per 30 days)
ASSURE PLATINUM STRIPS <b>GC,MO</b>	1	QL (150 per 30 days)
ASSURE PRO TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
BIONIME RIGHTEST TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
BLOOD GLUCOSE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
BREEZE 2 TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
CARESENS N TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
CHEMSTRIP UGK <b>MO</b>	3	
CLEVER CHEK TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR STRIPS <b>MO</b>	3	QL (150 per 30 days)
CLEVER CHOICE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
CLINISTIX REAGENT STRIPS <b>MO</b>	3	
CLINITEST REAGENT TABLET, NON-ORAL <b>MO</b>	3	
CONTOUR TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
CONTROL G3 STRIPS <b>MO</b>	3	QL (150 per 30 days)
CONTROL TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
CVS TEST STRIP <b>MO</b>	3	QL (150 per 30 days)
DIASCREEN 10 STRIPS <b>MO</b>	3	
DIASCREEN 1G REAGENT STRIPS <b>MO</b>	3	
DIASCREEN 2GK REAGENT STRIPS <b>MO</b>	3	
DIASCREEN 3 REAGENT STRIPS <b>MO</b>	3	
DIASCREEN 4OBL REAGENT STRIPS <b>MO</b>	3	
DIASCREEN 5 REAGENT STRIPS <b>MO</b>	3	
DIASCREEN 6 REAGENT STRIPS <b>MO</b>	3	
DIASCREEN 7 REAGENT STRIPS <b>MO</b>	3	
DIASCREEN 8 REAGENT STRIPS <b>MO</b>	3	
DIASCREEN 9 REAGENT STRIPS <b>MO</b>	3	
DIASTIX STRIPS <b>MO</b>	3	
EASY CHECK TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
EASY GLUCO G2 STRIPS <b>MO</b>	3	QL (150 per 30 days)
EASY PRO PLUS TEST STRIPS <b>MO</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
EASY TALK GLUCOSE TEST STRIPS <b>GC,MO</b>	1	QL (150 per 30 days)
EASY TRAK GLUCOSE TEST STRIPS <b>GC,MO</b>	1	QL (150 per 30 days)
EASYGLUCO TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
EASYMAX STRIPS <b>MO</b>	3	QL (150 per 30 days)
ECLIPSE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
ELEMENT TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIPS <b>MO</b>	3	QL (150 per 30 days)
enlon 10 mg/ml injection <b>GC,MO</b>	1	
ENVISION TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
EVENCARE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
EVOLUTION TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
EZ SMART PLUS TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
EZ SMART TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
FAST TAKE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
FIFTY50 TEST STRIP <b>MO</b>	3	QL (150 per 30 days)
FORA D10 STRIPS <b>MO</b>	3	QL (150 per 30 days)
FORA D15C STRIPS <b>MO</b>	3	QL (150 per 30 days)
FORA D15G STRIPS <b>MO</b>	3	QL (150 per 30 days)
FORA D15Z STRIPS <b>MO</b>	3	QL (150 per 30 days)
FORA D20 STRIPS <b>MO</b>	3	QL (150 per 30 days)
FORA G20 STRIPS <b>MO</b>	3	QL (150 per 30 days)
FORA G71A STRIPS <b>GC,MO</b>	1	QL (150 per 30 days)
FORA V10 STRIPS <b>MO</b>	3	QL (150 per 30 days)
FORA V12 GLUCOSE STRIPS <b>MO</b>	3	QL (150 per 30 days)
FORA V20 STRIPS <b>MO</b>	3	QL (150 per 30 days)
FREESTYLE LITE STRIPS <b>MO</b>	3	QL (150 per 30 days)
FREESTYLE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
G-4 TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
GLUCOCARD 01 SENSOR STRIPS <b>MO</b>	3	QL (150 per 30 days)
GLUCOCARD VITAL SENSOR STRIPS <b>MO</b>	3	QL (150 per 30 days)
GLUCOCARD X-SENSOR STRIPS <b>MO</b>	3	QL (150 per 30 days)
GLUCOCOM GLUCOSE STRIPS <b>MO</b>	3	QL (150 per 30 days)
GLUCOLAB STRIPS <b>MO</b>	3	QL (150 per 30 days)
GM100 STRIPS <b>MO</b>	3	QL (150 per 30 days)
INFINITY TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
KETO-DIASTIX STRIPS <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
KEYNOTE STRIPS <b>MO</b>	3	QL (150 per 30 days)
LIBERTY TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
MAXIMA STRIPS <b>MO</b>	3	QL (150 per 30 days)
MICRO BLOOD GLUCOSE STRIPS <b>MO</b>	3	QL (150 per 30 days)
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM STRIPS <b>MO</b>	3	QL (150 per 30 days)
MYGLUCOHEALTH STRIPS <b>MO</b>	3	QL (150 per 30 days)
NOVA MAX GLUCOSE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
ONE TOUCH TEST STRIPS <b>GC,MO</b>	1	QL (150 per 30 days)
ONE TOUCH ULTRA TEST STRIPS <b>GC,MO</b>	1	QL (150 per 30 days)
OPTIUM EZ STRIPS <b>MO</b>	4	QL (150 per 30 days)
OPTIUM TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
PHARMACIST CHOICE GLUCOSE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
POCKETCHEM EZ STRIPS <b>MO</b>	3	QL (150 per 30 days)
PRECISION PCX PLUS TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
PRECISION PCX TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
PRECISION POINT OF CARE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
PRECISION Q-I-D TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
PRECISION XTRA TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
PRESTIGE SMART SYSTEM TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
PRODIGY AUTOCODE TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
PRODIGY EJECT TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
PRODIGY GLUCOSE TEST STRIP <b>MO</b>	3	QL (150 per 30 days)
PRODIGY NO CODING STRIPS <b>MO</b>	3	QL (150 per 30 days)
PSS TEST STRIP <b>MO</b>	3	QL (150 per 30 days)
QUICKTEK TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
REFUAH PLUS STRIPS <b>MO</b>	3	QL (150 per 30 days)
RELION ULTIMA STRIPS <b>MO</b>	3	QL (150 per 30 days)
RIGHTEST GS550 TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
SMART CARESENS N TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
SMARTTEST TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
SOLO V2 TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
SURE EDGE STRIPS <b>MO</b>	3	QL (150 per 30 days)
SURE-TEST EASYPLUS MINI STRIPS <b>MO</b>	3	QL (150 per 30 days)
SURECHEK TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
SURESTEP PRO TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
SURESTEP TEST STRIPS <b>MO</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
TRUETEST TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
TRUETRACK SMART SYSTEM STRIPS <b>MO</b>	3	QL (150 per 30 days)
TRUETRACK TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
ULTIMA TEST STRIPS <b>MO</b>	3	QL (150 per 30 days)
ULTRATRAK STRIPS <b>MO</b>	3	QL (150 per 30 days)
VICTORY GLUCOSE TEST STRIPS <b>GC,MO</b>	1	QL (150 per 30 days)
WAVESENSE AMP STRIPS <b>MO</b>	3	QL (150 per 30 days)
WAVESENSE JAZZ STRIPS <b>MO</b>	3	QL (150 per 30 days)
WAVESENSE PRESTO STRIPS <b>MO</b>	3	QL (150 per 30 days)
<b>DISINFECTANTS (FOR NON-DERMATOLOGIC USE)</b>		
glutaraldehyde 25% aq solution <b>GC,MO</b>	1	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
acetic acid 0.25% irrig soln <b>GC,MO</b>	1	
amiloride hcl 5 mg tablet <b>MO</b>	2	
amiloride hcl-hctz 5-50 mg tab <b>GC,MO</b>	1	
amino acids 15 % iv <b>MO</b>	3	B vs D
AMINOACETIC ACID 1.5 % IRRIGATION SOLN <b>MO</b>	3	
AMINOSYN 10 % IV <b>MO</b>	3	B vs D
AMINOSYN 3.5 % IV <b>MO</b>	3	B vs D
AMINOSYN 7 % IV <b>MO</b>	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES IV <b>MO</b>	3	B vs D
AMINOSYN 8.5 % IV <b>MO</b>	3	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES IV <b>MO</b>	3	B vs D
AMINOSYN II 10 % IV <b>MO</b>	3	B vs D
AMINOSYN II 15% IV <b>MO</b>	3	B vs D
AMINOSYN II 7 % IV <b>MO</b>	3	B vs D
AMINOSYN II 8.5 % IV <b>MO</b>	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES IV <b>MO</b>	3	B vs D
AMINOSYN M 3.5 % IV <b>MO</b>	3	B vs D
AMINOSYN-HBC 7% IV <b>MO</b>	3	B vs D
AMINOSYN-PF 10 % IV <b>MO</b>	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) IV <b>MO</b>	3	B vs D
AMINOSYN-RF 5.2 % IV <b>MO</b>	3	B vs D
ammonium chloride 5 meq/ml <b>GC,MO</b>	1	
AMMONUL 10 %-10 % IV <b>MO</b>	4	
AXONA 20 GRAM/40 GRAM ORAL POWDER PACKET <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
bumetanide 0.25 mg/ml vial <b>GC,MO</b>	1	
bumetanide 0.5 mg tablet <b>GC,MO</b>	1	
bumetanide 1 mg tablet <b>GC,MO</b>	1	
bumetanide 2 mg tablet <b>GC,MO</b>	1	
BUPHENYL 500 MG TABLET <b>MO</b>	4	
BUPHENYL ORAL POWDER <b>MO</b>	4	
calcium acetate 667 mg capsule <b>MO</b>	2	
calcium acetate 667 mg tablet <b>MO</b>	2	
calcium chloride 10% abjct <b>GC,MO</b>	1	
calcium chloride 10% vial <b>GC,MO</b>	1	
calcium gluconate 10% vial <b>GC,MO</b>	1	B vs D
CARBAGLU 200 MG DISPERSIBLE TABLET <b>SP</b>	4	PA
chlorothiazide 250 mg tablet <b>GC,MO</b>	1	
chlorothiazide 500 mg tablet <b>GC,MO</b>	1	
chlorothiazide sod 500 mg vial <b>GC,MO</b>	1	
chlorthalidone 25 mg tablet <b>GC,MO</b>	1	
chlorthalidone 50 mg tablet <b>GC,MO</b>	1	
CLINIMIX 2.75%/D5 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX 4.25%/D10 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX 4.25%/D20 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX 4.25%/D25 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX 4.25%/D5 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX 5%/D15 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX 5%/D20 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX 5%/D25 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX E 2.75%/D10 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX E 2.75%/D5 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX E 4.25%/D10 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX E 4.25%/D25 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX E 4.25%/D5 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX E 5%/D15 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX E 5%/D20 SULFITE FREE IV <b>MO</b>	3	B vs D
CLINIMIX E 5%/D25 SULFITE FREE IV <b>MO</b>	3	B vs D
clisol sf 15 % iv <b>MO</b>	3	B vs D
constulose 10 gram/15 ml oral soln <b>GC,MO</b>	1	
cytra k crystals 3,300 mg-1,002 mg oral packet <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
cytra-3 550 mg-500 mg-334 mg/5 ml oral soln <b>GC,MO</b>	1	
cytra-k 1,100 mg-334 mg/5 ml oral soln <b>GC,MO</b>	1	
d10%-1/2ns soln/excel cont <b>GC,MO</b>	1	
d5%-1/2ns-kcl 10 meq/l iv sol <b>GC,MO</b>	1	
d5%-1/2ns-kcl 30 meq/l iv sol <b>GC,MO</b>	1	
d5%-1/2ns-kcl 40 meq/l iv sol <b>GC,MO</b>	1	
d5%-1/4ns-kcl 10 meq/l iv sol <b>GC,MO</b>	1	
d5%-1/4ns-kcl 30 meq/l iv sol <b>GC,MO</b>	1	
d5%-1/4ns-kcl 40 meq/l iv sol <b>GC,MO</b>	1	
d5w-kcl 30 meq/l iv solution <b>GC,MO</b>	1	
DEMADEX 10 MG TABLET <b>GB,MO</b>	3	
DEMADEX 100 MG TABLET <b>MO</b>	3	
DEMADEX 20 MG TABLET <b>MO</b>	3	
DEMADEX 5 MG TABLET <b>MO</b>	3	
dextrose 10% ampul <b>GC,MO</b>	1	
dextrose 10%-1/4ns iv soln <b>GC,MO</b>	1	
dextrose 10%-ns iv solution <b>GC,MO</b>	1	
dextrose 10%-water iv solution <b>GC,MO</b>	1	
dextrose 2.5%-1/2ns iv soln <b>GC,MO</b>	1	
dextrose 2.5%-water iv soln <b>GC,MO</b>	1	
dextrose 20%-water iv soln <b>GC,MO</b>	1	
dextrose 25%-water syringe <b>GC,MO</b>	1	
dextrose 30%-water iv soln <b>GC,MO</b>	1	
dextrose 40%-water iv soln <b>GC,MO</b>	1	
dextrose 5%-1/2ns iv solution <b>GC,MO</b>	1	
dextrose 5%-1/3ns iv solution <b>GC,MO</b>	1	
dextrose 5%-electrolyte 48 <b>GC,MO</b>	1	
dextrose 5%-lr iv solution <b>GC,MO</b>	1	
dextrose 5%-ns iv solution <b>GC,MO</b>	1	
dextrose 5%-ringers iv soln <b>GC,MO</b>	1	
dextrose 5%-sod chloride 0.2% <b>GC,MO</b>	1	
dextrose 5%-water iv soln <b>GC,MO</b>	1	
dextrose 5%-water vial <b>GC,MO</b>	1	
dextrose 50%-water syringe <b>GC,MO</b>	1	
dextrose 50%-water vial <b>GC,MO</b>	1	
dextrose 70%-water iv soln <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIURIL 250 MG/5 ML ORAL SUSP <b>MO</b>	3	
DIURIL IV 500 MG SOLUTION <b>MO</b>	3	
DYAZIDE 37.5 MG-25 MG CAPSULE <b>GB,MO</b>	3	
DYRENIUM 100 MG CAPSULE <b>MO</b>	3	
DYRENIUM 50 MG CAPSULE <b>GB,MO</b>	3	
effer-k 25 meq effervescent tablet <b>GC,MO</b>	1	
eliphos 667 mg tablet <b>MO</b>	2	
enulose 10 gram/15 ml oral soln <b>GC,MO</b>	1	
epiklor 20 meq packet <b>GC,MO</b>	1	
epiklor 25 meq packet <b>GC,MO</b>	1	
FREAMINE HBC 6.9 % IV <b>MO</b>	3	B vs D
FREAMINE III 10 % IV <b>MO</b>	3	B vs D
FREAMINE III 3 % WITH ELECTROLYTES IV <b>MO</b>	3	B vs D
FREAMINE III 8.5 % IV <b>MO</b>	3	B vs D
furosemide 10 mg/ml solution <b>GC,MO</b>	1	
furosemide 10 mg/ml syringe <b>GC,MO</b>	1	
furosemide 10 mg/ml vial <b>GC,MO</b>	1	
furosemide 20 mg tablet <b>GC,MO</b>	1	
furosemide 40 mg tablet <b>GC,MO</b>	1	
furosemide 40 mg/5 ml soln <b>GC,MO</b>	1	
furosemide 80 mg tablet <b>GC,MO</b>	1	
generlac 10 gram/15 ml oral soln <b>GC,MO</b>	1	
glycine 1.5% irrigation <b>GC,MO</b>	1	
GLYCINE UROLOGIC 1.5 % IRRIGATION SOLN <b>MO</b>	3	
HEPATAMINE 8% IV <b>MO</b>	3	B vs D
HEPATASOL 8 % IV <b>MO</b>	3	B vs D
hydrochlorothiazide 12.5 mg cp <b>GC,MO</b>	1	
hydrochlorothiazide 12.5 mg tb <b>GC,MO</b>	1	
hydrochlorothiazide 25 mg tab <b>GC,MO</b>	1	
hydrochlorothiazide 50 mg tab <b>GC,MO</b>	1	
HYPERLYTE-CR 25 MEQ-20 MEQ-5 MEQ/20 ML IV <b>MO</b>	3	
indapamide 1.25 mg tablet <b>GC,MO</b>	1	
indapamide 2.5 mg tablet <b>GC,MO</b>	1	
INPERSOL WITH 1.5% DEXTROSE <b>MO</b>	3	
inpersol with 4.25% dextrose <b>MO</b>	3	
INTRALIPID 20 % IV <b>MO</b>	3	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INTRALIPID 30 % IV <b>MO</b>	3	B vs D
IONOSOL-B IN D5W IV <b>MO</b>	3	
IONOSOL-MB IN D5W IV <b>MO</b>	3	
ISOLYTE-H IN D5W IV <b>MO</b>	3	
ISOLYTE-M IN D5W IV <b>MO</b>	3	
ISOLYTE-P IN D5W IV <b>MO</b>	3	
ISOLYTE-S IN D5W IV <b>MO</b>	3	
ISOLYTE-S IV <b>MO</b>	3	
ISOLYTE-S PH 7.4 IV <b>MO</b>	3	
k-effervescent 25 meq tablet <b>GC,MO</b>	1	
K-PHOS M.F. TABLET <b>MO</b>	3	
K-PHOS NO 2 305 MG-700 MG TABLET <b>MO</b>	3	
K-PHOS ORIGINAL 500 MG SOLUBLE TABLET <b>MO</b>	3	
K-PHOS-NEUTRAL 250 MG TABLET <b>MO</b>	3	
K-TAB 10 MEQ TABLET,EXTENDED RELEASE <b>MO</b>	3	
kalexate oral powder <b>MO</b>	3	
KAON-CL ER 10 MEQ TABLET <b>GC,MO</b>	1	
KAYEXALATE ORAL POWDER <b>MO</b>	3	PA
kcl 10 meq in d5w-1/3 ns <b>GC,MO</b>	1	
kcl 20 meq in d5w solution <b>GC,MO</b>	1	
kcl 20 meq in d5w-1/2 ns <b>MO</b>	2	
kcl 20 meq in d5w-1/4 ns <b>GC,MO</b>	1	
kcl 20 meq in d5w-lact ringer <b>GC,MO</b>	1	
kcl 20 meq in d5w-ns <b>GC,MO</b>	1	
kcl 20 meq-ns 1,000 ml iv soln <b>MO</b>	2	
kcl 40 meq in d5w solution <b>GC,MO</b>	1	
kcl 40 meq in d5w-lact ringer <b>GC,MO</b>	1	
kcl 40 meq in d5w-nacl 0.9% <b>GC,MO</b>	1	
kcl 40 meq-ns 1,000 ml iv soln <b>GC,MO</b>	1	
kionex 15 gram/60 ml oral susp <b>MO</b>	2	
kionex oral powder <b>MO</b>	2	
KLOR-CON 10 10 MEQ TABLET,EXTENDED RELEASE <b>GC,MO</b>	1	
klor-con 20 meq oral packet <b>GC,MO</b>	1	
KLOR-CON 25 MEQ ORAL PACKET <b>GC,MO</b>	1	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE <b>GC,GB,MO</b>	1	
klor-con m10 10 meq tablet,extended release <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
klor-con m15 15 meq tablet,extended release <b>GC,MO</b>	1	
klor-con m20 20 meq tablet,extended release <b>GC,MO</b>	1	
klor-con/ef 25 meq effervescent tablet <b>GC,MO</b>	1	
KRISTALOSE 10 GRAM ORAL PACKET <b>MO</b>	3	
KRISTALOSE 20 GRAM ORAL PACKET <b>MO</b>	3	
l-cysteine 50 mg/ml vial <b>GC,MO</b>	1	
lactated ringers injection <b>GC,MO</b>	1	
lactated ringers irrigation <b>GC,MO</b>	1	
lactulose 10 gm/15 ml solution <b>GC,MO</b>	1	
lactulose 20 gm/30 ml solution <b>GC,MO</b>	1	
LASIX 20 MG TABLET <b>MO</b>	3	
LASIX 40 MG TABLET <b>GB,MO</b>	3	
LASIX 80 MG TABLET <b>GB,MO</b>	3	
LIPOSYN II 10 % IV <b>MO</b>	3	B vs D
LIPOSYN II 20 % IV <b>MO</b>	3	B vs D
LIPOSYN III 10 % IV <b>MO</b>	3	B vs D
LIPOSYN III 20 % IV <b>MO</b>	3	B vs D
LIPOSYN III 30 % IV <b>MO</b>	3	B vs D
MAGNEBIND 400 400 MG-200 MG-1 MG TABLET <b>MO</b>	3	
mannitol 10% iv solution <b>GC,MO</b>	1	
mannitol 20% iv solution <b>GC,MO</b>	1	
mannitol 25% vial <b>GC,MO</b>	1	
mannitol 5% iv solution <b>GC,MO</b>	1	
MAXZIDE 75 MG-50 MG TABLET <b>GB,MO</b>	3	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET <b>MO</b>	3	PA
methyclothiazide 5 mg tablet <b>MO</b>	2	
metolazone 10 mg tablet <b>GC,MO</b>	1	
metolazone 2.5 mg tablet <b>GC,MO</b>	1	
metolazone 5 mg tablet <b>GC,MO</b>	1	
MICRO-K 10 MEQ EXTENCAPS <b>MO</b>	3	
MICRO-K 8 MEQ EXTENCAPS <b>MO</b>	3	
MICROZIDE 12.5 MG CAPSULE <b>MO</b>	3	
MIDAMOR 5 MG TABLET <b>MO</b>	3	
NEPHRAMINE 5.4 % IV <b>MO</b>	3	B vs D
NEUT 4 % IV <b>MO</b>	3	
NORMOSOL-M IN D5W IV <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
NORMOSOL-R IN D5W IV <b>MO</b>	3	
NORMOSOL-R IV <b>MO</b>	3	
NORMOSOL-R PH 7.4 IV <b>MO</b>	3	
NUTRILYTE 25 MEQ-40.6 MEQ-5 MEQ/20 ML IV <b>MO</b>	3	
nutrilyte ii 35 meq-20 meq-5 meq/20 ml iv <b>MO</b>	3	
ORACIT 490 MG-640 MG/5 ML ORAL SOLN <b>MO</b>	3	
OSMITROL 10 % IV <b>MO</b>	3	
OSMITROL 15 % IV <b>MO</b>	3	
OSMITROL 20 % IV <b>MO</b>	3	
OSMITROL 5 % IV <b>MO</b>	3	
PHOSLO 667 MG CAPSULE <b>MO</b>	2	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLN <b>MO</b>	3	
phospha 250 neutral 250 mg tablet <b>GC,MO</b>	1	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLN <b>GC,MO</b>	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLN <b>GC,MO</b>	1	
PLASMA-LYTE 148 IV <b>MO</b>	3	
PLASMA-LYTE A IV <b>MO</b>	3	
PLASMA-LYTE-56 IN D5W IV <b>MO</b>	3	
potassium 25 meq tablet eff <b>GC,MO</b>	1	
potassium acet 2 meq/ml vial <b>GC,MO</b>	1	
potassium acet 4 meq/ml vial <b>GC,MO</b>	1	
potassium cit-citric acid sln <b>GC,MO</b>	1	
potassium citrate er 10 meq tb <b>MO</b>	2	
potassium citrate er 5 meq tab <b>MO</b>	2	
potassium cl 10 meq/100 ml sol <b>GC,MO</b>	1	
potassium cl 10 meq/50 ml sol <b>GC,MO</b>	1	
potassium cl 10% (20 meq/15 ml <b>GC,MO</b>	1	
potassium cl 2 meq/ml syrng <b>GC,MO</b>	1	
potassium cl 2 meq/ml vial <b>GC,MO</b>	1	
potassium cl 20 meq-0.45% nacl <b>MO</b>	2	
potassium cl 20 meq/100 ml sol <b>GC,MO</b>	1	
potassium cl 20 meq/50 ml sol <b>GC,MO</b>	1	
potassium cl 20% (40 meq/15 ml <b>GC,MO</b>	1	
potassium cl 25 meq tab eff <b>MO</b>	2	
potassium cl 30 meq/100 ml sol <b>GC,MO</b>	1	
potassium cl 40 meq/100 ml sol <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium cl er 10 meq capsule <b>GC,MO</b>	1	
potassium cl er 10 meq tablet <b>GC,MO</b>	1	
potassium cl er 20 meq tablet <b>GC,MO</b>	1	
potassium cl er 8 meq capsule <b>GC,MO</b>	1	
potassium cl er 8 meq tablet <b>GC,MO</b>	1	
potassium ph 3mm/ml vial <b>GC,MO</b>	1	
PREMASOL 10 % IV <b>GC,MO</b>	1	B vs D
PREMASOL 6 % IV <b>GC,MO</b>	1	B vs D
probenecid 500 mg tablet <b>GC,MO</b>	1	
probenecid-colchicine tabs <b>MO</b>	2	
PROCALAMINE 3% IV <b>MO</b>	3	B vs D
PROSOL 20% IV <b>MO</b>	3	B vs D
RENACIDIN 6.602 G-0.198 G/100 ML IRRIGATION SOLN <b>MO</b>	3	
REVELA 0.8 GRAM ORAL POWDER PACKET <b>MO</b>	2	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET <b>MO</b>	2	QL (180 per 30 days)
REVELA 800 MG TABLET <b>MO</b>	2	QL (540 per 30 days)
RESECTISOL 5 % URETHRAL <b>MO</b>	3	
ringer's iv solution <b>GC,MO</b>	1	
ringers irrigation solution <b>GC,MO</b>	1	
saline 0.45% soln-excel con <b>GC,MO</b>	1	
SAMSCA 15 MG TABLET <b>SP</b>	4	QL (60 per 30 days)
SAMSCA 30 MG TABLET <b>SP</b>	4	QL (60 per 30 days)
sodium acetate 2 meq/ml vial <b>GC,MO</b>	1	
sodium acetate 4 meq/ml vial <b>GC,MO</b>	1	
sodium bicarb 4.2% abbjct <b>GC,MO</b>	1	
sodium bicarb 4.2% vial <b>MO</b>	3	
sodium bicarb 7.5% abboject <b>GC,MO</b>	1	
sodium bicarb 7.5% vial <b>GC,MO</b>	1	
sodium bicarb 8.4% abboject <b>GC,MO</b>	1	
sodium bicarb 8.4% abboject <b>GC,MO</b>	1	
sodium bicarb 8.4% vial <b>GC,MO</b>	1	
sodium chloride 0.45% soln <b>GC,MO</b>	1	
sodium chloride 0.9% irrig. <b>GC,MO</b>	1	
sodium chloride 0.9% soln. <b>GC,MO</b>	1	
sodium chloride 0.9% solution <b>GC,MO</b>	1	
sodium chloride 3% iv soln <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium chloride 4 meq/ml vial <b>GC,MO</b>	1	
sodium chloride 5% iv soln <b>GC,MO</b>	1	
sodium cl 2.5 meq/ml vial <b>GC,MO</b>	1	
SODIUM EDECRIN 50 MG IV SOLUTION <b>MO</b>	3	
sodium lactate 1/6molar inj <b>GC,MO</b>	1	
sodium lactate 5 meq/ml vial <b>GC,MO</b>	1	
sodium phosphate 3mm/ml vial <b>GC,MO</b>	1	
sodium polystyrene sulf pwd <b>MO</b>	2	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp <b>MO</b>	2	
sorbitol-mannitol irrig <b>GC,MO</b>	1	
SPS 15 GRAM/60 ML ORAL SUSP <b>MO</b>	3	
SPS 30 GRAM/120 ML ENEMA <b>MO</b>	3	
sterile water for irrigation <b>GC,MO</b>	1	
taron-crystals 3,300 mg-1,002 mg oral packet <b>MO</b>	3	
THALITONE 15 MG TABLET <b>MO</b>	3	
THAM 36 MG/ML (0.3 M) IV SOLUTION <b>MO</b>	3	
toremide 10 mg tablet <b>GC,MO</b>	1	
toremide 100 mg tablet <b>GC,MO</b>	1	
toremide 20 mg tablet <b>GC,MO</b>	1	
toremide 20 mg/2 ml vial <b>GC,MO</b>	1	
toremide 5 mg tablet <b>GC,MO</b>	1	
toremide 50 mg/5 ml vial <b>GC,MO</b>	1	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML IV <b>MO</b>	3	
TPN ELECTROLYTES II 18 MEQ-18 MEQ-5 MEQ/20 ML IV <b>MO</b>	3	
TRAVASOL 10 % IV <b>MO</b>	3	B vs D
triamterene-hctz 37.5-25 mg cp <b>GC,MO</b>	1	
triamterene-hctz 37.5-25 mg tb <b>GC,MO</b>	1	
triamterene-hctz 50-25 mg cap <b>GC,MO</b>	1	
triamterene-hctz 75-50 mg tab <b>GC,MO</b>	1	
tricitrates 550 mg-500 mg-334 mg/5 ml oral soln <b>MO</b>	2	
tricitrates oral solution <b>GC,MO</b>	1	
TROPHAMINE 10 % IV <b>MO</b>	3	B vs D
TROPHAMINE 6% IV <b>MO</b>	3	B vs D
vis-phos n 250 mg tablet <b>GC,MO</b>	1	
VOLUVEN 6 % IV <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
ZAROXOLYN 2.5 MG TABLET <b>MO</b>	3	
ZAROXOLYN 5 MG TABLET <b>GB,MO</b>	3	
<b>ENZYMES</b>		
ADAGEN 250 UNIT/ML IM <b>MO</b>	4	
ALDURAZYME 2.9 MG/5 ML IV <b>MO</b>	4	PA,QL (480 per 28 days)
CEREDASE 80 UNITS/ML VIAL <b>MO</b>	4	PA
CEREZYME 200 UNIT IV SOLUTION <b>MO</b>	4	PA
CEREZYME 400 UNIT IV SOLUTION <b>MO</b>	4	PA
ELAPRASE 6 MG/3 ML IV <b>MO</b>	4	PA
ELELYSO 200 UNIT IV SOLUTION <b>MO</b>	4	PA,QL (60 per 30 days)
ELITEK 1.5 MG IV SOLUTION <b>MO</b>	4	PA
ELITEK 7.5 MG IV SOLUTION <b>MO</b>	4	PA
FABRAZYME 35 MG IV SOLUTION <b>MO</b>	4	PA
FABRAZYME 5 MG IV SOLUTION <b>MO</b>	4	PA
HYLENEX 150 UNIT/ML INJECTION <b>MO</b>	3	
LUMIZYME 50 MG IV SOLUTION <b>MO</b>	4	PA
MYOZYME 50 MG IV SOLUTION <b>MO</b>	4	PA
NAGLAZYME 5 MG/5 ML IV <b>MO</b>	4	PA,QL (480 per 28 days)
PULMOZYME 1 MG/ML SOLN FOR INHALATION <b>SP</b>	4	B vs D,QL (150 per 30 days)
VITRASE 200 UNIT/ML INJECTION <b>MO</b>	3	
VPRIV 400 UNIT SOLUTION <b>MO</b>	4	PA
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
acetazol hc 1 %-2 % ear drops <b>MO</b>	3	
acetazolamide 125 mg tablet <b>GC,MO</b>	1	
acetazolamide 250 mg tablet <b>GC,MO</b>	1	
acetazolamide er 500 mg cap <b>GC,MO</b>	1	
acetazolamide sod 500 mg vial <b>GC,MO</b>	1	
acetic acid 2% ear solution <b>GC,MO</b>	1	
acetic acid-aluminum drops <b>MO</b>	2	
ACULAR 0.5 % EYE DROPS <b>MO</b>	3	
ACULAR LS 0.4 % EYE DROPS <b>MO</b>	3	
ACUVAIL (PF) 0.45 % EYE DROPPERETTE <b>MO</b>	3	
ak-con 0.1 % eye drops <b>GC,MO</b>	1	
AK-PENTOLATE 1 % EYE DROPS <b>MO</b>	3	
ak-poly-bac 500 unit-10,000 unit/g eye ointment <b>GC,MO</b>	1	
akorn balanced salt intraocular <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AKTEN (PF) 3.5 % EYE GEL <b>MO</b>	3	
ALCAINE 0.5 % EYE DROPS <b>GC,MO</b>	1	
allersol 0.1% eye drops <b>GC,MO</b>	1	
ALOMIDE 0.1 % EYE DROPS <b>GB,MO</b>	3	
ALPHAGAN P 0.1 % EYE DROPS <b>MO</b>	2	
ALPHAGAN P 0.15 % EYE DROPS <b>MO</b>	2	
ALREX 0.2 % EYE DROPS <b>MO</b>	3	
altafrin 10 % eye drops <b>GC,MO</b>	1	
altafrin 2.5 % eye drops <b>GC,MO</b>	1	
antipyrine-benzocaine ear drop <b>GC,MO</b>	1	
APHTHASOL 5% PASTE <b>MO</b>	3	
apraclonidine hcl 0.5% drops <b>MO</b>	3	
ASTELIN 137 MCG NASAL SPRAY AEROSOL <b>MO</b>	3	PA,QL (30 per 25 days)
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY <b>MO</b>	2	QL (30 per 25 days)
atropine 1% eye drops <b>GC,MO</b>	1	
atropine 1% eye ointment <b>GC,MO</b>	1	
ATROPINE-CARE 1 % EYE DROPS <b>GC,MO</b>	1	
ATROVENT 0.03 % NASAL SPRAY <b>MO</b>	3	QL (30 per 30 days)
ATROVENT 0.06 % NASAL SPRAY <b>MO</b>	3	QL (45 per 30 days)
aurodex 5.4 %-1.4 % ear drops <b>GC,MO</b>	1	
auroguard 5.4 %-1.4 % ear drops <b>GC,MO</b>	1	
AZASITE 1 % EYE DROPS <b>MO</b>	2	
azelastine 137 mcg nasal spray <b>MO</b>	2	QL (30 per 25 days)
azelastine hcl 0.05% drops <b>MO</b>	2	
AZOPT 1 % EYE DROPS <b>MO</b>	2	
bacitracin 500 unit/gm ointmnt <b>GC,MO</b>	1	
bacitracin-polymyxin eye oint <b>GC,MO</b>	1	
BACTROBAN NASAL 2 % OINTMENT <b>MO</b>	3	
balanced salt intraocular <b>GC,MO</b>	1	
BESIVANCE 0.6 % EYE DROPS <b>MO</b>	2	
BETADINE OPHTHALMIC PREP 5 % SOLN <b>MO</b>	3	
BETAGAN 0.5 % EYE DROPS <b>GB,MO</b>	3	
betaxolol hcl 0.5% eye drop <b>MO</b>	3	
BETIMOL 0.25 % EYE DROPS <b>GB,MO</b>	3	
BETIMOL 0.5 % EYE DROPS <b>MO</b>	3	
BLEPH-10 10 % EYE DROPS <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
BLEPHAMIDE 10 %-0.2 % EYE DROPS <b>MO</b>	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT <b>GC,MO</b>	1	
brimonidine 0.2% eye drop <b>MO</b>	2	
brimonidine tartrate 0.15% drp <b>MO</b>	2	
BSS INTRAOCULAR <b>MO</b>	3	
BSS PLUS INTRAOCULAR <b>MO</b>	3	
carteolol hcl 1% eye drops <b>GC,MO</b>	1	
chlorhexidine 0.12% rinse <b>GC,MO</b>	1	
chloroxylenol-pramoxine hcl <b>GC,MO</b>	1	
CILOXAN 0.3 % EYE DROPS <b>MO</b>	3	
CILOXAN 0.3 % EYE OINTMENT <b>MO</b>	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS, SUSP <b>MO</b>	3	
ciprofloxacin 0.3% eye drop <b>GC,MO</b>	1	
cocaine 10% solution <b>GC,MO</b>	1	
cocaine 4% solution <b>GC,MO</b>	1	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS, SUSP <b>GB,MO</b>	3	
COMBIGAN 0.2 %-0.5 % EYE DROPS <b>MO</b>	2	
CORTISPORIN 3.5 MG-10,000 UNIT/ML-1 % EAR SOLN <b>MO</b>	3	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS, SUSP <b>GB,MO</b>	3	
cortomycin ear solution <b>GC,MO</b>	1	
cortomycin ear suspension <b>GC,MO</b>	1	
cortomycin eye ointment <b>GC,MO</b>	1	
CRESYLATE 25 % EAR DROPS <b>MO</b>	3	
CYCLOGYL 0.5 % EYE DROPS <b>MO</b>	3	
CYCLOGYL 1 % EYE DROPS <b>MO</b>	3	
CYCLOGYL 2 % EYE DROPS <b>MO</b>	3	
cyclopentolate 1% eye drops <b>GC,MO</b>	1	
cyclopentolate hcl 2% drops <b>MO</b>	3	
cylate 1% eye drops <b>GC,MO</b>	1	
dexamethasone 0.1% eye drop <b>GC,MO</b>	1	
dexasol 0.1 % eye drops <b>GC,MO</b>	1	
diclofenac 0.1% eye drops <b>GC,MO</b>	1	
dorzolamide hcl 2% eye drops <b>GC,MO</b>	1	QL (10 per 30 days)
dorzolamide-timolol eye drops <b>MO</b>	2	QL (10 per 30 days)
doxycycline hyclate 20 mg tab <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DUREZOL 0.05 % EYE DROPS <b>MO</b>	2	
ELESTAT 0.05 % EYE DROPS <b>MO</b>	3	
EMADINE 0.05 % EYE DROPS <b>MO</b>	3	
epinastine hcl 0.05% eye drops <b>MO</b>	3	
erythromycin eye ointment <b>GC,MO</b>	1	
FLAREX 0.1 % EYE DROPS <b>GB,MO</b>	3	
FLONASE 50 MCG/ACTUATION NASAL SPRAY <b>MO</b>	3	PA,QL (16 per 30 days)
FLUCAINE 0.25 %-0.5 % EYE DROPS <b>GC,MO</b>	1	
flunisolide 0.025% spray <b>MO</b>	2	QL (50 per 30 days)
flunisolide 29 mcg-0.025% spr <b>MO</b>	2	QL (50 per 30 days)
fluorometholone 0.1% drops <b>GC,MO</b>	1	
flurbiprofen 0.03% eye drop <b>GC,MO</b>	1	
fluticasone prop 50 mcg spray <b>GC,MO</b>	1	QL (16 per 30 days)
FML FORTE 0.25 % EYE DROPS <b>MO</b>	3	
FML LIQUIFILM 0.1 % EYE DROPS <b>GB,MO</b>	3	
FML S.O.P. 0.1 % EYE OINTMENT <b>GB,MO</b>	3	
GARAMYCIN 0.3 % (3 MG/G) EYE OINTMENT <b>MO</b>	2	
GARAMYCIN 0.3 % EYE DROPS <b>MO</b>	2	
gentak 0.3 % (3 mg/g) eye ointment <b>MO</b>	3	
gentak 0.3 % eye drops <b>MO</b>	3	
gentamicin 3 mg/gm eye oint <b>GC,MO</b>	1	
gentamicin 3 mg/ml eye drops <b>GC,MO</b>	1	
gentasol 3 mg/ml eye drops <b>MO</b>	3	
homatropaire 5 % eye drops <b>GC,MO</b>	1	
hydrocortison-acetic acid soln <b>MO</b>	3	
ILOTYCIN 5 MG/GRAM (0.5 %) EYE OINTMENT <b>MO</b>	2	
INTROL 75% SOLUTION <b>MO</b>	3	
IOPIDINE 0.5 % EYE DROPS <b>MO</b>	3	PA
IOPIDINE 1 % EYE DROPPERETTE <b>MO</b>	3	
ipratropium 0.03% spray <b>GC,MO</b>	1	QL (30 per 30 days)
ipratropium 0.06% spray <b>GC,MO</b>	1	QL (45 per 30 days)
IQUIX 1.5% EYE DROPS <b>GB,MO</b>	3	
ISOPTO ATROPINE 1 % EYE DROPS <b>MO</b>	3	
isopto carpine 1 % eye drops <b>MO</b>	3	
ISOPTO CARPINE 2 % EYE DROPS <b>MO</b>	3	
ISOPTO CARPINE 4 % EYE DROPS <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
ISOPTO HOMATROPINE 2 % EYE DROPS <b>MO</b>	3	
ISOPTO HOMATROPINE 5 % EYE DROPS <b>MO</b>	3	
ISOPTO HYOSCINE 0.25 % EYE DROPS <b>MO</b>	3	
ketorolac 0.4% ophth solution <b>GC,MO</b>	1	
ketorolac 0.5% ophth solution <b>GC,MO</b>	1	
LACRISERT 5 MG EYE INSERTS <b>MO</b>	3	
latanoprost 0.005% eye drops <b>GC,MO</b>	1	QL (3 per 25 days)
levobunolol 0.25% eye drops <b>GC,MO</b>	1	
levobunolol 0.5% eye drops <b>GC,MO</b>	1	
levofloxacin 0.5% eye drops <b>GC,MO</b>	1	
lidocaine 2% viscous soln <b>GC,MO</b>	1	
lidocaine hcl 2% jelly <b>GC,MO</b>	1	
lidocaine hcl 4% solution <b>GC,MO</b>	1	
lidocaine viscous 2 % mucosal soln <b>GC,MO</b>	1	
LOTEMAX 0.5 % EYE DROPS <b>MO</b>	3	
LOTEMAX 0.5 % EYE OINTMENT <b>MO</b>	3	
LUMIGAN 0.01 % EYE DROPS <b>MO</b>	2	QL (3 per 25 days)
LUMIGAN 0.03 % EYE DROPS <b>MO</b>	2	QL (3 per 25 days)
MAXIDEX 0.1 % EYE DROPS <b>GB,MO</b>	3	
MAXITROL 3.5 MG-10,000 UNIT/G-0.1 % EYE OINTMENT <b>MO</b>	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS <b>MO</b>	3	
methazolamide 25 mg tablet <b>MO</b>	3	
methazolamide 50 mg tablet <b>MO</b>	3	
metipranolol 0.3% eye drops <b>GC,MO</b>	1	
MIOCHOL-E 1:100 (20 MG/2 ML) INTRAOCULAR KIT <b>MO</b>	3	
MIOSTAT 0.01 % INTRAOCULAR <b>MO</b>	3	
MOXEZA 0.5 % EYE DROPS <b>MO</b>	3	
MYDFRIN 2.5 % EYE DROPS <b>MO</b>	3	
mydral 0.5% eye drops <b>GC,MO</b>	1	
mydral 1% eye drops <b>GC,MO</b>	1	
MYDRIACYL 1 % EYE DROPS <b>GC,MO</b>	1	
NASONEX 50 MCG/ACTUATION SPRAY <b>MO</b>	2	QL (34 per 30 days)
NATACYN 5 % EYE DROPS <b>MO</b>	3	
neo-bacit-poly-hc eye ointment <b>GC,MO</b>	1	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment <b>MO</b>	2	
neofrin 10 % eye drops <b>GC,MO</b>	1	

