



2011 Prescription Drug Guide

Humana Formulary

List of Covered Drugs

Humana Enhanced (PDP)
PDP Region 11: Florida

HUMANA[®]
Guidance when you need it most

Welcome to Humana!

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

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

What is the formulary?

A formulary is a list of covered drugs selected by Humana who worked with a team of health care providers, which 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 2011 formulary that was covered at the beginning of the year, we won't discontinue or reduce coverage of the drug during the 2011 coverage year except when a new, less-expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, won't affect members who currently take the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it's important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits, or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we'll immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2011. Our printed formularies will be updated each month and will be available on **Humana.com**.

To get updated information about the drugs covered by Humana, please visit **Humana.com**. Simply 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 Service at **1-800-281-6918**. If you use a TTY, call **711**. You can call seven days a week from 8 a.m. to 8 p.m. From March 2nd until the following Annual Election Period (AEP), you can leave us a voice mail 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?

Alphabetical Listing

The formulary begins on page 9. The drugs in this formulary are listed in alphabetical order. The formulary also lists the Tier, Utilization Management Requirement, and Therapeutic Category.

Drugs are grouped into one of four tiers -1, 2, 3, or 4.

- **Tier 1 - Preferred Generic:** Drugs that 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 2 - Non-Preferred Generic / Preferred Brand:** Generic prescriptions that Humana offers at a higher cost to you than preferred generics, and brand prescription drugs that Humana offers at a lower cost to you than non-preferred brand drugs.
- **Tier 3 - Non-Preferred Brand:** Brand prescription drugs that Humana offers at a higher cost to you than preferred brands.
- **Tier 4 - Specialty:** Some injectables and other high-cost drugs.

How much will I pay for Covered Drugs?

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 or call Customer Service to find out what your costs are. Humana pays part of the costs for your covered drugs and you pay part of the costs, as well.

The amount you pay depends on which drug category your drug falls under in the formulary and whether you fill your prescription at a network pharmacy.

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. For example, 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):** This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug so we can make the determination.

For drugs that require prior authorization, step therapy, or fall outside of the noted quantity limits, the doctor must fax the request to Humana at **1-877-486-2621**. Representatives are available Monday through Friday, 8 a.m. to 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 9. You also can get more information about the restrictions applied to specific covered drugs by visiting our Website at **Humana.com**. Simply 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 5 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 is making changes to help with the cost of medicines while members are in the Prescription Drug Plan coverage gap, known as the "donut hole." The Centers for Medicare & Medicaid Services (CMS) will work with the companies that make prescription medicines to give you nearly 50 percent off on covered brand-name prescriptions while you are in the coverage gap. Note that Medicare members who now receive the low-income subsidy 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 is making changes to help with the cost of medicines while members are in the Prescription Drug Plan coverage gap, known as the "donut hole." The Centers for Medicare & Medicaid Services (CMS) will work with health plans to provide more generic drug coverage while you are in the donut hole.

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. Or contact Customer Service and ask if your drug is covered.

If you learn that Humana does not cover your drug, you have two options:

- You can ask Customer Service 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 to waive coverage restrictions or limits on your drug. For example, for certain drugs, Humana limits the amount of the drug that we'll cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is usually considered a non-preferred drug, you can ask us to cover it as a preferred instead. This would lower the amount you must pay for your drug. Please note, 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 aren't included on the plan's formulary, the lower-tiered drug or additional utilization restrictions wouldn't be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you're requesting a formulary, tiering or utilization restriction exception you should submit a statement from your doctor supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing doctor's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 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 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 should switch to an appropriate drug that we cover or request a formulary exception so that we'll cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you're a member of our plan.

For each of your current drugs that are not on our formulary or if your ability to get your drugs is limited, we'll cover a temporary 30-day supply (unless you have a prescription written for fewer days in which case we'll allow multiple fills to provide up to a total of 30 days of medication) when you go to a pharmacy. After your first 30-day supply, we won't pay for these drugs, even if you have been a member of the plan less than 90 days.

If you're a resident of a long-term care facility, we'll cover a temporary 34-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. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you're past the first 90 days of membership in our plan, we'll cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Throughout the plan year, you may have a change in your treatment setting due to 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 need to now use their Part D plan benefit.
- Members who give up Hospice Status and revert 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 up to a 34-day temporary supply of a Part D covered drug when your prescription is filled 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 altered, is known to have risks.

Humana-Medicare.com - Explore Your Options

For help selecting the plan that's right for you, use our online comparison tools at **Humana-Medicare.com**. You can research your coverage options, compare benefits, and estimate your annual costs with various plans. Also, you can use the Rx Calculator on the Website to:

- Estimate your monthly drug costs and how long it will take you to reach the various cost "stages" for your prescription drug plan.
- Get information about pricing, coverage, usage, dosage, interactions, and other details on more than 10,000 drugs.
- Find out whether a generic alternative might save you money.

For More Information

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

If you have questions about Humana, please visit our Website at **Humana.com**. Simply 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 to search for your drug by name or drug type.

You can also call Humana Customer Service at **1-800-281-6918**. If you use a TTY, call **711**. You can call seven days a week from 8 a.m. to 8 p.m. From March 2 until the following Annual Election Period (AEP), you can leave us a voice mail 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. Or, 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.

How to read your formulary

The first column of the chart lists the drug name in alphabetical order. 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 for that drug. The following indicators may be displayed:

GG - Select generic drugs that are covered in the gap.

SP - Drugs that are typically available through a specialty pharmacy. Please check with your specialty pharmacy to make sure your drug is available.

MO - Drugs that are typically available through mail-order. Please check with 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 is based on benefits and whether your doctor prescribes a 30-, 60-, or 90-day supply. See page 4 for more details on these requirements for your plan.

The last column lists the Therapeutic Category of the drug.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
1/2 ns with potassium chloride 20MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
8-MOP 10MG CAPSULE MO	4		PIGMENTING AGENTS
a-hydrocort 100MG SOLUTION GG, MO	1		ADRENALS
a-methapred 125MG/2 ML SOLUTION MO	1		ADRENALS
a-methapred 40MG/ML SOLUTION MO	1		ADRENALS
ABELCET 5MG/ML SUSPENSION MO	4		POLYENES
ABILIFY 10MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY 15MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY 1MG/ML SOLUTION MO	3	PA	ANTIPSYCHOTIC AGENTS
ABILIFY 20MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY 2MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY 30MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY 5MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY 9.75MG/1.3 ML SOLUTION MO	3	PA	ANTIPSYCHOTIC AGENTS
ABILIFY DISCMELT 10MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY DISCMELT 15MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABRAXANE 100MG SOLUTION SP	4	B vs D	ANTINEOPLASTIC AGENTS
acarbose 100MG TABLET MO	1		ALPHA-GLUCOSIDASE INHIBITORS
acarbose 25MG TABLET MO	1		ALPHA-GLUCOSIDASE INHIBITORS
acarbose 50MG TABLET MO	1		ALPHA-GLUCOSIDASE INHIBITORS
ACCOLATE 10MG TABLET MO	2	QL	LEUKOTRIENE MODIFIERS
ACCOLATE 20MG TABLET MO	2	QL	LEUKOTRIENE MODIFIERS
ACCUPRIL 10MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ACCUPRIL 20MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ACCUPRIL 40MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ACCUPRIL 5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ACCURETIC 10-12.5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ACCURETIC 20-12.5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ACCURETIC 20-25MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
acebutolol 200MG CAPSULE MO	1		BETA-ADRENERGIC BLOCKING AGENTS
acebutolol 400MG CAPSULE MO	1		BETA-ADRENERGIC BLOCKING AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ACEON 2MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ACEON 4MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ACEON 8MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ACETADOTE 20% (200 MG/ML) SOLUTION MO	3		ANTIDOTES
acetaminophen-codeine 120-12MG/5 ML ELIXIR MO	2		OPIATE AGONISTS
acetaminophen-codeine 300-15MG TABLET MO	2	QL	OPIATE AGONISTS
acetaminophen-codeine 300-30MG TABLET MO	2	QL	OPIATE AGONISTS
acetaminophen-codeine 300-60MG TABLET MO	2	QL	OPIATE AGONISTS
acetazolamide 125MG TABLET MO	1		EENT ANTI-INFECTIVES, MISCELLANEOUS
acetazolamide 250MG TABLET MO	1		CARBONIC ANHYDRASE INHIBITORS (EENT)
acetazolamide 500MG CAPSULE MO	1		CARBONIC ANHYDRASE INHIBITORS (EENT)
acetazolamide sodium 500MG SOLUTION MO	1		CARBONIC ANHYDRASE INHIBITORS (EENT)
acetic acid 2% SOLUTION MO	1		EENT ANTI-INFECTIVES, MISCELLANEOUS
acetylcysteine 10% (100 MG/ML) SOLUTION MO	1	B vs D	MUCOLYTIC AGENTS
acetylcysteine 20% (200 MG/ML) SOLUTION MO	1	B vs D	MUCOLYTIC AGENTS
ACTHIB 10MCG/0.5 ML SOLUTION MO	3		VACCINES
acticin 5% CREAM MO	1		SCABICIDES AND PEDICULICIDES
ACTIMMUNE 2,000,000UNIT/0.5 ML SOLUTION SP	4	PA	BIOLOGIC RESPONSE MODIFIERS
ACTIVELLA 0.5-0.1MG TABLET MO	3		ESTROGENS
ACTIVELLA 1-0.5MG TABLET MO	3		ESTROGENS
ACTONEL 150MG TABLET MO	3	QL	BONE RESORPTION INHIBITORS
ACTONEL 30MG TABLET MO	3	QL	BONE RESORPTION INHIBITORS
ACTONEL 35MG TABLET MO	3	QL	BONE RESORPTION INHIBITORS
ACTONEL 5MG TABLET MO	3	QL	BONE RESORPTION INHIBITORS
ACTOPLUS MET 15-500MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
ACTOPLUS MET 15-850MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
ACTOS 15MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
ACTOS 30MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
ACTOS 45MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
ACULAR 0.5% DROPS MO	3		EENT NONSTEROIDAL ANTI-INFLAM. AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ACULAR LS 0.4% DROPS MO	3		EENT NONSTEROIDAL ANTI-INFLAM. AGENTS
ACUVAIL 0.45% DROPPERETTE MO	3		EENT NONSTEROIDAL ANTI-INFLAM. AGENTS
acyclovir 200MG CAPSULE MO	1		NUCLEOSIDES AND NUCLEOTIDES
acyclovir 200MG/5 ML SUSPENSION MO	1		NUCLEOSIDES AND NUCLEOTIDES
acyclovir 400MG TABLET MO	1		NUCLEOSIDES AND NUCLEOTIDES
acyclovir 800MG TABLET MO	1		NUCLEOSIDES AND NUCLEOTIDES
acyclovir sodium 500MG SOLUTION MO	1		NUCLEOSIDES AND NUCLEOTIDES
ADACEL (ADOLESCENT & ADULT) 2-5-3-5-5LF-MCG-LF/0.5ML SUSPENSION MO	3		TOXOIDS
ADAGEN 250UNIT/ML SOLUTION SP	4		ENZYMES
ADALAT CC 30MG TABLET MO	3	QL	DIHYDROPYRIDINES
ADALAT CC 60MG TABLET MO	3	QL	DIHYDROPYRIDINES
ADALAT CC 90MG TABLET MO	3	QL	DIHYDROPYRIDINES
ADCIRCA 20MG TABLET SP	4	QL,PA	PHOSPHODIESTERASE INHIBITORS
ADRIAMYCIN PFS 2MG/ML SOLUTION MO	2	B vs D	ANTINEOPLASTIC AGENTS
ADVAIR DISKUS 100-50MCG/DOSE DISK MO	2	QL	BETA-ADRENERGIC AGONISTS
ADVAIR DISKUS 250-50MCG/DOSE DISK MO	2	QL	BETA-ADRENERGIC AGONISTS
ADVAIR DISKUS 500-50MCG/DOSE DISK MO	2	QL	BETA-ADRENERGIC AGONISTS
ADVAIR HFA 115-21MCG/ACTUATION AEROSOL MO	2	QL	BETA-ADRENERGIC AGONISTS
ADVAIR HFA 230-21MCG/ACTUATION AEROSOL MO	2	QL	BETA-ADRENERGIC AGONISTS
ADVAIR HFA 45-21MCG/ACTUATION AEROSOL MO	2	QL	BETA-ADRENERGIC AGONISTS
AEROBID-M 250MCG/ACTUATION AEROSOL MO	3	QL,ST	ADRENALS
afeditab cr 30MG TABLET MO	1	QL	DIHYDROPYRIDINES
afeditab cr 60MG TABLET MO	1	QL	DIHYDROPYRIDINES
AFINITOR 10MG TABLET SP	4	QL,PA	ANTINEOPLASTIC AGENTS
AFINITOR 5MG TABLET SP	4	QL,PA	ANTINEOPLASTIC AGENTS
AGGRENOX 200-25MG CAPSULE 12 HR. MO	2		VASODILATING AGENTS, MISCELLANEOUS
AK-CON 0.1 % DROPS MO	1		VASOCONSTRICTORS
AK-CON 0.1% DROPS GG, MO	1		VASOCONSTRICTORS
ak-tob 0.3% DROPS GG, MO	1		ANTIBACTERIALS (EENT)
AKNE-MYCIN 2% OINTMENT MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
ALA-CORT 1% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
ALA-SCALP 2% LOTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
ALBENZA 200MG TABLET MO	3		ANTHELMINTICS
albuterol sulfate 0.63MG/3 ML SOLUTION MO	1	B vs D	BETA-ADRENERGIC AGONISTS
albuterol sulfate 1.25MG/3 ML SOLUTION MO	1	B vs D	BETA-ADRENERGIC AGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
albuterol sulfate 2.5 mg/3 ML (0.083 %) SOLUTION MO	1	B vs D	BETA-ADRENERGIC AGONISTS
albuterol sulfate 2MG TABLET MO	1		BETA-ADRENERGIC AGONISTS
albuterol sulfate 2MG/5 ML SYRUP MO	1		BETA-ADRENERGIC AGONISTS
albuterol sulfate 4MG TABLET MO	1		BETA-ADRENERGIC AGONISTS
albuterol sulfate 4MG TABLET 12 HR. MO	2		BETA-ADRENERGIC AGONISTS
albuterol sulfate 5MG/ML SOLUTION MO	1	B vs D	BETA-ADRENERGIC AGONISTS
albuterol sulfate 8MG TABLET 12 HR. MO	2		BETA-ADRENERGIC AGONISTS
ALCAINE 0.5% DROPS MO	1		LOCAL ANESTHETICS (EENT)
alclometasone 0.05% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
alclometasone 0.05% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
alcohol in d5w 5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
ALCOHOL SWABS PADS MO	1		LOCAL ANTI-INFECTIVES, MISCELLANEOUS
ALDACTAZIDE 25-25MG TABLET MO	3		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
ALDACTAZIDE 50-50MG TABLET MO	3		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
ALDACTONE 100MG TABLET MO	3		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
ALDACTONE 25MG TABLET MO	3		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
ALDACTONE 50MG TABLET MO	3		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
ALDARA 5% CREAM MO	3	QL	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
ALDURAZYME 2.9MG/5 ML SOLUTION SP	4		ENZYMES
alendronate 10MG TABLET GG, MO	1	QL	BONE RESORPTION INHIBITORS
alendronate 35MG TABLET GG, MO	1	QL	BONE RESORPTION INHIBITORS
alendronate 40MG TABLET GG, MO	1	QL	BONE RESORPTION INHIBITORS
alendronate 5MG TABLET GG, MO	1	QL	BONE RESORPTION INHIBITORS
alendronate 70MG TABLET GG, MO	1	QL	BONE RESORPTION INHIBITORS
ALFERON N 5,000,000UNIT/ML SOLUTION SP	4		INTERFERONS
ALIMTA 500MG SOLUTION SP	4	B vs D	ANTINEOPLASTIC AGENTS
ALINIA 100MG/5 ML SUSPENSION MO	3	QL	ANTIPROTOZOALS, MISCELLANEOUS
ALINIA 500MG TABLET MO	3	QL	ANTIPROTOZOALS, MISCELLANEOUS
ALKERAN 50MG SOLUTION SP	4	B vs D	ANTINEOPLASTIC AGENTS
allopurinol 100MG TABLET GG, MO	1		ANTIGOUT AGENTS
allopurinol 300MG TABLET GG, MO	1		ANTIGOUT AGENTS
allopurinol sodium 500MG SOLUTION MO	1		ANTIGOUT AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ALOMIDE 0.1% DROPS MO	3		ANTIALLERGIC AGENTS
ALOPRIM 500MG SOLUTION MO	3		ANTIGOUT AGENTS
ALORA 0.025MG/24 HR PATCH MO	3	QL	ESTROGENS
ALORA 0.05MG/24 HR PATCH MO	3	QL	ESTROGENS
ALORA 0.075MG/24 HR PATCH MO	3	QL	ESTROGENS
ALORA 0.1MG/24 HR PATCH MO	3	QL	ESTROGENS
ALPHAGAN P 0.1% DROPS MO	2		ALPHA-ADRENERGIC AGONISTS (EENT)
ALPHAGAN P 0.15% DROPS MO	2		ALPHA-ADRENERGIC AGONISTS (EENT)
ALREX 0.2% DROPS MO	3		CORTICOSTEROIDS (EENT)
ALTABAX 1% OINTMENT MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
amantadine 100MG CAPSULE MO	1		ADAMANTANES (CNS)
amantadine 100MG TABLET MO	1		ADAMANTANES (CNS)
amantadine 50MG/5 ML SYRUP MO	1		ADAMANTANES (CNS)
AMBISOME 50MG SUSPENSION MO	3		POLYENES
amcinonide 0.1% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
amcinonide 0.1% LOTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
amcinonide 0.1% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
AMEVIVE 15MG SOLUTION SP	4	QL,PA	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
amifostine crystalline 500MG SOLUTION MO	4	B vs D	PROTECTIVE AGENTS
amikacin 100MG/2 ML SOLUTION MO	3		AMINOGLYCOSIDES
amikacin 500MG/2 ML SOLUTION MO	2		AMINOGLYCOSIDES
amiloride 5MG TABLET MO	2		POTASSIUM-SPARING DIURETICS
amiloride-hydrochlorothiazide 5-50MG TABLET GG, MO	1		POTASSIUM-SPARING DIURETICS
aminophylline 100MG TABLET GG, MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
aminophylline 200MG TABLET GG, MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
aminophylline 250MG/10 ML SOLUTION GG, MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
AMINOSYN 10 % 10% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN 3.5 % 3.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN 5 % 5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN 7 % 7% PARENTERAL SOLUTION MO	3		CALORIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
AMINOSYN 7 % WITH ELECTROLYTES 7% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN 8.5 % 8.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN 8.5 %-ELECTROLYTES 8.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 10 % PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 15% 15% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 3.5 %-DEXTROSE 25% 3.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 3.5 %/DEXTROSE 5 % 3.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 3.5% M/DEXTROSE 5% 3.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 3.5%-LYTES-CA-D25W 3.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 4.25%-DEXTROSE 10% 4.25% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 4.25%-DEXTROSE 25% 4.25% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 4.25%-LYTES-CA-D25 4.25% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 4.25%/DEXTROSE 20% 4.25% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 5%/DEXTROSE 25% 5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 7 % 7% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 8.5 % 8.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN II 8.5 %-ELECTROLYTES 8.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN M 3.5 % 3.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN-HBC 7% 7% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN-HF 8 % 8% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN-PF 10 % 10% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
AMINOSYN-PF 7 % (SULFITE-FREE) 7% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
amiodarone 200MG TABLET MO	1		ANTIARRHYTHMIC AGENTS
amiodarone 400MG TABLET MO	1		ANTIARRHYTHMIC AGENTS
amiodarone 50MG/ML SOLUTION MO	1		ANTIARRHYTHMIC AGENTS
AMITIZA 24MCG CAPSULE MO	2		CATHARTICS AND LAXATIVES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
AMITIZA 8MCG CAPSULE MO	2		CATHARTICS AND LAXATIVES
amitriptyline 100MG TABLET GG, MO	1		ANTIDEPRESSANTS
amitriptyline 10MG TABLET GG, MO	1		ANTIDEPRESSANTS
amitriptyline 150MG TABLET GG, MO	1		ANTIDEPRESSANTS
amitriptyline 25MG TABLET GG, MO	1		ANTIDEPRESSANTS
amitriptyline 50MG TABLET GG, MO	1		ANTIDEPRESSANTS
amitriptyline 75MG TABLET GG, MO	1		ANTIDEPRESSANTS
amitriptyline-chlordiazepoxide 12.5-5MG TABLET MO	1		ANTIDEPRESSANTS
amitriptyline-chlordiazepoxide 25-10MG TABLET MO	1		ANTIDEPRESSANTS
amlodipine 10MG TABLET GG, MO	1		DIHYDROPYRIDINES
amlodipine 2.5MG TABLET GG, MO	1		DIHYDROPYRIDINES
amlodipine 5MG TABLET GG, MO	1		DIHYDROPYRIDINES
amlodipine-benazepril 10-20MG CAPSULE MO	2	QL	DIHYDROPYRIDINES
amlodipine-benazepril 2.5-10MG CAPSULE MO	2	QL	DIHYDROPYRIDINES
amlodipine-benazepril 5-10MG CAPSULE MO	2	QL	DIHYDROPYRIDINES
amlodipine-benazepril 5-20MG CAPSULE MO	2	QL	DIHYDROPYRIDINES
ammonium chloride 5MEQ/ML SOLUTION MO	1		ACIDIFYING AGENTS
ammonium lactate 12% CREAM MO	1		BASIC OINTMENTS AND PROTECTANTS
ammonium lactate 12% LOTION MO	1		BASIC LOTIONS AND LINIMENTS
amnesteam 10MG CAPSULE MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
amnesteam 20MG CAPSULE MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
amnesteam 40MG CAPSULE MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
amoxapine 100MG TABLET MO	1		ANTIDEPRESSANTS
amoxapine 150MG TABLET MO	1		ANTIDEPRESSANTS
amoxapine 25MG TABLET MO	1		ANTIDEPRESSANTS
amoxapine 50MG TABLET MO	1		ANTIDEPRESSANTS
amoxicillin 125MG CHEWABLE TABLET GG, MO	1		PENICILLINS
amoxicillin 125MG/5 ML SUSPENSION GG, MO	1		PENICILLINS
amoxicillin 200MG CHEWABLE TABLET GG, MO	1		PENICILLINS
amoxicillin 200MG/5 ML SUSPENSION GG, MO	1		PENICILLINS
amoxicillin 250MG CAPSULE GG, MO	1		PENICILLINS
amoxicillin 250MG CHEWABLE TABLET GG, MO	1		PENICILLINS
amoxicillin 250MG/5 ML SUSPENSION GG, MO	1		PENICILLINS
amoxicillin 400MG CHEWABLE TABLET GG, MO	1		PENICILLINS
amoxicillin 400MG/5 ML SUSPENSION GG, MO	1		PENICILLINS
amoxicillin 500MG CAPSULE GG, MO	1		PENICILLINS
amoxicillin 500MG TABLET GG, MO	1		PENICILLINS
amoxicillin 875MG TABLET GG, MO	1		PENICILLINS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
amoxicillin-pot clavulanate 1,000-62.5MG TABLET 12 HR. MO	2		PENICILLINS
amoxicillin-pot clavulanate 200-28.5MG CHEWABLE TABLET MO	1		PENICILLINS
amoxicillin-pot clavulanate 200-28.5MG/5 ML SUSPENSION MO	1		PENICILLINS
amoxicillin-pot clavulanate 250-125MG TABLET MO	1		PENICILLINS
amoxicillin-pot clavulanate 250-62.5MG/5 ML SUSPENSION MO	1		PENICILLINS
amoxicillin-pot clavulanate 400-57MG CHEWABLE TABLET MO	1		PENICILLINS
amoxicillin-pot clavulanate 400-57MG/5 ML SUSPENSION MO	1		PENICILLINS
amoxicillin-pot clavulanate 500-125MG TABLET MO	1		PENICILLINS
amoxicillin-pot clavulanate 600-42.9MG/5 ML SUSPENSION MO	1		PENICILLINS
amoxicillin-pot clavulanate 875-125MG TABLET MO	1		PENICILLINS
amphetamine salt combo 10MG TABLET MO	2		AMPHETAMINES
amphetamine salt combo 12.5MG TABLET MO	2		AMPHETAMINES
amphetamine salt combo 15MG TABLET MO	2		AMPHETAMINES
amphetamine salt combo 20MG TABLET MO	2		AMPHETAMINES
amphetamine salt combo 30MG TABLET MO	2		AMPHETAMINES
amphetamine salt combo 5MG TABLET MO	2		AMPHETAMINES
amphetamine salt combo 7.5MG TABLET MO	2		AMPHETAMINES
AMPHOTEC 50MG SUSPENSION MO	3		POLYENES
amphotericin b 50MG SOLUTION MO	2		POLYENES
ampicillin 125MG/5 ML SUSPENSION GG, MO	1		PENICILLINS
ampicillin 250MG CAPSULE GG, MO	1		PENICILLINS
ampicillin 250MG/5 ML SUSPENSION GG, MO	1		PENICILLINS
ampicillin 500MG CAPSULE GG, MO	1		PENICILLINS
ampicillin sodium 10GRAM SOLUTION MO	2		PENICILLINS
ampicillin sodium 125MG SOLUTION MO	2		PENICILLINS
ampicillin sodium 1GRAM SOLUTION MO	2		PENICILLINS
ampicillin-sulbactam 15GRAM SOLUTION MO	2		PENICILLINS
ampicillin-sulbactam 3GRAM SOLUTION MO	2		PENICILLINS
AMPYRA 10MG TABLET 12 HR. SP	4	QL,PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
ANADROL-50 50MG TABLET MO	4		ANDROGENS
anagrelide 0.5MG CAPSULE MO	1		PLATELET-REDUCING AGENTS
anagrelide 1MG CAPSULE MO	1		PLATELET-REDUCING AGENTS
ANAPROX 275MG TABLET MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ANAPROX DS 550MG TABLET MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ANCOBON 250MG CAPSULE MO	3		PYRIMIDINES
ANCOBON 500MG CAPSULE MO	3		PYRIMIDINES
ANDROGEL 1%(50 MG/5 GRAM) GEL MO	2	QL	ANDROGENS
ANDROID 10MG CAPSULE MO	3		ANDROGENS
androxy 10MG TABLET MO	3		ANDROGENS
ANGELIQ 1-0.5MG TABLET MO	3		ESTROGENS
ANTABUSE 250MG TABLET MO	3		ALCOHOL DETERRENTS
ANTABUSE 500MG TABLET MO	3		ALCOHOL DETERRENTS
ANTARA 130MG CAPSULE MO	3	QL	FIBRIC ACID DERIVATIVES
ANTARA 43MG CAPSULE MO	3	QL	FIBRIC ACID DERIVATIVES
ANTIVERT 12.5MG TABLET MO	3		ANTIHISTAMINES (GI DRUGS)
ANTIVERT 25MG TABLET MO	3		ANTIHISTAMINES (GI DRUGS)
ANTIVERT 50MG TABLET MO	3		ANTIHISTAMINES (GI DRUGS)
ANTIZOL 1GRAM/ML SOLUTION MO	3		ANTIDOTES
ANUSOL-HC 2.5% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
APHTHASOL 5% PASTE MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
APIDRA 100UNIT/ML SOLUTION MO	3		INSULINS
APIDRA SOLOSTAR 100UNIT/ML INSULIN PEN MO	3		INSULINS
APOKYN 10MG/ML CARTRIDGE MO	4	QL	DOPAMINE RECEPTOR AGONISTS
apraclonidine 0.5% DROPS MO	1		EENT DRUGS, MISCELLANEOUS
apri 0.15-30MG-MCG TABLET MO	1		CONTRACEPTIVES
APRISO 0.375GRAM CAPSULE 24 HR. MO	2	QL	ANTI-INFLAMMATORY AGENTS (GI DRUGS)
APTIVUS 100MG/ML SOLUTION MO	3		ANTIRETROVIRALS
APTIVUS 250MG CAPSULE MO	4		ANTIRETROVIRALS
ARALAST NP 500MG SUSPENSION SP	4	PA	RESPIRATORY TRACT AGENTS, MISCELLANEOUS
ARALEN 500MG TABLET MO	3		ANTIMALARIALS
aranelle (28) 0.5/1/0.5-35MG-MCG TABLET MO	1		CONTRACEPTIVES
ARCALYST 220MG SOLUTION SP	4	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
AREDia 30MG SOLUTION SP	3	QL	BONE RESORPTION INHIBITORS
AREDia 90MG SOLUTION SP	4	QL	BONE RESORPTION INHIBITORS
ARIMIDEX 1MG TABLET MO	2	QL	ANTINEOPLASTIC AGENTS
ARIXTRA 10MG/0.8 ML SYRINGE MO	3	QL	ANTICOAGULANTS
ARIXTRA 2.5MG/0.5 ML SYRINGE MO	3	QL	ANTICOAGULANTS
ARIXTRA 5MG/0.4 ML SYRINGE MO	3	QL	ANTICOAGULANTS
ARIXTRA 7.5MG/0.6 ML SYRINGE MO	3	QL	ANTICOAGULANTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
AROMASIN 25MG TABLET MO	3		ANTINEOPLASTIC AGENTS
ARRANON 250MG/50 ML SOLUTION SP	4	PA	ANTINEOPLASTIC AGENTS
ARZERRA 100MG/5 ML SOLUTION SP	4	QL,PA	ANTINEOPLASTIC AGENTS
ASACOL 400MG TABLET MO	3	QL	ANTI-INFLAMMATORY AGENTS (GI DRUGS)
ASACOL HD 800MG TABLET MO	3	QL	ANTI-INFLAMMATORY AGENTS (GI DRUGS)
ascomp w/codeine 30-50-325-40MG CAPSULE MO	2		OPIATE AGONISTS
ASMANEX TWISTHALER 110MCG (30 DOSES) AEROSOL POWDER MO	2	QL	ADRENALS
ASMANEX TWISTHALER 220MCG (120 DOSES) AEROSOL POWDER MO	2	QL	ADRENALS
ASMANEX TWISTHALER 220MCG (14 DOSES) AEROSOL POWDER MO	2	QL	ADRENALS
ASMANEX TWISTHALER 220MCG (30 DOSES) AEROSOL POWDER MO	2	QL	ADRENALS
ASMANEX TWISTHALER 220MCG (60 DOSES) AEROSOL POWDER MO	2	QL	ADRENALS
ASTEPRO 0.15 %(205.5 MCG) SPRAY MO	2	QL	ANTIALLERGIC AGENTS
ASTRAMORPH-PF 0.5MG/ML SOLUTION MO	1		OPIATE AGONISTS
ASTRAMORPH-PF 1MG/ML SOLUTION MO	1		OPIATE AGONISTS
atenolol 100MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
atenolol 25MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
atenolol 50MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
atenolol-chlorthalidone 100-25MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
atenolol-chlorthalidone 50-25MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
ATGAM 50MG/ML INJECTABLE MO	2	B vs D	IMMUNOSUPPRESSIVE AGENTS
ATRIPLA 600-200-300MG TABLET MO	4		ANTIRETROVIRALS
atropine 0.05MG/ML SYRINGE MO	1		ANTIMUSCARINICS/ANTISPASMODICS
atropine 0.1MG/ML SYRINGE MO	1		ANTIMUSCARINICS/ANTISPASMODICS
ATROVENT 0.03% SPRAY MO	3	QL	EENT DRUGS, MISCELLANEOUS
ATROVENT 0.06% SPRAY MO	3	QL	EENT DRUGS, MISCELLANEOUS
ATROVENT HFA 17MCG/ACTUATION INHALER MO	2	QL	ANTIMUSCARINICS/ANTISPASMODICS
ATTENUVAX (PF) 1,000TCID50/0.5 ML SUSPENSION MO	3		VACCINES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
AUGMENTIN ES-600 600-42.9MG/5 ML SUSPENSION MO	3		PENICILLINS
AVALIDE 150-12.5MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVALIDE 300-12.5MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVALIDE 300-25MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVANDAMET 2-1,000MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVANDAMET 2-500MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVANDAMET 4-1,000MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVANDAMET 4-500MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVANDARYL 4-1MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVANDARYL 4-2MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVANDARYL 4-4MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVANDARYL 8-2MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVANDARYL 8-4MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVANDIA 2MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVANDIA 4MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVANDIA 8MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
AVAPRO 150MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVAPRO 300MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVAPRO 75MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVASTIN 25MG/ML SOLUTION SP	4	PA	ANTINEOPLASTIC AGENTS
AVELOX 400MG TABLET MO	3		QUINOLONES
AVELOX ABC PACK 400MG TABLET MO	3		QUINOLONES
AVELOX IN NACL (ISO-OSMOTIC) 400MG/250 ML PIGGYBACK MO	3		QUINOLONES
aviane 0.1-20MG-MCG TABLET MO	1		CONTRACEPTIVES
AVINZA 120MG CAPSULE 24 HR. MO	2	QL	OPIATE AGONISTS
AVINZA 30MG CAPSULE 24 HR. MO	2	QL	OPIATE AGONISTS
AVINZA 45MG CAPSULE 24 HR. MO	2	QL	OPIATE AGONISTS
AVINZA 60MG CAPSULE 24 HR. MO	2	QL	OPIATE AGONISTS
AVINZA 75MG CAPSULE 24 HR. MO	2	QL	OPIATE AGONISTS
AVINZA 90MG CAPSULE 24 HR. MO	2	QL	OPIATE AGONISTS
AVODART 0.5MG CAPSULE MO	2	QL	5-ALPHA-REDUCTASE INHIBITORS
AVONEX 30MCG KIT SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
AVONEX ADMINISTRATION PACK 30MCG/0.5 ML KIT SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
AYGESTIN 5MG TABLET MO	3		PROGESTINS
AZACTAM 2GRAM SOLUTION MO	3		MISCELLANEOUS B-LACTAM ANTIBIOTICS
AZACTAM-ISO-OSMOTIC DEXTROSE 1GRAM/50 ML PIGGYBACK MO	3		MISCELLANEOUS B-LACTAM ANTIBIOTICS
AZACTAM-ISO-OSMOTIC DEXTROSE 2GRAM/50 ML PIGGYBACK MO	3		MISCELLANEOUS B-LACTAM ANTIBIOTICS
AZASITE 1% DROPS MO	2		ANTIBACTERIALS (EENT)
azathioprine 50MG TABLET MO	1		IMMUNOSUPPRESSIVE AGENTS
azathioprine sodium 100MG SOLUTION MO	1		IMMUNOSUPPRESSIVE AGENTS
azelastine 0.05% DROPS MO	2		ANTIALLERGIC AGENTS
AZELEX 20% CREAM MO	3		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
AZILECT 0.5MG TABLET MO	2	QL	MONOAMINE OXIDASE B INHIBITORS
AZILECT 1MG TABLET MO	2	QL	MONOAMINE OXIDASE B INHIBITORS
azithromycin 100MG/5 ML SUSPENSION MO	1		MACROLIDES
azithromycin 200MG/5 ML SUSPENSION MO	1		MACROLIDES
azithromycin 250MG TABLET MO	1		MACROLIDES
azithromycin 500MG SOLUTION MO	1		MACROLIDES
azithromycin 500MG TABLET MO	1		MACROLIDES
azithromycin 600MG TABLET MO	1		MACROLIDES
AZOPT 1% DROPS MO	2		CARBONIC ANHYDRASE INHIBITORS (EENT)
AZULFIDINE 500MG TABLET MO	3	QL	SULFONAMIDES (SYSTEMIC)
AZULFIDINE EN-TABS 500MG TABLET MO	3	QL	SULFONAMIDES (SYSTEMIC)
baci-im 50,000UNIT SOLUTION MO	3		ANTIBACTERIALS, MISCELLANEOUS
bacitracin 50,000UNIT SOLUTION MO	1		ANTIBACTERIALS, MISCELLANEOUS
bacitracin 500UNIT/G OINTMENT MO	1		ANTIBACTERIALS (EENT)
bacitracin-polymyxin b 500-10,000UNIT/G OINTMENT MO	1		ANTIBACTERIALS (EENT)
baclofen 10MG TABLET MO	1		GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT
baclofen 20MG TABLET MO	1		GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT
bactrim 400-80MG TABLET MO	3		SULFONAMIDES (SYSTEMIC)
bactrim ds 800-160MG TABLET MO	3		SULFONAMIDES (SYSTEMIC)
BACTROBAN 2% CREAM MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
BACTROBAN 2% OINTMENT MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
BACTROBAN NASAL 2% OINTMENT MO	3		ANTIBACTERIALS (EENT)
balsalazide 750MG CAPSULE MO	2		ANTI-INFLAMMATORY AGENTS (GI DRUGS)
balziva (28) 0.4-35MG-MCG TABLET MO	3		CONTRACEPTIVES
BANZEL 200MG TABLET MO	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
BANZEL 400MG TABLET MO	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
BARACLUDE 0.05MG/ML SOLUTION SP	3	QL	NUCLEOSIDES AND NUCLEOTIDES
BARACLUDE 0.5MG TABLET SP	4	QL	NUCLEOSIDES AND NUCLEOTIDES
BARACLUDE 1MG TABLET SP	4	QL	NUCLEOSIDES AND NUCLEOTIDES
BD INSULIN PEN NEEDLE UF ORIG 29 x 1/229 X 1/2 NEEDLE MO	1		DEVICES
BD INSULIN SYRINGE ULT-FINE II 0.3 mL0.3 ML SYRINGE MO	1		DEVICES
BD INSULIN SYRINGE ULT-FINE II 1 mL1 ML SYRINGE MO	1		DEVICES
BD INSULIN SYRINGE ULTRA-FINE 1/2 mL1/2 ML SYRINGE MO	1		DEVICES
BD SAFETYGLIDE INSULIN SYRINGE 1 mL1 ML SYRINGE MO	1		DEVICES
benazepril 10MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril 20 MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril 40MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril 5MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril-hydrochlorothiazide 10-12.5MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril-hydrochlorothiazide 20-12.5MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril-hydrochlorothiazide 20-25MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril-hydrochlorothiazide 5-6.25MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
BENTYL 10MG CAPSULE MO	3		ANTIMUSCARINICS/ANTISPASMODICS
BENTYL 10MG/5 ML SYRUP MO	3		ANTIMUSCARINICS/ANTISPASMODICS
BENTYL 10MG/ML SOLUTION MO	3		ANTIMUSCARINICS/ANTISPASMODICS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
bentyl 20MG TABLET MO	3		ANTIMUSCARINICS/ANTISPASMODICS
BENZACLIN CAREKIT 1-5% KIT MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
benztropine 0.5MG TABLET GG, MO	1		ANTICHOLINERGIC AGENTS (CNS)
benztropine 1MG TABLET GG, MO	1		ANTICHOLINERGIC AGENTS (CNS)
benztropine 2MG TABLET GG, MO	1		ANTICHOLINERGIC AGENTS (CNS)
benztropine 2MG/2 ML SOLUTION GG, MO	1		ANTICHOLINERGIC AGENTS (CNS)
BESIVANCE 0.6% DROPS MO	2		ANTIBACTERIALS (EENT)
BETA-VAL 0.1% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
BETAGAN 0.5% DROPS MO	3		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
betamethasone dipropionate 0.05% CREAM GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
betamethasone dipropionate 0.05% OINTMENT GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
betamethasone valerate 0.1% CREAM GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
betamethasone valerate 0.1% LOTION GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
betamethasone valerate 0.1% OINTMENT GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
betamethasone, augmented 0.05% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
betamethasone, augmented 0.05% GEL MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
betamethasone, augmented 0.05% LOTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
betamethasone, augmented 0.05% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
BETASERON 0.3MG KIT SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
betaxolol 0.5% DROPS MO	2		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
betaxolol 10MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
betaxolol 20MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
bethanechol chloride 10 MG TABLET MO	2		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
bethanechol chloride 25 MG TABLET MO	2		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
bethanechol chloride 50MG TABLET MO	2		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
bethanechol chloride 5MG TABLET MO	2		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
BETIMOL 0.25% DROPS MO	3		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
BETIMOL 0.5% DROPS MO	3		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
bicalutamide 50MG TABLET MO	1	QL	ANTINEOPLASTIC AGENTS
BICILLIN C-R 1,200,000 unit/2 ML(600K/600K) SYRINGE MO	3		PENICILLINS
BICILLIN C-R 1,200,000 unit/2 ML(900K/300K) SYRINGE MO	3		PENICILLINS
BICILLIN L-A 1,200,000UNIT/2 ML SYRINGE MO	3		PENICILLINS
BICILLIN L-A 2,400,000UNIT/4 ML SYRINGE MO	3		PENICILLINS
BICILLIN L-A 600,000UNIT/ML SYRINGE MO	3		PENICILLINS
BICNU 100MG SOLUTION SP	3	B vs D	ANTINEOPLASTIC AGENTS
BIDIL 20-37.5MG TABLET MO	2	QL	DIRECT VASODILATORS
BILTRICIDE 600MG TABLET MO	3		ANTHELMINTICS
bisoprolol fumarate 10MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
bisoprolol fumarate 5MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
bisoprolol-hydrochlorothiazide 10-6.25MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
bisoprolol-hydrochlorothiazide 2.5-6.25MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
bisoprolol-hydrochlorothiazide 5-6.25MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
bleomycin 30UNIT SOLUTION MO	2	B vs D	ANTINEOPLASTIC AGENTS
BLEPH-10 10% DROPS MO	3		ANTIBACTERIALS (EENT)
BLEPHAMIDE 10-0.2% DROPS MO	3		ANTIBACTERIALS (EENT)
BLEPHAMIDE S.O.P. 10-0.2% OINTMENT MO	1		ANTIBACTERIALS (EENT)
BONIVA 150MG TABLET MO	3	QL	BONE RESORPTION INHIBITORS
BONIVA 3MG/3 ML SYRINGE MO	3	QL,PA	BONE RESORPTION INHIBITORS
BOOSTRIX 2.5-8-5LF-MCG-LF/0.5ML SYRINGE MO	3		TOXOIDS
borofair 2% DROPS GG, MO	1		EENT ANTI-INFECTIVES, MISCELLANEOUS
BREVICON (28) 0.5-35MG-MCG TABLET MO	3		CONTRACEPTIVES
brimonidine 0.2% DROPS MO	2		ALPHA-ADRENERGIC AGONISTS (EENT)
bromocriptine 2.5MG TABLET MO	2		DOPAMINE RECEPTOR AGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
bromocriptine 5MG CAPSULE MO	2		DOPAMINE RECEPTOR AGONISTS
BROVANA 15MCG/2 ML SOLUTION MO	3	QL,B vs D	BETA-ADRENERGIC AGONISTS
budeprion sr 100MG TABLET MO	2	QL	ANTIDEPRESSANTS
budeprion sr 150MG TABLET MO	2	QL	ANTIDEPRESSANTS
budeprion xl 150MG TABLET 24 HR. MO	2	QL	ANTIDEPRESSANTS
budeprion xl 300MG TABLET 24 HR. MO	2	QL	ANTIDEPRESSANTS
budesonide 0.25MG/2 ML SUSPENSION MO	2	B vs D	ADRENALS
budesonide 0.5MG/2 ML SUSPENSION MO	2	B vs D	ADRENALS
bumetanide 0.25MG/ML SOLUTION MO	1		LOOP DIURETICS
bumetanide 0.5MG TABLET MO	1		LOOP DIURETICS
bumetanide 1MG TABLET MO	1		LOOP DIURETICS
bumetanide 2MG TABLET MO	1		LOOP DIURETICS
BUPHENYL POWDER MO	4		AMMONIA DETOXICANTS
BUPHENYL 500MG TABLET MO	4		AMMONIA DETOXICANTS
BUPRENEX 0.3MG/ML SOLUTION MO	3	PA	OPIATE PARTIAL AGONISTS
buprenorphine 0.3MG/ML SYRINGE MO	2		OPIATE PARTIAL AGONISTS
buprenorphine 2MG TABLET MO	2	QL,PA	OPIATE PARTIAL AGONISTS
buprenorphine 8MG TABLET MO	2	QL,PA	OPIATE PARTIAL AGONISTS
buproban 150MG TABLET MO	2	QL	ANTIDEPRESSANTS
bupropion hcl 100MG TABLET MO	2	QL	ANTIDEPRESSANTS
bupropion hcl 100MG TABLET MO	1	QL	ANTIDEPRESSANTS
bupropion hcl 150MG TABLET MO	2	QL	ANTIDEPRESSANTS
bupropion hcl 200MG TABLET MO	2	QL	ANTIDEPRESSANTS
bupropion hcl 75MG TABLET MO	1		ANTIDEPRESSANTS
bupirone 10MG TABLET MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
bupirone 15MG TABLET MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
bupirone 30MG TABLET MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
bupirone 5MG TABLET MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
bupirone 7.5MG TABLET MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
BUSULFEX 60MG/10 ML SOLUTION MO	3	B vs D	ANTINEOPLASTIC AGENTS
butorphanol tartrate 10MG/ML SPRAY MO	2	QL	OPIATE PARTIAL AGONISTS
butorphanol tartrate 1MG/ML SOLUTION MO	2		OPIATE PARTIAL AGONISTS
butorphanol tartrate 2 MG/ML SOLUTION MO	2		OPIATE PARTIAL AGONISTS
butorphanol tartrate 2MG/ML SOLUTION MO	2		OPIATE PARTIAL AGONISTS
BYETTA 10MCG/0.04 ML PEN INJECTOR MO	3	QL,PA	INCRETIN MIMETICS
BYETTA 5MCG/0.02 ML PEN INJECTOR MO	3	QL,PA	INCRETIN MIMETICS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
BYSTOLIC 10MG TABLET MO	2	QL	BETA-ADRENERGIC BLOCKING AGENTS
BYSTOLIC 2.5MG TABLET MO	2	QL	BETA-ADRENERGIC BLOCKING AGENTS
BYSTOLIC 20MG TABLET MO	2	QL	BETA-ADRENERGIC BLOCKING AGENTS
BYSTOLIC 5MG TABLET MO	2	QL	BETA-ADRENERGIC BLOCKING AGENTS
cabergoline 0.5MG TABLET MO	2	QL	DOPAMINE RECEPTOR AGONISTS
CAFERGOT 1-100MG TABLET MO	3		ALPHA-ADRENERGIC BLOCKING AGENTS
CALAN 120MG TABLET MO	3		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
CALAN 80MG TABLET MO	3		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
CALAN SR 120MG TABLET MO	3		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
CALAN SR 180MG TABLET MO	3		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
CALAN SR 240MG TABLET MO	3		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
CALCIJEX 1MCG/ML SOLUTION MO	3		VITAMIN D
calcipotriene 0.005% SOLUTION MO	2	QL	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
calcitonin (salmon) 200UNIT/ACTUATION AEROSOL SPRAY MO	2	QL	PARATHYROID
calcitriol 0.25MCG CAPSULE MO	1		VITAMIN D
calcitriol 0.5 MCG CAPSULE MO	1		MULTIVITAMIN PREPARATIONS
calcitriol 0.5MCG CAPSULE MO	1		VITAMIN D
calcitriol 1 MCG/ML SOLUTION MO	1		VITAMIN D
calcitriol 1MCG/ML SOLUTION MO	1		VITAMIN D
calcitriol 1MCG/ML SOLUTION MO	1		VITAMIN D
calcium acetate 667MG CAPSULE MO	2		PHOSPHATE-REMOVING AGENTS
camila 0.35MG TABLET MO	1		CONTRACEPTIVES
CAMPATH 30MG/ML SOLUTION SP	4		ANTINEOPLASTIC AGENTS
CAMPRAL DOSE PAK 333MG TABLET MO	3	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
CAMPTOSAR 100MG/5 ML SOLUTION SP	4	B vs D	ANTINEOPLASTIC AGENTS
CANASA 1,000MG SUPPOSITORY MO	2	QL	ANTI-INFLAMMATORY AGENTS (GI DRUGS)
CANCIDAS 50MG SOLUTION MO	4	B vs D	ECHINOCANDINS
CANCIDAS 70MG SOLUTION MO	4	B vs D	ECHINOCANDINS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
CANTIL 25MG TABLET MO	3		ANTIMUSCARINICS/ANTISPASMODICS
CAPASTAT 1GRAM SOLUTION MO	3		ANTITUBERCULOSIS AGENTS
CAPEX 0.01% SHAMPOO MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
CAPITAL WITH CODEINE 120-12MG/5 ML SUSPENSION MO	2		OPIATE AGONISTS
captopril 100MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril 12.5MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril 25MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril 50MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril-hydrochlorothiazide 25-15MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril-hydrochlorothiazide 25-25MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril-hydrochlorothiazide 50-15MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril-hydrochlorothiazide 50-25MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
CARAC 0.5% CREAM MO	3		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
CARAFATE 100MG/ML SUSPENSION MO	3		PROTECTANTS
CARAFATE 1GRAM TABLET MO	3		PROTECTANTS
carbamazepine 100MG CHEWABLE TABLET MO	1		ANTICONVULSANTS, MISCELLANEOUS
carbamazepine 200MG TABLET MO	1		ANTICONVULSANTS, MISCELLANEOUS
carbamazepine 200MG TABLET 12 HR. MO	1		ANTICONVULSANTS, MISCELLANEOUS
carbamazepine 200MG/10 ML SUSPENSION MO	1		ANTICONVULSANTS, MISCELLANEOUS
carbamazepine 400MG TABLET 12 HR. MO	1		ANTICONVULSANTS, MISCELLANEOUS
CARBATROL 100MG CAPSULE 12 HR. MO	3	QL	ANTICONVULSANTS, MISCELLANEOUS
CARBATROL 200MG CAPSULE 12 HR. MO	3	QL	ANTICONVULSANTS, MISCELLANEOUS
CARBATROL 300MG CAPSULE 12 HR. MO	3	QL	ANTICONVULSANTS, MISCELLANEOUS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
carbidopa-levodopa 10-100MG TABLET MO	2		DOPAMINE PRECURSORS
carbidopa-levodopa 10-100MG TABLET MO	2		DOPAMINE PRECURSORS
carbidopa-levodopa 25-100MG TABLET MO	2		DOPAMINE PRECURSORS
carbidopa-levodopa 25-100MG TABLET MO	2		DOPAMINE PRECURSORS
carbidopa-levodopa 25-100MG TABLET MO	2		DOPAMINE PRECURSORS
carbidopa-levodopa 25-250 MG TABLET MO	2		CENTRAL NERVOUS SYSTEM AGENTS, MISC.
carbidopa-levodopa 25-250MG TABLET MO	2		DOPAMINE PRECURSORS
carbidopa-levodopa 25-250MG TABLET MO	2		DOPAMINE PRECURSORS
carbidopa-levodopa 50-200MG TABLET MO	2		DOPAMINE PRECURSORS
carbinoxamine maleate 4MG TABLET MO	1		ETHANOLAMINE DERIVATIVES
carbinoxamine maleate 4MG/5 ML LIQUID MO	1		ETHANOLAMINE DERIVATIVES
carboplatin 10 MG/ML SOLUTION MO	2	B vs D	ANTINEOPLASTIC AGENTS
CARDENE IV 25MG/10 ML SOLUTION MO	3		DIHYDROPYRIDINES
CARDENE SR 30MG CAPSULE MO	3	QL	DIHYDROPYRIDINES
CARDENE SR 45MG CAPSULE MO	3	QL	DIHYDROPYRIDINES
CARDENE SR 60MG CAPSULE MO	3	QL	DIHYDROPYRIDINES
CARIMUNE NF NANOFILTERED 3GRAM SOLUTION SP	4	PA	SERUMS
carisoprodol 350MG TABLET GG, MO	1		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
carisoprodol-asa-codeine 200-325-16MG TABLET MO	2		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
carisoprodol-aspirin 200-325MG TABLET MO	1		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
CARNITOR 100MG/ML SOLUTION MO	3		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
CARNITOR 200MG/ML SOLUTION MO	3		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
CARNITOR 330MG TABLET MO	3		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
carteolol 1% DROPS MO	1		EENT DRUGS, MISCELLANEOUS
cartia xt 120MG CAPSULE 24 HR. MO	2	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
cartia xt 180MG CAPSULE 24 HR. MO	2	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
cartia xt 240MG CAPSULE 24 HR. MO	2	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
cartia xt 300MG CAPSULE 24 HR. MO	2	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
carvedilol 12.5MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
carvedilol 25MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
carvedilol 3.125MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
carvedilol 6.25MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
CASODEX 50MG TABLET MO	3	QL	ANTINEOPLASTIC AGENTS
CATAPRES-TTS-1 0.1MG/24 HR PATCH MO	3	QL	CENTRAL ALPHA-AGONISTS
CATAPRES-TTS-2 0.2MG/24 HR PATCH MO	3	QL	CENTRAL ALPHA-AGONISTS
CATAPRES-TTS-3 0.3MG/24 HR PATCH MO	3	QL	CENTRAL ALPHA-AGONISTS
CEDAX 400MG CAPSULE MO	3		CEPHALOSPORINS
CEENU 100MG CAPSULE SP	3		ANTINEOPLASTIC AGENTS
CEENU 10MG CAPSULE SP	3		ANTINEOPLASTIC AGENTS
CEENU 40MG CAPSULE SP	3		ANTINEOPLASTIC AGENTS
cefaclor 125MG/5 ML SUSPENSION MO	1		CEPHALOSPORINS
cefaclor 250MG CAPSULE MO	1		CEPHALOSPORINS
cefaclor 250MG/5 ML SUSPENSION MO	1		CEPHALOSPORINS
cefaclor 375MG/5 ML SUSPENSION MO	1		CEPHALOSPORINS
cefaclor 500MG CAPSULE MO	1		CEPHALOSPORINS
cefaclor 500MG TABLET 12 HR. MO	2		CEPHALOSPORINS
cefadroxil 1GRAM TABLET MO	1		CEPHALOSPORINS
cefadroxil 250MG/5 ML SUSPENSION MO	1		CEPHALOSPORINS
cefadroxil 500MG CAPSULE MO	1		CEPHALOSPORINS
cefadroxil 500MG/5 ML SUSPENSION MO	1		CEPHALOSPORINS
cefazolin 1GRAM SOLUTION MO	2		CEPHALOSPORINS
cefazolin 20GRAM SOLUTION MO	2		CEPHALOSPORINS
cefazolin 500MG SOLUTION MO	2		CEPHALOSPORINS
cefazolin in dextrose (iso-os) 1GRAM/50 ML PIGGYBACK MO	2		CEPHALOSPORINS
cefdinir 125MG/5 ML SUSPENSION MO	1		CEPHALOSPORINS
cefdinir 250MG/5 ML SUSPENSION MO	1		CEPHALOSPORINS
cefdinir 300MG CAPSULE MO	1		CEPHALOSPORINS
cefepime 1GRAM SOLUTION MO	2		CEPHALOSPORINS
cefepime 2GRAM SOLUTION MO	2		CEPHALOSPORINS
cefotaxime 10GRAM SOLUTION MO	1		CEPHALOSPORINS
cefotaxime 1GRAM SOLUTION MO	1		CEPHALOSPORINS
cefotaxime 2GRAM SOLUTION MO	1		CEPHALOSPORINS
cefotaxime 500MG SOLUTION MO	1		CEPHALOSPORINS
cefotetan 10GRAM SOLUTION MO	2		MISCELLANEOUS B-LACTAM ANTIBIOTICS
cefotetan 1GRAM SOLUTION MO	2		MISCELLANEOUS B-LACTAM ANTIBIOTICS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
cefotetan 2GRAM SOLUTION MO	2		MISCELLANEOUS B-LACTAM ANTIBIOTICS
cefoxitin 10GRAM SOLUTION MO	2		MISCELLANEOUS B-LACTAM ANTIBIOTICS
cefoxitin 1GRAM SOLUTION MO	2		MISCELLANEOUS B-LACTAM ANTIBIOTICS
cefoxitin 2GRAM SOLUTION MO	2		MISCELLANEOUS B-LACTAM ANTIBIOTICS
cefoxitin in dextrose, iso-osm 1GRAM/50 ML PIGGYBACK MO	1		MISCELLANEOUS B-LACTAM ANTIBIOTICS
cefoxitin in dextrose, iso-osm 2GRAM/50 ML PIGGYBACK MO	1		MISCELLANEOUS B-LACTAM ANTIBIOTICS
cefepodoxime 100MG TABLET MO	2		CEPHALOSPORINS
cefepodoxime 100MG/5 ML SUSPENSION MO	2		CEPHALOSPORINS
cefepodoxime 200MG TABLET MO	2		CEPHALOSPORINS
cefepodoxime 50MG/5 ML SUSPENSION MO	2		CEPHALOSPORINS
cefprozil 125MG/5 ML SUSPENSION MO	2		CEPHALOSPORINS
cefprozil 250MG TABLET MO	2		CEPHALOSPORINS
cefprozil 250MG/5 ML SUSPENSION MO	2		CEPHALOSPORINS
cefprozil 500MG TABLET MO	2		CEPHALOSPORINS
ceftazidime 1GRAM SOLUTION MO	1		CEPHALOSPORINS
ceftazidime 2GRAM SOLUTION MO	1		CEPHALOSPORINS
ceftazidime 6GRAM SOLUTION MO	1		CEPHALOSPORINS
ceftriaxone 10GRAM SOLUTION MO	2		CEPHALOSPORINS
ceftriaxone 250MG SOLUTION MO	2		CEPHALOSPORINS
ceftriaxone 500MG SOLUTION MO	2		CEPHALOSPORINS
ceftriaxone in dextrose, iso-os 1GRAM/50 ML PIGGYBACK MO	2		CEPHALOSPORINS
ceftriaxone in dextrose, iso-os 2GRAM/50 ML PIGGYBACK MO	2		CEPHALOSPORINS
cefuroxime axetil 125MG/5 ML SUSPENSION MO	1		CEPHALOSPORINS
cefuroxime axetil 250MG TABLET MO	1		CEPHALOSPORINS
cefuroxime axetil 500MG TABLET MO	1		CEPHALOSPORINS
cefuroxime sodium 1.5GRAM SOLUTION MO	2		CEPHALOSPORINS
cefuroxime sodium 7.5GRAM SOLUTION MO	2		CEPHALOSPORINS
cefuroxime sodium 750MG SOLUTION MO	2		CEPHALOSPORINS
cefuroxime-dextrose (iso-osm) 1.5GRAM/50 ML PIGGYBACK MO	1		CEPHALOSPORINS
cefuroxime-dextrose (iso-osm) 750MG/50 ML PIGGYBACK MO	1		CEPHALOSPORINS
CELEBREX 100MG CAPSULE MO	2	QL,ST	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
CELEBREX 200MG CAPSULE ^{MO}	2	QL,ST	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
CELEBREX 400MG CAPSULE ^{MO}	2	QL,ST	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
CELEBREX 50MG CAPSULE ^{MO}	2	QL,ST	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
CELESTONE 0.6MG/5 ML SOLUTION ^{MO}	3		ADRENALS
CELLCEPT 200MG/ML SUSPENSION ^{MO}	4	B vs D	IMMUNOSUPPRESSIVE AGENTS
CELLCEPT 250MG CAPSULE ^{MO}	4	B vs D	IMMUNOSUPPRESSIVE AGENTS
CELLCEPT 500MG TABLET ^{MO}	4	B vs D	IMMUNOSUPPRESSIVE AGENTS
CELLCEPT INTRAVENOUS 500MG SOLUTION ^{MO}	3	B vs D	IMMUNOSUPPRESSIVE AGENTS
CELONTIN 300MG CAPSULE ^{MO}	3		SUCCINIMIDES
CENESTIN 0.3MG TABLET ^{MO}	2		ESTROGENS
CENESTIN 0.45MG TABLET ^{MO}	2		ESTROGENS
CENESTIN 0.625MG TABLET ^{MO}	2		ESTROGENS
CENESTIN 0.9MG TABLET ^{MO}	2		ESTROGENS
CENESTIN 1.25MG TABLET ^{MO}	2		ESTROGENS
cephalexin 125MG/5 ML SUSPENSION ^{MO}	1		CEPHALOSPORINS
cephalexin 250MG CAPSULE ^{MO}	1		CEPHALOSPORINS
cephalexin 250MG TABLET ^{MO}	1		CEPHALOSPORINS
cephalexin 250MG/5 ML SUSPENSION ^{MO}	1		CEPHALOSPORINS
cephalexin 500MG CAPSULE ^{MO}	1		CEPHALOSPORINS
cephalexin 500MG TABLET ^{MO}	1		CEPHALOSPORINS
CEREBYX 100MG PE/2 ML SOLUTION ^{MO}	3		HYDANTOINS
CEREDASE 80UNIT/ML SOLUTION ^{SP}	4		ENZYMES
CEREZYME 200UNIT SOLUTION ^{SP}	4		ENZYMES
CERUBIDINE 20MG SOLUTION ^{MO}	3	B vs D	ANTINEOPLASTIC AGENTS
CERVARIX 20-20MCG/0.5 ML SUSPENSION ^{MO}	3		VACCINES
CERVARIX 20-20MCG/0.5 ML SYRINGE ^{MO}	3		VACCINES
CESIA 0.1/.125/.15-25MG-MCG TABLET ^{MO}	1		CONTRACEPTIVES
cetirizine 1MG/ML SOLUTION ^{MO}	1	QL	SECOND GENERATION ANTIHISTAMINES
CHANTIX 0.5(11)-1(3X14)MG TABLET ^{MO}	3	QL	AUTONOMIC DRUGS, MISCELLANEOUS
CHANTIX 0.5MG TABLET ^{MO}	3	QL	AUTONOMIC DRUGS, MISCELLANEOUS
CHANTIX 1MG TABLET ^{MO}	3	QL	AUTONOMIC DRUGS, MISCELLANEOUS
CHEMET 100MG CAPSULE ^{MO}	3		HEAVY METAL ANTAGONISTS
chloramphenicol sod succinate 1GRAM SOLUTION ^{MO}	2		CHLORAMPHENICOL

