

2016

List of Covered Drugs (Formulary)

Humana Gold Plus
Integrated H3480-001
(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 H3480-001 (MEDICARE-MEDICAID PLAN) AT 1-855-280-4002 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, EASTERN TIME. THIS CALL IS FREE.

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Humana Gold Plus Integrated H3480-001 (Medicare-Medicaid Plan) | 2016 List of Covered Drugs (Formulary)

This is a list of drugs that members can get in Humana Gold Plus Integrated, a Commonwealth Coordinated Care Plan.

- Humana Gold Plus Integrated H3480-001 (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and the Virginia Department of Medical Assistance Services 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 1-855-280-4002 (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 for free in other languages. Call 1-855-280-4002 (TTY: 711). The call is free.
- Puede obtener esta información gratis en otros idiomas. Llame al 1-855-280-4002 (TTY: 711). La llamada es gratuita.

If you have questions, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-855-280-4002 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Eastern time. The call is free. **For more information**, visit **Humana.com**.



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 1-855-280-4002 (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 1-855-280-4002 (TTY: 711).
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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.

If you have questions, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-855-280-4002 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Eastern time. The call is free. **For more information**, visit **Humana.com**.



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 176.

To search by medical condition, find the section labeled “List of drugs by medical condition” on page 225. 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 1-855-280-4002 (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 as long as 98 days. You may refill the drug multiple times during your first 90 days in the plan. 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

Beginning January 1, 2016, 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.

If you have questions, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-855-280-4002 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Eastern time. The call is free. **For more information**, visit **Humana.com**.



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 1-855-280-4002 (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.
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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.

 **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-855-280-4002 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Eastern time. The call is free. **For more information**, visit **Humana.com**.

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. The copay will be from \$0 to \$2.95 for a 30-day supply, depending on your level of Medicaid eligibility.
- Tier 2 drugs are brand name drugs. The copay will be from \$0 to \$7.40 for a 30-day supply, depending on your level of Medicaid eligibility.
- 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 176.

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 1-855-280-4002 (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.



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ANTI-INFECTIVE AGENTS - Drugs used to treat an infection

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
abacavir 300 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
abacavir-lamivudine-zidov tab ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
acyclovir 200 mg capsule; acyclovir 200 mg/5 ml susp; acyclovir 400 mg, 800 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 50 mg/ml, 500 mg vial ^{MO}	Up to \$2.95 (Tier 1)	
adefovir dipivoxil 10 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
ALBENZA 200 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
ALINIA 100 MG/5 ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	QL (150 per 30 days)
ALINIA 500 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
amikacin sulf 500 mg/2 ml vial ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
amphotericin b 50 mg vial ^{MO}	Up to \$2.95 (Tier 1)	
ampicillin 125 mg/5 ml, 250 mg/5 ml susp; ampicillin 250 mg, 500 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg vial; ampicillin 10 gm vial ^{MO}	Up to \$2.95 (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 1-855-280-4002 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Eastern time. The call is free. **For more information**, visit Humana.com.



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ampicillin-sulbactam 15 gm vial; ampicillin-sulbactam 3 gm vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
APTIVUS 100 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
<i>atovaquone 750 mg/5 ml susp</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25</i> ^{MO}	Up to \$2.95 (Tier 1)	
ATRIPLA 600 MG-200 MG-300 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>aztreonam 1 gm vial; aztreonam 2 gm vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>bacitracin 50,000 units vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
BARACLUDE 0.05 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (630 per 30 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION ^{MO}	Up to \$7.40 (Tier 2)	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (84 per 28 days)
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>cefadroxil 1 gm tablet; cefadroxil 250 mg/5 ml, 500 mg/5 ml susp; cefadroxil 500 mg capsule</i> ^{MO}	Up to \$2.95 (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 1-855-280-4002 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Eastern time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial ^{MO}	Up to \$2.95 (Tier 1)	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose ^{MO}	Up to \$2.95 (Tier 1)	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp; cefdinir 300 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial ^{MO}	Up to \$2.95 (Tier 1)	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial ^{MO}	Up to \$2.95 (Tier 1)	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag ^{MO}	Up to \$2.95 (Tier 1)	
cefpodoxime 100 mg, 200 mg tablet; cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp ^{MO}	Up to \$2.95 (Tier 1)	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp; cefprozil 250 mg, 500 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial ^{MO}	Up to \$2.95 (Tier 1)	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
cefuroxime axetil 250 mg, 500 mg tab ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
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}	Up to \$2.95 (Tier 1)	
chloramphen na succ 1 gm vl ^{MO}	Up to \$2.95 (Tier 1)	
chloroquine ph 250 mg, 500 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>ciprofloxacin 400 mg/40 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>clarithromycin 125 mg/5 ml, 250 mg/5 ml sus; clarithromycin 250 mg, 500 mg tablet; clarithromycin er 500 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>clindamycin hcl 150 mg, 300 mg, 75 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>clindamycin 75 mg/5 ml soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>clindamycin pediatric 75 mg/5 ml oral solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>clindamycin ph 900 mg/6 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
COARTEM 20 MG-120 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (24 per 30 days)
<i>colistimethate 150 mg vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
COMPLERA 200 MG-25 MG-300 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
CRESEMBA 186 MG CAPSULE; CRESEMBA 372 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
CRIXIVAN 200 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
<i>cycloserine 250 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
DAKLINZA 30 MG, 60 MG, 90 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (28 per 28 days)
<i>dapsone 100 mg, 25 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
daptomycin 500 mg vial ^{MO}	Up to \$2.95 (Tier 1)	
DARAPRIM 25 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
demeclocycline 150 mg, 300 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
DESCOVY 200 MG-25 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
dicloxacillin 250 mg, 500 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
didanosine dr 125 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
didanosine dr 200 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
DORIBAX 500 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
doxy-100 100 mg intravenous solution ^{MO}	Up to \$2.95 (Tier 1)	
doxycycline hyc 100 mg vial; doxycycline hyclate 100 mg tab; doxycycline hyclate 100 mg, 50 mg cap ^{MO}	Up to \$2.95 (Tier 1)	
doxycycline 25 mg/5 ml susp; doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
doxycycline mono 100 mg, 50 mg, 75 mg cap; doxycycline mono 100 mg, 50 mg, 75 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
E.E.S. 400 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
EDURANT 25 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
entecavir 0.5 mg, 1 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPZICOM 600 MG-300 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
ERYTHROCIN (AS STEARATE) 250 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
<i>erythromycin es 400 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>ethambutol hcl 100 mg, 400 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
EVOTAZ 300 MG-150 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
<i>fluconazole 10 mg/ml, 40 mg/ml susp; fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>fluconazole-dext 400 mg/200 ml</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>flucytosine 250 mg, 500 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>foscarnet 24 mg/ml infus bttl</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
<i>ganciclovir 500 mg vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>gentamicin 80 mg/2 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>griseofulvin 125 mg/5 ml susp</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>griseofulvin ultra 125 mg, 250 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
HARVONI 90 MG-400 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (28 per 28 days)
<i>hydroxychloroquine 200 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>imipenem-cilastatin 250 mg, 500 mg vl</i> ^{MO}	Up to \$2.95 (Tier 1)	
INTELENCE 100 MG, 25 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
INTELENCE 200 MG TABLET ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA
INVANZ 1 GRAM, 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM, 1 GRAM SOLUTION FOR INJECTION ^{MO}	Up to \$7.40 (Tier 2)	
INVIRASE 200 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (300 per 30 days)
INVIRASE 500 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET ^{MO}	Up to \$7.40 (Tier 2)	
ISENTRESS 100 MG, 25 MG CHEWABLE TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (180 per 30 days)
ISENTRESS 400 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
<i>isoniazid 100 mg, 300 mg tablet; isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>itraconazole 100 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
<i>ivermectin 3 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
KALETRA 100 MG-25 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (150 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
KETEK 300 MG, 400 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
ketoconazole 200 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
lamivudine 10 mg/ml oral soln ^{MO}	Up to \$2.95 (Tier 1)	QL (960 per 30 days)
lamivudine 150 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
lamivudine 300 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
lamivudine hbv 100 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
lamivudine-zidovudine tablet ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
levofloxacin 500 mg/100 ml, 750 mg/150 ml-d5w ^{MO}	Up to \$2.95 (Tier 1)	
LEXIVA 50 MG/ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	QL (1575 per 28 days)
LEXIVA 700 MG TABLET ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (Tier 1)	
linezolid-0.9% nacl 600 mg/300 ^{MO}	Up to \$2.95 (Tier 1)	
mefloquine hcl 250 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial ^{MO}	Up to \$2.95 (Tier 1)	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 ^{MO}	Up to \$2.95 (Tier 1)	
methenamine hipp 1 gm tablet ^{MO}	Up to \$2.95 (Tier 1)	
metronidazole 250 mg, 500 mg tablet; metronidazole 375 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metronidazole 500 mg/100 ml ^{MO}	Up to \$2.95 (Tier 1)	
minocycline 100 mg, 50 mg, 75 mg capsule; minocycline hcl 100 mg, 50 mg, 75 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
nafcillin 1 gm vial; nafcillin 10 gm vial ^{MO}	Up to \$2.95 (Tier 1)	
nafcillin 1 gm/ 50 ml inj ^{MO}	Up to \$2.95 (Tier 1)	
NEBUPENT 300 MG SOLUTION FOR INHALATION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
neomycin 500 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
nevirapine 200 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp ^{MO}	Up to \$2.95 (Tier 1)	QL (1200 per 30 days)
nevirapine er 100 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
nevirapine er 400 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
nitrofurantoin 25 mg/5 ml susp ^{MO}	Up to \$2.95 (Tier 1)	
nitrofurantoin mcr 100 mg, 50 mg cap ^{MO}	Up to \$2.95 (Tier 1)	
nitrofurantoin mono-mcr 100 mg ^{MO}	Up to \$2.95 (Tier 1)	
NORVIR 100 MG CAPSULE; NORVIR 100 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (480 per 30 days)
NOXAFIL 100 MG TABLET,DELAYED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
nystatin 100,000 unit/ml susp; nystatin 500,000 unit oral tab ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ODEFSEY 200 MG-25 MG-25 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>ofloxacin 400 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>paromomycin 250 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET ^{MO}	Up to \$7.40 (Tier 2)	
PCE 333 MG, 500 MG PARTICLES IN TABLET ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA,QL (2 per 28 days)
<i>penicillin g k 20 million unit, 5 million unit; penicillin gk 20 million unit, 5 million unit</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>penicillin g na 5 million unit</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>penicillin vk 125 mg/5 ml, 250 mg/5 ml soln; penicillin vk 250 mg, 500 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
PENTAM 300 MG SOLUTION FOR INJECTION ^{MO}	Up to \$7.40 (Tier 2)	
<i>pfizerpen-g 20 million unit, 5 million unit solution for injection</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>polymyxin b sulfite vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
PREZCOBIX 800 MG-150 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	QL (360 per 30 days)
PREZISTA 150 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (240 per 30 days)
PREZISTA 400 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (90 per 30 days)
PREZISTA 600 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREZISTA 75 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (480 per 30 days)
PREZISTA 800 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
PRIFTIN 150 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
<i>primaquine 26.3 mg tablet</i> ^{MO}	Up to \$7.40 (Tier 2)	
PRIMSOL 50 MG/5 ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
<i>pyrazinamide 500 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>quinine sulfate 324 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
REYATAZ 150 MG, 200 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET ^{MO}	Up to \$7.40 (Tier 2)	
<i>ribasphere 200 mg capsule; ribasphere 200 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (168 per 28 days)
<i>ribavirin 200 mg capsule; ribavirin 200 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (168 per 28 days)
<i>rifabutin 150 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
RIFAMATE 300 MG-150 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>rifampin 150 mg, 300 mg capsule; rifampin iv 600 mg vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
RIFATER 50 MG-120 MG-300 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
<i>rimantadine hcl 100 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
SELZENTRY 150 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (240 per 30 days)
SELZENTRY 300 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
SIRTURO 100 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (24 per 28 days)
SIVEXTRO 200 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (6 per 28 days)
SOVALDI 400 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (28 per 28 days)
<i>stavudine 1 mg/ml solution</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (2400 per 30 days)
<i>stavudine 15 mg, 20 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
<i>streptomycin sulf 1 gm vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>sulfadiazine 500 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp inj vial; sulfamethoxazole-tmp ss tablet; sulfamethoxazole-tmp susp</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
SUSTIVA 200 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (480 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUSTIVA 600 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2 per 28 days)
SYLATRON 200 MCG, 300 MCG 4-PACK ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2 per 28 days)
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
TAMIFLU 30 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (112 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	QL (720 per 365 days)
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
<i>terbinafine hcl 250 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 365 days)
<i>tetracycline 250 mg, 500 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>tinidazole 250 mg, 500 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
TIVICAY 10 MG, 25 MG, 50 MG TABLET ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA,QL (224 per 28 days)
<i>tobramycin 10 mg/ml, 40 mg/ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
TRECTOR 250 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
<i>trimethoprim 100 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
TRIUMEQ 600 MG-50 MG-300 MG TABLET ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYGACIL 50 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
TYZEKA 600 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>valacyclovir hcl 1 gram, 500 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
<i>valganciclovir 450 mg tablet; valganciclovir hcl 50 mg/ml</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (1200 per 30 days)
VIRACEPT 250 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (300 per 30 days)
VIRACEPT 625 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
VIRAMUNE XR 100 MG TABLET, EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER ^{MO}	Up to \$7.40 (Tier 2)	QL (240 per 30 days)
VITEKTA 150 MG, 85 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>voriconazole 200 mg vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>voriconazole 200 mg, 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	PA, QL (120 per 30 days)
<i>voriconazole 40 mg/ml susp</i> ^{MO}	Up to \$2.95 (Tier 1)	PA, QL (400 per 30 days)
XIFAXAN 200 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA, QL (9 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XIFAXAN 550 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (84 per 28 days)
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
ZIAGEN 20 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (960 per 30 days)
zidovudine 100 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (180 per 30 days)
zidovudine 300 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup ^{MO}	Up to \$2.95 (Tier 1)	QL (1680 per 28 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION; ZYVOX 600 MG TABLET ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (Tier 1)	
cyproheptadine 2 mg/5 ml syrup; cyproheptadine 4 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
diphenhydramine 12.5 mg/5 ml; diphenhydramine 50 mg/ml vial ^{MO}	Up to \$2.95 (Tier 1)	
levocetirizine 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
promethazine 12.5 mg, 25 mg, 50 mg tablet; promethazine 6.25 mg/5 ml syrup ^{MO}	Up to \$2.95 (Tier 1)	
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository ^{MO}	Up to \$2.95 (Tier 1)	

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ANTINEOPLASTIC AGENTS - Drugs used to treat cancer

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABRAXANE 100 MG INTRAVENOUS SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	PA
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	PA
ALECENSA 150 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
ALKERAN 2 MG TABLET; ALKERAN 50 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
<i>anastrozole 1 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
<i>azacitidine 100 mg vial</i> ^{MO}	Up to \$2.95 (Tier 1)	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
<i>bexarotene 75 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
<i>bleomycin sulfate 15 unit, 30 unit vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
BOSULIF 100 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
BOSULIF 500 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
CAMPATH 30 MG/ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (12 per 28 days)
CAPRELSA 100 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>cisplatin 50 mg/50 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>cladribine 10 mg/10 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
COTELLIC 20 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (63 per 28 days)
<i>cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial; cyclophosphamide 25 mg, 50 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (200 per 28 days)
<i>cytarabine 20 mg/ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>dacarbazine 100 mg, 200 mg vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (400 per 30 days)
daunorubicin 20 mg/4 ml vial ^{MO}	Up to \$2.95 (Tier 1)	B vs D
DAUNOXOME 50 MG (2 MG/ML) VIAL ^{MO}	Up to \$7.40 (Tier 2)	B vs D
decitabine 50 mg vial ^{MO}	Up to \$2.95 (Tier 1)	PA
DOCEFREZ 20 MG, 80 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (Tier 1)	B vs D
docetaxel 200 mg/20 ml vial ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (Tier 1)	B vs D
doxorubicin liposome 20mg/10ml ^{MO}	Up to \$2.95 (Tier 1)	B vs D
DROXIA 200 MG, 300 MG, 400 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
EMCYT 140 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (Tier 1)	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
ERIVEDGE 150 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
etoposide 100 mg/5 ml vial ^{MO}	Up to \$2.95 (Tier 1)	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
exemestane 25 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
FARESTON 60 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG, 80 MG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
fludarabine 50 mg, 50 mg/2 ml vial ^{MO}	Up to \$2.95 (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 vial; fluorouracil 2,500 mg/50 ml vial; fluorouracil 5,000 mg/100 ml ^{MO}	Up to \$2.95 (Tier 1)	B vs D
flutamide 125 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vial; gemcitabine 2 gram/52.6 ml vial; gemcitabine 200 mg/5.26 ml vial; 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}	Up to \$2.95 (Tier 1)	B vs D
GILOTRIF 20 MG, 30 MG, 40 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG, 5 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
HERCEPTIN 440 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HEXALEN 50 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
HYCANTIN 4 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
<i>hydroxyurea 500 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
<i>idarubicin hcl 20 mg/20 ml vl</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>ifosfamide-mesna kit</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
IMBRUVICA 140 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
J EVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
KEYTRUDA 100 MG/4 ML (25 MG/ML), 50 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
LENVIMA 10 MG/DAY (10 MG X 1/DAY) CAPSULE ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA,QL (90 per 30 days)
letrozole 2.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
LEUKERAN 2 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
leuprolide 1 mg/0.2 ml vial; leuprolide 2wk 14 mg/2.8 ml kt ^{MO}	Up to \$2.95 (Tier 1)	PA
lomustine 10 mg, 100 mg, 40 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
LONSURF 15 MG-6.14 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (80 per 30 days)
LUPRON DEPOT 3.75 MG, 7.5 MG INTRAMUSCULAR SYRINGE KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG INTRAMUSCULAR SYRINGE KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LYNPARZA 50 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT ^{MO}	Up to \$7.40 (Tier 2)	PA
MATULANE 50 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
<i>megestrol 20 mg, 40 mg tablet; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml</i> ^{MO}	Up to \$2.95 (Tier 1)	
MEKINIST 0.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
<i>melphalan 50 mg vial w-diluent</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>mercaptopurine 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>methotrexate 2.5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>methotrexate 50 mg/2 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>mitomycin 20 mg, 40 mg, 5 mg vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>mitoxantrone 25 mg/12.5 ml vl</i> ^{MO}	Up to \$2.95 (Tier 1)	
MUSTARGEN 10 MG SOLUTION FOR INJECTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
NEXAVAR 200 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
<i>nilutamide 150 mg tablet</i> ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (3 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ODOMZO 200 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
OPDIVO 100 MG/10 ML, 40 MG/4 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (80 per 28 days)
<i>oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>paclitaxel 100 mg/16.7 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (100 per 21 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
PURIXAN 20 MG/ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	B vs D
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS ^{MO}	Up to \$7.40 (Tier 2)	PA
SOLTAMOX 10 MG/5 ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (28 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYLVANT 100 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (65 per 30 days)
SYLVANT 400 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (80 per 30 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
TAFINLAR 50 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
TAGRISSE 40 MG, 80 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
<i>tamoxifen 10 mg, 20 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
TARCEVA 100 MG, 150 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
TAXOTERE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (20 per 21 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (27 per 30 days)
<i>thiotepa 15 mg vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>toposar 20 mg/ml intravenous solution</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (8 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA
TRELSTAR DEPOT 3.75 MG INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	PA
TRELSTAR LA 11.25 MG INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	PA
<i>tretinoin 10 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
TYKERB 250 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 21 days)
VENCLEXTA 10 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (42 per 28 days)
<i>vinblastine 1 mg/ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>vincristine 1 mg/ml, 2 mg/2 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>vinorelbine 10 mg/ml, 50 mg/5 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VOTRIENT 200 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (40 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (70 per 21 days)
YONDELIS 1 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
ZELBORAF 240 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>bcg vaccine (tice strain) vial</i> ^{MO}	Up to \$7.40 (Tier 2)	
BEXSERO (PF) 50MCG-50MCG-50MCG-25MCG/0.5ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
COMVAX VACCINE VIAL ^{MO}	Up to \$7.40 (Tier 2)	
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP ^{MO}	Up to \$7.40 (Tier 2)	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	B vs D
GAMMAGARD LIQUID 10 % INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 5 GRAM INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	QL (1.5 per 365 days)
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (1.5 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP ^{MO}	Up to \$7.40 (Tier 2)	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION ^{MO}	Up to \$7.40 (Tier 2)	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MENVEO MENA COMPONENT (PF) 10 MCG/0.5 ML (FINAL) IM SOLUTION MO	Up to \$7.40 (Tier 2)	
MENVEO MENCYW-135 COMPONENT (PF) 5 MCG X 3/0.5 ML (FINAL) IM SOLUTION MO	Up to \$7.40 (Tier 2)	
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	Up to \$7.40 (Tier 2)	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	Up to \$7.40 (Tier 2)	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	Up to \$7.40 (Tier 2)	
PRIVIGEN 10 % INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	PA
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	Up to \$7.40 (Tier 2)	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	Up to \$7.40 (Tier 2)	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	Up to \$7.40 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION MO	Up to \$7.40 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE MO	Up to \$7.40 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION MO	Up to \$7.40 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	Up to \$7.40 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	Up to \$7.40 (Tier 2)	B vs D
ROTARIX 10EXP6 CCID50/ML SUSPENSION MO	Up to \$7.40 (Tier 2)	
ROTATEQ VACCINE 2 ML ORAL SUSPENSION MO	Up to \$7.40 (Tier 2)	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	Up to \$7.40 (Tier 2)	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	Up to \$7.40 (Tier 2)	
<i>tetanus toxoid adsorbed vial</i> MO	Up to \$2.95 (Tier 1)	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>diphtheria-tetanus toxoids-ped</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>tetanus diphtheria toxoids</i> ^{MO}	Up to \$2.95 (Tier 1)	
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML VIAL ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
WINRHO SDF 15,000 UNIT/13 ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
WINRHO SDF 2,500 UNIT/2.2 ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
WINRHO SDF 5,000 UNIT/4.4 ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	QL (0.65 per 365 days)

AUTONOMIC DRUGS - Drugs used to treat an autoimmune disorder

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>albuterol sulf 2 mg/5 ml syrup; albuterol sulfate 2 mg, 4 mg tab; albuterol sulfate er 4 mg, 8 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>alfuzosin hcl er 10 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
<i>atropine 0.05 mg/ml, 0.1 mg/ml abboject; atropine 0.05 mg/ml, 0.1 mg/ml syringe</i> ^{MO}	Up to \$2.95 (Tier 1)	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER ^{MO}	Up to \$7.40 (Tier 2)	
<i>baclofen 10 mg, 20 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
<i>carisoprodol 350 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
CHANTIX 0.5 MG, 1 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK ^{MO}	Up to \$7.40 (Tier 2)	QL (56 per 28 days)
<i>cyclobenzaprine 10 mg, 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>dantrolene sodium 100 mg, 25 mg, 50 mg cap</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dicyclomine 10 mg capsule; dicyclomine 10 mg/5 ml soln; dicyclomine 20 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
dihydroergotamine 1 mg/ml am ^{MO}	Up to \$2.95 (Tier 1)	
donepezil hcl 10 mg tablet ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
epinephrine 0.1 mg/ml syringe ^{MO}	Up to \$2.95 (Tier 1)	
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	
ERGOMAR 2 MG SUBLINGUAL TABLET ^{MO}	Up to \$7.40 (Tier 2)	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
galantamine 4 mg/ml oral soln ^{MO}	Up to \$2.95 (Tier 1)	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial; glycopyrrolate 1 mg, 2 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
guanidine hcl 125 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
ipratropium br 0.02% soln ^{MO}	Up to \$2.95 (Tier 1)	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml ^{MO}	Up to \$2.95 (Tier 1)	B vs D
metaproterenol 10 mg, 20 mg tablet; metaproterenol 10 mg/5 ml syr ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>metaxalone 400 mg, 800 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>methocarbamol 500 mg, 750 mg tablet</i> ^{MO}	Up to \$7.40 (Tier 2)	
<i>midodrine hcl 10 mg, 2.5 mg, 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
NICOTROL NS 10 MG/ML NASAL SPRAY ^{MO}	Up to \$7.40 (Tier 2)	
NORTHERA 100 MG, 200 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (180 per 30 days)
<i>orphenadrine er 100 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
<i>pilocarpine hcl 5 mg, 7.5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>propantheline 15 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>pyridostigmine br 60 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>rivastigmine 1.5 mg, 3 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
<i>rivastigmine 4.5 mg, 6 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION ^{MO}	Up to \$7.40 (Tier 2)	
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES ^{MO}	Up to \$7.40 (Tier 2)	
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION ^{MO}	Up to \$7.40 (Tier 2)	
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION ^{MO}	Up to \$7.40 (Tier 2)	QL (4 per 30 days)
<i>tamsulosin hcl 0.4 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
<i>terbutaline sulf 1 mg/ml vial; terbutaline sulfate 2.5 mg, 5 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>tizanidine hcl 2 mg, 4 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER ^{MO}	Up to \$7.40 (Tier 2)	QL (36 per 30 days)

BLOOD FORMATION, COAGULATION, THROMBOSIS

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMICAR 1,000 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
AMICAR 250 MG/ML (25 %) ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
AMICAR 500 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
<i>anagrelide hcl 0.5 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>anagrelide hcl 1 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>argatroban 250 mg/2.5 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
BRILINTA 60 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
BRILINTA 90 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
<i>cilostazol 100 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>cilostazol 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>clopidogrel 300 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (1 per 30 days)
<i>clopidogrel 75 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
COUMADIN 1 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
COUMADIN 10 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUMADIN 2 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
COUMADIN 2.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
COUMADIN 3 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
COUMADIN 4 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
COUMADIN 5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
COUMADIN 6 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
COUMADIN 7.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
EFFIENT 10 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
EFFIENT 5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
ELIQUIS 5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (74 per 30 days)
enoxaparin 100 mg/ml syringe ^{MO}	Up to \$2.95 (Tier 1)	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml syr ^{MO}	Up to \$2.95 (Tier 1)	QL (22.4 per 28 days)
enoxaparin 150 mg/ml syringe ^{MO}	Up to \$2.95 (Tier 1)	QL (28 per 28 days)
enoxaparin 30 mg/0.3 ml syr ^{MO}	Up to \$2.95 (Tier 1)	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial ^{MO}	Up to \$2.95 (Tier 1)	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr ^{MO}	Up to \$2.95 (Tier 1)	QL (11.2 per 28 days)
enoxaparin 60 mg/0.6 ml syr ^{MO}	Up to \$2.95 (Tier 1)	QL (16.8 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>enoxaparin 80 mg/0.8 ml syr</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (22.4 per 28 days)
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (28 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
<i>fondaparinux 10 mg/0.8 ml syr</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (24 per 30 days)
<i>fondaparinux 2.5 mg/0.5 ml syr</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (15 per 30 days)
<i>fondaparinux 5 mg/0.4 ml syr</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (12 per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (22.8 per 30 days)
FRAGMIN 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (6 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (9 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (7 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (11.2 per 28 days)
heparin 40,000 units/4 ml vial ^{MO}	Up to \$2.95 (Tier 1)	
heparin sod 1,000 unit/ml vial ^{MO}	Up to \$2.95 (Tier 1)	
heparin sod 20,000 unit/ml vial ^{MO}	Up to \$2.95 (Tier 1)	
heparin sod 5,000 unit/ml vial ^{MO}	Up to \$2.95 (Tier 1)	
heparin 20,000 unit/500 ml-d5w ^{MO}	Up to \$2.95 (Tier 1)	
heparin-ns 2,000 unit/1,000 ml ^{MO}	Up to \$2.95 (Tier 1)	
heparin-1/2ns 25,000 units/250 ^{MO}	Up to \$2.95 (Tier 1)	
heparin-1/2ns 25,000 units/500 ^{MO}	Up to \$2.95 (Tier 1)	
jantoven 1 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
jantoven 10 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
jantoven 2 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
jantoven 2.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
jantoven 3 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
jantoven 4 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
jantoven 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
jantoven 6 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
jantoven 7.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEUKINE 250 MCG SOLUTION FOR INJECTION ^{MO}	Up to \$7.40 (Tier 2)	PA
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1.2 per 28 days)
NEULASTA 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1.2 per 28 days)
NEUMEGA 5 MG VIAL ^{MO}	Up to \$7.40 (Tier 2)	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (22.4 per 30 days)
<i>pentoxifylline er 400 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
PRADAXA 110 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
PRADAXA 150 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
PRADAXA 75 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
PROMACTA 12.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (90 per 30 days)
PROMACTA 75 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
<i>ticlopidine 250 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>tranexamic acid 1,000 mg/10 ml</i> ^{MO}	Up to \$2.95 (Tier 1)	PA
<i>tranexamic acid 650 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 5 days)
<i>warfarin sodium 1 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>warfarin sodium 10 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>warfarin sodium 2 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>warfarin sodium 2.5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>warfarin sodium 3 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>warfarin sodium 4 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>warfarin sodium 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>warfarin sodium 6 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>warfarin sodium 7.5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
XARELTO 10 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (35 per 60 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK ^{MO}	Up to \$7.40 (Tier 2)	QL (51 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XARELTO 15 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
XARELTO 20 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (Tier 1)	
ADCIRCA 20 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
afeditab cr 30 mg, 60 mg tablet, extended release ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (Tier 1)	
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
aspirin-dipyridam er 25-200 mg ^{MO}	Up to \$2.95 (Tier 1)	
atenolol 100 mg, 25 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 ^{MO}	Up to \$2.95 (Tier 1)	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
BIDIL 20 MG-37.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
candesartan cilexetil 32 mg tb ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
cartia xt 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
cartia xt 300 mg capsule, extended release ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
cholestyramine packet; cholestyramine powder ^{MO}	Up to \$2.95 (Tier 1)	
cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet ^{MO}	Up to \$2.95 (Tier 1)	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch ^{MO}	Up to \$2.95 (Tier 1)	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clonidine hcl er 0.1 mg tablet ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
colestipol hcl granules; colestipol hcl granules packet; colestipol micronized 1 gm tab ^{MO}	Up to \$2.95 (Tier 1)	
CORLANOR 5 MG, 7.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
digitek 125 mcg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
digitek 250 mcg tablet ^{MO}	Up to \$2.95 (Tier 1)	
digox 125 mcg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
digox 250 mcg tablet ^{MO}	Up to \$2.95 (Tier 1)	
digoxin 0.05 mg/ml solution; digoxin 250 mcg tablet; digoxin 500 mcg/2 ml ampule ^{MO}	Up to \$2.95 (Tier 1)	
digoxin 125 mcg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
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}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap; diltiazem hcl er 300 mg, 360 mg, 420 mg cap ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
disopyramide 100 mg, 150 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
dofetilide 125 mcg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (240 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dofetilide 250 mcg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
dofetilide 500 mcg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
eplerenone 25 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
felodipine er 10 mg, 2.5 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
fenofibrate 160 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
fenofibrate 54 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
fenofibrate 134 mg, 200 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
fenofibrate 67 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
fenofibrate 145 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
fenofibrate 48 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
fosinopril sodium 10 mg, 20 mg, 40 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
gemfibrozil 600 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
guanfacine 1 mg, 2 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet; hydralazine 20 mg/ml vial ^{MO}	Up to \$2.95 (Tier 1)	
irbesartan 150 mg, 300 mg, 75 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
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}	Up to \$2.95 (Tier 1)	
isradipine 2.5 mg, 5 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (4 per 28 days)
labetalol hcl 100 mg, 200 mg, 300 mg tablet; labetalol hcl 100 mg/20 ml v ^l ^{MO}	Up to \$2.95 (Tier 1)	
LANOXIN 125 MCG, 187.5 MCG, 62.5 MCG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
LANOXIN 250 MCG TABLET; LANOXIN 250 MCG/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
losartan potassium 100 mg, 25 mg, 50 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
methyldopa 250 mg, 500 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
methyldopa-hctz 250-15 mg, 250-25 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
metoprolol tart 5 mg/5 ml vial; metoprolol tartrate 100 mg, 25 mg, 50 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
metoprolol tartrate 37.5 mg, 75 mg tab; metoprolol tartrate 37.5 mg, 75 mg tb ^{MO}	Up to \$7.40 (Tier 2)	
mexiletine 150 mg, 200 mg, 250 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
minoxidil 10 mg, 2.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
moexipril hcl 15 mg, 7.5 mg tablet ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
MULTAQ 400 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
nadolol-bendroflu 40-5 mg, 80-5 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
niacor 500 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
nicardipine 20 mg, 30 mg capsule; nicardipine 25 mg/10 ml ampule ^{MO}	Up to \$2.95 (Tier 1)	
nifedical xl 30 mg, 60 mg tablet, extended release ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
nifedipine er 30 mg, 30 mg, 60 mg, 60 mg, 90 mg, 90 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
nimodipine 30 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
nitroglycerin 0.4 mg/hr patch ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
NITROLINGUAL 400 MCG/SPRAY ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET ^{MO}	Up to \$7.40 (Tier 2)	
omega-3 ethyl esters 1 gm cap ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
PACERONE 100 MG, 400 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
pacerone 200 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
perindopril erbumine 2 mg, 4 mg, 8 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
pindolol 10 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2 per 28 days)
PRALUENT SYRINGE 150 MG/ML, 75 MG/ML SUBCUTANEOUS ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2 per 28 days)
pravastatin sodium 10 mg, 20 mg, 80 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
pravastatin sodium 40 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet ^{MO}	Up to \$2.95 (Tier 1)	
procainamide 100 mg/ml, 500 mg/ml vial ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
propranolol-hctz 40-25 mg, 80-25 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quinidine gluc 80 mg/ml vial; quinidine gluc er 324 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
quinidine sulf er 300 mg tab; quinidine sulfate 200 mg, 300 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	ST,QL (120 per 30 days)
reserpine 0.1 mg, 0.25 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
REVATIO 10 MG/ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (180 per 30 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
sildenafil 20 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (90 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet; sotalol hcl 150 mg/10 ml vial ^{MO}	Up to \$2.95 (Tier 1)	
sotalol af 120 mg, 160 mg, 80 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
spironolactone-hctz 25-25 tab ^{MO}	Up to \$2.95 (Tier 1)	
spironolactone 100 mg, 25 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
telmisartan 80 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10 ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
TIKOSYN 125 MCG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
trandolapril 1 mg, 2 mg, 4 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
verapamil er pm 100 mg, 300 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET; WELCHOL 625 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
ZETIA 10 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)

