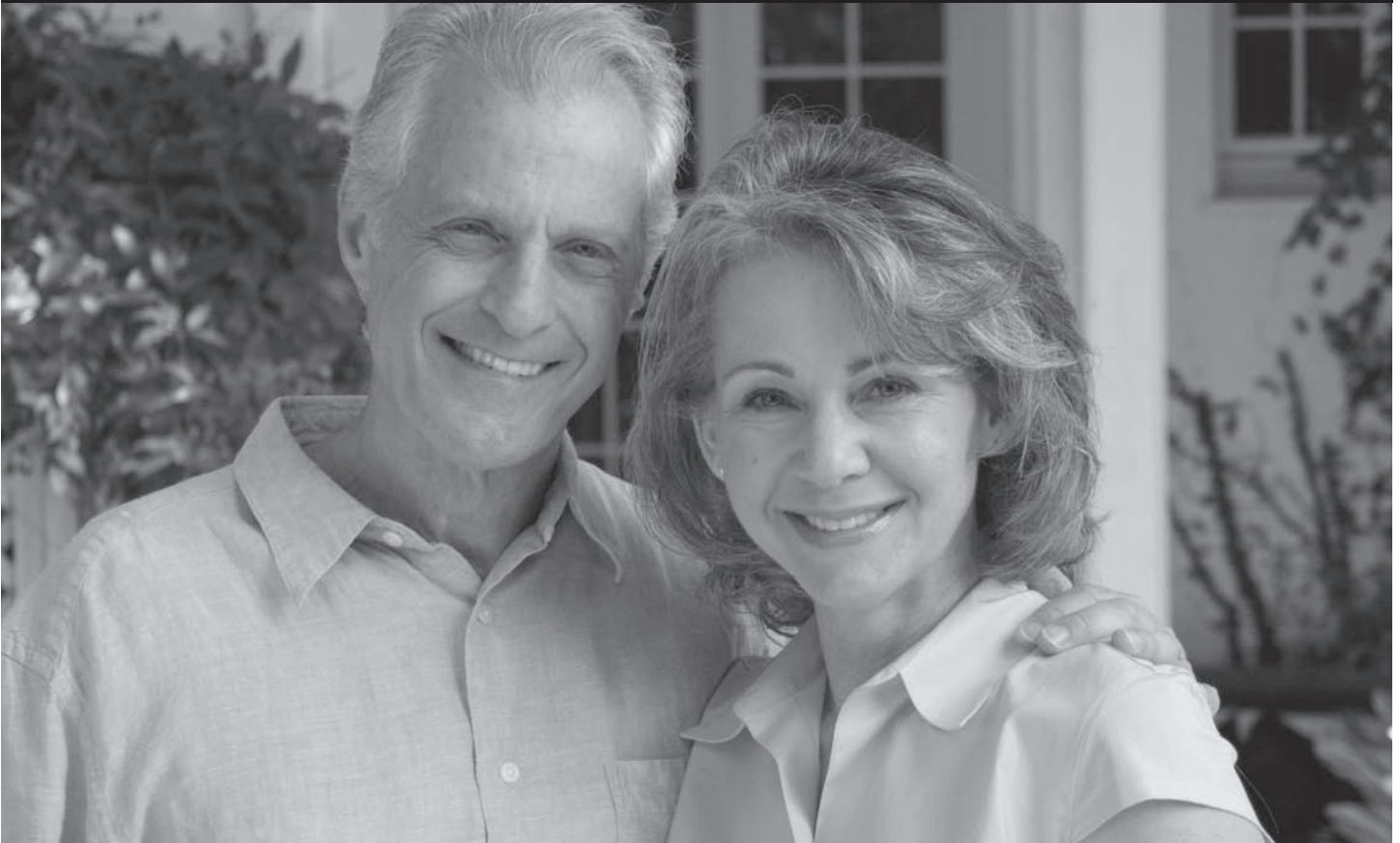


2007

PRESCRIPTION DRUG GUIDE



Humana Formulary (List of Covered Drugs)

M0006_GN18218RR NA KC0906

HUMANA[®]
Guidance when you need it most

PLEASE READ:

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

This document applies to all Prescription Drug Plans (PDP) and Medicare Advantage Prescription Drug Plans (MAPD) except the following:

Plan	Market
Humana Gold Plus HMO H1036-037	Jacksonville, FL
Humana Gold Plus HMO H1036-081	Jacksonville, FL
Humana Gold Plus HMO H1036-068	Jacksonville, FL
Humana Gold Plus HMO H1036-101	Jacksonville, FL
Humana Gold Plus HMO H1036-011	South Florida Broward, FL
Humana Gold Plus HMO H1036-065	South Florida Broward, FL
Humana Gold Plus HMO H1036-103	South Florida Broward, FL
Humana Gold Plus HMO H1036-034	South Florida Dade, FL
Humana Gold Plus HMO H1036-054	South Florida Dade, FL
Humana Gold Plus HMO H1036-077	South Florida Dade, FL

Welcome to Humana!

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN OUR MAPD AND PDP PLANS.

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 Humana Formulary?

A formulary is a list of covered drugs selected by Humana in consultation 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 are taking a drug on our 2007 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2007 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, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 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 will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 2006. To get updated information about the drugs covered by Humana, please visit our Web site at www.humana.com or call Customer Service at 1-800-281-6918 (TTY/TDD 1-800-833-3301), Sunday through Saturday 8 a.m. to 8 p.m..

How do I use the formulary?

Alphabetical Listing

The formulary begins on page 8. 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
- Tier 2 – preferred brand name
- Tier 3 – non-preferred brand name and generic
- Tier 4 – specialty

Here's how to read the Utilization Management Requirement codes:

- PA – Prior Authorization
- QL – Quantity Limits
- ST – Step Therapy

See page 6 for more details on Utilization Management Requirements.

What are generic drugs?

Humana covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient formula as the brand-name drug. Generic drugs usually cost less than brand name drugs, are rated to be as safe and effective as brand name drugs, and are approved by the Food and Drug Administration (FDA).

How much will I pay for Humana Covered Drugs?

If you qualified for extra help with your drug costs, your costs may be different than those described below. 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.

Drug categories



- **Preferred Generic** – drugs that have the same active ingredients as brand-name 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-name drugs. Your cost for generic drugs is usually lower than your cost for brand-name drugs.
- **Preferred Brand** – Brand-name prescription drugs that Humana offers at a lower cost to you than non-preferred drugs.
- **Non-preferred** – More expensive generic and brand-name prescription drugs that Humana offers at a higher cost to you than preferred drugs.
- **Specialty** – Some injectables and other high-cost drugs.



WWW.HUMANA-MEDICARE.COM – A HANDY TOOL

For help in selecting a health plan that's right for you, use our online comparison tools at www.humana-medicare.com. Research your coverage options; estimate costs for doctors and hospitals, and use our Rx Calculator to estimate your prescription drug costs. The Rx Calculator can help you:

- 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.

Are there any other restrictions on coverage?

Some covered drugs may have additional utilization management requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Humana requires you 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:** For certain drugs, Humana limits the amount of the drug that Humana will cover. For example, Humana provides 60 capsules per prescription for Celebrex. This may be in addition to a standard 30- or 90-day supply. Specialty drugs (drugs that cost \$500 or more) are limited to a 30-day supply.
- **Step Therapy:** In some cases, Humana requires you to first try certain drugs to treat your medical condition before we will 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.

For drugs that require prior authorization, step therapy, or fall outside of the noted quantity limits, the doctor must call Humana at 1-800-555-2546 (or 1-800-833-3301 for anyone with a speech or hearing impairment who uses a TDD device). 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 on the formulary that begins on page 8. You can ask Humana to make an exception to these restrictions or limits. See the section, "How do I request an exception to Humana formulary?" for information on requesting an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first 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.

Note: Due to a change in Medicare, most Medicare Drug Plans will no longer cover erectile dysfunction drugs like Viagra, Cialis, Levitra, and Caverject starting January 1, 2007. Call Customer Service for more information.

How do I request an exception to Humana 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 is 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 will 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 tier of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can ask us to cover it as a preferred instead. This would lower the amount you 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 tier of coverage for the drug.

Generally, Humana will only approve your request for an exception if the alternative drugs are included on the plan's formulary, the lower tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You may contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception, submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician'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 physician'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 are not 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 will 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 are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

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

If you have questions about Humana, please call Customer Service at 1-800-281-6918 (TTY/TDD 1-800-833-3301), Sunday through Saturday 8 a.m. to 8 p.m. Or, visit www.humana.com.

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, 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Humana's Formulary

The formulary beginning on the next page gives you specific 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 www.humana.com or call Customer Service at 1-800-281-6918 (TTY/TDD 1-800-833-3301), Sunday through Saturday 8 a.m. to 8 p.m.

The first column of the chart lists the drug name in alphabetical order. The second column lists the tier of the drug. The information in the Utilization Management Requirements column tells you whether Humana has any special requirements for covering that drug. If the column is blank, then the supply is based on benefits *and* whether your doctor prescribes a 30-, 60- or 90-day supply.

The last column lists the Therapeutic Category of the drug.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
ABILIFY TABLET 2 MG	2	QL	Mental Health - Misc
ABILIFY TABLET 5 MG	2	QL	Mental Health - Misc
ABILIFY TABLET 10 MG	2	QL	Mental Health - Misc
ABILIFY TABLET 15 MG	2	QL	Mental Health - Misc
ABILIFY TABLET 20 MG	2	QL	Mental Health - Misc
ABILIFY TABLET 30 MG	2	QL	Mental Health - Misc
ACCOLATE TABLET 10 MG	3	QL	Asthma
ACCOLATE TABLET 20 MG	3	QL	Asthma
ACCUNEB NEBULIZER 0.63 MG/3ML	2	PA	Asthma
ACCUNEB NEBULIZER 1.25 MG/3ML	2	PA	Asthma
ACUTANE CAPSULES 10 MG	4		Dermatology - Acne
ACUTANE CAPSULES 20 MG	4		Dermatology - Acne
ACUTANE CAPSULES 40 MG	4		Dermatology - Acne
ACCUZYME LIQUID 650000 UNIT/GM;10 %	2		Dermatology - Other
ACCUZYME OINTMENT 650000 UNIT/GM;10 %	2		Dermatology - Other
ACEBUTOLOL HCL CAPSULES 200 MG	1		Heart
ACEBUTOLOL HCL CAPSULES 400 MG	1		Heart
ACEON TABLET 2 MG	3		Heart
ACEON TABLET 4 MG	3		Heart
ACEON TABLET 8 MG	3		Heart
ACETAMINOPHEN/CODEINE TABLET 300 MG;15 MG	1	QL	Pain Mgmt - Narcotic
ACETAMINOPHEN/CODEINE TABLET 300 MG;60 MG	1	QL	Pain Mgmt - Narcotic
ACETAMINOPHEN/CODEINE TABLET 300 MG;30 MG	1	QL	Pain Mgmt - Narcotic
ACETAMINOPHEN/HYDROCODONE TABLET 500 MG;5 MG	1	QL	Pain Mgmt - Narcotic
ACETAZOLAMIDE TABLET 125 MG	1		Heart
ACETAZOLAMIDE TABLET 250 MG	1		Heart
ACIPHEX TABLET 20 MG	3	QL, ST	Stomach / Ppi

