



# Rx4 Drug List

Effective January 1, 2011

**Level One** – Includes low-cost generic and brand-name drugs.

**Level Two** – Includes higher cost generic and brand-name drugs.

**Level Three** – Includes high-cost, mostly brand-name drugs and some self-administered injectables. These drugs may have generic or brand-name alternatives in Levels One or Two.

**Level Four** – Includes high technology drugs and self-administered injectable drugs, which are not available on other levels.

Listed below in alphabetical order are commonly prescribed drugs for each level. This is not a complete list. If there is a prescription drug that is not on this list, go to **Humana.com** or call the Customer Service phone number on the back of the Humana member ID card to see if it's covered and into what level it falls.

\*Specialty - plan specific (copayments or) cost shares for high cost/high-technology drugs often requiring special dispensing conditions. Specialty drug coverage varies by plan. Visit **Humana.com** and log in to *MyHumana* to view specific prescription drug benefits, including copayments, limitations and exclusions.

**Note:** The drugs in **BOLD TYPE** are generic drugs. The drugs in regular type are brand-name drugs.

IR = immediate release, SR = sustained release, ER = extended release, QL = quantity limit, PA = prior authorization

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
ABILIFY	3		Y	QL,PA
ACCOLATE	3		Y	QL
<b>ACCU-CHEK AVIVA STRIPS</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>ACCU-CHEK ACTIVE CARE KIT</b>	<b>1</b>		<b>Y</b>	
<b>ACCU-CHEK ACTIVE TEST STRIPS</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>ACCU-CHEK ADVANTAGE DIABETES KIT</b>	<b>1</b>		<b>Y</b>	
<b>ACCU-CHEK AVIVA MONITORING KIT</b>	<b>1</b>		<b>Y</b>	
<b>ACCU-CHEK COMFORT CURVE TEST STRIPS</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>ACCU-CHEK COMPACT PLUS CARE KIT</b>	<b>1</b>		<b>Y</b>	
<b>ACCU-CHEK COMPACT TEST STRIPS</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>ACCU-CHEK MULTICLIX LANCET</b>	<b>1</b>		<b>Y</b>	
<b>ACCU-CHEK MULTICLIX LANCET KIT</b>	<b>1</b>		<b>Y</b>	
<b>ACCU-CHEK SOFTCLIX LANCET</b>	<b>1</b>		<b>Y</b>	
<b>ACCU-CHEK SOFTCLIX LANCET DEV</b>	<b>1</b>			
<b>ACETAMINOPHEN-CODEINE #3 TABLET</b>	<b>1</b>			<b>QL</b>
<b>ACETAMINOPHEN-CODEINE #4 TABLET</b>	<b>2</b>			<b>QL</b>
ACIPHEX	3		Y	QL,PA
ACTIMMUNE	*	Y		QL,PA
<b>ACTIQ</b>	<b>4</b>			<b>QL,PA</b>
ACTONEL	3		Y	QL
ACTOPLUS MET	2		Y	QL,PA
ACTOPLUS MET XR	3		Y	QL,PA
ACTOS	2		Y	QL,PA

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
ACUVAIL	3			
<b>ACYCLOVIR</b>	<b>1</b>		<b>Y</b>	
<b>ADDERALL XR</b>	<b>3</b>			<b>QL</b>
ADVAIR DISKUS	2		Y	QL
ADVAIR HFA	2		Y	QL
ADVICOR	3		Y	QL
AFINITOR	*	Y		QL,PA
AGGRENOLX	2		Y	
<b>AGRYLIN</b>	<b>4</b>		<b>Y</b>	
<b>ALBUTEROL SULFATE</b>	<b>1</b>		<b>Y</b>	
<b>ALENDRONATE SODIUM</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
ALINIA	3			QL
<b>ALLEGRA</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
ALLEGRA-D 24 HOUR	3			QL,PA
<b>ALLOPURINOL</b>	<b>1</b>		<b>Y</b>	
<b>ALPHAGAN P</b>	<b>3</b>		<b>Y</b>	
<b>ALPRAZOLAM</b>	<b>1</b>			
AMBIEN CR	3			QL,PA
<b>AMIODARONE HCL</b>	<b>2</b>		<b>Y</b>	
AMITIZA	3		Y	QL
<b>AMITRIPTYLINE HCL</b>	<b>1</b>		<b>Y</b>	
<b>AMLODIPINE BESYLATE</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>AMLODIPINE BESYLATE-BENAZEPRIL</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
<b>AMMONIUM LACTATE</b>	<b>3</b>			
<b>AMOX TR-POTASSIUM CLAVULANATE</b>	<b>2</b>			
<b>AMOXICILLIN</b>	<b>1</b>			
<b>AMPHETAMINE SALT COMBO</b>	<b>2</b>			<b>QL</b>
<b>ANAMANTLE HC</b>	<b>2</b>			
ANDROGEL	2		Y	QL
<b>ANUCORT-HC</b>	<b>1</b>			
ANZEMET	4			QL
APIDRA	3		Y	
APOKYN	4		Y	QL
<b>APRI</b>	<b>1</b>		<b>Y</b>	
APRISO	2		Y	QL
<b>ARALAST NP</b>	<b>*</b>	<b>Y</b>		<b>QL,PA</b>
<b>ARAVA</b>	<b>4</b>		<b>Y</b>	<b>QL,PA</b>
ARICEPT	3		Y	QL
<b>ARIMIDEX</b>	<b>3</b>		<b>Y</b>	<b>QL,PA</b>
ARMOUR THYROID	2		Y	
AROMASIN	3		Y	QL
ARTHROTEC 75	3		Y	
ASACOL	3		Y	QL
ASMANEX	2		Y	QL