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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}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
ABILIFY DISCMELT 10 MG, 15 MG TABLET ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	QL (2 per 28 days)
acamprosate calc dr 333 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 ^{MO}	Up to \$2.95 (Tier 1)	QL (5010 per 30 days)
acetaminophen-cod #2 tablet; acetaminophen-cod #3 tablet; acetaminophen-cod #4 tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (390 per 30 days)
alprazolam 0.25 mg, 0.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
alprazolam 1 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (240 per 30 days)
alprazolam 2 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (150 per 30 days)
ALSUMA 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	QL (6 per 30 days)
amantadine 100 mg capsule; amantadine 100 mg tablet; amantadine 50 mg/5 ml solution ^{MO}	Up to \$2.95 (Tier 1)	
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 28 days)
APTIOM 200 MG, 400 MG, 800 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
APTIOM 600 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
aripiprazole 1 mg/ml solution ^{MO}	Up to \$2.95 (Tier 1)	QL (750 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole odt 10 mg, 15 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (3.2 per 28 days)
<i>armodafinil 150 mg, 200 mg, 250 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (30 per 30 days)
<i>armodafinil 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (60 per 30 days)
AZILECT 0.5 MG, 1 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
BANZEL 200 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (240 per 30 days)
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
BRINTELLIX 10 MG, 20 MG, 5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	ST,QL (30 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
<i>bromocriptine 2.5 mg tablet; bromocriptine 5 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>buprenorphine 2 mg, 8 mg tablet sl</i> ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (90 per 30 days)
<i>buproban 150 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>bupropion hcl 100 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (180 per 30 days)
<i>bupropion hcl 75 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>bupropion hcl sr 100 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
<i>bupropion hcl sr 150 mg, 150 mg, 300 mg tablet; bupropion hcl xl 150 mg, 150 mg, 300 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
<i>bupropion hcl sr 200 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
<i>bupropion hcl sr 150 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
<i>buspironone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
<i>butalb-caff-acetaminoph-codein</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
<i>butalbital-acetaminophn 50-325</i> ^{MO}	Up to \$7.40 (Tier 2)	QL (180 per 30 days)
<i>butalb-acetamin-caff 50-325-40; butalbit-acetaminophen-caff cp</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (180 per 30 days)
<i>butalbital-asa-caffeine cap</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (180 per 30 days)
BUTISOL 30 MG, 50 MG TABLET; BUTISOL SODIUM 30 MG, 50 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
<i>butorphanol 1 mg/ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (960 per 30 days)
<i>butorphanol 10 mg/ml spray</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (5 per 28 days)
<i>butorphanol 2 mg/ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (480 per 30 days)
<i>capacet 50 mg-325 mg-40 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (180 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	QL (5010 per 30 days)
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	
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}	Up to \$2.95 (Tier 1)	
CELONTIN 300 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
chlorpromazine 10 mg, 25 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet; chlorpromazine 25 mg/ml amp ^{MO}	Up to \$2.95 (Tier 1)	
citalopram hbr 10 mg, 40 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln ^{MO}	Up to \$2.95 (Tier 1)	
citalopram hbr 20 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	ST
codeine sulfate 15 mg, 30 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
codeine sulfate 60 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (180 per 30 days)
CYCLOSET 0.8 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (180 per 30 days)
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
d-amphetamine er 10 mg capsule; dextroamphetamine 10 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (180 per 30 days)
d-amphetamine er 15 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
d-amphetamine er 5 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
dextroamphetamine 5 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (150 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap; dextroamp-amphetamin 30 mg tab ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
diazepam 10 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
diazepam 5 mg/5 ml solution; diazepam 5 mg/ml oral conc ^{MO}	Up to \$2.95 (Tier 1)	QL (1200 per 30 days)
diazepam intensol 5 mg/ml oral concentrate ^{MO}	Up to \$2.95 (Tier 1)	QL (1200 per 30 days)
diclofenac pot 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
diflunisal 500 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
dilantin 30 mg capsule ^{MO}	Up to \$7.40 (Tier 2)	
dilantin extended 100 mg capsule ^{MO}	Up to \$7.40 (Tier 2)	
DILANTIN INFATABS 50 MG CHEWABLE TABLET ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
<i>divalproex sod dr 125 mg, 250 mg, 500 mg tab; divalproex sod er 250 mg, 500 mg tab; divalproex sodium 125 mg cap</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule; doxepin 10 mg/ml oral conc</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
<i>entacapone 200 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (300 per 30 days)
<i>epitol 200 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	
<i>escitalopram 10 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (45 per 30 days)
<i>escitalopram 20 mg, 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
<i>escitalopram oxalate 5 mg/5 ml</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (600 per 30 days)
<i>ethosuximide 250 mg capsule; ethosuximide 250 mg/5 ml soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>etodolac 200 mg, 300 mg capsule; etodolac 400 mg, 500 mg tablet; etodolac er 400 mg, 500 mg, 600 mg tablet</i> ^{MO}	Up to \$2.95 (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}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
FAZACLO 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG DISINTEGRATING TABLET ^{MO}	Up to \$7.40 (Tier 2)	ST
<i>felbamate 400 mg, 600 mg tablet; felbamate 600 mg/5 ml susp</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fenoprofen 400 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (20 per 30 days)
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (120 per 30 days)
<i>fentanyl 0.05 mg/ml ampul</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (720 per 30 days)
<i>fentanyl 0.05 mg/ml syringe</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (240 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (28 per 28 days)
<i>fluoxetine 20 mg/5 ml solution; fluoxetine hcl 10 mg, 20 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>fluoxetine dr 90 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (4 per 28 days)
<i>fluoxetine hcl 10 mg, 40 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
<i>fluoxetine hcl 20 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
<i>fluoxetine hcl 60 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
<i>fluphenazine dec 125 mg/5 ml</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>flurbiprofen 100 mg, 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>fluvoxamine er 100 mg, 150 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
<i>fluvoxamine maleate 100 mg, 25 mg, 50 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
<i>fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml vl</i> ^{MO}	Up to \$2.95 (Tier 1)	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (680 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
FYCOMPA 2 MG (7)-4 MG (7) TABLETS IN A DOSE PACK ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (14 per 30 days)
<i>gabapentin</i> 100 mg, 300 mg, 400 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (270 per 30 days)
<i>gabapentin</i> 250 mg/5 ml soln; <i>gabapentin</i> 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; <i>gabapentin</i> 300 mg/6 ml soln ^{MO}	Up to \$2.95 (Tier 1)	
<i>gabapentin</i> 600 mg, 800 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (180 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
<i>haloperidol</i> 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
<i>haloperidol dec</i> 100 mg/ml, 50 mg/ml vial; <i>haloperidol decan</i> 100 mg/ml, 50 mg/ml amp ^{MO}	Up to \$2.95 (Tier 1)	
<i>haloperidol lac</i> 2 mg/ml conc; <i>haloperidol lac</i> 5 mg/ml vial ^{MO}	Up to \$2.95 (Tier 1)	
HETLIOZ 20 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
HYCET 7.5 MG-325 MG/15 ML ORAL SOLUTION ^{MO}	Up to \$2.95 (Tier 1)	QL (5520 per 30 days)
<i>hydrocodon-acetamin</i> 7.5-325/15; <i>hydrocodone-acetamin</i> 10-325/15; <i>hydrocodone-acetamin</i> 5-163/7.5 ^{MO}	Up to \$2.95 (Tier 1)	QL (5520 per 30 days)
<i>hydrocodon-acetaminoph</i> 2.5-325; <i>hydrocodon-acetaminoph</i> 7.5-325; <i>hydrocodon-acetaminophen</i> 5-325; <i>hydrocodon-acetaminophn</i> 10-325 ^{MO}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
<i>hydrocodone-ibuprofen</i> 10-200; <i>hydrocodone-ibuprofen</i> 10-200 mg, 2.5-200 mg, 5-200 mg, 7.5-200 mg; <i>hydrocodone-ibuprofen</i> 2.5-200; <i>hydrocodone-ibuprofen</i> 7.5-200 ^{MO}	Up to \$2.95 (Tier 1)	QL (150 per 30 days)
<i>hydromorphone</i> 2 mg, 4 mg tablet; <i>hydromorphone</i> 2 mg/ml vial ^{MO}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
<i>hydromorphone</i> 8 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (240 per 30 days)
<i>hydromorphone hcl</i> 1 mg/ml amp ^{MO}	Up to \$2.95 (Tier 1)	QL (720 per 30 days)
<i>hydromorphone hcl</i> 4 mg/ml amp ^{MO}	Up to \$2.95 (Tier 1)	QL (180 per 30 days)
<i>hydromorphone hcl</i> 10 mg/ml vl ^{MO}	Up to \$2.95 (Tier 1)	QL (144 per 30 days)

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hydroxyzine 10 mg/5 ml soln; hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
hydroxyzine pam 100 mg, 25 mg, 50 mg cap ^{MO}	Up to \$2.95 (Tier 1)	
ibuprofen 100 mg/5 ml susp; ibuprofen 400 mg, 600 mg, 800 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
oxycodone-ibuprofen 5-400 tab ^{MO}	Up to \$2.95 (Tier 1)	QL (240 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap ^{MO}	Up to \$2.95 (Tier 1)	
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (150 per 30 days)
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	ST,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (1 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2.62 per 90 days)
IRENKA 40 MG CAPSULE,DELAYED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
ketoprofen 50 mg, 75 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL 2 MG DISPER TABLET ^{MO}	Up to \$7.40 (Tier 2)	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET ^{MO}	Up to \$7.40 (Tier 2)	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING ^{MO}	Up to \$7.40 (Tier 2)	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT ^{MO}	Up to \$7.40 (Tier 2)	
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT ^{MO}	Up to \$7.40 (Tier 2)	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK ^{MO}	Up to \$7.40 (Tier 2)	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK ^{MO}	Up to \$7.40 (Tier 2)	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK ^{MO}	Up to \$7.40 (Tier 2)	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE ^{MO}	Up to \$7.40 (Tier 2)	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL ^{MO}	Up to \$7.40 (Tier 2)	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL ^{MO}	Up to \$7.40 (Tier 2)	
<i>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}</i>	Up to \$2.95 (Tier 1)	
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY ^{MO}	Up to \$7.40 (Tier 2)	PA
<i>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}</i>	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 ^{MO}	Up to \$2.95 (Tier 1)	
levorphanol 2 mg tablet ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
lithium 8 meq/5 ml solution ^{MO}	Up to \$2.95 (Tier 1)	
lorazepam 0.5 mg, 1 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
lorazepam 2 mg tablet; lorazepam 2 mg/ml oral concent ^{MO}	Up to \$2.95 (Tier 1)	QL (150 per 30 days)
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE ^{MO}	Up to \$2.95 (Tier 1)	QL (150 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
magnesium sulfate 50% syringe; magnesium sulfate 50% vial ^{MO}	Up to \$2.95 (Tier 1)	
magnesium sulf 1 g/100 ml-d5w ^{MO}	Up to \$2.95 (Tier 1)	
magnesium sulf 4 g/50 ml bag; magnesium sulf 4% iv soln ^{MO}	Up to \$2.95 (Tier 1)	
maprotiline 25 mg, 50 mg, 75 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
MARPLAN 10 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
meclofenamate 100 mg, 50 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
meloxicam 15 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
meloxicam 7.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meloxicam 7.5 mg/5 ml susp ^{MO}	Up to \$2.95 (Tier 1)	QL (300 per 30 days)
memantine 5-10 mg titration pk ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (360 per 30 days)
meperidine 100 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
meperidine 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (480 per 30 days)
meperidine 50 mg/5 ml solution ^{MO}	Up to \$2.95 (Tier 1)	QL (720 per 30 days)
methadone 10 mg/5 ml solution ^{MO}	Up to \$2.95 (Tier 1)	QL (1800 per 30 days)
methadone 10 mg/ml oral conc; methadone hcl 10 mg/ml vial ^{MO}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
methadone 5 mg/5 ml solution ^{MO}	Up to \$2.95 (Tier 1)	QL (3600 per 30 days)
methadone hcl 10 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (240 per 30 days)
methadone hcl 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (480 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE ^{MO}	Up to \$7.40 (Tier 2)	QL (360 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol ^{MO}	Up to \$2.95 (Tier 1)	QL (900 per 30 days)
methylphenidate 5 mg/5 ml soln ^{MO}	Up to \$2.95 (Tier 1)	QL (1800 per 30 days)
methylphenidate er 10 mg tab ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
mirtazapine 7.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
modafinil 100 mg, 200 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (60 per 30 days)
molindone hcl 10 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
morphine 15 mg/ml carpuject ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	QL (900 per 30 days)
morphine 5 mg/ml syringe ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln ^{MO}	Up to \$2.95 (Tier 1)	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln ^{MO}	Up to \$2.95 (Tier 1)	QL (1350 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
morphine sulf er 200 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
morphine 0.5 mg/ml vial ^{MO}	Up to \$2.95 (Tier 1)	QL (7200 per 30 days)
morphine 1 mg/ml vial p-f ^{MO}	Up to \$2.95 (Tier 1)	QL (3600 per 30 days)
morphine sulf 100 mg/5 ml soln ^{MO}	Up to \$2.95 (Tier 1)	QL (600 per 30 days)
nabumetone 500 mg, 750 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>nalbuphine 100 mg/10 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (240 per 30 days)
<i>nalbuphine 200 mg/10 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
<i>naloxone 0.4 mg/ml vial; naloxone 0.4 mg/ml, 1 mg/ml syringe; naloxone 2 mg/2 ml syringe</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>naltrexone 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
NAMENDA 2 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (360 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	ST,QL (30 per 30 days)
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>naproxen sodium 275 mg, 550 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (9 per 30 days)
NARCAN 4 MG/ACTUATION NASAL SPRAY ^{MO}	Up to \$7.40 (Tier 2)	
<i>nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet</i> ^{MO}	Up to \$2.95 (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}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>nortriptyline 10 mg/5 ml sol; nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap</i> ^{MO}	Up to \$2.95 (Tier 1)	
NUEDEXTA 20 MG-10 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
NUPLAZID 17 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUVIGIL 50 MG TABLET ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
ONFI 10 MG, 20 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (480 per 30 days)
ORAP 1 MG, 2 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
oxaprozin 600 mg caplet ^{MO}	Up to \$2.95 (Tier 1)	
oxazepam 10 mg, 15 mg, 30 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
oxcarbazepine 150 mg, 300 mg, 600 mg tablet; oxcarbazepine 300 mg/5 ml susp ^{MO}	Up to \$2.95 (Tier 1)	
oxycodon 10 mg/0.5 ml oral syr; oxycodone hcl 100 mg/5 ml soln ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 ^{MO}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	ST,QL (30 per 30 days)
paliperidone er 6 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	ST,QL (60 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEGANONE 250 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
pentazocine-naloxone tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (360 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
phenelzine sulfate 15 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix ^{MO}	Up to \$2.95 (Tier 1)	QL (1500 per 30 days)
phenobarbital 30 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp; phenytoin 50 mg tablet chew ^{MO}	Up to \$2.95 (Tier 1)	
phenytoin 50 mg/ml vial ^{MO}	Up to \$2.95 (Tier 1)	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap ^{MO}	Up to \$2.95 (Tier 1)	
pimozide 1 mg, 2 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
piroxicam 10 mg, 20 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
primidone 250 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET, EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
protriptyline hcl 10 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
quetiapine fumarate 100 mg, 300 mg, 400 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
riluzole 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML INTRAMUSCULAR SYRINGE ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
risperidone 0.5 mg, 0.5 mg odt; risperidone 0.5 mg, 0.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
risperidone 1 mg/ml solution ^{MO}	Up to \$2.95 (Tier 1)	
rizatriptan 10 mg, 5 mg tablet ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
roweepra 500 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
SABRIL 500 MG ORAL POWDER PACKET ^{MO}	Up to \$7.40 (Tier 2)	PA
SABRIL 500 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
selegiline hcl 5 mg capsule; selegiline hcl 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
sertraline 20 mg/ml oral conc ^{MO}	Up to \$2.95 (Tier 1)	
sertraline hcl 100 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>sertraline hcl 25 mg, 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	ST,QL (120 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA,QL (90 per 30 days)
<i>sulindac 150 mg, 200 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succ 100 mg, 25 mg, 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (9 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
TASMAR 100 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	
<i>temazepam 15 mg, 30 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
<i>tetrabenazine 12.5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (240 per 30 days)
<i>tetrabenazine 25 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
tiagabine hcl 2 mg, 4 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
tolcapone 100 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	PA
tolmetin sodium 200 mg, 600 mg tab; tolmetin sodium 400 mg cap ^{MO}	Up to \$2.95 (Tier 1)	
topiramate 100 mg, 200 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap ^{MO}	Up to \$2.95 (Tier 1)	
topiramate 25 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
tramadol hcl 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
trihexyphenidyl 2 mg, 5 mg tablet; trihexyphenidyl 2 mg/5 ml elx ^{MO}	Up to \$2.95 (Tier 1)	
TRILEPTAL 300 MG/5 ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp ^{MO}	Up to \$2.95 (Tier 1)	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	ST,QL (30 per 30 days)
valproate sod 500 mg/5 ml vl ^{MO}	Up to \$2.95 (Tier 1)	
valproic acid 250 mg capsule ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
venlafaxine hcl er 150 mg cap ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
venlafaxine hcl er 150 mg, 225 mg, 37.5 mg tab ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1395 per 30 days)
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}	Up to \$7.40 (Tier 2)	PA
VOLTAREN 1 % TOPICAL GEL ^{MO}	Up to \$7.40 (Tier 2)	
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK ^{MO}	Up to \$7.40 (Tier 2)	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
XENAZINE 12.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (540 per 30 days)
zaleplon 10 mg, 5 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 365 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
zolpidem tartrate 10 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 365 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zonisamide 100 mg, 25 mg, 50 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
ADVOCATE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE ^{MO}	Up to \$2.95 (Tier 1)	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN ^{MO}	Up to \$2.95 (Tier 1)	
AUTOPEN 1 TO 16 UNITS SUBCUTANEOUS ^{MO}	Up to \$2.95 (Tier 1)	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS ^{MO}	Up to \$2.95 (Tier 1)	
AUTOPEN 2 TO 32 UNITS SUBCUTANEOUS ^{MO}	Up to \$2.95 (Tier 1)	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MO	Up to \$2.95 (Tier 1)	
BD AUTOSHIELD PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" MO	Up to \$2.95 (Tier 1)	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MO	Up to \$2.95 (Tier 1)	
BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" MO	Up to \$2.95 (Tier 1)	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" MO	Up to \$2.95 (Tier 1)	
BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" MO	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" MO	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" MO	Up to \$2.95 (Tier 1)	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
BD INTEGRA INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MO	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	Up to \$2.95 (Tier 1)	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" MO	Up to \$2.95 (Tier 1)	
BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" MO	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
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	Up to \$2.95 (Tier 1)	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE MO	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
EASY TOUCH UNI-SLIP 1 ML SYRINGE MO	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EXEL INSULIN SYRN 27G-1/2 ML MO	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
BD LUER-LOK SYRINGE 1 ML MO	Up to \$2.95 (Tier 1)	
INSULIN SYRINGE ULTRAFINE 0.5 ML 29 GAUGE X 1/2" MO	Up to \$2.95 (Tier 1)	
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	Up to \$2.95 (Tier 1)	
INSULIN SYRINGE U100 1 ML MO	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" MO	Up to \$2.95 (Tier 1)	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	Up to \$2.95 (Tier 1)	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE MO	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
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	Up to \$2.95 (Tier 1)	
MONOJECT SYRINGE 1/2 ML 28 GAUGE MO	Up to \$2.95 (Tier 1)	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE MO	Up to \$2.95 (Tier 1)	
NOVOFINE 30 30 GAUGE X 1/3" NEEDLE MO	Up to \$2.95 (Tier 1)	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MO	Up to \$2.95 (Tier 1)	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE MO	Up to \$2.95 (Tier 1)	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MO	Up to \$2.95 (Tier 1)	
NOVOPEN ECHO SUBCUTANEOUS MO	Up to \$2.95 (Tier 1)	
NOVOTWIST 30 GAUGE X 1/3", 32 GAUGE X 1/5" NEEDLE; NOVOTWIST NEEDLE 30G 8MM MO	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
RELION NEEDLES 31 GAUGE X 1/4" MO	Up to \$2.95 (Tier 1)	
RELION PEN NEEDLES 32 GAUGE X 5/32" MO	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" MO	Up to \$2.95 (Tier 1)	
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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE MO	Up to \$2.95 (Tier 1)	
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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	Up to \$2.95 (Tier 1)	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" MO	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" MO	Up to \$2.95 (Tier 1)	
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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	Up to \$2.95 (Tier 1)	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE MO	Up to \$2.95 (Tier 1)	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" MO	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (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	Up to \$2.95 (Tier 1)	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" MO	Up to \$2.95 (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
<i>amiloride hcl 5 mg tablet</i> MO	Up to \$2.95 (Tier 1)	
<i>amiloride hcl-hctz 5-50 mg tab</i> MO	Up to \$2.95 (Tier 1)	
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
<i>ammonium chloride 5 meq/ml</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>bumetanide 0.25 mg/ml vial; bumetanide 0.5 mg, 1 mg, 2 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
BUPHENYL 500 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
<i>calcium acetate 667 mg gelcap; calcium acetate 667 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
CARBAGLU 200 MG DISPERSIBLE TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA
<i>chlorothiazide 250 mg, 500 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>chlorothiazide sod 500 mg vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>chlorthalidone 25 mg, 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
<i>constulose 10 gram/15 ml oral solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>dextrose 10%-0.45% nacl iv sol</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>dextrose 2.5%-0.45% nacl iv</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>dextrose 5%-0.9% nacl iv soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>dextrose 5%-0.45% nacl iv soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>dextrose 10%-0.2% nacl iv soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>dextrose 10%-water iv solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>dextrose 5%-water iv soln; dextrose 5%-water vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>dextrose 5%-0.2% nacl iv soln</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 5%-0.3% nacl iv soln ^{MO}	Up to \$2.95 (Tier 1)	
DIURIL 250 MG/5 ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
dextrose 5%-electrolyte 48 ^{MO}	Up to \$2.95 (Tier 1)	
enulose 10 gram/15 ml oral solution ^{MO}	Up to \$2.95 (Tier 1)	
ethacrynate sodium 50 mg vial ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
generlac 10 gram/15 ml oral solution ^{MO}	Up to \$2.95 (Tier 1)	
HEPATAMINE 8% INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (Tier 1)	
indapamide 1.25 mg, 2.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
ISOLYTE-S INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
kionex oral powder ^{MO}	Up to \$2.95 (Tier 1)	
KIONEX (WITH SORBITOL) 15 GRAM-19.3 GRAM/60 ML ORAL SUSPENSION ^{MO}	Up to \$2.95 (Tier 1)	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	
<i>klor-con m10 meq tablet,extended release</i> ^{MO}	Up to \$2.95 (Tier 1)	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE ^{MO}	Up to \$2.95 (Tier 1)	
<i>klor-con m20 meq tablet,extended release</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>lactated ringers injection; lactated ringers irrigation</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
LITHOSTAT 250 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
<i>methyclothiazide 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>metolazone 10 mg, 2.5 mg, 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
NORMOSOL-R INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
NUTRILIPID 20 % INTRAVENOUS EMULSION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION MO	Up to \$7.40 (Tier 2)	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	
PLASMA-LYTE A INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	
<i>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</i> MO	Up to \$2.95 (Tier 1)	
<i>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</i> MO	Up to \$2.95 (Tier 1)	
<i>kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln</i> MO	Up to \$2.95 (Tier 1)	
<i>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</i> MO	Up to \$2.95 (Tier 1)	
<i>kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer</i> MO	Up to \$2.95 (Tier 1)	
<i>potassium cl 20 meq-0.45% nacl</i> MO	Up to \$2.95 (Tier 1)	
<i>d5%-1/4ns-kcl 20 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl</i> MO	Up to \$2.95 (Tier 1)	
<i>kcl 20 meq in d5w-0.3% nacl</i> MO	Up to \$2.95 (Tier 1)	
<i>kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9%</i> MO	Up to \$2.95 (Tier 1)	
<i>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</i> MO	Up to \$2.95 (Tier 1)	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	B vs D
<i>probenecid 500 mg tablet</i> MO	Up to \$2.95 (Tier 1)	
<i>probenecid-colchicine tabs</i> MO	Up to \$2.95 (Tier 1)	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	Up to \$7.40 (Tier 2)	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RENVELA 0.8 GRAM, 2.4 GRAM ORAL POWDER PACKET ^{MO}	Up to \$7.40 (Tier 2)	
RENVELA 800 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (540 per 30 days)
<i>ringer's iv solution; ringers irrigation solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
SAMSCA 15 MG, 30 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
<i>sodium bicarb 7.5% abboject; sodium bicarb 8.4% abboject</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>sodium chloride 0.9% irrig.; sodium chloride 100 meq/40 ml</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>saline 0.45% soln-excel con; sodium chloride 0.45% soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>sodium chloride 0.9% solution; sodium chloride 0.9% solution; sodium chloride 0.9% vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>sodium chloride 3% iv soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>sodium chloride 5% iv soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
<i>sodium lactate 5 meq/ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>sodium phenylbutyrate powder</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>sps 15 gm/60 ml suspension</i> ^{MO}	Up to \$2.95 (Tier 1)	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION ^{MO}	Up to \$2.95 (Tier 1)	
<i>torse mide 10 mg, 100 mg, 20 mg, 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRAVASOL 10 % INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
TROPHAMINE 10 % INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
<i>sterile water for irrigation</i> ^{MO}	Up to \$2.95 (Tier 1)	