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
neofrin 2.5 % eye drops <b>GC,MO</b>	1	
neomyc-bacit-polymix eye oint <b>GC,MO</b>	1	
neomyc-polym-dexamet eye ointm <b>GC,MO</b>	1	
neomyc-polym-dexameth eye drop <b>GC,MO</b>	1	
neomyc-polym-gramicid eye drop <b>GC,MO</b>	1	
neomycin-poly-hc eye drops <b>GC,MO</b>	1	
neomycin-polymyxin-hc ear soln <b>GC,MO</b>	1	
neomycin-polymyxin-hc ear susp <b>GC,MO</b>	1	
neosporin (neo-polym-gramicid) 1.75 mg-10k unit-0.025 mg/ml eye drops <b>GC,MO</b>	1	
NEVANAC 0.1 % EYE DROPS <b>MO</b>	3	
OCUFEN 0.03 % EYE DROPS <b>MO</b>	3	
OCUFLOX 0.3 % EYE DROPS <b>GB,MO</b>	3	
ofloxacin 0.3% ear drops <b>GC,MO</b>	1	
ofloxacin 0.3% eye drops <b>GC,MO</b>	1	
OMNARIS 50 MCG NASAL SPRAY <b>MO</b>	2	QL (13 per 30 days)
OPTIPRANOLOL 0.3 % EYE DROPS <b>MO</b>	3	
otic edge otic solution <b>GC,MO</b>	1	
oticin 0.1 %-1 % ear drops <b>GC,MO</b>	1	
otogesic ear drops <b>GC,MO</b>	1	
parcaine 0.5 % eye drops <b>GC,MO</b>	1	
PAREMYD 1 %-0.25 % EYE DROPS <b>MO</b>	3	
PATADAY 0.2 % EYE DROPS <b>MO</b>	2	
PATANASE 0.6 % NASAL SPRAY <b>MO</b>	3	QL (31 per 30 days)
periogard 0.12 % mouthwash <b>GC,MO</b>	1	
PERIOSTAT 20 MG TABLET <b>MO</b>	3	
phenylephrine 2.5% eye drop <b>GC,MO</b>	1	
phenylephrine hcl 10% drops <b>GC,MO</b>	1	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <b>MO</b>	3	
pilocarpine 1% eye drops <b>MO</b>	3	
pilocarpine 2% eye drops <b>MO</b>	3	
pilocarpine 4% eye drops <b>MO</b>	3	
PILOPINE HS 4 % EYE GEL <b>MO</b>	3	
poly-dex eye drops <b>GC,MO</b>	1	
poly-dex eye ointment <b>GC,MO</b>	1	
POLY-PRED EYE DROPS <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
polymyxin b-tmp eye drops <b>GC,MO</b>	1	
POLYTRIM 0.1 %-10,000 UNIT/ML EYE DROPS <b>GC,MO</b>	1	
PR OTIC SOLUTION 5.4 %-1.4 % EAR DROPS <b>MO</b>	3	
PRAMOTIC EAR DROPS <b>MO</b>	3	
PRED FORTE 1 % EYE DROPS <b>MO</b>	3	
PRED MILD 0.12 % EYE DROPS <b>MO</b>	3	
PRED-G 0.3 %-1 % EYE DROPS <b>MO</b>	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT <b>MO</b>	3	
prednisol 1% eye drops <b>GC,MO</b>	1	
prednisolone ac 1% eye drop <b>GC,MO</b>	1	
prednisolone sod 1% eye drop <b>GC,MO</b>	1	
proparacaine 0.5% eye drops <b>GC,MO</b>	1	
QUIXIN 0.5% EYE DROPS <b>MO</b>	3	
RESTASIS 0.05 % EYE DROPPERETTE <b>MO</b>	2	QL (60 per 30 days)
romycin eye ointment <b>GC,MO</b>	1	
sulf-pred 10-0.23% eye drops <b>GC,MO</b>	1	
sulfac 10% eye drops <b>GC,MO</b>	1	
sulfacetamide 10% eye drops <b>GC,MO</b>	1	
sulfacetamide 10% eye ointment <b>MO</b>	2	
sulfamide 10 % eye drops <b>GC,MO</b>	1	
TERRAMYCIN WITH POLYMYXIN B 5 MG-10,000 UNIT/GRAM EYE OINTMENT <b>MO</b>	3	
tetacaine 0.5 % eye drops <b>GC,MO</b>	1	
tetracaine 0.5% eye drops <b>MO</b>	3	
TETRAVISC 0.5 % VISCOUS EYE DROPPERETTE <b>MO</b>	3	
TETRAVISC 0.5 % VISCOUS EYE DROPS <b>MO</b>	3	
TETRAVISC FORTE 0.5 % DROPPERETTE, HYPERVISCOUS <b>MO</b>	3	
TETRAVISC FORTE 0.5 % DROPS, HYPERVISCOUS <b>MO</b>	3	
timolol 0.25% eye drops <b>GC,MO</b>	1	
timolol 0.25% gfs gel-solution <b>MO</b>	2	
timolol 0.5% eye drops <b>GC,MO</b>	1	
timolol 0.5% gfs gel-solution <b>MO</b>	2	
TIMOPTIC 0.25 % EYE DROPS <b>MO</b>	3	
TIMOPTIC 0.5 % EYE DROPS <b>MO</b>	3	PA
TIMOPTIC OCUDOSE (PF) 0.25 % EYE DROPPERETTE <b>MO</b>	3	
TIMOPTIC OCUDOSE (PF) 0.5 % EYE DROPPERETTE <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
TIMOPTIC-XE 0.25 % EYE GEL <b>MO</b>	3	
TIMOPTIC-XE 0.5 % EYE GEL <b>MO</b>	3	PA
TOBRADEX 0.3 %-0.1 % EYE DROPS <b>MO</b>	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT <b>MO</b>	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS <b>MO</b>	3	
tobramycin 0.3% eye drops <b>GC,MO</b>	1	
tobramycin-dexameth ophth susp <b>MO</b>	2	
tobrasol 0.3% eye drops <b>GC,MO</b>	1	
TOBREX 0.3 % EYE DROPS <b>MO</b>	3	
TOBREX 0.3 % EYE OINTMENT <b>MO</b>	3	
TRAVATAN Z 0.004 % EYE DROPS <b>MO</b>	2	QL (3 per 25 days)
treagan otic 5.4 %-1.4 % ear drops <b>MO</b>	3	
trifluridine 1% eye drops <b>MO</b>	3	
tropicamide 0.5% eye drops <b>GC,MO</b>	1	
tropicamide 1% eye drops <b>GC,MO</b>	1	
TYZINE 0.05 % NASAL DROPS <b>MO</b>	3	
TYZINE 0.1 % NASAL DROPS <b>MO</b>	2	
TYZINE 0.1 % NASAL SPRAY <b>MO</b>	2	
VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY <b>MO</b>	3	QL (10 per 30 days)
VEXOL 1 % EYE DROPS <b>GB,MO</b>	3	
VIGAMOX 0.5 % EYE DROPS <b>MO</b>	3	
VIROPTIC 1 % EYE DROPS <b>GB,MO</b>	3	
XYLOCAINE 2% JELLY <b>MO</b>	3	
XYLOCAINE 4 % MUCOSAL SOLN <b>MO</b>	3	
ZINOTIC ES EAR DROPS <b>MO</b>	3	
ZIRGAN 0.15 % EYE GEL <b>MO</b>	3	QL (5 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS <b>MO</b>	3	
ZYMAR 0.3% EYE DROPS <b>MO</b>	3	
ZYMAXID 0.5 % EYE DROPS <b>MO</b>	3	QL (3 per 25 days)
<b>GASTROINTESTINAL DRUGS</b>		
AMITIZA 24 MCG CAPSULE <b>MO</b>	2	
AMITIZA 8 MCG CAPSULE <b>MO</b>	2	
ANTIVERT 12.5 MG TABLET <b>MO</b>	3	
ANTIVERT 25 MG TABLET <b>GB,MO</b>	3	
ANTIVERT 50 MG TABLET <b>GB,MO</b>	3	
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE <b>MO</b>	2	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
ASACOL 400 MG TABLET,DELAYED RELEASE <b>MO</b>	3	QL (360 per 30 days)
ASACOL HD 800 MG TABLET,DELAYED RELEASE <b>MO</b>	3	QL (180 per 30 days)
balsalazide disodium 750 mg cp <b>MO</b>	2	
CANASA 1,000 MG RECTAL SUPPOSITORY <b>MO</b>	2	QL (30 per 30 days)
CARAFATE 1 GRAM TABLET <b>MO</b>	3	
CARAFATE 100 MG/ML ORAL SUSP <b>MO</b>	3	
CHENODAL 250 MG TABLET <b>SP</b>	3	
cimetidine 150 mg/ml vial <b>GC,MO</b>	1	
cimetidine 200 mg tablet <b>GC,MO</b>	1	
cimetidine 300 mg tablet <b>GC,MO</b>	1	
cimetidine 300 mg/5 ml soln <b>GC,MO</b>	1	
cimetidine 400 mg tablet <b>GC,MO</b>	1	
cimetidine 800 mg tablet <b>GC,MO</b>	1	
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBQ SYRINGE KIT <b>SP</b>	4	PA,QL (6 per 30 days)
CIMZIA POWDER FOR RECONSTITUTION 400 MG (200 MG X 2) SUB-Q KIT <b>MO</b>	4	PA,QL (6 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SUBQ SYRINGE KIT <b>SP</b>	4	PA,QL (6 per 30 days)
COLYTE WITH FLAVOR PACKS 227.1 GRAM-21.5 GRAM-6.36GRAM ORAL SOLUTION <b>MO</b>	3	
COLYTE WITH FLAVOR PACKS 240 G-22.72 G-6.72 G-5.84 G ORAL SOLUTION <b>MO</b>	3	
compro 25 mg rectal suppository <b>GC,MO</b>	1	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	2	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	2	
CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	2	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	2	
CYTOTEC 100 MCG TABLET <b>MO</b>	3	
CYTOTEC 200 MCG TABLET <b>MO</b>	3	PA
DEXILANT 30 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)
DEXILANT 60 MG CAPSULE, DELAYED RELEASE <b>MO</b>	3	QL (30 per 30 days)
dimenhydrinate 50 mg/ml vial <b>GC,MO</b>	1	
diphenoxylate-atropine liq <b>GC,MO</b>	1	PA
diphenoxylate-atropine tablet <b>GC,MO</b>	1	PA
dronabinol 10 mg capsule <b>MO</b>	4	B vs D,QL (120 per 30 days)
dronabinol 2.5 mg capsule <b>MO</b>	3	B vs D,QL (120 per 30 days)
dronabinol 5 mg capsule <b>MO</b>	3	B vs D,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
EMEND 115 MG IV SOLUTION <b>MO</b>	3	PA,QL (2 per 28 days)
EMEND 125 MG (1)-80 MG (1)-80 MG(1) CAPSULES IN A DOSE PACK <b>MO</b>	3	B vs D,QL (6 per 28 days)
EMEND 125 MG CAPSULE <b>MO</b>	3	B vs D,QL (2 per 28 days)
EMEND 150 MG IV SOLUTION <b>MO</b>	3	PA,QL (2 per 28 days)
EMEND 40 MG CAPSULE <b>MO</b>	3	B vs D,QL (2 per 28 days)
EMEND 80 MG CAPSULE <b>MO</b>	3	B vs D,QL (4 per 28 days)
famotidine 10 mg/ml vial <b>GC,MO</b>	1	
famotidine 20 mg piggyback <b>GC,MO</b>	1	
famotidine 20 mg tablet <b>GC,MO</b>	1	
famotidine 20 mg/2 ml vial <b>GC,MO</b>	1	
famotidine 40 mg tablet <b>GC,MO</b>	1	
famotidine 40 mg/5 ml susp <b>GC,MO</b>	1	
gavilyte-c 240 g-22.72 g-6.72 g-5.84 g oral solution <b>GC,MO</b>	1	
gavilyte-g 236 g-22.74 g-6.74 g-5.86 g oral solution <b>GC,MO</b>	1	
gavilyte-n 420 g oral solution <b>GC,MO</b>	1	
GOLYTELY 227.1 G-21.5 G-6.36 G-5.53 G PACKET <b>MO</b>	2	
GOLYTELY 236 G-22.74 G-6.74 G-5.86 G ORAL SOLUTION <b>GB,MO</b>	2	
granisetron hcl 0.1 mg/ml vial <b>MO</b>	3	
granisetron hcl 1 mg tablet <b>MO</b>	3	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial <b>MO</b>	3	
granisetron hcl 4 mg/4 ml vial <b>MO</b>	3	QL (4 per 28 days)
granisol 1 mg/5 ml oral soln <b>GC,MO</b>	1	B vs D,QL (150 per 28 days)
HALFLYTELY-BISACODYL W-FLAVOR PACK 5 MG-210 GRAM ORAL KIT <b>MO</b>	2	
lansoprazole dr 15 mg capsule <b>MO</b>	2	QL (30 per 30 days)
lansoprazole dr 30 mg capsule <b>MO</b>	2	QL (30 per 30 days)
LIALDA 1.2 G TABLET,DELAYED RELEASE <b>MO</b>	2	QL (120 per 30 days)
loperamide 2 mg capsule <b>GC,MO</b>	1	
LOTRONEX 0.5 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
LOTRONEX 1 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
meclizine 12.5 mg tablet <b>GC,MO</b>	1	
meclizine 25 mg tablet <b>GC,MO</b>	1	
mesalamine 4 gm/60 ml enema <b>MO</b>	2	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit <b>MO</b>	3	QL (1800 per 30 days)
metoclopramide 10 mg tablet <b>GC,MO</b>	1	
metoclopramide 5 mg tablet <b>GC,MO</b>	1	
metoclopramide 5 mg/5 ml soln <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoclopramide 5 mg/ml syr <b>GC,MO</b>	1	
metoclopramide 5 mg/ml vial <b>GC,MO</b>	1	
misoprostol 100 mcg tablet <b>MO</b>	2	
misoprostol 200 mcg tablet <b>MO</b>	2	
MOVIPREP 100 G-7.5 G-2.691 G-4.7 G ORAL POWDER PACKET <b>MO</b>	3	
NEXIUM 20 MG CAPSULE,DELAYED RELEASE <b>MO</b>	2	QL (30 per 30 days)
NEXIUM 40 MG CAPSULE,DELAYED RELEASE <b>MO</b>	2	QL (30 per 30 days)
NEXIUM PACKET 10 MG ORAL SUSPENSION,DELAYED RELEASE <b>MO</b>	2	QL (30 per 30 days)
NEXIUM PACKET 20 MG ORAL SUSPENSION,DELAYED RELEASE <b>MO</b>	2	QL (30 per 30 days)
NEXIUM PACKET 40 MG ORAL SUSPENSION,DELAYED RELEASE <b>MO</b>	2	QL (30 per 30 days)
nizatidine 15 mg/ml solution <b>GC,MO</b>	1	
nizatidine 150 mg capsule <b>MO</b>	2	
nizatidine 300 mg capsule <b>MO</b>	2	
NULYTELY WITH FLAVOR PACKS 420 G ORAL SOLUTION <b>GB,MO</b>	2	
NUTRESTORE 5 GRAM ORAL POWDER PACKET <b>MO</b>	3	
omeprazole dr 10 mg capsule <b>GC,MO</b>	1	QL (30 per 30 days)
omeprazole dr 20 mg capsule <b>GC,MO</b>	1	QL (60 per 30 days)
omeprazole dr 40 mg capsule <b>GC,MO</b>	1	QL (30 per 30 days)
ondansetron 32 mg/50 ml bag <b>GC,MO</b>	1	
ondansetron 4 mg/5 ml solution <b>MO</b>	3	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial <b>GC,MO</b>	1	
ondansetron hcl 24 mg tablet <b>GC,MO</b>	1	B vs D,QL (30 per 30 days)
ondansetron hcl 32 mg/50 ml bg <b>GC,MO</b>	1	
ondansetron hcl 4 mg tablet <b>GC,MO</b>	1	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr <b>GC,MO</b>	1	
ondansetron hcl 4 mg/2 ml vial <b>GC,MO</b>	1	
ondansetron hcl 8 mg tablet <b>GC,MO</b>	1	B vs D,QL (90 per 30 days)
ondansetron odt 4 mg tablet <b>GC,MO</b>	1	B vs D,QL (90 per 30 days)
ondansetron odt 8 mg tablet <b>GC,MO</b>	1	B vs D,QL (90 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET <b>GB,MO</b>	3	
PANCREAZE 10,500-25,000-43,750 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
PANCREAZE 16,800-40,000-70,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
PANCREAZE 21,000-37,000-61,000 UNIT CAPSULE,DELAYED RELEASE <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
PANCREAZE 4,200-10,000-17,500 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	3	
pancrelipase 5000 5,000-17,000-27,000 unit capsule,delayed release <b>MO</b>	3	
pantoprazole sod dr 20 mg tab <b>GC,MO</b>	1	QL (30 per 30 days)
pantoprazole sod dr 40 mg tab <b>GC,MO</b>	1	QL (30 per 30 days)
paregoric liquid <b>MO</b>	2	
peg 3350 electrolyte soln <b>GC,MO</b>	1	
peg-3350 and electrolytes soln <b>GC,MO</b>	1	
peg-3350 with flavor packs 420 g oral solution <b>GC,MO</b>	1	
peg-3350 with flavor packs sol <b>GC,MO</b>	1	
PENTASA 250 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (150 per 30 days)
PENTASA 500 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (300 per 30 days)
polyethylene glycol 3350 powd <b>GC,MO</b>	1	
prochlorperazine 10 mg tab <b>GC,MO</b>	1	B vs D
prochlorperazine 25 mg supp <b>GC,MO</b>	1	
prochlorperazine 5 mg tablet <b>GC,MO</b>	1	B vs D
prochlorperazine 5 mg/ml vial <b>MO</b>	2	
PROTONIX 20 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
PROTONIX 40 MG IV SOLUTION <b>MO</b>	3	
PROTONIX 40 MG TABLET,DELAYED RELEASE <b>MO</b>	3	PA,QL (30 per 30 days)
ranitidine 1,000 mg/40 ml vial <b>GC,MO</b>	1	
ranitidine 15 mg/ml syrup <b>GC,MO</b>	1	
ranitidine 150 mg capsule <b>GC,MO</b>	1	
ranitidine 150 mg tablet <b>GC,MO</b>	1	
ranitidine 300 mg capsule <b>GC,MO</b>	1	
ranitidine 300 mg tablet <b>GC,MO</b>	1	
ranitidine hcl 25 mg/ml vial <b>GC,MO</b>	1	
RELISTOR 12 MG/0.6 ML SUB-Q <b>MO</b>	3	PA,QL (18 per 30 days)
RELISTOR 12 MG/0.6 ML SUB-Q KIT <b>MO</b>	4	PA,QL (28 per 28 days)
RELISTOR 12 MG/0.6 ML SUB-Q SYRINGE <b>MO</b>	3	PA,QL (18 per 30 days)
RELISTOR 8 MG/0.4 ML SUB-Q SYRINGE <b>MO</b>	3	PA,QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERM PATCH <b>MO</b>	3	QL (4 per 30 days)
sucralfate 1 gm tablet <b>GC,MO</b>	1	
sucralfate 1 gm/10 ml susp <b>GC,MO</b>	1	
SUPREP 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <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
TIGAN 300 MG CAPSULE <b>MO</b>	3	PA
trilyte with flavor packets 420 g oral solution <b>GC,MO</b>	1	
trimethobenzamide 300 mg cap <b>MO</b>	2	PA
ULTRASE EC 250 MG (4,500-25K-20K UNIT) CAPSULE,DELAYED RELEASE <b>MO</b>	3	
ULTRASE MT 12 223 MG (12,000-39K-39K UNIT) CAPSULE,DELAYED RELEASE <b>MO</b>	3	
ULTRASE MT 18 333 MG(18K-58.5K-58.5K UNIT) CAPSULE,DELAYED RELEASE <b>MO</b>	3	
ULTRASE MT 20 371 MG (20,000-65K-65K UNIT) CAPSULE,DELAYED RELEASE <b>MO</b>	3	
ursodiol 250 mg tablet <b>MO</b>	3	
ursodiol 300 mg capsule <b>MO</b>	3	
ursodiol 500 mg tablet <b>MO</b>	3	
VIOKASE 16 TABLET <b>MO</b>	3	
VIOKASE 8 TABLET <b>MO</b>	3	
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	2	
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	2	
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	2	
ZENPEP 25,000-85,000-136,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	2	
ZENPEP 3,000-10,000-16,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	2	
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE <b>MO</b>	2	
<b>GOLD COMPOUNDS</b>		
MYOCHRYSINE 50 MG/ML VIAL <b>MO</b>	3	
RIDAURA 3 MG CAPSULE <b>MO</b>	3	
<b>HEAVY METAL ANTAGONISTS</b>		
BAL IN OIL 100 MG/ML IM <b>MO</b>	3	
CAL DISOD VERSENAT 200 MG/ML <b>GC,MO</b>	1	
CHEMET 100 MG CAPSULE <b>MO</b>	3	
CUPRIMINE 250 MG CAPSULE <b>MO</b>	3	
deferoxamine 2 gram vial <b>MO</b>	2	B vs D
deferoxamine 500 mg vial <b>MO</b>	2	B vs D
DEPEN TITRATABS 250 MG TABLET <b>MO</b>	3	
EXJADE 125 MG DISPERSIBLE TABLET <b>SP</b>	3	PA
EXJADE 250 MG DISPERSIBLE TABLET <b>SP</b>	4	PA
EXJADE 500 MG DISPERSIBLE TABLET <b>SP</b>	4	PA
SYPRINE 250 MG CAPSULE <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
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
a-hydrocort 100 mg solution for injection <b>GC,MO</b>	1	
a-methapred 125 mg/2 ml solution for injection <b>GC,MO</b>	1	
a-methapred 40 mg solution for injection <b>GC,MO</b>	1	
a-methapred 40 mg/ml solution for injection <b>GC,MO</b>	1	
acarbose 100 mg tablet <b>MO</b>	2	
acarbose 25 mg tablet <b>MO</b>	2	
acarbose 50 mg tablet <b>MO</b>	2	
ACTOPLUS MET 15 MG-500 MG TABLET <b>MO</b>	2	ST,QL (90 per 30 days)
ACTOPLUS MET 15 MG-850 MG TABLET <b>MO</b>	2	ST,QL (90 per 30 days)
ACTOS 15 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
ACTOS 30 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
ACTOS 45 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
ALORA 0.025 MG/24 HR TRANSDERM PATCH <b>MO</b>	3	PA,QL (8 per 28 days)
ALORA 0.05 MG/24 HR TRANSDERM PATCH <b>GB,MO</b>	3	PA,QL (8 per 28 days)
ALORA 0.075 MG/24 HR TRANSDERM PATCH <b>MO</b>	3	PA,QL (8 per 28 days)
ALORA 0.1 MG/24 HR TRANSDERM PATCH <b>MO</b>	3	PA,QL (8 per 28 days)
altavera (28) 0.15 mg-30 mcg tablet <b>MO</b>	3	
alyacen 0.5/0.75/1 mg-35 mcg tablet <b>MO</b>	3	
alyacen 1 mg-35 mcg tablet <b>MO</b>	3	
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	3	QL (91 per 90 days)
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	3	QL (91 per 90 days)
amethyst 90 mcg-20 mcg tablet <b>MO</b>	3	
ANADROL-50 50 MG TABLET <b>MO</b>	4	
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL PACKET <b>MO</b>	2	QL (300 per 30 days)
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL PACKET <b>MO</b>	2	QL (300 per 30 days)
ANDROGEL 1.25 GRAM/ACTUATION (1%) TRANSDERMAL GEL PUMP <b>MO</b>	2	QL (300 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP <b>MO</b>	2	QL (176 per 30 days)
androxy 10 mg tablet <b>MO</b>	3	
APIDRA 100 UNIT/ML SUB-Q <b>MO</b>	3	
APIDRA SOLOSTAR 100 UNIT/ML SUB-Q INSULIN PEN <b>MO</b>	3	
apri 0.15 mg-30 mcg tablet <b>MO</b>	3	
aranelle (28) 0.5/1/0.5 mg-35 mcg tablet <b>MO</b>	3	
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSP FOR INJECTION <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSP FOR INJECTION <b>MO</b>	3	
AVANDAMET 2 MG-1,000 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
AVANDAMET 2 MG-500 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
AVANDAMET 4 MG-1,000 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
AVANDAMET 4 MG-500 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
AVANDARYL 4 MG-1 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
AVANDARYL 4 MG-2 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
AVANDARYL 4 MG-4 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
AVANDARYL 8 MG-2 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
AVANDARYL 8 MG-4 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
AVANDIA 2 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
AVANDIA 4 MG TABLET <b>MO</b>	3	ST,QL (60 per 30 days)
AVANDIA 8 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
aviane 0.1 mg-20 mcg tablet <b>MO</b>	3	
AYGESTIN 5 MG TABLET <b>MO</b>	3	
azurette 0.15 mg-0.02 mg x21/0.01 mgx5 tablet <b>MO</b>	3	
balziva (28) 0.4 mg-35 mcg tablet <b>MO</b>	3	
baycadron 0.5 mg/5 ml elixir <b>GC,MO</b>	1	
betamethasone ac-sp 6 mg/ml vl <b>GC,MO</b>	1	
BREVICON (28) 0.5 MG-35 MCG TABLET <b>MO</b>	3	
briellyn 0.4 mg-35 mcg tablet <b>MO</b>	3	
budesonide ec 3 mg capsule <b>MO</b>	4	
BYETTA 10 MCG/0.04 ML PER DOSE SUB-Q PEN INJECTOR <b>MO</b>	3	PA,QL (3 per 30 days)
BYETTA 5 MCG/0.02 ML PER DOSE SUB-Q PEN INJECTOR <b>MO</b>	3	PA,QL (3 per 30 days)
calcitonin-salmon 200 units sp <b>MO</b>	2	B vs D,QL (4 per 28 days)
camila 0.35 mg tablet <b>MO</b>	3	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	3	QL (91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	3	QL (91 per 90 days)
caziant 0.1/0.125/0.15 mg-25 mcg tablet <b>MO</b>	3	
CELESTONE 0.6 MG/5 ML ORAL SOLN <b>MO</b>	3	
CELESTONE SOLUSPAN 6 MG/ML SUSP FOR INJECTION <b>MO</b>	3	
CESIA 28 DAY TABLET <b>MO</b>	3	
chorionic gonad 10,000 unit vl <b>MO</b>	3	
CORTEF 10 MG TABLET <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORTEF 20 MG TABLET <b>MO</b>	3	
CORTEF 5 MG TABLET <b>MO</b>	3	
cortisone 25 mg tablet <b>GC,MO</b>	1	
CRINONE 4 % VAGINAL GEL <b>MO</b>	3	
CRINONE 8 % VAGINAL GEL <b>MO</b>	3	
cryselle (28) 0.3 mg-30 mcg tablet <b>MO</b>	3	
cyclafem 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	3	
cyclafem 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet <b>MO</b>	3	
CYCLESSA 0.1/0.125/0.15 MG-25 MCG TABLET <b>MO</b>	3	
CYTOMEL 25 MCG TABLET <b>MO</b>	3	
CYTOMEL 5 MCG TABLET <b>MO</b>	3	
CYTOMEL 50 MCG TABLET <b>MO</b>	3	
danazol 100 mg capsule <b>MO</b>	3	
danazol 200 mg capsule <b>MO</b>	3	
danazol 50 mg capsule <b>MO</b>	3	
DELESTROGEN 10 MG/ML IM OIL <b>MO</b>	3	PA
DELESTROGEN 20 MG/ML IM OIL <b>MO</b>	3	PA
DELESTROGEN 40 MG/ML IM OIL <b>MO</b>	3	PA
DEPO-ESTRADIOL 5 MG/ML IM OIL <b>GC,MO</b>	1	PA
DEPO-MEDROL 20 MG/ML SUSP FOR INJECTION <b>MO</b>	3	
DEPO-MEDROL 40 MG/ML SUSP FOR INJECTION <b>MO</b>	3	
DEPO-MEDROL 80 MG/ML SUSP FOR INJECTION <b>MO</b>	3	
DEPO-PROVERA 150 MG/ML IM SUSP <b>MO</b>	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML IM SYRINGE <b>MO</b>	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML IM <b>MO</b>	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE <b>MO</b>	3	QL (1 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML IM OIL <b>MO</b>	2	
DEPO-TESTOSTERONE 200 MG/ML IM OIL <b>MO</b>	2	
desmopressin 0.1 mg/ml sol <b>MO</b>	2	
desmopressin 0.1 mg/ml spray <b>MO</b>	2	
desmopressin ac 4 mcg/ml v1 <b>MO</b>	2	
desmopressin acetate 0.1 mg tb <b>MO</b>	2	
desmopressin acetate 0.2 mg tb <b>MO</b>	2	
DESOGEN 0.15 MG-30 MCG TABLET <b>MO</b>	3	
dexamethasone 0.5 mg tablet <b>GC,MO</b>	1	
dexamethasone 0.5 mg/5 ml elx <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone 0.5 mg/5 ml liq <b>GC,MO</b>	1	
dexamethasone 0.75 mg tablet <b>GC,MO</b>	1	
dexamethasone 1 mg tablet <b>GC,MO</b>	1	
dexamethasone 1.5 mg tablet <b>GC,MO</b>	1	
dexamethasone 10 mg/ml vial <b>GC,MO</b>	1	
dexamethasone 2 mg tablet <b>GC,MO</b>	1	
dexamethasone 4 mg tablet <b>GC,MO</b>	1	
dexamethasone 4 mg/ml vial <b>GC,MO</b>	1	
dexamethasone 6 mg tablet <b>GC,MO</b>	1	
dexamethasone intensol 1 mg/ml drops (concentrate) <b>MO</b>	2	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK <b>MO</b>	3	
DEXPAK 13 DAY 1.5 MG (51 TABS) TABLETS IN A DOSE PACK <b>MO</b>	3	
DEXPAK 6 DAY 1.5 MG (21 TABS) TABLETS IN A DOSE PACK <b>MO</b>	3	
DUETACT 30 MG-2 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
DUETACT 30 MG-4 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
EGRIFTA 1 MG SUB-Q SOLN <b>SP</b>	4	PA,QL (60 per 30 days)
emoquette 0.15 mg-30 mcg tablet <b>MO</b>	3	
ENDOMETRIN 100 MG VAGINAL INSERTS <b>MO</b>	3	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	3	
errin 0.35 mg tablet <b>MO</b>	3	
ESTRACE 0.01% (0.1 MG/G) VAGINAL CREAM <b>MO</b>	3	
estradiol 0.5 mg tablet <b>GC,MO</b>	1	PA
estradiol 1 mg tablet <b>GC,MO</b>	1	PA
estradiol 10 mg/ml vial <b>MO</b>	3	PA
estradiol 2 mg tablet <b>GC,MO</b>	1	PA
estradiol tds 0.025 mg/day <b>GC,MO</b>	1	PA,QL (4 per 28 days)
estradiol tds 0.0375 mg/day <b>GC,MO</b>	1	PA,QL (4 per 28 days)
estradiol tds 0.05 mg/day <b>GC,MO</b>	1	PA,QL (4 per 28 days)
estradiol tds 0.06 mg/day <b>GC,MO</b>	1	PA,QL (4 per 28 days)
estradiol tds 0.075 mg/day <b>GC,MO</b>	1	PA,QL (4 per 28 days)
estradiol tds 0.1 mg/day <b>GC,MO</b>	1	PA,QL (4 per 28 days)
estradiol valerate 20 mg/ml vl <b>MO</b>	3	PA
estradiol valerate 40 mg/ml vl <b>MO</b>	3	PA
ESTRING 2 MG VAGINAL <b>MO</b>	3	QL (1 per 90 days)
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET <b>MO</b>	3	
EVISTA 60 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET <b>MO</b>	3	
FEMRING 0.05 MG/24 HR VAGINAL <b>GB,MO</b>	3	QL (1 per 90 days)
FEMRING 0.1 MG/24 HR VAGINAL <b>GB,MO</b>	3	QL (1 per 90 days)
fludrocortisone 0.1 mg tablet <b>GC,MO</b>	1	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUB-Q PEN INJECTOR <b>MO</b>	3	ST,QL (2 per 28 days)
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY <b>MO</b>	3	B vs D,QL (4 per 28 days)
gianvi 3 mg-20 mcg (24) tablet <b>MO</b>	3	
gildess fe 1 mg-20 mcg tablet <b>MO</b>	3	
gildess fe 1.5 mg-30 mcg tablet <b>MO</b>	3	
glimepiride 1 mg tablet <b>GC,MO</b>	1	
glimepiride 2 mg tablet <b>GC,MO</b>	1	
glimepiride 4 mg tablet <b>GC,MO</b>	1	
glipizide 10 mg tablet <b>GC,MO</b>	1	
glipizide 5 mg tablet <b>GC,MO</b>	1	
glipizide er 10 mg tablet <b>GC,MO</b>	1	
glipizide er 2.5 mg tablet <b>GC,MO</b>	1	
glipizide er 5 mg tablet <b>GC,MO</b>	1	
glipizide-metformin 2.5-250 mg <b>GC,MO</b>	1	
glipizide-metformin 2.5-500 mg <b>GC,MO</b>	1	
glipizide-metformin 5-500 mg <b>GC,MO</b>	1	
GLUCAGEN 1 MG SOLUTION FOR INJECTION <b>MO</b>	3	
GLUCAGEN HYPOKIT 1 MG INJECTION <b>MO</b>	3	
GLUCAGON EMERGENCY 1 MG INJECTION KIT <b>MO</b>	2	
GLUCOTROL 10 MG TABLET <b>GB,MO</b>	3	
GLUCOTROL 5 MG TABLET <b>GB,MO</b>	3	
GLUCOTROL XL 10 MG TABLET,EXTENDED RELEASE <b>GB,MO</b>	3	
GLUCOTROL XL 2.5 MG TABLET,EXTENDED RELEASE <b>GB,MO</b>	3	
GLUCOTROL XL 5 MG TABLET,EXTENDED RELEASE <b>GB,MO</b>	3	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE <b>GB,MO</b>	3	QL (120 per 30 days)
glyburid-metformin 1.25-250 mg <b>GC,MO</b>	1	PA
glyburide 1.25 mg tablet <b>GC,MO</b>	1	PA
glyburide 2.5 mg tablet <b>GC,MO</b>	1	PA
glyburide 5 mg tablet <b>GC,MO</b>	1	PA
glyburide micro 1.5 mg tab <b>GC,MO</b>	1	PA
glyburide micro 3 mg tablet <b>GC,MO</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glyburide micro 6 mg tablet <b>GC,MO</b>	1	PA
glyburide-metformin 2.5-500 mg <b>GC,MO</b>	1	PA
glyburide-metformin 5-500 mg <b>GC,MO</b>	1	PA
GLYSET 100 MG TABLET <b>MO</b>	3	
GLYSET 25 MG TABLET <b>MO</b>	3	
GLYSET 50 MG TABLET <b>MO</b>	3	
heather 0.35 mg tablet <b>MO</b>	3	
HUMALOG 100 UNIT/ML SUB-Q <b>MO</b>	2	QL (240 per 30 days)
HUMALOG 100 UNIT/ML SUBQ CARTRIDGE <b>MO</b>	2	QL (240 per 30 days)
HUMALOG 100 UNITS/ML PEN <b>MO</b>	2	
HUMALOG KWIKPEN 100 UNIT/ML SUB-Q PEN <b>MO</b>	2	
HUMALOG MIX 50-50 100 UNIT/ML (50-50) SUSP, SUB-Q INJ <b>MO</b>	2	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) SUB-Q PEN <b>MO</b>	2	
HUMALOG MIX 50-50 PEN <b>MO</b>	2	
HUMALOG MIX 75-25 100 UNIT/ML (75-25) SUSP, SUB-Q INJ <b>MO</b>	2	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) SUB-Q PEN <b>MO</b>	2	
HUMALOG MIX 75-25 PEN <b>MO</b>	2	
HUMULIN 70/30 100 UNIT/ML (70-30) SUSP, SUB-Q INJ <b>MO</b>	2	
HUMULIN 70/30 PEN 100 UNIT/ML (70-30) SUBQ <b>MO</b>	2	
HUMULIN N 100 UNIT/ML SUSP, SUB-Q INJ <b>MO</b>	2	
HUMULIN N PEN 100 UNIT/ML (3 ML) SUBQ <b>MO</b>	2	
HUMULIN R 100 UNIT/ML INJECTION <b>MO</b>	2	
HUMULIN R U-500 "CONCENTRATED" INSULIN 500 UNIT/ML INJECTION <b>MO</b>	2	
hydrocortisone 10 mg tablet <b>GC,MO</b>	1	
hydrocortisone 20 mg tablet <b>GC,MO</b>	1	
hydrocortisone 5 mg tablet <b>GC,MO</b>	1	
INCRELEX 10 MG/ML SUB-Q <b>SP</b>	4	PA
introvale 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	3	QL (91 per 90 days)
JANUMET 50 MG-1,000 MG TABLET <b>MO</b>	2	ST,QL (60 per 30 days)
JANUMET 50 MG-500 MG TABLET <b>MO</b>	2	ST,QL (60 per 30 days)
JANUMET XR 100 MG-1000 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	ST,QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	ST,QL (60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	ST,QL (60 per 30 days)
JANUVIA 100 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
JANUVIA 25 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JANUVIA 50 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
jolessa 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	3	QL (91 per 90 days)
jolivettable 0.35 mg tablet <b>MO</b>	3	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	3	
junel 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	3	
junel fe 1.5/30 (28) 1.5 mg-30 mcg tablet <b>MO</b>	3	
junel fe 1/20 (28) 1 mg-20 mcg tablet <b>MO</b>	3	
JUVISYNC 100 MG-10 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
JUVISYNC 100 MG-20 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
JUVISYNC 100 MG-40 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
kariva 0.15 mg-0.02 mg x21/0.01 mgx5 tablet <b>MO</b>	3	
kelnor 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	3	
KENALOG 10 MG/ML SUSP FOR INJECTION <b>MO</b>	3	
KENALOG 40 MG/ML SUSP FOR INJECTION <b>MO</b>	3	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	ST,QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	ST,QL (30 per 30 days)
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE <b>MO</b>	2	ST,QL (30 per 30 days)
KORLYM 300 MG TABLET <b>MO</b>	4	PA,QL (120 per 30 days)
LANTUS 100 UNIT/ML SUB-Q <b>MO</b>	2	
LANTUS 100 UNITS/ML CARTRIDGE <b>MO</b>	2	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUB-Q INSULIN PEN <b>MO</b>	2	
leena 28 0.5/1/0.5 mg-35 mcg tablet <b>MO</b>	3	
lessina 0.1 mg-20 mcg tablet <b>MO</b>	3	
LEVEMIR 100 UNIT/ML SUB-Q <b>MO</b>	2	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SUB-Q INSULIN PEN <b>MO</b>	2	
LEVLEN (28) 0.15 MG-30 MCG TABLET <b>MO</b>	3	
levonorg-eth estrad eth estrad <b>MO</b>	3	QL (91 per 90 days)
levora-28 0.15 mg-30 mcg tablet <b>MO</b>	3	
LEVOTHROID 100 MCG TABLET <b>GC,GB,MO</b>	1	
LEVOTHROID 112 MCG TABLET <b>GC,GB,MO</b>	1	
LEVOTHROID 125 MCG TABLET <b>GC,GB,MO</b>	1	
LEVOTHROID 137 MCG TABLET <b>GC,GB,MO</b>	1	
LEVOTHROID 150 MCG TABLET <b>GC,GB,MO</b>	1	
LEVOTHROID 175 MCG TABLET <b>GC,MO</b>	1	
LEVOTHROID 200 MCG TABLET <b>GC,GB,MO</b>	1	
LEVOTHROID 25 MCG TABLET <b>GC,GB,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEVOTHROID 300 MCG TABLET <b>GC,MO</b>	1	
LEVOTHROID 50 MCG TABLET <b>GC,GB,MO</b>	1	
LEVOTHROID 75 MCG TABLET <b>GC,GB,MO</b>	1	
LEVOTHROID 88 MCG TABLET <b>GC,GB,MO</b>	1	
levothyroxine 100 mcg tablet <b>GC,MO</b>	1	
levothyroxine 100 mcg vial <b>GC,MO</b>	1	
levothyroxine 112 mcg tablet <b>GC,MO</b>	1	
levothyroxine 125 mcg tablet <b>GC,MO</b>	1	
levothyroxine 137 mcg tablet <b>GC,MO</b>	1	
levothyroxine 150 mcg tablet <b>GC,MO</b>	1	
levothyroxine 175 mcg tablet <b>GC,MO</b>	1	
levothyroxine 200 mcg tablet <b>GC,MO</b>	1	
levothyroxine 200 mcg vial <b>GC,MO</b>	1	
levothyroxine 25 mcg tablet <b>GC,MO</b>	1	
levothyroxine 300 mcg tablet <b>GC,MO</b>	1	
levothyroxine 50 mcg tablet <b>GC,MO</b>	1	
levothyroxine 500 mcg vial <b>GC,MO</b>	1	
levothyroxine 75 mcg tablet <b>GC,MO</b>	1	
levothyroxine 88 mcg tablet <b>GC,MO</b>	1	
LEVOXYL 100 MCG TABLET <b>GB,MO</b>	2	
LEVOXYL 112 MCG TABLET <b>GB,MO</b>	2	
LEVOXYL 125 MCG TABLET <b>GB,MO</b>	2	
LEVOXYL 137 MCG TABLET <b>GB,MO</b>	2	
LEVOXYL 150 MCG TABLET <b>GB,MO</b>	2	
LEVOXYL 175 MCG TABLET <b>GB,MO</b>	2	
LEVOXYL 200 MCG TABLET <b>GB,MO</b>	2	
LEVOXYL 25 MCG TABLET <b>GB,MO</b>	2	
LEVOXYL 50 MCG TABLET <b>GB,MO</b>	2	
LEVOXYL 75 MCG TABLET <b>GB,MO</b>	2	
LEVOXYL 88 MCG TABLET <b>GB,MO</b>	2	
liothyronine sod 10 mcg/ml vl <b>GC,MO</b>	1	
liothyronine sod 25 mcg tab <b>MO</b>	2	
liothyronine sod 5 mcg tab <b>MO</b>	2	
liothyronine sod 50 mcg tab <b>MO</b>	2	
LO-OVRAL (28) 0.3 MG-30 MCG TABLET <b>MO</b>	3	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET <b>MO</b>	3	