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
chlorhexidine gluconate 0.12% MOUTHWASH GG, MO	1		EENT ANTI-INFECTIVES, MISCELLANEOUS
chloroquine phosphate 250MG TABLET MO	1		ANTIMALARIALS
chloroquine phosphate 500MG TABLET MO	1		ANTIMALARIALS
chlorothiazide 250MG TABLET GG, MO	1		THIAZIDE DIURETICS
chlorothiazide 500MG TABLET GG, MO	1		THIAZIDE DIURETICS
chlorothiazide sodium 500MG SOLUTION MO	1		THIAZIDE DIURETICS
chlorpromazine 100MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
chlorpromazine 10MG TABLET MO	1	B vs D	ANTIPSYCHOTIC AGENTS
chlorpromazine 200MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
chlorpromazine 25MG TABLET MO	1	B vs D	ANTIPSYCHOTIC AGENTS
chlorpromazine 25MG/ML SOLUTION MO	1		ANTIPSYCHOTIC AGENTS
chlorpromazine 50MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
chlorpropamide 100MG TABLET MO	1		SULFONYLUREAS
chlorpropamide 250 MG TABLET MO	1		SULFONYLUREAS
chlorthalidone 25MG TABLET GG, MO	1		THIAZIDE-LIKE DIURETICS
chlorthalidone 50MG TABLET GG, MO	1		THIAZIDE-LIKE DIURETICS
chlorzoxazone 500MG TABLET GG, MO	1		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
cholestyramine light 4GRAM PACKET MO	2		BILE ACID SEQUESTRANTS
chorionic gonadotropin, human 10,000UNIT SOLUTION SP	3		GONADOTROPINS
ciclopirox 0.77% CREAM MO	2		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
ciclopirox 0.77% GEL MO	2		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
ciclopirox 0.77% SUSPENSION MO	2		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
ciclopirox 1% SHAMPOO MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
ciclopirox 8% SOLUTION MO	2		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
cilostazol 100MG TABLET MO	1		PLATELET-AGGREGATION INHIBITORS
cilostazol 50MG TABLET MO	1		PLATELET-AGGREGATION INHIBITORS
CILOXAN 0.3% DROPS MO	3		ANTIBACTERIALS (EENT)
CILOXAN 0.3% OINTMENT MO	3		ANTIBACTERIALS (EENT)
cimetidine 150MG/ML SOLUTION MO	1		HISTAMINE H2-ANTAGONISTS
cimetidine 200MG TABLET GG, MO	1		HISTAMINE H2-ANTAGONISTS
cimetidine 300MG/5 ML SOLUTION MO	1		HISTAMINE H2-ANTAGONISTS
CIMZIA 400 mg/2 mL(200 MG/ML X 2) SYRINGE SP	4	QL,PA	GI DRUGS, MISCELLANEOUS
CIMZIA 400MG (200 MG X 2) KIT SP	4	QL,PA	GI DRUGS, MISCELLANEOUS
CIPRODEX 0.3-0.1% DROPS MO	3		ANTIBACTERIALS (EENT)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ciprofloxacin 0.3% DROPS MO	1		ANTIBACTERIALS (EENT)
ciprofloxacin 100MG TABLET MO	1		QUINOLONES
ciprofloxacin 250MG TABLET MO	1		QUINOLONES
ciprofloxacin 400MG/40 ML SOLUTION MO	1		QUINOLONES
ciprofloxacin 500MG TABLET MO	1		QUINOLONES
ciprofloxacin 750MG TABLET MO	1		QUINOLONES
ciprofloxacin er 1,000MG TABLET 24 HR. MO	1		QUINOLONES
ciprofloxacin er 500MG TABLET 24 HR. MO	1		QUINOLONES
cisplatin 1MG/ML SOLUTION MO	2	B vs D	ANTINEOPLASTIC AGENTS
citalopram 10MG TABLET GG, MO	1	QL	ANTIDEPRESSANTS
citalopram 10MG/5 ML SOLUTION MO	1		ANTIDEPRESSANTS
citalopram 20MG TABLET GG, MO	1	QL	ANTIDEPRESSANTS
citalopram 40MG TABLET GG, MO	1	QL	ANTIDEPRESSANTS
cladribine 10MG/10 ML SOLUTION SP	1	B vs D	ANTINEOPLASTIC AGENTS
CLAFORAN 10GRAM SOLUTION MO	3		CEPHALOSPORINS
CLAFORAN 2GRAM SOLUTION MO	3		CEPHALOSPORINS
CLAFORAN 500MG SOLUTION MO	3		CEPHALOSPORINS
claravis 10MG CAPSULE MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
claravis 20MG CAPSULE MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
claravis 30MG CAPSULE MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
claravis 40MG CAPSULE MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
clarithromycin 125MG/5 ML SUSPENSION MO	1		MACROLIDES
clarithromycin 250MG TABLET MO	1		MACROLIDES
clarithromycin 250MG/5 ML SUSPENSION MO	1		MACROLIDES
clarithromycin 500MG TABLET MO	1		MACROLIDES
clarithromycin er 500MG TABLET 24 HR. MO	1		MACROLIDES
clemastine 0.67MG/5 ML SYRUP MO	1		ETHANOLAMINE DERIVATIVES
clemastine 2.68MG TABLET MO	1		ETHANOLAMINE DERIVATIVES
CLEOCIN 100MG SUPPOSITORY MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
CLEOCIN 150MG CAPSULE MO	3		ANTIBACTERIALS, MISCELLANEOUS
CLEOCIN 150MG/ML SOLUTION MO	3		ANTIBACTERIALS, MISCELLANEOUS
CLEOCIN 2% CREAM MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
CLEOCIN 300MG CAPSULE MO	3		ANTIBACTERIALS, MISCELLANEOUS
CLEOCIN 75MG CAPSULE MO	3		ANTIBACTERIALS, MISCELLANEOUS
CLEOCIN IN D5W 600 MG/50 ML PIGGYBACK MO	3		ANTIBACTERIALS, MISCELLANEOUS
CLEOCIN IN D5W 600MG/50 ML PIGGYBACK MO	3		ANTIBACTERIALS, MISCELLANEOUS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
CLEOCIN IN D5W 900MG/50 ML PIGGYBACK MO	3		ANTIBACTERIALS, MISCELLANEOUS
CLEOCIN T 1% GEL MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
CLEOCIN T 1% LOTION MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
CLEOCIN T 1% SOLUTION MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
CLEOCIN T 1% SWAB MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
CLIMARA PRO 0.045-0.015MG/24 HR PATCH MO	3	QL	ESTROGENS
CLINDAGEL 1% GEL MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
clindamycin hcl 150MG CAPSULE MO	1		ANTIBACTERIALS, MISCELLANEOUS
clindamycin hcl 300MG CAPSULE MO	1		ANTIBACTERIALS, MISCELLANEOUS
clindamycin phosphate 1% FOAM MO	2		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
clindamycin phosphate 1% GEL MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
clindamycin phosphate 1% LOTION MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
clindamycin phosphate 1% SOLUTION MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
clindamycin phosphate 1% SWAB MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
clindamycin phosphate 2% CREAM MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
clindamycin phosphate 600MG/4 ML SOLUTION MO	1		ANTIBACTERIALS, MISCELLANEOUS
clindamycin-benzoyl peroxide 1-5% GEL MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
CLINDESSE 2% CREAM MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
CLINIMIX 2.75%/D5 SULFITE FREE 2.75% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX 4.25%/D5 SULFITE FREE 4.25% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX 4.25/D10 SULFITE FREE 4.25% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX 4.25/D20 SULFITE FREE 4.25% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX 4.25/D25 SULFITE FREE 4.25% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX 5%/D15 SULFITE FREE 5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
CLINIMIX 5%/D20 SULFITE FREE 5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX 5%/D25 SULFITE FREE 5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX E 2.75/D10 SULFITFREE 2.75% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX E 2.75/D5 SULFITEFREE 2.75% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX E 4.25/D25 SULFITFREE 4.25% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX E 4.25/D5 SULFITEFREE 4.25% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX E 5%/D15 SULFITE FREE 5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX E 5%/D20 SULFITE FREE 5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINIMIX E 5%/D25 SULFITE FREE 5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
CLINISOL SF 15% 15% PARENTERAL SOLUTION MO	4		CALORIC AGENTS
CLINORIL 200MG TABLET MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
clobetasol 0.05 % CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
clobetasol 0.05% FOAM MO	2		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
clobetasol 0.05% GEL MO	2		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
clobetasol 0.05% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
clobetasol 0.05% SOLUTION MO	2		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
clobetasol-emollient 0.05% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
CLOBEX 0.05% LOTION MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
CLOBEX 0.05% SHAMPOO MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
CLOBEX 0.05% SPRAY MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
CLODERM 0.1% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
CLOLAR 20MG/20 ML SOLUTION SP	4	B vs D	ANTINEOPLASTIC AGENTS
clomipramine 25MG CAPSULE MO	1		ANTIDEPRESSANTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
clomipramine 50MG CAPSULE MO	1		ANTIDEPRESSANTS
clomipramine 75MG CAPSULE MO	1		ANTIDEPRESSANTS
clonidine 0.1MG TABLET MO	1		CENTRAL ALPHA-AGONISTS
clonidine 0.1MG/24 HR PATCH MO	1		CENTRAL ALPHA-AGONISTS
clonidine 0.2MG TABLET MO	1		CENTRAL ALPHA-AGONISTS
clonidine 0.2MG/24 HR PATCH MO	1		CENTRAL ALPHA-AGONISTS
clonidine 0.3MG TABLET MO	1		CENTRAL ALPHA-AGONISTS
clonidine 0.3MG/24 HR PATCH MO	1		CENTRAL ALPHA-AGONISTS
clorpres 0.1-15MG TABLET MO	3		CENTRAL ALPHA-AGONISTS
clorpres 0.2-15MG TABLET MO	3		CENTRAL ALPHA-AGONISTS
clorpres 0.3-15MG TABLET MO	3		CENTRAL ALPHA-AGONISTS
clotrimazole 1% CREAM MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
clotrimazole 1% SOLUTION MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
clotrimazole 10MG TROUCHE MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
clotrimazole-betamethasone 1-0.05% CREAM MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
clotrimazole-betamethasone 1-0.05% LOTION MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
clozapine 100MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
clozapine 200MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
clozapine 25MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
clozapine 50MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
co-gesic 5-500MG TABLET MO	1	QL	OPIATE AGONISTS
COARTEM 20-120MG TABLET MO	3	QL	ANTIMALARIALS
cod-butalbital-acetaminop-caf 30-50-325-40MG CAPSULE MO	1	QL	OPIATE AGONISTS
codeine sulfate 30MG TABLET MO	2		OPIATE AGONISTS
codeine sulfate 60MG TABLET MO	2		OPIATE AGONISTS
COGENTIN 2MG/2 ML SOLUTION MO	3		ANTICHOLINERGIC AGENTS (CNS)
COGNEX 10MG CAPSULE MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
COGNEX 20MG CAPSULE MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
COGNEX 30MG CAPSULE MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
COGNEX 40MG CAPSULE MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
colchicine-probenecid 0.5-500MG TABLET MO	1		URICOSURIC AGENTS
COLCRYS 0.6MG TABLET MO	3		ANTIGOUT AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
COLESTID 1GRAM TABLET MO	3		BILE ACID SEQUESTRANTS
COLESTID 5GRAM GRANULES MO	3		BILE ACID SEQUESTRANTS
colestipol 1GRAM TABLET MO	2		BILE ACID SEQUESTRANTS
colestipol 5GRAM GRANULES MO	2		BILE ACID SEQUESTRANTS
colistimethate sodium 150MG SOLUTION MO	4		ANTIBACTERIALS, MISCELLANEOUS
colocort 100MG/60 ML ENEMA MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
COLY-MYCIN M PARENTERAL 150MG SOLUTION MO	4		ANTIBACTERIALS, MISCELLANEOUS
COLY-MYCIN S 3.3-3-10-0.5MG/ML DROPS MO	3		ANTIBACTERIALS (EENT)
COLYTE WITH FLAVOR PACKS 240-22.72-6.72GRAM SOLUTION MO	3		CATHARTICS AND LAXATIVES
COMBIGAN 0.2-0.5% DROPS MO	2		ALPHA-ADRENERGIC AGONISTS (EENT)
COMBIPATCH 0.05-0.14MG/24 HR PATCH MO	3	QL	ESTROGENS
COMBIPATCH 0.05-0.25MG/24 HR PATCH MO	3	QL	ESTROGENS
COMBIVENT 18-103MCG/ACTUATION AEROSOL MO	2	QL	BETA-ADRENERGIC AGONISTS
COMBIVIR 150-300MG TABLET MO	3		ANTIRETROVIRALS
compro 25MG SUPPOSITORY MO	1		ANTIHISTAMINES (GI DRUGS)
COMTAN 200MG TABLET MO	2	QL	CATECHOL-O-METHYLTRANSFERASE (COMT)INHIB.
COMVAX 5-7.5-125MCG/0.5 ML SOLUTION MO	3	B vs D	VACCINES
CONDYLOX 0.5% GEL MO	3		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
CONDYLOX 0.5% SOLUTION MO	3		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
constulose 10GRAM/15 ML SOLUTION MO	1		AMMONIA DETOXICANTS
COPAXONE 20MG KIT SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
COPEGUS 200MG TABLET SP	4	QL,PA	NUCLEOSIDES AND NUCLEOTIDES
CORDARONE 200MG TABLET MO	3		ANTIARRHYTHMIC AGENTS
CORDRAN 0.05% LOTION MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
CORDRAN 4MCG/CM2 TAPE MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
CORDRAN SP 0.05% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
COREG CR 10MG CAPSULE 24 HR. MO	3	QL	BETA-ADRENERGIC BLOCKING AGENTS
COREG CR 20MG CAPSULE 24 HR. MO	3	QL	BETA-ADRENERGIC BLOCKING AGENTS
COREG CR 40MG CAPSULE 24 HR. MO	3	QL	BETA-ADRENERGIC BLOCKING AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
COREG CR 80MG CAPSULE 24 HR. MO	3	QL	BETA-ADRENERGIC BLOCKING AGENTS
CORTEF 10MG TABLET MO	3		ADRENALS
CORTEF 20MG TABLET MO	3		ADRENALS
CORTEF 5MG TABLET MO	3		ADRENALS
CORTENEMA 100MG/60 ML ENEMA MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
cortisone 25MG TABLET MO	1		ADRENALS
CORTISPORIN 1% OINTMENT MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
CORTISPORIN 3.5-10,000-0.5MG/G-UNIT/G-% CREAM MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
CORTISPORIN 3.5-10,000-1MG-UNIT/ML-% SOLUTION MO	3		ANTIBACTERIALS (EENT)
CORTISPORIN-TC 3.3-3-10-0.5MG/ML DROPS MO	3		ANTIBACTERIALS (EENT)
cortomycin 3.5-10,000-1MG-UNIT/ML-% DROPS MO	1		ANTIBACTERIALS (EENT)
cortomycin 3.5-10,000-1MG-UNIT/ML-% SOLUTION MO	1		ANTIBACTERIALS (EENT)
CORZIDE 40-5MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
CORZIDE 80-5MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
COSMEGEN 0.5MG SOLUTION SP	4	B vs D	ANTINEOPLASTIC AGENTS
COUMADIN 10MG TABLET MO	3		ANTICOAGULANTS
COUMADIN 1MG TABLET MO	3		ANTICOAGULANTS
COUMADIN 2.5MG TABLET MO	3		ANTICOAGULANTS
COUMADIN 2MG TABLET MO	3		ANTICOAGULANTS
COUMADIN 3MG TABLET MO	3		ANTICOAGULANTS
COUMADIN 4MG TABLET MO	3		ANTICOAGULANTS
COUMADIN 5MG SOLUTION MO	3		ANTICOAGULANTS
COUMADIN 5MG TABLET MO	3		ANTICOAGULANTS
COUMADIN 6MG TABLET MO	3		ANTICOAGULANTS
COUMADIN 7.5MG TABLET MO	3		ANTICOAGULANTS
COVERA-HS 180MG TABLET 24 HR. MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
COVERA-HS 240MG TABLET 24 HR. MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
CREON 12,000-38,000-60,000 UNIT CAPSULE MO	2		DIGESTANTS
CREON 24,000-76,000-120,000 UNIT CAPSULE MO	2		DIGESTANTS
CREON 6,000-19,000-30,000 UNIT CAPSULE MO	2		DIGESTANTS
CRESTOR 10MG TABLET MO	2	QL	HMG-COA REDUCTASE INHIBITORS
CRESTOR 20MG TABLET MO	2	QL	HMG-COA REDUCTASE INHIBITORS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
CRESTOR 40MG TABLET MO	2	QL	HMG-COA REDUCTASE INHIBITORS
CRESTOR 5MG TABLET MO	2	QL	HMG-COA REDUCTASE INHIBITORS
CRINONE 8% GEL MO	3		PROGESTINS
CRIXIVAN 100MG CAPSULE MO	2		ANTIRETROVIRALS
CRIXIVAN 200MG CAPSULE MO	2		ANTIRETROVIRALS
CRIXIVAN 333MG CAPSULE MO	2		ANTIRETROVIRALS
CRIXIVAN 400MG CAPSULE MO	2		ANTIRETROVIRALS
cromolyn 20MG/2 ML SOLUTION MO	2	B vs D	MAST-CELL STABILIZERS
cromolyn 4% DROPS MO	1		MAST-CELL STABILIZERS
cryselle (28) 0.3-30MG-MCG TABLET MO	1		CONTRACEPTIVES
CUBICIN 500MG SOLUTION MO	4		ANTIBACTERIALS, MISCELLANEOUS
CUPRIMINE 250MG CAPSULE MO	3		HEAVY METAL ANTAGONISTS
CUTIVATE 0.005% OINTMENT MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
CUTIVATE 0.05% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
CUTIVATE 0.05% LOTION MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
CYCLESSA 0.1/.125/.15-25MG-MCG TABLET MO	3		CONTRACEPTIVES
cyclobenzaprine 10MG TABLET GG, MO	1		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
cyclobenzaprine 5MG TABLET GG, MO	1		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
cyclophosphamide 25MG TABLET MO	2	B vs D	ANTINEOPLASTIC AGENTS
cyclophosphamide 50MG TABLET MO	2	B vs D	ANTINEOPLASTIC AGENTS
cyclosporine 100MG CAPSULE MO	2	B vs D	IMMUNOSUPPRESSIVE AGENTS
cyclosporine 250MG/5 ML SOLUTION MO	3		IMMUNOSUPPRESSIVE AGENTS
cyclosporine 25MG CAPSULE MO	1	B vs D	IMMUNOSUPPRESSIVE AGENTS
cyclosporine modified 100MG CAPSULE MO	2	B vs D	IMMUNOSUPPRESSIVE AGENTS
cyclosporine modified 100MG/ML SOLUTION MO	1	B vs D	IMMUNOSUPPRESSIVE AGENTS
cyclosporine modified 50 MG CAPSULE MO	1	B vs D	MISCELLANEOUS THERAPEUTIC AGENTS
CYKLOKAPRON 100MG/ML SOLUTION MO	2		HEMOSTATICS
CYMBALTA 20MG CAPSULE MO	2	QL	ANTIDEPRESSANTS
CYMBALTA 30MG CAPSULE MO	2	QL	ANTIDEPRESSANTS
CYMBALTA 60MG CAPSULE MO	2	QL	ANTIDEPRESSANTS
cyproheptadine 2MG/5 ML SYRUP MO	1		FIRST GEN. ANTIHIST. DERIVATIVES, MISC.
cyproheptadine 4MG TABLET MO	1		FIRST GEN. ANTIHIST. DERIVATIVES, MISC.
CYSTADANE POWDER SP	3		OTHER MISCELLANEOUS THERAPEUTIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
CYSTAGON 150MG CAPSULE MO	3		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
CYSTAGON 50MG CAPSULE MO	3		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
cytarabine 20MG/ML SOLUTION MO	1	B vs D	ANTINEOPLASTIC AGENTS
cytarabine (pf) 2 gram/20 mL(100 MG/ML) SOLUTION MO	1	B vs D	ANTINEOPLASTIC AGENTS
cytarabine (pf) 500MG SOLUTION MO	1	B vs D	ANTINEOPLASTIC AGENTS
CYTOMEL 25MCG TABLET MO	3		THYROID AGENTS
CYTOMEL 50MCG TABLET MO	3		THYROID AGENTS
CYTOMEL 5MCG TABLET MO	3		THYROID AGENTS
CYTOTEC 100MCG TABLET MO	3		PROSTAGLANDINS
CYTOTEC 200MCG TABLET MO	3		PROSTAGLANDINS
D.H.E.45 1MG/ML SOLUTION MO	4		ALPHA-ADRENERGIC BLOCKING AGENTS
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1		CALORIC AGENTS
d10-1/4ns & potassium chloride 20MEQ PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1		CALORIC AGENTS
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1		CALORIC AGENTS
d5 %-0.9 % sodium chloride PARENTERAL SOLUTION MO	1		CALORIC AGENTS
d5-1/2 ns & potassium chloride 10MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-1/2 ns & potassium chloride 20MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-1/2 ns & potassium chloride 30MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-1/2 ns & potassium chloride 40MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-1/3 ns & potassium chloride 20 MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-1/3 ns & potassium chloride 20MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-1/4 ns & potassium chloride 10MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-1/4 ns & potassium chloride 20MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-1/4 ns & potassium chloride 20MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
d5-1/4 ns & potassium chloride 40MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-lr with potassium chloride 20MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-lr with potassium chloride 40MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-ns with potassium chloride 20MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5-ns with potassium chloride 40MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5w with potassium chloride 20 MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5w with potassium chloride 20MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5w with potassium chloride 30MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
d5w with potassium chloride 40MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
dacarbazine 200MG SOLUTION MO	1	B vs D	ANTINEOPLASTIC AGENTS
danazol 100MG CAPSULE MO	2		ANDROGENS
danazol 200MG CAPSULE MO	2		ANDROGENS
danazol 50MG CAPSULE MO	2		ANDROGENS
dantrolene 100MG CAPSULE MO	2		DIRECT-ACTING SKELETAL MUSCLE RELAXANTS
dantrolene 25MG CAPSULE MO	2		DIRECT-ACTING SKELETAL MUSCLE RELAXANTS
dantrolene 50MG CAPSULE MO	2		DIRECT-ACTING SKELETAL MUSCLE RELAXANTS
dapsone 100MG TABLET MO	2		ANTIMYCOBACTERIALS, MISCELLANEOUS
dapsone 25MG TABLET MO	2		ANTIMYCOBACTERIALS, MISCELLANEOUS
DAPTACEL (PEDIATRIC) (PF) 15-10-5LF-MCG-LF/0.5ML SUSPENSION MO	3		TOXOIDS
DARAPRIM 25MG TABLET MO	3		ANTIMALARIALS
daunorubicin 5MG/ML INJECTABLE MO	1	B vs D	ANTINEOPLASTIC AGENTS
DECAVAC 5-2LF UNIT/0.5 ML SYRINGE MO	3		TOXOIDS
DELESTROGEN 10MG/ML OIL MO	3		ESTROGENS
DELESTROGEN 20MG/ML OIL MO	3		ESTROGENS
DELESTROGEN 40MG/ML OIL MO	3		ESTROGENS
DEMADEX 10MG TABLET MO	3		LOOP DIURETICS
DEMADEX 20MG TABLET MO	3		LOOP DIURETICS
DEMADEX 5MG TABLET MO	3		LOOP DIURETICS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
demeclocycline 150MG TABLET MO	2		TETRACYCLINES
demeclocycline 300MG TABLET MO	2		TETRACYCLINES
DEMSER 250MG CAPSULE MO	3		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
DENAVIR 1% CREAM MO	2		ANTIVIRALS (SKIN - MUCOUS MEMBRANE)
DEPACON 500 mg/5 mL(100 MG/ML) SOLUTION MO	3		ANTICONVULSANTS, MISCELLANEOUS
depade 50MG TABLET MO	2		OPIATE ANTAGONISTS
DEPAKENE 250MG CAPSULE MO	3		ANTICONVULSANTS, MISCELLANEOUS
DEPAKENE 250MG/5 ML SYRUP MO	3		ANTICONVULSANTS, MISCELLANEOUS
DEPAKOTE SPRINKLES 125MG CAPSULE MO	3		ANTICONVULSANTS, MISCELLANEOUS
DEPEN TITRATABS 250MG TABLET MO	3		HEAVY METAL ANTAGONISTS
DEPO-ESTRADIOL 5MG/ML OIL MO	1		ESTROGENS
DEPO-MEDROL 20MG/ML SUSPENSION MO	3		ADRENALS
DEPO-MEDROL 40MG/ML SUSPENSION MO	3		ADRENALS
DEPO-MEDROL 80MG/ML SUSPENSION MO	3		ADRENALS
DEPO-PROVERA 150MG/ML SUSPENSION MO	3	QL	PROGESTINS
DEPO-PROVERA 400MG/ML SOLUTION MO	3		PROGESTINS
DEPO-SUBQ PROVERA 104 104MG/0.65 ML SYRINGE MO	3	QL	PROGESTINS
DEPO-TESTOSTERONE 100MG/ML OIL MO	2		ANDROGENS
DEPO-TESTOSTERONE 200MG/ML OIL MO	2		ANDROGENS
DERMA-SMOOTH/FS BODY OIL 0.01% OIL MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
DERMATOP 0.1% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
DERMATOP 0.1% OINTMENT MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
desipramine 100MG TABLET MO	2		ANTIDEPRESSANTS
desipramine 10MG TABLET MO	2		ANTIDEPRESSANTS
desipramine 150MG TABLET MO	2		ANTIDEPRESSANTS
desipramine 25MG TABLET MO	2		ANTIDEPRESSANTS
desipramine 50MG TABLET MO	2		ANTIDEPRESSANTS
desipramine 75MG TABLET MO	2		ANTIDEPRESSANTS
desmopressin 0.01% (REFRIG) SOLUTION MO	2		PITUITARY
desmopressin 0.1MG TABLET MO	2		PITUITARY
desmopressin 0.2MG TABLET MO	2		PITUITARY
desmopressin 10MCG/SPRAY SPRAY MO	2		PITUITARY