ENZYMES - Drugs used to treat genetic conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
CEREZYME 400 UNIT INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (350 per 30 days)
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
MYOZYME 50 MG VIAL ^{MO}	Up to \$7.40 (Tier 2)	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (38.4 per 30 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VPRIV 400 UNIT INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (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
acetazol hc 1 %-2 % ear drops ^{MO}	Up to \$2.95 (Tier 1)	
acetazolamide 125 mg, 250 mg tablet; acetazolamide er 500 mg cap ^{MO}	Up to \$2.95 (Tier 1)	
acetazolamide sod 500 mg vial ^{MO}	Up to \$2.95 (Tier 1)	
acetic acid 2% ear solution ^{MO}	Up to \$2.95 (Tier 1)	
ak-poly-bac eye ointment ^{MO}	Up to \$2.95 (Tier 1)	
apraclonidine hcl 0.5% drops ^{MO}	Up to \$2.95 (Tier 1)	
atropine 1% eye drops; atropine 1% eye ointment ^{MO}	Up to \$2.95 (Tier 1)	
AZASITE 1 % EYE DROPS ^{MO}	Up to \$7.40 (Tier 2)	
azelastine 0.1% (137 mcg) spray ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 25 days)
azelastine hcl 0.05% drops ^{MO}	Up to \$2.95 (Tier 1)	
AZOPT 1 % EYE DROPS,SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
bacitracin 500 unit/gm ophth ^{MO}	Up to \$2.95 (Tier 1)	
bacitracin-polymyxin eye oint ^{MO}	Up to \$2.95 (Tier 1)	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
betaxolol hcl 0.5% eye drop ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT ^{MO}	Up to \$7.40 (Tier 2)	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp ^{MO}	Up to \$2.95 (Tier 1)	
carteolol hcl 1% eye drops ^{MO}	Up to \$2.95 (Tier 1)	
chlorhexidine 0.12% rinse ^{MO}	Up to \$2.95 (Tier 1)	
ciprofloxacin 0.3% eye drop ^{MO}	Up to \$2.95 (Tier 1)	
COMBIGAN 0.2 %-0.5 % EYE DROPS ^{MO}	Up to \$7.40 (Tier 2)	
CYSTARAN 0.44 % EYE DROPS ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop ^{MO}	Up to \$2.95 (Tier 1)	
diclofenac 0.1% eye drops ^{MO}	Up to \$2.95 (Tier 1)	
dorzolamide hcl 2% eye drops ^{MO}	Up to \$2.95 (Tier 1)	QL (10 per 30 days)
dorzolamide-timolol eye drops ^{MO}	Up to \$2.95 (Tier 1)	QL (10 per 30 days)
doxycycline hyclate 20 mg tab ^{MO}	Up to \$2.95 (Tier 1)	
DUREZOL 0.05 % EYE DROPS ^{MO}	Up to \$7.40 (Tier 2)	
epinastine hcl 0.05% eye drops ^{MO}	Up to \$2.95 (Tier 1)	
erythromycin 0.5% eye ointment ^{MO}	Up to \$2.95 (Tier 1)	
flunisolide 0.025% spray ^{MO}	Up to \$2.95 (Tier 1)	QL (50 per 30 days)
fluorometholone 0.1% drops ^{MO}	Up to \$2.95 (Tier 1)	
flurbiprofen 0.03% eye drop ^{MO}	Up to \$2.95 (Tier 1)	

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<i>fluticasone prop 50 mcg spray</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (16 per 30 days)
<i>garamycin 0.3% eye drops</i> ^{MO}	Up to \$7.40 (Tier 2)	
<i>gatifloxacin 0.5% eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (2.5 per 25 days)
<i>gentak 0.3 % (3 mg/gram) eye ointment</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>gentamicin 0.3% eye drops; gentamicin 0.3% eye ointment</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>hydrocortison-acetic acid soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
ILEVRO 0.3 % EYE DROPS,SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
<i>ipratropium 0.03% spray</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
<i>ipratropium 0.06% spray</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (45 per 30 days)
<i>ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
LACRISERT 5 MG EYE INSERTS ^{MO}	Up to \$7.40 (Tier 2)	
<i>latanoprost 0.005% eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (2.5 per 25 days)
<i>levobunolol 0.5% eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>levofloxacin 0.5% eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>lidocaine 2% viscous soln; lidocaine hcl 2% jelly; lidocaine hcl 2% jelly; lidocaine hcl 4% solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>lidocaine viscous 2 % mucosal solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
LUMIGAN 0.01 % EYE DROPS ^{MO}	Up to \$7.40 (Tier 2)	QL (2.5 per 25 days)
<i>methazolamide 25 mg, 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>metipranolol 0.3% eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	

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mometasone furoate 50 mcg spry ^{MO}	Up to \$2.95 (Tier 1)	
naphazoline 0.1% eye drops ^{MO}	Up to \$2.95 (Tier 1)	
NASONEX 50 MCG/ACTUATION SPRAY ^{MO}	Up to \$7.40 (Tier 2)	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment ^{MO}	Up to \$2.95 (Tier 1)	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment ^{MO}	Up to \$2.95 (Tier 1)	
neo-bacit-poly-hc eye ointment ^{MO}	Up to \$2.95 (Tier 1)	
neomyc-bacit-polymix eye oint ^{MO}	Up to \$2.95 (Tier 1)	
neomyc-polym-dexamet eye ointm; neomyc-polym-dexameth eye drop ^{MO}	Up to \$2.95 (Tier 1)	
neomyc-polym-gramicid eye drop ^{MO}	Up to \$2.95 (Tier 1)	
neomycin-poly-hc eye drops; neomycin-polymyxin-hc ear soln; neomycin-polymyxin-hc ear susp ^{MO}	Up to \$2.95 (Tier 1)	
neosporin (neo-polym-gramicid) 1.75mg-10,000 unit-0.025mg/ml eye drops ^{MO}	Up to \$2.95 (Tier 1)	
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops ^{MO}	Up to \$2.95 (Tier 1)	
paroex oral rinse 0.12 % mouthwash ^{MO}	Up to \$2.95 (Tier 1)	
PATADAY 0.2 % EYE DROPS ^{MO}	Up to \$7.40 (Tier 2)	
PAZEO 0.7 % EYE DROPS ^{MO}	Up to \$7.40 (Tier 2)	QL (2.5 per 25 days)
periogard 0.12 % mouthwash ^{MO}	Up to \$2.95 (Tier 1)	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS ^{MO}	Up to \$7.40 (Tier 2)	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops ^{MO}	Up to \$2.95 (Tier 1)	
polycin 500 unit-10,000 unit/gram eye ointment ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>polymyxin b-tmp eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT ^{MO}	Up to \$7.40 (Tier 2)	
<i>prednisolone ac 1% eye drop</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>prednisolone sod 1% eye drop</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>proparacaine 0.5% eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
<i>sulfacetamide 10% eye drops; sulfacetamide 10% eye ointment</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>sulf-pred 10-0.23% eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>timolol 0.25% eye drops; timolol 0.25% gel-solution; timolol 0.5% eye drops; timolol 0.5% gel-solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>tobramycin 0.3% eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>tobramycin-dexameth ophth susp</i> ^{MO}	Up to \$2.95 (Tier 1)	
TOBEX 0.3 % EYE OINTMENT ^{MO}	Up to \$7.40 (Tier 2)	
TRAVATAN Z 0.004 % EYE DROPS ^{MO}	Up to \$7.40 (Tier 2)	QL (2.5 per 25 days)
<i>trifluridine 1% eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>tropicamide 0.5% eye drops; tropicamide 1% eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	
VIGAMOX 0.5 % EYE DROPS ^{MO}	Up to \$7.40 (Tier 2)	
ZIRGAN 0.15 % EYE GEL ^{MO}	Up to \$7.40 (Tier 2)	QL (5 per 30 days)

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GASTROINTESTINAL DRUGS - Drugs used to treat stomach and intestinal conditions

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>alosetron hcl 0.5 mg, 1 mg tablet</i> ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
<i>balsalazide disodium 750 mg cp</i> ^{MO}	Up to \$2.95 (Tier 1)	
CANASA 1,000 MG RECTAL SUPPOSITORY ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
CHENODAL 250 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA
CHOLBAM 250 MG, 50 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>cimetidine 300 mg/5 ml soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>compro 25 mg rectal suppository</i> ^{MO}	Up to \$2.95 (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}	Up to \$7.40 (Tier 2)	
<i>diphenoxylat-atrop 2.5-0.025/5; diphenoxylate-atrop 2.5-0.025</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>dronabinol 10 mg, 2.5 mg, 5 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK ^{MO}	Up to \$7.40 (Tier 2)	B vs D,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	B vs D,QL (2 per 28 days)
EMEND 80 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	B vs D,QL (4 per 28 days)
<i>famotidine 20 mg, 40 mg tablet; famotidine 40 mg/5 ml susp</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>famotidine 20 mg/2 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
famotidine 20 mg piggyback ^{MO}	Up to \$2.95 (Tier 1)	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT ^{MO}	Up to \$7.40 (Tier 2)	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT ^{MO}	Up to \$7.40 (Tier 2)	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution ^{MO}	Up to \$2.95 (Tier 1)	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution ^{MO}	Up to \$2.95 (Tier 1)	
gavilyte-n 420 gram oral solution ^{MO}	Up to \$2.95 (Tier 1)	
granisetron hcl 0.1 mg/ml vial ^{MO}	Up to \$2.95 (Tier 1)	
granisetron hcl 1 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	B vs D, QL (28 per 28 days)
granisetron hcl 1 mg/ml vial ^{MO}	Up to \$2.95 (Tier 1)	
lansoprazole dr 30 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
LIALDA 1.2 GRAM TABLET, DELAYED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
LINZESS 145 MCG, 290 MCG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
LOTRONEX 0.5 MG, 1 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
meclizine 12.5 mg, 25 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
mesalamine 4 gm/60 ml enema ^{MO}	Up to \$2.95 (Tier 1)	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
misoprostol 100 mcg, 200 mcg tablet ^{MO}	Up to \$2.95 (Tier 1)	
omeprazole dr 10 mg, 20 mg, 40 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron odt 4 mg, 8 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	B vs D, QL (90 per 30 days)
ondansetron 4 mg/5 ml solution ^{MO}	Up to \$2.95 (Tier 1)	B vs D, QL (450 per 30 days)
ondansetron 40 mg/20 ml vial ^{MO}	Up to \$2.95 (Tier 1)	
ondansetron hcl 24 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	B vs D, QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	B vs D, QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml vial ^{MO}	Up to \$2.95 (Tier 1)	
pantoprazole sod dr 20 mg, 40 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
pantoprazole sodium 40 mg vial ^{MO}	Up to \$2.95 (Tier 1)	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln ^{MO}	Up to \$2.95 (Tier 1)	
peg-3350 with flavor packs 420 gram oral solution ^{MO}	Up to \$2.95 (Tier 1)	
peg 3350-electrolyte solution ^{MO}	Up to \$2.95 (Tier 1)	
prochlorperazine 25 mg supp ^{MO}	Up to \$2.95 (Tier 1)	
prochlorperazine 10 mg/2 ml (5 mg/ml), 5 mg/ml vial; prochlorperazine 10 mg/2 ml vl ^{MO}	Up to \$2.95 (Tier 1)	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	B vs D
PROTONIX 40 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
ranitidine 15 mg/ml syrup; ranitidine 150 mg, 300 mg capsule; ranitidine 150 mg, 300 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION; RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (36 per 28 days)
RELISTOR 150 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	QL (12 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH ^{MO}	Up to \$7.40 (Tier 2)	QL (4 per 30 days)
<i>sucralfate 1 gm tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) ^{MO}	Up to \$7.40 (Tier 2)	QL (10 per 30 days)
<i>trilyte with flavor packets 420 gram oral solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>trimethobenzamide 300 mg cap</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>ursodiol 250 mg, 500 mg tablet; ursodiol 300 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
VIBERZI 100 MG, 75 MG TABLET ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	
CUPRIMINE 250 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYPRINE 250 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	

HORMONES AND SYNTHETIC SUBSTITUTES - Drugs used to treat hormone imbalance

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>a-hydrocort 100 mg solution for injection</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>acarbose 100 mg, 25 mg, 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
ANADROL-50 50 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET ^{MO}	Up to \$7.40 (Tier 2)	QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET ^{MO}	Up to \$7.40 (Tier 2)	QL (150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP ^{MO}	Up to \$7.40 (Tier 2)	
<i>androxy 10 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
AVANDIA 2 MG, 4 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
AVANDIA 8 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>budesonide ec 3 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>calcitonin-salmon 200 units sp</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chorionic gonad 10,000 unit v1 ^{MO}	Up to \$7.40 (Tier 2)	PA
cortisone 25 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
danazol 100 mg, 200 mg, 50 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL ^{MO}	Up to \$7.40 (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}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) ^{MO}	Up to \$2.95 (Tier 1)	
dexamethasone 4 mg/ml syringe; dexamethasone 4 mg/ml vial ^{MO}	Up to \$2.95 (Tier 1)	
DUAVEE 0.45 MG-20 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
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}	Up to \$2.95 (Tier 1)	QL (4 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
estradiol valerate 20 mg/ml, 40 mg/ml v1 ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
fludrocortisone 0.1 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FORTICAL 200 UNITS NASAL SPRAY ^{MO}	Up to \$7.40 (Tier 2)	
glimepiride 1 mg, 2 mg, 4 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
glipizide 10 mg, 5 mg tablet; glipizide er 10 mg, 2.5 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg ^{MO}	Up to \$2.95 (Tier 1)	
GLUCAGEN HYPOKIT 1 MG INJECTION ^{MO}	Up to \$7.40 (Tier 2)	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION ^{MO}	Up to \$7.40 (Tier 2)	
GLYSET 100 MG, 25 MG, 50 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
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}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>juleber 0.15 mg-0.03 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
KORLYM 300 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (120 per 30 days)
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN ^{MO}	Up to \$7.40 (Tier 2)	
<i>larissia 0.1 mg-20 mcg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN ^{MO}	Up to \$7.40 (Tier 2)	
<i>levonor-eth estrad triphasic</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>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</i> ^{MO}	Up to \$2.95 (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}	Up to \$7.40 (Tier 2)	
<i>liothyronine sod 10 mcg/ml vl; liothyronine sod 25 mcg, 5 mcg, 50 mcg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
<i>metformin hcl 1,000 mg, 500 mg, 850 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>metformin hcl er 500 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
<i>metformin hcl er 750 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
<i>methimazole 10 mg, 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
METHITEST 10 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg dosepk;</i> <i>methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tab;</i> <i>methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>methylprednisolone 40 mg/ml, 80 mg/ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>methylprednisolone 1,000 mg, 125 mg, 40 mg vial; methylprednisolone ss 1 gm vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>methyltestosterone 10 mg cap</i> ^{MO}	Up to \$2.95 (Tier 1)	
MIACALCIN 200 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
<i>miglitol 100 mg, 25 mg, 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>mimvey 1 mg-0.5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
<i>nateglinide 120 mg, 60 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2 per 28 days)
<i>norethindrone 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035;</i> <i>norg-ethin estra 0.25-0.035 mg</i> ^{MO}	Up to \$2.95 (Tier 1)	
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS ^{MO}	Up to \$7.40 (Tier 2)	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE ^{MO}	Up to \$7.40 (Tier 2)	
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 vial ^{MO}	Up to \$2.95 (Tier 1)	PA
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}	Up to \$7.40 (Tier 2)	PA
oxandrolone 10 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (120 per 30 days)
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 ^{MO}	Up to \$2.95 (Tier 1)	QL (90 per 30 days)
prednisolone 15 mg/5 ml soln; prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	B vs D
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE ^{MO}	Up to \$2.95 (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}	Up to \$7.40 (Tier 2)	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	
progesterone 100 mg, 200 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
PROGLYCEM 50 MG/ML ORAL SUSPENSION ^{MO}	Up to \$7.40 (Tier 2)	
propylthiouracil 50 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
raloxifene hcl 60 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
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}	Up to \$7.40 (Tier 2)	PA
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
SOLU-MEDROL 1,000 MG, 2 GRAM INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY ^{MO}	Up to \$7.40 (Tier 2)	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	QL (10.5 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml MO	Up to \$2.95 (Tier 1)	
testosterone enan 200 mg/ml MO	Up to \$2.95 (Tier 1)	
TESTRED 10 MG CAPSULE MO	Up to \$7.40 (Tier 2)	
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	Up to \$7.40 (Tier 2)	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	Up to \$7.40 (Tier 2)	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	Up to \$7.40 (Tier 2)	
THYROLAR-2 25 MCG-100 MCG TABLET MO	Up to \$7.40 (Tier 2)	
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	Up to \$7.40 (Tier 2)	
tolazamide 250 mg, 500 mg tablet MO	Up to \$2.95 (Tier 1)	
tolbutamide 500 mg tablet MO	Up to \$2.95 (Tier 1)	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN MO	Up to \$7.40 (Tier 2)	
TRADJENTA 5 MG TABLET MO	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	Up to \$7.40 (Tier 2)	QL (27 per 30 days)
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	Up to \$2.95 (Tier 1)	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	Up to \$2.95 (Tier 1)	
TRINESSA LO 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET MO	Up to \$2.95 (Tier 1)	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	Up to \$7.40 (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	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	QL (9 per 30 days)
vienva 0.1 mg-20 mcg tablet ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
lidocaine hcl 1% vial; lidocaine hcl 2% vial ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab ^{MO}	Up to \$2.95 (Tier 1)	QL (4 per 28 days)
allopurinol 100 mg, 300 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
amifostine 500 mg vial ^{MO}	Up to \$2.95 (Tier 1)	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARCALYST 220 MG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
ATELVIA 35 MG TABLET, DELAYED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	
AVODART 0.5 MG CAPSULE ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA, QL (2 per 28 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT ^{MO}	Up to \$7.40 (Tier 2)	PA, QL (4 per 28 days)
AZASAN 100 MG, 75 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	B vs D
<i>azathioprine 50 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>azathioprine sod 100 mg vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
BENLYSTA 120 MG, 400 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA, QL (30 per 28 days)
CELLCEPT 200 MG/ML ORAL SUSPENSION; CELLCEPT 250 MG CAPSULE; CELLCEPT 500 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
CERDELGA 84 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA, QL (60 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA, QL (100 per 30 days)
<i>colchicine 0.6 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (120 per 30 days)
COLCRYS 0.6 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA, QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA, QL (12 per 28 days)
<i>cyclosporine 100 mg, 25 mg capsule; cyclosporine 50 mg/ml ampul</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cyclosporine 100 mg/ml soln; cyclosporine modified 100 mg, 25 mg, 50 mg</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER ^{MO}	Up to \$7.40 (Tier 2)	
CYSTAGON 150 MG, 50 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
DEMSEER 250 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
<i>dexrazoxane 250 mg, 500 mg vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>disulfiram 250 mg, 500 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>dutasteride 0.5 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION; ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (4.08 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (8 per 28 days)
<i>etidronate disodium 200 mg, 400 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
<i>finasteride 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (9 per 30 days)
<i>fomepizole 1.5 gm/1.5 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
FUSILEV 50 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
<i>gengraf 100 mg, 25 mg, 50 mg capsule; gengraf 100 mg/ml oral solution</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GILENYA 0.5 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (0.4 per 28 days)
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2.4 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (4.8 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (4.8 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA,QL (4.8 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (4.8 per 28 days)
IMURAN 50 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	B vs D
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
KUVAN 100 MG SOLUBLE TABLET; KUVAN 100 MG, 500 MG ORAL POWDER PACKET ^{MO}	Up to \$7.40 (Tier 2)	PA
<i>leflunomide 10 mg, 20 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>leucovorin calcium 100 mg, 200 mg, 350 mg, 500 mg vial; leucovorin calcium 100 mg, 200 mg, 350 mg, 500 mg vl</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>levocarnitine 200 mg/ml vial; levocarnitine 330 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>levocarnitine 100 mg/ml soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>levoleucovorin 10 mg/ml, 50 mg vial; levoleucovorin 250 mg/25 ml vl</i> ^{MO}	Up to \$2.95 (Tier 1)	PA
<i>mesna 1 gram/10 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
MESNEX 400 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>mycophenolate 200 mg/ml susp; mycophenolate 250 mg capsule; mycophenolate 500 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>mycophenolic acid dr 180 mg, 360 mg tb</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
MYFORTIC 180 MG, 360 MG TABLET, DELAYED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	
<i>pamidronate 30 mg/10 ml vial; pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET; RAPAMUNE 1 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
<i>risedronate sod dr 35 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	
SANDIMMUNE 100 MG/ML ORAL SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
SENSIPAR 30 MG, 60 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (60 per 30 days)
SENSIPAR 90 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (120 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR; SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA, QL (3 per 30 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>fluoride 1 mg tablet chewable</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THALOMID 100 MG, 200 MG, 50 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
THIOLA 100 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
TYBOST 150 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (1.7 per 28 days)
ZAVESCA 100 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	QL (90 per 30 days)
zoledronic acid 4 mg, 4 mg/5 ml vial ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml; zoledronic acid 5 mg/100 ml ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (100 per 365 days)
ZORTRESS 0.25 MG, 0.75 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET ^{MO}	Up to \$7.40 (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
ADIPEX-P (*) ^{MO}	\$0 (Tier 3)	
AQUASOL A (*) ^{MO}	\$0 (Tier 3)	
BELVIQ (*) ^{MO}	\$0 (Tier 3)	
BENZONATATE (*) ^{MO}	\$0 (Tier 3)	
BENZPHETAMINE HCL (*) ^{MO}	\$0 (Tier 3)	
BROMFED DM (*) ^{MO}	\$0 (Tier 3)	
BROMPHENIRAMINE-PSEUDOEPHED-DM (*) ^{MO}	\$0 (Tier 3)	
CALCIUM CHLORIDE (*) ^{MO}	\$0 (Tier 3)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CHROMIUM (*) MO	\$0 (Tier 3)	
COPPER CHLORIDE (*) MO	\$0 (Tier 3)	
CYANOCOBALAMIN INJECTION (*) MO	\$0 (Tier 3)	
DEXFERRUM (*) MO	\$0 (Tier 3)	
DIDREX (*) MO	\$0 (Tier 3)	
DIETHYLPROPION HCL (*) MO	\$0 (Tier 3)	
DIETHYLPROPION HCL ER (*) MO	\$0 (Tier 3)	
DRISDOL (*) MO	\$0 (Tier 3)	
FERAHEME (*) MO	\$0 (Tier 3)	
FERRLECIT (*) MO	\$0 (Tier 3)	
FOLIC ACID (*) MO	\$0 (Tier 3)	
HYDROCODONE BT-HOMATROPINE MBR (*) MO	\$0 (Tier 3)	
HYDROCODONE-CHLORPHENIRAMNE ER (*) MO	\$0 (Tier 3)	
HYDROCODONE-HOMATROPINE MBR (*) MO	\$0 (Tier 3)	
HYDROMET (*) 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)	
M.V.I. ADULT (*) MO	\$0 (Tier 3)	
M.V.I. PEDIATRIC (*) MO	\$0 (Tier 3)	
M.V.I.-12 (*) MO	\$0 (Tier 3)	
MANGANESE (*) MO	\$0 (Tier 3)	
MEPHYTON (*) MO	\$0 (Tier 3)	
PHENDIMETRAZINE TARTRATE (*) MO	\$0 (Tier 3)	
PHENTERMINE HCL (*) MO	\$0 (Tier 3)	
PROMETHAZINE VC-CODEINE (*) MO	\$0 (Tier 3)	
PROMETHAZINE-CODEINE (*) MO	\$0 (Tier 3)	
PROMETHAZINE-DM (*) MO	\$0 (Tier 3)	
PYRIDOXINE HCL (*) MO	\$0 (Tier 3)	
QSYMIA (*) MO	\$0 (Tier 3)	
SUPRENZA ODT (*) MO	\$0 (Tier 3)	
TESSALON PERLE (*) MO	\$0 (Tier 3)	
THIAMINE HCL (*) MO	\$0 (Tier 3)	
TUSSICAPS (*) MO	\$0 (Tier 3)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TUSSIONEX (*) ^{MO}	\$0 (Tier 3)	
VENOFER (*) ^{MO}	\$0 (Tier 3)	
VITAMIN D2 (*) ^{MO}	\$0 (Tier 3)	
VITAMIN K1 (*) ^{MO}	\$0 (Tier 3)	
XENICAL (*) ^{MO}	\$0 (Tier 3)	
ZINC CHLORIDE (*) ^{MO}	\$0 (Tier 3)	

OVER THE COUNTER DRUGS - Over the Counter Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cetirizine hcl 1 mg/ml soln ^{MO}	Up to \$2.95 (Tier 1)	QL (300 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche ^{MO}	Up to \$2.95 (Tier 1)	
famotidine 20 mg, 40 mg tablet; famotidine 40 mg/5 ml susp ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
ibuprofen 100 mg/5 ml susp; ibuprofen 400 mg, 600 mg, 800 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
lansoprazole dr 15 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
loperamide 2 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
meclizine 12.5 mg, 25 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
polyethylene glycol 3350 powd ^{MO}	Up to \$2.95 (Tier 1)	
ranitidine 15 mg/ml syrup; ranitidine 150 mg, 300 mg capsule; ranitidine 150 mg, 300 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	

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OXYTOCICS - Drugs used to help with post-partum bleeding

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>methergine 0.2 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>methylergonovine 0.2 mg tablet</i> ^{MO}	Up to \$2.95 (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}	Up to \$2.95 (Tier 1)	
BORDERED GAUZE 2" X 2" BANDAGE ^{MO}	Up to \$2.95 (Tier 1)	
CURITY GAUZE 2" X 2" BANDAGE ^{MO}	Up to \$2.95 (Tier 1)	
DERMACEA 2" X 2" BANDAGE ^{MO}	Up to \$2.95 (Tier 1)	
GAUZE PADS 2"X2" ^{MO}	Up to \$2.95 (Tier 1)	
GAUZE PAD 2" X 2" BANDAGE ^{MO}	Up to \$2.95 (Tier 1)	
STERILE GAUZE PAD 2" X 2" BANDAGE ^{MO}	Up to \$2.95 (Tier 1)	