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET <b>MO</b>	3	
LOESTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET <b>MO</b>	3	
LOESTRIN FE 1.5/30 (28) 1.5 MG-30 MCG TABLET <b>MO</b>	3	
LOESTRIN FE 1/20 (28) 1 MG-20 MCG TABLET <b>MO</b>	3	
loryna 3 mg-20 mcg (24) tablet <b>MO</b>	3	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MO</b>	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet <b>MO</b>	3	
lutera (28) 0.1 mg-20 mcg tablet <b>MO</b>	3	
LYBREL 90-20 MCG TABLET <b>MO</b>	3	
marlissa 0.15 mg-30 mcg tablet <b>MO</b>	3	
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK <b>GB,MO</b>	3	B vs D
MEDROL 16 MG TABLET <b>MO</b>	3	B vs D
MEDROL 2 MG TABLET <b>MO</b>	3	B vs D
MEDROL 32 MG TABLET <b>MO</b>	3	B vs D
MEDROL 4 MG TABLET <b>MO</b>	3	B vs D
MEDROL 8 MG TABLET <b>MO</b>	3	B vs D
medroxyprogesterone 10 mg tab <b>GC,MO</b>	1	
medroxyprogesterone 150 mg/ml <b>GC,MO</b>	1	QL (1 per 90 days)
medroxyprogesterone 2.5 mg tab <b>GC,MO</b>	1	
medroxyprogesterone 5 mg tab <b>GC,MO</b>	1	
MENEST 0.3 MG TABLET <b>MO</b>	3	PA
MENEST 0.625 MG TABLET <b>MO</b>	3	PA
MENEST 1.25 MG TABLET <b>MO</b>	3	PA
MENEST 2.5 MG TABLET <b>MO</b>	3	PA
MENOSTAR 14 MCG/24 HR TRANSDERM PATCH <b>GB,MO</b>	3	PA,QL (8 per 28 days)
metformin hcl 1,000 mg tablet <b>GC,MO</b>	1	
metformin hcl 500 mg tablet <b>GC,MO</b>	1	
metformin hcl 850 mg tablet <b>GC,MO</b>	1	
metformin hcl er 750 mg tablet <b>GC,MO</b>	1	QL (60 per 30 days)
methimazole 10 mg tablet <b>GC,MO</b>	1	
methimazole 5 mg tablet <b>GC,MO</b>	1	
methylprednisolone 125 mg vial <b>MO</b>	2	
methylprednisolone 16 mg tab <b>GC,MO</b>	1	B vs D
methylprednisolone 32 mg tab <b>GC,MO</b>	1	B vs D
methylprednisolone 4 mg dosepk <b>GC,MO</b>	1	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylprednisolone 4 mg tablet <b>GC,MO</b>	1	B vs D
methylprednisolone 40 mg vial <b>GC,MO</b>	1	
methylprednisolone 40 mg/ml vial <b>GC,MO</b>	1	
methylprednisolone 500 mg vial <b>GC,MO</b>	1	
methylprednisolone 8 mg tab <b>GC,MO</b>	1	B vs D
methylprednisolone 80 mg/ml vial <b>GC,MO</b>	1	
methylprednisolone ss 1 gm vial <b>MO</b>	2	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	3	
microgestin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	3	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg tablet <b>MO</b>	3	
microgestin fe 1/20 (28) 1 mg-20 mcg tablet <b>MO</b>	3	
mimvey 1 mg-0.5 mg tablet <b>MO</b>	3	PA
MIRCETTE 0.15 MG-0.02 MG X21/0.01 MGX5 TABLET <b>MO</b>	3	
MODICON (28) 0.5 MG-35 MCG TABLET <b>MO</b>	3	
mononessa (28) 0.25 mg-35 mcg tablet <b>MO</b>	3	
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	3	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <b>MO</b>	3	
nateglinide 120 mg tablet <b>MO</b>	2	
nateglinide 60 mg tablet <b>MO</b>	2	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	3	
necon 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	3	
necon 1/50 (28) 1 mg-50 mcg tablet <b>MO</b>	3	
necon 10/11 (28) 0.5mg-35mcg(10)/1mg-35mcg(11) tablet <b>MO</b>	3	
necon 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet <b>MO</b>	3	
NOR-QD 0.35 MG TABLET <b>MO</b>	3	
nora-be 0.35 mg tablet <b>MO</b>	3	
NORDETTE-28 0.15 MG-30 MCG TABLET <b>MO</b>	3	
norethin-ethinyl estrad ch tb <b>MO</b>	3	
norethindrone 0.35 mg tablet <b>MO</b>	3	
norethindrone 5 mg tablet <b>MO</b>	2	
norg-ethin estr 0.3-0.03 mg tb <b>MO</b>	3	
norg-ethin estra 0.25-0.035 mg <b>MO</b>	3	
norgestimate-eth estradiol tab <b>MO</b>	3	
NORINYL 1+35 (28) 1 MG-35 MCG TABLET <b>MO</b>	3	
NORINYL 1+50 (28) 1 MG-50 MCG TABLET <b>MO</b>	3	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nortrel 1/35 (21) 1 mg-35 mcg tablet <b>MO</b>	3	
nortrel 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	3	
nortrel 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet <b>MO</b>	3	
NOVOLIN 70/30 100 UNIT/ML (70-30) SUSP, SUB-Q INJ <b>MO</b>	2	
NOVOLIN N 100 UNIT/ML SUSP, SUB-Q INJ <b>MO</b>	2	
NOVOLIN R 100 UNIT/ML INJECTION <b>MO</b>	2	
NOVOLOG 100 UNIT/ML SUB-Q <b>MO</b>	2	
NOVOLOG FLEXPEN 100 UNIT/ML SUB-Q <b>MO</b>	2	
NOVOLOG MIX 70-30 100 UNIT/ML (70-30) SUB-Q <b>MO</b>	2	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML (70-30) SUB-Q <b>MO</b>	2	
NOVOLOG PENFILL 100 UNIT/ML SUBQ CARTRIDGE <b>MO</b>	2	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL <b>MO</b>	3	QL (1 per 28 days)
ocella 3 mg-0.03 mg tablet <b>MO</b>	3	
ogestrel (28) 0.5 mg-50 mcg tablet <b>MO</b>	3	
OMNITROPE 10 MG/1.5 ML SUBQ CARTRIDGE <b>SP</b>	3	PA
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBQ CARTRIDGE <b>SP</b>	3	PA
OMNITROPE 5.8 MG SUB-Q SOLN <b>SP</b>	4	PA
ONGLYZA 2.5 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
ONGLYZA 5 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
ORAPRED 15 MG/5 ML ORAL SOLN <b>MO</b>	3	
ORAPRED ODT 10 MG DISINTEGRATING TABLET <b>MO</b>	3	
ORAPRED ODT 15 MG DISINTEGRATING TABLET <b>MO</b>	3	
ORAPRED ODT 30 MG DISINTEGRATING TABLET <b>MO</b>	3	
orsythia 0.1 mg-20 mcg tablet <b>MO</b>	3	
ORTHO EVRA 150 MCG-20 MCG/24 HR TRANSDERM PATCH <b>MO</b>	3	QL (3 per 28 days)
ORTHO MICRONOR 0.35 MG TABLET <b>GB,MO</b>	3	
ORTHO TRI-CYCLEN (28) 0.18/0.215/0.25 MG-35 MCG(28) TABLET <b>MO</b>	3	
ORTHO TRI-CYCLEN LO 0.18/0.215/0.25 MG-25 MCG TABLET <b>MO</b>	3	
ORTHO-CEPT (28) 0.15 MG-30 MCG TABLET <b>MO</b>	3	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET <b>MO</b>	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET <b>MO</b>	3	
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG-35 MCG TABLET <b>MO</b>	3	
OVCON-35 (28) 0.4 MG-35 MCG TABLET <b>MO</b>	3	
OVCON-50 28 TABLET <b>MO</b>	3	
oxandrolone 10 mg tablet <b>MO</b>	4	QL (60 per 30 days)
oxandrolone 2.5 mg tablet <b>MO</b>	2	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
PEDIAPRED 6.7 MG/5 ML SOLN <b>MO</b>	3	
philith 0.4 mg-35 mcg tablet <b>MO</b>	3	
PITRESSIN 20 UNIT/ML INJECTION <b>GC,MO</b>	1	
portia 0.15 mg-30 mcg tablet <b>MO</b>	3	
PRANDIN 0.5 MG TABLET <b>MO</b>	3	
PRANDIN 1 MG TABLET <b>MO</b>	3	
PRANDIN 2 MG TABLET <b>MO</b>	3	
PRECOSE 100 MG TABLET <b>MO</b>	3	
PRECOSE 25 MG TABLET <b>MO</b>	3	
PRECOSE 50 MG TABLET <b>MO</b>	3	
prednisolone 15 mg/5 ml soln <b>GC,MO</b>	1	
prednisolone 15 mg/5 ml syrup <b>GC,MO</b>	1	
prednisolone 5 mg/5 ml soln <b>GC,MO</b>	1	
prednisolone 5 mg/5 ml syrup <b>GC,MO</b>	1	
prednisone 1 mg tablet <b>GC,MO</b>	1	B vs D
prednisone 10 mg tablet <b>GC,MO</b>	1	B vs D
prednisone 2.5 mg tablet <b>GC,MO</b>	1	B vs D
prednisone 20 mg tablet <b>GC,MO</b>	1	B vs D
prednisone 5 mg tablet <b>GC,MO</b>	1	B vs D
prednisone 5 mg/5 ml solution <b>GC,MO</b>	1	B vs D
prednisone 50 mg tablet <b>GC,MO</b>	1	B vs D
prednisone intensol 5 mg/ml oral concentrate <b>MO</b>	2	B vs D
PRELONE 15 MG/5 ML ORAL SOLN <b>GC,MO</b>	1	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM <b>MO</b>	2	
previfem 0.25 mg-35 mcg tablet <b>MO</b>	3	
PROCHIEVE 4% GEL <b>MO</b>	3	
PROCHIEVE 8% GEL <b>MO</b>	3	
progesterone 100 mg capsule <b>MO</b>	3	
progesterone 200 mg capsule <b>MO</b>	3	
progesterone in oil 50 mg/ml im <b>MO</b>	2	
progesterone oil 50 mg/ml vl <b>MO</b>	2	
PROMETRIUM 100 MG CAPSULE <b>MO</b>	3	
PROMETRIUM 200 MG CAPSULE <b>MO</b>	3	
propylthiouracil 50 mg tablet <b>GC,MO</b>	1	
PROVERA 10 MG TABLET <b>GB,MO</b>	3	
PROVERA 2.5 MG TABLET <b>GB,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
PROVERA 5 MG TABLET <b>GB,MO</b>	3	
quasense 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	3	QL (91 per 90 days)
reclipsen (28) 0.15 mg-30 mcg tablet <b>MO</b>	3	
RIOMET 500 MG/5 ML ORAL SOLN <b>GB,MO</b>	3	
SAIZEN 5 MG SUB-Q SOLN <b>SP</b>	4	PA
SAIZEN 8.8 MG SUB-Q SOLN <b>SP</b>	4	PA
SAIZEN CLICK.EASY 8.8 MG/1.5 ML (FINAL CONC.) SUBQ CARTRIDGE <b>SP</b>	4	PA
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>MO</b>	3	QL (91 per 90 days)
SEROSTIM 4 MG SUB-Q SOLN <b>SP</b>	4	PA
SEROSTIM 5 MG SUB-Q SOLN <b>SP</b>	4	PA
SEROSTIM 6 MG SUB-Q SOLN <b>SP</b>	4	PA
SOLIA 0.15-0.03 MG TABLET <b>MO</b>	3	
SOLU-CORTEF (PF) 1,000 MG/8 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-CORTEF (PF) 100 MG/2 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-CORTEF (PF) 250 MG/2 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-CORTEF (PF) 500 MG/4 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML IV SOLUTION <b>MO</b>	3	
SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-MEDROL (PF) 40 MG/ML SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-MEDROL (PF) 500 MG/4 ML IV SOLUTION <b>MO</b>	3	
SOLU-MEDROL 1,000 MG IV SOLUTION <b>MO</b>	3	
SOLU-MEDROL 125 MG/2 ML SOLUTION FOR INJECTION <b>MO</b>	3	
SOLU-MEDROL 2 GRAM IV SOLUTION <b>MO</b>	3	
SOLU-MEDROL 500 MG IV SOLUTION <b>MO</b>	3	
SOMAVERT 10 MG SUB-Q SOLN <b>SP</b>	4	PA,QL (60 per 30 days)
SOMAVERT 15 MG SUB-Q SOLN <b>SP</b>	4	PA,QL (60 per 30 days)
SOMAVERT 20 MG SUB-Q SOLN <b>SP</b>	4	PA,QL (60 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet <b>MO</b>	3	
sronyx 0.1 mg-20 mcg tablet <b>MO</b>	3	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY <b>MO</b>	3	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE <b>MO</b>	3	
syeda 3 mg-0.03 mg tablet <b>MO</b>	3	
SYMLIN 600 MCG/ML SUB-Q <b>MO</b>	3	PA,QL (25 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUB-Q PEN INJECTOR <b>MO</b>	3	PA,QL (11 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
SYMLINPEN 60 1,500 MCG/1.5 ML SUB-Q PEN INJECTOR <b>MO</b>	3	PA,QL (11 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY <b>SP</b>	4	
SYNTHROID 100 MCG TABLET <b>GB,MO</b>	2	
SYNTHROID 112 MCG TABLET <b>GB,MO</b>	2	
SYNTHROID 125 MCG TABLET <b>GB,MO</b>	2	
SYNTHROID 137 MCG TABLET <b>GB,MO</b>	2	
SYNTHROID 150 MCG TABLET <b>GB,MO</b>	2	
SYNTHROID 175 MCG TABLET <b>GB,MO</b>	2	
SYNTHROID 200 MCG TABLET <b>GB,MO</b>	2	
SYNTHROID 25 MCG TABLET <b>GB,MO</b>	2	
SYNTHROID 300 MCG TABLET <b>GB,MO</b>	2	
SYNTHROID 50 MCG TABLET <b>GB,MO</b>	2	
SYNTHROID 75 MCG TABLET <b>GB,MO</b>	2	
SYNTHROID 88 MCG TABLET <b>GB,MO</b>	2	
TAPAZOLE 10 MG TABLET <b>MO</b>	3	
TAPAZOLE 5 MG TABLET <b>MO</b>	3	
testosterone cyp 100 mg/ml <b>MO</b>	2	
testosterone cyp 200 mg/ml <b>MO</b>	2	
testosterone enan 200 mg/ml <b>MO</b>	2	
THYROLAR-1 12.5 MCG-50 MCG TABLET <b>GC,GB,MO</b>	1	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET <b>GC,MO</b>	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET <b>GC,GB,MO</b>	1	
THYROLAR-2 25 MCG-100 MCG TABLET <b>GC,GB,MO</b>	1	
THYROLAR-3 37.5 MCG-150 MCG TABLET <b>GC,GB,MO</b>	1	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <b>MO</b>	3	
tolazamide 250 mg tablet <b>MO</b>	3	
tolazamide 500 mg tablet <b>MO</b>	3	
tolbutamide 500 mg tablet <b>MO</b>	3	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <b>MO</b>	3	
TRI-NORINYL (28) 0.5/1/0.5 MG-35 MCG TABLET <b>MO</b>	3	
tri-previfem (28) 0.18/0.215/0.25 mg-35 mcg(28) tablet <b>MO</b>	3	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg(28) tablet <b>MO</b>	3	
trinessa (28) 0.18/0.215/0.25 mg-35 mcg(28) tablet <b>MO</b>	3	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	3	
UNITHROID 100 MCG TABLET <b>GC,GB,MO</b>	1	
UNITHROID 112 MCG TABLET <b>GC,GB,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UNITHROID 125 MCG TABLET <b>GC,GB,MO</b>	1	
UNITHROID 150 MCG TABLET <b>GC,GB,MO</b>	1	
UNITHROID 175 MCG TABLET <b>GC,GB,MO</b>	1	
UNITHROID 200 MCG TABLET <b>GC,GB,MO</b>	1	
UNITHROID 25 MCG TABLET <b>GC,GB,MO</b>	1	
UNITHROID 300 MCG TABLET <b>GC,GB,MO</b>	1	
UNITHROID 50 MCG TABLET <b>GC,GB,MO</b>	1	
UNITHROID 75 MCG TABLET <b>GC,GB,MO</b>	1	
UNITHROID 88 MCG TABLET <b>GC,GB,MO</b>	1	
VAGIFEM 10 MCG VAGINAL TABLET <b>MO</b>	3	
vasopressin 10 unit/0.5 ml vial <b>GC,MO</b>	1	
velivet 0.1/0.125/0.15 mg-25 mcg tablet <b>MO</b>	3	
VERIPRED 20 20 MG/5 ML ORAL SOLN <b>MO</b>	3	
vestura 3 mg-20 mcg (24) tablet <b>GC,MO</b>	1	
VICTOZA 0.6 MG/0.1 ML (18 MG/3 ML) SUB-Q PEN INJECTOR <b>MO</b>	3	PA,QL (9 per 30 days)
violele 0.15 mg-0.02 mg x21/0.01 mgx5 tablet <b>MO</b>	3	
VIVELLE-DOT 0.025 MG/24 HR TRANSDERM PATCH <b>GB,MO</b>	3	PA,QL (8 per 28 days)
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERM PATCH <b>GB,MO</b>	3	PA,QL (8 per 28 days)
VIVELLE-DOT 0.05 MG/24 HR TRANSDERM PATCH <b>GB,MO</b>	3	PA,QL (8 per 28 days)
VIVELLE-DOT 0.075 MG/24 HR TRANSDERM PATCH <b>GB,MO</b>	3	PA,QL (8 per 28 days)
VIVELLE-DOT 0.1 MG/24 HR TRANSDERM PATCH <b>MO</b>	3	PA,QL (8 per 28 days)
YASMIN 28 3 MG-0.03 MG TABLET <b>MO</b>	3	
YAZ 28 3 MG-20 MCG (24) TABLET <b>MO</b>	3	
zarah 3 mg-0.03 mg tablet <b>MO</b>	3	
zema-pak 10 day 1.5 mg tablet <b>GC,MO</b>	1	
zema-pak 13 day 1.5 mg tablet <b>GC,MO</b>	1	
zema-pak 6 day 1.5 mg tablet <b>GC,MO</b>	1	
zenchent (28) 0.4 mg-35 mcg tablet <b>MO</b>	3	
zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet <b>MO</b>	3	
zeosa 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet <b>MO</b>	3	
ZORBTIVE 8.8 MG SUB-Q SOLN <b>SP</b>	4	PA
zovia 1/35e (28) 1 mg-35 mcg tablet <b>MO</b>	3	
zovia 1/50e (28) 1 mg-50 mcg tablet <b>MO</b>	3	
<b>LOCAL ANESTHETICS (PARENTERAL)</b>		
bupivacaine 0.25% ampul <b>GC,MO</b>	1	
bupivacaine 0.25% vial <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupivacaine 0.5% ampul <b>GC,MO</b>	1	
bupivacaine 0.75% vial <b>GC,MO</b>	1	
bupivacaine-dextr 0.75% amp <b>GC,MO</b>	1	
bupivacaine-epi 0.25%-0.0005 <b>GC,MO</b>	1	
bupivacaine-epi 0.5%-0.0005 <b>GC,MO</b>	1	
bupivacaine-epi 0.75%-0.0005 <b>GC,MO</b>	1	
CARBOCAINE (PF) 10 MG/ML (1 %) INJECTION <b>MO</b>	3	
CARBOCAINE (PF) 15 MG/ML (1.5 %) INJECTION <b>MO</b>	3	
CARBOCAINE (PF) 20 MG/ML (2 %) INJECTION <b>MO</b>	3	
CARBOCAINE 1 % INJECTION <b>MO</b>	3	
CARBOCAINE 2 % INJECTION <b>MO</b>	3	
chloroprocaine 2% vial <b>GC,MO</b>	1	
chloroprocaine 3% vial <b>GC,MO</b>	1	
lidocaine 0.5%-epi 1:200,000 <b>GC,MO</b>	1	
lidocaine 1%-epi 1:100,000 <b>GC,MO</b>	1	
lidocaine 1.5%-epi 1:200,000 <b>GC,MO</b>	1	
lidocaine 2% - epi 1:100,000 <b>GC,MO</b>	1	
lidocaine 2% - epi 1:50,000 <b>GC,MO</b>	1	
lidocaine 2%-epi 1:100,000 <b>GC,MO</b>	1	
lidocaine 2%-epi 1:200,000 <b>GC,MO</b>	1	
lidocaine 5% in d7.5w ampul <b>GC,MO</b>	1	
lidocaine hcl 0.5% vial <b>GC,MO</b>	1	
lidocaine hcl 1% ampul <b>GC,MO</b>	1	
lidocaine hcl 1% vial <b>GC,MO</b>	1	
lidocaine hcl 1.5% ampul <b>GC,MO</b>	1	
lidocaine hcl 2% vial <b>GC,MO</b>	1	
lidocaine hcl 2% vial <b>GC,MO</b>	1	
lidocaine hcl 4% ampul <b>GC,MO</b>	1	
MARCAINE (PF) 0.25 % (2.5 MG/ML) INJECTION <b>MO</b>	3	
MARCAINE (PF) 0.5 % (5 MG/ML) INJECTION <b>MO</b>	3	
MARCAINE (PF) 0.75 % (7.5 MG/ML) INJECTION <b>MO</b>	3	
MARCAINE 0.25 % (2.5 MG/ML) INJECTION <b>MO</b>	3	
MARCAINE SPINAL (PF) 7.5 MG/ML (0.75 %) INJECTION <b>MO</b>	3	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000 INJECTION <b>MO</b>	3	
MARCAINE-EPINEPHRINE (PF) 0.5 %-1:200,000 INJECTION <b>MO</b>	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000 INJECTION <b>MO</b>	3	

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MARCAINE-EPINEPHRINE 0.5 %-1:200,000 INJECTION <b>MO</b>	3	
mepivacaine hcl 3% cartridge <b>GC,MO</b>	1	
NAROPIN (PF) 10 MG/ML (1 %) INJECTION <b>MO</b>	3	
NAROPIN (PF) 2 MG/ML (0.2 %) INJECTION <b>MO</b>	3	
NAROPIN (PF) 5 MG/ML (0.5 %) INJECTION <b>MO</b>	3	
NAROPIN (PF) 7.5 MG/ML (0.75 %) INJECTION <b>MO</b>	3	
NESACAINE 10 MG/ML (1 %) INJECTION <b>MO</b>	3	
NESACAINE 20 MG/ML (2 %) INJECTION <b>MO</b>	3	
NESACAINE-MPF 20 MG/ML (2 %) INJECTION <b>MO</b>	3	
NESACAINE-MPF 30 MG/ML (3 %) INJECTION <b>MO</b>	3	
polocaine (pf) 10 mg/ml (1 %) injection <b>GC,MO</b>	1	
polocaine (pf) 15 mg/ml (1.5 %) injection <b>GC,MO</b>	1	
polocaine (pf) 20 mg/ml (2 %) injection <b>GC,MO</b>	1	
polocaine 1 % injection <b>GC,MO</b>	1	
PONTOCAINE (PF) 20 MG SOLUTION FOR INJECTION <b>MO</b>	3	
SENSORCAINE 0.25 % (2.5 MG/ML) INJECTION <b>MO</b>	3	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML) INJECTION <b>MO</b>	3	
sensorcaine-mpf 0.5 % (5 mg/ml) injection <b>MO</b>	3	
sensorcaine-mpf 0.75 % (7.5 mg/ml) injection <b>MO</b>	3	
sensorcaine-mpf spinal 7.5 mg/ml (0.75 %) injection <b>GC,MO</b>	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection <b>GC,MO</b>	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000 INJECTION <b>MO</b>	3	
SENSORCAINE-MPF/EPINEPHRINE 0.75 %-1:200,000 INJECTION <b>MO</b>	3	
sensorcaine/epinephrine 0.25 %-1:200,000 injection <b>GC,MO</b>	1	
sensorcaine/epinephrine 0.5 %-1:200,000 injection <b>GC,MO</b>	1	
XYLOCAINE 10 MG/ML (1 %) INJECTION <b>MO</b>	3	
XYLOCAINE 20 MG/ML (2 %) INJECTION <b>MO</b>	3	
XYLOCAINE 5 MG/ML (0.5 %) INJECTION <b>MO</b>	3	
XYLOCAINE-EPINEPHRINE 0.5 %-1:200,000 INJECTION <b>MO</b>	3	
XYLOCAINE-EPINEPHRINE 1 %-1:100,000 INJECTION <b>MO</b>	3	
XYLOCAINE-EPINEPHRINE 2 %-1:100,000 INJECTION <b>MO</b>	3	
XYLOCAINE-MPF 10 MG/ML (1 %) INJECTION <b>MO</b>	3	
XYLOCAINE-MPF 15 MG/ML (1.5 %) INJECTION <b>MO</b>	3	
XYLOCAINE-MPF 20 MG/ML (2 %) INJECTION <b>MO</b>	3	
XYLOCAINE-MPF 40 MG/ML (4 %) INJECTION <b>MO</b>	3	
XYLOCAINE-MPF 5 MG/ML (0.5 %) INJECTION <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XYLOCAINE-MPF/EPINEPHRINE 1 %-1:200,000 INJECTION <b>MO</b>	3	
XYLOCAINE-MPF/EPINEPHRINE 1.5 %-1:200,000 INJECTION <b>MO</b>	3	
XYLOCAINE-MPF/EPINEPHRINE 2 %-1:200,000 INJECTION <b>MO</b>	3	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ACTIMMUNE 2 MILLION UNIT/0.5 ML SUB-Q <b>SP</b>	4	PA
ACTONEL 150 MG TABLET <b>MO</b>	3	QL (2 per 30 days)
ACTONEL 30 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ACTONEL 35 MG TABLET <b>MO</b>	3	QL (4 per 28 days)
ACTONEL 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
alendronate sodium 10 mg tab <b>GC,MO</b>	1	QL (30 per 30 days)
alendronate sodium 35 mg tab <b>GC,MO</b>	1	QL (4 per 28 days)
alendronate sodium 40 mg tab <b>GC,MO</b>	1	QL (30 per 30 days)
alendronate sodium 5 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
alendronate sodium 70 mg tab <b>GC,MO</b>	1	QL (4 per 28 days)
allopurinol 100 mg tablet <b>GC,MO</b>	1	
allopurinol 300 mg tablet <b>GC,MO</b>	1	
allopurinol sodium 500 mg vial <b>GC,MO</b>	1	
ALOPRIM 500 MG IV SOLUTION <b>MO</b>	3	
amifostine 500 mg vial <b>MO</b>	4	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE <b>SP</b>	4	PA,QL (60 per 30 days)
ANTABUSE 250 MG TABLET <b>MO</b>	3	
ANTABUSE 500 MG TABLET <b>MO</b>	3	
ARCALYST 220 MG SUB-Q SOLN <b>SP</b>	4	PA
AREDIA 30 MG VIAL <b>MO</b>	3	B vs D
AREDIA 90 MG VIAL <b>MO</b>	4	B vs D
ATELVIA 35 MG TABLET,DELAYED RELEASE <b>MO</b>	3	QL (4 per 28 days)
ATGAM 50 MG/ML IV <b>MO</b>	2	PA,QL (1050 per 28 days)
AVODART 0.5 MG CAPSULE <b>MO</b>	2	QL (30 per 30 days)
AVONEX 30 MCG IM KIT <b>SP</b>	4	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML IM PEN INJECTOR <b>MO</b>	4	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML IM PEN KIT <b>MO</b>	4	PA,QL (4 per 28 days)
AVONEX ADMINISTRATION PACK 30 MCG/0.5 ML IM KIT <b>SP</b>	4	PA,QL (4 per 28 days)
azathioprine 50 mg tablet <b>GC,MO</b>	1	B vs D
azathioprine sod 100 mg vial <b>GC,MO</b>	1	B vs D
BENLYSTA 120 MG IV SOLUTION <b>MO</b>	4	PA,QL (30 per 28 days)
BENLYSTA 400 MG IV SOLUTION <b>MO</b>	4	PA,QL (6 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BETASERON 0.3 MG SUB-Q KIT <b>SP</b>	4	PA,QL (15 per 30 days)
BONIVA 3 MG/3 ML IV SYRINGE <b>MO</b>	3	PA,QL (3 per 90 days)
calcium folinate (leucovorin) 10 mg/ml injection <b>GC,MO</b>	1	
CARNITOR 100 MG/ML ORAL SOLN <b>MO</b>	3	B vs D
CARNITOR 200 MG/ML IV <b>MO</b>	3	B vs D
CARNITOR 330 MG TABLET <b>MO</b>	3	B vs D
CARNITOR SUGAR-FREE 100 MG/ML ORAL SOLN <b>MO</b>	3	B vs D
CARTICEL SUSP FOR IMPLANTATION <b>MO</b>	3	
cavirinse oral rinse <b>GC,MO</b>	1	
CELLCEPT 200 MG/ML ORAL SUSP <b>MO</b>	4	B vs D
CELLCEPT 250 MG CAPSULE <b>MO</b>	3	B vs D
CELLCEPT 500 MG TABLET <b>MO</b>	4	B vs D
CELLCEPT INTRAVENOUS 500 MG IV SOLUTION <b>MO</b>	3	B vs D
COLCRYS 0.6 MG TABLET <b>MO</b>	2	QL (120 per 30 days)
control rx cream <b>GC,MO</b>	1	
COPAXONE 20 MG SUB-Q KIT <b>SP</b>	4	PA,QL (30 per 30 days)
cyanide antidote 300 mg/10 ml-12.5 gram/50 ml iv kit <b>GC,MO</b>	1	
cyclosporine 100 mg capsule <b>MO</b>	3	B vs D
cyclosporine 100 mg/ml soln <b>MO</b>	3	B vs D
cyclosporine 25 mg capsule <b>MO</b>	3	B vs D
cyclosporine 50 mg softgel <b>MO</b>	3	B vs D
cyclosporine 50 mg/ml vial <b>MO</b>	3	B vs D
cyclosporine modified 100 mg <b>MO</b>	3	B vs D
cyclosporine modified 25 mg <b>MO</b>	3	B vs D
CYSTADANE ORAL POWDER <b>MO</b>	3	
CYSTAGON 150 MG CAPSULE <b>MO</b>	3	
CYSTAGON 50 MG CAPSULE <b>MO</b>	3	
DEMSEER 250 MG CAPSULE <b>MO</b>	3	
denta 5000 plus 1.1 % cream <b>GC,MO</b>	1	
dentagel 1.1 % <b>GC,MO</b>	1	
dexrazoxane 250 mg vial <b>MO</b>	3	B vs D
dexrazoxane 500 mg vial <b>MO</b>	3	B vs D
disulfiram 250 mg tablet <b>MO</b>	3	
disulfiram 500 mg tablet <b>MO</b>	3	
ELMIRON 100 MG CAPSULE <b>MO</b>	3	
ENBREL 25 MG (1 ML) SUB-Q KIT <b>SP</b>	4	PA,QL (8 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENBREL 25 MG/0.5 ML (0.51 ML) SUB-Q SYRINGE <sup>SP</sup>	4	PA,QL (8 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUB-Q SYRINGE <sup>SP</sup>	4	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUB-Q PEN INJECTOR <sup>SP</sup>	4	PA,QL (8 per 28 days)
epiflur 0.25 mg tablet chew <sup>GC,MO</sup>	1	
epiflur 0.5 mg tablet chewable <sup>GC,MO</sup>	1	
epiflur 1 mg tablet chewable <sup>GC,MO</sup>	1	
ETHYOL 500 MG VIAL <sup>MO</sup>	4	B vs D
etidronate disodium 200 mg tab <sup>MO</sup>	2	
etidronate disodium 400 mg tab <sup>MO</sup>	2	
finasteride 5 mg tablet <sup>GC,MO</sup>	1	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUB-Q SYRINGE <sup>SP</sup>	4	PA,QL (9 per 30 days)
FLUORABON 0.25 MG FLUORIDE(0.55)/0.6 ML ORAL DROPS <sup>MO</sup>	3	
fluoride 0.25 mg tablet chew <sup>GC,MO</sup>	1	
fluoride 0.5 mg tablet chew <sup>GC,MO</sup>	1	
fluoride 1 mg chew tablet <sup>GC,MO</sup>	1	
fluoridex defense 1.1% gel <sup>GC,MO</sup>	1	
fluoridex whitening 1.1% gel <sup>GC,MO</sup>	1	
fluoritab 0.125 mg fluoride(0.275)/drop oral drops <sup>GC,MO</sup>	1	
FLUORITAB 0.25 MG/DRP DROPS <sup>MO</sup>	3	
fluoritab 0.5 mg fluoride (1.1 mg) chewable tablet <sup>GC,MO</sup>	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET <sup>MO</sup>	3	
FLURA-DROPS 0.25 MG FLUORIDE (0.55)/DROP ORAL <sup>MO</sup>	3	
fomepizole 1.5 gm/1.5 ml vial <sup>GC,MO</sup>	1	
FUSILEV 50 MG IV SOLUTION <sup>MO</sup>	3	PA
gel-kam 0.63% dental rinse <sup>GC,MO</sup>	1	
gengraf 100 mg capsule <sup>MO</sup>	3	B vs D
gengraf 100 mg/ml oral soln <sup>MO</sup>	3	B vs D
gengraf 25 mg capsule <sup>MO</sup>	3	B vs D
hecoria 0.5 mg capsule <sup>GC,MO</sup>	1	B vs D
hecoria 1 mg capsule <sup>GC,MO</sup>	1	B vs D
hecoria 5 mg capsule <sup>GC,MO</sup>	1	B vs D
HUMIRA 20 MG/0.4 ML SUB-Q KIT <sup>SP</sup>	4	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUB-Q KIT <sup>SP</sup>	4	PA,QL (6 per 28 days)
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBQ PEN KIT <sup>SP</sup>	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBQ KIT <sup>SP</sup>	4	PA,QL (6 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA PSORIASIS STARTER PACK 40 MG/0.8 ML SUBQ PEN KIT <b>SP</b>	4	PA,QL (6 per 28 days)
ibandronate sodium 150 mg tab <b>MO</b>	3	QL (1 per 28 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
KUVAN 100 MG SOLUBLE TABLET <b>SP</b>	4	PA
leflunomide 10 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
leflunomide 20 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
leucovorin cal 500 mg/50 ml vl <b>GC,MO</b>	1	B vs D
leucovorin calcium 10 mg tab <b>GC,MO</b>	1	
leucovorin calcium 100 mg vl <b>GC,MO</b>	1	B vs D
leucovorin calcium 15 mg tab <b>GC,MO</b>	1	
leucovorin calcium 200 mg vl <b>GC,MO</b>	1	B vs D
leucovorin calcium 25 mg tab <b>GC,MO</b>	1	
leucovorin calcium 350 mg vl <b>GC,MO</b>	1	B vs D
leucovorin calcium 5 mg tab <b>GC,MO</b>	1	
leucovorin calcium 50 mg vl <b>GC,MO</b>	1	B vs D
leucovorin calcium 500 mg vl <b>GC,MO</b>	1	B vs D
levocarnitine 100 mg/ml soln <b>MO</b>	2	B vs D
levocarnitine 200 mg/ml vial <b>MO</b>	2	B vs D
levocarnitine 330 mg tablet <b>MO</b>	2	B vs D
lozi-flur 1 mg fluoride (2.2 mg) lozenges <b>GC,MO</b>	1	
ludent fluoride 0.25 mg fluoride (0.55 mg) chewable tablet <b>GC,MO</b>	1	
ludent fluoride 0.5 mg fluoride (1.1 mg) chewable tablet <b>GC,MO</b>	1	
ludent fluoride 1 mg fluoride (2.2 mg) chewable tablet <b>GC,MO</b>	1	
mesna 1 gram/10 ml vial <b>MO</b>	3	B vs D
MESNEX 100 MG/ML IV <b>MO</b>	3	B vs D
MESNEX 400 MG TABLET <b>MO</b>	3	
methylene blue 1% vial <b>GC,MO</b>	1	
mycophenolate 250 mg capsule <b>GC,MO</b>	1	B vs D
mycophenolate 500 mg tablet <b>GC,MO</b>	1	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE <b>MO</b>	2	B vs D
MYFORTIC 360 MG TABLET,DELAYED RELEASE <b>MO</b>	2	B vs D
MYOBLOC 10,000 UNIT/2 ML IM <b>MO</b>	3	PA
MYOBLOC 2,500 UNIT/0.5 ML IM <b>MO</b>	3	PA
MYOBLOC 5,000 UNIT/ML IM <b>MO</b>	3	PA
neutral sodium fluoride <b>GC,MO</b>	1	
NEXAVIR 25.5 MG/ML INJECTION <b>MO</b>	3	