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
desmopressin 4MCG/ML SOLUTION MO	2		PITUITARY
DESOGEN 0.15-30MG-MCG TABLET MO	3		CONTRACEPTIVES
DESONATE 0.05% GEL MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
desonide 0.05% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
desonide 0.05% LOTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
desonide 0.05% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
desoximetasone 0.05% CREAM MO	2		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
desoximetasone 0.05% GEL MO	2		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
desoximetasone 0.25% CREAM MO	2		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
desoximetasone 0.25% OINTMENT MO	2		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
DESOXYN 5MG TABLET MO	3		AMPHETAMINES
DETROL 1MG TABLET MO	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
DETROL 2MG TABLET MO	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
DETROL LA 2MG CAPSULE 24 HR. MO	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
DETROL LA 4MG CAPSULE 24 HR. MO	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
dexamethasone 0.5MG TABLET MO	1		ADRENALS
dexamethasone 0.5MG/5 ML ELIXIR MO	1		ADRENALS
dexamethasone 0.75MG TABLET MO	1		ADRENALS
dexamethasone 1.5MG TABLET MO	1		ADRENALS
dexamethasone 1MG TABLET MO	1		ADRENALS
dexamethasone 2MG TABLET MO	1		ADRENALS
dexamethasone 4MG TABLET MO	1		ADRENALS
dexamethasone 6MG TABLET MO	1		ADRENALS
DEXAMETHASONE INTENSOL 1MG/ML DROPS MO	2		ADRENALS
dexamethasone sodium phosphate 0.1% DROPS MO	1		CORTICOSTEROIDS (EENT)
dexamethasone sodium phosphate 4MG/ML SOLUTION MO	1		ADRENALS
dexchlorpheniramine maleate 2MG/5 ML SYRUP MO	1		PROPYLAMINE DERIVATIVES
DEXILANT 30MG CAPSULE MO	3	QL	PROTON-PUMP INHIBITORS
DEXILANT 60MG CAPSULE MO	3	QL	PROTON-PUMP INHIBITORS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
dexmethylphenidate 10MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
dexmethylphenidate 2.5MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
dexmethylphenidate 5MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
dexrazoxane 500MG SOLUTION MO	1	B vs D	PROTECTIVE AGENTS
dextroamphetamine 10MG CAPSULE MO	2		AMPHETAMINES
dextroamphetamine 10MG TABLET MO	2		AMPHETAMINES
dextroamphetamine 15MG CAPSULE MO	2		AMPHETAMINES
dextroamphetamine 5MG CAPSULE MO	2		AMPHETAMINES
dextroamphetamine 5MG TABLET MO	2		AMPHETAMINES
dextrose 10% in water (d10w) PARENTERAL SOLUTION MO	1		CALORIC AGENTS
dextrose 10%-1/4 normal saline PARENTERAL SOLUTION MO	1		CALORIC AGENTS
dextrose 5% in water (d5w) PARENTERAL SOLUTION MO	1		CALORIC AGENTS
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION MO	1		CALORIC AGENTS
dextrose 5%-1/4 normal saline PARENTERAL SOLUTION MO	1		CALORIC AGENTS
dextrose 5%-1/4 normal saline PARENTERAL SOLUTION MO	1		CALORIC AGENTS
DIABETA 1.25MG TABLET MO	3		SULFONYLUREAS
DIABETA 2.5MG TABLET MO	3		SULFONYLUREAS
DIABETA 5MG TABLET MO	3		SULFONYLUREAS
diclofenac potassium 50MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
diclofenac sodium 0.1% DROPS MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
diclofenac sodium 100MG TABLET 24 HR. MO	2		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
diclofenac sodium 25MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
diclofenac sodium 50MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
diclofenac sodium 75MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
dicloxacillin 250MG CAPSULE MO	1		PENICILLINS
dicloxacillin 500MG CAPSULE MO	1		PENICILLINS
dicyclomine 10MG CAPSULE GG, MO	1		ANTIMUSCARINICS/ANTISPASMODICS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
dicyclomine 10MG/5 ML SYRUP GG, MO	1		ANTIMUSCARINICS/ANTISPASMODICS
dicyclomine 10MG/ML SOLUTION GG, MO	1		ANTIMUSCARINICS/ANTISPASMODICS
dicyclomine 20MG TABLET GG, MO	1		ANTIMUSCARINICS/ANTISPASMODICS
didanosine 125MG CAPSULE MO	1		ANTIRETROVIRALS
didanosine 200MG CAPSULE MO	1		ANTIRETROVIRALS
didanosine 250MG CAPSULE MO	1		ANTIRETROVIRALS
didanosine 400MG CAPSULE MO	1		ANTIRETROVIRALS
diflorasone 0.05% CREAM MO	2		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
diflorasone 0.05% OINTMENT MO	2		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
DIFLUCAN 100MG TABLET MO	3		AZOLES
DIFLUCAN 10MG/ML SUSPENSION MO	3		AZOLES
DIFLUCAN 150MG TABLET MO	3	QL	AZOLES
DIFLUCAN 200MG TABLET MO	3		AZOLES
DIFLUCAN 40MG/ML SUSPENSION MO	3		AZOLES
DIFLUCAN 50MG TABLET MO	3		AZOLES
DIFLUCAN IN SALINE (ISO-OSM) 200MG/100 ML PIGGYBACK MO	3		AZOLES
diflunisal 500MG TABLET MO	2		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
digoxin 125MCG TABLET GG, MO	1		CARDIOTONIC AGENTS
digoxin 250MCG TABLET GG, MO	1		CARDIOTONIC AGENTS
digoxin 250MCG/ML SOLUTION GG, MO	1		CARDIOTONIC AGENTS
digoxin 50MCG/ML SOLUTION MO	1		CARDIOTONIC AGENTS
dihydrocode-acetaminophen-caff 32-712.8-60MG TABLET MO	1	QL	OPIATE AGONISTS
dihydroergotamine 1MG/ML SOLUTION MO	2		ALPHA-ADRENERGIC BLOCKING AGENTS
DILACOR XR 120MG CAPSULE MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
DILACOR XR 180MG CAPSULE MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
DILACOR XR 240MG CAPSULE MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
DILANTIN EXTENDED 100MG CAPSULE MO	3		HYDANTOINS
DILANTIN INFATABS 50MG CHEWABLE TABLET MO	3		HYDANTOINS
DILANTIN-125 125MG/5 ML SUSPENSION MO	3		HYDANTOINS
DILATRATE-SR 40MG CAPSULE MO	3		NITRATES AND NITRITES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
dilt-cd 120MG CAPSULE 24 HR. MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
dilt-cd 300MG CAPSULE 24 HR. MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
dilt-xr 180MG CAPSULE MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
dilt-xr 240MG CAPSULE MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 100MG SOLUTION MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 120MG CAPSULE 12 HR. MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 120MG CAPSULE 24 HR. MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 120MG TABLET MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 240MG CAPSULE 24 HR. MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 300MG CAPSULE 24 HR. MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 30MG TABLET MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 360MG CAPSULE MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 420MG CAPSULE MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 5MG/ML SOLUTION MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 60MG CAPSULE 12 HR. MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 60MG TABLET MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 90MG CAPSULE 12 HR. MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 90MG TABLET MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltzac er 120MG CAPSULE MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltzac er 180MG CAPSULE MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltzac er 240MG CAPSULE MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
diltzac er 300MG CAPSULE MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltzac er 360MG CAPSULE MO	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
DIOVAN 160MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN 320MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN 40MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN 80MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN HCT 160-12.5MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN HCT 160-25MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN HCT 320-12.5MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN HCT 320-25MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN HCT 80-12.5MG TABLET MO	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
diphenhydramine hcl 12.5MG/5 ML ELIXIR MO	1		ETHANOLAMINE DERIVATIVES
diphenhydramine hcl 50MG CAPSULE MO	1		ETHANOLAMINE DERIVATIVES
diphenhydramine hcl 50MG/ML SOLUTION MO	1		ETHANOLAMINE DERIVATIVES
diphenoxylate-atropine 2.5-0.025MG TABLET MO	1		ANTIDIARRHEA AGENTS
diphenoxylate-atropine 2.5-0.025MG/5 ML LIQUID MO	1		ANTIDIARRHEA AGENTS
dipyridamole 25MG TABLET MO	1		VASODILATING AGENTS, MISCELLANEOUS
dipyridamole 50MG TABLET MO	1		VASODILATING AGENTS, MISCELLANEOUS
dipyridamole 75MG TABLET MO	1		VASODILATING AGENTS, MISCELLANEOUS
disopyramide 100MG CAPSULE MO	1		ANTIARRHYTHMIC AGENTS
disopyramide 150MG CAPSULE MO	1		ANTIARRHYTHMIC AGENTS
DIURIL 250MG/5 ML SUSPENSION MO	3		THIAZIDE DIURETICS
DIURIL IV 500MG SOLUTION MO	3		THIAZIDE DIURETICS
divalproex 125MG CAPSULE MO	1		ANTICONVULSANTS, MISCELLANEOUS
divalproex 125MG TABLET MO	1		ANTICONVULSANTS, MISCELLANEOUS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
divalproex 250MG TABLET MO	1		ANTICONVULSANTS, MISCELLANEOUS
divalproex 250MG TABLET 24 HR. MO	1		ANTICONVULSANTS, MISCELLANEOUS
divalproex 500MG TABLET MO	1		ANTICONVULSANTS, MISCELLANEOUS
divalproex 500MG TABLET 24 HR. MO	1		ANTICONVULSANTS, MISCELLANEOUS
DIVIGEL 1 (0.1)MG (%) GEL MO	3		ESTROGENS
DOLOPHINE 10MG TABLET MO	1		OPIATE AGONISTS
DOLOPHINE 5MG TABLET MO	1		OPIATE AGONISTS
DORIBAX 500MG SOLUTION MO	4		MISCELLANEOUS B-LACTAM ANTIBIOTICS
dorzolamide 2% DROPS MO	2	QL	CARBONIC ANHYDRASE INHIBITORS (EENT)
dorzolamide-timolol 2-0.5% DROPS MO	2	QL	CARBONIC ANHYDRASE INHIBITORS (EENT)
DOVONEX 0.005% CREAM MO	3	QL	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
DOVONEX 0.005% SOLUTION MO	3	QL	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
doxazosin 1MG TABLET MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
doxazosin 2 MG TABLET MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
doxazosin 4MG TABLET MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
doxazosin 8 MG TABLET MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
doxepin 100MG CAPSULE GG, MO	1		ANTIDEPRESSANTS
doxepin 10MG CAPSULE GG, MO	1		ANTIDEPRESSANTS
doxepin 10MG/ML CONCENTRATE GG, MO	1		ANTIDEPRESSANTS
doxepin 25MG CAPSULE GG, MO	1		ANTIDEPRESSANTS
doxepin 50MG CAPSULE GG, MO	1		ANTIDEPRESSANTS
doxepin 75MG CAPSULE GG, MO	1		ANTIDEPRESSANTS
DOXIL 2MG/ML INJECTABLE SP	4	B vs D	ANTINEOPLASTIC AGENTS
doxorubicin 2MG/ML SOLUTION MO	1	B vs D	ANTINEOPLASTIC AGENTS
doxycycline hyclate 100MG CAPSULE MO	1		TETRACYCLINES
doxycycline hyclate 100MG CAPSULE MO	1		TETRACYCLINES
doxycycline hyclate 100MG SOLUTION MO	1		TETRACYCLINES
doxycycline hyclate 100MG SOLUTION MO	1		TETRACYCLINES
doxycycline hyclate 100MG TABLET MO	1		TETRACYCLINES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
doxycycline hyclate 20MG TABLET MO	1		ANTIBACTERIALS (EENT)
doxycycline hyclate 50MG CAPSULE MO	1		TETRACYCLINES
doxycycline hyclate 75MG CAPSULE MO	1		TETRACYCLINES
doxycycline monohydrate 150MG TABLET MO	1		TETRACYCLINES
doxycycline monohydrate 50MG TABLET MO	1		TETRACYCLINES
doxycycline monohydrate 75MG TABLET MO	1		TETRACYCLINES
dronabinol 10MG CAPSULE MO	2	QL,B vs D	ANTIEMETICS, MISCELLANEOUS
dronabinol 2.5MG CAPSULE MO	2	B vs D	ANTIEMETICS, MISCELLANEOUS
dronabinol 5MG CAPSULE MO	2	B vs D	ANTIEMETICS, MISCELLANEOUS
DROXIA 200MG CAPSULE MO	3		ANTINEOPLASTIC AGENTS
DROXIA 300MG CAPSULE MO	3		ANTINEOPLASTIC AGENTS
DROXIA 400MG CAPSULE MO	3		ANTINEOPLASTIC AGENTS
DUETACT 30-2MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
DUETACT 30-4MG TABLET MO	3	QL,ST	THIAZOLIDINEDIONES
DUONEB 0.5 mg-3 mg(2.5MG BASE)/3 ML SOLUTION MO	3	B vs D	BETA-ADRENERGIC AGONISTS
DURAMORPH 0.5MG/ML SOLUTION MO	1		OPIATE AGONISTS
DURAMORPH 1MG/ML SOLUTION MO	1		OPIATE AGONISTS
DUREZOL 0.05% DROPS MO	3		CORTICOSTEROIDS (EENT)
DYAZIDE 37.5-25MG CAPSULE MO	3		POTASSIUM-SPARING DIURETICS
DYRENIUM 100MG CAPSULE MO	3		POTASSIUM-SPARING DIURETICS
DYRENIUM 50MG CAPSULE MO	3		POTASSIUM-SPARING DIURETICS
E.E.S. 400 400MG TABLET MO	3		MACROLIDES
E.E.S. GRANULES 200MG/5 ML SUSPENSION MO	3		MACROLIDES
EC-NAPROSYN 375MG TABLET MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
EC-NAPROSYN 500MG TABLET MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
econazole 1% CREAM MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
EDECIN 25MG TABLET MO	3		LOOP DIURETICS
EFFIENT 10MG TABLET MO	3	QL	PLATELET-AGGREGATION INHIBITORS
EFFIENT 5MG TABLET MO	3	QL	PLATELET-AGGREGATION INHIBITORS
ELAPRASE 6MG/3 ML SOLUTION SP	4	PA	ENZYMES
electrolyte-48 in d5w PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
ELESTAT 0.05% DROPS MO	3		ANTIALLERGIC AGENTS
ELESTRIN 0.87GRAM/ACTUATION GEL MO	3		ESTROGENS
ELIDEL 1% CREAM MO	3		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
ELIGARD 22.5MG SYRINGE SP	3	PA	ANTINEOPLASTIC AGENTS
ELIGARD 30MG SYRINGE SP	3	PA	ANTINEOPLASTIC AGENTS
ELIGARD 45MG SYRINGE SP	3	PA	ANTINEOPLASTIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ELIGARD 7.5MG SYRINGE ^{SP}	3	PA	ANTINEOPLASTIC AGENTS
eliphos 667MG TABLET ^{MO}	1		PHOSPHATE-REMOVING AGENTS
ELITEK 1.5MG SOLUTION ^{MO}	4		ENZYMES
ELIXOPHYLLIN 80MG/15 ML ELIXIR ^{MO}	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
ELLEENCE 200MG/100 ML SOLUTION ^{MO}	4	B vs D	ANTINEOPLASTIC AGENTS
ELMIRON 100MG CAPSULE ^{MO}	3		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
ELOCON 0.1% CREAM ^{MO}	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
ELOCON 0.1% OINTMENT ^{MO}	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
ELOCON 0.1% SOLUTION ^{MO}	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
ELOXATIN 100MG/20 ML SOLUTION ^{SP}	4	B vs D	ANTINEOPLASTIC AGENTS
ELSPAR 10,000UNIT SOLUTION ^{MO}	3	B vs D	ANTINEOPLASTIC AGENTS
EMADINE 0.05% DROPS ^{MO}	3		ANTIALLERGIC AGENTS
EMBEDA 20-0.8MG CAPSULE ^{MO}	2	QL	OPIATE AGONISTS
EMBEDA 30-1.2MG CAPSULE ^{MO}	2	QL	OPIATE AGONISTS
EMBEDA 50-2MG CAPSULE ^{MO}	2	QL	OPIATE AGONISTS
EMCYT 140MG CAPSULE ^{MO}	3		ANTINEOPLASTIC AGENTS
EMEND 125-80-80MG CAPSULE ^{MO}	3	QL	ANTIEMETICS, MISCELLANEOUS
EMEND 125MG CAPSULE ^{MO}	3	QL	ANTIEMETICS, MISCELLANEOUS
EMEND 40MG CAPSULE ^{MO}	3	QL	ANTIEMETICS, MISCELLANEOUS
EMEND 80MG CAPSULE ^{MO}	3	QL	ANTIEMETICS, MISCELLANEOUS
EMLA 2.5-2.5% CREAM ^{MO}	3		ANTIPRURITICS AND LOCAL ANESTHETICS
EMSAM 12MG/24 HR PATCH 24 HR. ^{MO}	3	QL	MONOAMINE OXIDASE B INHIBITORS
EMSAM 6MG/24 HR PATCH 24 HR. ^{MO}	3	QL	MONOAMINE OXIDASE B INHIBITORS
EMSAM 9MG/24 HR PATCH 24 HR. ^{MO}	3	QL	MONOAMINE OXIDASE B INHIBITORS
EMTRIVA 10MG/ML SOLUTION ^{MO}	3		ANTIRETROVIRALS
EMTRIVA 200MG CAPSULE ^{MO}	3		ANTIRETROVIRALS
ENABLEX 15MG TABLET 24 HR. ^{MO}	3	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
ENABLEX 7.5MG TABLET 24 HR. ^{MO}	3	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
enalapril maleate 10MG TABLET ^{GG, MO}	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
enalapril maleate 2.5MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
enalapril maleate 20MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
enalapril maleate 5MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
enalapril-hydrochlorothiazide 10-25MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
enalapril-hydrochlorothiazide 5-12.5MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ENBREL 25MG KIT SP	4	PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
ENBREL 25MG/0.5ML (0.51) SYRINGE SP	4	QL,PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
ENBREL 50MG/ML (0.98 ML) SYRINGE SP	4	QL,PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
endocet 10-325MG TABLET MO	2	QL	OPIATE AGONISTS
endocet 10-650MG TABLET MO	2	QL	OPIATE AGONISTS
ENDOCET 5-325MG TABLET MO	2	QL	OPIATE AGONISTS
endocet 7.5-325MG TABLET MO	2	QL	OPIATE AGONISTS
endocet 7.5-500MG TABLET MO	2	QL	OPIATE AGONISTS
ENDOMETRIN 100MG INSERT MO	3		PROGESTINS
ENGERIX-B (PF) 10MCG/0.5 ML SUSPENSION MO	3	B vs D	VACCINES
ENGERIX-B (PF) 10MCG/0.5 ML SYRINGE MO	3	B vs D	VACCINES
ENGERIX-B (PF) 20MCG/ML SYRINGE MO	3	B vs D	VACCINES
ENJUWIA 0.3MG TABLET MO	2		ESTROGENS
ENJUWIA 0.45MG TABLET MO	2		ESTROGENS
ENJUWIA 0.625MG TABLET MO	2		ESTROGENS
ENJUWIA 0.9MG TABLET MO	2		ESTROGENS
ENJUWIA 1.25MG TABLET MO	2		ESTROGENS
enpresse 50-30 (6)/75-40(5)/125-30(10) TABLET MO	1		CONTRACEPTIVES
ENTOCORT EC 3MG CAPSULE 24 HR. MO	3		ADRENALS
enulose 10GRAM/15 ML SOLUTION MO	1		AMMONIA DETOXICANTS
EPIDUO 0.1-2.5% GEL MO	3		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
epinephrine hcl 0.1MG/ML SYRINGE MO	1		ALPHA- AND BETA-ADRENERGIC AGONISTS
EPIPEN 0.3MG/0.3 ML PEN INJECTOR MO	2		ALPHA- AND BETA-ADRENERGIC AGONISTS
EPIPEN JR 0.15MG/0.3 ML PEN INJECTOR MO	2		ALPHA- AND BETA-ADRENERGIC AGONISTS
epirubicin 50MG/25 ML SOLUTION MO	3	B vs D	ANTINEOPLASTIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
epitol 200MG TABLET GG, MO	1		ANTICONVULSANTS, MISCELLANEOUS
EPIVIR 10MG/ML SOLUTION MO	3		ANTIRETROVIRALS
EPIVIR 150MG TABLET MO	3		ANTIRETROVIRALS
EPIVIR 300MG TABLET MO	3		ANTIRETROVIRALS
EPIVIR HBV 100MG TABLET SP	3		ANTIRETROVIRALS
EPIVIR HBV 25 mg/5 mL(5 MG/ML) SOLUTION SP	3		ANTIRETROVIRALS
eplerenone 25MG TABLET MO	2		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
eplerenone 50MG TABLET MO	2		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
EPOGEN 2,000UNIT/ML SOLUTION SP	2	QL,PA	HEMATOPOIETIC AGENTS
EPOGEN 20,000UNIT/2 ML SOLUTION SP	4	QL,PA	HEMATOPOIETIC AGENTS
epogen 20,000UNIT/ML SOLUTION SP	4	QL,PA	HEMATOPOIETIC AGENTS
EPOGEN 3,000UNIT/ML SOLUTION SP	2	QL,PA	HEMATOPOIETIC AGENTS
EPOGEN 4,000UNIT/ML SOLUTION SP	2	QL,PA	HEMATOPOIETIC AGENTS
epogen 40,000UNIT/ML SOLUTION SP	4	QL,PA	HEMATOPOIETIC AGENTS
EPZICOM 600-300MG TABLET MO	2		ANTIRETROVIRALS
EQUETRO 100MG CAPSULE 12 HR. MO	3		ANTICONVULSANTS, MISCELLANEOUS
EQUETRO 200MG CAPSULE 12 HR. MO	3		ANTICONVULSANTS, MISCELLANEOUS
EQUETRO 300MG CAPSULE 12 HR. MO	3		ANTICONVULSANTS, MISCELLANEOUS
ERAXIS(WATER DILUENT) 100MG SOLUTION MO	3	B vs D	ECHINOCANDINS
ERBITUX 100MG/50 ML SOLUTION SP	4	PA	ANTINEOPLASTIC AGENTS
ergoloid 1MG TABLET MO	2		ALPHA-ADRENERGIC BLOCKING AGENTS
ERGOMAR 2MG TABLET MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
ergotamine-caffeine 1-100MG TABLET MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
errin 0.35MG TABLET MO	1		CONTRACEPTIVES
ERTACZO 2% CREAM MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
ery pads 2% SWAB MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
ERY-TAB 250MG TABLET MO	3		MACROLIDES
ERY-TAB 333MG TABLET MO	3		MACROLIDES
ERY-TAB 500MG TABLET MO	3		MACROLIDES
ERYPED 200 200MG/5 ML SUSPENSION MO	3		MACROLIDES
ERYPED 400 400MG/5 ML SUSPENSION MO	3		MACROLIDES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ERYTHROCIN 500MG SOLUTION MO	1		MACROLIDES
ERYTHROCIN STEARATE 250MG TABLET MO	1		MACROLIDES
ERYTHROCIN STEARATE 500MG TABLET MO	1		MACROLIDES
erythromycin 250MG TABLET GG, MO	1		MACROLIDES
erythromycin 5 mg/gram(0.5 %) OINTMENT MO	1		ANTIBACTERIALS (EENT)
erythromycin 500MG TABLET GG, MO	1		MACROLIDES
erythromycin with ethanol 2% GEL MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
erythromycin with ethanol 2% SOLUTION MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
erythromycin-benzoyl peroxide 3-5% GEL MO	2		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
erythromycin-sulfisoxazole 200-600MG/5 ML SUSPENSION MO	1		MACROLIDES
ESTRACE 0.01% (0.1 MG/G) CREAM MO	3		ESTROGENS
ESTRACE 0.5MG TABLET MO	3		ESTROGENS
ESTRACE 1 MG TABLET MO	3		ESTROGENS
ESTRACE 1MG TABLET MO	3		ESTROGENS
ESTRACE 2MG TABLET MO	3		ESTROGENS
ESTRADERM 0.05MG/24 HR PATCH MO	3	QL	ESTROGENS
ESTRADERM 0.1MG/24 HR PATCH MO	3	QL	ESTROGENS
estradiol 0.025MG/24 HR PATCH MO	1	QL	ESTROGENS
estradiol 0.0375MG/24 HR PATCH MO	1		ESTROGENS
estradiol 0.05MG/24 HR PATCH MO	1	QL	ESTROGENS
estradiol 0.06MG/24 HR PATCH MO	1		ESTROGENS
estradiol 0.075MG/24 HR PATCH MO	1	QL	ESTROGENS
estradiol 0.1MG/24 HR PATCH MO	1	QL	ESTROGENS
estradiol 0.5MG TABLET MO	1		ESTROGENS
estradiol 1MG TABLET MO	1		ESTROGENS
estradiol 2MG TABLET MO	1		ESTROGENS
estradiol valerate 10MG/ML OIL MO	1		ESTROGENS
estradiol valerate 20MG/ML OIL MO	1		ESTROGENS
estradiol valerate 40MG/ML OIL MO	1		ESTROGENS
estradiol-norethindrone acet 1-0.5MG TABLET MO	1		ESTROGENS
ESTRASORB 2.5MG/G (1.74 G) EMULSION MO	3	QL	ESTROGENS
ESTRING 2MG RING MO	3	QL	ESTROGENS
ESTROGEL 1.25GRAM/ACTUATION GEL MO	3	QL	ESTROGENS
estropipate 0.75MG TABLET GG, MO	1		ESTROGENS
estropipate 1.5MG TABLET GG, MO	1		ESTROGENS
estropipate 3MG TABLET GG, MO	1		ESTROGENS
ESTROSTEP FE-28 1-20(5)/1-30(7)/1MG-35MCG (9) TABLET MO	3		CONTRACEPTIVES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ethambutol 100MG TABLET MO	1		ANTITUBERCULOSIS AGENTS
ethambutol 400MG TABLET MO	1		ANTITUBERCULOSIS AGENTS
ethosuximide 250MG CAPSULE MO	1		SUCCINIMIDES
ethosuximide 250MG/5 ML SYRUP MO	1		SUCCINIMIDES
ETHYOL 500MG SOLUTION MO	4	B vs D	PROTECTIVE AGENTS
etidronate disodium 200MG TABLET MO	2		BONE RESORPTION INHIBITORS
etidronate disodium 400MG TABLET MO	2		BONE RESORPTION INHIBITORS
etodolac 200MG CAPSULE MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
etodolac 300MG CAPSULE MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
etodolac 400MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
etodolac 400MG TABLET 24 HR. MO	2		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
etodolac 500MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
etodolac 500MG TABLET 24 HR. MO	2		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
etodolac 600MG TABLET 24 HR. MO	2		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ETOPOPHOS 100MG SOLUTION MO	4	B vs D	ANTINEOPLASTIC AGENTS
etoposide 20MG/ML SOLUTION MO	2		ANTINEOPLASTIC AGENTS
EURAX 10% CREAM MO	3		SCABICIDES AND PEDICULICIDES
EURAX 10% SUSPENSION MO	3		SCABICIDES AND PEDICULICIDES
EVAMIST 1.53MG/SPRAY (1.7%) SPRAY MO	2		ESTROGENS
EVISTA 60MG TABLET MO	2	QL	ESTROGEN AGONIST-ANTAGONISTS
EVOCLIN 1% FOAM MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
EVOXAC 30MG CAPSULE MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
EXELDERM 1% CREAM MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
EXELDERM 1% SOLUTION MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
EXELON 1.5MG CAPSULE MO	2	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
EXELON 2MG/ML SOLUTION MO	2	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
EXELON 3MG CAPSULE MO	2	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
EXELON 4.5MG CAPSULE MO	2	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
EXELON 4.6MG/24 HOUR PATCH 24 HR. MO	2	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
EXELON 6MG CAPSULE MO	2	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
EXELON 9.5MG/24 HOUR PATCH 24 HR. MO	2	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
EXFORGE 10-160MG TABLET MO	2	QL	DIHYDROPYRIDINES
EXFORGE 10-320MG TABLET MO	2	QL	DIHYDROPYRIDINES
EXFORGE 5-160MG TABLET MO	2	QL	DIHYDROPYRIDINES
EXFORGE 5-320MG TABLET MO	2	QL	DIHYDROPYRIDINES
EXFORGE HCT 10-160-12.5MG TABLET MO	2	QL	DIHYDROPYRIDINES
EXFORGE HCT 10-160-25MG TABLET MO	2	QL	DIHYDROPYRIDINES
EXFORGE HCT 10-320-25MG TABLET MO	2	QL	DIHYDROPYRIDINES
EXFORGE HCT 5-160-12.5MG TABLET MO	2	QL	DIHYDROPYRIDINES
EXFORGE HCT 5-160-25MG TABLET MO	2	QL	DIHYDROPYRIDINES
EXJADE 125MG TABLET SP	4	PA	HEAVY METAL ANTAGONISTS
EXJADE 250MG TABLET SP	4	PA	HEAVY METAL ANTAGONISTS
EXJADE 500MG TABLET SP	4	PA	HEAVY METAL ANTAGONISTS
EXTAVIA 0.3MG KIT SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
EXTINA 2% FOAM MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
FABRAZYME 35MG SOLUTION SP	4		ENZYMES
FACTIVE 320MG TABLET MO	3		QUINOLONES
famciclovir 125MG TABLET MO	2		NUCLEOSIDES AND NUCLEOTIDES
famciclovir 250MG TABLET MO	2		NUCLEOSIDES AND NUCLEOTIDES
famciclovir 500MG TABLET MO	2		NUCLEOSIDES AND NUCLEOTIDES
famotidine 20MG TABLET MO	1		HISTAMINE H2-ANTAGONISTS
famotidine 40MG TABLET MO	1		HISTAMINE H2-ANTAGONISTS
famotidine (pf) 20 MG/2 ML SOLUTION MO	1		HISTAMINE H2-ANTAGONISTS
famotidine (pf) 20MG/2 ML SOLUTION MO	1		HISTAMINE H2-ANTAGONISTS
famotidine(pf) in sal (iso-os) 20 MG/50 ML PIGGYBACK MO	1		HISTAMINE H2-ANTAGONISTS
famotidine(pf) in sal (iso-os) 20MG/50 ML PIGGYBACK MO	1		HISTAMINE H2-ANTAGONISTS
FANAPT 10MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
FANAPT 12MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
FANAPT 1MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
FANAPT 1mg(2)-2mg(2)-4MG(2)-6MG(2) TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
FANAPT 2MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
FANAPT 4MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
FANAPT 6MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS
FANAPT 8MG TABLET MO	3	QL,PA	ANTIPSYCHOTIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
FARESTON 60MG TABLET MO	3	QL	ANTINEOPLASTIC AGENTS
FASLODEX 250MG/5 ML SYRINGE SP	4	QL,B vs D	ANTINEOPLASTIC AGENTS
FAZACLO 100MG TABLET MO	3	ST	ANTIPSYCHOTIC AGENTS
FAZACLO 12.5MG TABLET MO	3	ST	ANTIPSYCHOTIC AGENTS
FAZACLO 25MG TABLET MO	3	ST	ANTIPSYCHOTIC AGENTS
FELBATOL 400MG TABLET MO	3		ANTICONVULSANTS, MISCELLANEOUS
FELBATOL 600MG TABLET MO	3		ANTICONVULSANTS, MISCELLANEOUS
FELBATOL 600MG/5 ML SUSPENSION MO	3		ANTICONVULSANTS, MISCELLANEOUS
felodipine 10MG TABLET 24 HR. MO	2	QL	DIHYDROPYRIDINES
felodipine 2.5MG TABLET 24 HR. MO	2	QL	DIHYDROPYRIDINES
felodipine 5MG TABLET 24 HR. MO	2	QL	DIHYDROPYRIDINES
FEMARA 2.5MG TABLET MO	3	QL	ANTINEOPLASTIC AGENTS
FEMHRT 1/5 1-5MG-MCG TABLET MO	3		ESTROGENS
FEMHRT LOW DOSE 0.5-2.5MG-MCG TABLET MO	3		ESTROGENS
FEMRING 0.05MG/24 HR RING MO	3	QL	ESTROGENS
FEMRING 0.1MG/24 HR RING MO	3	QL	ESTROGENS
FEMTRACE 0.45MG TABLET MO	3		ESTROGENS
FEMTRACE 0.9MG TABLET MO	3		ESTROGENS
FEMTRACE 1.8MG TABLET MO	3		ESTROGENS
fenofibrate 160MG TABLET MO	2	QL	FIBRIC ACID DERIVATIVES
fenofibrate 54MG TABLET MO	2	QL	FIBRIC ACID DERIVATIVES
fenofibrate micronized 134MG CAPSULE MO	2	QL	FIBRIC ACID DERIVATIVES
fenofibrate micronized 200MG CAPSULE MO	2	QL	FIBRIC ACID DERIVATIVES
fenofibrate micronized 67MG CAPSULE MO	2	QL	FIBRIC ACID DERIVATIVES
fenoprofen 600MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
fentanyl 100MCG/HR PATCH 72 HR. MO	2	QL	OPIATE AGONISTS
fentanyl 12MCG/HR PATCH 72 HR. MO	2	QL	OPIATE AGONISTS
fentanyl 25MCG/HR PATCH 72 HR. MO	2	QL	OPIATE AGONISTS
fentanyl 50MCG/HR PATCH 72 HR. MO	2	QL	OPIATE AGONISTS
fentanyl 75MCG/HR PATCH 72 HR. MO	2	QL	OPIATE AGONISTS
fentanyl citrate 1,200MCG LOZENGE MO	4	QL,PA	OPIATE AGONISTS
fentanyl citrate 1,600MCG LOZENGE MO	4	QL,PA	OPIATE AGONISTS
fentanyl citrate 200MCG LOZENGE MO	4	QL,PA	OPIATE AGONISTS
fentanyl citrate 400MCG LOZENGE MO	4	QL,PA	OPIATE AGONISTS
fentanyl citrate 600MCG LOZENGE MO	4	QL,PA	OPIATE AGONISTS
fentanyl citrate 800MCG LOZENGE MO	4	QL,PA	OPIATE AGONISTS
fentanyl citrate (pf) 50MCG/ML SYRINGE MO	2		OPIATE AGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
fexofenadine 180MG TABLET MO	2	QL	SECOND GENERATION ANTIHISTAMINES
fexofenadine 30MG TABLET MO	2	QL	SECOND GENERATION ANTIHISTAMINES
fexofenadine 60MG TABLET MO	2	QL	SECOND GENERATION ANTIHISTAMINES
FINACEA 15% GEL MO	3		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
finasteride 5MG TABLET MO	1	QL	5-ALPHA-REDUCTASE INHIBITORS
FIRMAGON 120MG SOLUTION SP	4	QL,PA	ANTINEOPLASTIC AGENTS
FIRMAGON 80MG SOLUTION SP	3	QL,PA	ANTINEOPLASTIC AGENTS
FLAREX 0.1% DROPS MO	3		CORTICOSTEROIDS (EENT)
flavoxate 100MG TABLET MO	2		GENITOURINARY SMOOTH MUSCLE RELAXANTS
FLEBOGAMMA 5% INJECTABLE SP	4	PA	SERUMS
flecainide 100MG TABLET MO	2		ANTIARRHYTHMIC AGENTS
flecainide 150MG TABLET MO	2		ANTIARRHYTHMIC AGENTS
flecainide 50MG TABLET MO	2		ANTIARRHYTHMIC AGENTS
FLONASE 50MCG/ACTUATION SPRAY MO	3	QL	CORTICOSTEROIDS (EENT)
FLOVENT DISKUS 100MCG/ACTUATION DISK MO	2	QL	ADRENALS
FLOVENT DISKUS 250MCG/ACTUATION DISK MO	2	QL	ADRENALS
FLOVENT DISKUS 50MCG/ACTUATION DISK MO	2	QL	ADRENALS
FLOVENT HFA 110MCG/ACTUATION AEROSOL MO	2	QL	ADRENALS
FLOVENT HFA 220MCG/ACTUATION AEROSOL MO	2	QL	ADRENALS
FLOVENT HFA 44MCG/ACTUATION AEROSOL MO	2	QL	ADRENALS
fluconazole 100MG TABLET MO	1		AZOLES
fluconazole 10MG/ML SUSPENSION MO	1		AZOLES
fluconazole 150MG TABLET MO	1	QL	AZOLES
fluconazole 200MG TABLET MO	1		AZOLES
fluconazole 40MG/ML SUSPENSION MO	1		AZOLES
fluconazole 50MG TABLET MO	1		AZOLES
fluconazole in dextrose(iso-o) 400MG/200 ML PIGGYBACK MO	1		AZOLES
FLUDARA 50MG SOLUTION MO	4	B vs D	ANTINEOPLASTIC AGENTS
fludarabine 50MG SOLUTION MO	1	B vs D	ANTINEOPLASTIC AGENTS
fludrocortisone 0.1MG TABLET MO	1		ADRENALS
FLUMADINE 100MG TABLET MO	3		ADAMANTANES
flunisolide 25MCG (0.025 %) SPRAY MO	1	QL	CORTICOSTEROIDS (EENT)
fluocinolone 0.01% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
fluocinolone 0.01% SOLUTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
fluocinolone 0.025% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
fluocinolone 0.025% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
fluocinonide 0.05% GEL MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
fluocinonide 0.05% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
fluocinonide 0.05% SOLUTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
fluocinonide-emollient 0.05% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
fluorometholone 0.1% DROPS MO	1		CORTICOSTEROIDS (EENT)
FLUOROPLEX 1% CREAM MO	3		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
fluorouracil 2% SOLUTION MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
fluorouracil 5% CREAM MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
fluorouracil 5% SOLUTION MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
fluorouracil 500MG/10 ML SOLUTION MO	2	B vs D	ANTINEOPLASTIC AGENTS
fluoxetine 10MG CAPSULE MO	1	QL	ANTIDEPRESSANTS
fluoxetine 10MG TABLET MO	1	QL	ANTIDEPRESSANTS
fluoxetine 20MG CAPSULE MO	1	QL	ANTIDEPRESSANTS
fluoxetine 20MG TABLET MO	1	QL	ANTIDEPRESSANTS
fluoxetine 20MG/5 ML SOLUTION MO	1		ANTIDEPRESSANTS
fluoxetine 40MG CAPSULE MO	1	QL	ANTIDEPRESSANTS
fluoxetine 90MG CAPSULE MO	2	QL	ANTIDEPRESSANTS
fluphenazine decanoate 25MG/ML SOLUTION MO	1		ANTIPSYCHOTIC AGENTS
fluphenazine hcl 10MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
fluphenazine hcl 1MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
fluphenazine hcl 2.5MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
fluphenazine hcl 2.5MG/5 ML ELIXIR MO	1		ANTIPSYCHOTIC AGENTS
fluphenazine hcl 2.5MG/ML SOLUTION MO	1		ANTIPSYCHOTIC AGENTS
fluphenazine hcl 5MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
fluphenazine hcl 5MG/ML CONCENTRATE MO	1		ANTIPSYCHOTIC AGENTS
flurbiprofen 100MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
flurbiprofen 50MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
flurbiprofen sodium 0.03% DROPS MO	1		EENT NONSTEROIDAL ANTI-INFLAM. AGENTS
flutamide 125MG CAPSULE MO	2		ANTINEOPLASTIC AGENTS
fluticasone 0.005% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
fluticasone 0.05% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
fluticasone 50MCG/ACTUATION SPRAY MO	1	QL	CORTICOSTEROIDS (EENT)
fluvoxamine 100MG TABLET MO	2	QL	ANTIDEPRESSANTS
fluvoxamine 25MG TABLET MO	2	QL	ANTIDEPRESSANTS
fluvoxamine 50MG TABLET MO	2	QL	ANTIDEPRESSANTS
FML FORTE 0.25% DROPS MO	3		CORTICOSTEROIDS (EENT)
FML LIQUIFILM 0.1% DROPS MO	3		CORTICOSTEROIDS (EENT)
FML S.O.P. 0.1% OINTMENT MO	3		CORTICOSTEROIDS (EENT)
fomepizole 1GRAM/ML SOLUTION MO	1		ANTIDOTES
FORADIL AEROLIZER 12MCG CAPSULE MO	3	QL	BETA-ADRENERGIC AGONISTS
FORTAZ 1GRAM SOLUTION MO	3		CEPHALOSPORINS
FORTAZ 2GRAM SOLUTION MO	3		CEPHALOSPORINS
FORTAZ 6GRAM SOLUTION MO	3		CEPHALOSPORINS
FORTAZ IN D5W 1GRAM/50 ML PIGGYBACK MO	3		CEPHALOSPORINS
FORTAZ IN D5W 2GRAM/50 ML PIGGYBACK MO	3		CEPHALOSPORINS
FORTEO 20 mcg/dose -600 MCG/2.4 ML PEN INJECTOR MO	3		PARATHYROID
FORTICAL 200UNIT/ACTUATION AEROSOL SPRAY MO	2	QL	PARATHYROID
foscarnet 24MG/ML SOLUTION MO	3	B vs D	ANTIVIRALS, MISCELLANEOUS
fosinopril 10MG TABLET MO	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
fosinopril 20MG TABLET MO	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
fosinopril 40MG TABLET MO	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
fosinopril-hydrochlorothiazide 10-12.5MG TABLET MO	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
fosinopril-hydrochlorothiazide 20-12.5MG TABLET MO	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
fosphenytoin 100MG PE/2 ML SOLUTION MO	1		HYDANTOINS
FRAGMIN 10,000UNIT/ML SYRINGE MO	3	QL	ANTICOAGULANTS
FRAGMIN 2,500UNIT/0.2 ML SYRINGE MO	3	QL	ANTICOAGULANTS
FRAGMIN 25,000UNIT/ML SOLUTION MO	3	QL	ANTICOAGULANTS
FRAGMIN 5,000UNIT/0.2 ML SYRINGE MO	3	QL	ANTICOAGULANTS
FRAGMIN 7,500UNIT/0.3 ML SYRINGE MO	3	QL	ANTICOAGULANTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
FREAMINE HBC 6.9 % 6.9% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
FREAMINE III 3 %-ELECTROLYTES 3% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
FREAMINE III 8.5 % 8.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
furosemide 10MG/ML SOLUTION GG, MO	1		LOOP DIURETICS
furosemide 10MG/ML SOLUTION GG, MO	1		LOOP DIURETICS
furosemide 20MG TABLET GG, MO	1		LOOP DIURETICS
furosemide 40MG TABLET GG, MO	1		LOOP DIURETICS
furosemide 40MG/5 ML SOLUTION GG, MO	1		LOOP DIURETICS
furosemide 80MG TABLET GG, MO	1		LOOP DIURETICS
FUZEON 90MG KIT SP	4	QL	ANTIRETROVIRALS
gabapentin 100MG CAPSULE MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
gabapentin 300MG CAPSULE MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
gabapentin 400MG CAPSULE MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
gabapentin 600MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
gabapentin 800MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
GABITRIL 12MG TABLET MO	3	QL	ANTICONVULSANTS, MISCELLANEOUS
GABITRIL 16MG TABLET MO	3	QL	ANTICONVULSANTS, MISCELLANEOUS
GABITRIL 2MG TABLET MO	3	QL	ANTICONVULSANTS, MISCELLANEOUS
GABITRIL 4MG TABLET MO	3		ANTICONVULSANTS, MISCELLANEOUS
galantamine 12MG TABLET MO	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
galantamine 16MG CAPSULE 24 HR. MO	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
galantamine 24MG CAPSULE 24 HR. MO	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
galantamine 4MG TABLET MO	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
galantamine 4MG/ML SOLUTION MO	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
galantamine 8MG CAPSULE 24 HR. MO	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
galantamine 8MG TABLET MO	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
GAMASTAN 5/D 15-18% RANGE SOLUTION SP	3	PA	SERUMS
GAMMAGARD LIQUID 10% INJECTABLE SP	4	PA	SERUMS
GAMUNEX 10% INJECTABLE SP	4	PA	SERUMS
ganciclovir 250MG CAPSULE MO	2		NUCLEOSIDES AND NUCLEOTIDES
ganciclovir 500MG CAPSULE MO	4		NUCLEOSIDES AND NUCLEOTIDES
GARDASIL 20-40-40-20MCG/0.5 ML SUSPENSION MO	3		VACCINES
GASTROCROM 100MG/5 ML SOLUTION MO	3		MAST-CELL STABILIZERS
gavilyte-c 240-22.72-6.72GRAM SOLUTION MO	1		CATHARTICS AND LAXATIVES
gavilyte-g 236-22.74-6.74GRAM SOLUTION MO	1		CATHARTICS AND LAXATIVES
gavilyte-n 420G SOLUTION MO	1		CATHARTICS AND LAXATIVES
GELNIQUE 10% GEL MO	3	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
gemfibrozil 600MG TABLET MO	1	QL	FIBRIC ACID DERIVATIVES
GEMZAR 1GRAM SOLUTION SP	4	B vs D	ANTINEOPLASTIC AGENTS
generlac 10GRAM/15 ML SOLUTION MO	1		AMMONIA DETOXICANTS
gengraf 100MG CAPSULE MO	2	B vs D	IMMUNOSUPPRESSIVE AGENTS
gengraf 100MG/ML SOLUTION MO	2	B vs D	IMMUNOSUPPRESSIVE AGENTS
gengraf 25MG CAPSULE MO	2	B vs D	IMMUNOSUPPRESSIVE AGENTS
gentak 0.3% DROPS MO	3		ANTIBACTERIALS (EENT)
gentak 0.3% (3 MG/G) OINTMENT MO	3		ANTIBACTERIALS (EENT)
gentamicin 0.1% CREAM MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
gentamicin 0.1% OINTMENT MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
gentamicin 0.3% DROPS MO	1		ANTIBACTERIALS (EENT)
gentamicin 40MG/ML SOLUTION MO	1		AMINOGLYCOSIDES
gentamicin in nacl (iso-osm) 100MG/100 ML PIGGYBACK MO	2		AMINOGLYCOSIDES
gentamicin in nacl (iso-osm) 60MG/100 ML PIGGYBACK MO	2		AMINOGLYCOSIDES
gentamicin in nacl (iso-osm) 60MG/50 ML PIGGYBACK MO	2		AMINOGLYCOSIDES
gentamicin in nacl (iso-osm) 70MG/50 ML PIGGYBACK MO	1		AMINOGLYCOSIDES
gentamicin in nacl (iso-osm) 80MG/100 ML PIGGYBACK MO	2		AMINOGLYCOSIDES
gentamicin in nacl (iso-osm) 80MG/50 ML PIGGYBACK MO	2		AMINOGLYCOSIDES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
gentamicin in nacl (iso-osm) 90MG/100 ML PIGGYBACK MO	1		AMINOGLYCOSIDES
gentamicin sulfate (pf) 80MG/8 ML SOLUTION MO	1		AMINOGLYCOSIDES
gentasol 0.3% DROPS MO	1		ANTIBACTERIALS (EENT)
GEODON 20MG CAPSULE MO	2	QL	ANTIPSYCHOTIC AGENTS
GEODON 20MG SOLUTION MO	3		ANTIPSYCHOTIC AGENTS
GEODON 40MG CAPSULE MO	2	QL	ANTIPSYCHOTIC AGENTS
GEODON 60MG CAPSULE MO	2	QL	ANTIPSYCHOTIC AGENTS
GEODON 80MG CAPSULE MO	2	QL	ANTIPSYCHOTIC AGENTS
GLEEVEC 100MG TABLET SP	4	QL,PA	ANTINEOPLASTIC AGENTS
GLEEVEC 400MG TABLET SP	4	QL,PA	ANTINEOPLASTIC AGENTS
glimepiride 1MG TABLET GG, MO	1		SULFONYLUREAS
glimepiride 2MG TABLET GG, MO	1		SULFONYLUREAS
glimepiride 4MG TABLET GG, MO	1		SULFONYLUREAS
glipizide 10MG TABLET MO	1		SULFONYLUREAS
glipizide 10MG TABLET 24 HR. MO	1		SULFONYLUREAS
glipizide 2.5MG TABLET 24 HR. MO	1		SULFONYLUREAS
glipizide 5MG TABLET MO	1		SULFONYLUREAS
glipizide 5MG TABLET 24 HR. MO	1		SULFONYLUREAS
glipizide-metformin 2.5-250MG TABLET MO	1		SULFONYLUREAS
glipizide-metformin 2.5-500MG TABLET MO	1		SULFONYLUREAS
glipizide-metformin 5-500MG TABLET MO	1		SULFONYLUREAS
GLUCAGEN HYPOKIT 1MG KIT MO	3		GLYCOGENOLYTIC AGENTS
GLUCAGON EMERGENCY 1MG KIT MO	2		GLYCOGENOLYTIC AGENTS
GLUCOTROL 10MG TABLET MO	3		SULFONYLUREAS
GLUCOTROL 5MG TABLET MO	3		SULFONYLUREAS
GLUCOTROL XL 10MG TABLET 24 HR. MO	3		SULFONYLUREAS
GLUCOTROL XL 2.5MG TABLET 24 HR. MO	3		SULFONYLUREAS
GLUCOTROL XL 5MG TABLET 24 HR. MO	3		SULFONYLUREAS
GLUMETZA 500MG TABLET 24 HR. MO	3	QL	BIGUANIDES
glyburide 1.25MG TABLET GG, MO	1		SULFONYLUREAS
glyburide 2.5MG TABLET GG, MO	1		SULFONYLUREAS
glyburide 5MG TABLET GG, MO	1		SULFONYLUREAS
glyburide micronized 1.5 MG TABLET MO	1		SULFONYLUREAS
glyburide micronized 1.5MG TABLET GG, MO	1		SULFONYLUREAS
glyburide micronized 3 MG TABLET MO	1		SULFONYLUREAS
glyburide micronized 3MG TABLET GG, MO	1		SULFONYLUREAS
glyburide micronized 6 MG TABLET MO	1		SULFONYLUREAS
glyburide micronized 6 MG TABLET MO	1		SULFONYLUREAS
glyburide micronized 6MG TABLET GG, MO	1		SULFONYLUREAS
glyburide-metformin 1.25-250MG TABLET MO	1		SULFONYLUREAS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
glyburide-metformin 2.5-500MG TABLET MO	1		SULFONYLUREAS
glyburide-metformin 5-500MG TABLET MO	1		SULFONYLUREAS
glycopyrrolate 0.2MG/ML SOLUTION MO	2		ANTIMUSCARINICS/ANTISPASMODICS
glycopyrrolate 1MG TABLET MO	2		ANTIMUSCARINICS/ANTISPASMODICS
glycopyrrolate 2MG TABLET MO	2		ANTIMUSCARINICS/ANTISPASMODICS
GLYNASE 1.5MG TABLET MO	3		SULFONYLUREAS
GLYNASE 3MG TABLET MO	3		SULFONYLUREAS
GLYNASE 6MG TABLET MO	3		SULFONYLUREAS
GLYSET 100MG TABLET MO	3		ALPHA-GLUCOSIDASE INHIBITORS
GLYSET 25MG TABLET MO	3		ALPHA-GLUCOSIDASE INHIBITORS
GLYSET 50MG TABLET MO	3		ALPHA-GLUCOSIDASE INHIBITORS
GOLYTELY 227.1-21.5-6.36GRAM POWDER MO	2		CATHARTICS AND LAXATIVES
GOLYTELY 236-22.74-6.74GRAM SOLUTION MO	2		CATHARTICS AND LAXATIVES
granisetron 1MG TABLET MO	2	QL,B vs D	5-HT3 RECEPTOR ANTAGONISTS
granisetron 1MG/ML SOLUTION MO	2	QL	5-HT3 RECEPTOR ANTAGONISTS
granisetron (pf) 100MCG/ML SOLUTION MO	2		5-HT3 RECEPTOR ANTAGONISTS
granisol 1MG/5 ML SOLUTION MO	1	QL,B vs D	5-HT3 RECEPTOR ANTAGONISTS
GRIFULVIN V 500MG TABLET MO	3		ANTIFUNGALS, MISCELLANEOUS
GRIS-PEG 125MG TABLET MO	3		ANTIFUNGALS, MISCELLANEOUS
GRIS-PEG 250MG TABLET MO	3		ANTIFUNGALS, MISCELLANEOUS
griseofulvin microsize 125MG/5 ML SUSPENSION MO	2		ANTIFUNGALS, MISCELLANEOUS
guanabenz 4MG TABLET MO	2		CENTRAL ALPHA-AGONISTS
guanabenz 8MG TABLET MO	2		CENTRAL ALPHA-AGONISTS
guanfacine 1MG TABLET MO	1		CENTRAL ALPHA-AGONISTS
guanfacine 2MG TABLET MO	1		CENTRAL ALPHA-AGONISTS
guanidine 125MG TABLET MO	1		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
GYNAZOLE-1 2% CREAM MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
HALDOL 5MG/ML SOLUTION MO	3		ANTIPSYCHOTIC AGENTS
HALDOL DECANOATE 100MG/ML SOLUTION MO	3		ANTIPSYCHOTIC AGENTS
HALDOL DECANOATE 50MG/ML SOLUTION MO	3		ANTIPSYCHOTIC AGENTS
HALFLYTELY-BISACODYL BOWEL KIT 10-210MG-GRAM KIT MO	2		CATHARTICS AND LAXATIVES
halobetasol propionate 0.05% CREAM MO	2		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
halobetasol propionate 0.05% OINTMENT MO	2		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
HALOG 0.1% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
HALOG 0.1% OINTMENT MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
haloperidol 0.5MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
haloperidol 10MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
haloperidol 1MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
haloperidol 20MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
haloperidol 2MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
haloperidol 5MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
haloperidol decanoate 100MG/ML SOLUTION MO	1		ANTIPSYCHOTIC AGENTS
haloperidol decanoate 50MG/ML SOLUTION MO	1		ANTIPSYCHOTIC AGENTS
haloperidol lactate 2MG/ML CONCENTRATE MO	1		ANTIPSYCHOTIC AGENTS
haloperidol lactate 5MG/ML SOLUTION MO	1		ANTIPSYCHOTIC AGENTS
HAVRIX (PF) 1,440EL UNIT/ML SUSPENSION MO	3		VACCINES
HAVRIX (PF) 720EL UNIT/0.5 ML SYRINGE MO	3		VACCINES
HECTOROL 0.5MCG CAPSULE MO	2		VITAMIN D
HECTOROL 1MCG CAPSULE MO	2		VITAMIN D
HECTOROL 2.5MCG CAPSULE MO	2		VITAMIN D
HECTOROL 4MCG/2 ML SOLUTION MO	3		VITAMIN D
HELIDAC 250-500-262.4MG COMBO PACK MO	3		ANTIBACTERIALS, MISCELLANEOUS
heparin (porcine) 1,000UNIT/ML SOLUTION MO	2	B vs D	ANTICOAGULANTS
heparin (porcine) 10,000UNIT/ML SOLUTION MO	2	B vs D	ANTICOAGULANTS
heparin (porcine) 20,000UNIT/ML SOLUTION MO	2	B vs D	ANTICOAGULANTS
heparin (porcine) 5,000UNIT/ML SOLUTION MO	2	B vs D	ANTICOAGULANTS
heparin (porcine) in d5w 20,000UNIT/500 ML PARENTERAL SOLUTION MO	1		ANTICOAGULANTS
heparin (porcine) in ns (pf) 2,000UNIT/1,000 ML PARENTERAL SOLUTION MO	1		ANTICOAGULANTS
heparin (porcine)-0.45% nacl 25,000UNIT/250 ML PARENTERAL SOLUTION GG, MO	1		ANTICOAGULANTS
heparin (porcine)-0.45% nacl 25,000UNIT/500 ML PARENTERAL SOLUTION GG, MO	1		ANTICOAGULANTS
heparin, porcine (pf) 10,000UNIT/5 ML SOLUTION MO	2	B vs D	ANTICOAGULANTS
heparin, porcine (pf) 25,000UNIT/10 ML SOLUTION MO	2	B vs D	ANTICOAGULANTS
HEPATAMINE 8% 8% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
HEPATASOL 8 % 8% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
HEPSERA 10MG TABLET SP	3		NUCLEOSIDES AND NUCLEOTIDES
HERCEPTIN 440MG SOLUTION SP	4	PA	ANTINEOPLASTIC AGENTS
HEXALEN 50MG CAPSULE MO	4		ANTINEOPLASTIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
HIPREX 1GRAM TABLET MO	3		URINARY ANTI-INFECTIVES
HUMALOG 100UNIT/ML SOLUTION MO	2	QL	INSULINS
HUMALOG MIX 50-50 100UNIT/ML (50-50) INSULIN PEN MO	2		INSULINS
HUMALOG MIX 50-50 100UNIT/ML (50-50) SUSPENSION MO	2		INSULINS
HUMALOG MIX 75-25 100UNIT/ML (75-25) INSULIN PEN MO	2		INSULINS
HUMALOG MIX 75-25 100UNIT/ML (75-25) SUSPENSION MO	2		INSULINS
HUMALOG PEN 100UNIT/ML INSULIN PEN MO	2		INSULINS
HUMIRA 20MG/0.4 ML KIT SP	4	QL,PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
HUMIRA 40MG/0.8 ML KIT SP	4	QL,PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
HUMIRA CROHN'S DIS START PCK 40MG/0.8 ML PEN INJECTOR SP	4	PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
HUMULIN 70/30 100100 SUSPENSION MO	2		INSULINS
HUMULIN 70/30 PEN 100100 INSULIN PEN MO	2		INSULINS
HUMULIN N 100100 SUSPENSION MO	2		INSULINS
HUMULIN N PEN 100 unit/mL100 UNIT/ML INSULIN PEN MO	2		INSULINS
HUMULIN R 100100 SOLUTION MO	2		INSULINS
HUMULIN R U-500 "CONCENTRATED" 500UNIT/ML SOLUTION MO	2		INSULINS
HYCAMTIN 4MG SOLUTION SP	4	B vs D	ANTINEOPLASTIC AGENTS
hydralazine 100MG TABLET MO	1		DIRECT VASODILATORS
hydralazine 10MG TABLET MO	1		DIRECT VASODILATORS
hydralazine 20MG/ML SOLUTION MO	1		DIRECT VASODILATORS
hydralazine 25MG TABLET MO	1		DIRECT VASODILATORS
hydralazine 50MG TABLET MO	1		DIRECT VASODILATORS
HYDREA 500MG CAPSULE MO	3		ANTINEOPLASTIC AGENTS
hydrochlorothiazide 12.5MG CAPSULE GG, MO	1		THIAZIDE DIURETICS
hydrochlorothiazide 12.5MG TABLET GG, MO	1		THIAZIDE DIURETICS
hydrochlorothiazide 25MG TABLET GG, MO	1		THIAZIDE DIURETICS
hydrochlorothiazide 50MG TABLET GG, MO	1		THIAZIDE DIURETICS
hydrocodone-acetaminophen 10-325MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocodone-acetaminophen 10-500MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocodone-acetaminophen 10-650MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocodone-acetaminophen 10-660MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocodone-acetaminophen 10-750MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocodone-acetaminophen 2.5-500MG TABLET MO	2	QL	OPIATE AGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
hydrocodone-acetaminophen 5-163MG/7.5ML(7.5ML) SOLUTION MO	2		OPIATE AGONISTS
hydrocodone-acetaminophen 5-325MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocodone-acetaminophen 5-500MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocodone-acetaminophen 7.5-325MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocodone-acetaminophen 7.5-500MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocodone-acetaminophen 7.5-500MG/15 ML SOLUTION MO	2		OPIATE AGONISTS
hydrocodone-acetaminophen 7.5-650MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocodone-acetaminophen 7.5-750MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocodone-ibuprofen 7.5-200MG TABLET MO	2	QL	OPIATE AGONISTS
hydrocortisone 1 % LOTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone 1% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone 1% LOTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone 1% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone 100MG/60 ML ENEMA MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone 10MG TABLET MO	1		ADRENALS
hydrocortisone 2.5% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone 2.5% LOTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone 2.5% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone 20MG TABLET MO	1		ADRENALS
