

2024 Preferred Drug List

Humana Healthy
Horizons[®] in Florida
All Regions

PLEASE READ: THIS DOCUMENT
CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER
IN THIS PLAN. THIS FORMULARY
WAS UPDATED ON
09/30/2024.

Humana
Healthy Horizons[®]
in Florida

Preferred Drug List

What is the Preferred Drug List?

This is a list of drugs covered by your plan. The drug should be filled at an in-network pharmacy and you will not be asked to pay a copay as long as your drug is covered.

Can the Preferred Drug List change?

Yes. New drugs are added or removed as needed. You will be notified by letter if a drug you take is removed from the list.

For your drug information:

You can visit **Humana.com** and login to MyHumana.

- Use the "Drug Pricing Tool" under "Tools & Resources" at the bottom of the page.
- Search for the drug by name or by the condition.

Please note: MyHumana only shows benefits as of the date of login.

Are there any limits on my drugs?

Some drugs may have limits or are not preferred.

These limits may include:

- **Prior Authorization (PA):** Some drugs need to be approved by your plan to be covered.
- **Quantity Limits (QL):** You may have a limit on the amount of drugs you can get at one time.
- **Step Therapy (ST):** Before you fill a drug that costs more, you may be asked to try at least one other drug first.

If your doctor feels there is no other covered option, he or she can call Humana Clinical Pharmacy Review at **1-800-555-2546** to ask for an exception. We will reply within 24 hours after we get your doctor's request.

How to read the Preferred Drug List

The first column lists drug names. Brand name drugs are listed in UPPER CASE and generic drugs are listed in lower case. Over the Counter (OTC) drugs are available at no cost with a valid prescription. They are shown on the list with "OTC" next to the drug name.

EDS – Extended Day Supply - This medicine may be available up to a 100-day supply. Pharmacy accessibility and max day supply may vary by medicine.

The second column shows if there are limits to the drug.

The third column shows age requirements you have to meet for coverage.

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
piroxicam 20 mg capsule			
ibuprofen 800 mg tablet			
naproxen sodium 275 mg tablet			
celecoxib 400 mg capsule	QL(30 per 30 days)		
NAPROSYN 125 MG/5 ML ORAL SUSPENSION			11
ibu 600 mg tablet			
meloxicam 15 mg tablet			
ibu 800 mg tablet			
indomethacin 25 mg capsule			
ibuprofen 400 mg tablet			
naproxen 375 mg tablet			
naproxen 125 mg/5 ml oral suspension			11
nabumetone 500 mg tablet			
indomethacin 50 mg capsule			
naproxen 500 mg tablet			
diclofenac sodium 25 mg tablet,delayed release			
CALDOLOR 800 MG/200 ML (4 MG/ML) INTRAVENOUS PIGGYBACK			
celecoxib 100 mg capsule	QL(60 per 30 days)		
meloxicam 7.5 mg tablet			
naproxen 250 mg tablet			
diclofenac sodium 75 mg tablet,delayed release			
celecoxib 200 mg capsule	QL(60 per 30 days)		
ketorolac 15 mg/ml injection solution	QL(120 per 180 days)	17	
piroxicam 10 mg capsule			
naproxen sodium 550 mg tablet			
diclofenac sodium 50 mg tablet,delayed release			
ibu 400 mg tablet			
ibuprofen 600 mg tablet			
ketorolac 10 mg tablet	QL(120 per 180 days)	17	
indomethacin 50 mg rectal suppository			
sulindac 150 mg tablet			
CALDOLOR 800 MG/8 ML (100 MG/ML) INTRAVENOUS SOLUTION			
ibuprofen 100 mg/5 ml oral suspension ^{OTC}			
ibuprofen 100 mg/5 ml oral suspension			
ketorolac 30 mg/ml (1 ml) injection solution	QL(120 per 180 days)	17	
ketorolac 60 mg/2 ml intramuscular solution	QL(120 per 180 days)	17	
indomethacin er 75 mg capsule,extended release			
nabumetone 750 mg tablet			

EDS - Extended Day Supply • ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ketorolac 15 mg/ml injection syringe	QL(120 per 180 days)	17	
ketorolac 60 mg/2 ml intramuscular syringe	QL(120 per 180 days)	17	
diclofenac 1 % topical gel			
ketorolac 30 mg/ml injection syringe	QL(120 per 180 days)	17	
sulindac 200 mg tablet			
celecoxib 50 mg capsule	QL(60 per 30 days)		
morphine er 30 mg tablet,extended release	QL(90 per 30 days)	18	
fentanyl 100 mcg/hr transdermal patch	QL(10 per 30 days)	18	
fentanyl 50 mcg/hr transdermal patch	QL(10 per 30 days)	18	
fentanyl 25 mcg/hr transdermal patch	QL(10 per 30 days)	18	
BUTRANS 7.5 MCG/HOUR TRANSDERMAL PATCH	QL(4 per 28 days)	18	
XTAMPZA ER 36 MG CAPSULE SPRINKLE	PA	18	
XTAMPZA ER 27 MG CAPSULE SPRINKLE	PA	18	
XTAMPZA ER 18 MG CAPSULE SPRINKLE	PA	18	
morphine er 15 mg tablet,extended release	QL(90 per 30 days)	18	
morphine er 60 mg tablet,extended release	QL(90 per 30 days)	18	
morphine er 200 mg tablet,extended release	QL(90 per 30 days)	18	
fentanyl 12 mcg/hr transdermal patch	QL(10 per 30 days)	18	
XTAMPZA ER 13.5 MG CAPSULE SPRINKLE	PA	18	
BUTRANS 15 MCG/HOUR TRANSDERMAL PATCH	QL(4 per 28 days)	18	
morphine er 100 mg tablet,extended release	QL(90 per 30 days)	18	
fentanyl 75 mcg/hr transdermal patch	QL(10 per 30 days)	18	
BUTRANS 20 MCG/HOUR TRANSDERMAL PATCH	QL(4 per 28 days)	18	
BUTRANS 10 MCG/HOUR TRANSDERMAL PATCH	QL(4 per 28 days)	18	
XTAMPZA ER 9 MG CAPSULE SPRINKLE	PA	18	
BUTRANS 5 MCG/HOUR TRANSDERMAL PATCH	QL(4 per 28 days)	18	
acetaminophen 120 mg-codeine 12 mg/5 ml oral solution		12	
acetaminophen 300 mg-codeine 60 mg tablet	QL(360 per 30 days)	12	
morphine 30 mg immediate release tablet			
codeine sulfate 30 mg tablet		12	
hydrocodone 7.5 mg-acetaminophen 325 mg tablet			
oxycodone-acetaminophen 2.5 mg-325 mg tablet	QL(360 per 30 days)		
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution			
oxycodone-acetaminophen 10 mg-325 mg tablet	QL(180 per 30 days)		
oxycodone 30 mg tablet	QL(180 per 30 days)		
hydrocodone 10 mg-acetaminophen 325 mg tablet			
oxycodone 20 mg tablet	QL(270 per 30 days)		
morphine 15 mg immediate release tablet			
hydromorphone 2 mg tablet			
hydromorphone 8 mg tablet			
oxycodone 15 mg tablet	QL(180 per 30 days)		
morphine 10 mg/5 ml oral solution			
codeine sulfate 60 mg tablet		12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
acetaminophen 120 mg-codeine 12 mg/5 ml (5 ml) oral solution		12	
oxycodone 5 mg/5 ml oral solution	QL(1800 per 30 days)		
morphine 20 mg/5 ml (4 mg/ml) oral solution			
oxycodone-acetaminophen 5 mg-325 mg tablet	QL(360 per 30 days)		
acetaminophen 300 mg-codeine 30 mg/12.5 ml (12.5 ml) oral solution		12	
oxycodone-acetaminophen 7.5 mg-325 mg tablet	QL(240 per 30 days)		
oxycodone 5 mg tablet	QL(360 per 30 days)		
hydrocodone 7.5 mg-acetaminophen 300 mg tablet	QL(180 per 30 days)		
hydrocodone 10 mg-acetaminophen 300 mg tablet	QL(180 per 30 days)		
acetaminophen 300 mg-codeine 30 mg tablet	QL(360 per 30 days)	12	
hydromorphone 4 mg tablet			
hydrocodone 5 mg-acetaminophen 300 mg tablet	QL(240 per 30 days)		
hydrocodone 10 mg-acetaminophen 325 mg/15 ml oral solution			
tramadol 50 mg tablet	QL(240 per 30 days)	12	
hydrocodone 5 mg-acetaminophen 325 mg tablet			
codeine sulfate 15 mg tablet		12	
morphine concentrate 100 mg/5 ml (20 mg/ml) oral solution			
acetaminophen 300 mg-codeine 15 mg tablet	QL(360 per 30 days)	12	
oxycodone 10 mg tablet	QL(180 per 30 days)		
lidocaine hcl 5 mg/ml (0.5 %) injection solution			
lidocaine hcl 20 mg/ml (2 %) injection solution			
lidocaine-epinephrine (pf) 1.5 %-1:200,000 injection solution			
lidocaine 2 %-epinephrine bitartrate 1:100,000 injection cartridge			
lidocaine 5 % topical ointment	QL(60 per 30 days)		
tetracaine hcl (pf) 1 % (10 mg/ml) injection solution			
lidocaine (pf) 5 mg/ml (0.5 %) injection solution			
lidocaine (pf) 20 mg/ml (2 %) injection solution			
lidocaine hcl 10 mg/ml (1 %) injection solution			
ZTLIDO 1.8 % TOPICAL PATCH	PA,QL(90 per 30 days)		
bupivacaine-epinephrine (pf) 0.25 %-1:200,000 injection solution			
lidocaine 2 % mucosal jelly in applicator			
bupivacaine hcl 0.25 % (2.5 mg/ml) injection solution			
bupivacaine (pf) 0.75 % (7.5 mg/ml) injection solution			
lidocaine (pf) 10 mg/ml (1 %) injection solution			
bupivacaine-epinephrine 0.5 %-1:200,000 injection solution			
lidocaine 1 %-epinephrine 1:100,000 injection solution			
lidocaine hcl 2 % mucosal solution			
bupivacaine (pf) 0.5 % (5 mg/ml) injection solution			
lidocaine (pf) 15 mg/ml (1.5 %) injection solution			
lidocaine-prilocaine 2.5 %-2.5 % topical cream	QL(30 per 30 days)		
lidocaine (pf) 40 mg/ml (4 %) injection solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
lidocaine hcl 2 % mucosal jelly			
bupivacaine (pf) 0.25 % (2.5 mg/ml) injection solution			
lidocaine 5 % topical patch	PA,QL(90 per 30 days)		
lidocaine viscous 2 % mucosal solution			
bupivacaine hcl 0.5 % (5 mg/ml) injection solution			
lidocaine-epinephrine 0.5 %-1:200,000 injection solution			
lidocaine hcl 3 % topical cream	QL(85 per 30 days)		
lidocaine 2 %-epinephrine bitartrate 1:50,000 injection cartridge			
lidocaine hcl 4 % (40 mg/ml) mucosal solution			
bupivacaine-epinephrine 0.25 %-1:200,000 injection solution			
lidocaine-epinephrine (pf) 2 %-1:200,000 injection solution			
bupivacaine-epinephrine (pf) 0.5 %-1:200,000 injection solution			
lidocaine 20 mg/ml (2 %-epinephrine 1:100,000 injection solution			
naltrexone 50 mg tablet			
disulfiram 500 mg tablet			
acamprosate 333 mg tablet,delayed release			
disulfiram 250 mg tablet			
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	QL(1 per 28 days)	18	
BRIXADI WEEKLY 32 MG/0.64 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	QL(2.56 per 28 days)	18	
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	QL(90 per 30 days)	16	
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet	QL(90 per 30 days)	16	
buprenorphine 8 mg-naloxone 2 mg sublingual tablet	QL(90 per 30 days)	16	
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	QL(90 per 30 days)	16	
BRIXADI MONTHLY 96 MG/0.27 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	QL(0.27 per 28 days)	18	
SUBLOCADE 300 MG/1.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	QL(1.5 per 30 days)	18	
buprenorphine hcl 2 mg sublingual tablet	QL(90 per 30 days)	16	
BRIXADI WEEKLY 24 MG/0.48 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	QL(1.92 per 28 days)	18	
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET	QL(90 per 30 days)	16	
BRIXADI WEEKLY 16 MG/0.32 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	QL(1.28 per 28 days)	18	
BRIXADI WEEKLY 8 MG/0.16 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	QL(0.64 per 28 days)	18	
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	QL(90 per 30 days)	16	
SUBLOCADE 100 MG/0.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	QL(1.5 per 30 days)	18	
BRIXADI MONTHLY 64 MG/0.18 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	QL(0.18 per 28 days)	18	
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	QL(90 per 30 days)	16	
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET	QL(90 per 30 days)	16	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET	QL(90 per 30 days)	16	
BRIXADI MONTHLY 128 MG/0.36 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	QL(0.36 per 28 days)	18	
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET	QL(90 per 30 days)	16	
ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET	QL(90 per 30 days)	16	
buprenorphine hcl 8 mg sublingual tablet	QL(90 per 30 days)	16	
ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET	QL(90 per 30 days)	16	
naloxone 0.4 mg/ml injection syringe			
naloxone 1 mg/ml injection syringe			
KLOXXADO 8 MG/ACTUATION NASAL SPRAY	QL(4 per 365 days)		
naloxone 4 mg/actuation nasal spray ^{OTC}	QL(4 per 365 days)		
naloxone 4 mg/actuation nasal spray	QL(4 per 365 days)		
NARCAN 4 MG/ACTUATION NASAL SPRAY ^{OTC}	QL(4 per 365 days)		
NARCAN 4 MG/ACTUATION NASAL SPRAY	QL(4 per 365 days)		
naloxone 0.4 mg/ml injection solution			
ZIMHI 5 MG/0.5 ML INJECTION SYRINGE	QL(2 per 365 days)		
CHANTIX CONTINUING MONTH BOX 1 MG TABLET	QL(56 per 28 days)	17	
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK	QL(53 per 28 days)	17	
nicotine 7 mg/24 hr daily transdermal patch ^{OTC}		18	
varenicline 1 mg tablet	QL(56 per 28 days)	17	
nicotine 14 mg/24 hr daily transdermal patch ^{OTC}		18	
varenicline 0.5 mg tablet	QL(60 per 30 days)	17	
nicotine 21 mg/24 hr daily transdermal patch ^{OTC}		18	
varenicline 0.5 mg (11)-1 mg (42) tablets in a dose pack	QL(53 per 28 days)	17	
CHANTIX 1 MG TABLET	QL(56 per 28 days)	17	
nicotine 21mg/24hr-14mg/24hr-7mg/24hr daily transderm patches,sequentl ^{OTC}		18	
bupropion hcl 150 mg tablet,12 hr sustained-release(smoking deterrent)	QL(60 per 30 days)	18	
gentamicin 80 mg/100 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 100 mg/50 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 0.1 % topical cream	QL(60 per 30 days)		
tobramycin 40 mg/ml injection solution			
tobramycin 10 mg/ml injection solution			
tobramycin 300 mg/5 ml in 0.225 % sodium chloride for nebulization	PA,QL(280 per 56 days)		
gentamicin 80 mg/50 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 100 mg/100 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 60 mg/50 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 70 mg/50 ml in sodium chloride(iso) intravenous piggyback			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION	PA,QL(224 per 56 days)		
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION	PA,QL(280 per 56 days)		
tobramycin with nebulizer 300 mg/5 ml solution for nebulization	QL(280 per 56 days)		
gentamicin 120 mg/100 ml in sodium chloride(iso) intravenous piggyback			
gentamicin 40 mg/ml injection solution			
gentamicin 20 mg/2 ml injection solution			
neomycin 500 mg tablet			
paromomycin 250 mg capsule			
metronidazole 0.75 % topical gel	QL(90 per 30 days)		
vancomycin 250 mg capsule			
metronidazole 0.75 % topical cream	QL(90 per 30 days)		
trimethoprim 100 mg tablet			
methenamine mandelate 1 gram tablet			
metronidazole 500 mg tablet			
AZACTAM 1 GRAM SOLUTION FOR INJECTION			
vancomycin 500 mg/100 ml in 0.9% sodium chloride intravenous piggyback			
vancomycin 750 mg/150 ml in 0.9% sodium chloride intravenous piggyback			
vancomycin 1 gram/200 ml in 0.9 % sod. chloride intravenous piggyback			
nitrofurantoin 25 mg/5 ml oral suspension			
methenamine hippurate 1 gram tablet			
clindamycin 75 mg/5 ml oral solution			11
nitrofurantoin 50 mg/5 ml oral suspension			
methenamine mandelate 0.5 gram tablet			
nitrofurantoin macrocrystal 100 mg capsule			
NUVESSA 1.3 % (65 MG/5 GRAM) VAGINAL GEL			
LINCOCIN 300 MG/ML INJECTION SOLUTION			
vancomycin 125 mg capsule			
AZACTAM 2 GRAM SOLUTION FOR INJECTION			
vancomycin 750 mg intravenous solution			
clindamycin pediatric 75 mg/5 ml oral solution			11
vancomycin 1.25 gram intravenous solution			
vancomycin 1.5 gram intravenous solution			
nitrofurantoin macrocrystal 50 mg capsule			
vancomycin 1,000 mg intravenous injection			
SOLOSEC 2 GRAM ORAL DR GRANULES IN PACKET		12	
metronidazole 1 % topical gel			
VANCOMYCIN 1.25 GRAM/250 ML IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK			
colistin (colistimethate sodium) 150 mg solution for injection			
hydrocortisone 1 %-iodoquinol 1 % topical cream			
vancomycin 1.75 gram intravenous solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
vancomycin 2 gram intravenous solution			
metronidazole 1 % topical gel with pump			
polymyxin b sulfate 500,000 unit solution for injection			
lincomycin 300 mg/ml injection solution			
metronidazole 500 mg/100 ml in sodium chlor(iso) intravenous piggyback			
silver nitrate 0.5 % topical solution			
vancomycin 500 mg intravenous solution			
acetic acid 2 % ear solution			
clindamycin hcl 150 mg capsule			
VANCOMYCIN 1.5 GRAM/300 ML IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK			
clindamycin hcl 300 mg capsule			
nitrofurantoin macrocrystal 25 mg capsule			
CLEOCIN 100 MG VAGINAL SUPPOSITORY			
clindamycin 150 mg/ml injection solution			
CLEOCIN 150 MG/ML INJECTION SOLUTION			
CLEOCIN 2 % VAGINAL CREAM			
metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel			
clindamycin hcl 75 mg capsule			
vancomycin 500 mg/100 ml in dextrose 5 % intravenous piggyback			
tinidazole 250 mg tablet			
tinidazole 500 mg tablet			
metronidazole 250 mg tablet			
nitrofurantoin monohydrate/macrocrystals 100 mg capsule		12	
linezolid 600 mg tablet			
cefotetan 2 gram solution for injection			
cephalexin 250 mg capsule			
cefdinir 300 mg capsule			
cefuroxime axetil 250 mg tablet			
ceftriaxone 1 gram intravenous solution	QL(60 per 30 days)		
cefazolin 1 gram intravenous solution			
cefazolin 10 gram solution for injection			
ceftriaxone 2 gram intravenous solution	QL(60 per 30 days)		
ceftriaxone 1 gram/50 ml in dextrose (iso-osmot) intravenous piggyback			
ceftriaxone 2 gram/50 ml in dextrose (iso-osm) intravenous piggyback			
ceftriaxone 250 mg solution for injection	QL(60 per 30 days)		
cefoxitin 1 gram intravenous solution			
cefuroxime axetil 500 mg tablet			
cefprozil 250 mg tablet	QL(120 per 30 days)		
cefprozil 500 mg tablet	QL(120 per 30 days)		
cephalexin 750 mg capsule			
cefoxitin 1 gram/50 ml in dextrose, iso-osmotic intravenous piggyback			
cefepime 1 gram solution for injection	QL(180 per 30 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
cefepime 2 gram solution for injection	QL(90 per 30 days)		
cefazolin 2 gram solution for injection			
cefadroxil 500 mg capsule			
cefazolin 500 mg solution for injection			
cefoxitin 10 gram intravenous solution			
cefotaxime 1 gram solution for injection			
cefoxitin 2 gram/50 ml in dextrose(iso-osmotic) intravenous piggyback			
cefotetan 10 gram intravenous solution			
cefazolin 3 gram solution for injection			
cefuroxime sodium 750 mg solution for injection			
ceftriaxone 1 gram solution for injection	QL(60 per 30 days)		
cefuroxime sodium 1.5 gram intravenous solution			
cefazolin 1 gram solution for injection			
cefotetan 1 gram solution for injection			
cefaclor 250 mg capsule			
cefprozil 250 mg/5 ml oral suspension	QL(600 per 30 days)		
cefazolin 2 gram intravenous solution			
cefazolin 3 gram intravenous solution			
ceftriaxone 500 mg solution for injection	QL(60 per 30 days)		
cefaclor 500 mg capsule			
cefuroxime sodium 7.5 gram intravenous solution			
cephalexin 125 mg/5 ml oral suspension			
cefdinir 125 mg/5 ml oral suspension			
cephalexin 250 mg/5 ml oral suspension	QL(2400 per 30 days)		
cefprozil 125 mg/5 ml oral suspension			
ceftriaxone 10 gram solution for injection	QL(60 per 30 days)		
cefazolin 20 gram solution for injection			
cefdinir 250 mg/5 ml oral suspension			
cefoxitin 2 gram intravenous solution			
ceftriaxone 2 gram solution for injection	QL(60 per 30 days)		
cephalexin 500 mg capsule			
amoxicillin 125 mg chewable tablet			
amoxicillin 200 mg/5 ml oral suspension			
amoxicillin 500 mg tablet			
amoxicillin 200 mg-potassium clavulanate 28.5 mg/5 ml oral suspension			
piperacillin-tazobactam 40.5 gram intravenous solution			
ampicillin-sulbactam 1.5 gram solution for injection			
BICILLIN L-A 2,400,000 UNIT/4 ML INTRAMUSCULAR SYRINGE			
amoxicillin 250 mg-potassium clavulanate 125 mg tablet			
penicillin v potassium 125 mg/5 ml oral solution			
ampicillin-sulbactam 3 gram intravenous solution			
ampicillin 500 mg solution for injection			
ampicillin 500 mg capsule			
amoxicillin 250 mg-potassium clavulanate 62.5 mg/5 ml oral suspension			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
amoxicillin 875 mg-potassium clavulanate 125 mg tablet			
amoxicillin 600 mg-potassium clavulanate 42.9 mg/5 ml oral suspension			
penicillin v potassium 500 mg tablet			
ampicillin 1 gram intravenous solution			
ampicillin-sulbactam 1.5 gram intravenous solution			
ampicillin-sulbactam 15 gram solution for injection			
piperacillin-tazobactam 4.5 gram intravenous solution			
BICILLIN L-A 600,000 UNIT/ML INTRAMUSCULAR SYRINGE			
BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE			
dicloxacillin 500 mg capsule			
amoxicillin 125 mg/5 ml oral suspension			
ampicillin 10 gram solution for injection			
dicloxacillin 250 mg capsule			
amoxicillin 500 mg-potassium clavulanate 125 mg tablet			
penicillin g procaine 1.2 million unit/2 ml intramuscular syringe			
amoxicillin 250 mg chewable tablet			
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE			
BICILLIN L-A 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE			
amoxicillin 400 mg-potassium clavulanate 57 mg/5 ml oral suspension			
piperacillin-tazobactam 13.5 gram intravenous solution			
penicillin g procaine 600,000 unit/ml intramuscular syringe			
piperacillin-tazobactam 2.25 gram intravenous solution			
ampicillin 2 gram solution for injection			
penicillin v potassium 250 mg/5 ml oral solution			
ampicillin 2 gram intravenous solution			
ampicillin 250 mg solution for injection			
amoxicillin 250 mg capsule			
penicillin v potassium 250 mg tablet			
ampicillin 1 gram solution for injection			
amoxicillin 875 mg tablet			
ampicillin-sulbactam 3 gram solution for injection			
amoxicillin 500 mg capsule			
amoxicillin 250 mg/5 ml oral suspension			
ampicillin 125 mg solution for injection			
piperacillin-tazobactam 3.375 gram intravenous solution			
penicillin g sodium 5 million unit solution for injection			
amoxicillin 400 mg/5 ml oral suspension			
meropenem 500 mg intravenous solution			
MEROPENEM 2 GRAM INTRAVENOUS SOLUTION			
meropenem 1 gram intravenous solution			
ertapenem 1 gram solution for injection			
PRIMAXIN 500 MG INTRAVENOUS SOLUTION			QL(240 per 30 days)
meropenem 1 gram/50 ml in 0.9% sodium chloride intravenous piggyback			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
meropenem 500 mg/50 ml in 0.9% sodium chloride intravenous piggyback			
clarithromycin 250 mg/5 ml oral suspension			11
azithromycin 1 gram oral packet			
azithromycin 600 mg tablet			
azithromycin 100 mg/5 ml oral suspension			
azithromycin 200 mg/5 ml oral suspension			
azithromycin 500 mg tablet			
clarithromycin er 500 mg tablet,extended release 24 hr			
erythromycin ethylsuccinate 200 mg/5 ml oral powder for suspension			
clarithromycin 250 mg tablet			
clarithromycin 125 mg/5 ml oral suspension			11
clarithromycin 500 mg tablet			
azithromycin 500 mg intravenous solution			
azithromycin 250 mg tablet			
CIPRO 500 MG/5 ML ORAL SUSPENSION			11
ciprofloxacin 750 mg tablet	QL(120 per 30 days)	12	
levofloxacin 500 mg tablet		12	
ciprofloxacin 400 mg/200 ml in 5 % dextrose intravenous piggyback			
levofloxacin 750 mg tablet		12	
ciprofloxacin 500 mg tablet	QL(120 per 30 days)	12	
levofloxacin 500 mg/100 ml in 5 % dextrose intravenous piggyback			
levofloxacin 250 mg tablet		12	
ciprofloxacin 250 mg tablet	QL(120 per 30 days)	12	
levofloxacin 750 mg/150 ml in 5 % dextrose intravenous piggyback			
ciprofloxacin 100 mg tablet	QL(120 per 30 days)	12	
CIPRO 250 MG/5 ML ORAL SUSPENSION			11
ciprofloxacin 200 mg/100 ml in 5 % dextrose intravenous piggyback			
levofloxacin 250 mg/50 ml in 5 % dextrose intravenous piggyback			
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 ml oral suspension			
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet			
sulfamethoxazole 400 mg-trimethoprim 80 mg tablet			
minocycline 100 mg capsule			
minocycline 75 mg capsule			
doxycycline hyclate 100 mg tablet			
doxycycline monohydrate 50 mg tablet			
doxycycline hyclate 50 mg capsule			
doxycycline hyclate 20 mg tablet			
doxycycline monohydrate 75 mg tablet			
doxycycline monohydrate 150 mg tablet			
doxycycline hyclate 100 mg capsule			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
doxycycline monohydrate 100 mg tablet			
minocycline 50 mg capsule			
doxycycline hyclate 150 mg tablet			
doxycycline hyclate 50 mg tablet			
doxycycline monohydrate 100 mg capsule			
doxycycline monohydrate 50 mg capsule			
doxycycline hyclate 75 mg tablet			
KEPPRA 250 MG TABLET	PA		
FYCOMPA 12 MG TABLET	PA	4	
lamotrigine 25 mg(14)-50 mg(14)-100 mg(7) tablet,disintegrating, pack	QL(35 per 30 days)	2	
lamotrigine 50 mg disintegrating tablet	PA	2	
lamotrigine 25 mg disintegrating tablet	PA	2	
lamotrigine 100 mg disintegrating tablet	PA	2	
lamotrigine 200 mg disintegrating tablet	PA	2	
KEPPRA XR 750 MG TABLET,EXTENDED RELEASE	PA		
levetiracetam er 750 mg tablet,extended release 24 hr			
levetiracetam 100 mg/ml oral solution			
KEPPRA 100 MG/ML ORAL SOLUTION	PA		
KEPPRA 500 MG TABLET	PA		
LAMICTAL 100 MG TABLET	PA	2	
levetiracetam 500 mg/5 ml (5 ml) oral solution			
divalproex 125 mg tablet,delayed release			
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE	PA		
FYCOMPA 10 MG TABLET	PA	4	
levetiracetam er 500 mg tablet,extended release 24 hr			
DEPAKOTE 500 MG TABLET,DELAYED RELEASE	PA		
lamotrigine 5 mg chewable dispersible tablet		2	
DEPAKOTE ER 250 MG TABLET,EXTENDED RELEASE	PA		
lamotrigine 150 mg tablet		2	
FYCOMPA 2 MG TABLET	PA	4	
FYCOMPA 4 MG TABLET	PA	4	
levetiracetam 500 mg tablet			
divalproex 250 mg tablet,delayed release			
divalproex 125 mg capsule,delayed release sprinkle			
DEPAKOTE 250 MG TABLET,DELAYED RELEASE	PA		
felbamate 400 mg tablet			
lamotrigine 25 mg (42)-100 mg (7) tablets in a dose pack	PA,QL(49 per 30 days)	2	
lamotrigine 25 mg (84)-100 mg (14) tablets in a dose pack	PA,QL(98 per 30 days)	2	
divalproex er 250 mg tablet,extended release 24 hr			
FYCOMPA 6 MG TABLET	PA	4	
lamotrigine 100 mg tablet		2	
FYCOMPA 8 MG TABLET	PA	4	
FELBATOL 600 MG TABLET	PA		
FELBATOL 400 MG TABLET	PA		
LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE	PA	13	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
lamotrigine 25 mg (35) tablets in a dose pack	PA,QL(35 per 30 days)	2	
KEPPRA 750 MG TABLET	PA		
LAMICTAL 150 MG TABLET	PA	2	
LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE	PA	13	
LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE	PA	13	
LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE	PA	13	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE	PA,QL(28 per 30 days)	13	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL	PA,QL(35 per 30 days)	13	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL	PA,QL(35 per 30 days)	13	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION	PA	4	
levetiracetam 1,000 mg tablet			
KEPPRA 1,000 MG TABLET	PA		
roweepra 500 mg tablet	PA		
divalproex er 500 mg tablet,extended release 24 hr			
BRIVIACT 100 MG TABLET	PA		
BRIVIACT 75 MG TABLET	PA		
BRIVIACT 50 MG TABLET	PA		
BRIVIACT 25 MG TABLET	PA		
DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE	PA		
DEPAKOTE 125 MG TABLET,DELAYED RELEASE	PA		
FELBATOL 600 MG/5 ML ORAL SUSPENSION	PA		
BRIVIACT 10 MG/ML ORAL SOLUTION	PA		
LAMICTAL 25 MG TABLET	PA	2	
DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE	PA		
BRIVIACT 10 MG TABLET	PA		
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION	PA		
levetiracetam 750 mg tablet			
levetiracetam 500 mg/5 ml intravenous solution			
valproic acid (as sodium salt) 250 mg/5 ml oral solution			
XCOPRI 25 MG TABLET	PA		
LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE	PA	13	
LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET	PA	2	
XCOPRI 150 MG TABLET	PA		
roweepra 750 mg tablet	PA		
XCOPRI 100 MG TABLET	PA		
lamotrigine er 300 mg tablet,extended release 24 hr		13	
LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET	PA	2	
EPIDIOLEX 100 MG/ML ORAL SOLUTION	PA	1	
levetiracetam 250 mg tablet			
roweepra 1,000 mg tablet	PA		
XCOPRI 200 MG TABLET	PA		
felbamate 600 mg tablet			
felbamate 600 mg/5 ml oral suspension			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack	PA,QL(49 per 30 days)	2	
lamotrigine er 250 mg tablet,extended release 24 hr		13	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack	PA,QL(98 per 30 days)	2	
LAMICTAL 200 MG TABLET	PA	2	
LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE	PA	13	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack	PA,QL(35 per 30 days)	2	
subvenite 200 mg tablet	PA	2	
XCOPRI 50 MG TABLET	PA		
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK	PA		
XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK	PA		
subvenite 150 mg tablet	PA	2	
subvenite 100 mg tablet	PA	2	
subvenite 25 mg tablet	PA	2	
divalproex 500 mg tablet,delayed release			
lamotrigine 25 mg chewable dispersible tablet		2	
valproic acid (as sodium salt) 500 mg/10 ml (10 ml) oral solution			
valproic acid 250 mg capsule			
XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS	PA		
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS	PA		
valproic acid (as sodium salt) 250 mg/5 ml (5 ml) oral solution			
lamotrigine 25 mg tablet		2	
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK	PA		
lamotrigine er 200 mg tablet,extended release 24 hr		13	
lamotrigine er 100 mg tablet,extended release 24 hr		13	
lamotrigine er 50 mg tablet,extended release 24 hr		13	
lamotrigine er 25 mg tablet,extended release 24 hr		13	
LAMICTAL ODT 25 MG DISINTEGRATING TABLET	PA	2	
LAMICTAL ODT 50 MG DISINTEGRATING TABLET	PA	2	
LAMICTAL ODT 100 MG DISINTEGRATING TABLET	PA	2	
LAMICTAL ODT 200 MG DISINTEGRATING TABLET	PA	2	
lamotrigine 50 mg (42)-100 mg (14) tablet,disintegrating, pack	QL(56 per 30 days)	2	
lamotrigine 25 mg (21)-50 mg (7) tablet,disintegrating, pack	QL(28 per 30 days)	2	
lamotrigine 200 mg tablet		2	
ethosuximide 250 mg/5 ml oral solution			
ZARONTIN 250 MG CAPSULE	PA		
ethosuximide 250 mg capsule			
gabapentin 250 mg/5 ml (5 ml) oral solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
gabapentin 300 mg/6 ml (6 ml) oral solution			
vigadrone 500 mg oral powder packet			
SYMPAZAN 20 MG ORAL FILM	PA	2	
SYMPAZAN 10 MG ORAL FILM	PA	2	
vigpoder 500 mg oral powder packet			
SYMPAZAN 5 MG ORAL FILM	PA	2	
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY	PA,QL(20 per 30 days)	6	
VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY	PA,QL(20 per 30 days)	6	
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY	PA,QL(20 per 30 days)	6	
gabapentin 800 mg tablet			
MYSOLINE 50 MG TABLET	PA		
gabapentin 300 mg capsule			
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY	PA,QL(20 per 30 days)	6	
phenobarbital 60 mg tablet			
tiagabine 16 mg tablet			
phenobarbital 30 mg tablet			
phenobarbital 64.8 mg tablet			
primidone 250 mg tablet			
GABITRIL 2 MG TABLET	PA		
GABITRIL 4 MG TABLET	PA		
ONFI 20 MG TABLET	PA	2	
ONFI 10 MG TABLET	PA	2	
gabapentin 250 mg/5 ml oral solution			
tiagabine 2 mg tablet			
clobazam 10 mg tablet		2	
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY	PA,QL(10 per 30 days)	12	
clobazam 20 mg tablet		2	
phenobarbital 20 mg/5 ml (4 mg/ml) oral elixir			
phenobarbital 97.2 mg tablet			
phenobarbital 32.4 mg tablet			
gabapentin 400 mg capsule			
SABRIL 500 MG ORAL POWDER PACKET	PA		
SABRIL 500 MG TABLET	PA		
GABITRIL 12 MG TABLET	PA		
phenobarbital 15 mg tablet			
ONFI 2.5 MG/ML ORAL SUSPENSION	PA	2	
vigabatrin 500 mg oral powder packet			
clobazam 2.5 mg/ml oral suspension		2	
phenobarbital 16.2 mg tablet			
GABITRIL 16 MG TABLET	PA		
primidone 125 mg tablet			
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT	PA,QL(2 per 30 days)		18