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

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

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
NULOJIX 250 MG IV SOLUTION <b>MO</b>	4	PA,QL (20 per 30 days)
octreotide 1,000 mcg/ml vial <b>MO</b>	4	PA
octreotide acet 100 mcg/ml syr <b>SP</b>	4	PA
octreotide acet 100 mcg/ml vl <b>MO</b>	4	PA
octreotide acet 200 mcg/ml vl <b>MO</b>	4	PA
octreotide acet 50 mcg/ml amp <b>MO</b>	2	PA
octreotide acet 50 mcg/ml syr <b>SP</b>	2	PA
octreotide acet 500 mcg/ml syr <b>SP</b>	2	PA
octreotide acet 500 mcg/ml vl <b>MO</b>	4	PA
ORFADIN 10 MG CAPSULE <b>MO</b>	4	
ORFADIN 2 MG CAPSULE <b>MO</b>	4	
ORFADIN 5 MG CAPSULE <b>MO</b>	4	
ORTHOCLONE OKT-3 5 MG/5 ML <b>MO</b>	4	B vs D
pamidronate 30 mg/10 ml vial <b>MO</b>	2	B vs D
pamidronate 60 mg/10 ml vial <b>MO</b>	2	B vs D
pamidronate 90 mg/10 ml vial <b>MO</b>	2	B vs D
pamidronate disod 30 mg vial <b>MO</b>	2	B vs D
pamidronate disod 90 mg vial <b>MO</b>	2	B vs D
PANHEMATIN 313 MG IV SOLUTION <b>MO</b>	4	
PERIO MED DENTAL RINSE <b>MO</b>	3	
PHOS-FLUR 1.1 % DENTAL GEL <b>MO</b>	3	
PREVIDENT 0.2 % DENTAL SOLN <b>MO</b>	3	
PREVIDENT 1.1 % GEL <b>MO</b>	3	
PREVIDENT 5000 BOOSTER 1.1 % DENTAL PASTE <b>MO</b>	3	
PREVIDENT 5000 DRY MOUTH 1.1 % GEL <b>MO</b>	3	
PREVIDENT 5000 ENAMEL PROTECT 1.1 %-5 % DENTAL PASTE <b>MO</b>	3	
PREVIDENT 5000 PLUS 1.1 % CREAM <b>MO</b>	3	
PREVIDENT 5000 SENSITIVE 1.1 %-5 % DENTAL PASTE <b>MO</b>	3	
PROGRAF 0.5 MG CAPSULE <b>MO</b>	3	B vs D
PROGRAF 1 MG CAPSULE <b>MO</b>	3	B vs D
PROGRAF 5 MG CAPSULE <b>MO</b>	3	B vs D
PROGRAF 5 MG/ML IV <b>MO</b>	3	B vs D
PROLIA 60 MG/ML SUB-Q SYRINGE <b>MO</b>	3	PA,QL (60 per 180 days)
RAPAMUNE 0.5 MG TABLET <b>MO</b>	3	B vs D
RAPAMUNE 1 MG TABLET <b>MO</b>	3	B vs D
RAPAMUNE 1 MG/ML ORAL SOLN <b>MO</b>	3	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RAPAMUNE 2 MG TABLET <b>MO</b>	3	B vs D
REBIF 22 MCG/0.5 ML SUB-Q SYRINGE <b>SP</b>	4	PA,QL (12 per 30 days)
REBIF 44 MCG/0.5 ML SUB-Q SYRINGE <b>SP</b>	4	PA,QL (12 per 30 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUB-Q SYRINGE <b>SP</b>	4	PA,QL (12 per 30 days)
RECLAST 5 MG/100 ML IV <b>MO</b>	3	PA,QL (100 per 365 days)
REMICADE 100 MG IV SOLUTION <b>MO</b>	4	PA
renaf fluoride 0.25 mg tb chew <b>GC,MO</b>	1	
renaf fluoride 0.5 mg tab chew <b>GC,MO</b>	1	
renaf fluoride 1 mg tab chew <b>GC,MO</b>	1	
SANDOSTATIN 1,000 MCG/ML INJECTION <b>MO</b>	4	PA
SANDOSTATIN 100 MCG/ML INJECTION <b>MO</b>	4	PA
SANDOSTATIN 200 MCG/ML INJECTION <b>MO</b>	4	PA
SANDOSTATIN 50 MCG/ML INJECTION <b>MO</b>	3	PA
SANDOSTATIN 500 MCG/ML INJECTION <b>MO</b>	4	PA
SANDOSTATIN LAR DEPOT 10 MG IM KIT <b>MO</b>	4	PA
SANDOSTATIN LAR DEPOT 20 MG IM KIT <b>MO</b>	4	PA
SANDOSTATIN LAR DEPOT 30 MG IM KIT <b>MO</b>	4	PA
SENSIPAR 30 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
SENSIPAR 60 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
SENSIPAR 90 MG TABLET <b>MO</b>	4	QL (120 per 30 days)
sf 1.1 % dental gel <b>GC,MO</b>	1	
sf 5000 plus 1.1 % dental cream <b>GC,MO</b>	1	
SIMULECT 10 MG IV SOLUTION <b>MO</b>	4	B vs D
SIMULECT 20 MG IV SOLUTION <b>MO</b>	4	B vs D
SKELID 240 MG TABLET <b>MO</b>	3	
sodiphluor 0.5 mg/ml drops <b>GC,MO</b>	1	
sodium fluoride 0.5 mg/ml drop <b>GC,MO</b>	1	
sodium fluoride 1 mg (2.2 mg) <b>GC,MO</b>	1	
sodium nitrite 300 mg/10 ml vl <b>GC,MO</b>	1	
sodium thiosulfat 12.5 g/50 ml <b>GC,MO</b>	1	
sodium thiosulfate 1 g/10 ml <b>GC,MO</b>	1	
SOMATULINE DEPOT 120 MG/0.5 ML SUB-Q SYRINGE <b>SP</b>	4	PA,QL (1 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUB-Q SYRINGE <b>SP</b>	4	PA,QL (1 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUB-Q SYRINGE <b>SP</b>	4	PA,QL (1 per 28 days)
stannous fluor 0.63% rinse <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tacrolimus 0.5 mg capsule <b>GC,MO</b>	1	B vs D
tacrolimus 1 mg capsule <b>GC,MO</b>	1	B vs D
tacrolimus 5 mg capsule <b>GC,MO</b>	1	B vs D
THALOMID 100 MG CAPSULE <b>SP</b>	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE <b>SP</b>	4	PA,QL (60 per 30 days)
THALOMID 200 MG CAPSULE <b>SP</b>	4	PA,QL (30 per 30 days)
THALOMID 50 MG CAPSULE <b>SP</b>	4	PA,QL (30 per 30 days)
THYMOGLOBULIN 25 MG IV SOLUTION <b>MO</b>	2	B vs D
TYSABRI 300 MG/15 ML IV <b>MO</b>	4	PA
ULORIC 40 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
ULORIC 80 MG TABLET <b>MO</b>	2	ST,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUB-Q <b>MO</b>	4	PA,QL (2 per 28 days)
XIGRIS 20 MG VIAL <b>MO</b>	4	
XIGRIS 5 MG VIAL <b>MO</b>	3	
ZAVESCA 100 MG CAPSULE <b>SP</b>	4	QL (90 per 30 days)
ZINECARD 250 MG IV SOLUTION <b>MO</b>	4	B vs D
ZINECARD 500 MG IV SOLUTION <b>MO</b>	4	B vs D
ZOMETA 4 MG/100 ML IV <b>MO</b>	4	PA,QL (300 per 21 days)
ZOMETA 4 MG/5 ML IV <b>MO</b>	4	PA,QL (15 per 21 days)
ZORTRESS 0.25 MG TABLET <b>MO</b>	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET <b>MO</b>	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.75 MG TABLET <b>MO</b>	3	B vs D,QL (60 per 30 days)
ZYLOPRIM 100 MG TABLET <b>MO</b>	3	
ZYLOPRIM 300 MG TABLET <b>MO</b>	3	
<b>OXYTOCICS</b>		
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE <b>MO</b>	3	
HEMABATE 250 MCG/ML IM <b>MO</b>	3	
METHERGINE 0.2 MG TABLET <b>MO</b>	3	PA
METHERGINE 0.2 MG/ML AMPUL <b>MO</b>	3	
methylergonovine 0.2 mg tablet <b>MO</b>	2	
methylergonovine 0.2 mg/ml amp <b>MO</b>	2	
oxytocin 10 units/ml vial <b>GC,MO</b>	1	
PITOCIN 10 UNIT/ML INJECTION <b>MO</b>	3	
PREPIDIL 0.5 MG/3 G VAGINAL GEL <b>MO</b>	3	
PROSTIN E2 20 MG VAGINAL SUPPOSITORY <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
<b>PHARMACEUTICAL AIDS</b>		
FORMA-RAY 20 % SOLN <b>GC,MO</b>	1	
GAUZE PAD 3" X 3" BANDAGE <b>GC,MO</b>	1	
STERILE BANDAGE ROLL 2.25"X3YD <b>GC,MO</b>	1	
STERILE GAUZE PAD 2" X 2" BANDAGE <b>GC,MO</b>	1	
STERILE GAUZE PAD 4" X 4" BANDAGE <b>GC,MO</b>	1	
STERILE PADS 2" X 2" BANDAGE <b>GC,MO</b>	1	
STERILE PADS 3" X 3" BANDAGE <b>GC,MO</b>	1	
STERILE PADS 4" X 4" BANDAGE <b>GC,MO</b>	1	
STERILE PADS BANDAGE <b>GC,MO</b>	1	
STERILE STRETCH GAUZE BANDAGE 2" X 2 YARD <b>GC,MO</b>	1	
STERILE STRETCH GAUZE BANDAGE 3" X 147" <b>GC,MO</b>	1	
VEHICLE/N MILD TOPICAL SOLN <b>MO</b>	3	
VEHICLE/N TOPICAL SOLN <b>MO</b>	3	
<b>RESPIRATORY TRACT AGENTS</b>		
acetylcysteine 10% vial <b>GC,MO</b>	1	B vs D
acetylcysteine 20% vial <b>GC,MO</b>	1	B vs D
ADVAIR DISKUS 100 MCG-50 MCG/DOSE FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
ADVAIR DISKUS 250 MCG-50 MCG/DOSE FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (12 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (12 per 30 days)
AEROBID AEROSOL WITH ADAPTER <b>MO</b>	3	QL (21 per 30 days)
AEROBID-M AEROSOL WITH ADAPTER <b>MO</b>	3	QL (21 per 30 days)
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (18 per 28 days)
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (18 per 28 days)
ARALAST 1,000 MG VIAL <b>MO</b>	4	PA
ARALAST NP 1,000 MG IV SUSP <b>MO</b>	4	PA
ARALAST NP 500 MG IV SUSP <b>MO</b>	4	PA
ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED <b>MO</b>	2	QL (0 per 28 days)
ASMANEX TWISTHALER 110 MCG (7 DOSES) BREATH ACTIVATED <b>MO</b>	2	QL (0 per 28 days)
ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED <b>MO</b>	2	QL (0 per 28 days)
ASMANEX TWISTHALER 220 MCG (14 DOSES) BREATH ACTIVATED <b>MO</b>	2	QL (0 per 28 days)
ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED <b>MO</b>	2	QL (0 per 28 days)
ASMANEX TWISTHALER 220 MCG (60 DOSES) BREATH ACTIVATED <b>MO</b>	2	QL (0 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
budesonide 0.25 mg/2 ml susp <b>MO</b>	3	B vs D
budesonide 0.5 mg/2 ml susp <b>MO</b>	3	B vs D
cromolyn 20 mg/2 ml neb soln <b>MO</b>	2	B vs D
cromolyn 4% eye drops <b>GC,MO</b>	1	
cromolyn sodium 100 mg/5 ml <b>GC,MO</b>	1	
CUROSURF 120 MG/1.5 ML INTRATRACHEAL SUSP <b>MO</b>	3	
CUROSURF 240 MG/3 ML INTRATRACHEAL SUSP <b>MO</b>	4	
DALIRESP 500 MCG TABLET <b>MO</b>	3	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL (13 per 30 days)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL (13 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
FLOVENT DISKUS 50 MCG/ACTUATION FOR INHALATION <b>MO</b>	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (11 per 30 days)
GASTROCROM 100 MG/5 ML ORAL SOLN <b>MO</b>	4	
GLASSIA 1 GRAM/50 ML (2 %) IV <b>MO</b>	4	PA
INFASURF 35 MG/ML INTRATRACHEAL SUSP <b>MO</b>	3	
KALYDECO 150 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
montelukast sod 10 mg tablet <b>GC,MO</b>	1	QL (30 per 30 days)
montelukast sod 4 mg tab chew <b>GC,MO</b>	1	QL (30 per 30 days)
montelukast sod 5 mg tab chew <b>GC,MO</b>	1	QL (30 per 30 days)
PROLASTIN 1,000 MG IV SUSP <b>MO</b>	4	PA
PROLASTIN 500 MG IV SUSP <b>MO</b>	4	PA
PROLASTIN C 1,000 MG IV SUSP <b>MO</b>	4	PA
QVAR 40 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (37 per 30 days)
QVAR 80 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	2	QL (22 per 30 days)
SINGULAIR 10 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
SINGULAIR 4 MG CHEWABLE TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET <b>MO</b>	3	ST,QL (30 per 30 days)
SINGULAIR 5 MG CHEWABLE TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
SURVANTA 25 MG/ML INTRATRACHEAL SUSP <b>MO</b>	3	
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL (11 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL (11 per 30 days)
XOLAIR 150 MG SUB-Q SOLN <b>MO</b>	4	PA,QL (900 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
zafirlukast 10 mg tablet <b>MO</b>	2	QL (60 per 30 days)
zafirlukast 20 mg tablet <b>MO</b>	2	QL (60 per 30 days)
ZEMAIRA 1,000 MG IV SUSP <b>MO</b>	4	PA
ZYFLO CR 600 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
<b>SERUMS, TOXOIDS, AND VACCINES</b>		
ACTHIB (PF) 10 MCG/0.5 ML IM <b>MO</b>	3	
ADACEL (ADOLESCENT & ADULT) (PF) 2 LF-(5-3-5MCG)-5 LF/0.5 ML IM SUSP <b>MO</b>	3	
ADACEL (ADOLESCENT & ADULT) (PF) 2 LF-(5-3-5MCG)-5 LF/0.5ML IM SYRINGE <b>MO</b>	3	
antivenin micrurus fulvius <b>GC,MO</b>	1	
BCG VACCINE (TICE STRAIN) VIAL <b>MO</b>	3	B vs D
BOOSTRIX (PF) 2.5 LF UNIT-8 MCG-5 LF/0.5 ML IM SUSP <b>MO</b>	3	
BOOSTRIX (PF) 2.5 LF UNIT-8 MCG-5 LF/0.5 ML IM SYRINGE <b>GB,MO</b>	3	
carimune nf nanofiltered 12 g iv solution <b>MO</b>	4	PA
carimune nf nanofiltered 3 gram iv solution <b>MO</b>	4	PA
carimune nf nanofiltered 6 gram iv solution <b>MO</b>	4	PA
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML IM SYRINGE <b>GB,MO</b>	3	
CERVARIX VACCINE VIAL <b>GB,MO</b>	3	
COMVAX (PF) 5 MCG-7.5 MCG-125 MCG/0.5 ML IM <b>GB,MO</b>	3	
CYTOGAM 50 MG/ML IV <b>MO</b>	4	PA,QL (1050 per 30 days)
DAPTACEL (PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP <b>GB,MO</b>	3	
DECAVAC VIAL <b>MO</b>	3	
DIGIBIND 38 MG VIAL <b>MO</b>	4	
DIGIFAB 40 MG IV SOLUTION <b>MO</b>	3	
diphtheria-tetanus tox-ped <b>MO</b>	3	
diphtheria-tetanus toxoids-ped <b>MO</b>	3	
ENGERIX-B (PF) 10 MCG/0.5 ML IM SUSP <b>GB,MO</b>	3	B vs D
ENGERIX-B (PF) 10 MCG/0.5 ML IM SYRINGE <b>GB,MO</b>	3	B vs D
ENGERIX-B (PF) 20 MCG/ML IM SUSP <b>MO</b>	3	B vs D
ENGERIX-B (PF) 20 MCG/ML IM SYRINGE <b>GB,MO</b>	3	B vs D
flebogamma dif 5 % iv <b>MO</b>	4	PA
GAMASTAN S/D 15 %-18 % RANGE IM <b>MO</b>	3	PA
GAMASTAN S/D SYRINGE <b>MO</b>	3	PA
gammagard liquid 10 % iv <b>MO</b>	4	PA
GAMMAGARD S-D (IGA<1UG/ML) 10 GRAM IV SOLUTION <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
GAMMAGARD S-D (IGA<1UG/ML) 5 GRAM IV SOLUTION <b>MO</b>	4	PA
GAMMAGARD S-D 0.5 GM VL W-ST <b>MO</b>	4	PA
GAMMAGARD S/D 10 GRAM IV SOLUTION <b>MO</b>	4	PA
GAMMAGARD S/D 2.5 G IV SOLUTION <b>MO</b>	4	PA
GAMMAGARD S/D 5 GRAM IV SOLUTION <b>MO</b>	4	PA
GAMMAKED 1 GRAM/10 ML (10 %) INJECTION <b>MO</b>	4	PA
GAMMAKED 10 GRAM/100 ML (10 %) INJECTION <b>MO</b>	4	PA
GAMMAKED 2.5 GRAM/25 ML (10 %) INJECTION <b>MO</b>	4	PA
GAMMAKED 20 GRAM/200 ML (10 %) INJECTION <b>MO</b>	4	PA
GAMMAKED 5 GRAM/50 ML (10 %) INJECTION <b>MO</b>	4	PA
gammplex 5 % iv <b>MO</b>	4	PA
GAMUNEX 10 % IV <b>MO</b>	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION <b>MO</b>	4	PA
GAMUNEX-C 10 GRAM/100 ML (10 %) INJECTION <b>MO</b>	4	PA
GAMUNEX-C 2.5 GRAM/25 ML (10 %) INJECTION <b>MO</b>	4	PA
GAMUNEX-C 20 GRAM/200 ML (10 %) INJECTION <b>MO</b>	4	PA
GAMUNEX-C 5 GRAM/50 ML (10 %) INJECTION <b>MO</b>	4	PA
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML IM SUSP <b>MO</b>	3	QL (3 per 365 days)
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML IM SYRINGE <b>MO</b>	3	QL (3 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML IM SUSP <b>MO</b>	3	
HAVRIX (PF) 1,440 ELISA UNIT/ML IM SYRINGE <b>MO</b>	3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML IM SUSP <b>MO</b>	3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML IM SYRINGE <b>MO</b>	3	
HIBERIX VACCINE VIAL <b>MO</b>	3	
HIZENTRA 1 GRAM/5 ML (20 %) SUB-Q <b>MO</b>	3	PA
HIZENTRA 2 GRAM/10 ML (20 %) SUB-Q <b>MO</b>	4	PA
HIZENTRA 4 GRAM/20 ML (20 %) SUB-Q <b>MO</b>	4	PA
HYPERRAB S/D (PF) 150 UNIT/ML IM <b>MO</b>	3	
HYPERRAB S/D SYRINGE <b>MO</b>	3	
HYPERRHO S/D 1,500 UNIT (300 MCG) IM SYRINGE <b>MO</b>	3	
hyperrho s/d 250 unit (50 mcg) im syringe <b>MO</b>	3	
HYPERTET S/D (PF) 250 UNIT IM SYRINGE <b>MO</b>	3	
IMOGAM RABIES-HT (PF) 150 UNIT/ML IM <b>MO</b>	3	
IMOVAX RABIES VACCINE (PF) 2.5 UNIT IM <b>MO</b>	2	B vs D
INFANRIX (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML IM SUSP <b>MO</b>	3	
INFANRIX (PF) 25 LF UNIT-58MCG-10 LF/0.5ML IM SYRINGE <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
INFLUENZA A (H1N1) 2009 SYR <b>MO</b>	3	
INFLUENZA A (H1N1) 2009 VIAL <b>MO</b>	3	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSP FOR INJECTION <b>MO</b>	3	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SYRINGE <b>MO</b>	3	
IXIARO (PF) 6 MCG/0.5 ML IM SYRINGE <b>MO</b>	3	
JE-VAX SUB-Q SOLN <b>MO</b>	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML IM SUSP <b>MO</b>	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML IM SYRINGE <b>MO</b>	3	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUB-Q SUSP <b>MO</b>	3	
MENACTRA (PF) 4 MCG/0.5 ML IM <b>MO</b>	3	
MENACTRA 4 MCG/0.5 ML SYRINGE <b>MO</b>	3	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUB-Q SOLN <b>MO</b>	3	
MENOMUNE - A/C/Y/W-135 50 MCG SUB-Q SOLN <b>MO</b>	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT <b>MO</b>	3	
MICRHOGAM ULTRA-FILTERED PLUS 250 UNIT (50 MCG) IM SYRINGE <b>MO</b>	3	
MICRHOGAM ULTRA-FILTRD SYRN <b>MO</b>	3	
NABI-HB >1,560 UNIT/5 ML IM <b>MO</b>	3	
NABI-HB >312 UNIT/ML IM <b>MO</b>	3	
OCTAGAM 5 % IV <b>MO</b>	4	PA
PEDIARIX (PF) 10MCG-25LF-25MCG-10LF-40-8-32 IM SYRINGE <b>MO</b>	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML IM <b>MO</b>	3	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5ML IM KIT <b>MO</b>	3	
PREVNAR 13 (PF) 0.5 ML IM SYRINGE <b>MO</b>	3	
privigen 10 % soln <b>MO</b>	4	PA
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUB-Q <b>MO</b>	3	
RABAVERT (PF) 2.5 UNIT IM KIT <b>MO</b>	2	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML IM SUSP <b>MO</b>	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML IM SYRINGE <b>MO</b>	3	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML IM SUSP <b>MO</b>	3	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML IM SUSP <b>MO</b>	3	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML IM SYRINGE <b>MO</b>	3	B vs D
RHOGAM ULTRA-FILTERED PLUS 1,500 UNIT (300 MCG) IM SYRINGE <b>MO</b>	3	
RHOGAM ULTRA-FILTERED SYRINGE <b>MO</b>	3	
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE <b>MO</b>	3	
ROTARIX 10EXP6 CCID50/ML ORAL SUSP <b>MO</b>	3	
ROTATEQ VACCINE 2 ML ORAL SUSP <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML IM SUSP <b>MO</b>	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML IM SYRINGE <b>MO</b>	3	
tetanus diphtheria toxoids <b>MO</b>	3	
tetanus toxoid adsorbed vial <b>MO</b>	3	B vs D
TETANUS-DIPHTERIA-DECAVAC <b>MO</b>	3	
THERACYS 81 MG INTRAVESICAL SUSP <b>MO</b>	3	B vs D
TICE BCG 50 MG INTRAVESICAL SUSP <b>MO</b>	3	
TRIHIBIT PRESERVATIVE FREE <b>MO</b>	3	
TRIPEDIA (PF) 6.7 LF UNIT-46.8 MCG-5/0.5 ML IM SUSP <b>MO</b>	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML IM SUSP <b>MO</b>	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML IM SYRINGE <b>MO</b>	3	
TYPHIM VI 25 MCG/0.5 ML IM <b>MO</b>	3	
TYPHIM VI 25 MCG/0.5 ML IM SYRINGE <b>MO</b>	3	
VAQTA (PF) 25 UNIT/0.5 ML IM SUSP <b>MO</b>	3	
VAQTA (PF) 25 UNIT/0.5 ML IM SYRINGE <b>MO</b>	3	
VAQTA (PF) 50 UNIT/ML IM SUSP <b>MO</b>	3	
VAQTA (PF) 50 UNIT/ML IM SYRINGE <b>MO</b>	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUB-Q SOLN <b>MO</b>	2	
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUB-Q SUSP <b>MO</b>	3	
ZOSTAVAX (PF) 19,400 UNIT SUB-Q SOLN <b>MO</b>	3	QL (1 per 365 days)
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
8-MOP 10 MG CAPSULE <b>MO</b>	3	
acid jelly <b>GC,MO</b>	1	
acticin 5% cream <b>MO</b>	2	
ACZONE 5 % TOPICAL GEL <b>MO</b>	3	
adapalene 0.1% cream <b>MO</b>	3	
adapalene 0.1% gel <b>MO</b>	3	
AKNE-MYCIN 2 % OINTMENT <b>MO</b>	3	
ALA-CORT 1 % TOPICAL CREAM <b>GC,MO</b>	1	
ALA-SCALP 2 % LOTION <b>MO</b>	2	
alclometasone dipr 0.05% oint <b>GC,MO</b>	1	
alclometasone dipro 0.05% crm <b>GC,MO</b>	1	
ALCOHOL PADS <b>GC,MO</b>	1	
ALCOHOL PREP PADS <b>GC,MO</b>	1	
ALCOHOL PREP SWABS <b>GC,MO</b>	1	
ALCOHOL WIPES <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aliclen 6 % shampoo <b>GC,MO</b>	1	
ALTABAX 1 % OINTMENT <b>MO</b>	3	
amcinonide 0.1% cream <b>MO</b>	2	
amcinonide 0.1% lotion <b>MO</b>	2	
amcinonide 0.1% ointment <b>MO</b>	2	
AMERICAINE LUBRICANT <b>MO</b>	3	
ammonium lactate 12% cream <b>GC,MO</b>	1	
ammonium lactate 12% lotion <b>GC,MO</b>	1	
amnesteem 10 mg capsule <b>MO</b>	2	
amnesteem 20 mg capsule <b>MO</b>	2	
amnesteem 40 mg capsule <b>MO</b>	2	
ANACAINE 10 % OINTMENT <b>MO</b>	3	
ANUSOL-HC 2.5 % RECTAL CREAM <b>GB,MO</b>	3	
apexicon 0.05 % ointment <b>MO</b>	2	
apexicon e 0.05 % topical cream <b>MO</b>	2	
AVC VAGINAL 15 % CREAM <b>GC,MO</b>	1	
AZELEX 20 % TOPICAL CREAM <b>MO</b>	3	
BACTROBAN 2 % OINTMENT <b>MO</b>	3	PA
BACTROBAN 2 % TOPICAL CREAM <b>MO</b>	3	
BD ALCOHOL SWAB TOPICAL PADS <b>GC,MO</b>	1	
bencort lotion <b>GC,MO</b>	1	
benprox 2.75% gel <b>GC,MO</b>	1	
benprox 5.25% wash <b>GC,MO</b>	1	
bensal hp 3 %-6 % ointment <b>GC,MO</b>	1	
BENZAC AC 10% GEL <b>MO</b>	3	
BENZAC AC 5 % TOPICAL GEL <b>MO</b>	3	
benzac ac wash 10 % topical cleanser <b>GC,MO</b>	1	
BENZAC AC WASH 5% LIQUID <b>MO</b>	3	
benzac w wash 10 % topical cleanser <b>GC,MO</b>	1	
BENZAC W WASH 5% LIQUID <b>MO</b>	3	
BENZACLIN 1 %-5 % TOPICAL GEL <b>MO</b>	3	
BENZACLIN CAREKIT <b>MO</b>	3	
BENZACLIN PUMP 1 %-5 % TOPICAL GEL <b>MO</b>	3	
BENZASHAVE 10% CREAM <b>MO</b>	3	
BENZASHAVE 5% CREAM <b>MO</b>	3	
BENZIQLS 2.75% GEL <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
benzoin tincture <b>GC,MO</b>	1	
benzoyl perox 4% creamy wash <b>GC,MO</b>	1	
benzoyl perox 8% creamy wash <b>GC,MO</b>	1	
benzoyl peroxide 10% gel <b>GC,MO</b>	1	
benzoyl peroxide 10% wash <b>GC,MO</b>	1	
benzoyl peroxide 2.5% gel <b>GC,MO</b>	1	
benzoyl peroxide 2.5% wash <b>GC,MO</b>	1	
benzoyl peroxide 3% cleanser <b>GC,MO</b>	1	
benzoyl peroxide 3% pad <b>GC,MO</b>	1	
benzoyl peroxide 4% lotion <b>MO</b>	2	
benzoyl peroxide 4.5% cleanser <b>GC,MO</b>	1	
benzoyl peroxide 5% gel <b>GC,MO</b>	1	
benzoyl peroxide 5% wash <b>GC,MO</b>	1	
benzoyl peroxide 6% cleanser <b>MO</b>	3	
benzoyl peroxide 6% pad <b>GC,MO</b>	1	
benzoyl peroxide 6.5% cleanser <b>GC,MO</b>	1	
benzoyl peroxide 6.5% pads <b>GC,MO</b>	1	
benzoyl peroxide 8% lotion <b>GC,MO</b>	1	
benzoyl peroxide 8.5% cleanser <b>GC,MO</b>	1	
benzoyl peroxide 8.5% pads <b>GC,MO</b>	1	
benzoyl peroxide 9% cleanser <b>MO</b>	3	
benzoyl peroxide 9% pad <b>GC,MO</b>	1	
BETA-VAL 0.1% CREAM <b>MO</b>	3	
beta-val 0.1% lotion <b>MO</b>	3	
betamethasone dp 0.05% crm <b>MO</b>	2	
betamethasone dp 0.05% lot <b>MO</b>	2	
betamethasone dp 0.05% oint <b>MO</b>	2	
betamethasone dp aug 0.05% crm <b>MO</b>	2	
betamethasone dp aug 0.05% gel <b>MO</b>	2	
betamethasone dp aug 0.05% lot <b>MO</b>	2	
betamethasone dp aug 0.05% oin <b>MO</b>	2	
betamethasone va 0.1% cream <b>GC,MO</b>	1	
betamethasone va 0.1% lotion <b>GC,MO</b>	1	
betamethasone valer 0.1% ointm <b>GC,MO</b>	1	
bp 10-1 10 %-1 % topical cleanser <b>MO</b>	2	
bp 5.25 % topical susp <b>GC,MO</b>	1	