hydrocortisone 5MG TABLET MO	1		ADRENALS
hydrocortisone butyrate 0.1% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone butyrate 0.1% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone butyrate 0.1% SOLUTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone valerate 0.2% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone valerate 0.2% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
hydrocortisone-acetic acid 1-2% DROPS MO	2		EENT ANTI-INFECTIVES, MISCELLANEOUS
hydromorphone 2MG TABLET MO	1		OPIATE AGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
hydromorphone 4MG TABLET MO	1		OPIATE AGONISTS
hydromorphone 8MG TABLET MO	1		OPIATE AGONISTS
hydromorphone (pf) 10MG/ML SOLUTION MO	1		OPIATE AGONISTS
hydroxychloroquine 200MG TABLET MO	1		ANTIMALARIALS
hydroxyurea 500MG CAPSULE MO	1		ANTINEOPLASTIC AGENTS
hydroxyzine hcl 10MG TABLET MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
hydroxyzine hcl 10MG/5 ML SYRUP MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
hydroxyzine hcl 25MG TABLET MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
hydroxyzine hcl 25MG/ML SOLUTION MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
hydroxyzine hcl 50MG TABLET MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
hydroxyzine hcl 50MG/ML SOLUTION MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
hydroxyzine pamoate 100MG CAPSULE MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
hydroxyzine pamoate 25MG CAPSULE MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
hydroxyzine pamoate 50MG CAPSULE MO	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
ibuprofen 100MG/5 ML SUSPENSION MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ibuprofen 400MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ibuprofen 600MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ibuprofen 800MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ibuprofen-oxycodone 400-5MG TABLET MO	2	QL	OPIATE AGONISTS
IDAMYCIN PFS 1MG/ML SOLUTION MO	4	B vs D	ANTINEOPLASTIC AGENTS
idarubicin 1MG/ML SOLUTION MO	4	B vs D	ANTINEOPLASTIC AGENTS
IFEX 3GRAM SOLUTION MO	3	B vs D	ANTINEOPLASTIC AGENTS
ifosfamide 1GRAM SOLUTION MO	2	B vs D	ANTINEOPLASTIC AGENTS
ifosfamide-mesna 1-1GRAM KIT MO	2	B vs D	ANTINEOPLASTIC AGENTS
ifosfamide-mesna 3,000-1,000MG KIT MO	2	B vs D	ANTINEOPLASTIC AGENTS
IMDUR 120MG TABLET 24 HR. MO	3		NITRATES AND NITRITES
IMDUR 30MG TABLET 24 HR. MO	3		NITRATES AND NITRITES
IMDUR 60MG TABLET 24 HR. MO	3		NITRATES AND NITRITES
imipramine hcl 10MG TABLET MO	1		ANTIDEPRESSANTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
imipramine hcl 25MG TABLET MO	1		ANTIDEPRESSANTS
imipramine hcl 50MG TABLET MO	1		ANTIDEPRESSANTS
imipramine pamoate 100MG CAPSULE MO	2		ANTIDEPRESSANTS
imipramine pamoate 125MG CAPSULE MO	2		ANTIDEPRESSANTS
imipramine pamoate 150MG CAPSULE MO	2		ANTIDEPRESSANTS
imipramine pamoate 75MG CAPSULE MO	2		ANTIDEPRESSANTS
imiquimod 5% CREAM MO	2	QL	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
IMITREX STATDOSE KIT REFILL 4MG/0.5 ML KIT MO	3	QL,PA	SELECTIVE SEROTONIN AGONISTS
IMITREX STATDOSE KIT REFILL 6MG/0.5 ML KIT MO	3	QL,PA	SELECTIVE SEROTONIN AGONISTS
IMOVAX RABIES VACCINE 2.5UNIT SOLUTION MO	2		VACCINES
INCRELEX 10MG/ML SOLUTION SP	4	PA	SOMATOTROPIN AGONISTS
indapamide 1.25MG TABLET GG, MO	1		THIAZIDE-LIKE DIURETICS
indapamide 2.5MG TABLET GG, MO	1		THIAZIDE-LIKE DIURETICS
INDOCIN 25MG/5 ML SUSPENSION MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
indomethacin 25MG CAPSULE MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
indomethacin 50MG CAPSULE MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
indomethacin 75MG CAPSULE MO	2		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
INFANRIX (PF) 25-58-10LF-MCG-LF/0.5ML SUSPENSION MO	3		TOXOIDS
INFERGEN 9MCG/0.3 ML SOLUTION SP	4	QL,PA	INTERFERONS
INFUMORPH P/F 10MG/ML SOLUTION MO	3		OPIATE AGONISTS
INFUMORPH P/F 25MG/ML SOLUTION MO	3		OPIATE AGONISTS
INNOHEP 20,000ANTI-XA UNIT/ML SOLUTION MO	3	QL	ANTICOAGULANTS
INTELENCE 100MG TABLET MO	4	QL	ANTIRETROVIRALS
INTRALIPID 20% EMULSION MO	3		CALORIC AGENTS
INTRALIPID 30% EMULSION MO	3		CALORIC AGENTS
INTRON A 10,000,000UNIT SOLUTION SP	3	PA	INTERFERONS
INTRON A 10,000,000UNIT/0.2 ML PEN INJECTOR SP	4	PA	INTERFERONS
INTRON A 3,000,000UNIT/0.2 ML PEN INJECTOR SP	3	PA	INTERFERONS
INTRON A 5,000,000UNIT/0.2 ML PEN INJECTOR SP	4	PA	INTERFERONS
INTRON A 6,000,000UNIT/ML SOLUTION SP	4	PA	INTERFERONS
INTUNIV ER 1MG TABLET 24 HR. MO	3	QL,ST	CENTRAL ALPHA-AGONISTS
INTUNIV ER 2MG TABLET 24 HR. MO	3	QL,ST	CENTRAL ALPHA-AGONISTS
INTUNIV ER 3MG TABLET 24 HR. MO	3	QL,ST	CENTRAL ALPHA-AGONISTS
INTUNIV ER 4MG TABLET 24 HR. MO	3	QL,ST	CENTRAL ALPHA-AGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
INVANZ 1GRAM SOLUTION MO	3		MISCELLANEOUS B-LACTAM ANTIBIOTICS
INVEGA 1.5MG TABLET 24 HR. MO	3	QL,ST	ANTIPSYCHOTIC AGENTS
INVEGA 3MG TABLET 24 HR. MO	3	QL,ST	ANTIPSYCHOTIC AGENTS
INVEGA 6MG TABLET 24 HR. MO	3	QL,ST	ANTIPSYCHOTIC AGENTS
INVEGA 9MG TABLET 24 HR. MO	3	QL,ST	ANTIPSYCHOTIC AGENTS
INVEGA SUSTENNA 117MG/0.75 ML SYRINGE MO	4	QL	ANTIPSYCHOTIC AGENTS
INVEGA SUSTENNA 156MG/ML (1 ML) SYRINGE MO	4	QL	ANTIPSYCHOTIC AGENTS
INVEGA SUSTENNA 234MG/1.5 ML SYRINGE MO	4	QL	ANTIPSYCHOTIC AGENTS
INVEGA SUSTENNA 39MG/0.25 ML SYRINGE MO	3	QL	ANTIPSYCHOTIC AGENTS
INVEGA SUSTENNA 78MG/0.5 ML SYRINGE MO	3	QL	ANTIPSYCHOTIC AGENTS
INVIRASE 200MG CAPSULE MO	4		ANTIRETROVIRALS
INVIRASE 500MG TABLET MO	4		ANTIRETROVIRALS
IONOSOL-B IN D5W 5% PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
IONOSOL-MB IN D5W 5% PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
IONOSOL-T IN D5W 5% PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
IOPIDINE 0.5% DROPS MO	3		EENT DRUGS, MISCELLANEOUS
IOPIDINE 1% DROPPERETTE MO	3		EENT DRUGS, MISCELLANEOUS
IPOL 40-8-32UNIT/0.5 ML SUSPENSION MO	3		VACCINES
ipratropium bromide 0.02% SOLUTION MO	1	B vs D	ANTIMUSCARINICS/ANTISPASMODICS
ipratropium bromide 0.03% SPRAY MO	1	QL	EENT DRUGS, MISCELLANEOUS
ipratropium bromide 0.06% SPRAY MO	1	QL	EENT DRUGS, MISCELLANEOUS
ipratropium-albuterol 0.5 mg-3 mg(2.5MG BASE)/3 ML SOLUTION MO	2	B vs D	BETA-ADRENERGIC AGONISTS
IQUIX 1.5% DROPS MO	3		ANTIBACTERIALS (EENT)
IRESSA 250MG TABLET SP	4	QL	ANTINEOPLASTIC AGENTS
irinotecan 100MG/5 ML SOLUTION SP	3	B vs D	ANTINEOPLASTIC AGENTS
ISENTRESS 400MG TABLET MO	4	QL	ANTIRETROVIRALS
ISMO 20MG TABLET MO	3		NITRATES AND NITRITES
ISOLYTE-H IN D5W 5% PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
ISOLYTE-M IN D5W PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
ISOLYTE-P IN D5W 5% PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
ISOLYTE-S PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
ISOLYTE-S IN D5W PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
isonarif 300-150MG CAPSULE MO	1		ANTITUBERCULOSIS AGENTS
isoniazid 100MG TABLET MO	1		ANTITUBERCULOSIS AGENTS
isoniazid 100MG/ML SOLUTION MO	1		ANTITUBERCULOSIS AGENTS
isoniazid 300MG TABLET MO	1		ANTITUBERCULOSIS AGENTS
isoniazid 50MG/5 ML SYRUP MO	1		ANTITUBERCULOSIS AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ISOPTIN SR 120MG TABLET MO	3		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
ISOPTIN SR 180MG TABLET MO	3		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
ISOPTIN SR 240MG TABLET MO	3		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
ISORDIL 40MG TABLET MO	3		NITRATES AND NITRITES
ISORDIL TITRADOSE 5MG TABLET MO	3		NITRATES AND NITRITES
isosorbide dinitrate 10MG TABLET GG, MO	1		NITRATES AND NITRITES
isosorbide dinitrate 2.5MG TABLET GG, MO	1		NITRATES AND NITRITES
isosorbide dinitrate 20MG TABLET GG, MO	1		NITRATES AND NITRITES
isosorbide dinitrate 30MG TABLET GG, MO	1		NITRATES AND NITRITES
isosorbide dinitrate 40MG TABLET MO	1		NITRATES AND NITRITES
isosorbide dinitrate 5MG TABLET GG, MO	1		NITRATES AND NITRITES
isosorbide dinitrate 5MG TABLET GG, MO	1		NITRATES AND NITRITES
isosorbide mononitrate 10MG TABLET MO	1		NITRATES AND NITRITES
isosorbide mononitrate 120MG TABLET 24 HR. MO	1		NITRATES AND NITRITES
isosorbide mononitrate 20MG TABLET MO	1		NITRATES AND NITRITES
isosorbide mononitrate 30MG TABLET 24 HR. MO	1		NITRATES AND NITRITES
isosorbide mononitrate 60MG TABLET 24 HR. MO	1		NITRATES AND NITRITES
isradipine 2.5MG CAPSULE MO	2		DIHYDROPYRIDINES
isradipine 5MG CAPSULE MO	2		DIHYDROPYRIDINES
ISTALOL 0.5% DROPS MO	3		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
ISTODAX 10MG/2 ML SOLUTION SP	4	PA	ANTINEOPLASTIC AGENTS
itraconazole 100MG CAPSULE MO	2	QL	AZOLES
IXEMPRA 45MG SOLUTION SP	4	PA	ANTINEOPLASTIC AGENTS
IXIARO (PF) 6MCG/0.5 ML SYRINGE MO	3		VACCINES
jantoven 10MG TABLET MO	1		ANTICOAGULANTS
jantoven 1MG TABLET MO	1		ANTICOAGULANTS
jantoven 2.5MG TABLET MO	1		ANTICOAGULANTS
jantoven 2MG TABLET MO	1		ANTICOAGULANTS
jantoven 3MG TABLET MO	1		ANTICOAGULANTS
jantoven 4MG TABLET MO	1		ANTICOAGULANTS
jantoven 5MG TABLET MO	1		ANTICOAGULANTS
jantoven 6MG TABLET MO	1		ANTICOAGULANTS
jantoven 7.5MG TABLET MO	1		ANTICOAGULANTS
JANUMET 50-1,000MG TABLET MO	2	QL,ST	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS
JANUMET 50-500MG TABLET MO	2	QL,ST	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
JANUVIA 100MG TABLET MO	2	QL,ST	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS
JANUVIA 25MG TABLET MO	2	QL,ST	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS
JANUVIA 50MG TABLET MO	2	QL,ST	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS
JE-VAX SOLUTION MO	3		VACCINES
JOLIVETTE 0.35MG TABLET MO	1		CONTRACEPTIVES
junel 1.5/30 (21) 1.5-30MG-MCG TABLET MO	1		CONTRACEPTIVES
junel 1/20 (21) 1-20MG-MCG TABLET MO	1		CONTRACEPTIVES
junel fe 1.5/30 (28) 1.5-30MG-MCG TABLET MO	1		CONTRACEPTIVES
junel fe 1/20 (28) 1-20MG-MCG TABLET MO	1		CONTRACEPTIVES
K-TAB 10MEQ TABLET MO	3		REPLACEMENT PREPARATIONS
KADIAN 100MG CAPSULE MO	2	QL	OPIATE AGONISTS
KADIAN 10MG CAPSULE MO	2	QL	OPIATE AGONISTS
KADIAN 200MG CAPSULE MO	2	QL	OPIATE AGONISTS
KADIAN 20MG CAPSULE MO	2	QL	OPIATE AGONISTS
KADIAN 30MG CAPSULE MO	2	QL	OPIATE AGONISTS
KADIAN 50MG CAPSULE MO	2	QL	OPIATE AGONISTS
KADIAN 60MG CAPSULE MO	2	QL	OPIATE AGONISTS
KADIAN 80MG CAPSULE MO	2	QL	OPIATE AGONISTS
KALETRA 100-25MG TABLET MO	3		ANTIRETROVIRALS
KALETRA 200-50MG TABLET MO	4		ANTIRETROVIRALS
KALETRA 400-100MG/5 ML SOLUTION MO	4		ANTIRETROVIRALS
kanamycin 1GRAM/3 ML SOLUTION MO	1		AMINOGLYCOSIDES
KAON CL-10 10MEQ TABLET MO	1		REPLACEMENT PREPARATIONS
kariva 0.15-0.02mg x21/0.01 MG X 5 TABLET MO	1		CONTRACEPTIVES
KAYEXALATE POWDER MO	3		POTASSIUM-REMOVING AGENTS
KEFLEX 250MG CAPSULE MO	3		CEPHALOSPORINS
KEFLEX 500MG CAPSULE MO	3		CEPHALOSPORINS
KEFLEX 750MG CAPSULE MO	3		CEPHALOSPORINS
kelnor 1/35 (28) 1-35MG-MCG TABLET MO	1		CONTRACEPTIVES
KENALOG 0.147MG/GRAM AEROSOL MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
KEPIVANCE 6.25MG SOLUTION SP	4		CELL STIMULANTS AND PROLIFERANTS
KEPPRA 500MG/5 ML SOLUTION MO	3		ANTICONVULSANTS, MISCELLANEOUS
KETEK 300MG TABLET MO	3		MACROLIDES
KETEK 400MG TABLET MO	3		MACROLIDES
ketoconazole 2% CREAM MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ketoconazole 2% SHAMPOO MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
ketoconazole 200MG TABLET MO	1		AZOLES
ketoprofen 200MG CAPSULE 24 HR. MO	2		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ketoprofen 50MG CAPSULE MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ketoprofen 75MG CAPSULE MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ketorolac 0.4% DROPS MO	1		EENT NONSTEROIDAL ANTI-INFLAM. AGENTS
ketorolac 0.5% DROPS MO	1		EENT NONSTEROIDAL ANTI-INFLAM. AGENTS
ketorolac 10MG TABLET MO	1	QL	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ketorolac 15MG/ML SOLUTION MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ketorolac 30MG/ML (1 ML) SOLUTION MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
KINERET 100MG/0.67 ML SYRINGE SP	4	QL,PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
kionex POWDER MO	2		POTASSIUM-REMOVING AGENTS
KLARON 10% SUSPENSION MO	3		LOCAL ANTI-INFECTIVES, MISCELLANEOUS
KLOR-CON 8MEQ TABLET MO	1		REPLACEMENT PREPARATIONS
KLOR-CON 10 10MEQ TABLET MO	1		REPLACEMENT PREPARATIONS
KLOR-CON M15 15MEQ TABLET MO	1		REPLACEMENT PREPARATIONS
klor-con m20 20MEQ TABLET MO	1		REPLACEMENT PREPARATIONS
KRISTALOSE 10GRAM PACKET MO	3		AMMONIA DETOXICANTS
KRISTALOSE 20GRAM PACKET MO	3		AMMONIA DETOXICANTS
kuric 2% CREAM MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
KUVAN 100MG TABLET SP	4	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
labetalol 100MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
labetalol 200MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
labetalol 300MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
labetalol 5MG/ML SOLUTION MO	1		BETA-ADRENERGIC BLOCKING AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
LAC-HYDRIN 12% CREAM MO	3		BASIC OINTMENTS AND PROTECTANTS
LAC-HYDRIN 12% LOTION MO	3		BASIC LOTIONS AND LINIMENTS
laclotion 12% LOTION MO	2		BASIC LOTIONS AND LINIMENTS
LACRISERT 5MG INSERT MO	3		EENT DRUGS, MISCELLANEOUS
lactated ringers PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
lactated ringers SOLUTION MO	1		IRRIGATING SOLUTIONS
lactulose 10GRAM/15 ML SOLUTION MO	1		AMMONIA DETOXICANTS
LAMICTAL ODT 100MG TABLET MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL ODT 200MG TABLET MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL ODT 25MG TABLET MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL ODT 50MG TABLET MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL XR 100MG TABLET 24 HR. MO	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL XR 200MG TABLET 24 HR. MO	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL XR 25MG TABLET 24 HR. MO	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL XR 50MG TABLET 24 HR. MO	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL XR STARTER (BLUE) 25 mg (21)-50 MG (7) TABLET MO	3	PA	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL XR STARTER (GREEN) 50 mg(14)-100mg(14)-200 MG (7) TABLET MO	3	PA	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL XR STARTER (ORANGE) 25mg (14)-50 mg(14)-100MG (7) TABLET MO	3	PA	ANTICONVULSANTS, MISCELLANEOUS
lamotrigine 100MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
lamotrigine 150MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
lamotrigine 200MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
lamotrigine 25MG TABLET MO	1		ANTICONVULSANTS, MISCELLANEOUS
lamotrigine 25MG TABLET MO	1		ANTICONVULSANTS, MISCELLANEOUS
lamotrigine 5MG TABLET MO	1		ANTICONVULSANTS, MISCELLANEOUS
LANOXIN 125MCG TABLET MO	3		CARDIOTONIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
LANOXIN 250MCG TABLET MO	3		CARDIOTONIC AGENTS
LANOXIN 250MCG/ML SOLUTION MO	3		CARDIOTONIC AGENTS
LANOXIN PEDIATRIC 100MCG/ML SOLUTION MO	3		CARDIOTONIC AGENTS
lansoprazole 15MG CAPSULE MO	2	QL	PROTON-PUMP INHIBITORS
lansoprazole 30MG CAPSULE MO	2	QL	PROTON-PUMP INHIBITORS
LANTUS 100UNIT/ML SOLUTION MO	2		INSULINS
LANTUS SOLOSTAR 100 unit/mL(3 ML) INSULIN PEN MO	2		INSULINS
LASIX 20MG TABLET MO	3		LOOP DIURETICS
LASIX 40MG TABLET MO	3		LOOP DIURETICS
LASIX 80MG TABLET MO	3		LOOP DIURETICS
LEENA 28 0.5/1/0.5-35MG-MCG TABLET MO	1		CONTRACEPTIVES
leflunomide 10MG TABLET MO	1	QL	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
leflunomide 20MG TABLET MO	1	QL	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
LESCOL 20MG CAPSULE MO	2	QL	HMG-COA REDUCTASE INHIBITORS
LESCOL 40MG CAPSULE MO	2	QL	HMG-COA REDUCTASE INHIBITORS
LESCOL XL 80MG TABLET 24 HR. MO	2	QL	HMG-COA REDUCTASE INHIBITORS
lessina 0.1-20MG-MCG TABLET MO	1		CONTRACEPTIVES
LETAIRIS 10MG TABLET SP	4	QL,PA	VASODILATING AGENTS, MISCELLANEOUS
LETAIRIS 5MG TABLET SP	4	QL,PA	VASODILATING AGENTS, MISCELLANEOUS
leucovorin calcium 100MG SOLUTION MO	1	B vs D	ANTIDOTES
leucovorin calcium 10MG TABLET MO	1		ANTIDOTES
leucovorin calcium 15MG TABLET MO	1		ANTIDOTES
leucovorin calcium 25MG TABLET MO	1		ANTIDOTES
leucovorin calcium 350MG SOLUTION MO	1	B vs D	ANTIDOTES
leucovorin calcium 5MG TABLET MO	1		ANTIDOTES
LEUKERAN 2MG TABLET MO	2		ANTINEOPLASTIC AGENTS
LEUKINE 250MCG SOLUTION SP	4	PA	HEMATOPOIETIC AGENTS
LEUKINE 500MCG/ML SOLUTION SP	4	PA	HEMATOPOIETIC AGENTS
leuprolide 1MG/0.2 ML KIT SP	2	PA	ANTINEOPLASTIC AGENTS
LEUSTATIN 10MG/10 ML SOLUTION SP	4	B vs D	ANTINEOPLASTIC AGENTS
levalbuterol hcl 1.25MG/0.5 ML SOLUTION MO	1	B vs D	BETA-ADRENERGIC AGONISTS
LEVAQUIN 250MG TABLET MO	3		QUINOLONES
LEVAQUIN 250MG/10 ML SOLUTION MO	3		QUINOLONES
LEVAQUIN 25MG/ML SOLUTION MO	3		QUINOLONES
LEVAQUIN 500MG TABLET MO	3		QUINOLONES
LEVAQUIN 750MG TABLET MO	3		QUINOLONES
LEVAQUIN IN D5W 750MG/150 ML PIGGYBACK MO	3		QUINOLONES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
LEVATOL 20MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
LEVEMIR 100UNIT/ML SOLUTION MO	2		INSULINS
LEVEMIR FLEXPEN 100UNIT/ML INSULIN PEN MO	2		INSULINS
levetiracetam 1,000MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
levetiracetam 100MG/ML SOLUTION MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
levetiracetam 250MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
levetiracetam 500MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
levetiracetam 750MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
levobunolol 0.25% DROPS GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
levobunolol 0.5 % DROPS MO	1		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
levocarnitine 200MG/ML SOLUTION MO	2		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
levocarnitine 330MG TABLET MO	2		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
levocarnitine (with sucrose) 100MG/ML SOLUTION MO	2		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
levora-28 0.15-30MG-MCG TABLET MO	1		CONTRACEPTIVES
levorphanol tartrate 2MG TABLET MO	2		OPIATE AGONISTS
LEVOTHROID 100MCG TABLET MO	1		THYROID AGENTS
LEVOTHROID 112MCG TABLET MO	1		THYROID AGENTS
LEVOTHROID 125MCG TABLET MO	1		THYROID AGENTS
LEVOTHROID 137MCG TABLET MO	1		THYROID AGENTS
LEVOTHROID 150MCG TABLET MO	1		THYROID AGENTS
LEVOTHROID 175MCG TABLET MO	1		THYROID AGENTS
levothyroid 200MCG TABLET MO	1		THYROID AGENTS
levothyroid 25MCG TABLET MO	1		THYROID AGENTS
LEVOTHROID 300MCG TABLET MO	1		THYROID AGENTS
LEVOTHROID 50MCG TABLET MO	1		THYROID AGENTS
LEVOTHROID 75MCG TABLET MO	1		THYROID AGENTS
LEVOTHROID 88MCG TABLET MO	1		THYROID AGENTS
levothyroxine 100MCG TABLET GG, MO	1		THYROID AGENTS
levothyroxine 112MCG TABLET GG, MO	1		THYROID AGENTS
levothyroxine 125MCG TABLET GG, MO	1		THYROID AGENTS
levothyroxine 137MCG TABLET GG, MO	1		THYROID AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
levothyroxine 150MCG TABLET GG, MO	1		THYROID AGENTS
levothyroxine 175MCG TABLET GG, MO	1		THYROID AGENTS
levothyroxine 200MCG TABLET GG, MO	1		THYROID AGENTS
levothyroxine 25MCG TABLET GG, MO	1		THYROID AGENTS
levothyroxine 300MCG TABLET GG, MO	1		THYROID AGENTS
levothyroxine 50MCG TABLET GG, MO	1		THYROID AGENTS
levothyroxine 75MCG TABLET GG, MO	1		THYROID AGENTS
levothyroxine 88MCG TABLET GG, MO	1		THYROID AGENTS
LEVOXYL 100MCG TABLET MO	2		THYROID AGENTS
LEVOXYL 112MCG TABLET MO	2		THYROID AGENTS
LEVOXYL 125MCG TABLET MO	2		THYROID AGENTS
LEVOXYL 137MCG TABLET MO	2		THYROID AGENTS
LEVOXYL 150MCG TABLET MO	2		THYROID AGENTS
LEVOXYL 175MCG TABLET MO	2		THYROID AGENTS
LEVOXYL 200MCG TABLET MO	2		THYROID AGENTS
LEVOXYL 25MCG TABLET MO	2		THYROID AGENTS
LEVOXYL 50MCG TABLET MO	2		THYROID AGENTS
LEVOXYL 75MCG TABLET MO	2		THYROID AGENTS
LEVOXYL 88MCG TABLET MO	2		THYROID AGENTS
LEXAPRO 10MG TABLET MO	2	QL	ANTIDEPRESSANTS
LEXAPRO 20MG TABLET MO	2	QL	ANTIDEPRESSANTS
LEXAPRO 5MG TABLET MO	2	QL	ANTIDEPRESSANTS
LEXAPRO 5MG/5 ML SOLUTION MO	2	QL	ANTIDEPRESSANTS
LEXIVA 50MG/ML SUSPENSION MO	2		ANTIRETROVIRALS
LEXIVA 700MG TABLET MO	2		ANTIRETROVIRALS
LIALDA 1.2G TABLET MO	2	QL	ANTI-INFLAMMATORY AGENTS (GI DRUGS)
lidocaine (pf) 10MG/ML (1 %) SOLUTION MO	1		LOCAL ANESTHETICS (PARENTERAL)
lidocaine hcl 2% GEL MO	1		LOCAL ANESTHETICS (EENT)
lidocaine hcl 2% GEL WITH APPLICATOR MO	1		LOCAL ANESTHETICS (EENT)
lidocaine hcl 2% SOLUTION MO	2		LOCAL ANESTHETICS (EENT)
lidocaine hcl 4% SOLUTION MO	1		LOCAL ANESTHETICS (EENT)
lidocaine hcl 5% OINTMENT MO	1		ANTIPRURITICS AND LOCAL ANESTHETICS
lidocaine hcl 5MG/ML (0.5 %) SOLUTION MO	1		LOCAL ANESTHETICS (PARENTERAL)
lidocaine-prilocaine 2.5-2.5% CREAM MO	1		ANTIPRURITICS AND LOCAL ANESTHETICS
LIDODERM 5%(700 MG/PATCH) PATCH MO	3	QL,PA	ANTIPRURITICS AND LOCAL ANESTHETICS
LINCOCIN 300MG/ML SOLUTION MO	3		ANTIBACTERIALS, MISCELLANEOUS
lindane 1 % LOTION MO	2		SCABICIDES AND PEDICULICIDES
lindane 1% SHAMPOO MO	2		SCABICIDES AND PEDICULICIDES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
liothyronine 10MCG/ML SOLUTION MO	1		THYROID AGENTS
liothyronine 25MCG TABLET MO	1		THYROID AGENTS
liothyronine 50MCG TABLET MO	1		THYROID AGENTS
liothyronine 5MCG TABLET MO	1		THYROID AGENTS
LIPITOR 10MG TABLET MO	2	QL	HMG-COA REDUCTASE INHIBITORS
LIPITOR 20MG TABLET MO	2	QL	HMG-COA REDUCTASE INHIBITORS
LIPITOR 40MG TABLET MO	2	QL	HMG-COA REDUCTASE INHIBITORS
LIPITOR 80MG TABLET MO	2	QL	HMG-COA REDUCTASE INHIBITORS
LIPOSYN II 10% EMULSION MO	3		CALORIC AGENTS
LIPOSYN II 20% EMULSION MO	3		CALORIC AGENTS
LIPOSYN III 10% EMULSION MO	3		CALORIC AGENTS
LIPOSYN III 20% EMULSION MO	3		CALORIC AGENTS
LIPOSYN III 30% EMULSION MO	3		CALORIC AGENTS
lisinopril 10MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril 2.5MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril 20MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril 30MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril 40MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril 5 MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril-hydrochlorothiazide 10-12.5MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril-hydrochlorothiazide 20-12.5MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril-hydrochlorothiazide 20-25MG TABLET GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lithium carbonate 150MG CAPSULE MO	1		ANTIMANIC AGENTS
lithium carbonate 300MG CAPSULE MO	1		ANTIMANIC AGENTS
lithium carbonate 300MG TABLET MO	1		ANTIMANIC AGENTS
lithium carbonate 300MG TABLET MO	1		ANTIMANIC AGENTS
lithium carbonate 450MG TABLET MO	1		ANTIMANIC AGENTS
lithium carbonate 600MG CAPSULE MO	1		ANTIMANIC AGENTS
lithium citrate 8MEQ/5 ML SOLUTION MO	1		ANTIMANIC AGENTS
LITHOSTAT 250MG TABLET MO	3		AMMONIA DETOXICANTS
LO-OVRAL (28) 0.3-30MG-MCG TABLET MO	3		CONTRACEPTIVES
LOCOID 0.1% LOTION MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
LOCOID 0.1% OINTMENT MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
LOCOID 0.1% SOLUTION MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
LOCOID LIPOCREAM 0.1% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
LODOSYN 25MG TABLET MO	3		CENTRAL NERVOUS SYSTEM AGENTS, MISC.
LOESTRIN 1.5/30 (21) 1.5-30MG-MCG TABLET MO	3		CONTRACEPTIVES
LOESTRIN 1/20 (21) 1-20MG-MCG TABLET MO	3		CONTRACEPTIVES
LOESTRIN 24 FE 1-20 (24)-75(4)MG-MCG-MG TABLET MO	3		CONTRACEPTIVES
LOESTRIN FE 1.5/30 (28) 1.5-30MG-MCG TABLET MO	3		CONTRACEPTIVES
LOESTRIN FE 1/20 (28) 1-20MG-MCG TABLET MO	3		CONTRACEPTIVES
lokara 0.05% LOTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
LOMOTIL 2.5-0.025MG TABLET MO	3		ANTIDIARRHEA AGENTS
loperamide 2MG CAPSULE MO	1		ANTIDIARRHEA AGENTS
LOPID 600MG TABLET MO	3	QL	FIBRIC ACID DERIVATIVES
LOPRESSOR 100MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
LOPRESSOR 50MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
LOPRESSOR 5MG/5 ML SOLUTION MO	3		BETA-ADRENERGIC BLOCKING AGENTS
LOPRESSOR HCT 100-25MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
LOPRESSOR HCT 50-25MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
LOPROX 1% SHAMPOO MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
losartan 100MG TABLET MO	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
losartan 25MG TABLET MO	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
losartan 50MG TABLET MO	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
losartan-hydrochlorothiazide 100-12.5MG TABLET MO	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
losartan-hydrochlorothiazide 100-25MG TABLET MO	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
losartan-hydrochlorothiazide 50-12.5MG TABLET MO	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
LOSEASONIQUE 0.10 mg-20 mcg(84)/10 MCG (7) TABLET MO	3	QL	CONTRACEPTIVES
LOTEMAX 0.5% DROPS MO	3		CORTICOSTEROIDS (EENT)
LOTENSIN 10MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
LOTENSIN 20MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
LOTENSIN 40MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
LOTENSIN 5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
LOTENSIN HCT 10-12.5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
LOTENSIN HCT 20-12.5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
LOTENSIN HCT 20-25MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
LOTENSIN HCT 5-6.25MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
LOTREL 10-20MG CAPSULE MO	2	QL	DIHYDROPYRIDINES
LOTREL 10-40MG CAPSULE MO	2	QL	DIHYDROPYRIDINES
LOTREL 2.5-10MG CAPSULE MO	2	QL	DIHYDROPYRIDINES
LOTREL 5-10MG CAPSULE MO	2	QL	DIHYDROPYRIDINES
LOTREL 5-20MG CAPSULE MO	2	QL	DIHYDROPYRIDINES
LOTREL 5-40MG CAPSULE MO	2	QL	DIHYDROPYRIDINES
LOTRISONE 1-0.05% CREAM MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
LOTRISONE 1-0.05% LOTION MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
LOTRONEX 0.5MG TABLET MO	2	QL	GI DRUGS, MISCELLANEOUS
LOTRONEX 1MG TABLET MO	2	QL	GI DRUGS, MISCELLANEOUS
lovastatin 10MG TABLET MO	1	QL	HMG-COA REDUCTASE INHIBITORS
lovastatin 20MG TABLET MO	1	QL	HMG-COA REDUCTASE INHIBITORS
lovastatin 40MG TABLET MO	1	QL	HMG-COA REDUCTASE INHIBITORS
LOVAZA 1GRAM CAPSULE MO	2	QL	ANTILIPEMIC AGENTS, MISCELLANEOUS
LOVENOX 100MG/ML SYRINGE MO	3	QL	ANTICOAGULANTS
LOVENOX 120MG/0.8 ML SYRINGE MO	3	QL	ANTICOAGULANTS
LOVENOX 150MG/ML SYRINGE MO	3	QL	ANTICOAGULANTS
LOVENOX 300MG/3 ML SOLUTION MO	3	QL	ANTICOAGULANTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
LOVENOX 30MG/0.3 ML SYRINGE MO	3	QL	ANTICOAGULANTS
LOVENOX 40MG/0.4 ML SYRINGE MO	3	QL	ANTICOAGULANTS
LOVENOX 60MG/0.6 ML SYRINGE MO	3	QL	ANTICOAGULANTS
LOVENOX 80MG/0.8 ML SYRINGE MO	3	QL	ANTICOAGULANTS
low-ogestrel (28) 0.3-30MG-MCG TABLET MO	1		CONTRACEPTIVES
loxapine succinate 10MG CAPSULE MO	1		ANTIPSYCHOTIC AGENTS
loxapine succinate 25MG CAPSULE MO	1		ANTIPSYCHOTIC AGENTS
loxapine succinate 50MG CAPSULE MO	1		ANTIPSYCHOTIC AGENTS
loxapine succinate 5MG CAPSULE MO	1		ANTIPSYCHOTIC AGENTS
LOXITANE 10MG CAPSULE MO	2		ANTIPSYCHOTIC AGENTS
LOXITANE 25MG CAPSULE MO	2		ANTIPSYCHOTIC AGENTS
LOXITANE 50MG CAPSULE MO	2		ANTIPSYCHOTIC AGENTS
LOXITANE 5MG CAPSULE MO	2		ANTIPSYCHOTIC AGENTS
LUFYLLIN 200MG TABLET MO	3		RESPIRATORY SMOOTH MUSCLE RELAXANTS
LUFYLLIN 400MG TABLET MO	3		RESPIRATORY SMOOTH MUSCLE RELAXANTS
LUMIGAN 0.03% DROPS MO	2	QL	PROSTAGLANDIN ANALOGS
LUPRON DEPOT 3.75MG KIT SP	3	PA	ANTINEOPLASTIC AGENTS
LUPRON DEPOT 7.5MG SYRINGE SP	3	PA	ANTINEOPLASTIC AGENTS
LUPRON DEPOT (3 MONTH) 11.25MG KIT SP	3	PA	ANTINEOPLASTIC AGENTS
LUPRON DEPOT (3 MONTH) 22.5MG SYRINGE SP	3	PA	ANTINEOPLASTIC AGENTS
LUPRON DEPOT (4 MONTH) 30MG KIT SP	3	PA	ANTINEOPLASTIC AGENTS
LUPRON DEPOT-PED 11.25MG KIT SP	4	PA	ANTINEOPLASTIC AGENTS
LUPRON DEPOT-PED 15MG KIT SP	4	PA	ANTINEOPLASTIC AGENTS
lutera (28) 0.1-20MG-MCG TABLET MO	1		CONTRACEPTIVES
LUVOX CR 100MG CAPSULE 24 HR. MO	3	QL	ANTIDEPRESSANTS
LUVOX CR 150MG CAPSULE 24 HR. MO	3	QL	ANTIDEPRESSANTS
LUXIQ 0.12% FOAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
LYBREL 90-20MCG TABLET MO	3		CONTRACEPTIVES
LYRICA 100MG CAPSULE MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS
LYRICA 150MG CAPSULE MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS
LYRICA 200MG CAPSULE MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS
LYRICA 225MG CAPSULE MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS
LYRICA 25MG CAPSULE MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
LYRICA 300MG CAPSULE MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS
LYRICA 50MG CAPSULE MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS
LYRICA 75MG CAPSULE MO	3	QL,ST	ANTICONVULSANTS, MISCELLANEOUS
LYSODREN 500MG TABLET MO	4		ANTINEOPLASTIC AGENTS
M-M-R II (PF) 1,000-12,500TCID50/0.5 ML SUSPENSION MO	3		VACCINES
MACROBID 100MG CAPSULE MO	3		URINARY ANTI-INFECTIVES
MACRODANTIN 100MG CAPSULE MO	3		URINARY ANTI-INFECTIVES
MACRODANTIN 25MG CAPSULE MO	3		URINARY ANTI-INFECTIVES
MACRODANTIN 50MG CAPSULE MO	3		URINARY ANTI-INFECTIVES
magnesium sulfate 20GRAM/500 ML PARENTERAL SOLUTION MO	1		ANTICONVULSANTS, MISCELLANEOUS
magnesium sulfate 4GRAM/50 ML PIGGYBACK MO	1		ANTICONVULSANTS, MISCELLANEOUS
magnesium sulfate 4MEQ/ML SYRINGE MO	1		ANTICONVULSANTS, MISCELLANEOUS
magnesium sulfate in d5w 1GRAM/100 ML PIGGYBACK MO	1		ANTICONVULSANTS, MISCELLANEOUS
MALARONE 250-100MG TABLET MO	3		ANTIMALARIALS
MALARONE 62.5-25MG TABLET MO	3		ANTIMALARIALS
malathion 0.5% LOTION MO	1		SCABICIDES AND PEDICULICIDES
maprotiline 25MG TABLET MO	1		ANTIDEPRESSANTS
maprotiline 50MG TABLET MO	1		ANTIDEPRESSANTS
maprotiline 75MG TABLET MO	1		ANTIDEPRESSANTS
margesic-h 5-500MG CAPSULE MO	1	QL	OPIATE AGONISTS
MARPLAN 10MG TABLET MO	3		ANTIDEPRESSANTS
MATULANE 50MG CAPSULE SP	4		ANTINEOPLASTIC AGENTS
MAVIK 1MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
MAVIK 2MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
MAVIK 4MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
MAXAIR AUTOHALER 200MCG/INHALATION AEROSOL MO	3	QL	BETA-ADRENERGIC AGONISTS
MAXALT 10MG TABLET MO	3	QL	SELECTIVE SEROTONIN AGONISTS
MAXALT 5MG TABLET MO	3	QL	SELECTIVE SEROTONIN AGONISTS
MAXALT-MLT 10MG TABLET MO	3	QL	SELECTIVE SEROTONIN AGONISTS
MAXALT-MLT 5MG TABLET MO	3	QL	SELECTIVE SEROTONIN AGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
MAXIDEX 0.1% DROPS MO	3		CORTICOSTEROIDS (EENT)
MAXIDONE 10-750MG TABLET MO	3	QL	OPIATE AGONISTS
MAXIPIME 1GRAM SOLUTION MO	3		CEPHALOSPORINS
MAXIPIME 2GRAM SOLUTION MO	3		CEPHALOSPORINS
MAXITROL 3.5-10,000-0.1MG-UNIT/G-% OINTMENT MO	3		ANTIBACTERIALS (EENT)
maxitrol 3.5-10,000-0.1MG/ML-UNIT/ML-% DROPS MO	3		ANTIBACTERIALS (EENT)
MAXZIDE 75-50MG TABLET MO	3		POTASSIUM-SPARING DIURETICS
MAXZIDE-25MG 37.5-25MG TABLET MO	3		POTASSIUM-SPARING DIURETICS
mebendazole 100MG CHEWABLE TABLET MO	1		ANTHELMINTICS
meclizine 12.5MG TABLET MO	1		ANTIHISTAMINES (GI DRUGS)
meclizine 25MG TABLET MO	1		ANTIHISTAMINES (GI DRUGS)
meclofenamate 100MG CAPSULE MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
meclofenamate 50MG CAPSULE MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
MEDROL 16MG TABLET MO	3		ADRENALS
MEDROL 32MG TABLET MO	3		ADRENALS
MEDROL 4MG TABLET MO	3		ADRENALS
MEDROL 8MG TABLET MO	3		ADRENALS
MEDROL (PAK) 4MG TABLET MO	3		ADRENALS
medroxyprogesterone 10MG TABLET MO	1		PROGESTINS
medroxyprogesterone 150MG/ML SUSPENSION MO	1	QL	PROGESTINS
medroxyprogesterone 2.5MG TABLET MO	1		PROGESTINS
medroxyprogesterone 5MG TABLET MO	1		PROGESTINS
mefloquine 250MG TABLET MO	1		ANTIMALARIALS
MEGACE ES 625MG/5 ML SUSPENSION MO	3		ANTINEOPLASTIC AGENTS
megestrol 20MG TABLET MO	2		ANTINEOPLASTIC AGENTS
megestrol 400 mg/10 mL(40 MG/ML) SUSPENSION MO	2		ANTINEOPLASTIC AGENTS
megestrol 40MG TABLET MO	2		ANTINEOPLASTIC AGENTS
meloxicam 15MG TABLET MO	1	QL	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
meloxicam 7.5MG TABLET MO	1	QL	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
meloxicam 7.5MG/5 ML SUSPENSION MO	1	QL	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
melphalan 50MG SOLUTION SP	1	B vs D	ANTINEOPLASTIC AGENTS
MENACTRA 4MCG/0.5 ML SYRINGE MO	3		VACCINES
MENOMUNE - A/C/Y/W-135 (PF) 50MCG SOLUTION MO	3		VACCINES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
MENOSTAR 14MCG/24 HR PATCH MO	3	QL	ESTROGENS
MENTAX 1% CREAM MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
meperidine 100MG TABLET MO	1		OPIATE AGONISTS
meperidine 50MG TABLET MO	1		OPIATE AGONISTS
meperidine 50MG/5 ML SOLUTION MO	1		OPIATE AGONISTS
meperidine (pf) 100MG/ML SOLUTION MO	1		OPIATE AGONISTS
meperidine (pf) 25MG/ML SOLUTION MO	1		OPIATE AGONISTS
meperidine (pf) 500MG/50 ML SYRINGE MO	1		OPIATE AGONISTS
meperidine (pf) 50MG/ML SOLUTION MO	1		OPIATE AGONISTS
meperidine (pf) 75MG/ML SOLUTION MO	1		OPIATE AGONISTS
meprobamate 200MG TABLET MO	2		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
meprobamate 400MG TABLET MO	2		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
MEPRON 750MG/5 ML SUSPENSION MO	4		ANTIPROTOZOALS, MISCELLANEOUS
mercaptapurine 50MG TABLET MO	2		ANTINEOPLASTIC AGENTS
MERREM 500MG SOLUTION MO	3		MISCELLANEOUS B-LACTAM ANTIBIOTICS
MERUVAX II (PF) 1,000TCID50/0.5 ML SUSPENSION MO	3		VACCINES
mesalamine 4GRAM/60 ML ENEMA MO	2		ANTI-INFLAMMATORY AGENTS (GI DRUGS)
mesna 100MG/ML SOLUTION MO	3	B vs D	PROTECTIVE AGENTS
MESNEX 100MG/ML SOLUTION MO	4	B vs D	PROTECTIVE AGENTS
MESNEX 400MG TABLET MO	4		PROTECTIVE AGENTS
MESTINON TIMESPAN 180MG TABLET MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
metadate er 20MG TABLET MO	2		ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC
METAGLIP 2.5-250MG TABLET MO	3		SULFONYLUREAS
METAGLIP 2.5-500MG TABLET MO	3		SULFONYLUREAS
METAGLIP 5-500MG TABLET MO	3		SULFONYLUREAS
metaproterenol 10MG TABLET MO	1		BETA-ADRENERGIC AGONISTS
metaproterenol 10MG/5 ML SYRUP MO	1		BETA-ADRENERGIC AGONISTS
metaproterenol 20MG TABLET MO	1		BETA-ADRENERGIC AGONISTS
metformin 1,000MG TABLET GG, MO	1		BIGUANIDES
metformin 500MG TABLET GG, MO	1		BIGUANIDES
metformin 500MG TABLET 24 HR. MO	1	QL	BIGUANIDES
metformin 750MG TABLET 24 HR. MO	1	QL	BIGUANIDES
metformin 850MG TABLET GG, MO	1		BIGUANIDES
methadone 10MG TABLET MO	1		OPIATE AGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
methadone 10MG/5 ML SOLUTION MO	1		OPIATE AGONISTS
methadone 10MG/ML CONCENTRATE MO	1		OPIATE AGONISTS
methadone 10MG/ML SOLUTION MO	1		OPIATE AGONISTS
methadone 5 MG TABLET MO	1		OPIATE AGONISTS
methadone 5MG TABLET MO	1		OPIATE AGONISTS
methadone 5MG/5 ML SOLUTION MO	1		OPIATE AGONISTS
methadose 10MG TABLET MO	1		OPIATE AGONISTS
methamphetamine 5MG TABLET MO	2		AMPHETAMINES
methazolamide 25MG TABLET MO	1		CARBONIC ANHYDRASE INHIBITORS (EENT)
methazolamide 50MG TABLET MO	1		CARBONIC ANHYDRASE INHIBITORS (EENT)
methenamine hippurate 1GRAM TABLET MO	2		URINARY ANTI-INFECTIVES
METHERGINE 0.2MG TABLET MO	3		OXYTOCICS
methimazole 10MG TABLET MO	1		ANTITHYROID AGENTS
methimazole 5MG TABLET MO	1		ANTITHYROID AGENTS
METHITEST 10MG TABLET MO	3		ANDROGENS
methocarbamol 500MG TABLET GG, MO	1		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
methocarbamol 750MG TABLET GG, MO	1		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
methotrexate sodium 2.5MG TABLET MO	1		ANTINEOPLASTIC AGENTS
methotrexate sodium 25MG/ML SOLUTION MO	1		ANTINEOPLASTIC AGENTS
methotrexate sodium (pf) 1GRAM SOLUTION MO	1		ANTINEOPLASTIC AGENTS
methscopolamine 2.5MG TABLET MO	2		ANTIMUSCARINICS/ANTISPASMODICS
methscopolamine 5MG TABLET MO	2		ANTIMUSCARINICS/ANTISPASMODICS
methyclothiazide 5MG TABLET MO	1		THIAZIDE DIURETICS
methyl dopa 250MG TABLET MO	1		CENTRAL ALPHA-AGONISTS
methyl dopa 500MG TABLET MO	1		CENTRAL ALPHA-AGONISTS
methyl dopa-hydrochlorothiazide 250-15MG TABLET MO	1		CENTRAL ALPHA-AGONISTS
methyl dopa-hydrochlorothiazide 250-25MG TABLET MO	1		CENTRAL ALPHA-AGONISTS
methyl dopate 250MG/5 ML SOLUTION MO	1		CENTRAL ALPHA-AGONISTS
METHYLIN 10MG CHEWABLE TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
methylin 10MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
METHYLIN 10MG/5 ML SOLUTION MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
METHYLIN 2.5MG CHEWABLE TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
methylin 20MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
METHYLIN 5MG CHEWABLE TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
methylin 5MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
METHYLIN 5MG/5 ML SOLUTION MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
methylin er 10MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
methylin er 20MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
methylphenidate 10MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
methylphenidate 20MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
methylphenidate 20MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
methylphenidate 5MG TABLET MO	1		ANOREX., RESPIR., CEREBRAL STIMULANTS, MISC
methylprednisolone 16MG TABLET MO	1		ADRENALS
methylprednisolone 32MG TABLET MO	1		ADRENALS
methylprednisolone 4MG TABLET MO	1		ADRENALS
methylprednisolone 4MG TABLET MO	1		ADRENALS
methylprednisolone 8MG TABLET MO	1		ADRENALS
methylprednisolone acetate 40MG/ML SUSPENSION MO	1		ADRENALS
methylprednisolone acetate 80MG/ML SUSPENSION MO	1		ADRENALS
methylprednisolone sodium succ 1,000MG SOLUTION MO	1		ADRENALS
methylprednisolone sodium succ 125MG SOLUTION MO	1		ADRENALS
methylprednisolone sodium succ 40MG SOLUTION MO	1		ADRENALS
metipranolol 0.3% DROPS MO	1		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
metoclopramide 10MG TABLET GG, MO	1		PROKINETIC AGENTS
metoclopramide 5MG TABLET GG, MO	1		PROKINETIC AGENTS
metoclopramide 5MG/5 ML SOLUTION GG, MO	1		PROKINETIC AGENTS
metoclopramide 5MG/ML SOLUTION GG, MO	1		PROKINETIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
metolazone 10MG TABLET MO	1		THIAZIDE-LIKE DIURETICS
metolazone 2.5MG TABLET MO	1		THIAZIDE-LIKE DIURETICS
metolazone 5MG TABLET MO	1		THIAZIDE-LIKE DIURETICS
metoprolol succinate 100MG TABLET 24 HR. MO	1	QL	BETA-ADRENERGIC BLOCKING AGENTS
metoprolol succinate 200MG TABLET 24 HR. MO	1	QL	BETA-ADRENERGIC BLOCKING AGENTS
metoprolol succinate 25MG TABLET 24 HR. MO	1	QL	BETA-ADRENERGIC BLOCKING AGENTS
metoprolol succinate 50MG TABLET 24 HR. MO	1	QL	BETA-ADRENERGIC BLOCKING AGENTS
metoprolol tartrate 100MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
metoprolol tartrate 25MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
metoprolol tartrate 50MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
metoprolol tartrate 5MG/5 ML SOLUTION MO	1		BETA-ADRENERGIC BLOCKING AGENTS
metoprolol-hydrochlorothiazide 100-25MG TABLET MO	2		BETA-ADRENERGIC BLOCKING AGENTS
metoprolol-hydrochlorothiazide 100-50MG TABLET MO	2		BETA-ADRENERGIC BLOCKING AGENTS
metoprolol-hydrochlorothiazide 50-25MG TABLET MO	2		BETA-ADRENERGIC BLOCKING AGENTS
METROCREAM 0.75% CREAM MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
METROGEL 1% GEL MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
METROGEL VAGINAL 0.75% GEL MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
METROLOTION 0.75% LOTION MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
metronidazole 0.75% CREAM MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
metronidazole 0.75% GEL MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
metronidazole 0.75% GEL MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
metronidazole 0.75% LOTION MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
metronidazole 250MG TABLET MO	1		ANTIPROTOZOALS, MISCELLANEOUS
metronidazole 375MG CAPSULE MO	1		ANTIPROTOZOALS, MISCELLANEOUS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
metronidazole 500MG TABLET MO	1		ANTIPROTOZOALS, MISCELLANEOUS
metronidazole in nacl (iso-os) 500MG/100 ML PIGGYBACK MO	3		ANTIPROTOZOALS, MISCELLANEOUS
MEVACOR 20MG TABLET MO	3	QL	HMG-COA REDUCTASE INHIBITORS
MEVACOR 40MG TABLET MO	3	QL	HMG-COA REDUCTASE INHIBITORS
mexiletine 150MG CAPSULE MO	1		ANTIARRHYTHMIC AGENTS
mexiletine 200MG CAPSULE MO	1		ANTIARRHYTHMIC AGENTS
mexiletine 250MG CAPSULE MO	1		ANTIARRHYTHMIC AGENTS
miconazole-3 200MG SUPPOSITORY MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
microgestin 1.5/30 (21) 1.5-30MG-MCG TABLET MO	1		CONTRACEPTIVES
microgestin 1/20 (21) 1-20MG-MCG TABLET MO	1		CONTRACEPTIVES
microgestin fe 1.5/30 (28) 1.5-30MG-MCG TABLET MO	1		CONTRACEPTIVES
microgestin fe 1/20 (28) 1-20MG-MCG TABLET MO	1		CONTRACEPTIVES
MICROZIDE 12.5MG CAPSULE MO	3		THIAZIDE DIURETICS
midodrine 10MG TABLET MO	2		ALPHA-ADRENERGIC AGONISTS
midodrine 2.5MG TABLET MO	2		ALPHA-ADRENERGIC AGONISTS
midodrine 5MG TABLET MO	2		ALPHA-ADRENERGIC AGONISTS
migergot 2-100MG SUPPOSITORY MO	2		ALPHA-ADRENERGIC BLOCKING AGENTS
MIGRANAL 0.5MG/PUMP ACT. SPRAY MO	3	QL	ALPHA-ADRENERGIC BLOCKING AGENTS
MINIPRESS 1MG CAPSULE MO	3		ALPHA-ADRENERGIC BLOCKING AGENTS
MINIPRESS 2MG CAPSULE MO	3		ALPHA-ADRENERGIC BLOCKING AGENTS
MINIPRESS 5MG CAPSULE MO	3		ALPHA-ADRENERGIC BLOCKING AGENTS
minitran 0.1MG/HR PATCH 24 HR. MO	2	QL	NITRATES AND NITRITES
minitran 0.2MG/HR PATCH 24 HR. MO	2	QL	NITRATES AND NITRITES
minitran 0.4MG/HR PATCH 24 HR. MO	2	QL	NITRATES AND NITRITES
minitran 0.6MG/HR PATCH 24 HR. MO	2	QL	NITRATES AND NITRITES
minocycline 100MG CAPSULE MO	1		TETRACYCLINES
minocycline 100MG TABLET MO	1		TETRACYCLINES
minocycline 135MG TABLET 24 HR. MO	2	QL	TETRACYCLINES
minocycline 45MG TABLET 24 HR. MO	2	QL	TETRACYCLINES
minocycline 50MG CAPSULE MO	1		TETRACYCLINES
minocycline 50MG TABLET MO	1		TETRACYCLINES
minocycline 75MG CAPSULE MO	1		TETRACYCLINES
minocycline 75MG TABLET MO	1		TETRACYCLINES
minocycline 90MG TABLET 24 HR. MO	2	QL	TETRACYCLINES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
minoxidil 10MG TABLET MO	1		DIRECT VASODILATORS
minoxidil 2.5MG TABLET MO	1		DIRECT VASODILATORS
mirtazapine 15MG TABLET MO	2		ANTIDEPRESSANTS
mirtazapine 15MG TABLET MO	2		ANTIDEPRESSANTS
mirtazapine 30MG TABLET MO	2		ANTIDEPRESSANTS
mirtazapine 30MG TABLET MO	2		ANTIDEPRESSANTS
mirtazapine 45MG TABLET MO	2		ANTIDEPRESSANTS
mirtazapine 45MG TABLET MO	2		ANTIDEPRESSANTS
mirtazapine 7.5MG TABLET MO	2		ANTIDEPRESSANTS
misoprostol 100MCG TABLET MO	2		PROSTAGLANDINS
misoprostol 200MCG TABLET MO	2		PROSTAGLANDINS
mitomycin 20MG SOLUTION MO	2	B vs D	ANTINEOPLASTIC AGENTS
mitoxantrone 2MG/ML CONCENTRATE SP	4	B vs D	ANTINEOPLASTIC AGENTS
MODICON (28) 0.5-35MG-MCG TABLET MO	3		CONTRACEPTIVES
moexipril 15MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
moexipril 7.5MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
moexipril-hydrochlorothiazide 15-12.5MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
moexipril-hydrochlorothiazide 15-25MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
moexipril-hydrochlorothiazide 7.5-12.5MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
mometasone 0.1% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
mometasone 0.1% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
mometasone 0.1% SOLUTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
MONOKET 10MG TABLET MO	3		NITRATES AND NITRITES
MONOKET 20MG TABLET MO	3		NITRATES AND NITRITES
MONONESSA (28) 0.25-35MG-MCG TABLET MO	1		CONTRACEPTIVES
MONOPRIL 10MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
MONOPRIL 40MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
MONUROL 3GRAM PACKET MO	3		URINARY ANTI-INFECTIVES
morphine 100MG TABLET MO	2		OPIATE AGONISTS
morphine 10MG/5 ML SOLUTION MO	2		OPIATE AGONISTS
morphine 15MG TABLET MO	2		OPIATE AGONISTS
morphine 15MG TABLET MO	2		OPIATE AGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
morphine 200MG TABLET MO	2		OPIATE AGONISTS
morphine 20MG/5 ML SOLUTION MO	2		OPIATE AGONISTS
morphine 30MG TABLET MO	2		OPIATE AGONISTS
morphine 30MG TABLET MO	2		OPIATE AGONISTS
morphine 5MG/ML SOLUTION MO	2		OPIATE AGONISTS
morphine 60MG TABLET MO	2		OPIATE AGONISTS
morphine (pf) 0.5MG/ML SOLUTION MO	2		OPIATE AGONISTS
morphine (pf) 1MG/ML SOLUTION MO	2		OPIATE AGONISTS
morphine concentrate 20MG/ML SOLUTION MO	1		OPIATE AGONISTS
MOTOFEN 1-0.025MG TABLET MO	3		ANTIDIARRHEA AGENTS
MOVIPREP 100-7.5-2.691GRAM POWDER MO	2		CATHARTICS AND LAXATIVES
MOZOBIL 24 mg/1.2 mL(20 MG/ML) SOLUTION SP	4	QL,PA	HEMATOPOIETIC AGENTS
MULTAQ 400MG TABLET MO	2	QL	ANTIARRHYTHMIC AGENTS
mupirocin 2% OINTMENT MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
MUSTARGEN 10MG SOLUTION SP	3	B vs D	ANTINEOPLASTIC AGENTS
MYAMBUTOL 100MG TABLET MO	3		ANTITUBERCULOSIS AGENTS
MYAMBUTOL 400MG TABLET MO	3		ANTITUBERCULOSIS AGENTS
MYCAMINE 100MG SOLUTION MO	4		ECHINOCANDINS
MYCAMINE 50MG SOLUTION MO	4		ECHINOCANDINS
MYCOBUTIN 150MG CAPSULE MO	3		ANTITUBERCULOSIS AGENTS
mycophenolate mofetil 250MG CAPSULE MO	1	B vs D	IMMUNOSUPPRESSIVE AGENTS
mycophenolate mofetil 500MG TABLET MO	1	B vs D	IMMUNOSUPPRESSIVE AGENTS
mydral 0.5% DROPS MO	1		MYDRIATICS
mydral 1% DROPS MO	1		MYDRIATICS
MYDRIACYL 1% DROPS MO	1		MYDRIATICS
MYFORTIC 180MG TABLET MO	2	B vs D	IMMUNOSUPPRESSIVE AGENTS
MYFORTIC 360MG TABLET MO	2	B vs D	IMMUNOSUPPRESSIVE AGENTS
MYOBLOC 5,000UNIT/ML SOLUTION SP	3	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
MYOZYME 50MG SOLUTION SP	4		ENZYMES
MYTELASE 10MG TABLET MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
nabumetone 500MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
nabumetone 750MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
nadolol 20MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
nadolol 40MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
nadolol 80MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
nadolol-bendroflumethiazide 40-5MG TABLET MO	2		BETA-ADRENERGIC BLOCKING AGENTS
nadolol-bendroflumethiazide 80-5MG TABLET MO	2		BETA-ADRENERGIC BLOCKING AGENTS
nafcillin 10GRAM SOLUTION MO	1		PENICILLINS
nafcillin 1GRAM SOLUTION MO	1		PENICILLINS
nafcillin in d2.4w 1GRAM/50 ML PIGGYBACK MO	3		PENICILLINS
nafcillin in d2.4w 2 GRAM/100 ML PIGGYBACK MO	3		PENICILLINS
NAFTIN 1% CREAM MO	2		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
NAFTIN 1% GEL MO	2		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
NAGLAZYME 5MG/5 ML SOLUTION SP	4		ENZYMES
nalbuphine 10MG/ML SOLUTION MO	2		OPIATE PARTIAL AGONISTS
nalbuphine 20MG/ML SOLUTION MO	2		OPIATE PARTIAL AGONISTS