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
<b>ASTELIN</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
ASTEPRO	2		Y	QL
ATACAND	3		Y	QL,PA
ATACAND HCT	3		Y	QL,PA
<b>ATENOLOL</b>	<b>1</b>		<b>Y</b>	
<b>ATENOLOL-CHLORTHALIDONE</b>	<b>1</b>		<b>Y</b>	
ATRIPLA	*	Y		
ATROVENT HFA	3		Y	QL
AVALIDE	2		Y	QL
AVANDAMET	3		Y	QL,PA
AVANDIA	3		Y	QL,PA
AVAPRO	2		Y	QL
AVELOX	3			
<b>AVIANE</b>	<b>1</b>		<b>Y</b>	
AVINZA	2			QL
AVODART	2		Y	QL
AVONEX	*	Y		QL,PA
AZASITE	2			
<b>AZATHIOPRINE</b>	<b>2</b>		<b>Y</b>	
AZILECT	2		Y	QL
<b>AZITHROMYCIN</b>	<b>2</b>			
AZOPT	2		Y	
AZOR	3		Y	QL,PA
<b>BACLOFEN</b>	<b>1</b>		<b>Y</b>	
<b>BACTROBAN</b>	<b>3</b>			
BARACLUDE	*	Y		QL
<b>BENAZEPRIL HCL</b>	<b>1</b>		<b>Y</b>	
<b>BENAZEPRIL-HYDROCHLOROTHIAZIDE</b>	<b>1</b>		<b>Y</b>	
BENICAR	3		Y	QL,PA
BENICAR HCT	3		Y	QL,PA
BENZACLIN	3			
<b>BENZONATATE</b>	<b>2</b>			
<b>BENZTROPINE MESYLATE</b>	<b>1</b>		<b>Y</b>	
<b>BETAMETHASONE DIPROPIONATE</b>	<b>2</b>			
<b>BETASERON</b>	<b>*</b>	<b>Y</b>		<b>QL,PA</b>
BETIMOL	3		Y	
BETOPTIC S	3		Y	
<b>BISOPROLOL FUMARATE</b>	<b>2</b>		<b>Y</b>	
<b>BISOPROLOL-HYDROCHLOROTHIAZIDE</b>	<b>1</b>		<b>Y</b>	
BONIVA	3		Y	
<b>BREEZE 2</b>	<b>3</b>		<b>Y</b>	
<b>BRIMONIDINE TARTRATE</b>	<b>2</b>		<b>Y</b>	
<b>BUDEPRION SR</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>BUDEPRION XL</b>	<b>2</b>		<b>Y</b>	<b>QL</b>

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
BUDESONIDE	3			
BUMETANIDE	1		Y	
BUPROPION HCL SR	2		Y	QL
BUPROPION XL	2		Y	QL
BUSPIRONE HCL	1		Y	
BUTALBITAL-ACETAMINOPHEN-CAFFE	1			QL
BYETTA	3		Y	QL,PA
BYSTOLIC	2		Y	QL
CADUET	2		Y	QL
CALCITONIN-SALMON	3		Y	QL
CALCITRIOL	2		Y	
CALCIUM ACETATE	2		Y	
CANASA	2		Y	QL
CAPTOPRIL	1		Y	
CARAC	2			
CARAFATE	3		Y	
CARBAMAZEPINE	1		Y	
CARBATROL	3		Y	QL
CARBIDOPA-LEVODOPA	2		Y	
CARISOPRODOL	1			
CARVEDILOL	1		Y	
CATAPRES-TTS 1	3		Y	QL
CATAPRES-TTS 2	3		Y	QL
CATAPRES-TTS 3	3		Y	QL
CEFDINIR	2			
CEFUROXIME	1			
CELEBREX	3		Y	QL
CELLCEPT	4		Y	QL
CENESTIN	2		Y	
CEPHALEXIN	1			
CEREFOLIN NAC	3			
CERON-DM	3			
CETROTIDE	4			QL
CHLORDIAZEPOXIDE HCL	1			
CHLORDIAZEPOXIDE-CLIDINIUM	1			
CHLORHEXIDINE GLUCONATE	3			
CHLORTHALIDONE	1		Y	
CILOSTAZOL	2		Y	
CIMETIDINE	1		Y	
CIMZIA	*	Y		PA
CIPRODEX	2			
CIPROFLOXACIN HCL	1			
CITALOPRAM HBR	1		Y	QL
CLARAVIS	3			QL

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
CLARINEX	3		Y	QL,PA
<b>CLARITHROMYCIN</b>	<b>2</b>			
CLIMARA PRO	2		Y	QL
<b>CLINDAMYCIN HCL</b>	<b>2</b>			
<b>CLOBETASOL PROPIONATE</b>	<b>2</b>			
CLOBEX	2			
<b>CLONAZEPAM</b>	<b>1</b>		Y	
<b>CLONIDINE</b>	<b>2</b>		Y	QL
<b>CLONIDINE HCL</b>	<b>1</b>		Y	
<b>CLOTRIMAZOLE-BETAMETHASONE</b>	<b>2</b>			
<b>COLCHICINE</b>	<b>1</b>		Y	
COMBIGAN	2		Y	QL
COMBIVENT	2		Y	QL
COMTAN	3		Y	QL
CONCERTA	3			QL
<b>CONTOUR</b>	<b>3</b>		Y	
COPAXONE	*	Y		QL
COREG CR	3		Y	QL
<b>COSOPT</b>	<b>3</b>		Y	QL
<b>COUMADIN</b>	<b>3</b>		Y	
<b>COZAAR</b>	<b>3</b>		Y	QL,PA
<b>C-PHEN DM</b>	<b>3</b>			
CREON 10	2		Y	
CRESTOR	2		Y	QL
CRIXIVAN	*	Y		
CUPRIMINE	4		Y	
<b>CYANOCOBALAMIN</b>	<b>3</b>			
<b>CYCLOBENZAPRINE HCL</b>	<b>3</b>			
CYMBALTA	2		Y	QL
<b>CYTOMEL</b>	<b>3</b>		Y	
<b>DEMECLOCYCLINE HCL</b>	<b>4</b>			
<b>DENAVIR</b>	<b>3</b>			
<b>DEPAKENE CAP</b>	<b>4</b>		Y	
<b>DEPAKENE SYRUP</b>	<b>3</b>		Y	
<b>DEPAKOTE ER</b>	<b>3</b>		Y	
<b>DEPLIN</b>	<b>3</b>			
<b>DEPO-PROVERA</b>	<b>4</b>		Y	QL
DERMA-SMOOTHIE-FS	3			
<b>DESONIDE</b>	<b>1</b>			
DETROL LA	3		Y	QL
<b>DEXAMETHASONE</b>	<b>1</b>			
<b>DEXTROAMPHETAMINE-AMPHETAMINE</b>	<b>3</b>			QL
<b>DIAZEPAM</b>	<b>1</b>			
<b>DICLOFENAC SODIUM</b>	<b>1</b>		Y	