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
ACLOVATE CREAM 0.05 %	3		Dermatology - Other
ACLOVATE OINTMENT 0.05 %	3		Dermatology - Other
ACTIQ LOLLIPOP 200 MCG	4	QL, PA	Pain Mgmt - Narcotic
ACTIQ LOLLIPOP 400 MCG	4	QL, PA	Pain Mgmt - Narcotic
ACTIQ LOLLIPOP 600 MCG	4	QL, PA	Pain Mgmt - Narcotic
ACTIQ LOLLIPOP 800 MCG	4	QL, PA	Pain Mgmt - Narcotic
ACTIQ LOLLIPOP 1200 MCG	4	QL, PA	Pain Mgmt - Narcotic
ACTIQ LOLLIPOP 1600 MCG	4	QL, PA	Pain Mgmt - Narcotic
ACTIVELLA TABLET 1 MG;0.5 MG	3		Hormone Therapy
ACTONEL TABLET 35 MG	2	QL	Osteoporosis
ACTONEL WITH CALCIUM TABLET 1250 MG;35 MG	2	QL	Osteoporosis
ACTOPLUS MET TABLET 500 MG;15 MG	2	QL	Diabetes
ACTOPLUS MET TABLET 850 MG;15 MG	2	QL	Diabetes
ACTOS TABLET 15 MG	2	QL	Diabetes
ACTOS TABLET 30 MG	2	QL	Diabetes
ACTOS TABLET 45 MG	2	QL	Diabetes
ACULAR SOLUTION 0.5 %	3		Eye / Ear / Mouth / Throat
ACYCLOVIR CAPSULES 200 MG	1		Anti-Infectives
ACYCLOVIR TABLET 400 MG	1		Anti-Infectives
ACYCLOVIR TABLET 800 MG	1		Anti-Infectives
ACYCLOVIR SODIUM SOLUTION 500 MG	3		Anti-Infectives
ACYCLOVIR SODIUM SOLUTION 1000 MG	3		Anti-Infectives
ADDERALL XR CAPSULES 1.25 MG;1.25 MG;1.25 MG;1.25 MG	3	QL	Mental Hlth / Stimu
ADDERALL XR CAPSULES 2.5 MG;2.5 MG;2.5 MG;2.5 MG	3	QL	Mental Hlth / Stimu
ADDERALL XR CAPSULES 3.75 MG;3.75 MG;3.75 MG;3.75 MG	3	QL	Mental Hlth / Stimu
ADDERALL XR CAPSULES 5 MG;5 MG;5 MG;5 MG	3	QL	Mental Hlth / Stimu

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
ADDERALL XR CAPSULES 6.25 MG;6.25 MG;6.25 MG;6.25 MG	3	QL	Mental Hlth / Stimu
ADDERALL XR CAPSULES 7.5 MG;7.5 MG;7.5 MG;7.5 MG	3	QL	Mental Hlth / Stimu
ADVAIR DISKUS MISC 100 MCG/DOSE;50 MCG/DOSE	2	QL	Asthma
ADVAIR DISKUS MISC 250 MCG/DOSE;50 MCG/DOSE	2	QL	Asthma
ADVAIR DISKUS MISC 500 MCG/DOSE;50 MCG/DOSE	2	QL	Asthma
ADVICOR TABLET 20 MG;500 MG	2	QL	Cholesterol
ADVICOR TABLET 20 MG;1000 MG	2	QL	Cholesterol
ADVICOR TABLET 20 MG;750 MG	2	QL	Cholesterol
AEROBID AEROSOL SOLUTION 250 MCG/ACT	3	QL	Asthma
AGGRENOX CAPSULES 25 MG;200 MG	3		Blood Agents
ALBUTEROL AEROSOL SOLUTION 90 MCG/ACT	1	QL	Asthma
ALBUTEROL SULFATE NEBULIZER 0.083 %	1	PA	Asthma
ALBUTEROL SULFATE NEBULIZER 0.5 %	1	PA	Asthma
ALBUTEROL SULFATE NEBULIZER 0.5 %	1	PA	Asthma
ALBUTEROL SULFATE NEBULIZER 1.25 MG/3ML	1	PA	Asthma
ALBUTEROL SULFATE SYRUP 2 MG/5ML	1		Asthma
ALBUTEROL SULFATE TABLET 2 MG	1		Asthma
ALBUTEROL SULFATE TABLET 4 MG	1		Asthma
ALDARA CREAM 5 %	3	QL	Dermatology - Other
ALLOPURINOL TABLET 100 MG	1		Pain Mgmt - Non Narc
ALLOPURINOL TABLET 300 MG	1		Pain Mgmt - Non Narc
ALORA PATCH 0.025 MG/24HR	3	QL	Hormone Therapy
ALORA PATCH 0.05 MG/24HR	3	QL	Hormone Therapy
ALORA PATCH 0.075 MG/24HR	3	QL	Hormone Therapy
ALORA PATCH 0.1 MG/24HR	3	QL	Hormone Therapy
ALOXI SOLUTION 0.25 MG/5ML	4		Stomach / Gastro

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
ALPHAGAN P SOLUTION 0.15 %	2		Eye / Ear / Mouth / Throat
ALTACE CAPSULES 1.25 MG	2		Heart
ALTACE CAPSULES 2.5 MG	2		Heart
ALTACE CAPSULES 5 MG	2		Heart
ALTACE CAPSULES 10 MG	2		Heart
AMANTADINE HCL CAPSULES 100 MG	1		Misc - Neurology
AMANTADINE HCL SYRUP 50 MG/5ML	1		Misc - Neurology
AMANTADINE HCL TABLET 100 MG	1		Misc - Neurology
AMBIEN TABLET 5 MG	3	QL	Mental Health - Misc
AMBIEN TABLET 10 MG	3	QL	Mental Health - Misc
AMERGE TABLET 1 MG	3	QL	Pain Mgmt - Migraine
AMERGE TABLET 2.5 MG	3	QL	Pain Mgmt - Migraine
AMEVIVE SOLUTION 15 MG	4	QL, PA	Dermatology - Other
AMIKACIN SULFATE SOLUTION 50 MG/ML	1		Antibiotics
AMIKACIN SULFATE SOLUTION 250 MG/ML	1		Antibiotics
AMINOPHYLLINE TABLET 100 MG	1		Asthma
AMINOPHYLLINE TABLET 200 MG	1		Asthma
AMIODARONE HCL TABLET 200 MG	1		Heart
AMIODARONE HCL TABLET 400 MG	1		Heart
AMITRIPTYLINE HCL TABLET 10 MG	1		Mental Hlth - Depress
AMITRIPTYLINE HCL TABLET 25 MG	1		Mental Hlth - Depress
AMITRIPTYLINE HCL TABLET 50 MG	1		Mental Hlth - Depress
AMITRIPTYLINE HCL TABLET 75 MG	1		Mental Hlth - Depress
AMITRIPTYLINE HCL TABLET 100 MG	1		Mental Hlth - Depress
AMITRIPTYLINE HCL TABLET 150 MG	1		Mental Hlth - Depress
AMOXAPINE TABLET 25 MG	1		Mental Hlth - Depress
AMOXAPINE TABLET 50 MG	1		Mental Hlth - Depress
AMOXAPINE TABLET 100 MG	1		Mental Hlth - Depress
AMOXAPINE TABLET 150 MG	1		Mental Hlth - Depress
AMPHETAMINE SALT COMBO TABLET 1.25 MG;1.25 MG;1.25 MG;1.25 MG	1		Mental Hlth / Stimu

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
AMPHETAMINE SALT COMBO TABLET 1.875 MG;1.875 MG;1.875 MG;1.875 MG	1		Mental Hlth / Stimu
AMPHETAMINE SALT COMBO TABLET 2.5 MG;2.5 MG;2.5 MG;2.5 MG	1		Mental Hlth / Stimu
AMPHETAMINE SALT COMBO TABLET 3.125 MG;3.125 MG;3.125 MG;3.125 MG	1		Mental Hlth / Stimu
AMPHETAMINE SALT COMBO TABLET 3.75 MG;3.75 MG;3.75 MG;3.75 MG	1		Mental Hlth / Stimu
AMPHETAMINE SALT COMBO TABLET 5 MG;5 MG;5 MG;5 MG	1		Mental Hlth / Stimu
AMPHETAMINE SALT COMBO TABLET 7.5 MG;7.5 MG;7.5 MG;7.5 MG	1		Mental Hlth / Stimu
ANDRODERM PATCH 2.5 MG/24HR	3	QL	Steroids
ANDRODERM PATCH 5 MG/24HR	3	QL	Steroids
ANDROGEL GEL 25 MG/2.5GM	2	QL	Steroids
ANDROGEL GEL 50 MG/5GM	2	QL	Steroids
ANTARA CAPSULES 43 MG	3	QL	Cholesterol
ANTARA CAPSULES 130 MG	3	QL	Cholesterol
ANZEMET TABLET 50 MG	4	QL, PA	Stomach / Gastro
ANZEMET TABLET 100 MG	4	QL, PA	Stomach / Gastro
APIDRA SOLUTION 100 UNIT/ML	3		Diabetes
APOKYN SOLUTION 10 MG/ML	4	QL	Misc - Neurology
ARANESP SOLUTION 25 MCG/ML	4	QL, PA, ST	Blood Agents
ARANESP SOLUTION 40 MCG/ML	4	QL, PA, ST	Blood Agents
ARANESP SOLUTION 60 MCG/ML	4	QL, PA, ST	Blood Agents
ARANESP SOLUTION 100 MCG/ML	4	QL, PA, ST	Blood Agents
ARANESP SOLUTION 200 MCG/ML	4	QL, PA, ST	Blood Agents
ARANESP SOLUTION 300 MCG/ML	4	QL, PA, ST	Blood Agents
ARANESP SOLUTION 300 MCG/ML	4	QL, PA, ST	Blood Agents
ARANESP SOLUTION 500 MCG/ML	4	QL, PA, ST	Blood Agents
ARANESP SOLUTION 500 MCG/ML	4	QL, PA, ST	Blood Agents
ARAVA TABLET 10 MG	4	QL, PA	Pain Mgmt - Non Narc