RESPIRATORY TRACT AGENTS - Drugs used to treat asthma

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (90 per 30 days)
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER ^{MO}	Up to \$7.40 (Tier 2)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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}	Up to \$7.40 (Tier 2)	
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
<i>cromolyn 100 mg/5 ml oral conc; cromolyn 4% eye drops</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>cromolyn 20 mg/2 ml neb soln</i> ^{MO}	Up to \$2.95 (Tier 1)	B vs D
DALIRESP 500 MCG TABLET ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	
ESBRIET 267 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (270 per 30 days)
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA
KALYDECO 150 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
<i>montelukast sod 10 mg tablet; montelukast sod 4 mg granules; montelukast sod 4 mg, 5 mg tab chew</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (30 per 30 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (112 per 28 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION ^{MO}	Up to \$7.40 (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}	Up to \$7.40 (Tier 2)	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	Up to \$7.40 (Tier 2)	
TRACLEER 125 MG, 62.5 MG TABLET ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XOLAIR 150 MG SUBCUTANEOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (7.2 per 28 days)
zafirlukast 10 mg, 20 mg tablet ^{MO}	Up to \$2.95 (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}	Up to \$7.40 (Tier 2)	
acitretin 10 mg, 17.5 mg, 25 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
acyclovir 5% ointment ^{MO}	Up to \$2.95 (Tier 1)	PA
alclometasone dipr 0.05% oint; alclometasone dipro 0.05% crm ^{MO}	Up to \$2.95 (Tier 1)	
ALCOHOL PADS ^{MO}	Up to \$2.95 (Tier 1)	
ALCOHOL PREP PADS ^{MO}	Up to \$2.95 (Tier 1)	
ALCOHOL PREP SWABS ^{MO}	Up to \$2.95 (Tier 1)	
ALCOHOL 70% SWABS ^{MO}	Up to \$2.95 (Tier 1)	
ALCOHOL WIPES ^{MO}	Up to \$2.95 (Tier 1)	
ALTABAX 1 % TOPICAL OINTMENT ^{MO}	Up to \$7.40 (Tier 2)	
amcinonide 0.1% cream; amcinonide 0.1% lotion; amcinonide 0.1% ointment ^{MO}	Up to \$2.95 (Tier 1)	
ammonium lactate 12% cream; ammonium lactate 12% lotion ^{MO}	Up to \$2.95 (Tier 1)	
BD ALCOHOL SWABS ^{MO}	Up to \$2.95 (Tier 1)	
betamethasone dp 0.05% crm; betamethasone dp 0.05% lot; betamethasone dp 0.05% oint ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betamethasone va 0.1% cream; betamethasone va 0.1% lotion; betamethasone valer 0.1% ointm ^{MO}	Up to \$2.95 (Tier 1)	
betamethasone dp aug 0.05% crm; betamethasone dp aug 0.05% lot; betamethasone dp aug 0.05% oin ^{MO}	Up to \$2.95 (Tier 1)	
calcipotriene 0.005% ointment ^{MO}	Up to \$2.95 (Tier 1)	
calcipotriene 0.005% solution ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
ciclodan 8 % topical solution ^{MO}	Up to \$2.95 (Tier 1)	
ciclopirox 0.77% cream; ciclopirox 0.77% gel; ciclopirox 0.77% topical susp; ciclopirox 1% shampoo; ciclopirox 8% solution ^{MO}	Up to \$2.95 (Tier 1)	
claravis 10 mg, 20 mg, 30 mg, 40 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
clindamycin 2% vaginal cream; clindamycin ph 1% gel; clindamycin ph 1% solution; clindamycin phos 1% pledget; clindamycin phosp 1% lotion ^{MO}	Up to \$2.95 (Tier 1)	
clinda-benzoyl perox 1-5% pump; clindamycin-benzoyl perox 1-5% ^{MO}	Up to \$2.95 (Tier 1)	
clobetasol 0.05% cream; clobetasol 0.05% gel; clobetasol 0.05% ointment; clobetasol 0.05% solution ^{MO}	Up to \$2.95 (Tier 1)	
clobetasol emollient 0.05% crm ^{MO}	Up to \$2.95 (Tier 1)	
clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche ^{MO}	Up to \$2.95 (Tier 1)	
clotrimazole-betamethasone crm; clotrimazole-betamethasone lot ^{MO}	Up to \$2.95 (Tier 1)	
colocort 100 mg/60 ml enema ^{MO}	Up to \$2.95 (Tier 1)	
cormax 0.05 % scalp solution ^{MO}	Up to \$2.95 (Tier 1)	
CORTIFOAM 10 % (80 MG) RECTAL ^{MO}	Up to \$7.40 (Tier 2)	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2 per 28 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2 per 28 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (2 per 28 days)
CURITY ALCOHOL SWABS ^{MO}	Up to \$2.95 (Tier 1)	
DENAVIR 1 % TOPICAL CREAM ^{MO}	Up to \$7.40 (Tier 2)	
<i>desonide 0.05% cream; desonide 0.05% lotion; desonide 0.05% ointment</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>desoximetasone 0.05% cream; desoximetasone 0.05% gel; desoximetasone 0.05% ointment; desoximetasone 0.25% cream; desoximetasone 0.25% ointment</i> ^{MO}	Up to \$2.95 (Tier 1)	
EASY TOUCH ALCOHOL PREP PADS ^{MO}	Up to \$2.95 (Tier 1)	
<i>econazole nitrate 1% cream</i> ^{MO}	Up to \$2.95 (Tier 1)	
ELIDEL 1 % TOPICAL CREAM ^{MO}	Up to \$7.40 (Tier 2)	
<i>ery pads 2 % topical swab</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>erythromycin 2% gel; erythromycin 2% pledgets; erythromycin 2% solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>erythromycin-benzoyl gel</i> ^{MO}	Up to \$2.95 (Tier 1)	
EURAX 10 % LOTION; EURAX 10 % TOPICAL CREAM ^{MO}	Up to \$7.40 (Tier 2)	
<i>fluocinolone 0.01% cream; fluocinolone 0.01% solution; fluocinolone 0.025% cream; fluocinolone 0.025% ointment</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>fluocinolone 0.01% scalp oil</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>fluocinonide 0.05% cream; fluocinonide 0.05% gel; fluocinonide 0.05% ointment; fluocinonide 0.05% solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>fluocinonide-e 0.05 % topical cream</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>fluorouracil 2% topical soln; fluorouracil 5% cream; fluorouracil 5% top solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>fluticasone prop 0.005% oint; fluticasone prop 0.05% cream</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>gentamicin 0.1% cream; gentamicin 0.1% ointment</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>halobetasol prop 0.05% cream; halobetasol prop 0.05% ointmnt</i> ^{MO}	Up to \$2.95 (Tier 1)	
HALOG 0.1 % TOPICAL CREAM; HALOG 0.1 % TOPICAL OINTMENT ^{MO}	Up to \$7.40 (Tier 2)	
<i>hydrocortisone 1% cream; hydrocortisone 1% ointment; hydrocortisone 100 mg/60 ml; hydrocortisone 2.5% cream; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>hydrocortisone buty 0.1% cream; hydrocortisone butyr 0.1% oint; hydrocortisone butyr 0.1% soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>hydrocortisone val 0.2% cream; hydrocortisone val 0.2% ointmt</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>imiquimod 5% cream packet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (12 per 30 days)
INCONTROL ALCOHOL PADS ^{MO}	Up to \$2.95 (Tier 1)	
IV PREP WIPES MEDICATED ^{MO}	Up to \$2.95 (Tier 1)	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL ^{MO}	Up to \$7.40 (Tier 2)	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
<i>ketoconazole 2% cream; ketoconazole 2% shampoo</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>lidocaine 5% ointment</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>lidocaine 5% patch</i> ^{MO}	Up to \$2.95 (Tier 1)	PA,QL (90 per 30 days)
<i>lidocaine-prilocaine cream</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>lindane 1% lotion; lindane 1% shampoo</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>malathion 0.5% lotion</i> ^{MO}	Up to \$2.95 (Tier 1)	
MENTAX 1 % TOPICAL CREAM ^{MO}	Up to \$7.40 (Tier 2)	
<i>methoxsalen 10 mg softgel</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>metronidazole 0.75% cream; metronidazole 0.75% lotion; metronidazole topical 0.75% gl; metronidazole vaginal 0.75% gl</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>miconazole-3 200 mg vaginal suppository</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>mometasone furoate 0.1% cream; mometasone furoate 0.1% oint; mometasone furoate 0.1% soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>mupirocin 2% ointment</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>mupirocin 2% cream</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>neomy-polymyxin b 40 mg/ml amp</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>nyamyc 100,000 unit/gram topical powder</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>nystatin 100,000 unit/gm cream; nystatin 100,000 unit/gm powd; nystatin 100,000 units/gm oint</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>nystatin-triamcinolone cream; nystatin-triamcinolone ointm</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>nystop 100,000 unit/gram topical powder</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>oralone 0.1 % dental paste</i> ^{MO}	Up to \$2.95 (Tier 1)	
OXSORALEN 1 % LOTION ^{MO}	Up to \$7.40 (Tier 2)	
PANRETIN 0.1 % TOPICAL GEL ^{MO}	Up to \$7.40 (Tier 2)	
<i>permethrin 5% cream</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>podofilox 0.5% topical soln</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>prednicarbate 0.1% cream; prednicarbate 0.1% ointment</i> ^{MO}	Up to \$2.95 (Tier 1)	
PRO COMFORT ALCOHOL PADS ^{MO}	Up to \$2.95 (Tier 1)	
<i>procto-med hc 2.5 % topical cream perineal applicator</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>procto-pak 1 % topical cream perineal applicator</i> ^{MO}	Up to \$2.95 (Tier 1)	
PROCTOSOL HC 2.5 % TOPICAL CREAM PERINEAL APPLICATOR ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>proctozone-hc 2.5 % topical cream perineal applicator</i> ^{MO}	Up to \$2.95 (Tier 1)	
RECTIV 0.4 % (W/W) OINTMENT ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)
<i>regranex 0.01 % topical gel</i> ^{MO}	Up to \$7.40 (Tier 2)	
<i>santyl 250 unit/gram topical ointment</i> ^{MO}	Up to \$7.40 (Tier 2)	
<i>silver sulfadiazine 1% cream</i> ^{MO}	Up to \$2.95 (Tier 1)	
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE ^{MO}	Up to \$7.40 (Tier 2)	
<i>sulfacetamide sod 10% top susp</i> ^{MO}	Up to \$2.95 (Tier 1)	
SURE COMFORT ALCOHOL PREP PADS ^{MO}	Up to \$2.95 (Tier 1)	
SURE-PREP ALCOHOL PREP PADS ^{MO}	Up to \$2.95 (Tier 1)	
TARGRETIN 1 % TOPICAL GEL ^{MO}	Up to \$7.40 (Tier 2)	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM; TAZORAC 0.05 %, 0.1 % TOPICAL GEL ^{MO}	Up to \$7.40 (Tier 2)	PA
<i>terconazole 0.4% cream; terconazole 0.8% cream; terconazole 80 mg suppository</i> ^{MO}	Up to \$2.95 (Tier 1)	
THERMAZENE 1 % TOPICAL CREAM ^{MO}	Up to \$7.40 (Tier 2)	
TOLAK 4 % TOPICAL CREAM ^{MO}	Up to \$7.40 (Tier 2)	
<i>tretinoin 0.01% gel; tretinoin 0.025% cream; tretinoin 0.025% gel; tretinoin 0.05% cream; tretinoin 0.1% cream</i> ^{MO}	Up to \$2.95 (Tier 1)	PA
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>triderm 0.1 % topical cream</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>u-cort 1% cream</i> ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTILET ALCOHOL SWAB ^{MO}	Up to \$2.95 (Tier 1)	
UVADEX 20 MCG/ML INJECTION SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	B vs D
VALCHLOR 0.016 % TOPICAL GEL ^{MO}	Up to \$7.40 (Tier 2)	PA,QL (60 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT ^{MO}	Up to \$7.40 (Tier 2)	
WEBCOL TOPICAL PADS ^{MO}	Up to \$2.95 (Tier 1)	
ZOVIRAX 5 % TOPICAL CREAM ^{MO}	Up to \$7.40 (Tier 2)	PA

SMOOTH MUSCLE RELAXANTS - Drugs used to treat bladder problems

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>aminophylline 250 mg/10 ml vl</i> ^{MO}	Up to \$2.95 (Tier 1)	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR ^{MO}	Up to \$7.40 (Tier 2)	
<i>flavoxate hcl 100 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>oxybutynin 5 mg tablet; oxybutynin 5 mg/5 ml syrup</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>oxybutynin cl er 10 mg, 15 mg, 5 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>tolterodine tart er 2 mg, 4 mg cap</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (30 per 30 days)
<i>tolterodine tartrate 1 mg, 2 mg tab</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE ^{MO}	Up to \$7.40 (Tier 2)	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>trosipium chloride 20 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	

VITAMINS - Drugs used to treat vitamin deficiencies

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>calcitriol 0.25 mcg, 0.5 mcg capsule; calcitriol 1 mcg/ml, 1 mcg/ml ampul; calcitriol 1 mcg/ml, 1 mcg/ml solution</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>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 vial</i> ^{MO}	Up to \$2.95 (Tier 1)	
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	
<i>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</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>pnv-omega 28 mg-1 mg-300 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>pnv-total softgel</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>pr natal 400 29 mg-1 mg-400 mg oral pack</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule, delayed release</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>pr natal 430 29 mg-1 mg-430 mg oral pack</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule, delayed release</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>prena1 true 30 mg iron-1.4 mg-300 mg oral pack</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>prenaplus tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
PRENATABS FA 29 MG-1 MG TABLET ^{MO}	Up to \$2.95 (Tier 1)	
PRENATABS RX 29 MG IRON-1 MG TABLET ^{MO}	Up to \$2.95 (Tier 1)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>prenatal low iron 27 mg-1 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>thrivite-19 29 mg iron-1 mg-25 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>virt-care one capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	
VITATRUE 30 MG IRON-1.4 MG-300 MG ORAL PACK ^{MO}	Up to \$7.40 (Tier 2)	
<i>vol-plus 27 mg-1 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
ZEMPLAR 2 MCG/ML, 5 MCG/ML INTRAVENOUS SOLUTION ^{MO}	Up to \$7.40 (Tier 2)	

OVER THE COUNTER DRUGS - Over the Counter Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>1-day 6.5 % vaginal ointment</i> ^{MO}	\$0 (Tier 4)	
<i>12 hour cold relief 120 mg tablet,extended release</i> ^{MO}	\$0 (Tier 4)	
<i>12 hour decongestant er 120 mg tablet,extended release</i> ^{MO}	\$0 (Tier 4)	
<i>12 hour nasal relief spray 0.05 %</i> ^{MO}	\$0 (Tier 4)	
<i>12 hour nasal spray 0.05 %</i> ^{MO}	\$0 (Tier 4)	
<i>3 day vaginal 200 mg/5 gram (4 %) cream</i> ^{MO}	\$0 (Tier 4)	
<i>3-day vaginal 2 % cream</i> ^{MO}	\$0 (Tier 4)	
<i>8 hour pain reliever 650 mg tablet,extended release</i> ^{MO}	\$0 (Tier 4)	
ACEPHEN 120 MG RECTAL SUPPOSITORY ^{MO}	\$0 (Tier 4)	
<i>acephen 325 mg, 650 mg rectal suppository</i> ^{MO}	\$0 (Tier 4)	
<i>acetadryl 25 mg-500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>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</i> ^{MO}	\$0 (Tier 4)	
<i>acetaminophen extra strength 500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>acetaminophen pain relief 500 mg tablet</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetaminophen pm 25 mg-500 mg tablet ^{MO}	\$0 (Tier 4)	
acetaminophen pm extra strength 25 mg-500 mg tablet ^{MO}	\$0 (Tier 4)	
acid control (ranitidine) 150 mg tablet ^{MO}	\$0 (Tier 4)	
acid controller 10 mg, 20 mg tablet ^{MO}	\$0 (Tier 4)	
acid controller complete 10 mg-800 mg-165 mg chewable 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 (cimetidine) 200 mg 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)	
acid reducer complete (famotidine) 10 mg-800 mg-165 mg chewable tablet ^{MO}	\$0 (Tier 4)	
pv acid relief 200 mg tablet ^{MO}	\$0 (Tier 4)	
acne & blackhead 2.5% gel ^{MO}	\$0 (Tier 4)	
acne control cleanser 10 % cream ^{MO}	\$0 (Tier 4)	
acne foaming wash 10 % topical cleanser ^{MO}	\$0 (Tier 4)	
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)	
actinel 30 mg-15 mg-200 mg/5 ml oral solution ^{MO}	\$0 (Tier 4)	
actinel pediatric 15 mg-5 mg-50 mg/5 ml oral liquid ^{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 nasal decongestant 15 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
adt robitussin linger cold syr ^{MO}	\$0 (Tier 4)	
adult robitussin m-s cold liq ^{MO}	\$0 (Tier 4)	
ADT ROBITUSSIN NGT M-S COLD LQ ^{MO}	\$0 (Tier 4)	
adult robitussin peak cold dm 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
adult robitussin peak cold m-s 5 mg-10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 tussin multi-symptom cold 5 mg-10 mg-100 mg/5 ml oral liquid ^{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)	
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)	
ADVIL ALLERGY SINUS 2 MG-30 MG-200 MG TABLET ^{MO}	\$0 (Tier 4)	
ADVIL ALLERGY-CONGESTION RELIEF 4 MG-10 MG-200 MG TABLET ^{MO}	\$0 (Tier 4)	
ADVIL COLD AND SINUS 30 MG-200 MG CAPSULE ^{MO}	\$0 (Tier 4)	
advil cold and sinus 30 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
ADVIL CONGESTION RELIEF 200 MG-10 MG TABLET ^{MO}	\$0 (Tier 4)	
ADVIL LIQUI-GEL 200 MG CAPSULE ^{MO}	\$0 (Tier 4)	
ADVIL MIGRAINE 200 MG CAPSULE ^{MO}	\$0 (Tier 4)	
ADVIL PM 200 MG-38 MG TABLET ^{MO}	\$0 (Tier 4)	
ADVIL PM LIQUI-GELS 200 MG-25 MG CAPSULE ^{MO}	\$0 (Tier 4)	
af 1 % topical spray powder ^{MO}	\$0 (Tier 4)	
AFRIN (OXYMETAZOLINE) 0.05 % NASAL SPRAY ^{MO}	\$0 (Tier 4)	
afrin sinus (oxymetazoline) 0.05 % nasal spray ^{MO}	\$0 (Tier 4)	
AKWA TEARS (POLYVINYL ALCOHOL) 1.4 % EYE DROPS ^{MO}	\$0 (Tier 4)	
ALA-HIST DM 4 MG-7.5 MG-15 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
ala-hist ir 2 mg tablet ^{MO}	\$0 (Tier 4)	
alavert 10 mg disintegrating tablet ^{MO}	\$0 (Tier 4)	
alavert d-12 allergy-sinus 5 mg-120 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
alaway 0.025 % (0.035 %) eye drops ^{MO}	\$0 (Tier 4)	
ALCOHOL, RUBBING 70 % SOLUTION ^{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)	
ALEVE COLD AND SINUS 220 MG-120 MG TABLET,EXTENDED RELEASE ^{MO}	\$0 (Tier 4)	
ALEVE SINUS AND HEADACHE 220 MG-120 MG TABLET,EXTENDED RELEASE ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALEVE-D SINUS AND COLD 220 MG-120 MG TABLET,EXTENDED RELEASE MO	\$0 (Tier 4)	
ALEVE-D SINUS AND HEADACHE 220 MG-120 MG TABLET,EXTENDED RELEASE MO	\$0 (Tier 4)	
ALKA-SELTZER ORIGINAL 325 MG-1,916 MG-1,000 MG EFFERVESCENT TABLET MO	\$0 (Tier 4)	
ALKA-SELTZER PLUS COLD (PE) 2 MG-7.8 MG-325 MG EFFERVESCENT TABLET MO	\$0 (Tier 4)	
<i>alka-seltzer plus day 5 mg-10 mg-325 mg capsule</i> MO	\$0 (Tier 4)	
<i>alka-seltzer plus mucus-congestion 10 mg-200 mg capsule</i> MO	\$0 (Tier 4)	
<i>alka-seltzer plus sinus-cough 5 mg-10 mg-325 mg capsule</i> MO	\$0 (Tier 4)	
<i>all day allergy (cetirizine) 1 mg/ml oral solution; all day allergy (cetirizine) 10 mg chewable tablet; all day allergy (cetirizine) 10 mg tablet</i> MO	\$0 (Tier 4)	
<i>all day allergy relief (cetirizine) 10 mg tablet</i> MO	\$0 (Tier 4)	
<i>all day allergy-d 5 mg-120 mg tablet,extended release</i> MO	\$0 (Tier 4)	
<i>all day pain relief 220 mg tablet</i> MO	\$0 (Tier 4)	
<i>all day pain relief sinus and cold 220 mg-120 mg tablet,extend release</i> MO	\$0 (Tier 4)	
<i>all day relief 220 mg tablet</i> MO	\$0 (Tier 4)	
<i>all-nite cold-flu 6.25 mg-15 mg-325 mg/15 ml oral liquid</i> MO	\$0 (Tier 4)	
ALLEGRA ALLERGY 180 MG, 60 MG TABLET MO	\$0 (Tier 4)	
ALLER-CHLOR 2 MG/5 ML SYRUP MO	\$0 (Tier 4)	
<i>aller-ease 180 mg, 60 mg tablet</i> MO	\$0 (Tier 4)	
<i>aller-fex 180 mg tablet</i> MO	\$0 (Tier 4)	
<i>aller-g-time 25 mg tablet</i> MO	\$0 (Tier 4)	
<i>aller-tec 10 mg tablet</i> MO	\$0 (Tier 4)	
<i>aller-tec d 5 mg-120 mg tablet,extended release</i> MO	\$0 (Tier 4)	
<i>allerclear 10 mg tablet</i> MO	\$0 (Tier 4)	
<i>allerclear d-12hr 5 mg-120 mg tablet,extended release</i> MO	\$0 (Tier 4)	
<i>allerclear d-24hr 10 mg-240 mg tablet,extended release</i> MO	\$0 (Tier 4)	
<i>allergy 25 mg tablet</i> MO	\$0 (Tier 4)	
<i>allergy (chlorpheniramine) 4 mg tablet</i> MO	\$0 (Tier 4)	
<i>allergy (diphenhydramine) 12.5 mg/5 ml oral liquid; allergy (diphenhydramine) 25 mg capsule; allergy (diphenhydramine) 25 mg tablet</i> MO	\$0 (Tier 4)	
<i>allergy 4-hour 4 mg tablet</i> MO	\$0 (Tier 4)	
<i>allergy and congestion relief 10 mg-240 mg tablet,extend release 24 hr; allergy and congestion relief 5 mg-120 mg tablet,extend release 12 hr</i> MO	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
allergy complete-d 5 mg-120 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
allergy d-12 5 mg-120 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
allergy eye (ketotifen) 0.025 % (0.035 %) drops ^{MO}	\$0 (Tier 4)	
allergy multi-symptom nighttime 25 mg-5 mg-325 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 multi-symptom 2 mg-5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
allergy plus severe sinus ha 25 mg-5 mg-325 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 (clemastine) 1.34 mg tablet ^{MO}	\$0 (Tier 4)	
allergy relief (fexofenadine) 180 mg, 60 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 d-24 10 mg-240 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
allergy relief d12 5 mg-120 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
allergy relief multi-symptom 2 mg-5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
allergy relief(chlorpheniramine-acetaminophen) 2 mg-5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
allergy relief (chlorpheniramine) 4 mg tablet; allergy relief (chlorpheniramine) er 12 mg tablet,extended release ^{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)	
allergy relief and nasal decongestant 10 mg-240 mg tablet,extended rel ^{MO}	\$0 (Tier 4)	
allergy relief-d (cetirizine) 5 mg-120 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
allergy relief-d (loratadine) 5 mg-120 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
pv allergy rlf-sinus headache ^{MO}	\$0 (Tier 4)	
allergy sinus pe 2 mg-5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
allergy plus congestn relief-d(cetiriz) 5 mg-120 mg tablet,ext.release ^{MO}	\$0 (Tier 4)	
allergy-congestion relief-d 10 mg-240 mg tablet,extended release 24 hr ^{MO}	\$0 (Tier 4)	
allergy-time 4 mg tablet ^{MO}	\$0 (Tier 4)	
allerhist-1 1.34 mg tablet ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALLFEN 400 MG TABLET ^{MO}	\$0 (Tier 4)	
<i>allfen dm 20 mg-400 mg tablet</i> ^{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)	
<i>almacone-2 400 mg-400 mg-40 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>aloe burn relief 0.5 % topical spray</i> ^{MO}	\$0 (Tier 4)	
<i>aloe vesta antifungal (miconazole) 2 % topical ointment</i> ^{MO}	\$0 (Tier 4)	
<i>altachlore 5 % eye drops; altachlore 5 % eye ointment</i> ^{MO}	\$0 (Tier 4)	
<i>altipres 5 mg-10 mg-200 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>altipres-b 4 mg-10 mg-20 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>aluminum hydroxide gel</i> ^{MO}	\$0 (Tier 4)	
<i>ambi 60pse-400gfn 60 mg-400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>ambitussin ac liquid</i> ^{MO}	\$0 (Tier 4)	
<i>anefrin 0.05 % nasal spray</i> ^{MO}	\$0 (Tier 4)	
<i>antacid (calcium carbonate) 200 mg calcium (500 mg), 200 mg calcium (500 mg) chewable tablet</i> ^{MO}	\$0 (Tier 4)	
<i>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</i> ^{MO}	\$0 (Tier 4)	
<i>antacid anti-gas double str 400 mg-400 mg-40 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>antacid calcium 215 mg calcium (500 mg) chewable tablet</i> ^{MO}	\$0 (Tier 4)	
<i>antacid extra strength (mag carb-al hyd) 160 mg-105 mg chewable tablet</i> ^{MO}	\$0 (Tier 4)	
<i>antacid extra strength (calcium carb) 300 mg (750 mg) chewable tablet</i> ^{MO}	\$0 (Tier 4)	
<i>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</i> ^{MO}	\$0 (Tier 4)	
<i>antacid liquid 200 mg-200 mg-20 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>antacid m 200 mg-200 mg-20 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>antacid maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>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</i> ^{MO}	\$0 (Tier 4)	
<i>antacid regular strength 200 mg-200 mg-20 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>antacid ultra strength 400 mg (1,000 mg) chewable tablet</i> ^{MO}	\$0 (Tier 4)	
<i>antacid with simethicone 200 mg-200 mg-20 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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-gas ultra strength 180 mg capsule ^{MO}	\$0 (Tier 4)	
anti-itch (hydrocortisone) 1 % topical cream; anti-itch (hydrocortisone) 1 % 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 (tolnaftate) 1 % topical cream; antifungal (tolnaftate) 1 % topical powder; antifungal (tolnaftate) 1 % topical spray ^{MO}	\$0 (Tier 4)	
antifungal cream 2 % topical ^{MO}	\$0 (Tier 4)	
antifungal spray 1 % topical powder ^{MO}	\$0 (Tier 4)	
antihistamine 25 mg capsule; antihistamine 25 mg tablet ^{MO}	\$0 (Tier 4)	
antitussive dm 10 mg-100 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
ap-hist dm 4 mg-7.5 mg-15 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
arthritis pain relief (acetaminophen) er 650 mg tablet, extend release ^{MO}	\$0 (Tier 4)	
arthritis pain reliever 650 mg tablet, extended release ^{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)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aspirin low dose 81 mg tablet, delayed release ^{MO}	\$0 (Tier 4)	
aspirin adult 81 mg chew tab ^{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 (tolnaftate) 1 % topical cream; athlete's foot (tolnaftate) 1 % topical spray; athlete's foot (tolnaftate) 1 % topical spray powder ^{MO}	\$0 (Tier 4)	
athlete's foot af 1 % topical cream ^{MO}	\$0 (Tier 4)	
athletic foot cream 1 % topical ^{MO}	\$0 (Tier 4)	
auraphene-b 6.5% ear drops ^{MO}	\$0 (Tier 4)	
AURO EARDROPS 6.5 % ^{MO}	\$0 (Tier 4)	
azolen tincture 2 % topical ^{MO}	\$0 (Tier 4)	
balamine dm (chlorpheniram-phenyleph) 2 mg-5 mg-10 mg/5 ml oral liquid ^{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)	
BENADRYL 25 MG CAPSULE ^{MO}	\$0 (Tier 4)	
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)	
betatemp 160 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
BIO T PRES 5 MG-10 MG-200 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
bio t pres-b 4 mg-10 mg-20 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
bio-b kids 4 mg-10 mg-15 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
biocotron 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
BIOCOTRON-D 5 MG-10 MG-200 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
bionel 30 mg-15 mg-200 mg/5 ml oral solution ^{MO}	\$0 (Tier 4)	
bionel pediatric 15 mg-5 mg-50 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
BISAC-EVAC 10 MG RECTAL SUPPOSITORY ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)	
blis-to-sol (tolnaftate) 1 % topical solution ^{MO}	\$0 (Tier 4)	
BONINE 25 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 4)	
bp 10 %, 5 % topical gel ^{MO}	\$0 (Tier 4)	
bp wash 10 %, 5 % topical cleanser ^{MO}	\$0 (Tier 4)	
bpo-10 10 % topical cleanser ^{MO}	\$0 (Tier 4)	
bpo-5 5 % topical cleanser ^{MO}	\$0 (Tier 4)	
bronchial asthma relief 12.5 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
BROTAPP DM 1 MG-15 MG-5 MG/5 ML ORAL ELIXIR ^{MO}	\$0 (Tier 4)	
BROVEX PEB DM 4 MG-10 MG-20 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
burn relief 0.5 % topical spray ^{MO}	\$0 (Tier 4)	
burn relief with aloe 0.5 % topical spray ^{MO}	\$0 (Tier 4)	
calaclear lotion ^{MO}	\$0 (Tier 4)	
calahist clear lotion ^{MO}	\$0 (Tier 4)	
calcium 600 600 mg (1,500 mg) tablet ^{MO}	\$0 (Tier 4)	
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 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)	
calcium polycarbophil 625 mg ^{MO}	\$0 (Tier 4)	
caldyphen clear lotion ^{MO}	\$0 (Tier 4)	
callergy clear lotion ^{MO}	\$0 (Tier 4)	
CAPCOF 2 MG-5 MG-10 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
CAPRON DM 7.5 MG-7.5 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
carbamoxide ear drops 6.5 % ^{MO}	\$0 (Tier 4)	
cetiri-d 5 mg-120 mg tablet, extended release ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cetirizine hcl 1 mg/ml soln ^{MO}	Up to \$2.95 (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)	
cetirizine-pse er 5-120 mg tab ^{MO}	\$0 (Tier 4)	
CHERACOL D COUGH FORMULA ^{MO}	\$0 (Tier 4)	
cheratussin ac 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
cheratussin dac 30 mg-10 mg-100 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
chest congestion relief 400 mg tablet ^{MO}	\$0 (Tier 4)	
chest congestion relief + dm 20 mg-400 mg tablet ^{MO}	\$0 (Tier 4)	
pv chest congest relief cplt ^{MO}	\$0 (Tier 4)	
chest congestion relief pe 10 mg-400 mg tablet ^{MO}	\$0 (Tier 4)	
chest congestion-cough relief 20 mg-400 mg tablet ^{MO}	\$0 (Tier 4)	
chest rub 4.8 %-1.2 %-2.6 % topical ointment ^{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)	
child chest congestion + cough 5 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
children delsym cough+chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
CHILD DELSYM COUGH+COLD 12.5 MG-5 MG-325 MG/10 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
child ibuprofen 100 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
children's mucinex chest congestion 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
CHILDREN MUCINEX CONGESTION-COUGH 2.5 MG-5 MG-100 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
CHILDREN'S MUCINEX STUFFY NOSE AND COLD 2.5 MG-100 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
child mucus relief cough 5 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
child mucus relief expectorant 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
child multi-symptom cold-fever 5 mg-10 mg-325 mg/10 ml oral liquid ^{MO}	\$0 (Tier 4)	
child multi-symptom cold/cough 2.5 mg-5 mg-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)	
children's triaminic ms fevcold 1 mg-2.5 mg-5 mg-160 mg/5 ml oral susp ^{MO}	\$0 (Tier 4)	
children's all day allergy (cetirizine) 1 mg/ml oral solution ^{MO}	\$0 (Tier 4)	
child's mucus relief m-s cold 2.5 mg-5 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	