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<b>DICYCLOMINE HCL</b>	<b>1</b>			
DIFFERIN	2			
<b>DIGOXIN</b>	<b>1</b>		<b>Y</b>	
<b>DIHYDROERGOTAMINE MESYLATE</b>	<b>2</b>			
DILANTIN	2		Y	
<b>DILT-CD</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>DILTIAZEM 24HR ER</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>DILTIAZEM ER</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>DILTIAZEM HCL</b>	<b>1</b>		<b>Y</b>	
<b>DILT-XR</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
DIOVAN	2		Y	QL
DIOVAN HCT	2		Y	QL
<b>DIPHENOXYLATE-ATROPINE</b>	<b>1</b>			
<b>DIVALPROEX SODIUM</b>	<b>2</b>		<b>Y</b>	
<b>DIVALPROEX SODIUM ER</b>	<b>2</b>		<b>Y</b>	
<b>DORZOLAMIDE-TIMOLOL</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>DOXAZOSIN MESYLATE</b>	<b>1</b>		<b>Y</b>	
<b>DOXEPIN HCL</b>	<b>1</b>		<b>Y</b>	
<b>DOXYCYCLINE HYCLATE</b>	<b>1</b>			
<b>DRONABINOL</b>	<b>2</b>			
DUAC CS	2			
<b>DURAGESIC</b>	<b>4</b>			<b>QL</b>
<b>DYAZIDE</b>	<b>3</b>		<b>Y</b>	
<b>EASIVENT</b>	<b>1</b>			
<b>EFFEXOR</b>	<b>3</b>		<b>Y</b>	
<b>EFFEXOR XR</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
EFFIENT	3		Y	QL
ELESTAT	3			
ELIGARD	*	Y		QL,PA
ELIXOPHYLLIN	4		Y	
<b>ELMIRON</b>	<b>3</b>			
EMBEDA	2			QL
EMEND	3			QL
ENABLEX	3		Y	QL
<b>ENALAPRIL MALEATE</b>	<b>1</b>		<b>Y</b>	
<b>ENALAPRIL-HYDROCHLOROTHIAZIDE</b>	<b>1</b>		<b>Y</b>	
ENBREL	*	Y		QL,PA
<b>ENDOCET</b>	<b>2</b>			<b>QL</b>
ENJUVA	2		Y	
ENTOCORT EC	3			
<b>ENULOSE</b>	<b>3</b>		<b>Y</b>	
EPIDUO	2			
<b>EPIPEN</b>	<b>2</b>			
EPZICOM	*	Y		

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
ERY-TAB	2			
<b>ERYTHROMYCIN</b>	<b>1</b>			
ESTRACE	3		Y	
<b>ESTRADIOL</b>	<b>1</b>		<b>Y</b>	
<b>ESTRADIOL-NORETHINDRONE ACETAT</b>	<b>3</b>		<b>Y</b>	
<b>ETODOLAC</b>	<b>2</b>		<b>Y</b>	
<b>ETOPOSIDE</b>	<b>4</b>			
EVISTA	2		Y	QL
EVOXAC	2		Y	
EXELON	2		Y	QL
EXFORGE	2		Y	QL
EXFORGE HCT	2		Y	QL
EXJADE	*	Y		QL,PA
FABRAZYME	*	Y		
<b>FAMCICLOVIR</b>	<b>3</b>			<b>QL</b>
<b>FAMOTIDINE</b>	<b>1</b>		<b>Y</b>	
<b>FELODIPINE ER</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
FEMARA	3		Y	QL
FEMCON FE	3		Y	
FEMHRT	3		Y	
<b>FENOFIBRATE</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>FENTANYL CITRATE VIAL</b>	<b>4</b>			<b>PA</b>
<b>FENTANYL PATCH</b>	<b>3</b>			<b>QL</b>
FENTORA	4			QL,PA
<b>FEXOFENADINE HCL</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>FEXOFENADINE-PSE ER</b>	<b>3</b>			<b>QL</b>
FINACEA	2			
<b>FINASTERIDE</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>FLOMAX</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
FLOVENT HFA	2		Y	QL
<b>FLUARIX</b>	<b>4</b>			
<b>FLUCONAZOLE</b>	<b>1</b>			
<b>FLULAVAL</b>	<b>4</b>			
<b>FLUOCINONIDE</b>	<b>1</b>			
<b>FLUOXETINE HCL</b>	<b>1</b>		<b>Y</b>	
<b>FLUTICASONE PROPIONATE</b>	<b>1</b>			
<b>FLUVIRIN</b>	<b>4</b>			
FLUZONE	4			
FOCALIN XR	3			QL
<b>FOLBIC</b>	<b>1</b>			
<b>FOLIC ACID</b>	<b>1</b>		<b>Y</b>	
FORADIL	2		Y	QL
FORTAMET	2		Y	QL
<b>FORTICAL</b>	<b>3</b>		<b>Y</b>	<b>QL</b>