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
ARAVA TABLET 20 MG	4	QL, PA	Pain Mgmt - Non Narc
ARICEPT TABLET 5 MG	2	QL	Mental Health - Misc
ARICEPT TABLET 10 MG	2	QL	Mental Health - Misc
ARICEPT ODT TABLET 5 MG	2	QL	Mental Health - Misc
ARICEPT ODT TABLET 10 MG	2	QL	Mental Health - Misc
ARIMIDEX TABLET 1 MG	2		Chemotherapy
ASACOL TABLET 400 MG	2		Stomach / Gastro
ASMANEX 120 METERED DOSES AEROSOL POWDER 220 MCG/INH	2	QL	Asthma
ASMANEX 30 METERED DOSES AEROSOL POWDER 220 MCG/INH	2	QL	Asthma
ASMANEX 60 METERED DOSES AEROSOL POWDER 220 MCG/INH	2	QL	Asthma
ASTELIN SOLUTION 137 MCG/SPRAY	2	QL	Cough / Cold / Allergy
ATACAND TABLET 4 MG	3	QL	Heart
ATACAND TABLET 8 MG	3	QL	Heart
ATACAND TABLET 16 MG	3	QL	Heart
ATACAND TABLET 32 MG	3	QL	Heart
ATENOLOL TABLET 25 MG	1		Heart
ATENOLOL TABLET 50 MG	1		Heart
ATENOLOL TABLET 100 MG	1		Heart
ATROVENT SOLUTION 0.03 %	3	QL	Cough / Cold / Allergy
ATROVENT SOLUTION 0.06 %	3	QL	Cough / Cold / Allergy
ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT	3	QL	Asthma
AVALIDE TABLET 12.5 MG;150 MG	2	QL	Heart
AVALIDE TABLET 12.5 MG;300 MG	2	QL	Heart
AVALIDE TABLET 25 MG;300 MG	2	QL	Heart
AVANDAMET TABLET 500 MG;1 MG	2	QL	Diabetes
AVANDAMET TABLET 500 MG;2 MG	2	QL	Diabetes
AVANDAMET TABLET 500 MG;4 MG	2	QL	Diabetes
AVANDAMET TABLET 1000 MG;2 MG	2	QL	Diabetes

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
AVANDAMET TABLET 1000 MG;4 MG	2	QL	Diabetes
AVANDARYL TABLET 1 MG;4 MG	2	QL	Diabetes
AVANDARYL TABLET 2 MG;4 MG	2	QL	Diabetes
AVANDARYL TABLET 4 MG;4 MG	2	QL	Diabetes
AVANDIA TABLET 2 MG	2	QL	Diabetes
AVANDIA TABLET 4 MG	2	QL	Diabetes
AVANDIA TABLET 8 MG	2	QL	Diabetes
AVAPRO TABLET 75 MG	2	QL	Heart
AVAPRO TABLET 150 MG	2	QL	Heart
AVAPRO TABLET 300 MG	2	QL	Heart
AVASTIN SOLUTION 100 MG/4ML	4	QL	Chemotherapy
AVASTIN SOLUTION 400 MG/16ML	4	QL	Chemotherapy
AVINZA CAPSULES 30 MG	2		Pain Mgmt - Narcotic
AVINZA CAPSULES 60 MG	2		Pain Mgmt - Narcotic
AVINZA CAPSULES 90 MG	2		Pain Mgmt - Narcotic
AVINZA CAPSULES 120 MG	2		Pain Mgmt - Narcotic
AVODART CAPSULES 0.5 MG	2	QL	Genitourinary
AVONEX KIT 30 MCG/VIAL	4	QL, PA	Multiple Sclerosis
AVONEX KIT 30 MCG/0.5ML	4	QL, PA	Multiple Sclerosis
AXERT TABLET 6.25 MG	3	QL	Pain Mgmt - Migraine
AXERT TABLET 12.5 MG	3	QL	Pain Mgmt - Migraine
AZATHIOPRINE TABLET 50 MG	1	PA	Immune Suppressants
AZITHROMYCIN TABLET 250 MG	1		Antibiotics
AZMACORT AEROSOL SOLUTION 100 MCG/ACT	3	QL	Asthma
AZOPT SUSPENSION 1 %	2		Eye / Ear / Mouth / Throat
BARACLUDE TABLET 0.5 MG	4		Anti-Infectives
BARACLUDE TABLET 1 MG	4		Anti-Infectives
BECONASE AQ INHALER 0.042 %	3	QL	Cough / Cold / Allergy
BENZAEPRIIL HCL TABLET 5 MG	1		Heart
BENZAEPRIIL HCL TABLET 10 MG	1		Heart

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
BENZAEPRIH HCL TABLET 20 MG	1		Heart
BENZAEPRIH HCL TABLET 40 MG	1		Heart
BENICAR TABLET 5 MG	2	QL	Heart
BENICAR TABLET 20 MG	2	QL	Heart
BENICAR TABLET 40 MG	2	QL	Heart
BETAGAN SOLUTION 0.25 %	3		Eye / Ear / Mouth / Throat
BETAGAN SOLUTION 0.5 %	3		Eye / Ear / Mouth / Throat
BETAPACE AF TABLET 80 MG	3		Heart
BETAPACE AF TABLET 120 MG	3		Heart
BETAPACE AF TABLET 160 MG	3		Heart
BETASERON SOLUTION 0.3 MG	4	QL, PA, ST	Multiple Sclerosis
BETAXOLOL HCL TABLET 10 MG	1		Heart
BETAXOLOL HCL TABLET 20 MG	1		Heart
BETHANECHOL CHLORIDE TABLET 5 MG	1		Genitourinary
BETHANECHOL CHLORIDE TABLET 10 MG	1		Genitourinary
BETHANECHOL CHLORIDE TABLET 25 MG	1		Genitourinary
BETHANECHOL CHLORIDE TABLET 50 MG	1		Genitourinary
BETOPTIC-S SUSPENSION 0.25 %	3		Eye / Ear / Mouth / Throat
BIAXIN XL TABLET 500 MG	2		Antibiotics
BIDIL TABLET 37.5 MG;20 MG	3	QL	Heart
BISOPROLOL FUMARATE TABLET 5 MG	1		Heart
BISOPROLOL FUMARATE TABLET 10 MG	1		Heart
BLEOMYCIN SULFATE SOLUTION 15 UNIT	3		Chemotherapy
BLEOMYCIN SULFATE SOLUTION 30 UNIT	3		Chemotherapy
BONIVA TABLET 150 MG	3	QL, ST	Osteoporosis
BROMOCRIPTINE MESYLATE CAPSULES 5 MG	1		Misc - Neurology
BROMOCRIPTINE MESYLATE TABLET 2.5 MG	1		Misc - Neurology
BUDEPRION SR TABLET 100 MG	1		Mental Hlth - Depress
BUDEPRION SR TABLET 150 MG	1		Mental Hlth - Depress
BUMETANIDE TABLET 0.5 MG	1		Heart

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
BUMETANIDE TABLET 1 MG	1		Heart
BUMETANIDE TABLET 2 MG	1		Heart
BUPROPION HCL TABLET 75 MG	1		Mental Hlth - Depress
BUPROPION HCL TABLET 100 MG	1		Mental Hlth - Depress
BUPROPION HCL ER TABLET 100 MG	1		Mental Hlth - Depress
BUPROPION HCL ER TABLET 150 MG	1		Mental Hlth - Depress
BUPROPION HCL SR TABLET 100 MG	1		Mental Hlth - Depress
BUPROPION HCL SR TABLET 150 MG	1		Mental Hlth - Depress
BUPROPION HCL SR TABLET 200 MG	1		Mental Hlth - Depress
BUSPIRONE HCL TABLET 5 MG	1		Mental Hlth - Anxty
BUSPIRONE HCL TABLET 7.5 MG	1		Mental Hlth - Anxty
BUSPIRONE HCL TABLET 10 MG	1		Mental Hlth - Anxty
BUSPIRONE HCL TABLET 15 MG	1		Mental Hlth - Anxty
BUSPIRONE HCL TABLET 30 MG	1		Mental Hlth - Anxty
BYETTA SOLUTION 250 MCG/ML	3	QL, ST	Diabetes
CALAN SR TABLET 120 MG	3		Heart
CALAN SR TABLET 180 MG	3		Heart
CALAN SR TABLET 240 MG	3		Heart
CALCITRIOL CAPSULES 0.25 MCG	1		Nutritional / Vitamin
CALCITRIOL CAPSULES 0.5 MCG	1		Nutritional / Vitamin
CALCITRIOL SOLUTION 1 MCG/ML	3		Nutritional / Vitamin
CALCITRIOL SOLUTION 2 MCG/ML	3		Nutritional / Vitamin
CAMPTOSAR SOLUTION 20 MG/ML	4		Chemotherapy
CANASA SUPPOSITORY 1000 MG	3		Stomach / Gastro
CAPTOPRIL TABLET 12.5 MG	1		Heart
CAPTOPRIL TABLET 25 MG	1		Heart
CAPTOPRIL TABLET 50 MG	1		Heart
CAPTOPRIL TABLET 100 MG	1		Heart
CARBAMAZEPINE CHEWABLE 100 MG	1		Anticonvulsants
CARBAMAZEPINE TABLET 200 MG	1		Anticonvulsants

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
CARBATROL CAPSULES 100 MG	3		Anticonvulsants
CARBATROL CAPSULES 200 MG	3		Anticonvulsants
CARBATROL CAPSULES 300 MG	3		Anticonvulsants
CARBIDOPA/LEVODOPA TABLET 10 MG;100 MG	1		Misc - Neurology
CARBIDOPA/LEVODOPA TABLET 25 MG;100 MG	1		Misc - Neurology
CARBIDOPA/LEVODOPA TABLET 25 MG;250 MG	1		Misc - Neurology
CARISOPRODOL TABLET 350 MG	1		Muscle / Bone
CARTIA XT CAPSULES 120 MG	1	QL	Heart
CARTIA XT CAPSULES 180 MG	1	QL	Heart
CARTIA XT CAPSULES 240 MG	1	QL	Heart
CARTIA XT CAPSULES 300 MG	1	QL	Heart
CASODEX TABLET 50 MG	3	QL	Chemotherapy
CATAPRES-TTS 2 PATCH 0.2 MG/24HR	3		Heart
CATAPRES-TTS-1 PATCH 0.1 MG/24HR	3		Heart
CATAPRES-TTS-2 PATCH 0.2 MG/24HR	3		Heart
CATAPRES-TTS-3 PATCH 0.3 MG/24HR	3		Heart
CELEBREX CAPSULES 100 MG	2	QL, ST	Pain Mgmt - Cox 2's
CELEBREX CAPSULES 200 MG	2	QL, ST	Pain Mgmt - Cox 2's
CELEBREX CAPSULES 400 MG	2	QL, ST	Pain Mgmt - Cox 2's
CENESTIN TABLET 0.3 MG	2		Hormone Therapy
CENESTIN TABLET 0.45 MG	2		Hormone Therapy
CENESTIN TABLET 0.625 MG	2		Hormone Therapy
CENESTIN TABLET 0.9 MG	2		Hormone Therapy
CENESTIN TABLET 1.25 MG	2		Hormone Therapy
CHLORAL HYDRATE SUPPOSITORY 500 MG	1		Mental Health - Misc
CHLORAL HYDRATE SYRUP 500 MG/5ML	1		Mental Health - Misc
CHLOROTHIAZIDE TABLET 250 MG	1		Heart
CHLOROTHIAZIDE TABLET 500 MG	1		Heart

