2016

List of Covered Drugs (Formulary)

Humana Gold Plus Integrated H0336-001 (Medicare-Medicaid Plan)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 11/05/2016. IF YOU HAVE QUESTIONS, PLEASE CALL HUMANA GOLD PLUS INTEGRATED H0336-001 (MEDICARE-MEDICAID PLAN) AT 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME. THIS CALL IS FREE.

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This is a list of drugs that members can get in Humana Gold Plus Integrated.

- Humana Gold Plus Integrated H0336-001 is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- The List of Covered Drugs and/or pharmacy and provider networks may change from time to time throughout the year. We will send you a notice before we make a change that affects you.
- Benefits and/or co-payments may change on January 1 of each year. You can always check Humana Gold Plus Integrated's up-to-date List of Covered Drugs online at **Humana.com**
- You can get this information for free in other formats, such as large print, braille, or audio. Call 1-800-787-3311 (TTY: 711). The call is free.
- Limitations, copays, and restrictions may apply. For more information, call Humana Gold Plus Integrated Customer Care or read the Humana Gold Plus Integrated Member Handbook.
- Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.
- You can get this information in Spanish, or speak with someone about this information in other languages for free. Call 1-800-787-3311 (TTY: 711). The call is free.
- Puede obtener este documento en español o hablar con alguien sobre esta información en otros idiomas sin cargo. Llame al 1-800-787-3311 (TTY:711). La llamada es gratuita.

Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the "Drug List" for short.)

The drugs, on the List of Covered Drugs that starts on page 11, are the drugs covered by Humana Gold Plus Integrated. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- Humana Gold Plus Integrated will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy, ***and***
  - you fill the prescription at a Humana Gold Plus Integrated network pharmacy.
- Humana Gold Plus Integrated may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at **Humana.com** or call Customer Care at 1-800-787-3311 (TTY: 711).

2. Does the Drug List ever change?

Yes. Humana Gold Plus Integrated may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Drug List now, ***or***
- we learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from Humana Gold Plus Integrated before you can get a drug.)
- Add or change the amount of a drug you can get (called "quantity limits").
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page 11.)

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

- You can always check Humana Gold Plus Integrated's up-to-date Drug List online at **Humana.com**. You can also call Customer Care to check the current Drug List at 1-800-787-3311 (TTY: 711).

3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List ***or*** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made. You will be notified by mail of any changes.

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. Talk to your doctor about other alternative medicines that could be used to treat your medical conditions.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Humana Gold Plus Integrated before you fill your prescription. If you don't get approval, Humana Gold Plus Integrated may not cover the drug.
- **Quantity limits:** Sometimes Humana Gold Plus Integrated limits the amount of a drug you can get.
- **Step therapy:** Sometimes Humana Gold Plus Integrated requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 12. You can also get more information by visiting our web site at **Humana.com**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an "exception" from these limits. Please see question 11 for more information on exceptions.

- If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Humana Gold Plus Integrated member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception. Please see question 11 for more information about exceptions.

6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The List of Covered Drugs on page 11 has a column labeled "Necessary actions, restrictions, or limits on use."

7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor or other prescriber about what to do next.

8. How can you find a drug on the Drug List?

There are two ways to find a drug:
- You can search alphabetically (if you know how to spell the drug), ***or***
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it by beginning on page 139.

To search by medical condition, find the section labeled "List of drugs by medical condition" on page 190. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.

9. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Customer Care at 1-800-787-3111 (TTY:711) and ask about it. If you learn that Humana Gold Plus Integrated will not cover the drug, you can do one of these things:
- Ask Customer Care for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. ***Or***
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

10. What if you are a new Humana Gold Plus Integrated member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Humana Gold Plus Integrated. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception.

We will cover a 30-day supply of your drug if:
- you are taking a drug that is not on our Drug List, ***or***
- health plan rules do not let you get the amount ordered by your prescriber, ***or***
- the drug requires prior approval by Humana Gold Plus Integrated, ***or***
- you are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, you may refill your prescription for a total of a 98-day supply. You may refill the drug multiple times during the 90-day transition period. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

Humana wants to be sure that you, as a new or existing member, safely transition into the 2016 plan year. In 2016, you may not be able to receive your current drug therapy if the drug:
- Is not on Humana's drug list *or*
- Requires prior authorization because of quantity limits, step therapy requirements, or confirmation of your clinical history

Cost-sharing for Drugs provided through the Transition Policy
If you're eligible for the low-income subsidy (LIS) in 2016, your copayment or coinsurance for a temporary supply of drugs provided during your transition period won't exceed your LIS limit. If you don't receive LIS, your copayment or coinsurance will be based on your plan's approved drug cost sharing tiers.

One-Time Transition Supply at a Retail or Mail-Order Pharmacy
When you have limited ability to receive your current prescription therapy:

- Humana will cover a one-time, 30-day supply of a Part D-covered drug *unless* the prescription is written for less than 30 days (in which case Humana will allow multiple fills to provide up to a total of 30 days of medication) during the first 90 days of your eligibility. Humana will provide refills for transition prescriptions dispensed for less than the written amount due to quantity limits for safety purposes or drug utilization edits that are based on approved product labeling.
- After you have your 30-day supply, you'll receive a letter that explains the temporary nature of the transition medication supply. After you receive the letter, talk to your doctor and decide if you should switch to an alternative drug or request an exception or prior authorization. Humana may not pay for refills of temporary supply drugs until an exception or prior authorization has been requested and approved.

Transition Supply for Residents of Long-Term Care Facilities
For those members who are new to the plan and reside in a long-term care facility, Humana will cover a temporary supply of your drug during the first 90 days of your membership in the plan. The total supply allowed will be for a maximum of 98 days, or less if your prescription is written for fewer days. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.) If needed, we will cover additional refills during your first 90 days in the plan.

This coverage is offered anytime during the first 90 days of your eligibility when your current prescription therapy is filled at a long-term care pharmacy. Whether or not you are a new plan member we will cover up to a 31 day supply of the drug you need if it is not on the Drug list, or if you cannot easily get the drug you need, so you can continue therapy while you pursue an exception or prior authorization.

Transition Supply for Current Members
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 discharged from a hospital or skilled nursing facility to a home setting
- Members admitted to a hospital or skilled nursing facility from a home setting
- Members who transfer from one skilled nursing facility to another and serviced 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 31-day 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 have a stabilized drug regimen that, if altered, is known to have risks.

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

Public Notice of Transition Policy
This Transition Policy is available on Humana's Website, **Humana.com**, in the same area where the Part D Formulary is displayed.

If you need help understanding this information, please contact Customer Care at 1-800-787-3311 (TTY: 711) for free language translator services.

11. Can you ask for an exception to cover your drug?

Yes. You can ask Humana Gold Plus Integrated to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.
- For example, Humana Gold Plus Integrated may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

12. How long does it take to get an exception?

First, we must receive a statement from your prescriber supporting your request for an exception. After we receive the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of receiving your prescriber's supporting statement.

13. How can you ask for an exception?

To ask for an exception, call Humana Clinical Pharmacy Review (HCPR) at 1-800-555-CLIN (2546). Humana Clinical Pharmacy Review will work with you and your provider to help you ask for an exception.

14. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Humana Gold Plus Integrated covers both brand name drugs and generic drugs.

15. What are OTC drugs?

OTC stands for "over-the-counter".

Humana Gold Plus Integrated covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Humana Gold Plus Integrated Drug List to see what OTC drugs are covered.

16. What is your copay?

You can read the Humana Gold Plus Integrated Drug List to learn about the copay for each drug.

Humana Gold Plus Integrated members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.

- Tier 1 drugs are generic drugs and have a copay of $0.
- Tier 2 drugs are brand name drugs and have a copay of $0.
- Tier 3 drugs have a copay of $0.
- Tier 4 drugs have a copay of $0.

List of Covered Drugs

The list of covered drugs that begins on the next page gives you information about the drugs covered by Humana Gold Plus Integrated. If you have trouble finding your drug in the list, turn to the Index that begins on page 139.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., ABILIFY) and generic drugs are listed in lower-case italics (e.g., acarbose).

The information in the necessary actions, restrictions, or limits on use column tells you if Humana Gold Plus Integrated has any rules for covering your drug.

Note: The (*) next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs. These drugs also have different rules for appeals. An *appeal* is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid. If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Customer Care at 1-800-787-3311 (TTY: 711). You can also read the Member Handbook to learn how to appeal a decision.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:
QL = Quantity Limit: only a specific quantity of a drug is allowed per a given period of days.
PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.
ST = Step therapy: you must try another drug before you can get this one.
BvsD = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug.
(*) = Not a Part D Drug.
MO = Drug is typically available through mail-order.

List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.

ANTI-INFECTIVE AGENTS – Drugs used to treat an infection

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
abacavir 300 mg tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg **MO**	$0 (Tier 1)	QL (30 per 30 days)
abacavir-lamivudine-zidov tab **MO**	$0 (Tier 1)	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION **MO**	$0 (Tier 2)	
acyclovir 200 mg capsule; acyclovir 200 mg/5 ml susp; acyclovir 400 mg, 800 mg tablet **MO**	$0 (Tier 1)	
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 50 mg/ml, 500 mg vial **MO**	$0 (Tier 1)	
adefovir dipivoxil 10 mg tab **MO**	$0 (Tier 1)	
ALBENZA 200 MG TABLET **MO**	$0 (Tier 2)	
ALINIA 100 MG/5 ML ORAL SUSPENSION **MO**	$0 (Tier 2)	QL (150 per 30 days)
ALINIA 500 MG TABLET **MO**	$0 (Tier 2)	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION **MO**	$0 (Tier 2)	
amikacin sulf 500 mg/2 ml vial **MO**	$0 (Tier 1)	
amoxicillin 125 mg, 250 mg tab chew; amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp; amoxicillin 250 mg, 500 mg capsule; amoxicillin 500 mg, 875 mg tablet **MO**	$0 (Tier 1)	
amox-clav 200-28.5 mg, 400-57 mg tab chew; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp; amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet; amox-clav er 1,000-62.5 mg tab **MO**	$0 (Tier 1)	
amphotericin b 50 mg vial **MO**	$0 (Tier 1)	
ampicillin 125 mg/5 ml, 250 mg/5 ml susp; ampicillin 250 mg, 500 mg capsule **MO**	$0 (Tier 1)	
ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg vial; ampicillin 10 gm vial **MO**	$0 (Tier 1)	
ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial **MO**	$0 (Tier 1)	
APTIVUS 100 MG/ML ORAL SOLUTION **MO**	$0 (Tier 2)	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE **MO**	$0 (Tier 2)	QL (120 per 30 days)
atovaquone 750 mg/5 ml susp **MO**	$0 (Tier 1)	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 **MO**	$0 (Tier 1)	
ATRIPLA 600 MG-200 MG-300 MG TABLET **MO**	$0 (Tier 2)	QL (30 per 30 days)
azithromycin 1 gm pwd packet; azithromycin 100 mg/5 ml, 200 mg/5 ml susp; azithromycin 250 mg, 500 mg, 600 mg tablet; azithromycin i.v. 500 mg vial **MO**	$0 (Tier 1)	
aztreonam 1 gm vial; aztreonam 2 gm vial **MO**	$0 (Tier 1)	
bacitracin 50,000 units vial **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BARACLUDE 0.05 MG/ML ORAL SOLUTION MO	$0 (Tier 2)	QL (630 per 30 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION MO	$0 (Tier 2)	PA,QL (224 per 28 days)
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	$0 (Tier 2)	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION MO	$0 (Tier 2)	PA,QL (84 per 28 days)
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen; cefaclor 250 mg, 500 mg capsule; cefaclor er 500 mg tablet MO	$0 (Tier 1)	
cefadroxil 1 gm tablet; cefadroxil 250 mg/5 ml, 500 mg/5 ml susp; cefadroxil 500 mg capsule MO	$0 (Tier 1)	
cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial MO	$0 (Tier 1)	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose MO	$0 (Tier 1)	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp; cefdinir 300 mg capsule MO	$0 (Tier 1)	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial MO	$0 (Tier 1)	
cefotaxime sodium 1 gm vial; cefotaxime sodium 1 gram, 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 10 gm vial; cefotaxime sodium 2 gm vial MO	$0 (Tier 1)	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial MO	$0 (Tier 1)	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial MO	$0 (Tier 1)	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag MO	$0 (Tier 1)	
cefpodoxime 100 mg, 200 mg tablet; cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp MO	$0 (Tier 1)	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp; cefprozil 250 mg, 500 mg tablet MO	$0 (Tier 1)	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial MO	$0 (Tier 1)	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback MO	$0 (Tier 1)	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial MO	$0 (Tier 1)	
cefuroxime axetil 250 mg, 500 mg tab MO	$0 (Tier 1)	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cephalexin 125 mg/5 ml, 250 mg/5 ml susp; cephalexin 250 mg, 500 mg tablet; cephalexin 250 mg, 500 mg, 750 mg capsule MO	$0 (Tier 1)	
chloramphen na succ 1 gm vl MO	$0 (Tier 1)	
chloroquine ph 250 mg, 500 mg tablet MO	$0 (Tier 1)	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab MO	$0 (Tier 1)	
ciprofloxacn-d5w 200 mg/100 ml, 400 mg/200 ml MO	$0 (Tier 1)	
ciprofloxacin 400 mg/40 ml vl MO	$0 (Tier 1)	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus; clarithromycin 250 mg, 500 mg tablet; clarithromycin er 500 mg tab MO	$0 (Tier 1)	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule MO	$0 (Tier 1)	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml MO	$0 (Tier 1)	
clindamycin 75 mg/5 ml soln MO	$0 (Tier 1)	
clindamycin pediatric 75 mg/5 ml oral solution MO	$0 (Tier 1)	
clindamycin ph 900 mg/6 ml vl MO	$0 (Tier 1)	
COARTEM 20 MG-120 MG TABLET MO	$0 (Tier 2)	QL (24 per 30 days)
colistimethate 150 mg vial MO	$0 (Tier 1)	
COMPLERA 200 MG-25 MG-300 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
CRESEMBA 186 MG CAPSULE; CRESEMBA 372 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
CRIXIVAN 200 MG CAPSULE MO	$0 (Tier 2)	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE MO	$0 (Tier 2)	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
cycloserine 250 mg capsule MO	$0 (Tier 1)	
DAKLINZA 30 MG, 60 MG, 90 MG TABLET MO	$0 (Tier 2)	PA,QL (28 per 28 days)
dapsone 100 mg, 25 mg tablet MO	$0 (Tier 1)	
daptomycin 500 mg vial MO	$0 (Tier 1)	
DARAPRIM 25 MG TABLET MO	$0 (Tier 2)	
demeclocycline 150 mg, 300 mg tablet MO	$0 (Tier 1)	
DESCOVY 200 MG-25 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
dicloxacillin 250 mg, 500 mg capsule MO	$0 (Tier 1)	
didanosine dr 125 mg capsule MO	$0 (Tier 1)	QL (90 per 30 days)
didanosine dr 200 mg capsule MO	$0 (Tier 1)	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule MO	$0 (Tier 1)	QL (30 per 30 days)
DORIBAX 500 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
doxy-100 100 mg intravenous solution MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxycycline hyc 100 mg vial; doxycycline hyclate 100 mg tab; doxycycline hyclate 100 mg, 50 mg cap MO	$0 (Tier 1)	
doxycycline 25 mg/5 ml susp; doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet MO	$0 (Tier 1)	
doxycycline mono 100 mg, 50 mg, 75 mg cap; doxycycline mono 100 mg, 50 mg, 75 mg capsule MO	$0 (Tier 1)	QL (60 per 30 days)
E.E.S. 400 MG TABLET MO	$0 (Tier 2)	
EDURANT 25 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION MO	$0 (Tier 2)	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE MO	$0 (Tier 2)	QL (30 per 30 days)
entecavir 0.5 mg, 1 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION MO	$0 (Tier 2)	
EPZICOM 600 MG-300 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE MO	$0 (Tier 2)	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
ERYTHROCIN (AS STEARATE) 250 MG TABLET MO	$0 (Tier 2)	
erythromycin es 400 mg tab MO	$0 (Tier 1)	
ethambutol hcl 100 mg, 400 mg tablet MO	$0 (Tier 1)	
EVOTAZ 300 MG-150 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg tablet MO	$0 (Tier 1)	QL (90 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml susp; fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet MO	$0 (Tier 1)	
fluconazole-dext 400 mg/200 ml MO	$0 (Tier 1)	
flucytosine 250 mg, 500 mg capsule MO	$0 (Tier 1)	
foscarnet 24 mg/ml infus bttl MO	$0 (Tier 1)	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	QL (60 per 30 days)
ganciclovir 500 mg vial MO	$0 (Tier 1)	
gentamicin 80 mg/2 ml vial MO	$0 (Tier 1)	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml MO	$0 (Tier 1)	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
griseofulvin 125 mg/5 ml susp MO	$0 (Tier 1)	
griseofulvin ultra 125 mg, 250 mg tab MO	$0 (Tier 1)	
HARVONI 90 MG-400 MG TABLET MO	$0 (Tier 2)	PA,QL (28 per 28 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydroxychloroquine 200 mg tab MO	$0 (Tier 1)	
imipenem-cilastatin 250 mg, 500 mg vl MO	$0 (Tier 1)	
INTELENCE 100 MG, 25 MG TABLET MO	$0 (Tier 2)	QL (120 per 30 days)
INTELENCE 200 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION MO	$0 (Tier 2)	PA
INVANZ 1 GRAM, 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM, 1 GRAM SOLUTION FOR INJECTION MO	$0 (Tier 2)	
INVIRASE 200 MG CAPSULE MO	$0 (Tier 2)	QL (300 per 30 days)
INVIRASE 500 MG TABLET MO	$0 (Tier 2)	QL (120 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET MO	$0 (Tier 2)	
ISENTRESS 100 MG, 25 MG CHEWABLE TABLET MO	$0 (Tier 2)	QL (180 per 30 days)
ISENTRESS 400 MG TABLET MO	$0 (Tier 2)	QL (120 per 30 days)
isoniazid 100 mg, 300 mg tablet; isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial MO	$0 (Tier 1)	
itraconazole 100 mg capsule MO	$0 (Tier 1)	QL (120 per 30 days)
ivermectin 3 mg tablet MO	$0 (Tier 1)	
KALETRA 100 MG-25 MG TABLET MO	$0 (Tier 2)	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET MO	$0 (Tier 2)	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION MO	$0 (Tier 2)	
KETEK 300 MG, 400 MG TABLET MO	$0 (Tier 2)	
ketoconazole 200 mg tablet MO	$0 (Tier 1)	
lamivudine 10 mg/ml oral soln MO	$0 (Tier 1)	QL (960 per 30 days)
lamivudine 150 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
lamivudine 300 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
lamivudine hbv 100 mg tablet MO	$0 (Tier 1)	
lamivudine-zidovudine tablet MO	$0 (Tier 1)	QL (60 per 30 days)
levofloxacin 25 mg/ml solution; levofloxacin 250 mg, 500 mg, 750 mg tablet; levofloxacin 500 mg/20 ml vial MO	$0 (Tier 1)	
levofloxacin 500 mg/100 ml, 750 mg/150 ml-d5w MO	$0 (Tier 1)	
LEXIVA 50 MG/ML ORAL SUSPENSION MO	$0 (Tier 2)	QL (1575 per 28 days)
LEXIVA 700 MG TABLET MO	$0 (Tier 2)	QL (120 per 30 days)
linezolid 100 mg/5 ml susp; linezolid 600 mg tablet; linezolid 600 mg/300 ml iv sol MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
linezolid-0.9% nacl 600 mg/300 MO	$0 (Tier 1)	
mefloquine hcl 250 mg tablet MO	$0 (Tier 1)	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial MO	$0 (Tier 1)	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 MO	$0 (Tier 1)	
methenamine hipp 1 gm tablet MO	$0 (Tier 1)	
metronidazole 250 mg, 500 mg tablet; metronidazole 375 mg capsule MO	$0 (Tier 1)	
metronidazole 500 mg/100 ml MO	$0 (Tier 1)	
minocycline 100 mg, 50 mg, 75 mg capsule; minocycline hcl 100 mg, 50 mg, 75 mg tablet MO	$0 (Tier 1)	
nafcillin 1 gm vial; nafcillin 10 gm vial MO	$0 (Tier 1)	
nafcillin 1 gm/ 50 ml inj MO	$0 (Tier 1)	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	$0 (Tier 2)	B vs D
neomycin 500 mg tablet MO	$0 (Tier 1)	
nevirapine 200 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp MO	$0 (Tier 1)	QL (1200 per 30 days)
nevirapine er 100 mg tablet MO	$0 (Tier 1)	QL (120 per 30 days)
nevirapine er 400 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
nitrofurantoin 25 mg/5 ml susp MO	$0 (Tier 1)	
nitrofurantoin mcr 100 mg, 50 mg cap MO	$0 (Tier 1)	
nitrofurantoin mono-mcr 100 mg MO	$0 (Tier 1)	
NORVIR 100 MG CAPSULE; NORVIR 100 MG TABLET MO	$0 (Tier 2)	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION MO	$0 (Tier 2)	QL (480 per 30 days)
NOXAFIL 100 MG TABLET,DELAYED RELEASE MO	$0 (Tier 2)	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION MO	$0 (Tier 2)	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
nystatin 100,000 unit/ml susp; nystatin 500,000 unit oral tab MO	$0 (Tier 1)	
ODEFSEY 200 MG-25 MG-25 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
ofloxacin 400 mg tablet MO	$0 (Tier 1)	
paromomycin 250 mg capsule MO	$0 (Tier 1)	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET MO	$0 (Tier 2)	
PCE 333 MG, 500 MG PARTICLES IN TABLET MO	$0 (Tier 2)	
PEGINTRON 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT MO	$0 (Tier 2)	PA,QL (2 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT MO	$0 (Tier 2)	PA,QL (2 per 28 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
penicillin g k 20 million unit, 5 million unit; penicillin gk 20 million unit, 5 million unit **MO**	$0 (Tier 1)	
penicillin g na 5 million unit **MO**	$0 (Tier 1)	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln; penicillin vk 250 mg, 500 mg tablet **MO**	$0 (Tier 1)	
PENTAM 300 MG SOLUTION FOR INJECTION **MO**	$0 (Tier 2)	
pfizerpen-g 20 million unit, 5 million unit solution for injection **MO**	$0 (Tier 1)	
piperacil-tazobact 2.25 gm vl; piperacil-tazobact 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial **MO**	$0 (Tier 1)	
polymyxin b sulfate vial **MO**	$0 (Tier 1)	
PREZCOBIX 800 MG-150 MG TABLET **MO**	$0 (Tier 2)	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION **MO**	$0 (Tier 2)	QL (360 per 30 days)
PREZISTA 150 MG TABLET **MO**	$0 (Tier 2)	QL (240 per 30 days)
PREZISTA 400 MG TABLET **MO**	$0 (Tier 2)	QL (90 per 30 days)
PREZISTA 600 MG TABLET **MO**	$0 (Tier 2)	QL (60 per 30 days)
PREZISTA 75 MG TABLET **MO**	$0 (Tier 2)	QL (480 per 30 days)
PREZISTA 800 MG TABLET **MO**	$0 (Tier 2)	QL (30 per 30 days)
PRIFTIN 150 MG TABLET **MO**	$0 (Tier 2)	
primaquine 26.3 mg tablet **MO**	$0 (Tier 2)	
PRIMSOL 50 MG/5 ML ORAL SOLUTION **MO**	$0 (Tier 2)	
pyrazinamide 500 mg tablet **MO**	$0 (Tier 1)	
quinine sulfate 324 mg capsule **MO**	$0 (Tier 1)	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION **MO**	$0 (Tier 2)	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION **MO**	$0 (Tier 2)	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET **MO**	$0 (Tier 2)	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET **MO**	$0 (Tier 2)	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	
REYATAZ 150 MG, 200 MG CAPSULE **MO**	$0 (Tier 2)	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE **MO**	$0 (Tier 2)	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET **MO**	$0 (Tier 2)	
ribasphere 200 mg capsule; ribasphere 200 mg tablet **MO**	$0 (Tier 1)	QL (168 per 28 days)
ribavirin 200 mg capsule; ribavirin 200 mg tablet **MO**	$0 (Tier 1)	QL (168 per 28 days)
rifabutin 150 mg capsule **MO**	$0 (Tier 1)	
RIFAMATE 300 MG-150 MG CAPSULE **MO**	$0 (Tier 2)	
rifampin 150 mg, 300 mg capsule; rifampin iv 600 mg vial **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RIFATER 50 MG-120 MG-300 MG TABLET MO	$0 (Tier 2)	
rimantadine hcl 100 mg tablet MO	$0 (Tier 1)	
SELZENTRY 150 MG TABLET MO	$0 (Tier 2)	QL (240 per 30 days)
SELZENTRY 300 MG TABLET MO	$0 (Tier 2)	QL (120 per 30 days)
SIRTURO 100 MG TABLET MO	$0 (Tier 2)	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	QL (24 per 28 days)
SIVEXTRO 200 MG TABLET MO	$0 (Tier 2)	QL (6 per 28 days)
SOVALDI 400 MG TABLET MO	$0 (Tier 2)	PA,QL (28 per 28 days)
stavudine 1 mg/ml solution MO	$0 (Tier 1)	QL (2400 per 30 days)
stavudine 15 mg, 20 mg capsule MO	$0 (Tier 1)	QL (120 per 30 days)
stavudine 30 mg, 40 mg capsule MO	$0 (Tier 1)	QL (60 per 30 days)
streptomycin sulf 1 gm vial MO	$0 (Tier 1)	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
sulfadiazine 500 mg tablet MO	$0 (Tier 1)	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp inj vial; sulfamethoxazole-tmp ss tablet; sulfamethoxazole-tmp susp MO	$0 (Tier 1)	
sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab MO	$0 (Tier 1)	
SUSTIVA 200 MG CAPSULE MO	$0 (Tier 2)	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE MO	$0 (Tier 2)	QL (480 per 30 days)
SUSTIVA 600 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT MO	$0 (Tier 2)	PA,QL (2 per 28 days)
SYLATRON 200 MCG, 300 MCG 4-PACK MO	$0 (Tier 2)	PA,QL (2 per 28 days)
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION MO	$0 (Tier 2)	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
TAMIFLU 30 MG CAPSULE MO	$0 (Tier 2)	QL (112 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE MO	$0 (Tier 2)	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION MO	$0 (Tier 2)	QL (720 per 365 days)
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
terbinafine hcl 250 mg tablet MO	$0 (Tier 1)	QL (90 per 365 days)
tetracycline 250 mg, 500 mg capsule MO	$0 (Tier 1)	
tinidazole 250 mg, 500 mg tablet MO	$0 (Tier 1)	
TIVICAY 10 MG, 25 MG, 50 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
TOBI PODHALER 28 MG, 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, 28 MG CAPSULES FOR INHALATION MO	$0 (Tier 2)	PA,QL (224 per 28 days)
tobramycin 10 mg/ml, 40 mg/ml vial MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRECATOR 250 MG TABLET MO	$0 (Tier 2)	
trimethoprim 100 mg tablet MO	$0 (Tier 1)	
TRIUMEQ 600 MG-50 MG-300 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
TYGACIL 50 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
TYZEKA 600 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
valacyclovir hcl 1 gram, 500 mg tablet MO	$0 (Tier 1)	QL (90 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION MO	$0 (Tier 2)	
valganciclovir 450 mg tablet; valganciclovir hcl 50 mg/ml MO	$0 (Tier 1)	
vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 500 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 125 mg, 250 mg capsule MO	$0 (Tier 1)	
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	$0 (Tier 2)	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	$0 (Tier 2)	QL (1200 per 30 days)
VIRACEPT 250 MG TABLET MO	$0 (Tier 2)	QL (300 per 30 days)
VIRACEPT 625 MG TABLET MO	$0 (Tier 2)	QL (120 per 30 days)
VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	QL (120 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION MO	$0 (Tier 2)	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER MO	$0 (Tier 2)	QL (240 per 30 days)
VITEKTA 150 MG, 85 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
voriconazole 200 mg vial MO	$0 (Tier 1)	
voriconazole 200 mg, 50 mg tablet MO	$0 (Tier 1)	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp MO	$0 (Tier 1)	PA,QL (400 per 30 days)
XIFAXAN 200 MG TABLET MO	$0 (Tier 2)	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET MO	$0 (Tier 2)	PA,QL (84 per 28 days)
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
ZIAGEN 20 MG/ML ORAL SOLUTION MO	$0 (Tier 2)	QL (960 per 30 days)
zidovudine 100 mg capsule MO	$0 (Tier 1)	QL (180 per 30 days)
zidovudine 300 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup MO	$0 (Tier 1)	QL (1680 per 28 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION; ZYVOX 600 MG TABLET MO	$0 (Tier 2)	

ANTIHISTAMINE DRUGS – Drugs used to treat allergies

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clemastine 0.5 mg/5 ml syrup; clemastine fum 2.68 mg tab MO	$0 (Tier 1)	
cyproheptadine 2 mg/5 ml syrup; cyproheptadine 4 mg tablet MO	$0 (Tier 1)	
diphenhydramine 12.5 mg/5 ml; diphenhydramine 50 mg/ml vial MO	$0 (Tier 1)	
levocetirizine 5 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
promethazine 12.5 mg, 25 mg, 50 mg tablet; promethazine 6.25 mg/5 ml syrp MO	$0 (Tier 1)	
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository MO	$0 (Tier 1)	

ANTINEOPLASTIC AGENTS – Drugs used to treat cancer

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABRAXANE 100 MG INTRAVENOUS SUSPENSION MO	$0 (Tier 2)	PA
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION MO	$0 (Tier 2)	PA
ALECENSA 150 MG CAPSULE MO	$0 (Tier 2)	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
ALKERAN 2 MG TABLET; ALKERAN 50 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
anastrozole 1 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
azacitidine 100 mg vial MO	$0 (Tier 1)	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
bexarotene 75 mg capsule MO	$0 (Tier 1)	PA,QL (300 per 30 days)
bicalutamide 50 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
bleomycin sulfate 15 unit, 30 unit vial MO	$0 (Tier 1)	B vs D
BOSULIF 100 MG TABLET MO	$0 (Tier 2)	PA,QL (120 per 30 days)
BOSULIF 500 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
CAMPATH 30 MG/ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (12 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions,** please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CAPRELSA 100 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
carboplatin 50 mg/5 ml vial MO	$0 (Tier 1)	B vs D
cisplatin 50 mg/50 ml vial MO	$0 (Tier 1)	B vs D
cladribine 10 mg/10 ml vial MO	$0 (Tier 1)	
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES MO	$0 (Tier 2)	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES MO	$0 (Tier 2)	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES MO	$0 (Tier 2)	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
COTELLIC 20 MG TABLET MO	$0 (Tier 2)	PA,QL (63 per 28 days)
cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial; cyclophosphamide 25 mg, 50 mg capsule MO	$0 (Tier 1)	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (200 per 28 days)
cytarabine 20 mg/ml vial MO	$0 (Tier 1)	B vs D
cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial MO	$0 (Tier 1)	B vs D
dacarbazine 100 mg, 200 mg vial MO	$0 (Tier 1)	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (400 per 30 days)
daunorubicin 20 mg/4 ml vial MO	$0 (Tier 1)	B vs D
DAUNOXOME 50 MG (2 MG/ML) VIAL MO	$0 (Tier 2)	B vs D
decitabine 50 mg vial MO	$0 (Tier 1)	PA
DOCEFREZ 20 MG, 80 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
docetaxel 140 mg/7 ml vial; docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial MO	$0 (Tier 1)	B vs D
docetaxel 200 mg/20 ml vial MO	$0 (Tier 2)	B vs D
doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial MO	$0 (Tier 1)	B vs D
doxorubicin liposome 20mg/10ml MO	$0 (Tier 1)	B vs D
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	$0 (Tier 2)	
EMCYT 140 MG CAPSULE MO	$0 (Tier 2)	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
epirubicin 200 mg, 200 mg/100 ml, 50 mg, 50 mg/25 ml vial; epirubicin hcl 200 mg, 200 mg/100 ml, 50 mg, 50 mg/25 ml vial MO	$0 (Tier 1)	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERIVEDGE 150 MG CAPSULE MO	$0 (Tier 2)	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION MO	$0 (Tier 2)	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
etoposide 100 mg/5 ml vial MO	$0 (Tier 1)	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
exemestane 25 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
FARESTON 60 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE MO	$0 (Tier 2)	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	B vs D,QL (30 per 30 days)
FIRMAGON 120 MG, 80 MG VIAL; FIRMAGON 2 X 120 MG, 80 MG VIALS MO	$0 (Tier 2)	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG, 80 MG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA
fludarabine 50 mg, 50 mg/2 ml vial MO	$0 (Tier 1)	B vs D
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vl; fluorouracil 2,500 mg/50 ml vl; fluorouracil 5,000 mg/100 ml MO	$0 (Tier 1)	B vs D
flutamide 125 mg capsule MO	$0 (Tier 1)	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml) vial MO	$0 (Tier 1)	B vs D
GILOTRIF 20 MG, 30 MG, 40 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET MO	$0 (Tier 2)	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG, 5 MG CAPSULE MO	$0 (Tier 2)	
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
HERCEPTIN 440 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
HEXALEN 50 MG CAPSULE MO	$0 (Tier 2)	
HYCAMTIN 4 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
hydroxyurea 500 mg capsule MO	$0 (Tier 1)	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE MO	$0 (Tier 2)	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	B vs D
idarubicin hcl 20 mg/20 ml vl **MO**	$0 (Tier 1)	B vs D
ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial **MO**	$0 (Tier 1)	B vs D
ifosfamide-mesna kit **MO**	$0 (Tier 1)	B vs D
IMBRUVICA 140 MG CAPSULE **MO**	$0 (Tier 2)	PA,QL (120 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION **MO**	$0 (Tier 2)	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION **MO**	$0 (Tier 2)	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET **MO**	$0 (Tier 2)	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET **MO**	$0 (Tier 2)	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET **MO**	$0 (Tier 2)	PA,QL (30 per 30 days)
irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vl **MO**	$0 (Tier 1)	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET **MO**	$0 (Tier 2)	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	PA
KEYTRUDA 100 MG/4 ML (25 MG/ML), 50 MG INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	PA
LENVIMA 10 MG/DAY (10 MG X 1/DAY) CAPSULE **MO**	$0 (Tier 2)	PA,QL (30 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE **MO**	$0 (Tier 2)	PA,QL (60 per 30 days)
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE **MO**	$0 (Tier 2)	PA,QL (90 per 30 days)
letrozole 2.5 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
LEUKERAN 2 MG TABLET **MO**	$0 (Tier 2)	
leuprolide 1 mg/0.2 ml vial; leuprolide 2wk 14 mg/2.8 ml kt **MO**	$0 (Tier 1)	PA
lomustine 10 mg, 100 mg, 40 mg capsule **MO**	$0 (Tier 1)	
LONSURF 15 MG-6.14 MG TABLET **MO**	$0 (Tier 2)	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET **MO**	$0 (Tier 2)	PA,QL (80 per 30 days)
LUPRON DEPOT 3.75 MG, 7.5 MG INTRAMUSCULAR SYRINGE KIT **MO**	$0 (Tier 2)	PA,QL (1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG INTRAMUSCULAR SYRINGE KIT **MO**	$0 (Tier 2)	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT **MO**	$0 (Tier 2)	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT **MO**	$0 (Tier 2)	PA,QL (1 per 168 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT MO	$0 (Tier 2)	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MO	$0 (Tier 2)	PA,QL (1 per 90 days)
LYNPARZA 50 MG CAPSULE MO	$0 (Tier 2)	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET MO	$0 (Tier 2)	
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT MO	$0 (Tier 2)	PA
MATULANE 50 MG CAPSULE MO	$0 (Tier 2)	
megestrol 20 mg, 40 mg tablet; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml MO	$0 (Tier 1)	
MEKINIST 0.5 MG TABLET MO	$0 (Tier 2)	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
melphalan 50 mg vial w-diluent MO	$0 (Tier 1)	B vs D
mercaptopurine 50 mg tablet MO	$0 (Tier 1)	
methotrexate 2.5 mg tablet MO	$0 (Tier 1)	B vs D
methotrexate 50 mg/2 ml vial MO	$0 (Tier 1)	
methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial MO	$0 (Tier 1)	
mitomycin 20 mg, 40 mg, 5 mg vial MO	$0 (Tier 1)	B vs D
mitoxantrone 25 mg/12.5 ml vl MO	$0 (Tier 1)	
MUSTARGEN 10 MG SOLUTION FOR INJECTION MO	$0 (Tier 2)	B vs D
NEXAVAR 200 MG TABLET MO	$0 (Tier 2)	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
nilutamide 150 mg tablet MO	$0 (Tier 2)	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE MO	$0 (Tier 2)	PA,QL (3 per 28 days)
ODOMZO 200 MG CAPSULE MO	$0 (Tier 2)	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	B vs D
OPDIVO 100 MG/10 ML, 40 MG/4 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (80 per 28 days)
oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial MO	$0 (Tier 1)	B vs D
paclitaxel 100 mg/16.7 ml vial MO	$0 (Tier 1)	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE MO	$0 (Tier 2)	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (100 per 21 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
PURIXAN 20 MG/ML ORAL SUSPENSION MO	$0 (Tier 2)	QL (300 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE MO	$0 (Tier 2)	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLET MO	$0 (Tier 2)	B vs D
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS MO	$0 (Tier 2)	PA
SOLTAMOX 10 MG/5 ML ORAL SOLUTION MO	$0 (Tier 2)	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET MO	$0 (Tier 2)	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET MO	$0 (Tier 2)	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE MO	$0 (Tier 2)	PA,QL (28 per 28 days)
SYLVANT 100 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (65 per 30 days)
SYLVANT 400 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (80 per 30 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET MO	$0 (Tier 2)	
TAFINLAR 50 MG CAPSULE MO	$0 (Tier 2)	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE MO	$0 (Tier 2)	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
tamoxifen 10 mg, 20 mg tablet MO	$0 (Tier 1)	
TARCEVA 100 MG, 150 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET MO	$0 (Tier 2)	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE MO	$0 (Tier 2)	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG CAPSULE MO	$0 (Tier 2)	PA,QL (120 per 30 days)
TAXOTERE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (20 per 21 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (27 per 30 days)
thiotepa 15 mg vial MO	$0 (Tier 1)	B vs D
toposar 20 mg/ml intravenous solution MO	$0 (Tier 1)	B vs D
topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial MO	$0 (Tier 1)	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (8 per 28 days)
TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML INTRAVENOUS POWDER FOR SOLUTION; TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML VIAL MO	$0 (Tier 2)	PA
TRELSTAR 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML INTRAMUSCULAR SYRINGE; TRELSTAR 22.5 MG INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	PA