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT	PA,QL(2 per 30 days)		18
tiagabine 4 mg tablet			
phenobarbital 100 mg tablet			
tiagabine 12 mg tablet			
DIASTAT 2.5 MG RECTAL KIT	PA,QL(2 per 30 days)		18
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit	QL(2 per 30 days)		18
diazepam 5 mg-7.5 mg-10 mg rectal kit	QL(2 per 30 days)		18
gabapentin 100 mg capsule			
diazepam 2.5 mg rectal kit	QL(2 per 30 days)		18
gabapentin 600 mg tablet			
primidone 50 mg tablet			
MYSOLINE 250 MG TABLET	PA		
lacosamide 150 mg tablet	QL(60 per 30 days)		
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION	PA		
lacosamide 200 mg tablet	QL(60 per 30 days)		
TEGRETOL 100 MG/5 ML ORAL SUSPENSION	PA		
oxcarbazepine 150 mg tablet			
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE	PA	6	
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE	PA	6	
carbamazepine er 100 mg tablet,extended release,12 hr			
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE	PA		
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE	PA	6	
phenytoin sodium extended 200 mg capsule			
phenytoin sodium extended 300 mg capsule			
APTIOM 800 MG TABLET	PA	4	
oxcarbazepine 300 mg/5 ml (60 mg/ml) oral suspension			
APTIOM 600 MG TABLET	PA	4	
APTIOM 400 MG TABLET	PA	4	
APTIOM 200 MG TABLET	PA	4	
TEGRETOL 200 MG TABLET	PA		
carbamazepine 100 mg chewable tablet			
DILANTIN 30 MG CAPSULE	PA		
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE	PA		
carbamazepine 200 mg/10 ml oral suspension			
carbamazepine 100 mg/5 ml oral suspension			
lacosamide 10 mg/ml oral solution	QL(1200 per 30 days)		
carbamazepine er 200 mg tablet,extended release,12 hr			
TRILEPTAL 300 MG TABLET	PA		
carbamazepine 200 mg tablet			
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE	PA		
epitol 200 mg tablet	PA		
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE	PA	6	
zonisamide 100 mg capsule			
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE	PA	6	
carbamazepine er 400 mg tablet,extended release,12 hr			
rufinamide 40 mg/ml oral suspension		1	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
carbamazepine er 100 mg capsule,extended release mphase12hr			
carbamazepine er 200 mg capsule,extended release mphase12hr			
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE	PA	6	
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION	PA		
carbamazepine er 300 mg capsule,extended release mphase12hr			
phenytoin 125 mg/5 ml oral suspension			
oxcarbazepine 300 mg tablet			
phenytoin sodium extended 100 mg capsule			
phenytoin 50 mg chewable tablet			
TRILEPTAL 600 MG TABLET	PA		
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE	PA		
phenytoin 100 mg/4 ml oral suspension			
rufinamide 200 mg tablet		1	
rufinamide 400 mg tablet		1	
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE	PA		
BANZEL 200 MG TABLET	PA	1	
BANZEL 400 MG TABLET	PA	1	
TRILEPTAL 150 MG TABLET	PA		
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE	PA		
DILANTIN EXTENDED 100 MG CAPSULE	PA		
oxcarbazepine 600 mg tablet			
BANZEL 40 MG/ML ORAL SUSPENSION	PA	1	
lacosamide 100 mg tablet	QL(60 per 30 days)		
zonisamide 50 mg capsule			
lacosamide 50 mg tablet	QL(60 per 30 days)		
zonisamide 25 mg capsule			
EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL		18	
rivastigmine 6 mg capsule		18	
donepezil 10 mg tablet		18	
galantamine 4 mg tablet		18	
rivastigmine 1.5 mg capsule		18	
donepezil 10 mg disintegrating tablet		18	
donepezil 5 mg disintegrating tablet		18	
galantamine 12 mg tablet		18	
donepezil 5 mg tablet	QL(60 per 30 days)	18	
rivastigmine 4.5 mg capsule		18	
rivastigmine 3 mg capsule		18	
EXELON PATCH 4.6 MG/24 HOUR TRANSDERMAL		18	
EXELON PATCH 9.5 MG/24 HOUR TRANSDERMAL		18	
galantamine 8 mg tablet		18	
memantine 5 mg tablet		18	
memantine 10 mg tablet		18	
bupropion hcl 75 mg tablet	QL(180 per 30 days)	6	
perphenazine-amitriptyline 4 mg-50 mg tablet	QL(120 per 30 days)	18	
mirtazapine 15 mg disintegrating tablet	QL(30 per 30 days)	6	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
bupropion hcl sr 150 mg tablet,12 hr sustained-release	QL(60 per 30 days)	6	
bupropion hcl sr 100 mg tablet,12 hr sustained-release	QL(60 per 30 days)	6	
bupropion hcl 100 mg tablet	QL(120 per 30 days)	6	
perphenazine-amitriptyline 2 mg-10 mg tablet	QL(240 per 30 days)	18	
amitriptyline-chlordiazepoxide 25 mg-10 mg tablet	QL(180 per 30 days)	18	
bupropion hcl xl 150 mg 24 hr tablet, extended release	QL(30 per 30 days)	6	
perphenazine-amitriptyline 2 mg-25 mg tablet	QL(120 per 30 days)	18	
bupropion hcl xl 300 mg 24 hr tablet, extended release	QL(30 per 30 days)	6	
mirtazapine 15 mg tablet	QL(30 per 30 days)	6	
bupropion hcl sr 200 mg tablet,12 hr sustained-release	QL(60 per 30 days)	6	
perphenazine-amitriptyline 4 mg-10 mg tablet	QL(120 per 30 days)	18	
mirtazapine 45 mg tablet	QL(30 per 30 days)	6	
amitriptyline-chlordiazepoxide 12.5 mg-5 mg tablet	QL(180 per 30 days)	18	
mirtazapine 30 mg disintegrating tablet	QL(30 per 30 days)	6	
mirtazapine 7.5 mg tablet	QL(60 per 30 days)	6	
perphenazine-amitriptyline 4 mg-25 mg tablet	QL(120 per 30 days)	18	
mirtazapine 30 mg tablet	QL(30 per 30 days)	6	
mirtazapine 45 mg disintegrating tablet	QL(30 per 30 days)	6	
venlafaxine er 75 mg capsule,extended release 24 hr	QL(90 per 30 days)	6	
TRINTELLIX 10 MG TABLET	PA,QL(30 per 30 days)	18	
TRINTELLIX 20 MG TABLET	PA,QL(30 per 30 days)	18	
escitalopram 10 mg tablet	QL(30 per 30 days)	6	
sertraline 20 mg/ml oral concentrate	QL(300 per 30 days)	6	11
citalopram 10 mg/5 ml oral solution	QL(900 per 30 days)	6	11
venlafaxine er 150 mg capsule,extended release 24 hr	QL(30 per 30 days)	6	
fluvoxamine 25 mg tablet	QL(360 per 30 days)	6	
desvenlafaxine succinate er 50 mg tablet,extended release 24 hr	QL(30 per 30 days)	18	
paroxetine 40 mg tablet	QL(30 per 30 days)	6	
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr	QL(30 per 30 days)	18	
trazodone 100 mg tablet	QL(120 per 30 days)	6	
desvenlafaxine succinate er 100 mg tablet,extended release 24 hr	QL(30 per 30 days)	18	
vilazodone 10 mg tablet	QL(30 per 30 days)	18	
vilazodone 20 mg tablet	QL(60 per 30 days)	18	
vilazodone 40 mg tablet	QL(30 per 30 days)	18	
escitalopram 5 mg tablet	QL(30 per 30 days)	6	
citalopram 40 mg tablet	QL(30 per 30 days)	6	
fluoxetine 40 mg capsule	QL(60 per 30 days)	6	
duloxetine 20 mg capsule,delayed release	QL(60 per 30 days)	6	
venlafaxine 50 mg tablet	QL(120 per 30 days)	6	
duloxetine 30 mg capsule,delayed release	QL(60 per 30 days)	6	
trazodone 50 mg tablet	QL(60 per 30 days)	6	
duloxetine 60 mg capsule,delayed release	QL(60 per 30 days)	6	
paroxetine 10 mg tablet	QL(30 per 30 days)	6	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
venlafaxine er 37.5 mg capsule,extended release 24 hr	QL(30 per 30 days)	6	
sertraline 100 mg tablet	QL(60 per 30 days)	6	
citalopram 20 mg tablet	QL(45 per 30 days)	6	
venlafaxine 25 mg tablet	QL(120 per 30 days)	6	
trazodone 150 mg tablet	QL(60 per 30 days)	6	
sertraline 25 mg tablet	QL(90 per 30 days)	6	
fluoxetine 10 mg capsule	QL(60 per 30 days)	6	
TRINTELLIX 5 MG TABLET	PA,QL(30 per 30 days)	18	
trazodone 300 mg tablet	QL(30 per 30 days)	6	
escitalopram 20 mg tablet	QL(30 per 30 days)	6	
venlafaxine 75 mg tablet	QL(150 per 30 days)	6	
fluvoxamine 50 mg tablet	QL(180 per 30 days)	6	
venlafaxine 100 mg tablet	QL(90 per 30 days)	6	
citalopram 10 mg tablet	QL(30 per 30 days)	6	
fluvoxamine 100 mg tablet	QL(90 per 30 days)	6	
fluoxetine 20 mg capsule	QL(90 per 30 days)	6	
venlafaxine 37.5 mg tablet	QL(120 per 30 days)	6	
sertraline 50 mg tablet	QL(90 per 30 days)	6	
fluoxetine 20 mg/5 ml (4 mg/ml) oral solution	QL(600 per 30 days)	6	11
paroxetine 20 mg tablet	QL(30 per 30 days)	6	
paroxetine 30 mg tablet	QL(60 per 30 days)	6	
amoxapine 150 mg tablet	QL(90 per 30 days)	16	
amoxapine 25 mg tablet	QL(90 per 30 days)	16	
nortriptyline 10 mg capsule	QL(240 per 30 days)	13	
nortriptyline 25 mg capsule	QL(120 per 30 days)	13	
nortriptyline 75 mg capsule	QL(60 per 30 days)	13	
amoxapine 100 mg tablet	QL(120 per 30 days)	16	
amitriptyline 100 mg tablet	QL(30 per 30 days)	12	
clomipramine 25 mg capsule	PA	10	
amoxapine 50 mg tablet	QL(90 per 30 days)	16	
desipramine 150 mg tablet	QL(30 per 30 days)	13	
amitriptyline 10 mg tablet	QL(240 per 30 days)	12	
amitriptyline 75 mg tablet	QL(60 per 30 days)	12	
imipramine 25 mg tablet	QL(90 per 30 days)	6	
desipramine 50 mg tablet	QL(60 per 30 days)	13	
clomipramine 50 mg capsule	PA	10	
imipramine 50 mg tablet	QL(120 per 30 days)	6	
imipramine 10 mg tablet	QL(240 per 30 days)	6	
amitriptyline 25 mg tablet	QL(120 per 30 days)	12	
desipramine 25 mg tablet	QL(60 per 30 days)	13	
amitriptyline 150 mg tablet	QL(30 per 30 days)	12	
desipramine 10 mg tablet	QL(240 per 30 days)	13	
desipramine 100 mg tablet	QL(60 per 30 days)	13	
nortriptyline 50 mg capsule	QL(90 per 30 days)	13	
desipramine 75 mg tablet	QL(60 per 30 days)	13	
clomipramine 75 mg capsule	PA	10	
amitriptyline 50 mg tablet	QL(120 per 30 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
promethazine 25 mg/ml injection solution			
metoclopramide 5 mg tablet	QL(360 per 30 days)		
promethazine 6.25 mg/5 ml oral syrup			
promethazine 12.5 mg tablet			
promethazine 50 mg/ml injection solution			
promethazine 25 mg tablet			
prochlorperazine maleate 10 mg tablet			
metoclopramide 10 mg tablet	QL(180 per 30 days)		
TRANSDERM-SCOP 1 MG OVER 3 DAYS TRANSDERMAL PATCH	PA,QL(10 per 30 days)	18	
promethazine 12.5 mg rectal suppository			
doxylamine 10 mg-pyridoxine (vit b6) 10 mg tablet,delayed release	QL(120 per 30 days)	18	
prochlorperazine maleate 5 mg tablet			
promethazine 25 mg rectal suppository			
promethegan 25 mg rectal suppository			
promethazine 50 mg tablet			
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE	QL(120 per 30 days)	18	
meclizine 25 mg tablet			
promethegan 12.5 mg rectal suppository			
metoclopramide 5 mg/5 ml oral solution			
meclizine 12.5 mg tablet			
ondansetron hcl (pf) 4 mg/2 ml injection solution	QL(32 per 28 days)		
granisetron (pf) 100 mcg/ml (0.1 mg/ml) intravenous solution			
palonosetron 0.25 mg/2 ml intravenous solution			
ondansetron 16 mg disintegrating tablet			
ondansetron hcl 4 mg tablet	QL(60 per 30 days)		
ondansetron hcl (pf) 4 mg/2 ml injection syringe	QL(32 per 28 days)		
ondansetron 8 mg disintegrating tablet	QL(60 per 30 days)		
aprepitant 40 mg capsule	QL(4 per 28 days)		
POSFREA 0.25 MG/5 ML INTRAVENOUS SOLUTION	QL(40 per 28 days)		
ondansetron hcl 8 mg tablet	QL(60 per 30 days)		
ondansetron hcl 2 mg/ml intravenous solution	QL(32 per 28 days)		
palonosetron 0.25 mg/5 ml intravenous syringe			
ondansetron hcl 4 mg/5 ml oral solution	QL(600 per 28 days)		
granisetron hcl 1 mg tablet	QL(8 per 28 days)		
ondansetron 4 mg disintegrating tablet	QL(60 per 30 days)		
palonosetron 0.25 mg/5 ml intravenous solution	QL(40 per 28 days)		
aprepitant 80 mg capsule	QL(4 per 28 days)		
aprepitant 125 mg capsule	QL(2 per 28 days)		
granisetron (pf) 1 mg/ml (1 ml) intravenous solution	QL(8 per 28 days)		
miconazole-7 2 % vaginal cream ^{OTC}			20
ciclopirox 8 % topical solution			
terconazole 0.8 % vaginal cream			
fluconazole 100 mg tablet			
nystatin 100,000 unit/ml oral suspension			
tioconazole-1 6.5 % vaginal ointment ^{OTC}			20