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bpo 4 % topical gel <b>MO</b>	2	
bpo 8 % topical gel <b>MO</b>	2	
BREVOXYL-4 GEL <b>MO</b>	3	
BREVOXYL-8 GEL <b>MO</b>	3	
calcipotriene 0.005% ointment <b>MO</b>	2	
calcipotriene 0.005% solution <b>MO</b>	2	QL (60 per 30 days)
calcitrene 0.005 % ointment <b>MO</b>	2	
CAPEX 0.01 % SHAMPOO <b>MO</b>	3	
CARAC 0.5 % TOPICAL CREAM <b>MO</b>	3	
CARMOL 10% SCALP LOTION <b>MO</b>	3	
carmol 40 cream <b>GC,MO</b>	1	
CARMOL 40 GEL <b>MO</b>	3	
CARMOL 40 LOTION <b>MO</b>	3	
CARMOL SCALP TREATMENT KIT <b>MO</b>	3	
CENTANY 2 % OINTMENT <b>MO</b>	3	
CENTANY AT 2 % OINTMENT TOPICAL KIT <b>MO</b>	2	
cerisa 10 %-1 % topical cleanser <b>GC,MO</b>	1	
CETACAINE MEDICAL KIT E 2 %-2 %-14 % TOPICAL <b>MO</b>	3	B vs D
ciclodan 0.77 % topical cream <b>MO</b>	2	
ciclodan 8 % topical soln <b>MO</b>	2	
ciclopirox 0.77% cream <b>MO</b>	2	
ciclopirox 0.77% gel <b>MO</b>	3	
ciclopirox 0.77% topical susp <b>MO</b>	3	
ciclopirox 1% shampoo <b>MO</b>	3	
ciclopirox 8 % kit <b>MO</b>	3	
ciclopirox 8% solution <b>MO</b>	2	
claravis 10 mg capsule <b>MO</b>	2	
claravis 20 mg capsule <b>MO</b>	2	
claravis 30 mg capsule <b>MO</b>	2	
claravis 40 mg capsule <b>MO</b>	2	
CLEOCIN 100 MG VAGINAL SUPPOSITORY <b>MO</b>	3	
CLEOCIN 2 % VAGINAL CREAM <b>MO</b>	3	PA
CLEOCIN T 1 % LOTION <b>MO</b>	3	
CLEOCIN T 1 % SOLN <b>MO</b>	3	
CLEOCIN T 1 % TOPICAL GEL <b>MO</b>	3	
CLEOCIN T 1 % TOPICAL SWAB <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
CLINAC BPO 7% GEL <b>MO</b>	3	
clinda-derm 1 % topical soln <b>GC,MO</b>	1	
clindacin p 1 % topical swab <b>GC,MO</b>	1	
CLINDAGEL 1 % TOPICAL <b>MO</b>	3	
clindamax 1 % lotion <b>GC,MO</b>	1	
clindamax 1 % topical gel <b>GC,MO</b>	1	
clindamycin 2% vaginal cream <b>GC,MO</b>	1	
clindamycin ph 1% gel <b>GC,MO</b>	1	
clindamycin ph 1% solution <b>GC,MO</b>	1	
clindamycin phos 1% pledget <b>GC,MO</b>	1	
clindamycin phosp 1% lotion <b>GC,MO</b>	1	
clindamycin phosphate 1% foam <b>MO</b>	3	
clindamycin-benzoyl perox gel <b>GC,MO</b>	1	
CLINDAREACH 1% KIT <b>MO</b>	3	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE <b>GB,MO</b>	3	
clindets 1% pledgets <b>GC,MO</b>	1	
clobetasol 0.05% cream <b>MO</b>	2	
clobetasol 0.05% gel <b>MO</b>	2	
clobetasol 0.05% ointment <b>GC,MO</b>	1	
clobetasol 0.05% solution <b>MO</b>	3	
clobetasol emollient 0.05% crm <b>MO</b>	2	
clobetasol prop 0.05% foam <b>MO</b>	2	
CLODERM 0.1 % TOPICAL CREAM <b>MO</b>	3	
clotrimazole 1% cream <b>GC,MO</b>	1	
clotrimazole 1% solution <b>GC,MO</b>	1	
clotrimazole 10 mg troche <b>GC,MO</b>	1	
clotrimazole-betamethasone crm <b>MO</b>	2	
clotrimazole-betamethasone lot <b>MO</b>	2	
CNL 8 NAIL 8 % TOPICAL KIT <b>MO</b>	3	PA
colocort 100 mg/60 ml enema <b>MO</b>	3	
CONDYLOX 0.5 % TOPICAL GEL <b>MO</b>	3	
CONDYLOX 0.5 % TOPICAL SOLN <b>MO</b>	3	
CONSTANT CLENS SPRAY <b>MO</b>	3	
CORDRAN 0.05 % LOTION <b>MO</b>	3	
CORDRAN 4 MCG/CM2 TAPE <b>MO</b>	3	
CORDRAN SP 0.05 % TOPICAL CREAM <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cormax 0.05 % topical soln <b>MO</b>	3	
cormax 0.05% ointment <b>GC,MO</b>	1	
cortalo 2% gel <b>MO</b>	3	
CORTENEMA 100 MG/60 ML <b>MO</b>	3	
CORTIFOAM 10 % (80 MG) RECTAL <b>MO</b>	3	
CORTISPORIN 1 % OINTMENT <b>MO</b>	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM <b>MO</b>	3	
CURITY ALCOHOL SWABS <b>GC,MO</b>	1	
CVS ALCOHOL SWABS <b>GC,MO</b>	1	
DEBACTEROL 30 %-50 % MUCOSAL SWAB <b>MO</b>	3	
DENAVIR 1 % TOPICAL CREAM <b>MO</b>	3	
DERMA-SMOOTH/FS BODY OIL 0.01 % TOPICAL <b>GB,MO</b>	3	
DERMATOP 0.1 % OINTMENT <b>GB,MO</b>	3	
DERMATOP 0.1 % TOPICAL CREAM <b>GB,MO</b>	3	
DESONATE 0.05 % TOPICAL GEL <b>MO</b>	3	
desonide 0.05% cream <b>MO</b>	2	
desonide 0.05% lotion <b>MO</b>	2	
desonide 0.05% ointment <b>MO</b>	2	
desoximetasone 0.05% cream <b>MO</b>	3	
desoximetasone 0.05% gel <b>MO</b>	3	
desoximetasone 0.25% cream <b>MO</b>	3	
desoximetasone 0.25% ointment <b>MO</b>	3	
DESQUAM-X 10 % TOPICAL CLEANSER <b>MO</b>	3	
desquam-x 5 % topical cleanser <b>GC,MO</b>	1	
diflorasone 0.05% cream <b>MO</b>	2	
diflorasone 0.05% ointment <b>MO</b>	2	
DOAK TAR DISTILLATE LIQUID <b>MO</b>	3	
DRITHO-SCALP 0.5% CREAM <b>MO</b>	3	
DRITHOCREME HP 1 % TOPICAL <b>MO</b>	3	
DRYSOL DAB-O-MATIC 20 % TOPICAL SOLN <b>MO</b>	3	
DUAC CS CONVENIENCE KIT <b>MO</b>	3	
DURASAL 26% LIQUID <b>MO</b>	3	
EASY TOUCH ALCOHOL PREP PADS <b>GC,MO</b>	1	
econazole nitrate 1% cream <b>GC,MO</b>	1	
ELIDEL 1 % TOPICAL CREAM <b>MO</b>	3	
ELOCON 0.1 % LOTION <b>GB,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
ELOCON 0.1 % OINTMENT <b>GB,MO</b>	3	
ELOCON 0.1 % TOPICAL CREAM <b>MO</b>	3	
emgel 2% topical gel <b>GC,MO</b>	1	
EMLA 2.5 %-2.5 % TOPICAL CREAM <b>GB,MO</b>	3	B vs D
EPIDUO 0.1 %-2.5 % TOPICAL GEL <b>MO</b>	3	
ery pads 2 % topical swab <b>GC,MO</b>	1	
erythromycin 2% gel <b>GC,MO</b>	1	
erythromycin 2% pledgets <b>GC,MO</b>	1	
erythromycin 2% solution <b>GC,MO</b>	1	
erythromycin-benzoyl gel <b>MO</b>	2	
EURAX 10 % LOTION <b>MO</b>	3	
EURAX 10 % TOPICAL CREAM <b>GB,MO</b>	3	
EXELDERM 1 % TOPICAL CREAM <b>GB,MO</b>	3	
EXELDERM 1 % TOPICAL SOLN <b>GB,MO</b>	3	
exoderm 25 %-1 % lotion <b>GC,MO</b>	1	
EXTINA 2 % TOPICAL FOAM <b>MO</b>	3	PA
FEM PH 0.9 %-0.025 % VAGINAL GEL <b>MO</b>	3	
fluocinolone 0.01% body oil <b>GC,MO</b>	1	
fluocinolone 0.01% cream <b>GC,MO</b>	1	
fluocinolone 0.01% solution <b>GC,MO</b>	1	
fluocinolone 0.025% cream <b>GC,MO</b>	1	
fluocinolone 0.025% oint <b>GC,MO</b>	1	
fluocinonide 0.05% cream <b>GC,MO</b>	1	
fluocinonide 0.05% gel <b>GC,MO</b>	1	
fluocinonide 0.05% ointment <b>GC,MO</b>	1	
fluocinonide 0.05% solution <b>GC,MO</b>	1	
fluocinonide-e 0.05 % topical cream <b>GC,MO</b>	1	
fluocinonide-emol 0.05% cream <b>GC,MO</b>	1	
FLUOROPLEX 1 % TOPICAL CREAM <b>MO</b>	3	
fluorouracil 2% topical soln <b>MO</b>	3	
fluorouracil 5% cream <b>MO</b>	3	
fluorouracil 5% top solution <b>MO</b>	3	
fluticasone prop 0.005% oint <b>GC,MO</b>	1	
fluticasone prop 0.05% cream <b>GC,MO</b>	1	
FORMADON 10 % TOPICAL SOLN <b>MO</b>	3	
formalaz 10% solution <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentamicin 0.1% cream <b>GC,MO</b>	1	
gentamicin 0.1% ointment <b>GC,MO</b>	1	
GLUCOPRO ALCOHOL TOPICAL PADS <b>GC,MO</b>	1	
GORDOFILM 16.7 %-16.7 % TOPICAL SOLN <b>MO</b>	3	
GORDONS UREA 22 % OINTMENT <b>MO</b>	3	
GORDONS UREA 40 % OINTMENT <b>MO</b>	3	
GUAIACOL LIQUID PURIFIED <b>MO</b>	3	
GYNAZOLE-1 2 % VAGINAL CREAM,EXTENDED RELEASE <b>MO</b>	3	
halac 0.05 %-12 % topical pack, ointment & lotion <b>MO</b>	2	
halobetasol prop 0.05% cream <b>MO</b>	2	
halobetasol prop 0.05% ointmnt <b>MO</b>	2	
HALOG 0.1 % OINTMENT <b>MO</b>	3	
HALOG 0.1 % TOPICAL CREAM <b>MO</b>	3	
halonate 0.05 %-12 % topical pack, ointment & foam <b>MO</b>	3	
halonate pac 0.05 %-12 % topical pack, ointment & lotion <b>MO</b>	2	
HALOTIN 1% CREAM <b>MO</b>	3	
HYDRO 40 40 % TOPICAL FOAM <b>MO</b>	3	PA
hydrocortisone 0.1% soln <b>GC,MO</b>	1	
hydrocortisone 1% absorbase <b>GC,MO</b>	1	
hydrocortisone 1% cream <b>GC,MO</b>	1	
hydrocortisone 1% ointment <b>GC,MO</b>	1	
hydrocortisone 100 mg enema <b>GC,MO</b>	1	
hydrocortisone 2.5% lotion <b>GC,MO</b>	1	
hydrocortisone 2.5% ointment <b>GC,MO</b>	1	
hydrocortisone acetate 2% gel <b>GC,MO</b>	1	
hydrocortisone buty 0.1% cream <b>GC,MO</b>	1	
hydrocortisone butyr 0.1% oint <b>GC,MO</b>	1	
hydrocortisone val 0.2% cream <b>GC,MO</b>	1	
hydrocortisone val 0.2% ointmt <b>GC,MO</b>	1	
hypercare 20 % topical soln <b>GC,MO</b>	1	
imiquimod 5% cream packet <b>MO</b>	3	QL (12 per 30 days)
INOVA 4 %-5 % TOPICAL COMBO PACK <b>MO</b>	3	
INOVA 4-1 1 %-4 %-5 % TOPICAL COMBO PACK <b>MO</b>	3	
IV PREP WIPES MEDICATED <b>GC,MO</b>	1	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL <b>MO</b>	3	
KEPIVANCE 6.25 MG SOLUTION <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
KERAFOAM 30 % TOPICAL FOAM <b>MO</b>	3	
KERAFOAM 42 % TOPICAL FOAM <b>MO</b>	3	
keralac cream <b>GC,MO</b>	1	
KERALAC NAILSTIK <b>MO</b>	3	
KERALAC OINTMENT <b>MO</b>	3	
KERALYT RX 6 % TOPICAL GEL <b>MO</b>	3	
KEROL 42% REDI-CLOTHS <b>MO</b>	3	
ketoconazole 2% cream <b>GC,MO</b>	1	
ketoconazole 2% foam <b>MO</b>	3	
ketoconazole 2% shampoo <b>GC,MO</b>	1	
ketodan 2 % topical foam <b>MO</b>	3	
KLARON 10 % TOPICAL SUSP <b>GB,MO</b>	3	
kuric 2% cream <b>GC,MO</b>	1	
LAC-HYDRIN 12 % LOTION <b>MO</b>	3	
LAC-HYDRIN 12 % TOPICAL CREAM <b>MO</b>	3	
laclotion 12 % <b>MO</b>	2	
lavoclen-4 (new cleanser) 4 % topical kit <b>MO</b>	2	
lavoclen-4 4 % topical cleanser <b>GC,MO</b>	1	
lavoclen-8 (new cleanser) 8 % topical kit <b>GC,MO</b>	1	
lavoclen-8 8 % topical cleanser <b>MO</b>	2	
LEVULAN 20 % TOPICAL SOLN <b>MO</b>	3	
LIDAMANTLE HC 3 %-0.5 % TOPICAL CREAM <b>MO</b>	3	PA
LIDAMANTLE HC LOTION <b>MO</b>	3	B vs D
lidocaine 3% cream <b>GC,MO</b>	1	
lidocaine 5% ointment <b>GC,MO</b>	1	B vs D
lidocaine hcl 3% lotion <b>GC,MO</b>	1	
lidocaine-hc 3-0.5% cream <b>MO</b>	2	
lidocaine-hc 3-0.5% cream kit <b>MO</b>	2	
lidocaine-hc 3-0.5% lotion <b>MO</b>	2	B vs D
lidocaine-hc 3-1% cream kit <b>MO</b>	2	
lidocaine-prilocaine cream <b>MO</b>	2	B vs D
LIDODERM 5 % (700 MG/PATCH) ADHESIVE PATCH <b>MO</b>	3	PA,QL (90 per 30 days)
lindane 1% lotion <b>MO</b>	3	
lindane 1% shampoo <b>MO</b>	3	
LOCOID 0.1 % LOTION <b>MO</b>	3	
LOCOID 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
LOCOID 0.1 % TOPICAL CREAM <b>MO</b>	3	
LOCOID 0.1 % TOPICAL SOLN <b>MO</b>	3	
LOCOID LIPOCREAM 0.1 % TOPICAL <b>MO</b>	3	
lokara 0.05 % lotion <b>MO</b>	2	
LOTRISONE 1 %-0.05 % TOPICAL CREAM <b>GB,MO</b>	3	
LTA PRE-ATTACHED 4 % LARYNGOTRACHEAL SOLN <b>MO</b>	3	B vs D
malathion 0.5% lotion <b>GC,MO</b>	1	
MENTAX 1 % TOPICAL CREAM <b>GB,MO</b>	3	
METROCREAM 0.75 % TOPICAL <b>MO</b>	3	PA
metronidazole 0.75% cream <b>GC,MO</b>	1	
metronidazole 0.75% lotion <b>GC,MO</b>	1	
metronidazole topical 0.75% gl <b>GC,MO</b>	1	
metronidazole vaginal 0.75% gl <b>GC,MO</b>	1	
METVIXIA 16.8 % (168 MG/GRAM) TOPICAL CREAM <b>MO</b>	3	
miconazole-3 200 mg vaginal suppository <b>MO</b>	2	
mometasone furoate 0.1% cream <b>GC,MO</b>	1	
mometasone furoate 0.1% oint <b>GC,MO</b>	1	
mometasone furoate 0.1% soln <b>GC,MO</b>	1	
mupirocin 2% ointment <b>GC,MO</b>	1	
myorisan 10 mg capsule <b>MO</b>	2	
myorisan 20 mg capsule <b>MO</b>	2	
myorisan 40 mg capsule <b>MO</b>	2	
NAFTIN 1 % TOPICAL GEL <b>MO</b>	2	
NAFTIN 2 % TOPICAL CREAM <b>MO</b>	2	
NEOBENZ MICRO CREAM PLUS PACK 5.5 % TOPICAL KIT <b>MO</b>	3	
NEOBENZ MICRO SD 5.5% CREAM <b>MO</b>	3	
neomy-polymyxin b 40 mg/ml amp <b>MO</b>	2	
NEOSPORIN GU IRRIGANT 40 MG-200,000 UNIT/ML <b>MO</b>	3	
NIZORAL 2 % SHAMPOO <b>GB,MO</b>	3	
NORITATE 1 % TOPICAL CREAM <b>MO</b>	3	
nuzole 2 % topical cream <b>MO</b>	2	
NUZON GEL <b>MO</b>	3	
nyamyc 100,000 unit/g topical powder <b>GC,MO</b>	1	
nystatin 100,000 unit/gm cream <b>GC,MO</b>	1	
nystatin 100,000 unit/gm powd <b>GC,MO</b>	1	
nystatin 100,000 units/gm oint <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nystatin vaginal tablet <b>GC,MO</b>	1	
nystatin-triamcinolone cream <b>GC,MO</b>	1	
nystatin-triamcinolone ointm <b>GC,MO</b>	1	
nystop 100,000 unit/g topical powder <b>GC,MO</b>	1	
oralone 0.1 % dental paste <b>GC,MO</b>	1	
oscion 3% cleanser <b>GC,MO</b>	1	
oscion 3% pad <b>GC,MO</b>	1	
oscion 6% cleanser <b>GC,MO</b>	1	
oscion 6% pad <b>GC,MO</b>	1	
oscion 9% cleanser <b>GC,MO</b>	1	
oscion 9% pad <b>GC,MO</b>	1	
OVACE PLUS SHAMPOO 10 % <b>MO</b>	3	
OVIDE 0.5 % LOTION <b>GB,MO</b>	3	PA
OXALIS OINTMENT <b>MO</b>	3	
OXISTAT 1 % LOTION <b>MO</b>	3	
OXISTAT 1 % TOPICAL CREAM <b>MO</b>	3	
OXSORALEN 1 % LOTION <b>MO</b>	3	
OXSORALEN ULTRA 10 MG CAPSULE <b>MO</b>	4	
PAIN EASE TOPICAL SPRAY <b>MO</b>	3	
PANDEL 0.1 % TOPICAL CREAM <b>MO</b>	3	
PANRETIN 0.1 % TOPICAL GEL <b>MO</b>	4	
pedi-dri 100,000 unit/g topical powder <b>GC,MO</b>	1	
permethrin 5% cream <b>MO</b>	2	
phenazopyridine 100 mg tab <b>GC,MO</b>	1	
phenazopyridine 200 mg tab <b>GC,MO</b>	1	
podocon 25 % topical liquid <b>MO</b>	2	
podofilox 0.5% topical soln <b>MO</b>	2	
PONTOCAINE 2 % TOPICAL SOLN <b>MO</b>	3	
prednicarbate 0.1% cream <b>MO</b>	2	
prednicarbate 0.1% ointment <b>GC,MO</b>	1	
procto-pak 1 % rectal cream <b>GC,MO</b>	1	
PROCTOCORT 1 % RECTAL CREAM <b>GB,MO</b>	3	
proctocream-hc 2.5 % rectal <b>GC,MO</b>	1	
proctosol hc 2.5 % rectal cream <b>GC,MO</b>	1	
proctozone-hc 2.5 % rectal cream <b>GC,MO</b>	1	
PYRIDIDIUM 100 MG TABLET <b>MO</b>	3	

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PYRIDIDIUM 200 MG TABLET <b>MO</b>	3	
PYROGALLIC ACID 25 %-2 % OINTMENT <b>MO</b>	3	
re 40 gel <b>GC,MO</b>	1	
re benzoyl peroxide 3.5% cream <b>GC,MO</b>	1	
re benzoyl peroxide 5.5% cream <b>GC,MO</b>	1	
re benzoyl peroxide 8.5% cream <b>GC,MO</b>	1	
re sa 6% cream <b>MO</b>	3	
re sa 6% lotion <b>GC,MO</b>	1	
re urea 40 lotion <b>MO</b>	3	
re-u40 foam <b>GC,MO</b>	1	
REGRANEX 0.01 % TOPICAL GEL <b>MO</b>	4	
relagard 0.9 %-0.025 % vaginal gel <b>GC,MO</b>	1	
remeven 50 % topical cream <b>GC,MO</b>	1	
RIMSO-50 50 % INTRAVESICAL <b>GC,MO</b>	1	
rosadan 0.75 % topical gel <b>GC,MO</b>	1	
ROSULA AQUEOUS GEL <b>MO</b>	3	
ROSULA CLEANSER <b>MO</b>	3	
ROSULA NS MEDICATED PADS <b>MO</b>	3	
salacyn 6 % lotion <b>GC,MO</b>	1	
SALEX 6 % SHAMPOO <b>MO</b>	3	
salicylic acid 6% gel <b>MO</b>	2	
salicylic acid 6% shampoo <b>MO</b>	2	
SANTYL 250 UNIT/G OINTMENT <b>MO</b>	3	
scalacort 2 % lotion <b>GC,MO</b>	1	
scalp treatment kit <b>GC,MO</b>	1	
selenium sulfide 2.25% shampoo <b>GC,MO</b>	1	
selenium sulfide 2.5% lotion <b>GC,MO</b>	1	
SELSEB 2.25% SHAMPOO <b>MO</b>	3	PA
SILVADENE 1 % TOPICAL CREAM <b>MO</b>	3	
silver nitrate 0.5% soln <b>GC,MO</b>	1	
silver nitrate 10% ointment <b>GC,MO</b>	1	
silver nitrate 10% solution <b>GC,MO</b>	1	
silver nitrate 25% solution <b>GC,MO</b>	1	
silver nitrate 50% solution <b>GC,MO</b>	1	
silver sulfadiazine 1% cream <b>GC,MO</b>	1	
sodium sulfacetamide med pads <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SORIATANE 10 MG CAPSULE <b>MO</b>	4	
SORIATANE 17.5 MG CAPSULE <b>MO</b>	4	
SORIATANE 22.5 MG CAPSULE <b>MO</b>	4	
SORIATANE 25 MG CAPSULE <b>MO</b>	4	
sotret 20 mg capsule <b>MO</b>	2	
SPRAY AND STRETCH TOPICAL <b>MO</b>	3	
SSD 1 % TOPICAL CREAM <b>GC,MO</b>	1	
SSD AF 1% CREAM <b>GC,MO</b>	1	
STELARA 45 MG/0.5 ML SUB-Q SYRINGE <b>MO</b>	4	PA,QL (3 per 84 days)
STELARA 45 MG/0.5 ML VIAL <b>MO</b>	4	PA,QL (3 per 84 days)
STELARA 90 MG/ML SUB-Q SYRINGE <b>MO</b>	4	PA,QL (3 per 84 days)
sulfacetamide sod 10% top susp <b>GC,MO</b>	1	
sulfacetamide sodium 10% lot <b>GC,MO</b>	1	
SULFAMYLON 50 GRAM TOPICAL PACKET <b>MO</b>	3	
SULFAMYLON 85 MG/G TOPICAL CREAM <b>GB,MO</b>	3	
SURE COMFORT ALCOHOL PREP PADS <b>GC,MO</b>	1	
SURE-PREP ALCOHOL PREP PADS <b>GC,MO</b>	1	
SYNERA 70 MG-70 MG PATCH <b>MO</b>	3	B vs D
TACLONEX 0.005 %-0.064 % OINTMENT <b>MO</b>	2	
TACLONEX SCALP 0.005 %-0.064 % TOPICAL SUSP <b>MO</b>	2	QL (120 per 30 days)
TARGRETIN 1 % TOPICAL GEL <b>SP</b>	4	PA
TAZORAC 0.05 % TOPICAL CREAM <b>MO</b>	3	
TAZORAC 0.05 % TOPICAL GEL <b>MO</b>	3	
TAZORAC 0.1 % TOPICAL CREAM <b>MO</b>	3	
TAZORAC 0.1 % TOPICAL GEL <b>MO</b>	3	
TERAZOL 3 0.8 % VAGINAL CREAM <b>GB,MO</b>	3	
TERAZOL 3 80 MG VAGINAL SUPPOSITORY <b>MO</b>	3	
TERAZOL 7 0.4 % VAGINAL CREAM <b>MO</b>	3	
terconazole 0.4% cream <b>GC,MO</b>	1	
terconazole 0.8% cream <b>GC,MO</b>	1	
terconazole 80 mg suppository <b>GC,MO</b>	1	
TEXACORT 2.5 % TOPICAL SOLN <b>MO</b>	3	
THERMAZENE 1 % TOPICAL CREAM <b>GC,MO</b>	1	
tretinoin 0.01% gel <b>MO</b>	2	PA
tretinoin 0.025% cream <b>MO</b>	2	PA
tretinoin 0.025% gel <b>MO</b>	2	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
tretinoin 0.05% cream <b>MO</b>	2	PA
tretinoin 0.1% cream <b>MO</b>	2	PA
TRI-CHLOR 80 % TOPICAL SOLN <b>MO</b>	3	
triamcinolone 0.025% cream <b>GC,MO</b>	1	
triamcinolone 0.025% lotion <b>GC,MO</b>	1	
triamcinolone 0.025% oint <b>GC,MO</b>	1	
triamcinolone 0.05% oint <b>GC,MO</b>	1	
triamcinolone 0.1% cream <b>GC,MO</b>	1	
triamcinolone 0.1% lotion <b>GC,MO</b>	1	
triamcinolone 0.1% ointment <b>GC,MO</b>	1	
triamcinolone 0.1% paste <b>MO</b>	2	
triamcinolone 0.5% cream <b>GC,MO</b>	1	
triamcinolone 0.5% ointment <b>GC,MO</b>	1	
TRIAZ 3% CLEANSER <b>MO</b>	3	
TRIAZ 3% PAD <b>MO</b>	3	
TRIAZ 6% CLEANSER <b>MO</b>	3	
TRIAZ 6% PAD <b>MO</b>	3	
TRIAZ 9% CLEANSER <b>MO</b>	3	
TRIAZ 9% PAD <b>MO</b>	3	
trichloroacetic acid 25% <b>GC,MO</b>	1	
trichloroacetic acid 70% <b>GC,MO</b>	1	
trichloroacetic acid 75% <b>GC,MO</b>	1	
trichloroacetic acid 80% <b>GC,MO</b>	1	
triderm 0.1 % topical cream <b>GC,MO</b>	1	
u-cort 1 %-10 % topical cream <b>GC,MO</b>	1	
u40 foam <b>GC,MO</b>	1	
ULTILET ALCOHOL SWAB <b>GC,MO</b>	1	
UMECTA 40 % TOPICAL <b>MO</b>	3	
umecta 40 % topical foam <b>MO</b>	3	
UMECTA 40 % TOPICAL SUSP <b>MO</b>	3	
UMECTA PD 40 % TOPICAL EMULSION <b>MO</b>	3	
UMECTA PD 40 % TOPICAL SUSPENSION <b>MO</b>	3	
URAMAXIN 20 % TOPICAL FOAM <b>MO</b>	3	
urea 40 gel <b>GC,MO</b>	1	
urea 40 lotion <b>GC,MO</b>	1	
urea 40% cream <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
urea 40% gel <b>GC,MO</b>	1	
urea 40% nail film susp <b>MO</b>	3	
urea 42% cloths <b>GC,MO</b>	1	
urea 50% cream <b>GC,MO</b>	1	
urea 50% nailstik <b>GC,MO</b>	1	
urea 50% ointment <b>GC,MO</b>	1	
urea nail stick 50 % topical soln <b>MO</b>	3	
UVADEX 20 MCG/ML INJECTION <b>MO</b>	3	B vs D
VANDAZOLE 0.75 % VAGINAL GEL <b>GB,MO</b>	2	
VANOS 0.1 % TOPICAL CREAM <b>MO</b>	3	
VANOXIDE-HC 5 %-0.5 % TOPICAL SUSP <b>MO</b>	3	
VELTIN 1.2 %-0.025 % TOPICAL GEL <b>MO</b>	3	
VERDESO 0.05 % TOPICAL FOAM <b>MO</b>	3	
VEREGEN 15 % OINTMENT <b>MO</b>	3	
VERSICLEAR LOTION <b>MO</b>	3	
vitazol 0.75 % topical cream <b>MO</b>	3	
WEBCOL TOPICAL PADS <b>GC,MO</b>	1	
WESTCORT 0.2 % OINTMENT <b>GB,MO</b>	3	
x-viate 40 % lotion <b>GC,MO</b>	1	
x-viate 40 % topical cream <b>GC,MO</b>	1	
x-viate 40 % topical gel <b>GC,MO</b>	1	
XERAC AC 6.25 % TOPICAL SOLN <b>MO</b>	3	
zaclir 4% cleansing lotion <b>GC,MO</b>	1	
zaclir 8% cleansing lotion <b>GC,MO</b>	1	
zazole 0.4 % vaginal cream <b>GC,MO</b>	1	
ZAZOLE 0.8 % VAGINAL CREAM <b>GC,MO</b>	1	
ZODERM 4.5% CLEANSER <b>MO</b>	3	
ZODERM 4.5% CREAM <b>MO</b>	3	
ZODERM 4.5% GEL <b>MO</b>	3	
ZODERM 4.5% REDI-PADS <b>MO</b>	3	
ZODERM 6.5% CLEANSER <b>MO</b>	3	
ZODERM 6.5% CREAM <b>MO</b>	3	
ZODERM 6.5% GEL <b>MO</b>	3	
ZODERM 6.5% REDI-PADS <b>MO</b>	3	
ZODERM 8.5% CLEANSER <b>MO</b>	3	
ZODERM 8.5% CREAM <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZODERM 8.5% GEL <b>MO</b>	3	
ZODERM 8.5% REDI-PADS <b>MO</b>	3	
ZOVIRAX 5 % OINTMENT <b>MO</b>	3	PA
ZOVIRAX 5 % TOPICAL CREAM <b>MO</b>	3	ST
ZYCLARA 2.5 % TOPICAL CREAM PUMP <b>MO</b>	3	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET <b>MO</b>	3	
ZYCLARA 3.75 % TOPICAL CREAM PUMP <b>MO</b>	3	QL (15 per 30 days)
<b>SMOOTH MUSCLE RELAXANTS</b>		
aminophylline 100 mg tablet <b>GC,MO</b>	1	
aminophylline 200 mg tablet <b>GC,MO</b>	1	
aminophylline 250 mg/10 ml v1 <b>GC,MO</b>	1	
aminophylline 500 mg/20 ml v1 <b>GC,MO</b>	1	
DETROL 1 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
DETROL 2 MG TABLET <b>MO</b>	2	QL (60 per 30 days)
DETROL LA 2 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
DETROL LA 4 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	2	QL (30 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML <b>GC,MO</b>	1	
ENABLEX 15 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
ENABLEX 7.5 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
flavoxate hcl 100 mg tablet <b>MO</b>	2	
GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET <b>MO</b>	3	QL (30 per 30 days)
GELNIQUE 28 MG/0.92 GRAM (3 %) TRANSDERMAL GEL PUMP <b>MO</b>	3	QL (92 per 30 days)
LUFYLLIN 200 MG TABLET <b>MO</b>	3	
oxybutynin 5 mg tablet <b>GC,MO</b>	1	
oxybutynin 5 mg/5 ml syrup <b>GC,MO</b>	1	
oxybutynin cl er 10 mg tablet <b>MO</b>	2	QL (60 per 30 days)
oxybutynin cl er 15 mg tablet <b>MO</b>	2	QL (60 per 30 days)
oxybutynin cl er 5 mg tablet <b>MO</b>	2	QL (60 per 30 days)
SANCTURA XR 60 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
theochron 100 mg tablet,extended release <b>GC,MO</b>	1	
theochron 200 mg tablet,extended release <b>GC,MO</b>	1	
theochron 300 mg tablet,extended release <b>GC,MO</b>	1	
theophylline 200 mg/100 ml d5w <b>GC,MO</b>	1	
theophylline 200 mg/50 ml d5w <b>GC,MO</b>	1	
theophylline 400 mg/250 ml d5w <b>GC,MO</b>	1	
theophylline 400 mg/500 ml d5w <b>GC,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
theophylline 80 mg/15 ml soln <b>GC,MO</b>	1	
theophylline 800 mg/1 l d5w <b>GC,MO</b>	1	
theophylline 800 mg/250 ml d5w <b>GC,MO</b>	1	
theophylline 800 mg/500 ml d5w <b>GC,MO</b>	1	
theophylline er 100 mg tablet <b>GC,MO</b>	1	
theophylline er 200 mg tablet <b>GC,MO</b>	1	
theophylline er 300 mg tab <b>GC,MO</b>	1	
theophylline er 400 mg tablet <b>GC,MO</b>	1	
theophylline er 450 mg tab <b>GC,MO</b>	1	
theophylline er 600 mg tablet <b>GC,MO</b>	1	
tolterodine tartrate 1 mg tab <b>MO</b>	2	QL (60 per 30 days)
tolterodine tartrate 2 mg tab <b>MO</b>	2	QL (60 per 30 days)
tropium chloride 20 mg tablet <b>MO</b>	3	
VESICARE 10 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
VESICARE 5 MG TABLET <b>MO</b>	2	QL (30 per 30 days)
<b>VITAMINS</b>		
ATABEX EC 29 MG-1 MG-50 MG TABLET,DELAYED RELEASE <b>MO</b>	3	
bal-care dha 27 mg-1 mg-430 mg tablet&capsule,delayed release <b>MO</b>	3	
bp multinatal plus chew tablet <b>MO</b>	3	
bp multinatal plus tablet <b>MO</b>	3	
CALCIJEX 1 MCG/ML IV <b>MO</b>	3	B vs D
calcitriol 0.25 mcg capsule <b>GC,MO</b>	1	B vs D
calcitriol 0.5 mcg capsule <b>GC,MO</b>	1	B vs D
calcitriol 1 mcg/ml ampul <b>GC,MO</b>	1	B vs D
calcitriol 1 mcg/ml solution <b>GC,MO</b>	1	B vs D
cavan one omega softgel <b>MO</b>	3	
cavan-ec sod dha 30 mg-1 mg-440 mg tablet&capsule,delayed release <b>MO</b>	3	
cavan-folate dha combo pack <b>MO</b>	3	
cavan-folate ob tablet <b>MO</b>	3	
cavan-heme ob tablet <b>MO</b>	3	
CITRANATAL 90 DHA (NEW FORMULA) 90 MG-1 MG-50 MG-300 MG ORAL PACK <b>MO</b>	3	
CITRANATAL ASSURE 35 MG-1 MG-50 MG-300 MG ORAL PACK <b>MO</b>	3	
CITRANATAL B-CALM PACK <b>MO</b>	3	
CITRANATAL DHA (NEW FORMULA) 27 MG-1 MG-50 MG-250 MG ORAL PACK <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
CITRANATAL HARMONY CAPSULE <b>MO</b>	3	
CITRANATAL RX (NEW FORMULA) 27 MG-1 MG-50 MG TABLET <b>MO</b>	3	
co-natal fa 29 mg-1 mg tablet <b>MO</b>	3	
complete natal dha 29 mg-1 mg-250 mg oral pack <b>MO</b>	3	
complete-rf prenatal 90 mg-1 mg-50 mg tablet <b>MO</b>	3	
completenate 29 mg-1 mg chewable tablet <b>MO</b>	3	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE <b>MO</b>	3	
CONCEPT OB 85 MG-1 MG CAPSULE <b>MO</b>	3	
corenate-dha combo pack <b>MO</b>	3	
dexpanthenol 250 mg/ml vial <b>GC,MO</b>	1	
docosavit softgel <b>MO</b>	3	
DUET DHA COMPLETE COMBO PACK <b>MO</b>	3	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK <b>MO</b>	3	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-430 MG ORAL PACK <b>MO</b>	3	
ED CYTE F TABLET <b>MO</b>	3	
edge ob caplet <b>MO</b>	3	
elite-ob 28 mg-1.25 mg-200 mg capsule <b>MO</b>	3	
elite-ob 400 35 mg-5 mg-1.2 mg-400 mg capsule <b>MO</b>	3	
elite-ob 50 mg-1.25 mg tablet <b>MO</b>	3	
FEMECAL OB TABLET <b>MO</b>	3	
folbecal 1 mg-200 mg-75 mg-12 mcg tablet,extended release <b>MO</b>	3	
folcaps care one capsule <b>MO</b>	3	
folinatal plus b 1 mg-200 mg-75 mg-12 mcg tablet,extended release <b>MO</b>	3	
folivane-ec calcium dha combo <b>MO</b>	3	
folivane-ob 85 mg-1 mg capsule <b>MO</b>	3	
folivane-prx dha nf 30 mg-1.24 mg-55 mg-265 mg capsule <b>MO</b>	3	
GESTICARE DHA 27 MG-1 MG-250 MG TABLET,EXTENDED RELEASE & CAPSULE <b>MO</b>	3	
GESTICARE TABLET <b>MO</b>	3	
HECTOROL 0.5 MCG CAPSULE <b>MO</b>	2	B vs D
HECTOROL 1 MCG CAPSULE <b>MO</b>	2	B vs D
HECTOROL 2 MCG/ML (1 ML) IV <b>MO</b>	2	B vs D
HECTOROL 2.5 MCG CAPSULE <b>MO</b>	2	B vs D
HECTOROL 4 MCG/2 ML IV <b>MO</b>	2	B vs D
ICAR-C PLUS SR CAPSULE <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
inatal advance 90 mg-1 mg-50 mg tablet <b>MO</b>	3	
inatal gt tablet <b>MO</b>	3	
inatal ultra 90 mg-1 mg-50 mg tablet <b>MO</b>	3	
kolnatal dha dr combo pack <b>MO</b>	3	
lactocal-f 65 mg-1 mg tablet <b>MO</b>	3	
levomefolatepvn 29 mg-0.5 mg-1.4 mg-200 mg oral pack <b>MO</b>	3	
M-VIT 27 MG-1 MG TABLET <b>MO</b>	3	
MARNATAL-F 60 MG IRON-1 MG CAPSULE <b>MO</b>	3	
maternity 27 mg-1 mg tablet <b>MO</b>	3	
MAXINATE 20 MG-0.8 MG TABLET <b>MO</b>	3	
MULTI-NATE 30 DHA 430 MG VIT <b>MO</b>	3	
MULTI-NATE 30 DHA PRENATAL VIT <b>MO</b>	3	
multi-nate 30 tablet <b>MO</b>	3	
MULTI-NATE DHA EXTRA PRENATAL <b>MO</b>	3	
multi-vitamin with fluoride 0.25 mg chewable tablet <b>GC,MO</b>	1	
multi-vitamin with fluoride 0.5 mg chewable tablet <b>MO</b>	3	
multi-vitamin with fluoride 1 mg chewable tablet <b>MO</b>	3	
multivit-fluor 0.5 mg tab chew <b>GC,MO</b>	1	
multivitamin with fluoride 0.5 mg chewable tablet <b>GC,MO</b>	1	
multivitamins with fluoride 0.25 mg chewable tablet <b>GC,MO</b>	1	
multivitamins with fluoride 0.5 mg chewable tablet <b>GC,MO</b>	1	
multivitamins with fluoride 1 mg chewable tablet <b>GC,MO</b>	1	
MVC-FLUORIDE 0.25 MG CHEWABLE TABLET <b>MO</b>	3	
MVC-FLUORIDE 0.5 MG CHEWABLE TABLET <b>MO</b>	3	
MVC-FLUORIDE 1 MG CHEWABLE TABLET <b>MO</b>	3	
MYKIDZ IRON FLUORIDE 10 MG-0.25 MG-1,500 UNIT/2 ML ORAL SUSP <b>MO</b>	3	
MYNATAL 65 MG-1 MG CAPSULE <b>MO</b>	3	
mynatal 90 mg-1 mg-50 mg tablet <b>MO</b>	3	
mynatal advance 90 mg-1 mg-50 mg tablet <b>MO</b>	3	
mynatal plus 65 mg-1 mg tablet <b>MO</b>	3	
mynatal-z 65 mg-1 mg tablet <b>MO</b>	3	
mynate 90 plus 90 mg-1 mg tablet,extended release <b>MO</b>	3	
NATA KOMplete 25 MG IRON-1 MG TABLET <b>MO</b>	3	
NATACHEW TABLET CHEW <b>MO</b>	3	
NATAFORT TABLET <b>MO</b>	3	