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRELSTAR DEPOT 3.75 MG INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	PA
TRELSTAR LA 11.25 MG INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	PA
tretinoin 10 mg capsule MO	$0 (Tier 1)	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	$0 (Tier 2)	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
TYKERB 250 MG TABLET MO	$0 (Tier 2)	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (40 per 30 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION MO	$0 (Tier 2)	PA,QL (14 per 21 days)
VENCLEXTA 10 MG TABLET MO	$0 (Tier 2)	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET MO	$0 (Tier 2)	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET MO	$0 (Tier 2)	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK MO	$0 (Tier 2)	PA,QL (42 per 28 days)
vinblastine 1 mg/ml vial MO	$0 (Tier 1)	B vs D
vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution MO	$0 (Tier 1)	B vs D
vincristine 1 mg/ml, 2 mg/2 ml vial MO	$0 (Tier 1)	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial MO	$0 (Tier 1)	B vs D
VOTRIENT 200 MG TABLET MO	$0 (Tier 2)	PA,QL (120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE MO	$0 (Tier 2)	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE MO	$0 (Tier 2)	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (40 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (70 per 21 days)
YONDELIS 1 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
ZELBORAF 240 MG TABLET MO	$0 (Tier 2)	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE MO	$0 (Tier 2)	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE MO	$0 (Tier 2)	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET MO	$0 (Tier 2)	PA,QL (120 per 30 days)

ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	$0 (Tier 2)	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE MO	$0 (Tier 2)	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	$0 (Tier 2)	
bcg vaccine (tice strain) vial MO	$0 (Tier 2)	
BEXSERO (PF) 50MCG-50MCG-50MCG-25MCG/0.5ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
COMVAX VACCINE VIAL MO	$0 (Tier 2)	
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	$0 (Tier 2)	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	B vs D
GAMMAGARD LIQUID 10 % INJECTION SOLUTION MO	$0 (Tier 2)	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 5 GRAM INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	QL (1.5 per 365 days)
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	QL (1.5 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	$0 (Tier 2)	
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	$0 (Tier 2)	B vs D
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	$0 (Tier 2)	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	$0 (Tier 2)	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP MO	$0 (Tier 2)	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION MO	$0 (Tier 2)	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	$0 (Tier 2)	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	$0 (Tier 2)	
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO	$0 (Tier 2)	
MENVEO MENA COMPONENT (PF) 10 MCG/0.5 ML (FINAL) IM SOLUTION MO	$0 (Tier 2)	
MENVEO MENCYW-135 COMPONENT (PF) 5 MCG X 3/0.5 ML (FINAL) IM SOLUTION MO	$0 (Tier 2)	
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	$0 (Tier 2)	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	$0 (Tier 2)	
PRIVIGEN 10 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	$0 (Tier 2)	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	B vs D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	B vs D
ROTARIX 10EXP6 CCID50/ML SUSPENSION MO	$0 (Tier 2)	
ROTATEQ VACCINE 2 ML ORAL SUSPENSION MO	$0 (Tier 2)	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
tetanus toxoid adsorbed vial MO	$0 (Tier 1)	B vs D
diphtheria-tetanus toxoids-ped MO	$0 (Tier 1)	
tetanus diphtheria toxoids MO	$0 (Tier 1)	
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	$0 (Tier 2)	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	$0 (Tier 2)	
VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION MO	$0 (Tier 2)	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML VIAL MO	$0 (Tier 2)	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML INJECTION SOLUTION MO	$0 (Tier 2)	B vs D
WINRHO SDF 15,000 UNIT/13 ML INJECTION SOLUTION MO	$0 (Tier 2)	B vs D
WINRHO SDF 2,500 UNIT/2.2 ML INJECTION SOLUTION MO	$0 (Tier 2)	B vs D
WINRHO SDF 5,000 UNIT/4.4 ML INJECTION SOLUTION MO	$0 (Tier 2)	B vs D
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	$0 (Tier 2)	
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION MO	$0 (Tier 2)	QL (0.65 per 365 days)

AUTONOMIC DRUGS – Drugs used to treat an autoimmune disorder

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln **MO**	$0 (Tier 1)	B vs D
albuterol sulf 2 mg/5 ml syrup; albuterol sulfate 2 mg, 4 mg tab; albuterol sulfate er 4 mg, 8 mg tab **MO**	$0 (Tier 1)	
alfuzosin hcl er 10 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
atropine 0.05 mg/ml, 0.1 mg/ml abboject; atropine 0.05 mg/ml, 0.1 mg/ml syringe **MO**	$0 (Tier 1)	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER **MO**	$0 (Tier 2)	
baclofen 10 mg, 20 mg tablet **MO**	$0 (Tier 1)	
bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet **MO**	$0 (Tier 1)	
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION **MO**	$0 (Tier 2)	PA,QL (120 per 30 days)
carisoprodol 350 mg tablet **MO**	$0 (Tier 1)	
CHANTIX 0.5 MG, 1 MG TABLET **MO**	$0 (Tier 2)	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET **MO**	$0 (Tier 2)	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK **MO**	$0 (Tier 2)	QL (56 per 28 days)
cyclobenzaprine 10 mg, 5 mg tablet **MO**	$0 (Tier 1)	
dantrolene sodium 100 mg, 25 mg, 50 mg cap **MO**	$0 (Tier 1)	
dicyclomine 10 mg capsule; dicyclomine 10 mg/5 ml soln; dicyclomine 20 mg tablet **MO**	$0 (Tier 1)	
dihydroergotamine 1 mg/ml am **MO**	$0 (Tier 1)	
donepezil hcl 10 mg tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
donepezil hcl 10 mg, 5 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg, 5 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
epinephrine 0.1 mg/ml syringe **MO**	$0 (Tier 1)	
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR **MO**	$0 (Tier 2)	
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR **MO**	$0 (Tier 2)	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR **MO**	$0 (Tier 2)	
ERGOMAR 2 MG SUBLINGUAL TABLET **MO**	$0 (Tier 2)	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL **MO**	$0 (Tier 2)	QL (30 per 30 days)
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE **MO**	$0 (Tier 2)	QL (60 per 30 days)
galantamine 4 mg/ml oral soln **MO**	$0 (Tier 1)	QL (200 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
galantamine er 16 mg, 24 mg, 8 mg capsule MO	$0 (Tier 1)	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial; glycopyrrolate 1 mg, 2 mg tablet MO	$0 (Tier 1)	
guanidine hcl 125 mg tablet MO	$0 (Tier 1)	
ipratropium br 0.02% soln MO	$0 (Tier 1)	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml MO	$0 (Tier 1)	B vs D
metaproterenol 10 mg, 20 mg tablet; metaproterenol 10 mg/5 ml syr MO	$0 (Tier 1)	
metaxalone 400 mg, 800 mg tablet MO	$0 (Tier 1)	
methocarbamol 500 mg, 750 mg tablet MO	$0 (Tier 2)	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet MO	$0 (Tier 1)	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	$0 (Tier 2)	
NORTHERA 100 MG, 200 MG CAPSULE MO	$0 (Tier 2)	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE MO	$0 (Tier 2)	PA,QL (180 per 30 days)
orphenadrine er 100 mg tablet MO	$0 (Tier 1)	
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	$0 (Tier 2)	PA,QL (120 per 30 days)
pilocarpine hcl 5 mg, 7.5 mg tablet MO	$0 (Tier 1)	
propantheline 15 mg tablet MO	$0 (Tier 1)	
pyridostigmine br 60 mg tablet MO	$0 (Tier 1)	
rivastigmine 1.5 mg, 3 mg capsule MO	$0 (Tier 1)	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule MO	$0 (Tier 1)	QL (60 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	$0 (Tier 2)	
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MO	$0 (Tier 2)	
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	$0 (Tier 2)	
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	$0 (Tier 2)	QL (4 per 30 days)
tamsulosin hcl 0.4 mg capsule MO	$0 (Tier 1)	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial; terbutaline sulfate 2.5 mg, 5 mg tab MO	$0 (Tier 1)	
tizanidine hcl 2 mg, 4 mg tablet MO	$0 (Tier 1)	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	$0 (Tier 2)	QL (36 per 30 days)

BLOOD FORMATION, COAGULATION, THROMBOSIS

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMICAR 1,000 MG TABLET MO	$0 (Tier 2)	
AMICAR 250 MG/ML (25 %) ORAL SOLUTION MO	$0 (Tier 2)	
AMICAR 500 MG TABLET MO	$0 (Tier 2)	
anagrelide hcl 0.5 mg capsule MO	$0 (Tier 1)	
anagrelide hcl 1 mg capsule MO	$0 (Tier 1)	
argatroban 250 mg/2.5 ml vial MO	$0 (Tier 1)	
BRILINTA 60 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
BRILINTA 90 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
cilostazol 100 mg tablet MO	$0 (Tier 1)	
cilostazol 50 mg tablet MO	$0 (Tier 1)	
clopidogrel 300 mg tablet MO	$0 (Tier 1)	QL (1 per 30 days)
clopidogrel 75 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
COUMADIN 1 MG TABLET MO	$0 (Tier 2)	
COUMADIN 10 MG TABLET MO	$0 (Tier 2)	
COUMADIN 2 MG TABLET MO	$0 (Tier 2)	
COUMADIN 2.5 MG TABLET MO	$0 (Tier 2)	
COUMADIN 3 MG TABLET MO	$0 (Tier 2)	
COUMADIN 4 MG TABLET MO	$0 (Tier 2)	
COUMADIN 5 MG TABLET MO	$0 (Tier 2)	
COUMADIN 6 MG TABLET MO	$0 (Tier 2)	
COUMADIN 7.5 MG TABLET MO	$0 (Tier 2)	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
EFFIENT 10 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
EFFIENT 5 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
ELIQUIS 5 MG TABLET MO	$0 (Tier 2)	QL (74 per 30 days)
enoxaparin 100 mg/ml syringe MO	$0 (Tier 1)	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml syr MO	$0 (Tier 1)	QL (22.4 per 28 days)
enoxaparin 150 mg/ml syringe MO	$0 (Tier 1)	QL (28 per 28 days)
enoxaparin 30 mg/0.3 ml syr MO	$0 (Tier 1)	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial MO	$0 (Tier 1)	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr MO	$0 (Tier 1)	QL (11.2 per 28 days)
enoxaparin 60 mg/0.6 ml syr MO	$0 (Tier 1)	QL (16.8 per 28 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enoxaparin 80 mg/0.8 ml syr MO	$0 (Tier 1)	QL (22.4 per 28 days)
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (28 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
fondaparinux 10 mg/0.8 ml syr MO	$0 (Tier 1)	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr MO	$0 (Tier 1)	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr MO	$0 (Tier 1)	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr MO	$0 (Tier 1)	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	QL (22.8 per 30 days)
FRAGMIN 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	QL (6 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	QL (9 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (7 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (11.2 per 28 days)
heparin 40,000 units/4 ml vial MO	$0 (Tier 1)	
heparin sod 1,000 unit/ml vial MO	$0 (Tier 1)	
heparin sod 20,000 unit/ml vl MO	$0 (Tier 1)	
heparin sod 5,000 unit/ml vial MO	$0 (Tier 1)	
heparin 20,000 unit/500 ml-d5w MO	$0 (Tier 1)	
heparin-ns 2,000 unit/1,000 ml MO	$0 (Tier 1)	
heparin-1/2ns 25,000 units/250 MO	$0 (Tier 1)	
heparin-1/2ns 25,000 units/500 MO	$0 (Tier 1)	
jantoven 1 mg tablet MO	$0 (Tier 1)	
jantoven 10 mg tablet MO	$0 (Tier 1)	
jantoven 2 mg tablet MO	$0 (Tier 1)	
jantoven 2.5 mg tablet MO	$0 (Tier 1)	
jantoven 3 mg tablet MO	$0 (Tier 1)	
jantoven 4 mg tablet MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
jantoven 5 mg tablet MO	$0 (Tier 1)	
jantoven 6 mg tablet MO	$0 (Tier 1)	
jantoven 7.5 mg tablet MO	$0 (Tier 1)	
LEUKINE 250 MCG SOLUTION FOR INJECTION MO	$0 (Tier 2)	PA
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (1.2 per 28 days)
NEULASTA 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR MO	$0 (Tier 2)	PA,QL (1.2 per 28 days)
NEUMEGA 5 MG VIAL MO	$0 (Tier 2)	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE MO	$0 (Tier 2)	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE MO	$0 (Tier 2)	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (22.4 per 30 days)
pentoxifylline er 400 mg tab MO	$0 (Tier 1)	
PRADAXA 110 MG CAPSULE MO	$0 (Tier 2)	QL (60 per 30 days)
PRADAXA 150 MG CAPSULE MO	$0 (Tier 2)	QL (60 per 30 days)
PRADAXA 75 MG CAPSULE MO	$0 (Tier 2)	QL (60 per 30 days)
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA,QL (14 per 30 days)
PROMACTA 12.5 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET MO	$0 (Tier 2)	PA,QL (90 per 30 days)
PROMACTA 75 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
ticlopidine 250 mg tablet MO	$0 (Tier 1)	
tranexamic acid 1,000 mg/10 ml MO	$0 (Tier 1)	PA
tranexamic acid 650 mg tablet MO	$0 (Tier 1)	QL (30 per 5 days)
warfarin sodium 1 mg tablet MO	$0 (Tier 1)	
warfarin sodium 10 mg tablet MO	$0 (Tier 1)	
warfarin sodium 2 mg tablet MO	$0 (Tier 1)	
warfarin sodium 2.5 mg tablet MO	$0 (Tier 1)	
warfarin sodium 3 mg tablet MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
warfarin sodium 4 mg tablet MO	$0 (Tier 1)	
warfarin sodium 5 mg tablet MO	$0 (Tier 1)	
warfarin sodium 6 mg tablet MO	$0 (Tier 1)	
warfarin sodium 7.5 mg tablet MO	$0 (Tier 1)	
XARELTO 10 MG TABLET MO	$0 (Tier 2)	QL (35 per 60 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK MO	$0 (Tier 2)	QL (51 per 30 days)
XARELTO 15 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
XARELTO 20 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE MO	$0 (Tier 2)	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE MO	$0 (Tier 2)	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)

CARDIOVASCULAR DRUGS - Drugs used to treat heart-related conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acebutolol 200 mg, 400 mg capsule MO	$0 (Tier 1)	
ADCIRCA 20 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
afeditab cr 30 mg, 60 mg tablet,extended release MO	$0 (Tier 1)	QL (60 per 30 days)
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE MO	$0 (Tier 2)	PA
amiodarone 150 mg/3 ml syringe; amiodarone 900 mg/18 ml vial; amiodarone hcl 100 mg, 200 mg, 400 mg tablet MO	$0 (Tier 1)	
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab MO	$0 (Tier 1)	
amlodipine-atorvast 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg MO	$0 (Tier 1)	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 MO	$0 (Tier 1)	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg MO	$0 (Tier 1)	QL (30 per 30 days)
aspirin-dipyridam er 25-200 mg MO	$0 (Tier 1)	
atenolol 100 mg, 25 mg, 50 mg tablet MO	$0 (Tier 1)	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 MO	$0 (Tier 1)	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet MO	$0 (Tier 1)	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab MO	$0 (Tier 1)	
BIDIL 20 MG-37.5 MG TABLET MO	$0 (Tier 2)	QL (180 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bisoprolol fumarate 10 mg, 5 mg tab MO	$0 (Tier 1)	
bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb MO	$0 (Tier 1)	
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb MO	$0 (Tier 1)	QL (60 per 30 days)
candesartan cilexetil 32 mg tb MO	$0 (Tier 1)	QL (30 per 30 days)
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb MO	$0 (Tier 1)	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet MO	$0 (Tier 1)	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet MO	$0 (Tier 1)	
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release MO	$0 (Tier 1)	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release MO	$0 (Tier 1)	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet MO	$0 (Tier 1)	
cholestyramine packet; cholestyramine powder MO	$0 (Tier 1)	
cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet MO	$0 (Tier 1)	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch MO	$0 (Tier 1)	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet MO	$0 (Tier 1)	
clonidine hcl er 0.1 mg tablet MO	$0 (Tier 1)	QL (120 per 30 days)
clorpres 0.1 mg-15 mg tablet; clorpres 0.2 mg-15 mg tablet; clorpres 0.3 mg-15 mg tablet MO	$0 (Tier 1)	
colestipol hcl granules; colestipol hcl granules packet; colestipol micronized 1 gm tab MO	$0 (Tier 1)	
CORLANOR 5 MG, 7.5 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
digitek 125 mcg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
digitek 250 mcg tablet MO	$0 (Tier 1)	
digox 125 mcg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
digox 250 mcg tablet MO	$0 (Tier 1)	
digoxin 0.05 mg/ml solution; digoxin 250 mcg tablet; digoxin 500 mcg/2 ml ampule MO	$0 (Tier 1)	
digoxin 125 mcg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE MO	$0 (Tier 2)	
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release MO	$0 (Tier 1)	QL (60 per 30 days)
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet; diltiazem 12hr er 120 mg, 60 mg, 90 mg cap; diltiazem hcl 100 mg vial MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem 24hr er 120 mg, 180 mg, 240 mg cap; diltiazem er 120 mg, 120 mg, 180 mg, 180 mg, 240 mg, 240 mg capsule; diltiazem hcl er 120 mg, 120 mg, 180 mg, 180 mg, 240 mg, 240 mg cap **MO**	$0 (Tier 1)	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap; diltiazem hcl er 300 mg, 360 mg, 420 mg cap **MO**	$0 (Tier 1)	QL (30 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg tablet **MO**	$0 (Tier 1)	
disopyramide 100 mg, 150 mg capsule **MO**	$0 (Tier 1)	
dofetilide 125 mcg capsule **MO**	$0 (Tier 1)	QL (240 per 30 days)
dofetilide 250 mcg capsule **MO**	$0 (Tier 1)	QL (120 per 30 days)
dofetilide 500 mcg capsule **MO**	$0 (Tier 1)	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab **MO**	$0 (Tier 1)	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet **MO**	$0 (Tier 1)	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet **MO**	$0 (Tier 1)	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET **MO**	$0 (Tier 2)	PA,QL (60 per 30 days)
eplerenone 25 mg, 50 mg tablet **MO**	$0 (Tier 1)	
felodipine er 10 mg, 2.5 mg, 5 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 160 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 54 mg tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
fenofibrate 134 mg, 200 mg capsule **MO**	$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 67 mg capsule **MO**	$0 (Tier 1)	QL (60 per 30 days)
fenofibrate 145 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 48 mg tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab **MO**	$0 (Tier 1)	
fosinopril sodium 10 mg, 20 mg, 40 mg tab **MO**	$0 (Tier 1)	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab **MO**	$0 (Tier 1)	
gemfibrozil 600 mg tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
guanfacine 1 mg, 2 mg tablet **MO**	$0 (Tier 1)	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet; hydralazine 20 mg/ml vial **MO**	$0 (Tier 1)	
irbesartan 150 mg, 300 mg, 75 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb **MO**	$0 (Tier 1)	QL (30 per 30 days)
isosorbide dn 10 mg, 20 mg, 30 mg, 5 mg tablet; isosorbide dn er 40 mg tablet **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
isosorbide mn 10 mg, 20 mg tablet; isosorbide mn er 120 mg, 30 mg, 60 mg tab; isosorbide mn er 120 mg, 30 mg, 60 mg tablet **MO**	$0 (Tier 1)	
isradipine 2.5 mg, 5 mg capsule **MO**	$0 (Tier 1)	
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE **MO**	$0 (Tier 2)	PA,QL (4 per 28 days)
labetalol hcl 100 mg, 200 mg, 300 mg tablet; labetalol hcl 100 mg/20 ml vl **MO**	$0 (Tier 1)	
LANOXIN 125 MCG, 187.5 MCG, 62.5 MCG TABLET **MO**	$0 (Tier 2)	QL (30 per 30 days)
LANOXIN 250 MCG TABLET; LANOXIN 250 MCG/ML INJECTION SOLUTION **MO**	$0 (Tier 2)	
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION **MO**	$0 (Tier 2)	
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet **MO**	$0 (Tier 1)	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab **MO**	$0 (Tier 1)	
losartan potassium 100 mg, 25 mg, 50 mg tab **MO**	$0 (Tier 1)	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab **MO**	$0 (Tier 1)	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
methyldopa 250 mg, 500 mg tablet **MO**	$0 (Tier 1)	
methyldopa-hctz 250-15 mg, 250-25 mg tab **MO**	$0 (Tier 1)	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab **MO**	$0 (Tier 1)	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab **MO**	$0 (Tier 1)	
metoprolol tart 5 mg/5 ml vial; metoprolol tartrate 100 mg, 25 mg, 50 mg tab **MO**	$0 (Tier 1)	
metoprolol tartrate 37.5 mg, 75 mg tab; metoprolol tartrate 37.5 mg, 75 mg tb **MO**	$0 (Tier 2)	
mexiletine 150 mg, 200 mg, 250 mg capsule **MO**	$0 (Tier 1)	
minoxidil 10 mg, 2.5 mg tablet **MO**	$0 (Tier 1)	
moexipril hcl 15 mg, 7.5 mg tablet **MO**	$0 (Tier 1)	
moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet **MO**	$0 (Tier 1)	
MULTAQ 400 MG TABLET **MO**	$0 (Tier 2)	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet **MO**	$0 (Tier 1)	
nadolol-bendroflu 40-5 mg, 80-5 mg tab **MO**	$0 (Tier 1)	
niacor 500 mg tablet **MO**	$0 (Tier 1)	
nicardipine 20 mg, 30 mg capsule; nicardipine 25 mg/10 ml ampule **MO**	$0 (Tier 1)	
nifedical xl 30 mg, 60 mg tablet,extended release **MO**	$0 (Tier 1)	QL (60 per 30 days)
nifedipine er 30 mg, 30 mg, 60 mg, 60 mg, 90 mg, 90 mg tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
nimodipine 30 mg capsule **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch MO	$0 (Tier 1)	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl; nitroglycerin 5 mg/ml vial; nitroglycerin lingual 0.4 mg MO	$0 (Tier 1)	
nitroglycerin 0.4 mg/hr patch MO	$0 (Tier 1)	QL (60 per 30 days)
NITROLINGUAL 400 MCG/SPRAY MO	$0 (Tier 2)	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	$0 (Tier 2)	
omega-3 ethyl esters 1 gm cap MO	$0 (Tier 1)	QL (120 per 30 days)
PACERONE 100 MG, 400 MG TABLET MO	$0 (Tier 2)	
pacerone 200 mg tablet MO	$0 (Tier 1)	
perindopril erbumine 2 mg, 4 mg, 8 mg tab MO	$0 (Tier 1)	
pindolol 10 mg, 5 mg tablet MO	$0 (Tier 1)	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR MO	$0 (Tier 2)	PA,QL (2 per 28 days)
PRALUENT SYRINGE 150 MG/ML, 75 MG/ML SUBCUTANEOUS MO	$0 (Tier 2)	PA,QL (2 per 28 days)
pravastatin sodium 10 mg, 20 mg, 80 mg tab MO	$0 (Tier 1)	QL (30 per 30 days)
pravastatin sodium 40 mg tab MO	$0 (Tier 1)	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule MO	$0 (Tier 1)	
prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet MO	$0 (Tier 1)	
procainamide 100 mg/ml, 500 mg/ml vial MO	$0 (Tier 1)	
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet; propafenone hcl er 225 mg, 325 mg, 425 mg cap MO	$0 (Tier 1)	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) vial; propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln; propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule MO	$0 (Tier 1)	
propranolol-hctz 40-25 mg, 80-25 mg tab MO	$0 (Tier 1)	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet MO	$0 (Tier 1)	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab MO	$0 (Tier 1)	
quinidine gluc 80 mg/ml vial; quinidine gluc er 324 mg tab MO	$0 (Tier 1)	
quinidine sulf er 300 mg tab; quinidine sulfate 200 mg, 300 mg tab MO	$0 (Tier 1)	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule MO	$0 (Tier 1)	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	ST,QL (120 per 30 days)
reserpine 0.1 mg, 0.25 mg tablet MO	$0 (Tier 1)	
REVATIO 10 MG/ML ORAL SUSPENSION MO	$0 (Tier 2)	PA,QL (180 per 30 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab MO	$0 (Tier 1)	QL (30 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sildenafil 20 mg tablet **MO**	$0 (Tier 1)	PA,QL (90 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet **MO**	$0 (Tier 1)	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet; sotalol hcl 150 mg/10 ml vial **MO**	$0 (Tier 1)	
sotalol af 120 mg, 160 mg, 80 mg tablet **MO**	$0 (Tier 1)	
spironolactone-hctz 25-25 tab **MO**	$0 (Tier 1)	
spironolactone 100 mg, 25 mg, 50 mg tablet **MO**	$0 (Tier 1)	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release **MO**	$0 (Tier 1)	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release **MO**	$0 (Tier 1)	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET **MO**	$0 (Tier 2)	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
telmisartan 80 mg tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10 **MO**	$0 (Tier 1)	QL (30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule **MO**	$0 (Tier 1)	
TIKOSYN 125 MCG CAPSULE **MO**	$0 (Tier 2)	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE **MO**	$0 (Tier 2)	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE **MO**	$0 (Tier 2)	QL (60 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet **MO**	$0 (Tier 1)	
trandolapril 1 mg, 2 mg, 4 mg tablet **MO**	$0 (Tier 1)	
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab **MO**	$0 (Tier 1)	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE **MO**	$0 (Tier 2)	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE **MO**	$0 (Tier 2)	QL (120 per 30 days)
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule; verapamil er pm 200 mg capsule **MO**	$0 (Tier 1)	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet; verapamil 2.5 mg/ml ampul; verapamil er 120 mg, 180 mg, 240 mg tablet **MO**	$0 (Tier 1)	
verapamil er pm 100 mg, 300 mg capsule **MO**	$0 (Tier 1)	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET; WELCHOL 625 MG TABLET **MO**	$0 (Tier 2)	
ZETIA 10 MG TABLET **MO**	$0 (Tier 2)	QL (30 per 30 days)

CENTRAL NERVOUS SYSTEM AGENTS – Drugs used to treat brain and spinal conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABILIFY 9.7 MG/1.3 ML VIAL MO	$0 (Tier 2)	QL (120 per 30 days)
ABILIFY DISCMELT 10 MG, 15 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE; ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	QL (1.5 per 28 days)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE; ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	QL (2 per 28 days)
acamprosate calc dr 333 mg tab MO	$0 (Tier 1)	
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 MO	$0 (Tier 1)	QL (5010 per 30 days)
acetaminophen-cod #2 tablet; acetaminophen-cod #3 tablet; acetaminophen-cod #4 tablet MO	$0 (Tier 1)	QL (390 per 30 days)
alprazolam 0.25 mg, 0.5 mg tablet MO	$0 (Tier 1)	QL (120 per 30 days)
alprazolam 1 mg tablet MO	$0 (Tier 1)	QL (240 per 30 days)
alprazolam 2 mg tablet MO	$0 (Tier 1)	QL (150 per 30 days)
ALSUMA 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	$0 (Tier 2)	QL (6 per 30 days)
amantadine 100 mg capsule; amantadine 100 mg tablet; amantadine 50 mg/5 ml solution MO	$0 (Tier 1)	
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab MO	$0 (Tier 1)	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet MO	$0 (Tier 1)	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE MO	$0 (Tier 2)	QL (60 per 28 days)
APTIOM 200 MG, 400 MG, 800 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
APTIOM 600 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
aripiprazole 1 mg/ml solution MO	$0 (Tier 1)	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	$0 (Tier 2)	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	$0 (Tier 2)	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	$0 (Tier 2)	QL (3.2 per 28 days)
armodafinil 150 mg, 200 mg, 250 mg tablet MO	$0 (Tier 1)	PA,QL (30 per 30 days)
armodafinil 50 mg tablet MO	$0 (Tier 1)	PA,QL (60 per 30 days)
AZILECT 0.5 MG, 1 MG TABLET MO	$0 (Tier 2)	
BANZEL 200 MG TABLET MO	$0 (Tier 2)	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION MO	$0 (Tier 2)	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET MO	$0 (Tier 2)	PA,QL (240 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
benztropine 2 mg/2 ml ampule; benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet **MO**	$0 (Tier 1)	
BRINTELLIX 10 MG, 20 MG, 5 MG TABLET **MO**	$0 (Tier 2)	ST,QL (30 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET **MO**	$0 (Tier 2)	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION **MO**	$0 (Tier 2)	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	PA
bromocriptine 2.5 mg tablet; bromocriptine 5 mg capsule **MO**	$0 (Tier 1)	
buprenorphine 2 mg, 8 mg tablet sl **MO**	$0 (Tier 1)	PA,QL (90 per 30 days)
buproban 150 mg tablet **MO**	$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl 100 mg tablet **MO**	$0 (Tier 1)	QL (180 per 30 days)
bupropion hcl 75 mg tablet **MO**	$0 (Tier 1)	
bupropion hcl sr 100 mg tablet **MO**	$0 (Tier 1)	QL (120 per 30 days)
bupropion hcl sr 150 mg, 150 mg, 300 mg tablet; bupropion hcl xl 150 mg, 150 mg, 300 mg tablet **MO**	$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet **MO**	$0 (Tier 1)	QL (90 per 30 days)
buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet **MO**	$0 (Tier 1)	
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule **MO**	$0 (Tier 1)	QL (360 per 30 days)
butalb-caff-acetaminoph-codein **MO**	$0 (Tier 1)	QL (360 per 30 days)
butalbital-acetaminophn 50-325 **MO**	$0 (Tier 2)	QL (180 per 30 days)
butalb-acetamin-caff 50-325-40; butalbit-acetaminophen-caff cp **MO**	$0 (Tier 1)	QL (180 per 30 days)
butalbital-asa-caffeine cap **MO**	$0 (Tier 1)	QL (180 per 30 days)
BUTISOL 30 MG, 50 MG TABLET; BUTISOL SODIUM 30 MG, 50 MG TABLET **MO**	$0 (Tier 2)	
butorphanol 1 mg/ml vial **MO**	$0 (Tier 1)	QL (960 per 30 days)
butorphanol 10 mg/ml spray **MO**	$0 (Tier 1)	QL (5 per 28 days)
butorphanol 2 mg/ml vial **MO**	$0 (Tier 1)	QL (480 per 30 days)
capacet 50 mg-325 mg-40 mg capsule **MO**	$0 (Tier 1)	QL (180 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION **MO**	$0 (Tier 2)	QL (5010 per 30 days)
carbamazepine 100 mg tab chew; carbamazepine 100 mg/5 ml susp; carbamazepine 200 mg tablet; carbamazepine er 100 mg, 200 mg, 300 mg cap; carbamazepine er 100 mg, 200 mg, 400 mg tablet **MO**	$0 (Tier 1)	
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE **MO**	$0 (Tier 2)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbidopa-levo 10-100 mg, 10-100 mg, 25-100 mg, 25-100 mg, 25-250 mg, 25-250 mg odt; carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab **MO**	$0 (Tier 1)	
CELONTIN 300 MG CAPSULE **MO**	$0 (Tier 2)	
chlorpromazine 10 mg, 25 mg tablet **MO**	$0 (Tier 1)	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet; chlorpromazine 25 mg/ml amp **MO**	$0 (Tier 1)	
citalopram hbr 10 mg, 40 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln **MO**	$0 (Tier 1)	
citalopram hbr 20 mg tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule **MO**	$0 (Tier 1)	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg odt; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg tablet **MO**	$0 (Tier 1)	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet **MO**	$0 (Tier 1)	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet **MO**	$0 (Tier 1)	
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet **MO**	$0 (Tier 1)	ST
codeine sulfate 15 mg, 30 mg tablet **MO**	$0 (Tier 1)	QL (360 per 30 days)
codeine sulfate 60 mg tablet **MO**	$0 (Tier 1)	QL (180 per 30 days)
CYCLOSET 0.8 MG TABLET **MO**	$0 (Tier 2)	PA,QL (180 per 30 days)
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet **MO**	$0 (Tier 1)	
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab **MO**	$0 (Tier 1)	QL (60 per 30 days)
d-amphetamine er 10 mg capsule; dextroamphetamine 10 mg tab **MO**	$0 (Tier 1)	QL (180 per 30 days)
d-amphetamine er 15 mg capsule **MO**	$0 (Tier 1)	QL (120 per 30 days)
d-amphetamine er 5 mg capsule **MO**	$0 (Tier 1)	QL (60 per 30 days)
dextroamphetamine 5 mg tab **MO**	$0 (Tier 1)	QL (150 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap **MO**	$0 (Tier 1)	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap; dextroamp-amphetamin 30 mg tab **MO**	$0 (Tier 1)	QL (60 per 30 days)
dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab **MO**	$0 (Tier 1)	QL (90 per 30 days)
diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg rectal gel sys; diazepam 20 mg rectal gel syst **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diazepam 10 mg tablet MO	$0 (Tier 1)	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet MO	$0 (Tier 1)	QL (90 per 30 days)
diazepam 5 mg/5 ml solution; diazepam 5 mg/ml oral conc MO	$0 (Tier 1)	QL (1200 per 30 days)
diazepam intensol 5 mg/ml oral concentrate MO	$0 (Tier 1)	QL (1200 per 30 days)
diclofenac pot 50 mg tablet MO	$0 (Tier 1)	
diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab MO	$0 (Tier 1)	
diflunisal 500 mg tablet MO	$0 (Tier 1)	
dilantin 30 mg capsule MO	$0 (Tier 2)	
dilantin extended 100 mg capsule MO	$0 (Tier 2)	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	$0 (Tier 2)	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	$0 (Tier 2)	
divalproex sod dr 125 mg, 250 mg, 500 mg tab; divalproex sod er 250 mg, 500 mg tab; divalproex sodium 125 mg cap MO	$0 (Tier 1)	
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule; doxepin 10 mg/ml oral conc MO	$0 (Tier 1)	
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap MO	$0 (Tier 1)	QL (60 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION MO	$0 (Tier 2)	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION MO	$0 (Tier 2)	QL (3600 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	$0 (Tier 2)	QL (30 per 30 days)
endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet MO	$0 (Tier 1)	QL (360 per 30 days)
entacapone 200 mg tablet MO	$0 (Tier 1)	QL (300 per 30 days)
epitol 200 mg tablet MO	$0 (Tier 1)	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	$0 (Tier 2)	
escitalopram 10 mg tablet MO	$0 (Tier 1)	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml MO	$0 (Tier 1)	QL (600 per 30 days)
ethosuximide 250 mg capsule; ethosuximide 250 mg/5 ml soln MO	$0 (Tier 1)	
etodolac 200 mg, 300 mg capsule; etodolac 400 mg, 500 mg tablet; etodolac er 400 mg, 500 mg, 600 mg tablet MO	$0 (Tier 1)	
FANAPT 1 MG, 10 MG, 12 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG, 6 MG, 8 MG TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	$0 (Tier 2)	PA,QL (60 per 30 days)
FAZACLO 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG DISINTEGRATING TABLET MO	$0 (Tier 2)	ST