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
fluconazole 100 mg/50 ml in sodium chloride(iso) intravenous piggyback			
fluconazole 200 mg tablet			
fluconazole 200 mg/100 ml in sod. chloride (iso) intravenous piggyback			
miconazole nitrate 1,200 mg-2 % vaginal kit ^{OTC}			
miconazole-3 200 mg-2 % (9 gram) vaginal kit ^{OTC}			20
clotrimazole 10 mg troche			
fluconazole 40 mg/ml oral suspension			
griseofulvin microsize 500 mg tablet			
terconazole 0.4 % vaginal cream			
nystatin-triamcinolone 100,000 unit/gram-0.1 % topical ointment			
ketoconazole 2 % shampoo			
clotrimazole 1 % topical cream			
itraconazole 100 mg capsule	QL(180 per 30 days)		
fluconazole 400 mg/200 ml in sod. chloride(iso) intravenous piggyback			
griseofulvin microsize 125 mg/5 ml oral suspension			
tioconazole 6.5 % vaginal ointment ^{OTC}			20
nystatin 100,000 unit/gram topical ointment	QL(90 per 30 days)		
nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream			
fluconazole 150 mg tablet			
ketoconazole 2 % topical cream	QL(120 per 30 days)		
miconazole nitrate 100 mg vaginal suppository ^{OTC}			20
miconazole nitrate 2 % topical cream ^{OTC}			20
clotrimazole 1 % vaginal cream ^{OTC}			20
clotrimazole 1 % topical solution	QL(90 per 30 days)		
fluconazole 10 mg/ml oral suspension			
terbinafine hcl 250 mg tablet	QL(84 per 365 days)		
NOXAFIL 100 MG TABLET,DELAYED RELEASE			
amphotericin b 50 mg solution for injection			
nystatin 100,000 unit/gram topical powder			
miconazole nitrate 2 % vaginal cream ^{OTC}			20
ciclopirox 0.77 % topical suspension			
fluconazole 50 mg tablet			
econazole 1 % topical cream	QL(90 per 30 days)		
3-day vaginal 2 % cream ^{OTC}			20
nystatin 500,000 unit tablet			
ciclopirox 0.77 % topical cream			
miconazole-7 100 mg vaginal suppository ^{OTC}			20
clotrimazole-3 2 % vaginal cream ^{OTC}			20
miconazole-3 200 mg/5 gram (4 %) vaginal cream ^{OTC}			
clotrimazole-betamethasone 1 %-0.05 % topical cream			
nystatin 100,000 unit/gram topical cream	QL(90 per 30 days)		
probenecid 500 mg-colchicine 0.5 mg tablet			
probenecid 500 mg tablet			
colchicine 0.6 mg tablet	QL(6 per 30 days)	4	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
allopurinol 300 mg tablet ^{EDS}			
allopurinol 100 mg tablet ^{EDS}			
QUDEXY XR 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE	PA		
QUDEXY XR 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE	PA		
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE	PA		
TOPAMAX 25 MG SPRINKLE CAPSULE	PA		
AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR ^{EDS}	QL(4.5 per 90 days)	18	
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR		18	
topiramate xr 200 mg capsule sprinkle,extended release 24 hr			
topiramate 100 mg tablet			
TOPAMAX 200 MG TABLET	PA		
topiramate 25 mg tablet			
topiramate xr 150 mg capsule sprinkle,extended release 24 hr			
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE		18	
topiramate 200 mg tablet			
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR		18	
QULIPTA 10 MG TABLET	PA,QL(30 per 30 days)	18	
QULIPTA 60 MG TABLET	PA,QL(30 per 30 days)	18	
QULIPTA 30 MG TABLET	PA,QL(30 per 30 days)	18	
topiramate xr 100 mg capsule sprinkle,extended release 24 hr			
topiramate xr 25 mg capsule sprinkle,extended release 24 hr			
topiramate xr 50 mg capsule sprinkle,extended release 24 hr			
QUDEXY XR 150 MG CAPSULE SPRINKLE,EXTENDED RELEASE	PA		
QUDEXY XR 100 MG CAPSULE SPRINKLE,EXTENDED RELEASE	PA		
TOPAMAX 50 MG TABLET	PA		
topiramate 50 mg tablet			
AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS ^{EDS}	QL(4.5 per 90 days)	18	
TOPAMAX 15 MG SPRINKLE CAPSULE	PA		
TROKENDI XR 100 MG CAPSULE, EXTENDED RELEASE	PA	6	
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR		18	
topiramate 25 mg sprinkle capsule			
TOPAMAX 25 MG TABLET	PA		
TROKENDI XR 50 MG CAPSULE, EXTENDED RELEASE	PA	6	
TOPAMAX 100 MG TABLET	PA		
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE	PA	6	
topiramate 15 mg sprinkle capsule			
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE	PA	6	
sumatriptan 5 mg/actuation nasal spray	QL(6 per 30 days)	18	
sumatriptan 6 mg/0.5 ml subcutaneous solution	QL(3 per 30 days)	18	
sumatriptan 20 mg/actuation nasal spray	QL(6 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
IMITREX 20 MG/ACTUATION NASAL SPRAY	QL(6 per 30 days)	18	
rizatriptan 5 mg tablet	QL(12 per 30 days)	6	
rizatriptan 10 mg tablet	QL(12 per 30 days)	6	
sumatriptan 50 mg tablet	QL(9 per 30 days)	18	
sumatriptan 100 mg tablet	QL(9 per 30 days)	18	
RELPAK 20 MG TABLET	QL(6 per 30 days)	18	
RELPAK 40 MG TABLET	QL(6 per 30 days)	18	
sumatriptan 25 mg tablet	QL(9 per 30 days)	18	
rizatriptan 5 mg disintegrating tablet	QL(12 per 30 days)	6	
rizatriptan 10 mg disintegrating tablet	QL(12 per 30 days)	6	
IMITREX 5 MG/ACTUATION NASAL SPRAY	QL(6 per 30 days)	18	
pyridostigmine bromide 60 mg tablet			
pyridostigmine bromide 30 mg tablet			
MESTINON 60 MG/5 ML ORAL SYRUP			
pyridostigmine bromide er 180 mg tablet,extended release			
pyridostigmine bromide 60 mg/5 ml oral syrup			
dapsone 25 mg tablet			
MYCOBUTIN 150 MG CAPSULE			
dapsone 100 mg tablet			
rifampin 300 mg capsule			
isoniazid 300 mg tablet			
pyrazinamide 500 mg tablet			
rifampin 600 mg intravenous solution			
ethambutol 400 mg tablet			
ethambutol 100 mg tablet			
isoniazid 100 mg tablet			
rifampin 150 mg capsule			
isoniazid 50 mg/5 ml oral solution			
MYLERAN 2 MG TABLET	QL(120 per 30 days)		
MATULANE 50 MG CAPSULE	QL(56 per 30 days)		
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION		18	
bendamustine 25 mg/ml intravenous solution		18	
BICNU 100 MG INTRAVENOUS SOLUTION			
cyclophosphamide 50 mg tablet			
cisplatin 1 mg/ml intravenous solution			
ALKERAN 2 MG TABLET		18	
melphalan hcl 50 mg intravenous powder for solution			
ifosfamide 3 gram intravenous solution			
temozolomide 5 mg capsule	QL(60 per 28 days)		
oxaliplatin 100 mg/20 ml intravenous solution			
cyclophosphamide 200 mg/ml intravenous solution			
CYCLOPHOSPHAMIDE 100 MG/ML INTRAVENOUS SOLUTION			
ifosfamide 1 gram intravenous solution			
temozolomide 100 mg capsule	QL(60 per 28 days)		
carboplatin 10 mg/ml intravenous solution			
cyclophosphamide 2 gram intravenous powder for solution			
LEUKERAN 2 MG TABLET			
temozolomide 20 mg capsule	QL(60 per 28 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ifosfamide 3 gram/60 ml intravenous solution			
ifosfamide 1 gram/20 ml intravenous solution			
oxaliplatin 200 mg/40 ml intravenous solution			
paraplatin 10 mg/ml intravenous solution			
kemoplat 1 mg/ml intravenous solution			
cyclophosphamide 1 gram intravenous powder for solution			
cyclophosphamide 50 mg capsule			
temozolomide 180 mg capsule	QL(60 per 28 days)		
temozolomide 140 mg capsule	QL(60 per 28 days)		
bendamustine 25 mg intravenous powder for solution			
cyclophosphamide 500 mg intravenous powder for solution			
cyclophosphamide 500 mg/ml intravenous solution			
temozolomide 250 mg capsule	QL(60 per 28 days)		
oxaliplatin 50 mg intravenous solution			
oxaliplatin 100 mg intravenous solution			
cyclophosphamide 25 mg capsule			
cisplatin 50 mg intravenous powder for solution			
bendamustine 100 mg intravenous powder for solution			
TEMODAR 100 MG INTRAVENOUS SOLUTION			
melphalan 2 mg tablet		18	
oxaliplatin 50 mg/10 ml (5 mg/ml) intravenous solution			
cyclophosphamide 25 mg tablet			
XTANDI 40 MG CAPSULE	QL(120 per 30 days)	18	
abiraterone 500 mg tablet	QL(60 per 30 days)	18	
bicalutamide 50 mg tablet	QL(30 per 30 days)	18	
abiraterone 250 mg tablet	QL(120 per 30 days)	18	
REVLIMID 15 MG CAPSULE	QL(30 per 28 days)	18	
REVLIMID 20 MG CAPSULE	QL(30 per 28 days)	18	
REVLIMID 10 MG CAPSULE	QL(30 per 28 days)	18	
REVLIMID 5 MG CAPSULE	QL(30 per 28 days)	18	
REVLIMID 25 MG CAPSULE	QL(30 per 28 days)	18	
REVLIMID 2.5 MG CAPSULE	QL(30 per 28 days)	18	
tamoxifen 20 mg tablet	QL(60 per 30 days)	18	
fulvestrant 250 mg/5 ml intramuscular syringe			
tamoxifen 10 mg tablet	QL(90 per 30 days)	18	
gemcitabine 2 gram intravenous solution			
cytarabine (pf) 100 mg/5 ml (20 mg/ml) injection solution			
XELODA 150 MG TABLET	QL(178 per 27 days)	18	
cytarabine (pf) 20 mg/ml injection solution			
cytarabine (pf) 2 gram/20 ml (100 mg/ml) injection solution			
azacitidine 100 mg solution for injection	QL(17 per 28 days)		
fluorouracil 5 gram/100 ml intravenous solution			
decitabine 50 mg intravenous solution			
gemcitabine 200 mg/5.26 ml (38 mg/ml) intravenous solution			
mercaptopurine 50 mg tablet	QL(90 per 30 days)		
gemcitabine 2 gram/52.6 ml (38 mg/ml) intravenous solution			
fluorouracil 2.5 gram/50 ml intravenous solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
gemcitabine 1 gram/26.3 ml (38 mg/ml) intravenous solution			
fluorouracil 1 gram/20 ml intravenous solution			
gemcitabine 100 mg/ml intravenous solution			
fluorouracil 500 mg/10 ml intravenous solution			
hydroxyurea 500 mg capsule	QL(90 per 28 days)		
XELODA 500 MG TABLET	QL(178 per 27 days)	18	
gemcitabine 200 mg intravenous solution			
gemcitabine 1 gram intravenous solution			
cladribine 10 mg/10 ml intravenous solution			
cytarabine 20 mg/ml injection solution			
leucovorin calcium 10 mg tablet			
leucovorin calcium 200 mg solution for injection			
BORTEZOMIB 2.5 MG INJECTION POWDER FOR SOLUTION			
dexrazoxane hcl 500 mg intravenous solution		18	
pemetrexed disodium 100 mg intravenous powder for solution			
BORTEZOMIB 1 MG INJECTION POWDER FOR SOLUTION			
docetaxel 80 mg/8 ml (10 mg/ml) intravenous solution			
docetaxel 160 mg/16 ml (10 mg/ml) intravenous solution			
leucovorin calcium 10 mg/ml injection solution			
docetaxel 20 mg/2 ml (10 mg/ml) intravenous solution			
mitomycin 20 mg intravenous solution			
doxorubicin, pegylated liposomal 2 mg/ml intravenous suspension	QL(60 per 28 days)	18	
vinorelbine 10 mg/ml intravenous solution			
leucovorin calcium 500 mg solution for injection			
dacarbazine 200 mg intravenous solution			
bleomycin 15 unit solution for injection			
BORTEZOMIB 1 MG/ML INTRAVENOUS SOLUTION			
BORTEZOMIB 2.5 MG/ML INTRAVENOUS SOLUTION			
vinorelbine 50 mg/5 ml intravenous solution			
vincristine 2 mg/2 ml intravenous solution			
pemetrexed disodium 25 mg/ml intravenous solution			
bortezomib 3.5 mg injection powder for solution			
pemetrexed disodium 750 mg intravenous powder for solution			
fludarabine 50 mg intravenous solution			
doxorubicin 50 mg/25 ml intravenous solution			
doxorubicin 10 mg/5 ml intravenous solution			
MUTAMYCIN 40 MG INTRAVENOUS SOLUTION			
ELLENC 200 MG/100 ML INTRAVENOUS SOLUTION	PA	18	
doxorubicin 20 mg/10 ml intravenous solution			
doxorubicin 50 mg intravenous solution			
pemetrexed disodium 1,000 mg intravenous powder for solution			
ONCASPAR 750 UNIT/ML INJECTION SOLUTION			
paclitaxel 6 mg/ml concentrate,intravenous			
leucovorin calcium 50 mg solution for injection			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
pemetrexed 25 mg/ml intravenous solution			
doxorubicin 10 mg intravenous solution			
leucovorin calcium 350 mg solution for injection			
leucovorin calcium 5 mg tablet			
vincristine 1 mg/ml intravenous solution			
MUTAMYCIN 5 MG INTRAVENOUS SOLUTION			
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION	PA		
dexrazoxane hcl 250 mg intravenous solution		18	
idarubicin 1 mg/ml intravenous solution			
mitomycin 40 mg intravenous solution			
bortezomib 3.5 mg intravenous powder for solution			
dacarbazine 100 mg intravenous solution			
bleomycin 30 unit solution for injection			
vinblastine 1 mg/ml intravenous solution			
mitoxantrone 2 mg/ml concentrate,intravenous		18	
daunorubicin 5 mg/ml intravenous solution			
leucovorin calcium 15 mg tablet			
mitomycin 5 mg intravenous solution			
fludarabine 50 mg/2 ml intravenous solution			
docetaxel 160 mg/8 ml (20 mg/ml) intravenous solution			
doxorubicin 2 mg/ml intravenous solution			
pemetrexed disodium 500 mg intravenous powder for solution			
leucovorin calcium 100 mg solution for injection			
ELLENCÉ 50 MG/25 ML INTRAVENOUS SOLUTION	PA	18	
docetaxel 20 mg/ml (1 ml) intravenous solution		18	
docetaxel 80 mg/4 ml (20 mg/ml) intravenous solution		18	
MUTAMYCIN 20 MG INTRAVENOUS SOLUTION			
leucovorin calcium 25 mg tablet			
exemestane 25 mg tablet	QL(30 per 30 days)	18	
letrozole 2.5 mg tablet	QL(30 per 30 days)	18	
anastrozole 1 mg tablet	QL(30 per 30 days)	18	
etoposide 20 mg/ml intravenous solution			
irinotecan 500 mg/25 ml intravenous solution			
irinotecan 40 mg/2 ml intravenous solution			
irinotecan 100 mg/5 ml intravenous solution			
topotecan 4 mg/4 ml (1 mg/ml) intravenous solution			
topotecan 4 mg intravenous solution		18	
irinotecan 300 mg/15 ml intravenous solution			
KISQALI 200 MG/DAY (200 MG X 1) TABLET	QL(21 per 28 days)	18	
KISQALI 400 MG/DAY (200 MG X 2) TABLET	QL(42 per 28 days)	18	
KISQALI 600 MG/DAY (200 MG X 3) TABLET	QL(63 per 28 days)	18	
imatinib 100 mg tablet	QL(90 per 30 days)	1	
imatinib 400 mg tablet	QL(60 per 30 days)	1	
everolimus (antineoplastic) 10 mg tablet	QL(30 per 30 days)	1	
everolimus (antineoplastic) 5 mg tablet	QL(30 per 30 days)	1	
everolimus (antineoplastic) 7.5 mg tablet	QL(30 per 30 days)	1	
VOTRIENT 200 MG TABLET	QL(120 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
erlotinib 150 mg tablet	QL(30 per 30 days)	18	
erlotinib 100 mg tablet	QL(30 per 30 days)	18	
erlotinib 25 mg tablet	QL(30 per 30 days)	18	
SUTENT 12.5 MG CAPSULE	QL(30 per 30 days)	18	
SUTENT 25 MG CAPSULE	QL(30 per 30 days)	18	
SUTENT 50 MG CAPSULE	QL(30 per 30 days)	18	
VENCLEXTA 100 MG TABLET	QL(180 per 30 days)	18	
VENCLEXTA 10 MG TABLET	QL(14 per 30 days)	18	
everolimus (antineoplastic) 2.5 mg tablet	QL(30 per 30 days)	1	
VENCLEXTA 50 MG TABLET	QL(7 per 30 days)	18	
TAFINLAR 50 MG CAPSULE	QL(120 per 30 days)	1	
TAFINLAR 75 MG CAPSULE	QL(120 per 30 days)	1	
MEKINIST 0.5 MG TABLET	QL(90 per 30 days)	1	
MEKINIST 2 MG TABLET	QL(30 per 30 days)	1	
SUTENT 37.5 MG CAPSULE	QL(30 per 30 days)	18	
ARZERRA 1,000 MG/50 ML INTRAVENOUS SOLUTION			
ARZERRA 100 MG/5 ML INTRAVENOUS SOLUTION			
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION			
RUXIENCE 10 MG/ML INTRAVENOUS SOLUTION	PA,QL(736 per 30 days)	18	
TRAZIMERA 420 MG INTRAVENOUS SOLUTION			
CAMPATH 30 MG/ML INTRAVENOUS SOLUTION			
TRAZIMERA 150 MG INTRAVENOUS SOLUTION			
ZIRABEV 25 MG/ML INTRAVENOUS SOLUTION	PA,QL(110 per 30 days)	18	
tretinoin (antineoplastic) 10 mg capsule		1	
PANRETIN 0.1 % TOPICAL GEL	PA		
mesna 100 mg/ml intravenous solution			
ivermectin 3 mg tablet	QL(10 per 90 days)		
BILTRICIDE 600 MG TABLET			
albendazole 200 mg tablet	QL(120 per 30 days)		
primaquine 26.3 mg (15 mg base) tablet			
chloroquine 250 mg tablet	PA,QL(30 per 30 days)		
hydroxychloroquine 300 mg tablet	PA,QL(60 per 30 days)		
pentamidine 300 mg solution for inhalation			
hydroxychloroquine 200 mg tablet	PA,QL(90 per 30 days)		
atovaquone 750 mg/5 ml oral suspension			
hydroxychloroquine 400 mg tablet	PA,QL(30 per 30 days)		
mefloquine 250 mg tablet			
hydroxychloroquine 100 mg tablet	PA,QL(30 per 30 days)		
chloroquine 500 mg tablet	PA,QL(60 per 30 days)		
trihexyphenidyl 5 mg tablet ^{EDS}		18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
benztropine 0.5 mg tablet ^{EDS}		3	
trihexyphenidyl 0.4 mg/ml oral elixir ^{EDS}		18	
trihexyphenidyl 2 mg tablet ^{EDS}		18	
benztropine 1 mg tablet ^{EDS}		3	
benztropine 2 mg tablet ^{EDS}		3	
entacapone 200 mg tablet	QL(240 per 30 days)	18	
carbidopa 50 mg-levodopa 200 mg-entacapone 200 mg tablet		18	
amantadine hcl 100 mg tablet ^{EDS}		1	
amantadine hcl 50 mg/5 ml oral solution ^{EDS}		1	
amantadine hcl 100 mg capsule ^{EDS}		1	
carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet		18	
carbidopa 31.25 mg-levodopa 125 mg-entacapone 200 mg tablet		18	
carbidopa 18.75 mg-levodopa 75 mg-entacapone 200 mg tablet		18	
carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet		18	
carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet		18	
pramipexole 0.25 mg tablet ^{EDS}		18	
ropinirole 1 mg tablet ^{EDS}		18	
pramipexole 0.75 mg tablet ^{EDS}		18	
ropinirole 5 mg tablet ^{EDS}		18	
pramipexole 0.5 mg tablet ^{EDS}		18	
pramipexole 1 mg tablet ^{EDS}		18	
pramipexole 0.125 mg tablet ^{EDS}		18	
ropinirole 4 mg tablet ^{EDS}		18	
ropinirole 2 mg tablet ^{EDS}		18	
ropinirole 0.5 mg tablet ^{EDS}		18	
pramipexole 1.5 mg tablet ^{EDS}		18	
ropinirole 3 mg tablet ^{EDS}		18	
ropinirole 0.25 mg tablet ^{EDS}		18	
carbidopa er 25 mg-levodopa 100 mg tablet,extended release ^{EDS}		18	
carbidopa 25 mg-levodopa 100 mg tablet ^{EDS}		18	
carbidopa er 50 mg-levodopa 200 mg tablet,extended release ^{EDS}		18	
carbidopa 10 mg-levodopa 100 mg tablet ^{EDS}		18	
carbidopa 25 mg-levodopa 250 mg tablet ^{EDS}		18	
selegiline 5 mg capsule ^{EDS}		18	
selegiline 5 mg tablet ^{EDS}		18	
thiothixene 2 mg capsule	QL(90 per 30 days)	18	
haloperidol decanoate 50 mg/ml intramuscular solution	QL(3 per 28 days)	18	
haloperidol decanoate 50 mg/ml intramuscular solution		18	
chlorpromazine 25 mg tablet	QL(120 per 30 days)	18	
chlorpromazine 10 mg tablet	QL(120 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
chlorpromazine 100 mg/ml oral concentrate			
trifluoperazine 10 mg tablet	QL(120 per 30 days)	18	
chlorpromazine 25 mg/ml injection solution	QL(1200 per 30 days)	18	
trifluoperazine 2 mg tablet	QL(90 per 30 days)	18	
fluphenazine 5 mg/ml oral concentrate	QL(120 per 30 days)	6	
fluphenazine 2.5 mg tablet	QL(120 per 30 days)	6	
haloperidol 5 mg tablet	QL(90 per 30 days)	6	
haloperidol 2 mg tablet	QL(150 per 30 days)	6	
pimozide 2 mg tablet		18	
droperidol 2.5 mg/ml injection solution		18	
haloperidol 10 mg tablet	QL(90 per 30 days)	6	
thioridazine 10 mg tablet	QL(120 per 30 days)	18	
chlorpromazine 30 mg/ml oral concentrate			
chlorpromazine 200 mg tablet	QL(150 per 30 days)	18	
perphenazine 2 mg tablet	QL(330 per 30 days)	6	
thiothixene 1 mg capsule	QL(90 per 30 days)	18	
trifluoperazine 5 mg tablet	QL(90 per 30 days)	18	
fluphenazine decanoate 25 mg/ml injection solution		18	
fluphenazine 2.5 mg/5 ml oral elixir	QL(1200 per 30 days)	6	
loxapine succinate 10 mg capsule	QL(120 per 30 days)	18	
thioridazine 50 mg tablet	QL(120 per 30 days)	18	
thioridazine 25 mg tablet	QL(120 per 30 days)	18	
haloperidol 20 mg tablet	QL(150 per 30 days)	6	
chlorpromazine 100 mg tablet	QL(120 per 30 days)	18	
fluphenazine 5 mg tablet	QL(120 per 30 days)	6	
thiothixene 5 mg capsule	QL(90 per 30 days)	18	
haloperidol 1 mg tablet	QL(300 per 30 days)	6	
haloperidol decanoate 100 mg/ml intramuscular solution	QL(5 per 28 days)	18	
loxapine succinate 5 mg capsule	QL(120 per 30 days)	18	
perphenazine 8 mg tablet	QL(120 per 30 days)	6	
haloperidol lactate 5 mg/ml injection solution		18	
pimozide 1 mg tablet		18	
fluphenazine 10 mg tablet	QL(60 per 30 days)	6	
fluphenazine 1 mg tablet	QL(300 per 30 days)	6	
haloperidol 0.5 mg tablet	QL(600 per 30 days)	6	
haloperidol lactate 2 mg/ml oral concentrate	QL(1500 per 30 days)	6	
loxapine succinate 50 mg capsule	QL(90 per 30 days)	18	
thiothixene 10 mg capsule	QL(180 per 30 days)	18	
thioridazine 100 mg tablet	QL(240 per 30 days)	18	
trifluoperazine 1 mg tablet	QL(90 per 30 days)	18	
perphenazine 16 mg tablet	QL(120 per 30 days)	6	
loxapine succinate 25 mg capsule	QL(120 per 30 days)	18	
chlorpromazine 50 mg tablet	QL(120 per 30 days)	18	
perphenazine 4 mg tablet	QL(165 per 30 days)	6	
quetiapine 50 mg tablet	QL(180 per 30 days)	6	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
quetiapine 400 mg tablet	QL(60 per 30 days)	6	
ziprasidone 40 mg capsule	QL(120 per 30 days)	6	
REXULTI 4 MG TABLET	PA,QL(30 per 30 days)	13	
REXULTI 3 MG TABLET	PA,QL(30 per 30 days)	13	
REXULTI 2 MG TABLET	PA,QL(30 per 30 days)	13	
REXULTI 1 MG TABLET	PA,QL(30 per 30 days)	13	
olanzapine 15 mg disintegrating tablet	QL(60 per 30 days)	6	
REXULTI 0.5 MG TABLET	PA,QL(30 per 30 days)	13	
REXULTI 0.25 MG TABLET	PA,QL(30 per 30 days)	13	
risperidone 3 mg disintegrating tablet	QL(120 per 30 days)	6	
risperidone 1 mg/ml oral solution	QL(480 per 30 days)	6	
risperidone 4 mg disintegrating tablet	QL(120 per 30 days)	6	
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK	PA,QL(7 per 365 days)	18	
INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE	PA,QL(0.88 per 84 days)	18	
INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE	PA,QL(1.32 per 84 days)	18	
lurasidone 60 mg tablet	QL(30 per 30 days)	10	
quetiapine 150 mg tablet		6	
risperidone 0.25 mg tablet	QL(240 per 30 days)	6	
olanzapine 5 mg tablet	QL(30 per 30 days)	6	
olanzapine 20 mg disintegrating tablet	QL(30 per 30 days)	6	
quetiapine er 150 mg tablet,extended release 24 hr	QL(30 per 30 days)	6	
quetiapine er 50 mg tablet,extended release 24 hr	QL(60 per 30 days)	6	
CAPLYTA 21 MG CAPSULE	PA,QL(30 per 30 days)	18	
olanzapine 10 mg disintegrating tablet	QL(30 per 30 days)	6	
aripiprazole 2 mg tablet	QL(30 per 30 days)	6	
risperidone 0.5 mg disintegrating tablet	QL(240 per 30 days)	6	
olanzapine 10 mg tablet	QL(30 per 30 days)	6	
risperidone 1 mg disintegrating tablet	QL(180 per 30 days)	6	
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	PA,QL(2.4 per 60 days)	18	
risperidone 2 mg disintegrating tablet	QL(90 per 30 days)	6	
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	PA,QL(3.2 per 60 days)	18	
paliperidone er 3 mg tablet,extended release 24 hr	QL(30 per 30 days)	12	
UZEDY 50 MG/0.14 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA,QL(0.28 per 28 days)	18	
paliperidone er 6 mg tablet,extended release 24 hr	QL(60 per 30 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
UZEDY 75 MG/0.21 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA,QL(0.21 per 28 days)	18	
UZEDY 100 MG/0.28 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA,QL(0.56 per 56 days)	18	
paliperidone er 9 mg tablet,extended release 24 hr	QL(30 per 30 days)	12	
UZEDY 125 MG/0.35 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA,QL(0.35 per 28 days)	18	
risperidone 1 mg tablet	QL(180 per 30 days)	6	
UZEDY 150 MG/0.42 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA,QL(0.42 per 56 days)	18	
UZEDY 200 MG/0.56 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA,QL(0.56 per 56 days)	18	
UZEDY 250 MG/0.7 ML SUBCUT EXT REL SUSPENSION SYRINGE	PA,QL(0.7 per 56 days)	18	
aripiprazole 1 mg/ml oral solution	QL(900 per 30 days)	6	
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE	PA,QL(5 per 180 days)	18	
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE	PA,QL(3.5 per 180 days)	18	
olanzapine 20 mg tablet	QL(30 per 30 days)	6	
aripiprazole 10 mg tablet	QL(30 per 30 days)	6	
aripiprazole 15 mg tablet	QL(30 per 30 days)	6	
aripiprazole 20 mg tablet	QL(30 per 30 days)	6	
risperidone 3 mg tablet	QL(120 per 30 days)	6	
quetiapine 100 mg tablet	QL(150 per 30 days)	6	
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	PA,QL(2 per 28 days)	18	
risperidone 0.25 mg disintegrating tablet	QL(240 per 30 days)	6	
olanzapine 2.5 mg tablet	QL(30 per 30 days)	6	
PERSERIS 90 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	PA,QL(1 per 30 days)	18	
aripiprazole 30 mg tablet	QL(30 per 30 days)	6	
olanzapine 7.5 mg tablet	QL(30 per 30 days)	6	
risperidone 0.5 mg tablet	QL(240 per 30 days)	6	
quetiapine er 400 mg tablet,extended release 24 hr	QL(60 per 30 days)	6	
quetiapine er 300 mg tablet,extended release 24 hr	QL(60 per 30 days)	6	
PERSERIS 120 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	PA,QL(1 per 30 days)	18	
quetiapine er 200 mg tablet,extended release 24 hr	QL(30 per 30 days)	6	
FANAPT 10 MG TABLET	PA,QL(60 per 30 days)	18	
olanzapine 15 mg tablet	QL(60 per 30 days)	6	
FANAPT 8 MG TABLET	PA,QL(60 per 30 days)	18	
FANAPT 6 MG TABLET	PA,QL(60 per 30 days)	18	
FANAPT 4 MG TABLET	PA,QL(60 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
risperidone 2 mg tablet	QL(90 per 30 days)	6	
ziprasidone 20 mg capsule	QL(120 per 30 days)	6	
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	PA,QL(3.2 per 28 days)	18	
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	PA,QL(2.4 per 28 days)	18	
FANAPT 2 MG TABLET	PA,QL(60 per 30 days)	18	
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE	PA,QL(1.6 per 28 days)	18	
VRAYLAR 6 MG CAPSULE	PA,QL(30 per 30 days)	18	
CAPLYTA 42 MG CAPSULE	PA,QL(30 per 30 days)	18	
FANAPT 1 MG TABLET	PA,QL(60 per 30 days)	18	
VRAYLAR 4.5 MG CAPSULE	PA,QL(30 per 30 days)	18	
quetiapine 300 mg tablet	QL(90 per 30 days)	6	
risperidone 4 mg tablet	QL(120 per 30 days)	6	
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	PA,QL(1 per 28 days)	18	
CAPLYTA 10.5 MG CAPSULE	PA,QL(30 per 30 days)	18	
paliperidone er 1.5 mg tablet,extended release 24 hr	QL(30 per 30 days)	12	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE	PA,QL(3.9 per 60 days)	18	
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	PA,QL(1 per 28 days)	18	
lurasidone 40 mg tablet	QL(30 per 30 days)	10	
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	PA,QL(2 per 28 days)	18	
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	PA,QL(2 per 28 days)	18	
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	PA,QL(2 per 28 days)	18	
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	PA,QL(1 per 28 days)	18	
lurasidone 80 mg tablet	QL(60 per 30 days)	10	
lurasidone 20 mg tablet	QL(30 per 30 days)	10	
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE	PA,QL(2 per 28 days)	18	
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	PA,QL(1.5 per 28 days)	18	
VRAYLAR 3 MG CAPSULE	PA,QL(30 per 30 days)	18	
VRAYLAR 1.5 MG CAPSULE	PA,QL(30 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE	PA,QL(2.63 per 84 days)	18	
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	PA,QL(1.5 per 28 days)	18	
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	PA,QL(1 per 28 days)	18	
quetiapine 200 mg tablet	QL(150 per 30 days)	6	
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE	PA,QL(0.5 per 28 days)	18	
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	PA,QL(1.75 per 84 days)	18	
ziprasidone 80 mg capsule	QL(60 per 30 days)	6	
olanzapine 5 mg disintegrating tablet	QL(30 per 30 days)	6	
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	PA,QL(2.4 per 180 days)	18	
lurasidone 120 mg tablet	QL(30 per 30 days)	10	
aripiprazole 5 mg tablet	QL(30 per 30 days)	6	
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	PA,QL(1 per 28 days)	18	
ziprasidone 60 mg capsule	QL(120 per 30 days)	6	
quetiapine 25 mg tablet	QL(240 per 30 days)	6	
FANAPT 12 MG TABLET	PA,QL(60 per 30 days)	18	
clozapine 100 mg tablet	QL(270 per 30 days)	6	
clozapine 50 mg tablet	QL(360 per 30 days)	6	
clozapine 200 mg tablet	QL(120 per 30 days)	6	
clozapine 25 mg tablet	QL(240 per 30 days)	6	
baclofen 10 mg/5 ml (2 mg/ml) oral solution	PA,QL(1200 per 30 days)	12	
baclofen 10 mg tablet	QL(240 per 30 days)		
tizanidine 2 mg tablet			
tizanidine 4 mg tablet	QL(270 per 30 days)		
baclofen 5 mg tablet			
baclofen 20 mg tablet	QL(120 per 30 days)		
baclofen 15 mg tablet			
baclofen 5 mg/5 ml oral solution	PA,QL(2400 per 30 days)	12	
baclofen 25 mg/5 ml (5 mg/ml) oral suspension	PA,QL(480 per 30 days)	12	
ganciclovir sodium 50 mg/ml intravenous solution			
valganciclovir 450 mg tablet			
valganciclovir 50 mg/ml oral solution			
ganciclovir sodium 500 mg intravenous solution			
ZIRGAN 0.15 % EYE GEL			
VALCYTE 50 MG/ML ORAL SOLUTION			
lamivudine 100 mg tablet			
entecavir 1 mg tablet			
entecavir 0.5 mg tablet			
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION			11