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
CHOLESTYRAMINE PACK 4 GM	1		Cholesterol
CHOLESTYRAMINE LIGHT PACK 4 GM	1		Cholesterol
CILOSTAZOL TABLET 50 MG	1		Blood Agents
CILOSTAZOL TABLET 100 MG	1		Blood Agents
CIPRO XR TABLET 500 MG;0 -;0 -	3		Antibiotics
CIPRO XR TABLET 1000 MG;0 -;0 -	3		Antibiotics
CIPRODEX SUSPENSION 0.3 %;0.1 %	3		Eye / Ear / Mouth / Throat
CITALOPRAM HYDROBROMIDE TABLET 10 MG	1	QL	Mental Hlth - Depress
CITALOPRAM HYDROBROMIDE TABLET 20 MG	1	QL	Mental Hlth - Depress
CITALOPRAM HYDROBROMIDE TABLET 40 MG	1	QL	Mental Hlth - Depress
CLARINEX SYRUP 0.5 MG/ML	3		Cough / Cold / Allergy
CLARINEX TABLET 5 MG	3	QL	Cough / Cold / Allergy
CLARITHROMYCIN TABLET 250 MG	1		Antibiotics
CLARITHROMYCIN TABLET 500 MG	1		Antibiotics
CLIMARA PATCH 0.025 MG/24HR	3	QL	Hormone Therapy
CLIMARA PATCH 0.05 MG/24HR	3	QL	Hormone Therapy
CLIMARA PATCH 0.06 MG/24HR	3	QL	Hormone Therapy
CLIMARA PATCH 0.075 MG/24HR	3	QL	Hormone Therapy
CLIMARA PATCH 0.1 MG/24HR	3	QL	Hormone Therapy
CLIMARA PATCH 37.5 MCG/24HR	3	QL	Hormone Therapy
CLIMARA PRO PATCH 0.045 MG/DAY;0.015 MG/DAY	3	QL	Hormone Therapy
CLONIDINE HCL TABLET 0.1 MG	1		Heart
CLONIDINE HCL TABLET 0.2 MG	1		Heart
CLONIDINE HCL TABLET 0.3 MG	1		Heart
CLOZAPINE TABLET 25 MG	1		Mental Health - Misc
CLOZAPINE TABLET 50 MG	1		Mental Health - Misc
CLOZAPINE TABLET 100 MG	1		Mental Health - Misc
CLOZAPINE TABLET 200 MG	1		Mental Health - Misc

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
CODEINE SULFATE TABLET 15 MG	1		Pain Mgmt - Narcotic
CODEINE SULFATE TABLET 30 MG	1		Pain Mgmt - Narcotic
CODEINE SULFATE TABLET 60 MG	1		Pain Mgmt - Narcotic
COGENTIN SOLUTION 1 MG/ML	3		Misc - Neurology
COGNEX CAPSULES 10 MG	3		Mental Health - Misc
COGNEX CAPSULES 20 MG	3		Mental Health - Misc
COGNEX CAPSULES 30 MG	3		Mental Health - Misc
COGNEX CAPSULES 40 MG	3		Mental Health - Misc
COLCHICINE TABLET 0.6 MG	1		Pain Mgmt - Non Narc
COLYTE SOLUTION 240 GM;2.98 GM;6.72 GM;5.84 GM;22.72 GM	3		Stomach / Gastro
COMBIVENT AEROSOL 103 MCG/ACT;18 MCG/ACT	2	QL	Asthma
COMTAN TABLET 200 MG	2		Misc - Neurology
COPAXONE KIT 20 MG/ML	4	QL, PA	Multiple Sclerosis
COREG TABLET 3.125 MG	2		Heart
COREG TABLET 6.25 MG	2		Heart
COREG TABLET 12.5 MG	2		Heart
COREG TABLET 25 MG	2		Heart
COSOPT SOLUTION 2 %;0.5 %	2		Eye / Ear / Mouth / Throat
COUMADIN TABLET 1 MG	3		Blood Thinners
COUMADIN TABLET 2 MG	3		Blood Thinners
COUMADIN TABLET 2.5 MG	3		Blood Thinners
COUMADIN TABLET 3 MG	3		Blood Thinners
COUMADIN TABLET 4 MG	3		Blood Thinners
COUMADIN TABLET 5 MG	3		Blood Thinners
COUMADIN TABLET 6 MG	3		Blood Thinners
COUMADIN TABLET 7.5 MG	3		Blood Thinners
COUMADIN TABLET 10 MG	3		Blood Thinners
COZAAR TABLET 25 MG	3	QL	Heart
COZAAR TABLET 50 MG	3	QL	Heart

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
COZAAR TABLET 100 MG	3	QL	Heart
CRESTOR TABLET 5 MG	2	QL	Cholesterol
CRESTOR TABLET 10 MG	2	QL	Cholesterol
CRESTOR TABLET 20 MG	2	QL	Cholesterol
CRESTOR TABLET 40 MG	2	QL	Cholesterol
CRIVAN CAPSULES 100 MG	2		Anti-Infectives
CRIVAN CAPSULES 200 MG	2		Anti-Infectives
CRIVAN CAPSULES 333 MG	2		Anti-Infectives
CRIVAN CAPSULES 400 MG	2		Anti-Infectives
CROMOLYN SODIUM NEBULIZER 20 MG/2ML	1	PA	Asthma
CYCLOBENZAPRINE HCL TABLET 5 MG	1		Muscle / Bone
CYCLOBENZAPRINE HCL TABLET 10 MG	1		Muscle / Bone
CYMBALTA CAPSULES 20 MG	2	QL	Mental Hlth - Depress
CYMBALTA CAPSULES 30 MG	2	QL	Mental Hlth - Depress
CYMBALTA CAPSULES 60 MG	2	QL	Mental Hlth - Depress
CYTADREN TABLET 250 MG	2		Misc - Endocrine
D.H.E. 45 SOLUTION 1 MG/ML	4		Pain Mgmt - Migraine
DANAZOL CAPSULES 50 MG	3		Steroids
DANAZOL CAPSULES 100 MG	3		Steroids
DANAZOL CAPSULES 200 MG	3		Steroids
DEPAKENE CAPSULES 250 MG	3		Anticonvulsants
DEPAKOTE TABLET 125 MG	2		Anticonvulsants
DEPAKOTE TABLET 250 MG	2		Anticonvulsants
DEPAKOTE TABLET 500 MG	2		Anticonvulsants
DEPAKOTE ER TABLET 250 MG	2		Pain Mgmt - Migraine
DEPAKOTE ER TABLET 500 MG	2		Pain Mgmt - Migraine
DEPAKOTE SPRINKLES SPRINKLE CAPSULES 125 MG	2		Anticonvulsants
DETROL LA CAPSULES 2 MG	2	QL	Genitourinary
DETROL LA CAPSULES 4 MG	2	QL	Genitourinary
DIGITEK TABLET 0.125 MG	1		Heart

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
DIGITEK TABLET 0.25 MG	1		Heart
DIGOXIN TABLET 0.125 MG	1		Heart
DIGOXIN TABLET 0.25 MG	1		Heart
DIGOXIN TABLET 0.5 MG	1		Heart
DILANTIN CAPSULES 30 MG	2		Anticonvulsants
DILANTIN CAPSULES 100 MG	2		Anticonvulsants
DILANTIN SUSPENSION 125 MG/5ML	2		Anticonvulsants
DILTIAZEM HCL TABLET 30 MG	1		Heart
DILTIAZEM HCL TABLET 60 MG	1		Heart
DILTIAZEM HCL TABLET 90 MG	1		Heart
DILTIAZEM HCL TABLET 120 MG	1		Heart
DILTIAZEM HCL ER CAPSULES 120 MG	1	QL	Heart
DILTIAZEM HCL ER CAPSULES 120 MG	1	QL	Heart
DILTIAZEM HCL ER CAPSULES 180 MG	1	QL	Heart
DILTIAZEM HCL ER CAPSULES 240 MG	1	QL	Heart
DILTIAZEM HCL ER CAPSULES 300 MG	1	QL	Heart
DILTIAZEM HCL ER CAPSULES 300 MG	1	QL	Heart
DIOVAN TABLET 40 MG	2	QL	Heart
DIOVAN TABLET 80 MG	2	QL	Heart
DIOVAN TABLET 160 MG	2	QL	Heart
DIOVAN TABLET 320 MG	2	QL	Heart
DIPYRIDAMOLE TABLET 25 MG	1		Blood Agents
DIPYRIDAMOLE TABLET 50 MG	1		Blood Agents
DIPYRIDAMOLE TABLET 75 MG	1		Blood Agents
DITROPAN XL TABLET 5 MG	3	QL	Genitourinary
DITROPAN XL TABLET 10 MG	3	QL	Genitourinary
DITROPAN XL TABLET 15 MG	3	QL	Genitourinary
DOXAZOSIN MESYLATE TABLET 1 MG	1		Heart
DOXAZOSIN MESYLATE TABLET 2 MG	1		Heart
DOXAZOSIN MESYLATE TABLET 4 MG	1		Heart

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
DOXAZOSIN MESYLATE TABLET 8 MG	1		Heart
EFFEXOR XR CAPSULES 37.5 MG	2	QL	Mental Hlth - Depress
EFFEXOR XR CAPSULES 75 MG	2	QL	Mental Hlth - Depress
EFFEXOR XR CAPSULES 150 MG	2	QL	Mental Hlth - Depress
ELIDEL CREAM 1 %	3		Dermatology - Other
EMEND CAPSULES 80 MG	3	QL, PA	Stomach / Gastro
EMEND CAPSULES 125 MG	3	QL, PA	Stomach / Gastro
ENALAPRIL MALEATE TABLET 2.5 MG	1		Heart
ENALAPRIL MALEATE TABLET 5 MG	1		Heart
ENALAPRIL MALEATE TABLET 10 MG	1		Heart
ENALAPRIL MALEATE TABLET 20 MG	1		Heart
ENBREL KIT 25 MG	4	QL, PA	Pain Mgmt - Non Narc
ENBREL SOLUTION 50 MG/ML	4	QL, PA	Pain Mgmt - Non Narc
ESTRADERM PATCH 0.05 MG/24HR	3	QL	Hormone Therapy
ESTRADERM PATCH 0.1 MG/24HR	3	QL	Hormone Therapy
EVISTA TABLET 60 MG	2		Osteoporosis
EXELON CAPSULES 1.5 MG	2	QL	Mental Health - Misc
EXELON CAPSULES 3 MG	2	QL	Mental Health - Misc
EXELON CAPSULES 4.5 MG	2	QL	Mental Health - Misc
EXELON CAPSULES 6 MG	2	QL	Mental Health - Misc
FAMOTIDINE TABLET 20 MG	1		Stomach / H2
FAMOTIDINE TABLET 40 MG	1		Stomach / H2
FELODIPINE ER TABLET 2.5 MG	1	QL	Heart
FELODIPINE ER TABLET 5 MG	1	QL	Heart
FELODIPINE ER TABLET 10 MG	1	QL	Heart
FENTANYL PATCH 25 MCG/HR	1	QL	Pain Mgmt - Narcotic
FENTANYL PATCH 50 MCG/HR	1	QL	Pain Mgmt - Narcotic
FENTANYL PATCH 75 MCG/HR	1	QL	Pain Mgmt - Narcotic
FENTANYL PATCH 100 MCG/HR	1	QL	Pain Mgmt - Narcotic
FEXOFENADINE HCL TABLET 30 MG	1	QL	Cough / Cold / Allergy