NALFON 200MG CAPSULE MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
naloxone 0.4MG/ML SYRINGE GG, MO	1		OPIATE ANTAGONISTS
naloxone 1MG/ML SYRINGE GG, MO	1		OPIATE ANTAGONISTS
naltrexone 50MG TABLET MO	1		OPIATE ANTAGONISTS
NAMENDA 10MG TABLET MO	2	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
NAMENDA 10MG/5 ML SOLUTION MO	2	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
NAMENDA 5MG TABLET MO	2	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
NAMENDA TITRATION PAK 5-10MG TABLET MO	2	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
NAPRELAN CR 375MG TABLET 24 HR. MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
NAPRELAN CR 500MG TABLET 24 HR. MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
NAPRELAN CR 750MG TABLET 24 HR. MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
NAPROSYN 125MG/5 ML SUSPENSION MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
NAPROSYN 250MG TABLET MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
NAPROSYN 375MG TABLET MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
NAPROSYN 500MG TABLET MO	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
naproxen 125MG/5 ML SUSPENSION MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
naproxen 250MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
naproxen 375MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
naproxen 375MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
naproxen 500MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
naproxen sodium 275MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
naproxen sodium 550MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
NARDIL 15MG TABLET MO	3		ANTIDEPRESSANTS
NASONEX 50MCG/ACTUATION SPRAY MO	2	QL	CORTICOSTEROIDS (EENT)
NATACYN 5% DROPS MO	3		ANTIFUNGALS (EENT)
nateglinide 120MG TABLET MO	1		MEGLITINIDES
nateglinide 60MG TABLET MO	1		MEGLITINIDES
NAVANE 10MG CAPSULE MO	3		ANTIPSYCHOTIC AGENTS
NAVANE 20MG CAPSULE MO	3		ANTIPSYCHOTIC AGENTS
NAVANE 2MG CAPSULE MO	3		ANTIPSYCHOTIC AGENTS
NAVANE 5MG CAPSULE MO	3		ANTIPSYCHOTIC AGENTS
NAVELBINE 50MG/5 ML SOLUTION MO	4	B vs D	ANTINEOPLASTIC AGENTS
necon 0.5/35 (28) 0.5-35MG-MCG TABLET MO	1		CONTRACEPTIVES
necon 1/35 (28) 1-35MG-MCG TABLET MO	1		CONTRACEPTIVES
necon 10/11 (28) 0.5-35/1-35MG-MCG/MG-MCG TABLET MO	1		CONTRACEPTIVES
NECON 7/7/7 (28) 0.5/0.75/1-35MG-MCG TABLET MO	1		CONTRACEPTIVES
nefazodone 100MG TABLET MO	1		ANTIDEPRESSANTS
nefazodone 150MG TABLET MO	1		ANTIDEPRESSANTS
nefazodone 200MG TABLET MO	1		ANTIDEPRESSANTS
nefazodone 250MG TABLET MO	1		ANTIDEPRESSANTS
nefazodone 50MG TABLET MO	1		ANTIDEPRESSANTS
neo-fradin 25MG/ML SOLUTION MO	1		AMINOGLYCOSIDES
neomycin 500MG TABLET MO	1		AMINOGLYCOSIDES
neomycin-bacitracin-poly-hc 3.5-400-10,000MG-UNIT/G-1% OINTMENT MO	1		ANTIBACTERIALS (EENT)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
neomycin-bacitracin-polymyxin 3.5-400-10,000MG-UNIT-UNIT/G OINTMENT MO	1		ANTIBACTERIALS (EENT)
neomycin-polymyxin b gu 40-200,000MG-UNIT/ML SOLUTION MO	2		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
neomycin-polymyxin-dexameth 3.5-10,000-0.1 MG/ML-UNIT/ML-% DROPS MO	1		ANTIBACTERIALS (EENT)
neomycin-polymyxin-dexameth 3.5-10,000-0.1MG-UNIT/G-% OINTMENT MO	1		ANTIBACTERIALS (EENT)
neomycin-polymyxin-dexameth 3.5-10,000-0.1MG/ML-UNIT/ML-% DROPS MO	1		ANTIBACTERIALS (EENT)
neomycin-polymyxin-gramicidin 1.75-10K-0.025MG-UNIT-MG/ML DROPS MO	1		ANTIBACTERIALS (EENT)
neomycin-polymyxin-hc 3.5-10,000-10MG-UNIT-MG/ML DROPS MO	1		ANTIBACTERIALS (EENT)
neomycin-polymyxin-hc 3.5-10,000-1MG-UNIT/ML-% DROPS MO	1		ANTIBACTERIALS (EENT)
neomycin-polymyxin-hc 3.5-10,000-1MG-UNIT/ML-% SOLUTION MO	1		ANTIBACTERIALS (EENT)
neosporin 1.75-10K-0.025MG-UNIT-MG/ML DROPS MO	1		ANTIBACTERIALS (EENT)
NEPHRAMINE 5.4 % 5.4% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
NEULASTA 6MG/0.6ML SYRINGE SP	4	QL,PA	HEMATOPOIETIC AGENTS
NEUMEGA 5MG SOLUTION SP	4	QL	HEMATOPOIETIC AGENTS
NEUPOGEN 300MCG/0.5 ML SYRINGE SP	4	QL,PA	HEMATOPOIETIC AGENTS
NEUPOGEN 480MCG/0.8 ML SYRINGE SP	4	QL,PA	HEMATOPOIETIC AGENTS
NEUPOGEN 480MCG/1.6 ML SOLUTION SP	4	QL,PA	HEMATOPOIETIC AGENTS
NEURONTIN 250MG/5 ML SOLUTION MO	3		ANTICONVULSANTS, MISCELLANEOUS
NEVANAC 0.1% DROPS MO	3		EENT NONSTEROIDAL ANTI-INFLAM. AGENTS
NEXAVAR 200MG TABLET SP	4	QL,PA	ANTINEOPLASTIC AGENTS
NEXIUM 20MG CAPSULE MO	2	QL	PROTON-PUMP INHIBITORS
NEXIUM 40MG CAPSULE MO	2	QL	PROTON-PUMP INHIBITORS
NEXIUM PACKET 10MG SUSPENSION MO	2	QL	PROTON-PUMP INHIBITORS
NEXIUM PACKET 20MG SUSPENSION MO	2	QL	PROTON-PUMP INHIBITORS
NEXIUM PACKET 40MG SUSPENSION MO	2	QL	PROTON-PUMP INHIBITORS
next choice 0.75MG TABLET MO	1		CONTRACEPTIVES
niacor 500MG TABLET MO	1		ANTILIPEMIC AGENTS, MISCELLANEOUS
NIASPAN 1,000MG TABLET MO	2		ANTILIPEMIC AGENTS, MISCELLANEOUS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
NIASPAN 500MG TABLET MO	2		ANTILIPEMIC AGENTS, MISCELLANEOUS
NIASPAN 750MG TABLET MO	2		ANTILIPEMIC AGENTS, MISCELLANEOUS
nicardipine 20MG CAPSULE MO	1		DIHYDROPYRIDINES
nicardipine 25MG/10 ML SOLUTION MO	1		DIHYDROPYRIDINES
nicardipine 30MG CAPSULE MO	1		DIHYDROPYRIDINES
NICOTROL 10MG CARTRIDGE MO	3		AUTONOMIC DRUGS, MISCELLANEOUS
NICOTROL NS 10MG/ML SPRAY MO	3		AUTONOMIC DRUGS, MISCELLANEOUS
nifediac cc 30MG TABLET MO	1	QL	DIHYDROPYRIDINES
nifediac cc 60MG TABLET MO	1	QL	DIHYDROPYRIDINES
nifediac cc 90MG TABLET MO	1	QL	DIHYDROPYRIDINES
nifedical xl 30MG TABLET 24 HR. MO	1	QL	DIHYDROPYRIDINES
nifedical xl 60MG TABLET 24 HR. MO	1	QL	DIHYDROPYRIDINES
nifedipine 10MG CAPSULE MO	1		DIHYDROPYRIDINES
nifedipine 20MG CAPSULE MO	1		DIHYDROPYRIDINES
nifedipine 30MG TABLET 24 HR. MO	2	QL	DIHYDROPYRIDINES
nifedipine 60MG TABLET 24 HR. MO	2	QL	DIHYDROPYRIDINES
nifedipine 90MG TABLET 24 HR. MO	2	QL	DIHYDROPYRIDINES
NILANDRON 150MG TABLET MO	3	QL	ANTINEOPLASTIC AGENTS
nimodipine 30MG CAPSULE MO	4		DIHYDROPYRIDINES
NIPENT 10MG SOLUTION SP	4	B vs D	ANTINEOPLASTIC AGENTS
nisoldipine 20MG TABLET 24 HR. MO	2	QL	DIHYDROPYRIDINES
nisoldipine 30MG TABLET 24 HR. MO	2	QL	DIHYDROPYRIDINES
nisoldipine 40MG TABLET 24 HR. MO	2	QL	DIHYDROPYRIDINES
NITRO-DUR 0.1MG/HR PATCH 24 HR. MO	3		NITRATES AND NITRITES
NITRO-DUR 0.2MG/HR PATCH 24 HR. MO	3		NITRATES AND NITRITES
NITRO-DUR 0.3MG/HR PATCH 24 HR. MO	3		NITRATES AND NITRITES
NITRO-DUR 0.4MG/HR PATCH 24 HR. MO	3		NITRATES AND NITRITES
NITRO-DUR 0.6MG/HR PATCH 24 HR. MO	3		NITRATES AND NITRITES
NITRO-DUR 0.8MG/HR PATCH 24 HR. MO	3		NITRATES AND NITRITES
nitrofurantoin (macrocryst25%) 100MG CAPSULE MO	1		URINARY ANTI-INFECTIVES
nitrofurantoin macrocrystal 50MG CAPSULE MO	1		URINARY ANTI-INFECTIVES
nitroglycerin 0.1MG/HR PATCH 24 HR. MO	1		NITRATES AND NITRITES
nitroglycerin 0.2MG/HR PATCH 24 HR. MO	1		NITRATES AND NITRITES
nitroglycerin 0.4MG/HR PATCH 24 HR. MO	1		NITRATES AND NITRITES
nitroglycerin 0.6MG/HR PATCH 24 HR. MO	1		NITRATES AND NITRITES
nitroglycerin 50 mg/10 mL(5 MG/ML) SOLUTION MO	1		NITRATES AND NITRITES
NITROLINGUAL 0.4MG/DOSE SPRAY MO	3		NITRATES AND NITRITES
NITROSTAT 0.3MG TABLET MO	3		NITRATES AND NITRITES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
NITROSTAT 0.4MG TABLET MO	3		NITRATES AND NITRITES
NITROSTAT 0.6MG TABLET MO	3		NITRATES AND NITRITES
nizatidine 150MG CAPSULE MO	2		HISTAMINE H2-ANTAGONISTS
nizatidine 150MG/10 ML SOLUTION MO	1		HISTAMINE H2-ANTAGONISTS
nizatidine 300MG CAPSULE MO	2		HISTAMINE H2-ANTAGONISTS
NIZORAL 2% SHAMPOO MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
NOR-QD 0.35MG TABLET MO	3		CONTRACEPTIVES
NORA-BE 0.35MG TABLET MO	1		CONTRACEPTIVES
NORDETTE-28 0.15-30MG-MCG TABLET MO	3		CONTRACEPTIVES
norethindrone acetate 5MG TABLET MO	2		PROGESTINS
NORFLEX 30MG/ML SOLUTION MO	3		SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS
NORINYL 1+35 (28) 1-35MG-MCG TABLET MO	3		CONTRACEPTIVES
NORITATE 1% CREAM MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
NORMOSOL-M IN D5W PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
NORMOSOL-R PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
NORMOSOL-R IN D5W 5% PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
NORMOSOL-R PH 7.4 PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
NOROXIN 400MG TABLET MO	3		QUINOLONES
NORPACE 100MG CAPSULE MO	3		ANTIARRHYTHMIC AGENTS
NORPACE 150MG CAPSULE MO	3		ANTIARRHYTHMIC AGENTS
NORPACE CR 100MG CAPSULE MO	3		ANTIARRHYTHMIC AGENTS
NORPACE CR 150MG CAPSULE MO	3		ANTIARRHYTHMIC AGENTS
NORPRAMIN 100MG TABLET MO	3		ANTIDEPRESSANTS
NORPRAMIN 10MG TABLET MO	3		ANTIDEPRESSANTS
NORPRAMIN 150MG TABLET MO	3		ANTIDEPRESSANTS
NORPRAMIN 25MG TABLET MO	3		ANTIDEPRESSANTS
NORPRAMIN 50MG TABLET MO	3		ANTIDEPRESSANTS
NORPRAMIN 75MG TABLET MO	3		ANTIDEPRESSANTS
nortrel 0.5/35 (28) 0.5-35MG-MCG TABLET MO	1		CONTRACEPTIVES
nortrel 1/35 (21) 1-35MG-MCG TABLET MO	1		CONTRACEPTIVES
nortrel 1/35 (28) 1-35MG-MCG TABLET MO	1		CONTRACEPTIVES
nortrel 7/7/7 (28) 0.5/0.75/1-35MG-MCG TABLET MO	1		CONTRACEPTIVES
nortriptyline 10MG CAPSULE GG, MO	1		ANTIDEPRESSANTS
nortriptyline 10MG/5 ML SOLUTION GG, MO	1		ANTIDEPRESSANTS
nortriptyline 25MG CAPSULE GG, MO	1		ANTIDEPRESSANTS
nortriptyline 50MG CAPSULE GG, MO	1		ANTIDEPRESSANTS
nortriptyline 75MG CAPSULE GG, MO	1		ANTIDEPRESSANTS
NORVIR 100MG CAPSULE MO	3		ANTIRETROVIRALS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
NORVIR 100MG TABLET MO	3		ANTIRETROVIRALS
NORVIR 80MG/ML SOLUTION MO	3		ANTIRETROVIRALS
NOVAMINE 15 % 15% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
NOVANTRONE 2MG/ML CONCENTRATE SP	4	B vs D	ANTINEOPLASTIC AGENTS
NOVOLIN 70/30 100100 SUSPENSION MO	2		INSULINS
NOVOLIN 70/30 INNOLET 100100 INSULIN PEN MO	2		INSULINS
NOVOLIN N 100100 SUSPENSION MO	2		INSULINS
NOVOLIN N INNOLET 100 unit/mL100 UNIT/ML INSULIN PEN MO	2		INSULINS
NOVOLIN R 100100 SOLUTION MO	2		INSULINS
NOVOLIN R 100100 SOLUTION MO	2		INSULINS
NOVOLOG 100UNIT/ML SOLUTION MO	2		INSULINS
NOVOLOG FLEXPEN 100UNIT/ML INSULIN PEN MO	2		INSULINS
NOVOLOG MIX 70-30 100UNIT/ML (70-30) SOLUTION MO	2		INSULINS
NOVOLOG MIX 70-30 FLEXPEN 100UNIT/ML (70-30) INSULIN PEN MO	2		INSULINS
NOXAFIL 200 mg/5 mL(40 MG/ML) SUSPENSION MO	4	QL,PA	AZOLES
ns with potassium chloride 20MEQ/L PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
ns with potassium chloride 40MEQ/L PARENTERAL SOLUTION GG, MO	1		REPLACEMENT PREPARATIONS
NULYTELY WITH FLAVOR PACKS 420G SOLUTION MO	2		CATHARTICS AND LAXATIVES
NUVARING 0.12-0.015MG/24 HR RING MO	3	QL	CONTRACEPTIVES
nyamyc 100,000UNIT/G POWDER MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
nystatin 100,000UNIT/G CREAM MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
nystatin 100,000UNIT/G OINTMENT MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
nystatin 100,000UNIT/G POWDER MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
nystatin 100,000UNIT/ML SUSPENSION MO	1		POLYENES
nystatin 500,000UNIT TABLET MO	1		POLYENES
nystatin-triamcinolone 100,000-0.1UNIT/G-% CREAM GG, MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
nystatin-triamcinolone 100,000-0.1UNIT/GRAM-% OINTMENT GG, MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
nystop 100,000UNIT/G POWDER MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
OCELLA 3-0.03MG TABLET MO	1		CONTRACEPTIVES
OCTAGAM 5% INJECTABLE SP	4	PA	SERUMS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
octreotide acetate 1,000MCG/ML SOLUTION MO	2	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
octreotide acetate 100MCG/ML SOLUTION MO	2	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
octreotide acetate 200MCG/ML SOLUTION MO	2	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
octreotide acetate 500MCG/ML SOLUTION MO	2	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
octreotide acetate 50MCG/ML SOLUTION MO	2	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
OCUFEN 0.03% DROPS MO	3		EENT NONSTEROIDAL ANTI-INFLAM. AGENTS
OCUFLOX 0.3% DROPS MO	3		ANTIBACTERIALS (EENT)
ofloxacin 0.3% DROPS MO	1		ANTIBACTERIALS (EENT)
ofloxacin 0.3% DROPS MO	1		ANTIBACTERIALS (EENT)
ofloxacin 200MG TABLET MO	1		QUINOLONES
ofloxacin 300MG TABLET MO	1		QUINOLONES
ofloxacin 400MG TABLET MO	1		QUINOLONES
OGEN 0.625 0.75 MG TABLET MO	1		ESTROGENS
OGEN 0.625 0.75MG TABLET MO	2		ESTROGENS
OGEN 1.25 1.5 MG TABLET MO	1		ESTROGENS
ogestrel (28) 0.5-50MG-MCG TABLET MO	1		CONTRACEPTIVES
OLUX-E 0.05% FOAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
omeprazole 10MG CAPSULE MO	1	QL	PROTON-PUMP INHIBITORS
omeprazole 20 MG CAPSULE MO	1	QL	PROTON-PUMP INHIBITORS
omeprazole 40MG CAPSULE MO	1	QL	PROTON-PUMP INHIBITORS
OMNARIS 50MCG SPRAY MO	3	QL	CORTICOSTEROIDS (EENT)
OMNICEF 125MG/5 ML SUSPENSION MO	3		CEPHALOSPORINS
OMNICEF 250MG/5 ML SUSPENSION MO	3		CEPHALOSPORINS
OMNICEF 300MG CAPSULE MO	3		CEPHALOSPORINS
OMNITROPE 10MG/1.5 ML CARTRIDGE SP	3	QL,PA	PITUITARY
OMNITROPE 5 mg/1.5 mL(3.3 MG/ML) CARTRIDGE SP	3	QL,PA	PITUITARY
OMNITROPE 5.8MG SOLUTION SP	4	QL,PA	PITUITARY
ONCASPAR 750UNIT/ML SOLUTION SP	4	B vs D	ANTINEOPLASTIC AGENTS
ondansetron 4MG TABLET MO	1	QL,B vs D	5-HT3 RECEPTOR ANTAGONISTS
ondansetron 8MG TABLET MO	1	QL,B vs D	5-HT3 RECEPTOR ANTAGONISTS
ondansetron hcl 24MG TABLET MO	1	QL,B vs D	5-HT3 RECEPTOR ANTAGONISTS
ondansetron hcl 4MG TABLET MO	1	QL,B vs D	5-HT3 RECEPTOR ANTAGONISTS
ondansetron hcl 4MG/5 ML SOLUTION MO	1	QL,B vs D	5-HT3 RECEPTOR ANTAGONISTS
ondansetron hcl 8MG TABLET MO	1	QL,B vs D	5-HT3 RECEPTOR ANTAGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ondansetron hcl (pf) 4MG/2 ML SOLUTION MO	1	B vs D	5-HT3 RECEPTOR ANTAGONISTS
ONGLYZA 2.5MG TABLET MO	3	QL,ST	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS
ONGLYZA 5MG TABLET MO	3	QL,ST	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS
ONTAK 150MCG/ML SOLUTION SP	4		ANTINEOPLASTIC AGENTS
OPANA ER 10MG TABLET 12 HR. MO	2	QL	OPIATE AGONISTS
OPANA ER 15MG TABLET 12 HR. MO	2	QL	OPIATE AGONISTS
OPANA ER 20MG TABLET 12 HR. MO	2	QL	OPIATE AGONISTS
OPANA ER 30MG TABLET 12 HR. MO	2	QL	OPIATE AGONISTS
OPANA ER 40MG TABLET 12 HR. MO	2	QL	OPIATE AGONISTS
OPANA ER 5MG TABLET 12 HR. MO	2	QL	OPIATE AGONISTS
OPANA ER 7.5MG TABLET 12 HR. MO	2	QL	OPIATE AGONISTS
OPTIPRANOLOL 0.3% DROPS MO	3		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
ORAP 1MG TABLET MO	3		ANTIPSYCHOTIC AGENTS
ORAP 2MG TABLET MO	3		ANTIPSYCHOTIC AGENTS
ORAPRED 15MG/5 ML SOLUTION MO	3		ADRENALS
ORAPRED ODT 10MG TABLET MO	3		ADRENALS
ORAPRED ODT 15MG TABLET MO	3		ADRENALS
ORAPRED ODT 30MG TABLET MO	3		ADRENALS
ORENCIA 250MG SOLUTION SP	4	PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
ORFADIN 10MG CAPSULE SP	4		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
ORFADIN 2MG CAPSULE SP	4		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
ORFADIN 5MG CAPSULE SP	4		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
orphenadrine citrate 100MG TABLET MO	1		SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS
orphenadrine citrate 30MG/ML SOLUTION MO	2		SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS
orphenadrine compound 25-385-30MG TABLET MO	1		SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS
orphenadrine compound-ds 50-770-60MG TABLET MO	2		SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS
ORTHO EVRA 150-20MCG/24 HR PATCH MO	3	QL	CONTRACEPTIVES
ORTHO MICRONOR 0.35MG TABLET MO	3		CONTRACEPTIVES
ORTHO TRI-CYCLEN LO 0.18/0.215/0.25MG-25 MCG TABLET MO	3		CONTRACEPTIVES
ORTHO-CEPT (28) 0.15-30MG-MCG TABLET MO	3		CONTRACEPTIVES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ORTHO-CYCLEN (28) 0.25-35MG-MCG TABLET MO	3		CONTRACEPTIVES
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1-35MG-MCG TABLET MO	3		CONTRACEPTIVES
ORTHOCLONE OKT3 1MG/ML INJECTABLE SP	4	B vs D	IMMUNOSUPPRESSIVE AGENTS
OSMOPREP 1.5GRAM TABLET MO	2		CATHARTICS AND LAXATIVES
ovcon-35 (28) 0.4-35MG-MCG TABLET MO	3		CONTRACEPTIVES
OVCON-50 (28) 1-50MG-MCG TABLET MO	3		CONTRACEPTIVES
OVIDE 0.5% LOTION MO	3		SCABICIDES AND PEDICULICIDES
oxacillin 10GRAM SOLUTION MO	1		PENICILLINS
oxacillin 1GRAM SOLUTION MO	1		PENICILLINS
oxacillin in dextrose, iso-osm 1G/50 ML PIGGYBACK MO	4		PENICILLINS
oxacillin in dextrose, iso-osm 2G/50 ML PIGGYBACK MO	4		PENICILLINS
oxaliplatin 100MG/20 ML SOLUTION SP	1	B vs D	ANTINEOPLASTIC AGENTS
oxandrolone 10MG TABLET MO	4	QL	ANDROGENS
oxandrolone 2.5MG TABLET MO	2	QL	ANDROGENS
oxaprozin 600MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
oxcarbazepine 150MG TABLET MO	1		ANTICONVULSANTS, MISCELLANEOUS
oxcarbazepine 300MG TABLET MO	1		ANTICONVULSANTS, MISCELLANEOUS
oxcarbazepine 300MG/5 ML SUSPENSION MO	1		ANTICONVULSANTS, MISCELLANEOUS
oxcarbazepine 600MG TABLET MO	1		ANTICONVULSANTS, MISCELLANEOUS
OXISTAT 1% CREAM MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
OXISTAT 1% LOTION MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
OXSORALEN 1% LOTION MO	3		PIGMENTING AGENTS
OXSORALEN ULTRA 10MG CAPSULE MO	4		PIGMENTING AGENTS
oxybutynin chloride 10MG TABLET 24 HR. MO	2		GENITOURINARY SMOOTH MUSCLE RELAXANTS
oxybutynin chloride 15MG TABLET 24 HR. MO	2		GENITOURINARY SMOOTH MUSCLE RELAXANTS
oxybutynin chloride 5MG TABLET MO	1		GENITOURINARY SMOOTH MUSCLE RELAXANTS
oxybutynin chloride 5MG TABLET 24 HR. MO	2		GENITOURINARY SMOOTH MUSCLE RELAXANTS
oxybutynin chloride 5MG/5 ML SYRUP MO	1		GENITOURINARY SMOOTH MUSCLE RELAXANTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
oxycodone 15MG TABLET MO	2		OPIATE AGONISTS
oxycodone 30MG TABLET MO	2		OPIATE AGONISTS
oxycodone 5MG TABLET MO	2		OPIATE AGONISTS
oxycodone hcl-oxycodone-asa 4.5-0.38-325MG TABLET MO	2		OPIATE AGONISTS
oxycodone-acetaminophen 10-325MG TABLET MO	2	QL	OPIATE AGONISTS
oxycodone-acetaminophen 10-650MG TABLET MO	2	QL	OPIATE AGONISTS
oxycodone-acetaminophen 2.5-325MG TABLET MO	2	QL	OPIATE AGONISTS
oxycodone-acetaminophen 5-325MG TABLET MO	2	QL	OPIATE AGONISTS
oxycodone-acetaminophen 5-500MG CAPSULE MO	2	QL	OPIATE AGONISTS
oxycodone-acetaminophen 7.5-325MG TABLET MO	2	QL	OPIATE AGONISTS
oxycodone-acetaminophen 7.5-500MG TABLET MO	2	QL	OPIATE AGONISTS
OXYTROL 3.9MG/24 HR PATCH MO	3	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
PACERONE 100MG TABLET MO	2		ANTIARRHYTHMIC AGENTS
pacerone 200MG TABLET MO	2		ANTIARRHYTHMIC AGENTS
PACERONE 400MG TABLET MO	2		ANTIARRHYTHMIC AGENTS
paclitaxel 6MG/ML CONCENTRATE SP	2	B vs D	ANTINEOPLASTIC AGENTS
palgic 4MG TABLET MO	3		ETHANOLAMINE DERIVATIVES
palgic 4MG/5 ML LIQUID MO	3		ETHANOLAMINE DERIVATIVES
pamidronate 30 mg/10 mL(3 MG/ML) SOLUTION MO	2		BONE RESORPTION INHIBITORS
pamidronate 60 mg/10 mL(6 MG/ML) SOLUTION MO	2		BONE RESORPTION INHIBITORS
pamidronate 90 mg/10 mL(9 MG/ML) SOLUTION MO	2		BONE RESORPTION INHIBITORS
PAMINE 2.5MG TABLET MO	3		ANTIMUSCARINICS/ANTISPASMODICS
PAMINE FORTE 5MG TABLET MO	3		ANTIMUSCARINICS/ANTISPASMODICS
PANCREAZE 10,500-25,000-43,750 UNIT CAPSULE MO	3		DIGESTANTS
PANCREAZE 16,800-40,000-70,000 UNIT CAPSULE MO	3		DIGESTANTS
PANCREAZE 21,000-37,000-61,000 UNIT CAPSULE MO	3		DIGESTANTS
PANCREAZE 4,200-10,000-17,500 UNIT CAPSULE MO	3		DIGESTANTS
PANDEL 0.1% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
PANRETIN 0.1% GEL MO	4		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
PARAFON FORTE DSC 500MG TABLET MO	3		CENTRALLY ACTING SKELETAL MUSCLE RELAXANT
parcaine 0.5% DROPS MO	1		LOCAL ANESTHETICS (EENT)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
PARCOPA 10-100MG TABLET MO	3		DOPAMINE PRECURSORS
PARCOPA 25-100MG TABLET MO	3		DOPAMINE PRECURSORS
PARCOPA 25-250MG TABLET MO	3		DOPAMINE PRECURSORS
PARNATE 10MG TABLET MO	3		ANTIDEPRESSANTS
paromomycin 250MG CAPSULE MO	2		AMEBICIDES
paroxetine hcl 10MG TABLET MO	1	QL	ANTIDEPRESSANTS
paroxetine hcl 10MG/5 ML SUSPENSION MO	1		ANTIDEPRESSANTS
paroxetine hcl 12.5MG TABLET 24 HR. MO	2	QL	ANTIDEPRESSANTS
paroxetine hcl 20MG TABLET MO	1	QL	ANTIDEPRESSANTS
paroxetine hcl 25MG TABLET 24 HR. MO	2	QL	ANTIDEPRESSANTS
paroxetine hcl 30MG TABLET MO	1	QL	ANTIDEPRESSANTS
paroxetine hcl 40MG TABLET MO	1	QL	ANTIDEPRESSANTS
PASER 4GRAM PACKET MO	1		ANTITUBERCULOSIS AGENTS
PATADAY 0.2% DROPS MO	2		ANTIALLERGIC AGENTS
PATANASE 0.6% SPRAY MO	3	QL	ANTIALLERGIC AGENTS
PATANOL 0.1% DROPS MO	3		ANTIALLERGIC AGENTS
PCE 333MG TABLET MO	3		MACROLIDES
PCE 500MG TABLET MO	3		MACROLIDES
pedi-dri 100,000UNIT/G POWDER MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
PEDIAPRED 5 mg base/5 mL(6.7 MG/5 ML) SOLUTION MO	3		ADRENALS
PEDIARIX (PF) 10-25-25-10-80MCG-LF-MCG-LF-D SUSPENSION MO	3		VACCINES
PEDVAX HIB 7.5MCG/0.5 ML SOLUTION MO	3		VACCINES
PEGANONE 250MG TABLET MO	3		HYDANTOINS
PEGASYS CONVENIENCE PACK 180MCG/0.5 ML KIT SP	4	QL,PA	INTERFERONS
PEGINTRON 50MCG/0.5 ML KIT SP	4	QL,PA	INTERFERONS
PEGINTRON REDIPEN 120MCG/0.5 ML PEN INJECTOR SP	4	QL,PA	INTERFERONS
PEGINTRON REDIPEN 150MCG/0.5 ML PEN INJECTOR SP	4	QL,PA	INTERFERONS
PEGINTRON REDIPEN 50MCG/0.5 ML PEN INJECTOR SP	4	QL,PA	INTERFERONS
PEGINTRON REDIPEN 80MCG/0.5 ML PEN INJECTOR SP	4	QL,PA	INTERFERONS
penicillin g pot in dextrose 2,000,000UNIT/50 ML PIGGYBACK MO	2		PENICILLINS
penicillin g pot in dextrose 3,000,000UNIT/50 ML PIGGYBACK MO	2		PENICILLINS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
penicillin g potassium 20,000,000UNIT SOLUTION MO	2		PENICILLINS
penicillin g potassium 5,000,000UNIT SOLUTION MO	2		PENICILLINS
penicillin g procaine 1,200,000UNIT SYRINGE MO	1		PENICILLINS
penicillin g sodium 5,000,000UNIT SOLUTION MO	2		PENICILLINS
penicillin v potassium 125MG/5 ML SUSPENSION GG, MO	1		PENICILLINS
penicillin v potassium 250MG TABLET GG, MO	1		PENICILLINS
penicillin v potassium 250MG/5 ML SUSPENSION GG, MO	1		PENICILLINS
penicillin v potassium 500MG TABLET GG, MO	1		PENICILLINS
PENLAC 8% SOLUTION MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
PENTAM 300MG SOLUTION MO	3	B vs D	ANTIPROTOZOALS, MISCELLANEOUS
PENTASA 250MG CAPSULE MO	3	QL	ANTI-INFLAMMATORY AGENTS (GI DRUGS)
PENTASA 500MG CAPSULE MO	3	QL	ANTI-INFLAMMATORY AGENTS (GI DRUGS)
pentazocine-acetaminophen 25-650MG TABLET MO	2	QL	OPIATE PARTIAL AGONISTS
pentazocine-naloxone 50-0.5MG TABLET MO	2		OPIATE PARTIAL AGONISTS
pentostatin 10MG SOLUTION SP	1	B vs D	ANTINEOPLASTIC AGENTS
pentoxifylline 400MG TABLET MO	1		HEMORRHEOLOGIC AGENTS
pentoxil 400 MG TABLET MO	1		HEMORRHEOLOGIC AGENTS
PEPCID 20MG TABLET MO	3		HISTAMINE H2-ANTAGONISTS
PEPCID 40MG TABLET MO	3		HISTAMINE H2-ANTAGONISTS
PEPCID 40MG/5 ML SUSPENSION MO	3		HISTAMINE H2-ANTAGONISTS
PERIDEX 0.12% MOUTHWASH MO	3		EENT ANTI-INFECTIVES, MISCELLANEOUS
perindopril erbumine 2MG TABLET MO	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
perindopril erbumine 4MG TABLET MO	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
perindopril erbumine 8MG TABLET MO	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
periogard 0.12% MOUTHWASH GG, MO	1		EENT ANTI-INFECTIVES, MISCELLANEOUS
PERIOSTAT 20MG TABLET MO	3		ANTIBACTERIALS (EENT)
permethrin 5% CREAM MO	1		SCABICIDES AND PEDICULICIDES
perphenazine 16MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
perphenazine 2MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
perphenazine 4MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
perphenazine 8MG TABLET MO	1		ANTIPSYCHOTIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
perphenazine-amitriptyline 2-10MG TABLET MO	1		ANTIDEPRESSANTS
perphenazine-amitriptyline 2-25MG TABLET MO	1		ANTIDEPRESSANTS
perphenazine-amitriptyline 4-10MG TABLET MO	1		ANTIDEPRESSANTS
perphenazine-amitriptyline 4-25MG TABLET MO	1		ANTIDEPRESSANTS
perphenazine-amitriptyline 4-50MG TABLET MO	1		ANTIDEPRESSANTS
PERSANTINE 25MG TABLET MO	3		VASODILATING AGENTS, MISCELLANEOUS
PERSANTINE 50MG TABLET MO	3		VASODILATING AGENTS, MISCELLANEOUS
PERSANTINE 75MG TABLET MO	3		VASODILATING AGENTS, MISCELLANEOUS
pfizerpen-g 20,000,000UNIT SOLUTION MO	1		PENICILLINS
phenadoz 12.5MG SUPPOSITORY MO	1		PHENOTHIAZINE DERIVATIVES
phenadoz 25MG SUPPOSITORY MO	1		PHENOTHIAZINE DERIVATIVES
PHENERGAN 25MG/ML SOLUTION MO	3		PHENOTHIAZINE DERIVATIVES
PHENERGAN 50MG/ML SOLUTION MO	3		PHENOTHIAZINE DERIVATIVES
PHENYTEK 200MG CAPSULE MO	2		HYDANTOINS
PHENYTEK 300MG CAPSULE MO	2		HYDANTOINS
phenytoin 125MG/5 ML SUSPENSION MO	1		HYDANTOINS
phenytoin sodium 50MG/ML SOLUTION MO	1		HYDANTOINS
phenytoin sodium extended 100MG CAPSULE MO	1		HYDANTOINS
phenytoin sodium extended 200MG CAPSULE MO	1		HYDANTOINS
phenytoin sodium extended 300MG CAPSULE MO	1		HYDANTOINS
PHOSLO 667MG CAPSULE MO	2		PHOSPHATE-REMOVING AGENTS
PHOSPHOLINE IODIDE 0.125% DROPS MO	3		MIOTICS
PHOTOFRIN 75MG SOLUTION MO	4	B vs D	ANTINEOPLASTIC AGENTS
PHYSIOLYTE 140-5-3-98MEQ/L SOLUTION MO	1		IRRIGATING SOLUTIONS
PHYSIOSOL IRRIGATION 140-5-3-98MEQ/L SOLUTION MO	1		IRRIGATING SOLUTIONS
pilocarpine hcl 5MG TABLET MO	2		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
pilocarpine hcl 7.5MG TABLET MO	2		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
PILOPINE HS 4% GEL MO	3		MIOTICS
pindolol 10MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
pindolol 5MG TABLET GG, MO	1		BETA-ADRENERGIC BLOCKING AGENTS
piperacillin 3GRAM SOLUTION MO	1		PENICILLINS
piperacillin 40GRAM SOLUTION MO	1		PENICILLINS
piperacillin-tazobactam 3.375GRAM SOLUTION MO	1		PENICILLINS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
piroxicam 10MG CAPSULE MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
piroxicam 20MG CAPSULE MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
PLAQUENIL 200MG TABLET MO	3		ANTIMALARIALS
PLASMA-LYTE 148 PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
PLASMA-LYTE 148 PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
PLASMA-LYTE A PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
PLASMA-LYTE-56 IN D5W 5 % PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
PLASMA-LYTE-56 IN D5W 5% PARENTERAL SOLUTION MO	3		REPLACEMENT PREPARATIONS
PLAVIX 300MG TABLET MO	3	QL	PLATELET-AGGREGATION INHIBITORS
PLAVIX 75MG TABLET MO	3	QL	PLATELET-AGGREGATION INHIBITORS
PLETAL 100MG TABLET MO	3		PLATELET-AGGREGATION INHIBITORS
PLETAL 50MG TABLET MO	3		PLATELET-AGGREGATION INHIBITORS
podofilox 0.5% SOLUTION MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
poly-dex 3.5-10,000-0.1MG-UNIT/G-% OINTMENT GG, MO	1		ANTIBACTERIALS (EENT)
poly-dex 3.5-10,000-0.1MG/ML-UNIT/ML-% DROPS GG, MO	1		ANTIBACTERIALS (EENT)
POLY-PRED 0.5% DROPS MO	3		ANTIBACTERIALS (EENT)
polycin b 500-10,000UNIT/G OINTMENT MO	1		ANTIBACTERIALS (EENT)
polyethylene glycol 3350 17GRAM/DOSE POWDER MO	1		CATHARTICS AND LAXATIVES
polymyxin b sulfate 500,000UNIT SOLUTION MO	1		ANTIBACTERIALS, MISCELLANEOUS
POLYTRIM 0.1-10,000%-UNIT/ML DROPS MO	3		ANTIBACTERIALS (EENT)
portia 0.15-30MG-MCG TABLET MO	1		CONTRACEPTIVES
potassium chloride 10 MEQ TABLET MO	1		REPLACEMENT PREPARATIONS
potassium chloride 10MEQ CAPSULE MO	1		REPLACEMENT PREPARATIONS
potassium chloride 10MEQ TABLET MO	1		REPLACEMENT PREPARATIONS
potassium chloride 10MEQ/100 ML PIGGYBACK MO	1		REPLACEMENT PREPARATIONS
potassium chloride 10MEQ/50 ML PIGGYBACK MO	1		REPLACEMENT PREPARATIONS
potassium chloride 20MEQ TABLET MO	1		REPLACEMENT PREPARATIONS
potassium chloride 20MEQ/50 ML PIGGYBACK MO	1		REPLACEMENT PREPARATIONS
potassium chloride 2MEQ/ML PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
potassium chloride 30MEQ/100 ML PIGGYBACK MO	1		REPLACEMENT PREPARATIONS
potassium chloride 8MEQ CAPSULE MO	1		REPLACEMENT PREPARATIONS
potassium chloride 8MEQ TABLET GG, MO	1		REPLACEMENT PREPARATIONS
potassium citrate 10MEQ TABLET MO	2		ALKALINIZING AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
potassium citrate 5MEQ TABLET MO	2		ALKALINIZING AGENTS
pramipexole 0.125MG TABLET MO	2		DOPAMINE RECEPTOR AGONISTS
pramipexole 0.25MG TABLET MO	2		DOPAMINE RECEPTOR AGONISTS
pramipexole 0.5MG TABLET MO	2		DOPAMINE RECEPTOR AGONISTS
pramipexole 1.5MG TABLET MO	2		DOPAMINE RECEPTOR AGONISTS
pramipexole 1MG TABLET MO	2		DOPAMINE RECEPTOR AGONISTS
PRANDIN 0.5MG TABLET MO	3		MEGLITINIDES
PRANDIN 1MG TABLET MO	3		MEGLITINIDES
PRANDIN 2MG TABLET MO	3		MEGLITINIDES
pravastatin 10MG TABLET MO	1	QL	HMG-COA REDUCTASE INHIBITORS
pravastatin 20MG TABLET MO	1	QL	HMG-COA REDUCTASE INHIBITORS
pravastatin 40MG TABLET MO	1	QL	HMG-COA REDUCTASE INHIBITORS
pravastatin 80MG TABLET MO	1	QL	HMG-COA REDUCTASE INHIBITORS
prazosin 1MG CAPSULE MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
prazosin 2MG CAPSULE MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
prazosin 5MG CAPSULE MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
PRECOSE 100MG TABLET MO	3		ALPHA-GLUCOSIDASE INHIBITORS
PRECOSE 25MG TABLET MO	3		ALPHA-GLUCOSIDASE INHIBITORS
PRECOSE 50MG TABLET MO	3		ALPHA-GLUCOSIDASE INHIBITORS
PRED FORTE 1% DROPS MO	3		CORTICOSTEROIDS (EENT)
PRED MILD 0.12% DROPS MO	3		CORTICOSTEROIDS (EENT)
PRED-G 0.3-1% DROPS MO	3		ANTIBACTERIALS (EENT)
PRED-G S.O.P. 0.3-0.6% OINTMENT MO	3		ANTIBACTERIALS (EENT)
prednicarbate 0.1% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
prednicarbate 0.1% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
prednisolone 5MG/5 ML SOLUTION MO	1		ADRENALS
prednisolone acetate 1% DROPS MO	1		CORTICOSTEROIDS (EENT)
prednisolone sodium phosphate 1% DROPS MO	1		CORTICOSTEROIDS (EENT)
prednisolone sodium phosphate 15MG/5 ML SOLUTION MO	1		ADRENALS
prednisone 10MG TABLET MO	1		ADRENALS
prednisone 1MG TABLET MO	1		ADRENALS
prednisone 2.5MG TABLET MO	1		ADRENALS
prednisone 20MG TABLET MO	1		ADRENALS
prednisone 50MG TABLET MO	1		ADRENALS
prednisone 5MG TABLET MO	1		ADRENALS
prednisone 5MG/5 ML SOLUTION MO	1		ADRENALS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
PREDNISONE INTENSOL 5MG/ML CONCENTRATE MO	2		ADRENALS
PREFEST 1/1-0.09MG (15/15) TABLET MO	3		ESTROGENS
PRELONE 15MG/5 ML SOLUTION MO	1		ADRENALS
PREMARIN 0.3MG TABLET MO	2		ESTROGENS
PREMARIN 0.45MG TABLET MO	2		ESTROGENS
PREMARIN 0.625MG TABLET MO	2		ESTROGENS
PREMARIN 0.625MG/G CREAM MO	2		ESTROGENS
PREMARIN 0.9MG TABLET MO	2		ESTROGENS
PREMARIN 1.25MG TABLET MO	2		ESTROGENS
PREMARIN 25MG SOLUTION MO	2		ESTROGENS
PREMASOL 10 % PARENTERAL SOLUTION MO	1		CALORIC AGENTS
PREMASOL 6 % PARENTERAL SOLUTION MO	1		CALORIC AGENTS
PREMPHASE 0.625 mg (14)/0.625MG-5MG(14) TABLET MO	2		ESTROGENS
PREMPRO 0.3-1.5MG TABLET MO	2		ESTROGENS
PREMPRO 0.45-1.5MG TABLET MO	2		ESTROGENS
PREMPRO 0.625-2.5MG TABLET MO	2		ESTROGENS
PREMPRO 0.625-5MG TABLET MO	2		ESTROGENS
prevalite 4GRAM POWDER MO	2		BILE ACID SEQUESTRANTS
previfem 0.25-35MG-MCG TABLET MO	1		CONTRACEPTIVES
PREZISTA 400MG TABLET MO	3		ANTIRETROVIRALS
PREZISTA 600MG TABLET MO	3		ANTIRETROVIRALS
PREZISTA 75MG TABLET MO	3		ANTIRETROVIRALS
PRIFTIN 150MG TABLET MO	3		ANTITUBERCULOSIS AGENTS
primaquine 26.3MG TABLET MO	1		ANTIMALARIALS
PRIMAXIN IM 500MG SUSPENSION MO	2		MISCELLANEOUS B-LACTAM ANTIBIOTICS
PRIMAXIN IV 250MG SOLUTION MO	2		MISCELLANEOUS B-LACTAM ANTIBIOTICS
PRIMAXIN IV 500MG SOLUTION MO	2		MISCELLANEOUS B-LACTAM ANTIBIOTICS
primidone 250MG TABLET MO	1		BARBITURATES (ANTICONVULSANTS)
primidone 50MG TABLET MO	1		BARBITURATES (ANTICONVULSANTS)
PRIMSOL 50MG/5 ML SOLUTION MO	1		URINARY ANTI-INFECTIVES
PRINIVIL 10MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
PRINIVIL 20MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
PRINIVIL 5 MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
PRINZIDE 10-12.5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
PRINZIDE 20-12.5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
PRISTIQ 100MG TABLET 24 HR. MO	3	QL	ANTIDEPRESSANTS
PRISTIQ 50MG TABLET 24 HR. MO	3	QL	ANTIDEPRESSANTS
PRIVIGEN 10% INJECTABLE SP	4	PA	SERUMS
PROAIR HFA 90MCG/ACTUATION INHALER MO	2	QL	BETA-ADRENERGIC AGONISTS
PROAMATINE 10MG TABLET MO	3		ALPHA-ADRENERGIC AGONISTS
PROAMATINE 2.5MG TABLET MO	3		ALPHA-ADRENERGIC AGONISTS
PROAMATINE 5MG TABLET MO	3		ALPHA-ADRENERGIC AGONISTS
probenecid 500MG TABLET MO	1		URICOSURIC AGENTS
procainamide 100MG/ML SOLUTION MO	1		ANTIARRHYTHMIC AGENTS
procainamide 500MG/ML SOLUTION MO	1		ANTIARRHYTHMIC AGENTS
PROCALAMINE 3% 3% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
PROCARDIA 10MG CAPSULE MO	3		DIHYDROPYRIDINES
PROCHIEVE 4% GEL MO	3		PROGESTINS
PROCHIEVE 8% GEL MO	3		PROGESTINS
prochlorperazine 25MG SUPPOSITORY MO	1		ANTIHISTAMINES (GI DRUGS)
prochlorperazine edisylate 5MG/ML SOLUTION MO	1		ANTIHISTAMINES (GI DRUGS)
prochlorperazine maleate 10MG TABLET GG, MO	1	B vs D	ANTIHISTAMINES (GI DRUGS)
prochlorperazine maleate 5MG TABLET GG, MO	1	B vs D	ANTIHISTAMINES (GI DRUGS)
PROCRIT 10,000UNIT/ML SOLUTION SP	3	QL,PA	HEMATOPOIETIC AGENTS
PROCRIT 2,000UNIT/ML SOLUTION SP	3	QL,PA	HEMATOPOIETIC AGENTS
PROCRIT 20,000UNIT/ML SOLUTION SP	4	QL,PA	HEMATOPOIETIC AGENTS
PROCRIT 3,000UNIT/ML SOLUTION SP	3	QL,PA	HEMATOPOIETIC AGENTS
PROCRIT 4,000UNIT/ML SOLUTION SP	3	QL,PA	HEMATOPOIETIC AGENTS
PROCRIT 40,000UNIT/ML SOLUTION SP	4	QL,PA	HEMATOPOIETIC AGENTS
procto-pak 1% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
PROCTOCORT 1% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
proctocream-hc 2.5% CREAM GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
proctosol hc 2.5% CREAM GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
proctozone-hc 2.5% CREAM GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
PROGLYCEM 50MG/ML SUSPENSION MO	3		DIRECT VASODILATORS
PROGRAF 0.5MG CAPSULE MO	3	B vs D	IMMUNOSUPPRESSIVE AGENTS
PROGRAF 1MG CAPSULE MO	3	B vs D	IMMUNOSUPPRESSIVE AGENTS
PROGRAF 5MG CAPSULE MO	3	B vs D	IMMUNOSUPPRESSIVE AGENTS
PROGRAF 5MG/ML SOLUTION MO	3	B vs D	IMMUNOSUPPRESSIVE AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
PROLASTIN 500MG SUSPENSION ^{SP}	4	PA	RESPIRATORY TRACT AGENTS, MISCELLANEOUS
PROLEUKIN 22,000,000UNIT SOLUTION ^{SP}	4		ANTINEOPLASTIC AGENTS
PROMACTA 25MG TABLET ^{SP}	4	QL, PA	HEMATOPOIETIC AGENTS
PROMACTA 50MG TABLET ^{SP}	4	QL, PA	HEMATOPOIETIC AGENTS
promethazine 12.5MG SUPPOSITORY ^{MO}	1		PHENOTHIAZINE DERIVATIVES
promethazine 12.5MG TABLET ^{MO}	1	B vs D	PHENOTHIAZINE DERIVATIVES
promethazine 25MG SUPPOSITORY ^{MO}	1		PHENOTHIAZINE DERIVATIVES
promethazine 25MG TABLET ^{MO}	1	B vs D	PHENOTHIAZINE DERIVATIVES
promethazine 25MG/ML SYRINGE ^{MO}	1		PHENOTHIAZINE DERIVATIVES
promethazine 50MG TABLET ^{MO}	1	B vs D	PHENOTHIAZINE DERIVATIVES
promethazine 50MG/ML SOLUTION ^{MO}	1		PHENOTHIAZINE DERIVATIVES
promethazine 6.25MG/5 ML SYRUP ^{MO}	1		PHENOTHIAZINE DERIVATIVES
promethazine vc 6.25-5MG/5 ML SYRUP ^{MO}	1		PHENOTHIAZINE DERIVATIVES
promethegan 25MG SUPPOSITORY ^{MO}	1		PHENOTHIAZINE DERIVATIVES
promethegan 50MG SUPPOSITORY ^{MO}	1		PHENOTHIAZINE DERIVATIVES
PROMETRIUM 100MG CAPSULE ^{MO}	3		PROGESTINS
PROMETRIUM 200MG CAPSULE ^{MO}	3		PROGESTINS
propafenone 150MG TABLET ^{MO}	2		ANTIARRHYTHMIC AGENTS
propafenone 225MG TABLET ^{MO}	2		ANTIARRHYTHMIC AGENTS
propafenone 300MG TABLET ^{MO}	2		ANTIARRHYTHMIC AGENTS
proparacaine 0.5% DROPS ^{MO}	1		LOCAL ANESTHETICS (EENT)
PROPINE 0.1% DROPS ^{MO}	3		MYDRIATICS
propoxyphene 65MG CAPSULE ^{MO}	2		OPIATE AGONISTS
propoxyphene n-acetaminophen 100-500MG TABLET ^{MO}	2	QL	OPIATE AGONISTS
propoxyphene n-acetaminophen 100-650MG TABLET ^{MO}	2	QL	OPIATE AGONISTS
propoxyphene n-acetaminophen 50-325MG TABLET ^{MO}	2	QL	OPIATE AGONISTS
propoxyphene-acetaminophen 65-650MG TABLET ^{MO}	2	QL	OPIATE AGONISTS
propranolol 10MG TABLET ^{MO}	1		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 120MG CAPSULE 24 HR. ^{MO}	2		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 160MG CAPSULE 24 HR. ^{MO}	2		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 1MG/ML SOLUTION ^{MO}	1		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 20MG TABLET ^{MO}	1		BETA-ADRENERGIC BLOCKING AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
propranolol 20MG/5 ML SOLUTION MO	1		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 40MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 40MG/5 ML SOLUTION MO	1		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 60MG CAPSULE 24 HR. MO	2		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 60MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 80MG CAPSULE 24 HR. MO	2		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 80MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
propranolol-hydrochlorothiazid 40-25MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
propranolol-hydrochlorothiazid 80-25MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
propylthiouracil 50MG TABLET MO	1		ANTITHYROID AGENTS
PROQUAD 10exp3-4.3-3-3.99 TCID50/0.5 SOLUTION MO	3		VACCINES
PROSOL 20% PARENTERAL SOLUTION MO	3	B vs D	CALORIC AGENTS
PROTONIX 40MG SOLUTION MO	3		PROTON-PUMP INHIBITORS
PROTOPIC 0.03% OINTMENT MO	3		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
PROTOPIC 0.1% OINTMENT MO	3		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
protriptyline 10MG TABLET MO	1		ANTIDEPRESSANTS
protriptyline 5MG TABLET MO	1		ANTIDEPRESSANTS
PROVENTIL HFA 90MCG/ACTUATION INHALER MO	3	QL	BETA-ADRENERGIC AGONISTS
PROVERA 10MG TABLET MO	3		PROGESTINS
PROVERA 2.5MG TABLET MO	3		PROGESTINS
PROVERA 5MG TABLET MO	3		PROGESTINS
PROZAC WEEKLY 90MG CAPSULE MO	3	QL	ANTIDEPRESSANTS
PULMICORT FLEXHALER 180MCG/INHALATION AEROSOL POWDER MO	3	QL	ADRENALS
PULMICORT FLEXHALER 90MCG/INHALATION AEROSOL POWDER MO	3	QL	ADRENALS
PULMOZYME 1MG/ML SOLUTION SP	4	QL,B vs D	ENZYMES
PURINETHOL 50MG TABLET MO	3		ANTINEOPLASTIC AGENTS
PYLERA 140-125-125MG CAPSULE MO	3	QL	ANTIBACTERIALS, MISCELLANEOUS
pyrazinamide 500MG TABLET MO	1		ANTITUBERCULOSIS AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
pyridostigmine bromide 60MG TABLET MO	2		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
QUALAQUIN 324MG CAPSULE MO	3	QL,PA	ANTIMALARIALS
quasense 0.15-30MG-MCG TABLET MO	1	QL	CONTRACEPTIVES
questran 4GRAM PACKET MO	3		BILE ACID SEQUESTRANTS
quinapril 10MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
quinapril 20MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
quinapril 40MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
quinapril 5MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
quinapril-hydrochlorothiazide 10-12.5MG TABLET MO	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
quinapril-hydrochlorothiazide 20-12.5MG TABLET MO	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
quinapril-hydrochlorothiazide 20-25MG TABLET MO	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
quinidine gluconate 324MG TABLET MO	2		ANTIARRHYTHMIC AGENTS
quinidine gluconate 80MG/ML SOLUTION MO	1		ANTIARRHYTHMIC AGENTS
quinidine sulfate 200MG TABLET MO	1		ANTIARRHYTHMIC AGENTS
quinidine sulfate 300MG TABLET MO	1		ANTIARRHYTHMIC AGENTS
quinidine sulfate 300MG TABLET MO	1		ANTIARRHYTHMIC AGENTS
QUIXIN 0.5% DROPS MO	3		ANTIBACTERIALS (EENT)
QVAR 40MCG/ACTUATION AEROSOL MO	2	QL	ADRENALS
QVAR 80MCG/ACTUATION AEROSOL MO	2	QL	ADRENALS
RABAVERT (PF) 2.5UNIT KIT MO	2		VACCINES
ramipril 1.25MG CAPSULE GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ramipril 10MG CAPSULE GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ramipril 2.5MG CAPSULE GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ramipril 5MG CAPSULE GG, MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
RANEXA 1,000MG TABLET 12 HR. MO	3	QL,ST	CARDIAC DRUGS, MISCELLANEOUS
RANEXA 500MG TABLET 12 HR. MO	3	QL,ST	CARDIAC DRUGS, MISCELLANEOUS
ranitidine hcl 150MG CAPSULE MO	2		HISTAMINE H2-ANTAGONISTS
ranitidine hcl 150MG TABLET MO	1		HISTAMINE H2-ANTAGONISTS
ranitidine hcl 15MG/ML SYRUP MO	1		HISTAMINE H2-ANTAGONISTS
ranitidine hcl 25MG/ML SOLUTION MO	1		HISTAMINE H2-ANTAGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ranitidine hcl 300 MG TABLET MO	1		HISTAMINE H2-ANTAGONISTS
ranitidine hcl 300MG CAPSULE MO	1		HISTAMINE H2-ANTAGONISTS
RAPAMUNE 1MG TABLET MO	3	B vs D	IMMUNOSUPPRESSIVE AGENTS
RAPAMUNE 1MG/ML SOLUTION MO	3	B vs D	IMMUNOSUPPRESSIVE AGENTS
RAPAMUNE 2MG TABLET MO	3	B vs D	IMMUNOSUPPRESSIVE AGENTS
REBETOL 200MG CAPSULE SP	4	QL,PA	NUCLEOSIDES AND NUCLEOTIDES
REBETOL 40MG/ML SOLUTION SP	4	QL,PA	NUCLEOSIDES AND NUCLEOTIDES
REBIF 22MCG/0.5 ML SYRINGE SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
REBIF 44MCG/0.5 ML SYRINGE SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
REBIF TITRATION PACK 8.8mcg/0.2mL-22MCG/0.5ML (6) SYRINGE SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
reclipsen (28) 0.15-30MG-MCG TABLET MO	1		CONTRACEPTIVES
RECOMBIVAX HB (PF) 10MCG/ML SUSPENSION MO	3	B vs D	VACCINES
RECOMBIVAX HB (PF) 40MCG/ML SUSPENSION MO	3	B vs D	VACCINES
REGONOL 5MG/ML SOLUTION MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
REGRANEX 0.01% GEL MO	4		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
RELENZA DISKHALER 5MG/ACTUATION DISK MO	3	QL	NEURAMINIDASE INHIBITORS
RELISTOR 12MG/0.6 ML SOLUTION MO	3	QL,PA	GI DRUGS, MISCELLANEOUS
REMICADE 100MG SOLUTION SP	4	PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
REMODULIN 10MG/ML SOLUTION SP	4	PA	VASODILATING AGENTS, MISCELLANEOUS
REMODULIN 1MG/ML SOLUTION SP	4	PA	VASODILATING AGENTS, MISCELLANEOUS
REMODULIN 2.5MG/ML SOLUTION SP	4	PA	VASODILATING AGENTS, MISCELLANEOUS
REMODULIN 5MG/ML SOLUTION SP	4	PA	VASODILATING AGENTS, MISCELLANEOUS
RENAGEL 400MG TABLET MO	2		PHOSPHATE-REMOVING AGENTS
RENAGEL 800MG TABLET MO	2		PHOSPHATE-REMOVING AGENTS
RENAMIN 6.5 % 6.5% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
REVELA 0.8GRAM POWDER MO	2	QL	PHOSPHATE-REMOVING AGENTS
REVELA 2.4GRAM POWDER MO	2	QL	PHOSPHATE-REMOVING AGENTS
REVELA 800MG TABLET MO	2	QL	PHOSPHATE-REMOVING AGENTS
REQUIP XL 12MG TABLET 24 HR. MO	3	QL	DOPAMINE RECEPTOR AGONISTS
REQUIP XL 2MG TABLET 24 HR. MO	3	QL	DOPAMINE RECEPTOR AGONISTS
REQUIP XL 4MG TABLET 24 HR. MO	3	QL	DOPAMINE RECEPTOR AGONISTS
REQUIP XL 6MG TABLET 24 HR. MO	3	QL	DOPAMINE RECEPTOR AGONISTS
REQUIP XL 8MG TABLET 24 HR. MO	3	QL	DOPAMINE RECEPTOR AGONISTS
RESCRIPTOR 100MG TABLET MO	3		ANTIRETROVIRALS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
RESCRIPTOR 200MG TABLET MO	3		ANTIRETROVIRALS
reserpine 0.1MG TABLET MO	1		PERIPHERAL ADRENERGIC INHIBITORS
reserpine 0.25MG TABLET MO	1		PERIPHERAL ADRENERGIC INHIBITORS
RESTASIS 0.05% DROPPERETTE MO	2		EENT ANTI-INFLAMMATORY AGENTS, MISC.
RETROVIR 100MG CAPSULE MO	3		ANTIRETROVIRALS
RETROVIR 10MG/ML SOLUTION MO	3		ANTIRETROVIRALS
RETROVIR 10MG/ML SYRUP MO	3		ANTIRETROVIRALS
RETROVIR 300MG TABLET MO	3		ANTIRETROVIRALS
REVATIO 10MG/12.5 ML SOLUTION SP	3	QL,PA	PHOSPHODIESTERASE INHIBITORS
REVATIO 20MG TABLET SP	4	QL,PA	PHOSPHODIESTERASE INHIBITORS
revia 50MG TABLET MO	3		OPIATE ANTAGONISTS
REVLIMID 10MG CAPSULE SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
REVLIMID 15MG CAPSULE SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
REVLIMID 25MG CAPSULE SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
REVLIMID 5MG CAPSULE SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
REYATAZ 100MG CAPSULE MO	2		ANTIRETROVIRALS
REYATAZ 150MG CAPSULE MO	2		ANTIRETROVIRALS
REYATAZ 200MG CAPSULE MO	2		ANTIRETROVIRALS
REYATAZ 300MG CAPSULE MO	2		ANTIRETROVIRALS
RHEUMATREX 2.5MG TABLET MO	3		ANTINEOPLASTIC AGENTS
RIBAPAK DOSE PACK 400-400MG (28)-MG (28) TABLET SP	4	QL,PA	NUCLEOSIDES AND NUCLEOTIDES
RIBAPAK DOSE PACK 600-400MG (28)-MG (28) TABLET SP	4	QL,PA	NUCLEOSIDES AND NUCLEOTIDES
RIBAPAK DOSE PACK 600-600MG (28)-MG (28) TABLET SP	4	QL,PA	NUCLEOSIDES AND NUCLEOTIDES
ribasphere 200MG CAPSULE SP	4	QL,PA	NUCLEOSIDES AND NUCLEOTIDES
ribasphere 200MG TABLET SP	3	QL,PA	NUCLEOSIDES AND NUCLEOTIDES
RIBASPHERE 400MG TABLET SP	4	QL,PA	NUCLEOSIDES AND NUCLEOTIDES
RIBASPHERE 600MG TABLET SP	4	QL,PA	NUCLEOSIDES AND NUCLEOTIDES
ribavirin 200MG CAPSULE SP	2	PA	NUCLEOSIDES AND NUCLEOTIDES
ribavirin 200MG TABLET SP	2	PA	NUCLEOSIDES AND NUCLEOTIDES
ribavirin 400MG TABLET SP	2	QL	NUCLEOSIDES AND NUCLEOTIDES
ribavirin 600MG TABLET SP	2	QL	NUCLEOSIDES AND NUCLEOTIDES
RIDAURA 3MG CAPSULE MO	3		GOLD COMPOUNDS
RIFADIN 150MG CAPSULE MO	3		ANTITUBERCULOSIS AGENTS
RIFADIN 300MG CAPSULE MO	3		ANTITUBERCULOSIS AGENTS
RIFADIN 600MG SOLUTION MO	3		ANTITUBERCULOSIS AGENTS
RIFAMATE 300-150MG CAPSULE MO	3		ANTITUBERCULOSIS AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
rifampin 150MG CAPSULE MO	1		ANTITUBERCULOSIS AGENTS
rifampin 300MG CAPSULE MO	1		ANTITUBERCULOSIS AGENTS
rifampin 600MG SOLUTION MO	1		ANTITUBERCULOSIS AGENTS
RIFATER 50-120-300MG TABLET MO	3		ANTITUBERCULOSIS AGENTS
RILUTEK 50MG TABLET MO	2		CENTRAL NERVOUS SYSTEM AGENTS, MISC.
rimantadine 100MG TABLET MO	1		ADAMANTANES
ringers PARENTERAL SOLUTION MO	1		REPLACEMENT PREPARATIONS
ringers SOLUTION MO	1		IRRIGATING SOLUTIONS
ringers SOLUTION MO	1		IRRIGATING SOLUTIONS
RIOMET 500MG/5 ML SOLUTION MO	3		BIGUANIDES
RISPERDAL 1MG/ML SOLUTION MO	3		ANTIPSYCHOTIC AGENTS
RISPERDAL CONSTA 12.5MG/2 ML SYRINGE MO	3	QL	ANTIPSYCHOTIC AGENTS
RISPERDAL CONSTA 25MG/2 ML SYRINGE MO	3	QL	ANTIPSYCHOTIC AGENTS
RISPERDAL CONSTA 37.5MG/2 ML SYRINGE MO	3	QL	ANTIPSYCHOTIC AGENTS
RISPERDAL CONSTA 50MG/2 ML SYRINGE MO	4	QL	ANTIPSYCHOTIC AGENTS
RISPERDAL M-TAB 0.5MG TABLET MO	3	QL	ANTIPSYCHOTIC AGENTS
RISPERDAL M-TAB 1MG TABLET MO	3	QL	ANTIPSYCHOTIC AGENTS
RISPERDAL M-TAB 2MG TABLET MO	3	QL	ANTIPSYCHOTIC AGENTS
RISPERDAL M-TAB 3MG TABLET MO	3	QL	ANTIPSYCHOTIC AGENTS
RISPERDAL M-TAB 4MG TABLET MO	3	QL	ANTIPSYCHOTIC AGENTS
risperidone 0.25MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 0.25MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 0.5MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 0.5MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 1MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 1MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 1MG/ML SOLUTION MO	1		ANTIPSYCHOTIC AGENTS
risperidone 2MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 2MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 3MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 3MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 4MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 4MG TABLET MO	1	QL	ANTIPSYCHOTIC AGENTS
RITUXAN 10MG/ML CONCENTRATE SP	4	PA	ANTINEOPLASTIC AGENTS
ROBAXIN 100MG/ML SOLUTION MO	3		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
ROBAXIN 500MG TABLET MO	3		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
ROBINUL 0.2MG/ML SOLUTION MO	3		ANTIMUSCARINICS/ANTISPASMODIC S