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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 advil 100 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
children's alaway 0.025 % (0.035 %) eye drops ^{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 claritin 5 mg chewable tablet ^{MO}	\$0 (Tier 4)	
CHILDREN'S CLARITIN 5 MG/5 ML ORAL SOLUTION ^{MO}	\$0 (Tier 4)	
children's cold and cough (pe) 1 mg-2.5 mg-5 mg/5 ml oral solution ^{MO}	\$0 (Tier 4)	
children's cold and cough dm 1 mg-2.5 mg-5 mg/5 ml oral solution ^{MO}	\$0 (Tier 4)	
children's cold-cough-sore throat 5 mg-10 mg-325 mg/10 ml oral liquid ^{MO}	\$0 (Tier 4)	
children's cough 5 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
children's cough and cold relief 2 mg-15 mg/15 ml oral liquid ^{MO}	\$0 (Tier 4)	
CHILDREN'S DELSYM COUGH 30 MG/5 ML ORAL SUSPENSION, EXTENDED RELEASE ^{MO}	\$0 (Tier 4)	
children's dibromm dm cold-cough 1 mg-2.5 mg-5 mg/5 ml oral solution ^{MO}	\$0 (Tier 4)	
children's fever reducing 120 mg rectal suppository ^{MO}	\$0 (Tier 4)	
children's flu relief 1 mg-2.5 mg-5 mg-160 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
children's ibu-drops 50 mg/1.25 ml oral drops, suspension ^{MO}	\$0 (Tier 4)	
children's ibuprofen 100 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
children's medi-profen susp ^{MO}	\$0 (Tier 4)	
children's medi-tabs susp ^{MO}	\$0 (Tier 4)	
CHILDREN'S MUCINEX COLD-FEVER 5 MG-10 MG-325 MG/10 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
children's mucinex cough 5 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
CHILDREN'S MUCINEX MULTI-SYMPTOM 2.5 MG-5 MG-100 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CHILDREN'S MUCINEX NIGHT TIME 12.5 MG-5 MG-325 MG/10 ML ORAL LIQUID ^{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; egl 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 pepto 400 mg chewable tablet ^{MO}	\$0 (Tier 4)	
children's plus flu 1 mg-2.5 mg-5 mg-160 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
children's profen ib 100 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
children's q-pap 160 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
children's silapap 160 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
children's silfedrine 15 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
children's soothe 400 mg chewable tablet ^{MO}	\$0 (Tier 4)	
children's stuffy nose-cold 2.5 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
CHILDREN'S SUDAFED 15 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
children's sudafed pe cough and cold 2.5 mg-5 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
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)	
children's plus multi-symp cold 1 mg-2.5 mg-5 mg-160 mg/5 ml oral susp ^{MO}	\$0 (Tier 4)	
CHLO TUSS 1 MG-30 MG-12.5 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
CHLO TUSS EX LIQUID ^{MO}	\$0 (Tier 4)	
CHLOR-TRIMETON 4 MG TABLET ^{MO}	\$0 (Tier 4)	
chlorhist 4 mg tablet ^{MO}	\$0 (Tier 4)	
chlorphen sr 12 mg tablet, extended release ^{MO}	\$0 (Tier 4)	
chlorpheniramine er 12 mg tab; qc chlorpheniramine 4 mg tab ^{MO}	\$0 (Tier 4)	
chlortabs 4 mg tablet ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
citrate of magnesia oral ^{MO}	\$0 (Tier 4)	
CITROMA ORAL SOLUTION ^{MO}	\$0 (Tier 4)	
citrucel 500 mg 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 liqui-gel 10 mg capsule ^{MO}	\$0 (Tier 4)	
CLARITIN REDITABS 10 MG, 5 MG DISINTEGRATING TABLET ^{MO}	\$0 (Tier 4)	
CLARITIN-D 12 HOUR 5 MG-120 MG TABLET,EXTENDED RELEASE ^{MO}	\$0 (Tier 4)	
claritin-d 24 hour 10 mg-240 mg tablet,extended release ^{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)	
clemastine fum 1.34 mg tablet ^{MO}	\$0 (Tier 4)	
clotrim 1% vaginal cream ^{MO}	\$0 (Tier 4)	
clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche ^{MO}	Up to \$2.95 (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)	
codeine-guaifen 10-100 mg/5 ml ^{MO}	\$0 (Tier 4)	
codituss dm syrup ^{MO}	\$0 (Tier 4)	
col-rite 100 mg, 250 mg, 50 mg capsule ^{MO}	\$0 (Tier 4)	
sm cold & cough liquid ^{MO}	\$0 (Tier 4)	
cold and cough dm 1 mg-2.5 mg-5 mg/5 ml oral solution ^{MO}	\$0 (Tier 4)	
cold and cough elixir 1 mg-2.5 mg-5 mg/5 ml oral solution ^{MO}	\$0 (Tier 4)	
cold and flu relief (diphen-pe) 12.5 mg-5 mg-325 mg/10 ml oral liquid ^{MO}	\$0 (Tier 4)	
cold and flu severe 5 mg-10 mg-325 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
cold and sinus pain relief 30 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
pv cold head congestion caplet ^{MO}	\$0 (Tier 4)	
cold head congestion day/nite 2 mg-5 mg-10 mg-325 mg tablets ^{MO}	\$0 (Tier 4)	
cold head congestion nighttime 2 mg-5 mg-10 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
cold head congestion severe daytime 5 mg-10 mg-325 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
cold multi-symptom 5 mg-10 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cold multi-symptom (chlorpheniramine) 2 mg-5 mg-10 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
cold multi-symptom day/night 2 mg-5 mg-10 mg-325 mg tablets ^{MO}	\$0 (Tier 4)	
cold multisymptom nighttime 6.25 mg-5 mg-10 mg-325 mg/15 ml oral liquid ^{MO}	\$0 (Tier 4)	
cold relief 2 mg-7.8 mg-325 mg effervescent tablet ^{MO}	\$0 (Tier 4)	
cold relief multi-symptom day/night 2 mg-5 mg-10 mg-325 mg tablets ^{MO}	\$0 (Tier 4)	
cold relief plus 2 mg-7.8 mg-325 mg effervescent tablet ^{MO}	\$0 (Tier 4)	
cold severe congestion 5 mg-10 mg-325 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
cold-flu relief 12.5 mg-30 mg-1,000 mg/30 ml oral liquid; cold-flu relief 5 mg-10 mg-325 mg/15 ml oral liquid ^{MO}	\$0 (Tier 4)	
cold-sinus relief 30 mg-200 mg tablet ^{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)	
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)	
complete 10 mg-800 mg-165 mg chewable 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)	
congest-eze 60 mg-400 mg tablet ^{MO}	\$0 (Tier 4)	
congest-eze pe 10 mg-400 mg tablet ^{MO}	\$0 (Tier 4)	
congestac 60 mg-400 mg tablet ^{MO}	\$0 (Tier 4)	
congestion relief tablet ^{MO}	\$0 (Tier 4)	
contac cold-flu night 12.5 mg-30 mg-1,000 mg/30 ml oral liquid ^{MO}	\$0 (Tier 4)	
coricidin hbp 10 mg-200 mg capsule ^{MO}	\$0 (Tier 4)	
CORICIDIN HBP 2 MG-15 MG-500 MG TABLET ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
coricidin hbp cold and flu 2 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
coricidin hbp cold-multi symptom 6.25 mg-15 mg-325 mg/15 ml oral liqd ^{MO}	\$0 (Tier 4)	
coricidin hbp cough and cold 4 mg-30 mg tablet ^{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 and cold 4 mg-30 mg tablet; cough and cold 5 mg-10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
cough and cold bp 4 mg-30 mg tablet ^{MO}	\$0 (Tier 4)	
cough and cold mucus relief cf 5 mg-10 mg-200 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
cough and severe cold 25 mg-10 mg-650 mg oral powder packet ^{MO}	\$0 (Tier 4)	
cough control (dextromethorphan) 15 mg capsule ^{MO}	\$0 (Tier 4)	
cough control (guaifenesin) 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
cough control cf (phenylephrine) 5 mg-10 mg-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 dm er 30 mg/5 ml oral suspension,extended release ^{MO}	\$0 (Tier 4)	
COUGH FORMULA DM 10 MG-100 MG/5 ML SYRUP ^{MO}	\$0 (Tier 4)	
cough relief 15 mg/5 ml oral liquid; pv cough relief 15 mg softgel ^{MO}	\$0 (Tier 4)	
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)	
cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
cough-sore throat night 12.5 mg-30 mg-1,000 mg/30 ml oral liquid ^{MO}	\$0 (Tier 4)	
coughtab 200 mg tablet ^{MO}	\$0 (Tier 4)	
coughtab 400 400 mg tablet ^{MO}	\$0 (Tier 4)	
creamy acne face 4 % topical cleanser ^{MO}	\$0 (Tier 4)	
creo-terpin syrup ^{MO}	\$0 (Tier 4)	
critic-aid clear af 2 % topical ointment ^{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)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cutter natural insect repellent 2.5%-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)	
dailyhist-1 1.34 mg tablet ^{MO}	\$0 (Tier 4)	
day-time cough 5 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
dayhist 1.34 mg tablet ^{MO}	\$0 (Tier 4)	
dayhist allergy 1.34 mg tablet ^{MO}	\$0 (Tier 4)	
daytime 5 mg-10 mg-325 mg capsule ^{MO}	\$0 (Tier 4)	
daytime and nighttime cold 2 mg-5 mg-10 mg-325 mg tablets ^{MO}	\$0 (Tier 4)	
daytime cold and cough 1,000 mg-30 mg/30 ml oral liquid ^{MO}	\$0 (Tier 4)	
daytime cold-flu 5 mg-10 mg-325 mg/15 ml oral liquid ^{MO}	\$0 (Tier 4)	
daytime cold and flu relief (phenylephrine) 5 mg-10 mg-325 mg capsule ^{MO}	\$0 (Tier 4)	
gnp daytime mucus relief dm lq ^{MO}	\$0 (Tier 4)	
daytime sinus 5 mg-325 mg capsule ^{MO}	\$0 (Tier 4)	
daytime sinus-congestion cp ^{MO}	\$0 (Tier 4)	
DEBROX 6.5% EAR DROPS ^{MO}	\$0 (Tier 4)	
DECONEX DMX 10 MG-15 MG-380 MG TABLET ^{MO}	\$0 (Tier 4)	
DECONEX IR 10 MG-380 MG TABLET ^{MO}	\$0 (Tier 4)	
DELSYM 12 HOUR 30 MG/5 ML ORAL SUSPENSION, EXTENDED RELEASE ^{MO}	\$0 (Tier 4)	
delsym cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
DELSYM COUGH-COLD DAYTIME 10 MG-20 MG-650 MG/20 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
DELSYM COUGH-COLD NIGHTTIME 12.5 MG-5 MG-325 MG/10 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
DELSYM COUGH+SOOTH ACTION LOZ ^{MO}	\$0 (Tier 4)	
dermafungal 2% topical ointment ^{MO}	\$0 (Tier 4)	
desenex 2% topical powder ^{MO}	\$0 (Tier 4)	
DESENE X 2% TOPICAL SPRAY ^{MO}	\$0 (Tier 4)	
desenex spray 2% topical powder ^{MO}	\$0 (Tier 4)	
desgen dm 5 mg-10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
despec liquid ^{MO}	\$0 (Tier 4)	
despec-dm (phenylephrine-dm-guaif) 5 mg-10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
12.5cpd-1dcpm-30pse liquid ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextromethorphan er 30 mg/5 ml ^{MO}	\$0 (Tier 4)	
guaifenesin dm 400-20 mg tab; guaifenesin dm syrup ^{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)	
diamode 2 mg tablet ^{MO}	\$0 (Tier 4)	
diarrhea relief (bismuth subsalicylate) 262 mg/15 ml oral suspension ^{MO}	\$0 (Tier 4)	
dimaphen dm 1 mg-2.5 mg-5 mg/5 ml oral solution ^{MO}	\$0 (Tier 4)	
DIMETAPP DM COLD-COUGH (PE) 1 MG-2.5 MG-5 MG/5 ML ORAL SOLUTION ^{MO}	\$0 (Tier 4)	
dimetapp long-acting(chlorpheniramine-dm) 1 mg-7.5 mg/5 ml oral liquid ^{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)	
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)	
dm max 5 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
docusate sod 60 mg/15 ml syr; docusate sodium 100 mg tablet; docusate sodium 100 mg, 250 mg softgel ^{MO}	\$0 (Tier 4)	
DOK 100 MG, 250 MG CAPSULE ^{MO}	\$0 (Tier 4)	
DONATUSSIN 4 MG-10 MG-20 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
DOUBLE TUSSIN DM LIQUID ^{MO}	\$0 (Tier 4)	
DRISTAN COLD 2 MG-5 MG-325 MG TABLET ^{MO}	\$0 (Tier 4)	
dss 250 mg capsule ^{MO}	\$0 (Tier 4)	
dual action complete 10 mg-800 mg-165 mg chewable tablet ^{MO}	\$0 (Tier 4)	
DULCOLAX (BISACODYL) 10 MG RECTAL SUPPOSITORY; DULCOLAX (BISACODYL) 5 MG TABLET,DELAYED RELEASE ^{MO}	\$0 (Tier 4)	
DURAFLU 60 MG-20 MG-200 MG-500 MG TABLET ^{MO}	\$0 (Tier 4)	
e.c. prin 325 mg tablet, delayed release ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ear drops otc 6.5 % ^{MO}	\$0 (Tier 4)	
ear wax removal kit 6.5 % drops ^{MO}	\$0 (Tier 4)	
ear wax removal system 6.5 % drops ^{MO}	\$0 (Tier 4)	
EAR WAX TREATMENT 6.5 % DROPS ^{MO}	\$0 (Tier 4)	
eazze the pain 25 mg-500 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 a-hist dm 4 mg-10 mg-15 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
ed bron gp 5 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
ed chlorped jr 2 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
ed-apap 160 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
ED-CHLORPED 2 MG/ML ORAL DROPS ^{MO}	\$0 (Tier 4)	
ed-chlortan 4 mg tablet ^{MO}	\$0 (Tier 4)	
effervescent pain relief antacid 325 mg-1,916 mg-1,000 mg tablet ^{MO}	\$0 (Tier 4)	
effervescent pain relief 325 mg-1,916 mg-1,000 mg tablet ^{MO}	\$0 (Tier 4)	
elon dual defense 25 % topical solution ^{MO}	\$0 (Tier 4)	
endacof - dm 1 mg-2.5 mg-5 mg/5 ml oral solution ^{MO}	\$0 (Tier 4)	
enteric coated aspirin 81 mg tablet,delayed release ^{MO}	\$0 (Tier 4)	
evac-u-gen (sennosides) 8.6 mg tablet ^{MO}	\$0 (Tier 4)	
medi-tabs 500 mg gettab ^{MO}	\$0 (Tier 4)	
medi-tabs pm caplet ^{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)	
EXCEDRIN TENSION HEADACHE 500 MG-65 MG TABLET ^{MO}	\$0 (Tier 4)	
exefen ir tablet ^{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)	
eye itch relief 0.025 % (0.035 %) drops ^{MO}	\$0 (Tier 4)	
famotidine 10 mg tablet ^{MO}	\$0 (Tier 4)	
famotidine 20 mg, 40 mg tablet; famotidine 40 mg/5 ml susp ^{MO}	Up to \$2.95 (Tier 1)	
fast mucus relief severe cold 5 mg-10 mg-325 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fenesin dm ir 20 mg-400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>fenesin ir 400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>fenesin pe ir 10 mg-400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>fever reducer 120 mg rectal suppository</i> ^{MO}	\$0 (Tier 4)	
<i>fever reducer an pain reliever 160 mg/5 ml oral suspension; pv pain-fever 500 mg/15ml liq</i> ^{MO}	\$0 (Tier 4)	
<i>feverall 120 mg, 325 mg, 650 mg rectal suppository</i> ^{MO}	\$0 (Tier 4)	
FEVERALL 80 MG RECTAL SUPPOSITORY ^{MO}	\$0 (Tier 4)	
<i>flexofenadine hcl 180 mg, 60 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>fiber (calcium polycarbophil) 625 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>fiber (psyllium husk) 0.52 gram capsule</i> ^{MO}	\$0 (Tier 4)	
<i>fiber laxative (calcium polycarbophil) 625 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>fiber laxative (methylcellulose) 500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>fiber laxative (psyllium husk) 0.52 gram capsule</i> ^{MO}	\$0 (Tier 4)	
<i>fiber therapy (ca polycarbophil) 625 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>fiber therapy (methylcellulose) 500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>fiber therapy laxative (psyllium husk) 0.52 gram capsule</i> ^{MO}	\$0 (Tier 4)	
<i>fiber-caps (psyllium husk) 0.52 gram capsule</i> ^{MO}	\$0 (Tier 4)	
<i>fiber-lax 625 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>fiber-tabs 625 mg tablet</i> ^{MO}	\$0 (Tier 4)	
FIBERCON 625 MG TABLET ^{MO}	\$0 (Tier 4)	
<i>flanax (naproxen) 220 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>flanax antacid 200 mg-200 mg-20 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>flavor chews antacid 300 mg (750 mg) tablet</i> ^{MO}	\$0 (Tier 4)	
<i>fleet glycerin (adult) rectal suppository</i> ^{MO}	\$0 (Tier 4)	
<i>fleet glycerin (child) rectal suppository</i> ^{MO}	\$0 (Tier 4)	
<i>flu and severe cold-daytime 5 mg-10 mg-325 mg/15 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>flu & sore throat powd packet</i> ^{MO}	\$0 (Tier 4)	
<i>sb flu bp tablet</i> ^{MO}	\$0 (Tier 4)	
<i>flu hbp 2 mg-15 mg-500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>flu relief therapy daytime 5 mg-10 mg-325 mg/15 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>flu-severe cold-cough daytime 10 mg-20 mg-650 mg oral powder packet</i> ^{MO}	\$0 (Tier 4)	
<i>foaming acne face wash 10 % topical cleanser</i> ^{MO}	\$0 (Tier 4)	
<i>foaming antacid 95 mg-358 mg/15 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pv foaming antacid chew tablet</i> ^{MO}	\$0 (Tier 4)	
<i>folic acid 1 mg tablet; folic acid 5 mg/ml vial</i> ^{MO}	\$0 (Tier 3)	
<i>foot and sneaker 1 % topical spray powder</i> ^{MO}	\$0 (Tier 4)	
<i>pv foot odor control 1% powder</i> ^{MO}	\$0 (Tier 4)	
<i>fungi-nail 25 % topical solution</i> ^{MO}	\$0 (Tier 4)	
FUNGOID TINCTURE 2 % TOPICAL; FUNGOID TINCTURE 2 % TOPICAL KIT ^{MO}	\$0 (Tier 4)	
<i>fungoid-d 1 % topical cream</i> ^{MO}	\$0 (Tier 4)	
<i>g-fenesin 400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>g-fenesin dm 20 mg-400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>g-tron 10 mg-100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>gas free 125 mg softgel</i> ^{MO}	\$0 (Tier 4)	
<i>gas relief 125 mg, 180 mg capsule</i> ^{MO}	\$0 (Tier 4)	
<i>gas relief 80 80 mg chewable tablet</i> ^{MO}	\$0 (Tier 4)	
<i>gas relief extra strength 125 mg capsule; gas relief extra strength 125 mg chewable tablet</i> ^{MO}	\$0 (Tier 4)	
<i>gas relief ultra strength 180 mg capsule</i> ^{MO}	\$0 (Tier 4)	
GAS-X 80 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 4)	
<i>gas-x extra strength 125 mg capsule</i> ^{MO}	\$0 (Tier 4)	
GAS-X EXTRA STRENGTH 125 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 4)	
<i>gas-x ultra-strength 180 mg capsule</i> ^{MO}	\$0 (Tier 4)	
<i>gavilax 17 gram/dose oral powder</i> ^{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)	
<i>gelusil antacid & antigas liq</i> ^{MO}	\$0 (Tier 4)	
GELUSIL ANTACID AND ANTI-GAS 200 MG-200 MG-25 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 4)	
<i>gencontuss 2 mg-5 mg-10 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>gentle laxative 10 mg rectal suppository; gentle laxative 5 mg tablet, delayed release</i> ^{MO}	\$0 (Tier 4)	
<i>gentlelax 17 gram/dose oral powder</i> ^{MO}	\$0 (Tier 4)	
<i>geri-dryl 25 mg capsule; geri-dryl 25 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>geri-kot 8.6 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>geri-lanta 200 mg-200 mg-20 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
geri-mox antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension ^{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)	
gnp glycerin suppository ^{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)	
guaiasorb dm 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
guaiaatusin ac 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 ac 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
guaifenesin dac 30 mg-10 mg-100 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
guaifenesin-dm 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
gyne-lotrimin 2 % vaginal cream ^{MO}	\$0 (Tier 4)	
gyne-lotrimin 7 1 % vaginal cream ^{MO}	\$0 (Tier 4)	
head congestion cold relief (guaifenesin) 5 mg-10 mg-325 mg-200 mg tab; head congestion cold relief 2 mg-5 mg-10 mg-325 mg tablets ^{MO}	\$0 (Tier 4)	
head congestion day-night 2 mg-5 mg-10 mg-325 mg tablets ^{MO}	\$0 (Tier 4)	
headache formula tablet ^{MO}	\$0 (Tier 4)	
headache pm 25 mg-500 mg tablet ^{MO}	\$0 (Tier 4)	
headache relief (asa-acetaminophn-caffeine) 250 mg-250 mg-65 mg tablet ^{MO}	\$0 (Tier 4)	
healthylax 17 gram oral powder packet ^{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 (cimetidine) 200 mg 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)	
heartburn treatment 24 hour 15 mg capsule, delayed release ^{MO}	\$0 (Tier 4)	
hi potency cal 600 mg caplet ^{MO}	\$0 (Tier 4)	
HISTEX (TRIPROLIDINE) 2.5 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
HISTEX DM 2.5 MG-10 MG-20 MG/5 ML SYRUP ^{MO}	\$0 (Tier 4)	
HISTEX PD 0.938 MG/ML ORAL DROPS ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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}	Up to \$2.95 (Tier 1)	
hydrocream 1 % topical ^{MO}	\$0 (Tier 4)	
HYDROSKIN 1% CREAM ^{MO}	\$0 (Tier 4)	
i-prin 200 mg tablet ^{MO}	\$0 (Tier 4)	
ibu-drops 50 mg/1.25 ml oral drops,suspension ^{MO}	\$0 (Tier 4)	
ibuprofen 100 mg, 200 mg tablet; ibuprofen 200 mg softgel; sm ibuprofen ib 100 mg, 200 mg tablet ^{MO}	\$0 (Tier 4)	
ibuprofen 100 mg/5 ml susp; ibuprofen 400 mg, 600 mg, 800 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
ibuprofen cold-sinus (with pseudoephedrine) 30 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
ibuprofen ib 100 mg chewable tablet; ibuprofen ib 200 mg tablet ^{MO}	\$0 (Tier 4)	
ibuprofen jr strength 100 mg chewable tablet ^{MO}	\$0 (Tier 4)	
ibuprofen pm 200 mg-25 mg capsule; ibuprofen pm 200 mg-38 mg tablet ^{MO}	\$0 (Tier 4)	
cvs ibuprofen pm caplet ^{MO}	\$0 (Tier 4)	
pv ibuprofen-diphenhydram cap ^{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)	
infant's ibuprofen 50 mg/1.25 ml oral drops,suspension ^{MO}	\$0 (Tier 4)	
infants medi-profen susp ^{MO}	\$0 (Tier 4)	
INFANT'S MOTRIN 50 MG/1.25 ML ORAL DROPS,SUSPENSION ^{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 TYLENOL 160 MG/5 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 4)	
infants gas relief 40 mg/0.6 ml oral drops,suspension ^{MO}	\$0 (Tier 4)	
infants ibu-drops 50 mg/1.25 ml oral drops,suspension ^{MO}	\$0 (Tier 4)	
infants profenib 50 mg/1.25 ml oral drops,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)	
intense cough reliever liquid ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>intense cough reliever liquid</i> ^{MO}	\$0 (Tier 4)	
<i>inzo antifungal 2 % topical cream</i> ^{MO}	\$0 (Tier 4)	
<i>iophen c-nr 10 mg-100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>iophen dm-nr 10 mg-100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>iophen-nr 100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
GNP ISOPROPYL ALCOHOL 91%; SWAN ISOPROPYL ALCOHOL 70% ^{MO}	\$0 (Tier 4)	
<i>itch relief (clotrimazole) 1 % topical cream</i> ^{MO}	\$0 (Tier 4)	
J-MAX 5 MG-200 MG/5 ML SYRUP ^{MO}	\$0 (Tier 4)	
J-TAN PD 1 MG/ML ORAL DROPS ^{MO}	\$0 (Tier 4)	
<i>jock itch 1 % topical spray powder</i> ^{MO}	\$0 (Tier 4)	
<i>jock itch (clotrimazole) 1 % topical cream</i> ^{MO}	\$0 (Tier 4)	
<i>jock itch (terbinafine) 1 % topical cream</i> ^{MO}	\$0 (Tier 4)	
<i>kao-tin (bismuth subsalicylate) 262 mg/15 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>kaopectate (bismuth subsalicylate) 262 mg/15 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>kaopectate ex str (bismuth ss) 525 mg/15 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>ketotifen fum 0.025% eye drops</i> ^{MO}	\$0 (Tier 4)	
<i>kidkare cough/cold 1 mg-15 mg-5 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>kola-pectin ds 525mg/15ml susp</i> ^{MO}	\$0 (Tier 4)	
<i>konsyl fiber 625 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>konsyl sugar-free 0.52 gram capsule</i> ^{MO}	\$0 (Tier 4)	
LAMISIL (AEROSOL) 1 % TOPICAL SPRAY ^{MO}	\$0 (Tier 4)	
<i>lamisil af 1 % topical powder; lamisil af 1 % topical spray powder</i> ^{MO}	\$0 (Tier 4)	
<i>lamisil at 1 % topical cream</i> ^{MO}	\$0 (Tier 4)	
LAMISIL AT 1 % TOPICAL GEL ^{MO}	\$0 (Tier 4)	
<i>lansoprazole dr 15 mg capsule</i> ^{MO}	Up to \$2.95 (Tier 1)	QL (60 per 30 days)
<i>laxa clear 17 gram/dose oral powder</i> ^{MO}	\$0 (Tier 4)	
<i>laxative (glycerin-pediatric) rectal suppository</i> ^{MO}	\$0 (Tier 4)	
<i>laxative peg 3350 17 gram/dose oral powder</i> ^{MO}	\$0 (Tier 4)	
<i>lice complete kit 1-2-3 4 %-0.33 %-0.5 % topical kit</i> ^{MO}	\$0 (Tier 4)	
<i>lice cream rinse 1 % topical liquid</i> ^{MO}	\$0 (Tier 4)	
<i>lice killing 0.33 %-4 % shampoo</i> ^{MO}	\$0 (Tier 4)	
<i>lice killing (permethrin) 1 % topical liquid</i> ^{MO}	\$0 (Tier 4)	
<i>lice pyrinyl shampoo 0.33 %-4 %</i> ^{MO}	\$0 (Tier 4)	
<i>lice solution 4 %-0.33 %-0.5 % topical kit</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)	
liquibid d-r 10 mg-400 mg tablet ^{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)	
liquitears 1.4 % eye drops ^{MO}	\$0 (Tier 4)	
lite coat aspirin 325 mg tablet ^{MO}	\$0 (Tier 4)	
little remedies fever and pain reliever 160 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
lo-peramide 2 mg caplet ^{MO}	\$0 (Tier 4)	
lohist peb dm liquid ^{MO}	\$0 (Tier 4)	
long acting nasal decongestant (pse) 120 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
long acting nasal spray 0.05 % ^{MO}	\$0 (Tier 4)	
loperamide 1 mg/5 ml solution; loperamide 2 mg tablet ^{MO}	\$0 (Tier 4)	
loperamide 2 mg capsule ^{MO}	Up to \$2.95 (Tier 1)	
loradamed 10 mg tablet ^{MO}	\$0 (Tier 4)	
lorata-d 10 mg-240 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
lorata-dine d 10 mg-240 mg tablet,extended release ^{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)	
loratadine-d 10 mg-240 mg tablet,extended release 24 hr; loratadine-d 5 mg-120 mg tablet,extended release 12 hr ^{MO}	\$0 (Tier 4)	
LORTUSS DM 6.25 MG-30 MG-15 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
lortuss ex 30 mg-10 mg-100 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
lotrimin af 1 % topical cream; lotrimin af 2 % topical powder; lotrimin af 2 % topical spray ^{MO}	\$0 (Tier 4)	
lotrimin af jock itch powder 2 % topical spray ^{MO}	\$0 (Tier 4)	
lotrimin af powder 2 % topical spray ^{MO}	\$0 (Tier 4)	
lotrimin ultra 1 % topical cream ^{MO}	\$0 (Tier 4)	
lubricant eye (pg-peg 400) 0.4 %-0.3 % drops ^{MO}	\$0 (Tier 4)	
lubricant eye (pg-peg 400) (pf) 0.4 %-0.3 % drops in a dropperette ^{MO}	\$0 (Tier 4)	
pv lubricant 1.4 % eye drops ^{MO}	\$0 (Tier 4)	
lubricant eye drops 0.5 % ^{MO}	\$0 (Tier 4)	
lubricating relief 0.4 %-0.3 % eye drops ^{MO}	\$0 (Tier 4)	
m-clear wc 6.3 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
M-END DMX 0.667 MG-20 MG-10 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
M-END MAX D 0.667 MG-20 MG-6 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
M-END PE 1.33 MG-3.33 MG-6.33 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
MAALOX ADVANCED 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 4)	
<i>maalox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
MAG-AL PLUS 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 4)	
<i>mag-al plus extra strength 400 mg-400 mg-40 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>maglox 200 mg-200 mg-20 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>magnesium citrate solution</i> ^{MO}	\$0 (Tier 4)	
<i>magnesium oxide 400 mg, 420 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>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</i> ^{MO}	\$0 (Tier 4)	
<i>mapap arthritis pain 650 mg tablet, extended release</i> ^{MO}	\$0 (Tier 4)	
<i>mapap cold formula 5 mg-10 mg-325 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mapap extra strength 500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mapap pm 25 mg-500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mapap sinus maximum strength (pe) 5 mg-325 mg tablet</i> ^{MO}	\$0 (Tier 4)	
MAR-COF BP 2 MG-30 MG-7.5 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
MAR-COF CG 7.5 MG-225 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
<i>masanti double strength 400 mg-400 mg-40 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>masophen 325 mg, 500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>maximum strength flu 2 mg-15 mg-500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>maxiphen 10 mg-400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
MAXIPHEN DM 10 MG-20 MG-400 MG TABLET ^{MO}	\$0 (Tier 4)	
<i>meclizine 12.5 mg, 25 mg tablet</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>meclizine 25 mg tablet chew</i> ^{MO}	\$0 (Tier 4)	
<i>medi-bismuth chew tablet</i> ^{MO}	\$0 (Tier 4)	
<i>medi-mucil capsule</i> ^{MO}	\$0 (Tier 4)	
<i>medi-natural tablet</i> ^{MO}	\$0 (Tier 4)	
<i>medi-phedrine 120 mg caplet; medi-phedrine 30 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>medi-phedryl 12.5 mg/5 ml elix; medi-phedryl 25 mg capsule</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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-tabs pm caplet ^{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)	
medicidin-d 2 mg-5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
qc medifin exp mucus rlf liq ^{MO}	\$0 (Tier 4)	
mediproxen 220 mg tablet ^{MO}	\$0 (Tier 4)	
METAMUCIL 0.52 GRAM CAPSULE ^{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)	
mi-acid gas relief 80 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)	
mintox 200 mg-200 mg-20 mg/5 ml oral suspension ^{MO}	\$0 (Tier 4)	
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 oral powder packet ^{MO}	\$0 (Tier 4)	
MIRALAX 17 GRAM/DOSE ORAL POWDER ^{MO}	\$0 (Tier 4)	
moisturizing lubricant 0.5 % eye drops ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONISTAT 1 COMBO PACK 1,200 MG-2 % VAGINAL OVULE AND CREAM 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)	
<i>motion sickness relief (meclizine) 25 mg chewable tablet; motion sickness relief (meclizine) 25 mg tablet</i> MO	\$0 (Tier 4)	
<i>motion-time 25 mg chewable tablet</i> MO	\$0 (Tier 4)	
<i>motrin pm 200 mg-38 mg tablet</i> MO	\$0 (Tier 4)	
<i>mucaphed 10 mg-400 mg tablet</i> MO	\$0 (Tier 4)	
<i>mucinex allergy 180 mg tablet</i> MO	\$0 (Tier 4)	
MUCINEX COLD, FLU AND SORE THROAT 10 MG-20 MG-650 MG/20 ML ORAL LIQUID MO	\$0 (Tier 4)	
<i>mucinex fast-max cold-flu-sore throat 5 mg-10 mg-325 mg-200 mg tablet</i> MO	\$0 (Tier 4)	
<i>mucinex fast-max cold-sinus 5 mg-325 mg-200 mg tablet</i> MO	\$0 (Tier 4)	
MUCINEX FAST-MAX CONGESTION-COUGH 2.5 MG-5 MG-100 MG/5 ML ORAL LIQUID; MUCINEX FAST-MAX CONGESTION-COUGH 5 MG-10 MG-200 MG TABLET MO	\$0 (Tier 4)	
<i>mucinex fast-max dm max 5 mg-100 mg/5 ml oral liquid</i> MO	\$0 (Tier 4)	
<i>mucinex fast-max nite cold-flu</i> MO	\$0 (Tier 4)	
MUCINEX FAST-MAX NITE COLD-FLU 12.5 MG-5 MG-325 MG/10 ML ORAL LIQUID MO	\$0 (Tier 4)	
MUCINEX FAST-MAX SEVERE COLD 10 MG-20 MG-650 MG/20 ML ORAL LIQUID MO	\$0 (Tier 4)	
<i>mucinex fast-max severe cold 5 mg-10 mg-325 mg-200 mg tablet</i> MO	\$0 (Tier 4)	
<i>mucinex fast-max cold-sinus cp</i> MO	\$0 (Tier 4)	
MUCINEX FAST-MAX DAY SEV COLD-NITE COLD-FLU 10 MG-650 MG/20 ML LIQUID; MUCINEX FAST-MAX DAY SEV COLD-NITE COLD-FLU 5 MG-325 MG-200 MG TABLETS MO	\$0 (Tier 4)	
MUCINEX MINI-MELTS 100 MG ORAL GRANULES IN PACKET MO	\$0 (Tier 4)	
<i>mucinex sinus-max 0.05 % nasal spray</i> MO	\$0 (Tier 4)	
MUCINEX SINUS-MAX DAY-NIGHT (DIPHEN) 5-325-200 MG(D)/25-5-325MG(N) TAB MO	\$0 (Tier 4)	
MUCINEX SINUS-MAX NITE CONGEST MO	\$0 (Tier 4)	
<i>mucinex sinus-max pressure-pain 5 mg-325 mg-200 mg tablet</i> MO	\$0 (Tier 4)	
<i>mucinex sinus-max sev congestion 5 mg-325 mg-200 mg tablet</i> MO	\$0 (Tier 4)	
<i>mucosa 400 mg tablet</i> MO	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>mucosa dm 20 mg-400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus and cough relief 20 mg-400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief 200 mg, 400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief chest 400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief cold and sinus 5 mg-325 mg-200 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief cold-flu-sore throat 10 mg-20 mg-650 mg/20 ml oral liquid; mucus relief cold-flu-sore throat 5 mg-10 mg-325 mg-200 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief congestion-cough 2.5 mg-5 mg-100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief cough 5 mg-100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>pv mucus relief d tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief dm 20 mg-400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief dm max 5 mg-100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief pe 10 mg-400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief plus 5 mg-10 mg-325 mg-200 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief sev congest-cold 5 mg-10 mg-325 mg-200 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief severe cold 10 mg-20 mg-650 mg/20 ml oral liquid; pv mucus relief sev cold cplt</i> ^{MO}	\$0 (Tier 4)	
MUCUS RELIEF SINUS 10 MG-400 MG TABLET ^{MO}	\$0 (Tier 4)	
<i>mucus relief sinus pressure and pain 5 mg-325 mg-200 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mucus relief severe sinus congestion 5 mg-325 mg-200 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>multi-symptom cold(with phenylephrine) 5 mg-10 mg-325 mg-200 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>multi-symptom cold (pe-cpm) 1 mg-2.5 mg-5 mg-160 mg/5 ml oral susp</i> ^{MO}	\$0 (Tier 4)	
<i>multi-symptom cold daytime 5 mg-10 mg-325 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>multi-symptom cold night time 2 mg-5 mg-10 mg-325 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>murine ear wax removal system 6.5 % drops</i> ^{MO}	\$0 (Tier 4)	
<i>muro 128 2 % eye drops</i> ^{MO}	\$0 (Tier 4)	
MURO 128 5 % EYE DROPS; MURO 128 5 % EYE OINTMENT ^{MO}	\$0 (Tier 4)	
<i>myco nail a 25 % topical solution</i> ^{MO}	\$0 (Tier 4)	
<i>mytab gas 80 mg chewable tablet</i> ^{MO}	\$0 (Tier 4)	
<i>mytab gas maximum strength 125 mg chewable tablet</i> ^{MO}	\$0 (Tier 4)	
<i>naproxen sodium 220 mg caplet; naproxen sodium 220 mg capsule</i> ^{MO}	\$0 (Tier 4)	
<i>nasal and sinus decongestant 30 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>nasal decongestant (oxymetazoline) 0.05 % spray</i> ^{MO}	\$0 (Tier 4)	
<i>nasal decongestant (phenylephrine) 10 mg tablet</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>nasal decongestant (pseudoephedrine) 120 mg tablet, extended release; nasal decongestant (pseudoephedrine) 30 mg tablet</i> ^{MO}	\$0 (Tier 4)	
NASAL DECONGESTANT (PSEUDOEPHEDRINE) 30 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
<i>nasal spray (oxymetazoline) 0.05 %</i> ^{MO}	\$0 (Tier 4)	
<i>nasal spray 12 hour 0.05 %</i> ^{MO}	\$0 (Tier 4)	
<i>nasal spray extra moisturizing 0.05 %</i> ^{MO}	\$0 (Tier 4)	
NASAL SPRAY LONG ACTING 0.05 % ^{MO}	\$0 (Tier 4)	
<i>nasal spray moisturizing 0.05 %</i> ^{MO}	\$0 (Tier 4)	
<i>nasal spray sinus 0.05 %</i> ^{MO}	\$0 (Tier 4)	
NATRAPEL 20 % TOPICAL SPRAY ^{MO}	\$0 (Tier 4)	
<i>natural balance tears drops</i> ^{MO}	\$0 (Tier 4)	
<i>natural calcium 500 mg calcium (1,250 mg) tablet</i> ^{MO}	\$0 (Tier 4)	
<i>natural fiber laxative 0.52 gram capsule</i> ^{MO}	\$0 (Tier 4)	
<i>natural senna laxative 8.6 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>natural vegetable laxative (sennosides) 8.6 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>nature's tears drops</i> ^{MO}	\$0 (Tier 4)	
NEOSPORIN (NEO-BAC-POLYM) 3.5 MG-400 UNIT-5,000 UNIT/GRAM TOP OINTMENT ^{MO}	\$0 (Tier 4)	
<i>neosporin anti-itch 1 % topical cream</i> ^{MO}	\$0 (Tier 4)	
NEOSPORIN PLUSPAIN RELIEF(BACIT)3.5 MG-500 UNIT-10,000 UNIT/G TOP OINT ^{MO}	\$0 (Tier 4)	
<i>nicoderm cq 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr daily transdermal patch</i> ^{MO}	\$0 (Tier 4)	
<i>nicorelief 2 mg, 4 mg gum</i> ^{MO}	\$0 (Tier 4)	
NICORETTE 2 MG GUM; NICORETTE 2 MG, 4 MG BUCCAL LOZENGE ^{MO}	\$0 (Tier 4)	
<i>nicorette 4 mg gum</i> ^{MO}	\$0 (Tier 4)	
<i>eq nicotine 14 mg/24hr patch; nicotine 21 mg/24hr patch; nicotine 7 mg/24hr patch; nicotine transdermal system</i> ^{MO}	\$0 (Tier 4)	
<i>nicotine 2 mg, 4 mg chewing gum</i> ^{MO}	\$0 (Tier 4)	
<i>night time 6.25 mg-15 mg-325 mg capsule</i> ^{MO}	\$0 (Tier 4)	
<i>pub nighttime cold caplet; qc nighttime cold medicine liq</i> ^{MO}	\$0 (Tier 4)	
<i>night time cold and flu relief 6.25 mg-15 mg-325 mg/15 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>night time cold medicine 6.25 mg-30 mg-15mg-500mg/15ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>night time cold-flu 12.5 mg-30 mg-1,000 mg/30 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>gnp night time cold-flu relief</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
night time cough & sore throat ^{MO}	\$0 (Tier 4)	
night time pain medicine 25 mg-500 mg tablet ^{MO}	\$0 (Tier 4)	
nighttime allergy relief 25 mg tablet ^{MO}	\$0 (Tier 4)	
nighttime cold-flu 6.25 mg-15 mg-325 mg capsule ^{MO}	\$0 (Tier 4)	
nighttime cough 6.25 mg-15 mg/15 ml oral solution ^{MO}	\$0 (Tier 4)	
nighttime sinus-congestion cp ^{MO}	\$0 (Tier 4)	
nite time cold-flu 6.25 mg-15 mg-325 mg/15 ml oral liquid ^{MO}	\$0 (Tier 4)	
nite time cold-flu formula 6.25 mg-15 mg-325 mg capsule ^{MO}	\$0 (Tier 4)	
nite time cough 6.25 mg-15 mg/15 ml oral solution ^{MO}	\$0 (Tier 4)	
nite time-d cold-flu relief 6.25 mg-30 mg-15mg-500mg/15ml oral liquid ^{MO}	\$0 (Tier 4)	
nite-time 12.5 mg-30 mg-1,000 mg/30 ml oral liquid ^{MO}	\$0 (Tier 4)	
nite-time cold-flu 6.25 mg-15 mg-325 mg capsule ^{MO}	\$0 (Tier 4)	
pub nitetime cough liquid ^{MO}	\$0 (Tier 4)	
nitetime multi-symptom 12.5 mg-30 mg-1,000 mg/30 ml oral liquid ^{MO}	\$0 (Tier 4)	
niva-hist dm 4 mg-7.5 mg-15 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
nivanex dmx 10 mg-15 mg-380 mg tablet ^{MO}	\$0 (Tier 4)	
NIX CREME RINSE 1 % TOPICAL LIQUID ^{MO}	\$0 (Tier 4)	
no drip 0.05 % nasal spray ^{MO}	\$0 (Tier 4)	
qc no drip nasal rlf 0.05% spr ^{MO}	\$0 (Tier 4)	
noble formula hc 1 % topical cream ^{MO}	\$0 (Tier 4)	
nohist-dm 4 mg-10 mg-15 mg/5 ml oral liquid ^{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)	
pv non-aspirin 8-hr 650 mg ^{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 nighttime 25 mg-500 mg tablet ^{MO}	\$0 (Tier 4)	
non-aspirin pain relief 325 mg, 500 mg tablet ^{MO}	\$0 (Tier 4)	
non-aspirin pain relief pm 25 mg-500 mg tablet ^{MO}	\$0 (Tier 4)	
non-aspirin pm 25 mg-500 mg tablet ^{MO}	\$0 (Tier 4)	
pv non-asa severe congest cplt ^{MO}	\$0 (Tier 4)	
non-drowsy allergy 10 mg tablet ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nortemp 160 mg/5 ml oral suspension; nortemp 80 mg/0.8 ml oral drops MO	\$0 (Tier 4)	
nose spray 0.05 % MO	\$0 (Tier 4)	
NRS NASAL RELIEF 0.05 % SPRAY MO	\$0 (Tier 4)	
nts step 1 21 mg/24 hr transdermal 24 hour patch MO	\$0 (Tier 4)	
nuzole 2% cream MO	\$0 (Tier 4)	
nyquil d cold & flu liquid MO	\$0 (Tier 4)	
odor control foot-sneaker 1 % topical spray powder 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)	
ms omeprazole dr 20 mg tablet MO	\$0 (Tier 4)	
omeprazole mag dr 20.6 mg cap MO	\$0 (Tier 4)	
opcicon one-step 1.5 mg tablet MO	\$0 (Tier 4)	
organ-i nr 200 mg tablet MO	\$0 (Tier 4)	
original nasal spray 0.05 % MO	\$0 (Tier 4)	
pub oxymetazoline hcl 0.05% MO	\$0 (Tier 4)	
oysco-500 500 mg calcium (1,250 mg) 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)	
PAIN AND FEVER 325 MG, 500 MG TABLET MO	\$0 (Tier 4)	
pain and sleep 25 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 adult 500 mg/15 ml oral liquid MO	\$0 (Tier 4)	
pain relief allergy sinus 2 mg-5 mg-325 mg tablet MO	\$0 (Tier 4)	
pain relief cold and cough 1,000 mg-30 mg/30 ml oral liquid MO	\$0 (Tier 4)	
pain relief extra strength 500 mg tablet MO	\$0 (Tier 4)	
pain relief pm 25 mg-500 mg tablet MO	\$0 (Tier 4)	
pain relief pm rapid release 25 mg-500 mg tablet MO	\$0 (Tier 4)	
pain relief regular strength 325 mg tablet MO	\$0 (Tier 4)	
pain relief sinus pe 5 mg-325 mg tablet MO	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pain reliever 325 mg, 500 mg tablet; pain reliever 500 mg capsule</i> ^{MO}	\$0 (Tier 4)	
<i>pain reliever (acetaminophen-aspirin) 250 mg-250 mg-65 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>pain reliever extra strength 500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>pain reliever plus 250 mg-250 mg-65 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>pain reliever pm 25 mg-500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>pain reliever pm ex-strength 25 mg-500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>pain-off 250 mg-250 mg-65 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>pamprin max 250 mg-250 mg-65 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>panoxyl 10 % topical cleanser</i> ^{MO}	\$0 (Tier 4)	
<i>panoxyl-4 4 % topical cleanser</i> ^{MO}	\$0 (Tier 4)	
<i>pedia relief 1 mg-15 mg-5 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>pedia relief cough-cold 1 mg-15 mg-5 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>pediacare fever reducer 160 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>pediacare multi-symptom cold 2.5 mg-5 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>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</i> ^{MO}	\$0 (Tier 4)	
<i>peg3350 17 gram/dose oral powder</i> ^{MO}	\$0 (Tier 4)	
<i>pep-t-med 262 mg chewable tablet</i> ^{MO}	\$0 (Tier 4)	
PEPCID AC 10 MG TABLET ^{MO}	\$0 (Tier 4)	
<i>pepcid ac 20 mg tablet</i> ^{MO}	\$0 (Tier 4)	
PEPCID COMPLETE 10 MG-800 MG-165 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 4)	
<i>peptic relief 262 mg chewable tablet; peptic relief 262 mg/15 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
PEPTO-BISMOL 262 MG CHEWABLE TABLET; PEPTO-BISMOL 262 MG/15 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 4)	
<i>pepto-bismol 262 mg tablet</i> ^{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)	
PERCOGESIC 12.5 MG-325 MG TABLET ^{MO}	\$0 (Tier 4)	
<i>cvs permethrin 1% lotion</i> ^{MO}	\$0 (Tier 4)	
PERSA-GEL 10 % TOPICAL ^{MO}	\$0 (Tier 4)	
<i>pharbecchlor 4 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>pharbedryl 25 mg, 50 mg capsule</i> ^{MO}	\$0 (Tier 4)	
<i>pharbetol 325 mg, 500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
PHAZYME 180 MG CAPSULE ^{MO}	\$0 (Tier 4)	
<i>12.5cpd-120gfn-5peh liquid</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>phenylhistine dh 2 mg-30 mg-10 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
PHILLIPS MILK OF MAGNESIA 400 MG/5 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 4)	
<i>pink bismuth 262 mg chewable tablet; pink bismuth 262 mg tablet; pink bismuth 262 mg/15 ml, 525 mg/15 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>pink bismuth maximum strength 525 mg/15 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>podactin 1% powder</i> ^{MO}	\$0 (Tier 4)	
POLY HIST PD 6.25 MG-6.25 MG/ML ORAL DROPS ^{MO}	\$0 (Tier 4)	
POLY-HIST DM (THONZYLAMINE) 25 MG-5 MG-10 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
POLY-TUSSIN AC 4 MG-10 MG-10 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
POLY-VENT DM 60 MG-20 MG-380 MG TABLET ^{MO}	\$0 (Tier 4)	
POLY-VENT IR 60 MG-380 MG TABLET ^{MO}	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd</i> ^{MO}	Up to \$2.95 (Tier 1)	
<i>polyvinyl alcoh 1.4 % eyedrop</i> ^{MO}	\$0 (Tier 4)	
<i>powderlax 17 gram/dose oral</i> ^{MO}	\$0 (Tier 4)	
<i>preparation h hydrocortisone 1 % topical cream</i> ^{MO}	\$0 (Tier 4)	
<i>pres gen 5 mg-10 mg-200 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>presgen b 4 mg-10 mg-20 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>pv pressure & pain caplet</i> ^{MO}	\$0 (Tier 4)	
PREVACID 24HR 15 MG CAPSULE, DELAYED RELEASE ^{MO}	\$0 (Tier 4)	
PRIMATENE ASTHMA 12.5 MG-200 MG TABLET ^{MO}	\$0 (Tier 4)	
PRO-CHLO LIQUID ^{MO}	\$0 (Tier 4)	
PRO-CLEAR AC SYRUP ^{MO}	\$0 (Tier 4)	
PRO-RED AC (WITH DEXCHLORPHENIRAMINE) 1 MG-5 MG-9 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
<i>provil 200 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>gnp pseudoephedrine er 120 mg; pseudoephed 30 mg/5 ml soln; pseudoephedrine 30 mg, 60 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>psyllium fiber 0.52 g capsule</i> ^{MO}	\$0 (Tier 4)	
<i>purelax 17 gram, 17 gram/dose oral powder; purelax 17 gram, 17 gram/dose oral powder packet</i> ^{MO}	\$0 (Tier 4)	
<i>pyrethrin lice treatment</i> ^{MO}	\$0 (Tier 4)	
<i>pyrroxate cold & congest cpl</i> ^{MO}	\$0 (Tier 4)	
<i>q-dryl 12.5 mg/5 ml oral liquid; q-dryl 25 mg capsule</i> ^{MO}	\$0 (Tier 4)	
<i>q-pap 160 mg/5 ml oral liquid; q-pap 325 mg, 500 mg tablet; q-pap 80 mg/0.8 ml oral drops</i> ^{MO}	\$0 (Tier 4)	