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
FEXOFENADINE HCL TABLET 60 MG	1	QL	Cough / Cold / Allergy
FEXOFENADINE HCL TABLET 180 MG	1	QL	Cough / Cold / Allergy
FLOMAX CAPSULES 0.4 MG	2	QL	Genitourinary
FLOVENT HFA AEROSOL 44 MCG/ACT	2	QL	Asthma
FLOVENT HFA AEROSOL 110 MCG/ACT	2	QL	Asthma
FLOVENT HFA AEROSOL 220 MCG/ACT	2	QL	Asthma
FLUOXETINE HCL CAPSULES 10 MG	1	QL	Mental Hlth - Depress
FLUOXETINE HCL CAPSULES 20 MG	1	QL	Mental Hlth - Depress
FLUOXETINE HCL CAPSULES 40 MG	1	QL	Mental Hlth - Depress
FLUOXETINE HCL TABLET 10 MG	1	QL	Mental Hlth - Depress
FLUOXETINE HCL TABLET 20 MG	1	QL	Mental Hlth - Depress
FOSAMAX TABLET 70 MG	2	QL	Osteoporosis
FOSAMAX PLUS D TABLET 70 MG;2800 UNIT	2	QL	Osteoporosis
FOSINOPRIL SODIUM TABLET 10 MG	1		Heart
FOSINOPRIL SODIUM TABLET 20 MG	1		Heart
FOSINOPRIL SODIUM TABLET 40 MG	1		Heart
FOSRENOL CHEWABLE 250 MG	3		Stomach / Gastro
FOSRENOL CHEWABLE 750 MG	3		Stomach / Gastro
FOSRENOL CHEWABLE 1000 MG	3		Stomach / Gastro
FROVA TABLET 2.5 MG	3	QL	Pain Mgmt - Migraine
FUROSEMIDE TABLET 20 MG	1		Heart
FUROSEMIDE TABLET 40 MG	1		Heart
FUROSEMIDE TABLET 80 MG	1		Heart
GABAPENTIN TABLET 100 MG	1	QL	Anticonvulsants
GABAPENTIN TABLET 300 MG	1	QL	Anticonvulsants
GABAPENTIN TABLET 400 MG	1	QL	Anticonvulsants
GABAPENTIN TABLET 600 MG	1	QL	Anticonvulsants
GABAPENTIN TABLET 800 MG	1	QL	Anticonvulsants
GEMFIBROZIL TABLET 600 MG	1	QL	Cholesterol
GEODON CAPSULES 20 MG	2	QL	Mental Health - Misc

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
GEODON CAPSULES 40 MG	2	QL	Mental Health - Misc
GEODON CAPSULES 60 MG	2	QL	Mental Health - Misc
GEODON CAPSULES 80 MG	2	QL	Mental Health - Misc
GLIMEPIRIDE TABLET 1 MG	1		Diabetes
GLIMEPIRIDE TABLET 2 MG	1		Diabetes
GLIMEPIRIDE TABLET 4 MG	1		Diabetes
GLIPIZIDE TABLET 5 MG	1		Diabetes
GLIPIZIDE TABLET 10 MG	1		Diabetes
GLIPIZIDE XL TABLET 2.5 MG	1		Diabetes
GLIPIZIDE XL TABLET 5 MG	1		Diabetes
GLIPIZIDE XL TABLET 10 MG	1		Diabetes
GLYBURIDE TABLET 1.25 MG	1		Diabetes
GLYBURIDE TABLET 2.5 MG	1		Diabetes
GLYBURIDE TABLET 5 MG	1		Diabetes
GLYBURIDE/METFORMIN HCL TABLET 1.25 MG;250 MG	1		Diabetes
GLYBURIDE/METFORMIN HCL TABLET 2.5 MG;500 MG	1		Diabetes
GLYBURIDE/METFORMIN HCL TABLET 5 MG;500 MG	1		Diabetes
HALOPERIDOL TABLET 0.5 MG	1		Mental Health - Misc
HALOPERIDOL TABLET 1 MG	1		Mental Health - Misc
HALOPERIDOL TABLET 2 MG	1		Mental Health - Misc
HALOPERIDOL TABLET 5 MG	1		Mental Health - Misc
HALOPERIDOL TABLET 10 MG	1		Mental Health - Misc
HALOPERIDOL TABLET 20 MG	1		Mental Health - Misc
HALOPERIDOL DECANOATE SOLUTION 50 MG/ML	3	QL	Mental Health - Misc
HALOPERIDOL DECANOATE SOLUTION 100 MG/ML	3	QL	Mental Health - Misc
HUMALOG SOLUTION 100 UNIT/ML	2		Diabetes

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
HUMALOG MIX 75/25 SUSPENSION 25 %;75 %	2		Diabetes
HUMIRA KIT 40 MG/0.8ML	4	QL, PA	Pain Mgmt - Non Narc
HUMULIN 50/50 SUSPENSION 50 %;50 %	2		Diabetes
HUMULIN 70/30 SUSPENSION 30 %;70 %	2		Diabetes
HUMULIN N SUSPENSION 100 UNIT/ML	2		Diabetes
HUMULIN R SOLUTION 100 UNIT/ML	2		Diabetes
HYDRALAZINE HCL TABLET 10 MG	1		Heart
HYDRALAZINE HCL TABLET 25 MG	1		Heart
HYDRALAZINE HCL TABLET 50 MG	1		Heart
HYDRALAZINE HCL TABLET 100 MG	1		Heart
HYDROCHLOROTHIAZIDE CAPSULES 12.5 MG	1		Heart
HYDROCHLOROTHIAZIDE TABLET 25 MG	1		Heart
HYDROCHLOROTHIAZIDE TABLET 50 MG	1		Heart
HYDROXYZINE HCL TABLET 10 MG	1		Mental Hlth - Anxty
HYDROXYZINE HCL TABLET 25 MG	1		Mental Hlth - Anxty
HYDROXYZINE HCL TABLET 50 MG	1		Mental Hlth - Anxty
IBUPROFEN TABLET 400 MG	1		Pain Mgmt - Non Narc
IBUPROFEN TABLET 600 MG	1		Pain Mgmt - Non Narc
IBUPROFEN TABLET 800 MG	1		Pain Mgmt - Non Narc
IMITREX TABLET 25 MG	2	QL	Pain Mgmt - Migraine
IMITREX TABLET 50 MG	2	QL	Pain Mgmt - Migraine
IMITREX TABLET 100 MG	2	QL	Pain Mgmt - Migraine
INDERAL LA CAPSULES 60 MG	3		Heart
INDERAL LA CAPSULES 80 MG	3		Heart
INDERAL LA CAPSULES 120 MG	3		Heart
INDERAL LA CAPSULES 160 MG	3		Heart
ISOSORBIDE MONONITRATE TABLET 10 MG	1		Heart
ISOSORBIDE MONONITRATE TABLET 20 MG	1		Heart
K-DUR TABLET 10 MEQ	3		Nutritional / Vitamin

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
K-DUR TABLET 20 MEQ	3		Nutritional / Vitamin
KEPPRA TABLET 250 MG	2		Anticonvulsants
KEPPRA TABLET 500 MG	2		Anticonvulsants
KEPPRA TABLET 750 MG	2		Anticonvulsants
LABETALOL HCL TABLET 100 MG	1		Heart
LABETALOL HCL TABLET 200 MG	1		Heart
LABETALOL HCL TABLET 300 MG	1		Heart
LACTULOSE SOLUTION 10 GM/15ML	1		Stomach / Gastro
LACTULOSE SOLUTION 10 GM/15ML	1		Stomach / Gastro
LAMICTAL TABLET 25 MG	2		Anticonvulsants
LAMICTAL TABLET 100 MG	2		Anticonvulsants
LAMICTAL TABLET 150 MG	2		Anticonvulsants
LAMICTAL TABLET 200 MG	2		Anticonvulsants
LAMISIL TABLET 250 MG	2	ST	Anti-Infectives
LANOXICAPS CAPSULES 0.1 MG	3		Heart
LANOXICAPS CAPSULES 0.2 MG	3		Heart
LANOXIN TABLET 0.125 MG	3		Heart
LANOXIN TABLET 0.25 MG	3		Heart
LANTUS SOLUTION 100 UNIT/ML	2		Diabetes
LESCOL CAPSULES 20 MG	2	QL	Cholesterol
LESCOL CAPSULES 40 MG	2	QL	Cholesterol
LESCOL XL TABLET 80 MG	2	QL	Cholesterol
LEVAQUIN TABLET 250 MG	2		Antibiotics
LEVAQUIN TABLET 500 MG	2		Antibiotics
LEVAQUIN TABLET 750 MG	2		Antibiotics
LEVOTHYROXINE SODIUM SOLUTION 200 MCG	3		Thyroid
LEVOTHYROXINE SODIUM TABLET 25 MCG	1		Thyroid
LEVOTHYROXINE SODIUM TABLET 50 MCG	1		Thyroid
LEVOTHYROXINE SODIUM TABLET 75 MCG	1		Thyroid
LEVOTHYROXINE SODIUM TABLET 88 MCG	1		Thyroid