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

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NATALVIT 75 MG-1 MG TABLET <b>MO</b>	3	
NATELLE-EZ TABLET <b>MO</b>	3	
navatab + dha pack <b>MO</b>	3	
NEEVO CAPLET <b>MO</b>	3	
NEEVO DHA CAPSULE <b>MO</b>	3	
O-CAL FA 66 MG-1 MG TABLET <b>MO</b>	3	
O-CAL PRENATAL 15 MG-1 MG TABLET <b>MO</b>	3	
ob-natal one 27 mg-1 mg-330 mg capsule <b>MO</b>	3	
obstetrix dha 29 mg iron-1 mg-50 mg tablet&capsule, delayed release <b>MO</b>	3	
OBSTETRIX EC 29 MG-1 MG-50 MG TABLET, DELAYED RELEASE <b>MO</b>	3	
OBTREX 29 MG-1 MG-50 MG TABLET <b>MO</b>	3	
OBTREX DHA 29 MG IRON-1 MG-50 MG TABLET&CAPSULE, DELAYED RELEASE <b>MO</b>	3	
paire ob plus dha 22 mg-6 mg-1 mg-200 mg oral pack <b>MO</b>	3	
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack <b>MO</b>	3	
pnv-dha 27 mg-1 mg-300 mg capsule <b>MO</b>	3	
pnv-omega 28 mg-1 mg-300 mg capsule <b>MO</b>	3	
pnv-select 27 mg-1 mg tablet <b>MO</b>	3	
pnv-total 35 mg-5 mg-1.2 mg-400 mg capsule <b>MO</b>	3	
poly iron pn forte tablet <b>MO</b>	3	
poly iron pn tablet <b>MO</b>	3	
polyvit-iron-fl 0.5 mg/ml <b>GC,MO</b>	1	
pr natal 400 29 mg-1 mg-400 mg oral pack <b>MO</b>	3	
pr natal 400 ec 29 mg-1 mg-400 mg tablet&capsule, delayed release <b>MO</b>	3	
pr natal 430 29 mg-1 mg-430 mg oral pack <b>MO</b>	3	
pr natal 430 ec 29 mg-1 mg-430 mg tablet&capsule, delayed release <b>MO</b>	3	
pr natal 440 ec combo pack <b>MO</b>	3	
PRECARE CHEWABLE TABLET <b>MO</b>	3	
PRECARE CONCEIVE TABLET <b>MO</b>	3	
PRECARE PREMIER CAPLETS <b>MO</b>	3	
PREMESIS RX TABLET <b>MO</b>	3	
prencare tablet <b>MO</b>	3	
prenafirst 17 mg-1 mg tablet <b>MO</b>	3	
prenaplus 27 mg-1 mg tablet <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET <b>MO</b>	3	
PRENATABS FA 29 MG-1 MG TABLET <b>MO</b>	3	
PRENATABS RX 29 MG-1 MG TABLET <b>MO</b>	3	
prenatal 19 29 mg-1 mg chewable tablet <b>MO</b>	3	
prenatal 19 29 mg-1 mg tablet <b>MO</b>	3	
prenatal ad 90 mg-1 mg-50 mg tablet <b>MO</b>	3	
prenatal low iron 27 mg-1 mg tablet <b>MO</b>	3	
prenatal plus (calcium carbonate) 27 mg-1 mg tablet <b>MO</b>	3	
prenatal plus with iron (calcium carbonate) 27 mg-1 mg tablet <b>MO</b>	3	
PRENATAL-U 106.5 MG-1 MG CAPSULE <b>MO</b>	3	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE <b>MO</b>	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET <b>MO</b>	3	
PRENATE ELITE TABLET <b>MO</b>	3	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE <b>MO</b>	3	
PRENATE ESSENTIAL SOFTGEL <b>MO</b>	3	
prenate plus tablet <b>MO</b>	3	
PREQUE 10 15 MG IRON-0.5 MG-25 MG TABLET <b>MO</b>	3	
PREQUE 10 TABLET <b>MO</b>	3	
previte rx tablet <b>MO</b>	3	
PRIMACARE ADVANTAGE COMBO PACK <b>MO</b>	3	
PRIMACARE ONE SOFTGEL <b>MO</b>	3	
re dualvit ob capsule <b>MO</b>	3	
re multivit-fluor 0.25 mg tab <b>GC,MO</b>	1	
re multivit-fluor 0.5 mg tab <b>GC,MO</b>	1	
re multivit-fluor 1 mg tab chw <b>GC,MO</b>	1	
re ob + dha pack <b>MO</b>	3	
RE OB 90 + DHA PACK <b>MO</b>	3	
re prenatal multivit w-iron tb <b>MO</b>	3	
re previt+dha softgel <b>MO</b>	3	
re-nata 29 ob prenatal tablet <b>MO</b>	3	
re-nata 29 prenatal tablet <b>MO</b>	3	
relnate dha 28 mg-1 mg-200 mg capsule <b>MO</b>	3	
ROCALTROL 0.25 MCG CAPSULE <b>MO</b>	3	B vs D
ROCALTROL 0.5 MCG CAPSULE <b>MO</b>	3	B vs D
ROCALTROL 1 MCG/ML ORAL SOLN <b>MO</b>	3	B vs D
se-care chewable tablet <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
se-care conceive tablet <b>MO</b>	3	
se-care gesture tablet <b>MO</b>	3	
se-natal 19 29 mg-1 mg chewable tablet <b>MO</b>	3	
se-natal 19 29 mg-1 mg tablet <b>MO</b>	3	
se-natal 90 dr tablet <b>MO</b>	3	
se-natal one tablet <b>MO</b>	3	
se-plete dha softgel <b>MO</b>	3	
se-tan dha 30 mg-1 mg-310.1 mg capsule <b>MO</b>	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK <b>MO</b>	3	
SELECT-OB 29 MG-1 MG CHEWABLE TABLET <b>MO</b>	3	
setonet 29 mg-1 mg-430 mg oral pack <b>MO</b>	3	
SETONET-EC 29 MG-1 MG-430 MG TABLET&CAPSULE,DELAYED RELEASE <b>MO</b>	3	
TANDEM DHA CAPSULE <b>MO</b>	3	
TANDEM OB CAPSULE <b>MO</b>	3	
taron ec calcium dha comb pack <b>MO</b>	3	
taron-bc 20 mg iron-1 mg/25 mg tablets <b>MO</b>	3	
taron-c dha 35 mg-1 mg-200 mg capsule <b>MO</b>	3	
TARON-DUO EC 29 MG-1 MG-400 MG TABLET&CAPSULE,DELAYED RELEASE <b>MO</b>	3	
taron-ec cal tablet <b>MO</b>	3	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule <b>MO</b>	3	
tri rx 27 mg-1 mg-50 mg tablet <b>MO</b>	3	
tri-vit with fluoride & iron 0.25 mg-10 mg/ml oral drops <b>GC,MO</b>	1	
tri-vit-fluor-iron 0.25 mg/ml <b>GC,MO</b>	1	
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops <b>GC,MO</b>	1	QL (50 per 30 days)
triadvance 90 mg-1 mg-50 mg tablet <b>MO</b>	3	
trimesis rx 1 mg-200 mg-75 mg-12 mcg tablet,extended release <b>MO</b>	3	
trinatal gt 90 mg-1 mg-50 mg tablet <b>MO</b>	3	
trinatal rx 1 60 mg iron-1 mg tablet <b>MO</b>	3	
trinatal ultra 90 mg-1 mg-50 mg tablet <b>MO</b>	3	
TRINATE 28 MG-1 MG TABLET <b>MO</b>	3	
triveen-duo dha 29 mg-1 mg-400 mg oral pack <b>MO</b>	3	
triveen-one 27 mg-1 mg-250 mg capsule <b>MO</b>	3	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule <b>MO</b>	3	
triveen-ten 15 mg-0.5 mg-50 mg-50 mg tablet <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
triveen-u 106.5 mg-1 mg capsule <b>MO</b>	3	
trust natal dha 29 mg-1 mg-250 mg oral pack <b>MO</b>	3	
ultimate ob dha 22 mg-6 mg-1 mg-200 mg oral pack <b>MO</b>	3	
ultimatecare advantage combo <b>MO</b>	3	
ultimatecare combo pack <b>MO</b>	3	
ultimatecare one 27 mg-1 mg-330 mg capsule <b>MO</b>	3	
ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule <b>MO</b>	3	
vena-bal dha 27 mg-1 mg-430 mg tablet&capsule,delayed release <b>MO</b>	3	
venatal complete dha 27 mg-1 mg-430 mg tablet &capsule,delayed release <b>MO</b>	3	
vinacal 27 mg-1 mg-50 mg tablet <b>MO</b>	3	
vinate az 27 mg-1 mg tablet <b>MO</b>	3	
vinate az extra tablets <b>MO</b>	3	
vinate c tablet <b>MO</b>	3	
vinate calcium 27 mg-1 mg-50 mg tablet <b>MO</b>	3	
vinate care 40 mg-1 mg chewable tablet <b>MO</b>	3	
vinate gt 90 mg-1 mg-50 mg tablet <b>MO</b>	3	
vinate ic 162 mg-115.2 mg (106 mg)-1 mg capsule <b>MO</b>	3	
vinate ii 29 mg-1 mg tablet <b>MO</b>	3	
vinate m 27 mg-1 mg tablet <b>MO</b>	3	
vinate one 60 mg iron-1 mg tablet <b>MO</b>	3	
vinate pn care 30 mg-1 mg-50 mg tablet <b>MO</b>	3	
vinate ultra 90 mg-1 mg-50 mg tablet <b>MO</b>	3	
virt-pn 27 mg-1 mg tablet <b>MO</b>	3	
virt-pn dha 27 mg-1 mg-300 mg capsule <b>MO</b>	3	
VITAFOL-OB 65 MG-1 MG TABLET <b>MO</b>	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK <b>MO</b>	3	
VITAFOL-PN (UD) 65 MG-1 MG TABLET <b>MO</b>	3	
vitaphil + dha pack <b>MO</b>	3	
vitaphil caplet <b>MO</b>	3	
vitaspire 29 mg-1 mg tablet <b>MO</b>	3	
VIVA DHA 28 MG-1 MG-200 MG CAPSULE <b>MO</b>	3	
vp-era ob plus 22 mg-6 mg-1 mg tablet <b>MO</b>	3	
vynatal fa 65 mg-1 mg tablet <b>MO</b>	3	
zatean-ch 27 mg-1 mg-50 mg-250 mg capsule <b>MO</b>	3	
zatean-pn 27 mg-1 mg tablet <b>MO</b>	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zatean-pn dha 27 mg-1 mg-300 mg capsule <b>MO</b>	3	
ZEMPLAR 1 MCG CAPSULE <b>MO</b>	2	B vs D
ZEMPLAR 2 MCG CAPSULE <b>MO</b>	2	B vs D
ZEMPLAR 2 MCG/ML IV SOLUTION <b>MO</b>	2	B vs D
ZEMPLAR 4 MCG CAPSULE <b>MO</b>	2	B vs D
ZEMPLAR 5 MCG/ML IV SOLUTION <b>MO</b>	2	B vs D

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

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

# Index

A	
ACTHIB (PF) .....	163
ACTI-LANCE LANCETS .....	93
acticin .....	166
ACTIMMUNE .....	154
ACTIVASE .....	43
ACTONEL .....	154
ACTOPLUS MET .....	137
ACTOS .....	137
ACUFLEX .....	65
ACULAR .....	124
ACULAR LS .....	124
ACURA METER KIT .....	93
ACURA STARTER KIT .....	93
ACURA TEST STRIPS .....	111
ACUVAIL (PF) .....	124
acyclovir .....	10
acyclovir sodium .....	10
ACZONE .....	166
ADACEL (ADOLESCENT & ADULT)(PF) .....	163
ADAGEN .....	124
ADALAT CC .....	48
adapalene .....	166
ADCIRCA .....	48
ADENOCARD .....	48
adenosine .....	48
ADJUSTABLE LANCING DEVICE .....	93
ACTHAR H.P. ....	111
a-hydrocort .....	137
a-methapred .....	137
abacavir .....	10
ABELCET .....	10
ABILIFY .....	65
ABILIFY DISCMELT .....	65
ABRAXANE .....	31
acarbose .....	137
ACCU-CHEK ACTIVE TEST .....	111
ACCU-CHEK AVIVA .....	111
ACCU-CHEK COMFORT CURVE TEST .....	111
ACCUPRIL .....	47
ACCURETIC .....	47
ACCU-TREND GLUCOSE .....	111
acebutolol .....	47, 48
ACEON .....	48
acetaminophen-codeine .....	65
acetazol hc .....	124
acetazolamide .....	124
acetazolamide sodium .....	124
acetic acid .....	115, 124
acetic acid-aluminum acetate .....	124
acetylcysteine .....	161
acid jelly .....	166

adriamycin .....	31	albuterol sulfate .....	39
adriamycin pfs .....	31	ALCAINE .....	125
ADVAIR DISKUS .....	161	alclometasone .....	166
ADVAIR HFA .....	161	ALCOHOL PADS .....	166
ADVANCE INTUITION GLUCOSE .....	93	ALCOHOL PREP PADS .....	166
ADVANCE TEST .....	112	ALCOHOL PREP SWABS .....	166
ADVANCED LANCING DEVICE .....	93	ALCOHOL SWABS .....	171
ADVOCATE LANCET .....	93	ALCOHOL WIPES .....	166
ADVOCATE PEN NEEDLES .....	93	ALDACTAZIDE .....	48
ADVOCATE REDI-CODE .....	112	ALDACTONE .....	48
ADVOCATE SYRINGES .....	93	ALDURAZYME .....	124
ADVOCATE TEST STRIPS .....	112	alendronate .....	154
AEROBID .....	161	alfentanil .....	65
AEROBID-M .....	161	alfuzosin .....	39
afeditab cr .....	48	ali-flex .....	65
AFINITOR .....	31	aliclen .....	167
AGGRENEX .....	48	ALIMTA .....	31
AIMSCO INSULIN SYRINGE .....	93	ALINIA .....	10
AIMSCO ULTRA THIN II .....	93	ALKERAN .....	31
ak-con .....	124	allersol .....	125
AK-PENTOLATE .....	124	allopurinol .....	154
ak-poly-bac .....	124	allopurinol sodium .....	154
AKNE-MYCIN .....	166	ALOMIDE .....	125
akorn balanced salt .....	124	ALOPRIM .....	154
AKTEN (PF) .....	125	ALORA .....	137
ALA-CORT .....	166	ALPHAGAN P .....	125
ALA-SCALP .....	166	ALPHANINE SD .....	44
ALBENZA .....	10	alprazolam .....	65

ALREX .....	125	AMINOSYN II 8.5 % .....	115
ALTABAX .....	167	AMINOSYN II 8.5 %-ELECTROLYTES .....	115
altafrin .....	125	AMINOSYN M 3.5 % .....	115
altavera (28) .....	137	AMINOSYN 10 % .....	115
ALTERNATE SITE LANCET .....	93	AMINOSYN 3.5 % .....	115
ALTERNATE SITE LANCING DEVICE .....	93	AMINOSYN 7 % .....	115
ALVESCO .....	161	AMINOSYN 7 % WITH ELECTROLYTES .....	115
alyacen .....	137	AMINOSYN 8.5 % .....	115
amantadine .....	65	AMINOSYN 8.5 %-ELECTROLYTES .....	115
AMBISOME .....	10	AMINOSYN-HBC 7% .....	115
amcinonide .....	167	AMINOSYN-PF 10 % .....	115
AMERICAINE ANESTHETIC .....	167	AMINOSYN-PF 7 % (SULFITE-FREE) .....	115
amethia .....	137	AMINOSYN-RF 5.2 % .....	115
amethia lo .....	137	amiodarone .....	48
amethyst .....	137	AMITIZA .....	131
AMICAR .....	44	amitriptyline .....	65
amifostine crystalline .....	154	amlodipine .....	48
amikacin .....	10	amlodipine-atorvastatin .....	48, 49
amikacin (pf) .....	10	amlodipine-benazepril .....	49
amiloride .....	115	ammonium chloride .....	115
amiloride-hydrochlorothiazide .....	115	ammonium lactate .....	167
amino acids 15 % .....	115	AMMONUL .....	115
AMINOACETIC ACID .....	115	amnestem .....	167
aminocaproic acid .....	44	amoxapine .....	65, 66
aminophylline .....	181	amoxicillin .....	10, 11
AMINOSYN II 10 % .....	115	amoxicillin-pot clavulanate .....	10, 11
AMINOSYN II 15% .....	115	AMPHOTEC .....	11
AMINOSYN II 7 % .....	115	amphotericin b .....	11



ampicillin .....	11	apri .....	137
ampicillin sodium .....	11	APRISO .....	131
ampicillin-sulbactam .....	11	APTIVUS .....	11
AMPYRA .....	154	ARALAST .....	161
AMTURNIDE .....	49	ARALAST NP .....	161
amyl nitrite .....	49	ARALEN .....	11
anabar .....	66	aranelle (28) .....	137
ANACAINE .....	167	ARCALYST .....	154
ANADROL-50 .....	137	ARELIA .....	154
anagrelide .....	44	argatroban .....	44
ANASPAZ .....	39	ARISTOSPAN INTRA-ARTICULAR .....	137
anastrozole .....	31	ARISTOSPAN INTRALESIONAL .....	138
ANCOBON .....	11	ARRANON .....	31
ANDROGEL .....	137	ARZERRA .....	31
androxy .....	137	ASACOL .....	132
ANTABUSE .....	154	ASACOL HD .....	132
ANTARA .....	49	ASCENSIA AUTODISC TEST .....	112
antipyrine-benzocaine .....	125	ASMANEX TWISTHALER .....	161
antivenin micrurus fulvius .....	163	ASSURA EASICLOSE MINI POUCH .....	93
ANTIVERT .....	131	ASSURE ID INSULIN SAFETY .....	93
ANUSOL-HC .....	167	ASSURE LANCE .....	93
apexicon .....	167	ASSURE PLATINUM .....	93, 112
apexicon e .....	167	ASSURE PRO BLOOD GLUCOSE METER .....	93
APHTHASOL .....	125	ASSURE PRO TEST STRIPS .....	112
APIDRA .....	137	ASSURE 3 TEST .....	112
APIDRA SOLOSTAR .....	137	ASSURE 4 CONTROL SOLUTION .....	93
APOKYN .....	66	ASSURE 4 METER .....	93
apraclonidine .....	125	ASSURE 4 STRIPS .....	112

ASTELIN .....	125	AUTOLET MKII CLINISAFE DEVICE .....	94
ASTEPRO .....	125	AUTOLET PLATFORMS .....	94
astramorph-pf .....	66	AUTOPEN 1 TO 16 UNITS .....	94
ATABEX EC .....	182	AUTOPEN 1 TO 21 UNITS .....	94
ATACAND .....	49	AUTOPEN 2 TO 32 UNITS .....	94
ATACAND HCT .....	49	AUTOPEN 2 TO 42 UNITS .....	94
ATELVIA .....	154	AVALIDE .....	49
atenolol .....	49	AVANDAMET .....	138
atenolol-chlorthalidone .....	49	AVANDARYL .....	138
ATGAM .....	154	AVANDIA .....	138
atorvastatin .....	49	AVASTIN .....	31
atovaquone-proguanil .....	11	AVC VAGINAL .....	167
atracurium .....	39	AVELOX IN NA CL (ISO-OSMOTIC) .....	11
ATRIPLA .....	11	aviane .....	138
atropine .....	39, 125	AVINZA .....	66
atropine sulfate (pf) .....	125	AVODART .....	154
ATROPINE-CARE .....	125	AVONEX .....	154
ATROVENT .....	125	AVONEX ADMINISTRATION PACK .....	154
ATROVENT HFA .....	39	AXONA .....	115
aurodex .....	125	AYGESTIN .....	138
auroguard .....	125	AZACTAM .....	11
AURORA HEALTHCARE LANCETS .....	93	AZACTAM-ISO-OSMOTIC DEXTROSE .....	11
AUTOJECT 2 .....	94	AZASITE .....	125
AUTOJECT 2 INJECTION DEVICE .....	94	azathioprine .....	154
AUTOLET IMPRESSION LANC DEV .....	94	azathioprine sodium .....	154
AUTOLET LITE CLINISAFE .....	94	azelastine .....	125
AUTOLET LITE CLINISAFE DEVICE .....	94	AZELEX .....	167
AUTOLET MINI .....	94	AZILECT .....	66

azithromycin .....	12	BD INSULIN PEN NEEDLE UF MINI .....	94
azithromycin hydrogen citrate .....	12	BD INSULIN PEN NEEDLE UF ORIG .....	94
AZOPT .....	125	BD INSULIN PEN NEEDLE UF SHORT .....	94
aztreonam .....	12	BD INSULIN SYRINGE .....	94
AZULFIDINE .....	12	BD INSULIN SYRINGE HALF UNIT .....	94
AZULFIDINE EN-TABS .....	12	BD INSULIN SYRINGE MICRO-FINE .....	94
azurette .....	138	BD INSULIN SYRINGE SAFETY-LOK .....	94
		BD INSULIN SYRINGE SLIP TIP .....	94
<b>B</b>			
baciim .....	12	BD INSULIN SYRINGE ULT-FINE II .....	94
bacitracin .....	12, 125	BD INSULIN SYRINGE ULTRA-FINE .....	95
bacitracin-polymyxin b .....	125	BD INTEGRA INSULIN SYRINGE .....	95
baclofen .....	39	BD LANCET DEVICE .....	95
BACTRIM .....	12	BD LO-DOSE MICRO-FINE IV .....	95
BACTRIM DS .....	12	BD LO-DOSE ULTRA-FINE .....	95
BACTROBAN .....	167	BD MICROTAINER LANCET .....	95
BACTROBAN NASAL .....	125	BD SAFETYGLIDE INSULIN SYRINGE .....	95
BAL IN OIL .....	136	BD SAFETYGLIDE SYRINGE .....	95
bal-care dha .....	182	BD ULTRA FINE LANCETS .....	95
balanced salt .....	125	BD ULTRA FINE 33G LANCETS .....	95
balsalazide .....	132	BD ULTRA-FINE NANO PEN NEEDLES .....	95
balziva (28) .....	138	be-flex plus .....	66
BANZEL .....	66	benazepril .....	49
BARACLUDE .....	12	benazepril-hydrochlorothiazide .....	50
baycadron .....	138	bencort .....	167
BCG VACCINE, LIVE (PF) .....	163	BENLYSTA .....	154
BD ALCOHOL SWAB .....	167	benprox .....	167
BD AUTOSHIELD PEN NEEDLE .....	94	bensal hp .....	167
BD ECLIPSE LUER-LOK .....	94	BENZAC AC .....	167

benzac ac wash .....	167	BICNU .....	31
benzac w wash .....	167	BIDIL .....	50
BENZACLIN .....	167	BILTRICIDE .....	12
BENZACLIN CAREKIT .....	167	BIONIME RIGHTEST TEST STRIPS .....	112
BENZACLIN PUMP .....	167	bioregesic .....	66
BENZASHAVE-10 .....	167	bisoprolol fumarate .....	50
BENZASHAVE-5 .....	167	bisoprolol-hydrochlorothiazide .....	50
BENZIQLS .....	167	bleomycin .....	31
benzoin .....	168	BLEPH-10 .....	125
benzoyl peroxide .....	168	BLEPHAMIDE .....	126
benzoyl peroxide microspheres .....	177	BLEPHAMIDE S.O.P. ....	126
benzoyl peroxide-urea .....	168	BLOOD GLUCOSE MONITOR KIT .....	100
benztropine .....	66	BLOOD GLUCOSE MONITORING .....	95
BESIVANCE .....	125	BLOOD GLUCOSE TEST .....	112
BETA-VAL .....	168	BLOOD SUGAR DIAGNOSTIC .....	112
BETADINE OPHTHALMIC PREP .....	125	BLOOD-GLUCOSE METER .....	95, 98
BETAGAN .....	125	BONIVA .....	155
betamethasone acet & sod phos .....	138	BOOSTRIX (PF) .....	163
betamethasone dipropionate .....	168	bp .....	168
betamethasone valerate .....	168	bp 10-1 .....	168
betamethasone, augmented .....	168	bpo .....	169
BETASERON .....	155	BREEZE 2 .....	95
betaxolol .....	50, 125	BREEZE 2 TEST STRIPS .....	112
bethanechol chloride .....	39	BREVIBLOC .....	50
BETIMOL .....	125	BREVIBLOC IN NACL (ISO-OSM) .....	50
bicalutamide .....	31	BREVICON (28) .....	138
BICILLIN C-R .....	12	BREVOXYL-4 .....	169
BICILLIN L-A .....	12	BREVOXYL-8 .....	169

briellyn .....	138	CAFERGOT .....	39
brimonidine .....	126	caffeine citrated .....	67
bromocriptine .....	66	caffeine-sodium benzoate .....	67
BROVANA .....	39	cafgesic .....	67
BSS .....	126	cafgesic forte .....	67
BSS PLUS .....	126	CALAN .....	50
budeprion sr .....	66	CALAN SR .....	50
budeprion xl .....	66	CALCIJEX .....	182
budesonide .....	138, 162	calcipotriene .....	169
bumetanide .....	116	calcitonin (salmon) .....	138
BUPHENYL .....	116	calcitrene .....	169
bupivacaine .....	151	calcitriol .....	182
bupivacaine (pf) .....	151, 152	calcium acetate .....	116
bupivacaine-dextrose-water(pf) .....	152	calcium chloride .....	116
bupivacaine-epinephrine .....	152	CALCIUM DISODIUM VERSENATE .....	136
BUPRENEX .....	66	calcium folinate (leucovorin) .....	155
buprenorphine .....	66	calcium gluconate .....	116
buproban .....	67	camila .....	138
bupropion hcl .....	67	CAMPATH .....	31
bupirone .....	67	CAMPRAL .....	67
BUSULFEX .....	31	CAMPRAL DOSE PAK .....	67
BUTISOL .....	67	CAMPTOSAR .....	31
butorphanol tartrate .....	67	camrese .....	138
BYETTA .....	138	camrese lo .....	138
BYSTOLIC .....	50	CANASA .....	132
		CANCIDAS .....	12
	<b>C</b>	CANTIL .....	39
cabergoline .....	67	CAPASTAT .....	12
CAFCIT .....	67		

CAPEX .....	169	CARNITOR SUGAR-FREE .....	155
CAPITAL WITH CODEINE .....	67	carteolol .....	126
CAPRELSA .....	31	cartia xt .....	51
captopril .....	50	CARTICEL .....	155
captopril-hydrochlorothiazide .....	50	carvedilol .....	51
CARAC .....	169	CASODEX .....	31
CARAFATE .....	132	cavan one omega .....	182
CARBAGLU .....	116	cavan-ec sod dha .....	182
carbamazepine .....	67, 68	cavan-folate dha .....	182
CARBATROL .....	68	cavan-folate ob .....	182
carbidopa-levodopa .....	68	cavan-heme ob .....	182
carbidopa-levodopa-entacapone .....	68	cavirinse .....	155
CARBOCAINE .....	152	CAYSTON .....	12
CARBOCAINE (PF) .....	152	caziant .....	138
carboplatin .....	31	CEDAX .....	12
CARDENE SR .....	50	CEENU .....	32
CAREONE LANCING DEVICE .....	95	cefaclor .....	12
CAREONE THIN LANCET .....	95	cefadroxil .....	12, 13
CAREONE ULTIGUARD .....	95	cefazolin .....	13
CAREONE ULTRA THIN LANCET .....	95	cefazolin in dextrose (iso-os) .....	13
CARESENS N TEST STRIPS .....	112	cefdinir .....	13
carimune nf nanofiltered .....	163	cefepime .....	13
carisoprodol .....	39	cefepime in dextrose, iso-osm .....	13
carisoprodol-asa-codeine .....	40	cefepime in d5w .....	13
carisoprodol-aspirin .....	39	cefotaxime .....	13
CARMOL SCALP TREATMENT .....	169	cefotetan .....	13
carmol 40 .....	169	cefotetan in dextrose, iso-osm .....	13
CARNITOR .....	155	cefoxitin .....	13

cefoxitin in dextrose, iso-osm .....	13	CETACAINE MEDICAL KIT E .....	169
cefpodoxime .....	13, 14	cetirizine .....	30
cefprozil .....	14	CHANTIX.....	40
ceftazidime .....	14	CHANTIX CONTINUING MONTH BOX .....	40
ceftazidime in d5w .....	14	CHANTIX CONTINUING MONTH PAK .....	40
ceftriaxone .....	14	CHANTIX STARTING MONTH BOX .....	40
ceftriaxone in dextrose,iso-os .....	14	CHANTIX STARTING MONTH PAK .....	40
cefuroxime axetil .....	14	CHEMET .....	136
cefuroxime sodium .....	14	CHEMSTRIP UGK .....	112
cefuroxime-dextrose (iso-osm) .....	14	CHENODAL .....	132
CELEBREX .....	68	chloramphenicol sod succinate .....	14
CELESTONE .....	138	chlorhexidine gluconate .....	126
CELESTONE SOLUSPAN .....	138	chlorprocaine (pf) .....	152
CELLCEPT .....	155	chloroquine phosphate .....	14, 15
CELLCEPT INTRAVENOUS .....	155	chlorothiazide.....	116
CELONTIN .....	68	chlorothiazide sodium .....	116
CENTANY .....	169	chloroxylenol-pramoxine .....	126
CENTANY AT .....	169	chlorpromazine .....	68
cephalexin .....	14	chlorthalidone .....	116
CEPROTIN (BLUE BAR) .....	44	cholestyramine (with sugar) .....	51
CEPROTIN (GREEN BAR) .....	44	cholestyramine light .....	51
CEREDASE .....	124	choline & magnesium salicylate .....	69
CEREZYME .....	124	choline-mag trisalicylate .....	68
cerisa .....	169	chorionic gonadotropin, human .....	138
CERUBIDINE .....	32	ciclodan .....	169
CERVARIX VACCINE (PF) .....	163	ciclopirox .....	169
CERVIDIL .....	160	ciclopirox-vite-nail lacq remo .....	169
CESIA.....	138	cilostazol .....	44

CILOXAN .....	126	CLEVER CHOICE PRO .....	112
cimetidine .....	132	CLEVER CHOICE TEST STRIPS .....	112
cimetidine hcl .....	132	CLICKFINE .....	95
CIMZIA .....	132	CLINAC BPO .....	170
CIMZIA POWDER FOR RECONST .....	132	clinda-derm .....	170
CIMZIA STARTER KIT .....	132	clindacin p .....	170
CIPRODEX .....	126	CLINDAGEL .....	170
ciprofloxacin .....	15, 126	clindamax .....	170
ciprofloxacin (mixture) .....	15	clindamycin hcl .....	15
ciprofloxacin in d5w .....	15	clindamycin palmitate hcl .....	15
cisatracurium .....	40	clindamycin phosphate .....	15, 170
cisplatin .....	32	clindamycin-benzoyl peroxide .....	170
citalopram .....	69	CLINDAREACH .....	170
CITRANATAL ASSURE .....	182	CLINDESSE .....	170
CITRANATAL B-CALM .....	182	clindets .....	170
CITRANATAL DHA (NEW FORMULA) .....	182	CLINIMIX E 2.75/D10 SULFITFREE .....	116
CITRANATAL HARMONY .....	183	CLINIMIX E 2.75/D5 SULFITEFREE .....	116
CITRANATAL RX (NEW FORMULA) .....	183	CLINIMIX E 4.25/D10 SULFITFREE .....	116
CITRANATAL 90 DHA (NEW FORMULA) .....	182	CLINIMIX E 4.25/D25 SULFITFREE .....	116
cladribine .....	32	CLINIMIX E 4.25/D5 SULFITEFREE .....	116
CLAFORAN .....	15	CLINIMIX E 5%/D15 SULFITE FREE .....	116
claravis .....	169	CLINIMIX E 5%/D20 SULFITE FREE .....	116
clarithromycin .....	15	CLINIMIX E 5%/D25 SULFITE FREE .....	116
CLEOCIN .....	15, 169	CLINIMIX 2.75%/D5 SULFITE FREE .....	116
CLEOCIN IN D5W .....	15	CLINIMIX 4.25/D10 SULFITE FREE .....	116
CLEOCIN T .....	169	CLINIMIX 4.25/D20 SULFITE FREE .....	116
CLEVER CHEK LANCETS .....	95	CLINIMIX 4.25/D25 SULFITE FREE .....	116
CLEVER CHEK TEST STRIPS .....	112	CLINIMIX 4.25%/D5 SULFITE FREE .....	116



CLINIMIX 5%/D15 SULFITE FREE .....	116	COGENTIN .....	69
CLINIMIX 5%/D20 SULFITE FREE .....	116	colchicine-probenecid .....	122
CLINIMIX 5%/D25 SULFITE FREE .....	116	COLCRYS .....	155
clinisol sf 15 % .....	116	colestipol .....	51
CLINISTIX.....	112	colestipol,micronized .....	51
CLINITEST REAGENT .....	112	colistin (colistimethate na) .....	16
CLINORIL .....	69	colocort .....	170
clobetasol .....	170	COLY-MYCIN M PARENTERAL .....	16
clobetasol-emollient .....	170	COLY-MYCIN S .....	126
CLODERM .....	170	COLYTE WITH FLAVOR PACKS .....	132
CLOLAR .....	32	COMBIGAN .....	126
clomipramine .....	69	COMBIVENT .....	40
clonazepam .....	69	COMBIVENT RESPIMAT .....	40
clonidine .....	51	COMFORT EZ .....	96
clonidine (pf) .....	69	COMFORT LANCETS .....	96
clopidogrel .....	44	COMP-AIR ELITE COMP NEB SYSTEM .....	96
clorazepate dipotassium .....	69	COMPLERA .....	16
clorpres .....	51	complete natal dha .....	183
clotrimazole .....	170	complete-rf prenatal .....	183
clotrimazole-betamethasone .....	170	completenate.....	183
clozapine .....	69	compro .....	132
CNL 8 NAIL.....	170	COMTAN .....	69
co-natal fa .....	183	COMVAX (PF) .....	163
COAGUCHEK LANCETS .....	95	CONCEPT DHA.....	183
COARTEM .....	16	CONCEPT OB .....	183
cocaine .....	126	CONDYLOX .....	170
codeine phosphate .....	69	CONSTANT CLENS .....	170
codeine sulfate .....	69	constulose .....	116

CONTOUR METER .....	96	CREON .....	132
CONTOUR TEST STRIPS .....	112	CRESTOR .....	51, 52
CONTOUR USB .....	96	CRESYLATE .....	126
CONTROL G3 .....	112	CRINONE .....	139
CONTROL MONITORING SYSTEM .....	96	CRIXIVAN .....	16
CONTROL TEST .....	112	cromolyn .....	162
controlrx .....	155	cryselle (28) .....	139
COPAXONE .....	155	CUBICIN .....	16
COPEGUS .....	16	CUPRIMINE .....	136
CORDRAN .....	170	CURITY ALCOHOL SWABS .....	171
CORDRAN SP .....	170	CUROSURF .....	162
COREG CR .....	51	cyanide antidote .....	155
corenate-dha .....	183	cyclafem 1/35 (28) .....	139
CORLOPAM .....	51	cyclafem 7/7/7 (28) .....	139
cormax .....	171	CYCLESSA .....	139
cortalo .....	171	CYCLOGYL .....	126
CORTEF .....	138, 139	cyclopentolate .....	126
CORTENEMA .....	171	cyclophosphamide .....	32
CORTIFOAM .....	171	cyclosporine .....	155
cortisone .....	139	cyclosporine modified .....	155
CORTISPORIN .....	126, 171	CYKLOKAPRON .....	44
CORTISPORIN-TC .....	126	cylate .....	126
cortomycin .....	126	CYMBALTA .....	69
CORVERT .....	51	CYSTADANE .....	155
CORZIDE .....	51	CYSTAGON .....	155
COSMEGEN .....	32	cysteine (l-cysteine) .....	120
COUMADIN .....	44	cytarabine .....	32
COVERA-HS .....	51	cytarabine (pf) .....	32

CYTOGAM .....	163	denta 5000 plus .....	155
CYTOMEL .....	139	dentagel .....	155
CYTOTEC .....	132	DEPACON .....	70
CYTOVENE .....	16	depade .....	70
cytra k crystals .....	116	DEPAKENE .....	70
cytra-k .....	117	DEPEN TITRATABS .....	136
cytra-3 .....	117	DEPO-ESTRADIOL .....	139
<b>D</b>		DEPO-MEDROL .....	139
D.H.E.45 .....	40	DEPO-PROVERA .....	139
dacarbazine .....	32	DEPO-SUBQ PROVERA 104 .....	139
DACOGEN .....	32	DEPO-TESTOSTERONE .....	139
dactinomycin .....	32	DEPOCYT (PF) .....	32
DALIRESP .....	162	DERMA-SMOOTHIE/FS BODY OIL .....	171
danazol .....	139	DERMATOP .....	171
dantrolene .....	40	desipramine .....	70
dapsone .....	16	desmopressin .....	139
DAPTACEL (PEDIATRIC) (PF) .....	163	DESOGEN .....	139
DARAPRIM .....	16	DESONATE .....	171
daunorubicin .....	32	desonide .....	171
DAUNOXOME .....	32	desoximetasone .....	171
DEBACTEROL .....	171	DESQUAM-X .....	171
DECAVAC (PF) .....	163, 166	DETROL .....	181
deferoxamine .....	136	DETROL LA .....	181
DELESTROGEN .....	139	dexamethasone .....	139, 140
DEMADEX .....	117	dexamethasone intensol .....	140
demeclocycline .....	16	dexamethasone sodium phosphate .....	126, 140
DEMSEER .....	155	dexasol .....	126
DENAVIR .....	171	DEXILANT .....	132

dexmethylphenidate .....	70	DIASCREEN 6 REAGENT .....	112
DEXPAK 10 DAY .....	140	DIASCREEN 7 REAGENT .....	112
DEXPAK 13 DAY .....	140	DIASCREEN 8 REAGENT .....	112
DEXPAK 6 DAY .....	140	DIASCREEN 9 REAGENT .....	112
dexpanthenol .....	183	DIASTIX .....	112
dexrazoxane .....	155	diazepam .....	70
dextroamphetamine .....	70	diazepam intensol .....	70
dextrose in ringers .....	117	diclofenac potassium .....	70
dextrose 10 % & 0.225 % nacl .....	117	diclofenac sodium .....	70, 126
dextrose 10% in water (d10w) .....	117	dicloxacillin .....	16
dextrose 2.5% in water (d2.5w) .....	117	didanosine .....	16
dextrose 20% in water (d20w) .....	117	DIDGET METER .....	96
dextrose 25% in water (d25w) .....	117	DIFICID .....	16
dextrose 30% in water (d30w) .....	117	diflorasone .....	171
dextrose 40% in water (d40w) .....	117	DIFLUCAN .....	16
dextrose 5% in water (d5w) .....	117	DIFLUCAN IN DEXTROSE (ISO-OSM) .....	16
dextrose 5%-lactated ringers .....	117	DIFLUCAN IN NACL (ISO-OSM) .....	16
dextrose 5%-0.2 % sod chloride .....	117	diflunisal .....	70
dextrose 5%-0.3 % sod.chloride .....	117	DIGIBIND .....	163
dextrose 50% in water (d50w) .....	117	DIGIFAB .....	163
dextrose 70% in water (d70w) .....	117	digoxin .....	52
DIABETIC.COM STARTER KIT .....	96	dihydrocode-acetaminophen-caff .....	65
DIASCREEN 1G REAGENT .....	112	dihydroergotamine.....	40
DIASCREEN 10 .....	112	DILACOR XR .....	52
DIASCREEN 2GK REAGENT .....	112	DILANTIN .....	70
DIASCREEN 3 REAGENT .....	112	DILANTIN EXTENDED .....	70
DIASCREEN 4OBL REAGENT .....	112	dilantin infatabs .....	70
DIASCREEN 5 REAGENT .....	112	DILANTIN-125 .....	70

DILATRATE-SR .....	52	DOPRAM .....	71
dilt-cd .....	52	DORIBAX.....	16
dilt-xr .....	52	dorzolamide .....	126
diltia xt .....	52	dorzolamide-timolol .....	126
diltiazem hcl .....	52, 53	doxapram .....	71
diltzac er .....	53	doxazosin .....	53
dimenhydrinate .....	132	doxepin .....	71
DIOVAN .....	53	DOXIL .....	33
DIOVAN HCT .....	53	doxorubicin .....	33
diphenoxylate-atropine .....	132	doxycycline hyclate .....	16, 17, 126
DISCOVISC .....	96	doxycycline monohydrate .....	17
disopyramide .....	53	DRITHO-SCALP .....	171
disulfiram .....	155	DRITHOCREME HP .....	171
DIURIL .....	118	dronabinol .....	132
DIURIL IV .....	118	droperidol .....	71
divalproex .....	71	DROXIA .....	33
DOAK TAR DISTILLATE .....	171	DRYSOL DAB-O-MATIC .....	171
dobutamine .....	40	DUAC CS .....	171
dobutamine in d5w .....	40	DUET DHA COMPLETE .....	183
DOCEFREZ .....	32	DUET DHA WITH OMEGA-3 .....	183
docetaxel .....	32, 33	DUETACT .....	140
docosavit .....	183	DULERA .....	162
dologesic .....	71	DUONEB .....	41
DOLOPHINE .....	71	DUOVISC VISCO ELASTIC .....	96
DOLOREX .....	71	DURABAC .....	71
donepezil .....	40	DURABAC FORTE .....	71
dopamine .....	40	DURACLON (PF) .....	71
dopamine in d5w .....	40		