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
felbamate 400 mg, 600 mg tablet; felbamate 600 mg/5 ml susp **MO**	$0 (Tier 1)	
fenoprofen 400 mg capsule **MO**	$0 (Tier 1)	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch **MO**	$0 (Tier 1)	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg **MO**	$0 (Tier 1)	PA,QL (120 per 30 days)
fentanyl 0.05 mg/ml ampul **MO**	$0 (Tier 1)	QL (720 per 30 days)
fentanyl 0.05 mg/ml syringe **MO**	$0 (Tier 1)	QL (240 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE **MO**	$0 (Tier 2)	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK **MO**	$0 (Tier 2)	PA,QL (28 per 28 days)
fluoxetine 20 mg/5 ml solution; fluoxetine hcl 10 mg, 20 mg tablet **MO**	$0 (Tier 1)	
fluoxetine dr 90 mg capsule **MO**	$0 (Tier 1)	QL (4 per 28 days)
fluoxetine hcl 10 mg, 40 mg capsule **MO**	$0 (Tier 1)	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule **MO**	$0 (Tier 1)	QL (120 per 30 days)
fluoxetine hcl 60 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
fluphenazine dec 125 mg/5 ml **MO**	$0 (Tier 1)	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet; fluphenazine 2.5 mg/5 ml elix; fluphenazine 2.5 mg/ml vial; fluphenazine 5 mg/ml conc **MO**	$0 (Tier 1)	
flurbiprofen 100 mg, 50 mg tablet **MO**	$0 (Tier 1)	
fluvoxamine er 100 mg, 150 mg capsule **MO**	$0 (Tier 1)	QL (60 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab **MO**	$0 (Tier 1)	QL (90 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml vl **MO**	$0 (Tier 1)	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION **MO**	$0 (Tier 2)	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET **MO**	$0 (Tier 2)	PA,QL (30 per 30 days)
FYCOMPA 2 MG (7)-4 MG (7) TABLETS IN A DOSE PACK **MO**	$0 (Tier 2)	PA,QL (14 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule **MO**	$0 (Tier 1)	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln **MO**	$0 (Tier 1)	
gabapentin 600 mg, 800 mg tablet **MO**	$0 (Tier 1)	QL (180 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION **MO**	$0 (Tier 2)	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp MO	$0 (Tier 1)	
haloperidol lac 2 mg/ml conc; haloperidol lac 5 mg/ml vial MO	$0 (Tier 1)	
HETLIOZ 20 MG CAPSULE MO	$0 (Tier 2)	PA,QL (30 per 30 days)
HYCET 7.5 MG-325 MG/15 ML ORAL SOLUTION MO	$0 (Tier 1)	QL (5520 per 30 days)
hydrocodon-acetamin 7.5-325/15; hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 MO	$0 (Tier 1)	QL (5520 per 30 days)
hydrocodon-acetaminoph 2.5-325; hydrocodon-acetaminoph 7.5-325; hydrocodon-acetaminophen 5-325; hydrocodon-acetaminophn 10-325 MO	$0 (Tier 1)	QL (360 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 2.5-200 mg, 5-200 mg, 7.5-200 mg; hydrocodone-ibuprofen 2.5-200; hydrocodone-ibuprofen 7.5-200 MO	$0 (Tier 1)	QL (150 per 30 days)
hydromorphone 2 mg, 4 mg tablet; hydromorphone 2 mg/ml vial MO	$0 (Tier 1)	QL (360 per 30 days)
hydromorphone 8 mg tablet MO	$0 (Tier 1)	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp MO	$0 (Tier 1)	QL (720 per 30 days)
hydromorphone hcl 4 mg/ml amp MO	$0 (Tier 1)	QL (180 per 30 days)
hydromorphone hcl 10 mg/ml vl MO	$0 (Tier 1)	QL (144 per 30 days)
hydroxyzine 10 mg/5 ml soln; hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet MO	$0 (Tier 1)	
hydroxyzine pam 100 mg, 25 mg, 50 mg cap MO	$0 (Tier 1)	
ibuprofen 100 mg/5 ml susp; ibuprofen 400 mg, 600 mg, 800 mg tablet MO	$0 (Tier 1)	
oxycodone-ibuprofen 5-400 tab MO	$0 (Tier 1)	QL (240 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet MO	$0 (Tier 1)	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap MO	$0 (Tier 1)	
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule MO	$0 (Tier 1)	
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION MO	$0 (Tier 2)	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION MO	$0 (Tier 2)	QL (150 per 30 days)
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	ST,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	ST,QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	QL (1 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	PA,QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	PA,QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	PA,QL (1.75 per 90 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	PA,QL (2.62 per 90 days)
IRENKA 40 MG CAPSULE,DELAYED RELEASE MO	$0 (Tier 2)	QL (60 per 30 days)
ketoprofen 50 mg, 75 mg capsule MO	$0 (Tier 1)	
LAMICTAL 2 MG DISPER TABLET MO	$0 (Tier 2)	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET MO	$0 (Tier 2)	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING MO	$0 (Tier 2)	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT MO	$0 (Tier 2)	
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT MO	$0 (Tier 2)	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK MO	$0 (Tier 2)	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK MO	$0 (Tier 2)	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK MO	$0 (Tier 2)	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE MO	$0 (Tier 2)	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL MO	$0 (Tier 2)	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL MO	$0 (Tier 2)	
lamotrigine 100 mg, 100 mg, 150 mg, 200 mg, 200 mg, 25 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine 25 mg tb start kit; lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet; lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet; lamotrigine odt 100 mg, 100 mg, 150 mg, 200 mg, 200 mg, 25 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange) MO	$0 (Tier 1)	
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY MO	$0 (Tier 2)	PA
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet; levetiracetam 100 mg/ml, 500 mg/5 ml, 500 mg/5 ml (5 ml) soln; levetiracetam 100 mg/ml, 500 mg/5 ml, 500 mg/5 ml (5 ml) vial; levetiracetam 500 mg/5 ml soln; levetiracetam er 500 mg, 750 mg tablet MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 MO	$0 (Tier 1)	
levorphanol 2 mg tablet MO	$0 (Tier 1)	QL (240 per 30 days)
lithium carbonate 150 mg, 300 mg, 600 mg cap; lithium carbonate 300 mg tab; lithium carbonate er 300 mg, 450 mg tb MO	$0 (Tier 1)	
lithium 8 meq/5 ml solution MO	$0 (Tier 1)	
lorazepam 0.5 mg, 1 mg tablet MO	$0 (Tier 1)	QL (90 per 30 days)
lorazepam 2 mg tablet; lorazepam 2 mg/ml oral concent MO	$0 (Tier 1)	QL (150 per 30 days)
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE MO	$0 (Tier 1)	QL (150 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule MO	$0 (Tier 1)	
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	$0 (Tier 2)	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MO	$0 (Tier 2)	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE MO	$0 (Tier 2)	QL (60 per 30 days)
magnesium sulfate 50% syringe; magnesium sulfate 50% vial MO	$0 (Tier 1)	
magnesium sulf 1 g/100 ml-d5w MO	$0 (Tier 1)	
magnesium sulf 4 g/50 ml bag; magnesium sulf 4% iv soln MO	$0 (Tier 1)	
maprotiline 25 mg, 50 mg, 75 mg tablet MO	$0 (Tier 1)	
MARPLAN 10 MG TABLET MO	$0 (Tier 2)	
meclofenamate 100 mg, 50 mg capsule MO	$0 (Tier 1)	
meloxicam 15 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
meloxicam 7.5 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp MO	$0 (Tier 1)	QL (300 per 30 days)
memantine 5-10 mg titration pk MO	$0 (Tier 1)	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet MO	$0 (Tier 1)	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution MO	$0 (Tier 1)	PA,QL (360 per 30 days)
meperidine 100 mg tablet MO	$0 (Tier 1)	QL (360 per 30 days)
meperidine 50 mg tablet MO	$0 (Tier 1)	QL (480 per 30 days)
meperidine 50 mg/5 ml solution MO	$0 (Tier 1)	QL (720 per 30 days)
methadone 10 mg/5 ml solution MO	$0 (Tier 1)	QL (1800 per 30 days)
methadone 10 mg/ml oral conc; methadone hcl 10 mg/ml vial MO	$0 (Tier 1)	QL (360 per 30 days)
methadone 5 mg/5 ml solution MO	$0 (Tier 1)	QL (3600 per 30 days)
methadone hcl 10 mg tablet MO	$0 (Tier 1)	QL (240 per 30 days)
methadone hcl 5 mg tablet MO	$0 (Tier 1)	QL (480 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE MO	$0 (Tier 2)	QL (360 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet MO	$0 (Tier 1)	QL (90 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylphenidate 10 mg/5 ml sol MO	$0 (Tier 1)	QL (900 per 30 days)
methylphenidate 5 mg/5 ml soln MO	$0 (Tier 1)	QL (1800 per 30 days)
methylphenidate er 10 mg tab MO	$0 (Tier 1)	QL (180 per 30 days)
mirtazapine 15 mg, 15 mg, 30 mg, 30 mg, 45 mg, 45 mg odt; mirtazapine 15 mg, 15 mg, 30 mg, 30 mg, 45 mg, 45 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
mirtazapine 7.5 mg tablet MO	$0 (Tier 1)	
modafinil 100 mg, 200 mg tablet MO	$0 (Tier 1)	PA,QL (60 per 30 days)
molindone hcl 10 mg tablet MO	$0 (Tier 1)	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet MO	$0 (Tier 1)	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet MO	$0 (Tier 1)	PA,QL (360 per 30 days)
morphine 10 mg/ml carpuject; morphine 10 mg/ml, 10 mg/ml isecure syr; morphine 10 mg/ml, 10 mg/ml syringe; morphine sulfate 10 mg/ml vial MO	$0 (Tier 1)	QL (360 per 30 days)
morphine 15 mg/ml carpuject MO	$0 (Tier 1)	QL (240 per 30 days)
morphine 2 mg/ml carpuject; morphine 2 mg/ml, 2 mg/ml isecure syr; morphine 2 mg/ml, 2 mg/ml syringe MO	$0 (Tier 1)	QL (1800 per 30 days)
morphine 4 mg/ml carpuject; morphine 4 mg/ml isecure syr; morphine sulfate 4 mg/ml vial MO	$0 (Tier 1)	QL (900 per 30 days)
morphine 5 mg/ml syringe MO	$0 (Tier 1)	QL (720 per 30 days)
morphine 8 mg/ml isecure syr; morphine 8 mg/ml syringe; morphine sulfate 8 mg/ml vial MO	$0 (Tier 1)	QL (450 per 30 days)
morphine sulf 10 mg, 30 mg suppos; morphine sulf er 100 mg tablet; morphine sulfate ir 15 mg, 30 mg tab MO	$0 (Tier 1)	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln MO	$0 (Tier 1)	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln MO	$0 (Tier 1)	QL (1350 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet MO	$0 (Tier 1)	QL (120 per 30 days)
morphine sulf er 200 mg tablet MO	$0 (Tier 1)	QL (90 per 30 days)
morphine 0.5 mg/ml vial MO	$0 (Tier 1)	QL (7200 per 30 days)
morphine 1 mg/ml vial p-f MO	$0 (Tier 1)	QL (3600 per 30 days)
morphine sulf 100 mg/5 ml soln MO	$0 (Tier 1)	QL (600 per 30 days)
nabumetone 500 mg, 750 mg tablet MO	$0 (Tier 1)	
nalbuphine 100 mg/10 ml vial MO	$0 (Tier 1)	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial MO	$0 (Tier 1)	QL (120 per 30 days)
naloxone 0.4 mg/ml vial; naloxone 0.4 mg/ml, 1 mg/ml syringe; naloxone 2 mg/2 ml syringe MO	$0 (Tier 1)	
naltrexone 50 mg tablet MO	$0 (Tier 1)	
NAMENDA 2 MG/ML ORAL SOLUTION MO	$0 (Tier 2)	PA,QL (360 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	$0 (Tier 2)	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO	$0 (Tier 2)	PA,QL (28 per 28 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	$0 (Tier 2)	ST,QL (30 per 30 days)
naproxen 125 mg/5 ml suspen; naproxen 250 mg, 375 mg, 375 mg, 500 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 375 mg, 500 mg, 500 mg tablet MO	$0 (Tier 1)	
naproxen sodium 275 mg, 550 mg tab MO	$0 (Tier 1)	
naratriptan hcl 1 mg, 2.5 mg tablet MO	$0 (Tier 1)	QL (9 per 30 days)
NARCAN 4 MG/ACTUATION NASAL SPRAY MO	$0 (Tier 2)	
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet MO	$0 (Tier 1)	
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	$0 (Tier 2)	QL (30 per 30 days)
nortriptyline 10 mg/5 ml sol; nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap MO	$0 (Tier 1)	
NUEDEXTA 20 MG-10 MG CAPSULE MO	$0 (Tier 2)	QL (60 per 30 days)
NUPLAZID 17 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
olanzapine 10 mg vial; olanzapine 15 mg, 15 mg, 20 mg, 20 mg tablet; olanzapine odt 15 mg, 15 mg, 20 mg, 20 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
olanzapine 10 mg, 10 mg, 2.5 mg, 5 mg, 5 mg, 7.5 mg tablet; olanzapine odt 10 mg, 10 mg, 2.5 mg, 5 mg, 5 mg, 7.5 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
ONFI 10 MG, 20 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION MO	$0 (Tier 2)	PA,QL (480 per 30 days)
ORAP 1 MG, 2 MG TABLET MO	$0 (Tier 2)	
oxaprozin 600 mg caplet MO	$0 (Tier 1)	
oxazepam 10 mg, 15 mg, 30 mg capsule MO	$0 (Tier 1)	
oxcarbazepine 150 mg, 300 mg, 600 mg tablet; oxcarbazepine 300 mg/5 ml susp MO	$0 (Tier 1)	
oxycodon 10 mg/0.5 ml oral syr; oxycodone hcl 100 mg/5 ml soln MO	$0 (Tier 1)	QL (270 per 30 days)
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet; oxycodone hcl 5 mg capsule MO	$0 (Tier 1)	QL (360 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodone hcl 5 mg/5 ml soln MO	$0 (Tier 1)	QL (5400 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 MO	$0 (Tier 1)	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 MO	$0 (Tier 1)	QL (360 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet MO	$0 (Tier 1)	ST,QL (30 per 30 days)
paliperidone er 6 mg tablet MO	$0 (Tier 1)	ST,QL (60 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION MO	$0 (Tier 2)	
PEGANONE 250 MG TABLET MO	$0 (Tier 2)	
pentazocine-naloxone tablet MO	$0 (Tier 1)	QL (360 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet MO	$0 (Tier 1)	
perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab MO	$0 (Tier 1)	
phenelzine sulfate 15 mg tab MO	$0 (Tier 1)	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet MO	$0 (Tier 1)	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet MO	$0 (Tier 1)	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix MO	$0 (Tier 1)	QL (1500 per 30 days)
phenobarbital 30 mg tablet MO	$0 (Tier 1)	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE MO	$0 (Tier 2)	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp; phenytoin 50 mg tablet chew MO	$0 (Tier 1)	
phenytoin 50 mg/ml vial MO	$0 (Tier 1)	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap MO	$0 (Tier 1)	
pimozide 1 mg, 2 mg tablet MO	$0 (Tier 1)	
piroxicam 10 mg, 20 mg capsule MO	$0 (Tier 1)	
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET MO	$0 (Tier 2)	PA
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet MO	$0 (Tier 1)	
primidone 250 mg, 50 mg tablet MO	$0 (Tier 1)	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet MO	$0 (Tier 1)	
quetiapine fumarate 100 mg, 300 mg, 400 mg tab MO	$0 (Tier 1)	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab MO	$0 (Tier 1)	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
riluzole 50 mg tablet MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML INTRAMUSCULAR SYRINGE MO	$0 (Tier 2)	QL (4 per 28 days)
risperidone 0.25 mg, 0.25 mg, 1 mg, 1 mg, 2 mg, 2 mg, 3 mg, 3 mg, 4 mg, 4 mg odt; risperidone 0.25 mg, 0.25 mg, 1 mg, 1 mg, 2 mg, 2 mg, 3 mg, 3 mg, 4 mg, 4 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
risperidone 0.5 mg, 0.5 mg odt; risperidone 0.5 mg, 0.5 mg tablet MO	$0 (Tier 1)	QL (120 per 30 days)
risperidone 1 mg/ml solution MO	$0 (Tier 1)	
rizatriptan 10 mg, 5 mg tablet MO	$0 (Tier 1)	QL (12 per 30 days)
ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg tablet MO	$0 (Tier 1)	
roweepra 500 mg tablet MO	$0 (Tier 1)	
SABRIL 500 MG ORAL POWDER PACKET MO	$0 (Tier 2)	PA
SABRIL 500 MG TABLET MO	$0 (Tier 2)	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	$0 (Tier 2)	QL (60 per 30 days)
selegiline hcl 5 mg capsule; selegiline hcl 5 mg tablet MO	$0 (Tier 1)	
sertraline 20 mg/ml oral conc MO	$0 (Tier 1)	
sertraline hcl 100 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet MO	$0 (Tier 1)	QL (90 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION MO	$0 (Tier 2)	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION MO	$0 (Tier 2)	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION MO	$0 (Tier 2)	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION MO	$0 (Tier 2)	ST,QL (120 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE MO	$0 (Tier 2)	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE MO	$0 (Tier 2)	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MO	$0 (Tier 2)	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	$0 (Tier 2)	PA,QL (90 per 30 days)
sulindac 150 mg, 200 mg tablet MO	$0 (Tier 1)	
sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray MO	$0 (Tier 1)	
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill; sumatriptan 6 mg/0.5 ml inject; sumatriptan 6 mg/0.5 ml vial MO	$0 (Tier 1)	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet MO	$0 (Tier 1)	QL (9 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE MO	$0 (Tier 2)	
TASMAR 100 MG TABLET MO	$0 (Tier 2)	PA

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	
temazepam 15 mg, 30 mg capsule MO	$0 (Tier 1)	QL (30 per 30 days)
tetrabenazine 12.5 mg tablet MO	$0 (Tier 1)	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet MO	$0 (Tier 1)	PA,QL (120 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet MO	$0 (Tier 1)	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule MO	$0 (Tier 1)	
tiagabine hcl 2 mg, 4 mg tablet MO	$0 (Tier 1)	
tolcapone 100 mg tablet MO	$0 (Tier 1)	PA
tolmetin sodium 200 mg, 600 mg tab; tolmetin sodium 400 mg cap MO	$0 (Tier 1)	
topiramate 100 mg, 200 mg, 50 mg tablet MO	$0 (Tier 1)	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap MO	$0 (Tier 1)	
topiramate 25 mg tablet MO	$0 (Tier 1)	QL (90 per 30 days)
tramadol hcl 50 mg tablet MO	$0 (Tier 1)	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab MO	$0 (Tier 1)	
trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet MO	$0 (Tier 1)	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet MO	$0 (Tier 1)	
trihexyphenidyl 2 mg, 5 mg tablet; trihexyphenidyl 2 mg/5 ml elx MO	$0 (Tier 1)	
TRILEPTAL 300 MG/5 ML ORAL SUSPENSION MO	$0 (Tier 2)	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp MO	$0 (Tier 1)	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	$0 (Tier 2)	ST,QL (30 per 30 days)
valproate sod 500 mg/5 ml vl MO	$0 (Tier 1)	
valproic acid 250 mg capsule MO	$0 (Tier 1)	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol MO	$0 (Tier 1)	
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet MO	$0 (Tier 1)	
venlafaxine hcl er 150 mg cap MO	$0 (Tier 1)	QL (60 per 30 days)
venlafaxine hcl er 150 mg, 225 mg, 37.5 mg tab MO	$0 (Tier 2)	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap MO	$0 (Tier 1)	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap MO	$0 (Tier 1)	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab MO	$0 (Tier 2)	QL (60 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION MO	$0 (Tier 2)	ST,QL (540 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 10 MG (7)-20 MG (7)-40 MG (16), 20 MG, 40 MG TABLET; VIIBRYD 10-20-40 MG STARTER PK MO	$0 (Tier 2)	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	$0 (Tier 2)	PA,QL (1395 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG, 50 MG (14)- 100 MG (14) TABLET; VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION; VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK MO	$0 (Tier 2)	PA
VOLTAREN 1 % TOPICAL GEL MO	$0 (Tier 2)	
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK MO	$0 (Tier 2)	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE MO	$0 (Tier 2)	PA,QL (30 per 30 days)
XENAZINE 12.5 MG TABLET MO	$0 (Tier 2)	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET MO	$0 (Tier 2)	PA,QL (120 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION MO	$0 (Tier 2)	PA,QL (540 per 30 days)
zaleplon 10 mg, 5 mg capsule MO	$0 (Tier 1)	QL (90 per 365 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule MO	$0 (Tier 1)	QL (60 per 30 days)
zolpidem tartrate 10 mg, 5 mg tablet MO	$0 (Tier 1)	QL (90 per 365 days)
zonisamide 100 mg, 25 mg, 50 mg capsule MO	$0 (Tier 1)	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	PA,QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION MO	$0 (Tier 2)	PA,QL (1 per 28 days)

DEVICES - Supplies used to help manage diabetes

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	$0 (Tier 1)	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	$0 (Tier 1)	
ADVOCATE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	$0 (Tier 1)	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" MO	$0 (Tier 1)	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE MO	$0 (Tier 1)	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUTOPEN 1 TO 16 UNITS SUBCUTANEOUS MO	$0 (Tier 1)	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO	$0 (Tier 1)	
AUTOPEN 2 TO 32 UNITS SUBCUTANEOUS MO	$0 (Tier 1)	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO	$0 (Tier 1)	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MO	$0 (Tier 1)	
BD AUTOSHIELD PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" MO	$0 (Tier 1)	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MO	$0 (Tier 1)	
BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" MO	$0 (Tier 1)	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" MO	$0 (Tier 1)	
BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" MO	$0 (Tier 1)	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" MO	$0 (Tier 1)	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" MO	$0 (Tier 1)	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	$0 (Tier 1)	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" MO	$0 (Tier 1)	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	$0 (Tier 1)	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	$0 (Tier 1)	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"" MO	$0 (Tier 1)	
BD INTEGRA INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MO	$0 (Tier 1)	
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE MO	$0 (Tier 1)	
BD LO-DOSE ULTRA-FINE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2" SYRINGE MO	$0 (Tier 1)	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" MO	$0 (Tier 1)	
BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" MO	$0 (Tier 1)	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	$0 (Tier 1)	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" MO	$0 (Tier 1)	
COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	$0 (Tier 1)	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	$0 (Tier 1)	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	$0 (Tier 1)	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	$0 (Tier 1)	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE MO	$0 (Tier 1)	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	$0 (Tier 1)	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" MO	$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions,** please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" **MO**	$0 (Tier 1)	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE **MO**	$0 (Tier 1)	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" **MO**	$0 (Tier 1)	
EASY TOUCH UNI-SLIP 1 ML SYRINGE **MO**	$0 (Tier 1)	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE **MO**	$0 (Tier 1)	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE **MO**	$0 (Tier 1)	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	$0 (Tier 1)	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	$0 (Tier 1)	
EXEL INSULIN SYRN 27G-1/2 ML **MO**	$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; PV INSULIN SYRINGE 0.5 ML; PV INSULIN SYRINGE 1 ML **MO**	$0 (Tier 1)	
INSULIN SYRINGE MICROFINE 0.3 ML 28 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" **MO**	$0 (Tier 1)	
BD LUER-LOK SYRINGE 1 ML **MO**	$0 (Tier 1)	
INSULIN SYRINGE ULTRAFINE 0.5 ML 29 GAUGE X 1/2" **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYR 1 ML 25GX5/8"; BD INSULIN SYR 1 ML 28GX1/2"; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRIN 0.5 ML 31GX5/16"; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX5/16"; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 29GX1/2"; RELION INS SYR 0.3 ML 30GX5/16; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 30GX5/16"; RELION INSULIN SYR 0.5 ML; RELION SYR 0.5 ML 30GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" **MO**	$0 (Tier 1)	
INSULIN SYRINGE U100 1 ML **MO**	$0 (Tier 1)	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE **MO**	$0 (Tier 1)	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" **MO**	$0 (Tier 1)	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 30 GAUGE; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 30 GAUGE"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 **MO**	$0 (Tier 1)	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" **MO**	$0 (Tier 1)	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" **MO**	$0 (Tier 1)	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" **MO**	$0 (Tier 1)	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE **MO**	$0 (Tier 1)	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"; MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"" **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"; MONOJECT INSULIN SYRINGE 1 ML **MO**	$0 (Tier 1)	
MONOJECT SYRINGE 1/2 ML 28 GAUGE **MO**	$0 (Tier 1)	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE **MO**	$0 (Tier 1)	
NOVOFINE 30 30 GAUGE X 1/3" NEEDLE **MO**	$0 (Tier 1)	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE **MO**	$0 (Tier 1)	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE **MO**	$0 (Tier 1)	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE **MO**	$0 (Tier 1)	
NOVOPEN ECHO SUBCUTANEOUS **MO**	$0 (Tier 1)	
NOVOTWIST 30 GAUGE X 1/3", 32 GAUGE X 1/5" NEEDLE; NOVOTWIST NEEDLE 30G 8MM **MO**	$0 (Tier 1)	
KROGER PEN NEEDLES 29G; PEN NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	$0 (Tier 1)	
COMFORT POINT PEN NDL 31GX1/3"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 5/32"; PEN NEEDLES 6MM 31G **MO**	$0 (Tier 1)	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	$0 (Tier 1)	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"; PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"" **MO**	$0 (Tier 1)	
RELION NEEDLES 31 GAUGE X 1/4" **MO**	$0 (Tier 1)	
RELION PEN NEEDLES 32 GAUGE X 5/32" **MO**	$0 (Tier 1)	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" **MO**	$0 (Tier 1)	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4"" **MO**	$0 (Tier 1)	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" **MO**	$0 (Tier 1)	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" **MO**	$0 (Tier 1)	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" **MO**	$0 (Tier 1)	
TECHLITE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	$0 (Tier 1)	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" **MO**	$0 (Tier 1)	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" **MO**	$0 (Tier 1)	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16 SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE **MO**	$0 (Tier 1)	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE **MO**	$0 (Tier 1)	
ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16 ", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X 1/2 ", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE; ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16 ", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X 1/2 ", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"" SYRINGE; ULTICARE 0.3 ML 30 X 5/16" SYRINGE; ULTICARE 1/2 ML 29 X 1/2" SYRINGE **MO**	$0 (Tier 1)	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" **MO**	$0 (Tier 1)	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" **MO**	$0 (Tier 1)	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	$0 (Tier 1)	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16"; ULTILET INSULIN SYRINGE 1/2 ML 29 **MO**	$0 (Tier 1)	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" MO	$0 (Tier 1)	
ULTRA COMFORT 3/10 ML SYR; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MO	$0 (Tier 1)	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" MO	$0 (Tier 1)	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE MO	$0 (Tier 1)	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" MO	$0 (Tier 1)	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	$0 (Tier 1)	
UNIFINE PENTIP NEEDLES; UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 29 GAUGE X 5/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	$0 (Tier 1)	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	$0 (Tier 1)	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" MO	$0 (Tier 1)	

ELECTROLYTIC, CALORIC, AND WATER BALANCE - Drugs used to treat conditions such as high blood pressure and water retention

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amiloride hcl 5 mg tablet MO	$0 (Tier 1)	
amiloride hcl-hctz 5-50 mg tab MO	$0 (Tier 1)	
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
ammonium chloride 5 meq/ml MO	$0 (Tier 1)	
bumetanide 0.25 mg/ml vial; bumetanide 0.5 mg, 1 mg, 2 mg tablet MO	$0 (Tier 1)	
BUPHENYL 500 MG TABLET MO	$0 (Tier 2)	
calcium acetate 667 mg gelcap; calcium acetate 667 mg tablet MO	$0 (Tier 1)	
CARBAGLU 200 MG DISPERSIBLE TABLET MO	$0 (Tier 2)	PA
chlorothiazide 250 mg, 500 mg tablet MO	$0 (Tier 1)	
chlorothiazide sod 500 mg vial MO	$0 (Tier 1)	
chlorthalidone 25 mg, 50 mg tablet MO	$0 (Tier 1)	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
constulose 10 gram/15 ml oral solution MO	$0 (Tier 1)	
dextrose 10%-0.45% nacl iv sol MO	$0 (Tier 1)	
dextrose 2.5%-0.45% nacl iv MO	$0 (Tier 1)	
dextrose 5%-0.9% nacl iv soln MO	$0 (Tier 1)	
dextrose 5%-0.45% nacl iv soln MO	$0 (Tier 1)	
dextrose 10%-0.2% nacl iv soln MO	$0 (Tier 1)	
dextrose 10%-water iv solution MO	$0 (Tier 1)	
dextrose 5%-water iv soln; dextrose 5%-water vial MO	$0 (Tier 1)	
dextrose 5%-0.2% nacl iv soln MO	$0 (Tier 1)	
dextrose 5%-0.3% nacl iv soln MO	$0 (Tier 1)	
DIURIL 250 MG/5 ML ORAL SUSPENSION MO	$0 (Tier 2)	
dextrose 5%-electrolyte 48 MO	$0 (Tier 1)	
enulose 10 gram/15 ml oral solution MO	$0 (Tier 1)	
ethacrynate sodium 50 mg vial MO	$0 (Tier 1)	
furosemide 10 mg/ml, 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 20 mg, 40 mg, 80 mg tablet; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln MO	$0 (Tier 1)	
generlac 10 gram/15 ml oral solution MO	$0 (Tier 1)	
HEPATAMINE 8% INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
hydrochlorothiazide 12.5 mg cp; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb MO	$0 (Tier 1)	
indapamide 1.25 mg, 2.5 mg tablet MO	$0 (Tier 1)	
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION MO	$0 (Tier 2)	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION MO	$0 (Tier 2)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
ISOLYTE-S INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION MO	$0 (Tier 2)	B vs D
kionex oral powder MO	$0 (Tier 1)	
KIONEX (WITH SORBITOL) 15 GRAM-19.3 GRAM/60 ML ORAL SUSPENSION MO	$0 (Tier 1)	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	
klor-con m10 meq tablet,extended release MO	$0 (Tier 1)	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MO	$0 (Tier 1)	
klor-con m20 meq tablet,extended release MO	$0 (Tier 1)	
klor-con sprinkle 10 meq, 8 meq capsule,extended release MO	$0 (Tier 1)	
lactated ringers injection; lactated ringers irrigation MO	$0 (Tier 1)	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution MO	$0 (Tier 1)	
LITHOSTAT 250 MG TABLET MO	$0 (Tier 2)	
methyclothiazide 5 mg tablet MO	$0 (Tier 1)	
metolazone 10 mg, 2.5 mg, 5 mg tablet MO	$0 (Tier 1)	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
NORMOSOL-R INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
NUTRILIPID 20 % INTRAVENOUS EMULSION MO	$0 (Tier 2)	B vs D
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION MO	$0 (Tier 2)	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION MO	$0 (Tier 2)	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION MO	$0 (Tier 2)	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION MO	$0 (Tier 2)	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
PLASMA-LYTE A INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml sol; potassium cl 20 meq/10 ml conc; potassium cl er 10 meq, 20 meq tablet; potassium cl er 10 meq, 20 meq, 8 meq tablet; potassium cl er 10 meq, 8 meq capsule **MO**	$0 (Tier 1)	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln **MO**	$0 (Tier 1)	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution **MO**	$0 (Tier 1)	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer **MO**	$0 (Tier 1)	
potassium cl 20 meq-0.45% nacl **MO**	$0 (Tier 1)	
d5%-1/4ns-kcl 20 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl **MO**	$0 (Tier 1)	
kcl 20 meq in d5w-0.3% nacl **MO**	$0 (Tier 1)	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% **MO**	$0 (Tier 1)	
potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab **MO**	$0 (Tier 1)	
PREMASOL 10 % INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	B vs D
probenecid 500 mg tablet **MO**	$0 (Tier 1)	
probenecid-colchicine tabs **MO**	$0 (Tier 1)	
PROCALAMINE 3% INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	B vs D
RENVELA 0.8 GRAM, 2.4 GRAM ORAL POWDER PACKET **MO**	$0 (Tier 2)	
RENVELA 800 MG TABLET **MO**	$0 (Tier 2)	QL (540 per 30 days)
ringer's iv solution; ringers irrigation solution **MO**	$0 (Tier 1)	
SAMSCA 15 MG, 30 MG TABLET **MO**	$0 (Tier 2)	QL (60 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION **MO**	$0 (Tier 2)	B vs D
sodium bicarb 7.5% abboject; sodium bicarb 8.4% abboject **MO**	$0 (Tier 1)	
sodium chloride 0.9% irrig.; sodium chloride 100 meq/40 ml **MO**	$0 (Tier 1)	
saline 0.45% soln-excel con; sodium chloride 0.45% soln **MO**	$0 (Tier 1)	
sodium chloride 0.9% solution; sodium chloride 0.9% solution; sodium chloride 0.9% vial **MO**	$0 (Tier 1)	
sodium chloride 3% iv soln **MO**	$0 (Tier 1)	
sodium chloride 5% iv soln **MO**	$0 (Tier 1)	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION **MO**	$0 (Tier 2)	
sodium lactate 5 meq/ml vial **MO**	$0 (Tier 1)	
sodium phenylbutyrate powder **MO**	$0 (Tier 1)	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp **MO**	$0 (Tier 1)	
sps 15 gm/60 ml suspension **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION MO	$0 (Tier 1)	
torsemide 10 mg, 100 mg, 20 mg, 5 mg tablet MO	$0 (Tier 1)	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
TRAVASOL 10 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp; triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb MO	$0 (Tier 1)	
TROPHAMINE 10 % INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
sterile water for irrigation MO	$0 (Tier 1)	