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
LEVOTHYROXINE SODIUM TABLET 100 MCG	1		Thyroid
LEVOTHYROXINE SODIUM TABLET 112 MCG	1		Thyroid
LEVOTHYROXINE SODIUM TABLET 125 MCG	1		Thyroid
LEVOTHYROXINE SODIUM TABLET 137 MCG	1		Thyroid
LEVOTHYROXINE SODIUM TABLET 150 MCG	1		Thyroid
LEVOTHYROXINE SODIUM TABLET 175 MCG	1		Thyroid
LEVOTHYROXINE SODIUM TABLET 200 MCG	1		Thyroid
LEVOTHYROXINE SODIUM TABLET 300 MCG	1		Thyroid
LEXAPRO TABLET 5 MG	2	QL	Mental Hlth - Depress
LEXAPRO TABLET 10 MG	2	QL	Mental Hlth - Depress
LEXAPRO TABLET 20 MG	2	QL	Mental Hlth - Depress
LIDODERM PATCH 5 %	3	QL	Dermatology - Other
LIPITOR TABLET 10 MG	2	QL	Cholesterol
LIPITOR TABLET 20 MG	2	QL	Cholesterol
LIPITOR TABLET 40 MG	2	QL	Cholesterol
LIPITOR TABLET 80 MG	2	QL	Cholesterol
LISINAPRIL TABLET 2.5 MG	1		Heart
LISINAPRIL TABLET 5 MG	1		Heart
LISINAPRIL TABLET 10 MG	1		Heart
LISINAPRIL TABLET 20 MG	1		Heart
LISINAPRIL TABLET 30 MG	1		Heart
LISINAPRIL TABLET 40 MG	1		Heart
LITHIUM CARBONATE CAPSULES 150 MG	1		Mental Health - Misc
LITHIUM CARBONATE CAPSULES 300 MG	1		Mental Health - Misc
LITHIUM CARBONATE CAPSULES 600 MG	1		Mental Health - Misc
LITHIUM CARBONATE ER TABLET 300 MG	1		Mental Health - Misc
LITHIUM CARBONATE ER TABLET 450 MG	1		Mental Health - Misc
LOTREL CAPSULES 2.5 MG;10 MG	2		Heart
LOTREL CAPSULES 5 MG;10 MG	2		Heart
LOTREL CAPSULES 5 MG;20 MG	2		Heart

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
LOTREL CAPSULES 10 MG;20 MG	2		Heart
LOVASTATIN TABLET 10 MG	1	QL	Cholesterol
LOVASTATIN TABLET 20 MG	1	QL	Cholesterol
LOVASTATIN TABLET 40 MG	1	QL	Cholesterol
LOVENOX SOLUTION 30 MG/0.3ML	3	QL	Blood Thinners
LOVENOX SOLUTION 40 MG/0.4ML	3	QL	Blood Thinners
LOVENOX SOLUTION 60 MG/0.6ML	3	QL	Blood Thinners
LOVENOX SOLUTION 80 MG/0.8ML	3	QL	Blood Thinners
LOVENOX SOLUTION 100 MG/ML	3	QL	Blood Thinners
LOVENOX SOLUTION 120 MG/0.8ML	3	QL	Blood Thinners
LOVENOX SOLUTION 150 MG/ML	3	QL	Blood Thinners
LOVENOX SOLUTION 300 MG/3ML	3	QL	Blood Thinners
LUMIGAN SOLUTION 0.03 %	2	QL	Eye / Ear / Mouth / Throat
LUNESTA TABLET 1 MG	3	QL, ST	Mental Health - Misc
LUNESTA TABLET 2 MG	3	QL, ST	Mental Health - Misc
LUNESTA TABLET 3 MG	3	QL, ST	Mental Health - Misc
MAVIK TABLET 1 MG	3		Heart
MAVIK TABLET 2 MG	3		Heart
MAVIK TABLET 4 MG	3		Heart
MAXALT TABLET 5 MG	3	QL	Pain Mgmt - Migraine
MAXALT TABLET 10 MG	3	QL	Pain Mgmt - Migraine
MAXALT-MLT TABLET 5 MG	3	QL	Pain Mgmt - Migraine
MAXALT-MLT TABLET 10 MG	3	QL	Pain Mgmt - Migraine
MECLIZINE HCL TABLET 12.5 MG	1		Stomach / Gastro
MECLIZINE HCL TABLET 25 MG	1		Stomach / Gastro
METFORMIN HCL TABLET 500 MG	1		Diabetes
METFORMIN HCL TABLET 850 MG	1		Diabetes
METFORMIN HCL TABLET 1000 MG	1		Diabetes
METFORMIN HCL ER TABLET 500 MG	1	QL	Diabetes
METFORMIN HCL ER TABLET 750 MG	1	QL	Diabetes

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
METHOTREXATE TABLET 2.5 MG	1		Chemotherapy
METOCLOPRAMIDE HCL TABLET 5 MG	1		Stomach / Gastro
METOCLOPRAMIDE HCL TABLET 10 MG	1		Stomach / Gastro
METOLAZONE TABLET 2.5 MG	1		Heart
METOLAZONE TABLET 5 MG	1		Heart
METOLAZONE TABLET 10 MG	1		Heart
METOPROLOL TARTRATE TABLET 25 MG	1		Heart
METOPROLOL TARTRATE TABLET 50 MG	1		Heart
METOPROLOL TARTRATE TABLET 100 MG	1		Heart
MIACALCIN SOLUTION 200 UNIT/ML	3	QL	Osteoporosis
MINOXIDIL TABLET 2.5 MG	1		Heart
MINOXIDIL TABLET 10 MG	1		Heart
MIRAPEX TABLET 0.125 MG	2		Misc - Neurology
MIRAPEX TABLET 0.25 MG	2		Misc - Neurology
MIRAPEX TABLET 0.5 MG	2		Misc - Neurology
MIRAPEX TABLET 1 MG	2		Misc - Neurology
MIRAPEX TABLET 1.5 MG	2		Misc - Neurology
MIRTAZAPINE TABLET 7.5 MG	1		Mental Hlth - Depress
MIRTAZAPINE TABLET 15 MG	1		Mental Hlth - Depress
MIRTAZAPINE TABLET 30 MG	1		Mental Hlth - Depress
MIRTAZAPINE TABLET 45 MG	1		Mental Hlth - Depress
MORPHINE SULFATE ER TABLET 15 MG	1		Pain Mgmt - Narcotic
MORPHINE SULFATE ER TABLET 30 MG	1		Pain Mgmt - Narcotic
MORPHINE SULFATE ER TABLET 60 MG	1		Pain Mgmt - Narcotic
MORPHINE SULFATE ER TABLET 100 MG	1		Pain Mgmt - Narcotic
MORPHINE SULFATE ER TABLET 200 MG	1		Pain Mgmt - Narcotic
MUPIROCIN OINTMENT 2 %	1		Dermatology - Other
NABUMETONE TABLET 500 MG	1		Pain Mgmt - Non Narc
NABUMETONE TABLET 750 MG	1		Pain Mgmt - Non Narc
NAMENDA TABLET 5 MG	2	QL	Mental Health - Misc

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
NAMENDA TABLET 10 MG	2	QL	Mental Health - Misc
NAPROXEN TABLET 250 MG	1		Pain Mgmt - Non Narc
NAPROXEN TABLET 375 MG	1		Pain Mgmt - Non Narc
NAPROXEN TABLET 500 MG	1		Pain Mgmt - Non Narc
NASACORT AQ AEROSOL SOLUTION 55 MCG/ACT	3	QL	Cough / Cold / Allergy
NASONEX SUSPENSION 50 MCG/ACT	2	QL	Cough / Cold / Allergy
NEULASTA SOLUTION 6 MG/0.6ML	4	QL, PA	Blood Agents
NEXIUM CAPSULES 20 MG	2	QL	Stomach / Ppi
NEXIUM CAPSULES 40 MG	2	QL	Stomach / Ppi
NIFEDIPINE CAPSULES 10 MG	1		Heart
NIFEDIPINE CAPSULES 20 MG	1		Heart
NIFEDIPINE ER TABLET 30 MG	1	QL	Heart
NIFEDIPINE ER TABLET 30 MG	1	QL	Heart
NIFEDIPINE ER TABLET 60 MG	1	QL	Heart
NIFEDIPINE ER TABLET 60 MG	1	QL	Heart
NIFEDIPINE ER TABLET 90 MG	1	QL	Heart
NIFEDIPINE ER TABLET 90 MG	1	QL	Heart
NITROFURANTOIN MONOHYDRAT CAPSULES 100 MG	1		Genitourinary
NITROGLYCERIN PATCH 0.1 MG/HR	1		Heart
NITROGLYCERIN PATCH 0.2 MG/HR	1		Heart
NITROGLYCERIN PATCH 0.4 MG/HR	1		Heart
NITROGLYCERIN PATCH 0.6 MG/HR	1		Heart
NITROGLYCERIN SUBLINGUAL 0.3 MG	1		Heart
NITROGLYCERIN SUBLINGUAL 0.4 MG	1		Heart
NITROGLYCERIN SUBLINGUAL 0.6 MG	1		Heart
NORTRIPTYLINE HCL CAPSULES 10 MG	1		Mental Hlth - Depress
NORTRIPTYLINE HCL CAPSULES 25 MG	1		Mental Hlth - Depress
NORTRIPTYLINE HCL CAPSULES 50 MG	1		Mental Hlth - Depress
NORTRIPTYLINE HCL CAPSULES 75 MG	1		Mental Hlth - Depress

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
NORVASC TABLET 2.5 MG	2	QL	Heart
NORVASC TABLET 5 MG	2	QL	Heart
NORVASC TABLET 10 MG	2	QL	Heart
NOVOLIN 70/30 SUSPENSION 30 %;70 %	2		Diabetes
NOVOLIN N SUSPENSION 100 UNIT/ML	2		Diabetes
NOVOLIN R SOLUTION 100 UNIT/ML	2		Diabetes
NOVOLOG SOLUTION 100 UNIT/ML	2		Diabetes
NOVOLOG MIX 70/30 SUSPENSION 30 %;70 %	2		Diabetes
OXYBUTYNIN CHLORIDE TABLET 5 MG	1		Genitourinary
OXYCODONE HCL ER TABLET 10 MG	1	QL	Pain Mgmt - Narcotic
OXYCODONE HCL ER TABLET 20 MG	1	QL	Pain Mgmt - Narcotic
OXYCODONE HCL ER TABLET 40 MG	1	QL	Pain Mgmt - Narcotic
OXYCODONE HCL ER TABLET 80 MG	1	QL	Pain Mgmt - Narcotic
OXYCONTIN TABLET 10 MG	3	QL	Pain Mgmt - Narcotic
OXYCONTIN TABLET 20 MG	3	QL	Pain Mgmt - Narcotic
OXYCONTIN TABLET 40 MG	3	QL	Pain Mgmt - Narcotic
OXYCONTIN TABLET 80 MG	3	QL	Pain Mgmt - Narcotic
PAROXETINE HCL TABLET 10 MG	1	QL	Mental Hlth - Depress
PAROXETINE HCL TABLET 20 MG	1	QL	Mental Hlth - Depress
PAROXETINE HCL TABLET 30 MG	1	QL	Mental Hlth - Depress
PAROXETINE HCL TABLET 40 MG	1	QL	Mental Hlth - Depress
PATANOL SOLUTION 0.1 %	2		Eye / Ear / Mouth / Throat
PEG-INTRON KIT 50 MCG/0.5ML	4	QL, PA	Anti-Infectives
PEG-INTRON KIT 80 MCG/0.5ML	4	QL, PA	Anti-Infectives
PEG-INTRON KIT 120 MCG/0.5ML	4	QL, PA	Anti-Infectives
PEG-INTRON KIT 150 MCG/0.5ML	4	QL, PA	Anti-Infectives
PENTOXIFYLLINE ER TABLET 400 MG	1		Blood Agents
PERGOLIDE MESYLATE TABLET 0.05 MG	1		Misc - Neurology
PERGOLIDE MESYLATE TABLET 0.25 MG	1		Misc - Neurology
PERGOLIDE MESYLATE TABLET 1 MG	1		Misc - Neurology