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ribavirin 200 mg tablet	PA	5	
VOSEVI 400 MG-100 MG-100 MG TABLET	PA	18	
MAVYRET 100 MG-40 MG TABLET	PA,QL(90 per 30 days)	3	
ribavirin 200 mg capsule	PA	5	
MAVYRET 50 MG-20 MG ORAL PELLETS IN PACKET	PA,QL(140 per 28 days)	3	
sofosbuvir 400 mg-velpatasvir 100 mg tablet	PA,QL(30 per 30 days)	3	
ISENTRESS HD 600 MG TABLET			
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION			
BIKTARVY 30 MG-120 MG-15 MG TABLET	PA,QL(30 per 30 days)	3	
BIKTARVY 50 MG-200 MG-25 MG TABLET	PA,QL(30 per 30 days)	3	
ISENTRESS 100 MG CHEWABLE TABLET			
ISENTRESS 100 MG ORAL POWDER PACKET			
DOVATO 50 MG-300 MG TABLET	PA,QL(30 per 30 days)	12	
ISENTRESS 25 MG CHEWABLE TABLET			
CABENUVA 400 MG/2 ML-600 MG/2 ML IM SUSPENSION, EXTENDED RELEASE	PA,QL(6 per 30 days)	12	
CABOTEGRAVIR ER 600 MG/3 ML (200 MG/ML) IM SUSPENSION,EXTENDED RELEASE	QL(21 per 365 days)	12	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET	PA,QL(30 per 30 days)	12	
APRETUDE 600 MG/3 ML (200 MG/ML) IM SUSPENSION, EXTENDED RELEASE	QL(21 per 365 days)	12	
ISENTRESS 400 MG TABLET			
CABENUVA 600 MG/3 ML-900 MG/3 ML IM SUSPENSION, EXTENDED RELEASE	PA,QL(6 per 30 days)	12	
TIVICAY 25 MG TABLET			
JULUCA 50 MG-25 MG TABLET	PA,QL(30 per 30 days)	18	
CABOTEGRAVIR ER 400 MG/2 ML (200 MG/ML) IM SUSPENSION,EXTENDED RELEASE		12	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET	PA,QL(30 per 30 days)	6	
TIVICAY 50 MG TABLET			
TIVICAY 10 MG TABLET			
INTELENCE 100 MG TABLET		2	
PIFELTRO 100 MG TABLET	PA,QL(30 per 30 days)	12	
DELSTRIGO 100 MG-300 MG-300 MG TABLET	PA,QL(30 per 30 days)	12	
nevirapine er 400 mg tablet,extended release 24 hr			
efavirenz 50 mg capsule			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoprox 300 mg tablet	PA,QL(30 per 30 days)	12	
INTELENCE 200 MG TABLET		2	
efavirenz 200 mg capsule			
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	PA,QL(30 per 30 days)	12	
nevirapine er 100 mg tablet,extended release 24 hr			
EDURANT 25 MG TABLET	PA,QL(30 per 30 days)	2	
COMPLERA 200 MG-25 MG-300 MG TABLET	PA,QL(30 per 30 days)	12	
efavirenz 600 mg tablet			
INTELENCE 25 MG TABLET		2	
nevirapine 50 mg/5 ml oral suspension			
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	PA,QL(30 per 30 days)	12	
nevirapine 200 mg tablet			
stavudine 15 mg capsule			
zidovudine 10 mg/ml oral syrup			
stavudine 30 mg capsule			
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet	QL(30 per 30 days)		
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet	QL(30 per 30 days)		
EMTRIVA 10 MG/ML ORAL SOLUTION			
VIREAD 200 MG TABLET			
abacavir 300 mg tablet			
VIREAD 250 MG TABLET			
stavudine 20 mg capsule			
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet	QL(30 per 30 days)		
tenofovir disoproxil fumarate 300 mg tablet			
zidovudine 300 mg tablet			
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER			
abacavir 600 mg-lamivudine 300 mg tablet			
zidovudine 100 mg capsule			
emtricitabine 200 mg capsule			
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION			
lamivudine 10 mg/ml oral solution			
didanosine 400 mg capsule,delayed release			
stavudine 40 mg capsule			
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet	QL(30 per 30 days)		
DESCOVY 200 MG-25 MG TABLET	QL(30 per 30 days)		
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION	PA,QL(180 per 30 days)		
TEMIXYS 300 MG-300 MG TABLET	PA,QL(30 per 30 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
abacavir 20 mg/ml oral solution			
lamivudine 150 mg tablet			
lamivudine 300 mg tablet			
lamivudine 150 mg-zidovudine 300 mg tablet			
VIREAD 150 MG TABLET			
ODEFSEY 200 MG-25 MG-25 MG TABLET	PA,QL(30 per 30 days)	12	
CIMDUO 300 MG-300 MG TABLET	PA,QL(30 per 30 days)	12	
DESCOVY 120 MG-15 MG TABLET	QL(30 per 30 days)		
didanosine 250 mg capsule,delayed release			
TRIUMEQ 600 MG-50 MG-300 MG TABLET	PA,QL(30 per 30 days)	6	
TYBOST 150 MG TABLET	PA,QL(30 per 30 days)	12	
SUNLENCA 300 MG TABLET	PA	18	
SELZENTRY 300 MG TABLET	PA		
SUNLENCA 309 MG/ML SUBCUTANEOUS SOLUTION	PA	18	
SELZENTRY 150 MG TABLET	PA		
SELZENTRY 20 MG/ML ORAL SOLUTION	PA		
RUKOBIA 600 MG TABLET,EXTENDED RELEASE	PA,QL(60 per 30 days)	18	
FUZEON 90 MG SUBCUTANEOUS SOLUTION	PA	6	
SELZENTRY 25 MG TABLET	PA		
SELZENTRY 75 MG TABLET	PA		
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION	PA	18	
atazanavir 300 mg capsule			
KALETRA 100 MG-25 MG TABLET			
atazanavir 150 mg capsule			
VIRACEPT 625 MG TABLET			
APTIVUS 250 MG CAPSULE			
fosamprenavir 700 mg tablet			
PREZCOBIX 800 MG-150 MG TABLET	PA,QL(30 per 30 days)	12	
SYM TUZA 800 MG-150 MG-200 MG-10 MG TABLET	PA,QL(30 per 30 days)	12	
PREZISTA 100 MG/ML ORAL SUSPENSION			
VIRACEPT 250 MG TABLET			
EVOTAZ 300 MG-150 MG TABLET	PA,QL(30 per 30 days)	12	
lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution			
NORVIR 80 MG/ML ORAL SOLUTION			
PREZISTA 800 MG TABLET			
REYATAZ 50 MG ORAL POWDER PACKET			
KALETRA 200 MG-50 MG TABLET			
atazanavir 200 mg capsule			
PREZISTA 75 MG TABLET			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
PREZISTA 600 MG TABLET			
PREZISTA 150 MG TABLET			
NORVIR 100 MG TABLET			
NORVIR 100 MG ORAL POWDER PACKET			
LEXIVA 50 MG/ML ORAL SUSPENSION			
oseltamivir 45 mg capsule	QL(20 per 365 days)		
oseltamivir 30 mg capsule	QL(40 per 365 days)		
oseltamivir 75 mg capsule	QL(20 per 365 days)		
oseltamivir 6 mg/ml oral suspension	QL(360 per 365 days)		12
TAMIFLU 6 MG/ML ORAL SUSPENSION	QL(360 per 365 days)		12
valacyclovir 500 mg tablet			
acyclovir 800 mg tablet			
acyclovir 5 % topical ointment	QL(30 per 30 days)	12	
acyclovir 400 mg tablet			
ZOVIRAX 5 % TOPICAL CREAM	QL(15 per 30 days)	12	
acyclovir 200 mg/5 ml oral suspension			17
acyclovir 200 mg capsule			
DENAVIR 1 % TOPICAL CREAM	QL(5 per 30 days)		
valacyclovir 1 gram tablet			
doxepin 25 mg capsule	QL(90 per 30 days)	12	
doxepin 75 mg capsule	QL(90 per 30 days)	12	
bupirone 10 mg tablet			
hydroxyzine hcl 50 mg tablet			
hydroxyzine hcl 50 mg/ml intramuscular solution			
doxepin 150 mg capsule	QL(60 per 30 days)	12	
doxepin 100 mg capsule	QL(90 per 30 days)	12	
doxepin 10 mg/ml oral concentrate	QL(900 per 30 days)	12	
hydroxyzine hcl 25 mg tablet			
bupirone 5 mg tablet			
doxepin 50 mg capsule	QL(90 per 30 days)	12	
hydroxyzine hcl 10 mg/5 ml oral solution			
bupirone 7.5 mg tablet			
doxepin 10 mg capsule	QL(240 per 30 days)	12	
bupirone 15 mg tablet			
hydroxyzine hcl 10 mg tablet			
bupirone 30 mg tablet			
hydroxyzine hcl 25 mg/ml intramuscular solution			
diazepam 2 mg tablet	QL(120 per 30 days)		
clonazepam 0.5 mg tablet	QL(90 per 30 days)		
diazepam 10 mg tablet	QL(120 per 30 days)		
clonazepam 0.25 mg disintegrating tablet			
lorazepam 1 mg tablet	QL(150 per 30 days)		
KLONOPIN 2 MG TABLET	PA,QL(90 per 30 days)		
diazepam 5 mg/5 ml (1 mg/ml) oral solution	QL(1200 per 30 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
alprazolam 1 mg tablet	QL(150 per 30 days)	7	
oxazepam 30 mg capsule	QL(120 per 30 days)	6	
clonazepam 0.5 mg disintegrating tablet			
chlordiazepoxide 10 mg capsule	QL(120 per 30 days)	6	
oxazepam 10 mg capsule	QL(120 per 30 days)	6	
lorazepam 2 mg tablet	QL(150 per 30 days)		
lorazepam intensol 2 mg/ml oral concentrate	QL(150 per 30 days)		
diazepam 5 mg tablet	QL(120 per 30 days)		
clonazepam 2 mg tablet	QL(90 per 30 days)		
lorazepam 0.5 mg tablet	QL(150 per 30 days)		
lorazepam 2 mg/ml injection solution			
lorazepam 2 mg/ml injection syringe			
oxazepam 15 mg capsule	QL(120 per 30 days)	6	
alprazolam 0.5 mg tablet	QL(150 per 30 days)	7	
chlordiazepoxide 25 mg capsule	QL(120 per 30 days)	6	
clonazepam 2 mg disintegrating tablet			
lorazepam 4 mg/ml injection solution			
lorazepam 2 mg/ml oral concentrate	QL(150 per 30 days)		
alprazolam 0.25 mg tablet	QL(150 per 30 days)	7	
clonazepam 1 mg disintegrating tablet			
clonazepam 1 mg tablet	QL(90 per 30 days)		
KLONOPIN 0.5 MG TABLET	PA,QL(90 per 30 days)		
alprazolam 2 mg tablet	QL(150 per 30 days)	7	
KLONOPIN 1 MG TABLET	PA,QL(90 per 30 days)		
chlordiazepoxide 5 mg capsule	QL(120 per 30 days)	6	
diazepam 5 mg/5 ml (1 mg/ml, 5 ml) oral solution			
clonazepam 0.125 mg disintegrating tablet			
lithium carbonate 150 mg capsule		6	
lithium carbonate 600 mg capsule		6	
lithium carbonate 300 mg capsule		6	
lithium carbonate 300 mg tablet		6	
lithium carbonate er 300 mg tablet,extended release		6	
lithium carbonate er 450 mg tablet,extended release		6	
glipizide 10 mg tablet ^{EDS}			
FARXIGA 10 MG TABLET	QL(30 per 30 days)	10	
glipizide er 10 mg tablet, extended release 24 hr ^{EDS}			
glipizide 5 mg-metformin 500 mg tablet ^{EDS}			
glipizide 2.5 mg-metformin 500 mg tablet ^{EDS}			
glipizide 2.5 mg-metformin 250 mg tablet ^{EDS}			
glipizide 2.5 mg tablet ^{EDS}			
JANUMET 50 MG-1,000 MG TABLET	QL(60 per 30 days)	18	
JANUMET 50 MG-500 MG TABLET	QL(60 per 30 days)	18	
glipizide 5 mg tablet ^{EDS}			
JENTADUETO 2.5 MG-500 MG TABLET	QL(60 per 30 days)	18	
glipizide er 5 mg tablet, extended release 24 hr ^{EDS}			
miglitol 100 mg tablet ^{EDS}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
metformin 850 mg tablet ^{EDS}	QL(90 per 30 days)		
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE	QL(60 per 30 days)	18	
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE	QL(60 per 30 days)	18	
acarbose 50 mg tablet ^{EDS}			
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE	QL(30 per 30 days)	18	
glyburide 5 mg tablet ^{EDS}			
glyburide 1.25 mg-metformin 250 mg tablet ^{EDS}			
acarbose 25 mg tablet ^{EDS}			
glyburide micronized 3 mg tablet ^{EDS}			
miglitol 50 mg tablet ^{EDS}			
repaglinide 1 mg tablet ^{EDS}			
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	18	
JENTADUETO 2.5 MG-1,000 MG TABLET	QL(60 per 30 days)	18	
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE	QL(60 per 30 days)	10	
TRADJENTA 5 MG TABLET	QL(30 per 30 days)	18	
FARXIGA 5 MG TABLET	QL(30 per 30 days)	10	
metformin er 500 mg tablet,extended release 24 hr ^{EDS}	QL(150 per 30 days)		
metformin er 750 mg tablet,extended release 24 hr ^{EDS}	QL(105 per 30 days)		
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	18	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	18	
pioglitazone 30 mg tablet ^{EDS}			
glimepiride 3 mg tablet			
glyburide 1.25 mg tablet ^{EDS}			
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE	QL(30 per 30 days)	10	
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE	QL(60 per 30 days)	10	
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE	QL(30 per 30 days)	10	
JANUVIA 25 MG TABLET	QL(30 per 30 days)	18	
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE	QL(30 per 30 days)	10	
JANUVIA 50 MG TABLET	QL(30 per 30 days)	18	
JANUVIA 100 MG TABLET	QL(30 per 30 days)	18	
repaglinide 0.5 mg tablet ^{EDS}			
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	10	
glyburide 5 mg-metformin 500 mg tablet ^{EDS}			
TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE		18	
OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	18	
metformin 500 mg tablet ^{EDS}	QL(150 per 30 days)		
glipizide er 2.5 mg tablet, extended release 24 hr ^{EDS}			
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE		18	
metformin 1,000 mg tablet ^{EDS}	QL(75 per 30 days)		
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE		18	
glyburide micronized 1.5 mg tablet ^{EDS}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE		18	
JARDIANCE 25 MG TABLET	QL(30 per 30 days)	10	
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	10	
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	QL(30 per 30 days)	18	
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE	QL(60 per 30 days)	18	
GLYXAMBI 25 MG-5 MG TABLET	QL(30 per 30 days)	18	
acarbose 100 mg tablet ^{EDS}			
glyburide 2.5 mg tablet ^{EDS}			
GLYXAMBI 10 MG-5 MG TABLET	QL(30 per 30 days)	18	
glimepiride 1 mg tablet ^{EDS}			
SYNJARDY 5 MG-500 MG TABLET	QL(120 per 30 days)	10	
SYNJARDY 5 MG-1,000 MG TABLET	QL(60 per 30 days)	10	
SYNJARDY 12.5 MG-500 MG TABLET	QL(60 per 30 days)	10	
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE	QL(30 per 30 days)	18	
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	QL(60 per 30 days)	18	
glimepiride 4 mg tablet ^{EDS}	QL(60 per 30 days)		
glimepiride 2 mg tablet ^{EDS}			
SYNJARDY 12.5 MG-1,000 MG TABLET	QL(60 per 30 days)	10	
miglitol 25 mg tablet ^{EDS}			
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(9 per 30 days)	10	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(9 per 30 days)	10	
pioglitazone 15 mg tablet ^{EDS}			
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	QL(60 per 30 days)	18	
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE	QL(60 per 30 days)	18	
glyburide micronized 6 mg tablet ^{EDS}			
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	10	
JARDIANCE 10 MG TABLET	QL(30 per 30 days)	10	
repaglinide 2 mg tablet ^{EDS}			
glyburide 2.5 mg-metformin 500 mg tablet ^{EDS}			
JENTADUETO 2.5 MG-850 MG TABLET	QL(60 per 30 days)	18	
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	PA,QL(3 per 28 days)	10	
pioglitazone 45 mg tablet ^{EDS}			
BAQSIMI 3 MG/ACTUATION NASAL SPRAY		4	
PROGLYCEM 50 MG/ML ORAL SUSPENSION			
GLUCAGEN HYPOKIT 1 MG INJECTION			
GLUCAGON EMERGENCY KIT 1 MG SOLUTION FOR INJECTION			
ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR		6	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS ^{EDS}	QL(90 per 90 days)		
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	QL(70 per 30 days)		
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION ^{OTC}	QL(70 per 30 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ^{EDS}	QL(90 per 90 days)		
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	QL(70 per 30 days)		
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
INSULIN GLARGINE (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ^{EDS}	QL(90 per 90 days)		
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN ^{EDS}	QL(90 per 90 days)		
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE	QL(70 per 30 days)		
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG ^{EDS}	QL(90 per 90 days)		
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN ^{EDS}	QL(90 per 90 days)		
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN ^{EDS}	QL(90 per 90 days)		
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS ^{EDS}	QL(90 per 90 days)		
INSULIN ASPAR PROT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS PEN ^{EDS}	QL(90 per 90 days)		
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN ^{EDS}	QL(90 per 90 days)		
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS ^{OTC,EDS}	QL(90 per 90 days)		
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP ^{OTC}	QL(70 per 30 days)		
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN	PA		
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ^{EDS}	QL(90 per 90 days)		
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN	QL(20 per 30 days)		
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS ^{OTC}	QL(70 per 30 days)		
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN ^{EDS}	QL(90 per 90 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN ^{EDS}	QL(90 per 90 days)		
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS	QL(12 per 30 days)		
INSULIN GLARGINE (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION	QL(70 per 30 days)		
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN	PA,QL(9 per 30 days)		
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION ^{OTC}	QL(70 per 30 days)		
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION ^{OTC}	QL(70 per 30 days)		
jantoven 1 mg tablet ^{EDS}	QL(120 per 30 days)		
enoxaparin 30 mg/0.3 ml subcutaneous syringe	QL(18 per 30 days)		
enoxaparin 60 mg/0.6 ml subcutaneous syringe	QL(36 per 30 days)		
jantoven 2 mg tablet ^{EDS}	QL(120 per 30 days)		
enoxaparin 80 mg/0.8 ml subcutaneous syringe	QL(48 per 30 days)		
jantoven 2.5 mg tablet ^{EDS}	QL(120 per 30 days)		
enoxaparin 100 mg/ml subcutaneous syringe	QL(60 per 30 days)		
enoxaparin 40 mg/0.4 ml subcutaneous syringe	QL(24 per 30 days)		
heparin, porcine (pf) 5,000 unit/0.5 ml injection solution			
enoxaparin 120 mg/0.8 ml subcutaneous syringe	QL(48 per 30 days)		
heparin (porcine) 5,000 unit/ml (1 ml) injection cartridge			
heparin (porcine) 5,000 unit/ml injection syringe			
jantoven 3 mg tablet ^{EDS}	QL(120 per 30 days)		
jantoven 4 mg tablet ^{EDS}	QL(120 per 30 days)		
heparin (porcine) 10,000 unit/ml injection solution			
warfarin 2.5 mg tablet ^{EDS}	QL(120 per 30 days)		
warfarin 3 mg tablet ^{EDS}	QL(120 per 30 days)		
XARELTO 10 MG TABLET			
PRADAXA 110 MG CAPSULE		8	
warfarin 4 mg tablet ^{EDS}	QL(120 per 30 days)		
XARELTO 20 MG TABLET			
XARELTO 15 MG TABLET			
heparin, porcine (pf) 5,000 unit/ml injection syringe			
heparin, porcine (pf) 5,000 unit/0.5 ml injection syringe			
enoxaparin 300 mg/3 ml subcutaneous solution	QL(90 per 30 days)		
heparin, porcine (pf) 1,000 unit/ml injection solution			
warfarin 10 mg tablet ^{EDS}	QL(120 per 30 days)		
warfarin 7.5 mg tablet ^{EDS}	QL(120 per 30 days)		
ELIQUIS 2.5 MG TABLET	QL(60 per 30 days)	18	
PRADAXA 150 MG CAPSULE		8	
heparin (porcine) 5,000 unit/ml injection solution			
warfarin 1 mg tablet ^{EDS}	QL(120 per 30 days)		
warfarin 5 mg tablet ^{EDS}	QL(120 per 30 days)		
PRADAXA 75 MG CAPSULE		8	
heparin (porcine) 1,000 unit/ml injection solution			
heparin, porcine (pf) 5,000 unit/0.5 ml subcutaneous syringe			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
jantoven 10 mg tablet ^{EDS}	QL(120 per 30 days)		
enoxaparin 150 mg/ml subcutaneous syringe	QL(60 per 30 days)		
warfarin 6 mg tablet ^{EDS}	QL(120 per 30 days)		
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK			
XARELTO 2.5 MG TABLET			
heparin (porcine) 20,000 unit/ml injection solution			
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK	QL(74 per 30 days)	18	
warfarin 2 mg tablet ^{EDS}	QL(120 per 30 days)		
ELIQUIS 5 MG TABLET	QL(120 per 30 days)	18	
jantoven 5 mg tablet ^{EDS}	QL(120 per 30 days)		
jantoven 6 mg tablet ^{EDS}	QL(120 per 30 days)		
jantoven 7.5 mg tablet ^{EDS}	QL(120 per 30 days)		
anagrelide 0.5 mg capsule			
anagrelide 1 mg capsule			
LEUKINE 250 MCG SOLUTION FOR INJECTION			
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION	PA		
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION	PA		
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION	PA		
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION	PA		
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION	PA		
ARANESP 10 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	PA		
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION	PA		
ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION	PA		
ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION	PA		
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION	PA		
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION	PA		
NEUPOGEN 300 MCG/ML INJECTION SOLUTION			
ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION	PA		
ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION	PA		
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE			
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE			
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION	PA		
ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION	PA		
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE	PA		
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE	PA		
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION			
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION	PA		
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE	PA		
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE	PA		
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	PA		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ARANESP 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	PA		
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE	PA		
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE	PA		
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION	PA		
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION	PA		
NYVEPRIA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE			
aminocaproic acid 250 mg/ml (25 %) oral solution			
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION			
tranexamic acid 650 mg tablet	QL(30 per 28 days)		
tranexamic acid 1,000 mg/10 ml (100 mg/ml) intravenous solution			
aminocaproic acid 500 mg tablet			
aminocaproic acid 1,000 mg tablet			
tranexamic acid 1,000 mg/100 ml(10 mg/ml)in sod chlor,iso iv piggyback			
aminocaproic acid 250 mg/ml intravenous solution			
aspirin 81 mg tablet,delayed release ^{OTC,EDS}			20
BRILINTA 60 MG TABLET			
aspirin 25 mg-dipyridamole 200 mg capsule,ext.release 12 hr multiphase ^{EDS}			
adult aspirin regimen 81 mg tablet,delayed release ^{OTC,EDS}			20
aspirin 81 mg chewable tablet ^{OTC,EDS}			20
cilostazol 100 mg tablet ^{EDS}			
BRILINTA 90 MG TABLET			
clopidogrel 75 mg tablet ^{EDS}			
dipyridamole 25 mg tablet ^{EDS}			
dipyridamole 50 mg tablet ^{EDS}			
dipyridamole 75 mg tablet ^{EDS}			
cilostazol 50 mg tablet ^{EDS}			
prasugrel 5 mg tablet ^{EDS}	QL(30 per 30 days)		
prasugrel 10 mg tablet ^{EDS}	QL(30 per 30 days)		
children's aspirin 81 mg chewable tablet ^{OTC,EDS}			20
clonidine 0.1 mg/24 hr weekly transdermal patch	QL(8 per 30 days)		
methyldopa 500 mg tablet ^{EDS}			
midodrine 5 mg tablet			
midodrine 2.5 mg tablet			
clonidine 0.3 mg/24 hr weekly transdermal patch	QL(8 per 30 days)		
clonidine hcl 0.3 mg tablet ^{EDS}			
midodrine 10 mg tablet			
clonidine hcl 0.1 mg tablet ^{EDS}			
clonidine hcl 0.2 mg tablet ^{EDS}			
methyldopa 250 mg tablet ^{EDS}			
guanfacine 1 mg tablet ^{EDS}			
guanfacine 2 mg tablet ^{EDS}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
clonidine 0.2 mg/24 hr weekly transdermal patch	QL(8 per 30 days)		
terazosin 1 mg capsule ^{EDS}			
terazosin 5 mg capsule ^{EDS}			
prazosin 5 mg capsule ^{EDS}			
doxazosin 4 mg tablet ^{EDS}			
terazosin 2 mg capsule ^{EDS}			
doxazosin 2 mg tablet ^{EDS}			
terazosin 10 mg capsule ^{EDS}			
prazosin 1 mg capsule ^{EDS}			
prazosin 2 mg capsule ^{EDS}			
doxazosin 1 mg tablet ^{EDS}			
doxazosin 8 mg tablet ^{EDS}			
valsartan 40 mg tablet ^{EDS}	QL(60 per 30 days)	1	
valsartan 80 mg tablet ^{EDS}	QL(60 per 30 days)	1	
losartan 25 mg tablet ^{EDS}			
telmisartan 40 mg tablet ^{EDS}	QL(60 per 30 days)		
irbesartan 75 mg tablet ^{EDS}			
losartan 100 mg tablet ^{EDS}			
losartan 50 mg tablet ^{EDS}			
irbesartan 150 mg tablet ^{EDS}			
irbesartan 300 mg tablet ^{EDS}			
olmesartan 40 mg tablet ^{EDS}			
olmesartan 20 mg tablet ^{EDS}			
valsartan 320 mg tablet ^{EDS}		1	
olmesartan 5 mg tablet ^{EDS}			
telmisartan 20 mg tablet ^{EDS}	QL(60 per 30 days)		
telmisartan 80 mg tablet ^{EDS}			
valsartan 160 mg tablet ^{EDS}	QL(60 per 30 days)	1	
benazepril 40 mg tablet ^{EDS}			
lisinopril 5 mg tablet ^{EDS}			
quinapril 5 mg tablet ^{EDS}			
enalapril maleate 10 mg tablet ^{EDS}			
benazepril 5 mg tablet ^{EDS}			
quinapril 40 mg tablet ^{EDS}			
lisinopril 20 mg tablet ^{EDS}			
enalapril maleate 2.5 mg tablet ^{EDS}			
lisinopril 2.5 mg tablet ^{EDS}			
quinapril 20 mg tablet ^{EDS}			
enalapril maleate 5 mg tablet ^{EDS}			
lisinopril 30 mg tablet ^{EDS}			
lisinopril 40 mg tablet ^{EDS}			
enalapril maleate 20 mg tablet ^{EDS}			
ramipril 1.25 mg capsule ^{EDS}			
benazepril 20 mg tablet ^{EDS}			
ramipril 5 mg capsule ^{EDS}			
fosinopril 10 mg tablet ^{EDS}	QL(60 per 30 days)		
quinapril 10 mg tablet ^{EDS}			
fosinopril 40 mg tablet ^{EDS}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
fosinopril 20 mg tablet ^{EDS}	QL(60 per 30 days)		
ramipril 2.5 mg capsule ^{EDS}			
lisinopril 10 mg tablet ^{EDS}			
ramipril 10 mg capsule ^{EDS}			
benazepril 10 mg tablet ^{EDS}			
sotalol af 120 mg tablet ^{EDS}			
flecainide 150 mg tablet ^{EDS}			
flecainide 50 mg tablet ^{EDS}			
sotalol af 80 mg tablet ^{EDS}			
mexiletine 200 mg capsule ^{EDS}			
sotalol 160 mg tablet ^{EDS}			
sotalol af 160 mg tablet ^{EDS}			
sotalol 120 mg tablet ^{EDS}			
propafenone 225 mg tablet ^{EDS}			
sotalol 240 mg tablet ^{EDS}			
dofetilide 125 mcg capsule			
dofetilide 500 mcg capsule			
dofetilide 250 mcg capsule			
propafenone 150 mg tablet ^{EDS}			
amiodarone 200 mg tablet ^{EDS}			
sotalol 80 mg tablet ^{EDS}			
mexiletine 250 mg capsule ^{EDS}			
flecainide 100 mg tablet ^{EDS}			
amiodarone 100 mg tablet ^{EDS}			
propafenone 300 mg tablet ^{EDS}			
mexiletine 150 mg capsule ^{EDS}			
metoprolol succinate er 100 mg tablet,extended release 24 hr ^{EDS}			
carvedilol phosphate er 40 mg capsule,ext.release24hr multiphase			
carvedilol phosphate er 20 mg capsule,ext.release24hr multiphase			
labetalol 300 mg tablet ^{EDS}	QL(240 per 30 days)		
carvedilol phosphate er 10 mg capsule,ext.release24hr multiphase			
nadolol 80 mg tablet ^{EDS}			
propranolol 40 mg/5 ml (8 mg/ml) oral solution ^{EDS}			
metoprolol succinate er 25 mg tablet,extended release 24 hr ^{EDS}			
propranolol 10 mg tablet ^{EDS}			
propranolol er 60 mg capsule,24 hr,extended release ^{EDS}			
labetalol 100 mg tablet ^{EDS}	QL(240 per 30 days)		
carvedilol 6.25 mg tablet ^{EDS}			
propranolol 40 mg tablet ^{EDS}			
nadolol 20 mg tablet ^{EDS}			
bisoprolol fumarate 5 mg tablet ^{EDS}			
carvedilol phosphate er 80 mg capsule,ext.release24hr multiphase			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
acebutolol 200 mg capsule ^{EDS}			
propranolol 20 mg tablet ^{EDS}			
propranolol er 120 mg capsule,24 hr,extended release ^{EDS}			
atenolol 50 mg tablet ^{EDS}			
nebivolol 20 mg tablet ^{EDS}			
metoprolol succinate er 50 mg tablet,extended release 24 hr ^{EDS}			
nadolol 40 mg tablet ^{EDS}			
atenolol 100 mg tablet ^{EDS}			
atenolol 25 mg tablet ^{EDS}			
nebivolol 5 mg tablet ^{EDS}			
carvedilol 12.5 mg tablet ^{EDS}			
nebivolol 2.5 mg tablet ^{EDS}			
nebivolol 10 mg tablet ^{EDS}			
acebutolol 400 mg capsule ^{EDS}			
metoprolol tartrate 100 mg tablet ^{EDS}			
carvedilol 25 mg tablet ^{EDS}			
labetalol 200 mg tablet ^{EDS}	QL(240 per 30 days)		
propranolol 60 mg tablet ^{EDS}			
metoprolol tartrate 50 mg tablet ^{EDS}			
bisoprolol fumarate 10 mg tablet ^{EDS}			
propranolol 20 mg/5 ml (4 mg/ml) oral solution ^{EDS}			
carvedilol 3.125 mg tablet ^{EDS}			
metoprolol succinate er 200 mg tablet,extended release 24 hr ^{EDS}			
metoprolol tartrate 25 mg tablet ^{EDS}			
propranolol er 80 mg capsule,24 hr,extended release ^{EDS}			
propranolol er 160 mg capsule,24 hr,extended release ^{EDS}			
propranolol 80 mg tablet ^{EDS}			
nifedipine er 60 mg tablet,extended release 24 hr ^{EDS}			
felodipine er 5 mg tablet,extended release 24 hr ^{EDS}			
nimodipine 30 mg capsule ^{EDS}		18	
amlodipine 2.5 mg tablet ^{EDS}	QL(60 per 30 days)		
nifedipine er 30 mg tablet,extended release 24 hr ^{EDS}			
nifedipine er 30 mg tablet,extended release ^{EDS}			
amlodipine 10 mg tablet ^{EDS}			
felodipine er 10 mg tablet,extended release 24 hr ^{EDS}			
nifedipine er 60 mg tablet,extended release ^{EDS}			
nifedipine er 90 mg tablet,extended release 24 hr ^{EDS}			
nifedipine er 90 mg tablet,extended release ^{EDS}			
felodipine er 2.5 mg tablet,extended release 24 hr ^{EDS}			
nifedipine 20 mg capsule ^{EDS}			
nifedipine 10 mg capsule ^{EDS}			
amlodipine 5 mg tablet ^{EDS}	QL(60 per 30 days)		
diltiazem 30 mg tablet ^{EDS}			
diltiazem 90 mg tablet ^{EDS}			
diltiazem cd 300 mg capsule,extended release 24 hr ^{EDS}			
verapamil er 360 mg 24 hr capsule,extended release ^{EDS}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
verapamil 120 mg tablet ^{EDS}			
diltiazem er 60 mg capsule,extended release 12 hr ^{EDS}			
verapamil er 120 mg 24 hr capsule,extended release ^{EDS}			
verapamil er 180 mg 24 hr capsule,extended release ^{EDS}			
verapamil er (sr) 180 mg tablet,extended release ^{EDS}			
diltiazem cd 240 mg capsule,extended release 24 hr ^{EDS}			
diltiazem cd 180 mg capsule,extended release 24 hr ^{EDS}			
verapamil 40 mg tablet ^{EDS}			
diltiazem er 420 mg capsule,24 hr,extended release ^{EDS}			
diltiazem er 120 mg capsule,24 hr,extended release ^{EDS}			
diltiazem er (xr/xt) 240 mg capsule,extended release 24 hr, controlled ^{EDS}			
diltiazem 120 mg tablet ^{EDS}			
verapamil 80 mg tablet ^{EDS}			
diltiazem er 120 mg capsule,extended release 12 hr ^{EDS}			
diltiazem cd 120 mg capsule,extended release 24 hr ^{EDS}			
verapamil er (sr) 120 mg tablet,extended release ^{EDS}			
diltiazem er 180 mg capsule,24 hr,extended release ^{EDS}			
diltiazem er 300 mg capsule,24 hr,extended release ^{EDS}			
verapamil er 240 mg 24 hr capsule,extended release ^{EDS}			
diltiazem er 90 mg capsule,extended release 12 hr ^{EDS}			
diltiazem er 240 mg capsule,24 hr,extended release ^{EDS}			
verapamil er (sr) 240 mg tablet,extended release ^{EDS}			
diltiazem cd 360 mg capsule,extended release 24 hr ^{EDS}			
diltiazem er 360 mg capsule,24 hr,extended release ^{EDS}			
diltiazem er (xr/xt) 180 mg capsule,extended release 24 hr, controlled ^{EDS}			
diltiazem er (xr/xt) 120 mg capsule,extended release 24 hr, controlled ^{EDS}			
diltiazem 60 mg tablet ^{EDS}			
enalapril 10 mg-hydrochlorothiazide 25 mg tablet ^{EDS}			
methazolamide 25 mg tablet ^{EDS}			
bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}			
dobutamine 250 mg/250 ml (1 mg/ml) in 5 % dextrose intravenous			
dobutamine 250 mg/20 ml (12.5 mg/ml) intravenous solution			
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet ^{EDS}			
telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet			
amlodipine 5 mg-benazepril 10 mg capsule			
milrinone 40 mg/200 ml(200 mcg/ml) in 5 % dextrose intravenous piggybk			
milrinone 20 mg/100 ml(200 mcg/ml) in 5 % dextrose intravenous piggybk			
benazepril 20 mg-hydrochlorothiazide 25 mg tablet ^{EDS}			
quinapril 20 mg-hydrochlorothiazide 25 mg tablet ^{EDS}			
quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
milrinone 1 mg/ml intravenous solution			
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
acetazolamide 125 mg tablet ^{EDS}			
telmisartan 80 mg-hydrochlorothiazide 25 mg tablet			
telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet			
dobutamine 1,000 mg/250 ml(4,000 mcg/ml) in 5 % dextrose iv			
ENTRESTO 49 MG-51 MG TABLET	QL(60 per 30 days)	1	
losartan 100 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
atenolol 50 mg-chlorthalidone 25 mg tablet ^{EDS}			
amlodipine 5 mg-benazepril 40 mg capsule			
atenolol 100 mg-chlorthalidone 25 mg tablet ^{EDS}			
ranolazine er 500 mg tablet,extended release,12 hr			
acetazolamide er 500 mg capsule,extended release ^{EDS}			
methazolamide 50 mg tablet ^{EDS}			
bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}			
quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
amlodipine 10 mg-benazepril 40 mg capsule			
losartan 50 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
ENTRESTO 24 MG-26 MG TABLET	QL(60 per 30 days)	1	
lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet			
valsartan 320 mg-hydrochlorothiazide 25 mg tablet			
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet			
digoxin 250 mcg (0.25 mg) tablet ^{EDS}			
valsartan 160 mg-hydrochlorothiazide 25 mg tablet			
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet ^{EDS}			
enalapril 5 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
irbesartan 300 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
ENTRESTO 97 MG-103 MG TABLET	QL(60 per 30 days)	1	
amlodipine 10 mg-benazepril 20 mg capsule			
digoxin 50 mcg/ml (0.05 mg/ml) oral solution			
benazepril 5 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}			
olmesartan 40 mg-hydrochlorothiazide 25 mg tablet ^{EDS}			
benazepril 10 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
olmesartan 40 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
olmesartan 20 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
irbesartan 150 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}			
amlodipine 10 mg-olmesartan 40 mg tablet			
amlodipine 5 mg-olmesartan 40 mg tablet			
lisinopril 20 mg-hydrochlorothiazide 25 mg tablet ^{EDS}			
losartan 100 mg-hydrochlorothiazide 25 mg tablet ^{EDS}			
amlodipine 10 mg-olmesartan 20 mg tablet			
amlodipine 5 mg-olmesartan 20 mg tablet			
ranolazine er 1,000 mg tablet,extended release,12 hr			
valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet			
amlodipine 10 mg-valsartan 320 mg tablet			
amlodipine 5 mg-valsartan 320 mg tablet			
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
amlodipine 10 mg-valsartan 160 mg tablet			
digoxin 125 mcg (0.125 mg) tablet ^{EDS}			
amlodipine 5 mg-valsartan 160 mg tablet			
amlodipine 2.5 mg-benazepril 10 mg capsule			
triamterene 75 mg-hydrochlorothiazide 50 mg tablet ^{EDS}			
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule ^{EDS}			
acetazolamide 250 mg tablet ^{EDS}			
amiloride 5 mg-hydrochlorothiazide 50 mg tablet ^{EDS}			
dobutamine 500 mg/250 ml (2,000 mcg/ml) in 5 % dextrose iv			
amlodipine 5 mg-benazepril 20 mg capsule			