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q-pap extra strength 500 mg tablet ^{MO}	\$0 (Tier 4)	
q-tapp dm 1 mg-15 mg-5 mg/5 ml oral elixir ^{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)	
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)	
ranitidine 15 mg/ml syrup; ranitidine 150 mg, 300 mg capsule; ranitidine 150 mg, 300 mg tablet ^{MO}	Up to \$2.95 (Tier 1)	
recort plus 1 % topical cream ^{MO}	\$0 (Tier 4)	
refenesen 200 mg, 400 mg tablet ^{MO}	\$0 (Tier 4)	
refenesen dm 20 mg-400 mg tablet ^{MO}	\$0 (Tier 4)	
refenesen pe 10 mg-400 mg tablet ^{MO}	\$0 (Tier 4)	
REFRESH CLASSIC (PF) 1.4 %-0.6 % EYE DROPS IN A DROPPERETTE ^{MO}	\$0 (Tier 4)	
REFRESH LACRI-LUBE 56.8 %-42.5 % EYE OINTMENT ^{MO}	\$0 (Tier 4)	
REFRESH TEARS 0.5 % EYE DROPS ^{MO}	\$0 (Tier 4)	
reguloid 0.52 gram capsule; reguloid oral powder ^{MO}	\$0 (Tier 4)	
relcof c 6.3 mg-100 mg/5 ml oral liquid ^{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)	
repele 100 98.11 % topical pump spray ^{MO}	\$0 (Tier 4)	
repele family 10 % topical spray; repele family 15 % topical spray powder ^{MO}	\$0 (Tier 4)	
repele hunter's 25 % topical spray ^{MO}	\$0 (Tier 4)	
repele sportsmen 25 % topical spray ^{MO}	\$0 (Tier 4)	
repele sportsmen dry 25 % topical spray ^{MO}	\$0 (Tier 4)	
repele sportsmen max 40 % lotion; repele sportsmen max 40 % topical pump spray; repele sportsmen max 40 % topical spray ^{MO}	\$0 (Tier 4)	
repele tick defense 15 % topical spray ^{MO}	\$0 (Tier 4)	
RESCON-DM 2 MG-30 MG-10 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
RESCON-GG 5 MG-100 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
RESPAIRE-30 30 MG-150 MG CAPSULE ^{MO}	\$0 (Tier 4)	
restore tears 0.5 % eye drops ^{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)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ri-mox 200 mg-200 mg-20 mg/5 ml oral suspension</i> ^{MO}	\$0 (Tier 4)	
<i>ri-tussin 100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>ri-tussin dm 10 mg-100 mg/5 ml syrup</i> ^{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)	
<i>rid lice killing 0.33 %-4 % shampoo</i> ^{MO}	\$0 (Tier 4)	
<i>ringworm 1 % topical cream</i> ^{MO}	\$0 (Tier 4)	
<i>robafen 100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>robafen cf (phenylephrine) 5 mg-10 mg-100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>robafen cough 15 mg capsule</i> ^{MO}	\$0 (Tier 4)	
<i>robafen dm cough 10 mg-100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>robafen dm cough-chest congestion 10 mg-100 mg/5 ml syrup</i> ^{MO}	\$0 (Tier 4)	
<i>robitussin cold-flu day capsul</i> ^{MO}	\$0 (Tier 4)	
<i>robitussin cough and cold cf 2.5 mg-5 mg-50 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>robitussin cough-chest congestion dm 10 mg-200 mg capsule; robitussin cough-chest congestion dm 10 mg-200 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
ROBITUSSIN COUGHGEL 15 MG CAPSULE ^{MO}	\$0 (Tier 4)	
<i>robitussin long-acting 1 mg-7.5 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>robitussin m-s cold cf max 5 mg-10 mg-200 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
ROBITUSSIN MUCUS-CHEST CONGEST ^{MO}	\$0 (Tier 4)	
ROBITUSSIN NIGHTTIME COUGH DM 12.5 MG-30 MG/10 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
<i>robitussin pediatric 7.5 mg/5 ml syrup</i> ^{MO}	\$0 (Tier 4)	
RULOX 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION ^{MO}	\$0 (Tier 4)	
<i>rycontuss 2 mg-5 mg-10 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>rydex 1.3 mg-10 mg-6.3 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>rynex dm 1 mg-2.5 mg-5 mg/5 ml oral solution</i> ^{MO}	\$0 (Tier 4)	
<i>safe tussin dm 10 mg-100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
SANI-SUPP (ADULT) RECTAL ^{MO}	\$0 (Tier 4)	
SANI-SUPP (INFANT) RECTAL ^{MO}	\$0 (Tier 4)	
SCOT-TUSSIN EXPECTORANT 100 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
<i>secura antifungal 2 % topical cream</i> ^{MO}	\$0 (Tier 4)	
<i>secura antifungal extra thick 2 % topical cream</i> ^{MO}	\$0 (Tier 4)	
<i>sen-o-tab 8.6 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>senexon 8.6 mg tablet; senexon 8.8 mg/5 ml syrup</i> ^{MO}	\$0 (Tier 4)	
<i>senna 8.6 mg tablet; senna 8.8 mg/5 ml syrup</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
senna lax 8.6 mg tablet ^{MO}	\$0 (Tier 4)	
senna laxative 8.6 mg tablet ^{MO}	\$0 (Tier 4)	
senno 8.6 mg tablet ^{MO}	\$0 (Tier 4)	
SENOKOT 8.6 MG TABLET ^{MO}	\$0 (Tier 4)	
SENOKOT TO GO 8.6 MG TABLET ^{MO}	\$0 (Tier 4)	
severe allergy-sinus headache 25 mg-5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
severe cold 5 mg-10 mg-325 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
severe cold and flu (phenylephrine) 5 mg-10 mg-325 mg-200 mg tablet; severe cold-flu (phenylephrine) 5 mg-10 mg-325 mg-200 mg/15 ml liquid ^{MO}	\$0 (Tier 4)	
severe cold-flu nighttime 6.25 mg-5 mg-10 mg-325 mg/15 ml oral liquid ^{MO}	\$0 (Tier 4)	
severe cold multi-symptom 5 mg-10 mg-325 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
pv severe congestion nose spray ^{MO}	\$0 (Tier 4)	
pv severe congest-cough max lq ^{MO}	\$0 (Tier 4)	
severe sinus 5 mg-325 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
shake that ache 500 mg tablet ^{MO}	\$0 (Tier 4)	
siladryl sa 12.5 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
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)	
gnp simethicone 125 mg, 180 mg softgel; simethicone 125 mg, 180 mg softgel; simethicone 125 mg, 80 mg tab chew; simethicone 40 mg/0.6 ml drop ^{MO}	\$0 (Tier 4)	
sinus 12 hour 120 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
pv sinus & allergy 120 mg cplt ^{MO}	\$0 (Tier 4)	
sinus and cold-d 220 mg-120 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
sinus congestion and pain day-night 2 mg-5 mg-325 mg tablets ^{MO}	\$0 (Tier 4)	
sinus congestion and pain 5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
sinus congestion and pain (chlorpheniramine) 2 mg-5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
sinus congestion and pain (guaifenesin) 5 mg-325 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
sinus decongestant (pe) 10 mg tablet ^{MO}	\$0 (Tier 4)	
sinus formula daytime 5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
sinus headache pe 5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sinus maximum strength 5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
sinus nasal spray 0.05 % ^{MO}	\$0 (Tier 4)	
sinus pain relief 5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
sinus relief (non-drowsy) 5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
sinus relief (oxymetazoline) 0.05 % nasal spray ^{MO}	\$0 (Tier 4)	
sinus relief pressure and pain 5 mg-325 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
sinus relief severe congestion 5 mg-325 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
sinutrol pe 2 mg-5 mg-325 mg tablet ^{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)	
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)	
st joseph aspirin 81 mg chewable tablet ^{MO}	\$0 (Tier 4)	
st. joseph aspirin 81 mg tablet, delayed release ^{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)	
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)	
stop smoking aid 2 mg, 4 mg buccal lozenge ^{MO}	\$0 (Tier 4)	
SUDAFED 12 HOUR 120 MG TABLET, EXTENDED RELEASE ^{MO}	\$0 (Tier 4)	
SUDAFED PE PRESSURE+PAIN 5 MG-325 MG TABLET ^{MO}	\$0 (Tier 4)	
sudafed pe pressure+pain+cough 5 mg-10 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
SUDAFED PE PRESSURE+PAIN+MUCUS 5 MG-325 MG-200 MG TABLET ^{MO}	\$0 (Tier 4)	
sudogest 30 mg, 60 mg tablet ^{MO}	\$0 (Tier 4)	
sudogest 12-hour 120 mg tablet, extended release ^{MO}	\$0 (Tier 4)	
sudogest pe 10 mg tablet ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>super calcium 600 mg (1,500 mg) tablet</i> ^{MO}	\$0 (Tier 4)	
<i>super pain relief 250 mg-250 mg-65 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>suphedrin 15 mg/5 ml oral liquid; suphedrin 30 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>suphedrin 12 hour 120 mg tablet,extended release</i> ^{MO}	\$0 (Tier 4)	
<i>suphedrine 30 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>suphedrine 12 hour 120 mg tablet,extended release</i> ^{MO}	\$0 (Tier 4)	
<i>suphedrine pe 10 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>suphedrine pe sinus headache 5 mg-325 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>suppository adult rectal</i> ^{MO}	\$0 (Tier 4)	
SYSTANE (PF) 0.4 %-0.3 % EYE DROPS IN A DROPPERETTE ^{MO}	\$0 (Tier 4)	
SYSTANE (PROPYLENE GLYCOL) 0.4 %-0.3 % EYE DROPS ^{MO}	\$0 (Tier 4)	
SYSTANE ULTRA 0.4 %-0.3 % EYE DROPS ^{MO}	\$0 (Tier 4)	
SYSTANE ULTRA (PF) 0.4 %-0.3 % EYE DROPS IN A DROPPERETTE ^{MO}	\$0 (Tier 4)	
<i>tab tussin 400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>tab tussin dm 20 mg-400 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>tactinal 325 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>tactinal extra strength 500 mg tablet</i> ^{MO}	\$0 (Tier 4)	
TAGAMET HB 200 MG TABLET ^{MO}	\$0 (Tier 4)	
TAKE ACTION 1.5 MG TABLET ^{MO}	\$0 (Tier 4)	
<i>tears again (pva) 1.4 % eye drops</i> ^{MO}	\$0 (Tier 4)	
<i>tears naturale-ii eye drops</i> ^{MO}	\$0 (Tier 4)	
<i>tears pure eye drops</i> ^{MO}	\$0 (Tier 4)	
<i>tension headache 500 mg-65 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>tension headache pain reliever 500 mg-65 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>pv tension headache rlf caplet</i> ^{MO}	\$0 (Tier 4)	
<i>terbinafine 1% cream</i> ^{MO}	\$0 (Tier 4)	
<i>tg 10peh-380gfn 10 mg-380 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>tg 10peh-380gfn-15dm 10 mg-15 mg-380 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>the magic bullet 10 mg rectal suppository</i> ^{MO}	\$0 (Tier 4)	
THERAFLU COLD-SORE THROAT (PE) 20 MG-10 MG-325 MG ORAL POWDER PACKET ^{MO}	\$0 (Tier 4)	
THERAFLU DAYTIME COLD-COUGH 10 MG-20 MG-650 MG ORAL POWDER PACKET ^{MO}	\$0 (Tier 4)	
<i>theraflu expressmax cold-cough day 5 mg-10 mg-325 mg/15 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THERAFLU FLU-SORE THROAT 20 MG-10 MG-650 MG ORAL POWDER PACKET MO	\$0 (Tier 4)	
THERAFLU MULTI-SYMPTOM COLD 5 MG-10 MG-325 MG TABLET MO	\$0 (Tier 4)	
THERAFLU NIGHTTIME SEVERE COLD-COUGH 25 MG-10 MG-650 MG POWDER PACKET MO	\$0 (Tier 4)	
THERAFLU SINUS AND COLD 20 MG-10 MG-325 MG ORAL POWDER PACKET MO	\$0 (Tier 4)	
TINACTIN 1 % TOPICAL CREAM; TINACTIN 1 % TOPICAL POWDER; TINACTIN 1 % TOPICAL SPRAY POWDER MO	\$0 (Tier 4)	
<i>tinactin 1 % topical spray</i> MO	\$0 (Tier 4)	
<i>cvs tioconazole 1 6.5% ointmnt</i> MO	\$0 (Tier 4)	
<i>tioconazole-1 6.5 % vaginal ointment</i> MO	\$0 (Tier 4)	
<i>tl-hist dm 4 mg-7.5 mg-15 mg/5 ml oral liquid</i> MO	\$0 (Tier 4)	
<i>gnp tolnaftate 1% cream; tolnaftate 1% powder; tolnaftate 1% solution; tolnaftate 1% spray powder</i> MO	\$0 (Tier 4)	
<i>total allergy medicine 25 mg tablet</i> MO	\$0 (Tier 4)	
<i>total home insect repellent 30 % topical spray</i> MO	\$0 (Tier 4)	
<i>tri-biozene 3.5 mg-500 unit-10,000 unit/gram topical ointment</i> MO	\$0 (Tier 4)	
<i>triacting m-sym cold/cough 1 mg-15 mg-5 mg/5 ml oral liquid</i> MO	\$0 (Tier 4)	
TRIAMINIC CHEST AND NASAL CONGESTION 2.5 MG-50 MG/5 ML ORAL LIQUID MO	\$0 (Tier 4)	
<i>triaminic cold and cough (pe) 2.5 mg-5 mg/5 ml oral liquid</i> MO	\$0 (Tier 4)	
TRIAMINIC COUGH-SORE THROAT 160 MG-5 MG/5 ML ORAL LIQUID MO	\$0 (Tier 4)	
<i>triple antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment</i> MO	\$0 (Tier 4)	
<i>triple antibiotic (pram) extra 3.5 mg-500 unit-10,000 unit/g top oint</i> MO	\$0 (Tier 4)	
<i>triple antibiotic plus 3.5 mg-500 unit-10,000 unit/gram top ointment</i> MO	\$0 (Tier 4)	
<i>triple antibiotic-pain relief 3.5 mg-500 unit-10,000 unit/gram ointmnt</i> MO	\$0 (Tier 4)	
<i>triple paste af 2 % topical ointment</i> MO	\$0 (Tier 4)	
<i>trymine cg liquid</i> MO	\$0 (Tier 4)	
TUMS 200 MG CALCIUM (500 MG), 300 MG (750 MG) CHEWABLE TABLET MO	\$0 (Tier 4)	
<i>tums dual action (famotidine) 10 mg-800 mg-165 mg chewable tablet</i> 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)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tusicof 10 mg-20 mg-400 mg tablet ^{MO}	\$0 (Tier 4)	
tusnel c 30 mg-10 mg-100 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
tusnel diabetic 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
TUSNEL NEW FORMULA 30 MG-15 MG-200 MG/5 ML ORAL SOLUTION; TUSNEL NEW FORMULA 60 MG-30 MG-400 MG TABLET ^{MO}	\$0 (Tier 4)	
TUSNEL PEDIATRIC 15 MG-5 MG-50 MG/5 ML ORAL LIQUID; TUSNEL PEDIATRIC 7.5 MG-50 MG/ML ORAL DROPS ^{MO}	\$0 (Tier 4)	
TUSNEL-DM PEDIATRIC 7.5 MG-2.5 MG-25 MG/ML ORAL DROPS ^{MO}	\$0 (Tier 4)	
tussi pres-b 4 mg-10 mg-20 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
tussi-pres 5 mg-10 mg-200 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 cf (pe-dm-guaif) 5 mg-10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
tussin cf cough-cold 5 mg-10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
tussin cf max 5 mg-10 mg-200 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
tussin chest congestion 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
tussin cough (dm only) 15 mg capsule; tussin cough (dm only) 15 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)	
tussin expectorant 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
tussin honey 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
tussin maximum strength 15 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
tussin maximum strength cough 15 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
pv tussin pe liquid ^{MO}	\$0 (Tier 4)	
pub tussinmax liquid ^{MO}	\$0 (Tier 4)	
TYLENOL 325 MG TABLET ^{MO}	\$0 (Tier 4)	
TYLENOL COLD AND FLU SEVERE 5 MG-10 MG-325 MG-200 MG TABLET; TYLENOL COLD AND FLU SEVERE 5 MG-10 MG-325 MG-200 MG/15 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYLENOL COLD HEAD CONGESTION SEVERE 5 MG-325 MG-200 MG TABLET ^{MO}	\$0 (Tier 4)	
TYLENOL COLD MAX NIGHT 6.25 MG-5 MG-10 MG-325MG/15ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
<i>tylenol cold multi-symptom day 5 mg-10 mg-325 mg tablet</i> ^{MO}	\$0 (Tier 4)	
TYLENOL SINUS CONGEST-PAIN CPL ^{MO}	\$0 (Tier 4)	
TYLENOL SORE THROAT 500 MG/15 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
<i>ultra a-d 2 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>ultra dm free and clear 10 mg-100 mg/5 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>ultra fresh 0.5 % eye drops</i> ^{MO}	\$0 (Tier 4)	
<i>ultra fresh pm eye ointment</i> ^{MO}	\$0 (Tier 4)	
<i>ultra lubricant eye 0.4 %-0.3 % drops</i> ^{MO}	\$0 (Tier 4)	
<i>ultra strength antacid 400 mg (1,000 mg) chewable tablet</i> ^{MO}	\$0 (Tier 4)	
<i>ultra strength calcium antacid 400 mg (1,000 mg) chewable tablet</i> ^{MO}	\$0 (Tier 4)	
<i>ultra tuss safe 10 mg-100 mg/5 ml syrup</i> ^{MO}	\$0 (Tier 4)	
<i>ultrathon 25 % topical spray; ultrathon 34.34 % lotion</i> ^{MO}	\$0 (Tier 4)	
VAGISTAT-1 6.5 % VAGINAL OINTMENT ^{MO}	\$0 (Tier 4)	
<i>vagistat-3 200 mg-2 % (9 gram) vaginal kit</i> ^{MO}	\$0 (Tier 4)	
<i>valu-dryl allergy 12.5 mg/5 ml oral liquid; valu-dryl allergy 25 mg capsule; valu-dryl allergy 25 mg tablet</i> ^{MO}	\$0 (Tier 4)	
<i>sm cold-cough child elixir</i> ^{MO}	\$0 (Tier 4)	
VANACOF 1 MG-30 MG-12.5 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
VANACOF DX LIQUID ^{MO}	\$0 (Tier 4)	
VANAHIST PD 0.625 MG/ML ORAL DROPS ^{MO}	\$0 (Tier 4)	
<i>vaporizing rub 4.8 %-1.2 %-2.6 % topical ointment</i> ^{MO}	\$0 (Tier 4)	
VAPORX BALM OINTMENT ^{MO}	\$0 (Tier 4)	
<i>vegetable laxative 8.6 mg tablet</i> ^{MO}	\$0 (Tier 4)	
VICKS CHILDREN'S NYQUIL COLD AND COUGH 2 MG-15 MG/15 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
<i>vicks dayquil cold and flu relief 5 mg-10 mg-325 mg capsule; vicks dayquil cold and flu relief 5 mg-10 mg-325 mg/15 ml oral liquid</i> ^{MO}	\$0 (Tier 4)	
<i>vicks dayquil cough 5 mg/5 ml syrup</i> ^{MO}	\$0 (Tier 4)	
VICKS DAYQUIL MUCUS CONTROL DM 10 MG-200 MG/15 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
<i>vicks dayquil severe cold-flu 5 mg-10 mg-325 mg-200 mg tablet; vicks dayquil severe cold-flu 5 mg-10 mg-325 mg-200 mg/15 ml liquid</i> ^{MO}	\$0 (Tier 4)	
<i>vicks nature fusion caplets</i> ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vicks nature fusion cough liq ^{MO}	\$0 (Tier 4)	
VICKS NYQUIL COLD/FLU (CPM) 4 MG-30 MG-650 MG/30 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
vicks nyquil cold/flu liquicap 6.25 mg-15 mg-325 mg capsule ^{MO}	\$0 (Tier 4)	
VICKS NYQUIL COUGH 6.25 MG-15 MG/15 ML ORAL SOLUTION ^{MO}	\$0 (Tier 4)	
VICKS NYQUIL NIGHTTIME RELIEF 6.25 MG-15 MG-325 MG/15 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
vicks nyquil severe cold-flu 6.25 mg-5 mg-10 mg-325mg/15ml oral liquid ^{MO}	\$0 (Tier 4)	
VICKS NYQUIL SINEX LIQUICAPS ^{MO}	\$0 (Tier 4)	
vicks qlearquil allergy 10 mg tablet ^{MO}	\$0 (Tier 4)	
VICKS QLEARQUIL DAY LIQUICAPS ^{MO}	\$0 (Tier 4)	
VICKS QLEARQUIL NIGHT LIQUICAP ^{MO}	\$0 (Tier 4)	
vicks qlearquil nighttime allergy relief 25 mg tablet ^{MO}	\$0 (Tier 4)	
vicks sinex 12-hour 0.05 % nasal spray ^{MO}	\$0 (Tier 4)	
vicks vaporub 4.8 %-1.2 %-2.6 % topical ointment ^{MO}	\$0 (Tier 4)	
virtussin ac 10 mg-100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
virtussin dac 30 mg-10 mg-100 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
vitamin a & d ointment ^{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-dryl severe allergy-sinus 25 mg-5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
wal-fex allergy 180 mg, 60 mg tablet ^{MO}	\$0 (Tier 4)	
wal-finat 4 mg tablet ^{MO}	\$0 (Tier 4)	
wal-flu cold and sore throat 20 mg-10 mg-325 mg oral powder packet ^{MO}	\$0 (Tier 4)	
wal-flu night time 20 mg-10 mg-650 mg oral powder packet ^{MO}	\$0 (Tier 4)	
wal-flu severe cold and cough 25 mg-10 mg-650 mg oral powder packet ^{MO}	\$0 (Tier 4)	
wal-flu severe cold-cough 10 mg-20 mg-650 mg oral powder packet ^{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-itin d 10 mg-240 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
wal-itin d 12 hour 5 mg-120 mg tablet,extended release ^{MO}	\$0 (Tier 4)	
wal-mucil fiber 0.52 gram capsule ^{MO}	\$0 (Tier 4)	
wal-nadol pm 25 mg-500 mg tablet ^{MO}	\$0 (Tier 4)	
wal-phed 30 mg tablet ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
wal-phed 12 hour 120 mg tablet, extended release ^{MO}	\$0 (Tier 4)	
wal-phed d 120 mg tablet, extended release ^{MO}	\$0 (Tier 4)	
wal-phed pe 10 mg tablet ^{MO}	\$0 (Tier 4)	
wal-phed pe nighttime cold 25 mg-5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
wal-phed pe sinus headache 5 mg-325 mg tablet ^{MO}	\$0 (Tier 4)	
wal-phed pe triple relief 5 mg-325 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
wal-profen 200 mg capsule; wal-profen 200 mg tablet ^{MO}	\$0 (Tier 4)	
wal-profen cold-sinus 30 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
wal-profen d cold and sinus 30 mg-200 mg tablet ^{MO}	\$0 (Tier 4)	
wal-proxen 220 mg tablet ^{MO}	\$0 (Tier 4)	
wal-tap dm 1 mg-2.5 mg-5 mg/5 ml oral solution ^{MO}	\$0 (Tier 4)	
wal-tussin 100 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
wal-tussin cough 15 mg capsule; wal-tussin cough 15 mg/5 ml oral liquid ^{MO}	\$0 (Tier 4)	
wal-tussin cough and cold cf 5 mg-10 mg-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-tussin max strength cough 15 mg/5 ml syrup ^{MO}	\$0 (Tier 4)	
wal-zan 150 150 mg tablet ^{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)	
wal-zyr (ketotifen) 0.025 % (0.035 %) eye drops ^{MO}	\$0 (Tier 4)	
wal-zyr d 5 mg-120 mg tablet, extended release ^{MO}	\$0 (Tier 4)	
Z-TUSS AC 2 MG-9 MG/5 ML ORAL LIQUID ^{MO}	\$0 (Tier 4)	
ZADITOR 0.025 % (0.035 %) EYE DROPS ^{MO}	\$0 (Tier 4)	
ZANTAC 75 MG TABLET ^{MO}	\$0 (Tier 4)	
ZANTAC MAXIMUM STRENGTH 150 MG TABLET ^{MO}	\$0 (Tier 4)	
zeasorb (miconazole) 2 % topical powder ^{MO}	\$0 (Tier 4)	
ZIKS ARTHRITIS PAIN RELIEF 0.025 %-12 %-1 % TOPICAL CREAM ^{MO}	\$0 (Tier 4)	
gnp zinc oxide 20% ointment ^{MO}	\$0 (Tier 4)	
zyncof 20 mg-400 mg tablet ^{MO}	\$0 (Tier 4)	
ZYRTEC 10 MG TABLET ^{MO}	\$0 (Tier 4)	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYRTEC-D 5 MG-120 MG TABLET,EXTENDED RELEASE ^{MO}	\$0 (Tier 4)	