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
PHOSLO CAPSULES 667 MG	2		Stomach / Gastro
PLAVIX TABLET 75 MG	2		Blood Agents
POTASSIUM CHLORIDE CR TABLET 8 MEQ	1		Nutritional / Vitamin
POTASSIUM CHLORIDE CR TABLET 10 MEQ	1		Nutritional / Vitamin
POTASSIUM CHLORIDE CR TABLET 10 MEQ	1		Nutritional / Vitamin
POTASSIUM CHLORIDE CR TABLET 20 MEQ	1		Nutritional / Vitamin
POTASSIUM CHLORIDE ER TABLET 8 MEQ	1		Nutritional / Vitamin
POTASSIUM CHLORIDE ER TABLET 10 MEQ	1		Nutritional / Vitamin
POTASSIUM CHLORIDE ER TABLET 10 MEQ	1		Nutritional / Vitamin
POTASSIUM CHLORIDE ER TABLET 20 MEQ	1		Nutritional / Vitamin
PRECOSE TABLET 25 MG	2		Diabetes
PRECOSE TABLET 50 MG	2		Diabetes
PRECOSE TABLET 100 MG	2		Diabetes
PREMARIN TABLET 0.3 MG	2		Hormone Therapy
PREMARIN TABLET 0.45 MG	2		Hormone Therapy
PREMARIN TABLET 0.625 MG	2		Hormone Therapy
PREMARIN TABLET 0.9 MG	2		Hormone Therapy
PREMARIN TABLET 1.25 MG	2		Hormone Therapy
PREMPHASE TABLET 0.625 MG;5 MG	2		Hormone Therapy
PREMPRO TABLET 0.3 MG;1.5 MG	2		Hormone Therapy
PREMPRO TABLET 0.45 MG;1.5 MG	2		Hormone Therapy
PREMPRO TABLET 0.625 MG;2.5 MG	2		Hormone Therapy
PREMPRO TABLET 0.625 MG;5 MG	2		Hormone Therapy
PREVACID CAPSULES 15 MG	2	QL	Stomach / Ppi
PREVACID CAPSULES 30 MG	2	QL	Stomach / Ppi
PROCHLORPERAZINE SUPPOSITORY 25 MG	1		Mental Health - Misc
PROCRIT SOLUTION 2000 UNIT/ML	4	QL, PA	Blood Agents
PROCRIT SOLUTION 3000 UNIT/ML	4	QL, PA	Blood Agents
PROCRIT SOLUTION 4000 UNIT/ML	4	QL, PA	Blood Agents
PROCRIT SOLUTION 10000 UNIT/ML	4	QL, PA	Blood Agents

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
PROCRIT SOLUTION 10000 UNIT/ML	4	QL, PA	Blood Agents
PROCRIT SOLUTION 40000 UNIT/ML	4	QL, PA	Blood Agents
PROMETHAZINE HCL SUPPOSITORY 12.5 MG	1		Cough / Cold / Allergy
PROMETHAZINE HCL SUPPOSITORY 25 MG	1		Cough / Cold / Allergy
PROMETHAZINE HCL SUPPOSITORY 50 MG	1		Cough / Cold / Allergy
PROMETHAZINE HCL TABLET 12.5 MG	1		Cough / Cold / Allergy
PROMETHAZINE HCL TABLET 25 MG	1		Cough / Cold / Allergy
PROMETHAZINE HCL TABLET 50 MG	1		Cough / Cold / Allergy
PROPOXYPHENE-N/ACETAMINOP TABLET 325 MG;50 MG	1	QL	Pain Mgmt - Narcotic
PROPOXYPHENE-N/ACETAMINOP TABLET 500 MG;100 MG	1	QL	Pain Mgmt - Narcotic
PROPOXYPHENE-N/ACETAMINOP TABLET 650 MG;100 MG	1	QL	Pain Mgmt - Narcotic
PROPRANOLOL HCL TABLET 10 MG	1		Heart
PROPRANOLOL HCL TABLET 20 MG	1		Heart
PROPRANOLOL HCL TABLET 40 MG	1		Heart
PROPRANOLOL HCL TABLET 60 MG	1		Heart
PROPRANOLOL HCL TABLET 80 MG	1		Heart
PROTONIX TABLET 20 MG	3	QL, ST	Stomach / Ppi
PROTONIX TABLET 40 MG	3	QL, ST	Stomach / Ppi
PROTOPIC OINTMENT 0.03 %	3		Dermatology - Other
PROTOPIC OINTMENT 0.1 %	3		Dermatology - Other
PROVENTIL AEROSOL SOLUTION 90 MCG/ACT	3	QL	Asthma
PROVENTIL HFA AEROSOL SOLUTION 108 MCG/ACT	3	QL	Asthma
PROVIGIL TABLET 100 MG	3	QL	Mental Hlth / Stimu
PROVIGIL TABLET 200 MG	3	QL	Mental Hlth / Stimu
PULMICORT TURBUHALER AEROSOL POWDER 200 MCG/INH	3	QL	Asthma
QUINAPRIL HCL TABLET 5 MG	1		Heart

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
QUINAPRIL HCL TABLET 10 MG	1		Heart
QUINAPRIL HCL TABLET 20 MG	1		Heart
QUINAPRIL HCL TABLET 40 MG	1		Heart
QVAR AEROSOL SOLUTION 40 MCG/ACT	3	QL	Asthma
QVAR AEROSOL SOLUTION 80 MCG/ACT	3	QL	Asthma
RANITIDINE HCL CAPSULES 150 MG	1		Stomach / H2
RANITIDINE HCL CAPSULES 300 MG	1		Stomach / H2
RANITIDINE HCL TABLET 150 MG	1		Stomach / H2
RANITIDINE HCL TABLET 300 MG	1		Stomach / H2
RAZADYNE TABLET 4 MG	2	QL	Mental Health - Misc
RAZADYNE TABLET 8 MG	2	QL	Mental Health - Misc
RAZADYNE TABLET 12 MG	2	QL	Mental Health - Misc
RAZADYNE ER CAPSULES 8 MG	2	QL	Mental Health - Misc
RAZADYNE ER CAPSULES 16 MG	2	QL	Mental Health - Misc
RAZADYNE ER CAPSULES 24 MG	2	QL	Mental Health - Misc
RELENZA DISKHALER AEROSOL POWDER 5 MG/BLISTER	3	QL	Anti-Infectives
RELPAX TABLET 20 MG	3	QL	Pain Mgmt - Migraine
RELPAX TABLET 40 MG	3	QL	Pain Mgmt - Migraine
REMICADE SOLUTION 100 MG	4	PA	Stomach / Gastro
RENAGEL TABLET 400 MG	2		Stomach / Gastro
RENAGEL TABLET 800 MG	2		Stomach / Gastro
REQUIP TABLET 0.25 MG	2		Misc - Neurology
REQUIP TABLET 0.5 MG	2		Misc - Neurology
REQUIP TABLET 1 MG	2		Misc - Neurology
REQUIP TABLET 2 MG	2		Misc - Neurology
REQUIP TABLET 3 MG	2		Misc - Neurology
REQUIP TABLET 4 MG	2		Misc - Neurology
REQUIP TABLET 5 MG	2		Misc - Neurology
RESTASIS EMULSION 0.05 %	3		Eye / Ear / Mouth / Throat
RIBAVIRIN CAPSULES 200 MG	4	QL, PA	Anti-Infectives

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
RIBAVIRIN TABLET 200 MG	4	QL, PA	Anti-Infectives
RISPERDAL TABLET 0.25 MG	2	QL	Mental Health - Misc
RISPERDAL TABLET 0.5 MG	2	QL	Mental Health - Misc
RISPERDAL TABLET 1 MG	2	QL	Mental Health - Misc
RISPERDAL TABLET 2 MG	2	QL	Mental Health - Misc
RISPERDAL TABLET 3 MG	2	QL	Mental Health - Misc
RISPERDAL TABLET 4 MG	2	QL	Mental Health - Misc
RISPERDAL M-TAB TABLET 0.5 MG	2	QL	Mental Health - Misc
RISPERDAL M-TAB TABLET 1 MG	2	QL	Mental Health - Misc
RISPERDAL M-TAB TABLET 2 MG	2	QL	Mental Health - Misc
SALSALATE TABLET 500 MG	1		Pain Mgmt - Non Narc
SALSALATE TABLET 750 MG	1		Pain Mgmt - Non Narc
SANCTURA TABLET 20 MG	3	QL	Genitourinary
SENSIPAR TABLET 30 MG	4	QL	Misc - Endocrine
SENSIPAR TABLET 60 MG	4	QL	Misc - Endocrine
SENSIPAR TABLET 90 MG	4	QL	Misc - Endocrine
SEREVENT DISKUS AEROSOL POWDER 50 MCG/DOSE	2	QL	Asthma
SEROQUEL TABLET 25 MG	2	QL	Mental Health - Misc
SEROQUEL TABLET 50 MG	2	QL	Mental Health - Misc
SEROQUEL TABLET 100 MG	2	QL	Mental Health - Misc
SEROQUEL TABLET 200 MG	2	QL	Mental Health - Misc
SEROQUEL TABLET 300 MG	2	QL	Mental Health - Misc
SEROQUEL TABLET 400 MG	2	QL	Mental Health - Misc
SINGULAIR CHEWABLE 4 MG	2	QL	Asthma
SINGULAIR CHEWABLE 5 MG	2	QL	Asthma
SINGULAIR TABLET 10 MG	2	QL	Asthma
SONATA CAPSULES 5 MG	3	QL, ST	Mental Health - Misc
SONATA CAPSULES 10 MG	3	QL, ST	Mental Health - Misc
SPIRIVA HANDIHALER CAPSULES 18 MCG	2	QL	Asthma
SPIRONOLACTONE TABLET 25 MG	1		Heart