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ROBINUL 1MG TABLET MO	3		ANTIMUSCARINICS/ANTISPASMODICS
ROBINUL FORTE 2MG TABLET MO	3		ANTIMUSCARINICS/ANTISPASMODICS
ROCALTROL 0.25MCG CAPSULE MO	3		VITAMIN D
ROCALTROL 0.5MCG CAPSULE MO	3		VITAMIN D
ROCALTROL 1MCG/ML SOLUTION MO	3		VITAMIN D
ROCEPHIN 1GRAM SOLUTION MO	3		CEPHALOSPORINS
romycin 5 mg/gram(0.5 %) OINTMENT MO	1		ANTIBACTERIALS (EENT)
ropinirole 0.25MG TABLET MO	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 0.5MG TABLET MO	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 1MG TABLET MO	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 2MG TABLET MO	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 3MG TABLET MO	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 4MG TABLET MO	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 5MG TABLET MO	1		DOPAMINE RECEPTOR AGONISTS
ROTATEQ VACCINE 2ML SUSPENSION MO	3		VACCINES
ROXICET 5-325MG TABLET MO	2	QL	OPIATE AGONISTS
ROXICET 5-325MG/5 ML SOLUTION MO	2		OPIATE AGONISTS
ROXICET 5-500MG TABLET MO	2	QL	OPIATE AGONISTS
ROZEREM 8MG TABLET MO	3	QL,ST	ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
RYTHMOL SR 225MG CAPSULE 12 HR. MO	2		ANTIARRHYTHMIC AGENTS
RYTHMOL SR 325MG CAPSULE 12 HR. MO	2		ANTIARRHYTHMIC AGENTS
RYTHMOL SR 425MG CAPSULE 12 HR. MO	2		ANTIARRHYTHMIC AGENTS
SABRIL 500MG POWDER SP	4	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
SABRIL 500MG TABLET SP	4	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
SAMSCA 15MG TABLET SP	4	QL	DIURETICS, MISCELLANEOUS
SAMSCA 30MG TABLET SP	4	QL	DIURETICS, MISCELLANEOUS
SANCTURA XR 60MG CAPSULE 24 HR. MO	3	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
SANDOSTATIN 1,000MCG/ML SOLUTION MO	4	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SANDOSTATIN 100MCG/ML SOLUTION MO	4	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SANDOSTATIN 200MCG/ML SOLUTION MO	4	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SANDOSTATIN 500MCG/ML SOLUTION MO	4	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
SANDOSTATIN 50MCG/ML SOLUTION MO	4	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SANDOSTATIN LAR DEPOT 10MG KIT SP	4	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SANDOSTATIN LAR DEPOT 20MG KIT SP	4	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SANDOSTATIN LAR DEPOT 30MG KIT SP	4	PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SANTYL 250UNIT/G OINTMENT MO	3		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
SAPHRIS 10MG TABLET MO	3	QL,ST	ANTIPSYCHOTIC AGENTS
SAPHRIS 5MG TABLET MO	3	QL,ST	ANTIPSYCHOTIC AGENTS
SAVELLA 100MG TABLET MO	2	QL	FIBROMYALGIA AGENTS
SAVELLA 12.5 mg (5)-25MG(8)-50 MG(42) TABLET MO	2	QL	FIBROMYALGIA AGENTS
SAVELLA 12.5MG TABLET MO	2	QL	FIBROMYALGIA AGENTS
SAVELLA 25MG TABLET MO	2	QL	FIBROMYALGIA AGENTS
SAVELLA 50MG TABLET MO	2	QL	FIBROMYALGIA AGENTS
SEASONALE 0.15-30MG-MCG TABLET MO	3	QL	CONTRACEPTIVES
SEASONIQUE 0.15 mg-30 mcg(84)/10 MCG (7) TABLET MO	3	QL	CONTRACEPTIVES
SECTRAL 200MG CAPSULE MO	3		BETA-ADRENERGIC BLOCKING AGENTS
SECTRAL 400MG CAPSULE MO	3		BETA-ADRENERGIC BLOCKING AGENTS
selegiline hcl 5MG CAPSULE MO	1		MONOAMINE OXIDASE B INHIBITORS
selegiline hcl 5MG TABLET MO	1		MONOAMINE OXIDASE B INHIBITORS
selenium sulfide 2.5 % SUSPENSION MO	1		LOCAL ANTI-INFECTIVES, MISCELLANEOUS
selenium sulfide 2.5% SUSPENSION GG, MO	1		LOCAL ANTI-INFECTIVES, MISCELLANEOUS
SELZENTRY 150MG TABLET MO	4	QL	ANTIRETROVIRALS
SELZENTRY 300MG TABLET MO	4	QL	ANTIRETROVIRALS
SEMPREX-D 8-60MG CAPSULE MO	3		SECOND GENERATION ANTIHISTAMINES
SENSIPAR 30MG TABLET MO	2	QL	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SENSIPAR 60MG TABLET MO	4	QL	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SENSIPAR 90MG TABLET MO	4	QL	OTHER MISCELLANEOUS THERAPEUTIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
SEPTRA 400-80MG TABLET MO	3		SULFONAMIDES (SYSTEMIC)
SEPTRA DS 800-160MG TABLET MO	3		SULFONAMIDES (SYSTEMIC)
SEREVENT DISKUS 50MCG/DOSE DISK MO	2	QL	BETA-ADRENERGIC AGONISTS
SEROMYCIN 250MG CAPSULE MO	3		ANTITUBERCULOSIS AGENTS
SEROQUEL 100MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL 200MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL 25MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL 300MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL 400MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL 50MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL XR 150MG TABLET 24 HR. MO	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL XR 200MG TABLET 24 HR. MO	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL XR 300MG TABLET 24 HR. MO	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL XR 400MG TABLET 24 HR. MO	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL XR 50MG TABLET 24 HR. MO	2	QL	ANTIPSYCHOTIC AGENTS
SEROSTIM 4MG SOLUTION SP	4	QL,PA	PITUITARY
SEROSTIM 5MG SOLUTION SP	4	QL,PA	PITUITARY
SEROSTIM 6MG SOLUTION SP	4	QL,PA	PITUITARY
sertraline 100MG TABLET MO	1	QL	ANTIDEPRESSANTS
sertraline 20MG/ML CONCENTRATE MO	1		ANTIDEPRESSANTS
sertraline 25MG TABLET MO	1	QL	ANTIDEPRESSANTS
sertraline 50MG TABLET MO	1	QL	ANTIDEPRESSANTS
SILVADENE 1% CREAM MO	3		LOCAL ANTI-INFECTIVES, MISCELLANEOUS
silver sulfadiazine 1% CREAM MO	1		LOCAL ANTI-INFECTIVES, MISCELLANEOUS
SIMCOR 1,000-20MG TABLET 24 HR. MO	3	QL	HMG-COA REDUCTASE INHIBITORS
SIMCOR 500-20MG TABLET 24 HR. MO	3	QL	HMG-COA REDUCTASE INHIBITORS
SIMCOR 750-20MG TABLET 24 HR. MO	3	QL	HMG-COA REDUCTASE INHIBITORS
SIMULECT 20MG SOLUTION MO	4	B vs D	IMMUNOSUPPRESSIVE AGENTS
simvastatin 10MG TABLET GG, MO	1	QL	HMG-COA REDUCTASE INHIBITORS
simvastatin 20MG TABLET GG, MO	1	QL	HMG-COA REDUCTASE INHIBITORS
simvastatin 40MG TABLET GG, MO	1	QL	HMG-COA REDUCTASE INHIBITORS
simvastatin 5MG TABLET GG, MO	1	QL	HMG-COA REDUCTASE INHIBITORS
simvastatin 80MG TABLET GG, MO	1	QL	HMG-COA REDUCTASE INHIBITORS
SINEMET 10-100MG TABLET MO	3		DOPAMINE PRECURSORS
SINEMET 25-100MG TABLET MO	3		DOPAMINE PRECURSORS
SINEMET-25/250 25-250MG TABLET MO	3		DOPAMINE PRECURSORS
SINGULAIR 10MG TABLET MO	3	QL,ST	LEUKOTRIENE MODIFIERS
SINGULAIR 4MG CHEWABLE TABLET MO	3	QL,ST	LEUKOTRIENE MODIFIERS
SINGULAIR 4MG GRANULES MO	3	QL,ST	LEUKOTRIENE MODIFIERS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
SINGULAIR 5MG CHEWABLE TABLET MO	3	QL,ST	LEUKOTRIENE MODIFIERS
SKELID 240MG TABLET MO	3		BONE RESORPTION INHIBITORS
sodium bicarbonate 7.5% (0.9 MEQ/ML) SYRINGE MO	1		ALKALINIZING AGENTS
sodium bicarbonate 8.4% (1 MEQ/ML) SYRINGE MO	1		ALKALINIZING AGENTS
sodium chloride 0.9% SOLUTION MO	1	B vs D	IRRIGATING SOLUTIONS
sodium chloride 2.5MEQ/ML PARENTERAL SOLUTION MO	1	B vs D	REPLACEMENT PREPARATIONS
sodium chloride 0.45 % 0.45% PARENTERAL SOLUTION MO	1	B vs D	REPLACEMENT PREPARATIONS
sodium chloride 0.9 % 0.9% PARENTERAL SOLUTION MO	1	B vs D	REPLACEMENT PREPARATIONS
sodium chloride 3 % 3% PARENTERAL SOLUTION MO	1	B vs D	REPLACEMENT PREPARATIONS
sodium chloride 5 % 5% PARENTERAL SOLUTION MO	1	B vs D	REPLACEMENT PREPARATIONS
SODIUM EDECRIN 50MG SOLUTION MO	3		LOOP DIURETICS
sodium fluoride 1 mg (fluoride)(2.2 MG) TABLET MO	1		CARIOSTATIC AGENTS
sodium lactate 167MEQ/L PARENTERAL SOLUTION MO	1		ALKALINIZING AGENTS
sodium lactate 5MEQ/ML SOLUTION MO	1		ALKALINIZING AGENTS
sodium polystyrene sulfonate POWDER MO	2		POTASSIUM-REMOVING AGENTS
SOLARAZE 3% GEL MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
SOLIA 0.15-30MG-MCG TABLET MO	1		CONTRACEPTIVES
SOLU-CORTEF 250MG/2 ML SOLUTION MO	3		ADRENALS
SOLU-CORTEF (PF) 100MG/2 ML SOLUTION MO	3		ADRENALS
SOLU-MEDROL 2GRAM SOLUTION MO	3		ADRENALS
SOLU-MEDROL (PF) 125MG/2 ML SOLUTION MO	3		ADRENALS
SOLU-MEDROL (PF) 40MG/ML SOLUTION MO	3		ADRENALS
SOLU-MEDROL (PF) 500MG/4 ML SOLUTION MO	3		ADRENALS
SOMATULINE DEPOT 120MG/0.5 ML SYRINGE SP	4	QL,PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SOMATULINE DEPOT 60MG/0.2 ML SYRINGE SP	4	QL,PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SOMATULINE DEPOT 90MG/0.3 ML SYRINGE SP	4	QL,PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SOMAVERT 10MG SOLUTION SP	4	QL,PA	SOMATOTROPIN ANTAGONISTS
SOMAVERT 15MG SOLUTION SP	4	QL,PA	SOMATOTROPIN ANTAGONISTS
SOMAVERT 20MG SOLUTION SP	4	QL,PA	SOMATOTROPIN ANTAGONISTS
SORIATANE 17.5MG CAPSULE MO	4		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
SORIATANE 22.5MG CAPSULE MO	4		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
sorine 120MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
sorine 160MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
sorine 240MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
sorine 80MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
sotalol 120MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
sotalol 150 mg/10 mL(15 MG/ML) SOLUTION MO	1		BETA-ADRENERGIC BLOCKING AGENTS
sotalol 160MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
sotalol 240MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
sotalol 80MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
sotret 10MG CAPSULE MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
sotret 20MG CAPSULE MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
SOTRET 30MG CAPSULE MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
sotret 40MG CAPSULE MO	2		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
SPECTRACEF 200MG TABLET MO	3		CEPHALOSPORINS
SPECTRACEF 400MG TABLET MO	3		CEPHALOSPORINS
SPIRIVA WITH HANDIHALER 18MCG CAPSULE MO	2	QL	ANTIMUSCARINICS/ANTISPASMODICS
spironolacton-hydrochlorothiaz 25-25MG TABLET MO	1		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
spironolactone 100MG TABLET MO	1		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
spironolactone 25MG TABLET MO	1		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
spironolactone 50MG TABLET MO	1		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
sprintec (28) 0.25-35MG-MCG TABLET MO	1		CONTRACEPTIVES
SPRYCEL 100MG TABLET SP	4	QL,PA	ANTINEOPLASTIC AGENTS
SPRYCEL 20MG TABLET SP	4	QL,PA	ANTINEOPLASTIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
SPRYCEL 50MG TABLET SP	4	QL,PA	ANTINEOPLASTIC AGENTS
SPRYCEL 70MG TABLET SP	4	QL,PA	ANTINEOPLASTIC AGENTS
sronyx 0.1-20MG-MCG TABLET MO	1		CONTRACEPTIVES
SSD 1% CREAM MO	1		LOCAL ANTI-INFECTIVES, MISCELLANEOUS
stagesic 5-500MG CAPSULE MO	1	QL	OPIATE AGONISTS
STALEVO 100 25-100-200MG TABLET MO	2		DOPAMINE PRECURSORS
STALEVO 125 31.25-125-200MG TABLET MO	2		DOPAMINE PRECURSORS
STALEVO 150 37.5-150-200MG TABLET MO	2		DOPAMINE PRECURSORS
STALEVO 200 50-200-200MG TABLET MO	2		DOPAMINE PRECURSORS
STALEVO 50 12.5-50-200MG TABLET MO	2		DOPAMINE PRECURSORS
STALEVO 75 18.75-75-200MG TABLET MO	2		DOPAMINE PRECURSORS
stavudine 15MG CAPSULE MO	1		ANTIRETROVIRALS
stavudine 1MG/ML SOLUTION MO	1		ANTIRETROVIRALS
stavudine 20MG CAPSULE MO	1		ANTIRETROVIRALS
stavudine 30MG CAPSULE MO	1		ANTIRETROVIRALS
stavudine 40MG CAPSULE MO	1		ANTIRETROVIRALS
STAVZOR 125MG CAPSULE MO	3		ANTICONVULSANTS, MISCELLANEOUS
STAVZOR 250MG CAPSULE MO	3		ANTICONVULSANTS, MISCELLANEOUS
STAVZOR 500MG CAPSULE MO	3		ANTICONVULSANTS, MISCELLANEOUS
STELARA 45MG/0.5 ML SOLUTION SP	4	QL,PA	IMMUNOSUPPRESSIVE AGENTS
STELARA 45MG/0.5 ML SYRINGE SP	4	QL,PA	IMMUNOSUPPRESSIVE AGENTS
STELARA 90MG/ML SYRINGE SP	4	QL,PA	IMMUNOSUPPRESSIVE AGENTS
STERILE GAUZE PAD 2 X 22 X 2 BANDAGE MO	1		PHARMACEUTICAL AIDS
STIMATE 150MCG/SPRAY SPRAY MO	3		PITUITARY
STRATTERA 100MG CAPSULE MO	3	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
STRATTERA 10MG CAPSULE MO	3	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
STRATTERA 18MG CAPSULE MO	3	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
STRATTERA 25MG CAPSULE MO	3	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
STRATTERA 40MG CAPSULE MO	3	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
STRATTERA 60MG CAPSULE MO	3	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
STRATTERA 80MG CAPSULE MO	3	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
streptomycin 1GRAM SOLUTION MO	2		AMINOGLYCOSIDES
STRIANT 30MG MUCOADHESIVE MO	3		ANDROGENS
STROMECTOL 3MG TABLET MO	3		ANTHELMINTICS
SUBOXONE 2-0.5MG TABLET MO	3	QL,PA	OPIATE PARTIAL AGONISTS
SUBOXONE 8-2MG TABLET MO	3	QL,PA	OPIATE PARTIAL AGONISTS
SUBUTEX 2MG TABLET MO	3	QL,PA	OPIATE PARTIAL AGONISTS
SUBUTEX 8MG TABLET MO	3	QL,PA	OPIATE PARTIAL AGONISTS
SUCRAID 8,500UNIT/ML SOLUTION SP	4		ENZYMES
sucalfate 1GRAM TABLET MO	1		PROTECTANTS
sulfacetamide sodium 10% DROPS MO	1		ANTIBACTERIALS (EENT)
sulfacetamide sodium (acne) 10% SUSPENSION MO	1		LOCAL ANTI-INFECTIVES, MISCELLANEOUS
sulfacetamide-prednisolone 10 %-0.25 %(0.23 %) DROPS MO	1		ANTIBACTERIALS (EENT)
sulfadiazine 500MG TABLET MO	1		SULFONAMIDES (SYSTEMIC)
sulfamethoxazole-trimethoprim 200-40MG/5 ML SUSPENSION MO	1		SULFONAMIDES (SYSTEMIC)
sulfamethoxazole-trimethoprim 400-80MG TABLET MO	1		SULFONAMIDES (SYSTEMIC)
sulfamethoxazole-trimethoprim 400-80MG/5 ML SOLUTION MO	1		SULFONAMIDES (SYSTEMIC)
sulfamethoxazole-trimethoprim 800-160MG TABLET MO	1		SULFONAMIDES (SYSTEMIC)
SULFAMYLON 50GRAM PACKET MO	3		LOCAL ANTI-INFECTIVES, MISCELLANEOUS
SULFAMYLON 85MG/G CREAM MO	3		LOCAL ANTI-INFECTIVES, MISCELLANEOUS
sulfasalazine 500MG TABLET MO	1		SULFONAMIDES (SYSTEMIC)
SULFATRIM 200-40MG/5 ML SUSPENSION MO	1		SULFONAMIDES (SYSTEMIC)
sulfazine ec 500MG TABLET MO	1		SULFONAMIDES (SYSTEMIC)
sulindac 150MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
sulindac 200MG TABLET MO	1		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
sumatriptan succinate 100MG TABLET MO	1	QL	SELECTIVE SEROTONIN AGONISTS
sumatriptan succinate 25MG TABLET MO	1	QL	SELECTIVE SEROTONIN AGONISTS
sumatriptan succinate 4MG/0.5 ML SOLUTION MO	2	QL	SELECTIVE SEROTONIN AGONISTS
sumatriptan succinate 50MG TABLET MO	1	QL	SELECTIVE SEROTONIN AGONISTS
sumatriptan succinate 6MG/0.5 ML SOLUTION MO	2	QL	SELECTIVE SEROTONIN AGONISTS
SUPRAX 100MG/5 ML SUSPENSION MO	3		CEPHALOSPORINS
SUPRAX 200MG/5 ML SUSPENSION MO	3		CEPHALOSPORINS
SURMONTIL 100MG CAPSULE MO	3		ANTIDEPRESSANTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
SURMONTIL 25MG CAPSULE MO	3		ANTIDEPRESSANTS
SURMONTIL 50MG CAPSULE MO	3		ANTIDEPRESSANTS
SUSTIVA 200MG CAPSULE MO	2		ANTIRETROVIRALS
SUSTIVA 50MG CAPSULE MO	2		ANTIRETROVIRALS
SUSTIVA 600MG TABLET MO	2		ANTIRETROVIRALS
SUTENT 12.5MG CAPSULE SP	4	QL,PA	ANTINEOPLASTIC AGENTS
SUTENT 25MG CAPSULE SP	4	QL,PA	ANTINEOPLASTIC AGENTS
SUTENT 50MG CAPSULE SP	4	QL,PA	ANTINEOPLASTIC AGENTS
SYMBICORT 160-4.5MCG/ACTUATION INHALER MO	2	QL	ADRENALS
SYMBICORT 80-4.5MCG/ACTUATION INHALER MO	2	QL	ADRENALS
SYMLIN 600MCG/ML SOLUTION MO	3	QL,PA	AMYLINOMIMETICS
SYMLINPEN 120 2,700MCG/2.7 ML PEN INJECTOR MO	3	QL,PA	AMYLINOMIMETICS
SYMLINPEN 60 1,500MCG/1.5 ML PEN INJECTOR MO	3	QL,PA	AMYLINOMIMETICS
SYNAGIS 50MG/0.5 ML SOLUTION SP	4	PA	MONOCLONAL ANTIBODIES
SYNAREL 2MG/ML SPRAY SP	4		GONADOTROPINS
SYNERA 70-70MG PATCH MO	3		ANTIPRURITICS AND LOCAL ANESTHETICS
SYNERCID 500MG SOLUTION MO	4		ANTIBACTERIALS, MISCELLANEOUS
SYNTHROID 100MCG TABLET MO	2		THYROID AGENTS
SYNTHROID 112MCG TABLET MO	2		THYROID AGENTS
SYNTHROID 125MCG TABLET MO	2		THYROID AGENTS
SYNTHROID 137MCG TABLET MO	2		THYROID AGENTS
SYNTHROID 150MCG TABLET MO	2		THYROID AGENTS
SYNTHROID 175MCG TABLET MO	2		THYROID AGENTS
SYNTHROID 200MCG TABLET MO	2		THYROID AGENTS
SYNTHROID 25MCG TABLET MO	2		THYROID AGENTS
SYNTHROID 300MCG TABLET MO	2		THYROID AGENTS
SYNTHROID 50MCG TABLET MO	2		THYROID AGENTS
SYNTHROID 75MCG TABLET MO	2		THYROID AGENTS
SYNTHROID 88MCG TABLET MO	2		THYROID AGENTS
SYPRINE 250MG CAPSULE MO	3		HEAVY METAL ANTAGONISTS
TACLONEX 0.005-0.064% OINTMENT MO	3	QL	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
tacrolimus 0.5MG CAPSULE MO	1	B vs D	IMMUNOSUPPRESSIVE AGENTS
tacrolimus 1MG CAPSULE MO	1	B vs D	IMMUNOSUPPRESSIVE AGENTS
tacrolimus 5MG CAPSULE MO	1	B vs D	IMMUNOSUPPRESSIVE AGENTS
TALACEN 25-650MG TABLET MO	3	QL	OPIATE PARTIAL AGONISTS
TALWIN NX 50-0.5MG TABLET MO	3		OPIATE PARTIAL AGONISTS
TAMBOCOR 100MG TABLET MO	3		ANTIARRHYTHMIC AGENTS
TAMBOCOR 150MG TABLET MO	3		ANTIARRHYTHMIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
TAMBOCOR 50MG TABLET ^{MO}	3		ANTIARRHYTHMIC AGENTS
TAMIFLU 12MG/ML SUSPENSION ^{MO}	3	QL	NEURAMINIDASE INHIBITORS
TAMIFLU 30MG CAPSULE ^{MO}	3	QL	NEURAMINIDASE INHIBITORS
TAMIFLU 45MG CAPSULE ^{MO}	3	QL	NEURAMINIDASE INHIBITORS
TAMIFLU 75MG CAPSULE ^{MO}	3	QL	NEURAMINIDASE INHIBITORS
tamoxifen 10MG TABLET ^{MO}	1		ANTINEOPLASTIC AGENTS
tamoxifen 20MG TABLET ^{MO}	1		ANTINEOPLASTIC AGENTS
tamsulosin 0.4MG CAPSULE 24 HR. ^{MO}	2	QL	ALPHA-ADRENERGIC BLOCKING AGENTS
TAPAZOLE 10MG TABLET ^{MO}	3		ANTITHYROID AGENTS
TAPAZOLE 5MG TABLET ^{MO}	3		ANTITHYROID AGENTS
TARCEVA 100MG TABLET ^{SP}	4	QL,PA	ANTINEOPLASTIC AGENTS
TARCEVA 150MG TABLET ^{SP}	4	QL,PA	ANTINEOPLASTIC AGENTS
TARCEVA 25MG TABLET ^{SP}	4	QL,PA	ANTINEOPLASTIC AGENTS
TARGRETIN 1% GEL ^{SP}	4	PA	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
TARGRETIN 75MG CAPSULE ^{SP}	4	PA	ANTINEOPLASTIC AGENTS
TASIGNA 200MG CAPSULE ^{SP}	4	QL,PA	ANTINEOPLASTIC AGENTS
TASMAR 100MG TABLET ^{MO}	3	PA	CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.
TAXOTERE 80MG/8 ML (FINAL) SOLUTION ^{SP}	4	B vs D	ANTINEOPLASTIC AGENTS
tazicef 1GRAM SOLUTION ^{MO}	2		CEPHALOSPORINS
tazicef 2GRAM SOLUTION ^{MO}	2		CEPHALOSPORINS
tazicef 6GRAM SOLUTION ^{MO}	2		CEPHALOSPORINS
taztia xt 120MG CAPSULE ^{MO}	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
taztia xt 180MG CAPSULE ^{MO}	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
taztia xt 240MG CAPSULE ^{MO}	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
taztia xt 300MG CAPSULE ^{MO}	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
taztia xt 360MG CAPSULE ^{MO}	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
TEGRETOL XR 100MG TABLET 12 HR. ^{MO}	3		ANTICONVULSANTS, MISCELLANEOUS
TEGRETOL XR 200MG TABLET 12 HR. ^{MO}	3		ANTICONVULSANTS, MISCELLANEOUS
TEGRETOL XR 400MG TABLET 12 HR. ^{MO}	3		ANTICONVULSANTS, MISCELLANEOUS
TEKURNA 150MG TABLET ^{MO}	2	QL	RENIN INHIBITORS
TEKURNA 300MG TABLET ^{MO}	2	QL	RENIN INHIBITORS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
TEKTURNA HCT 150-12.5MG TABLET MO	2	QL	RENIN INHIBITORS
TEKTURNA HCT 150-25MG TABLET MO	2	QL	RENIN INHIBITORS
TEKTURNA HCT 300-12.5MG TABLET MO	2	QL	RENIN INHIBITORS
TEKTURNA HCT 300-25MG TABLET MO	2	QL	RENIN INHIBITORS
TEMOVATE 0.05% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
TEMOVATE 0.05% GEL MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
TEMOVATE 0.05% OINTMENT MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
TEMOVATE 0.05% SOLUTION MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
TENEX 1MG TABLET MO	3		CENTRAL ALPHA-AGONISTS
TENEX 2MG TABLET MO	3		CENTRAL ALPHA-AGONISTS
TENORETIC 100 100-25MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
TENORETIC 50 50-25MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
TENORMIN 100MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
TENORMIN 25MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
TENORMIN 50MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
TERAZOL 3 0.8% CREAM MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
TERAZOL 3 80MG SUPPOSITORY MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
TERAZOL 7 0.4% CREAM MO	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
terazosin 10MG CAPSULE MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
terazosin 1MG CAPSULE MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
terazosin 2MG CAPSULE MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
terazosin 5MG CAPSULE MO	1		ALPHA-ADRENERGIC BLOCKING AGENTS
terbinafine 250MG TABLET GG, MO	1	QL	ALLYLAMINES
terbutaline 1MG/ML SOLUTION MO	2		BETA-ADRENERGIC AGONISTS
terbutaline 2.5MG TABLET MO	2		BETA-ADRENERGIC AGONISTS
terbutaline 5MG TABLET MO	2		BETA-ADRENERGIC AGONISTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
terconazole 0.4% CREAM MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
terconazole 0.8% CREAM MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
terconazole 80MG SUPPOSITORY MO	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
TESTIM 50MG/5 GRAM (1 %) GEL MO	3		ANDROGENS
testosterone cypionate 100MG/ML OIL MO	2		ANDROGENS
testosterone enanthate 200MG/ML OIL MO	2		ANDROGENS
TESTRED 10MG CAPSULE MO	3		ANDROGENS
tetanus toxoid,adsorbed (pf) 5LF UNIT/0.5 ML SOLUTION MO	3		TOXOIDS
tetanus,diphtheria toxd ped-pf 5-6.7LF UNIT SUSPENSION MO	3		TOXOIDS
tetanus-diphtheria toxoids-td 2-2 LF UNIT/0.5 ML SUSPENSION MO	3		TOXOIDS
tetracycline 250MG CAPSULE GG, MO	1		TETRACYCLINES
tetracycline 500MG CAPSULE GG, MO	1		TETRACYCLINES
TEV-TROPIN 5MG SOLUTION SP	4	QL,PA	PITUITARY
THALITONE 15MG TABLET MO	3		THIAZIDE-LIKE DIURETICS
THALOMID 100MG CAPSULE SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
THALOMID 150MG CAPSULE SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
THALOMID 200MG CAPSULE SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
THALOMID 50MG CAPSULE SP	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
theochron 100MG TABLET 12 HR. MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
theochron 200MG TABLET 12 HR. MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
theochron 300MG TABLET 12 HR. MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
theophylline 100MG TABLET 12 HR. MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
theophylline 200MG TABLET 12 HR. MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
theophylline 300MG TABLET 12 HR. MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
theophylline 400MG TABLET MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
theophylline 450MG TABLET 12 HR. MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS
theophylline 600MG TABLET MO	1		RESPIRATORY SMOOTH MUSCLE RELAXANTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
THERMAZENE 1% CREAM MO	1		LOCAL ANTI-INFECTIVES, MISCELLANEOUS
thioguanine 40MG TABLET MO	1		ANTINEOPLASTIC AGENTS
THIOLA 100MG TABLET MO	2		OTHER MISCELLANEOUS THERAPEUTIC AGENTS
thioridazine 100MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
thioridazine 10MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
thioridazine 25MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
thioridazine 50MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
thiotepa 15MG SOLUTION MO	1	B vs D	ANTINEOPLASTIC AGENTS
thiothixene 10MG CAPSULE MO	1		ANTIPSYCHOTIC AGENTS
thiothixene 1MG CAPSULE MO	1		ANTIPSYCHOTIC AGENTS
thiothixene 2MG CAPSULE MO	1		ANTIPSYCHOTIC AGENTS
thiothixene 5MG CAPSULE MO	1		ANTIPSYCHOTIC AGENTS
THYMOGLOBULIN 25MG SOLUTION MO	4	B vs D	IMMUNOSUPPRESSIVE AGENTS
THYROLAR-1 12.5-50MCG TABLET MO	1		THYROID AGENTS
THYROLAR-1/4 3.1-12.5MCG TABLET MO	1		THYROID AGENTS
THYROLAR-2 25-100MCG TABLET MO	1		THYROID AGENTS
THYROLAR-3 37.5-150MCG TABLET MO	1		THYROID AGENTS
TIAZAC 120MG CAPSULE MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
TIAZAC 180MG CAPSULE MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
TIAZAC 240MG CAPSULE MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
TIAZAC 300MG CAPSULE MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
TIAZAC 360MG CAPSULE MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
TIAZAC 420MG CAPSULE MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
ticlopidine 250MG TABLET MO	1		PLATELET-AGGREGATION INHIBITORS
TIGAN 100MG/ML SOLUTION MO	3		ANTIHISTAMINES (GI DRUGS)
TIGAN 300MG CAPSULE MO	3	B vs D	ANTIHISTAMINES (GI DRUGS)
TIKOSYN 125MCG CAPSULE SP	3	QL	ANTIARRHYTHMIC AGENTS
TIKOSYN 250MCG CAPSULE SP	3	QL	ANTIARRHYTHMIC AGENTS
TIKOSYN 500MCG CAPSULE SP	3	QL	ANTIARRHYTHMIC AGENTS
TIMENTIN 3.1G SOLUTION MO	3		PENICILLINS
timolol maleate 0.25% DROPS MO	2		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
timolol maleate 0.25% GEL FORMING SOLUTION MO	2		BETA-ADRENERGIC BLOCKING AGENTS (EENT)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
timolol maleate 0.5% DROPS MO	2		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
timolol maleate 0.5% GEL FORMING SOLUTION MO	2		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
timolol maleate 10MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
timolol maleate 20MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
timolol maleate 5MG TABLET MO	1		BETA-ADRENERGIC BLOCKING AGENTS
TIMOPTIC OCUDOSE 0.25% DROPPERETTE MO	3		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
TIMOPTIC OCUDOSE 0.5% DROPPERETTE MO	3		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
TIMOPTIC-XE 0.25% GEL FORMING SOLUTION MO	3		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
TIMOPTIC-XE 0.5% GEL FORMING SOLUTION MO	3		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
TINDAMAX 250MG TABLET MO	3		ANTIPROTOZOALS, MISCELLANEOUS
TINDAMAX 500MG TABLET MO	3		ANTIPROTOZOALS, MISCELLANEOUS
tizanidine 2MG TABLET MO	1		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
tizanidine 4MG TABLET MO	1		CENTRALLY ACTING SKELETAL MUSCLE RELAXNT
TOBI 300MG/5 ML SOLUTION MO	4	QL,PA	AMINOGLYCOSIDES
TOBRADEX 0.3-0.1% DROPS MO	3		ANTIBACTERIALS (EENT)
TOBRADEX 0.3-0.1% OINTMENT MO	3		ANTIBACTERIALS (EENT)
tobramycin in ns 60MG/50 ML PIGGYBACK MO	1		AMINOGLYCOSIDES
tobramycin in ns 80MG/100 ML PIGGYBACK MO	1		AMINOGLYCOSIDES
tobramycin sulfate 0.3% DROPS MO	1		ANTIBACTERIALS (EENT)
tobramycin sulfate 10MG/ML SOLUTION MO	1		AMINOGLYCOSIDES
tobramycin sulfate 40MG/ML SOLUTION MO	1		AMINOGLYCOSIDES
tobramycin-dexamethasone 0.3-0.1% DROPS MO	2		ANTIBACTERIALS (EENT)
tobrasol 0.3% DROPS MO	1		ANTIBACTERIALS (EENT)
TOBREX 0.3% DROPS MO	3		ANTIBACTERIALS (EENT)
TOBREX 0.3% OINTMENT MO	3		ANTIBACTERIALS (EENT)
tolazamide 250MG TABLET MO	1		SULFONYLUREAS
tolazamide 500MG TABLET MO	1		SULFONYLUREAS
tolbutamide 500MG TABLET MO	1		SULFONYLUREAS
tolmetin 200MG TABLET MO	2		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
tolmetin 400MG CAPSULE MO	2		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
tolmetin 600MG TABLET MO	2		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
TOPAMAX 100MG TABLET MO	3	QL	ANTICONVULSANTS, MISCELLANEOUS
TOPAMAX 15MG CAPSULE MO	3		ANTICONVULSANTS, MISCELLANEOUS
TOPAMAX 200MG TABLET MO	3	QL	ANTICONVULSANTS, MISCELLANEOUS
TOPAMAX 25MG CAPSULE MO	3		ANTICONVULSANTS, MISCELLANEOUS
TOPAMAX 25MG TABLET MO	3	QL	ANTICONVULSANTS, MISCELLANEOUS
TOPAMAX 50MG TABLET MO	3	QL	ANTICONVULSANTS, MISCELLANEOUS
TOPICORT 0.05% GEL MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
TOPICORT 0.25% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
topicort 0.25% OINTMENT MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
TOPICORT LP 0.05% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
topiramate 100MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
topiramate 15MG CAPSULE MO	1		ANTICONVULSANTS, MISCELLANEOUS
topiramate 200MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
topiramate 25MG CAPSULE MO	1		ANTICONVULSANTS, MISCELLANEOUS
topiramate 25MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
topiramate 50MG TABLET MO	1	QL	ANTICONVULSANTS, MISCELLANEOUS
toposar 20MG/ML SOLUTION MO	3	B vs D	ANTINEOPLASTIC AGENTS
TOPROL XL 100MG TABLET 24 HR. MO	3	QL	BETA-ADRENERGIC BLOCKING AGENTS
TOPROL XL 200MG TABLET 24 HR. MO	3	QL	BETA-ADRENERGIC BLOCKING AGENTS
TOPROL XL 25MG TABLET 24 HR. MO	3	QL	BETA-ADRENERGIC BLOCKING AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
TOPROL XL 50MG TABLET 24 HR. MO	3	QL	BETA-ADRENERGIC BLOCKING AGENTS
TORISEL 30 mg/3 mL (10MG/ML) (FINAL) SOLUTION SP	4	PA	ANTINEOPLASTIC AGENTS
toremide 100MG TABLET MO	1		LOOP DIURETICS
toremide 10MG TABLET MO	1		LOOP DIURETICS
toremide 20 mg/2 mL(10 MG/ML) SOLUTION MO	1		LOOP DIURETICS
toremide 20MG TABLET MO	1		LOOP DIURETICS
toremide 5MG TABLET MO	1		LOOP DIURETICS
TPN ELECTROLYTES 35-20-5-4.5-35MEQ/20 ML SOLUTION MO	3		REPLACEMENT PREPARATIONS
TRACLEER 125MG TABLET SP	4	QL,PA	VASODILATING AGENTS, MISCELLANEOUS
TRACLEER 62.5MG TABLET SP	4	QL,PA	VASODILATING AGENTS, MISCELLANEOUS
tramadol 50MG TABLET MO	2	QL	OPIATE AGONISTS
tramadol-acetaminophen 37.5-325MG TABLET MO	2	QL	OPIATE AGONISTS
TRANDATE 100MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
TRANDATE 200MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
TRANDATE 300MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
trandolapril 1MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
trandolapril 2MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
trandolapril 4MG TABLET MO	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
TRANSDERM-SCOP 1.5MG PATCH 72 HR. MO	3	QL	ANTIEMETICS, MISCELLANEOUS
tranylcypromine 10MG TABLET MO	1		ANTIDEPRESSANTS
TRAVASOL 10 % 10% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
TRAVATAN Z 0.004% DROPS MO	2	QL	PROSTAGLANDIN ANALOGS
trazodone 100MG TABLET MO	1		ANTIDEPRESSANTS
trazodone 150MG TABLET MO	1		ANTIDEPRESSANTS
trazodone 300MG TABLET MO	1		ANTIDEPRESSANTS
trazodone 50MG TABLET MO	1		ANTIDEPRESSANTS
TREANDA 100MG SOLUTION SP	4	PA	ANTINEOPLASTIC AGENTS
TRECTOR 250MG TABLET MO	3		ANTITUBERCULOSIS AGENTS
TRELSTAR 11.25MG/2 ML SYRINGE SP	3	PA	ANTINEOPLASTIC AGENTS
TRELSTAR 3.75MG/2 ML SYRINGE SP	3	PA	ANTINEOPLASTIC AGENTS
TRENTAL 400MG TABLET MO	3		HEMORRHOLOGIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
tretinoin 0.01% GEL MO	2	PA	CELL STIMULANTS AND PROLIFERANTS
tretinoin 0.025% CREAM MO	2	PA	CELL STIMULANTS AND PROLIFERANTS
tretinoin 0.025% GEL MO	2	PA	CELL STIMULANTS AND PROLIFERANTS
tretinoin 0.05% CREAM MO	2	PA	CELL STIMULANTS AND PROLIFERANTS
tretinoin 0.1% CREAM MO	2	PA	CELL STIMULANTS AND PROLIFERANTS
tretinoin (chemotherapy) 10MG CAPSULE SP	2		ANTINEOPLASTIC AGENTS
TREXALL 10MG TABLET MO	3		ANTINEOPLASTIC AGENTS
TREXALL 15MG TABLET MO	3		ANTINEOPLASTIC AGENTS
TREXALL 5MG TABLET MO	3		ANTINEOPLASTIC AGENTS
TREXALL 7.5MG TABLET MO	3		ANTINEOPLASTIC AGENTS
TREXIMET 85-500MG TABLET MO	3	QL	SELECTIVE SEROTONIN AGONISTS
tri-legest fe 1-20(5)/1-30(7)/1MG-35MCG (9) TABLET MO	3		CONTRACEPTIVES
TRI-NORINYL (28) 0.5/1/0.5-35MG-MCG TABLET MO	3		CONTRACEPTIVES
tri-previfem (28) 0.18/0.215/0.25MG-35 MCG (28) TABLET MO	1		CONTRACEPTIVES
tri-sprintec (28) 0.18/0.215/0.25MG-35 MCG (28) TABLET MO	1		CONTRACEPTIVES
triamcinolone acetonide 0.025% CREAM GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
triamcinolone acetonide 0.025% LOTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
triamcinolone acetonide 0.025% OINTMENT GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
triamcinolone acetonide 0.05% OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
triamcinolone acetonide 0.1 % OINTMENT MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
triamcinolone acetonide 0.1% CREAM GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
triamcinolone acetonide 0.1% LOTION MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
triamcinolone acetonide 0.1% OINTMENT GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
triamcinolone acetonide 0.1% PASTE MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
triamcinolone acetonide 0.5% CREAM GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
triamcinolone acetonide 0.5% OINTMENT GG, MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
triamterene-hydrochlorothiazid 37.5-25MG CAPSULE MO	1		POTASSIUM-SPARING DIURETICS
triamterene-hydrochlorothiazid 37.5-25MG TABLET MO	1		POTASSIUM-SPARING DIURETICS
triamterene-hydrochlorothiazid 50-25MG CAPSULE MO	1		POTASSIUM-SPARING DIURETICS
triamterene-hydrochlorothiazid 75-50MG TABLET MO	1		POTASSIUM-SPARING DIURETICS
TRICOR 145MG TABLET MO	2	QL	FIBRIC ACID DERIVATIVES
TRICOR 48MG TABLET MO	2	QL	FIBRIC ACID DERIVATIVES
triderm 0.1% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
trifluoperazine 10MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
trifluoperazine 1MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
trifluoperazine 2MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
trifluoperazine 5MG TABLET MO	1		ANTIPSYCHOTIC AGENTS
trifluridine 1% DROPS MO	2		ANTIVIRALS (EENT)
trihexyphenidyl 0.4MG/ML ELIXIR MO	1		ANTICHOLINERGIC AGENTS (CNS)
trihexyphenidyl 2MG TABLET MO	1		ANTICHOLINERGIC AGENTS (CNS)
trihexyphenidyl 5MG TABLET MO	1		ANTICHOLINERGIC AGENTS (CNS)
TRIHIBIT PRESERVATIVE FREE 6.7-46.8-5-10LF-MCG-LF-MCG KIT MO	3		TOXOIDS
TRILEPTAL 300MG/5 ML SUSPENSION MO	3	PA	ANTICONVULSANTS, MISCELLANEOUS
trimethobenzamide 100MG/ML SYRINGE MO	2		ANTIHISTAMINES (GI DRUGS)
trimethobenzamide 300MG CAPSULE MO	2	B vs D	ANTIHISTAMINES (GI DRUGS)
trimethoprim 100MG TABLET MO	1		URINARY ANTI-INFECTIVES
trimethoprim-polymyxin b 0.1-10,000%-UNIT/ML DROPS MO	1		ANTIBACTERIALS (EENT)
trinessa (28) 0.18/0.215/0.25MG-35 MCG (28) TABLET MO	1		CONTRACEPTIVES
TRIPEDIA (PF) 6.7-46.8-5LF-MCG-LF/0.5ML SUSPENSION MO	3		TOXOIDS
TRISENOX 10MG/10 ML SOLUTION SP	3	B vs D	ANTINEOPLASTIC AGENTS
trivora (28) 50-30 (6)/75-40(5)/125-30(10) TABLET MO	1		CONTRACEPTIVES
TRIZIVIR 300-150-300MG TABLET MO	4		ANTIRETROVIRALS
TROPHAMINE 10 % 10% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
TROPHAMINE 6% 6% PARENTERAL SOLUTION MO	3		CALORIC AGENTS
tropicamide 0.5% DROPS MO	1		MYDRIATICS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
tropicamide 1% DROPS MO	1		MYDRIATICS
TRUVADA 200-300MG TABLET MO	4		ANTIRETROVIRALS
TWINJECT AUTOINJECTOR 0.15MG/0.15 ML COMBO PACK MO	3		ALPHA- AND BETA-ADRENERGIC AGONISTS
TWINJECT AUTOINJECTOR 0.3MG/0.3 ML COMBO PACK MO	3		ALPHA- AND BETA-ADRENERGIC AGONISTS
TWINRIX (PF) 720-20EL UNIT-MCG/ML SUSPENSION MO	3		VACCINES
TYGACIL 50MG SOLUTION MO	3		TETRACYCLINES
TYKERB 250MG TABLET SP	4	QL,PA	ANTINEOPLASTIC AGENTS
TYPHIM VI 25MCG/0.5 ML SOLUTION MO	3		VACCINES
TYSABRI 300MG/15 ML SOLUTION SP	4	PA	BIOLOGIC RESPONSE MODIFIERS
TYZEKA 600MG TABLET SP	3	QL	NUCLEOSIDES AND NUCLEOTIDES
TYZINE 0.05% DROPS MO	3		VASOCONSTRICTORS
TYZINE 0.1% DROPS MO	2		VASOCONSTRICTORS
u-cort 1-10% CREAM MO	1		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
ULORIC 40MG TABLET MO	2	QL,ST	ANTIGOUT AGENTS
ULORIC 80MG TABLET MO	2	QL,ST	ANTIGOUT AGENTS
ULTRACET 37.5-325MG TABLET MO	3	QL	OPIATE AGONISTS
ULTRAVATE 0.05% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
ULTRAVATE 0.05% OINTMENT MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
UNIRETIC 15-12.5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
UNIRETIC 15-25MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
UNIRETIC 7.5-12.5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
UNITHROID 100MCG TABLET MO	1		THYROID AGENTS
UNITHROID 112MCG TABLET MO	1		THYROID AGENTS
UNITHROID 125MCG TABLET MO	1		THYROID AGENTS
UNITHROID 137MCG TABLET MO	1		THYROID AGENTS
UNITHROID 150MCG TABLET MO	1		THYROID AGENTS
UNITHROID 175MCG TABLET MO	1		THYROID AGENTS
UNITHROID 200MCG TABLET MO	1		THYROID AGENTS
UNITHROID 25MCG TABLET MO	1		THYROID AGENTS
UNITHROID 300MCG TABLET MO	1		THYROID AGENTS
UNITHROID 50MCG TABLET MO	1		THYROID AGENTS
UNITHROID 75MCG TABLET MO	1		THYROID AGENTS
UNITHROID 88MCG TABLET MO	1		THYROID AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
UNIVASC 15MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
UNIVASC 7.5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
URECHOLINE 10MG TABLET MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
URECHOLINE 25MG TABLET MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
URECHOLINE 50MG TABLET MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
URECHOLINE 5MG TABLET MO	3		PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
UREX 1GRAM TABLET MO	1		URINARY ANTI-INFECTIVES
UROCIT-K 10 10MEQ TABLET MO	3		ALKALINIZING AGENTS
UROCIT-K 5 5MEQ TABLET MO	3		ALKALINIZING AGENTS
UROXATRAL 10MG TABLET 24 HR. MO	3	QL	ALPHA-ADRENERGIC BLOCKING AGENTS
ursodiol 250MG TABLET MO	2		CHOLELITHOLYTIC AGENTS
ursodiol 300MG CAPSULE MO	2		CHOLELITHOLYTIC AGENTS
ursodiol 500MG TABLET MO	2		CHOLELITHOLYTIC AGENTS
UVADEX 20MCG/ML SOLUTION MO	3	B vs D	PIGMENTING AGENTS
VAGIFEM 10MCG TABLET MO	3		ESTROGENS
VAGIFEM 25MCG TABLET MO	3		ESTROGENS
valacyclovir 1G TABLET MO	2	QL	NUCLEOSIDES AND NUCLEOTIDES
valacyclovir 500MG TABLET MO	2	QL	NUCLEOSIDES AND NUCLEOTIDES
VALCYTE 450MG TABLET MO	4	QL	NUCLEOSIDES AND NUCLEOTIDES
VALCYTE 50MG/ML SOLUTION MO	4	QL	NUCLEOSIDES AND NUCLEOTIDES
valproate sodium 500 mg/5 mL(100 MG/ML) SOLUTION MO	1		ANTICONVULSANTS, MISCELLANEOUS
valproic acid 250MG CAPSULE MO	1		ANTICONVULSANTS, MISCELLANEOUS
valproic acid (as sodium salt) 250MG/5 ML SYRUP MO	1		ANTICONVULSANTS, MISCELLANEOUS
VALTURN 150-160MG TABLET MO	2	QL	RENIN INHIBITORS
VALTURN 300-320MG TABLET MO	2	QL	RENIN INHIBITORS
VANCOGIN 125MG CAPSULE MO	4		ANTIBACTERIALS, MISCELLANEOUS
VANCOGIN 250MG CAPSULE MO	4		ANTIBACTERIALS, MISCELLANEOUS
vancomycin 1,000MG SOLUTION MO	2		ANTIBACTERIALS, MISCELLANEOUS
vancomycin 10GRAM SOLUTION MO	2		ANTIBACTERIALS, MISCELLANEOUS
vancomycin in d5w 1GRAM/200 ML PIGGYBACK MO	3		ANTIBACTERIALS, MISCELLANEOUS
VANDAZOLE 0.75% GEL MO	1		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
VANOS 0.1% CREAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
VANTIN 200MG TABLET MO	3		CEPHALOSPORINS
VAQTA (PF) 25UNIT/0.5 ML SUSPENSION MO	3		VACCINES
VARIVAX (PF) 1,350UNIT/0.5 ML SOLUTION MO	2		VACCINES
VASERETIC 10-25MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
VASOTEC 10MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
VASOTEC 2.5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
VASOTEC 20MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
VASOTEC 5MG TABLET MO	3		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
VECTIBIX 100 mg/5 mL(20 MG/ML) SOLUTION SP	4	PA	ANTINEOPLASTIC AGENTS
VELCADE 3.5MG SOLUTION SP	4	PA	ANTINEOPLASTIC AGENTS
velivet 0.1/.125/.15-25MG-MCG TABLET MO	1		CONTRACEPTIVES
venlafaxine 100MG TABLET MO	1		ANTIDEPRESSANTS
venlafaxine 150MG TABLET 24 HR. MO	3	QL	ANTIDEPRESSANTS
venlafaxine 225MG TABLET 24 HR. MO	3	QL	ANTIDEPRESSANTS
venlafaxine 25MG TABLET MO	1		ANTIDEPRESSANTS
venlafaxine 37.5MG TABLET MO	1		ANTIDEPRESSANTS
venlafaxine 37.5MG TABLET 24 HR. MO	3	QL	ANTIDEPRESSANTS
venlafaxine 50MG TABLET MO	1		ANTIDEPRESSANTS
venlafaxine 75MG TABLET MO	1		ANTIDEPRESSANTS
venlafaxine 75MG TABLET 24 HR. MO	3	QL	ANTIDEPRESSANTS
VENTAVIS 10MCG/ML SOLUTION SP	4	PA	VASODILATING AGENTS, MISCELLANEOUS
VENTOLIN HFA 90MCG/ACTUATION INHALER MO	2	QL	BETA-ADRENERGIC AGONISTS
VERAMYST 27.5MCG/ACTUATION SPRAY MO	2	QL	CORTICOSTEROIDS (EENT)
verapamil 100MG CAPSULE MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 120MG CAPSULE 24 HR. MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 120MG TABLET MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 120MG TABLET GG, MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 180MG CAPSULE 24 HR. MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
verapamil 180MG TABLET MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 2.5MG/ML SOLUTION GG, MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 200MG CAPSULE MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 240MG CAPSULE 24 HR. MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 240MG TABLET MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 300MG CAPSULE MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 40MG TABLET GG, MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 80MG TABLET GG, MO	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
VERDESO 0.05% FOAM MO	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
VEREGEN 15% OINTMENT MO	3		ANTIVIRALS (SKIN - MUCOUS MEMBRANE)
VERELAN 120MG CAPSULE 24 HR. MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
VERELAN 180MG CAPSULE 24 HR. MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
VERELAN 240MG CAPSULE 24 HR. MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
VERELAN 360MG CAPSULE 24 HR. MO	3	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
VERIPRED 20 20MG/5 ML SOLUTION MO	3		ADRENALS
VESICARE 10MG TABLET MO	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
VESICARE 5MG TABLET MO	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
VEXOL 1% DROPS MO	3		CORTICOSTEROIDS (EENT)
VFEND 200 mg/5 mL(40 MG/ML) SUSPENSION MO	4	QL,PA	AZOLES
VFEND 200MG TABLET MO	4	QL,PA	AZOLES
VFEND 50MG TABLET MO	4	QL,PA	AZOLES
VFEND IV 200MG SOLUTION MO	4		AZOLES
VIBATIV 250MG SOLUTION MO	3		ANTIBACTERIALS, MISCELLANEOUS
VIBRA-TABS 100MG TABLET MO	3		TETRACYCLINES
VIBRAMYCIN 100MG CAPSULE MO	3		TETRACYCLINES
VIBRAMYCIN 25MG/5 ML SUSPENSION MO	3		TETRACYCLINES
VIBRAMYCIN 50MG/5 ML SYRUP MO	3		TETRACYCLINES