ENZYMES - Drugs used to treat genetic conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION MO	$0 (Tier 2)	
CEREZYME 400 UNIT INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (350 per 30 days)
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
MYOZYME 50 MG VIAL MO	$0 (Tier 2)	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA,QL (38.4 per 30 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION MO	$0 (Tier 2)	
VPRIV 400 UNIT INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA

EYE, EAR, NOSE AND THROAT (EENT) PREPS. - Drugs used to treat eye, ear, nose, and throat conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetasol hc 1 %-2 % ear drops MO	$0 (Tier 1)	
acetazolamide 125 mg, 250 mg tablet; acetazolamide er 500 mg cap MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetazolamide sod 500 mg vial MO	$0 (Tier 1)	
acetic acid 2% ear solution MO	$0 (Tier 1)	
ak-poly-bac eye ointment MO	$0 (Tier 1)	
apraclonidine hcl 0.5% drops MO	$0 (Tier 1)	
atropine 1% eye drops; atropine 1% eye ointment MO	$0 (Tier 1)	
AZASITE 1 % EYE DROPS MO	$0 (Tier 2)	
azelastine 0.1% (137 mcg) spry MO	$0 (Tier 1)	QL (30 per 25 days)
azelastine hcl 0.05% drops MO	$0 (Tier 1)	
AZOPT 1 % EYE DROPS,SUSPENSION MO	$0 (Tier 2)	
bacitracin 500 unit/gm ophth MO	$0 (Tier 1)	
bacitracin-polymyxin eye oint MO	$0 (Tier 1)	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION MO	$0 (Tier 2)	
betaxolol hcl 0.5% eye drop MO	$0 (Tier 1)	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION MO	$0 (Tier 2)	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT MO	$0 (Tier 2)	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp MO	$0 (Tier 1)	
carteolol hcl 1% eye drops MO	$0 (Tier 1)	
chlorhexidine 0.12% rinse MO	$0 (Tier 1)	
ciprofloxacin 0.3% eye drop MO	$0 (Tier 1)	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	$0 (Tier 2)	
CYSTARAN 0.44 % EYE DROPS MO	$0 (Tier 2)	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop MO	$0 (Tier 1)	
diclofenac 0.1% eye drops MO	$0 (Tier 1)	
dorzolamide hcl 2% eye drops MO	$0 (Tier 1)	QL (10 per 30 days)
dorzolamide-timolol eye drops MO	$0 (Tier 1)	QL (10 per 30 days)
doxycycline hyclate 20 mg tab MO	$0 (Tier 1)	
DUREZOL 0.05 % EYE DROPS MO	$0 (Tier 2)	
epinastine hcl 0.05% eye drops MO	$0 (Tier 1)	
erythromycin 0.5% eye ointment MO	$0 (Tier 1)	
flunisolide 0.025% spray MO	$0 (Tier 1)	QL (50 per 30 days)
fluorometholone 0.1% drops MO	$0 (Tier 1)	
flurbiprofen 0.03% eye drop MO	$0 (Tier 1)	
fluticasone prop 50 mcg spray MO	$0 (Tier 1)	QL (16 per 30 days)
garamycin 0.3% eye drops MO	$0 (Tier 2)	
gatifloxacin 0.5% eye drops MO	$0 (Tier 1)	QL (2.5 per 25 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentak 0.3 % (3 mg/gram) eye ointment MO	$0 (Tier 1)	
gentamicin 0.3% eye drops; gentamicin 0.3% eye ointment MO	$0 (Tier 1)	
hydrocortison-acetic acid soln MO	$0 (Tier 1)	
ILEVRO 0.3 % EYE DROPS,SUSPENSION MO	$0 (Tier 2)	
ipratropium 0.03% spray MO	$0 (Tier 1)	QL (30 per 30 days)
ipratropium 0.06% spray MO	$0 (Tier 1)	QL (45 per 30 days)
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution MO	$0 (Tier 1)	
LACRISERT 5 MG EYE INSERTS MO	$0 (Tier 2)	
latanoprost 0.005% eye drops MO	$0 (Tier 1)	QL (2.5 per 25 days)
levobunolol 0.5% eye drops MO	$0 (Tier 1)	
levofloxacin 0.5% eye drops MO	$0 (Tier 1)	
lidocaine 2% viscous soln; lidocaine hcl 2% jelly; lidocaine hcl 2% jelly; lidocaine hcl 4% solution MO	$0 (Tier 1)	
lidocaine viscous 2 % mucosal solution MO	$0 (Tier 1)	
LUMIGAN 0.01 % EYE DROPS MO	$0 (Tier 2)	QL (2.5 per 25 days)
methazolamide 25 mg, 50 mg tablet MO	$0 (Tier 1)	
metipranolol 0.3% eye drops MO	$0 (Tier 1)	
mometasone furoate 50 mcg spry MO	$0 (Tier 1)	
naphazoline 0.1% eye drops MO	$0 (Tier 1)	
NASONEX 50 MCG/ACTUATION SPRAY MO	$0 (Tier 2)	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment MO	$0 (Tier 1)	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment MO	$0 (Tier 1)	
neo-bacit-poly-hc eye ointment MO	$0 (Tier 1)	
neomyc-bacit-polymix eye oint MO	$0 (Tier 1)	
neomyc-polym-dexamet eye ointm; neomyc-polym-dexameth eye drop MO	$0 (Tier 1)	
neomyc-polym-gramicid eye drop MO	$0 (Tier 1)	
neomycin-poly-hc eye drops; neomycin-polymyxin-hc ear soln; neomycin-polymyxin-hc ear susp MO	$0 (Tier 1)	
neosporin (neo-polym-gramicid) 1.75mg-10,000 unit-0.025mg/ml eye drops MO	$0 (Tier 1)	
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops MO	$0 (Tier 1)	
paroex oral rinse 0.12 % mouthwash MO	$0 (Tier 1)	
PATADAY 0.2 % EYE DROPS MO	$0 (Tier 2)	
PAZEO 0.7 % EYE DROPS MO	$0 (Tier 2)	QL (2.5 per 25 days)
periogard 0.12 % mouthwash MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	$0 (Tier 2)	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops MO	$0 (Tier 1)	
polycin 500 unit-10,000 unit/gram eye ointment MO	$0 (Tier 1)	
polymyxin b-tmp eye drops MO	$0 (Tier 1)	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION MO	$0 (Tier 2)	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	$0 (Tier 2)	
prednisolone ac 1% eye drop MO	$0 (Tier 1)	
prednisolone sod 1% eye drop MO	$0 (Tier 1)	
proparacaine 0.5% eye drops MO	$0 (Tier 1)	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	$0 (Tier 2)	QL (60 per 30 days)
sulfacetamide 10% eye drops; sulfacetamide 10% eye ointment MO	$0 (Tier 1)	
sulf-pred 10-0.23% eye drops MO	$0 (Tier 1)	
timolol 0.25% eye drops; timolol 0.25% gel-solution; timolol 0.5% eye drops; timolol 0.5% gel-solution MO	$0 (Tier 1)	
tobramycin 0.3% eye drops MO	$0 (Tier 1)	
tobramycin-dexameth ophth susp MO	$0 (Tier 1)	
TOBREX 0.3 % EYE OINTMENT MO	$0 (Tier 2)	
TRAVATAN Z 0.004 % EYE DROPS MO	$0 (Tier 2)	QL (2.5 per 25 days)
trifluridine 1% eye drops MO	$0 (Tier 1)	
tropicamide 0.5% eye drops; tropicamide 1% eye drops MO	$0 (Tier 1)	
VIGAMOX 0.5 % EYE DROPS MO	$0 (Tier 2)	
ZIRGAN 0.15 % EYE GEL MO	$0 (Tier 2)	QL (5 per 30 days)

GASTROINTESTINAL DRUGS – Drugs used to treat stomach and intestinal conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
alosetron hcl 0.5 mg, 1 mg tablet MO	$0 (Tier 2)	QL (60 per 30 days)
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE MO	$0 (Tier 2)	QL (120 per 30 days)
balsalazide disodium 750 mg cp MO	$0 (Tier 1)	
CANASA 1,000 MG RECTAL SUPPOSITORY MO	$0 (Tier 2)	QL (30 per 30 days)
CHENODAL 250 MG TABLET MO	$0 (Tier 2)	PA
CHOLBAM 250 MG, 50 MG CAPSULE MO	$0 (Tier 2)	PA,QL (120 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cimetidine 300 mg/5 ml soln MO	$0 (Tier 1)	
compro 25 mg rectal suppository MO	$0 (Tier 1)	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000-114,000-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	$0 (Tier 2)	
diphenoxylat-atrop 2.5-0.025/5; diphenoxylate-atrop 2.5-0.025 MO	$0 (Tier 1)	
dronabinol 10 mg, 2.5 mg, 5 mg capsule MO	$0 (Tier 1)	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK MO	$0 (Tier 2)	B vs D,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION MO	$0 (Tier 2)	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE MO	$0 (Tier 2)	B vs D,QL (2 per 28 days)
EMEND 80 MG CAPSULE MO	$0 (Tier 2)	B vs D,QL (4 per 28 days)
famotidine 20 mg, 40 mg tablet; famotidine 40 mg/5 ml susp MO	$0 (Tier 1)	
famotidine 20 mg/2 ml vial MO	$0 (Tier 1)	
famotidine 20 mg piggyback MO	$0 (Tier 1)	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT MO	$0 (Tier 2)	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT MO	$0 (Tier 2)	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution MO	$0 (Tier 1)	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution MO	$0 (Tier 1)	
gavilyte-n 420 gram oral solution MO	$0 (Tier 1)	
granisetron hcl 0.1 mg/ml vial MO	$0 (Tier 1)	
granisetron hcl 1 mg tablet MO	$0 (Tier 1)	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial MO	$0 (Tier 1)	
lansoprazole dr 15 mg capsule MO	$0 (Tier 1)	QL (60 per 30 days)
lansoprazole dr 30 mg capsule MO	$0 (Tier 1)	QL (30 per 30 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE MO	$0 (Tier 2)	QL (120 per 30 days)
LINZESS 145 MCG, 290 MCG CAPSULE MO	$0 (Tier 2)	QL (30 per 30 days)
LOTRONEX 0.5 MG, 1 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
mesalamine 4 gm/60 ml enema MO	$0 (Tier 1)	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit MO	$0 (Tier 1)	
metoclopramide 10 mg, 5 mg tablet; metoclopramide 10 mg/2 ml syr; metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln MO	$0 (Tier 1)	
misoprostol 100 mcg, 200 mcg tablet MO	$0 (Tier 1)	
omeprazole dr 10 mg, 20 mg, 40 mg capsule MO	$0 (Tier 1)	QL (60 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron odt 4 mg, 8 mg tablet MO	$0 (Tier 1)	B vs D,QL (90 per 30 days)
ondansetron 4 mg/5 ml solution MO	$0 (Tier 1)	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial MO	$0 (Tier 1)	
ondansetron hcl 24 mg tablet MO	$0 (Tier 1)	B vs D,QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet MO	$0 (Tier 1)	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml vial MO	$0 (Tier 1)	
pantoprazole sod dr 20 mg, 40 mg tab MO	$0 (Tier 1)	QL (60 per 30 days)
pantoprazole sodium 40 mg vial MO	$0 (Tier 1)	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln MO	$0 (Tier 1)	
peg-3350 with flavor packs 420 gram oral solution MO	$0 (Tier 1)	
peg 3350-electrolyte solution MO	$0 (Tier 1)	
polyethylene glycol 3350 powd MO	$0 (Tier 1)	
prochlorperazine 25 mg supp MO	$0 (Tier 1)	
prochlorperazine 10 mg/2 ml (5 mg/ml), 5 mg/ml vial; prochlorperazine 10 mg/2 ml vl MO	$0 (Tier 1)	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet MO	$0 (Tier 1)	B vs D
PROTONIX 40 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
ranitidine 15 mg/ml syrup; ranitidine 150 mg, 300 mg capsule; ranitidine 150 mg, 300 mg tablet MO	$0 (Tier 1)	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION; RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	QL (36 per 28 days)
RELISTOR 150 MG TABLET MO	$0 (Tier 2)	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH MO	$0 (Tier 2)	QL (4 per 30 days)
sucralfate 1 gm tablet MO	$0 (Tier 1)	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	$0 (Tier 2)	
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) MO	$0 (Tier 2)	QL (10 per 30 days)
trilyte with flavor packets 420 gram oral solution MO	$0 (Tier 1)	
trimethobenzamide 300 mg cap MO	$0 (Tier 1)	
ursodiol 250 mg, 500 mg tablet; ursodiol 300 mg capsule MO	$0 (Tier 1)	
VIBERZI 100 MG, 75 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)

GOLD COMPOUNDS – Drugs used to treat arthritis

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RIDAURA 3 MG CAPSULE MO	$0 (Tier 2)	

HEAVY METAL ANTAGONISTS – Drugs used to treat high levels of metal in the blood

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CHEMET 100 MG CAPSULE MO	$0 (Tier 2)	
CUPRIMINE 250 MG CAPSULE MO	$0 (Tier 2)	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET MO	$0 (Tier 2)	PA
SYPRINE 250 MG CAPSULE MO	$0 (Tier 2)	

HORMONES AND SYNTHETIC SUBSTITUTES – Drugs used to treat hormone imbalance

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
a-hydrocort 100 mg solution for injection MO	$0 (Tier 1)	
acarbose 100 mg, 25 mg, 50 mg tablet MO	$0 (Tier 1)	
altavera (28) 0.15 mg-0.03 mg tablet MO	$0 (Tier 1)	
amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet MO	$0 (Tier 1)	
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	$0 (Tier 1)	QL (91 per 90 days)
ANADROL-50 50 MG TABLET MO	$0 (Tier 2)	
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET MO	$0 (Tier 2)	QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET MO	$0 (Tier 2)	QL (150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MO	$0 (Tier 2)	
androxy 10 mg tablet MO	$0 (Tier 1)	
apri 0.15 mg-0.03 mg tablet MO	$0 (Tier 1)	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet MO	$0 (Tier 1)	
aubra 0.1 mg-20 mcg tablet MO	$0 (Tier 1)	
AVANDIA 2 MG, 4 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
AVANDIA 8 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
aviane 0.1 mg-20 mcg tablet MO	$0 (Tier 1)	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	$0 (Tier 1)	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	$0 (Tier 1)	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	$0 (Tier 1)	
budesonide ec 3 mg capsule MO	$0 (Tier 1)	
calcitonin-salmon 200 units sp MO	$0 (Tier 1)	
camila 0.35 mg tablet MO	$0 (Tier 1)	
CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	$0 (Tier 1)	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	$0 (Tier 1)	
chorionic gonad 10,000 unit vl MO	$0 (Tier 2)	PA
cortisone 25 mg tablet MO	$0 (Tier 1)	
cryselle (28) 0.3 mg-30 mcg tablet MO	$0 (Tier 1)	
cyclafem 1/35 (28) 1 mg-35 mcg tablet MO	$0 (Tier 1)	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	$0 (Tier 1)	
cyred 0.15 mg-0.03 mg tablet MO	$0 (Tier 1)	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET MO	$0 (Tier 2)	
danazol 100 mg, 200 mg, 50 mg capsule MO	$0 (Tier 1)	
dasetta 1/35 (28) 1 mg-35 mcg tablet MO	$0 (Tier 1)	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	$0 (Tier 1)	
deblitane 0.35 mg tablet MO	$0 (Tier 1)	
delyla (28) 0.1 mg-20 mcg tablet MO	$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	$0 (Tier 2)	
desmopressin 0.01% solution; desmopressin 0.1 mg/ml sol; desmopressin 10 mcg/0.1 ml spr; desmopressin ac 0.1 mg/ml (refrigerate), 4 mcg/ml vial; desmopressin acetate 0.1 mg, 0.2 mg tb MO	$0 (Tier 1)	
desogestr-eth estrad eth estra MO	$0 (Tier 1)	
desogestrel-ethinyl estrad tab MO	$0 (Tier 1)	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablet; dexamethasone 0.5 mg/5 ml elx; dexamethasone 0.5 mg/5 ml liq MO	$0 (Tier 1)	
DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) MO	$0 (Tier 1)	
dexamethasone 4 mg/ml syringe; dexamethasone 4 mg/ml vial MO	$0 (Tier 1)	
drospirenone-ee 3-0.02 mg, 3-0.03 mg tab MO	$0 (Tier 1)	
DUAVEE 0.45 MG-20 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA,QL (60 per 30 days)
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA
elinest 0.3 mg-30 mcg tablet MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELLA 30 MG TABLET MO	$0 (Tier 2)	QL (1 per 30 days)
emoquette 0.15 mg-0.03 mg tablet MO	$0 (Tier 1)	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO	$0 (Tier 1)	
enskyce 0.15 mg-0.03 mg tablet MO	$0 (Tier 1)	
errin 0.35 mg tablet MO	$0 (Tier 1)	
estradiol 0.0375 mg/day patch; estradiol 0.05 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol 0.1 mg/day patch; estradiol tds 0.025 mg/day MO	$0 (Tier 1)	QL (4 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg tablet MO	$0 (Tier 1)	
estradiol valerate 20 mg/ml, 40 mg/ml vl MO	$0 (Tier 1)	
estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb MO	$0 (Tier 1)	
estropipate 0.625(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 1.25(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 2.5(0.75 mg, 1.5 mg, 3 mg) tab MO	$0 (Tier 1)	
falmina (28) 0.1 mg-20 mcg tablet MO	$0 (Tier 1)	
FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO	$0 (Tier 2)	
fludrocortisone 0.1 mg tablet MO	$0 (Tier 1)	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR MO	$0 (Tier 2)	ST
FORTICAL 200 UNITS NASAL SPRAY MO	$0 (Tier 2)	
GIANVI (28) 3 MG-20 MCG TABLET MO	$0 (Tier 1)	
gildess 1.5 mg-30 mcg tablet MO	$0 (Tier 1)	
gildess 1 mg-20 mcg tablet MO	$0 (Tier 1)	
gildess fe 1.5-30 tablet MO	$0 (Tier 1)	
gildess fe 1-20 tablet MO	$0 (Tier 1)	
glimepiride 1 mg, 2 mg, 4 mg tablet MO	$0 (Tier 1)	
glipizide 10 mg, 5 mg tablet; glipizide er 10 mg, 2.5 mg, 5 mg tablet MO	$0 (Tier 1)	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg MO	$0 (Tier 1)	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	$0 (Tier 2)	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION MO	$0 (Tier 2)	
GLYSET 100 MG, 25 MG, 50 MG TABLET MO	$0 (Tier 2)	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
heather 0.35 mg tablet MO	$0 (Tier 1)	
hydrocortisone 10 mg, 20 mg, 5 mg tablet MO	$0 (Tier 1)	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA
introvale 0.15 mg-30 mcg tablets,3 month dose pack MO	$0 (Tier 1)	QL (91 per 90 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
jencycla 0.35 mg tablet MO	$0 (Tier 1)	
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	$0 (Tier 2)	QL (30 per 30 days)
juleber 0.15 mg-0.03 mg tablet MO	$0 (Tier 1)	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet MO	$0 (Tier 1)	
junel 1/20 (21) 1 mg-20 mcg tablet MO	$0 (Tier 1)	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	$0 (Tier 1)	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	$0 (Tier 1)	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	$0 (Tier 1)	
kelnor 1/35 (28) 1 mg-35 mcg tablet MO	$0 (Tier 1)	
kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	$0 (Tier 1)	
KORLYM 300 MG TABLET MO	$0 (Tier 2)	PA,QL (120 per 30 days)
kurvelo 0.15 mg-0.03 mg tablet MO	$0 (Tier 1)	
levono-e estrad 0.10-0.02-0.01 MO	$0 (Tier 1)	QL (91 per 90 days)
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	$0 (Tier 2)	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	$0 (Tier 1)	
larin 1/20 (21) 1 mg-20 mcg tablet MO	$0 (Tier 1)	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	$0 (Tier 1)	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	$0 (Tier 1)	
larissia 0.1 mg-20 mcg tablet MO	$0 (Tier 1)	
lessina 0.1 mg-20 mcg tablet MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	$0 (Tier 2)	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	$0 (Tier 1)	
levonor-eth estrad triphasic MO	$0 (Tier 1)	
levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 MO	$0 (Tier 1)	
levonor-eth estrad 0.15-0.03 MO	$0 (Tier 1)	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet MO	$0 (Tier 1)	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg tablet MO	$0 (Tier 1)	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	$0 (Tier 2)	
liothyronine sod 10 mcg/ml vl; liothyronine sod 25 mcg, 5 mcg, 50 mcg tab MO	$0 (Tier 1)	
loryna (28) 3 mg-20 mcg tablet MO	$0 (Tier 1)	
low-ogestrel (28) 0.3 mg-30 mcg tablet MO	$0 (Tier 1)	
lutera (28) 0.1 mg-20 mcg tablet MO	$0 (Tier 1)	
lyza 0.35 mg tablet MO	$0 (Tier 1)	
marlissa 0.15 mg-0.03 mg tablet MO	$0 (Tier 1)	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab MO	$0 (Tier 1)	
medroxyprogesterone 150 mg/ml MO	$0 (Tier 1)	QL (1 per 90 days)
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	$0 (Tier 2)	
metformin hcl 1,000 mg, 500 mg, 850 mg tablet MO	$0 (Tier 1)	
metformin hcl er 500 mg tablet MO	$0 (Tier 1)	QL (120 per 30 days)
metformin hcl er 750 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)
methimazole 10 mg, 5 mg tablet MO	$0 (Tier 1)	
METHITEST 10 MG TABLET MO	$0 (Tier 2)	
methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg dosepk; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tablet MO	$0 (Tier 1)	B vs D
methylprednisolone 40 mg/ml, 80 mg/ml vl MO	$0 (Tier 1)	
methylprednisolone 1,000 mg, 125 mg, 40 mg vial; methylprednisolone ss 1 gm vl MO	$0 (Tier 1)	
methyltestosterone 10 mg cap MO	$0 (Tier 1)	
MIACALCIN 200 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	
MICROGESTIN 1.5/30 (21) 1.5 MG-30 MCG TABLET MO	$0 (Tier 1)	
microgestin 1/20 (21) 1 mg-20 mcg tablet MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MICROGESTIN FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	$0 (Tier 1)	
MICROGESTIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	$0 (Tier 1)	
miglitol 100 mg, 25 mg, 50 mg tablet MO	$0 (Tier 1)	
mimvey 1 mg-0.5 mg tablet MO	$0 (Tier 1)	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA,QL (60 per 30 days)
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet MO	$0 (Tier 1)	
nateglinide 120 mg, 60 mg tablet MO	$0 (Tier 1)	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE MO	$0 (Tier 2)	PA,QL (2 per 28 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MO	$0 (Tier 1)	
necon 1/35 (28) 1 mg-35 mcg tablet MO	$0 (Tier 1)	
necon 10/11 (28) 0.5 mg-35 mcg(10)/1 mg-35 mcg(11) tablet MO	$0 (Tier 1)	
nikki (28) 3 mg-20 mcg tablet MO	$0 (Tier 1)	
norethindrone 0.35 mg tablet MO	$0 (Tier 1)	
norethind-eth estrad 1-0.02 mg MO	$0 (Tier 1)	
norethindrone 5 mg tablet MO	$0 (Tier 1)	
noreth-estrad-fe 1-0.02(21)-75 MO	$0 (Tier 1)	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg MO	$0 (Tier 1)	
norlyroc 0.35 mg tablet MO	$0 (Tier 1)	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet MO	$0 (Tier 1)	
nortrel 1/35 (21) 1 mg-35 mcg tablet MO	$0 (Tier 1)	
nortrel 1/35 (28) 1 mg-35 mcg tablet MO	$0 (Tier 1)	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	$0 (Tier 1)	
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	$0 (Tier 2)	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	$0 (Tier 2)	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION MO	$0 (Tier 2)	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS MO	$0 (Tier 2)	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	$0 (Tier 2)	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	$0 (Tier 2)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vl **MO**	$0 (Tier 1)	PA
ogestrel (28) 0.5 mg-50 mcg tablet **MO**	$0 (Tier 1)	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE; OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION **MO**	$0 (Tier 2)	PA
orsythia 0.1 mg-20 mcg tablet **MO**	$0 (Tier 1)	
oxandrolone 10 mg tablet **MO**	$0 (Tier 1)	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet **MO**	$0 (Tier 1)	PA,QL (120 per 30 days)
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	$0 (Tier 1)	
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 **MO**	$0 (Tier 1)	QL (30 per 30 days)
pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 **MO**	$0 (Tier 1)	QL (90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet **MO**	$0 (Tier 1)	
portia 0.15 mg-0.03 mg tablet **MO**	$0 (Tier 1)	
prednisolone 15 mg/5 ml soln; prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml **MO**	$0 (Tier 1)	
prednisone 1 mg, 10 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 5 mg, 50 mg tab dose pack; prednisone 1 mg, 10 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 5 mg, 50 mg tablet; prednisone 5 mg/5 ml solution **MO**	$0 (Tier 1)	B vs D
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE **MO**	$0 (Tier 1)	B vs D
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET; PREMARIN 0.625 MG/GRAM VAGINAL CREAM **MO**	$0 (Tier 2)	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET **MO**	$0 (Tier 2)	
PREMPRO 0.3 MG-1.5 MG TABLET; PREMPRO 0.45 MG-1.5 MG TABLET; PREMPRO 0.625 MG-2.5 MG TABLET; PREMPRO 0.625 MG-5 MG TABLET **MO**	$0 (Tier 2)	
previfem 0.25 mg-35 mcg tablet **MO**	$0 (Tier 1)	
progesterone 100 mg, 200 mg capsule **MO**	$0 (Tier 1)	
PROGLYCEM 50 MG/ML ORAL SUSPENSION **MO**	$0 (Tier 2)	
propylthiouracil 50 mg tablet **MO**	$0 (Tier 1)	
quasense 0.15 mg-30 mcg tablets,3 month dose pack **MO**	$0 (Tier 1)	QL (91 per 90 days)
raloxifene hcl 60 mg tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet **MO**	$0 (Tier 1)	
repaglinide 0.5 mg, 1 mg, 2 mg tablet **MO**	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR KIT; SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE MO	$0 (Tier 2)	PA
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA
setlakin 0.15 mg-30 mcg tablets,3 month dose pack MO	$0 (Tier 1)	QL (91 per 90 days)
sharobel 0.35 mg tablet MO	$0 (Tier 1)	
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA,QL (60 per 30 days)
SOLU-MEDROL 1,000 MG, 2 GRAM INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
SOLU-MEDROL (PF) 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION MO	$0 (Tier 2)	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA,QL (30 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet MO	$0 (Tier 1)	
sronyx 0.1 mg-20 mcg tablet MO	$0 (Tier 1)	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY MO	$0 (Tier 2)	
syeda 3 mg-0.03 mg tablet MO	$0 (Tier 1)	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR MO	$0 (Tier 2)	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR MO	$0 (Tier 2)	QL (10.5 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY MO	$0 (Tier 2)	
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	$0 (Tier 2)	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	$0 (Tier 1)	
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml MO	$0 (Tier 1)	
testosterone enan 200 mg/ml MO	$0 (Tier 1)	
TESTRED 10 MG CAPSULE MO	$0 (Tier 2)	
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	$0 (Tier 2)	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	$0 (Tier 2)	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	$0 (Tier 2)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THYROLAR-2 25 MCG-100 MCG TABLET MO	$0 (Tier 2)	
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	$0 (Tier 2)	
TILIA FE 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET MO	$0 (Tier 1)	
tolazamide 250 mg, 500 mg tablet MO	$0 (Tier 1)	
tolbutamide 500 mg tablet MO	$0 (Tier 1)	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN MO	$0 (Tier 2)	
TRADJENTA 5 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	$0 (Tier 2)	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	$0 (Tier 2)	QL (27 per 30 days)
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	$0 (Tier 1)	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	$0 (Tier 1)	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	$0 (Tier 1)	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	$0 (Tier 1)	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	$0 (Tier 1)	
TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET MO	$0 (Tier 1)	
TRINESSA LO 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET MO	$0 (Tier 1)	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	$0 (Tier 1)	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	$0 (Tier 2)	QL (2 per 28 days)
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	$0 (Tier 2)	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	$0 (Tier 1)	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION MO	$0 (Tier 2)	
vestura (28) 3 mg-20 mcg tablet MO	$0 (Tier 1)	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	$0 (Tier 2)	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	$0 (Tier 2)	QL (9 per 30 days)
vienva 0.1 mg-20 mcg tablet MO	$0 (Tier 1)	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	$0 (Tier 1)	
wera (28) 0.5 mg-35 mcg tablet MO	$0 (Tier 1)	
WYMZYA FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO	$0 (Tier 1)	
zarah 3 mg-0.03 mg tablet MO	$0 (Tier 1)	
zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions,** please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zeosa chewable tablet MO	$0 (Tier 1)	
zovia 1/35e (28) 1 mg-35 mcg tablet MO	$0 (Tier 1)	
zovia 1/50e (28) 1 mg-50 mcg tablet MO	$0 (Tier 1)	

LOCAL ANESTHETICS (PARENTERAL) - Drugs used to help with local pain

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine hcl 0.5% vial; lidocaine hcl 1% ampul; lidocaine hcl 2% vial MO	$0 (Tier 1)	
lidocaine hcl 1% vial; lidocaine hcl 2% vial MO	$0 (Tier 1)	

MISCELLANEOUS THERAPEUTIC AGENTS - Drugs used to treat arthritis and other conditions such as MS and osteoporosis

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetylcysteine 6 gram/30 ml vl MO	$0 (Tier 1)	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab MO	$0 (Tier 1)	QL (4 per 28 days)
allopurinol 100 mg, 300 mg tablet MO	$0 (Tier 1)	
amifostine 500 mg vial MO	$0 (Tier 1)	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	PA,QL (60 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA
ATELVIA 35 MG TABLET,DELAYED RELEASE MO	$0 (Tier 2)	
AVODART 0.5 MG CAPSULE MO	$0 (Tier 2)	PA,QL (30 per 30 days)
AVONEX 30 MCG/0.5 ML, 30 MCG/0.5 ML INTRAMUSCULAR PEN INJECTOR; AVONEX 30 MCG/0.5 ML, 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT; AVONEX 30 MCG/0.5 ML, 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE; AVONEX 30 MCG/0.5 ML, 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT MO	$0 (Tier 2)	PA,QL (2 per 28 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT MO	$0 (Tier 2)	PA,QL (4 per 28 days)
AZASAN 100 MG, 75 MG TABLET MO	$0 (Tier 2)	B vs D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azathioprine 50 mg tablet MO	$0 (Tier 1)	B vs D
azathioprine sod 100 mg vial MO	$0 (Tier 1)	B vs D
BENLYSTA 120 MG, 400 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (30 per 28 days)
CELLCEPT 200 MG/ML ORAL SUSPENSION; CELLCEPT 250 MG CAPSULE; CELLCEPT 500 MG TABLET MO	$0 (Tier 2)	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
CERDELGA 84 MG CAPSULE MO	$0 (Tier 2)	PA,QL (60 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (100 per 30 days)
colchicine 0.6 mg tablet MO	$0 (Tier 1)	QL (120 per 30 days)
COLCRYS 0.6 MG TABLET MO	$0 (Tier 2)	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (12 per 28 days)
cyclosporine 100 mg, 25 mg capsule; cyclosporine 50 mg/ml ampul MO	$0 (Tier 1)	B vs D
cyclosporine 100 mg/ml soln; cyclosporine modified 100 mg, 25 mg, 50 mg MO	$0 (Tier 1)	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER MO	$0 (Tier 2)	
CYSTAGON 150 MG, 50 MG CAPSULE MO	$0 (Tier 2)	
DEMSER 250 MG CAPSULE MO	$0 (Tier 2)	
dexrazoxane 250 mg, 500 mg vial MO	$0 (Tier 1)	B vs D
disulfiram 250 mg, 500 mg tablet MO	$0 (Tier 1)	
dutasteride 0.5 mg capsule MO	$0 (Tier 1)	QL (30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 MO	$0 (Tier 1)	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE MO	$0 (Tier 2)	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION; ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (4.08 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR MO	$0 (Tier 2)	PA,QL (8 per 28 days)
etidronate disodium 200 mg, 400 mg tab MO	$0 (Tier 1)	
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
finasteride 5 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (9 per 30 days)
fomepizole 1.5 gm/1.5 ml vial MO	$0 (Tier 1)	
FUSILEV 50 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
gengraf 100 mg, 25 mg, 50 mg capsule; gengraf 100 mg/ml oral solution MO	$0 (Tier 1)	B vs D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GILENYA 0.5 MG CAPSULE MO	$0 (Tier 2)	PA,QL (30 per 30 days)
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT MO	$0 (Tier 2)	PA,QL (0.4 per 28 days)
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT MO	$0 (Tier 2)	PA,QL (2.4 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT MO	$0 (Tier 2)	PA,QL (4.8 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT MO	$0 (Tier 2)	PA,QL (4.8 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS MO	$0 (Tier 2)	PA,QL (4.8 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HIDR SUP STARTER 40 MG/0.8 ML SUB-Q KIT MO	$0 (Tier 2)	PA,QL (4.8 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT MO	$0 (Tier 2)	PA,QL (4.8 per 28 days)
IMURAN 50 MG TABLET MO	$0 (Tier 2)	B vs D
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MO	$0 (Tier 2)	PA,QL (30 per 30 days)
KUVAN 100 MG SOLUBLE TABLET; KUVAN 100 MG, 500 MG ORAL POWDER PACKET MO	$0 (Tier 2)	PA
leflunomide 10 mg, 20 mg tablet MO	$0 (Tier 1)	QL (30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab MO	$0 (Tier 1)	
leucovorin calcium 100 mg, 200 mg, 350 mg, 500 mg vial; leucovorin calcium 100 mg, 200 mg, 350 mg, 500 mg vl MO	$0 (Tier 1)	B vs D
levocarnitine 200 mg/ml vial; levocarnitine 330 mg tablet MO	$0 (Tier 1)	
levocarnitine 100 mg/ml soln MO	$0 (Tier 1)	
levoleucovorin 10 mg/ml, 50 mg vial; levoleucovorin 250 mg/25 ml vl MO	$0 (Tier 1)	PA
mesna 1 gram/10 ml vial MO	$0 (Tier 1)	B vs D
MESNEX 400 MG TABLET MO	$0 (Tier 2)	
mycophenolate 200 mg/ml susp; mycophenolate 250 mg capsule; mycophenolate 500 mg tablet MO	$0 (Tier 1)	B vs D
mycophenolic acid dr 180 mg, 360 mg tb MO	$0 (Tier 1)	B vs D
MYFORTIC 180 MG, 360 MG TABLET,DELAYED RELEASE MO	$0 (Tier 2)	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA,QL (200 per 30 days)
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE; ORFADIN 4 MG/ML ORAL SUSPENSION MO	$0 (Tier 2)	
pamidronate 30 mg/10 ml vial; pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial MO	$0 (Tier 1)	
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET; RAPAMUNE 1 MG/ML ORAL SOLUTION MO	$0 (Tier 2)	B vs D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REMICADE 100 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
risedronate sod dr 35 mg tab MO	$0 (Tier 1)	
SANDIMMUNE 100 MG/ML ORAL SOLUTION MO	$0 (Tier 2)	B vs D
SENSIPAR 30 MG, 60 MG TABLET MO	$0 (Tier 2)	QL (60 per 30 days)
SENSIPAR 90 MG TABLET MO	$0 (Tier 2)	QL (120 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR; SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (3 per 30 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
sirolimus 0.5 mg, 1 mg, 2 mg tablet MO	$0 (Tier 1)	B vs D
fluoride 1 mg tablet chewable MO	$0 (Tier 1)	
tacrolimus 0.5 mg, 1 mg, 5 mg capsule MO	$0 (Tier 1)	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE MO	$0 (Tier 2)	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE MO	$0 (Tier 2)	PA,QL (60 per 30 days)
THIOLA 100 MG TABLET MO	$0 (Tier 2)	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	B vs D
TYBOST 150 MG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA,QL (1.7 per 28 days)
ZAVESCA 100 MG CAPSULE MO	$0 (Tier 2)	QL (90 per 30 days)
zoledronic acid 4 mg, 4 mg/5 ml vial MO	$0 (Tier 1)	PA,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml; zoledronic acid 5 mg/100 ml MO	$0 (Tier 1)	PA,QL (100 per 365 days)
ZORTRESS 0.25 MG, 0.75 MG TABLET MO	$0 (Tier 2)	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET MO	$0 (Tier 2)	B vs D,QL (120 per 30 days)