pentoxifylline er 400 mg tablet,extended release ^{EDS}			
bumetanide 0.5 mg tablet ^{EDS}			
furosemide 10 mg/ml injection syringe			
furosemide 40 mg tablet ^{EDS}			
furosemide 10 mg/ml injection solution ^{EDS}			
bumetanide 0.25 mg/ml injection solution			
toremide 5 mg tablet ^{EDS}			
furosemide 20 mg tablet ^{EDS}			
furosemide 10 mg/ml oral solution			
toremide 100 mg tablet ^{EDS}			
toremide 10 mg tablet ^{EDS}			
furosemide 40 mg/5 ml (8 mg/ml) oral solution			
furosemide 80 mg tablet ^{EDS}			
bumetanide 2 mg tablet ^{EDS}			
bumetanide 1 mg tablet ^{EDS}			
toremide 20 mg tablet ^{EDS}			
eplerenone 25 mg tablet ^{EDS}			
eplerenone 50 mg tablet ^{EDS}			
spironolactone 25 mg tablet ^{EDS}			
spironolactone 50 mg tablet ^{EDS}			
spironolactone 100 mg tablet ^{EDS}			
amiloride 5 mg tablet ^{EDS}			
hydrochlorothiazide 50 mg tablet ^{EDS}			
indapamide 2.5 mg tablet ^{EDS}			
indapamide 1.25 mg tablet ^{EDS}			
hydrochlorothiazide 12.5 mg tablet ^{EDS}			
hydrochlorothiazide 12.5 mg capsule ^{EDS}			
DIURIL 250 MG/5 ML ORAL SUSPENSION			11
chlorthalidone 25 mg tablet ^{EDS}			
metolazone 2.5 mg tablet ^{EDS}			
metolazone 10 mg tablet ^{EDS}			
chlorthalidone 50 mg tablet ^{EDS}			
metolazone 5 mg tablet ^{EDS}			
hydrochlorothiazide 25 mg tablet ^{EDS}			
fenofibrate micronized 134 mg capsule ^{EDS}			
fenofibrate nanocrystallized 48 mg tablet ^{EDS}			
fenofibrate nanocrystallized 145 mg tablet ^{EDS}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
gemfibrozil 600 mg tablet ^{EDS}			
fenofibrate 160 mg tablet ^{EDS}			
fenofibrate 54 mg tablet ^{EDS}			
fenofibrate micronized 67 mg capsule ^{EDS}			
fenofibrate micronized 200 mg capsule ^{EDS}			
rosuvastatin 5 mg tablet ^{EDS}	QL(60 per 30 days)		
rosuvastatin 10 mg tablet ^{EDS}	QL(60 per 30 days)		
rosuvastatin 20 mg tablet ^{EDS}	QL(60 per 30 days)		
rosuvastatin 40 mg tablet ^{EDS}	QL(60 per 30 days)		
simvastatin 40 mg tablet ^{EDS}	QL(60 per 30 days)		
pravastatin 10 mg tablet ^{EDS}	QL(60 per 30 days)		
atorvastatin 80 mg tablet ^{EDS}	QL(30 per 30 days)		
atorvastatin 10 mg tablet ^{EDS}	QL(30 per 30 days)		
simvastatin 20 mg tablet ^{EDS}	QL(60 per 30 days)		
pravastatin 80 mg tablet ^{EDS}	QL(60 per 30 days)		
atorvastatin 40 mg tablet ^{EDS}	QL(30 per 30 days)		
lovastatin 10 mg tablet ^{EDS}	QL(60 per 30 days)		
lovastatin 40 mg tablet ^{EDS}	QL(60 per 30 days)		
pravastatin 20 mg tablet ^{EDS}	QL(60 per 30 days)		
simvastatin 5 mg tablet ^{EDS}	QL(60 per 30 days)		
atorvastatin 20 mg tablet ^{EDS}	QL(30 per 30 days)		
lovastatin 20 mg tablet ^{EDS}	QL(60 per 30 days)		
simvastatin 10 mg tablet ^{EDS}	QL(60 per 30 days)		
simvastatin 80 mg tablet ^{EDS}	QL(60 per 30 days)		
pravastatin 40 mg tablet ^{EDS}	QL(60 per 30 days)		
VASCEPA 0.5 GRAM CAPSULE		18	
cholestyramine light 4 gram powder for susp in a packet			
cholestyramine (with sugar) 4 gram powder for susp in a packet ^{EDS}			
cholestyramine-aspartame 4 gram oral powder for susp in a packet			
cholestyramine (with sugar) 4 gram oral powder ^{EDS}			
colesevelam 625 mg tablet			
niacin er 500 mg tablet,extended release 24 hr ^{EDS}			
PRALUENT PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR	PA,QL(2 per 28 days)	8	
PRALUENT PEN 75 MG/ML SUBCUTANEOUS PEN INJECTOR	PA,QL(2 per 28 days)	8	
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR	PA,QL(6 per 28 days)	10	
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE	PA,QL(6 per 28 days)	10	
niacin er 1,000 mg tablet,extended release 24 hr ^{EDS}			
niacin er 750 mg tablet,extended release 24 hr ^{EDS}			
colestipol 1 gram tablet ^{EDS}			
omega-3 acid ethyl esters 1 gram capsule	QL(120 per 30 days)	18	
ezetimibe 10 mg tablet ^{EDS}	QL(30 per 30 days)	10	
cholestyramine light 4 gram oral powder			
VASCEPA 1 GRAM CAPSULE		18	
minoxidil 2.5 mg tablet ^{EDS}			
minoxidil 10 mg tablet ^{EDS}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
hydralazine 25 mg tablet ^{EDS}			
hydralazine 100 mg tablet ^{EDS}			
hydralazine 10 mg tablet ^{EDS}			
hydralazine 50 mg tablet ^{EDS}			
isosorbide dinitrate 10 mg tablet ^{EDS}			
isosorbide dinitrate 20 mg tablet ^{EDS}			
isosorbide mononitrate er 30 mg tablet,extended release 24 hr ^{EDS}			
nitroglycerin 0.4 mg/hr transdermal 24 hour patch	QL(30 per 30 days)		
nitroglycerin 0.6 mg/hr transdermal 24 hour patch	QL(30 per 30 days)		
isosorbide dinitrate 30 mg tablet ^{EDS}			
isosorbide dinitrate 40 mg tablet ^{EDS}			
isosorbide mononitrate 20 mg tablet ^{EDS}			
isosorbide mononitrate 10 mg tablet ^{EDS}			
isosorbide mononitrate er 60 mg tablet,extended release 24 hr ^{EDS}			
nitroglycerin 0.1 mg/hr transdermal 24 hour patch	QL(30 per 30 days)		
nitroglycerin 0.6 mg sublingual tablet ^{EDS}	QL(400 per 25 days)		
nitroglycerin 0.4 mg sublingual tablet ^{EDS}	QL(400 per 25 days)		
isosorbide dinitrate 5 mg tablet ^{EDS}			
isosorbide mononitrate er 120 mg tablet,extended release 24 hr ^{EDS}			
nitroglycerin 0.3 mg sublingual tablet ^{EDS}	QL(400 per 25 days)		
nitroglycerin 0.2 mg/hr transdermal 24 hour patch	QL(30 per 30 days)		
dextroamphetamine-amphetamine 12.5 mg tablet		3	
dextroamphetamine-amphetamine er 30 mg 24hr capsule,extend release		6	
dextroamphetamine-amphetamine 10 mg tablet		3	
VYVANSE 10 MG CAPSULE	QL(30 per 30 days)	6	
dextroamphetamine-amphetamine 7.5 mg tablet		3	
dextroamphetamine-amphetamine 30 mg tablet		3	
VYVANSE 60 MG CAPSULE	QL(30 per 30 days)	6	
dextroamphetamine-amphetamine 15 mg tablet		3	
dextroamphetamine-amphetamine 5 mg tablet		3	
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE		6	
dextroamphetamine-amphetamine 20 mg tablet		3	
dextroamphetamine-amphetamine er 20 mg 24hr capsule,extend release		6	
VYVANSE 20 MG CAPSULE	QL(30 per 30 days)	6	
dextroamphetamine-amphetamine er 5 mg 24hr capsule,extend release		6	
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE		6	
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE		6	
dextroamphetamine-amphetamine er 10 mg 24hr capsule,extend release		6	
VYVANSE 40 MG CAPSULE	QL(30 per 30 days)	6	
dextroamphetamine sulfate 10 mg tablet		3	
dextroamphetamine sulfate 5 mg tablet		3	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE		6	
dextroamphetamine-amphetamine er 15 mg 24hr capsule,extend release		6	
dextroamphetamine-amphetamine er 25 mg 24hr capsule,extend release		6	
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE		6	
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE		6	
VYVANSE 70 MG CAPSULE	QL(30 per 30 days)	6	
VYVANSE 50 MG CAPSULE	QL(30 per 30 days)	6	
VYVANSE 30 MG CAPSULE	QL(30 per 30 days)	6	
FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE	QL(30 per 30 days)	6	
methylphenidate er 18 mg tablet,extended release 24 hr		6	
methylphenidate 10 mg tablet			
methylphenidate cd 30 mg biphasic 30-70 capsule,extended release		6	
atomoxetine 40 mg capsule		6	
atomoxetine 60 mg capsule		6	
methylphenidate er 36 mg tablet,extended release 24 hr		6	
methylphenidate cd 20 mg biphasic 30-70 capsule,extended release		6	
DAYTRANA 20 MG/9 HR DAILY PATCH		6	
methylphenidate er 20 mg tablet,extended release		6	
clonidine hcl er 0.1 mg tablet,extended release,12 hr		6	
dexmethylphenidate 10 mg tablet			
methylphenidate cd 10 mg biphasic 30-70 capsule,extended release		6	
DAYTRANA 15 MG/9 HR DAILY PATCH		6	
atomoxetine 25 mg capsule		6	
atomoxetine 18 mg capsule		6	
dexmethylphenidate 2.5 mg tablet			
atomoxetine 10 mg capsule		6	
DAYTRANA 30 MG/9 HR DAILY PATCH		6	
methylphenidate 5 mg tablet			
methylphenidate 10 mg/5 ml oral solution			
JORNAY PM 20 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	PA,QL(30 per 30 days)	6	
FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE		6	
JORNAY PM 40 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	PA,QL(30 per 30 days)	6	
JORNAY PM 60 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	PA,QL(30 per 30 days)	6	
dexmethylphenidate er 15 mg capsule,extended release biphasic50-50	QL(30 per 30 days)	6	
dexmethylphenidate er 30 mg capsule,extended release biphasic50-50		6	
dexmethylphenidate er 40 mg capsule,extended release biphasic50-50		6	
FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE		6	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
guanfacine er 3 mg tablet,extended release 24 hr			
guanfacine er 1 mg tablet,extended release 24 hr			
JORNAY PM 80 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	PA,QL(30 per 30 days)	6	
JORNAY PM 100 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	PA,QL(30 per 30 days)	6	
methylphenidate er 10 mg tablet,extended release		6	
guanfacine er 2 mg tablet,extended release 24 hr			
methylphenidate 20 mg tablet			
CONCERTA 18 MG TABLET,EXTENDED RELEASE		6	
methylphenidate 5 mg/5 ml oral solution			
dexmethylphenidate er 10 mg capsule,extended release biphasic50-50	QL(30 per 30 days)	6	
dexmethylphenidate er 35 mg capsule,extended release biphasic50-50		6	
dexmethylphenidate er 25 mg capsule,extended release biphasic50-50		6	
FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE		6	
methylphenidate cd 40 mg biphasic 30-70 capsule,extended release		6	
QELBREE 100 MG CAPSULE,EXTENDED RELEASE	PA,QL(60 per 30 days)	6	
atomoxetine 100 mg capsule		6	
CONCERTA 36 MG TABLET,EXTENDED RELEASE		6	
methylphenidate er 54 mg tablet,extended release 24 hr		6	
QELBREE 200 MG CAPSULE,EXTENDED RELEASE	PA,QL(90 per 30 days)	6	
dexmethylphenidate er 5 mg capsule,extended release biphasic50-50	QL(30 per 30 days)	6	
FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE		6	
QELBREE 150 MG CAPSULE,EXTENDED RELEASE	PA,QL(60 per 30 days)	6	
dexmethylphenidate 5 mg tablet			
methylphenidate cd 60 mg biphasic 30-70 capsule,extended release		6	
DAYTRANA 10 MG/9 HR DAILY PATCH		6	
FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE	QL(30 per 30 days)	6	
CONCERTA 54 MG TABLET,EXTENDED RELEASE		6	
methylphenidate cd 50 mg biphasic 30-70 capsule,extended release		6	
FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE	QL(30 per 30 days)	6	
dexmethylphenidate er 20 mg capsule,extended release biphasic50-50	QL(30 per 30 days)	6	
methylphenidate er 27 mg tablet,extended release 24 hr		6	
atomoxetine 80 mg capsule		6	
CONCERTA 27 MG TABLET,EXTENDED RELEASE		6	
FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE	QL(30 per 30 days)	6	
guanfacine er 4 mg tablet,extended release 24 hr			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
NUEDEXTA 20 MG-10 MG CAPSULE		18	
AUSTEDO 9 MG TABLET	PA,QL(120 per 30 days)	18	
AUSTEDO XR 30 MG TABLET,EXTENDED RELEASE	PA,QL(60 per 30 days)	18	
AUSTEDO XR 36 MG TABLET,EXTENDED RELEASE	PA,QL(60 per 30 days)	18	
INGREZZA 80 MG CAPSULE	PA,QL(30 per 30 days)	18	
riluzole 50 mg tablet			
AUSTEDO XR 42 MG TABLET,EXTENDED RELEASE	PA,QL(60 per 30 days)	18	
AUSTEDO 12 MG TABLET	PA,QL(120 per 30 days)	18	
INGREZZA 40 MG CAPSULE	PA,QL(30 per 30 days)	18	
tetrabenazine 12.5 mg tablet	PA,QL(90 per 30 days)	18	
INGREZZA 60 MG CAPSULE	PA,QL(30 per 30 days)	18	
tetrabenazine 25 mg tablet	PA,QL(120 per 30 days)	18	
AUSTEDO 6 MG TABLET	PA,QL(60 per 30 days)	18	
AUSTEDO XR 48 MG TABLET,EXTENDED RELEASE	PA,QL(60 per 30 days)	18	
AUSTEDO XR 18 MG TABLET,EXTENDED RELEASE	PA,QL(60 per 30 days)	18	
AUSTEDO XR 6 MG TABLET,EXTENDED RELEASE	PA,QL(60 per 30 days)	18	
AUSTEDO XR 12 MG TABLET,EXTENDED RELEASE	PA,QL(60 per 30 days)	18	
AUSTEDO XR 24 MG TABLET,EXTENDED RELEASE	PA,QL(60 per 30 days)	18	
pregabalin 300 mg capsule	PA,QL(60 per 30 days)		
pregabalin 225 mg capsule	PA,QL(60 per 30 days)		
pregabalin 200 mg capsule	PA,QL(90 per 30 days)		
pregabalin 150 mg capsule	PA,QL(120 per 30 days)		
pregabalin 100 mg capsule	PA,QL(180 per 30 days)		
pregabalin 75 mg capsule	PA,QL(240 per 30 days)		
pregabalin 50 mg capsule	PA,QL(360 per 30 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
pregabalin 25 mg capsule	PA,QL(720 per 30 days)		
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR		18	
fingolimod 0.5 mg capsule	QL(30 per 30 days)	10	
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT	QL(4 per 28 days)	18	
teriflunomide 7 mg tablet	QL(30 per 30 days)	18	
teriflunomide 14 mg tablet	QL(30 per 30 days)	18	
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE	QL(30 per 30 days)	18	
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE	QL(4 per 28 days)	18	
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION	QL(14 per 28 days)	18	
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT	QL(4 per 28 days)	18	
BETASERON 0.3 MG SUBCUTANEOUS KIT	QL(14 per 28 days)	18	
dimethyl fumarate 240 mg capsule,delayed release	QL(60 per 30 days)	18	
dalfampridine er 10 mg tablet,extended release,12 hr	QL(60 per 30 days)	18	
dimethyl fumarate 120 mg (14)-240 mg (46) capsule,delayed release	QL(60 per 30 days)	18	
dimethyl fumarate 120 mg capsule,delayed release	QL(60 per 30 days)	18	
triamcinolone acetonide 0.1 % dental paste			
chlorhexidine gluconate 0.12 % mouthwash			
pilocarpine 5 mg tablet			
pilocarpine 7.5 mg tablet			
acitretin 25 mg capsule		18	
DIFFERIN 0.1 % LOTION		12	
erythromycin-benzoyl peroxide 3 %-5 % topical gel		12	
myorisan 30 mg capsule		12	
isotretinoin 20 mg capsule		12	
zenatane 40 mg capsule		12	
FINACEA 15 % TOPICAL GEL			
myorisan 20 mg capsule		12	
RETIN-A 0.05 % TOPICAL CREAM		12	
claravis 30 mg capsule		12	
isotretinoin 30 mg capsule		12	
isotretinoin 35 mg capsule		12	
azelaic acid 15 % topical gel			
zenatane 20 mg capsule		12	
claravis 10 mg capsule		12	
isotretinoin 40 mg capsule		12	
zenatane 30 mg capsule		12	
amnesteem 10 mg capsule		12	
myorisan 40 mg capsule		12	
adapalene 0.1 %-benzoyl peroxide 2.5 % topical gel with pump		9	
RETIN-A 0.1 % TOPICAL CREAM		12	
zenatane 10 mg capsule		12	
acitretin 17.5 mg capsule		18	
amnesteem 20 mg capsule		12	
clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel		12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
amnesteem 40 mg capsule		12	
DIFFERIN 0.1 % TOPICAL CREAM		12	
isotretinoin 25 mg capsule		12	
RETIN-A 0.025 % TOPICAL CREAM		12	
claravis 40 mg capsule		12	
myorisan 10 mg capsule		12	
claravis 20 mg capsule		12	
isotretinoin 10 mg capsule		12	
acitretin 10 mg capsule		18	
hydrocortisone 1 % topical cream			
betamethasone, augmented 0.05 % topical cream			
mometasone 0.1 % topical cream			
fluticasone propionate 0.005 % topical ointment			
DERMA-SMOOTH/FS SCALP OIL 0.01 %			
betamethasone valerate 0.1 % topical cream			
hydrocortisone 5 mg tablet ^{EDS}			
clobetasol 0.05 % topical ointment			
hydrocortisone 10 mg tablet ^{EDS}			
ZONALON 5 % TOPICAL CREAM	PA,QL(90 per 30 days)	18	
proctozone-hc 2.5 % topical cream perineal applicator			
PROTOPIC 0.1 % TOPICAL OINTMENT	QL(100 per 30 days)	16	
clobetasol 0.05 % scalp solution			
tacrolimus 0.1 % topical ointment	QL(100 per 30 days)	16	
hydrocortisone 1 % topical cream with perineal applicator			
ammonium lactate 12 % topical cream			
fluticasone propionate 0.05 % topical cream			
ammonium lactate 12 % lotion			
hydrocortisone 1 % topical ointment			
hydrocortisone 2.5 % topical cream			
clobetasol 0.05 % topical cream			
betamethasone valerate 0.1 % topical ointment			
hydrocortisone 20 mg tablet ^{EDS}			
proctosol hc 2.5 % topical cream perineal applicator			
mometasone 0.1 % topical solution			
mometasone 0.1 % topical ointment			
selenium sulfide 2.25 % shampoo			
DERMA-SMOOTH/FS BODY OIL 0.01 %			
pimecrolimus 1 % topical cream	QL(100 per 30 days)		
halobetasol propionate 0.05 % topical cream			
ELIDEL 1 % TOPICAL CREAM	QL(100 per 30 days)		
procto-med hc 2.5 % topical cream perineal applicator			
PROTOPIC 0.03 % TOPICAL OINTMENT	QL(100 per 30 days)		
EUCRISA 2 % TOPICAL OINTMENT	PA,QL(60 per 30 days)		
anusol-hc 2.5 % topical cream with perineal applicator			
selenium sulfide 2.5 % lotion			
tacrolimus 0.03 % topical ointment	QL(100 per 30 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
doxepin 5 % topical cream	PA,QL(90 per 30 days)	18	
hydrocortisone 2.5 % topical ointment			
hydrocortisone 2.5 % topical cream with perineal applicator			
fluorouracil 5 % topical solution			
EFUDEX 5 % TOPICAL CREAM			
silver sulfadiazine 1 % topical cream			
OTEZLA 20 MG TABLET	PA		
calcipotriene 0.005 % topical ointment	PA,QL(120 per 30 days)	18	
OTEZLA STARTER 10 MG (4)-20 MG (51) TABLETS IN A DOSE PACK	PA		
diclofenac 3 % topical gel	PA,QL(200 per 30 days)	18	
calcipotriene 0.005 % topical cream	PA,QL(120 per 30 days)	18	
OTEZLA 30 MG TABLET	PA,QL(60 per 30 days)	6	
fluorouracil 2 % topical solution			
imiquimod 5 % topical cream packet	QL(24 per 112 days)	12	
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK	PA,QL(55 per 365 days)	6	
calcipotriene 0.005 % scalp solution	PA,QL(60 per 30 days)	18	
podofilox 0.5 % topical solution			
lice treatment (permethrin) 1 % topical liquid ^{OTC}			
permethrin 5 % topical cream			
NATROBA 0.9 % TOPICAL SUSPENSION			
lice treatment 1 % topical liquid ^{OTC}			
clindamycin phosphate 1 % topical swab		12	
mupirocin 2 % topical ointment	QL(44 per 30 days)		
clindamycin 1 % topical gel	QL(120 per 30 days)	12	
clindamycin phosphate 1 % topical solution	QL(120 per 30 days)	12	
potassium chloride 40 meq/l in dextrose 5 %-0.45 % sodium chloride iv			
manganese chloride 0.1 mg/ml intravenous solution			
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION			
HYPERLYTE CR 25 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION			
CARBAGLU 200 MG DISPERSIBLE TABLET	PA		
potassium chloride 40 meq/100ml in sterile water intravenous piggyback			
potassium chloride 30 meq/l in 5 % dextrose intravenous solution			
potassium chloride 20 meq/l in d5-0.9 % sodium chloride intravenous			
potassium chloride 20 meq/l in 0.9 % sodium chloride intravenous			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
centratex 106 mg iron-1 mg capsule ^{OTC}			
K-PHOS-NEUTRAL 250 MG TABLET ^{OTC}			
calcium-600 600 mg (as calcium carbonate 1,500 mg) tablet ^{OTC}			
potassium chloride 40 meq/15 ml oral liquid			
TPN ELECTROLYTES II 18 MEQ-18 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION			
potassium chloride 30 meq/100ml in sterile water intravenous piggyback			
sodium acetate 2 meq/ml intravenous solution			
sodium fluoride 1.1 % dental gel			
magnesium sulfate 500 mg/ml (50 %) injection solution			
potassium acetate 2 meq/ml intravenous solution			
potassium chloride er 8 meq capsule,extended release			
calcium 500 mg/5 ml (as calcium carb 1,250 mg/5 ml) oral suspension ^{OTC}			
chromium chloride 4 mcg/ml intravenous solution			
magnesium chloride 200 mg/ml (20 %) injection solution			
FERLECIT 62.5 MG/5 ML INTRAVENOUS SOLUTION		6	
calcium 500 mg (as calcium carbonate 1,250 mg) tablet ^{OTC}			
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION			
electrolyte-48 in d5w intravenous solution			
phospha neutral 250 mg tablet ^{OTC}			
K-PHOS NO 2 305 MG-700 MG TABLET			
IONOSOL-B IN D5W INTRAVENOUS SOLUTION			
potassium chloride 20 meq/l-lactated ringers-5 % dextrose intravenous			
sodium fluoride 0.2 % dental solution			
potassium chloride 10 meq/l in dextrose 5 %-0.2 % sodium chloride iv			
klor-con/ef 25 meq effervescent tablet			
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE			
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION			
potassium chloride 20 meq/l in dextrose 5 %-0.3 % sodium chloride iv			
potassium chloride 10 meq/l in 5 % dextrose intravenous solution			
potassium citrate er 5 meq (540 mg) tablet,extended release			
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION			
calcium chloride 100 mg/ml (10 %) intravenous solution			
potassium chloride 10 meq/100ml in sterile water intravenous piggyback			
oyster shell calcium-500 500 mg (as carbonate 1,250 mg) tablet ^{OTC}			
sodium chloride 0.45 % intravenous solution			
potassium chloride 40 meq/l in dextrose 5 %-0.2 % sodium chloride iv			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ringer's intravenous solution			
ascorbic acid (vitamin c) 500 mg/ml injection solution			
potassium chloride 20 meq oral packet			
lactated ringers intravenous solution			
potassium chloride er 8 meq tablet,extended release			
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION			
potassium chloride 40 meq/l in 0.9 % sodium chloride intravenous			
potassium chloride er 10 meq tablet,extended release(part/cryst)			
klor-con m10 meq tablet,extended release			
sodium chloride 0.9 % injection solution			
potassium chloride 40 meq/l in d5-0.9 % sodium chloride intravenous			
ISOLYTE-S INTRAVENOUS SOLUTION			
klor-con m20 meq tablet,extended release			
calcium 600 mg (as calcium carbonate 1,500 mg) tablet ^{OTC}			
potassium chloride er 20 meq tablet,extended release			
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE			
potassium citrate er 10 meq (1,080 mg) tablet,extended release			
sodium chloride 2.5 meq/ml intravenous solution			
sodium acetate 4 meq/ml intravenous solution			
sodium bicarbonate 4.2 % intravenous solution			
potassium chloride er 10 meq capsule,extended release			
calcium acetate 667 mg tablet ^{OTC}			
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE			
sodium bicarbonate 1 meq/ml (8.4 %) intravenous solution			
potassium chloride er 15 meq tablet,extended release(part/cryst)			
potassium chloride 30 meq/l in dextrose 5 %-0.45 % sodium chloride iv			
sodium ferric gluconate complex in sucrose 62.5 mg/5 ml intravenous		6	
magnesium sulfate 4 gram/100 ml (4 %) in water intravenous piggyback			
ORACIT 490 MG-640 MG/5 ML ORAL SOLUTION			
effer-k 25 meq effervescent tablet			
potassium chloride 20 meq/15 ml oral liquid			
potassium chloride 2 meq/ml intravenous solution			
sodium phosphate 3 mmol/ml intravenous solution			
potassium chloride er 20 meq tablet,extended release(part/cryst)			
sodium chloride 5 % hypertonic intravenous solution			
sodium fluoride 1.1 %-potassium nitrate 5 % dental paste			
potassium chloride 20 meq/l in 0.45 % sodium chloride intravenous soln			
calcium gluconate 100 mg/ml (10 %) intravenous solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
EFFER-K 10 MEQ EFFERVESCENT TABLET			
levocarnitine (with sugar) 100 mg/ml oral solution			
sodium fluoride 1.1 % dental paste			
PLASMA-LYTE A INTRAVENOUS SOLUTION			
NORMOSOL-R INTRAVENOUS SOLUTION			
levocarnitine 330 mg tablet			
magnesium sulfate 4 gram/50 ml (8 %) in water intravenous piggyback			
potassium chloride 30 meq/l in dextrose 5 %-0.2 % sodium chloride iv			
potassium chloride 20 meq/l in dextrose 5 %-0.45 % sodium chloride iv			
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION			
potassium chloride 20 meq/l in dextrose 5 %-0.2 % sodium chloride iv			
potassium chloride 20 meq/100ml in sterile water intravenous piggyback			
magnesium sulfate 20 gram/500 ml (4 %) in water intravenous solution			
oyster shell calcium 500 mg (as calcium carbonate 1,250 mg) tablet ^{OTC}			
sodium fluoride 1.1 % dental cream			
klor-con 20 meq oral packet			
MULTITRACE-4 PEDIATRIC 1 MCG-0.1 MG-25 MCG-1 MG/ML INTRAVENOUS SOLN			
copper chloride 0.4 mg/ml intravenous solution			
potassium chloride 20 meq/50 ml in sterile water intravenous piggyback			
sodium chloride 3 % hypertonic intravenous injection solution			
sodium chloride 0.9 % intravenous solution			
potassium phos-mono-dibasic 3 mmol/ml (4.7 meq potassium/ml) iv soln			
potassium chloride 10 meq/l in dextrose 5 %-0.45 % sodium chloride iv			
zinc sulfate 1 mg/ml intravenous solution			
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION			
sodium chloride 0.9 % intravenous piggyback			
selenium 40 mcg/ml intravenous solution			
levocarnitine 200 mg/ml intravenous solution			
phospho-trin k500 500 mg soluble tablet ^{OTC}			
potassium phosphates-mbasic and dibasic 3 mmol/ml intravenous solution			
K-PHOS ORIGINAL 500 MG SOLUBLE TABLET			
potassium citrate er 15 meq (1,620 mg) tablet,extended release			
sodium citrate-citric acid 490 mg-640 mg/5 ml oral solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
potassium chloride 20 meq/l in 5 % dextrose intravenous solution			
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule otc			
sodium chloride 0.9 %, bacteriostatic injection solution			
sodium chloride 4 meq/ml intravenous solution			
zinc chloride 1 mg/ml intravenous solution			
potassium chloride 10 meq/50 ml in sterile water intravenous piggyback			
PLASMA-LYTE 148 INTRAVENOUS SOLUTION			
cupric chloride 0.4 mg/ml intravenous solution			
potassium chloride er 10 meq tablet,extended release			
zinc sulfate 3 mg/ml intravenous solution			
zinc sulfate 5 mg/ml intravenous solution			
EFFER-K 20 MEQ EFFERVESCENT TABLET			
multitrace-4 concentrate 10 mg-1 mg-0.5 mg-5 mg/ml intravenous soln			
potassium chloride 40 meq/l-lactated ringers-5 % dextrose intravenous			
NEONATAL FE 90 MG-120 MG-12 MCG-1,000 MCG TABLET		12	
se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule ^{OTC}			
multitrace-4 neonatal 0.85 mcg-0.1 mg-25 mcg-1.5 mg/ml intravenous			
magnesium sulfate 40 gram/1,000 ml (4 %) in water intravenous solution			
deferoxamine 2 gram solution for injection			
deferasirox 90 mg tablet		2	
deferasirox 180 mg tablet		2	
deferasirox 360 mg tablet		2	
deferoxamine 500 mg solution for injection			
dextrose 5 % in water (d5w) intravenous piggyback			
dextrose 5 % in water (d5w) intravenous solution			
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION			
PROSOL 20 % INTRAVENOUS SOLUTION			
TRAVASOL 10 % INTRAVENOUS SOLUTION			
AMINOSYN II 7 % INTRAVENOUS SOLUTION			
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION			
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION			
dextrose 5 % and lactated ringers intravenous solution			
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION			
AMINOSYN II 15 % INTRAVENOUS SOLUTION			
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION			
dextrose 10 % in water (d10w) intravenous solution			
dextrose 10 % and 0.2 % sodium chloride intravenous solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
KABIVEN 3.31 %-10.8 %-3.9 % INTRAVENOUS EMULSION dextrose 50 % in water (d50w) intravenous syringe			
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION			
dextrose 40 % in water (d40w) intravenous solution			
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION			
AMINOSYN 10 % INTRAVENOUS SOLUTION			
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION			
CLINIMIX 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION			
CLINIMIX 6 % IN 5 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION			
PERIKABIVEN 2.36 %-7.5 %-3.5 % INTRAVENOUS EMULSION			
AMINOSYN 8.5 % INTRAVENOUS SOLUTION			
TROPHAMINE 10 % INTRAVENOUS SOLUTION			
NUTRILIPID 20 % INTRAVENOUS EMULSION			
dextrose 20 % in water (d20w) intravenous solution			
dextrose 70 % in water (d70w) intravenous solution			
INTRALIPID 20 % INTRAVENOUS EMULSION			
PREMASOL 10 % INTRAVENOUS SOLUTION			
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION			
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION			
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION			
CLINISOL SF 15 % INTRAVENOUS SOLUTION			
dextrose 50 % in water (d50w) intravenous solution			
CLINIMIX E 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION			
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION			
CLINIMIX 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION			
CLINIMIX E 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION			
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION			
dextrose 2.5 % and 0.45 % sodium chloride intravenous solution			
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION			
dextrose 10 % and 0.45 % sodium chloride intravenous solution			
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION			
dextrose 25 % in water (d25w) intravenous syringe			
INTRALIPID 30 % INTRAVENOUS EMULSION			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
dextrose 30 % in water (d30w) intravenous solution			
AMINOSYN II 10 % INTRAVENOUS SOLUTION			
dextrose 5% and 0.3 % sodium chloride intravenous solution			
dextrose 5 % and 0.2 % sodium chloride intravenous solution			
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION			
dextrose 5 % and 0.45 % sodium chloride intravenous solution			
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION			
dextrose 5 % and 0.9 % sodium chloride intravenous solution			
REVELA 800 MG TABLET			
sevelamer carbonate 800 mg tablet			
sevelamer carbonate 0.8 gram oral powder packet			11
sevelamer carbonate 2.4 gram oral powder packet			11
REVELA 2.4 GRAM ORAL POWDER PACKET			11
REVELA 0.8 GRAM ORAL POWDER PACKET			11
calcium acetate 668 mg (169 mg calcium) tablet ^{OTC}			20
VELTASSA 25.2 GRAM ORAL POWDER PACKET		12	
kionex (with sorbitol) 15 gram-20 gram/60 ml oral suspension			
LOKELMA 5 GRAM ORAL POWDER PACKET		18	
LOKELMA 10 GRAM ORAL POWDER PACKET		18	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION			
VELTASSA 16.8 GRAM ORAL POWDER PACKET		12	
VELTASSA 8.4 GRAM ORAL POWDER PACKET		12	
sodium polystyrene sulfonate oral powder			
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA			
SE-NATAL-19 29 MG IRON-1 MG TABLET		12	
VITAFOL FE PLUS 90 MG IRON-1 MG-200 MG CAPSULE		12	
VITAFOL-OB 65 MG-1 MG TABLET		12	
elite-ob 50 mg iron-1.25 mg tablet		12	
westab plus 27 mg iron-1 mg tablet		12	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE		12	
VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET		12	
se-natal 19 chewable 29 mg iron-1 mg tablet		12	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE		12	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK		12	
m-natal plus 27 mg iron-1 mg tablet		12	
taron-c dha 35 mg-1 mg-200 mg capsule		12	
folivane-ob 85 mg-1 mg capsule		12	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK		12	
complete natal dha 29 mg iron-1 mg-200 mg oral pack		12	
thrivite rx 29 mg iron-1 mg tablet		12	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet		12	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION	PA,QL(18 per 30 days)	18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE	PA,QL(12 per 30 days)	18	
LINZESS 145 MCG CAPSULE	PA,QL(30 per 30 days)	6	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE	PA,QL(18 per 30 days)	18	
lactulose 20 gram/30 ml oral solution	QL(5400 per 30 days)		
laxative peg 3350 17 gram/dose oral powder ^{OTC}			20
TRULANCE 3 MG TABLET	PA,QL(30 per 30 days)	18	
LINZESS 72 MCG CAPSULE	PA,QL(30 per 30 days)	6	
lactulose 10 gram/15 ml (15 ml) oral solution	QL(5400 per 30 days)		
clearlax 17 gram/dose oral powder ^{OTC}			20
LINZESS 290 MCG CAPSULE	PA,QL(30 per 30 days)	6	
polyethylene glycol 3350 17 gram/dose oral powder ^{OTC}			20
lubiprostone 24 mcg capsule	PA	18	
lubiprostone 8 mcg capsule	PA	18	
lactulose 10 gram/15 ml oral solution	QL(5400 per 30 days)		
MOVANTIK 12.5 MG TABLET	PA,QL(30 per 30 days)	18	
polyethylene glycol 3350 17 gram oral powder packet ^{OTC}			20
MOVANTIK 25 MG TABLET	PA,QL(30 per 30 days)	18	
diphenoxylate-atropine 2.5 mg-0.025 mg tablet			
loperamide 2 mg capsule	QL(240 per 30 days)	2	
dicyclomine 20 mg tablet			
glycopyrrolate 1 mg tablet			
dicyclomine 10 mg/5 ml oral solution			
glycopyrrolate 2 mg tablet			
glycopyrrolate 1 mg/5 ml (0.2 mg/ml) oral solution		3	16
dicyclomine 10 mg capsule			
PYLERA 140 MG-125 MG-125 MG CAPSULE		18	
ultra strength antacid 400 mg (calcium carb 1,000 mg) chewable tablet ^{OTC}			
calcium antacid 300 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}			
calcium antacid 320 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}			
ursodiol 300 mg capsule			
hyoscyamine 0.125 mg/5 ml oral elixir			
GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
antacid extra-strength 300 mg (as calcium carb 750 mg) chewable tablet ^{OTC}			
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION		9	
antacid calcium 215 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}			
MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET		18	
cal-gest antacid 200 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}			
calcium 260 mg (as calcium carbonate 648 mg) tablet ^{OTC}			
ENDARI 5 GRAM ORAL POWDER PACKET	PA,QL(180 per 30 days)	5	
smooth antacid 300 mg (as calcium carbonate 750 mg) chewable tablet ^{OTC}			
antacid 215 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}			
antacid extra strength 300 mg (as calcium carb 750 mg) chewable tablet ^{OTC}			
hyoscyamine sulfate 0.125 mg tablet			
calcium antacid 200 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}			
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/175 ML ORAL SOLUTION		9	
hyoscyamine 0.125 mg disintegrating tablet			
peg-electrolyte solution 420 gram oral solution			
antacid 200 mg (as calcium carbonate 500 mg) chewable tablet ^{OTC}			
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution			
antacid ultra strength 400 mg (calcium carb 1,000 mg) chewable tablet ^{OTC}			
ursodiol 250 mg tablet			
hyoscyamine er 0.375 mg tablet,extended release,12 hr			
calcium antacid 400 mg (as carbonate 1,000 mg) chewable tablet ^{OTC}			
ursodiol 500 mg tablet			
