



**Instructions for getting information  
about all covered drugs are inside.**

## **2011** Prescription Drug Guide

### **Humana Abbreviated Formulary**

This is a Partial List of Covered Drugs

HumanaChoice H0317-004 (PPO)  
Tucson

**HUMANA**<sup>®</sup>  
*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.

This document is a partial drug list and includes only some of the drugs covered by Humana. To search the complete list of all prescription drugs Humana covers, you can 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 **1-800-457-4708**. 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.

### 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**.

### 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 **1-800-457-4708**. 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](http://www.medicare.gov).

# Humana Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Humana.

**Remember: This is only a partial list of drugs covered by Humana.** If your prescription is not listed in this partial formulary, please visit our Website at **Humana.com**. Our additional contact information is listed on the previous page.

## 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:

**HI** - Home Infusion 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
ABILIFY 10MG TABLET <b>MO</b>	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY 15MG TABLET <b>MO</b>	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY 20MG TABLET <b>MO</b>	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY 2MG TABLET <b>MO</b>	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY 30MG TABLET <b>MO</b>	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY 5MG TABLET <b>MO</b>	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY DISCMELT 10MG TABLET <b>MO</b>	3	QL,PA	ANTIPSYCHOTIC AGENTS
ABILIFY DISCMELT 15MG TABLET <b>MO</b>	3	QL,PA	ANTIPSYCHOTIC AGENTS
acarbose 100MG TABLET <b>MO</b>	1		ALPHA-GLUCOSIDASE INHIBITORS
acarbose 25MG TABLET <b>MO</b>	1		ALPHA-GLUCOSIDASE INHIBITORS
acarbose 50MG TABLET <b>MO</b>	1		ALPHA-GLUCOSIDASE INHIBITORS
acebutolol 200MG CAPSULE <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
acebutolol 400MG CAPSULE <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
acetaminophen-codeine 300-15MG TABLET <b>MO</b>	2	QL	OPIATE AGONISTS
acetazolamide 250MG TABLET <b>MO</b>	1		CARBONIC ANHYDRASE INHIBITORS (EENT)
ACTONEL 150MG TABLET <b>MO</b>	3	QL	BONE RESORPTION INHIBITORS
ACTONEL 30MG TABLET <b>MO</b>	3	QL	BONE RESORPTION INHIBITORS
ACTONEL 35MG TABLET <b>MO</b>	3	QL	BONE RESORPTION INHIBITORS
ACTONEL 5MG TABLET <b>MO</b>	3	QL	BONE RESORPTION INHIBITORS
ACTOPLUS MET 15-500MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
ACTOPLUS MET 15-850MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
ACTOS 15MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
ACTOS 30MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
ACTOS 45MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
ACUVAIL 0.45% DROPPERETTE <b>MO</b>	3		EENT NONSTEROIDAL ANTI-INFLAM. AGENTS
acyclovir sodium 500MG SOLUTION <b>MO</b>	1		NUCLEOSIDES AND NUCLEOTIDES
ADVAIR DISKUS 100-50MCG/DOSE DISK <b>MO</b>	2	QL	BETA-ADRENERGIC AGONISTS
ADVAIR DISKUS 250-50MCG/DOSE DISK <b>MO</b>	2	QL	BETA-ADRENERGIC AGONISTS
ADVAIR DISKUS 500-50MCG/DOSE DISK <b>MO</b>	2	QL	BETA-ADRENERGIC AGONISTS
ADVAIR HFA 115-21MCG/ACTUATION AEROSOL <b>MO</b>	2	QL	BETA-ADRENERGIC AGONISTS
ADVAIR HFA 230-21MCG/ACTUATION AEROSOL <b>MO</b>	2	QL	BETA-ADRENERGIC AGONISTS
ADVAIR HFA 45-21MCG/ACTUATION AEROSOL <b>MO</b>	2	QL	BETA-ADRENERGIC AGONISTS
AGGRENOX 200-25MG CAPSULE 12 HR. <b>MO</b>	2		VASODILATING AGENTS, MISCELLANEOUS
albuterol sulfate 1.25MG/3 ML SOLUTION <b>MO</b>	1	B vs D	BETA-ADRENERGIC AGONISTS
albuterol sulfate 2MG TABLET <b>MO</b>	1		BETA-ADRENERGIC AGONISTS
albuterol sulfate 2MG/5 ML SYRUP <b>MO</b>	1		BETA-ADRENERGIC AGONISTS
albuterol sulfate 5MG/ML SOLUTION <b>MO</b>	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
alendronate 10MG TABLET <b>MO</b>	1	QL	BONE RESORPTION INHIBITORS
alendronate 35MG TABLET <b>MO</b>	1	QL	BONE RESORPTION INHIBITORS
alendronate 40MG TABLET <b>MO</b>	1	QL	BONE RESORPTION INHIBITORS
alendronate 5MG TABLET <b>MO</b>	1	QL	BONE RESORPTION INHIBITORS
alendronate 70MG TABLET <b>MO</b>	1	QL	BONE RESORPTION INHIBITORS
allopurinol 100MG TABLET <b>MO</b>	1		ANTIGOUT AGENTS
allopurinol 300MG TABLET <b>MO</b>	1		ANTIGOUT AGENTS
amantadine 100MG TABLET <b>MO</b>	1		ADAMANTANES (CNS)
amikacin 100MG/2 ML SOLUTION <b>MO</b>	3		AMINOGLYCOSIDES
amiodarone 200MG TABLET <b>MO</b>	1		ANTIARRHYTHMIC AGENTS
amiodarone 400MG TABLET <b>MO</b>	1		ANTIARRHYTHMIC AGENTS
amitriptyline 100MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
amitriptyline 10MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
amitriptyline 25MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
amitriptyline 50MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
amlodipine 10MG TABLET <b>MO</b>	1		DIHYDROPYRIDINES
amlodipine 2.5MG TABLET <b>MO</b>	1		DIHYDROPYRIDINES
amlodipine 5MG TABLET <b>MO</b>	1		DIHYDROPYRIDINES
amlodipine-benazepril 10-20MG CAPSULE <b>MO</b>	2	QL	DIHYDROPYRIDINES
amlodipine-benazepril 2.5-10MG CAPSULE <b>MO</b>	2	QL	DIHYDROPYRIDINES
amlodipine-benazepril 5-10MG CAPSULE <b>MO</b>	2	QL	DIHYDROPYRIDINES
amlodipine-benazepril 5-20MG CAPSULE <b>MO</b>	2	QL	DIHYDROPYRIDINES
amoxapine 100MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
amoxapine 150MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
amoxapine 25MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
amoxapine 50MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
AMPYRA 10MG TABLET 12 HR. <b>SP</b>	4	QL,PA	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
ANDROGEL 1%(50 MG/5 GRAM) GEL <b>MO</b>	2	QL	ANDROGENS
ANTARA 130MG CAPSULE <b>MO</b>	3	QL	FIBRIC ACID DERIVATIVES
ANTARA 43MG CAPSULE <b>MO</b>	3	QL	FIBRIC ACID DERIVATIVES
APIDRA 100UNIT/ML SOLUTION <b>MO</b>	3		INSULINS
APIDRA SOLOSTAR 100UNIT/ML INSULIN PEN <b>MO</b>	3		INSULINS
ARIXTRA 10MG/0.8 ML SYRINGE <b>HI, MO</b>	3	QL	ANTICOAGULANTS
ARIXTRA 2.5MG/0.5 ML SYRINGE <b>HI, MO</b>	3	QL	ANTICOAGULANTS
ARIXTRA 5MG/0.4 ML SYRINGE <b>HI, MO</b>	3	QL	ANTICOAGULANTS
ARIXTRA 7.5MG/0.6 ML SYRINGE <b>HI, MO</b>	3	QL	ANTICOAGULANTS
ASACOL 400MG TABLET <b>MO</b>	3	QL	ANTI-INFLAMMATORY AGENTS (GI DRUGS)
ASACOL HD 800MG TABLET <b>MO</b>	3	QL	ANTI-INFLAMMATORY AGENTS (GI DRUGS)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ASMANEX TWISTHALER 110MCG (30 DOSES) AEROSOL POWDER <b>MO</b>	2	QL	ADRENALS
ASMANEX TWISTHALER 220MCG (120 DOSES) AEROSOL POWDER <b>MO</b>	2	QL	ADRENALS
ASMANEX TWISTHALER 220MCG (14 DOSES) AEROSOL POWDER <b>MO</b>	2	QL	ADRENALS
ASMANEX TWISTHALER 220MCG (30 DOSES) AEROSOL POWDER <b>MO</b>	2	QL	ADRENALS
ASMANEX TWISTHALER 220MCG (60 DOSES) AEROSOL POWDER <b>MO</b>	2	QL	ADRENALS
atenolol 100MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
atenolol 25MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
atenolol 50MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
AVALIDE 150-12.5MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVALIDE 300-12.5MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVALIDE 300-25MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVANDAMET 2-1,000MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVANDAMET 2-500MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVANDAMET 4-1,000MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVANDAMET 4-500MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVANDARYL 4-1MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVANDARYL 4-2MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVANDARYL 4-4MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVANDARYL 8-2MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVANDARYL 8-4MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVANDIA 2MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVANDIA 4MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVANDIA 8MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
AVAPRO 150MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVAPRO 300MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVAPRO 75MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
AVINZA 120MG CAPSULE 24 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
AVINZA 30MG CAPSULE 24 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
AVINZA 45MG CAPSULE 24 HR. <b>MO</b>	2	QL	OPIATE AGONISTS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
AVINZA 60MG CAPSULE 24 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
AVINZA 75MG CAPSULE 24 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
AVINZA 90MG CAPSULE 24 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
AVODART 0.5MG CAPSULE <b>MO</b>	2	QL	5-ALPHA-REDUCTASE INHIBITORS
AVONEX 30MCG KIT <b>SP</b>	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
AVONEX ADMINISTRATION PACK 30MCG/0.5 ML KIT <b>SP</b>	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
azathioprine 50MG TABLET <b>MO</b>	1		IMMUNOSUPPRESSIVE AGENTS
AZOPT 1% DROPS <b>MO</b>	2		CARBONIC ANHYDRASE INHIBITORS (EENT)
bacitracin 50,000UNIT SOLUTION <b>MO</b>	1		ANTIBACTERIALS, MISCELLANEOUS
benazepril 10MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril 40MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril 5MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril-hydrochlorothiazide 10-12.5MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril-hydrochlorothiazide 20-12.5MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril-hydrochlorothiazide 20-25MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
benazepril-hydrochlorothiazide 5-6.25MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
BETASERON 0.3MG KIT <b>SP</b>	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
BIDIL 20-37.5MG TABLET <b>MO</b>	2	QL	DIRECT VASODILATORS
BONIVA 150MG TABLET <b>MO</b>	3	QL	BONE RESORPTION INHIBITORS
BONIVA 3MG/3 ML SYRINGE <b>MO</b>	3	QL,PA	BONE RESORPTION INHIBITORS
budeprion sr 100MG TABLET <b>MO</b>	2	QL	ANTIDEPRESSANTS
budeprion sr 150MG TABLET <b>MO</b>	2	QL	ANTIDEPRESSANTS
budeprion xl 300MG TABLET 24 HR. <b>MO</b>	2	QL	ANTIDEPRESSANTS
budesonide 0.25MG/2 ML SUSPENSION <b>MO</b>	2	B vs D	ADRENALS
budesonide 0.5MG/2 ML SUSPENSION <b>MO</b>	2	B vs D	ADRENALS
bupropion hcl 150MG TABLET <b>MO</b>	2	QL	ANTIDEPRESSANTS
bupropion hcl 200MG TABLET <b>MO</b>	2	QL	ANTIDEPRESSANTS
bupirone 15MG TABLET <b>MO</b>	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
bupirone 7.5MG TABLET <b>MO</b>	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
BYETTA 10MCG/0.04 ML PEN INJECTOR <b>MO</b>	3	QL,PA	INCRETIN MIMETICS
BYETTA 5MCG/0.02 ML PEN INJECTOR <b>MO</b>	3	QL,PA	INCRETIN MIMETICS