NON-PART D RX DRUGS - Non-Part D Rx Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACE AEROSOL CLOUD ENHANCER (*) MO	$0 (Tier 3)	
AEROCHAMBER MINI (*) MO	$0 (Tier 3)	
AEROCHAMBER MV (*) MO	$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU (*) MO	$0 (Tier 3)	
AEROCHAMBER PLUS Z STAT (*) MO	$0 (Tier 3)	
AEROCHAMBER WITH FLOWSIGNAL (*) MO	$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS (*) MO	$0 (Tier 3)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AEROGEAR ASTHMA ACTION KIT (*) MO	$0 (Tier 3)	
AEROTRACH PLUS (*) MO	$0 (Tier 3)	
AQUASOL A (*) MO	$0 (Tier 3)	
ASTHMAPACK CHILDREN'S (*) MO	$0 (Tier 3)	
BREATHERITE (*) MO	$0 (Tier 3)	
BREATHRITE (*) MO	$0 (Tier 3)	
CALCIUM CHLORIDE (*) MO	$0 (Tier 3)	
CAMRESE (*) MO	$0 (Tier 3)	
CETROTIDE (*) MO	$0 (Tier 3)	
CHROMIUM (*) MO	$0 (Tier 3)	
COPPER CHLORIDE (*) MO	$0 (Tier 3)	
CYANOCOBALAMIN INJECTION (*) MO	$0 (Tier 3)	
DEXFERRUM (*) MO	$0 (Tier 3)	
DRISDOL (*) MO	$0 (Tier 3)	
EASIVENT (*) MO	$0 (Tier 3)	
ENDOMETRIN (*) MO	$0 (Tier 3)	
E-Z SPACER (*) MO	$0 (Tier 3)	
FERAHEME (*) MO	$0 (Tier 3)	
FERRLECIT (*) MO	$0 (Tier 3)	
FOLIC ACID (*) MO	$0 (Tier 3)	
GANIRELIX ACETATE (*) MO	$0 (Tier 3)	
HYDROXOCOBALAMIN (*) MO	$0 (Tier 3)	
INFED (*) MO	$0 (Tier 3)	
INFUVITE (*) MO	$0 (Tier 3)	
INFUVITE ADULT (*) MO	$0 (Tier 3)	
INSPIRACHAMBER (*) MO	$0 (Tier 3)	
LITEAIRE (*) MO	$0 (Tier 3)	
LITETOUCH (*) MO	$0 (Tier 3)	
M.V.I. PEDIATRIC (*) MO	$0 (Tier 3)	
MAGNESIUM SULFATE (*) MO	$0 (Tier 3)	
MANGANESE (*) MO	$0 (Tier 3)	
MEPHYTON (*) MO	$0 (Tier 3)	
MICROCHAMBER (*) MO	$0 (Tier 3)	
MICROSPACER (*) MO	$0 (Tier 3)	
MONAGHAN Z STAT (*) MO	$0 (Tier 3)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NASCOBAL (*) MO	$0 (Tier 3)	
OPTICHAMBER (*) MO	$0 (Tier 3)	
OPTICHAMBER DIAMOND (*) MO	$0 (Tier 3)	
POCKET CHAMBER (*) MO	$0 (Tier 3)	
PRIMEAIRE (*) MO	$0 (Tier 3)	
PROCHAMBER (*) MO	$0 (Tier 3)	
PYRIDOXINE HCL (*) MO	$0 (Tier 3)	
RENACIDIN (*) MO	$0 (Tier 3)	
RITEFLO (*) MO	$0 (Tier 3)	
SILICONE MASK (*) MO	$0 (Tier 3)	
SODIUM CHLORIDE (*) MO	$0 (Tier 3)	
SODIUM PHOSPHATE (*) MO	$0 (Tier 3)	
THIAMINE HCL (*) MO	$0 (Tier 3)	
VENOFER (*) MO	$0 (Tier 3)	
VITAMIN D2 (*) MO	$0 (Tier 3)	
VITAMIN K1 (*) MO	$0 (Tier 3)	
VORTEX (*) MO	$0 (Tier 3)	
VORTEX VHC FROG MASK (*) MO	$0 (Tier 3)	
VORTEX VHC LADYBUG MASK (*) MO	$0 (Tier 3)	
WATER (*) MO	$0 (Tier 3)	
ZINC CHLORIDE (*) MO	$0 (Tier 3)	

OVER THE COUNTER DRUGS – Over the Counter Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcium acetate 667 mg gelcap; calcium acetate 667 mg tablet MO	$0 (Tier 1)	
cetirizine hcl 1 mg/ml soln MO	$0 (Tier 1)	QL (300 per 30 days)
clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche MO	$0 (Tier 1)	
hydrocortisone 1% cream; hydrocortisone 1% ointment; hydrocortisone 100 mg/60 ml; hydrocortisone 2.5% cream; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment MO	$0 (Tier 1)	
loperamide 2 mg capsule MO	$0 (Tier 1)	
meclizine 12.5 mg, 25 mg tablet MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
polyethylene glycol 3350 powd MO	$0 (Tier 1)	

OXYTOCICS - Drugs used to help with post-partum bleeding

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methergine 0.2 mg tablet MO	$0 (Tier 1)	
methylergonovine 0.2 mg tablet MO	$0 (Tier 1)	

PHARMACEUTICAL AIDS - Supplies used for wound treatment and other conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BAND-AID GAUZE PADS 2" X 2" BANDAGE MO	$0 (Tier 1)	
BORDERED GAUZE 2" X 2" BANDAGE MO	$0 (Tier 1)	
CURITY GAUZE 2" X 2" BANDAGE MO	$0 (Tier 1)	
DERMACEA 2" X 2" BANDAGE MO	$0 (Tier 1)	
GAUZE PADS 2"X2" MO	$0 (Tier 1)	
GAUZE PAD 2" X 2" BANDAGE MO	$0 (Tier 1)	
STERILE GAUZE PAD 2" X 2" BANDAGE MO	$0 (Tier 1)	

RESPIRATORY TRACT AGENTS - Drugs used to treat asthma

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetylcysteine 10% vial; acetylcysteine 20% vial MO	$0 (Tier 1)	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET MO	$0 (Tier 2)	PA,QL (90 per 30 days)
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER MO	$0 (Tier 2)	
ASMANEX TWISTHALER 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES) BREATH ACTIVATED MO	$0 (Tier 2)	
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp MO	$0 (Tier 1)	B vs D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cromolyn 100 mg/5 ml oral conc; cromolyn 4% eye drops MO	$0 (Tier 1)	
cromolyn 20 mg/2 ml neb soln MO	$0 (Tier 1)	B vs D
DALIRESP 500 MCG TABLET MO	$0 (Tier 2)	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	$0 (Tier 2)	
ESBRIET 267 MG CAPSULE MO	$0 (Tier 2)	PA,QL (270 per 30 days)
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	PA
KALYDECO 150 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET MO	$0 (Tier 2)	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
montelukast sod 10 mg tablet; montelukast sod 4 mg granules; montelukast sod 4 mg, 5 mg tab chew MO	$0 (Tier 1)	QL (30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE MO	$0 (Tier 2)	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET MO	$0 (Tier 2)	PA,QL (30 per 30 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET MO	$0 (Tier 2)	PA,QL (112 per 28 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION MO	$0 (Tier 2)	B vs D,QL (150 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION MO	$0 (Tier 2)	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	$0 (Tier 2)	
TRACLEER 125 MG, 62.5 MG TABLET MO	$0 (Tier 2)	PA,QL (60 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION MO	$0 (Tier 2)	PA,QL (7.2 per 28 days)
zafirlukast 10 mg, 20 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)

SKIN AND MUCOUS MEMBRANE AGENTS - Drugs used to treat skin problems

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
8-MOP 10 MG CAPSULE MO	$0 (Tier 2)	
acitretin 10 mg, 17.5 mg, 25 mg capsule MO	$0 (Tier 1)	
acyclovir 5% ointment MO	$0 (Tier 1)	PA
alclometasone dipr 0.05% oint; alclometasone dipro 0.05% crm MO	$0 (Tier 1)	
ALCOHOL PADS MO	$0 (Tier 1)	
ALCOHOL PREP PADS MO	$0 (Tier 1)	
ALCOHOL PREP SWABS MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALCOHOL 70% SWABS MO	$0 (Tier 1)	
ALCOHOL WIPES MO	$0 (Tier 1)	
ALTABAX 1 % TOPICAL OINTMENT MO	$0 (Tier 2)	
amcinonide 0.1% cream; amcinonide 0.1% lotion; amcinonide 0.1% ointment MO	$0 (Tier 1)	
ammonium lactate 12% cream; ammonium lactate 12% lotion MO	$0 (Tier 1)	
BD ALCOHOL SWABS MO	$0 (Tier 1)	
betamethasone dp 0.05% crm; betamethasone dp 0.05% lot; betamethasone dp 0.05% oint MO	$0 (Tier 1)	
betamethasone va 0.1% cream; betamethasone va 0.1% lotion; betamethasone valer 0.1% ointm MO	$0 (Tier 1)	
betamethasone dp aug 0.05% crm; betamethasone dp aug 0.05% lot; betamethasone dp aug 0.05% oin MO	$0 (Tier 1)	
calcipotriene 0.005% ointment MO	$0 (Tier 1)	
calcipotriene 0.005% solution MO	$0 (Tier 1)	QL (60 per 30 days)
ciclodan 8 % topical solution MO	$0 (Tier 1)	
ciclopirox 0.77% cream; ciclopirox 0.77% gel; ciclopirox 0.77% topical susp; ciclopirox 1% shampoo; ciclopirox 8% solution MO	$0 (Tier 1)	
claravis 10 mg, 20 mg, 30 mg, 40 mg capsule MO	$0 (Tier 1)	
clindamycin 2% vaginal cream; clindamycin ph 1% gel; clindamycin ph 1% solution; clindamycin phos 1% pledget; clindamycin phosp 1% lotion MO	$0 (Tier 1)	
clinda-benzoyl perox 1-5% pump; clindamycin-benzoyl perox 1-5% MO	$0 (Tier 1)	
clobetasol 0.05% cream; clobetasol 0.05% gel; clobetasol 0.05% ointment; clobetasol 0.05% solution MO	$0 (Tier 1)	
clobetasol emollient 0.05% crm MO	$0 (Tier 1)	
clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche MO	$0 (Tier 1)	
clotrimazole-betamethasone crm; clotrimazole-betamethasone lot MO	$0 (Tier 1)	
colocort 100 mg/60 ml enema MO	$0 (Tier 1)	
cormax 0.05 % scalp solution MO	$0 (Tier 1)	
CORTIFOAM 10 % (80 MG) RECTAL MO	$0 (Tier 2)	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE MO	$0 (Tier 2)	PA,QL (2 per 28 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS MO	$0 (Tier 2)	PA,QL (2 per 28 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS MO	$0 (Tier 2)	PA,QL (2 per 28 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS MO	$0 (Tier 2)	PA,QL (2 per 28 days)
CURITY ALCOHOL SWABS MO	$0 (Tier 1)	
DENAVIR 1 % TOPICAL CREAM MO	$0 (Tier 2)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desonide 0.05% cream; desonide 0.05% lotion; desonide 0.05% ointment MO	$0 (Tier 1)	
desoximetasone 0.05% cream; desoximetasone 0.05% gel; desoximetasone 0.05% ointment; desoximetasone 0.25% cream; desoximetasone 0.25% ointment MO	$0 (Tier 1)	
EASY TOUCH ALCOHOL PREP PADS MO	$0 (Tier 1)	
econazole nitrate 1% cream MO	$0 (Tier 1)	
ELIDEL 1 % TOPICAL CREAM MO	$0 (Tier 2)	
ery pads 2 % topical swab MO	$0 (Tier 1)	
erythromycin 2% gel; erythromycin 2% pledgets; erythromycin 2% solution MO	$0 (Tier 1)	
erythromycin-benzoyl gel MO	$0 (Tier 1)	
EURAX 10 % LOTION; EURAX 10 % TOPICAL CREAM MO	$0 (Tier 2)	
fluocinolone 0.01% cream; fluocinolone 0.01% solution; fluocinolone 0.025% cream; fluocinolone 0.025% ointment MO	$0 (Tier 1)	
fluocinolone 0.01% scalp oil MO	$0 (Tier 1)	
fluocinonide 0.05% cream; fluocinonide 0.05% gel; fluocinonide 0.05% ointment; fluocinonide 0.05% solution MO	$0 (Tier 1)	
fluocinonide-e 0.05 % topical cream MO	$0 (Tier 1)	
fluorouracil 2% topical soln; fluorouracil 5% cream; fluorouracil 5% top solution MO	$0 (Tier 1)	
fluticasone prop 0.005% oint; fluticasone prop 0.05% cream MO	$0 (Tier 1)	
gentamicin 0.1% cream; gentamicin 0.1% ointment MO	$0 (Tier 1)	
halobetasol prop 0.05% cream; halobetasol prop 0.05% ointmnt MO	$0 (Tier 1)	
HALOG 0.1 % TOPICAL CREAM; HALOG 0.1 % TOPICAL OINTMENT MO	$0 (Tier 2)	
hydrocortisone 1% cream; hydrocortisone 1% ointment; hydrocortisone 100 mg/60 ml; hydrocortisone 2.5% cream; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment MO	$0 (Tier 1)	
hydrocortisone buty 0.1% cream; hydrocortisone butyr 0.1% oint; hydrocortisone butyr 0.1% soln MO	$0 (Tier 1)	
hydrocortisone val 0.2% cream; hydrocortisone val 0.2% ointmt MO	$0 (Tier 1)	
imiquimod 5% cream packet MO	$0 (Tier 1)	QL (12 per 30 days)
INCONTROL ALCOHOL PADS MO	$0 (Tier 1)	
IV PREP WIPES MEDICATED MO	$0 (Tier 1)	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL MO	$0 (Tier 2)	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
ketoconazole 2% cream; ketoconazole 2% shampoo MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine 5% ointment MO	$0 (Tier 1)	
lidocaine 5% patch MO	$0 (Tier 1)	PA,QL (90 per 30 days)
lidocaine-prilocaine cream MO	$0 (Tier 1)	
lindane 1% lotion; lindane 1% shampoo MO	$0 (Tier 1)	
malathion 0.5% lotion MO	$0 (Tier 1)	
MENTAX 1 % TOPICAL CREAM MO	$0 (Tier 2)	
methoxsalen 10 mg softgel MO	$0 (Tier 1)	
metronidazole 0.75% cream; metronidazole 0.75% lotion; metronidazole topical 0.75% gl; metronidazole vaginal 0.75% gl MO	$0 (Tier 1)	
miconazole-3 200 mg vaginal suppository MO	$0 (Tier 1)	
mometasone furoate 0.1% cream; mometasone furoate 0.1% oint; mometasone furoate 0.1% soln MO	$0 (Tier 1)	
mupirocin 2% ointment MO	$0 (Tier 1)	
mupirocin 2% cream MO	$0 (Tier 1)	
neomy-polymyxin b 40 mg/ml amp MO	$0 (Tier 1)	
nyamyc 100,000 unit/gram topical powder MO	$0 (Tier 1)	
nystatin 100,000 unit/gm cream; nystatin 100,000 unit/gm powd; nystatin 100,000 units/gm oint MO	$0 (Tier 1)	
nystatin-triamcinolone cream; nystatin-triamcinolone ointm MO	$0 (Tier 1)	
nystop 100,000 unit/gram topical powder MO	$0 (Tier 1)	
oralone 0.1 % dental paste MO	$0 (Tier 1)	
OXSORALEN 1 % LOTION MO	$0 (Tier 2)	
PANRETIN 0.1 % TOPICAL GEL MO	$0 (Tier 2)	
permethrin 5% cream MO	$0 (Tier 1)	
podofilox 0.5% topical soln MO	$0 (Tier 1)	
prednicarbate 0.1% cream; prednicarbate 0.1% ointment MO	$0 (Tier 1)	
PRO COMFORT ALCOHOL PADS MO	$0 (Tier 1)	
procto-med hc 2.5 % topical cream perineal applicator MO	$0 (Tier 1)	
procto-pak 1 % topical cream perineal applicator MO	$0 (Tier 1)	
PROCTOSOL HC 2.5 % TOPICAL CREAM PERINEAL APPLICATOR MO	$0 (Tier 1)	
proctozone-hc 2.5 % topical cream perineal applicator MO	$0 (Tier 1)	
RECTIV 0.4 % (W/W) OINTMENT MO	$0 (Tier 2)	QL (30 per 30 days)
regranex 0.01 % topical gel MO	$0 (Tier 2)	
santyl 250 unit/gram topical ointment MO	$0 (Tier 2)	
silver sulfadiazine 1% cream MO	$0 (Tier 1)	
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE MO	$0 (Tier 2)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulfacetamide sod 10% top susp MO	$0 (Tier 1)	
SURE COMFORT ALCOHOL PREP PADS MO	$0 (Tier 1)	
SURE-PREP ALCOHOL PREP PADS MO	$0 (Tier 1)	
TARGRETIN 1 % TOPICAL GEL MO	$0 (Tier 2)	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM; TAZORAC 0.05 %, 0.1 % TOPICAL GEL MO	$0 (Tier 2)	PA
terconazole 0.4% cream; terconazole 0.8% cream; terconazole 80 mg suppository MO	$0 (Tier 1)	
THERMAZENE 1 % TOPICAL CREAM MO	$0 (Tier 2)	
TOLAK 4 % TOPICAL CREAM MO	$0 (Tier 2)	
tretinoin 0.01% gel; tretinoin 0.025% cream; tretinoin 0.025% gel; tretinoin 0.05% cream; tretinoin 0.1% cream MO	$0 (Tier 1)	PA
triamcinolone 0.025% cream; triamcinolone 0.025% lotion; triamcinolone 0.025% oint; triamcinolone 0.1% cream; triamcinolone 0.1% lotion; triamcinolone 0.1% ointment; triamcinolone 0.1% paste; triamcinolone 0.147 mg/g spray; triamcinolone 0.5% cream; triamcinolone 0.5% ointment MO	$0 (Tier 1)	
triderm 0.1 % topical cream MO	$0 (Tier 1)	
u-cort 1% cream MO	$0 (Tier 1)	
ULTILET ALCOHOL SWAB MO	$0 (Tier 1)	
UVADEX 20 MCG/ML INJECTION SOLUTION MO	$0 (Tier 2)	B vs D
VALCHLOR 0.016 % TOPICAL GEL MO	$0 (Tier 2)	PA,QL (60 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT MO	$0 (Tier 2)	
WEBCOL TOPICAL PADS MO	$0 (Tier 1)	
ZOVIRAX 5 % TOPICAL CREAM MO	$0 (Tier 2)	PA

SMOOTH MUSCLE RELAXANTS – Drugs used to treat bladder problems

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aminophylline 250 mg/10 ml vl MO	$0 (Tier 1)	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MO	$0 (Tier 2)	
flavoxate hcl 100 mg tablet MO	$0 (Tier 1)	
oxybutynin 5 mg tablet; oxybutynin 5 mg/5 ml syrup MO	$0 (Tier 1)	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet MO	$0 (Tier 1)	QL (60 per 30 days)

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
theophylline er 100 mg, 200 mg, 300 mg, 450 mg tab; theophylline er 100 mg, 200 mg, 300 mg, 450 mg tablet; theophylline er 400 mg, 600 mg tablet MO	$0 (Tier 1)	
tolterodine tart er 2 mg, 4 mg cap MO	$0 (Tier 1)	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab MO	$0 (Tier 1)	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE MO	$0 (Tier 2)	QL (30 per 30 days)
trospium chloride 20 mg tablet MO	$0 (Tier 1)	

VITAMINS – Drugs used to treat vitamin deficiencies

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcitriol 0.25 mcg, 0.5 mcg capsule; calcitriol 1 mcg/ml, 1 mcg/ml ampul; calcitriol 1 mcg/ml, 1 mcg/ml solution MO	$0 (Tier 1)	
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule; doxercalciferol 4 mcg/2 ml vl MO	$0 (Tier 1)	
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION MO	$0 (Tier 2)	
paricalcitol 1 mcg, 2 mcg, 4 mcg capsule; paricalcitol 10 mcg/2 ml vial; paricalcitol 2 mcg/ml, 2 mcg/ml, 5 mcg/ml, 5 mcg/ml vial MO	$0 (Tier 1)	
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack MO	$0 (Tier 1)	
pnv-omega 28 mg-1 mg-300 mg capsule MO	$0 (Tier 1)	
pnv-total softgel MO	$0 (Tier 1)	
pr natal 400 29 mg-1 mg-400 mg oral pack MO	$0 (Tier 1)	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release MO	$0 (Tier 1)	
pr natal 430 29 mg-1 mg-430 mg oral pack MO	$0 (Tier 1)	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release MO	$0 (Tier 1)	
prena1 true 30 mg iron-1.4 mg-300 mg oral pack MO	$0 (Tier 1)	
prenaplus tablet MO	$0 (Tier 1)	
PRENATABS FA 29 MG-1 MG TABLET MO	$0 (Tier 1)	
PRENATABS RX 29 MG IRON-1 MG TABLET MO	$0 (Tier 1)	
prenatal low iron 27 mg-1 mg tablet MO	$0 (Tier 1)	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet MO	$0 (Tier 1)	
thrivite-19 29 mg iron-1 mg-25 mg tablet MO	$0 (Tier 1)	
virt-care one capsule MO	$0 (Tier 1)	
VITATRUE 30 MG IRON-1.4 MG-300 MG ORAL PACK MO	$0 (Tier 2)	
vol-plus 27 mg-1 mg tablet MO	$0 (Tier 1)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEMPLAR 2 MCG/ML, 5 MCG/ML INTRAVENOUS SOLUTION MO	$0 (Tier 2)	