hyoscyamine 0.125 mg sublingual tablet			
famotidine 40 mg tablet	QL(60 per 30 days)		
famotidine 10 mg/ml intravenous solution			
famotidine (pf) 20 mg/50 ml in 0.9 % nacl (iso) intravenous piggyback			
famotidine (pf) 20 mg/2 ml intravenous solution			
famotidine 40 mg/5 ml (8 mg/ml) oral suspension			11
famotidine 20 mg tablet	QL(60 per 30 days)		
CARAFATE 100 MG/ML ORAL SUSPENSION			
misoprostol 200 mcg tablet			
CARAFATE 1 GRAM TABLET			
sucralfate 100 mg/ml oral suspension			
misoprostol 100 mcg tablet			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ZEGERID 20 MG-1.1 GRAM CAPSULE	QL(30 per 30 days)	18	
ZEGERID 20 MG-1,680 MG ORAL PACKET	QL(30 per 30 days)	18	
NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP	QL(30 per 30 days)		11
NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP	QL(30 per 30 days)		11
lansoprazole 30 mg capsule,delayed release	QL(90 per 30 days)	1	
esomeprazole magnesium 40 mg capsule,delayed release	QL(30 per 30 days)		
omeprazole 40 mg capsule,delayed release	QL(30 per 30 days)	1	
ZEGERID 40 MG-1,680 MG ORAL PACKET	QL(30 per 30 days)	18	
lansoprazole 15 mg capsule,delayed release	QL(90 per 30 days)	1	
lansoprazole 15 mg capsule,delayed release ^{OTC}	QL(90 per 30 days)	1	
ZEGERID 40 MG-1.1 GRAM CAPSULE	QL(30 per 30 days)	18	
lansoprazole 30 mg delayed release,disintegrating tablet	QL(90 per 30 days)	1	11
lansoprazole 15 mg delayed release,disintegrating tablet ^{OTC}	QL(90 per 30 days)	1	11
omeprazole 10 mg capsule,delayed release	QL(30 per 30 days)	1	
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET	QL(30 per 30 days)	5	11
NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP	QL(30 per 30 days)		11
lansoprazole 15 mg delayed release,disintegrating tablet	QL(90 per 30 days)	1	11
PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET	QL(90 per 30 days)	1	11
PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET	QL(90 per 30 days)	1	11
pantoprazole 20 mg tablet,delayed release	QL(30 per 30 days)	5	
NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP	QL(30 per 30 days)		11
omeprazole 20 mg capsule,delayed release	QL(30 per 30 days)	1	
pantoprazole 40 mg tablet,delayed release	QL(60 per 30 days)	5	
DEXILANT 30 MG CAPSULE, DELAYED RELEASE	QL(30 per 30 days)	12	
DEXILANT 60 MG CAPSULE, DELAYED RELEASE	QL(30 per 30 days)	12	
esomeprazole magnesium 20 mg capsule,delayed release ^{OTC}	QL(30 per 30 days)		
esomeprazole magnesium 20 mg capsule,delayed release	QL(30 per 30 days)		
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP	QL(30 per 30 days)		11
PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE	PA		
PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE	PA		
PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE	PA		
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE	PA		
PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE	PA		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE	PA		
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE	PA		
PHEBURANE 483 MG/GRAM ORAL GRANULES	PA		
ARALAST NP 500 MG INTRAVENOUS SOLUTION	PA	18	
ARALAST NP 1,000 MG INTRAVENOUS SOLUTION	PA	18	
CYSTAGON 50 MG CAPSULE			
PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE	PA		
PANCREAZE 37,000-97,300-149,900 UNIT CAPSULE,DELAYED RELEASE	PA		
PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE	PA		
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET	PA	18	
VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET	PA	18	
PANCREAZE 2,600 UNIT-8,800 UNIT-15,200 UNIT CAPSULE,DELAYED RELEASE	PA		
betaine 1 gram/scoop oral powder			
FABRAZYME 5 MG INTRAVENOUS SOLUTION	PA	2	
ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE	PA		
ZAVESCA 100 MG CAPSULE	PA,QL(90 per 30 days)	18	
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE	PA		
BUPHENYL 500 MG TABLET			
FABRAZYME 35 MG INTRAVENOUS SOLUTION	PA	2	
CYSTAGON 150 MG CAPSULE			
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE	PA		
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER			
PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE	PA		
ELELYSO 200 UNIT INTRAVENOUS SOLUTION	PA,QL(82 per 28 days)	4	
PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE	PA		
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE	PA		
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE	PA		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ZENPEP 60,000-189,600-252,600 UNIT CAPSULE,DELAYED RELEASE	PA		
fesoterodine er 8 mg tablet,extended release 24 hr		6	
fesoterodine er 4 mg tablet,extended release 24 hr		6	
TOVIAZ 4 MG TABLET,EXTENDED RELEASE		6	
oxybutynin chloride er 5 mg tablet,extended release 24 hr ^{EDS}		6	
oxybutynin chloride 2.5 mg tablet ^{EDS}			
TOVIAZ 8 MG TABLET,EXTENDED RELEASE		6	
oxybutynin chloride 5 mg/5 ml oral syrup			
oxybutynin chloride er 10 mg tablet,extended release 24 hr ^{EDS}		6	
oxybutynin chloride 5 mg tablet ^{EDS}			
oxybutynin chloride er 15 mg tablet,extended release 24 hr		6	
solifenacin 5 mg tablet		18	
solifenacin 10 mg tablet		18	
alfuzosin er 10 mg tablet,extended release 24 hr			
tamsulosin 0.4 mg capsule	QL(60 per 30 days)		
finasteride 5 mg tablet			
dutasteride 0.5 mg capsule			
bethanechol chloride 5 mg tablet			
bethanechol chloride 10 mg tablet			
tiopronin 100 mg tablet			
bethanechol chloride 50 mg tablet			
bethanechol chloride 25 mg tablet			
triamcinolone acetonide 0.025 % topical cream			
methylprednisolone sodium succinate 1,000 mg intravenous solution			
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml) oral solution			
betamethasone acetate and sodium phos 6 mg/ml suspension for injection			
prednisone 2.5 mg tablet ^{EDS}			
fludrocortisone 0.1 mg tablet			
triamcinolone acetonide 40 mg/ml suspension for injection			
dexamethasone 2 mg tablet ^{EDS}			
SOLU-CORTEF ACT-O-VIAL (PF) 100 MG/2 ML SOLUTION FOR INJECTION			
SOLU-CORTEF ACT-O-VIAL (PF) 250 MG/2 ML SOLUTION FOR INJECTION			
SOLU-CORTEF ACT-O-VIAL (PF) 500 MG/4 ML SOLUTION FOR INJECTION			
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML SOLUTION FOR INJECTION			
ACTHAR 80 UNIT/ML INJECTION GEL	PA,QL(45 per 30 days)		
methylprednisolone 4 mg tablet ^{EDS}			
prednisolone 15 mg/5 ml oral solution			
dexamethasone 0.75 mg tablet ^{EDS}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
dexamethasone 4 mg tablet ^{EDS}			
triamcinolone acetonide 0.025 % topical ointment			
ACTHAR SELFJECT 80 UNIT/ML SUBCUTANEOUS PEN INJECTOR	PA		
prednisone 50 mg tablet ^{EDS}			
ACTHAR SELFJECT 40 UNIT/0.5 ML SUBCUTANEOUS PEN INJECTOR	PA		
dexamethasone 1.5 mg tablet ^{EDS}			
triamcinolone acetonide 0.1 % topical ointment			
triamcinolone acetonide 0.5 % topical ointment			
dexamethasone sodium phosphate (pf) 10 mg/ml injection syringe			
dexamethasone sodium phosphate (pf) 10 mg/ml injection solution			
dexamethasone 1 mg tablet ^{EDS}			
triamcinolone acetonide 0.5 % topical cream			
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION			
prednisone 5 mg tablets in a dose pack ^{EDS}			
methylprednisolone sodium succinate 40 mg solution for injection			
triamcinolone acetonide 0.1 % topical cream			
methylprednisolone acetate 80 mg/ml suspension for injection			
methylprednisolone 16 mg tablet ^{EDS}			
prednisolone sodium phosphate 5 mg base/5 ml (6.7 mg/5 ml) oral soln			
prednisolone sodium phosphate 15 mg/5 ml (5 ml) oral solution			
prednisone 5 mg tablet ^{EDS}			
dexamethasone sodium phosphate 4 mg/ml injection solution			
dexamethasone 6 mg tablet ^{EDS}			
methylprednisolone sodium succinate 500 mg intravenous solution			
dexamethasone 0.5 mg/5 ml oral elixir			
prednisone 20 mg tablet ^{EDS}			
prednisone 10 mg tablets in a dose pack ^{EDS}			
dexamethasone 0.5 mg tablet ^{EDS}			
dexamethasone 0.5 mg/5 ml oral solution			
methylprednisolone sodium succinate 125 mg solution for injection			
methylprednisolone 4 mg tablets in a dose pack ^{EDS}			
prednisone 5 mg/5 ml oral solution			
prednisone 1 mg tablet ^{EDS}			
methylprednisolone 32 mg tablet ^{EDS}			
CORTROPHIN GEL 80 UNIT/ML INJECTION	PA,QL(45 per 30 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
methylprednisolone acetate 40 mg/ml suspension for injection			
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) oral solution			
dexamethasone sodium phosphate 10 mg/ml injection solution			
triamcinolone acetonide 0.05 % topical ointment			
prednisone 10 mg tablet ^{EDS}			
dexamethasone sodium phosphate 4 mg/ml injection syringe ^{EDS}			
SOGROYA 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA	2	
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
SKYTROFA 9.1 MG SUBCUTANEOUS CARTRIDGE	PA	1	
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
SKYTROFA 7.6 MG SUBCUTANEOUS CARTRIDGE	PA	1	
desmopressin 0.2 mg tablet			
SKYTROFA 6.3 MG SUBCUTANEOUS CARTRIDGE	PA	1	
SKYTROFA 5.2 MG SUBCUTANEOUS CARTRIDGE	PA	1	
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE	PA		16
desmopressin 10 mcg/spray (0.1 ml) nasal spray (non-refrigerated)			
SKYTROFA 11 MG SUBCUTANEOUS CARTRIDGE	PA	1	
desmopressin 0.1 mg tablet			
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
desmopressin 4 mcg/ml injection solution			
NORDITROPIN FLEXPOR 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA		16
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
NORDITROPIN FLEXPOR 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA		16
NORDITROPIN FLEXPOR 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA		16
SKYTROFA 4.3 MG SUBCUTANEOUS CARTRIDGE	PA	1	
NORDITROPIN FLEXPOR 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA		16
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
SKYTROFA 3.6 MG SUBCUTANEOUS CARTRIDGE	PA	1	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
SKYTROFA 3 MG SUBCUTANEOUS CARTRIDGE	PA	1	
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE	PA		16
SKYTROFA 13.3 MG SUBCUTANEOUS CARTRIDGE	PA	1	
NGENLA 60 MG/1.2 ML (50 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA	3	
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
SOGROYA 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA	2	
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	PA		16
SOGROYA 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA	2	
NGENLA 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA	3	
testosterone cypionate 100 mg/ml intramuscular oil			
testosterone 20.25 mg/1.25 gram per pump act.(1.62 %) transdermal gel	PA	18	
danazol 100 mg capsule			
JATENZO 237 MG CAPSULE	PA	18	
danazol 50 mg capsule			
ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	PA,QL(30 per 30 days)	18	
ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH	PA	18	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL	PA	18	
JATENZO 158 MG CAPSULE	PA	18	
testosterone 1 % (50 mg/5 gram) transdermal gel packet	PA	18	
JATENZO 198 MG CAPSULE	PA	18	
testosterone enanthate 200 mg/ml intramuscular oil			
danazol 200 mg capsule			
testosterone cypionate 200 mg/ml intramuscular oil			
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP		18	
estradiol 2 mg tablet ^{EDS}			
MINIVELLE 0.0375 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
MINIVELLE 0.075 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
MINIVELLE 0.1 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
VAGIFEM 10 MCG VAGINAL TABLET	QL(18 per 28 days)		
MINIVELLE 0.05 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING	QL(1 per 84 days)		
MINIVELLE 0.025 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
CLIMARA 0.075 MG/24 HR TRANSDERMAL PATCH	QL(4 per 28 days)		
DELESTROGEN 10 MG/ML INTRAMUSCULAR OIL			
VIVELLE-DOT 0.1 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
CLIMARA 0.05 MG/24 HR TRANSDERMAL PATCH	QL(4 per 28 days)		
estradiol 1 mg tablet ^{EDS}			
VIVELLE-DOT 0.025 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
VIVELLE-DOT 0.075 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
DELESTROGEN 40 MG/ML INTRAMUSCULAR OIL			
DELESTROGEN 20 MG/ML INTRAMUSCULAR OIL			
PREMARIN 1.25 MG TABLET			
CLIMARA 0.06 MG/24 HR TRANSDERMAL PATCH	QL(4 per 28 days)		
PREMARIN 0.625 MG TABLET			
PREMARIN 0.9 MG TABLET			
PREMARIN 0.45 MG TABLET			
VIVELLE-DOT 0.05 MG/24 HR TRANSDERMAL PATCH	QL(8 per 30 days)		
PREMARIN 0.3 MG TABLET			
CLIMARA 0.0375 MG/24 HR TRANSDERMAL PATCH	QL(4 per 28 days)		
CLIMARA 0.025 MG/24 HR TRANSDERMAL PATCH	QL(4 per 28 days)		
PREMARIN 0.625 MG/GRAM VAGINAL CREAM			
estradiol 0.5 mg tablet ^{EDS}			
CLIMARA 0.1 MG/24 HR TRANSDERMAL PATCH	QL(4 per 28 days)		
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH	QL(4 per 28 days)		
alyacen 1/35 (28) 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
elinest 0.3 mg-30 mcg tablet	QL(91 per 90 days)	12	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK	QL(91 per 84 days)	12	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	QL(91 per 90 days)	12	
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL			
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet	QL(91 per 90 days)	12	
levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91)	QL(91 per 84 days)	12	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	QL(91 per 90 days)	12	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
vienva 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	QL(91 per 90 days)	12	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	QL(91 per 90 days)	12	
norethindrone 1 mg-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet	QL(91 per 90 days)	12	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	QL(91 per 90 days)	12	
norethin-ethinyl estradiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet	QL(91 per 90 days)	12	
levonorgestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	QL(91 per 90 days)	12	
etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring	QL(1 per 21 days)	12	
reclipsen (28) 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
merzee 1 mg-20 mcg (24)/75 mg (4) capsule	QL(91 per 90 days)	12	
apri 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet	QL(91 per 90 days)	12	
norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet	QL(91 per 90 days)	12	
junel 1/20 (21) 1 mg-20 mcg tablet	QL(91 per 90 days)	12	
dolishale 90 mcg-20 mcg (28) tablet	QL(91 per 90 days)	12	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet	QL(91 per 90 days)	12	
sprintec (28) 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
YAZ (28) 3 MG-0.02 MG TABLET	QL(91 per 90 days)	12	
levora-28 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
drospirenone 3 mg-ethinyl estradiol 0.02 mg tablet	QL(91 per 90 days)	12	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet	QL(91 per 90 days)	12	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
haloette 0.12 mg-0.015 mg/24 hr vaginal ring	QL(1 per 21 days)	12	
norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet	QL(91 per 90 days)	12	
low-ogestrel (28) 0.3 mg-30 mcg tablet	QL(91 per 90 days)	12	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET	QL(91 per 90 days)	12	
kelnor 1/35 (28) 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
PREMPRO 0.625 MG-5 MG TABLET	QL(30 per 30 days)		
lessina 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
esterified estrogens-methyltestosterone 0.625 mg-1.25 mg tablet			
nylia 1/35 (28) 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
norgestimate 0.18 mg/0.215 mg/0.25 mg-ethinyl estradiol 25 mcg tablet	QL(91 per 90 days)	12	
finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet	QL(91 per 90 days)	12	
zafemy 150 mcg-35 mcg/24 hr transdermal patch		12	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	QL(91 per 90 days)	12	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET	QL(91 per 90 days)	12	
lutra (28) 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet	QL(91 per 90 days)	12	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet	QL(91 per 90 days)	12	
l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet	QL(91 per 90 days)	12	
PREMPRO 0.625 MG-2.5 MG TABLET	QL(30 per 30 days)		
norethindrone acetate 0.5 mg-ethinyl estradiol 2.5 mcg tablet			
microgestin 1/20 (21) 1 mg-20 mcg tablet	QL(91 per 90 days)	12	
aviane 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet	QL(91 per 90 days)	12	
norethindrone-eth. estradiol-iron 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	QL(91 per 90 days)	12	
NEXTSTELLIS 3 MG-14.2 MG (28) TABLET		12	
PREMPRO 0.3 MG-1.5 MG TABLET	QL(30 per 30 days)		
ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet	QL(91 per 90 days)	12	
cryselle (28) 0.3 mg-30 mcg tablet	QL(91 per 90 days)	12	
taysofy 1 mg-20 mcg (24)/75 mg (4) capsule	QL(91 per 90 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch		12	
pirmella 0.5/0.75/1 mg-35 mcg tablet	QL(91 per 90 days)	12	
l norgest/e estradiol-e estrad 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3mos	QL(91 per 84 days)	12	
zarah 3 mg-0.03 mg tablet	QL(91 per 90 days)	12	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	QL(91 per 90 days)	12	
drospirenone 3 mg-ethinyl estradiol 0.03 mg tablet	QL(91 per 90 days)	12	
sronyx 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
vyfemla (28) 0.4 mg-35 mcg tablet	QL(91 per 90 days)	12	
YASMIN (28) 3 MG-0.03 MG TABLET	QL(91 per 90 days)	12	
portia 28 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
PREMPRO 0.45 MG-1.5 MG TABLET	QL(30 per 30 days)		
aubra 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	QL(91 per 90 days)	12	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	QL(91 per 90 days)	12	
vylibra 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	QL(91 per 90 days)	12	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL	QL(1 per 21 days)	12	
desogestrel-e.estradiol 0.15 mg-0.02 mg(21)/e.estrad 0.01 mg(5) tablet	QL(91 per 90 days)	12	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	QL(91 per 90 days)	12	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack	QL(91 per 84 days)	12	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet	QL(91 per 90 days)	12	
levonorgestrel 0.1 mg-ethinyl estradiol 0.02 mg (21)/iron (7) tablet		12	
balziva (28) 0.4 mg-35 mcg tablet	QL(91 per 90 days)	12	
l norgest/e estradiol-e estrad 0.1 mg-20 mcg (84)/10 mcg (7) tabs,3mos	QL(91 per 84 days)	12	
LOSEASONIQUE 0.1 MG-20 MCG (84)/10 MCG (7) TABLETS,3 MONTH DOSE PACK	QL(91 per 84 days)	12	
zovia 1-35 (28) 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
chateal (28) 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
gemmily 1 mg-20 mcg (24)/75 mg (4) capsule	QL(91 per 90 days)	12	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	QL(91 per 90 days)	12	
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring	QL(1 per 21 days)	12	
TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET		12	
esterified estrogens-methyltestosterone 1.25 mg-2.5 mg tablet			
norethin-ethinyl estradiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet	QL(91 per 90 days)	12	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	QL(91 per 90 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
marlissa (28) 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	QL(91 per 90 days)	12	
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet	QL(91 per 90 days)	12	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK	QL(91 per 84 days)	12	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
pirmella 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
joyeaux 0.1 mg-0.02 mg (21)/iron (7) tablet		12	
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET	QL(91 per 90 days)	12	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	QL(91 per 90 days)	12	
norethindrone 1 mg-e. estradiol 20 mcg (24)-iron 75 mg (4) chew tablet	QL(91 per 90 days)	12	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE	QL(91 per 90 days)	12	
enilloring 0.12 mg-0.015 mg/24 hr vaginal ring	QL(1 per 21 days)	12	
enskyce 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
philith 0.4 mg-35 mcg tablet	QL(91 per 90 days)	12	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	QL(91 per 90 days)	12	
femynor 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
norethindrone 1 mg-ethin. estradiol 20 mcg (24)-iron 75 mg (4) capsule	QL(91 per 90 days)	12	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet	QL(91 per 90 days)	12	
estradiol-norethindrone acet 1 mg-0.5 mg tablet		18	
nikki (28) 3 mg-0.02 mg tablet	QL(91 per 90 days)	12	
jasmiel (28) 3 mg-0.02 mg tablet	QL(91 per 90 days)	12	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	QL(91 per 84 days)	12	
falmina (28) 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet	QL(91 per 90 days)	12	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	QL(91 per 90 days)	12	
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	QL(91 per 90 days)	12	
l norgest/ee 0.15-0.02mg/0.15-0.025mg/0.15-0.03mg/ee 0.01 mg tabs,3mo	QL(91 per 84 days)	12	
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET	QL(91 per 90 days)	12	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	QL(91 per 90 days)	12	
cyred eq 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack	QL(91 per 84 days)	12	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET	QL(91 per 90 days)	12	
hailey 1.5 mg-30 mcg tablet	QL(91 per 90 days)	12	
amethyst (28) 90 mcg-20 mcg tablet	QL(91 per 90 days)	12	
altavera (28) 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
syeda 3 mg-0.03 mg tablet	QL(91 per 90 days)	12	
GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET	QL(91 per 90 days)	12	
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	QL(91 per 84 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
briellyn 0.4 mg-35 mcg tablet	QL(91 per 90 days)	12	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	QL(91 per 84 days)	12	
norethindrone acetate 1.5 mg-ethinyl estradiol 30 mcg tablet	QL(91 per 90 days)	12	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET		12	
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	QL(91 per 90 days)	12	
COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL			
loryna (28) 3 mg-0.02 mg tablet	QL(91 per 90 days)	12	
larin 1/20 (21) 1 mg-20 mcg tablet	QL(91 per 90 days)	12	
drosipren-e.estradiol-mefol 3 mg-0.02 mg-0.451 mg(24)/0.451 mg(4)tablet	QL(91 per 90 days)	12	
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET	QL(91 per 90 days)	12	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet	QL(91 per 90 days)	12	
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	QL(91 per 84 days)	12	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	QL(91 per 84 days)	12	
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	QL(91 per 90 days)	12	
levonorgestrel-ethinyl estradiol 90 mcg-20 mcg (28) tablet	QL(91 per 90 days)	12	
ELLA 30 MG TABLET	QL(2 per 30 days)	12	
ocella 3 mg-0.03 mg tablet	QL(91 per 90 days)	12	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET	QL(28 per 28 days)	12	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet	QL(91 per 90 days)	12	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET	QL(28 per 28 days)		
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET	QL(91 per 90 days)	12	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET	QL(91 per 90 days)	12	
norgestimate-ethinyl estradiol 0.18 mg/0.215mg/0.25mg-35 mcg(28)tablet	QL(91 per 90 days)	12	
iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack	QL(91 per 84 days)	12	
nymyo 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	QL(91 per 90 days)	12	
drosipren-e.estradiol-mefol 3 mg-0.03 mg-0.451 mg(21)/0.451 mg(7)tablet	QL(91 per 90 days)	12	
levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET	QL(91 per 90 days)	12	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	QL(91 per 90 days)	12	
cyred 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
xulane 150 mcg-35 mcg/24 hr transdermal patch		12	
TWIRLA 120 MCG-30 MCG/24 HR TRANSDERMAL PATCH		12	
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	QL(91 per 84 days)	12	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet	QL(91 per 90 days)	12	
ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING		12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
kelnor 1/50 (28) 1 mg-50 mcg tablet	QL(91 per 90 days)	12	
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet	QL(91 per 90 days)	12	
estradiol-norethindrone acet 0.5 mg-0.1 mg tablet		18	
nortrel 1/35 (21) 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	QL(91 per 90 days)	12	
mili 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
turqoz (28) 0.3 mg-30 mcg tablet	QL(91 per 90 days)	12	
tri-lynyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	QL(91 per 90 days)	12	
estarylla 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
norethindrone acetate 1 mg-ethinyl estradiol 5 mcg tablet			
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	QL(91 per 90 days)	12	
mono-lynyah 0.25 mg-35 mcg tablet	QL(91 per 90 days)	12	
ethynodiol diacetate-ethinyl estradiol 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
abra eq 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
chateal eq (28) 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	QL(91 per 90 days)	12	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet	QL(91 per 90 days)	12	
isibloom 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
kalliga 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
SLYND 4 MG (28) TABLET		12	
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	QL(91 per 84 days)	12	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET	QL(91 per 90 days)	12	
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet	QL(91 per 90 days)	12	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET	QL(91 per 90 days)	12	
juleber 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	QL(91 per 90 days)	12	
wera (28) 0.5 mg-35 mcg tablet	QL(91 per 90 days)	12	
aurovela 1/20 (21) 1 mg-20 mcg tablet	QL(91 per 90 days)	12	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet	QL(91 per 90 days)	12	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet	QL(91 per 90 days)	12	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	QL(91 per 90 days)	12	
norethindrone 1.5 mg-ethinyl estradiol 30 mcg(21)/iron 75 mg(7) tablet	QL(91 per 90 days)	12	
kurvelo (28) 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	
vestura (28) 3 mg-0.02 mg tablet	QL(91 per 90 days)	12	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	QL(91 per 90 days)	12	
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack	QL(91 per 84 days)	12	
dasetta 1/35 (28) 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	QL(91 per 90 days)	12	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET	QL(91 per 90 days)	12	
ayuna 0.15 mg-0.03 mg tablet	QL(91 per 90 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
afirmelle 0.1 mg-20 mcg tablet	QL(91 per 90 days)	12	
nortrel 1/35 (28) 1 mg-35 mcg tablet	QL(91 per 90 days)	12	
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	QL(91 per 84 days)	12	
zumandimine (28) 3 mg-0.03 mg tablet	QL(91 per 90 days)	12	
lo-zumandimine (28) 3 mg-0.02 mg tablet	QL(91 per 90 days)	12	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet	QL(91 per 90 days)	12	
jencycla 0.35 mg tablet	QL(91 per 90 days)	12	
option-2 1.5 mg tablet ^{OTC}	QL(2 per 30 days)	12	
lyza 0.35 mg tablet	QL(91 per 90 days)	12	
PLAN B ONE-STEP 1.5 MG TABLET ^{OTC}	QL(2 per 30 days)	12	
levonorgestrel 1.5 mg tablet ^{OTC}	QL(2 per 30 days)	12	
nora-be 0.35 mg tablet	QL(91 per 90 days)	12	
opcicon one-step 1.5 mg tablet ^{OTC}	QL(2 per 30 days)	12	
progesterone micronized 200 mg capsule ^{EDS}			
megestrol 40 mg tablet			
medroxyprogesterone 2.5 mg tablet ^{EDS}			
emzahn 0.35 mg tablet	QL(91 per 90 days)	12	
errin 0.35 mg tablet	QL(91 per 90 days)	12	
TAKE ACTION 1.5 MG TABLET ^{OTC}	QL(2 per 30 days)	12	
sharobel 0.35 mg tablet	QL(91 per 90 days)	12	
deblitane 0.35 mg tablet	QL(91 per 90 days)	12	
incassia 0.35 mg tablet	QL(91 per 90 days)	12	
new day 1.5 mg tablet ^{OTC}	QL(2 per 30 days)	12	
tulana 0.35 mg tablet	QL(91 per 90 days)	12	
my way 1.5 mg tablet ^{OTC}	QL(2 per 30 days)	12	
econtra one-step 1.5 mg tablet ^{OTC}	QL(2 per 30 days)	12	
AFTERA 1.5 MG TABLET ^{OTC}	QL(2 per 30 days)	12	
econtra ez 1.5 mg tablet ^{OTC}	QL(2 per 30 days)	12	
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION	QL(1 per 84 days)	12	
heather 0.35 mg tablet	QL(91 per 90 days)	12	
curae 1.5 mg tablet ^{OTC}	QL(2 per 30 days)	12	
megestrol 400 mg/10 ml (40 mg/ml) oral suspension			
megestrol 400 mg/10 ml (10 ml) oral suspension			
lyleq 0.35 mg tablet	QL(91 per 90 days)	12	
progesterone 50 mg/ml intramuscular oil			
medroxyprogesterone 5 mg tablet ^{EDS}			
norethindrone acetate 5 mg tablet			
my choice 1.5 mg tablet ^{OTC}	QL(2 per 30 days)	12	
progesterone micronized 100 mg capsule ^{EDS}			
megestrol 20 mg tablet			
camila 0.35 mg tablet	QL(91 per 90 days)	12	
her style 1.5 mg tablet ^{OTC}	QL(2 per 30 days)	12	
medroxyprogesterone 10 mg tablet ^{EDS}			
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE	QL(0.65 per 84 days)	12	
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE	QL(1 per 84 days)	12	
norethindrone (contraceptive) 0.35 mg tablet	QL(91 per 90 days)	12	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
medroxyprogesterone 150 mg/ml intramuscular syringe	QL(1 per 84 days)	12	
medroxyprogesterone 150 mg/ml intramuscular suspension	QL(1 per 84 days)	12	
raloxifene 60 mg tablet		18	
LEVOXYL 125 MCG TABLET ^{EDS}			
ARMOUR THYROID 300 MG TABLET			
LEVOXYL 137 MCG TABLET ^{EDS}			
LEVOXYL 112 MCG TABLET ^{EDS}			
levothyroxine 137 mcg tablet ^{EDS}			
levothyroxine 25 mcg tablet ^{EDS}			
UNITHROID 50 MCG TABLET ^{EDS}			
ARMOUR THYROID 240 MG TABLET			
levothyroxine 200 mcg tablet ^{EDS}			
np thyroid 30 mg tablet			
np thyroid 60 mg tablet			
np thyroid 90 mg tablet			
LEVOXYL 88 MCG TABLET ^{EDS}			
ARMOUR THYROID 30 MG TABLET			
levothyroxine 50 mcg tablet ^{EDS}			
UNITHROID 88 MCG TABLET ^{EDS}			
np thyroid 120 mg tablet			
levothyroxine 75 mcg tablet ^{EDS}			
UNITHROID 137 MCG TABLET ^{EDS}			
LEVOXYL 200 MCG TABLET ^{EDS}			
levothyroxine 125 mcg tablet ^{EDS}			
UNITHROID 100 MCG TABLET ^{EDS}			
liothyronine 5 mcg tablet ^{EDS}			
UNITHROID 125 MCG TABLET ^{EDS}			
ARMOUR THYROID 90 MG TABLET			
liothyronine 50 mcg tablet ^{EDS}			
levothyroxine 112 mcg tablet ^{EDS}			
UNITHROID 112 MCG TABLET ^{EDS}			
np thyroid 15 mg tablet			
UNITHROID 25 MCG TABLET ^{EDS}			
levothyroxine 100 mcg tablet ^{EDS}			
ARMOUR THYROID 15 MG TABLET			
niva thyroid 30 mg tablet			
niva thyroid 90 mg tablet			
niva thyroid 60 mg tablet			
LEVOXYL 100 MCG TABLET ^{EDS}			
ARMOUR THYROID 60 MG TABLET			
niva thyroid 120 mg tablet			
levothyroxine 175 mcg tablet ^{EDS}			
niva thyroid 15 mg tablet			
ARMOUR THYROID 120 MG TABLET			
thyroid (pork) 15 mg tablet			
thyroid (pork) 30 mg tablet			
thyroid (pork) 60 mg tablet			
levothyroxine 150 mcg tablet ^{EDS}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
LEVOXYL 175 MCG TABLET ^{EDS}			
thyroid (pork) 90 mg tablet			
levothyroxine 88 mcg tablet ^{EDS}			
ARMOUR THYROID 180 MG TABLET			
LEVOXYL 50 MCG TABLET ^{EDS}			
levothyroxine 300 mcg tablet ^{EDS}			
UNITHROID 175 MCG TABLET ^{EDS}			
liothyronine 25 mcg tablet ^{EDS}			
LEVOXYL 25 MCG TABLET ^{EDS}			
UNITHROID 150 MCG TABLET ^{EDS}			
LEVOXYL 75 MCG TABLET ^{EDS}			
thyroid (pork) 120 mg tablet			
UNITHROID 75 MCG TABLET ^{EDS}			
UNITHROID 300 MCG TABLET ^{EDS}			
UNITHROID 200 MCG TABLET ^{EDS}			
LEVOXYL 150 MCG TABLET ^{EDS}			
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT	PA,QL(1 per 28 days)	18	
SYNAREL 2 MG/ML NASAL SPRAY	PA,QL(40 per 27 days)		
octreotide acetate 50 mcg/ml injection solution			
leuprolide 1 mg/0.2 ml subcutaneous kit	PA,QL(2 per 27 days)		
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT	PA,QL(1 per 28 days)	18	
octreotide acetate 100 mcg/ml (1 ml) injection syringe			
LUPRON DEPOT 45 MG (6 MONTH) INTRAMUSCULAR SYRINGE KIT	PA,QL(1 per 168 days)	18	
TRELSTAR 11.25 MG IM SUSPENSION	PA,QL(1 per 90 days)	18	
TRELSTAR 3.75 MG IM SUSPENSION	PA,QL(1 per 30 days)	18	
octreotide acetate 500 mcg/ml (1 ml) injection syringe			
leuprolide 22.5 mg (3 month) intramuscular suspension	PA	18	
FENSOLVI 45 MG SUBCUTANEOUS SYRINGE	PA,QL(1 per 180 days)	2	
TRELSTAR 22.5 MG IM SUSPENSION	PA,QL(1 per 180 days)	18	
LUPRON DEPOT-PED 15 MG INTRAMUSCULAR KIT	PA,QL(1 per 28 days)	1	12
octreotide acetate 100 mcg/ml injection solution			
octreotide acetate 50 mcg/ml (1 ml) injection syringe			
cabergoline 0.5 mg tablet	QL(16 per 30 days)		
octreotide acetate 200 mcg/ml injection solution			
octreotide acetate 1,000 mcg/ml injection solution			
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT	PA,QL(1 per 112 days)	18	
LUPRON DEPOT 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	PA,QL(1 per 84 days)	18	
LUPRON DEPOT 11.25 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	PA,QL(1 per 84 days)	18	
LUPRON DEPOT-PED 7.5 MG (PED) INTRAMUSCULAR KIT	PA,QL(1 per 28 days)	1	12
LUPRON DEPOT-PED 11.25 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	PA,QL(1 per 84 days)	1	12