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<b>FOSINOPRIL SODIUM</b>	<b>1</b>		<b>Y</b>	
<b>FREESTYLE LITE STRIPS</b>	<b>3</b>		<b>Y</b>	<b>QL,PA</b>
<b>FREESTYLE TEST STRIPS</b>	<b>3</b>		<b>Y</b>	<b>QL,PA</b>
<b>FUROSEMIDE</b>	<b>1</b>		<b>Y</b>	
FUZEON	*	Y		QL
<b>GABAPENTIN</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>GALANTAMINE HBR</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>GEMFIBROZIL</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
GENOTROPIN	*	Y		QL,PA
<b>GENTAK</b>	<b>3</b>			
<b>GENTAMICIN SULFATE</b>	<b>1</b>			
GEODON	2		Y	QL
GLEEVEC	*	Y		QL,PA
<b>GLIMEPIRIDE</b>	<b>1</b>		<b>Y</b>	
<b>GLIPIZIDE</b>	<b>1</b>		<b>Y</b>	
<b>GLIPIZIDE ER</b>	<b>1</b>		<b>Y</b>	
<b>GLIPIZIDE XL</b>	<b>1</b>		<b>Y</b>	
GLUCAGEN	4			
<b>GLUCAGON EMERGENCY KIT</b>	<b>3</b>			
<b>GLYBURIDE</b>	<b>1</b>		<b>Y</b>	
<b>GLYBURIDE-METFORMIN HCL</b>	<b>2</b>		<b>Y</b>	
<b>GOLYTELY</b>	<b>2</b>			
GONAL-F	4			
<b>GRANISETRON HCL</b>	<b>4</b>			<b>QL</b>
HALFLYTELY-BISACODYL	2			
<b>HALOPERIDOL</b>	<b>1</b>		<b>Y</b>	
HECTOROL	2		Y	
HEPSERA	*	Y		
HEXALEN	4			QL
HUMALOG	2		Y	
HUMALOG MIX 75-25	2		Y	
HUMATROPE	*	Y		QL,PA
HUMIRA	*	Y		QL,PA
HUMULIN 50-50	2		Y	
<b>HUMULIN 70-30</b>	<b>2</b>		<b>Y</b>	
HUMULIN N	2		Y	
<b>HUMULIN R</b>	<b>2</b>		<b>Y</b>	
<b>HYDRALAZINE HCL</b>	<b>2</b>		<b>Y</b>	
<b>HYDROCHLOROTHIAZIDE</b>	<b>1</b>		<b>Y</b>	
<b>HYDROCODONE-ACETAMINOPHEN</b>	<b>2</b>			
<b>HYDROCODONE-HOMATROPINE</b>	<b>1</b>			
<b>HYDROCORTISONE</b>	<b>2</b>			
<b>HYDROMET</b>	<b>1</b>			
<b>HYDROMORPHONE HCL</b>	<b>2</b>			

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HYDROXYCHLOROQUINE SULFATE	3			
HYDROXYZINE HCL	1			
HYDROXYZINE PAMOATE	1			
HYOSCYAMINE SULFATE	1		Y	
HYZAAR	3		Y	QL,PA
IBUPROFEN	1		Y	
IMIPRAMINE HCL	1		Y	
IMIPRAMINE PAMOATE	3		Y	
INCRELEX	*	Y		QL,PA
INDAPAMIDE	1		Y	
INDOMETHACIN	1			
INFERGEN	*	Y		QL
INFLUENZA A (H1N1) 2009	4			
INSULIN SYRINGE	1		Y	
INTRON A	*	Y		QL
INVEGA	3		Y	QL,PA
IOPHEN-C NR	3			
IPRATROPIUM BROMIDE	2		Y	
IPRATROPIUM-ALBUTEROL	2		Y	
IRESSA	*	Y		QL,PA
ISENTRESS	*	Y		QL
ISOMETHEPT-DICHLORALP-ACETAMIN	1			QL
ISOSORBIDE DINITRATE	1		Y	
ISOSORBIDE MONONITRATE	3		Y	
ISTALOL	3		Y	
JANTOVEN	1		Y	
JANUMET	2		Y	QL,PA
JANUVIA	2		Y	QL,PA
JUNEL FE	1		Y	
KADIAN	3			QL
KAPIDEX	3		Y	QL,PA
KEPPRA	3		Y	QL
KETOCONAZOLE	1			
KINERET	*	Y		QL,PA
KLOR-CON 10	1		Y	
KLOR-CON 8	1		Y	
KLOR-CON M10	1		Y	
KLOR-CON M20	1		Y	
KUVAN	*	Y		QL,PA
LABETALOL HCL	1		Y	
LACTULOSE	1		Y	
LAMICTAL	3		Y	QL
LAMOTRIGINE	1		Y	QL
LANOXIN TAB	1		Y	

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
<b>LANOXIN VIAL</b>	<b>4</b>			
<b>LANSOPRAZOLE</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
LANTUS	2		Y	
LANTUS SOLOSTAR	2		Y	
<b>LASIX</b>	<b>3</b>		<b>Y</b>	
LESCOL	2		Y	QL
LESCOL XL	2		Y	QL
LETAIRIS	*	Y		QL,PA
LEUKINE	*	Y		QL
LEVAQUIN	3			
LEVEMIR	2		Y	
<b>LEVETIRACETAM</b>	<b>2</b>		<b>Y</b>	
<b>LEVORA-28</b>	<b>1</b>		<b>Y</b>	
<b>LEVOTHROID</b>	<b>1</b>		<b>Y</b>	
<b>LEVOTHYROXINE SODIUM</b>	<b>1</b>		<b>Y</b>	
<b>LEVOXYL</b>	<b>1</b>		<b>Y</b>	
LEXAPRO	2		Y	QL
LIALDA	3		Y	QL
<b>LIDOCAINE HCL SOLUTION</b>	<b>1</b>			
<b>LIDOCAINE HCL VIAL</b>	<b>4</b>			
<b>LIDOCAINE-PRILOCAINE</b>	<b>2</b>			
LIDODERM	3			QL
LIPITOR	2		Y	QL
<b>LISINOPRIL</b>	<b>1</b>		<b>Y</b>	
<b>LISINOPRIL-HYDROCHLOROTHIAZIDE</b>	<b>1</b>		<b>Y</b>	
<b>LITHIUM CARBONATE</b>	<b>1</b>		<b>Y</b>	
<b>LITHIUM CARBONATE ER</b>	<b>2</b>		<b>Y</b>	
LOCOID	2			
LOCOID LIPOCREAM	2			
LODRANE 24	3			
LODRANE 24D	3			
LOESTRIN 24 FE	3		Y	
<b>LORAZEPAM</b>	<b>1</b>			
<b>LOSARTAN POTASSIUM</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
LOSEASONIQUE	2		Y	QL
LOTEMAX	3			
<b>LOTREL</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
LOTRONEX	4		Y	QL
<b>LOVASTATIN</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
LOVAZA	2		Y	QL
<b>LOVENOX</b>	<b>3</b>			<b>QL</b>
<b>LOW-OGESTREL</b>	<b>1</b>		<b>Y</b>	
LUMIGAN	2		Y	QL
LUNESTA	3			QL,PA