OVER THE COUNTER DRUGS – Over the Counter Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
1-day 6.5 % vaginal ointment MO	$0 (Tier 4)	
3 day vaginal 200 mg/5 gram (4 %) cream MO	$0 (Tier 4)	
3-day vaginal 2 % cream MO	$0 (Tier 4)	
4-n-1 no rinse wash 1 % topical cream MO	$0 (Tier 4)	
a + d first aid ointment MO	$0 (Tier 4)	
a thru z 18 mg-500 mcg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
a thru z advanced formula 18 mg-400 mcg tablet MO	$0 (Tier 4)	
a thru z high potency tablet MO	$0 (Tier 4)	
a thru z men's ultimate 8 mg iron-200 mcg-600 mcg tablet MO	$0 (Tier 4)	
a thru z select 300 mcg-600 mcg-300 mcg tablet; a thru z select 500 mcg-300 mcg-250 mcg tablet; a thru z select tablet MO	$0 (Tier 4)	
a thru z select 50+ formula 0.4 mg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
a thru z select women's tablet MO	$0 (Tier 4)	
abc plus 0.4 mg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
ACEPHEN 120 MG RECTAL SUPPOSITORY MO	$0 (Tier 4)	
acephen 325 mg, 650 mg rectal suppository MO	$0 (Tier 4)	
acetaminophen 120 mg, 650 mg suppos; acetaminophen 160 mg/5 ml elx; acetaminophen 160 mg/5 ml liq; acetaminophen 160 mg/5 ml susp; acetaminophen 80 mg tab chew; acetaminophen 80 mg/0.8 ml drp; acetaminophen er 650 mg tablet; eq acetaminophen 325 mg, 500 mg gelcap; eq acetaminophen 325 mg, 500 mg tablet MO	$0 (Tier 4)	
acetaminophen extra strength 500 mg tablet MO	$0 (Tier 4)	
acetaminophen pain relief 500 mg tablet MO	$0 (Tier 4)	
acid controller 10 mg, 20 mg tablet MO	$0 (Tier 4)	
acid gone antacid 95 mg-358 mg/15 ml oral suspension MO	$0 (Tier 4)	
acid gone antacid extra strength 160 mg-105 mg chewable tablet MO	$0 (Tier 4)	
acid reducer (famotidine) 10 mg, 20 mg tablet MO	$0 (Tier 4)	
acid reducer (ranitidine) 150 mg, 75 mg tablet MO	$0 (Tier 4)	
acne & blackhead 2.5% gel MO	$0 (Tier 4)	
acne control cleanser 10 % cream MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acne medication 10 % topical gel MO	$0 (Tier 4)	
ACNE MEDICATION 10 %, 5 % LOTION; ACNE MEDICATION 5 % TOPICAL GEL MO	$0 (Tier 4)	
acne treatment (benzoyl peroxide) 10 % topical gel MO	$0 (Tier 4)	
acne vanishing 10 % cream MO	$0 (Tier 4)	
acne-clear 10 % topical gel MO	$0 (Tier 4)	
added strength headache relief 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
added strength pain reliever 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
adult robitussin peak cold dm max 10 mg-200 mg/5 ml oral liquid MO	$0 (Tier 4)	
adult cough formula dm max 10 mg-200 mg/5 ml oral liquid MO	$0 (Tier 4)	
adult low dose aspirin 81 mg tablet,delayed release MO	$0 (Tier 4)	
adult robitussin peak cold dm 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
adult tussin cough congestion dm 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
adult tussin dm 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
adult wal-tussin 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
adult wal-tussin dm max 10 mg-200 mg/5 ml oral liquid MO	$0 (Tier 4)	
adults' 50+ daily formula tab MO	$0 (Tier 4)	
adults' daily formula tablet MO	$0 (Tier 4)	
advanced antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension; advanced antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
advil 100 mg chewable tablet; advil 100 mg tablet MO	$0 (Tier 4)	
ADVIL 200 MG TABLET MO	$0 (Tier 4)	
AFTERA 1.5 MG TABLET MO	$0 (Tier 4)	
AKWA TEARS (POLYVINYL ALCOHOL) 1.4 % EYE DROPS MO	$0 (Tier 4)	
alavert 10 mg disintegrating tablet MO	$0 (Tier 4)	
aler-cap 25 mg capsule MO	$0 (Tier 4)	
aler-tab 25 mg tablet MO	$0 (Tier 4)	
ALEVE 220 MG CAPSULE; ALEVE 220 MG TABLET MO	$0 (Tier 4)	
all day allergy (cetirizine) 1 mg/ml oral solution; all day allergy (cetirizine) 10 mg chewable tablet; all day allergy (cetirizine) 10 mg tablet MO	$0 (Tier 4)	
all day allergy relief (cetirizine) 10 mg tablet MO	$0 (Tier 4)	
all day pain relief 220 mg tablet MO	$0 (Tier 4)	
all day relief 220 mg tablet MO	$0 (Tier 4)	
aller-g-time 25 mg tablet MO	$0 (Tier 4)	
aller-tec 10 mg tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
allerclear 10 mg tablet MO	$0 (Tier 4)	
allergy 25 mg tablet MO	$0 (Tier 4)	
allergy (diphenhydramine) 12.5 mg/5 ml oral liquid; allergy (diphenhydramine) 25 mg capsule; allergy (diphenhydramine) 25 mg tablet MO	$0 (Tier 4)	
allergy medication 25 mg capsule MO	$0 (Tier 4)	
allergy medicine 12.5 mg/5 ml oral liquid; allergy medicine 25 mg capsule; allergy medicine 25 mg tablet MO	$0 (Tier 4)	
allergy relief (cetirizine) 1 mg/ml oral solution; allergy relief (cetirizine) 10 mg tablet MO	$0 (Tier 4)	
allergy relief (loratadine) 10 mg, 10 mg disintegrating tablet; allergy relief (loratadine) 10 mg, 10 mg tablet; allergy relief (loratadine) 5 mg/5 ml oral solution MO	$0 (Tier 4)	
allergy relief (diphenhydramine) 12.5 mg/5 ml oral liquid; allergy relief (diphenhydramine) 25 mg capsule; allergy relief (diphenhydramine) 25 mg tablet MO	$0 (Tier 4)	
ALMACONE 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION; ALMACONE 200 MG-200 MG-25 MG CHEWABLE TABLET MO	$0 (Tier 4)	
almacone-2 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
aloe vesta antifungal (miconazole) 2 % topical ointment MO	$0 (Tier 4)	
ALOE VESTA SKIN CONDITIONER 2 3 % LOTION MO	$0 (Tier 4)	
alophen 5 mg tablet,delayed release MO	$0 (Tier 4)	
altachlore 5 % eye drops; altachlore 5 % eye ointment MO	$0 (Tier 4)	
altamist 0.65 % nasal spray aerosol MO	$0 (Tier 4)	
aluminum hydroxide gel MO	$0 (Tier 4)	
ambizine 25 mg tablet MO	$0 (Tier 4)	
anecream 4 % topical MO	$0 (Tier 4)	
animal chews tablet MO	$0 (Tier 4)	
animal shape vitamins chewable tablet MO	$0 (Tier 4)	
animal shapes complete chewable tablet MO	$0 (Tier 4)	
animal shapes plus iron chewable tablet MO	$0 (Tier 4)	
antacid (calcium carbonate) 200 mg calcium (500 mg), 200 mg calcium (500 mg) chewable tablet MO	$0 (Tier 4)	
antacid anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension; antacid anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
antacid anti-gas double str 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
antacid extra strength (mag carb-al hyd) 160 mg-105 mg chewable tablet MO	$0 (Tier 4)	
antacid extra strength (calcium carb) 300 mg (750 mg) chewable tablet MO	$0 (Tier 4)	
antacid extra-strength 200 mg-200 mg-20 mg/5 ml oral suspension; antacid extra-strength 300 mg (750 mg) chewable tablet; pv antacid extra strength susp MO	$0 (Tier 4)	
antacid liquid 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	
antacid m 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	
antacid maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
antacid plus anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension; antacid plus anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
antacid regular strength 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	
antacid ultra strength 400 mg (1,000 mg) chewable tablet MO	$0 (Tier 4)	
antacid with simethicone 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	
antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension; antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
antacid-simethicone 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
antacid ii-simethicone liq MO	$0 (Tier 4)	
anti-diarrhea 2 mg tablet MO	$0 (Tier 4)	
anti-diarrheal 262 mg/15 ml oral suspension MO	$0 (Tier 4)	
anti-diarrheal (loperamide) 1 mg/5 ml oral liquid; anti-diarrheal (loperamide) 2 mg tablet MO	$0 (Tier 4)	
anti-fungal 2 % topical powder; pv anti-fungal 2% liquid spray MO	$0 (Tier 4)	
anti-itch (hydrocortisone) 1 % topical cream; anti-itch (hydrocortisone) 1 % topical ointment MO	$0 (Tier 4)	
anti-nausea oral solution MO	$0 (Tier 4)	
antibiotic (bacitracin zinc) 500 unit/gram topical ointment MO	$0 (Tier 4)	
antibiotic(neomy-bacit-polym) 3.5 mg-400 unit-5,000 unit/gram top oint MO	$0 (Tier 4)	
antibiotic-pain relief(bacit)3.5 mg-500 unit-10,000 unit/gram ointment MO	$0 (Tier 4)	
antifungal (clotrimazole) 1 % topical cream MO	$0 (Tier 4)	
antifungal (terbinafine) 1 % topical cream MO	$0 (Tier 4)	
antifungal cream 2 % topical MO	$0 (Tier 4)	
antihistamine 25 mg capsule; antihistamine 25 mg tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTIOXIDANT FORMULA (SELENIUM YEAST) 8,333 UNIT-167 MG-133 UNIT TABLET MO	$0 (Tier 4)	
antioxidant vitamin tablet; antioxidant vitamins 1,000 unit-200 mg-60 unit-2mg tablet MO	$0 (Tier 4)	
antiseptic 10 % topical solution MO	$0 (Tier 4)	
antiseptic skin cleanser (chlorhexidine) 4 % liquid MO	$0 (Tier 4)	
antiseptic solution 10 % topical MO	$0 (Tier 4)	
antitussive dm 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
anu-med 0.25 % rectal suppository MO	$0 (Tier 4)	
AQUADEKS 100 MCG-350 MCG-5 MG CHEWABLE TABLET; AQUADEKS 100 MCG-700 MCG-10 MG CAPSULE MO	$0 (Tier 4)	
AQUADEKS PEDIATRIC 400 MCG/ML ORAL DROPS MO	$0 (Tier 4)	
aquanil hc 1 % lotion MO	$0 (Tier 4)	
arthritis pain relief (capsaicin) 0.1 % topical cream MO	$0 (Tier 4)	
ARTIFICIAL TEARS (PETROLATUM/MINERAL OIL) 83 %-15 % EYE OINTMENT MO	$0 (Tier 4)	
artificial tears (polyvinyl alcohol) 1.4 % eye drops MO	$0 (Tier 4)	
artificial tears (dextran 70-hypromellose) eye drops MO	$0 (Tier 4)	
pv artificial tears MO	$0 (Tier 4)	
artificial tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops MO	$0 (Tier 4)	
aspir-81 81 mg tablet,delayed release MO	$0 (Tier 4)	
aspir-low 81 mg tablet,delayed release MO	$0 (Tier 4)	
aspir-trin 325 mg tablet,delayed release MO	$0 (Tier 4)	
aspirin 81 mg chewable tablet; aspirin ec 325 mg, 325 mg, 81 mg tablet; gnp aspirin 325 mg, 325 mg, 81 mg tablet; sm aspirin ec 325 mg, 325 mg, 81 mg tablet MO	$0 (Tier 4)	
aspirin childrens 81 mg chewable tablet MO	$0 (Tier 4)	
aspirin low dose 81 mg tablet,delayed release MO	$0 (Tier 4)	
aspirin adult 81 mg chew tab MO	$0 (Tier 4)	
cvs buffered aspirin 325 mg tb MO	$0 (Tier 4)	
athenol 325 mg tablet MO	$0 (Tier 4)	
athlete's foot 2 % powder; athlete's foot 2 % topical spray powder MO	$0 (Tier 4)	
athlete's foot (clotrimazole) 1 % topical cream MO	$0 (Tier 4)	
athlete's foot (terbinafine) 1 % topical cream MO	$0 (Tier 4)	
athlete's foot af 1 % topical cream MO	$0 (Tier 4)	
athletic foot cream 1 % topical MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
auraphene-b 6.5% ear drops MO	$0 (Tier 4)	
AURO EARDROPS 6.5 % MO	$0 (Tier 4)	
AYR SALINE 0.65 % NASAL SPRAY AEROSOL MO	$0 (Tier 4)	
azolen tincture 2 % topical MO	$0 (Tier 4)	
b complete tablet MO	$0 (Tier 4)	
b complex 1 tablet MO	$0 (Tier 4)	
b complex-vitamin b12 tablet MO	$0 (Tier 4)	
b-100 complex er 100 mg tablet,extended release; pv b-100 complex MO	$0 (Tier 4)	
pv b-50 complex MO	$0 (Tier 4)	
b-complex tablet MO	$0 (Tier 4)	
b-complex plus vitamin c cplt MO	$0 (Tier 4)	
bacitracin 500 unit/gm ointmnt MO	$0 (Tier 4)	
bacitracin-polymyxin ointment MO	$0 (Tier 4)	
bacitraycin plus 500 unit/gram topical ointment MO	$0 (Tier 4)	
bal b-100 tablet MO	$0 (Tier 4)	
bal b-50 tablet MO	$0 (Tier 4)	
balance b-100 tablet MO	$0 (Tier 4)	
balance b-50 tablet MO	$0 (Tier 4)	
BALANCED B-100 100 MG TABLET MO	$0 (Tier 4)	
balanced b-100 tablet MO	$0 (Tier 4)	
BALANCED B-100 COMPLEX 100 MG TABLET,EXTENDED RELEASE MO	$0 (Tier 4)	
balanced b-50 tablet MO	$0 (Tier 4)	
balanced b-50 complex tablet MO	$0 (Tier 4)	
ban-acid 300 mg (750 mg) chewable tablet MO	$0 (Tier 4)	
banophen 12.5 mg/5 ml oral liquid; banophen 25 mg tablet; banophen 25 mg, 50 mg capsule MO	$0 (Tier 4)	
banophen allergy 12.5 mg/5 ml oral liquid MO	$0 (Tier 4)	
BAYER ASPIRIN 325 MG TABLET MO	$0 (Tier 4)	
BAYER CHEWABLE LOW DOSE ASPIRIN 81 MG TABLET MO	$0 (Tier 4)	
baza antifungal 2 % topical cream MO	$0 (Tier 4)	
BAZA PROTECT TOPICAL CREAM MO	$0 (Tier 4)	
pv 0.5% bedding spray MO	$0 (Tier 4)	
bee-zee tablet MO	$0 (Tier 4)	
BENADRYL 25 MG CAPSULE MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
benzoyl peroxide 10% gel; benzoyl peroxide 10% lotion; benzoyl peroxide 10% wash; benzoyl peroxide 2.5% gel; benzoyl peroxide 5% gel; benzoyl peroxide 5% lotion; benzoyl peroxide 5% wash; benzoyl peroxide 6% cleanser MO	$0 (Tier 4)	
best fiber 3 gram/3.5 gram oral powder MO	$0 (Tier 4)	
beta-hc 1 % lotion MO	$0 (Tier 4)	
BETADINE 10 % TOPICAL SOLUTION MO	$0 (Tier 4)	
BETADINE SKIN CLEANSER 7.5 % MO	$0 (Tier 4)	
BETADINE SURGICAL SCRUB 7.5 % TOPICAL SOLUTION MO	$0 (Tier 4)	
BETADINE SWABSTICKS 10 % MO	$0 (Tier 4)	
betasept surgical scrub 4 % topical liquid MO	$0 (Tier 4)	
betatemp 160 mg/5 ml oral suspension MO	$0 (Tier 4)	
biocotron 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
bisa-lax 5 mg tablet,delayed release MO	$0 (Tier 4)	
BISAC-EVAC 10 MG RECTAL SUPPOSITORY MO	$0 (Tier 4)	
bisacodyl 10 mg suppository; bisacodyl ec 5 mg tablet MO	$0 (Tier 4)	
biscolax 10 mg rectal suppository MO	$0 (Tier 4)	
bismatrol 262 mg chewable tablet; bismatrol 262 mg/15 ml, 525 mg/15 ml oral suspension MO	$0 (Tier 4)	
bismuth 262 mg chewable tablet; bismuth 262 mg tablet; bismuth 262 mg/15 ml oral suspension MO	$0 (Tier 4)	
bismuth 262 mg tablet chew MO	$0 (Tier 4)	
BONINE 25 MG CHEWABLE TABLET MO	$0 (Tier 4)	
bp 10 %, 5 % topical gel MO	$0 (Tier 4)	
BREWER'S YEAST 680 MG TABLET MO	$0 (Tier 4)	
buffered aspirin 325 mg tablet MO	$0 (Tier 4)	
bufferin 325 mg tablet MO	$0 (Tier 4)	
gnp calcium 600+d+minerals tab; gnp calcium 600+d3+min chew tb MO	$0 (Tier 4)	
pv calamine lotion MO	$0 (Tier 4)	
gnp calamine suspension MO	$0 (Tier 4)	
calci-chew 500 mg calcium (1,250 mg) tablet MO	$0 (Tier 4)	
CALCI-MIX 500 MG CALCIUM (1,250 MG) CAPSULE MO	$0 (Tier 4)	
CALCIONATE 115 MG/5 ML (1.8 GRAM/5 ML) SYRUP MO	$0 (Tier 4)	
calcitrate 200 mg (950 mg) tablet MO	$0 (Tier 4)	
calcitrate-vitamin d 315 mg-250 unit tablet MO	$0 (Tier 4)	
calcium 500 500 mg calcium (1,250 mg) chewable tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcium 500 + d 500 mg (1,250 mg)-200 unit tablet; calcium 500 + d 500 mg(1,250 mg)-400 unit chewable tablet **MO**	$0 (Tier 4)	
calcium 500 with d 500 mg (1,250 mg)-400 unit tablet **MO**	$0 (Tier 4)	
calcium 600 600 mg (1,500 mg) tablet **MO**	$0 (Tier 4)	
calcium 600 + d(3) 600 mg (1,500 mg)-200 unit tablet **MO**	$0 (Tier 4)	
calcium 600 + minerals 600 mg calcium-400 unit tablet **MO**	$0 (Tier 4)	
calcium 600 with vitamin d3 600 mg (1,500 mg)-200 unit tablet **MO**	$0 (Tier 4)	
CALCIUM 600-D3 PLUS 600 MG CALCIUM-800 UNIT-50 MG TABLET **MO**	$0 (Tier 4)	
calcium acetate 667 mg gelcap; calcium acetate 667 mg tablet **MO**	$0 (Tier 1)	
calcium antacid 200 mg calcium (500 mg), 300 mg (750 mg), 320 mg (750 mg), 400 mg (1,000 mg) chewable tablet **MO**	$0 (Tier 4)	
calcium antacid tropical 300 mg (750 mg) chewable tablet **MO**	$0 (Tier 4)	
calcium antacid ultra max st 400 mg (1,000 mg) chewable tablet **MO**	$0 (Tier 4)	
calcium-magnesium-zinc tablet **MO**	$0 (Tier 4)	
calcium 500 mg chewable tablet; calcium carb 1,250 mg/5 ml sus; gnp calcium 600 mg tablet; pv calcium 500 mg tablet **MO**	$0 (Tier 4)	
calcium carb 500 mg tab chew; calcium carbonate 750 mg chew; pub calcium carb 1,000 mg tab **MO**	$0 (Tier 4)	
qc calcium 600 mg-vit d tab **MO**	$0 (Tier 4)	
calcium 500+d tablet chew; calcium 500-vit d3 200 tablet; calcium 600-vit d3 200 tablet; calcium 600-vit d3 400 tablet; calcium 600-vit d3 800 tablet; calcium-500 mg tablet chewable; gnp calcium 500-vit d3 600 tab **MO**	$0 (Tier 4)	
calcium citrate + caplet **MO**	$0 (Tier 4)	
calcium citrate + d 315 mg-200 unit tablet **MO**	$0 (Tier 4)	
calcium cit-vit d 250-200 cplt; calcium citrate - vit d caplet; gnp calcium citrate-vit d3 tab; hm calcium citrate-vit d3 tab **MO**	$0 (Tier 4)	
calcium gluconate 500 mg tab **MO**	$0 (Tier 4)	
calcium lactate 648 mg tablet **MO**	$0 (Tier 4)	
calcium magnesium + d 400 mg-167 mg-133 unit tablet **MO**	$0 (Tier 4)	
calcium polycarbophil 625 mg **MO**	$0 (Tier 4)	
calcium with vitamin d 600 mg (1,500 mg)-400 unit tablet **MO**	$0 (Tier 4)	
eql calcium 500-vit d3 200 cpt **MO**	$0 (Tier 4)	
calcium-vit d3-vit k soft chew **MO**	$0 (Tier 4)	
calphron 667 mg tablet **MO**	$0 (Tier 4)	
CALTRATE 600 + D 600 MG (1,500 MG)-800 UNIT CHEWABLE TABLET **MO**	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CALTRATE 600+D PLUS MINERALS 600 MG CALCIUM-800 UNIT-40 MG CHEW TABLET; CALTRATE 600+D PLUS MINERALS 600 MG CALCIUM-800 UNIT-50 MG TABLET MO	$0 (Tier 4)	
CALTRATE WITH VITAMIN D3 600 MG (1,500 MG)-800 UNIT TABLET MO	$0 (Tier 4)	
calvite p&d tablet MO	$0 (Tier 4)	
capsicum oleoresn 0.025% crm; capsicum oleoresn 0.075% crm MO	$0 (Tier 4)	
CAPZASIN-HP 0.1 % TOPICAL CREAM MO	$0 (Tier 4)	
carbamoxide ear drops 6.5 % MO	$0 (Tier 4)	
centamin 9 mg iron/15 ml oral liquid MO	$0 (Tier 4)	
central vite with lutein 0.4 mg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
central-vite 18 mg-400 mcg tablet MO	$0 (Tier 4)	
central-vite cardio 3 mg-200 mcg-400 mg tablet MO	$0 (Tier 4)	
central-vite men's under 50 8 mg iron-200 mcg-600 mcg tablet MO	$0 (Tier 4)	
central-vite select tablet MO	$0 (Tier 4)	
central-vite senior 0.4 mg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
eql central-vite tablet MO	$0 (Tier 4)	
central-vite women's mature 8 mg iron-400 mcg-300 mcg tablet MO	$0 (Tier 4)	
central-vite women's under 50 18 mg iron-400 mcg-500 mg ca tablet MO	$0 (Tier 4)	
centram-care 9 mg iron/15 ml oral liquid MO	$0 (Tier 4)	
CENTRUM 3,500 UNIT-18 MG-0.4 MG CHEWABLE TABLET MO	$0 (Tier 4)	
centrum 9 mg iron/15 ml oral liquid MO	$0 (Tier 4)	
centrum complete 18 mg-400 mcg tablet MO	$0 (Tier 4)	
CENTRUM KIDS 18 MG IRON CHEWABLE TABLET MO	$0 (Tier 4)	
CENTRUM MEN 8 MG IRON-200 MCG-600 MCG TABLET MO	$0 (Tier 4)	
centrum silver 0.4 mg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
CENTRUM SILVER 400 MCG-250 MCG CHEWABLE TABLET MO	$0 (Tier 4)	
CENTRUM SILVER ULTRA MEN'S 300 MCG-600 MCG-300 MCG TABLET MO	$0 (Tier 4)	
CENTRUM SILVER WOMEN 8 MG IRON-400 MCG-300 MCG TABLET MO	$0 (Tier 4)	
CENTRUM SPECIALIST ENERGY 18 MG IRON-400 MCG-25MCG-75MG TABLET MO	$0 (Tier 4)	
CENTRUM SPECIALIST HEART 3 MG-200 MCG-400 MG TABLET MO	$0 (Tier 4)	
CENTRUM SPECIALIST PRENATAL 27 MG IRON-800 MCG-200 MG ORAL PACK MO	$0 (Tier 4)	
CENTRUM ULTRA MEN'S 8 MG IRON-200 MCG-600 MCG TABLET MO	$0 (Tier 4)	
century 18 mg-400 mcg tablet; eql century multi-vitamin tab MO	$0 (Tier 4)	
century adults 50+ 0.4 mg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
century advanced formula tabs MO	$0 (Tier 4)	
century cardio 3 mg-200 mcg-400 mg tablet MO	$0 (Tier 4)	
eql century cardio hlth formla MO	$0 (Tier 4)	
century mature 0.4 mg-300 mcg-250 mcg tablet; century mature 500 mcg-300 mcg-250 mcg tablet; century mature tablet MO	$0 (Tier 4)	
century ultimate men's 300 mcg-600 mcg-300 mcg tablet; century ultimate men's 8 mg iron-200 mcg-600 mcg tablet MO	$0 (Tier 4)	
century ultimate women's 18 mg-400 mcg tablet; century ultimate women's 18-400 mg-mcg, 8 mg iron-400 mcg-300 mcg tablet MO	$0 (Tier 4)	
CEROVITE 9 MG IRON/15 ML ORAL LIQUID MO	$0 (Tier 4)	
CEROVITE ADVANCED FORMULA 18 MG-400 MCG TABLET MO	$0 (Tier 4)	
cerovite jr chewable tablet MO	$0 (Tier 4)	
CEROVITE SENIOR TABLET MO	$0 (Tier 4)	
CERTAVITE SENIOR-ANTIOXIDANT 0.4 MG-300 MCG-250 MCG TABLET MO	$0 (Tier 4)	
certavite-antioxidants (iron gluc) 9 mg iron/15 ml oral liquid MO	$0 (Tier 4)	
certavite-antioxidant 18 mg-400 mcg tablet MO	$0 (Tier 4)	
cetirizine hcl 1 mg/ml soln MO	$0 (Tier 1)	QL (300 per 30 days)
cetirizine hcl 10 mg, 5 mg chew tab; cetirizine hcl 10 mg, 5 mg tablet MO	$0 (Tier 4)	
CHERACOL D COUGH FORMULA MO	$0 (Tier 4)	
CHERRY FLAVOR LIQUID MO	$0 (Tier 4)	
eql chewable multi vitamin tab MO	$0 (Tier 4)	
CHEWABLE-VITE TABLET MO	$0 (Tier 4)	
CHEWABLE-VITE WITH IRON TABLET MO	$0 (Tier 4)	
children's allergy relief (cetirizine) 1 mg/ml oral solution; children's allergy relief (cetirizine) 10 mg chewable tablet MO	$0 (Tier 4)	
child aspirin 81 mg chewable tablet MO	$0 (Tier 4)	
children's mucinex chest congestion 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
child mucus relief expectorant 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
children's pain reliever and fever reducer 120 mg rectal suppository MO	$0 (Tier 4)	
cvs child suppository MO	$0 (Tier 4)	
child vitamin with minerals chewable tablet MO	$0 (Tier 4)	
children's all day allergy (cetirizine) 1 mg/ml oral solution MO	$0 (Tier 4)	
child chewable vitamins with iron tablet MO	$0 (Tier 4)	
child's vitamin with iron chewable tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
children's acetaminophen 160 mg/5 ml oral suspension; children's acetaminophen 80 mg chewable tablet; chld acetaminophen 160 mg/5 ml MO	$0 (Tier 4)	
children's aller-tec 1 mg/ml oral solution MO	$0 (Tier 4)	
children's allergy (diphenhydramine) 12.5 mg/5 ml oral liquid MO	$0 (Tier 4)	
children's allergy complete 1 mg/ml oral solution MO	$0 (Tier 4)	
children's allergy relief (loratadine) 5 mg/5 ml oral solution MO	$0 (Tier 4)	
children's allergy (cetirizine) 1 mg/ml oral solution MO	$0 (Tier 4)	
children's aspirin 81 mg chewable tablet MO	$0 (Tier 4)	
children's cetirizine 1 mg/ml oral solution; children's cetirizine 10 mg, 5 mg chewable tablet MO	$0 (Tier 4)	
children's chest congestion 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
children's chewable complete 9 mg iron-200 mcg tablet MO	$0 (Tier 4)	
children's chewable multivitamin 300 mcg tablet MO	$0 (Tier 4)	
children's chewable vitamin tablet MO	$0 (Tier 4)	
eql childs multivit-mineral tb MO	$0 (Tier 4)	
children's chewables 300 mcg tablet MO	$0 (Tier 4)	
children's chewables extra c 300 mcg tablet MO	$0 (Tier 4)	
children's chewables with iron 15 mg tablet MO	$0 (Tier 4)	
CHILDREN'S CLARITIN 5 MG/5 ML ORAL SOLUTION MO	$0 (Tier 4)	
children's fever reducing 120 mg rectal suppository MO	$0 (Tier 4)	
children's iron 15 mg iron (75 mg)/ml oral drops MO	$0 (Tier 4)	
children's medi-tabs susp MO	$0 (Tier 4)	
eql child's multivit tab chew MO	$0 (Tier 4)	
children's non-aspirin 160 mg/5 ml oral suspension; children's non-aspirin 80 mg chewable tablet; pv child non-aspirin 160 mg/5; pv children's non-asa liq MO	$0 (Tier 4)	
children's non-aspirin pain 80 mg chewable tablet MO	$0 (Tier 4)	
children's pain relief 160 mg/5 ml oral suspension; eql child pain rlf 160 mg/5 ml MO	$0 (Tier 4)	
children's pain reliever 160 mg/5 ml oral suspension; children's pain reliever 80 mg chewable tablet MO	$0 (Tier 4)	
children's pain and fever relief 160 mg/5 ml oral suspension; children's pain and fever relief 80 mg chewable tablet MO	$0 (Tier 4)	
children's q-pap 160 mg/5 ml oral suspension MO	$0 (Tier 4)	
children's saline nasal spray 0.65 % aerosol MO	$0 (Tier 4)	
children's silapap 160 mg/5 ml oral liquid MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
children's tactinal 80 mg chewable tablet MO	$0 (Tier 4)	
children's wal-dryl allergy 12.5 mg/5 ml oral liquid MO	$0 (Tier 4)	
children's wal-zyr 1 mg/ml oral solution; children's wal-zyr 10 mg chewable tablet MO	$0 (Tier 4)	
CHILDREN'S ZYRTEC ALLERGY 1 MG/ML ORAL SOLUTION MO	$0 (Tier 4)	
childs chew vite tablet MO	$0 (Tier 4)	
childs/iron chewable tablet MO	$0 (Tier 4)	
chlorhexidine 4% scrub MO	$0 (Tier 4)	
gnp vitamin d3 400 unit tablet MO	$0 (Tier 4)	
citracal with vitamin d maximum 315 mg-250 unit tablet MO	$0 (Tier 4)	
CITRACAL WITH VITAMIN D PETITES 200 MG CALCIUM-250 UNIT TABLET MO	$0 (Tier 4)	
citracal regular 250 mg calcium-200 unit tablet MO	$0 (Tier 4)	
citrucel 500 mg tablet MO	$0 (Tier 4)	
CITRUCEL (SUCROSE) ORAL POWDER MO	$0 (Tier 4)	
CITRUCEL SUGAR FREE ORAL POWDER MO	$0 (Tier 4)	
citrus calcium 200 mg calcium-250 unit tablet; citrus calcium 315 mg-250 unit tablet MO	$0 (Tier 4)	
claritin 10 mg tablet MO	$0 (Tier 4)	
CLARITIN 5 MG/5 ML ORAL SOLUTION MO	$0 (Tier 4)	
CLARITIN REDITABS 10 MG, 5 MG DISINTEGRATING TABLET MO	$0 (Tier 4)	
clearasil daily clear (benzoyl peroxide) 10 % topical cream MO	$0 (Tier 4)	
clearlax 17 gram/dose oral powder MO	$0 (Tier 4)	
clotrim 1% vaginal cream MO	$0 (Tier 4)	
clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche MO	$0 (Tier 1)	
clotrimazole 3 day 2 % vaginal cream MO	$0 (Tier 4)	
clotrimazole af 1 % topical cream MO	$0 (Tier 4)	
clotrimazole-3 2 % vaginal cream MO	$0 (Tier 4)	
clotrimazole-7 1 % vaginal cream MO	$0 (Tier 4)	
cod liver oil 1,250 unit-135 unit capsule; cod liver oil capsule MO	$0 (Tier 4)	
col-rite 100 mg, 250 mg, 50 mg capsule MO	$0 (Tier 4)	
COLACE 100 MG CAPSULE MO	$0 (Tier 4)	
COLACE CLEAR 50 MG CAPSULE MO	$0 (Tier 4)	
COLEMAN 100 MAX INSECT REPELLENT 98.11 % TOPICAL PUMP SPRAY; COLEMAN 100 MAX INSECT REPELLENT 98.11 % TOPICAL SPRAY MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COLEMAN BOTANICALS INSECT REPELLENT 30 % TOPICAL SPRAY MO	$0 (Tier 4)	
COLEMAN HIGH AND DRY INSECT REPELLENT 25 % TOPICAL SPRAY POWDER MO	$0 (Tier 4)	
COLEMAN SKINSMART INSECT REPELLENT 20 % TOPICAL PUMP SPRAY; COLEMAN SKINSMART INSECT REPELLENT 20 % TOPICAL SPRAY MO	$0 (Tier 4)	
COLEMAN SPORTSMEN INSECT REPELLENT 40 % TOPICAL SPRAY MO	$0 (Tier 4)	
comfort gel 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	
comfort gel extra strength 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
COMPETE TABLET MO	$0 (Tier 4)	
complete 18 mg-500 mcg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
complete 50+ 0.4 mg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
complete allergy 12.5 mg/5 ml oral liquid; complete allergy 25 mg capsule; complete allergy 25 mg tablet MO	$0 (Tier 4)	
complete allergy medicine 25 mg capsule; complete allergy medicine 25 mg tablet MO	$0 (Tier 4)	
complete lice treatment 4 %-0.33 %-0.5 % topical kit MO	$0 (Tier 4)	
complete men 8 mg iron-200 mcg-600 mcg tablet MO	$0 (Tier 4)	
complete multi 18 mg-500 mcg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
complete multi 50+ 500 mcg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
complete multivitamin 0.4 mg-300 mcg-250 mcg tablet; complete multivitamin tablet MO	$0 (Tier 4)	
complete multivitamin-multimineral 18 mg-400 mcg tablet MO	$0 (Tier 4)	
complete senior 0.4 mg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
complete women 18 mg-400 mcg tablet MO	$0 (Tier 4)	
compound w 17 % topical liquid MO	$0 (Tier 4)	
CONDOMS-PREM LUBRICATED MO	$0 (Tier 4)	
cool bottoms 1 % topical cream MO	$0 (Tier 4)	
corn-callus remover 17 % topical liquid MO	$0 (Tier 4)	
CORTAID 1 % TOPICAL CREAM MO	$0 (Tier 4)	
cortizone-10 1 % topical cream; cortizone-10 1 % topical ointment MO	$0 (Tier 4)	
cortizone-10 plus 1 % topical cream MO	$0 (Tier 4)	
cough control (guaifenesin) 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
cough control dm 10 mg-100 mg/5 ml oral liquid; cough control dm 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
sb cough control dm max liquid MO	$0 (Tier 4)	
COUGH FORMULA DM 10 MG-100 MG/5 ML SYRUP MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cough suppressant-expectorant 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
cough syrup 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
cough syrup dm 10 mg-100 mg/5 ml MO	$0 (Tier 4)	
creo-terpin syrup MO	$0 (Tier 4)	
critic-aid clear af 2 % topical ointment MO	$0 (Tier 4)	
cromolyn sodium nasal solution MO	$0 (Tier 4)	
curad enema ready-to-use MO	$0 (Tier 4)	
cutter backwoods 25 % topical pump spray; cutter backwoods 25 % topical spray MO	$0 (Tier 4)	
cutter backwoods dry 25 % topical spray MO	$0 (Tier 4)	
cutter lemon eucalyptus 30 % topical spray MO	$0 (Tier 4)	
cutter natural insect repellent 5 %-2 %-0.4 %-0.1 % topical spray MO	$0 (Tier 4)	
cutter natural insect repellent2 5 %-2 % topical spray MO	$0 (Tier 4)	
cutter skinsations 7 % topical spray MO	$0 (Tier 4)	
daily fiber 0.52 gram capsule MO	$0 (Tier 4)	
daily fiber (psyllium-sucrose) 3.4 gram/12 gram, 3.4 gram/7 gram oral powder MO	$0 (Tier 4)	
daily multi-vitamin tablet MO	$0 (Tier 4)	
daily multi-vitamins/iron tablet MO	$0 (Tier 4)	
daily multiple 18 mg-400 mcg tablet; daily multiple 400 mcg-120 mg tablet; daily multiple tablet MO	$0 (Tier 4)	
daily multiple for men 0.4 mg tablet MO	$0 (Tier 4)	
daily multiple for men 50+ 400 mcg-600 mcg-120 mg tablet MO	$0 (Tier 4)	
daily multiple for women 18 mg iron-400 mcg-500 mg ca tablet MO	$0 (Tier 4)	
daily multiple for women 50+ 0.4 mg tablet MO	$0 (Tier 4)	
daily multiple vitamins with iron tablet MO	$0 (Tier 4)	
daily multivitamin with iron 18 mg-400 mcg tablet MO	$0 (Tier 4)	
daily multivitamin-minerals tablet MO	$0 (Tier 4)	
daily value tablet MO	$0 (Tier 4)	
DAILY VITAMIN TABLET MO	$0 (Tier 4)	
daily vitamin formula tablet MO	$0 (Tier 4)	
daily vitamin formula + iron 18 mg-400 mcg tablet MO	$0 (Tier 4)	
daily vitamin formula-minerals tablet MO	$0 (Tier 4)	
DAILY VITAMIN WITH IRON TABLET MO	$0 (Tier 4)	
daily vitamin with iron and ca tablet MO	$0 (Tier 4)	
DAILY VITES/IRON TABLET MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DAILY-VITE TABLET MO	$0 (Tier 4)	
DEBROX 6.5 % EAR DROPS MO	$0 (Tier 4)	
deep sea nasal 0.65 % spray aerosol MO	$0 (Tier 4)	
delta d3 400 unit tablet MO	$0 (Tier 4)	
dermafungal 2 % topical ointment MO	$0 (Tier 4)	
dermarest eczema (hydrocortisone) 1 % lotion MO	$0 (Tier 4)	
desenex 2 % topical powder MO	$0 (Tier 4)	
desitin clear topical ointment MO	$0 (Tier 4)	
dex4 glucose 4 gram chewable tablet; dex4 glucose 40 % oral gel MO	$0 (Tier 4)	
dex4 glucose pouch pack 4 gram chewable tablet MO	$0 (Tier 4)	
dex4 glucose quick dissolve 4 gram chewable tablet MO	$0 (Tier 4)	
guaifenesin dm 400-20 mg tab; guaifenesin dm syrup MO	$0 (Tier 4)	
cvs glucose 40% gel MO	$0 (Tier 4)	
diabetic siltussin das-na 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
diabetic siltussin-dm 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
diabetic siltussin-dm max str 10 mg-200 mg/5 ml oral liquid MO	$0 (Tier 4)	
diabetic tussin dm 10 mg-100 mg/5 ml oral liquid; diabetic tussin dm 10 mg-200 mg/5 ml oral liquid MO	$0 (Tier 4)	
diabetic tussin ex 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
diabetic tussin max-str liq MO	$0 (Tier 4)	
dialyvite 800 0.8 mg tablet MO	$0 (Tier 4)	
DIALYVITE 800 WITH ZINC 15 0.8 MG-15 MG TABLET MO	$0 (Tier 4)	
DIALYVITE 800 WITH ZINC 50 0.8 MG-50 MG TABLET MO	$0 (Tier 4)	
diamode 2 mg tablet MO	$0 (Tier 4)	
diarrhea relief (bismuth subsalicylate) 262 mg/15 ml oral suspension MO	$0 (Tier 4)	
dibucaine 1% ointment MO	$0 (Tier 4)	
dimenhydrinate 50 mg tablet MO	$0 (Tier 4)	
dino-life chewable tablet MO	$0 (Tier 4)	
dino-life with extra c chewable tablet MO	$0 (Tier 4)	
dino-life with iron-zinc chewable tablet MO	$0 (Tier 4)	
DIOCTO 50 MG/5 ML ORAL LIQUID; DIOCTO 60 MG/15 ML SYRUP MO	$0 (Tier 4)	
dioctyl 60 mg/15 ml syrup MO	$0 (Tier 4)	
diotame 262 mg chewable tablet MO	$0 (Tier 4)	
diphedryl 12.5 mg/5 ml oral liquid; diphedryl 25 mg capsule; diphedryl 25 mg tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diphedryl allergy 12.5 mg/5 ml oral liquid MO	$0 (Tier 4)	
diphenhist 12.5 mg/5 ml oral liquid; diphenhist 25 mg tablet MO	$0 (Tier 4)	
DIPHENHIST 25 MG CAPSULE MO	$0 (Tier 4)	
diphenhydramine 12.5 mg/5 ml; diphenhydramine 25 mg caplet; diphenhydramine 25 mg, 50 mg capsule; diphenhydramine cough syrup MO	$0 (Tier 4)	
disposable enema 19 gram-7 gram/118 ml MO	$0 (Tier 4)	
doc-q-lace 100 mg capsule MO	$0 (Tier 4)	
doc-q-lax 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
docu 50 mg/5 ml oral liquid MO	$0 (Tier 4)	
docu soft 100 mg softgel cap MO	$0 (Tier 4)	
docuprene 100 mg tablet MO	$0 (Tier 4)	
docusate cal 240 mg softgel MO	$0 (Tier 4)	
docusate sod 60 mg/15 ml syrp; docusate sodium 100 mg tablet; docusate sodium 100 mg, 250 mg softgel MO	$0 (Tier 4)	
docusil 100 mg capsule MO	$0 (Tier 4)	
dok 100 mg tablet MO	$0 (Tier 4)	
DOK 100 MG, 250 MG CAPSULE MO	$0 (Tier 4)	
dok plus 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
double antibiotic 500 unit-10,000 unit/gram topical ointment MO	$0 (Tier 4)	
double antibiotic (bacitrcn zn) 500 unit-10,000 unit/gram top ointment MO	$0 (Tier 4)	
DRAMAMINE 50 MG TABLET MO	$0 (Tier 4)	
dramamine less drowsy 25 mg tablet MO	$0 (Tier 4)	
driminate 50 mg tablet MO	$0 (Tier 4)	
dss 250 mg capsule MO	$0 (Tier 4)	
ducodyl 5 mg tablet,delayed release MO	$0 (Tier 4)	
DULCOLAX (BISACODYL) 10 MG RECTAL SUPPOSITORY; DULCOLAX (BISACODYL) 5 MG TABLET,DELAYED RELEASE MO	$0 (Tier 4)	
dulcolax stool softener (docusate) 100 mg capsule MO	$0 (Tier 4)	
duofilm 17 % topical liquid MO	$0 (Tier 4)	
DYNA-HEX 4 % TOPICAL LIQUID MO	$0 (Tier 4)	
e.c. prin 325 mg tablet,delayed release MO	$0 (Tier 4)	
ear care 200 mg-100 mg tablet MO	$0 (Tier 4)	
ear drops otc 6.5 % MO	$0 (Tier 4)	
ear health formula 200 mg-100 mg tablet; ear health formula tablet MO	$0 (Tier 4)	
ear wax removal kit 6.5 % drops MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ear wax removal system 6.5 % drops MO	$0 (Tier 4)	
EAR WAX TREATMENT 6.5 % DROPS MO	$0 (Tier 4)	
econtra ez 1.5 mg tablet MO	$0 (Tier 4)	
ECOTRIN 325 MG TABLET,ENTERIC COATED MO	$0 (Tier 4)	
ecotrin low strength 81 mg tablet,enteric coated MO	$0 (Tier 4)	
eczema anti-itch 1 % topical cream MO	$0 (Tier 4)	
ed-apap 160 mg/5 ml oral liquid MO	$0 (Tier 4)	
ELDERTONIC 0.5 MG-0.6 MG-7 MG-0.7 MG ORAL ELIXIR MO	$0 (Tier 4)	
heb pediatric electrolyte soln MO	$0 (Tier 4)	
emetrol oral solution MO	$0 (Tier 4)	
enema 19 gram-7 gram/118 ml MO	$0 (Tier 4)	
enema disposable 19 gram-7 gram/118 ml MO	$0 (Tier 4)	
ENFAMIL ENFALYTE ORAL SOLUTION MO	$0 (Tier 4)	
enteric coated aspirin 81 mg tablet,delayed release MO	$0 (Tier 4)	
essentia 18 mg-400 mcg tablet MO	$0 (Tier 4)	
ESSENTIAL BALANCE WITH LUTEIN TABLET MO	$0 (Tier 4)	
ESSENTIAL DAILY 18 MG-0.4 MG TABLET MO	$0 (Tier 4)	
evac-u-gen (sennosides) 8.6 mg tablet MO	$0 (Tier 4)	
EX-LAX (SENNOSIDES) 15 MG TABLET MO	$0 (Tier 4)	
medi-tabs 500 mg geltab MO	$0 (Tier 4)	
excedrin extra strength 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
excedrin migraine 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
EXPECTA PRENATAL 28 MG IRON-800 MCG-200 MG ORAL PACK MO	$0 (Tier 4)	
expectorant 100 mg/5 ml oral liquid; expectorant 200 mg tablet MO	$0 (Tier 4)	
expectorant cough syrup 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
expectorant dm 10 mg-100 mg/5 ml syrup; expectorant dm 20 mg-300 mg/5 ml oral liquid MO	$0 (Tier 4)	
ezfe forte capsule MO	$0 (Tier 4)	
fallback solo 1.5 mg tablet MO	$0 (Tier 4)	
famotidine 10 mg tablet MO	$0 (Tier 4)	
FANTASY DEVICE MO	$0 (Tier 4)	
feosol 325 mg (65 mg iron) tablet MO	$0 (Tier 4)	
FER-IN-SOL 15 MG IRON (75 MG)/ML ORAL DROPS MO	$0 (Tier 4)	
fer-iron 15 mg iron (75 mg)/ml oral drops MO	$0 (Tier 4)	
FEROSUL 220 MG (44 MG IRON)/5 ML ORAL ELIXIR MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ferosul 325 mg (65 mg iron) tablet MO	$0 (Tier 4)	
ferro-time 325 mg (65 mg iron) tablet MO	$0 (Tier 4)	
ferrous sulf 15 mg iron/ml drp MO	$0 (Tier 4)	
ferrous sulf ec 324 mg tablet MO	$0 (Tier 4)	
ferrous sulf ec 325 mg tablet MO	$0 (Tier 4)	
ferrous sulfate 325 mg tablet MO	$0 (Tier 4)	
ferrousul 325 mg (65 mg iron) tablet MO	$0 (Tier 4)	
fever reducer 120 mg rectal suppository MO	$0 (Tier 4)	
fever reducer an pain reliever 160 mg/5 ml oral suspension; pv pain-fever 500 mg/15ml liq MO	$0 (Tier 4)	
feverall 120 mg, 325 mg, 650 mg rectal suppository MO	$0 (Tier 4)	
FEVERALL 80 MG RECTAL SUPPOSITORY MO	$0 (Tier 4)	
fiber oral powder MO	$0 (Tier 4)	
fiber (calcium polycarbophil) 625 mg tablet MO	$0 (Tier 4)	
fiber (psyllium husk) 0.52 gram capsule MO	$0 (Tier 4)	
fiber (psyllium husk/sugar) 3.4 gram/11 gram, 3.4 gram/12 gram, 3.4 gram/7 gram oral powder MO	$0 (Tier 4)	
fiber (with aspartame) 3.4 gram/5.8 gram, 3.4 gram/5.8 gram oral powder MO	$0 (Tier 4)	
fiber laxative (calcium polycarbophil) 625 mg tablet MO	$0 (Tier 4)	
fiber laxative (psyllium husk/sugar) 3.4 gram/7 gram oral powder MO	$0 (Tier 4)	
fiber laxative (methylcellulose) 500 mg tablet MO	$0 (Tier 4)	
fiber laxative (psyllium husk) 0.52 gram capsule MO	$0 (Tier 4)	
pv fiber laxative powder MO	$0 (Tier 4)	
fiber smooth oral powder MO	$0 (Tier 4)	
fiber smooth (with sucrose) oral powder MO	$0 (Tier 4)	
fiber therapy (ca polycarbophil) 625 mg tablet MO	$0 (Tier 4)	
FIBER THERAPY (METHYLCELLULOSE-SUGAR) 2 GRAM/19 GRAM ORAL POWDER MO	$0 (Tier 4)	
pv fiber therapy powder MO	$0 (Tier 4)	
fiber therapy (methylcellulose) 500 mg tablet MO	$0 (Tier 4)	
fiber therapy (psyllium/sucrose) oral powder MO	$0 (Tier 4)	
fiber therapy laxative (psyllium husk) 0.52 gram capsule MO	$0 (Tier 4)	
pv fiber therapy powder MO	$0 (Tier 4)	
fiber-caps (psyllium husk) 0.52 gram capsule MO	$0 (Tier 4)	
fiber-lax 625 mg tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fiber-tabs 625 mg tablet MO	$0 (Tier 4)	
FIBERCON 625 MG TABLET MO	$0 (Tier 4)	
first aid antiseptic 10 % topical solution MO	$0 (Tier 4)	
flanax (naproxen) 220 mg tablet MO	$0 (Tier 4)	
flanax antacid 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	
flavor chews antacid 300 mg (750 mg) tablet MO	$0 (Tier 4)	
FLAVOR SWEET ORAL LIQUID MO	$0 (Tier 4)	
FLAVOR SWEET-SF ORAL LIQUID MO	$0 (Tier 4)	
FLEET ENEMA 19 GRAM-7 GRAM/118 ML MO	$0 (Tier 4)	
fleet glycerin (adult) rectal suppository MO	$0 (Tier 4)	
fleet glycerin (child) rectal suppository MO	$0 (Tier 4)	
FLEET LAXATIVE 5 MG TABLET,DELAYED RELEASE MO	$0 (Tier 4)	
FLEET PEDIATRIC 9.5 GRAM-3.5 GRAM/59 ML ENEMA MO	$0 (Tier 4)	
flintstones complete (iron) chewable tablet MO	$0 (Tier 4)	
FLINTSTONES MULTIVITAMIN 300 MCG CHEWABLE TABLET MO	$0 (Tier 4)	
flintstones multivitamin chewable tablet MO	$0 (Tier 4)	
FLINTSTONES WITH IRON 18 MG IRON CHEWABLE TABLET MO	$0 (Tier 4)	
flintstones/extra c chewable tablet MO	$0 (Tier 4)	
foaming antacid 95 mg-358 mg/15 ml oral suspension MO	$0 (Tier 4)	
pv foaming antacid chew tablet MO	$0 (Tier 4)	
folic acid 1 mg tablet; folic acid 5 mg/ml vial MO	$0 (Tier 3)	
gnp folic acid 400 mcg tablet MO	$0 (Tier 4)	
formula em oral solution MO	$0 (Tier 4)	
full spectrum b-vitamin c 0.8 mg tablet MO	$0 (Tier 4)	
FULLER'S EARTH POWDER MO	$0 (Tier 4)	
FUNGOID TINCTURE 2 % TOPICAL; FUNGOID TINCTURE 2 % TOPICAL KIT MO	$0 (Tier 4)	
g-tron 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
gavilax 17 gram/dose oral powder MO	$0 (Tier 4)	
GAVISCON 80 MG-14.2 MG CHEWABLE TABLET; GAVISCON 95 MG-358 MG/15 ML ORAL SUSPENSION MO	$0 (Tier 4)	
GAVISCON EXTRA STRENGTH 160 MG-105 MG CHEWABLE TABLET; GAVISCON EXTRA STRENGTH 254 MG-237.5 MG/5 ML ORAL SUSPENSION MO	$0 (Tier 4)	
gelusil antacid & antigas liq MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GELUSIL ANTACID AND ANTI-GAS 200 MG-200 MG-25 MG CHEWABLE TABLET MO	$0 (Tier 4)	
gentle laxative 10 mg rectal suppository; gentle laxative 5 mg tablet,delayed release MO	$0 (Tier 4)	
gentlelax 17 gram/dose oral powder MO	$0 (Tier 4)	
geravim oral liquid MO	$0 (Tier 4)	
geri-dryl 25 mg capsule; geri-dryl 25 mg tablet MO	$0 (Tier 4)	
geri-kot 8.6 mg tablet MO	$0 (Tier 4)	
geri-lanta 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	
geri-mox antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	
geri-mucil 3.4 gram/5.8 gram oral powder MO	$0 (Tier 4)	
geri-pectate 262 mg/15 ml oral suspension MO	$0 (Tier 4)	
geri-tussin 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
geri-tussin dm 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
geriaton oral liquid MO	$0 (Tier 4)	
GERITOL COMPLETE 16 MG IRON-0.38 MG TABLET MO	$0 (Tier 4)	
GERITOL TONIC WITH FERREX 18 2.5 MG-50 MG-18 MG IRON/15 ML ORAL LIQUID MO	$0 (Tier 4)	
gluco burst 40 % oral gel MO	$0 (Tier 4)	
glucose gel 40 % oral gel MO	$0 (Tier 4)	
glutose 15 40 % oral gel MO	$0 (Tier 4)	
glutose 45 40 % oral gel MO	$0 (Tier 4)	
glycerin 99.5% liquid; pv glycerin liquid MO	$0 (Tier 4)	
gnp glycerin suppository MO	$0 (Tier 4)	
GLYCERIN LIQUID MO	$0 (Tier 4)	
gnp glycerin suppository MO	$0 (Tier 4)	
glycolax 17 gram/dose oral powder MO	$0 (Tier 4)	
goody's migraine relief 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
grx dyne 10% solution; grx dyne 10% swab; grx dyne scrub MO	$0 (Tier 4)	
guaiasorb dm 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
guaifenesin 200 mg, 400 mg tablet; guaifenesin 300 mg/15 ml soln MO	$0 (Tier 4)	
guaifenesin-dm 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
gummi bear multivitamin chewable tablet MO	$0 (Tier 4)	
gyne-lotrimin 2 % vaginal cream MO	$0 (Tier 4)	
gyne-lotrimin 7 1 % vaginal cream MO	$0 (Tier 4)	
hair vitamins tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hair,skin and nails 3.3 mg iron-25 mcg tablet MO	$0 (Tier 4)	
headache formula tablet MO	$0 (Tier 4)	
headache relief (asa-acetaminophn-caffeine) 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
healthy eyes 1,000 unit-200 mg-60 unit-2mg tablet MO	$0 (Tier 4)	
healthy eyes supervision 14,320 unit-226 mg-200 unit capsule MO	$0 (Tier 4)	
heartburn antacid 160 mg-105 mg chewable tablet MO	$0 (Tier 4)	
heartburn prevention 10 mg, 20 mg tablet MO	$0 (Tier 4)	
heartburn relief 160 mg-105 mg chewable tablet MO	$0 (Tier 4)	
heartburn relief (famotidine) 10 mg, 20 mg tablet MO	$0 (Tier 4)	
heartburn relief (ranitidine) 150 mg, 75 mg tablet MO	$0 (Tier 4)	
hemorrhoid ointment MO	$0 (Tier 4)	
hi-b complex tablet MO	$0 (Tier 4)	
hi-cal plus vit d 500 mg (1,250 mg)-200 unit tablet MO	$0 (Tier 4)	
hibiclens 4 % topical liquid MO	$0 (Tier 4)	
hi potency cal 600 mg caplet MO	$0 (Tier 4)	
high potency capsaicin 0.1 % topical cream MO	$0 (Tier 4)	
honey bears chewable tablet MO	$0 (Tier 4)	
honey bears with iron-zinc chewable tablet MO	$0 (Tier 4)	
hospital antiseptic 10 % topical solution MO	$0 (Tier 4)	
HYDROCIL ORAL POWDER MO	$0 (Tier 4)	
hydrocortisone 0.5% cream; hydrocortisone 0.5% ointment MO	$0 (Tier 4)	
hydrocortisone 1% cream; hydrocortisone 1% ointment; hydrocortisone 100 mg/60 ml; hydrocortisone 2.5% cream; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment MO	$0 (Tier 1)	
gnp hydrocort acetate 1% cr; gnp hydrocortisone 0.5% crm MO	$0 (Tier 4)	
hydrocortisone plus 1 % topical cream MO	$0 (Tier 4)	
eq hydrocortisone-aloe 1% crm MO	$0 (Tier 4)	
hydrocream 1 % topical MO	$0 (Tier 4)	
hydroskin 1 % lotion MO	$0 (Tier 4)	