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
VICTOZA 0.6 mg/0.1 mL(18 MG/3 ML) PEN INJECTOR MO	3	QL,PA	INCRETIN MIMETICS
VIDAZA 100MG SOLUTION SP	4	PA	ANTINEOPLASTIC AGENTS
VIDEX 2 GRAM PEDIATRIC 10MG/ML (FINAL) SOLUTION MO	3		ANTIRETROVIRALS
VIDEX EC 125MG CAPSULE MO	3		ANTIRETROVIRALS
VIDEX EC 200MG CAPSULE MO	3		ANTIRETROVIRALS
VIDEX EC 250MG CAPSULE MO	3		ANTIRETROVIRALS
VIDEX EC 400MG CAPSULE MO	3		ANTIRETROVIRALS
VIGAMOX 0.5% DROPS MO	3		ANTIBACTERIALS (EENT)
VIMPAT 100MG TABLET MO	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
VIMPAT 10MG/ML SOLUTION MO	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
VIMPAT 150MG TABLET MO	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
VIMPAT 200MG TABLET MO	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
VIMPAT 200MG/20 ML SOLUTION MO	3	PA	ANTICONVULSANTS, MISCELLANEOUS
VIMPAT 50MG TABLET MO	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
vinblastine 10MG SOLUTION MO	1	B vs D	ANTINEOPLASTIC AGENTS
vincristine 1MG/ML SOLUTION MO	1	B vs D	ANTINEOPLASTIC AGENTS
vincristine 1MG/ML SOLUTION MO	1	B vs D	ANTINEOPLASTIC AGENTS
vinorelbine 50MG/5 ML SOLUTION MO	2		ANTINEOPLASTIC AGENTS
VIRACEPT 250MG TABLET MO	3		ANTIRETROVIRALS
VIRACEPT 50MG/G POWDER MO	3		ANTIRETROVIRALS
VIRACEPT 625MG TABLET MO	4		ANTIRETROVIRALS
VIRAMUNE 200MG TABLET MO	3		ANTIRETROVIRALS
VIRAMUNE 50MG/5 ML SUSPENSION MO	3		ANTIRETROVIRALS
VIRAZOLE 6GRAM SOLUTION SP	4	B vs D	NUCLEOSIDES AND NUCLEOTIDES
VIREAD 300MG TABLET MO	3		ANTIRETROVIRALS
VIROPTIC 1% DROPS MO	3		ANTIVIRALS (EENT)
VISICOL 1.5GRAM TABLET MO	3		CATHARTICS AND LAXATIVES
VISTARIL 25MG CAPSULE MO	3		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
VISTARIL 50MG CAPSULE MO	3		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
VISTIDE 75MG/ML SOLUTION SP	4		NUCLEOSIDES AND NUCLEOTIDES
VIVACTIL 10MG TABLET MO	3		ANTIDEPRESSANTS
VIVACTIL 5MG TABLET MO	3		ANTIDEPRESSANTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
VIVAGLOBIN 16 %(160 MG/ML) SOLUTION ^{SP}	4	PA	SERUMS
VIVELLE-DOT 0.025MG/24 HR PATCH ^{MO}	3	QL	ESTROGENS
VIVELLE-DOT 0.0375MG/24 HR PATCH ^{MO}	3	QL	ESTROGENS
VIVELLE-DOT 0.05MG/24 HR PATCH ^{MO}	3	QL	ESTROGENS
VIVELLE-DOT 0.075MG/24 HR PATCH ^{MO}	3	QL	ESTROGENS
VIVELLE-DOT 0.1MG/24 HR PATCH ^{MO}	3	QL	ESTROGENS
VIVITROL 380MG SUSPENSION ^{SP}	4	PA	OPIATE ANTAGONISTS
VIVOTIF BERNA VACCINE 2 billionUNIT CAPSULE ^{MO}	3		VACCINES
VOLTAREN 1% GEL ^{MO}	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
VOSPIRE ER 4MG TABLET 12 HR. ^{MO}	3		BETA-ADRENERGIC AGONISTS
VOSPIRE ER 8MG TABLET 12 HR. ^{MO}	3		BETA-ADRENERGIC AGONISTS
VOTRIENT 200MG TABLET ^{SP}	4	QL,PA	ANTINEOPLASTIC AGENTS
VPRIV 400UNIT SOLUTION ^{SP}	4	PA	ENZYMES
VYTORIN 10-10 10-10MG TABLET ^{MO}	2	QL	CHOLESTEROL ABSORPTION INHIBITORS
VYTORIN 10-20 10-20MG TABLET ^{MO}	2	QL	CHOLESTEROL ABSORPTION INHIBITORS
VYTORIN 10-40 10-40MG TABLET ^{MO}	2	QL	CHOLESTEROL ABSORPTION INHIBITORS
VYTORIN 10-80 10-80MG TABLET ^{MO}	2	QL	CHOLESTEROL ABSORPTION INHIBITORS
warfarin 10MG TABLET ^{GG, MO}	1		ANTICOAGULANTS
warfarin 1MG TABLET ^{GG, MO}	1		ANTICOAGULANTS
warfarin 2.5MG TABLET ^{GG, MO}	1		ANTICOAGULANTS
warfarin 2MG TABLET ^{GG, MO}	1		ANTICOAGULANTS
warfarin 3MG TABLET ^{GG, MO}	1		ANTICOAGULANTS
warfarin 4MG TABLET ^{GG, MO}	1		ANTICOAGULANTS
warfarin 5MG TABLET ^{GG, MO}	1		ANTICOAGULANTS
warfarin 6MG TABLET ^{GG, MO}	1		ANTICOAGULANTS
warfarin 7.5MG TABLET ^{GG, MO}	1		ANTICOAGULANTS
water for irrigation, sterile SOLUTION ^{MO}	1		IRRIGATING SOLUTIONS
WELCHOL 3.75GRAM POWDER ^{MO}	3		BILE ACID SEQUESTRANTS
WELCHOL 625MG TABLET ^{MO}	3		BILE ACID SEQUESTRANTS
WESTCORT 0.2% OINTMENT ^{MO}	3		ANTI-INFLAMMATORY AGENTS (SKIN - MUCOUS)
XALATAN 0.005% DROPS ^{MO}	2	QL	PROSTAGLANDIN ANALOGS
XENAZINE 12.5MG TABLET ^{SP}	4	QL,PA	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
XENAZINE 25MG TABLET ^{SP}	4	QL,PA	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
XIFAXAN 200MG TABLET ^{MO}	3	QL,ST	ANTIBACTERIALS, MISCELLANEOUS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
XOLAIR 150MG SOLUTION ^{SP}	4	QL,PA	RESPIRATORY TRACT AGENTS, MISCELLANEOUS
XOLEGEL 2% GEL ^{MO}	3		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
XYLOCAINE 10MG/ML (1 %) SOLUTION ^{MO}	3		LOCAL ANESTHETICS (PARENTERAL)
XYLOCAINE 4% SOLUTION ^{MO}	3		LOCAL ANESTHETICS (EENT)
XYLOCAINE 5MG/ML (0.5 %) SOLUTION ^{MO}	3		LOCAL ANESTHETICS (PARENTERAL)
XYLOCAINE JELLY 2 % GEL ^{MO}	3		LOCAL ANESTHETICS (EENT)
XYLOCAINE JELLY 2% GEL ^{MO}	3		LOCAL ANESTHETICS (EENT)
XYREM 500MG/ML SOLUTION ^{SP}	4		CENTRAL NERVOUS SYSTEM AGENTS, MISC.
XYZAL 2.5MG/5 ML SOLUTION ^{MO}	3	QL	SECOND GENERATION ANTIHISTAMINES
XYZAL 5MG TABLET ^{MO}	3	QL	SECOND GENERATION ANTIHISTAMINES
YASMIN 28 3-0.03MG TABLET ^{MO}	3		CONTRACEPTIVES
YAZ 28 3-20MG-MCG TABLET ^{MO}	3		CONTRACEPTIVES
YF-VAX 10 exp4.74UNIT/0.5 ML SUSPENSION ^{MO}	3		VACCINES
zaleplon 10MG CAPSULE ^{MO}	1	QL	ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
zaleplon 5MG CAPSULE ^{MO}	1	QL	ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
ZANOSAR 1GRAM SOLUTION ^{SP}	3	B vs D	ANTINEOPLASTIC AGENTS
ZARONTIN 250MG CAPSULE ^{MO}	3		SUCCINIMIDES
ZARONTIN 250MG/5 ML SYRUP ^{MO}	3		SUCCINIMIDES
ZAROXOLYN 2.5MG TABLET ^{MO}	3		THIAZIDE-LIKE DIURETICS
ZAROXOLYN 5MG TABLET ^{MO}	3		THIAZIDE-LIKE DIURETICS
ZAVESCA 100MG CAPSULE ^{SP}	4	QL	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
zazole 0.4% CREAM ^{MO}	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
ZAZOLE 0.8% CREAM ^{MO}	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
zazole 80MG SUPPOSITORY ^{MO}	1		ANTIFUNGALS (SKIN - MUCOUS MEMBRANE)
ZEBETA 10MG TABLET ^{MO}	3		BETA-ADRENERGIC BLOCKING AGENTS
ZEBETA 5MG TABLET ^{MO}	3		BETA-ADRENERGIC BLOCKING AGENTS
ZEGERID 20-1,680MG PACKET ^{MO}	3	QL	PROTON-PUMP INHIBITORS
ZEGERID 20-1.1MG-GRAM CAPSULE ^{MO}	3	QL	PROTON-PUMP INHIBITORS
ZEGERID 40-1,680MG PACKET ^{MO}	3	QL	PROTON-PUMP INHIBITORS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ZEGERID 40-1.1MG-GRAM CAPSULE MO	3	QL	PROTON-PUMP INHIBITORS
ZEMAIRA 1,000MG SUSPENSION SP	4	PA	RESPIRATORY TRACT AGENTS, MISCELLANEOUS
ZEMPLAR 1MCG CAPSULE MO	2		VITAMIN D
ZEMPLAR 2MCG CAPSULE MO	2		VITAMIN D
ZEMPLAR 2MCG/ML SOLUTION MO	2		VITAMIN D
ZEMPLAR 4MCG CAPSULE MO	2		VITAMIN D
ZEMPLAR 5MCG/ML SOLUTION MO	2		VITAMIN D
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE MO	2		DIGESTANTS
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE MO	2		DIGESTANTS
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE MO	2		DIGESTANTS
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE MO	2		DIGESTANTS
ZERIT 15MG CAPSULE MO	3		ANTIRETROVIRALS
ZERIT 1MG/ML SOLUTION MO	3		ANTIRETROVIRALS
ZERIT 20MG CAPSULE MO	3		ANTIRETROVIRALS
ZERIT 30MG CAPSULE MO	3		ANTIRETROVIRALS
ZERIT 40MG CAPSULE MO	3		ANTIRETROVIRALS
zerlor 32-712.8-60MG TABLET MO	1	QL	OPIATE AGONISTS
ZETIA 10MG TABLET MO	2	QL,ST	CHOLESTEROL ABSORPTION INHIBITORS
ZIAC 10-6.25MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
ZIAC 2.5-6.25MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
ZIAC 5-6.25MG TABLET MO	3		BETA-ADRENERGIC BLOCKING AGENTS
ZIAGEN 20MG/ML SOLUTION MO	2		ANTIRETROVIRALS
ZIAGEN 300MG TABLET MO	2		ANTIRETROVIRALS
ZIANA 1.2-0.025% GEL MO	3		ANTIBACTERIALS (SKIN - MUCOUS MEMBRANE)
zidovudine 100MG CAPSULE MO	1		ANTIRETROVIRALS
zidovudine 10MG/ML SYRUP MO	1		ANTIRETROVIRALS
zidovudine 300MG TABLET MO	1		ANTIRETROVIRALS
ZINACEF 1.5GRAM SOLUTION MO	3		CEPHALOSPORINS
ZINACEF 7.5GRAM SOLUTION MO	3		CEPHALOSPORINS
ZINACEF 750MG SOLUTION MO	3		CEPHALOSPORINS
ZINACEF IN DEXTROSE (ISO-OSM) 750MG/50 ML PIGGYBACK MO	3		CEPHALOSPORINS
ZINACEF IN STERILE WATER 1.5GRAM/50 ML PIGGYBACK MO	3		CEPHALOSPORINS
ZINECARD 250MG SOLUTION MO	4	B vs D	PROTECTIVE AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ZIPSOR 25MG CAPSULE MO	3	QL	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
ZIRGAN 0.15% GEL MO	3	QL	ANTIVIRALS (EENT)
ZITHROMAX 250MG TABLET MO	3		MACROLIDES
ZITHROMAX 500MG TABLET MO	3		MACROLIDES
ZITHROMAX 600MG TABLET MO	3		MACROLIDES
ZITHROMAX TRI-PAK 500MG TABLET MO	3		MACROLIDES
ZITHROMAX Z-PAK 250MG TABLET MO	3		MACROLIDES
ZOLINZA 100MG CAPSULE SP	4	QL, PA	ANTINEOPLASTIC AGENTS
zolpidem 10MG TABLET GG, MO	1	QL	ANXIOLYTICS, SEDATIVES - HYPNOTICS, MISC.
zolpidem 5 MG TABLET MO	1	QL	ANXIOLYTICS, SEDATIVES - HYPNOTICS, MISC.
ZOMETA 4MG/5 ML SOLUTION SP	4	B vs D	BONE RESORPTION INHIBITORS
zonisamide 100MG CAPSULE MO	1		ANTICONSULSANTS, MISCELLANEOUS
zonisamide 25MG CAPSULE MO	1		ANTICONSULSANTS, MISCELLANEOUS
zonisamide 50MG CAPSULE MO	1		ANTICONSULSANTS, MISCELLANEOUS
ZORBTIVE 8.8MG SOLUTION SP	4	PA	PITUITARY
ZOSTAVAX 19,400UNIT SOLUTION MO	3	QL	VACCINES
ZOSYN 3.375GRAM SOLUTION MO	3		PENICILLINS
ZOSYN IN DEXTROSE (ISO-OSM) 2.25GRAM/50 ML PIGGYBACK MO	3		PENICILLINS
ZOSYN IN DEXTROSE (ISO-OSM) 3.375GRAM/50 ML PIGGYBACK MO	3		PENICILLINS
zovia 1/35e (28) 1-35MG-MCG TABLET MO	1		CONTRACEPTIVES
zovia 1/50e (28) 1-50MG-MCG TABLET MO	1		CONTRACEPTIVES
ZOVIRAX 5% CREAM MO	3	ST	ANTIVIRALS (SKIN - MUCOUS MEMBRANE)
ZOVIRAX 5% OINTMENT MO	3		ANTIVIRALS (SKIN - MUCOUS MEMBRANE)
ZYBAN 150MG TABLET MO	3	QL	ANTIDEPRESSANTS
ZYLET 0.3-0.5% DROPS MO	3		ANTIBACTERIALS (EENT)
ZYLOPRIM 100MG TABLET MO	3		ANTIGOUT AGENTS
ZYLOPRIM 300MG TABLET MO	3		ANTIGOUT AGENTS
ZYMAR 0.3% DROPS MO	3		ANTIBACTERIALS (EENT)
ZYMAXID 0.5% DROPS MO	3	QL	ANTIBACTERIALS (EENT)
ZYPREXA 10MG SOLUTION MO	3	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA 10MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA 15MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ZYPREXA 2.5MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA 20MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA 5MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA 7.5MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA ZYDIS 10MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA ZYDIS 15MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA ZYDIS 20MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA ZYDIS 5MG TABLET MO	2	QL	ANTIPSYCHOTIC AGENTS
ZYVOX 100MG/5 ML SUSPENSION MO	4		ANTIBACTERIALS, MISCELLANEOUS
ZYVOX 600MG TABLET MO	4		ANTIBACTERIALS, MISCELLANEOUS
ZYVOX 600MG/300 ML PARENTERAL SOLUTION MO	4		ANTIBACTERIALS, MISCELLANEOUS