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT	*	Y		QL,PA
LUPRON DEPOT-PED	*	Y		QL,PA
<b>LUTERA</b>	<b>1</b>		<b>Y</b>	
LUVERIS	4			QL
LUVOX CR	3		Y	QL
LYRICA	3		Y	QL,PA
<b>MARINOL</b>	<b>4</b>			
MAXAIR AUTOHALER	2		Y	QL
MAXALT	3			QL
MAXALT MLT	3			QL
<b>MEDROXYPROGESTERONE ACETATE POWDER</b>	<b>3</b>			
<b>MEDROXYPROGESTERONE ACETATE TAB</b>	<b>1</b>		<b>Y</b>	
<b>MEDROXYPROGESTERONE ACETATE VIAL</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
MEGACE ES	3		Y	PA
<b>MELOXICAM</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
MEPRON	4			QL
METADATE CD	3			QL
<b>METANX</b>	<b>3</b>			
<b>METFORMIN HCL</b>	<b>1</b>		<b>Y</b>	
<b>METFORMIN HCL ER</b>	<b>1</b>		<b>Y</b>	
<b>METHADONE HCL</b>	<b>2</b>			
<b>METHIMAZOLE POWDER</b>	<b>3</b>			
<b>METHIMAZOLE TAB</b>	<b>2</b>		<b>Y</b>	
<b>METHOTREXATE TAB</b>	<b>1</b>		<b>Y</b>	
<b>METHOTREXATE VIAL</b>	<b>1</b>			
METHYLIN	2			
<b>METHYLPREDNISOLONE</b>	<b>1</b>			
<b>METOCLOPRAMIDE HCL</b>	<b>1</b>			
<b>METOLAZONE</b>	<b>2</b>		<b>Y</b>	
<b>METOPROLOL SUCCINATE</b>	<b>1</b>		<b>Y</b>	
<b>METOPROLOL TARTRATE</b>	<b>1</b>		<b>Y</b>	
METROGEL	2			QL
<b>METRONIDAZOLE</b>	<b>2</b>			
<b>MIACALCIN</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
MICARDIS	3		Y	QL,PA
MICARDIS HCT	3		Y	QL,PA
<b>MICROGESTIN FE</b>	<b>1</b>		<b>Y</b>	
<b>MIDODRINE HCL</b>	<b>3</b>			
<b>MINOCYCLINE HCL</b>	<b>2</b>			
<b>MINOXIDIL</b>	<b>3</b>			
<b>MINOXIDIL</b>	<b>2</b>		<b>Y</b>	
<b>MIRAPEX</b>	<b>3</b>		<b>Y</b>	<b>PA</b>
<b>MIRTAZAPINE</b>	<b>1</b>		<b>Y</b>	
<b>MONONESSA</b>	<b>1</b>		<b>Y</b>	

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
<b>MORPHINE SULFATE</b>	<b>3</b>			
MOVIPREP	2			
MULTAQ	2		Y	QL
<b>MUPIROCIN</b>	<b>3</b>			
MYFORTIC	2		Y	
<b>NABUMETONE</b>	<b>2</b>		<b>Y</b>	
<b>NADOLOL</b>	<b>1</b>		<b>Y</b>	
NAMENDA	2		Y	QL
NAPRELAN	3		Y	
<b>NAPROXEN</b>	<b>1</b>		<b>Y</b>	
NASACORT AQ	3		Y	QL,PA
NASONEX	2		Y	QL
<b>NECON</b>	<b>1</b>		<b>Y</b>	
<b>NEOMYCIN-POLYMYXIN-DEXAMETH</b>	<b>1</b>			
<b>NEOMYCIN-POLYMYXIN-HC</b>	<b>1</b>			
NEULASTA	*	Y		QL,PA
NEUMEGA	*	Y		QL
NEUPOGEN	*	Y		QL,PA
NEVANAC	3			
NEXAVAR	*	Y		QL,PA
NEXIUM	3		Y	QL
NIASPAN	2		Y	
<b>NIFEDIAC CC</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>NIFEDICAL XL</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>NIFEDIPINE</b>	<b>1</b>		<b>Y</b>	
<b>NIFEDIPINE ER</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>NIMODIPINE</b>	<b>4</b>			
<b>NITROFURANTOIN</b>	<b>2</b>			
<b>NITROFURANTOIN MONO-MACRO</b>	<b>2</b>			
<b>NITROGLYCERIN</b>	<b>1</b>		<b>Y</b>	
<b>NITROGLYCERIN PATCH</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
NITROLINGUAL	2		Y	
NITROSTAT	2		Y	
NORDITROPIN NORDIFLEX	*	Y		QL,PA
<b>NORTREL</b>	<b>1</b>		<b>Y</b>	
<b>NORTRIPTYLINE HCL</b>	<b>2</b>		<b>Y</b>	
<b>NORVASC</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
NORVIR	*	Y		
<b>NOVOFINE</b>	<b>1</b>		<b>Y</b>	
<b>NOVOLIN 70-30</b>	<b>3</b>		<b>Y</b>	
<b>NOVOLIN N</b>	<b>3</b>		<b>Y</b>	
<b>NOVOLIN R</b>	<b>3</b>		<b>Y</b>	
NOVOLOG	2		Y	
NOVOLOG MIX 70-30	2		Y	