HYDROSKIN 1% CREAM MO	$0 (Tier 4)	
hydroskin with aloe 1 % cream MO	$0 (Tier 4)	
i-prin 200 mg tablet MO	$0 (Tier 4)	
I-VITE 1,000 UNIT-200 MG-60 UNIT-2MG TABLET MO	$0 (Tier 4)	
i-vite protect 7,160 unit-113 mg-100 unit tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ibuprofen 100 mg, 200 mg tablet; ibuprofen 200 mg softgel; sm ibuprofen ib 100 mg, 200 mg tablet **MO**	$0 (Tier 4)	
ibuprofen ib 100 mg chewable tablet; ibuprofen ib 200 mg tablet **MO**	$0 (Tier 4)	
ICAPS 3,300 UNIT-5 MG-200MG-75 UNIT TABLET,EXTENDED RELEASE **MO**	$0 (Tier 4)	
icaps areds 14,320 unit-226 mg-200 unit capsule **MO**	$0 (Tier 4)	
ICAPS AREDS 7,160 UNIT-113 MG-100 UNIT TABLET,DELAYED RELEASE **MO**	$0 (Tier 4)	
ICAPS MV 100 MCG-1.66 MG-0.83 MG TABLET,DELAYED RELEASE **MO**	$0 (Tier 4)	
icaps plus tablet **MO**	$0 (Tier 4)	
IMODIUM A-D 1 MG/7.5 ML ORAL LIQUID **MO**	$0 (Tier 4)	
infant fever reducer-pain relief 160 mg/5 ml oral suspension **MO**	$0 (Tier 4)	
infant pain reliever 160 mg/5 ml oral suspension **MO**	$0 (Tier 4)	
pv infant non-asa 80 mg/0.8 ml **MO**	$0 (Tier 4)	
infant's pain relief 160 mg/5 ml oral suspension; infant's pain relief 80 mg/0.8 ml oral drops,suspension **MO**	$0 (Tier 4)	
infant's pain reliever 80 mg/0.8 ml oral drops,suspension **MO**	$0 (Tier 4)	
INFANT'S TYLENOL 160 MG/5 ML ORAL SUSPENSION **MO**	$0 (Tier 4)	
infants' pain and fever 160 mg/5 ml oral suspension **MO**	$0 (Tier 4)	
infants' pain relief 160 mg/5 ml oral suspension **MO**	$0 (Tier 4)	
insect repellent (deet) 15 % topical spray **MO**	$0 (Tier 4)	
INSECT REPELLENT (PICARIDIN) 20 % TOPICAL SPRAY WITH PUMP **MO**	$0 (Tier 4)	
inzo antifungal 2 % topical cream **MO**	$0 (Tier 4)	
iophen dm-nr 10 mg-100 mg/5 ml oral liquid **MO**	$0 (Tier 4)	
iophen-nr 100 mg/5 ml oral liquid **MO**	$0 (Tier 4)	
iron 15 mg/ml drops **MO**	$0 (Tier 4)	
iron 325 mg (65 mg iron) tablet **MO**	$0 (Tier 4)	
iron (ferrous sulfate) 325 mg (65 mg iron) tablet **MO**	$0 (Tier 4)	
GNP ISOPROPYL ALCOHOL 91%; SWAN ISOPROPYL ALCOHOL 70% **MO**	$0 (Tier 4)	
itch relief (clotrimazole) 1 % topical cream **MO**	$0 (Tier 4)	
jock itch (clotrimazole) 1 % topical cream **MO**	$0 (Tier 4)	
jock itch (terbinafine) 1 % topical cream **MO**	$0 (Tier 4)	
kao-tin (bismuth subsalicylate) 262 mg/15 ml oral suspension **MO**	$0 (Tier 4)	
kao-tin (docusate calcium) 240 mg capsule **MO**	$0 (Tier 4)	
kaopectate (bismuth subsalicylate) 262 mg/15 ml oral suspension **MO**	$0 (Tier 4)	
KAOPECTATE (DOCUSATE CALCIUM) 240 MG CAPSULE **MO**	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
kaopectate ex str (bismuth ss) 525 mg/15 ml oral suspension MO	$0 (Tier 4)	
pv kid's vit complete tab chew MO	$0 (Tier 4)	
kid's vit + extra c chew tab MO	$0 (Tier 4)	
pv kid's vit + iron tab chew MO	$0 (Tier 4)	
pv kids vitamins+iron tab chew MO	$0 (Tier 4)	
pv kids vitamins complete MO	$0 (Tier 4)	
KIMONO CONDOMS(NON-LUBRICATED) MO	$0 (Tier 4)	
KIMONO MAXX CONDOMS MO	$0 (Tier 4)	
KIMONO MICROTHIN AQUA LUBE CONDOM MO	$0 (Tier 4)	
KIMONO MICROTHIN CONDOMS MO	$0 (Tier 4)	
KIMONO MICROTHIN LARGE CONDOMS MO	$0 (Tier 4)	
KIMONO TEXTURED CONDOMS MO	$0 (Tier 4)	
kola-pectin ds 525mg/15ml susp MO	$0 (Tier 4)	
konsyl (sugar) 3.4 gram/11 gram, 3.4 gram/12 gram oral powder MO	$0 (Tier 4)	
KONSYL EASY MIX 4.3 GRAM/6 GRAM ORAL POWDER MO	$0 (Tier 4)	
konsyl fiber 625 mg tablet MO	$0 (Tier 4)	
KONSYL FORMULA-D 3.4 GRAM/6.5 GRAM ORAL POWDER MO	$0 (Tier 4)	
konsyl sugar-free 0.52 gram capsule MO	$0 (Tier 4)	
KONSYL SUGAR-FREE 6 GRAM/6 GRAM ORAL POWDER MO	$0 (Tier 4)	
KONSYL SUGAR-FREE (ASPARTAME) 3.5 GRAM/5.8 GRAM ORAL POWDER MO	$0 (Tier 4)	
lamisil at 1 % topical cream MO	$0 (Tier 4)	
laxative stool softener with senna 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
laxa clear 17 gram/dose oral powder MO	$0 (Tier 4)	
laxacin 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
laxative (bisacodyl) 5 mg tablet,delayed release MO	$0 (Tier 4)	
laxative (glycerin-pediatric) rectal suppository MO	$0 (Tier 4)	
pv laxative 15 mg tablet MO	$0 (Tier 4)	
laxative peg 3350 17 gram/dose oral powder MO	$0 (Tier 4)	
laxative pills regular 15 mg tablet MO	$0 (Tier 4)	
laxative plus stool softener 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
lc-4 4 % topical cream MO	$0 (Tier 4)	
lice bedding spray 0.5 % aerosol MO	$0 (Tier 4)	
lice complete kit 1-2-3 4 %-0.33 %-0.5 % topical kit MO	$0 (Tier 4)	
lice cream rinse 1 % topical liquid MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lice killing 0.33 %-4 % shampoo MO	$0 (Tier 4)	
lice killing (permethrin) 1 % topical liquid MO	$0 (Tier 4)	
lice pyrinyl shampoo 0.33 %-4 % MO	$0 (Tier 4)	
lice solution 4 %-0.33 %-0.5 % topical kit MO	$0 (Tier 4)	
lice treatment 0.33 %-4 % shampoo; lice treatment 1 % topical liquid; lice treatment kit MO	$0 (Tier 4)	
lice treatment (permethrin) 1 % topical liquid MO	$0 (Tier 4)	
LICIDE SPRAY MO	$0 (Tier 4)	
lidocaine 4% cream MO	$0 (Tier 4)	
lidocream 4 % topical MO	$0 (Tier 4)	
lipo-flavonoid plus 200 mg-100 mg tablet MO	$0 (Tier 4)	
lipoflavovit caplet MO	$0 (Tier 4)	
liquid antacid 200 mg-200 mg-20 mg/5 ml oral suspension; liquid antacid 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
liquid corn and callus remover 17 % topical MO	$0 (Tier 4)	
liquitears 1.4 % eye drops MO	$0 (Tier 4)	
lite coat aspirin 325 mg tablet MO	$0 (Tier 4)	
LITTLE ANIMALS CHEWABLE TABLET MO	$0 (Tier 4)	
little animals-iron chewable tablet MO	$0 (Tier 4)	
little remedies 0.65 % nasal spray aerosol MO	$0 (Tier 4)	
little remedies fever and pain reliever 160 mg/5 ml oral suspension MO	$0 (Tier 4)	
LMX 4 4 % TOPICAL CREAM MO	$0 (Tier 4)	
lo-peramide 2 mg caplet MO	$0 (Tier 4)	
loperamide 1 mg/5 ml solution; loperamide 2 mg tablet MO	$0 (Tier 4)	
loperamide 2 mg capsule MO	$0 (Tier 1)	
loradamed 10 mg tablet MO	$0 (Tier 4)	
loratadine 10 mg, 10 mg tablet; loratadine 5 mg/5 ml syrup; sm loratadine 10 mg, 10 mg odt MO	$0 (Tier 4)	
lotrimin af 1 % topical cream; lotrimin af 2 % topical powder; lotrimin af 2 % topical spray MO	$0 (Tier 4)	
lubricant eye 83 %-15 % ointment MO	$0 (Tier 4)	
pv lubricant 1.4 % eye drops MO	$0 (Tier 4)	
lubrifresh pm 83 %-15 % eye ointment MO	$0 (Tier 4)	
MAALOX ADVANCED 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
maalox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
MAG-AL PLUS 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION MO	$0 (Tier 4)	
mag-al plus extra strength 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
maglox 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	
MAGNEBIND 300 250 MG-300 MG TABLET MO	$0 (Tier 4)	
magnesium oxide 400 mg, 420 mg tablet MO	$0 (Tier 4)	
MAGOX 400 MG TABLET MO	$0 (Tier 4)	
major-prep hemorrhoidal suppos MO	$0 (Tier 4)	
mapap (acetaminophen) 160 mg/5 ml oral suspension; mapap (acetaminophen) 160 mg/5 ml, 500 mg/15 ml oral liquid; mapap (acetaminophen) 325 mg tablet; mapap (acetaminophen) 500 mg capsule; mapap (acetaminophen) 80 mg chewable tablet MO	$0 (Tier 4)	
mapap extra strength 500 mg tablet MO	$0 (Tier 4)	
masanti double strength 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
masophen 325 mg, 500 mg tablet MO	$0 (Tier 4)	
maximum daily multivitamin 18 mg-0.4 mg tablet MO	$0 (Tier 4)	
meclizine 12.5 mg, 25 mg tablet MO	$0 (Tier 1)	
meclizine 25 mg tablet chew MO	$0 (Tier 4)	
medi-bismuth chew tablet MO	$0 (Tier 4)	
medi-cortisone 1% cream MO	$0 (Tier 4)	
medi-lax pills MO	$0 (Tier 4)	
medi-laxx 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
medi-meclizine 25 mg tablet MO	$0 (Tier 4)	
medi-mucil capsule MO	$0 (Tier 4)	
medi-natural tablet MO	$0 (Tier 4)	
medi-natural senna tablet MO	$0 (Tier 4)	
medi-phedrine 120 mg caplet; medi-phedrine 30 mg tablet MO	$0 (Tier 4)	
medi-phedryl 12.5 mg/5 ml elix; medi-phedryl 25 mg capsule MO	$0 (Tier 4)	
medi-profen 200 mg caplet MO	$0 (Tier 4)	
medi-tabs 325 mg, 500 mg caplet; medi-tabs 325 mg, 500 mg tablet MO	$0 (Tier 4)	
medi-tussin 100 mg/5 ml syrup MO	$0 (Tier 4)	
medi-tussin dm syrup MO	$0 (Tier 4)	
medi-tussin dm diabetic liq MO	$0 (Tier 4)	
qc medifin exp mucus rlf liq MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mediproxen 220 mg tablet MO	$0 (Tier 4)	
mega multi for women 13.5 mg-200 mcg-250 mcg tablet MO	$0 (Tier 4)	
mega multiple/chelated mineral tablet MO	$0 (Tier 4)	
mega multivitamin for men 200 mcg-175 mcg-250 mcg tablet MO	$0 (Tier 4)	
mega multivitamin with minerals 13.5 mg-200 mcg-250 mcg tablet; mega multivitamin with minerals tablet MO	$0 (Tier 4)	
men's multi-vitamin tablet MO	$0 (Tier 4)	
men's one daily tablet MO	$0 (Tier 4)	
METAMUCIL 0.52 GRAM CAPSULE MO	$0 (Tier 4)	
METAMUCIL (WITH SUGAR) 3.4 GRAM/12 GRAM, 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM ORAL POWDER MO	$0 (Tier 4)	
metamucil powder MO	$0 (Tier 4)	
METAMUCIL MULTIHEALTH FIBER 3.4 GRAM/5.8 GRAM ORAL POWDER MO	$0 (Tier 4)	
METAMUCIL SUGAR-FREE (ASPARTAME) 3.4 GRAM/5.8 GRAM ORAL POWDER MO	$0 (Tier 4)	
METHYLCELLULOSE 2% GEL MO	$0 (Tier 4)	
mgo 400 mg tablet MO	$0 (Tier 4)	
mi-acid 200 mg-200 mg-20 mg/5 ml oral suspension; mi-acid 400 mg-400 mg-40 mg/5 ml oral suspension; mi-acid 700 mg-300 mg chewable tablet MO	$0 (Tier 4)	
micatin 2 % topical cream MO	$0 (Tier 4)	
miconazole 7 100 mg vaginal suppository; miconazole 7 2 % vaginal cream MO	$0 (Tier 4)	
eq miconazole nitrate 2% crm; miconazole 100 mg vag supp; miconazole 2% spray powder; miconazole 3 combo pack; pv miconazole nitrate 2% cream MO	$0 (Tier 4)	
miconazole-3 200 mg-2 % (9 gram) vaginal kit MO	$0 (Tier 4)	
miconazorb af 2 % topical powder MO	$0 (Tier 4)	
micro-guard 2 % topical powder MO	$0 (Tier 4)	
MIDOL (NAPROXEN) 220 MG TABLET MO	$0 (Tier 4)	
migraine formula 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
pv migraine pain-reliever tab MO	$0 (Tier 4)	
migraine relief 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
milk of magnesia 400 mg/5 ml oral suspension MO	$0 (Tier 4)	
milltrium senior tablet MO	$0 (Tier 4)	
mintox 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mintox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
mintox plus 200 mg-200 mg-25 mg chewable tablet MO	$0 (Tier 4)	
MIRALAX 17 GRAM/DOSE ORAL POWDER MO	$0 (Tier 4)	
MONISTAT 3 4 % (200 MG)-2 %(9 GRAM)VAGINAL PACK,PREFIL APPL AND CREAM; MONISTAT 3 200 MG-2 % (9 GRAM) VAGINAL KIT MO	$0 (Tier 4)	
MONISTAT 7 2 % VAGINAL CREAM MO	$0 (Tier 4)	
motion relief (meclizine) 25 mg tablet MO	$0 (Tier 4)	
motion sickness 50 mg tablet MO	$0 (Tier 4)	
motion sickness (meclizine) 25 mg tablet MO	$0 (Tier 4)	
motion sickness ii 25 mg tablet MO	$0 (Tier 4)	
motion sickness relief 50 mg tablet MO	$0 (Tier 4)	
pv motion sickness rel ii tab MO	$0 (Tier 4)	
motion sickness relief (meclizine) 25 mg chewable tablet; motion sickness relief (meclizine) 25 mg tablet MO	$0 (Tier 4)	
motion-time 25 mg chewable tablet MO	$0 (Tier 4)	
MOUTHPIECE DEVICE MO	$0 (Tier 4)	
move it along 100 mg tablet MO	$0 (Tier 4)	
multi complete with iron 18 mg-400 mcg tablet MO	$0 (Tier 4)	
multi-day with iron 18 mg-400 mcg tablet MO	$0 (Tier 4)	
MULTI-DELYN WITH IRON 10 MG IRON/5 ML ORAL LIQUID MO	$0 (Tier 4)	
MULTILEX TABLET MO	$0 (Tier 4)	
MULTILEX-T AND M TABLET MO	$0 (Tier 4)	
multiple vitamin tablet MO	$0 (Tier 4)	
multiple vitamin, womens tablet MO	$0 (Tier 4)	
multiple vitamin-minerals tablet MO	$0 (Tier 4)	
multiple vitamins tablet MO	$0 (Tier 4)	
multiple vitamins with iron chewable tablet MO	$0 (Tier 4)	
pv multivital tablet MO	$0 (Tier 4)	
pv multivital platinum tablet MO	$0 (Tier 4)	
multivitamins tablet MO	$0 (Tier 4)	
multivitamin 50 plus tablet MO	$0 (Tier 4)	
pv daily multivitamin-iron tab MO	$0 (Tier 4)	
multivit-minerals tablet; multivitamin with minerals 9 mg iron/15 ml oral liquid MO	$0 (Tier 4)	
multivitamin-calcium-iron tab MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
murine ear wax removal system 6.5 % drops MO	$0 (Tier 4)	
muro 128 2 % eye drops MO	$0 (Tier 4)	
MURO 128 5 % EYE DROPS; MURO 128 5 % EYE OINTMENT MO	$0 (Tier 4)	
pv muscle relief 0.075% cream MO	$0 (Tier 4)	
MX-SOL ORAL LIQUID MO	$0 (Tier 4)	
MYKIDZ IRON SUSPENSION MO	$0 (Tier 4)	
naproxen sodium 220 mg caplet; naproxen sodium 220 mg capsule MO	$0 (Tier 4)	
nasal allergy symptom control 5.2 mg/spray (4 %) spray MO	$0 (Tier 4)	
nasal and sinus decongestant 30 mg tablet MO	$0 (Tier 4)	
nasal antiseptic swabs 10 % MO	$0 (Tier 4)	
nasal decongestant (pseudoephedrine) 120 mg tablet,extended release; nasal decongestant (pseudoephedrine) 30 mg tablet MO	$0 (Tier 4)	
nasal moisturizing 0.65 % spray aerosol MO	$0 (Tier 4)	
nasal spray (sodium chloride) 0.65 % aerosol MO	$0 (Tier 4)	
NASALCROM 5.2 MG/SPRAY (4 %) SPRAY MO	$0 (Tier 4)	
NATRAPEL 20 % TOPICAL SPRAY MO	$0 (Tier 4)	
natural b-100 tablet MO	$0 (Tier 4)	
natural balance tears drops MO	$0 (Tier 4)	
natural calcium 500 mg calcium (1,250 mg) tablet MO	$0 (Tier 4)	
natural daily fiber 3.4 gram/5.8 gram oral powder MO	$0 (Tier 4)	
natural fiber laxative 0.52 gram capsule MO	$0 (Tier 4)	
natural fiber laxative (sugar) 3.4 gram/11 gram, 3.4 gram/12 gram, 3.4 gram/7 gram oral powder; natural fiber laxative (sugar) oral powder; natural fiber laxative powder MO	$0 (Tier 4)	
natural fiber laxative therapy oral powder MO	$0 (Tier 4)	
natural fiber laxative (aspartame) oral powder; natural fiber laxative powder MO	$0 (Tier 4)	
natural psyllium fiber 3.4 gram/5.8 gram oral powder MO	$0 (Tier 4)	
natural senna laxative 8.6 mg tablet MO	$0 (Tier 4)	
natural vegetable laxative (with dextrose) oral powder MO	$0 (Tier 4)	
natural vegetable laxative (sennosides) 8.6 mg tablet MO	$0 (Tier 4)	
natural vegetable oral powder MO	$0 (Tier 4)	
natural vegetable (psyllium) oral powder MO	$0 (Tier 4)	
natural vegetable powder 3.4 gram/12 gram oral MO	$0 (Tier 4)	
natural vegetable powder MO	$0 (Tier 4)	
nature's tears drops MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nausea control oral solution MO	$0 (Tier 4)	
nausea relief oral solution MO	$0 (Tier 4)	
NEOSPORIN (NEO-BAC-POLYM) 3.5 MG-400 UNIT-5,000 UNIT/GRAM TOP OINTMENT MO	$0 (Tier 4)	
neosporin anti-itch 1 % topical cream MO	$0 (Tier 4)	
NEOSPORIN PLUSPAIN RELIEF(BACIT)3.5 MG-500 UNIT-10,000 UNIT/G TOP OINT MO	$0 (Tier 4)	
NEPHRO-VITE 0.8 MG TABLET MO	$0 (Tier 4)	
NEPHRONEX 900 MCG/5 ML ORAL LIQUID MO	$0 (Tier 4)	
NESSI SPACER MO	$0 (Tier 4)	
neutraphor 1 % topical cream MO	$0 (Tier 4)	
nicoderm cq 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr daily transdermal patch MO	$0 (Tier 4)	
nicorelief 2 mg, 4 mg gum MO	$0 (Tier 4)	
NICORETTE 2 MG GUM; NICORETTE 2 MG, 4 MG BUCCAL LOZENGE MO	$0 (Tier 4)	
nicorette 4 mg gum MO	$0 (Tier 4)	
eq nicotine 14 mg/24hr patch; nicotine 21 mg/24hr patch; nicotine 7 mg/24hr patch; nicotine transdermal system MO	$0 (Tier 4)	
nicotine 2 mg, 4 mg chewing gum MO	$0 (Tier 4)	
nighttime allergy relief 25 mg tablet MO	$0 (Tier 4)	
NIX CREME RINSE 1 % TOPICAL LIQUID MO	$0 (Tier 4)	
noble formula hc 1 % topical cream MO	$0 (Tier 4)	
non-aspirin 160 mg/5 ml oral elixir; non-aspirin 160 mg/5 ml oral suspension; non-aspirin 325 mg tablet; non-aspirin 80 mg chewable tablet MO	$0 (Tier 4)	
non-aspirin child 120 mg rectal suppository MO	$0 (Tier 4)	
non-aspirin 500 mg softgel; non-aspirin extra strength 500 mg tablet; non-aspirin extra strength 500 mg/15 ml oral liquid MO	$0 (Tier 4)	
non-aspirin pain relief 325 mg, 500 mg tablet MO	$0 (Tier 4)	
non-drowsy allergy 10 mg tablet MO	$0 (Tier 4)	
nortemp 160 mg/5 ml oral suspension; nortemp 80 mg/0.8 ml oral drops MO	$0 (Tier 4)	
NOVAFERRUM PEDIATRIC 10 MG IRON/ML ORAL DROPS MO	$0 (Tier 4)	
nts step 1 21 mg/24 hr transdermal 24 hour patch MO	$0 (Tier 4)	
NUTRISOURCE FIBER ORAL POWDER MO	$0 (Tier 4)	
nuzole 2% cream MO	$0 (Tier 4)	
OCEAN FOR KIDS 0.65 % NASAL SPRAY AEROSOL MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OCEAN NASAL 0.65 % SPRAY AEROSOL MO	$0 (Tier 4)	
ocutabs tablet MO	$0 (Tier 4)	
ocuvite with lutein 1,000 unit-200 mg-60 unit-2mg tablet MO	$0 (Tier 4)	
off active 15 % topical spray MO	$0 (Tier 4)	
off deep woods 25 % topical pump spray; off deep woods 25 % topical spray MO	$0 (Tier 4)	
off deep woods dry 25 % topical spray powder MO	$0 (Tier 4)	
off familycare (with deet) 15 % topical spray powder; off familycare (with deet) 5 %, 7 % topical spray MO	$0 (Tier 4)	
omnicap 0.4 mg tablet MO	$0 (Tier 4)	
once daily tablet MO	$0 (Tier 4)	
oncovite tablet MO	$0 (Tier 4)	
one daily 0.4 mg-600 mcg tablet; one daily 300 mg-18 mg-400 mcg-50 mg tablet; one daily tablet MO	$0 (Tier 4)	
one daily calcium/iron tablet MO	$0 (Tier 4)	
ONE DAILY COMPLETE 18 MG-0.4 MG TABLET; ONE DAILY COMPLETE TABLET MO	$0 (Tier 4)	
one daily energy tablet MO	$0 (Tier 4)	
one daily essential 0.4 mg tablet; one daily essential tablet MO	$0 (Tier 4)	
one daily for men 0.4 mg-600 mcg tablet MO	$0 (Tier 4)	
one daily for men 50+ advanced 400 mcg-600 mcg-120 mg tablet MO	$0 (Tier 4)	
one daily for women 18 mg-0.4 mg tablet MO	$0 (Tier 4)	
one daily maximum 18 mg-0.4 mg tablet MO	$0 (Tier 4)	
eql one daily maximum tablet MO	$0 (Tier 4)	
one daily men's 50+ 400 mcg-120 mg tablet; one daily men's 50+ 400 mcg-600 mcg-120 mg tablet MO	$0 (Tier 4)	
one daily multivitamins with minerals tablet MO	$0 (Tier 4)	
one daily multivitamin with iron (folic acid) 18 mg-400 mcg tablet MO	$0 (Tier 4)	
one daily multivitamin tablet MO	$0 (Tier 4)	
one daily plus iron 18 mg-400 mcg tablet; one daily plus iron tablet MO	$0 (Tier 4)	
ONE DAILY PLUS MINERALS TABLET MO	$0 (Tier 4)	
one daily with iron tablet MO	$0 (Tier 4)	
one daily women 50 plus 400 mcg-120 mg tablet MO	$0 (Tier 4)	
one daily women's 18 mg iron-400 mcg-450 mg ca, 27-0.4 mg tablet; one daily women's 27 mg-0.4 mg tablet MO	$0 (Tier 4)	
one daily women's health 18 mg iron-400 mcg-450 mg ca tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
one daily women's metabolism 300 mg-18 mg-400 mcg-50 mg tablet MO	$0 (Tier 4)	
ONE WAY VALVED MOUTHPIECE DEVICE MO	$0 (Tier 4)	
ONE-A-DAY CHOLESTEROL PLUS 0.4 MG TABLET MO	$0 (Tier 4)	
one-a-day essential tablet MO	$0 (Tier 4)	
one-a-day maximum formula tablet MO	$0 (Tier 4)	
one-a-day teen advantage 18 mg-400 mcg tablet; one-a-day teen advantage 18-400 mg-mcg, 9 mg iron-400 mcg tablet MO	$0 (Tier 4)	
ONE-A-DAY WOMENS FORMULA 18 MG IRON-400 MCG-500 MG CA TABLET MO	$0 (Tier 4)	
opcicon one-step 1.5 mg tablet MO	$0 (Tier 4)	
opti-vitamins 1,000 unit-200 mg-60 unit-2mg tablet MO	$0 (Tier 4)	
ORA-PLUS ORAL SUSPENSION MO	$0 (Tier 4)	
ORA-SWEET ORAL LIQUID MO	$0 (Tier 4)	
ORA-SWEET SF ORAL LIQUID MO	$0 (Tier 4)	
ORAL SUSPEND ORAL MO	$0 (Tier 4)	
ORAL SYRUP ORAL LIQUID MO	$0 (Tier 4)	
ORAL SYRUP SF ORAL LIQUID MO	$0 (Tier 4)	
oralyte oral solution MO	$0 (Tier 4)	
os-cal 500 + d3 500 mg (1,250 mg)-200 unit tablet MO	$0 (Tier 4)	
OS-CAL 500 + D3 500 MG (1,250 MG)-600 UNIT TABLET MO	$0 (Tier 4)	
oysco 500/d 500 mg (1,250 mg)-200 unit tablet MO	$0 (Tier 4)	
OYSCO D 250 MG-125 UNIT TABLET MO	$0 (Tier 4)	
oysco-500 500 mg calcium (1,250 mg) tablet MO	$0 (Tier 4)	
oyster shell + d3 250 mg-125 unit tablet MO	$0 (Tier 4)	
oyster shell calcium 500 mg calcium (1,250 mg) tablet MO	$0 (Tier 4)	
oyster shell calcium 500 500 mg calcium (1,250 mg) tablet MO	$0 (Tier 4)	
oyster shell calcium-vitamin d3 250 mg-125 unit tablet; oyster shell calcium-vitamin d3 500 mg (1,250 mg)-400 unit tablet MO	$0 (Tier 4)	
oystercal-d 500 mg (1,250 mg)-400 unit tablet MO	$0 (Tier 4)	
p-col rite 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
PAIN AND FEVER 325 MG, 500 MG TABLET MO	$0 (Tier 4)	
pain relief 160 mg/5 ml oral liquid; pain relief 500 mg capsule; pain relief 500 mg tablet; pain relief 650 mg tablet,extended release MO	$0 (Tier 4)	
pain relief (acetaminophen-aspirin-caff) 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
pain relief extra strength 500 mg tablet MO	$0 (Tier 4)	
pain relief regular strength 325 mg tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pain reliever 325 mg, 500 mg tablet; pain reliever 500 mg capsule MO	$0 (Tier 4)	
pain reliever (acetaminophen-aspirin) 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
pain reliever extra strength 500 mg tablet MO	$0 (Tier 4)	
pain reliever plus 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
pain-off 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
pamprin max 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
PANDA MASK MO	$0 (Tier 4)	
PEDI-BORO SOAK 839 MG-1,191 MG TOPICAL POWDER IN PACKET MO	$0 (Tier 4)	
PEDIA-LAX 2.8 GRAM/2.7 ML RECTAL SOLUTION MO	$0 (Tier 4)	
pediacare fever reducer 160 mg/5 ml oral suspension MO	$0 (Tier 4)	
PEDIALYTE ORAL SOLUTION MO	$0 (Tier 4)	
PEDIALYTE ADVANCED CARE ORAL SOLUTION MO	$0 (Tier 4)	
PEDIALYTE FREEZER POPS ORAL SOLUTION MO	$0 (Tier 4)	
PEDIALYTE SINGLES ORAL SOLUTION MO	$0 (Tier 4)	
pediatric cough and cold 1 mg-15 mg-5 mg/5 ml oral liquid; pediatric cough and cold 1-15-5 mg/5 ml, 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
pediatric electrolyte oral solution MO	$0 (Tier 4)	
pediatric enema 9.5 gram-3.5 gram/59 ml MO	$0 (Tier 4)	
pediatric freezer pops oral solution MO	$0 (Tier 4)	
PEDIATRIC MEDIUM MASK MO	$0 (Tier 4)	
sm animal shapes tab chew MO	$0 (Tier 4)	
PEDIATRIC PANDA MASK MO	$0 (Tier 4)	
PEDIATRIC SMALL MASK MO	$0 (Tier 4)	
peg3350 17 gram/dose oral powder MO	$0 (Tier 4)	
pep-t-med 262 mg chewable tablet MO	$0 (Tier 4)	
PEPCID AC 10 MG TABLET MO	$0 (Tier 4)	
peptic relief 262 mg chewable tablet; peptic relief 262 mg/15 ml oral suspension MO	$0 (Tier 4)	
PEPTO-BISMOL 262 MG CHEWABLE TABLET; PEPTO-BISMOL 262 MG/15 ML ORAL SUSPENSION MO	$0 (Tier 4)	
PEPTO-BISMOL MAX ST 525 MG/15 ML ORAL SUSPENSION MO	$0 (Tier 4)	
PEPTO-BISMOL TO-GO 262 MG CHEWABLE TABLET MO	$0 (Tier 4)	
PERDIEM OVERNIGHT RELIEF 15 MG TABLET MO	$0 (Tier 4)	
PERI-COLACE 8.6 MG-50 MG TABLET MO	$0 (Tier 4)	
PERIGUARD TOPICAL OINTMENT MO	$0 (Tier 4)	
cvs permethrin 1% lotion MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PERSA-GEL 10 % TOPICAL MO	$0 (Tier 4)	
pharbedryl 25 mg, 50 mg capsule MO	$0 (Tier 4)	
pharbetol 325 mg, 500 mg tablet MO	$0 (Tier 4)	
pharmacist favorite multi-vit tablet MO	$0 (Tier 4)	
phillips liqui-gels 100 mg capsule MO	$0 (Tier 4)	
PHILLIPS MILK OF MAGNESIA 400 MG/5 ML ORAL SUSPENSION MO	$0 (Tier 4)	
pin-x 50 mg/ml oral suspension MO	$0 (Tier 4)	
pink bismuth 262 mg chewable tablet; pink bismuth 262 mg tablet; pink bismuth 262 mg/15 ml, 525 mg/15 ml oral suspension MO	$0 (Tier 4)	
pink bismuth maximum strength 525 mg/15 ml oral suspension MO	$0 (Tier 4)	
PLAN B ONE-STEP 1.5 MG TABLET MO	$0 (Tier 4)	
prenatal tablet MO	$0 (Tier 4)	
pv poly bacitracin ointment MO	$0 (Tier 4)	
POLY-VI-SOL 750 UNIT-35 MG-400 UNIT/ML ORAL DROPS MO	$0 (Tier 4)	
POLY-VI-SOL WITH IRON 750 UNIT-400 UNIT-10 MG/ML ORAL DROPS MO	$0 (Tier 4)	
poly-vita 1,500 unit-35 mg-400 unit/ml oral drops MO	$0 (Tier 4)	
poly-vita (iron) 1,500 unit-400 unit-10 mg/ml oral drops MO	$0 (Tier 4)	
POLY-VITAMIN 1,500 UNIT-35 MG-400 UNIT/ML ORAL DROPS MO	$0 (Tier 4)	
POLY-VITAMIN WITH IRON 1,500 UNIT-400 UNIT-10 MG/ML ORAL DROPS MO	$0 (Tier 4)	
POLY-VITAMINS CHEWABLE TABLET MO	$0 (Tier 4)	
polyethylene glycol 3350 powd MO	$0 (Tier 1)	
POLYSPORIN 500 UNIT-10,000 UNIT/GRAM TOPICAL OINTMENT MO	$0 (Tier 4)	
polyvinyl alcohl 1.4 % eyedrop MO	$0 (Tier 4)	
polyvitamin/iron chewable tablet MO	$0 (Tier 4)	
povidone-iodine 10% ointment; povidone-iodine 10% swabstick; povidone-iodine 7.5% scrub; qc povidone-iodine 10% soln MO	$0 (Tier 4)	
powderlax 17 gram/dose oral MO	$0 (Tier 4)	
prenatal 28 mg iron-800 mcg tablet MO	$0 (Tier 4)	
prenatal formula 28 mg iron-800 mcg tablet MO	$0 (Tier 4)	
prenatal multivitamins tablet MO	$0 (Tier 4)	
prenatal tablet 28 mg iron-800 mcg MO	$0 (Tier 4)	
prenatal tablet MO	$0 (Tier 4)	
prenatal vitamins with minerals 28 mg iron-800 mcg tablet MO	$0 (Tier 4)	
preparation h hydrocortisone 1 % topical cream MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRESERVISION AREDS 14,320 UNIT-226 MG-200 UNIT CAPSULE; PRESERVISION AREDS 7,160 UNIT-113 MG-100 UNIT TABLET MO	$0 (Tier 4)	
PROFE FORTE CAPSULE MO	$0 (Tier 4)	
promolaxin 100 mg tablet MO	$0 (Tier 4)	
PRORENAL 8 MG IRON-800 MCG-1,000 UNIT TABLET MO	$0 (Tier 4)	
PRORENAL QD 400 MCG-500 UNIT CAPSULE MO	$0 (Tier 4)	
PROSIGHT 5,000 UNIT-60 MG-30 UNIT TABLET MO	$0 (Tier 4)	
PROSIGHT WITH LUTEIN 60 MG-30 UNIT-6 MG CAPSULE MO	$0 (Tier 4)	
provil 200 mg tablet MO	$0 (Tier 4)	
gnp pseudoephedrine er 120 mg; pseudoephed 30 mg/5 ml soln; pseudoephedrine 30 mg, 60 mg tablet MO	$0 (Tier 4)	
psyllium fiber 0.52 g capsule MO	$0 (Tier 4)	
pure and gentle disposable 19 gram-7 gram/118 ml enema MO	$0 (Tier 4)	
purelax 17 gram, 17 gram/dose oral powder; purelax 17 gram, 17 gram/dose oral powder packet MO	$0 (Tier 4)	
q-dryl 12.5 mg/5 ml oral liquid; q-dryl 25 mg capsule MO	$0 (Tier 4)	
q-pap 160 mg/5 ml oral liquid; q-pap 325 mg, 500 mg tablet; q-pap 80 mg/0.8 ml oral drops MO	$0 (Tier 4)	
q-pap extra strength 500 mg tablet MO	$0 (Tier 4)	
q-tussin 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
q-tussin dm 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
quenalin 12.5 mg/5 ml syrup MO	$0 (Tier 4)	
quintabs-m iron free 0.4 mg tablet MO	$0 (Tier 4)	
quit 2 mg buccal lozenge; quit 2 mg gum MO	$0 (Tier 4)	
quit 4 mg buccal lozenge; quit 4 mg gum MO	$0 (Tier 4)	
ready-to-use enema 19 gram-7 gram/118 ml MO	$0 (Tier 4)	
recort plus 1 % topical cream MO	$0 (Tier 4)	
reese's pinworm medicine 50 mg/ml oral suspension MO	$0 (Tier 4)	
REFRESH LACRI-LUBE 56.8 %-42.5 % EYE OINTMENT MO	$0 (Tier 4)	
reguloid 0.52 gram capsule; reguloid oral powder MO	$0 (Tier 4)	
reguloid, sugar free oral powder MO	$0 (Tier 4)	
REMEDY ANTIFUNGAL 2 % TOPICAL CREAM MO	$0 (Tier 4)	
remedy antifungal 2 % topical powder MO	$0 (Tier 4)	
remedy phytoplex antifungal 2 % topical ointment; remedy phytoplex antifungal 2 % topical powder MO	$0 (Tier 4)	
rena-vite 0.8 mg tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
renal vitamin 0.8 mg tablet MO	$0 (Tier 4)	
repel 100 98.11 % topical pump spray MO	$0 (Tier 4)	
repel family 10 % topical spray; repel family 15 % topical spray powder MO	$0 (Tier 4)	
repel hunter's 25 % topical spray MO	$0 (Tier 4)	
repel sportsmen 25 % topical spray MO	$0 (Tier 4)	
repel sportsmen dry 25 % topical spray MO	$0 (Tier 4)	
repel sportsmen max 40 % lotion; repel sportsmen max 40 % topical pump spray; repel sportsmen max 40 % topical spray MO	$0 (Tier 4)	
repel tick defense 15 % topical spray MO	$0 (Tier 4)	
ri-gel 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	
ri-gel ii 400 mg-400 mg-40 mg/5 ml oral suspension MO	$0 (Tier 4)	
ri-mox 200 mg-200 mg-20 mg/5 ml oral suspension MO	$0 (Tier 4)	
ri-tussin 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
ri-tussin dm 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
RID COMPLETE LICE ELIMINATION KIT 0.5 % SPRAY; RID COMPLETE LICE ELIMINATION KIT 4 %-0.33 %-0.5 % TOPICAL MO	$0 (Tier 4)	
rid lice killing 0.33 %-4 % shampoo MO	$0 (Tier 4)	
ringworm 1 % topical cream MO	$0 (Tier 4)	
risacal-d 105 mg-120 unit tablet MO	$0 (Tier 4)	
RISANOID PLUS TABLET MO	$0 (Tier 4)	
robafen 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
robafen dm cough 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
robafen dm cough-chest congestion 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
robitussin cough-chest congestion dm 10 mg-200 mg capsule; robitussin cough-chest congestion dm 10 mg-200 mg/5 ml oral liquid MO	$0 (Tier 4)	
ROBITUSSIN MUCUS-CHEST CONGEST MO	$0 (Tier 4)	
RULOX 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION MO	$0 (Tier 4)	
safe tussin dm 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
saline mist 0.65 % nasal spray aerosol MO	$0 (Tier 4)	
saline nasal 0.65 % spray aerosol MO	$0 (Tier 4)	
saline nasal mist 0.65 % spray aerosol MO	$0 (Tier 4)	
saline nose 0.65 % spray aerosol MO	$0 (Tier 4)	
SANI-SUPP (ADULT) RECTAL MO	$0 (Tier 4)	
SANI-SUPP (INFANT) RECTAL MO	$0 (Tier 4)	
scalp relief 1 % topical solution MO	$0 (Tier 4)	
scalpicin anti-itch 1 % topical solution MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
scooby-doo one a day chewable tablet MO	$0 (Tier 4)	
SCOT-TUSSIN EXPECTORANT 100 MG/5 ML ORAL LIQUID MO	$0 (Tier 4)	
scrub care povidone iodine 10 % topical solution MO	$0 (Tier 4)	
sea soft nasal mist 0.65 % spray aerosol MO	$0 (Tier 4)	
secura antifungal 2 % topical cream MO	$0 (Tier 4)	
secura antifungal extra thick 2 % topical cream MO	$0 (Tier 4)	
sen-o-tab 8.6 mg tablet MO	$0 (Tier 4)	
senexon 8.6 mg tablet; senexon 8.8 mg/5 ml syrup MO	$0 (Tier 4)	
senexon-s 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
senior tabs 0.4 mg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
SENNA 176 MG/5 ML SYRUP MO	$0 (Tier 4)	
senna 8.6 mg tablet; senna 8.8 mg/5 ml syrup MO	$0 (Tier 4)	
senna lax 8.6 mg tablet MO	$0 (Tier 4)	
senna laxative 8.6 mg tablet MO	$0 (Tier 4)	
senna laxative-stool softener 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
senna plus 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
senna with docusate sodium 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
senna-s 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
senna-time s 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
sennalax-s 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
senno 8.6 mg tablet MO	$0 (Tier 4)	
sennosides-docusate sodium tab MO	$0 (Tier 4)	
SENOKOT 8.6 MG TABLET MO	$0 (Tier 4)	
SENOKOT TO GO 8.6 MG TABLET MO	$0 (Tier 4)	
SENOKOT-S 8.6 MG-50 MG TABLET MO	$0 (Tier 4)	
sentry 18 mg-400 mcg tablet; sentry 18 mg-500 mcg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
sentry senior 0.4 mg-300 mcg-250 mcg tablet; sentry senior 500 mcg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
shake that ache 500 mg tablet MO	$0 (Tier 4)	
SIDESTREAM PEDIATRIC FACE MASK MO	$0 (Tier 4)	
silace 50 mg/5 ml oral liquid; silace 60 mg/15 ml syrup MO	$0 (Tier 4)	
siladryl sa 12.5 mg/5 ml oral liquid MO	$0 (Tier 4)	
SILAPAP INFANT'S DROPS MO	$0 (Tier 4)	
SILICONE MASK - PEDIATRIC MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
silphen cough 12.5 mg/5 ml syrup MO	$0 (Tier 4)	
siltussin dm das 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
siltussin sa 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
siltussin-dm 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
SYRUP VEHICLE MO	$0 (Tier 4)	
skin protectant a and d topical ointment MO	$0 (Tier 4)	
smooth antacid 300 mg (750 mg) chewable tablet MO	$0 (Tier 4)	
smoothlax 17 gram, 17 gram/dose oral powder; smoothlax 17 gram, 17 gram/dose oral powder packet MO	$0 (Tier 4)	
sochlor 5 % eye drops; sochlor 5 % eye ointment MO	$0 (Tier 4)	
sodium bicarb 325 mg, 650 mg tablet MO	$0 (Tier 4)	
cvs sodium chloride 5% eye drp; cvs sodium chloride 5% oint MO	$0 (Tier 4)	
sof-lax 100 mg capsule MO	$0 (Tier 4)	
soluble fiber 500 mg tablet MO	$0 (Tier 4)	
soothe (bismuth subsalicylate) 262 mg chewable tablet; soothe (bismuth subsalicylate) 262 mg tablet MO	$0 (Tier 4)	
soothe regular strength 262 mg/15 ml oral suspension MO	$0 (Tier 4)	
soothing care (hydrocortisone) 1 % topical cream MO	$0 (Tier 4)	
sorbugen nr 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
spectravite adult 50+ 0.4 mg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
spectravite advanced formula 18 mg-400 mcg tablet MO	$0 (Tier 4)	
spectravite men's 8 mg iron-200 mcg-600 mcg tablet MO	$0 (Tier 4)	
spectravite senior 500 mcg-300 mcg-250 mcg tablet MO	$0 (Tier 4)	
cvs spectravite senior MO	$0 (Tier 4)	
spectravite ultra men 50+ 300 mcg-600 mcg-300 mcg tablet MO	$0 (Tier 4)	
spectravite ultra men's senior 300 mcg-600 mcg-300 mcg tablet MO	$0 (Tier 4)	
spectravite ultra women 18 mg-400 mcg tablet MO	$0 (Tier 4)	
spectravite ultra women's senior 8 mg iron-400 mcg-300 mcg tablet MO	$0 (Tier 4)	
st joseph aspirin 81 mg chewable tablet MO	$0 (Tier 4)	
st. joseph aspirin 81 mg tablet,delayed release MO	$0 (Tier 4)	
stimulant laxative plus 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
stomach relief 262 mg chewable tablet; stomach relief 262 mg tablet MO	$0 (Tier 4)	
stomach relief max strength 525 mg/15 ml oral suspension MO	$0 (Tier 4)	
stomach relief original 262 mg/15 ml oral suspension MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
stool softener 100 mg tablet; stool softener 100 mg, 240 mg, 250 mg, 50 mg capsule; stool softener 50 mg/5 ml oral liquid; stool softener 60 mg/15 ml syrup MO	$0 (Tier 4)	
stool softener-stimulant laxative 8.6 mg-50 mg tablet MO	$0 (Tier 4)	
stop lice 0.5 % spray MO	$0 (Tier 4)	
stop smoking aid 2 mg, 4 mg buccal lozenge MO	$0 (Tier 4)	
pv stress 500 tablet MO	$0 (Tier 4)	
pv stress 500 plus zinc tab MO	$0 (Tier 4)	
stress b with zinc tablet MO	$0 (Tier 4)	
stress b-biotin tablet MO	$0 (Tier 4)	
stress formula 600 c tablet MO	$0 (Tier 4)	
stress formula advanced 0.4 mg tablet MO	$0 (Tier 4)	
STRESS FORMULA WITH IRON 500 MG-400 MCG-18 MG IRON TABLET MO	$0 (Tier 4)	
STRESS FORMULA WITH ZINC TABLET MO	$0 (Tier 4)	
STUART ONE 27 MG IRON-800 MCG-200 MG CAPSULE MO	$0 (Tier 4)	
STUART PRENATAL TABLET MO	$0 (Tier 4)	
sudogest 30 mg, 60 mg tablet MO	$0 (Tier 4)	
super b complex-vitamin c tablet MO	$0 (Tier 4)	
super b-50 complex capsule MO	$0 (Tier 4)	
super b-50 complex plus tablet MO	$0 (Tier 4)	
super calcium 600 mg (1,500 mg) tablet MO	$0 (Tier 4)	
super multiple tablet MO	$0 (Tier 4)	
SUPER MULTIVITAMIN TABLET MO	$0 (Tier 4)	
super pain relief 250 mg-250 mg-65 mg tablet MO	$0 (Tier 4)	
super quints b-50 tablet MO	$0 (Tier 4)	
super thera vite m tablet MO	$0 (Tier 4)	
superplex-t tablet MO	$0 (Tier 4)	
suphedrin 15 mg/5 ml oral liquid; suphedrin 30 mg tablet MO	$0 (Tier 4)	
suphedrine 30 mg tablet MO	$0 (Tier 4)	
suppository adult rectal MO	$0 (Tier 4)	
SURFAK 240 MG CAPSULE MO	$0 (Tier 4)	
SURGILUBE TOPICAL GEL MO	$0 (Tier 4)	
SWEEN 24 6 % TOPICAL CREAM MO	$0 (Tier 4)	
SWEET-SF ORAL LIQUID MO	$0 (Tier 4)	
tab a vite tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tab-a-vite tablet MO	$0 (Tier 4)	
tab-a-vite-minerals tablet MO	$0 (Tier 4)	
tab-a-vite/iron tablet MO	$0 (Tier 4)	
tactinal 325 mg tablet MO	$0 (Tier 4)	
tactinal extra strength 500 mg tablet MO	$0 (Tier 4)	
TAKE ACTION 1.5 MG TABLET MO	$0 (Tier 4)	
tears again (pva) 1.4 % eye drops MO	$0 (Tier 4)	
tears naturale-ii eye drops MO	$0 (Tier 4)	
tears pure eye drops MO	$0 (Tier 4)	
terbinafine 1% cream MO	$0 (Tier 4)	
the magic bullet 10 mg rectal suppository MO	$0 (Tier 4)	
thera tablet MO	$0 (Tier 4)	
THERA M PLUS (FERROUS FUMARATE) 9 MG IRON-400 MCG TABLET MO	$0 (Tier 4)	
THERA VITAMIN TABLET MO	$0 (Tier 4)	
thera-m 9 mg iron-400 mcg tablet; thera-m tablet MO	$0 (Tier 4)	
thera-tabs tablet MO	$0 (Tier 4)	
theralogix companion 0.4 mg tablet MO	$0 (Tier 4)	
therapeutic m + beta-carotene 18 mg-0.4 mg tablet MO	$0 (Tier 4)	
therapeutic-m 9 mg iron-400 mcg tablet MO	$0 (Tier 4)	
theraseal 1 % topical cream MO	$0 (Tier 4)	
theratrum complete 50 plus with lutein tablet MO	$0 (Tier 4)	
theratrum complete with lutein tablet MO	$0 (Tier 4)	
THEREMS TABLET MO	$0 (Tier 4)	
THEREMS-H 27 MG-0.33 MG TABLET MO	$0 (Tier 4)	
THEREMS-M 27 MG-0.4 MG TABLET MO	$0 (Tier 4)	
cvs tioconazole 1 6.5% ointmnt MO	$0 (Tier 4)	
tioconazole-1 6.5 % vaginal ointment MO	$0 (Tier 4)	
total allergy medicine 25 mg tablet MO	$0 (Tier 4)	
total b/c tablet MO	$0 (Tier 4)	
total fiber powder MO	$0 (Tier 4)	
total home insect repellent 30 % topical spray MO	$0 (Tier 4)	
travel sickness 50 mg tablet MO	$0 (Tier 4)	
tri-biozene 3.5 mg-500 unit-10,000 unit/gram topical ointment MO	$0 (Tier 4)	
tri-buffered aspirin 325 mg tablet MO	$0 (Tier 4)	
TRI-VI-SOL 750 UNIT-35 MG-400 UNIT/ML ORAL DROPS MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tri-vita 1,500 unit-35 mg-400 unit/ml oral drops MO	$0 (Tier 4)	
tri-vitamin 1,500 unit-35 mg-400 unit/ml oral drops MO	$0 (Tier 4)	
triple antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment MO	$0 (Tier 4)	
triple antibiotic (pram) extra 3.5 mg-500 unit-10,000 unit/g top oint MO	$0 (Tier 4)	
triple antibiotic plus 3.5 mg-500 unit-10,000 unit/gram top ointment MO	$0 (Tier 4)	
triple antibiotic-pain relief 3.5 mg-500 unit-10,000 unit/gram ointmnt MO	$0 (Tier 4)	
triple paste af 2 % topical ointment MO	$0 (Tier 4)	
trixaicin 0.025% cream MO	$0 (Tier 4)	
trixaicin hp 0.075% cream MO	$0 (Tier 4)	
TROMBONEX 150 MG-150 MG-150 MG-150 MG-150 MG CAPSULE MO	$0 (Tier 4)	
TRUSTEX LATEX CONDOM MO	$0 (Tier 4)	
TRUSTEX LUBRICATED CONDOMS MO	$0 (Tier 4)	
TRUSTEX NON-LUBRICATED CONDOMS MO	$0 (Tier 4)	
TRUSTEX-RIA LUBRICATED/SPERMICIDE CONDOM MO	$0 (Tier 4)	
TRUSTEX-RIA LUBRICATED CONDOMS MO	$0 (Tier 4)	
TRUSTEX-RIA NON-LUBRICATED CONDOMS MO	$0 (Tier 4)	
TUMS 200 MG CALCIUM (500 MG), 300 MG (750 MG) CHEWABLE TABLET MO	$0 (Tier 4)	
TUMS E-X 300 MG (750 MG) CHEWABLE TABLET MO	$0 (Tier 4)	
TUMS EXTRA STRENGTH SMOOTHIES 300 MG (750 MG) CHEWABLE TABLET MO	$0 (Tier 4)	
TUMS FRESHERS 200 MG CALCIUM (500 MG) CHEWABLE TABLET MO	$0 (Tier 4)	
TUMS ULTRA 400 MG (1,000 MG) CHEWABLE TABLET MO	$0 (Tier 4)	
tusnel diabetic 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
tussin 100 mg/5 ml oral liquid; tussin 400 mg tablet MO	$0 (Tier 4)	
tussin chest congestion 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
pv tussin cough dm liquid MO	$0 (Tier 4)	
tussin cough and chest congestion 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
tussin dm 10 mg-100 mg/5 ml oral liquid; tussin dm 10 mg-100 mg/5 ml syrup; tussin dm 20 mg-400 mg tablet MO	$0 (Tier 4)	
tussin dm clear 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
tussin dm cough 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
tussin dm cough and chest 10 mg-100 mg/5 ml oral liquid; tussin dm cough and chest 10 mg-100 mg/5 ml syrup; tussin dm cough and chest 10 mg-200 mg/5 ml oral liquid MO	$0 (Tier 4)	
pv tussin dm max liquid; tussin dm max 10 mg-200 mg/5 ml oral liquid MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tussin expectorant 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
tussin honey 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
TYLENOL 325 MG TABLET MO	$0 (Tier 4)	
tylophen 500 mg capsule MO	$0 (Tier 4)	
ultimate men's complete 50+ 300 mcg-600 mcg-300 mcg tablet MO	$0 (Tier 4)	
ultimate women's complete 50+ 8 mg iron-400 mcg-300 mcg tablet MO	$0 (Tier 4)	
ultra a-d 2 mg tablet MO	$0 (Tier 4)	
ultra b-100 complex tablet MO	$0 (Tier 4)	
ultra dm free and clear 10 mg-100 mg/5 ml oral liquid MO	$0 (Tier 4)	
ultra fresh pm eye ointment MO	$0 (Tier 4)	
ultra strength antacid 400 mg (1,000 mg) chewable tablet MO	$0 (Tier 4)	
ultra strength calcium antacid 400 mg (1,000 mg) chewable tablet MO	$0 (Tier 4)	
ultra tuss safe 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
ultrathon 25 % topical spray; ultrathon 34.34 % lotion MO	$0 (Tier 4)	
UNICOMPLEX-M TABLET MO	$0 (Tier 4)	
VAGISTAT-1 6.5 % VAGINAL OINTMENT MO	$0 (Tier 4)	
vagistat-3 200 mg-2 % (9 gram) vaginal kit MO	$0 (Tier 4)	
valu-dryl allergy 12.5 mg/5 ml oral liquid; valu-dryl allergy 25 mg capsule; valu-dryl allergy 25 mg tablet MO	$0 (Tier 4)	
vegetable laxative 8.6 mg tablet MO	$0 (Tier 4)	
verticalm 25 mg tablet MO	$0 (Tier 4)	
viactiv 500 mg-500 unit-40 mcg chewable tablet MO	$0 (Tier 4)	
vicks qlearquil allergy 10 mg tablet MO	$0 (Tier 4)	
vicks qlearquil nighttime allergy relief 25 mg tablet MO	$0 (Tier 4)	
vision tablet MO	$0 (Tier 4)	
vision formula (with lutein) 1,000 unit-200 mg-60 unit-2mg tablet MO	$0 (Tier 4)	
vision plus lutein tablet MO	$0 (Tier 4)	
VITA-BEE WITH C TABLET MO	$0 (Tier 4)	
vitalee 0.4 mg tablet MO	$0 (Tier 4)	
VITALETS 10 MG IRON CHEWABLE TABLET MO	$0 (Tier 4)	
vitalets chewable tablet MO	$0 (Tier 4)	
vitamin a & d ointment MO	$0 (Tier 4)	
vitamin a and d grx topical ointment; vitamin a and d grx topical ointment in packet MO	$0 (Tier 4)	
b complex capsule; pv b complex tablet MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vitamin d3 400 unit tablet MO	$0 (Tier 4)	
vitamins and minerals tablet MO	$0 (Tier 4)	
vitamins b complex 500 mg-400 mcg-18 mg iron tablet; vitamins b complex capsule; vitamins b complex tablet MO	$0 (Tier 4)	
VITAMINS FOR HAIR TABLET MO	$0 (Tier 4)	
VITATRUM 18 MG-500 MCG-300 MCG-250 MCG TABLET MO	$0 (Tier 4)	
VITRUM SENIOR 500 MCG-300 MCG-250 MCG TABLET MO	$0 (Tier 4)	
vitrum senior tablet MO	$0 (Tier 4)	
cvs vitamin a & d ointment; ra vitamin a & d ointment pckt MO	$0 (Tier 4)	
VORTEX FROG MASK-CHILD MO	$0 (Tier 4)	
VORTEX LADYBUG MASK-TODDLER MO	$0 (Tier 4)	
wal-dram 50 mg tablet MO	$0 (Tier 4)	
wal-dryl allergy 12.5 mg/5 ml oral liquid; wal-dryl allergy 25 mg capsule; wal-dryl allergy 25 mg tablet MO	$0 (Tier 4)	
wal-itin 10 mg, 10 mg disintegrating tablet; wal-itin 10 mg, 10 mg tablet; wal-itin 5 mg/5 ml oral solution MO	$0 (Tier 4)	
wal-mucil fiber 0.52 gram capsule MO	$0 (Tier 4)	
wal-mucil fiber (aspartame) 3.4 gram/5.8 gram oral powder MO	$0 (Tier 4)	
wal-mucil fiber (sugar) 3.4 gram/7 gram oral powder MO	$0 (Tier 4)	
wal-mucil natural fiber laxative 3.4 gram/12 gram oral powder MO	$0 (Tier 4)	
wal-phed 30 mg tablet MO	$0 (Tier 4)	
wal-profen 200 mg capsule; wal-profen 200 mg tablet MO	$0 (Tier 4)	
wal-proxen 220 mg tablet MO	$0 (Tier 4)	
wal-sporin 500 unit-10,000 unit/gram topical ointment MO	$0 (Tier 4)	
wal-tussin 100 mg/5 ml oral liquid MO	$0 (Tier 4)	
wal-tussin dm 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
wal-tussin dm clear 10 mg-100 mg/5 ml syrup MO	$0 (Tier 4)	
wal-zan 75 75 mg tablet MO	$0 (Tier 4)	
wal-zyr (cetirizine) 1 mg/ml oral solution; wal-zyr (cetirizine) 10 mg tablet MO	$0 (Tier 4)	
wart remover 17 % topical liquid MO	$0 (Tier 4)	
woman's laxative 5 mg tablet,delayed release MO	$0 (Tier 4)	
women's daily formula 18 mg iron-400 mcg-500 mg ca, 27-0.4 mg tablet; women's daily formula 27 mg-0.4 mg tablet MO	$0 (Tier 4)	
women's gentle laxative (bisacodyl) 5 mg tablet,delayed release MO	$0 (Tier 4)	
women's laxative (bisacodyl) 5 mg tablet,delayed release MO	$0 (Tier 4)	