DURAMORPH (PF) .....	71	EASY PRO PLUS KIT .....	97
DURASAL .....	171	EASY PRO PLUS TEST STRIPS .....	112
duraxin .....	71	EASY TALK GLUCOSE TEST .....	113
DUREZOL .....	127	EASY TOUCH .....	97
DYAZIDE .....	118	EASY TOUCH ALCOHOL PREP PADS .....	171
DYNACIRC CR .....	53	EASY TOUCH INSULIN SYRINGE .....	97
DYRENIUM .....	118	EASY TRAK GLUCOSE TEST .....	113
d10 % & 0.45 % sodium chloride .....	117	EASYGLUCO METER .....	97
d10 %-0.9 % sodium chloride .....	117	EASYGLUCO MONITORING SYSTEM .....	97
d2.5 %-0.45 % sodium chloride .....	117	EASYGLUCO TEST .....	113
d5 % and 0.9 % sodium chloride .....	117	EASYMAX .....	113
d5 %-0.45 % sodium chloride .....	117	EC-NAPROSYN .....	71
d5 in 0.45%nacl & potassium cl .....	117, 119	ECLIPSE TEST STRIPS .....	113
d5-lr with potassium chloride .....	119	econazole .....	171
d5-0.225 % nacl and kcl .....	117, 119	ED CYTE F .....	183
d5-0.3 % nacl & potassium chl .....	119	ed-flex .....	71
d5-0.9%nacl-potassium chloride .....	119	ed-spaz .....	41
d5w with potassium chloride .....	117, 119	edge ob .....	183
		EDURANT .....	17
<b>E</b>			
E.E.S. GRANULES .....	17	effer-k .....	118
E.E.S. 400 .....	17	EFFIENT .....	44
E-Z JECT LANCETS .....	96	EGRIFTA .....	140
E-Z JECT SUPER THIN LANCET 30G .....	96	ELAPRASE .....	124
E-Z JECT THIN LANCETS .....	96	electrolyte-48 in d5w .....	117
EASY CHECK TEST .....	112	ELELYSO .....	124
EASY COMFORT INSULIN SYRINGE .....	96	ELEMENT TEST STRIPS .....	113
EASY COMFORT LANCETS .....	96, 97	ELESTAT .....	127
EASY GLUCO G2 .....	112	ELIDEL .....	171

ELIGARD .....	33	ENDOMETRIN .....	140
eliphos .....	118	ENGERIX-B (PF) .....	163
elite-ob .....	183	enlon .....	113
elite-ob 400 .....	183	enoxaparin .....	44, 45
ELITEK .....	124	enpresse .....	140
ELIXOPHYLLIN .....	181	enulose .....	118
ELLENCE .....	33	ENVISION TEST STRIPS .....	113
ELMIRON .....	155	ephedrine sulfate .....	41
ELOCON .....	171, 172	EPIDUO .....	172
ELOXATIN .....	33	epiflur .....	156
ELSPAR .....	33	epiklor .....	118
EMADINE .....	127	epinastine .....	127
EMBEDA .....	71, 72	epinephrine .....	41
EMBRACE BLOOD GLUCOSE SYSTEM .....	113	epinephrine (pf) .....	41
EMCYT .....	33	epinephrine hcl .....	41
EMEND .....	133	EPIPEN .....	41
emgel .....	172	EPIPEN JR .....	41
EMLA .....	172	epirubicin .....	33
emoquette .....	140	epitol .....	72
EMSAM .....	72	EPIVIR .....	17
EMTRIVA .....	17	EPIVIR HBV .....	17
ENABLEX .....	181	epiphenone .....	53, 54
enalapril maleate .....	53	EPOGEN .....	45
enalapril-hydrochlorothiazide .....	53	epoprostenol (glycine) .....	54
enalaprilat .....	53	EPZICOM .....	17
ENBREL .....	155, 156	EQUETRO .....	72
ENBREL SURECLICK .....	156	ERAXIS(WATER DILUENT) .....	17
endocet .....	72	ERBITUX .....	33

ERGOMAR .....	41	ETOPOPHOS .....	33
ergotamine-caffeine .....	41	etoposide .....	33
ERIVEDGE .....	33	euflexxa .....	97
errin .....	140	EURAX .....	172
ery pads .....	172	EVENCARE .....	97
ERY-TAB .....	17	EVENCARE TEST .....	113
ERYPED 200 .....	17	EVISTA .....	140
ERYPED 400 .....	17	EVOLUTION TEST STRIPS .....	113
ERYTHROCIN .....	17	EXALGO ER .....	72
ERYTHROCIN STEARATE .....	17	EXEL INSULIN .....	97, 98
erythromycin .....	17, 18,	EXELDERM .....	172
.....	127	EXELON .....	41
erythromycin ethylsuccinate .....	18	exemestane .....	33
erythromycin with ethanol .....	172	EXFORGE .....	54
erythromycin-benzoyl peroxide .....	172	EXFORGE HCT .....	54
erythromycin-sulfisoxazole .....	18	EXJADE .....	136
escitalopram .....	72	exoderm .....	172
esmolol .....	54	EXTINA .....	172
ESTRACE .....	140	EZ SMART LANCETS .....	98
estradiol .....	140	EZ SMART PLUS SYSTEM .....	98
estradiol valerate .....	140	EZ SMART PLUS TEST .....	113
ESTRING .....	140	EZ SMART SYSTEM .....	98
ESTROSTEP FE-28 .....	140	EZ SMART TEST .....	113
ethambutol .....	18		
ethosuximide .....	72	<b>F</b>	
ETHYOL .....	156	FABRAZYME .....	124
etidronate disodium .....	156	FACTIVE .....	18
etodolac .....	72	famciclovir .....	18
		famotidine .....	133



famotidine (pf) .....	133	FIRAZYR .....	156
famotidine (pf)-nacl (iso-os) .....	133	FIRMAGON .....	33, 34
FANAPT .....	72, 73	FIRST CHOICE LANCETS THIN .....	98
FARESTON .....	33	FLAREX .....	127
FASLODEX .....	33	flavoxate .....	181
FASTTAKE TEST .....	113	flebogamma dif .....	163
FAZACLO .....	73	flecainide .....	54
fe c plus .....	45	FLECTOR .....	73
felbamate .....	73	FLEXTRA DS .....	73
FELBATOL .....	73	FLEXTRA PLUS .....	73
felodipine .....	54	FLEXTRA-650 .....	73
FEM PH .....	172	FLONASE .....	127
FEMCON FE .....	141	FLOVENT DISKUS .....	162
FEMECAL OB .....	183	FLOVENT HFA .....	162
FEMRING .....	141	floxuridine .....	34
fenofibrate .....	54	FLUCAINE .....	127
fenofibrate micronized .....	54	fluconazole .....	18
fenoldopam .....	54	fluconazole in dextrose(iso-o) .....	18
fenoprofen .....	73	fluconazole in nacl (iso-osm) .....	18
fentanyl .....	73	flucytosine .....	18
fentanyl citrate .....	73	FLUDARA .....	34
fentanyl citrate (pf) .....	73	fludarabine .....	34
fexofenadine .....	30	fludrocortisone .....	141
fexofenadine-pseudoephedrine .....	30	FLUMADINE .....	18
FIFTY50 RESERVOIR .....	98	flumazenil .....	73
FIFTY50 TEST STRIP .....	113	flunisolide .....	127
finasteride .....	156	fluocinolone .....	172
FINGERSTIX LANCETS .....	98	fluocinonide .....	172

fluocinonide-e .....	172	FOLOTYN .....	34
fluocinonide-emollient .....	172	fomepizole .....	156
FLUORABON .....	156	fondaparinux .....	45
fluoridex daily defense .....	156	FORA D10 .....	113
fluoridex daily defense whiten .....	156	FORA D15C .....	113
fluoritab .....	156	FORA D15G .....	113
fluorometholone .....	127	FORA D15Z .....	113
FLUOROPLEX .....	172	FORA D20 .....	113
fluorouracil .....	34, 172	FORA G20 .....	113
fluoxetine .....	73, 74	FORA G71A .....	113
fluphenazine decanoate .....	74	FORA V10 .....	113
fluphenazine hcl .....	74	FORA V12 GLUCOSE .....	113
FLURA-DROPS .....	156	FORA V20 .....	113
flurbiprofen .....	74	FORADIL AEROLIZER .....	41
flurbiprofen sodium .....	127	FORMA-RAY .....	161
flutamide .....	34	FORMADON .....	172
fluticasone .....	127, 172	formalaz .....	172
fluvastatin .....	54	FORTAZ .....	18
fluvoxamine .....	74	FORTAZ IN D5W .....	18
FML FORTE .....	127	FORTEO .....	141
FML LIQUIFILM .....	127	FORTICAL .....	141
FML S.O.P. ....	127	foscarnet .....	18
folbecal .....	183	FOSCAVIR .....	18
folcaps care one .....	183	fosinopril .....	54
folinatal plus b .....	183	fosinopril-hydrochlorothiazide .....	54
folivane-ec calcium dha nf .....	183	fosphenytoin .....	74
folivane-ob .....	183	FRAGMIN .....	45
folivane-prx dha nf .....	183	FREAMINE HBC 6.9 % .....	118



GESTICARE DHA .....	183	glutaraldehyde .....	115
gianvi .....	141	glyburide .....	141
gildess fe .....	141	glyburide micronized .....	141, 142
GLASSIA .....	162	glyburide-metformin .....	141, 142
GLEEVEC .....	34	glycine .....	118
glimepiride .....	141	GLYCINE UROLOGIC .....	118
glipizide .....	141	glycopyrrolate .....	41
glipizide-metformin .....	141	GLYSET .....	142
GLUCAGEN .....	141	GM100 .....	113
GLUCAGEN HYPOKIT .....	141	GOLYTELY .....	133
GLUCAGON EMERGENCY .....	141	GORDOFILM .....	173
GLUCOCARD VITAL .....	98	GORDONS UREA .....	173
GLUCOCARD VITAL SENSOR .....	113	GRALISE .....	74
GLUCOCARD X-METER .....	98	GRALISE 30-DAY STARTER PACK .....	74
GLUCOCARD X-SENSOR .....	113	granisetron .....	133
GLUCOCARD 01 METER .....	98	granisetron (pf) .....	133
GLUCOCARD 01 SENSOR .....	113	granisol .....	133
GLUCOCARD 01-MINI .....	98	GRIFULVIN V .....	19
GLUCOCOM GLUCOSE .....	113	GRIS-PEG .....	19
GLUCOCOM LANCETS .....	98	griseofulvin microsize .....	19
GLUCOLAB .....	113	GUAIACOL .....	173
GLUCOLET 2 AUTOMATIC LANCING .....	98	guanfacine .....	54
GLUCOPRO .....	98, 99	guanidine .....	41
GLUCOPRO ALCOHOL .....	173	GYNAZOLE-1 .....	173
GLUCOSOURCE .....	99		
		<b>H</b>	
GLUCOTROL .....	141	HAEMOLANCE LOW FLOW LANCETS .....	99
GLUCOTROL XL .....	141	HAEMOLANCE PLUS .....	99
GLUMETZA .....	141	HAEMOLANCE PLUS LANCETS .....	99

HAEMOLANCE, RETRACTABLE LANCET .....	99	HEPSERA .....	19
halac .....	173	HERCEPTIN .....	34
HALAVEN .....	34	HEXALEN .....	34
HALDOL .....	74	HIBERIX (PF) .....	164
HALDOL DECANOATE .....	74, 75	HIPREX .....	19
HALFLYTELY-BISACODYL W-FLAV PK .....	133	HIZENTRA .....	164
halobetasol propionate .....	173	homatropaire .....	127
HALOG .....	173	HORIZANT .....	75
halonate .....	173	HUMALOG .....	142
halonate pac .....	173	HUMALOG KWIKPEN .....	142
haloperidol .....	75	HUMALOG MIX 50-50 .....	142
haloperidol decanoate .....	75	HUMALOG MIX 50-50 KWIKPEN .....	142
haloperidol lactate .....	75	HUMALOG MIX 75-25 .....	142
HALOTIN .....	173	HUMALOG MIX 75-25 KWIKPEN .....	142
HAVRIX (PF) .....	164	HUMALOG PEN .....	142
HEALTHY ACCENTS UNIFINE PENTIP .....	99	HUMAPEN LUXURA HD .....	99
heather .....	142	HUMAPEN MEMOIR .....	99
hecoria .....	156	HUMIRA .....	156
HECTOROL .....	183	HUMIRA CROHN'S DIS START PCK .....	156
HELIDAC .....	19	HUMIRA PEN .....	156
HEMABATE .....	160	HUMIRA PSORIASIS STARTER PACK .....	157
heparin (porcine) .....	45	HUMULIN N .....	142
heparin (porcine) in d5w .....	45, 46	HUMULIN N PEN .....	142
heparin (porcine) in nacl (pf) .....	46	HUMULIN R .....	142
heparin(porcine) in 0.45% nacl .....	45	HUMULIN R U-500 "CONCENTRATED" .....	142
heparin, porcine (pf) .....	45	HUMULIN 70/30 .....	142
HEPATAMINE 8% .....	118	HUMULIN 70/30 PEN .....	142
HEPATASOL 8 % .....	118	HYALGAN .....	99

HYCAMTIN .....	34	ibutilide fumarate .....	55
hydralazine .....	54, 55	ICAR-C PLUS .....	46
HYDREA .....	34	ICAR-C PLUS SR .....	183
HYDRO 40 .....	173	IDAMYCIN PFS .....	34
hydrochlorothiazide .....	118	idarubicin .....	34
hydrocodone-acetaminophen .....	75	IFEX .....	34
hydrocodone-ibuprofen .....	75	ifosfamide .....	34, 35
hydrocortisone .....	142, 173	ifosfamide-mesna .....	35
hydrocortisone acet-aloe vera .....	173	ILOTYCIN .....	127
hydrocortisone butyrate .....	173	IMDUR .....	55
hydrocortisone valerate .....	173	imipenem-cilastatin .....	19
hydrocortisone-acetic acid .....	127	imipramine hcl .....	76
hydrocortisone-min oil-wht pet .....	173	imipramine pamoate .....	76
hydromorphone .....	75, 76	imiquimod .....	173
hydromorphone (pf) .....	75, 76	IMOGAM RABIES-HT (PF) .....	164
hydroxychloroquine .....	19	IMOVAX RABIES VACCINE (PF) .....	164
hydroxyurea .....	34	IN CONTROL PEN NEEDLE .....	99
HYLENEX .....	124	inamrinone .....	55
hypercare .....	173	inatal advance .....	184
HYPERLYTE-CR .....	118	inatal gt .....	184
HYPERRAB S/D (PF) .....	164	inatal ultra .....	184
HYPERRHO S/D .....	164	INCIVEK .....	19
HYPERTET S/D (PF) .....	164	INCRELEX .....	142
HYPOLANCE AST LANCING .....	99	indapamide .....	118
<b>I</b>		INDOCIN .....	76
ibandronate .....	157	indomethacin .....	76
ibuprofen .....	76	indomethacin sodium .....	76
ibuprofen-oxycodone .....	84	INFANRIX (PF) .....	164

INFASURF .....	162	INSULIN SYRINGES (DISPOSABLE) .....	100
INFERGEN .....	19	INSUMED .....	100
INFINITY METER KIT .....	99	INSUPEN .....	100
INFINITY STARTER KIT .....	99	INTEGRILIN .....	46
INFINITY TEST STRIPS .....	113	INTELENCE .....	19
INFLUENZA A (H1N1) VAC 09 (PF) .....	165	INTRALIPID .....	118, 119
INFUMORPH P/F .....	76	INTROL .....	127
INJECT-EASE AUTOMATIC INJECTOR .....	99	INTRON A .....	19
INLYTA .....	35	introvale .....	142
INNOHEP .....	46	INVANZ .....	19
INNOVO .....	99	INVEGA .....	76
INOVA .....	173	INVEGA SUSTENNA .....	76
INOVA 4-1 .....	173	INVIRASE .....	19
INPERSOL/1.5% DEXTROSE .....	118	IONOSOL-B IN D5W .....	119
inpersol/4.25% dextrose .....	118	IONOSOL-MB IN D5W .....	119
INS SYRINGE/NEEDLE 0.5CC/27G .....	100	IOPIDINE .....	127
INSULIN NEEDLES (DISPOSABLE) .....	100, 103, 104	IPOL .....	165
INSULIN PEN NEEDLE .....	99	ipratropium bromide .....	41, 127
INSULIN SYRINGE .....	99, 100	ipratropium-albuterol .....	41
INSULIN SYRINGE MICROFINE .....	100	IQUIX .....	127
INSULIN SYRINGE NEEDLELESS .....	95	irbesartan .....	55
INSULIN SYRINGE ULTRA-FINE .....	100	irbesartan-hydrochlorothiazide .....	55
INSULIN SYRINGE ULTRAFINE .....	100	IRESSA .....	35
INSULIN SYRINGE-NEEDLE U-100 .....	94, 96, 99, 100, 102, 104, 105, 106, 108	irinotecan .....	35
		ISENTRESS .....	19
		isoditrate .....	55
		ISOLYTE-H IN D5W .....	119
		ISOLYTE-M IN D5W .....	119

ISOLYTE-P IN D5W .....	119	JANUMET XR .....	142
ISOLYTE-S .....	119	JANUVIA.....	142, 143
ISOLYTE-S IN D5W .....	119	JE-VAX.....	165
ISOLYTE-S PH 7.4 .....	119	JEVTANA.....	35
isonarif .....	19	jolessa .....	143
isoniazid .....	20	jolivette .....	143
isoproterenol hcl .....	41	junel fe 1.5/30 (28) .....	143
ISOPTIN SR .....	55	junel fe 1/20 (28) .....	143
ISOPTO ATROPINE .....	127	junel 1.5/30 (21) .....	143
isopto carpine .....	127	junel 1/20 (21) .....	143
ISOPTO HOMATROPINE .....	128	JUVISYNC .....	143
ISOPTO HYOSCINE .....	128		
		<b>K</b>	
ISORDIL .....	55	k-effervescent .....	119
ISORDIL TITRADOSE .....	55	K-PHOS MF .....	119
isosorbide dinitrate .....	55	K-PHOS NO 2 .....	119
isosorbide mononitrate .....	55	K-PHOS ORIGINAL .....	119
isradipine .....	55	K-PHOS-NEUTRAL .....	119
ISTODAX .....	35	K-TAB .....	119
ISUPREL .....	41	KALETRA .....	20
itraconazole .....	20	kalexate .....	119
IV PREP WIPES .....	173	KALYDECO .....	162
IXEMPRA .....	35	kanamycin.....	20
IXIARO (PF) .....	165	KAON CL-10.....	119
		KAPVAY .....	55
<b>J</b>		kariva .....	143
JAKAFI .....	35	KAYEXALATE .....	119
JALYN .....	157	KEFLEX.....	20
jantoven .....	46	kelnor 1/35 (28) .....	143
JANUMET .....	142		



KENALOG .....	143, 173	KUVAN .....	157
KEPIVANCE .....	173	<b>L</b>	
KERAFOAM .....	174	l norgest&e estradiol-e estrad .....	143
keralac .....	174	labetalol .....	55, 56
KERALAC NAILSTIK .....	174	LAC-HYDRIN .....	174
KERALYT RX .....	174	laclotion .....	174
KEROL REDI-CLOTHS .....	174	LACRISERT .....	128
KETEK .....	20	lactated ringers .....	120
KETO-DIASTIX .....	113	lactocal-f .....	184
ketoconazole .....	20, 174	lactulose .....	120
ketodan .....	174	LAGESIC .....	77
ketoprofen .....	76, 77	LAMICTAL .....	77
ketorolac .....	128	LAMICTAL ODT .....	77
KEYNOTE .....	114	LAMICTAL ODT STARTER (BLUE) .....	77
KINRIX (PF) .....	165	LAMICTAL ODT STARTER (GREEN) .....	77
kionex .....	119	LAMICTAL ODT STARTER (ORANGE) .....	77
KLARON .....	174	LAMICTAL STARTER (BLUE) KIT .....	77
klor-con .....	119	LAMICTAL STARTER (GREEN) KIT .....	77
klor-con m10 .....	119	LAMICTAL STARTER (ORANGE) KIT .....	77
klor-con m15 .....	120	LAMICTAL XR .....	77
klor-con m20 .....	120	LAMICTAL XR STARTER (BLUE) .....	77
KLOR-CON 10 .....	119	LAMICTAL XR STARTER (GREEN) .....	77
klor-con/ef .....	120	LAMICTAL XR STARTER (ORANGE) .....	77
kolnatal dha .....	184	lamivudine .....	20
KOMBIGLYZE XR .....	143	lamivudine-zidovudine .....	20
KORLYM .....	143	lamotrigine .....	77, 78
KRISTALOSE .....	120	LANCETS, SUPER THIN .....	100
kuric .....	174	LANCETS, THIN .....	100

LANCING SYSTEM .....	100	LEVAQUIN IN D5W .....	20
LANOXIN .....	56	LEVATOL .....	56
LANOXIN PEDIATRIC .....	56	LEVEMIR .....	143
lansoprazole .....	133	LEVEMIR FLEXPEN .....	143
LANTUS .....	143	levetiracetam .....	78
LANTUS SOLOSTAR .....	143	levetiracetam in nacl (iso-os) .....	78
LASIX .....	120	LEVLEN (28) .....	143
latanoprost .....	128	levobunolol .....	128
LATUDA .....	78	levocarnitine .....	157
lavoclen-4 .....	174	levocarnitine (with sugar) .....	157
lavoclen-4 (new cleanser) .....	174	levocetirizine .....	30
lavoclen-8 .....	174	levofloxacin .....	20, 128
lavoclen-8 (new cleanser) .....	174	levofloxacin in d5w .....	20
leena 28 .....	143	levomefolatepvn .....	184
leflunomide .....	157	LEVOPHED (BITARTRATE) .....	41
LESCOL .....	56	levora-28 .....	143
LESCOL XL .....	56	levorphanol tartrate .....	78
lessina .....	143	LEVOTHROID .....	143, 144
LETAIRIS .....	56	levothyroxine .....	144
letrozole .....	35	LEVOXYL .....	144
leucovorin calcium .....	157	LEVULAN .....	174
LEUKERAN .....	35	LEXAPRO .....	78
LEUKINE .....	46	LEXIVA .....	20, 21
leuprolide .....	35	LIALDA .....	133
LEUSTATIN .....	35	LIBERTY BLOOD GLUCOSE MONITOR .....	100
LEVACET .....	78	LIBERTY TEST .....	114
levalbuterol hcl .....	41	LIDAMANTLE HC .....	174
LEVAQUIN .....	20	lidocaine .....	174

lidocaine (pf) .....	56, 152	lithium carbonate .....	78
lidocaine hcl .....	128, 152,	lithium citrate .....	78
.....	174	LO-OVRAL (28) .....	144
lidocaine hcl-hydrocortison ac .....	174	LOCOID .....	174, 175
lidocaine in d5w (pf) .....	56	LOCOID LIPOCREAM .....	175
lidocaine in d7.5w (pf) .....	152	LOESTRIN FE 1.5/30 (28) .....	145
lidocaine viscous .....	128	LOESTRIN FE 1/20 (28) .....	145
lidocaine-epinephrine .....	152	LOESTRIN 1.5/30 (21) .....	144
lidocaine-epinephrine (pf) .....	152	LOESTRIN 1/20 (21) .....	145
lidocaine-epinephrine bit .....	152	LOESTRIN 24 FE .....	145
lidocaine-prilocaine .....	174	lokara .....	175
LIDODERM .....	174	loperamide .....	133
LIFE MED BLOOD GLUCOSE MONITOR .....	100	LOPRESSOR .....	56
LIFESCAN FINEPOINT LANCETS .....	100	LOPRESSOR HCT .....	56
LINCOCIN .....	21	lorazepam .....	78
lindane .....	174	loryna .....	145
LIORESAL .....	41	losartan .....	56
liothyronine .....	144	losartan-hydrochlorothiazide .....	56, 57
lipodox .....	35	LOSEASONIQUE .....	145
lipodox 50 .....	35	LOTEMAX .....	128
LIPOSYN II .....	120	LOTENSIN .....	57
LIPOSYN III .....	120	LOTENSIN HCT .....	57
lisinopril .....	56	LOTRISONE .....	175
lisinopril-hydrochlorothiazide .....	56	LOTRONEX .....	133
LITE TOUCH INSULIN PEN NEEDLES .....	100	lovastatin .....	57
LITE TOUCH INSULIN SYRINGE .....	100, 101	LOVAZA .....	57
LITE TOUCH LANCETS .....	101	low-ogestrel (28) .....	145
LITE TOUCH LANCING DEVICE .....	101	loxapine succinate .....	78

LOXITANE .....	79	MAJOR COMFORT .....	101
lozi-flur .....	157	MALARONE .....	21
LTA PRE-ATTACHED .....	175	malathion .....	175
ludent fluoride .....	157	mannitol 10 % .....	120
LUFYLLIN .....	181	mannitol 20 % .....	120
LUMIGAN .....	128	mannitol 25 % .....	120
LUMIZYME .....	124	mannitol 5 % .....	120
LUNESTA .....	79	maprotiline .....	79
LUPRON DEPOT .....	35	MARCAINE .....	152
LUPRON DEPOT (3 MONTH) .....	35	MARCAINE (PF) .....	152
LUPRON DEPOT (4 MONTH) .....	35	MARCAINE SPINAL (PF) .....	152
LUPRON DEPOT (6 MONTH) .....	35	MARCAINE-EPINEPHRINE .....	152, 153
LUPRON DEPOT-PED .....	35	MARCAINE-EPINEPHRINE (PF) .....	152
LUPRON DEPOT-PED (3 MONTH) .....	35	margesic-h .....	79
lutera (28) .....	145	marlissa .....	145
LUVOX CR .....	79	MARNATAL-F .....	184
LYBREL .....	145	MARPLAN .....	79
LYRICA .....	79	maternity .....	184
LYSODREN .....	35	MATULANE .....	36
		MAVIK .....	57
		MAXAIR AUTOHALER .....	42
M-M-R II (PF) .....	165	MAXALT .....	79
M-VIT .....	184	MAXALT-MLT .....	79
MAGELLAN INSULIN SAFETY SYRNG .....	101	MAXI-COMFORT INSULIN SYRINGE .....	101
MAGELLAN SYRINGE .....	101	MAXIDEX .....	128
MAGNEBIND 400 .....	120	MAXIDONE .....	79
magnesium chloride .....	79	MAXIMA .....	114
magnesium sulfat .....	79	MAXINATE .....	184
magnesium sulfat in d5w .....	79		

MAXIPIME .....	21	MENOMUNE - A/C/Y/W-135 (PF) .....	165
MAXITROL .....	128	MENOSTAR .....	145
MAXZIDE .....	120	MENTAX .....	175
MAXZIDE-25MG .....	120	MENVEO A-C-Y-W-135-DIP (PF) .....	165
MEBARAL .....	79	mepivacaine (pf) .....	153
mebendazole .....	21	MEPRON .....	21
meclizine .....	133	mercaptopurine .....	36
meclofenamate .....	80	meropenem .....	21
MEDI-JECTOR NEEDLE-FREE SYR A .....	101	MERREM .....	21
MEDI-JECTOR NEEDLE-FREE SYR B .....	101	mesalamine .....	133
MEDI-JECTOR NEEDLE-FREE SYR C .....	101	mesalamine-cleansing wipes .....	133
MEDI-JECTOR VISION .....	101	mesna .....	157
MEDI-LANCE LANCETS .....	101	MESNEX .....	157
MEDISENSE .....	101	MESTINON TIMESPAN .....	42
MEDISENSE CONTROLS 1-HI 1-LO .....	101	metaproterenol .....	42
MEDISENSE GLUCOSE KETONE .....	101	metaxalone .....	42
MEDLANCE PLUS LANCETS .....	101	metformin .....	145
MEDROL .....	145	methadone .....	80
MEDROL (PAK) .....	145	methadone intensol .....	80
medroxyprogesterone .....	145	methadose .....	80
mefloquine .....	21	methamphetamine .....	80
MEFOXIN IN DEXTROSE (ISO-OSM) .....	21	methazolamide .....	128
megestrol .....	36	methenamine hippurate .....	21
meloxicam .....	80	methenamine mandelate .....	21
melphalan .....	36	METHERGINE .....	160
MENACTRA (PF) .....	165	methimazole .....	145
MENEST .....	145	methocarbamol .....	42
MENOMUNE - A/C/Y/W-135 .....	165	methotrexate sodium .....	36

methotrexate sodium (pf) .....	36	microgestin fe 1.5/30 (28) .....	146
methscopolamine .....	42	microgestin fe 1/20 (28) .....	146
methyclothiazide .....	120	microgestin 1.5/30 (21) .....	146
methyl salicylate .....	80	microgestin 1/20 (21) .....	146
methylene blue (antidote) .....	157	MICROLET LANCET .....	101
methylegonovine .....	160	MICROLET 2 LANCING DEVICE .....	101
methylphenidate .....	80	MICROZIDE .....	120
methylprednisolone .....	145, 146	MIDAMOR .....	120
methylprednisolone acetate .....	146	midodrine .....	42
methylprednisolone sodium succ .....	145, 146	migergot .....	42
metipranolol .....	128	MIGRANAL .....	42
metoclopramide hcl .....	133, 134	milrinone .....	57
metolazone .....	120	milrinone in d5w .....	57
metoprolol succinate .....	57	mimvey .....	146
metoprolol ta-hydrochlorothiaz .....	57	MINI ULTRA-THIN II .....	101
metoprolol tartrate .....	57	MINI WRIGHT PEAK FLOW METER .....	101
METRO I.V. ....	21	MINI-WRIGHT PEAK FLOW METER .....	102
METROCREAM .....	175	MINIMED SYRINGE RESERVOIR .....	102
metronidazole .....	21, 175	MINIPRESS .....	57
metronidazole in nacl (iso-os) .....	21	minocycline .....	21
METVIXIA .....	175	minoxidil .....	58
mexiletine .....	57	MIOCHOL-E .....	128
miconazole-3 .....	175	MIOSTAT .....	128
MICRHOGAM ULTRA-FILTERED .....	165	MIRCETTE .....	146
MICRHOGAM ULTRA-FILTERED PLUS .....	165	mirtazapine .....	80
MICRO BLOOD GLUCOSE .....	101, 114	misoprostol .....	134
MICRO-K .....	120	mitomycin .....	36
MICRODOT BLOOD GLUCOSE SYSTEM .....	114	mitoxantrone .....	36

MOBAN .....	80	MULTI-NATE DHA EXTRA .....	184
modafinil .....	80	multi-nate 30 .....	184
MODICON (28) .....	146	MULTI-NATE 30 DHA .....	184
moexipril .....	58	multi-vitamin with fluoride .....	184
moexipril-hydrochlorothiazide .....	58	multinatal plus .....	182
mometasone .....	175	multivitamin with fluoride .....	184
MONOJECT INSULIN SAFETY SYRINGE .....	102	multivitamins with fluoride .....	184
MONOJECT INSULIN SYRINGE .....	99, 102	multivitamins-fluoride-folic a .....	184
MONOJECT SYRINGE .....	102	mupirocin .....	175
MONOJECT ULTRA COMFORT INSULIN .....	102	MUSTARGEN .....	36
MONOJECTOR LANCET DEVICE .....	102	MVC-FLUORIDE .....	184
MONOKET .....	58	MYAMBUTOL .....	22
MONOLET LANCETS .....	102	MYCAMINE .....	22
MONOLET THIN LANCETS .....	102	MYCOBUTIN .....	22
mononessa (28) .....	146	mycophenolate mofetil .....	157
montelukast .....	162	MYDFRIN .....	128
MONUROL .....	22	mydral .....	128
morgidox .....	22	MYDRIACYL .....	128
morphine .....	80, 81	MYFORTIC .....	157
morphine (pf) .....	80, 81	MYGLUCOHEALTH .....	114
morphine (pf) in d5w .....	81	MYKIDZ IRON FLUORIDE .....	184
morphine concentrate .....	81	MYLERAN .....	36
MOVIPREP .....	134	MYNATAL .....	184
MOXEZA .....	128	mynatal advance .....	184
MOZOBIL .....	46	mynatal plus .....	184
mst 600 .....	81	mynatal-z .....	184
MULTAQ .....	58	mynate 90 plus .....	184
MULTI-LANCET DEVICE .....	102	MYOBLOC .....	157

MYOCHRYSSINE .....	136	NATACYN .....	128
myorisan .....	175	NATAFORT .....	184
MYOZYME .....	124	NATALVIT .....	185
MYTELASE .....	42	NATAZIA .....	146
myzilra .....	146	nateglinide .....	146
<b>N</b>		NATELLE-EZ .....	185
NABI-HB .....	165	NATRECOR .....	58
nabumetone .....	82	NAVANE .....	82
nadolol .....	58	navatab + dha .....	185
nadolol-bendroflumethiazide .....	58	necon 0.5/35 (28) .....	146
nafcillin .....	22	necon 1/35 (28) .....	146
nafcillin in d2.4w .....	22	necon 1/50 (28) .....	146
NAFTIN .....	175	necon 10/11 (28) .....	146
NAGLAZYME .....	124	necon 7/7/7 (28) .....	146
nalbuphine .....	82	NEEDLE-PRO EDGE .....	102, 103
NALFON .....	82	NEEVO .....	185
naloxone .....	82	NEEVO DHA .....	185
naltrexone .....	82	nefazodone .....	82
NAMENDA .....	82	neo-fradin .....	22
NAMENDA TITRATION PAK .....	82	neo-polycin .....	128
naproxen .....	82	NEO-SYNEPHRINE .....	42
naproxen sodium .....	82	NEOBENZ MICRO CREAM PLUS PACK .....	175
naratriptan .....	82	NEOBENZ MICRO SD .....	175
NARDIL .....	82	neofrin .....	128, 129
NAROPIN (PF) .....	153	neomycin .....	22
NASONEX .....	128	neomycin-bacitracin-poly-hc .....	128
NATA KOMplete .....	184	neomycin-bacitracin-polymyxin .....	129
NATACHEW .....	184	neomycin-polymyxin b gu .....	175



neomycin-polymyxin-dexameth .....	129	nifedipine .....	58
neomycin-polymyxin-gramicidin .....	129	NILANDRON .....	36
neomycin-polymyxin-hc .....	129	NIMBEX .....	42
neosporin (neo-polym-gramicid) .....	129	nimodipine .....	58
NEOSPORIN GU IRRIGANT .....	175	NIPENT .....	36
neostigmine methylsulfate .....	42	nisoldipine .....	58, 59
NEPHRAMINE 5.4 % .....	120	NITRO-DUR .....	59
NESACAINE .....	153	nitrofurantoin .....	22
NESACAINE-MPF .....	153	nitrofurantoin macrocrystal .....	22
NEULASTA .....	46	nitrofurantoin monohyd/m-cryst .....	22
NEUMEGA .....	46	nitroglycerin .....	59
NEUPOGEN .....	46	nitroglycerin in d5w .....	59
NEUPRO .....	82, 83	NITROLINGUAL .....	59
NEURONTIN .....	83	NITROPRESS .....	59
NEUT .....	120	NITROSTAT .....	59
NEVANAC .....	129	nizatidine .....	134
nevirapine .....	22	NIZORAL .....	175
NEXAVAR .....	36	NOR-QD .....	146
NEXAVIR .....	157	nora-be .....	146
NEXIUM .....	134	NORDETTE-28 .....	146
NEXIUM PACKET .....	134	NOREL SR .....	30
NEXTERONE .....	58	norepinephrine bitartrate .....	42
niacor .....	58	noreth-ethinyl estradiol-iron .....	146
NIASPAN EXTENDED-RELEASE .....	58	norethindrone (contraceptive) .....	146
nicardipine .....	58	norethindrone acetate .....	146
NICOTROL NS .....	42	NORFLEX .....	42
nifediac cc .....	58	norgestimate-ethinyl estradiol .....	146
nifedical xl .....	58	norgestrel-ethinyl estradiol .....	146

NORINYL 1+35 (28) .....	146	NOVOLOG PENFILL .....	147
NORINYL 1+50 (28) .....	146	NOVOPEN JR .....	103
NORITATE .....	175	NOVOPEN 3 .....	103
NORMOSOL-M IN D5W .....	120	NOVOPEN 3 PENMATE .....	103
NORMOSOL-R .....	121	NOVOTWIST .....	103
NORMOSOL-R IN D5W .....	121	NOXAFIL .....	22
NORMOSOL-R PH 7.4 .....	121	NUEDEXTA .....	83
NOROXIN .....	22	nulev .....	42
NORPRAMIN .....	83	NULOJIX .....	158
nortrel 0.5/35 (28) .....	146	NULYTELY WITH FLAVOR PACKS .....	134
nortrel 1/35 (21) .....	147	NUTRESTORE .....	134
nortrel 1/35 (28) .....	147	NUTRILYTE .....	121
nortrel 7/7/7 (28) .....	147	nutrilyte ii .....	121
nortriptyline .....	83	NUTRIPORT BALLOON .....	103
NORVIR .....	22	NUVARING .....	147
NOVA MAX GLUCOSE TEST .....	114	nuzole .....	175
NOVA SUREFLEX LANCETS .....	103	NUZON .....	175
NOVANTRONE .....	36	nyamyc .....	175
NOVOFINE AUTOCOVER .....	103	nystatin .....	22, 175, 176
NOVOFINE 30 .....	103	.....	176
NOVOFINE 32 .....	103	nystatin-triamcinolone .....	176
NOVOLIN N .....	147	nystop .....	176
NOVOLIN R .....	147		
NOVOLIN 70/30 .....	147		
NOVOLOG .....	147		
NOVOLOG FLEXPEN .....	147		
NOVOLOG MIX 70-30 .....	147		
NOVOLOG MIX 70-30 FLEXPEN .....	147		

**0**

O-CAL FA .....	185
O-CAL PRENATAL .....	185
ob-natal one .....	185
obstetrix dha .....	185
OBSTETRIX EC .....	185