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
BYSTOLIC 10MG TABLET <b>MO</b>	2	QL	BETA-ADRENERGIC BLOCKING AGENTS
BYSTOLIC 2.5MG TABLET <b>MO</b>	2	QL	BETA-ADRENERGIC BLOCKING AGENTS
BYSTOLIC 20MG TABLET <b>MO</b>	2	QL	BETA-ADRENERGIC BLOCKING AGENTS
BYSTOLIC 5MG TABLET <b>MO</b>	2	QL	BETA-ADRENERGIC BLOCKING AGENTS
calcitonin (salmon) 200UNIT/ACTUATION AEROSOL SPRAY <b>MO</b>	2	QL	PARATHYROID
calcitriol 0.5MCG CAPSULE <b>MO</b>	1		VITAMIN D
captopril 100MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril 12.5MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril 25MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril 50MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril-hydrochlorothiazide 25-15MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril-hydrochlorothiazide 25-25MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril-hydrochlorothiazide 50-15MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
captopril-hydrochlorothiazide 50-25MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
carbamazepine 100MG CHEWABLE TABLET <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
carbamazepine 200MG TABLET <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
carbamazepine 200MG TABLET 12 HR. <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
carbamazepine 400MG TABLET 12 HR. <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
carbidopa-levodopa 10-100MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
carbidopa-levodopa 10-100MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
carbidopa-levodopa 25-100MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
carbidopa-levodopa 25-100MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
carbidopa-levodopa 25-100MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
carbidopa-levodopa 25-250MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
carbidopa-levodopa 25-250MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
carbidopa-levodopa 50-200MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
cartia xt 120MG CAPSULE 24 HR. <b>MO</b>	2	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
cartia xt 240MG CAPSULE 24 HR. <b>MO</b>	2	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
cartia xt 300MG CAPSULE 24 HR. <b>MO</b>	2	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
carvedilol 12.5MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
carvedilol 25MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
carvedilol 3.125MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
carvedilol 6.25MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
CELEBREX 100MG CAPSULE <b>MO</b>	2	QL,ST	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
CELEBREX 200MG CAPSULE <b>MO</b>	2	QL,ST	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
CELEBREX 400MG CAPSULE <b>MO</b>	2	QL,ST	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
CELEBREX 50MG CAPSULE <b>MO</b>	2	QL,ST	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
CENESTIN 0.3MG TABLET <b>MO</b>	2		ESTROGENS
CENESTIN 0.45MG TABLET <b>MO</b>	2		ESTROGENS
CENESTIN 0.625MG TABLET <b>MO</b>	2		ESTROGENS
CENESTIN 0.9MG TABLET <b>MO</b>	2		ESTROGENS
CENESTIN 1.25MG TABLET <b>MO</b>	2		ESTROGENS
chlorothiazide 250MG TABLET <b>MO</b>	1		THIAZIDE DIURETICS
chlorothiazide 500MG TABLET <b>MO</b>	1		THIAZIDE DIURETICS
cilostazol 100MG TABLET <b>MO</b>	1		PLATELET-AGGREGATION INHIBITORS
cilostazol 50MG TABLET <b>MO</b>	1		PLATELET-AGGREGATION INHIBITORS
CIMZIA 400 mg/2 mL(200 MG/ML X 2) SYRINGE <b>SP</b>	4	QL,PA	GI DRUGS, MISCELLANEOUS
CIMZIA 400MG (200 MG X 2) KIT <b>SP</b>	4	QL,PA	GI DRUGS, MISCELLANEOUS
citalopram 10MG TABLET <b>MO</b>	1	QL	ANTIDEPRESSANTS
citalopram 20MG TABLET <b>MO</b>	1	QL	ANTIDEPRESSANTS
citalopram 40MG TABLET <b>MO</b>	1	QL	ANTIDEPRESSANTS
clarithromycin 250MG TABLET <b>MO</b>	1		MACROLIDES
clarithromycin 500MG TABLET <b>MO</b>	1		MACROLIDES
clozapine 100MG TABLET <b>MO</b>	1		ANTIPSYCHOTIC AGENTS
clozapine 200MG TABLET <b>MO</b>	1		ANTIPSYCHOTIC AGENTS
clozapine 25MG TABLET <b>MO</b>	1		ANTIPSYCHOTIC AGENTS
clozapine 50MG TABLET <b>MO</b>	1		ANTIPSYCHOTIC AGENTS