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ORILISSA 200 MG TABLET	PA		
leuprolide 1 mg/0.2 ml subcutaneous solution	PA		
ORILISSA 150 MG TABLET	PA		
LUPRON DEPOT-PED 11.25 MG INTRAMUSCULAR KIT	PA,QL(1 per 28 days)	1	12
octreotide acetate 500 mcg/ml injection solution			
LUPRON DEPOT-PED 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	PA,QL(1 per 84 days)	1	12
propylthiouracil 50 mg tablet			
methimazole 5 mg tablet ^{EDS}			
methimazole 10 mg tablet ^{EDS}			
BERINERT 500 UNIT (10 ML) INTRAVENOUS KIT	PA,QL(16 per 28 days)	12	
BERINERT 500 UNIT (10 ML) INTRAVENOUS SOLUTION	PA,QL(16 per 28 days)	12	
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE	PA,QL(9 per 28 days)	18	
HYPERRHO S/D 250 UNIT (50 MCG) INTRAMUSCULAR SYRINGE	QL(2 per 365 days)		
HYPERRHO S/D 1,500 UNIT (300 MCG) INTRAMUSCULAR SYRINGE	QL(2 per 365 days)		
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE	PA		
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE	PA,QL(8 per 28 days)		
XELJANZ 1 MG/ML ORAL SOLUTION	PA,QL(300 per 30 days)	2	12
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	PA		
XELJANZ 5 MG TABLET	PA,QL(60 per 30 days)	2	
XELJANZ 10 MG TABLET	PA,QL(60 per 30 days)	2	
XOLAIR 300 MG/2 ML SUBCUTANEOUS SYRINGE	PA		
XOLAIR 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	PA		
XOLAIR 150 MG/ML SUBCUTANEOUS AUTO-INJECTOR	PA		
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR	PA		
ADBRY 150 MG/ML SUBCUTANEOUS SYRINGE	PA	12	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SUBCUTANEOUS SYRINGE	PA	12	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SUBCUTANEOUS PEN INJECTOR	PA		
RINVOQ 30 MG TABLET,EXTENDED RELEASE	PA,QL(30 per 30 days)	2	
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	PA,QL(8 per 28 days)		
DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS SYRINGE	PA		
RINVOQ LQ 1 MG/ML ORAL SOLUTION	PA	2	
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	PA		
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	PA,QL(2.28 per 28 days)		
RINVOQ 45 MG TABLET,EXTENDED RELEASE	PA,QL(30 per 30 days)	2	
RINVOQ 15 MG TABLET,EXTENDED RELEASE	PA,QL(30 per 30 days)	2	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ADBRY 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	PA		
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION			
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION	PA,QL(4 per 28 days)	3	
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE	PA,QL(2 per 28 days)	3	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION	QL(6 per 28 days)		
RAPAMUNE 1 MG TABLET			
azathioprine 50 mg tablet			
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	PA,QL(2 per 28 days)		
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT	PA,QL(3 per 365 days)		
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE	PA,QL(4 per 28 days)	2	
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	PA,QL(4 per 28 days)	2	
tacrolimus 1 mg capsule, immediate-release			
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT	PA,QL(2 per 28 days)		
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT	PA,QL(2 per 365 days)		
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION	PA	2	
methotrexate sodium (pf) 1 gram solution for injection			
mycophenolate 500 mg intravenous solution			
SANDIMMUNE 250 MG/5 ML INTRAVENOUS SOLUTION			
RAPAMUNE 1 MG/ML ORAL SOLUTION			
HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	PA,QL(4 per 28 days)		
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE	PA,QL(8 per 28 days)	2	
tacrolimus 5 mg capsule, immediate-release			
tacrolimus 0.5 mg capsule, immediate-release			
mycophenolate sodium 360 mg tablet,delayed release			
azathioprine 100 mg tablet			
everolimus (immunosuppressive) 1 mg tablet		18	
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE	PA,QL(8 per 28 days)	2	
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR	PA,QL(1.6 per 28 days)	2	
sirolimus 1 mg tablet			
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT	PA,QL(6 per 28 days)	2	
everolimus (immunosuppressive) 0.5 mg tablet		18	
everolimus (immunosuppressive) 0.75 mg tablet		18	
everolimus (immunosuppressive) 0.25 mg tablet		18	
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML SUBCUT KIT	PA,QL(4 per 28 days)		
HADLIMA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE	PA,QL(3.2 per 28 days)	2	
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT	PA,QL(4 per 28 days)		
CELLCEPT 200 MG/ML ORAL SUSPENSION			11
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT	PA,QL(4 per 28 days)		
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR	PA,QL(8 per 28 days)	2	
leflunomide 20 mg tablet			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
azathioprine 75 mg tablet			
methotrexate sodium 25 mg/ml injection solution			
INFLIXIMAB 100 MG INTRAVENOUS SOLUTION	PA,QL(14 per 28 days)	6	
mycophenolate mofetil 250 mg capsule			
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	PA,QL(6 per 28 days)	2	
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT	PA,QL(3 per 28 days)		
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT	PA,QL(6 per 28 days)	2	
cyclosporine modified 100 mg/ml oral solution			11
sirolimus 1 mg/ml oral solution			
ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION	PA,QL(8 per 28 days)	2	
cyclosporine modified 100 mg capsule			
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT	PA,QL(4 per 28 days)		
mycophenolate sodium 180 mg tablet,delayed release			
methotrexate sodium 2.5 mg tablet	QL(300 per 30 days)		
cyclosporine modified 25 mg capsule			
cyclosporine 250 mg/5 ml intravenous solution			
methotrexate sodium (pf) 25 mg/ml injection solution			
cyclosporine modified 50 mg capsule			
leflunomide 10 mg tablet			
sirolimus 2 mg tablet			
HADLIMA PUSH TOUCH 40 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR	PA,QL(3.2 per 28 days)	2	
sirolimus 0.5 mg tablet			
RAPAMUNE 0.5 MG TABLET			
mycophenolate mofetil 500 mg tablet			
RAPAMUNE 2 MG TABLET			
HADLIMA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	PA,QL(1.6 per 28 days)	2	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION		3	55
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION		10	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE		10	
SPIKEVAX (PF) 100 MCG/0.5 ML INTRAMUSCULAR SUSPENSION			
PFIZER-BIONT COVID19 TRIS (12Y UP) VACC(PF)30 MCG/0.3 ML IM SUSP(GRAY)			
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE		10	64
PFIZER-BIONT COVID19 TRIS(5-11Y) VACC(PF)10 MCG/0.2 ML IM SUSP(ORANGE)			
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION		3	6