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alprazolam	60	amiodarone	51
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BRINTELLIX	61	calcipotriene	125
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ciprofloxacin lactate	15	CLINIMIX E 5%/D25W SULFIT FREE	91
cisplatin	28	CLINIMIX 2.75%/D5W SULFIT FREE	90
citalopram	63	CLINIMIX 4.25%-D20W SULF-FREE	90
citrate of magnesia	144	CLINIMIX 4.25%-D25W SULF-FREE	90
CITROMA	144	CLINIMIX 4.25%/D10W SULF FREE	91
citrucel	144	CLINIMIX 4.25%/D5W SULFIT FREE	91
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clomipramine	63	cold head congestion sever day	144
clonazepam	63	cold multi-symptom	144
clonidine	52	cold multi-symptom (chlorphen)	145
clonidine hcl	52, 53	cold multi-symptom day/night	145
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dexrazoxane hcl	116	digoxin	53
dextroamphetamine	64	dihydroergotamine	43
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dextromethorphan polistirex	148	dilantin extended	64
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DORIBAX	16	d5 %-0.45 % sodium chloride	91
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doxazosin	54	E.E.S. 400	16
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eazze the pain	149	ENBREL	116
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EGRIFTA	107	EPIPEN JR 2-PAK	43
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ELELYSO	96	epirubicin	29
ELIDEL	126	epitol	65
ELIQUIS	46	EPIVIR HBV	16
ELITEK	96	eplerenone	54
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ELMIRON	116	EPZICOM	17
elon dual defense	149	EQUETRO	65
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ERYTHROCIN (AS STEARATE)	17	EXJADE	105
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ESBRIET	123	eye itch relief	149
escitalopram oxalate	65		
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EVOMELA	29	felodipine	54
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excedrin extra strength	149	fenofibrate	54
excedrin migraine	149	fenofibrate micronized	54
EXCEDRIN TENSION HEADACHE	149	fenofibrate nanocrystallized	54
exefen-ir	149	fenopropfen	66
EXEL INSULIN	83	fentanyl	66
EXELON	43	fentanyl citrate	66

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fentanyl citrate (pf)	66	flu and severe cold-daytime	150
FERAHEME	120	flu and sore throat	150
FERRLECIT	120	flu bp	150
FETZIMA	66	flu hbp	150
fever reducer	150	flu relief therapy daytime	150
fever reducer an pain reliever	150	flu-severe cold-cough daytime	150
feverall	150	fluconazole	17
fexofenadine	150	fluconazole in dextrose(iso-o)	17
fiber (calcium polycarbophil)	150	flucytosine	17
fiber (psyllium husk)	150	fludarabine	30
fiber laxative (ca polycarbo)	150	fludrocortisone	107
fiber laxative (methylcellulo)	150	flunisolide	98
fiber laxative (psyllium husk)	150	fluocinolone	126
fiber therapy (ca polycarboph)	150	fluocinolone and shower cap	126
fiber therapy (m-cellulose)	150	fluocinonide	126
fiber therapy laxative (husk)	150	fluocinonide-e	126
fiber-caps (psyllium husk)	150	fluorometholone	98
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FIBERCON	150	fluphenazine decanoate	66
finasteride	116	fluphenazine hcl	66
FIRAZYR	116	flurbiprofen	66
FIRMAGON	30	flurbiprofen sodium	98
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fondaparinux	47	gas free extra strength	151
foot and sneaker	151	gas relief	151
foot odor control	151	gas relief extra strength	151
FORADIL AEROLIZER	43	gas relief ultra strength	151
FORTEO	107	gas relief 80	151
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foscarnet	17	gas-x extra strength	151
fosinopril	54	gas-x ultra-strength	151
fosinopril-hydrochlorothiazide	54	gatifloxacin	99
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fungi-nail	151	GAUZE PAD	122
FUNGOID TINCTURE	151	gavilax	151
fungoid-d	151	gavilyte-c	103
furosemide	92	gavilyte-g	103
FUSILEV	116	gavilyte-n	103
FUZEON	17	GAVISCON	151
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	G	GAZYVA	30
g-fenesin	151	gelusil antacid and anti-gas	151
g-fenesin dm	151	gemcitabine	30
g-tron	151	gemfibrozil	54
gabapentin	67	gencontuss	151
galantamine	43	generlac	92
GAMMAGARD LIQUID	38	gengraf	116
GAMMAGARD S-D (IGA < 1 MCG/ML)	38	gentak	99
ganciclovir sodium	17	gentamicin	17, 99, 126
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gentlelax	151	griseofulvin ultramicrosize	18
GENVOYA	17	guaiaisorb dm	152
GEODON	67	guaiaatusin ac	152
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granisetron hcl	103	heartburn prevention	152
GRANIX	48	heartburn relief	152
griseofulvin microsize	17	heartburn relief (cimetidine)	152

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HECTOROL	131	hydrocortisone-acetic acid	99
heparin (porcine)	48	hydrocream	153
heparin (porcine) in nacl (pf)	48	HYDROMET	120
heparin (porcine) in 5 % dex	48	hydromorphone	67
heparin(porcine) in 0.45% nacl	48	hydromorphone (pf)	67
HEPATAMINE 8%	92	HYDROSKIN	153
HERCEPTIN	30	HYDROXOCOBALAMIN	120
HETLIOZ	67	hydroxychloroquine	18
HEXALEN	31	hydroxyurea	31
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HYDROCODONE-CHLORPHENIRAMNE ER	120	ICLUSIG	31
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ifosfamide	31	INFED	120
ifosfamide-mesna	31	INFUMORPH P/F	68
ILEVRO	99	INFUVITE	120
IMBRUVICA	31	INFUVITE ADULT	120
imipenem-cilastatin	18	INLYTA	31
imipramine hcl	68	INS SYRINGE/NEEDLE 0.5 ML 27 G	84
imipramine pamoate	68	insect repellent (deet)	153
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indapamide	92	intense cough	153
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infant fever reducer-pain relief	153	INTRON A	18
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ISTODAX	31	kaopectate (bismuth subsalicy)	154
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itraconazole	18	KENALOG	127
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ivermectin	18	KETEK	19
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		ketorolac	99
J		ketotifen fumarate	154
J-MAX	154	KEYTRUDA	32
J-TAN PD	154	kidkare cough/cold	154
JAKAFI	32	KINRIX (PF)	39
JALYN	117	kionex	92
jantoven	48	KIONEX (WITH SORBITOL)	92

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klor-con m10	93	lamivudine	19
KLOR-CON M15	93	lamivudine-zidovudine	19
klor-con m20	93	lamotrigine	69
klor-con sprinkle	93	LANOXIN	55
KLOR-CON 10	92	LANOXIN PEDIATRIC	55
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kola-pectin ds	154	LANTUS	109
konsyl fiber	154	LANTUS SOLOSTAR	109
konsyl sugar-free	154	larissia	109
KORLYM	109	latanoprost	99
KUVAN	117	LATUDA	69
KYNAMRO	55	laxa clear	154
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labetalol	55	laxative (glycerin-pediatric)	154
LACRISERT	99	laxative peg 3350	154
lactated ringers	93	LAZANDA	69
lactulose	93	leflunomide	117
LAMICTAL	69	LENVIMA	32
LAMICTAL ODT	69	LETAIRIS	123
LAMICTAL ODT STARTER (BLUE)	69	letrozole	32
LAMICTAL ODT STARTER (GREEN)	69	leucovorin calcium	117
LAMICTAL ODT STARTER (ORANGE)	69	LEUKERAN	32
LAMICTAL STARTER (BLUE) KIT	69	LEUKINE	49
LAMICTAL STARTER (GREEN) KIT	69	leuprolide	32
LAMICTAL STARTER (ORANGE) KIT	69	LEVEMIR	109
LAMICTAL XR STARTER (BLUE)	69	LEVEMIR FLEXTOUCH	109
LAMICTAL XR STARTER (GREEN)	69	levetiracetam	69
LAMICTAL XR STARTER (ORANGE)	69	levetiracetam in nacl (iso-os)	70
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lamisil af	154	levocarnitine	117
lamisil at	154	levocarnitine (with sugar)	117

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levocetirizine	26	lisinopril	55
levofloxacin	19, 99	lisinopril-hydrochlorothiazide	55
levofloxacin in d5w	19	lite coat aspirin	155
levoleucovorin	117	LITE TOUCH INSULIN PEN NEEDLES	84
levonorg-eth estrad triphasic	109	LITE TOUCH INSULIN SYRINGE	84
levorphanol tartrate	70	lithium carbonate	70
levothyroxine	109	lithium citrate	70
LEVOXYL	109	LITHOSTAT	93
LEXIVA	19	little remedies fever and pain	155
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lice cream rinse	154	lomustine	32
lice killing	154	long acting nasal decong (pse)	155
lice killing (permethrin)	154	long acting nasal spray	155
lice pyrinyl shampoo	154	LONSURF	32
lice solution	154	loperamide	121, 155
lice treatment	155	loradamed	155
lice treatment (permethrin)	155	lorata-d	155
lidocaine	127	lorata-dine d	155
lidocaine (pf)	114	loratadine	155
lidocaine hcl	99, 114	loratadine-d	155
lidocaine viscous	99	lorazepam	70
lidocaine-prilocaine	127	LORAZEPAM INTENSOL	70
lindane	127	LORTUSS DM	155
linezolid	19	lortuss ex	155
linezolid-0.9% sodium chloride	19	losartan	55
LINZESS	103	losartan-hydrochlorothiazide	55
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liquibid d-r	155	lotrimin af jock itch powder	155
liquid antacid	155	lotrimin af powder	155
liquitears	155	lotrimin ultra	155

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meclofenamate	70	meperidine	71
medi-bismuth	156	MEPHYTON	120
medi-mucil	156	mercaptopurine	33
medi-natural	156	meropenem	19
medi-phedrine	156	meropenem-0.9% sodium chloride	19
medi-phedryl	156	mesalamine	103
medi-profen	157	mesalamine with cleansing wipe	103
medi-tabs	157	mesna	117
medi-tabs pm	157	MESNEX.....	117
medi-tussin	157	METAMUCIL	157
medi-tussin dm	157	metaproterenol	43
medi-tussin dm diabetic	157	metaxalone	44
medicidin-d	157	metformin	109
medifin expectorant mucus rlf	157	methadone	71
mediproxen	157	METHADOSE	71
medroxyprogesterone	109	methazolamide	99
mefloquine	19	methenamine hippurate	19
megestrol	33	methergine	122
MEKINIST	33	methimazole	109
meloxicam	70, 71	METHITEST	109
melphalan hcl	33	methocarbamol	44
memantine	71	methotrexate sodium	33
MENACTRA (PF)	39	methotrexate sodium (pf)	33
MENEST	109	methoxsalen rapid	127
MENHIBRIX (PF)	39	methyclothiazide	93
MENOMUNE - A/C/Y/W-135	39	methyl dopa	55
MENOMUNE - A/C/Y/W-135 (PF)	39	methyl dopa-hydrochlorothiazide	55
MENTAX	127	methylergonovine	122
MENVEO A-C-Y-W-135-DIP (PF)	39	methylphenidate	71
MENVEO MENA COMPONENT (PF)	40	methylprednisolone	110
MENVEO MENCYW-135 COMPNT (PF)	40	methylprednisolone acetate	110

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methylprednisolone sodium succ	110	minoxidil	56
methyltestosterone	110	mintox	157
metipranolol	99	mintox maximum strength	157
metoclopramide hcl	103	mintox plus	157
metolazone	93	miralax	157
metoprolol succinate	55	mirtazapine	71
metoprolol ta-hydrochlorothiaz	56	misoprostol	103
metoprolol tartrate	56	mitomycin	33
metronidazole	19, 127	mitoxantrone	33
metronidazole in nacl (iso-os)	20	modafinil	72
mexiletine	56	moexipril	56
mgo	157	moexipril-hydrochlorothiazide	56
mi-acid	157	moisturizing lubricant	157
mi-acid gas relief	157	molindone	72
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miconazole 7	157	MONISTAT 7	158
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miconazorb af	157	MONOJECT INSULIN SYRINGE	85
micro-guard	157	MONOJECT SYRINGE	85
midodrine	44	MONOJECT ULTRA COMFORT INSULIN	85
MIDOL (NAPROXEN)	157	montelukast	123
miglitol	110	morphine	72
migraine formula	157	morphine (pf)	72
migraine pain reliever	157	morphine concentrate	72
migraine relief	157	motion sickness relief(mecliz)	158
milk of magnesia	157	motion-time	158
mimvey	110	motrin pm	158
MINI ULTRA-THIN II	85	MOZOBIL	49
minocycline	20	mucaphed	158

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mucinex allergy	158	mucus relief severe cold	159
MUCINEX COLD,FLU,SORE THROAT	158	MUCUS RELIEF SINUS	159
mucinex fast-max cold-flu-thrt	158	mucus relief sinuspressur-pain	159
mucinex fast-max cold-sinus	158	mucus rlf severe sinus congest	159
MUCINEX FAST-MAX CONGEST-COUGH	158	MULTAQ	56
mucinex fast-max dm max	158	multi-symptom cold (pe)	159
mucinex fast-max nite cold-flu	158	multi-symptom cold (pe-cpm)	159
MUCINEX FAST-MAX SEVERE COLD	158	multi-symptom cold daytime	159
mucinex fast-maxsev cold-sinus	158	multi-symptom cold night time	159
MUCINEX FST-MX DY-NT COLD(DPH)	158	mupirocin	128
MUCINEX MINI-MELTS	158	mupirocin calcium	128
mucinex sinus-max	158	murine ear wax removal system	159
MUCINEX SINUS-MAX D-N (DIPHEN)	158	muro 128	159
MUCINEX SINUS-MAX NITE CONGEST	158	MUSTARGEN	33
mucinex sinus-max pressur-pain	158	MYALEPT	110
mucinex sinus-max sev congestn	158	myco nail a	159
mucosa	158	mycophenolate mofetil	118
mucosa dm	159	mycophenolate sodium	118
mucus and cough relief	159	MYFORTIC	118
mucus relief	159	MYOZYME	96
mucus relief chest	159	mytab gas	159
mucus relief cold and sinus	159	mytab gas maximum strength	159
mucus relief cold-flu-sore thr	159		
		N	
mucus relief congestion-cough	159	nabumetone	72
mucus relief cough	159	nadolol	56
mucus relief d (phenylephrine)	159	nadolol-bendroflumethiazide	56
mucus relief dm	159	nafcillin	20
mucus relief dm max	159	nafcillin in dextrose iso-osm	20
mucus relief pe	159	NAGLAZYME	96
mucus relief plus	159	nalbuphine	73
mucus relief sev congest-cold	159	naloxone	73

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naltrexone	73	neo-polycin	100
NAMENDA	73	neo-polycin hc	100
NAMENDA XR	73	neomycin	20
NAMZARIC	73	neomycin-bacitracin-poly-hc	100
naphazoline	100	neomycin-bacitracin-polymyxin	100
naproxen	73	neomycin-polymyxin b gu	128
naproxen sodium	73, 159	neomycin-polymyxin b-dexameth	100
naratriptan	73	neomycin-polymyxin-gramicidin	100
NARCAN	73	neomycin-polymyxin-hc	100
nasal and sinus decongestant	159	NEOSPORIN (NEO-BAC-POLYM)	160
nasal decongestant (oxymetazl)	159	neosporin (neo-polym-gramicid)	100
nasal decongestant (pe)	159	neosporin anti-itch	160
nasal decongestant (pseudoeph)	160	NEOSPORIN PLUS PAINRELIEF(BAC)	160
nasal spray (oxymetazoline)	160	NEPHRAMINE 5.4 %	93
nasal spray extra moisturizing	160	NEULASTA	49
NASAL SPRAY LONG ACTING	160	NEUMEGA	49
nasal spray moisturizing	160	NEUPOGEN	49
nasal spray sinus	160	NEUPRO	73
nasal spray 12 hour	160	nevirapine	20
NASONEX	100	NEXAVAR	33
nateglinide	110	niacor	56
NATPARA	110	nicardipine	56
NATRAPEL	160	nicoderm cq	160
natural balance	160	nicorelief	160
natural calcium	160	NICORETTE	160
natural fiber laxative	160	nicotine	160
natural senna laxative	160	nicotine (polacrilex)	160
natural veg laxative(sennosid)	160	NICOTROL NS	44
nature's tears (hypromellose)	160	nifedical xl	56
NEBUPENT	20	nifedipine	56
nefazodone	73	night time	160