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
COMBIVENT 18-103MCG/ACTUATION AEROSOL <b>MO</b>	2	QL	BETA-ADRENERGIC AGONISTS
COMTAN 200MG TABLET <b>MO</b>	2	QL	CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.
COPAXONE 20MG KIT <b>SP</b>	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
COREG CR 10MG CAPSULE 24 HR. <b>MO</b>	3	QL	BETA-ADRENERGIC BLOCKING AGENTS
COREG CR 20MG CAPSULE 24 HR. <b>MO</b>	3	QL	BETA-ADRENERGIC BLOCKING AGENTS
COREG CR 40MG CAPSULE 24 HR. <b>MO</b>	3	QL	BETA-ADRENERGIC BLOCKING AGENTS
COREG CR 80MG CAPSULE 24 HR. <b>MO</b>	3	QL	BETA-ADRENERGIC BLOCKING AGENTS
CRESTOR 10MG TABLET <b>MO</b>	2	QL	HMG-COA REDUCTASE INHIBITORS
CRESTOR 20MG TABLET <b>MO</b>	2	QL	HMG-COA REDUCTASE INHIBITORS
CRESTOR 40MG TABLET <b>MO</b>	2	QL	HMG-COA REDUCTASE INHIBITORS
CRESTOR 5MG TABLET <b>MO</b>	2	QL	HMG-COA REDUCTASE INHIBITORS
CRIVAN 100MG CAPSULE <b>MO</b>	2		ANTIRETROVIRALS
CRIVAN 200MG CAPSULE <b>MO</b>	2		ANTIRETROVIRALS
CRIVAN 333MG CAPSULE <b>MO</b>	2		ANTIRETROVIRALS
CRIVAN 400MG CAPSULE <b>MO</b>	2		ANTIRETROVIRALS
cromolyn 20MG/2 ML SOLUTION <b>MO</b>	2	B vs D	MAST-CELL STABILIZERS
CYMBALTA 20MG CAPSULE <b>MO</b>	2	QL	ANTIDEPRESSANTS
CYMBALTA 30MG CAPSULE <b>MO</b>	2	QL	ANTIDEPRESSANTS
CYMBALTA 60MG CAPSULE <b>MO</b>	2	QL	ANTIDEPRESSANTS
danazol 100MG CAPSULE <b>MO</b>	2		ANDROGENS
danazol 50MG CAPSULE <b>MO</b>	2		ANDROGENS
desipramine 100MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
desipramine 10MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
desipramine 150MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
desipramine 25MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
desipramine 50MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
desipramine 75MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
DETROL 1MG TABLET <b>MO</b>	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
DETROL 2MG TABLET <b>MO</b>	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
DETROL LA 2MG CAPSULE 24 HR. <b>MO</b>	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
DETROL LA 4MG CAPSULE 24 HR. <b>MO</b>	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
DEXILANT 30MG CAPSULE <b>MO</b>	3	QL	PROTON-PUMP INHIBITORS
DEXILANT 60MG CAPSULE <b>MO</b>	3	QL	PROTON-PUMP INHIBITORS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
digoxin 125MCG TABLET <b>MO</b>	1		CARDIOTONIC AGENTS
digoxin 250MCG TABLET <b>MO</b>	1		CARDIOTONIC AGENTS
dilt-xr 180MG CAPSULE <b>MO</b>	1	QL	CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
diltiazem hcl 120MG TABLET <b>MO</b>	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
DIOVAN 160MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN 320MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN 40MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN 80MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN HCT 160-12.5MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN HCT 160-25MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN HCT 320-12.5MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN HCT 320-25MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
DIOVAN HCT 80-12.5MG TABLET <b>MO</b>	2	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
dipyridamole 25MG TABLET <b>MO</b>	1		VASODILATING AGENTS, MISCELLANEOUS
dipyridamole 50MG TABLET <b>MO</b>	1		VASODILATING AGENTS, MISCELLANEOUS
dipyridamole 75MG TABLET <b>MO</b>	1		VASODILATING AGENTS, MISCELLANEOUS
dorzolamide 2% DROPS <b>MO</b>	2	QL	CARBONIC ANHYDRASE INHIBITORS (EENT)
dorzolamide-timolol 2-0.5% DROPS <b>MO</b>	2	QL	CARBONIC ANHYDRASE INHIBITORS (EENT)
doxazosin 1MG TABLET <b>MO</b>	1		ALPHA-ADRENERGIC BLOCKING AGENTS
doxazosin 4MG TABLET <b>MO</b>	1		ALPHA-ADRENERGIC BLOCKING AGENTS
DUETACT 30-2MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
DUETACT 30-4MG TABLET <b>MO</b>	3	QL,ST	THIAZOLIDINEDIONES
EMBEDA 20-0.8MG CAPSULE <b>MO</b>	2	QL	OPIATE AGONISTS
EMBEDA 30-1.2MG CAPSULE <b>MO</b>	2	QL	OPIATE AGONISTS
EMBEDA 50-2MG CAPSULE <b>MO</b>	2	QL	OPIATE AGONISTS