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
NOXAFIL	4			QL,PA
<b>NUTROPIN</b>	<b>*</b>	<b>Y</b>		<b>QL,PA</b>
NUTROPIN AQ	*	Y		QL,PA
NUVARING	2		Y	QL
NUVIGIL	3		Y	QL,PA
<b>NYSTATIN</b>	<b>2</b>			
<b>NYSTATIN-TRIAMCINOLONE</b>	<b>1</b>			
<b>OCELLA</b>	<b>2</b>		<b>Y</b>	
OMNITROPE	*	Y		QL,PA
<b>ONDANSETRON HCL</b>	<b>2</b>			<b>QL</b>
<b>ONDANSETRON ODT</b>	<b>2</b>			<b>QL</b>
<b>ONE TOUCH TEST STRIPS</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>ONE TOUCH ULTRA 2 KIT</b>	<b>1</b>		<b>Y</b>	
<b>ONE TOUCH ULTRA SMART KIT</b>	<b>1</b>		<b>Y</b>	
<b>ONE TOUCH ULTRA SYSTEM KIT</b>	<b>1</b>		<b>Y</b>	
<b>ONE TOUCH ULTRA TEST STRIPS</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>ONE TOUCH ULTRAMINI KIT</b>	<b>1</b>		<b>Y</b>	
OPANA ER	2			QL
ORACEA	3			QL
<b>ORPHENADRINE CITRATE</b>	<b>2</b>			
ORTHO EVRA	2		Y	QL
ORTHO TRI-CYCLEN LO	2		Y	
OSMOPREP	3			
OVIDREL	4			QL
<b>OXCARBAZEPINE</b>	<b>2</b>		<b>Y</b>	
OXSORALEN	3			
OXSORALEN-ULTRA	4			
<b>OXYBUTYNIN CHLORIDE</b>	<b>1</b>		<b>Y</b>	
<b>OXYBUTYNIN CHLORIDE ER</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>OXYCODONE HCL</b>	<b>3</b>			
<b>OXYCODONE HCL-ACETAMINOPHEN</b>	<b>2</b>			<b>QL</b>
<b>OXYCODONE-ACETAMINOPHEN</b>	<b>2</b>			<b>QL</b>
<b>OXYCONTIN</b>	<b>2</b>			<b>QL</b>
OXYTROL	2		Y	QL
PACERONE	2		Y	
<b>PAMINE</b>	<b>2</b>			
<b>PAMINE FORTE</b>	<b>3</b>			
PANCREASE MT-10	4		Y	
PANCREASE MT-16	4		Y	
PANCREASE MT-20	4		Y	
<b>PANTOPRAZOLE SODIUM</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
<b>PAROXETINE HCL</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
PATADAY	2			
PATANASE	3			QL

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
PATANOL	3			
<b>PEG 3350-ELECTROLYTE</b>	<b>1</b>			
<b>PEG-3350 WITH FLAVOR PACKS</b>	<b>2</b>			
PEGASYS	*	Y		QL
PEGINTRON	*	Y		QL
PEGINTRON REDIPEN	*	Y		QL
<b>PEN NEEDLE</b>	<b>1</b>		<b>Y</b>	
<b>PENICILLIN V POTASSIUM</b>	<b>1</b>			
PENTASA	3		Y	QL
<b>PENTOXIFYLLINE ER TAB</b>	<b>1</b>		<b>Y</b>	
<b>PENTOXIFYLLINE POWDER</b>	<b>3</b>			
<b>PERPHENAZINE</b>	<b>1</b>		<b>Y</b>	
<b>PERPHENAZINE-AMITRIPTYLINE</b>	<b>1</b>		<b>Y</b>	
<b>PHENOBARBITAL</b>	<b>1</b>		<b>Y</b>	
<b>PHENYTEK</b>	<b>2</b>		<b>Y</b>	
<b>PHENYTOIN SODIUM EXTENDED</b>	<b>1</b>		<b>Y</b>	
<b>PIROXICAM CAP</b>	<b>1</b>		<b>Y</b>	
<b>PIROXICAM POWDER</b>	<b>3</b>			
PLAVIX	3		Y	QL
PNEUMOVAX 23	4			
<b>POTASSIUM CHLORIDE</b>	<b>1</b>		<b>Y</b>	
<b>PRAMIPEXOLE DIHYDROCHLORIDE</b>	<b>1</b>		<b>Y</b>	<b>PA</b>
PRAMOSONE	2			
PRANDIN	2		Y	
<b>PRAVASTATIN SODIUM</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>PREDNISOLONE ACETATE</b>	<b>3</b>			
<b>PREDNISOLONE SODIUM PHOSPHATE</b>	<b>1</b>			
<b>PREDNISONE</b>	<b>1</b>			
PREMARIN TAB	2		Y	
PREMARIN VIAL	4			
PREMPHASE	2		Y	
PREMPRO	2		Y	
PRENATE DHA	2			
PRENATE ELITE	2			
PREVACID	3		Y	QL,PA
PREZISTA	*	Y		
<b>PRIMIDONE</b>	<b>2</b>		<b>Y</b>	
PRISTIQ	3		Y	QL
<b>PROAIR HFA</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>PROCHLORPERAZINE MALEATE</b>	<b>1</b>			
<b>PROCRIT</b>	<b>*</b>	<b>Y</b>		<b>QL,PA</b>
<b>PROCTOSOL-HC</b>	<b>1</b>			
<b>PROCTOZONE-HC</b>	<b>1</b>			
<b>PROGRAF</b>	<b>3</b>		<b>Y</b>	<b>QL</b>

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
<b>PROLASTIN</b>	*	Y		QL,PA
<b>PROLASTIN C</b>	*	Y		QL,PA
PROMACTA	*	Y		QL,PA
<b>PROMETHAZINE HCL TAB</b>	1			
<b>PROMETHAZINE HCL VIAL</b>	4			
<b>PROMETHAZINE VC SYRUP</b>	3			
<b>PROMETHAZINE VC-CODEINE</b>	3			
<b>PROMETHAZINE-CODEINE</b>	3			
<b>PROMETHAZINE-DM</b>	3			
<b>PROMETHEGAN</b>	1			
PROMETRIUM	2		Y	
<b>PROPAFENONE HCL</b>	2		Y	
<b>PROPOXYPHENE NAP-ACETAMINOPHEN</b>	1			
<b>PROPRANOLOL HCL</b>	1		Y	
<b>PROPRANOLOL HCL ER</b>	1		Y	
<b>PROTONIX</b>	3		Y	QL,PA
<b>PROVENTIL HFA</b>	2		Y	QL
PROVIGIL	3		Y	QL,PA
<b>PULMICORT</b>	3		Y	PA
PULMOZYME	*	Y		QL
<b>QUINAPRIL HCL</b>	1		Y	
QVAR	2		Y	QL
<b>RAMIPRIL</b>	1		Y	
RANEXA	3		Y	QL,PA
<b>RANITIDINE HCL</b>	1		Y	
REBIF	*	Y		QL,PA
<b>RECLIPSEN</b>	1		Y	
REGRANEX	4			
RELISTOR	4			QL,PA
REMICADE	*	Y		PA
RENAGEL	3		Y	
REVELA	2		Y	
REQUIP XL	3		Y	QL
RESTASIS	2		Y	
RETIN-A MICRO PUMP	2			
REVATIO	*	Y		QL,PA
REVLIMID	*	Y		QL,PA
RHINOCORT AQUA	3		Y	QL
<b>RIBAPAK</b>	*	Y		QL
<b>RIBASPHERE</b>	*	Y		QL
<b>RIBAVIRIN</b>	*	Y		QL
RILUTEK	4		Y	
<b>RISPERIDONE</b>	1		Y	QL
RITUXAN	*	Y		QL,PA