OBTREX .....	185	ONE TOUCH ULTRA TEST .....	114
OBTREX DHA .....	185	ONE TOUCH ULTRA 2 .....	103
ocella .....	147	ONE TOUCH ULTRALINK .....	103
OCTAGAM .....	165	ONE TOUCH ULTRAMINI .....	103
octreotide acetate .....	158	ONE TOUCH ULTRASOFT LANCETS .....	103
OCUDOX .....	22	ONFI .....	83
OCUFEN .....	129	ONGLYZA .....	147
OCUFLOX .....	129	ONTAK .....	36
ofloxacin .....	22, 129	onxol .....	36
OFORTA .....	36	OPANA ER .....	83, 84
ogestrel (28) .....	147	OPTIPRANOLOL .....	129
olanzapine .....	83	OPTIUM EZ .....	114
omeprazole .....	134	OPTIUM TEST .....	114
OMNARIS .....	129	ORACIT .....	121
OMNITROPE .....	147	oralone .....	176
ONCASPAR .....	36	ORAP .....	84
ondansetron .....	134	ORAPRED .....	147
ondansetron (pf) in dextrose .....	134	ORAPRED ODT .....	147
ondansetron (pf) in nacl (iso) .....	134	ORFADIN .....	158
ondansetron hcl .....	134	orphenadrine citrate .....	42
ondansetron hcl (pf) .....	134	ORSINI INSULIN SYRINGE .....	103
ONE TOUCH BASIC SYSTEM .....	103	orsythia .....	147
ONE TOUCH DELICA LANC DEVICE .....	103	ORTHO EVRA .....	147
ONE TOUCH DELICA LANCETS .....	103	ORTHO MICRONOR .....	147
ONE TOUCH SURESOFT LANCING DEV .....	103	ORTHO TRI-CYCLEN (28) .....	147
ONE TOUCH TEST .....	114	ORTHO TRI-CYCLEN LO .....	147
ONE TOUCH ULTRA SMART .....	103	ORTHO-CEPT (28) .....	147
ONE TOUCH ULTRA SYSTEM KIT .....	103	ORTHO-CYCLEN (28) .....	147

ORTHO-NOVUM 1/35 (28) .....	147	oxycodone .....	84
ORTHO-NOVUM 7/7/7 (28) .....	147	oxycodone hcl-oxycodone-asa .....	84
ORTHOCLONE OKT3 .....	158	oxycodone-acetaminophen .....	84
oscion .....	176	oxycodone-aspirin .....	84
OSMITROL 10 % .....	121	oxymorphone .....	84
OSMITROL 15 % .....	121	oxytocin .....	160
OSMITROL 20 % .....	121		
OSMITROL 5 % .....	121	<b>P</b>	
OSMOPREP .....	134	PACERONE .....	59
otic edge .....	129	paclitaxel .....	36
oticin .....	129	PAIN EASE .....	176
otogesic .....	129	paire ob plus dha .....	185
OVACE PLUS SHAMPOO .....	176	pamidronate .....	158
OVCON-35 (28) .....	147	PANCREAZE .....	134, 135
OVCON-50 (28) .....	147	pancrelipase 5000 .....	135
OVIDE .....	176	pancuronium .....	42
oxacillin .....	22, 23	PANDEL .....	176
oxacillin in dextrose, iso-osm .....	22, 23	PANHEMATIN .....	158
oxaliplatin .....	36	PANRETIN .....	176
OXALIS .....	176	pantoprazole .....	135
oxandrolone .....	147	papaverine .....	59
oxaprozin .....	84	parcaine .....	129
oxazepam .....	84	paregoric .....	135
oxcarbazepine .....	84	PAREMYD .....	129
OXISTAT .....	176	paromomycin .....	23
OXSORALEN .....	176	paroxetine hcl .....	84, 85
OXSORALEN ULTRA .....	176	PASER .....	23
oxybutynin chloride .....	181	PATADAY .....	129
		PATANASE .....	129

PAXIL .....	85	PERFOROMIST .....	42
PCE .....	23	perindopril erbumine .....	60
pedi-dri .....	176	PERIO MED .....	158
PEDIAPRED .....	148	periogard .....	129
PEDIARIX (PF) .....	165	PERIOSTAT .....	129
PEDVAX HIB (PF) .....	165	PERJETA .....	36
peg 3350-electrolytes .....	135	permethrin .....	176
peg-electrolyte soln .....	135	perphenazine .....	85
peg-3350 with flavor packs .....	135	perphenazine-amitriptyline .....	85
PEGANONE .....	85	pfizerpen-g .....	23
PEGASYS .....	23	PHARMACIST CHOICE .....	114
PEGASYS CONVENIENCE PACK .....	23	phenadoz .....	30
PEGASYS PROCLICK .....	23	phenazopyridine .....	176
PEGINTRON .....	23	phenelzine .....	85
PEGINTRON REDIPEN .....	23	PHENERGAN .....	30
PEN NEEDLE .....	103	phenobarbital .....	85
penicillin g pot in dextrose .....	23	phentolamine .....	42
penicillin g potassium .....	23	phenylephrine hcl .....	42, 129
penicillin g procaine .....	23	PHENYTEK .....	85
penicillin g sodium .....	23	phenytoin .....	85
penicillin v potassium .....	23	phenytoin sodium .....	85
PENLET PLUS BLOOD SAMPLER .....	103	phenytoin sodium extended .....	85
PENNSAID .....	85	philith .....	148
PENTACEL (PF) .....	165	PHOS-FLUR .....	158
PENTAM .....	23	PHOSLO .....	121
PENTASA .....	135	PHOSLYRA .....	121
pentostatin .....	36	phospha 250 neutral .....	121
pentoxifylline .....	46	phosphasal .....	24

PHOSPHOLINE IODIDE .....	129	poly-dex .....	129
PHOTOFRIN .....	36	POLY-PRED .....	129
PHYSIOLYTE .....	121	poly-vitamin/fluoride/iron .....	185
PHYSIOSOL IRRIGATION .....	121	poly-650 .....	66
pilocarpine hcl .....	42, 129	polyethylene glycol 3350 .....	135
PILOPINE HS .....	129	polymyxin b sulfate .....	24
pindolol .....	60	POLYTRIM .....	130
piperacillin .....	24	PONTOCAINE .....	176
piperacillin-tazobactam .....	24	PONTOCAINE (PF) .....	153
piroxicam .....	85	portia .....	148
PITOCIN .....	160	potassium acetate .....	121
PITRESSIN .....	148	potassium bicarb & chloride .....	121
PLASMA-LYTE A .....	121	potassium bicarb-citric acid .....	121
PLASMA-LYTE 148 .....	121	potassium chloride .....	121, 122
PLASMA-LYTE-56 IN D5W .....	121	potassium citrate .....	121
PLETAL .....	46	potassium citrate-citric acid .....	121
pnv ob+dha .....	185	potassium phosphate dibasic .....	122
pnv-dha .....	185	POTIGA .....	85, 86
pnv-omega .....	185	pr natal 400 .....	185
pnv-select .....	185	pr natal 400 ec .....	185
pnv-total .....	185	pr natal 430 .....	185
POCKETCHEM EZ .....	103, 114	pr natal 430 ec .....	185
podocon .....	176	pr natal 440 ec .....	185
podofilox .....	176	PR OTIC SOLUTION .....	130
polocaine .....	153	PRADAXA .....	46
polocaine (pf) .....	153	pramipexole .....	86
poly iron pn .....	185	PRAMOTIC .....	130
poly iron pn forte .....	185	PRANDIN .....	148

pravastatin .....	60	PREMARIN .....	148
prazosin .....	60	PREMASOL 10 % .....	122
PRECARE .....	185	PREMASOL 6 % .....	122
PRECARE CONCEIVE .....	185	PREMESIS RX .....	185
PRECARE PREMIER .....	185	prenacare .....	185
PRECEDEX .....	86	prenafirst .....	185
PRECISION .....	104	prenaplus .....	185
PRECISION GLUCOSE CONTROL SOLN .....	103	PRENATA .....	186
PRECISION GLUCOSE/KETONE CONTR .....	104	PRENATABS FA .....	186
PRECISION PCX PLUS TEST .....	114	PRENATABS RX .....	186
PRECISION PCX TEST .....	114	prenatal ad .....	186
PRECISION POINT OF CARE TEST .....	114	prenatal low iron .....	186
PRECISION Q-I-D TEST .....	114	prenatal multivit with iron .....	186
PRECISION XTRA MONITOR .....	104	prenatal plus (calcium carb) .....	186
PRECISION XTRA TEST .....	114	prenatal plus with iron (ca) .....	186
PRECOSE .....	148	prenatal 19 .....	186
PRED FORTE .....	130	PRENATAL-U .....	186
PRED MILD .....	130	PRENATE DHA .....	186
PRED-G .....	130	PRENATE ELITE .....	186
PRED-G S.O.P. ....	130	PRENATE ELITE (NEW FORM) .....	186
prednicarbate .....	176	PRENATE ESSENTIAL .....	186
prednisol .....	130	prenate plus .....	186
prednisolone .....	148	PREPIDIL .....	160
prednisolone acetate .....	130	PREQUE 10 .....	186
prednisolone sodium phosphate .....	130, 148	PRESTIGE BLOOD GLUCOSE MONITOR .....	104
prednisone .....	148	PRESTIGE LX .....	104
prednisone intensol .....	148	PRESTIGE LX BLOOD GLUCOSE KIT .....	104
PRELONE .....	148	PRESTIGE SMART SYSTEM .....	104

PRESTIGE SMART SYSTEM IQ KIT .....	104	PRINZIDE .....	60
PRESTIGE SMART SYSTEM METER .....	104	PRISTIQ .....	86
PRESTIGE SMART SYSTEM TEST .....	114	privigen .....	165
PRESTIGE SMART SYSTEM VALUE PK .....	104	PROAIR HFA .....	42
PRESTIGE TEST .....	114	PROAMATINE .....	42, 43
PRESTIGE VALUE PACK .....	104	probenecid .....	122
prevalite .....	60	procainamide .....	60
PREVIDENT .....	158	PROCALAMINE 3% .....	122
PREVIDENT 5000 BOOSTER .....	158	PROCHIEVE .....	148
PREVIDENT 5000 DRY MOUTH .....	158	prochlorperazine .....	135
PREVIDENT 5000 ENAMEL PROTECT .....	158	prochlorperazine edisylate .....	135
PREVIDENT 5000 PLUS .....	158	prochlorperazine maleate .....	135
PREVIDENT 5000 SENSITIVE .....	158	PROCRIPT .....	46, 47
previfem .....	148	procto-pak .....	176
previt+dha .....	186	PROCTOCORT .....	176
previte rx .....	186	proctocream-hc .....	176
PREVNAR 13 (PF) .....	165	proctosol hc .....	176
PREZISTA .....	24	proctozone-hc .....	176
PRIALT .....	86	PRODIGY .....	114
PRIFTIN .....	24	PRODIGY AUTOCODE TEST STRIPS .....	114
PRIMACARE ADVANTAGE .....	186	PRODIGY CONTROL SOLUTION,HIGH .....	104
PRIMACARE ONE .....	186	PRODIGY EJECT TEST STRIPS .....	114
primaquine .....	24	PRODIGY INSULIN SYRINGE .....	104
PRIMAXIN IM .....	24	PRODIGY LANCETS .....	104
PRIMAXIN IV .....	24	PRODIGY NO CODING .....	114
primidone .....	86	PRODIGY PEN NEEDLE .....	104
PRIMSOL .....	24	PRODIGY TWIST TOP LANCET .....	104
PRINIVIL .....	60	progesterone .....	148



progesterone in oil .....	148	PUBLIX LANCET .....	104
progesterone micronized .....	148	PULMOZYME .....	124
PROGLYCEM .....	60	PURINETHOL .....	36
PROGRAF .....	158	PYLERA .....	24
PROLASTIN .....	162	pyrazinamide .....	24
PROLASTIN C .....	162	PYRIDIDIUM .....	176, 177
PROLEUKIN .....	36	pyridostigmine bromide .....	43
PROLIA .....	158	PYROGALLIC ACID .....	177
PROMACTA .....	47	<b>Q</b>	
promethegan .....	30	QUALAQUIN .....	24
PROMETRIUM .....	148	quasense .....	149
propafenone .....	60	QUESTRAN .....	61
propantheline .....	43	QUESTRAN LIGHT .....	61
proparacaine .....	130	quetiapine .....	86
propranolol .....	60, 61	QUICKTEK .....	104
propranolol-hydrochlorothiazid .....	61	QUICKTEK TEST .....	114
propylthiouracil .....	148	quinapril .....	61
PROQUAD (PF) .....	165	quinapril-hydrochlorothiazide .....	61
PROSOL 20% .....	122	quinidine gluconate .....	61
PROSTIGMIN .....	43	quinidine sulfate .....	61
PROSTIN E2 .....	160	quinine sulfate .....	24
protamine .....	47	QUIXIN .....	130
PROTID .....	30	QVAR .....	162
PROTONIX .....	135	<b>R</b>	
protriptyline .....	86	RABAVERT (PF) .....	165
PROVENTIL HFA .....	43	ramipril .....	61
PROVERA .....	148, 149	RANEXA .....	61
provisc .....	104	ranitidine hcl .....	135

RAPAFLO .....	43	RELISTOR .....	135
RAPAMUNE .....	158, 159	relnate dha .....	186
re dualvit ob .....	186	remeven .....	177
re multivit-fluoride .....	186	REMICADE .....	159
re ob + dha .....	186	REMODULIN .....	61
RE OB 90 + DHA .....	186	RENACIDIN .....	122
re sa .....	177	renaf .....	159
re urea 40 .....	177	RENEW ADVANCED MICRO-LANCETS .....	105
re-nata 29 .....	186	RENVELA .....	122
re-nata 29 ob .....	186	REOPRO .....	47
re-u40 .....	177	REQUIP XL .....	86
REBETOL .....	24	RESCRIPTOR .....	24
REBIF .....	159	RESECTISOL .....	122
REBIF TITRATION PACK .....	159	reserpine .....	61
RECLAST .....	159	RESPA-AR .....	30
reclipsen (28) .....	149	RESTASIS .....	130
RECOMBIVAX HB (PF) .....	165	RETROVIR .....	24
REFLUDAN .....	47	REUSABLE NEBULIZER KIT .....	105
REFUAH PLUS .....	114	REVATIO .....	61
REGONOL .....	43	revia .....	86
REGRANEX .....	177	REVLIMID .....	36, 37
relagard .....	177	revonto .....	43
RELAGESIC .....	86	REYATAZ .....	24, 25
RELENZA DISKHALER .....	24	RHEUMATREX .....	37
RELION CONFIRM .....	104	rhinoflex .....	86
RELION NEEDLES .....	104	rhinoflex-650 .....	86
RELION ULTIMA .....	114	RHOGAM ULTRA-FILTERED .....	165
RELION ULTRA THIN PLUS LANCETS .....	105	RHOGAM ULTRA-FILTERED PLUS .....	165

RHOPHYLAC .....	165	ROMAZICON .....	87
RIASTAP .....	47	romycin .....	130
RIBAPAK DOSE PACK .....	25	ropinirole .....	87, 88
ribasphere .....	25	rosadan .....	177
RIBATAB DOSE PACK .....	25	ROSULA .....	177
ribavirin .....	25	ROSULA NS .....	177
RIDAURA .....	136	ROTARIX .....	165
RIFADIN .....	25	ROTATEQ VACCINE .....	165
RIFAMATE .....	25	roxacet .....	88
rifampin .....	25	ru-tuss .....	30
RIFATER .....	25		
		<b>S</b>	
RIGHTEST GS550 TEST STRIPS .....	114	SABRIL .....	88
RILUTEK .....	86	SAFESNAP INSULIN SYRINGE .....	105
rimantadine .....	25	SAFETY-LET LANCETS .....	105
RIMSO-50 .....	177	SAIZEN .....	149
ringers .....	122	SAIZEN CLICK.EASY .....	149
RIOMET .....	149	salacyn .....	177
RISPERDAL CONSTA .....	86, 87	SALEX .....	177
RISPERDAL M-TAB .....	87	salicylic acid .....	177
risperidone .....	87	salsalate .....	88
risperidone m-tab .....	87	SAMSCA .....	122
RITUXAN .....	37	SANCTURA XR .....	181
rivastigmine .....	43	SANCUSO .....	135
ROBINUL .....	43	SANDOSTATIN .....	159
ROBINUL FORTE .....	43	SANDOSTATIN LAR DEPOT .....	159
ROCALTROL .....	186	SANTYL .....	177
ROCEPHIN .....	25	SAPHRIS .....	88
rocuronium .....	43	SAVELLA .....	88

scalacort .....	177	SENSURA FLEX OSTOMY POUCH .....	105
scalp treatment kit .....	177	SENSURA OSTOMY BASE PLATE .....	105
se-care .....	186	SEPTRA .....	25
se-care conceive .....	187	SEPTRA DS .....	25
se-care gesture .....	187	SEREVENT DISKUS .....	43
se-natal one .....	187	SEROMYCIN .....	25
se-natal 19 .....	187	SEROQUEL .....	88
se-natal 90 .....	187	SEROQUEL XR .....	88
se-plete dha .....	187	SEROSTIM .....	149
se-tan dha .....	187	sertraline .....	88
SEASONIQUE .....	149	setonet .....	187
SELECT-LITE .....	105	SETONET-EC .....	187
SELECT-LITE LANCING DEVICE .....	105	sf .....	159
SELECT-OB .....	187	sf 5000 plus .....	159
SELECT-OB + DHA .....	187	SILVADENE .....	177
selegiline hcl .....	88	silver nitrate .....	177
selenium sulfide .....	177	silver sulfadiazine .....	177
SELSEB .....	177	SIMCOR .....	61, 62
SELZENTRY .....	25	SIMULECT .....	159
SEMPREX-D .....	30	simvastatin .....	62
SENSIPAR .....	159	SINGLE-LET .....	105
SENSORCAINE .....	153	SINGULAIR .....	162
SENSORCAINE-MPF .....	153	SKELID .....	159
sensorcaine-mpf spinal .....	153	SMART CARESENS N TEST STRIPS .....	114
sensorcaine-mpf/epinephrine .....	153	SMARTEST LANCET .....	105
sensorcaine/epinephrine .....	153	SMARTEST TEST .....	114
SENSURA CLICK OSTOMY POUCH .....	105	sodiphluor .....	159
SENSURA FLEX OSTOMY BASE PLATE .....	105	sodium acetate .....	122

sodium bicarbonate .....	122	sotalol .....	62
sodium chloride .....	122, 123	sotalol af .....	62
sodium chloride 0.45 % .....	122	sotret .....	178
sodium chloride 0.9 % .....	122	SPIRIVA WITH HANDIHALER .....	43
sodium chloride 3 % .....	122	spironolacton-hydrochlorothiaz .....	62
sodium chloride 5 % .....	123	spironolactone .....	62
SODIUM EDECIN .....	123	SPRAY AND STRETCH .....	178
sodium fluoride .....	156, 157, 159	sprintec (28) .....	149
sodium lactate .....	123	SPRYCEL .....	37
sodium nitrite .....	159	SPS .....	123
sodium phosphate .....	123	sronyx .....	149
sodium polystyrene (sorb free) .....	123	SSD .....	178
sodium polystyrene sulfonate .....	123	SSD AF .....	178
sodium thiosulfate .....	159	STAFLEX .....	88
SOFT TOUCH LANCET DEVICE .....	105	stagesic .....	88
SOLIA .....	149	stannous fluoride .....	159
SOLO V2 LANCETS .....	105	stavudine .....	25, 26
SOLO V2 TEST STRIPS .....	114	STAVZOR .....	88, 89
SOLU-CORTEF .....	149	STELARA .....	178
SOLU-CORTEF (PF) .....	149	STERILE GAUZE PAD .....	161
SOLU-MEDROL .....	149	STERILE PADS .....	161
SOLU-MEDROL (PF) .....	149	STERILE STRETCH GAUZE BANDAGE .....	161
SOMATULINE DEPOT .....	159	STIMATE .....	149
SOMAVERT .....	149	STRATTERA .....	89
sorbitol-mannitol .....	123	streptomycin .....	26
SORIATANE .....	178	STRIANT .....	149
sorine .....	62	STROMECTOL .....	26
		SUBOXONE .....	89

sucralfate .....	135	SURE-JECT INSULIN SYRINGE .....	106
sufentanil citrate .....	89	SURE-PREP ALCOHOL PREP PADS .....	178
sulfac .....	130	SURE-TEST EASYPLUS MINI .....	114
sulfacetamide sodium .....	130	SURECHEK TEST STRIPS .....	114
sulfacetamide sodium (acne) .....	178	SURESTEP COMPLETE SYSTEM .....	106
sulfacetamide sodium-urea .....	177, 178	SURESTEP GLUCOSE CONTROL .....	106
sulfacetamide-prednisolone .....	130	SURESTEP PRO LINEARITY .....	106
sulfadiazine .....	26	SURESTEP PRO TEST .....	114
sulfamethoxazole-trimethoprim .....	26	SURESTEP TEST .....	114
sulfamide .....	130	SURMONTIL .....	89
SULFAMYLON .....	178	SURVANTA .....	162
sulfasalazine .....	26	SUSTIVA .....	26
sulfazine .....	26	SUTENT .....	37
sulfazine ec .....	26	syeda .....	149
sulindac .....	89	SYLATRON .....	26
sumatriptan .....	89	SYLATRON 4-PACK .....	26
sumatriptan succinate .....	89	SYMBICORT .....	162
supartz .....	105	SYMLIN .....	149
SUPRAX .....	26	SYMLINPEN 120 .....	149
SUPREP .....	135	SYMLINPEN 60 .....	150
SURE COMFORT ALCOHOL PREP PADS .....	178	SYNAREL .....	150
SURE COMFORT INS. SYR. U-100 .....	105	SYNERA .....	178
SURE COMFORT INSULIN SYRINGE .....	105	SYNERCID .....	26
SURE COMFORT LANCETS .....	105	SYNTHROID .....	150
SURE COMFORT PEN NEEDLE .....	106	SYNVISC .....	106
SURE EDGE .....	114	SYNVISC-ONE .....	106
SURE EDGE BLOOD GLUCOSE METER .....	106	SYPRINE .....	136
SURE-FINE PEN NEEDLES .....	106		

**T**

TABLOID .....	37	TEGRETOL XR .....	89
TACLONEX .....	178	TEKAMLO .....	62
TACLONEX SCALP .....	178	TEKTURNA .....	62
tacrolimus .....	160	TEKTURNA HCT .....	62, 63
TAMIFLU .....	26	temazepam .....	89, 90
tamoxifen .....	37	TEMODAR .....	37
tamsulosin .....	43	TENIVAC (PF) .....	166
TANDEM DHA .....	187	TENORETIC 100 .....	63
TANDEM OB .....	187	TENORETIC 50 .....	63
TAPAZOLE .....	150	TENORMIN .....	63
TARCEVA .....	37	TERAZOL 3 .....	178
TARGRETIN .....	37, 178	TERAZOL 7 .....	178
taron ec calcium-dha .....	187	terazosin .....	63
taron-bc .....	187	terbinafine .....	27
taron-c dha .....	187	terbutaline .....	43
taron-crystals .....	123	terconazole .....	178
TARON-DUO EC .....	187	TERRAMYCIN .....	27
taron-ec cal .....	187	TERRAMYCIN IM .....	27
taron-prex prenatal-dha .....	187	TERRAMYCIN WITH POLYMYXIN B .....	130
TASIGNA .....	37	TERUMO INS SYRINGE 0.5CC/27G .....	106
TASMAR .....	89	TERUMO INSULIN SYRINGE .....	106
TAXOTERE .....	37	TERUMO SURGUARD .....	106, 107
tazicef .....	26	testosterone cypionate .....	150
TAZORAC .....	178	testosterone enanthate .....	150
taztia xt .....	62	tetanus toxoid,adsorbed (pf) .....	166
TECHLITE AST LANCETS .....	106	tetanus-diphtheria toxoids-td .....	166
TECHLITE LANCETS .....	106	tetanus,diphtheria tox ped(pf) .....	163
TEFLARO .....	27	tetcaine .....	130

tetracaine hcl .....	130	TIKOSYN .....	63
tetracycline .....	27	tilia fe .....	150
TETRAVISC .....	130	TIMENTIN .....	27
TETRAVISC FORTE .....	130	timolol maleate .....	63, 130
TEXACORT .....	178	TIMOPTIC .....	130
THALITONE .....	123	TIMOPTIC OCUDOSE (PF) .....	130
THALOMID .....	160	TIMOPTIC-XE .....	131
THAM .....	123	tinidazole .....	27
theochron .....	181	tizanidine .....	43
theophylline .....	182	TNKASE .....	47
theophylline in d5w .....	181, 182	TOBI .....	27
THERACYS .....	166	TOBRADEX .....	131
THERMAZENE .....	178	TOBRADEX ST .....	131
THINPRO INSULIN SYRINGE .....	107	tobramycin .....	131
THINSET RESERVOIR .....	107	tobramycin in ns .....	27
thioridazine .....	90	tobramycin sulfate .....	27
thiotepa .....	37	tobramycin-dexamethasone .....	131
thiothixene .....	90	tobrasol .....	131
THYMOGLOBULIN .....	160	TOBREX .....	131
THYROLAR-1 .....	150	tolazamide .....	150
THYROLAR-1/2 .....	150	tolbutamide .....	150
THYROLAR-1/4 .....	150	tolmetin .....	90
THYROLAR-2 .....	150	tolterodine .....	182
THYROLAR-3 .....	150	TOPAMAX .....	90
TIAZAC .....	63	TOPCARE CLICKFINE .....	107
TICE BCG .....	166	TOPCARE ULTRA COMFORT .....	107
ticlopidine .....	47	TOPCARE UNIVERSAL1 THIN LANCET .....	107
TIGAN .....	136	topiragen .....	90



topiramate .....	90	TREXIMET .....	90
toposar .....	37	tri rx .....	187
topotecan .....	37	TRI-CHLOR .....	179
TOPROL XL .....	63	tri-legest fe .....	150
TORISEL .....	37	TRI-NORINYL (28) .....	150
torseamide .....	123	tri-previfem (28) .....	150
TPN ELECTROLYTES .....	123	tri-sprintec (28) .....	150
TPN ELECTROLYTES II .....	123	tri-vit with fluoride & iron .....	187
TRACLEER .....	63	tri-vitamin w/fluoride & iron .....	187
tramadol .....	90	tri-vitamin with fluoride .....	187
tramadol-acetaminophen .....	90	triadvance .....	187
TRANDATE .....	63	triamcinolone acetonide .....	179
trandolapril .....	63	triamterene-hydrochlorothiazid .....	123
tranexamic acid .....	47	TRIAZ .....	179
tranylcypromine .....	90	TRIAZ CLEANSER .....	179
TRAVASOL 10 % .....	123	trichloroacetic acid .....	179
TRAVATAN Z .....	131	tricitrates .....	123
trazodone .....	90	tricitrates (w/ sucrose) .....	123
treagan otic .....	131	TRICOR .....	63, 64
TREANDA .....	37	triderm .....	179
TRECTOR .....	27	trifluoperazine .....	91
TRELSTAR .....	37, 38	trifluridine .....	131
TRELSTAR DEPOT .....	38	trihexyphenidyl .....	91
TRELSTAR LA .....	38	TRIHIBIT PRESERVATIVE FREE .....	166
TRENTAL .....	47	TRILEPTAL .....	91
tretinoin .....	178, 179	TRILIPIX .....	64
tretinoin (chemotherapy) .....	38	trilyte with flavor packets .....	136
TREXALL .....	38	trimesis rx .....	187

trimethobenzamide .....	136	trust natal dha .....	188
trimethoprim .....	27	TRUVADA .....	27
trimethoprim-polymyxin b .....	130	TRUZONE PEAK FLOW METER .....	107
trimipramine .....	91	tubocurarine chloride .....	43
trinatal gt .....	187	TWINJECT AUTOINJECTOR .....	43
trinatal rx 1 .....	187	TWINRIX (PF) .....	166
trinatal ultra .....	187	TYGACIL .....	27
TRINATE .....	187	TYKERB .....	38
trinessa (28) .....	150	TYPHIM VI .....	166
TRIPEDIA (PF) .....	166	TYSABRI .....	160
TRISENOX .....	38	TYZEKA .....	27
triveen-duo dha .....	187	TYZINE .....	131
triveen-one .....	187		
triveen-prx rnf .....	187	<b>U</b>	
triveen-ten .....	187	u-cort .....	179
triveen-u .....	188	ULORIC .....	160
trivora (28) .....	150	ULTI-LANCE .....	107
TRIZIVIR .....	27	ULTICARE .....	107, 108
TROPHAMINE 10 % .....	123	ULTIGUARD .....	108
TROPHAMINE 6% .....	123	ULTILET ALCOHOL SWAB .....	179
tropicamide .....	131	ULTILET CLASSIC LANCETS .....	108
tropium .....	182	ULTILET INSULIN SYRINGE .....	108
TRUETEST HIGH GLUCOSE CONTROL .....	107	ULTILET LANCETS .....	109
TRUETEST NORMAL GLUCOSE CNTRL .....	107	ULTILET PEN NEEDLE .....	109
TRUETEST TEST STRIPS .....	115	ULTIMA MONITOR .....	109
TRUETRACK BLOOD GLUCOSE SYSTEM .....	107	ULTIMA TEST STRIPS .....	115
TRUETRACK SMART SYSTEM .....	107, 115	ultimate ob dha .....	188
TRUETRACK TEST .....	115	ultimatecare advantage .....	188
		ultimatecare combo .....	188

ultimatecare one .....	188	UNILET G.P. SUPERLITE LANCET .....	111
ultimatecare one nf .....	188	UNILET GP LANCET .....	111
ULTIVA .....	91	UNILET LANCET .....	111
ULTRA CMFT INS SYR HALF UNIT .....	109, 110	UNILET SUPERLITE LANCET .....	111
ULTRA COMFORT INSULIN SYRINGE .....	109	UNIRETIC .....	64
ULTRA THIN II LANCETS .....	110	UNISTIK .....	111
ULTRA THIN LANCETS .....	110	UNISTIK CZT LANCET .....	111
ULTRA THIN PLUS LANCETS .....	110	UNISTIK 1 .....	111
ULTRA TLC LANCETS .....	110	UNISTIK 2 DEVICE .....	111
ULTRA-THIN II (SHORT) INS SYR .....	110	UNISTIK 2 EXTRA .....	111
ULTRA-THIN II (SHORT) PEN NDL .....	110	UNISTIK 2 NORMAL LANCET&DEVICE .....	111
ULTRA-THIN II INS PEN NEEDLES .....	110	UNISTIK 2 SUPER .....	111
ULTRA-THIN II INSULIN SYRINGE .....	110	UNISTIK 3 .....	111
ULTRACET .....	91	UNISTIK 3 COMFORT DEVICE .....	111
ULTRACOMFORT .....	110	UNISTIK 3 COMFORT LANCET .....	111
ULTRACOMFORT W/ CONTAINER .....	110	UNISTIK 3 EXTRA LANCET .....	111
ULTRASE EC .....	136	UNISTIK 3 NEONATAL .....	111
ULTRASE MT 12 .....	136	UNISTIK 3 NEONATAL DEVICE .....	111
ULTRASE MT 18 .....	136	UNISTIK 3 NORMAL LANCET .....	111
ULTRASE MT 20 .....	136	UNITHROID .....	150, 151
ULTRATRAK .....	115	UNIVASC .....	64
UMECTA .....	179	ur n-c .....	27
UMECTA PD .....	179	URAMAXIN .....	179
UNIFINE PENTIPS .....	110, 111	urea .....	179, 180
UNILET COMFORTOUCH LANCET .....	111	urea nail stick .....	180
UNILET EXCELITE II LANCET .....	111	urea 40 .....	179
UNILET EXCELITE LANCET .....	111	URETRON D-S .....	27
UNILET G.P. LANCET .....	111	urin ds .....	27

UROQID-ACID NO.2 .....	27	vecuronium bromide .....	43
ursodiol .....	136	VEHICLE/N .....	161
ustell .....	27	VEHICLE/N MILD .....	161
utira-c .....	27	VELCADE .....	38
UVADEX .....	180	VELETRI .....	64
u40 .....	179	velivet .....	151
		VELTIN .....	180
<b>V</b>			
VAGIFEM .....	151	vena-bal dha .....	188
valacyclovir .....	27	venatal complete dha .....	188
VALCYTE .....	27	venlafaxine .....	91
valproate sodium .....	91	VENTAVIS .....	64
valproic acid .....	91	VENTOLIN HFA .....	43
valproic acid (as sodium salt) .....	91	VERAMYST .....	131
VALSTAR .....	38	verapamil .....	64
VALTURNA .....	64	VERDESO .....	180
VANOCIN .....	28	VEREGEN .....	180
vancomycin .....	28	VERIPRED 20 .....	151
vancomycin in dextrose iso-osm .....	28	VERSICLEAR .....	180
vancomycin in d5w .....	28	VESICARE .....	182
VANDAZOLE .....	180	vestura .....	151
VANDETANIB .....	38	VEXOL .....	131
VANISHPOINT SYRINGE .....	111	VFEND .....	28
VANOS .....	180	VFEND IV .....	28
VANOXIDE-HC .....	180	VIBATIV .....	28
VAQTA (PF) .....	166	VIBRAMYCIN .....	28
VARIVAX (PF) .....	166	VICTORY GLUCOSE TEST .....	115
vasopressin .....	151	VICTOZA .....	151
VECTIBIX .....	38	VICTRELIS .....	28

VIDAZA .....	38	VIRAMUNE .....	28
VIDEX EC .....	28	VIRAMUNE XR .....	28
VIDEX 2 GRAM PEDIATRIC .....	28	VIRAZOLE .....	28
VIDEX 4 GRAM PEDIATRIC .....	28	VIREAD .....	28, 29
VIGAMOX .....	131	VIROPTIC .....	131
VIIBRYD .....	91	virt-pn .....	188
VIMOVO .....	92	virt-pn dha .....	188
VIMPAT .....	92	vis-phos n .....	123
vinacal .....	188	VISCOAT .....	111
vinate az .....	188	visqid a/a .....	29
vinate c .....	188	VISTIDE .....	29
vinate calcium .....	188	vistra 650 .....	92
vinate care .....	188	VITAFOL-OB .....	188
vinate gt .....	188	VITAFOL-OB+DHA .....	188
vinate ic .....	188	VITAFOL-PN (UD) .....	188
vinate ii .....	188	vitaphil .....	188
vinate m .....	188	vitaphil + dha .....	188
vinate one .....	188	vitaspire .....	188
vinate pn care .....	188	vitazol .....	180
vinate ultra .....	188	VITRASE .....	124
vinblastine .....	38	VIVA DHA .....	188
vincasar pfs .....	38	VIVELLE-DOT .....	151
vincristine .....	38	VIVITROL .....	92
vinorelbine .....	38	VOLTAREN .....	92
VIOKASE 16 .....	136	VOLUVEN 6 % .....	123
VIOKASE 8 .....	136	voriconazole .....	29
viorele .....	151	VOTRIENT .....	38
VIRACEPT .....	28	vp-era ob plus .....	188

VPRIV .....	124	XYLOCAINE (CARDIAC) (PF) .....	64
VUMON .....	38	XYLOCAINE JELLY .....	131
vynatal fa .....	188	XYLOCAINE-EPINEPHRINE .....	153
VYTORIN 10-10 .....	64	XYLOCAINE-MPF .....	153
VYTORIN 10-20 .....	64	XYLOCAINE-MPF/EPINEPHRINE .....	154
VYTORIN 10-40 .....	64	XYREM .....	92
VYTORIN 10-80 .....	64	XYZAL .....	30

**W**

warfarin .....	47
water for irrigation, sterile .....	123
WAVESENSE AMP .....	115
WAVESENSE JAZZ .....	115
WAVESENSE LANCETS .....	111
WAVESENSE PRESTO .....	115
WEBCOL .....	180
WELCHOL .....	64
WESTCORT .....	180

**X**

x-viate .....	180
XALKORI .....	38
XARELTO .....	47
XENAZINE .....	92
XERAC AC .....	180
XGEVA .....	160
XIFAXAN .....	29
XIGRIS .....	160
XOLAIR .....	162
XYLOCAINE .....	131, 153

**Y**

YASMIN 28 .....	151
YAZ 28 .....	151
YERVOY .....	38
YF-VAX (PF) .....	166
YODOXIN .....	29

**Z**

zaclir .....	180
zafirlukast .....	163
zaleplon .....	92
ZALTRAP .....	38
ZANOSAR .....	38
zarah .....	151
ZARONTIN .....	92
ZAROXOLYN .....	124
zatean-ch .....	188
zatean-pn .....	188
zatean-pn dha .....	189
ZAVESCA .....	160
zazole .....	180
ZELBORAF .....	38

zema-pak .....	151	ZOLINZA .....	39
ZEMAIRA .....	163	zolpidem .....	92
ZEMPLAR .....	189	ZOMETA .....	160
ZEMURON .....	43	zonisamide .....	92
zenchent (28) .....	151	ZORBTIVE .....	151
zenchent fe .....	151	ZORTRESS .....	160
ZENPEP .....	136	ZOSTAVAX (PF) .....	166
zeosa .....	151	ZOSYN .....	30
ZERIT .....	29	ZOSYN IN DEXTROSE (ISO-OSM) .....	30
zerlor .....	92	zovia 1/35e (28) .....	151
ZETIA .....	64	zovia 1/50e (28) .....	151
zgesic .....	92	ZOVIRAX .....	181
ZIAC .....	65	ZYBAN .....	92
ZIAGEN .....	29	ZYCLARA .....	181
zidovudine .....	29	ZYFLO CR .....	163
ZINACEF .....	29	ZYLET .....	131
ZINACEF IN DEXTROSE (ISO-OSM) .....	29	ZYLOPRIM .....	160
ZINACEF IN STERILE WATER .....	29	ZYMAR .....	131
ZINECARD .....	160	ZYMAXID .....	131
ZINOTIC ES (WITH GLYCERIN) .....	131	ZYPREXA .....	92
ziprasidone hcl .....	92	ZYPREXA RELPREVV .....	92
ZIRGAN .....	131	ZYTIGA .....	39
ZITHROMAX .....	29	ZYVOX .....	30
ZITHROMAX TRI-PAK .....	29		
ZITHROMAX Z-PAK .....	29		
ZODERM .....	180, 181		
ZODERM REDI-PADS .....	180, 181		
ZOLADEX .....	39		
		<b>#</b>	
		0.45 % nacl-potassium chloride .....	121
		0.9% nacl & potassium chloride .....	119
		1ST TIER UNIFINE PENTIPS .....	92, 93
		8-MOP .....	166





# Notes

A series of 20 horizontal lines, spaced evenly down the page, providing a template for writing notes.



# Notes

A series of horizontal lines spaced evenly down the page, providing a template for writing notes.





# Notes



25 horizontal lines for writing notes.



A stand-alone prescription drug plan with a Medicare contract. Medicare beneficiaries may enroll in the plan only during specific times of the year. Contact Humana for more information. You must use network pharmacies, except under non-routine circumstances. Quantity limitations, copayments and restrictions may apply. If you are a member of a qualified State Pharmaceutical Assistance Program, please contact the Program to verify that the mail order pharmacy will coordinate with that Program. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call 1-800-MEDICARE (1-800-633-4227) (TTY or TDD users should call 1-877-486-2048, 24 hours a day/7days a week); the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY or TDD users should call 1-800-325-0778); or your State Medical Assistance (Medicaid) Office. We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-281-6918. Someone who speaks Spanish can help you. This is a free service.

Contamos con servicios de interpretación gratuitos para responder a cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para tener acceso a un intérprete, llámenos al 1-800-281-6918. Alguien que habla español le puede ayudar. Este es un servicio gratuito.

**Humana**<sup>®</sup>

Humana.com