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
ENABLEX 15MG TABLET 24 HR. <b>MO</b>	3	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
ENABLEX 7.5MG TABLET 24 HR. <b>MO</b>	3	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
enalapril maleate 10MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
enalapril-hydrochlorothiazide 10-25MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ENBREL 25MG KIT <b>SP</b>	4	PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
ENBREL 25MG/0.5ML (0.51) SYRINGE <b>SP</b>	4	QL,PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
ENBREL 50MG/ML (0.98 ML) SYRINGE <b>SP</b>	4	QL,PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
endocet 10-325MG TABLET <b>MO</b>	2	QL	OPIATE AGONISTS
endocet 10-650MG TABLET <b>MO</b>	2	QL	OPIATE AGONISTS
ENDOCET 5-325MG TABLET <b>MO</b>	2	QL	OPIATE AGONISTS
endocet 7.5-325MG TABLET <b>MO</b>	2	QL	OPIATE AGONISTS
endocet 7.5-500MG TABLET <b>MO</b>	2	QL	OPIATE AGONISTS
ENJUWIA 0.3MG TABLET <b>MO</b>	2		ESTROGENS
ENJUWIA 0.45MG TABLET <b>MO</b>	2		ESTROGENS
ENJUWIA 0.625MG TABLET <b>MO</b>	2		ESTROGENS
ENJUWIA 0.9MG TABLET <b>MO</b>	2		ESTROGENS
ENJUWIA 1.25MG TABLET <b>MO</b>	2		ESTROGENS
EPIPEN 0.3MG/0.3 ML PEN INJECTOR <b>MO</b>	2		ALPHA- AND BETA-ADRENERGIC AGONISTS
EPIPEN JR 0.15MG/0.3 ML PEN INJECTOR <b>MO</b>	2		ALPHA- AND BETA-ADRENERGIC AGONISTS
EPIVIR 10MG/ML SOLUTION <b>MO</b>	3		ANTIRETROVIRALS
EPIVIR 150MG TABLET <b>MO</b>	3		ANTIRETROVIRALS
EPIVIR 300MG TABLET <b>MO</b>	3		ANTIRETROVIRALS
EPIVIR HBV 100MG TABLET <b>SP</b>	3		ANTIRETROVIRALS
EPZICOM 600-300MG TABLET <b>MO</b>	2		ANTIRETROVIRALS
estradiol 0.025MG/24 HR PATCH <b>MO</b>	1	QL	ESTROGENS
estradiol 0.0375MG/24 HR PATCH <b>MO</b>	1		ESTROGENS
estradiol 0.05MG/24 HR PATCH <b>MO</b>	1	QL	ESTROGENS
estradiol 0.06MG/24 HR PATCH <b>MO</b>	1		ESTROGENS
estradiol 0.075MG/24 HR PATCH <b>MO</b>	1	QL	ESTROGENS
estradiol 0.1MG/24 HR PATCH <b>MO</b>	1	QL	ESTROGENS
estropipate 0.75MG TABLET <b>MO</b>	1		ESTROGENS
estropipate 1.5MG TABLET <b>MO</b>	1		ESTROGENS
estropipate 3MG TABLET <b>MO</b>	1		ESTROGENS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
EVISTA 60MG TABLET <b>MO</b>	2	QL	ESTROGEN AGONIST-ANTAGONISTS
EXELON 4.6MG/24 HOUR PATCH 24 HR. <b>MO</b>	2	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
EXELON 9.5MG/24 HOUR PATCH 24 HR. <b>MO</b>	2	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
EXFORGE 10-160MG TABLET <b>MO</b>	2	QL	DIHYDROPYRIDINES
EXFORGE 10-320MG TABLET <b>MO</b>	2	QL	DIHYDROPYRIDINES
EXFORGE 5-160MG TABLET <b>MO</b>	2	QL	DIHYDROPYRIDINES
EXFORGE 5-320MG TABLET <b>MO</b>	2	QL	DIHYDROPYRIDINES
EXFORGE HCT 10-160-12.5MG TABLET <b>MO</b>	2	QL	DIHYDROPYRIDINES
EXFORGE HCT 10-160-25MG TABLET <b>MO</b>	2	QL	DIHYDROPYRIDINES
EXFORGE HCT 10-320-25MG TABLET <b>MO</b>	2	QL	DIHYDROPYRIDINES
EXFORGE HCT 5-160-12.5MG TABLET <b>MO</b>	2	QL	DIHYDROPYRIDINES
EXFORGE HCT 5-160-25MG TABLET <b>MO</b>	2	QL	DIHYDROPYRIDINES
famciclovir 125MG TABLET <b>MO</b>	2		NUCLEOSIDES AND NUCLEOTIDES
famciclovir 250MG TABLET <b>MO</b>	2		NUCLEOSIDES AND NUCLEOTIDES
famciclovir 500MG TABLET <b>MO</b>	2		NUCLEOSIDES AND NUCLEOTIDES
felodipine 10MG TABLET 24 HR. <b>MO</b>	2	QL	DIHYDROPYRIDINES
felodipine 2.5MG TABLET 24 HR. <b>MO</b>	2	QL	DIHYDROPYRIDINES
felodipine 5MG TABLET 24 HR. <b>MO</b>	2	QL	DIHYDROPYRIDINES
fenofibrate 160MG TABLET <b>MO</b>	2	QL	FIBRIC ACID DERIVATIVES
fenofibrate 54MG TABLET <b>MO</b>	2	QL	FIBRIC ACID DERIVATIVES
fenofibrate micronized 134MG CAPSULE <b>MO</b>	2	QL	FIBRIC ACID DERIVATIVES
fenofibrate micronized 200MG CAPSULE <b>MO</b>	2	QL	FIBRIC ACID DERIVATIVES
fenofibrate micronized 67MG CAPSULE <b>MO</b>	2	QL	FIBRIC ACID DERIVATIVES
fentanyl 100MCG/HR PATCH 72 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
fexofenadine 180MG TABLET <b>MO</b>	2	QL	SECOND GENERATION ANTIHISTAMINES
fexofenadine 30MG TABLET <b>MO</b>	2	QL	SECOND GENERATION ANTIHISTAMINES
fexofenadine 60MG TABLET <b>MO</b>	2	QL	SECOND GENERATION ANTIHISTAMINES
finasteride 5MG TABLET <b>MO</b>	1	QL	5-ALPHA-REDUCTASE INHIBITORS
FLOVENT DISKUS 100MCG/ACTUATION DISK <b>MO</b>	2	QL	ADRENALS
FLOVENT DISKUS 250MCG/ACTUATION DISK <b>MO</b>	2	QL	ADRENALS
FLOVENT DISKUS 50MCG/ACTUATION DISK <b>MO</b>	2	QL	ADRENALS
FLOVENT HFA 110MCG/ACTUATION AEROSOL <b>MO</b>	2	QL	ADRENALS
FLOVENT HFA 220MCG/ACTUATION AEROSOL <b>MO</b>	2	QL	ADRENALS
FLOVENT HFA 44MCG/ACTUATION AEROSOL <b>MO</b>	2	QL	ADRENALS
fluorouracil 500MG/10 ML SOLUTION <b>MO</b>	2	B vs D	ANTINEOPLASTIC AGENTS
fluoxetine 20MG TABLET <b>MO</b>	1	QL	ANTIDEPRESSANTS
fluoxetine 40MG CAPSULE <b>MO</b>	1	QL	ANTIDEPRESSANTS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
FORTEO 20 mcg/dose -600 MCG/2.4 ML PEN INJECTOR <b>MO</b>	3		PARATHYROID
FORTICAL 200UNIT/ACTUATION AEROSOL SPRAY <b>MO</b>	2	QL	PARATHYROID
fosinopril 10MG TABLET <b>MO</b>	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
gabapentin 300MG CAPSULE <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
gabapentin 400MG CAPSULE <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
gabapentin 600MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
gabapentin 800MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
galantamine 12MG TABLET <b>MO</b>	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
galantamine 16MG CAPSULE 24 HR. <b>MO</b>	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
galantamine 24MG CAPSULE 24 HR. <b>MO</b>	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
galantamine 4MG TABLET <b>MO</b>	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
galantamine 8MG CAPSULE 24 HR. <b>MO</b>	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
galantamine 8MG TABLET <b>MO</b>	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)
GEODON 20MG CAPSULE <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
GEODON 40MG CAPSULE <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
GEODON 60MG CAPSULE <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
GEODON 80MG CAPSULE <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
glimepiride 1MG TABLET <b>MO</b>	1		SULFONYLUREAS
glimepiride 2MG TABLET <b>MO</b>	1		SULFONYLUREAS
glimepiride 4MG TABLET <b>MO</b>	1		SULFONYLUREAS
glipizide 10MG TABLET <b>MO</b>	1		SULFONYLUREAS
glipizide 10MG TABLET 24 HR. <b>MO</b>	1		SULFONYLUREAS
glipizide 2.5MG TABLET 24 HR. <b>MO</b>	1		SULFONYLUREAS
glipizide 5MG TABLET 24 HR. <b>MO</b>	1		SULFONYLUREAS
glipizide-metformin 2.5-250MG TABLET <b>MO</b>	1		SULFONYLUREAS
glipizide-metformin 2.5-500MG TABLET <b>MO</b>	1		SULFONYLUREAS
glipizide-metformin 5-500MG TABLET <b>MO</b>	1		SULFONYLUREAS
GLUMETZA 500MG TABLET 24 HR. <b>MO</b>	3	QL	BIGUANIDES
glyburide 1.25MG TABLET <b>MO</b>	1		SULFONYLUREAS
glyburide 2.5MG TABLET <b>MO</b>	1		SULFONYLUREAS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
glyburide 5MG TABLET <b>MO</b>	1		SULFONYLUREAS
glyburide micronized 1.5MG TABLET <b>MO</b>	1		SULFONYLUREAS
glyburide micronized 3MG TABLET <b>MO</b>	1		SULFONYLUREAS
glyburide micronized 6MG TABLET <b>MO</b>	1		SULFONYLUREAS
glyburide-metformin 1.25-250MG TABLET <b>MO</b>	1		SULFONYLUREAS
glyburide-metformin 2.5-500MG TABLET <b>MO</b>	1		SULFONYLUREAS
glyburide-metformin 5-500MG TABLET <b>MO</b>	1		SULFONYLUREAS
GOLYTELY 227.1-21.5-6.36GRAM POWDER <b>MO</b>	2		CATHARTICS AND LAXATIVES
GOLYTELY 236-22.74-6.74GRAM SOLUTION <b>MO</b>	2		CATHARTICS AND LAXATIVES
HALFLYTELY-BISACODYL BOWEL KIT 10-210MG-GRAM KIT <b>MO</b>	2		CATHARTICS AND LAXATIVES
haloperidol 1MG TABLET <b>MO</b>	1		ANTIPSYCHOTIC AGENTS
haloperidol 2MG TABLET <b>MO</b>	1		ANTIPSYCHOTIC AGENTS
HECTOROL 0.5MCG CAPSULE <b>MO</b>	2		VITAMIN D
HECTOROL 1MCG CAPSULE <b>MO</b>	2		VITAMIN D
HECTOROL 2.5MCG CAPSULE <b>MO</b>	2		VITAMIN D
HUMALOG 100UNIT/ML SOLUTION <b>MO</b>	2	QL	INSULINS
HUMALOG MIX 50-50 100UNIT/ML (50-50) INSULIN PEN <b>MO</b>	2		INSULINS
HUMALOG MIX 50-50 100UNIT/ML (50-50) SUSPENSION <b>MO</b>	2		INSULINS
HUMALOG MIX 75-25 100UNIT/ML (75-25) INSULIN PEN <b>MO</b>	2		INSULINS
HUMALOG MIX 75-25 100UNIT/ML (75-25) SUSPENSION <b>MO</b>	2		INSULINS
HUMALOG PEN 100UNIT/ML INSULIN PEN <b>MO</b>	2		INSULINS
HUMIRA 20MG/0.4 ML KIT <b>SP</b>	4	QL,PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
HUMIRA 40MG/0.8 ML KIT <b>SP</b>	4	QL,PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
HUMIRA CROHN'S DIS START PCK 40MG/0.8 ML PEN INJECTOR <b>SP</b>	4	PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
HUMULIN 70/30 100100 SUSPENSION <b>MO</b>	2		INSULINS
HUMULIN 70/30 PEN 100100 INSULIN PEN <b>MO</b>	2		INSULINS
HUMULIN N 100100 SUSPENSION <b>MO</b>	2		INSULINS
HUMULIN N PEN 100 unit/mL100 UNIT/ML INSULIN PEN <b>MO</b>	2		INSULINS
HUMULIN R 100100 SOLUTION <b>MO</b>	2		INSULINS
HUMULIN R U-500 "CONCENTRATED" 500UNIT/ML SOLUTION <b>MO</b>	2		INSULINS
hydralazine 100MG TABLET <b>MO</b>	1		DIRECT VASODILATORS
hydralazine 10MG TABLET <b>MO</b>	1		DIRECT VASODILATORS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
hydralazine 25MG TABLET <b>MO</b>	1		DIRECT VASODILATORS
hydralazine 50MG TABLET <b>MO</b>	1		DIRECT VASODILATORS
hydrochlorothiazide 25MG TABLET <b>MO</b>	1		THIAZIDE DIURETICS
hydroxyzine hcl 10MG TABLET <b>MO</b>	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
hydroxyzine hcl 25MG TABLET <b>MO</b>	1		ANXIOLYTICS, SEDATIVES - HYPNOTICS,MISC.
INVEGA SUSTENNA 117MG/0.75 ML SYRINGE <b>MO</b>	4	QL	ANTIPSYCHOTIC AGENTS
INVEGA SUSTENNA 156MG/ML (1 ML) SYRINGE <b>MO</b>	4	QL	ANTIPSYCHOTIC AGENTS
INVEGA SUSTENNA 234MG/1.5 ML SYRINGE <b>MO</b>	4	QL	ANTIPSYCHOTIC AGENTS
INVEGA SUSTENNA 39MG/0.25 ML SYRINGE <b>MO</b>	3	QL	ANTIPSYCHOTIC AGENTS
INVEGA SUSTENNA 78MG/0.5 ML SYRINGE <b>MO</b>	3	QL	ANTIPSYCHOTIC AGENTS
isoniazid 100MG/ML SOLUTION <b>MO</b>	1		ANTITUBERCULOSIS AGENTS
isosorbide mononitrate 10MG TABLET <b>MO</b>	1		NITRATES AND NITRITES
KADIAN 100MG CAPSULE <b>MO</b>	2	QL	OPIATE AGONISTS
KADIAN 10MG CAPSULE <b>MO</b>	2	QL	OPIATE AGONISTS
KADIAN 200MG CAPSULE <b>MO</b>	2	QL	OPIATE AGONISTS
KADIAN 20MG CAPSULE <b>MO</b>	2	QL	OPIATE AGONISTS
KADIAN 30MG CAPSULE <b>MO</b>	2	QL	OPIATE AGONISTS
KADIAN 50MG CAPSULE <b>MO</b>	2	QL	OPIATE AGONISTS
KADIAN 60MG CAPSULE <b>MO</b>	2	QL	OPIATE AGONISTS
KADIAN 80MG CAPSULE <b>MO</b>	2	QL	OPIATE AGONISTS
labetalol 100MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
labetalol 200MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
labetalol 300MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
LAMICTAL XR 100MG TABLET 24 HR. <b>MO</b>	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL XR 200MG TABLET 24 HR. <b>MO</b>	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL XR 25MG TABLET 24 HR. <b>MO</b>	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
LAMICTAL XR 50MG TABLET 24 HR. <b>MO</b>	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
lamotrigine 100MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
lamotrigine 150MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
lamotrigine 200MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
lamotrigine 25MG TABLET <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
lamotrigine 25MG TABLET <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
lamotrigine 5MG TABLET <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
LANTUS 100UNIT/ML SOLUTION <b>MO</b>	2		INSULINS
LANTUS SOLOSTAR 100 unit/mL(3 ML) INSULIN PEN <b>MO</b>	2		INSULINS
leflunomide 10MG TABLET <b>MO</b>	1	QL	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
leflunomide 20MG TABLET <b>MO</b>	1	QL	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
LESCOL 20MG CAPSULE <b>MO</b>	2	QL	HMG-COA REDUCTASE INHIBITORS
LESCOL 40MG CAPSULE <b>MO</b>	2	QL	HMG-COA REDUCTASE INHIBITORS
LESCOL XL 80MG TABLET 24 HR. <b>MO</b>	2	QL	HMG-COA REDUCTASE INHIBITORS
LETAIRIS 10MG TABLET <b>SP</b>	4	QL,PA	VASODILATING AGENTS, MISCELLANEOUS
LETAIRIS 5MG TABLET <b>SP</b>	4	QL,PA	VASODILATING AGENTS, MISCELLANEOUS
LEVEMIR 100UNIT/ML SOLUTION <b>MO</b>	2		INSULINS
LEVEMIR FLEXPEN 100UNIT/ML INSULIN PEN <b>MO</b>	2		INSULINS
levetiracetam 1,000MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
levetiracetam 250MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
levetiracetam 500MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
levetiracetam 750MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
levothyroxine 112MCG TABLET <b>MO</b>	1		THYROID AGENTS
levothyroxine 88MCG TABLET <b>MO</b>	1		THYROID AGENTS
LEVOXYL 100MCG TABLET <b>MO</b>	2		THYROID AGENTS
LEVOXYL 112MCG TABLET <b>MO</b>	2		THYROID AGENTS
LEVOXYL 125MCG TABLET <b>MO</b>	2		THYROID AGENTS
LEVOXYL 137MCG TABLET <b>MO</b>	2		THYROID AGENTS
LEVOXYL 150MCG TABLET <b>MO</b>	2		THYROID AGENTS
LEVOXYL 175MCG TABLET <b>MO</b>	2		THYROID AGENTS
LEVOXYL 200MCG TABLET <b>MO</b>	2		THYROID AGENTS
LEVOXYL 25MCG TABLET <b>MO</b>	2		THYROID AGENTS
LEVOXYL 50MCG TABLET <b>MO</b>	2		THYROID AGENTS
LEVOXYL 75MCG TABLET <b>MO</b>	2		THYROID AGENTS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
LEVOXYL 88MCG TABLET <b>MO</b>	2		THYROID AGENTS
LEXAPRO 10MG TABLET <b>MO</b>	2	QL	ANTIDEPRESSANTS
LEXAPRO 20MG TABLET <b>MO</b>	2	QL	ANTIDEPRESSANTS
LEXAPRO 5MG TABLET <b>MO</b>	2	QL	ANTIDEPRESSANTS
LEXIVA 700MG TABLET <b>MO</b>	2		ANTIRETROVIRALS
LIPITOR 10MG TABLET <b>MO</b>	2	QL	HMG-COA REDUCTASE INHIBITORS
LIPITOR 20MG TABLET <b>MO</b>	2	QL	HMG-COA REDUCTASE INHIBITORS
LIPITOR 40MG TABLET <b>MO</b>	2	QL	HMG-COA REDUCTASE INHIBITORS
LIPITOR 80MG TABLET <b>MO</b>	2	QL	HMG-COA REDUCTASE INHIBITORS
lisinopril 10MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril 2.5MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril 20MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril 30MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril 40MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril-hydrochlorothiazide 10-12.5MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril-hydrochlorothiazide 20-12.5MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lisinopril-hydrochlorothiazide 20-25MG TABLET <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
lithium carbonate 150MG CAPSULE <b>MO</b>	1		ANTIMANIC AGENTS
lithium carbonate 300MG TABLET <b>MO</b>	1		ANTIMANIC AGENTS
lithium carbonate 600MG CAPSULE <b>MO</b>	1		ANTIMANIC AGENTS
losartan 100MG TABLET <b>MO</b>	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
losartan 25MG TABLET <b>MO</b>	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
losartan 50MG TABLET <b>MO</b>	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
losartan-hydrochlorothiazide 100-12.5MG TABLET <b>MO</b>	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
losartan-hydrochlorothiazide 100-25MG TABLET <b>MO</b>	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
losartan-hydrochlorothiazide 50-12.5MG TABLET <b>MO</b>	1	QL	ANGIOTENSIN II RECEPTOR ANTAGONISTS
lovastatin 10MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS
lovastatin 20MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS
lovastatin 40MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
LOVAZA 1GRAM CAPSULE <b>MO</b>	2	QL	ANTILIPEMIC AGENTS, MISCELLANEOUS
LUMIGAN 0.03% DROPS <b>MO</b>	2	QL	PROSTAGLANDIN ANALOGS
MEGACE ES 625MG/5 ML SUSPENSION <b>MO</b>	3		ANTINEOPLASTIC AGENTS
meloxicam 15MG TABLET <b>MO</b>	1	QL	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
meloxicam 7.5MG TABLET <b>MO</b>	1	QL	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
MEPRON 750MG/5 ML SUSPENSION <b>MO</b>	4		ANTIPROTOZOALS, MISCELLANEOUS
metformin 1,000MG TABLET <b>MO</b>	1		BIGUANIDES
metformin 500MG TABLET <b>MO</b>	1		BIGUANIDES
metformin 500MG TABLET 24 HR. <b>MO</b>	1	QL	BIGUANIDES
metformin 750MG TABLET 24 HR. <b>MO</b>	1	QL	BIGUANIDES
metformin 850MG TABLET <b>MO</b>	1		BIGUANIDES
methotrexate sodium 2.5MG TABLET <b>MO</b>	1		ANTINEOPLASTIC AGENTS
methyl dopa 250MG TABLET <b>MO</b>	1		CENTRAL ALPHA-AGONISTS
methyl dopa 500MG TABLET <b>MO</b>	1		CENTRAL ALPHA-AGONISTS
metoprolol succinate 100MG TABLET 24 HR. <b>MO</b>	1	QL	BETA-ADRENERGIC BLOCKING AGENTS
metoprolol succinate 200MG TABLET 24 HR. <b>MO</b>	1	QL	BETA-ADRENERGIC BLOCKING AGENTS
metoprolol succinate 25MG TABLET 24 HR. <b>MO</b>	1	QL	BETA-ADRENERGIC BLOCKING AGENTS
metoprolol succinate 50MG TABLET 24 HR. <b>MO</b>	1	QL	BETA-ADRENERGIC BLOCKING AGENTS
metoprolol tartrate 100MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
metoprolol tartrate 25MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
metoprolol tartrate 50MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
metoprolol-hydrochlorothiazide 100-25MG TABLET <b>MO</b>	2		BETA-ADRENERGIC BLOCKING AGENTS
metoprolol-hydrochlorothiazide 100-50MG TABLET <b>MO</b>	2		BETA-ADRENERGIC BLOCKING AGENTS
metoprolol-hydrochlorothiazide 50-25MG TABLET <b>MO</b>	2		BETA-ADRENERGIC BLOCKING AGENTS
minoxidil 10MG TABLET <b>MO</b>	1		DIRECT VASODILATORS
minoxidil 2.5MG TABLET <b>MO</b>	1		DIRECT VASODILATORS
mirtazapine 15MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
mirtazapine 15MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
mirtazapine 30MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
mirtazapine 30MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
mirtazapine 45MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
mirtazapine 45MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
mirtazapine 7.5MG TABLET <b>MO</b>	2		ANTIDEPRESSANTS
morphine 100MG TABLET <b>MO</b>	2		OPIATE AGONISTS
morphine 30MG TABLET <b>MO</b>	2		OPIATE AGONISTS
mycophenolate mofetil 250MG CAPSULE <b>MO</b>	1	B vs D	IMMUNOSUPPRESSIVE AGENTS
mycophenolate mofetil 500MG TABLET <b>MO</b>	1	B vs D	IMMUNOSUPPRESSIVE AGENTS
NAMENDA 10MG TABLET <b>MO</b>	2	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
NAMENDA 10MG/5 ML SOLUTION <b>MO</b>	2	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
NAMENDA 5MG TABLET <b>MO</b>	2	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
NAMENDA TITRATION PAK 5-10MG TABLET <b>MO</b>	2	QL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.
NASONEX 50MCG/ACTUATION SPRAY <b>MO</b>	2	QL	CORTICOSTEROIDS (EENT)
nateglinide 120MG TABLET <b>MO</b>	1		MEGLITINIDES
nateglinide 60MG TABLET <b>MO</b>	1		MEGLITINIDES
NEXIUM 20MG CAPSULE <b>MO</b>	2	QL	PROTON-PUMP INHIBITORS
NEXIUM 40MG CAPSULE <b>MO</b>	2	QL	PROTON-PUMP INHIBITORS
NIASPAN 1,000MG TABLET <b>MO</b>	2		ANTILIPEMIC AGENTS, MISCELLANEOUS
NIASPAN 500MG TABLET <b>MO</b>	2		ANTILIPEMIC AGENTS, MISCELLANEOUS
NIASPAN 750MG TABLET <b>MO</b>	2		ANTILIPEMIC AGENTS, MISCELLANEOUS
nifedipine 10MG CAPSULE <b>MO</b>	1		DIHYDROPYRIDINES
nifedipine 20MG CAPSULE <b>MO</b>	1		DIHYDROPYRIDINES
nifedipine 30MG TABLET 24 HR. <b>MO</b>	2	QL	DIHYDROPYRIDINES
nifedipine 60MG TABLET 24 HR. <b>MO</b>	2	QL	DIHYDROPYRIDINES
nifedipine 90MG TABLET 24 HR. <b>MO</b>	2	QL	DIHYDROPYRIDINES
nisoldipine 20MG TABLET 24 HR. <b>MO</b>	2	QL	DIHYDROPYRIDINES
nisoldipine 30MG TABLET 24 HR. <b>MO</b>	2	QL	DIHYDROPYRIDINES
nisoldipine 40MG TABLET 24 HR. <b>MO</b>	2	QL	DIHYDROPYRIDINES
nitroglycerin 0.2MG/HR PATCH 24 HR. <b>MO</b>	1		NITRATES AND NITRITES
nitroglycerin 0.4MG/HR PATCH 24 HR. <b>MO</b>	1		NITRATES AND NITRITES
nitroglycerin 0.6MG/HR PATCH 24 HR. <b>MO</b>	1		NITRATES AND NITRITES
nortriptyline 75MG CAPSULE <b>MO</b>	1		ANTIDEPRESSANTS
NORVIR 100MG TABLET <b>MO</b>	3		ANTIRETROVIRALS
NOVOLIN 70/30 100100 SUSPENSION <b>MO</b>	2		INSULINS
NOVOLIN 70/30 INNOLET 100100 INSULIN PEN <b>MO</b>	2		INSULINS