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
<b>ROPINIROLE HCL</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>ROSULA</b>	<b>2</b>			
ROZEREM	3			QL,PA
<b>R-TANNA</b>	<b>3</b>			
<b>RYTHMOL</b>	<b>3</b>		<b>Y</b>	
RYTHMOL SR	2		Y	
<b>SAIZEN</b>	<b>*</b>	<b>Y</b>		<b>QL,PA</b>
SAMSCA	*	Y		QL
SANCTURA XR	3		Y	QL
SANCUSO	4			QL,PA
<b>SANDIMMUNE</b>	<b>4</b>		<b>Y</b>	
<b>SANDOSTATIN</b>	<b>4</b>			<b>PA</b>
SANDOSTATIN LAR	*	Y		PA
SANTYL	3			
SAVELLA	2		Y	QL
SEASONIQUE	2		Y	QL
SELZENTRY	*	Y		QL,PA
SENSIPAR	4		Y	QL
SEREVENT DISKUS	2		Y	QL
SEROQUEL	2		Y	QL
SEROQUEL XR	2		Y	QL
SEROSTIM	*	Y		QL,PA
<b>SERTRALINE HCL</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>SILVER SULFADIAZINE</b>	<b>1</b>			
<b>SILVER SULFADIAZINE</b>	<b>3</b>			
SIMCOR	3		Y	QL,PA
SIMPONI	*	Y		QL,PA
<b>SIMVASTATIN</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
SINGULAIR	2		Y	QL
<b>SKELAXIN</b>	<b>3</b>			<b>QL,PA</b>
<b>SOFT TOUCH</b>	<b>1</b>		<b>Y</b>	
SOLARAZE	2			
SOMAVERT	*	Y		QL,PA
SORIATANE	2			
SORIATANE CK	2			
<b>SOTALOL</b>	<b>1</b>		<b>Y</b>	
SPIRIVA	2		Y	QL
<b>SPIRONOLACTONE</b>	<b>1</b>		<b>Y</b>	
<b>SPIRONOLACTONE-HCTZ</b>	<b>1</b>		<b>Y</b>	
<b>SPORANOX</b>	<b>4</b>			<b>QL,PA</b>
<b>SPRINTEC</b>	<b>1</b>		<b>Y</b>	
SPRYCEL	*	Y		QL,PA
STAHIST	3			
STALEVO 75	2		Y	

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
STIMATE	4		Y	
STRATTERA	3		Y	QL
SUBOXONE	3			QL,PA
<b>SUCRALFATE</b>	<b>2</b>		<b>Y</b>	
<b>SULAR</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
<b>SULFAMETHOXAZOLE-TRIMETHOPRIM</b>	<b>1</b>			
<b>SULINDAC</b>	<b>1</b>		<b>Y</b>	
<b>SUMATRIPTAN SUCCINATE</b>	<b>1</b>			<b>QL</b>
<b>SURESTEP</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
SUTENT	*	Y		QL,PA
SYMBICORT	2		Y	QL
SYMLIN	4		Y	QL,PA
SYMLINPEN 120	4		Y	QL,PA
SYMLINPEN 60	4		Y	QL,PA
SYNAGIS	*	Y		QL,PA
<b>SYNTHROID</b>	<b>1</b>		<b>Y</b>	
TAMIFLU	3			QL
<b>TAMOXIFEN CITRATE</b>	<b>1</b>		<b>Y</b>	
<b>TAMSULOSIN HCL</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
TARCEVA	*	Y		QL,PA
TARGRETIN	*	Y		QL,PA
TASIGNA	*	Y		QL,PA
<b>TAZTIA XT</b>	<b>1</b>		<b>Y</b>	<b>QL</b>
<b>TEGRETOL XR</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
TEKTURNA	2		Y	QL
TEKTURNA HCT	2		Y	QL
<b>TEMAZEPAM</b>	<b>1</b>			<b>QL</b>
TEMODAR	*	Y		QL
<b>TERAZOSIN HCL</b>	<b>1</b>		<b>Y</b>	
TESTIM	3		Y	QL
<b>TETRACYCLINE HCL</b>	<b>1</b>			
<b>TEV-TROPIN</b>	<b>*</b>	<b>Y</b>		<b>QL,PA</b>
THALOMID	*	Y		QL
THEO-24	3		Y	
<b>THEOPHYLLINE ANHYDROUS</b>	<b>1</b>		<b>Y</b>	
<b>THIAMINE HCL</b>	<b>3</b>			
TIKOSYN	*	Y		QL
<b>TIMOLOL MALEATE</b>	<b>1</b>		<b>Y</b>	
<b>TIZANIDINE HCL</b>	<b>2</b>		<b>Y</b>	
TOBI	4			QL,PA
<b>TOBRADEX</b>	<b>3</b>			
<b>TOBRAMYCIN SULFATE</b>	<b>3</b>			
<b>TOBRAMYCIN-DEXAMETHASONE</b>	<b>2</b>			
<b>TOPAMAX</b>	<b>3</b>		<b>Y</b>	<b>QL</b>