Need more information about the indicators displayed by the drug names? Please refer to page 8.

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

Notes



A series of horizontal lines for writing, consisting of 20 evenly spaced lines extending across the width of the page.

Notes



A series of horizontal lines for writing notes, consisting of 18 evenly spaced lines extending across the width of the page.

Notes





- Medicare
- Group health benefits
- Individual health
- Specialty Benefits
- Pharmacy Solutions

A stand alone prescription drug plan with a Medicare contract available to anyone entitled to Part A and/or enrolled in Part B of Medicare. Enrollment period restrictions apply, call Humana for details. Medicare beneficiaries enrolled in an MA PFFS plan that includes Medicare prescription drugs or an MA coordinated care (HMO or PPO) plan will be automatically disenrolled from the HMO, PPO, or MA PFFS plan if they enroll in a PDP. Medicare beneficiaries enrolled in a private fee-for-service plan (PFFS) that does not include Medicare prescription drug coverage may enroll in a PDP and will not be automatically disenrolled from the PFFS. You must use network pharmacies, except under non-routine circumstances. Quantity limits 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.

This document is available in alternative formats or languages. Please call Customer Service at **1-800-281-6918**. Monday-Friday, 8 a.m. - 8 p.m. Eastern time. If you use a TTY, please call 711.

Este documento está disponible en otros formatos o idiomas. Comuníquese con el Departamento de Servicio al Cliente llamando al **1-800-281-6918**. Los representantes están disponibles de lunes a viernes de 8 a.m. a 8 p.m., hora del Este. Si usa un dispositivo TTY, marque 711.

Humana.com