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NOVOLIN N 100100 SUSPENSION <b>MO</b>	2		INSULINS
NOVOLIN N INNOLET 100 unit/mL100 UNIT/ML INSULIN PEN <b>MO</b>	2		INSULINS
NOVOLIN R 100100 SOLUTION <b>MO</b>	2		INSULINS
NOVOLIN R 100100 SOLUTION <b>MO</b>	2		INSULINS
NOVOLOG 100UNIT/ML SOLUTION <b>MO</b>	2		INSULINS
NOVOLOG FLEXPEN 100UNIT/ML INSULIN PEN <b>MO</b>	2		INSULINS
NOVOLOG MIX 70-30 100UNIT/ML (70-30) SOLUTION <b>MO</b>	2		INSULINS
NOVOLOG MIX 70-30 FLEXPEN 100UNIT/ML (70-30) INSULIN PEN <b>MO</b>	2		INSULINS
NULYTELY WITH FLAVOR PACKS 420G SOLUTION <b>MO</b>	2		CATHARTICS AND LAXATIVES
omeprazole 40MG CAPSULE <b>MO</b>	1	QL	PROTON-PUMP INHIBITORS
ONGLYZA 2.5MG TABLET <b>MO</b>	3	QL,ST	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS
ONGLYZA 5MG TABLET <b>MO</b>	3	QL,ST	DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS
OPANA ER 10MG TABLET 12 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
OPANA ER 15MG TABLET 12 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
OPANA ER 20MG TABLET 12 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
OPANA ER 30MG TABLET 12 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
OPANA ER 40MG TABLET 12 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
OPANA ER 5MG TABLET 12 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
OPANA ER 7.5MG TABLET 12 HR. <b>MO</b>	2	QL	OPIATE AGONISTS
oxybutynin chloride 10MG TABLET 24 HR. <b>MO</b>	2		GENITOURINARY SMOOTH MUSCLE RELAXANTS
oxybutynin chloride 15MG TABLET 24 HR. <b>MO</b>	2		GENITOURINARY SMOOTH MUSCLE RELAXANTS
oxybutynin chloride 5MG TABLET <b>MO</b>	1		GENITOURINARY SMOOTH MUSCLE RELAXANTS
oxybutynin chloride 5MG TABLET 24 HR. <b>MO</b>	2		GENITOURINARY SMOOTH MUSCLE RELAXANTS
PANCREAZE 10,500-25,000-43,750 UNIT CAPSULE <b>MO</b>	3		DIGESTANTS
PANCREAZE 16,800-40,000-70,000 UNIT CAPSULE <b>MO</b>	3		DIGESTANTS
PANCREAZE 21,000-37,000-61,000 UNIT CAPSULE <b>MO</b>	3		DIGESTANTS
PANCREAZE 4,200-10,000-17,500 UNIT CAPSULE <b>MO</b>	3		DIGESTANTS
PATADAY 0.2% DROPS <b>MO</b>	2		ANTIALLERGIC AGENTS
PATANASE 0.6% SPRAY <b>MO</b>	3	QL	ANTIALLERGIC AGENTS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
PATANOL 0.1% DROPS <b>MO</b>	3		ANTIALLERGIC AGENTS
PEGASYS CONVENIENCE PACK 180MCG/0.5 ML KIT <b>SP</b>	4	QL,PA	INTERFERONS
PEGINTRON 50MCG/0.5 ML KIT <b>SP</b>	4	QL,PA	INTERFERONS
PEGINTRON REDIPEN 120MCG/0.5 ML PEN INJECTOR <b>SP</b>	4	QL,PA	INTERFERONS
PEGINTRON REDIPEN 150MCG/0.5 ML PEN INJECTOR <b>SP</b>	4	QL,PA	INTERFERONS
PEGINTRON REDIPEN 50MCG/0.5 ML PEN INJECTOR <b>SP</b>	4	QL,PA	INTERFERONS
PEGINTRON REDIPEN 80MCG/0.5 ML PEN INJECTOR <b>SP</b>	4	QL,PA	INTERFERONS
PHENYTEK 200MG CAPSULE <b>MO</b>	2		HYDANTOINS
PHENYTEK 300MG CAPSULE <b>MO</b>	2		HYDANTOINS
PHOSLO 667MG CAPSULE <b>MO</b>	2		PHOSPHATE-REMOVING AGENTS
potassium chloride 20MEQ TABLET <b>MO</b>	1		REPLACEMENT PREPARATIONS
potassium chloride 8MEQ TABLET <b>MO</b>	1		REPLACEMENT PREPARATIONS
pramipexole 0.125MG TABLET <b>MO</b>	2		DOPAMINE RECEPTOR AGONISTS
pramipexole 0.25MG TABLET <b>MO</b>	2		DOPAMINE RECEPTOR AGONISTS
pramipexole 0.5MG TABLET <b>MO</b>	2		DOPAMINE RECEPTOR AGONISTS
pramipexole 1.5MG TABLET <b>MO</b>	2		DOPAMINE RECEPTOR AGONISTS
pramipexole 1MG TABLET <b>MO</b>	2		DOPAMINE RECEPTOR AGONISTS
pravastatin 10MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS
pravastatin 20MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS
pravastatin 40MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS
pravastatin 80MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS
PREMARIN 0.3MG TABLET <b>MO</b>	2		ESTROGENS
PREMARIN 0.45MG TABLET <b>MO</b>	2		ESTROGENS
PREMARIN 0.625MG TABLET <b>MO</b>	2		ESTROGENS
PREMARIN 0.625MG/G CREAM <b>MO</b>	2		ESTROGENS
PREMARIN 0.9MG TABLET <b>MO</b>	2		ESTROGENS
PREMARIN 1.25MG TABLET <b>MO</b>	2		ESTROGENS
PREMARIN 25MG SOLUTION <b>MO</b>	2		ESTROGENS
PREMPHASE 0.625 mg (14)/0.625MG-5MG(14) TABLET <b>MO</b>	2		ESTROGENS
PREMPRO 0.3-1.5MG TABLET <b>MO</b>	2		ESTROGENS
PREMPRO 0.45-1.5MG TABLET <b>MO</b>	2		ESTROGENS
PREMPRO 0.625-2.5MG TABLET <b>MO</b>	2		ESTROGENS
PREMPRO 0.625-5MG TABLET <b>MO</b>	2		ESTROGENS
primaquine 26.3MG TABLET <b>MO</b>	1		ANTIMALARIALS
PRISTIQ 100MG TABLET 24 HR. <b>MO</b>	3	QL	ANTIDEPRESSANTS
PRISTIQ 50MG TABLET 24 HR. <b>MO</b>	3	QL	ANTIDEPRESSANTS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
PROAIR HFA 90MCG/ACTUATION INHALER <b>MO</b>	2	QL	BETA-ADRENERGIC AGONISTS
prochlorperazine 25MG SUPPOSITORY <b>MO</b>	1		ANTIHISTAMINES (GI DRUGS)
PROCRIT 10,000UNIT/ML SOLUTION <b>SP</b>	3	QL,PA	HEMATOPOIETIC AGENTS
PROCRIT 2,000UNIT/ML SOLUTION <b>SP</b>	3	QL,PA	HEMATOPOIETIC AGENTS
PROCRIT 20,000UNIT/ML SOLUTION <b>SP</b>	4	QL,PA	HEMATOPOIETIC AGENTS
PROCRIT 3,000UNIT/ML SOLUTION <b>SP</b>	3	QL,PA	HEMATOPOIETIC AGENTS
PROCRIT 4,000UNIT/ML SOLUTION <b>SP</b>	3	QL,PA	HEMATOPOIETIC AGENTS
PROCRIT 40,000UNIT/ML SOLUTION <b>SP</b>	4	QL,PA	HEMATOPOIETIC AGENTS
promethazine 12.5MG SUPPOSITORY <b>MO</b>	1		PHENOTHIAZINE DERIVATIVES
promethazine 12.5MG TABLET <b>MO</b>	1	B vs D	PHENOTHIAZINE DERIVATIVES
promethazine 25MG SUPPOSITORY <b>MO</b>	1		PHENOTHIAZINE DERIVATIVES
propranolol 40MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 60MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
propranolol 80MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
PROVENTIL HFA 90MCG/ACTUATION INHALER <b>MO</b>	3	QL	BETA-ADRENERGIC AGONISTS
quinapril-hydrochlorothiazide 10-12.5MG TABLET <b>MO</b>	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
quinapril-hydrochlorothiazide 20-12.5MG TABLET <b>MO</b>	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
quinapril-hydrochlorothiazide 20-25MG TABLET <b>MO</b>	2		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
QVAR 40MCG/ACTUATION AEROSOL <b>MO</b>	2	QL	ADRENALS
QVAR 80MCG/ACTUATION AEROSOL <b>MO</b>	2	QL	ADRENALS
ramipril 1.25MG CAPSULE <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ramipril 10MG CAPSULE <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ramipril 2.5MG CAPSULE <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ramipril 5MG CAPSULE <b>MO</b>	1		ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ranitidine hcl 150MG CAPSULE <b>MO</b>	2		HISTAMINE H2-ANTAGONISTS
REBIF 22MCG/0.5 ML SYRINGE <b>SP</b>	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
REBIF 44MCG/0.5 ML SYRINGE <b>SP</b>	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
REBIF TITRATION PACK 8.8mcg/0.2mL-22MCG/0.5ML (6) SYRINGE <b>SP</b>	4	QL,PA	BIOLOGIC RESPONSE MODIFIERS
REMICADE 100MG SOLUTION <b>SP</b>	4	PA	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS
RENVELA 0.8GRAM POWDER <b>MO</b>	2	QL	PHOSPHATE-REMOVING AGENTS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
REVELA 2.4GRAM POWDER <b>MO</b>	2	QL	PHOSPHATE-REMOVING AGENTS
REVELA 800MG TABLET <b>MO</b>	2	QL	PHOSPHATE-REMOVING AGENTS
REQUIP XL 12MG TABLET 24 HR. <b>MO</b>	3	QL	DOPAMINE RECEPTOR AGONISTS
REQUIP XL 2MG TABLET 24 HR. <b>MO</b>	3	QL	DOPAMINE RECEPTOR AGONISTS
REQUIP XL 4MG TABLET 24 HR. <b>MO</b>	3	QL	DOPAMINE RECEPTOR AGONISTS
REQUIP XL 6MG TABLET 24 HR. <b>MO</b>	3	QL	DOPAMINE RECEPTOR AGONISTS
REQUIP XL 8MG TABLET 24 HR. <b>MO</b>	3	QL	DOPAMINE RECEPTOR AGONISTS
RESTASIS 0.05% DROPPERETTE <b>MO</b>	2		EENT ANTI-INFLAMMATORY AGENTS, MISC.
RISPERDAL CONSTA 12.5MG/2 ML SYRINGE <b>MO</b>	3	QL	ANTIPSYCHOTIC AGENTS
RISPERDAL CONSTA 25MG/2 ML SYRINGE <b>MO</b>	3	QL	ANTIPSYCHOTIC AGENTS
RISPERDAL CONSTA 37.5MG/2 ML SYRINGE <b>MO</b>	3	QL	ANTIPSYCHOTIC AGENTS
RISPERDAL CONSTA 50MG/2 ML SYRINGE <b>MO</b>	4	QL	ANTIPSYCHOTIC AGENTS
risperidone 0.25MG TABLET <b>MO</b>	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 0.25MG TABLET <b>MO</b>	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 0.5MG TABLET <b>MO</b>	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 0.5MG TABLET <b>MO</b>	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 1MG TABLET <b>MO</b>	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 2MG TABLET <b>MO</b>	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 2MG TABLET <b>MO</b>	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 3MG TABLET <b>MO</b>	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 3MG TABLET <b>MO</b>	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 4MG TABLET <b>MO</b>	1	QL	ANTIPSYCHOTIC AGENTS
risperidone 4MG TABLET <b>MO</b>	1	QL	ANTIPSYCHOTIC AGENTS
ropinirole 0.25MG TABLET <b>MO</b>	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 0.5MG TABLET <b>MO</b>	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 1MG TABLET <b>MO</b>	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 2MG TABLET <b>MO</b>	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 3MG TABLET <b>MO</b>	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 4MG TABLET <b>MO</b>	1		DOPAMINE RECEPTOR AGONISTS
ropinirole 5MG TABLET <b>MO</b>	1		DOPAMINE RECEPTOR AGONISTS
RYTHMOL SR 225MG CAPSULE 12 HR. <b>MO</b>	2		ANTIARRHYTHMIC AGENTS
RYTHMOL SR 325MG CAPSULE 12 HR. <b>MO</b>	2		ANTIARRHYTHMIC AGENTS
RYTHMOL SR 425MG CAPSULE 12 HR. <b>MO</b>	2		ANTIARRHYTHMIC AGENTS
SANCTURA XR 60MG CAPSULE 24 HR. <b>MO</b>	3	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
SENSIPAR 30MG TABLET <b>MO</b>	2	QL	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SENSIPAR 60MG TABLET <b>MO</b>	4	QL	OTHER MISCELLANEOUS THERAPEUTIC AGENTS
SENSIPAR 90MG TABLET <b>MO</b>	4	QL	OTHER MISCELLANEOUS THERAPEUTIC AGENTS