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
SPIRONOLACTONE TABLET 50 MG	1		Heart
SPIRONOLACTONE TABLET 100 MG	1		Heart
SUTENT CAPSULES 12.5 MG	4	QL, PA	Chemotherapy
SUTENT CAPSULES 25 MG	4	QL, PA	Chemotherapy
SUTENT CAPSULES 50 MG	4	QL, PA	Chemotherapy
SYNTHROID TABLET 25 MCG	2		Thyroid
SYNTHROID TABLET 50 MCG	2		Thyroid
SYNTHROID TABLET 75 MCG	2		Thyroid
SYNTHROID TABLET 88 MCG	2		Thyroid
SYNTHROID TABLET 100 MCG	2		Thyroid
SYNTHROID TABLET 112 MCG	2		Thyroid
SYNTHROID TABLET 125 MCG	2		Thyroid
SYNTHROID TABLET 137 MCG	2		Thyroid
SYNTHROID TABLET 150 MCG	2		Thyroid
SYNTHROID TABLET 175 MCG	2		Thyroid
SYNTHROID TABLET 200 MCG	2		Thyroid
SYNTHROID TABLET 300 MCG	2		Thyroid
TAMIFLU CAPSULES 75 MG	3	QL	Anti-Infectives
TAMIFLU SUSPENSION 12 MG/ML	3	QL	Anti-Infectives
TARCEVA TABLET 25 MG	4	QL	Chemotherapy
TARCEVA TABLET 100 MG	4	QL	Chemotherapy
TARCEVA TABLET 150 MG	4	QL	Chemotherapy
TERAZOSIN HCL CAPSULES 1 MG	1		Heart
TERAZOSIN HCL CAPSULES 2 MG	1		Heart
TERAZOSIN HCL CAPSULES 5 MG	1		Heart
TERAZOSIN HCL CAPSULES 10 MG	1		Heart
THALOMID CAPSULES 50 MG	4	QL, PA	Chemotherapy
THALOMID CAPSULES 100 MG	4	QL, PA	Chemotherapy
THALOMID CAPSULES 200 MG	4	QL, PA	Chemotherapy
THEOPHYLLINE ER TABLET 100 MG	1		Asthma

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
THEOPHYLLINE ER TABLET 200 MG	1		Asthma
THEOPHYLLINE ER TABLET 300 MG	1		Asthma
TIMOLOL MALEATE TABLET 5 MG	1		Heart
TIMOLOL MALEATE TABLET 10 MG	1		Heart
TIMOLOL MALEATE TABLET 20 MG	1		Heart
TIMOPTIC SOLUTION 0.25 %	3		Eye / Ear / Mouth / Throat
TIMOPTIC SOLUTION 0.5 %	3		Eye / Ear / Mouth / Throat
TOPAMAX TABLET 25 MG	3		Anticonvulsants
TOPAMAX TABLET 50 MG	3		Anticonvulsants
TOPAMAX TABLET 100 MG	3		Anticonvulsants
TOPAMAX TABLET 200 MG	3		Anticonvulsants
TOPROL XL TABLET 25 MG	2		Heart
TOPROL XL TABLET 50 MG	2		Heart
TOPROL XL TABLET 100 MG	2		Heart
TOPROL XL TABLET 200 MG	2		Heart
TORSEMIDE TABLET 5 MG	1		Heart
TORSEMIDE TABLET 10 MG	1		Heart
TORSEMIDE TABLET 20 MG	1		Heart
TORSEMIDE TABLET 100 MG	1		Heart
TRAMADOL HCL TABLET 50 MG	1	QL	Pain Mgmt - Narcotic
TRAMADOL HYDROCHLORIDE/AC TABLET 325 MG;37.5 MG	1	QL	Pain Mgmt - Narcotic
TRANSDERM-SCOP PATCH 1.5 MG	3	QL	Stomach / Gastro
TRAVATAN SOLUTION 0.004 %	2	QL	Eye / Ear / Mouth / Throat
TRAZODONE HCL TABLET 50 MG	1		Mental Hlth - Depress
TRAZODONE HCL TABLET 100 MG	1		Mental Hlth - Depress
TRAZODONE HCL TABLET 150 MG	1		Mental Hlth - Depress
TRAZODONE HCL TABLET 300 MG	1		Mental Hlth - Depress
TRENTAL TABLET 400 MG	3		Blood Agents
TRIAMTERENE/HYDROCHLOROTH CAPSULES 25 MG;37.5 MG	1		Heart

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
TRIAMTERENE/HYDROCHLOROTH TABLET 25 MG;37.5 MG	1		Heart
TRICOR TABLET 48 MG	2	QL	Cholesterol
TRICOR TABLET 145 MG	2	QL	Cholesterol
TRILEPTAL TABLET 150 MG	3		Anticonvulsants
TRILEPTAL TABLET 300 MG	3		Anticonvulsants
TRILEPTAL TABLET 600 MG	3		Anticonvulsants
ULTRAM ER TABLET 100 MG	3	QL	Pain Mgmt - Narcotic
ULTRAM ER TABLET 200 MG	3	QL	Pain Mgmt - Narcotic
ULTRAM ER TABLET 300 MG	3	QL	Pain Mgmt - Narcotic
VENTOLIN HFA AEROSOL SOLUTION 108 MCG/ACT	3	QL	Asthma
VERAPAMIL HCL TABLET 40 MG	1		Heart
VERAPAMIL HCL TABLET 80 MG	1		Heart
VERAPAMIL HCL TABLET 120 MG	1		Heart
VERAPAMIL HCL SR CAPSULES 120 MG	1		Heart
VERAPAMIL HCL SR CAPSULES 180 MG	1		Heart
VERAPAMIL HCL SR CAPSULES 240 MG	1		Heart
VERAPAMIL HCL SR CAPSULES 360 MG	1	QL	Heart
VESICARE TABLET 5 MG	2	QL	Genitourinary
VESICARE TABLET 10 MG	2	QL	Genitourinary
VIVELLE-DOT PATCH 0.025 MG/24HR	3	QL	Hormone Therapy
VIVELLE-DOT PATCH 0.038 MG/24HR	3	QL	Hormone Therapy
VIVELLE-DOT PATCH 0.05 MG/24HR	3	QL	Hormone Therapy
VIVELLE-DOT PATCH 0.075 MG/24HR	3	QL	Hormone Therapy
VIVELLE-DOT PATCH 0.1 MG/24HR	3	QL	Hormone Therapy
VYTORIN TABLET 10 MG;10 MG	2	QL	Cholesterol
VYTORIN TABLET 10 MG;20 MG	2	QL	Cholesterol
VYTORIN TABLET 10 MG;40 MG	2	QL	Cholesterol
VYTORIN TABLET 10 MG;80 MG	2	QL	Cholesterol
WARFARIN SODIUM TABLET 1 MG	1		Blood Thinners

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
WARFARIN SODIUM TABLET 2 MG	1		Blood Thinners
WARFARIN SODIUM TABLET 2.5 MG	1		Blood Thinners
WARFARIN SODIUM TABLET 3 MG	1		Blood Thinners
WARFARIN SODIUM TABLET 4 MG	1		Blood Thinners
WARFARIN SODIUM TABLET 5 MG	1		Blood Thinners
WARFARIN SODIUM TABLET 6 MG	1		Blood Thinners
WARFARIN SODIUM TABLET 7.5 MG	1		Blood Thinners
WARFARIN SODIUM TABLET 10 MG	1		Blood Thinners
WELCHOL TABLET 625 MG	2		Cholesterol
WELLBUTRIN XL TABLET 150 MG	2	QL	Mental Hlth - Depress
WELLBUTRIN XL TABLET 300 MG	2	QL	Mental Hlth - Depress
XALATAN SOLUTION 0.005 %	2		Eye / Ear / Mouth / Throat
ZELNORM TABLET 2 MG	2	QL	Stomach / Gastro
ZELNORM TABLET 6 MG	2	QL	Stomach / Gastro
ZEMPLAR CAPSULES 1 MCG	3	QL	Misc - Endocrine
ZEMPLAR CAPSULES 2 MCG	3	QL	Misc - Endocrine
ZEMPLAR CAPSULES 4 MCG	3	QL	Misc - Endocrine
ZETIA TABLET 10 MG	2	QL	Cholesterol
ZITHROMAX Z-PAK TABLET 250 MG	3		Antibiotics
ZMAX SUSPENSION 2 GM	3	QL	Antibiotics
ZOFRAN TABLET 4 MG	2	QL, PA	Stomach / Gastro
ZOFRAN TABLET 8 MG	2	QL, PA	Stomach / Gastro
ZOFRAN ODT TABLET 4 MG	2	QL, PA	Stomach / Gastro
ZOFRAN ODT TABLET 8 MG	2	QL, PA	Stomach / Gastro
ZOLOFT TABLET 25 MG	3	QL	Mental Hlth - Depress
ZOLOFT TABLET 50 MG	3	QL	Mental Hlth - Depress
ZOLOFT TABLET 100 MG	3	QL	Mental Hlth - Depress
ZOMIG TABLET 2.5 MG	3	QL	Pain Mgmt - Migraine
ZOMIG TABLET 5 MG	3	QL	Pain Mgmt - Migraine
ZOMIG ZMT TABLET 2.5 MG	3	QL	Pain Mgmt - Migraine

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS	THERAPUTIC CATEGORY
ZOMIG ZMT TABLET 5 MG	3	QL	Pain Mgmt - Migraine
ZONISAMIDE CAPSULES 25 MG	1		Anticonvulsants
ZONISAMIDE CAPSULES 50 MG	1		Anticonvulsants
ZONISAMIDE CAPSULES 100 MG	1		Anticonvulsants
ZYFLO TABLET 600 MG	3	QL	Asthma
ZYPREXA TABLET 2.5 MG	2	QL	Mental Health - Misc
ZYPREXA TABLET 5 MG	2	QL	Mental Health - Misc
ZYPREXA TABLET 7.5 MG	2	QL	Mental Health - Misc
ZYPREXA TABLET 10 MG	2	QL	Mental Health - Misc
ZYPREXA TABLET 15 MG	2	QL	Mental Health - Misc
ZYPREXA TABLET 20 MG	2	QL	Mental Health - Misc
ZYPREXA ZYDIS TABLET 5 MG	2	QL	Mental Health - Misc
ZYPREXA ZYDIS TABLET 10 MG	2	QL	Mental Health - Misc
ZYPREXA ZYDIS TABLET 15 MG	2	QL	Mental Health - Misc
ZYPREXA ZYDIS TABLET 20 MG	2	QL	Mental Health - Misc
ZYRTEC SYRUP 1 MG/ML	3	QL	Cough / Cold / Allergy
ZYRTEC TABLET 5 MG	3	QL	Cough / Cold / Allergy
ZYRTEC TABLET 10 MG	3	QL	Cough / Cold / Allergy

PA — Prior Authorization; QL — Quantity limit; ST — Step Therapy

NOTES

NOTES

HUMANA[®]
Guidance when you need it most

Medicare approved HMO, PPO, PDP, and PFFS plans available to anyone entitled to Part A or enrolled in Part B of Medicare through age or disability (for MA plans, individuals must have both Part A and Part B).
Must use network pharmacies.

www.medicare-humana.com