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
<b>TOPIRAMATE</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
<b>TOPROL XL</b>	<b>3</b>		<b>Y</b>	
<b>TORSEMIDE</b>	<b>2</b>		<b>Y</b>	
TOVIAZ	2		Y	QL
TRACLEER	*	Y		QL,PA
<b>TRAMADOL HCL</b>	<b>1</b>			<b>QL</b>
<b>TRAMADOL HCL-ACETAMINOPHEN</b>	<b>2</b>			<b>QL</b>
<b>TRANSDERM-SCOP</b>	<b>3</b>			<b>QL</b>
TRAVATAN	3		Y	QL
TRAVATAN Z	2		Y	QL
<b>TRAZODONE HCL</b>	<b>1</b>		<b>Y</b>	
TREXIMET	3			QL
<b>TRIAMCINOLONE ACETONIDE</b>	<b>1</b>			
<b>TRIAMTERENE-HCTZ</b>	<b>1</b>		<b>Y</b>	
<b>TRIAZOLAM</b>	<b>1</b>			<b>QL</b>
TRICOR	2		Y	QL
TRILIPIX	3		Y	QL
<b>TRINESSA</b>	<b>1</b>		<b>Y</b>	
<b>TRI-SPRINTEC</b>	<b>1</b>		<b>Y</b>	
<b>TRIVORA-28</b>	<b>1</b>		<b>Y</b>	
<b>TRUETEST TEST STRIPS</b>	<b>3</b>		<b>Y</b>	<b>QL,PA</b>
<b>TRUETRACK TEST STRIP</b>	<b>1</b>		<b>Y</b>	<b>QL,PA</b>
TRUVADA	*	Y		
<b>TUSSIONEX</b>	<b>3</b>			
TYKERB	*	Y		QL,PA
TYVASO	*	Y		QL,PA
TYZEKA	*	Y		QL
TYZINE	3			
ULTRASE	2		Y	
ULTRASE MT 12	2		Y	
<b>UNIPHYL</b>	<b>2</b>		<b>Y</b>	
UROXATRAL	3		Y	QL
VAGIFEM	3		Y	
<b>VALACYCLOVIR</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
VALCYTE	4		Y	
<b>VALTREX</b>	<b>3</b>		<b>Y</b>	<b>QL,PA</b>
VALTURNA	2		Y	QL
VANCOGIN HCL	4			QL
VANOS	2			
<b>VENLAFAXINE HCL</b>	<b>2</b>		<b>Y</b>	
<b>VENLAFAXINE HCL ER</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
<b>VENTOLIN HFA</b>	<b>2</b>		<b>Y</b>	<b>QL</b>
VERAMYST	2		Y	QL
<b>VERAPAMIL HCL</b>	<b>1</b>		<b>Y</b>	<b>QL</b>

DRUG NAME	LEVEL	SPECIALTY	MAINTENANCE MEDICATION	UTILIZATION MANAGEMENT REQUIREMENTS
VEREGEN	2			QL
VESICARE	2		Y	QL
VFEND	4			QL,PA
VIDAZA	*	Y		PA
VIGAMOX	2			
<b>VITAMIN D2</b>	<b>1</b>			
<b>VITAMIN K</b>	<b>4</b>			
<b>VIVELLE-DOT</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
<b>VIVITROL</b>	<b>4</b>			<b>PA</b>
VOLTAREN	3		Y	
VOTRIENT	*	Y		QL,PA
VYTORIN	3		Y	QL
VYVANSE	2			QL
<b>WARFARIN SODIUM</b>	<b>1</b>		<b>Y</b>	
WELCHOL	2		Y	
<b>WELLBUTRIN XL</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
XALATAN	2		Y	QL
<b>XANAX</b>	<b>3</b>			
XELODA	*	Y		QL
XENAZINE	*	Y		QL,PA
XIBROM	3			
XOLAIR	*	Y		QL
XOPENEX	3		Y	
XOPENEX HFA	3		Y	QL
XYREM	*	Y		
XYZAL	3		Y	QL
<b>YASMIN 28</b>	<b>3</b>		<b>Y</b>	
<b>YAZ</b>	<b>2</b>		<b>Y</b>	
ZEGERID	3			QL,PA
<b>ZEMAIRA</b>	<b>*</b>	<b>Y</b>		<b>QL,PA</b>
ZEMPLAR CAP	3		Y	QL
ZEMPLAR IV	4			QL
ZETIA	2		Y	QL,PA
ZOLADEX	*	Y		QL,PA
ZOLINZA	*	Y		QL,PA
<b>ZOLOFT</b>	<b>3</b>		<b>Y</b>	<b>QL</b>
<b>ZOLPIDEM TARTRATE</b>	<b>1</b>			<b>QL</b>
ZOMIG	3			QL,PA
<b>ZONALON</b>	<b>2</b>			
<b>ZOVIRAX</b>	<b>3</b>		<b>Y</b>	
ZYMAR	2			
ZYPREXA	2		Y	QL
ZYVOX	4			QL

Prior authorization: before coverage for the drugs requiring prior authorization is extended, the prescribing physician must obtain prior authorization from Humana. Unless the physician requests and receives this approval from Humana, the prescription may not be covered. To request prior authorization, the physician should call Humana Clinical Pharmacy Review (HCPR) at 1-800-555-CLIN (2546). **This number is for physician use only.** Hours of operation are between 8 a.m. and 6:30 p.m. EST, Monday through Friday.

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## Save even more with Rx4!

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To get the most from the Rx4 prescription drug benefits, Humana provides a discount for many noncovered **oral** prescription drugs. **Members can save an average of 20 percent** on drugs for weight loss, impotence, hair growth and smoking cessation, for example.

The discount is available at all major pharmacy chains **except** those in **Mississippi**.

Members can check out the [Rx4 Pharmacy Discount Program link](#) on MyHumana for the details on this program. It is not necessary to show the printable Discount Card (shown online) when purchasing noncovered **oral** prescription drugs.

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**Please Note:** This is a partial list.

All lists are subject to change. Benefits vary by plan. This Drug List may not apply to all plans. Please check the Summary of Benefits or **Humana.com** for the specific prescription drug benefit, including copayments, limitations and exclusions. You may also call a Humana Customer Service representative at the phone number on the back of the Humana member ID card.

### Go to **Humana.com** for a current Drug List

Visit Humana's Website for the most up-to-date Drug List. The online list is updated regularly. You can also learn more about the prescription drug benefit and copayments. It is suggested that before members go to the pharmacy, they go to **Humana.com**, and log in to MyHumana or click on "Register Now" for access to this information and more.

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Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.