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SEREVENT DISKUS 50MCG/DOSE DISK <b>MO</b>	2	QL	BETA-ADRENERGIC AGONISTS
SEROQUEL 100MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL 200MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL 25MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL 300MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL 400MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL 50MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL XR 150MG TABLET 24 HR. <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL XR 200MG TABLET 24 HR. <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL XR 300MG TABLET 24 HR. <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL XR 400MG TABLET 24 HR. <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
SEROQUEL XR 50MG TABLET 24 HR. <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
sertraline 100MG TABLET <b>MO</b>	1	QL	ANTIDEPRESSANTS
sertraline 25MG TABLET <b>MO</b>	1	QL	ANTIDEPRESSANTS
sertraline 50MG TABLET <b>MO</b>	1	QL	ANTIDEPRESSANTS
SIMCOR 1,000-20MG TABLET 24 HR. <b>MO</b>	3	QL	HMG-COA REDUCTASE INHIBITORS
SIMCOR 500-20MG TABLET 24 HR. <b>MO</b>	3	QL	HMG-COA REDUCTASE INHIBITORS
SIMCOR 750-20MG TABLET 24 HR. <b>MO</b>	3	QL	HMG-COA REDUCTASE INHIBITORS
simvastatin 10MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS
simvastatin 20MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS
simvastatin 40MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS
simvastatin 5MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS
simvastatin 80MG TABLET <b>MO</b>	1	QL	HMG-COA REDUCTASE INHIBITORS
sodium lactate 167MEQ/L PARENTERAL SOLUTION <b>MO</b>	1		ALKALINIZING AGENTS
sodium lactate 5MEQ/ML SOLUTION <b>MO</b>	1		ALKALINIZING AGENTS
SORIATANE 17.5MG CAPSULE <b>MO</b>	4		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
SORIATANE 22.5MG CAPSULE <b>MO</b>	4		SKIN AND MUCOUS MEMBRANE AGENTS, MISC.
sotalol 120MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
sotalol 160MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
sotalol 240MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
sotalol 80MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
SPIRIVA WITH HANDIHALER 18MCG CAPSULE <b>MO</b>	2	QL	ANTIMUSCARINICS/ANTISPASMODICS
spironolactone 100MG TABLET <b>MO</b>	1		MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPEUTIC CATEGORY
spironolactone 25MG TABLET <b>MO</b>	1		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
spironolactone 50MG TABLET <b>MO</b>	1		MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS
STALEVO 100 25-100-200MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
STALEVO 125 31.25-125-200MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
STALEVO 150 37.5-150-200MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
STALEVO 200 50-200-200MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
STALEVO 50 12.5-50-200MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
STALEVO 75 18.75-75-200MG TABLET <b>MO</b>	2		DOPAMINE PRECURSORS
sumatriptan succinate 100MG TABLET <b>MO</b>	1	QL	SELECTIVE SEROTONIN AGONISTS
sumatriptan succinate 25MG TABLET <b>MO</b>	1	QL	SELECTIVE SEROTONIN AGONISTS
sumatriptan succinate 4MG/0.5 ML SOLUTION <b>MO</b>	2	QL	SELECTIVE SEROTONIN AGONISTS
sumatriptan succinate 50MG TABLET <b>MO</b>	1	QL	SELECTIVE SEROTONIN AGONISTS
sumatriptan succinate 6MG/0.5 ML SOLUTION <b>MO</b>	2	QL	SELECTIVE SEROTONIN AGONISTS
SUSTIVA 200MG CAPSULE <b>MO</b>	2		ANTIRETROVIRALS
SUSTIVA 50MG CAPSULE <b>MO</b>	2		ANTIRETROVIRALS
SUSTIVA 600MG TABLET <b>MO</b>	2		ANTIRETROVIRALS
SYMBICORT 160-4.5MCG/ACTUATION INHALER <b>MO</b>	2	QL	ADRENALS
SYMBICORT 80-4.5MCG/ACTUATION INHALER <b>MO</b>	2	QL	ADRENALS
tamoxifen 20MG TABLET <b>MO</b>	1		ANTINEOPLASTIC AGENTS
tamsulosin 0.4MG CAPSULE 24 HR. <b>MO</b>	2	QL	ALPHA-ADRENERGIC BLOCKING AGENTS
TEKTURNA 150MG TABLET <b>MO</b>	2	QL	RENIN INHIBITORS
TEKTURNA 300MG TABLET <b>MO</b>	2	QL	RENIN INHIBITORS
TEKTURNA HCT 150-12.5MG TABLET <b>MO</b>	2	QL	RENIN INHIBITORS
TEKTURNA HCT 150-25MG TABLET <b>MO</b>	2	QL	RENIN INHIBITORS
TEKTURNA HCT 300-12.5MG TABLET <b>MO</b>	2	QL	RENIN INHIBITORS
TEKTURNA HCT 300-25MG TABLET <b>MO</b>	2	QL	RENIN INHIBITORS
timolol maleate 0.25% DROPS <b>MO</b>	2		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
timolol maleate 0.25% GEL FORMING SOLUTION <b>MO</b>	2		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
timolol maleate 0.5% DROPS <b>MO</b>	2		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
timolol maleate 0.5% GEL FORMING SOLUTION <b>MO</b>	2		BETA-ADRENERGIC BLOCKING AGENTS (EENT)
timolol maleate 10MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
timolol maleate 20MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS