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night time cold	160	NIX CREME RINSE	161
night time cold and flu relief	160	no drip	161
night time cold medicine	160	no drip nasal relief	161
night time cold-flu	160	noble formula hc	161
night time cold-flu relief	160	nohist-dm	161
night time cough-sore throat	161	non-aspirin	161
night time pain medicine	161	non-aspirin child	161
nighttime allergy relief	161	non-aspirin extra strength	161
nighttime cold-flu	161	non-aspirin nighttime	161
nighttime cough	161	non-aspirin pain relief	161
nighttime sinus-congestion	161	non-aspirin pain relief pm	161
NILANDRON	33	non-aspirin pm	161
nilutamide	33	non-aspirin severe congest m-s	161
nimodipine	56	non-aspirin 8 hour	161
NINLARO	33	non-drowsy allergy	161
nite time cold-flu	161	norethindrone acetate	110
nite time cold-flu formula	161	norgestimate-ethinyl estradiol	110
nite time cough	161	NORMOSOL-M IN 5 % DEXTROSE	93
nite time-d cold-flu relief	161	NORMOSOL-R	93
nite-time	161	NORMOSOL-R IN 5 % DEXTROSE	93
nite-time cold-flu	161	NORMOSOL-R PH 7.4	93
nitetime cough	161	nortemp	162
nitetime multi-symptom	161	NORTHERA	44
nitrofurantoin	20	nortriptyline	73
nitrofurantoin macrocrystal	20	NORVIR	20
nitrofurantoin monohyd/m-cryst	20	nose spray	162
nitroglycerin	56	NOVOFINE AUTOCOVER	85
NITROLINGUAL	56	NOVOFINE PLUS	85
NITROSTAT	57	NOVOFINE 30	85
niva-hist dm	161	NOVOFINE 32	85
nivanex dmX	161	NOVOLIN N	110

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NOVOLIN R	110	off deep woods dry	162
NOVOLIN 70/30	110	off familycare (with deet)	162
NOVOLOG	110	ofloxacin	21, 100
NOVOLOG FLEXPEN	110	olanzapine	74
NOVOLOG MIX 70-30	110	omega-3 acid ethyl esters	57
NOVOLOG MIX 70-30 FLEXPEN	110	omeprazole	103, 162
NOVOLOG PENFILL	111	omeprazole magnesium	162
NOVOPEN ECHO	85	OMNITROPE	111
NOVOTWIST	85	ONCASPAR	34
NOXAFIL	20	ondansetron	104
NRS NASAL RELIEF	162	ondansetron hcl	104
nts step 1	162	ondansetron hcl (pf)	104
NUEDEXTA	73	ONFI	74
NULOJIX	118	opcicon one-step	162
NUPLAZID	73	OPDIVO	34
NUTRILIPID	93	OPSUMIT	123
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nuzole	162	ORAP	74
nyamyc	128	ORFADIN	118
nyquil d	162	organ-i nr	162
nystatin	20, 128	original nasal spray	162
nystatin-triamcinolone	128	ORKAMBI	123
nystop	128	orphenadrine citrate	44
		oxaliplatin	34
	0	oxandrolone	111
octreotide acetate	111	oxaprozin	74
ODEFSEY	21	oxazepam	74
ODOMZO	34	oxcarbazepine	74
odor control foot-sneaker	162	OXSORALEN	128
OFEV	123	oxybutynin chloride	130
off active	162	oxycodone	74
off deep woods	162		

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oxycodone-acetaminophen	74	panoxyl	163
oxycodone-aspirin	74	panoxyl-4	163
oxymetazoline	162	PANRETIN	128
oysco-500	162	pantoprazole	104
oyster shell calcium	162	paricalcitol	131
oyster shell calcium 500	162	paroex oral rinse	100
P			
PACERONE	57	paromomycin	21
paclitaxel	34	paroxetine hcl	74
PAIN AND FEVER	162	PASER	21
pain and sleep	162	PATADAY	100
pain relief	162	PAXIL	74
pain relief (acetamin-asp-caf)	162	PAZEO	100
pain relief adult	162	PCE	21
pain relief allergy sinus	162	pedia relief	163
pain relief cold and cough	162	pedia relief cough-cold	163
pain relief extra strength	162	pediacare fever reducer	163
pain relief pm	162	pediacare multi-symptom cold	163
pain relief pm rapid release	162	PEDIARIX (PF)	40
pain relief regular strength	162	pediatric cough and cold	163
pain relief sinus pe	162	PEDVAX HIB (PF)	40
pain reliever	163	peg 3350-electrolytes	104
pain reliever (acetam-aspirin)	163	peg-electrolyte soln	104
pain reliever extra strength	163	peg-3350 with flavor packs	104
pain reliever plus	163	PEGANONE	75
pain reliever pm	163	PEGINTRON	21
pain reliever pm ex-strength	163	PEGINTRON REDIPEN	21
pain-off	163	peg3350	163
paliperidone	74	PEN NEEDLE	85
pamidronate	118	PEN NEEDLE, DIABETIC	86
pamprin max	163	penicillin g potassium	21
		penicillin g sodium	21

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penicillin v potassium	21	PHENTERMINE HCL	120
PENTACEL (PF)	40	phenylephrine-chlophedianol-gg	163
PENTAM	21	phenylhistine dh	164
pentazocine-naloxone	75	PHENYTEK	75
PENTIPS	86	phenytoin	75
pentoxifylline	49	phenytoin sodium	75
pep-t-med	163	phenytoin sodium extended	75
PEPCID AC	163	PHILLIPS MILK OF MAGNESIA	164
PEPCID COMPLETE	163	PHOSLYRA	93
peptic relief	163	PHOSPHOLINE IODIDE	100
PEPTO-BISMOL	163	PHYSIOLYTE	93
PEPTO-BISMOL MAX ST	163	PHYSIOSOL IRRIGATION	94
PEPTO-BISMOL TO-GO	163	pilocarpine hcl	44, 100
PERCOGESIC	163	pimozide	75
PERFOROMIST	44	pindolol	57
PERIKABIVEN	93	pink bismuth	164
perindopril erbumine	57	pink bismuth maximum strength	164
periogard	100	pioglitazone	111
PERJETA	34	pioglitazone-glimepiride	111
permethrin	128, 163	pioglitazone-metformin	111
perphenazine	75	piperacillin-tazobactam	21
perphenazine-amitriptyline	75	piroxicam	75
PERSA-GEL	163	PLASMA-LYTE A	94
pfizerpen-g	21	PLASMA-LYTE 148	94
pharbechlor	163	PLASMA-LYTE-56 IN 5 % DEXTROSE	94
pharbedryl	163	pnv ob+dha	131
pharbetol	163	pnv-omega	131
PHAZYME	163	pnv-total	131
PHENDIMETRAZINE TARTRATE	120	podactin	164
phenelzine	75	podofilox	128
phenobarbital	75	POLY HIST PD	164

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POLY-HIST DM (THONZYLAMINE)	164	pravastatin	57
POLY-TUSSIN AC	164	prazosin	57
POLY-VENT DM	164	PRED-G	101
POLY-VENT IR	164	PRED-G S.O.P.	101
polycin	100	prednicarbate	128
polyethylene glycol 3350	121, 164	prednisolone acetate	101
polymyxin b sulf-trimethoprim	101	prednisolone sodium phosphate	101, 111
polymyxin b sulfate	21	prednisone	111
polyvinyl alcohol	164	PREDNISONE INTENSOL	111
POMALYST	34	PREMARIN	111
PORTRAZZA	34	PREMASOL 10 %	94
potassium chlorid-d5-0.45%nacl	94	PREMASOL 6 %	94
potassium chloride	94	PREMPHASE	111
potassium chloride in lr-d5	94	PREMPRO	111
potassium chloride in 0.9%nacl	94	prenaplus	131
potassium chloride in 5 % dex	94	PRENATABS FA	131
potassium chloride-d5-0.2%nacl	94	PRENATABS RX	131
potassium chloride-d5-0.3%nacl	94	prenatal low iron	132
potassium chloride-d5-0.9%nacl	94	prenatal plus (calcium carb)	132
potassium chloride-0.45 % nacl	94	prena1 true	131
potassium citrate	94	preparation h hydrocortisone	164
POTIGA	75	pres gen	164
powderlax	164	presgen b	164
pr natal 400	131	pressure and pain	164
pr natal 400 ec	131	PREVACID 24HR	164
pr natal 430	131	prevalite	57
pr natal 430 ec	131	PREZCOBIX	21
PRADAXA	49	PREZISTA	21, 22
PRALUENT PEN	57	PRIFTIN	22
PRALUENT SYRINGE	57	primaquine	22
pramipexole	75	PRIMATENE ASTHMA	164

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primidone	75	promethegan	26
PRIMSOL	22	propafenone	57
PRISTIQ	75	propantheline	44
PRIVIGEN	40	proparacaine	101
PRO COMFORT ALCOHOL PADS	128	propranolol	57
PRO-CHLO	164	propranolol-hydrochlorothiazid	57
PRO-CLEAR AC	164	propylthiouracil	111
PRO-RED AC (W/ DEXCHLORPHENIR)	164	PROQUAD (PF)	40
probenecid	94	PROTONIX	104
probenecid-colchicine	94	protriptyline	76
procainamide	57	provil	164
PROCALAMINE 3%	94	pseudoephedrine hcl	164
prochlorperazine	104	psyllium husk	164
prochlorperazine edisylate	104	PULMOZYME	123
prochlorperazine maleate	104	purelax	164
PROCRIT	49, 50	PURIXAN	34
procto-med hc	128	pyrazinamide	22
procto-pak	128	pyrethrin lice treatment m	164
PROCTOSOL HC	128	pyridostigmine bromide	44
proctozone-hc	129	PYRIDOXINE HCL	120
PRODIGY INSULIN SYRINGE	86	pyroxate cold and congestion	164
progesterone micronized	111	Q	
PROGLYCEM	111	q-dryl	164
PROGRAF	118	q-pap	164
PROLEUKIN	34	q-pap extra strength	165
PROLIA	118	q-tapp dm	165
PROMACTA	50	q-tussin	165
promethazine	26	q-tussin dm	165
PROMETHAZINE VC-CODEINE	120	QSYMIA	120
PROMETHAZINE-CODEINE	120	QUADRACEL (PF)	40
PROMETHAZINE-DM	120	quenalin	165

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quetiapine	76	RELION PEN NEEDLES	86
quinapril	57	RELISTOR	104
quinapril-hydrochlorothiazide	57	REMEDY ANTIFUNGAL	165
quinidine gluconate	58	remedy phytoplex antifungal	165
quinidine sulfate	58	REMICADE	118
quinine sulfate	22	REMODULIN	123
quit 2	165	RENVELA	95
quit 4	165	repaglinide	112
		repel family	165
		repel hunter's	165
		repel sportsmen	165
		repel sportsmen dry	165
		repel sportsmen max	165
		repel tick defense	165
		repel 100	165
		RESCON-DM	165
		RESCON-GG	165
		RESCRIPTOR	22
		reserpine	58
		RESPAIRE-30	165
		RESTASIS	101
		restore tears	165
		RETROVIR	22
		REVATIO	58
		REVLIMID	34
		REXULTI	76
		REYATAZ	22
		RHEUMATREX	34
		ri-gel	165
		ri-gel ii	165
		ri-mox	166
R			
RABAVERT (PF)	40		
raloxifene	112		
ramipril	58		
RANEXA	58		
ranitidine hcl	104, 121, 165		
RAPAMUNE	118		
REBETOL	22		
RECOMBIVAX HB (PF)	40		
recort plus	165		
RECTIV	129		
refenesen	165		
refenesen dm	165		
refenesen pe	165		
REFRESH CLASSIC (PF)	165		
REFRESH LACRI-LUBE	165		
REFRESH TEARS	165		
regranex	129		
reguloid	165		
relcof c	165		
RELENZA DISKHALER	22		
RELION NEEDLES	86		

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ri-tussin	166	robitussin m-s cold cf max	166
ri-tussin dm	166	ROBITUSSIN MUCUS-CHEST CONGEST	166
ribasphere	22	ROBITUSSIN NIGHTTIME COUGH DM	166
ribavirin	22	robitussin pediatric	166
RID COMPLETE LICE ELIM KIT	166	ropinirole	76
rid lice killing	166	rosuvastatin	58
RIDAURA	105	ROTARIX	40
rifabutin	22	ROTATEQ VACCINE	40
RIFAMATE	22	roweepra	76
rifampin	23	RULOX	166
RIFATER	23	rycontuss	166
riluzole	76	rydex	166
rimantadine	23	rynex dm	166
ringers	95		
ringworm	166	S	
risedronate	118	SABRIL	76
RISPERDAL CONSTA	76	safe tussin dm	166
risperidone	76	SAFESNAP INSULIN SYRINGE	86
RITUXAN	34	SAMSCA	95
rivastigmine tartrate	44	SANCUSO	105
rizatriptan	76	SANDIMMUNE	118
robafen	166	SANDOSTATIN LAR DEPOT	112
robafen cf (phenylephrine)	166	SANI-SUPP (ADULT)	166
robafen cough	166	SANI-SUPP (INFANT)	166
robafen dm cough	166	santyl	129
robafen dm cough-chest congest	166	SAPHRIS (BLACK CHERRY)	76
robitussin cold-flu day	166	SAVELLA	76
robitussin cough and cold cf	166	SCOT-TUSSIN EXPECTORANT	166
robitussin cough-chest cong dm	166	secura antifungal	166
ROBITUSSIN COUGHGEL	166	secura antifungal extra thick	166
robitussin long-acting	166	selegiline hcl	76
		SELZENTRY	23

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sen-o-tab	166	simvastatin	58
senexon	166	sinus and allergy non-drowsy	167
senna	166	sinus and cold-d	167
senna lax	167	sinus congest-pain day-night	167
senna laxative	167	sinus congestion and pain	167
senno	167	sinus congestion-pain(chlorph)	167
SENOKOT	167	sinus congestion-pain(guaif)	167
SENOKOT TO GO	167	sinus decongestant (pe)	167
SENSIPAR	118	sinus formula daytime	167
SEROSTIM	112	sinus headache pe	167
sertraline	76, 77	sinus maximum strength	168
severe allergy-sinus headache	167	sinus nasal spray	168
severe cold	167	sinus pain relief	168
severe cold and flu (pe)	167	sinus relief (non-drowsy)	168
severe cold and flu nighttime	167	sinus relief (oxymetazoline)	168
severe cold multi-symptom	167	sinus relief pressure and pain	168
severe congestion	167	sinus relief severe congestion	168
severe congestion and coughmax	167	sinus 12 hour	167
severe sinus	167	sinutrol pe	168
shake that ache	167	sirolimus	118
SIGNIFOR	112	SIRTURO	23
siladryl sa	167	SIVEXTRO	23
sildenafil	58	SMOFLIPID	95
silphen cough	167	smooth antacid	168
siltussin dm das	167	smoothlax	168
siltussin sa	167	sochlor	168
siltussin-dm	167	sodium bicarbonate	95, 168
silver sulfadiazine	129	sodium chloride	95, 168
simethicone	167	sodium chloride 0.45 %	95
SIMPONI	118	sodium chloride 0.9 %	95
SIMULECT	118	sodium chloride 3 %	95

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sodium chloride 5 %	95	stavudine	23
SODIUM EDECRIN	95	STERILE GAUZE PAD	122
sodium fluoride	118	STIMATE	112
sodium lactate	95	STIOLTO RESPIMAT	44
sodium phenylbutyrate	95	STIVARGA	34
sodium polystyrene (sorb free)	95	stomach relief	168
sodium polystyrene sulfonate	95	stomach relief max strength	168
SOLTAMOX	34	stomach relief original	168
SOLU-MEDROL	112	stool softener	168
SOLU-MEDROL (PF)	112	stop smoking aid	168
soluble fiber	168	STRATTERA	77
SOMATULINE DEPOT	112	STRENSIQ	96
SOMAVERT	112	streptomycin	23
soothe (bismuth subsalicylate)	168	STRIBILD	23
soothe regular strength	168	STRIVERDI RESPIMAT	44
soothing care (hydrocortisone)	168	SUBOXONE	77
sorbugen nr	168	SUCRAID	96
SORIATANE	129	sucralfate	105
sorine	58	SUDAFED PE PRESSURE+PAIN	168
sotalol	58	sudafed pe pressure+pain+cough	168
sotalol af	58	SUDAFED PE PRESSURE+PAIN+MUCUS	168
SOVALDI	23	SUDAFED 12 HOUR	168
SPIRIVA RESPIMAT	44	sudogest	168
SPIRIVA WITH HANDIHALER	44	sudogest pe	168
spironolacton-hydrochlorothiaz	58	sudogest 12-hour	168
spironolactone	58	sulfacetamide sodium	101
SPRITAM	77	sulfacetamide sodium (acne)	129
SPRYCEL	34	sulfacetamide-prednisolone	101
SPS (WITH SORBITOL)	95	sulfadiazine	23
st joseph aspirin	168	sulfamethoxazole-trimethoprim	23
st. joseph aspirin	168	sulfasalazine	23

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sulindac	77	SYNAREL	112
sumatriptan	77	SYNERCID	24
sumatriptan succinate	77	SYNJARDY	112
super calcium	169	SYNRIBO	35
super pain relief	169	SYNTHROID	112
suphedrin	169	SYPRINE	106
suphedrin 12 hour	169	SYSTANE (PF)	169
suphedrine	169	SYSTANE (PROPYLENE GLYCOL)	169
suphedrine pe	169	SYSTANE ULTRA	169
suphedrine pe sinus headache	169	SYSTANE ULTRA (PF)	169
suphedrine 12 hour	169		
suppository adult	169	T	
SUPRENZA ODT	120	tab tussin	169
SUPREP BOWEL PREP KIT	105	tab tussin dm	169
SURE COMFORT ALCOHOL PREP PADS	129	TABLOID	35
SURE COMFORT INS. SYR. U-100	86	tacrolimus	118
SURE COMFORT INSULIN SYRINGE	86	tactinal	169
SURE COMFORT PEN NEEDLE	86	tactinal extra strength	169
SURE-FINE PEN NEEDLES	86	TAFINLAR	35
SURE-JECT INSULIN SYRINGE	87	TAGAMET HB	169
SURE-PREP ALCOHOL PREP PADS	129	TAGRISSO	35
SURMONTIL	77	TAKE ACTION	169
SUSTIVA	23, 24	TAMIFLU	24
SUTENT	34	tamoxifen	35
SYLATRON	24	tamsulosin	44
SYLATRON 4-PACK	24	TARCEVA	35
SYLVANT	35	TARGRETIN	35, 129
SYMBICORT	123	TASIGNA	35
SYMLINPEN 120	112	TASMAR	77
SYMLINPEN 60	112	TAXOTERE	35
SYNAGIS	24	TAZORAC	129
		taztia xt	58

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tears again (pva)	169	tg 10peh-380gfn-15dm	169
tears naturale ii	169	THALOMID	119
tears pure	169	the magic bullet	169
TECENTRIQ	35	theophylline	130
TECHLITE PEN NEEDLE	87	THERAFLU COLD-SORE THROAT (PE)	169
TEFLARO	24	THERAFLU DAYTIME COLD-COUGH	169
TEGRETOL XR	77	theraflu expressmax cold day	169
TEKTURNA	58	THERAFLU FLU-SORE THROAT	170
telmisartan	58	THERAFLU MULTI-SYMPTOM COLD	170
telmisartan-amlodipine	59	THERAFLU NIGHT SEVERE COLD-CGH	170
temazepam	77	THERAFLU SINUS AND COLD	170
TEMODAR	35	THERMAZENE	129
TENIVAC (PF)	40	THIAMINE HCL	120
tension headache	169	THINPRO INSULIN SYRINGE	87
tension headache pain reliever	169	THIOLA	119
tension headache relief	169	thioridazine	78
terazosin	59	thiotepa	35
terbinafine hcl	24, 169	thiothixene	78
terbutaline	44	thrivite-19	132
terconazole	129	THYMOGLOBULIN	119
TERUMO INSULIN SYRINGE	87	THYROLAR-1	113
TESSALON PERLE	120	THYROLAR-1/2	113
testosterone cypionate	113	THYROLAR-1/4	113
testosterone enanthate	113	THYROLAR-2	113
TESTRED	113	THYROLAR-3	113
tetanus toxoid,adsorbed (pf)	40	tiagabine	78
tetanus-diphtheria toxoids-td	41	ticlopidine	50
tetanus,diphtheria tox ped(pf)	41	TIKOSYN	59
tetrabenazine	77	timolol maleate	59, 101
tetracycline	24	TINACTIN	170
tg 10peh-380gfn	169	tinidazole	24

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tioconazole	170	tramadol	78
tioconazole-1	170	trandolapril	59
TIVICAY	24	tranexamic acid	50
tizanidine	45	TRANSDERM-SCOP	105
tl-hist dm	170	tranylcyproamine	78
TOBI PODHALER	24	TRAVASOL 10 %	96
tobramycin	101	TRAVATAN Z	101
tobramycin sulfate	24	trazodone	78
tobramycin-dexamethasone	101	TREANDA	36
TOBEX	101	TRECTOR	24
TOLAK	129	TRELSTAR	36
tolazamide	113	TRELSTAR DEPOT	36
tolbutamide	113	TRELSTAR LA	36
tolcapone	78	TRESIBA FLEXTOUCH U-100	113
tolmetin	78	TRESIBA FLEXTOUCH U-200	113
tolnaftate	170	tretinoin	129
tolterodine	130	tretinoin (chemotherapy)	36
TOPCARE CLICKFINE	87	TREXALL	36
TOPCARE ULTRA COMFORT	87	tri-biozene	170
topiramate	78	tri-lo-estarylla	113
toposar	35	tri-lo-sprintec	113
topotecan	35	triaacting m-sym cold/cough	170
TORISEL	35	triamcinolone acetonide	129
toremide	95	TRIAMINIC CHEST-NASAL CONGEST	170
total allergy medicine	170	triaminic cold and cough (pe)	170
total home insect repellent	170	TRIAMINIC COUGH-SORE THROAT	170
TOUJEO SOLOSTAR	113	triamterene-hydrochlorothiazid	96
TOVIAZ	130	triderm	129
TPN ELECTROLYTES	95	trifluoperazine	78
TRACLEER	123	trifluridine	101
TRADJENTA	113	trihexyphenidyl	78

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TRILEPTAL	78	tusnel diabetic	171
trilyte with flavor packets	105	TUSNEL NEW FORMULA	171
trimethobenzamide	105	TUSNEL PEDIATRIC	171
trimethoprim	24	TUSNEL-DM PEDIATRIC	171
trimipramine	78	tussi pres-b	171
TRINESSA LO	113	tussi-pres	171
TRINTELLIX	78	TUSSICAPS	120
triple antibiotic	170	tussin	171
triple antibiotic (pram) extra	170	tussin cf (pe-dm-guaif)	171
triple antibiotic plus	170	tussin cf cough-cold	171
triple antibiotic-pain relief	170	tussin cf max	171
triple paste af	170	tussin chest congestion	171
TRISENOX	36	tussin cough (dm only)	171
TRIUMEQ	24	tussin cough dm	171
TROPHAMINE 10 %	96	tussin cough-chest congestion	171
TROPHAMINE 6%	96	tussin dm	171
tropicamide	101	tussin dm clear	171
trospium	131	tussin dm cough	171
TRUEPLUS INSULIN	87	tussin dm cough and chest	171
TRULICITY	113	tussin dm max	171
TRUMENBA	41	tussin expectorant	171
TRUVADA	24	tussin honey	171
trymine cg	170	tussin maximum strength	171
TUMS	170	tussin maximum strength cough	171
tums dual action (famotidine)	170	tussin pe	171
TUMS E-X	170	tussinmax	171
TUMS EXTRA STRENGTH SMOOTHIES	170	TUSSIONEX	121
TUMS FRESHERS	170	TWINRIX (PF)	41
TUMS ULTRA	170	TYBOST	119
tusicof	171	TYGACIL	25
tusnel c	171	TYKERB	36

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TYLENOL	171	ULTRA-THIN II INS PEN NEEDLES	89
TYLENOL COLD AND FLU SEVERE	171	ULTRA-THIN II INSULIN SYRINGE	89
TYLENOL COLD HEAD CONGEST SEVR	172	ultrathon	172
TYLENOL COLD MAX NIGHT	172	UNIFINE PENTIPS	89
tylenol cold multi-symptom day	172	UNIFINE PENTIPS PLUS	89
TYLENOL SINUS CONGESTION PAIN	172	UNITHROID	113
TYLENOL SORE THROAT	172	UNITUXIN	36
TYPHIM VI	41	ursodiol	105
TYSABRI	119	UVADEX	130
TYZEKA	25		
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		VAGISTAT-1	172
		vagistat-3	172
		valacyclovir	25
		VALCHLOR	130
		VALCYTE	25
		valganciclovir	25
		valproate sodium	78
		valproic acid	78
		valproic acid (as sodium salt)	78
		valsartan	59
		valsartan-hydrochlorothiazide	59
		valu-dryl allergy	172
		valu-tapp dm	172
		VANACOF	172
		VANACOF DX	172
		VANA HIST PD	172
		vancomycin	25
		VANISHPOINT SYRINGE	89
		vaporizing rub	172
		VAPORX BALM	172
		VAQTA (PF)	41

U

u-cort	129
ULTICARE	88
ULTICARE INSULIN SYR HALF UNIT	88
ULTICARE INSULIN SYRINGE	88
ULTICARE PEN NEEDLE	88
ULTILET ALCOHOL SWAB	130
ULTILET INSULIN SYRINGE	88
ULTILET PEN NEEDLE	88
ultra a-d	172
ULTRA CMFT INS SYR HALF UNIT	88
ULTRA COMFORT INSULIN SYRINGE	88
ultra dm free and clear	172
ultra fresh	172
ultra fresh pm	172
ultra lubricant eye	172
ultra strength antacid	172
ultra strength calcium antacid	172
ultra tuss safe	172
ULTRA-THIN II (SHORT) INS SYR	89
ULTRA-THIN II (SHORT) PEN NDL	89

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VARIVAX (PF)	41	VICKS QLEARQUIL NIGHTTIME SINUS	173
VARIZIG	41	vicks qlearquil nighttime rlf	173
VASCEPA	59	vicks sinex 12-hour	173
VECTIBIX	36	vicks vaporub	173
vegetable laxative	172	VICTOZA 2-PAK	114
VELCADE	36	VICTOZA 3-PAK	114
VENCLEXTA	36	VIDEX 2 GRAM PEDIATRIC	25
VENCLEXTA STARTING PACK	36	VIDEX 4 GRAM PEDIATRIC	25
venlafaxine	79	vienva	114
VENOFER	121	VIGAMOX	101
VENTOLIN HFA	45	VIIBRYD	79
verapamil	59	VIMPAT	79
VEREGEN	130	vinblastine	36
VERIPRED 20	114	vincasar pfs	36
VERSACLOZ	79	vincristine	36
VIBERZI	105	vinorelbine	36
VICKS CHILDREN'S NYQUIL COLD-C	172	VIRACEPT	25
vicks dayquil cold-flu relief	172	VIRAMUNE XR	25
vicks dayquil cough	172	VIRAZOLE	25
VICKS DAYQUIL MUCUS CONTROL DM	172	VIREAD	25
vicks dayquil severe cold-flu	172	virt-care one	132
vicks nature fusion	172	virtussin ac	173
vicks nature fusion cough	173	virtussin dac	173
VICKS NYQUIL COLD/FLU (CPM)	173	vitamin a and d	173
vicks nyquil cold/flu liquicap	173	VITAMIN D2	121
VICKS NYQUIL COUGH	173	VITAMIN K1	121
VICKS NYQUIL NIGHTTIME RELIEF	173	VITATRUE	132
vicks nyquil severe cold-flu	173	VITEKTA	25
VICKS NYQUIL SINEX	173	vol-plus	132
vicks qlearquil allergy	173	VOLTAREN	79
VICKS QLEARQUIL DAYTIME SINUS	173	voriconazole	25

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VOTRIENT	37	wal-tussin cough and cold cf	174
VPRIV	97	wal-tussin dm	174
VRAYLAR	79	wal-tussin dm clear	174
W		wal-tussin max strength cough	174
wal-dryl allergy	173	wal-zan 150	174
wal-dryl severe allergy-sinus	173	wal-zan 75	174
wal-fex allergy	173	wal-zyr (cetirizine)	174
wal-finatc	173	wal-zyr (ketotifen)	174
wal-flu cold and sore throat	173	wal-zyr d	174
wal-flu night time	173	warfarin	50
wal-flu severe cold and cough	173	water for irrigation, sterile	96
wal-flu severe cold-cough	173	WEBCOL	130
wal-itin	173	WELCHOL	59
wal-itin d	173	WINRHO SDF	41
wal-itin d 12 hour	173	X	
wal-mucil fiber	173	XALKORI	37
wal-nadol pm	173	XARELTO	50, 51
wal-phed	173	XENAZINE	79
wal-phed d	174	XENICAL	121
wal-phed pe	174	XGEVA	119
wal-phed pe nighttime cold	174	XIFAXAN	25, 26
wal-phed pe sinus headache	174	XOLAIR	124
wal-phed pe triple relief	174	XTANDI	37
wal-phed 12 hour	174	XYREM	79
wal-profen	174	Y	
wal-profen cold-sinus	174	YERVOY	37
wal-profen d cold and sinus	174	YF-VAX (PF)	41
wal-proxen	174	YONDELIS	37
wal-tap dm	174	Z	
wal-tussin	174	Z-TUSS AC	174
wal-tussin cough	174	ZADITOR	174

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ZANTAC MAXIMUM STRENGTH	174	ZYTIGA	37
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ZARXIO	51	1-day	132
ZAVESCA	119	1ST TIER UNIFINE PENTIPS	80
zeasorb (miconazole)	174	1ST TIER UNIFINE PENTIPS PLUS	80
ZELBORAF	37	12 hour cold relief	132
ZEMPLAR	132	12 hour decongestant	132
ZERBAXA	26	12 hour nasal relief spray	132
ZETIA	59	12 hour nasal spray	132
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ZINC CHLORIDE	121	8-MOP	124
zinc oxide	174		
ziprasidone hcl	79		
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zoledronic acid	119		
zoledronic acid-mannitol-water	119		
ZOLINZA	37		
zolpidem	79		
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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.

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If you have questions, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-855-280-4002 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Eastern time. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).



Discrimination is Against the Law

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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 1-855-280-4002 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-280-4002 (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 1-855-280-4002 (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 1-855-280-4002 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-280-4002 (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 1-855-280-4002 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-280-4002 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-280-4002 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-280-4002 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-280-4002 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-280-4002 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-280-4002 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-280-4002 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-280-4002 (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。1-855-280-4002 (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 1-855-280-4002 (TTY: 711) تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, kojí' hódíłnih 1-855-280-4002 (TTY: 711).

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 H3480-001 (MEDICARE-MEDICAID PLAN) AT 1-855-280-4002 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, EASTERN TIME. THIS CALL IS FREE.

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