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
women's one daily 18 mg iron-400 mcg-500 mg ca tablet **MO**	$0 (Tier 4)	
womans stool softener 100 mg **MO**	$0 (Tier 4)	
yelets 18 mg-400 mcg tablet **MO**	$0 (Tier 4)	
ZANTAC 75 MG TABLET **MO**	$0 (Tier 4)	
zeasorb (miconazole) 2 % topical powder **MO**	$0 (Tier 4)	
gnp zinc oxide 20% ointment **MO**	$0 (Tier 4)	
ZINC WITH VITAMINS A AND C 15 MG LOZENGES **MO**	$0 (Tier 4)	
zoo chews tablet **MO**	$0 (Tier 4)	
zoo friends 15 mg chewable tablet **MO**	$0 (Tier 4)	
zoo friends original 300 mcg chewable tablet **MO**	$0 (Tier 4)	
ZYRTEC 10 MG TABLET **MO**	$0 (Tier 4)	

Index of Drugs

You can find information on what the symbols and abbreviations on this table mean by going to page 11. **If you have questions,** please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.

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List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.

Discrimination is Against the Law

CHA HMO, INC., HUMANA MEDICAL PLAN, INC, HUMANA HEALTH PLAN, INC., HUMANA BENEFIT PLAN OF ILLINOIS, INC., HUMANA INSURANCE COMPANY, HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC., HUMANA INSURANCE OF PUERTO RICO, INC., HUMANA MEDICAL PLAN OF UTAH, INC., HUMANA HEALTH COMPANY OF NEW YORK, INC., HUMANA HEALTH PLANS OF PUERTO RICO, INC., HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC., HUMANA REGIONAL HEALTH PLAN, INC. CARITEN HEALTH PLAN INC., HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC., ARCADIAN HEALTH PLAN, INC., HUMANA INSURANCE COMPANY OF NEW YORK, HUMANA WI HEALTH ORGANIZATION INSURANCE CORP, HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC., HUMANA MEDICAL PLAN OF MICHIGAN, INC. ("Humana") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana provides

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235 or if you use a TTY, call 711.

If you believe that Humana has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800–368–1019, 800-537-7697 (TDD)
Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-787-3311 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-787-3311 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-787-3311（TTY: 711）。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-787-3311 (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-800-787-3311 (TTY: 711)번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-787-3311 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-787-3311 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-787-3311 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-787-3311 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-787-3311 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-787-3311 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-787-3311 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-787-3311 (TTY: 711).

العربية (Arabic):
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-787-3311 (رقم هاتف الصم والبكم: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-787-3311（TTY：711）まで、お電話にてご連絡ください。

فارسی (Farsi):
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-787-3311 (TTY: 711) تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-787-3311 (TTY: 711).

Notes

Notes

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 11/05/2016. IF YOU HAVE QUESTIONS, PLEASE CALL HUMANA GOLD PLUS INTEGRATED H0336-001 (MEDICARE-MEDICAID PLAN) AT 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME. THIS CALL IS FREE.

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