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timolol maleate 5MG TABLET <b>MO</b>	1		BETA-ADRENERGIC BLOCKING AGENTS
topiramate 100MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
topiramate 15MG CAPSULE <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
topiramate 200MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
topiramate 25MG CAPSULE <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
topiramate 25MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
topiramate 50MG TABLET <b>MO</b>	1	QL	ANTICONVULSANTS, MISCELLANEOUS
toremide 100MG TABLET <b>MO</b>	1		LOOP DIURETICS
toremide 10MG TABLET <b>MO</b>	1		LOOP DIURETICS
toremide 20MG TABLET <b>MO</b>	1		LOOP DIURETICS
toremide 5MG TABLET <b>MO</b>	1		LOOP DIURETICS
TRAVATAN Z 0.004% DROPS <b>MO</b>	2	QL	PROSTAGLANDIN ANALOGS
trazodone 150MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
trazodone 300MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
TREXIMET 85-500MG TABLET <b>MO</b>	3	QL	SELECTIVE SEROTONIN AGONISTS
triamterene-hydrochlorothiazid 37.5-25MG CAPSULE <b>MO</b>	1		POTASSIUM-SPARING DIURETICS
triamterene-hydrochlorothiazid 37.5-25MG TABLET <b>MO</b>	1		POTASSIUM-SPARING DIURETICS
triamterene-hydrochlorothiazid 50-25MG CAPSULE <b>MO</b>	1		POTASSIUM-SPARING DIURETICS
triamterene-hydrochlorothiazid 75-50MG TABLET <b>MO</b>	1		POTASSIUM-SPARING DIURETICS
TRICOR 145MG TABLET <b>MO</b>	2	QL	FIBRIC ACID DERIVATIVES
TRICOR 48MG TABLET <b>MO</b>	2	QL	FIBRIC ACID DERIVATIVES
TRIZIVIR 300-150-300MG TABLET <b>MO</b>	4		ANTIRETROVIRALS
UROXATRAL 10MG TABLET 24 HR. <b>MO</b>	3	QL	ALPHA-ADRENERGIC BLOCKING AGENTS
ursodiol 300MG CAPSULE <b>MO</b>	2		CHOLELITHOLYTIC AGENTS
VALTURNA 150-160MG TABLET <b>MO</b>	2	QL	RENIN INHIBITORS
VALTURNA 300-320MG TABLET <b>MO</b>	2	QL	RENIN INHIBITORS
venlafaxine 100MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
venlafaxine 25MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
venlafaxine 37.5MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
venlafaxine 50MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS
venlafaxine 75MG TABLET <b>MO</b>	1		ANTIDEPRESSANTS

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VENTOLIN HFA 90MCG/ACTUATION INHALER <b>MO</b>	2	QL	BETA-ADRENERGIC AGONISTS
VERAMYST 27.5MCG/ACTUATION SPRAY <b>MO</b>	2	QL	CORTICOSTEROIDS (EENT)
verapamil 120MG TABLET <b>MO</b>	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
verapamil 80MG TABLET <b>MO</b>	1		CALCIUM-CHANNEL BLOCKING AGENTS, MISC.
VESICARE 10MG TABLET <b>MO</b>	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
VESICARE 5MG TABLET <b>MO</b>	2	QL	GENITOURINARY SMOOTH MUSCLE RELAXANTS
VICTOZA 0.6 mg/0.1 mL(18 MG/3 ML) PEN INJECTOR <b>MO</b>	3	QL,PA	INCRETIN MIMETICS
VIMPAT 10MG/ML SOLUTION <b>MO</b>	3	QL,PA	ANTICONVULSANTS, MISCELLANEOUS
VOLTAREN 1% GEL <b>MO</b>	3		NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
VYTORIN 10-10 10-10MG TABLET <b>MO</b>	2	QL	CHOLESTEROL ABSORPTION INHIBITORS
VYTORIN 10-20 10-20MG TABLET <b>MO</b>	2	QL	CHOLESTEROL ABSORPTION INHIBITORS
VYTORIN 10-40 10-40MG TABLET <b>MO</b>	2	QL	CHOLESTEROL ABSORPTION INHIBITORS
VYTORIN 10-80 10-80MG TABLET <b>MO</b>	2	QL	CHOLESTEROL ABSORPTION INHIBITORS
warfarin 10MG TABLET <b>MO</b>	1		ANTICOAGULANTS
warfarin 1MG TABLET <b>MO</b>	1		ANTICOAGULANTS
warfarin 2.5MG TABLET <b>MO</b>	1		ANTICOAGULANTS
warfarin 2MG TABLET <b>MO</b>	1		ANTICOAGULANTS
warfarin 3MG TABLET <b>MO</b>	1		ANTICOAGULANTS
warfarin 4MG TABLET <b>MO</b>	1		ANTICOAGULANTS
warfarin 5MG TABLET <b>MO</b>	1		ANTICOAGULANTS
warfarin 6MG TABLET <b>MO</b>	1		ANTICOAGULANTS
warfarin 7.5MG TABLET <b>MO</b>	1		ANTICOAGULANTS
WELCHOL 625MG TABLET <b>MO</b>	3		BILE ACID SEQUESTRANTS
ZEMPLAR 1MCG CAPSULE <b>MO</b>	2		VITAMIN D
ZEMPLAR 2MCG CAPSULE <b>MO</b>	2		VITAMIN D
ZEMPLAR 4MCG CAPSULE <b>MO</b>	2		VITAMIN D
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE <b>MO</b>	2		DIGESTANTS
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE <b>MO</b>	2		DIGESTANTS
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE <b>MO</b>	2		DIGESTANTS
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE <b>MO</b>	2		DIGESTANTS

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
ZETIA 10MG TABLET <b>MO</b>	2	QL,ST	CHOLESTEROL ABSORPTION INHIBITORS
ZIPSOR 25MG CAPSULE <b>MO</b>	3	QL	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
zolpidem 10MG TABLET <b>MO</b>	1	QL	ANXIOLYTICS, SEDATIVES - HYPNOTICS, MISC.
zonisamide 100MG CAPSULE <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
zonisamide 25MG CAPSULE <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
zonisamide 50MG CAPSULE <b>MO</b>	1		ANTICONVULSANTS, MISCELLANEOUS
ZYMAXID 0.5% DROPS <b>MO</b>	3	QL	ANTIBACTERIALS (EENT)
ZYPREXA 10MG SOLUTION <b>MO</b>	3	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA 10MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA 15MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA 2.5MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA 20MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA 5MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA 7.5MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA ZYDIS 10MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA ZYDIS 15MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA ZYDIS 20MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS
ZYPREXA ZYDIS 5MG TABLET <b>MO</b>	2	QL	ANTIPSYCHOTIC AGENTS

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

A health plan with a Medicare contract available to anyone enrolled in both Part A and Part B of Medicare. Enrollment period restrictions apply, call Humana for details. 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.

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