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION		3	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION		3	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION		3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE		7	
AFLURIA QUAD 2023-24(3YR UP)(PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE		3	
FLUCELVAX QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION			
FLUBLOK QUAD 2023-2024 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE		18	
FLUARIX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE			
FLULAVAL QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE			
FLUBLOK TRIV 2024-2025 (PF) 135 MCG (45 MCG X 3)/0.5 ML IM SYRINGE		18	
FLUCELVAX TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION			
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE		3	
FLUMIST QUAD 2023-2024 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE		2	49
FLUARIX TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE			
PFIZER COVID-19 BIVALENT VACCINE(6MO-4Y)(PF) 3 MCG/0.2 ML IM SUSP(EUA)			
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE		3	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE		3	
MODERNA COVID 2023-24(6MO-11YR)(PF) 25 MCG/0.25 ML IM SUSPENSION (EUA)			
SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE			
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION		3	6
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT		18	
JANSSEN COVID-19 VACCINE (PF) 0.5 ML INTRAMUSCULAR SUSPENSION (EUA)			
PENTACEL DTAP-IPV COMPONENT (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML IM SUSP		3	4
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION		2	
HEPLISAV-B (PF) 20 MCG/0.5 ML INTRAMUSCULAR SYRINGE		18	
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION		7	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE		2	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION		3	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE		10	25
PENTACEL DTAP-IPV COMPONENT (PF) 15 LF-48 MCG-62 DU/0.5 ML IM SUSP		3	4
MODERNA COVID-19 VACC (6-11YR PRIMARY)(PF) 50 MCG/0.5 ML IM SUSP (EUA)			
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION		3	12
COMIRNATY TRIS VACCINE(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION			
PENTACEL (PF) 15 LF-48 MCG-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT		3	4
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION		9	45
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE		9	45
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE		10	25
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP		3	6
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE		4	6
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT		3	4
PFIZER-BIONT COVID19 TRIS(6M-4Y) VACC(PF) 3 MCG/0.2 ML IM SUSP(MAROON)			
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE			
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT (2 VIALS)		3	55
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP		10	64
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION		3	
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION		3	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION		3	
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION		3	
FLUCELVAX TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE			
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION		7	
AFLURIA QUAD 2023-2024(6MO UP) 60 MCG (15 MCG X 4)/0.5 ML IM SUSP			
FLUCELVAX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE			
FLUZONE HIGH-DOSE QUAD 2023-24 (PF) 240 MCG/0.7 ML IM SYRINGE		65	
FLUZONE QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
FLUZONE QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.			
FLUAD TRIV 2024-25(65Y UP)(PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE		65	
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE		3	
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE		3	6
MODERNA COVID-19 (12 YR UP) VACCINE (PF) 100 MCG/0.5 ML IM SUSP (EUA)			
PFIZER-BIONTECH COVID-19 VACCINE (PF) 30 MCG/0.3 ML IM SUSP (PURPLE)			
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION		3	5
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE		3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE		3	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE		3	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE		3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE		18	
MODERNA COVID-19 VACCINE(6MO-5YR)(PF) 25 MCG/0.25 ML IM SUSP (EUA)			
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION			
FLUAD QUAD 2023-2024(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE		65	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION		3	
FLUZONE TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION			
MODERNA COVID-19 BIVALENT(6MO UP)(PF) 50 MCG/0.5 ML IM SUSP(EUA)(BLUE)			
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION		3	
PFIZER COVID-19 BIVALENT (5-11YR)(PF) 10 MCG/0.2 ML IM SUSPENSION(EUA)			
AFLURIA TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE			
FLULAVAL TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE			
FLUZONE TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE			
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE		3	6
NOVAVAX COVID 2023-2024(PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION(EUA)			
FLUZONE HIGH-DOSE TRIV 2024-2025 (PF) 180 MCG/0.5 ML IM SYRINGE		65	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
FLUMIST TRIVALENT 2024-2025 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY		2	49
MODERNA COVID-19 BIVALENT(6MO-5Y)(PF) 10 MCG/0.2 ML IM SUSP(EUA)(PINK)			
PFIZER COVID 2023-24(6MO-4Y)(PF) 3 MCG/0.3 ML IM SUSPENSION (EUA)			
COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION			
AFLURIA TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION			
NOVAVAX COVID 2024-25(PF)(EUA) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE			
COMIRNATY 2024-25 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE			
MODERNA COVID 2024-25(6M-11Y)(PF)(EUA) 25 MCG/0.25 ML IM SYRINGE			
TETANUS,DIPHThERIA TOXOID PED (PF) 5 LF UNIT-25 LF UNIT/0.5 ML IM SUSP		3	6
PFIZER COVID 2023-24(5Y-11Y)(PF) 10 MCG/0.3 ML IM SUSPENSION (EUA)			
COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE			
SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION			
SPIKEVAX 2024-2025(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE			
PFIZER COVID-19 BIVALENT (12Y UP)(PF) 30 MCG/0.3 ML IM SUSPENSION(EUA)			
PREVNAR 20 (PF) 0.5 ML INTRAMUSCULAR SYRINGE			
NOVAVAX COVID-19 VACCINE,ADJUVANTED (PF) 5 MCG/0.5 ML IM SUSPEN (EUA)			
PFIZER COVID 2024-25(5Y-11Y)(PF)(EUA) 10 MCG/0.3 ML IM SUSPENSION			
PFIZER COVID 2024-25(6MOS-4YRS)(PF)(EUA) 3 MCG/0.3 ML IM SUSPENSION			
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE mesalamine 1.2 gram tablet,delayed release			
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE mesalamine 1,000 mg rectal suppository		18	
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE SFROWASA 4 GRAM/60 ML ENEMA			
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE sulfasalazine 500 mg tablet,delayed release sulfasalazine 500 mg tablet		18	
PROCTOFOAM HC 1 %-1 % hydrocortisone-pramoxine 2.5 %-1 % rectal cream hydrocortisone 100 mg/60 ml enema			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
lidocaine-hydrocortisone-aloe vera 3 %-2.5 % (7 gram) rectal kit			
lidocaine-hydrocortisone-aloe vera 2.8 %-0.55 % rectal gel			
budesonide dr - er 3 mg capsule,delayed,extended release			
pamidronate 60 mg/10 ml (6 mg/ml) intravenous solution			
alendronate 5 mg tablet			
pamidronate 30 mg/10 ml (3 mg/ml) intravenous solution			
calcitriol 0.5 mcg capsule			
doxercalciferol 2.5 mcg capsule			
ibandronate 150 mg tablet			
pamidronate 90 mg/10 ml (9 mg/ml) intravenous solution			
doxercalciferol 4 mcg/2 ml intravenous solution			
calcitriol 1 mcg/ml intravenous solution			
zoledronic acid 4 mg intravenous solution			
zoledronic acid 4 mg/5 ml intravenous solution			
paricalcitol 2 mcg/ml solution for hemodialysis port injection			
cinacalcet 30 mg tablet		18	
cinacalcet 60 mg tablet		18	
cinacalcet 90 mg tablet		18	
paricalcitol 5 mcg/ml solution for hemodialysis port injection			
doxercalciferol 1 mcg capsule			
alendronate 70 mg tablet			
calcitonin (salmon) 200 unit/actuation nasal spray	QL(3.7 per 28 days)	18	
alendronate 10 mg tablet			
zoledronic acid 5 mg/100 ml in mannitol 5 %-water intravenous piggybck	QL(100 per 355 days)		
zoledronic acid 5 mg/100 ml in mannitol 5 %-water intravenous piggybck	QL(100 per 365 days)		
doxercalciferol 0.5 mcg capsule			
pamidronate 30 mg intravenous solution			
paricalcitol 2 mcg/ml intravenous solution			
alendronate 35 mg tablet			
zoledronic acid 4 mg/100 ml in mannitol 5 %-water intravenous piggybck			
paricalcitol 4 mcg capsule			
paricalcitol 2 mcg capsule			
calcitriol 0.25 mcg capsule			
paricalcitol 5 mcg/ml intravenous solution			
pamidronate 90 mg intravenous solution			
calcitriol 1 mcg/ml oral solution			
paricalcitol 1 mcg capsule			
CORDX COVID-19 AG HOME TEST KIT ^{OTC}			
niva-plus 27 mg iron-1 mg tablet ^{OTC}		12	
VERIFINE UNIVERSAL LANCET 30 GAUGE ^{OTC}			
ASSURE LANCE PLUS 25 GAUGE ^{OTC}			
ADVOCATE LANCET 30 GAUGE ^{OTC}			
MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral liquid ^{OTC}			20
acetaminophen 160 mg/5 ml oral liquid ^{OTC}			20
ONETOUCH ULTRA CONTROL SOLUTION ^{OTC}			
MOBILE LANCETS 30 GAUGE ^{OTC}			
IV PREP WIPES MEDICATED ^{OTC}			
PRO COMFORT SAFETY LANCET 30 GAUGE ^{OTC}			
aspirin 500 mg tablet,delayed release ^{OTC,EDS}			20
GLUCOCARD 01 HIGH-NORMAL CONTROL SOLUTION ^{OTC}			
pain relief (acetaminophen) 650 mg tablet,extended release ^{OTC}			20
butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap		12	
acetylcysteine 200 mg/ml (20 %) intravenous solution			
REFUAH PLUS GLUCOSE CONTROL SOLUTION ^{OTC}			
E-Z JECT LANCETS 32 GAUGE ^{OTC}			
UNISTIK PRO LANCET 21 GAUGE ^{OTC}			
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE ^{OTC}			
ADVOCATE LANCET 26 GAUGE ^{OTC}			
ASSURE HAEMOLANCE PLUS 25 GAUGE ^{OTC}			
UNISTIK PRO LANCET 25 GAUGE ^{OTC}			
UNISTIK PRO LANCET 28 GAUGE ^{OTC}			
E-Z JECT THIN LANCETS 28 GAUGE ^{OTC}			
FREESTYLE CONTROL SOLUTION ^{OTC}			
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	PA		
guaifenesin 400 mg tablet ^{OTC}			20
BINAXNOW COVID-19 AG CARD KIT			
arthritis pain relief (acetaminophen) er 650 mg tablet,extend release ^{OTC}			20
ACTI-LANCE LANCETS 17 GAUGE ^{OTC}			
ringer's irrigation solution			
FREESTYLE UNISTIK 2 ^{OTC}			
MEDLANCE PLUS LANCETS 25 GAUGE ^{OTC}			
CARESENS CONTROL A NORMAL SOLUTION ^{OTC}			
ASSURE LANCE 25 GAUGE ^{OTC}			
UNISTIK CZT LANCET 23 GAUGE ^{OTC}			
ACCU-CHEK SAFE-T-PRO 23 GAUGE ^{OTC}			
NOVA SAFETY LANCETS 23 GAUGE ^{OTC}			
UNILET COMFORTOUCH LANCET 26 GAUGE ^{OTC}			
FEOSOL 45 MG TABLET ^{OTC}			20
SURE-LANCE 26 GAUGE ^{OTC}			
diluent for decitabine (potassium ph monobasic,sodium hydrox) iv soln			
ULTI-LANCE KIT ^{OTC}			
chest congestion relief dm 10 mg-100 mg/5 ml oral syrup ^{OTC}			20
ferrous fumarate 324 mg (106 mg iron) tablet ^{OTC}			20
VERIFINE UNIVERSAL LANCET 28 GAUGE ^{OTC}			
WEBCOL TOPICAL PADS ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
multi-vitamin with fluoride 0.25 mg/ml oral drops ^{OTC}			12
UNILET GP LANCET ^{OTC}			
HEALTHPRO HIGH-LOW CONTROL SOLUTION ^{OTC}			
ON CALL EXPRESS CONTROL SOLUTION ^{OTC}			
BUTTERFLY TOUCH LANCET 30 GAUGE ^{OTC}			
UNILET LANCETS 30 GAUGE ^{OTC}			
benzonatate 200 mg capsule			20
ULTILET SAFETY LANCETS 23 GAUGE ^{OTC}			
TRUEDRAW LANCING DEVICE ^{OTC}			
potas and sod citrate-citric acid 550 mg-500 mg-334 mg/5 ml oral soln ^{OTC}			
MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2"			
ULTILET CLASSIC LANCETS 33 GAUGE ^{OTC}			
aspirin 325 mg tablet ^{OTC,EDS}			20
butalbital 50 mg-acetaminophen 325 mg tablet			
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE ^{OTC}			
sorbitol 3 % irrigation solution			
urea 40 % topical cream			
MICROSPACER			
RAPID SARS-COV-2 AG HOME TEST KIT ^{OTC}			
CARESENS PREMIUM COMFORT LANCING DEVICE ^{OTC}			
CARELANCE ULTIMATE COMFORT LANCING DEVICE ^{OTC}			
LANCING DEVICE WITH LANCETS ^{OTC}			
CARETOUCH CONTROL SOLUTION L2-L3 ^{OTC}			
EASY TOUCH SAFETY LANCETS 32 GAUGE ^{OTC}			
EASY TOUCH SAFETY LANCETS 30 GAUGE ^{OTC}			
ON-THE-GO LANCETS 30 GAUGE ^{OTC}			
DIATRUE CONTROL SOLUTION HIGH ^{OTC}			
DIATRUE CONTROL SOLUTION NORMAL ^{OTC}			
DIATRUE CONTROL SOLUTION LOW ^{OTC}			
TRUSTEX LUBRICATED CONDOMS ^{OTC}			
methylergonovine 0.2 mg tablet			
children's acetaminophen 160 mg chewable tablet ^{OTC}			20
brompheniramine-pseudoephedrine-dm 2 mg-30 mg-10 mg/5 ml oral syrup			20
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE			
BD ALLERGIST TRAY REG BEVEL 1 ML 27 X 1/2" SYRINGE			
LITE TOUCH LANCETS 28 GAUGE ^{OTC}			
UNISTIK EXTRA LANCETS 21 GAUGE ^{OTC}			
GENABIO COVID-19 RAPID AT-HOME KIT ^{OTC}			
TRUE METRIX GLUCOSE METER KIT ^{OTC}			
PILOT COVID-19 AT-HOME TEST KIT ^{OTC}			
INTELISWAB COVID-19 RAPID HOME TEST KIT ^{OTC}			
CARESTART COVID-19 ANTIGEN HOME TEST KIT ^{OTC}			
IHEALTH COVID-19 ANTIGEN RAPID HOME TEST KIT ^{OTC}			
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT ^{OTC}			
LUCIRA CHECK-IT COVID-19 HOME TEST KIT ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
RESET-O DIGITAL APP (OUD) (NON-MONETARY CM)	PA	18	
RESET DIGITAL APP (SUD) (NON-MONETARY CM)	PA	18	
RESET-O DIGITAL APP (OUD)	PA	18	
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	QL(30 per 5 days)	12	
ON-GO COVID-19 AG AT HOME TEST KIT ^{OTC}			
RESET DIGITAL APP (SUD)	PA	18	
aspirin 325 mg tablet, delayed release ^{OTC,EDS}			20
PIP GLUCOSE CONTROL SOLUTION L1-L2 ^{OTC}			
FREESTYLE LIBRE 3 SENSOR DEVICE	PA		
LAGEVRIO 200 MG CAPSULE (EUA)	QL(40 per 5 days)	18	
hydrocodone-homatropine 5 mg-1.5 mg/5 ml oral syrup	QL(300 per 30 days)	18	20
INDICAID COVID-19 AG HOME TEST KIT ^{OTC}			
BD VERITOR AT-HOME COVID-19 TEST KIT ^{OTC}			
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule	QL(120 per 365 days)		
COVID-19 AT-HOME TEST KIT ^{OTC}			
EASY TALK PLUS II LOW CONTROL SOLUTION ^{OTC}			
DROPSAFE ALCOHOL PREP PADS ^{OTC}			
CLINITEST COVID-19 HOME TEST KIT ^{OTC}			
EASY TALK PLUS II HIGH CONTROL SOLUTION ^{OTC}			
BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" ^{OTC}			
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	PA		
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	PA		
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)	QL(30 per 5 days)	12	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	PA		
CUE COVID-19 HOME TEST KIT ^{OTC}			
bayer aspirin 325 mg tablet, delayed release ^{OTC,EDS}			20
CURITY ALCOHOL SWABS ^{OTC}			
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT ^{OTC}			
GLUCOCARD SHINE SOLUTION ^{OTC}			
VERIFINE UNIVERSAL LANCET 33 GAUGE ^{OTC}			
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	PA		
MUCUS-CHEST CONGESTION 100 MG/5 ML ORAL LIQUID ^{OTC}			20
STERILANCE TL 30 GAUGE ^{OTC}			
UNILET LANCET 33 GAUGE ^{OTC}			
INVACARE LANCETS 30 GAUGE ^{OTC}			
EASY TOUCH TWIST LANCETS 26 GAUGE ^{OTC}			
FC2 FEMALE CONDOM ^{OTC}			
INFINITY VOICE CONTROL SOLUTION-LEVEL 2 ^{OTC}			
EASY TOUCH LANCETS 26 GAUGE ^{OTC}			
EASY TOUCH LANCETS 32 GAUGE ^{OTC}			
EASY TOUCH LANCETS 30 GAUGE ^{OTC}			
CARESENS LANCETS 30 GAUGE ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ASSURE HAEMOLANCE PLUS 21 GAUGE ^{OTC}			
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	PA		
children's pain relief 160 mg chewable tablet ^{OTC}			20
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	PA		
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" ^{OTC}			
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" ^{OTC}			
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64" ^{OTC}			
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64" ^{OTC}			
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	PA		
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	PA		
BULLSEYE MINI SAFETY LANCETS 21 GAUGE ^{OTC}			
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" ^{OTC}			
SMART SENSE LANCETS 21 GAUGE ^{OTC}			
MINI LANCING DEVICE ^{OTC}			
LANZO LANCING DEVICE KIT ^{OTC}			
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64" ^{OTC}			
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" ^{OTC}			
ADVANCED TRAVEL LANCETS 30 GAUGE ^{OTC}			
UNISTIK 3 LANCETS 21 GAUGE ^{OTC}			
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	PA		
adult tussin chest congestion 100 mg/5 ml oral liquid ^{OTC}			20
salsalate 500 mg tablet ^{EDS}			
PRESSURE ACTIVATED LANCETS 21 GAUGE ^{OTC}			
SAFETY LANCETS 21 GAUGE ^{OTC}			
MEDLANCE PLUS LANCETS 21 GAUGE ^{OTC}			
mucus dm 30 mg-600 mg tablet,extended release ^{OTC}			20
DEXCOM G6 SENSOR DEVICE	PA		
mucus dm max er 60 mg-1,200 mg tablet,extended release ^{OTC}			20
ULTRA THIN LANCETS 31 GAUGE ^{OTC}			
DEXCOM G6 RECEIVER	PA		
DEXCOM G6 TRANSMITTER DEVICE	PA		
ASSURE HAEMOLANCE PLUS 18 GAUGE ^{OTC}			
nicotine (polacrilex) 2 mg buccal lozenge ^{OTC}		18	
nicotine (polacrilex) 4 mg buccal lozenge ^{OTC}		18	
STERILANCE TL 32 GAUGE ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"			
hydrocodone-homatropine 5 mg-1.5 mg tablet		18	20
MEDISENSE GLUCOSE KETONE COMBO PACK ^{OTC}			
PEDIATRIC SMALL MASK ^{OTC}			
PEDIATRIC MEDIUM MASK ^{OTC}			
GLUCOSE KETONE CONTROL SOLN SOLUTION ^{OTC}			
THRESHOLD IMT TRAINER DEVICE			
THRESHOLD PEP DEVICE			
LANCING DEVICE WITH LANCETS KIT ^{OTC}			
mapap arthritis pain 650 mg tablet,extended release ^{OTC}			20
EVENCARE SOLUTION ^{OTC}			
LANCING SYSTEM ^{OTC}			
FILTER NEEDLES 19 X 1"			
lice treatment 0.33 %-4 % shampoo ^{OTC}			20
multi-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops ^{OTC,EDS}			12
children's pain relief 160 mg/5 ml oral suspension ^{OTC}			20
children's pain reliever 160 mg/5 ml oral suspension ^{OTC}			20
allergy and congestion relief 5 mg-120 mg tablet,extend release 12 hr ^{OTC}			20
cough syrup 100 mg/5 ml oral liquid ^{OTC}			20
LANCING DEVICE ^{OTC}			
FOLTRATE 0.5 MG-1 MG TABLET ^{OTC}			
BACMIN 27 MG IRON-1 MG TABLET ^{OTC}			
DIALYVITE 1 MG-100 MG-300 MCG-50 MG TABLET ^{OTC}			
COMFORT LANCETS ^{OTC}			
FILTER NEEDLES 19 X 1 1/2"			
LANCETS, SUPER THIN ^{OTC}			
ALCOHOL PREP PADS ^{OTC}			
allergy relief d12 5 mg-120 mg tablet,extended release ^{OTC}			20
ALCOHOL WIPES ^{OTC}			
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}			
BOTOX 100 UNIT INJECTION	PA		
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}			
FERRIMIN 150 456 MG (150 MG IRON) TABLET ^{OTC}			20
INFUVITE PEDIATRIC 80 MG-400 UNIT-200 MCG/5 ML INTRAVENOUS SOLUTION			12
UNILET EXCELITE LANCET ^{OTC}			
phytonadione (vitamin k1) 5 mg tablet	QL(5 per 30 days)		
ADJUSTABLE LANCING DEVICE ^{OTC}			
KIMONO MICROTHIN CONDOMS ^{OTC}			
LANCETS,THIN ^{OTC}			
WAVESENSE CONTROL SOLUTION ^{OTC}			
sorbitol 2.7 gram-mannitol 0.54 gram/100 ml transurethral solution			
levomefolate calcium 15 mg tablet ^{OTC}			
BLUNT NEEDLE, DISPOSABLE 18 X 1 1/2"			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
DYSPORT 500 UNIT INTRAMUSCULAR SOLUTION	PA		
acetaminophen 325 mg/10.15 ml oral solution ^{OTC}			20
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" ^{OTC}			
dextromethorphan-guaifenesin 20 mg-400 mg tablet ^{OTC}			20
EZ SMART LANCETS 28 GAUGE ^{OTC}			
ALTERNATE SITE LANCING DEVICE ^{OTC}			
allergy relief and nasal decongestant 10 mg-240 mg tablet,extended rel ^{OTC}			20
belladonna alkaloids-opium 16.2 mg-60 mg rectal suppository		18	
UNILET COMFORTOUCH LANCET ^{OTC}			
MINI WRIGHT PEAK FLOW METER			
OPTICHAMBER ADULT MASK-LARGE			
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" ^{OTC}			
ONE WAY VALVED MOUTHPIECE DEVICE ^{OTC}			
LANCETS,ULTRA THIN ^{OTC}			
ONETOUCH ULTRASOFT LANCETS ^{OTC}			
salsalate 750 mg tablet ^{EDS}			
neomycin 40 mg-polymyxin b 200,000 unit/ml gu irrigation solution			
SAFETY-LET LANCETS 30 GAUGE ^{OTC}			
UNISTIK 2 NORMAL LANCET 21 GAUGE ^{OTC}			
lice solution 4 %-0.33 %-0.5 % topical kit ^{OTC}			
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL			
BREEZE 2 CONTROL SOLUTION, LOW ^{OTC}			
BREEZE 2 CONTROL SOLUTION, NORMAL ^{OTC}			
MEDISENSE COMBO PACK ^{OTC}			
EASIVENT MASK SMALL			
BREEZE 2 CONTROL SOLUTION, HIGH ^{OTC}			
bayer aspirin 325 mg tablet ^{OTC,EDS}			20
SURE-TEST EASYPLUS MINI SOLUTION ^{OTC}			
ACE AEROSOL CLOUD ENHANCER SPACER			
SUPER THIN LANCETS ^{OTC}			
ULTRA TLC LANCETS ^{OTC}			
MEDISENSE MID CONTROL SOLUTION ^{OTC}			
allergy relief-d (cetirizine) 5 mg-120 mg tablet,extended release ^{OTC}			20
PRIMEAIRE SPACER			
EASY TOUCH LANCETS 28 GAUGE ^{OTC}			
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE ^{OTC}			
allergy relief d-24hr 10 mg-240 mg tablet,extended release ^{OTC}			20
tusnel diabetic 10 mg-100 mg/5 ml oral liquid ^{OTC}			20
MONOJECT TUBERCULIN SYRINGE 1 ML ^{OTC}			
allergy and congestion relief 10 mg-240 mg tablet,extend release 24 hr ^{OTC}			20
phytonadione (vitamin k1) 1 mg/0.5 ml injection syringe			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
MUCINEX 600 MG TABLET, EXTENDED RELEASE ^{OTC}			20
loratadine-d 10 mg-240 mg tablet,extended release 24 hr ^{OTC}			20
UNILET EXCELITE II LANCET ^{OTC}			
ULTILET CLASSIC LANCETS ^{OTC}			
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN ^{OTC}			
benzonatate 100 mg capsule			20
BD ALLERGIST TRAY REG BEVEL 1/2 ML 27 X 1/2"			
ADVANCED LANCING DEVICE KIT ^{OTC}			
RITEFLO AEROCHAMBER			
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg tablet			
MICROLET 2 LANCING DEVICE KIT ^{OTC}			
DIALYVITE 5000 5 MG TABLET ^{OTC}			
ELEMENT HIGH CONTROL SOLUTION ^{OTC}			
ELEMENT LOW CONTROL SOLUTION ^{OTC}			
ELEMENT NORMAL CONTROL SOLUTION ^{OTC}			
MONOJECT MAGELLAN SYRINGE 3 ML 20 GAUGE X 1"			
SIDESTREAM PEDIATRIC FACE MASK ^{OTC}			
TOPCARE UNIVERSAL1 LANCET ^{OTC}			
EVOLUTION NORMAL CONTROL SOLUTION ^{OTC}			
NEPHPLEX RX 1 MG-60 MG-300 MCG-12.5 MG TABLET ^{OTC}			
FANTASY CONDOM ^{OTC}			
TRUSTEX NON-LUBRICATED CONDOMS ^{OTC}			
ASTHMAPACK CHILDREN'S KIT			
ferrous sulfate 15 mg iron (75 mg)/ml oral drops ^{OTC}			20
FER-IN-SOL 15 MG IRON (75 MG)/ML ORAL DROPS ^{OTC}			20
tussin 100 mg/5 ml oral liquid ^{OTC}			20
ULTRATRAK HIGH-LOW CONTROL SOLUTION ^{OTC}			
LITEAIRE MDI CHAMBER			
INFINITY CONTROL SOLUTION HIGH ^{OTC}			
INFINITY CONTROL SOLUTION LOW ^{OTC}			
INFINITY CONTROL SOLUTION NORMAL ^{OTC}			
CLEVER CHEK LANCETS 30 GAUGE ^{OTC}			
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION ^{OTC}			
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION ^{OTC}			
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION ^{OTC}			
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 3/8" SYRINGE			
PRECISION GLUCOSE/KETONE CONTR COMBO PACK ^{OTC}			
INSULIN SYRINGE MICROFINE 1/2 ML 28 GAUGE X 1/2" ^{OTC}			
SURE COMFORT LANCETS 28 GAUGE ^{OTC}			
GLUCOCARD 01 NORMAL CONTROL SOLUTION ^{OTC}			
ALTERNATE SITE LANCET 26 GAUGE ^{OTC}			
TRUSTEX LATEX CONDOM ^{OTC}			
ACCUTREND GLUCOSE CONTROL SOLUTION ^{OTC}			
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE			
PRECISION XTRA B-KETONE STRIPS ^{OTC}			
INTEGRA SYRINGE 3 ML 21 GAUGE X 1"			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ferrous sulfate 300 mg (60 mg iron)/5 ml oral liquid ^{OTC}			20
PRODIGY TWIST TOP LANCET 28 GAUGE ^{OTC}			
PRODIGY LANCING DEVICE ^{OTC}			
acetaminophen 650 mg/20.3 ml oral solution ^{OTC}			20
KIMONO TEXTURED CONDOMS ^{OTC}			
fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet ^{OTC}			
promethazine vc 6.25 mg-5 mg/5 ml oral syrup			20
EMBRACE GLUCOSE CONTROL LOW SOLUTION ^{OTC}			
SURE COMFORT LANCING PEN ^{OTC}			
SURE COMFORT ALCOHOL PREP PADS ^{OTC}			
fluoride 0.5 mg (1.1 mg sodium fluoride)/ml oral drops ^{OTC}			
SOLUS V2 CONTROL SOLUTION, LOW ^{OTC}			
SOLUS V2 CONTROL SOLUTION,HIGH ^{OTC}			
SOLUS V2 LANCING DEVICE KIT ^{OTC}			
SOLUS V2 LANCETS 30 GAUGE ^{OTC}			
ASSURE DOSE NORMAL CONTROL SOLUTION ^{OTC}			
BOTOX 200 UNIT INJECTION	PA		
ASSURE DOSE NORMAL-HIGH CONTROL SOLUTION ^{OTC}			
ferrous sulfate 325 mg (65 mg iron) tablet ^{OTC}			20
ULTRATRAK NORMAL CONTROL SOLUTION ^{OTC}			
DIALYVITE 3000 3 MG-70 MCG-15 MG TABLET ^{OTC}			
AUTOLET IMPRESSION LANCING DEVICE KIT ^{OTC}			
ULTRA THIN LANCETS ^{OTC}			
pyridoxine (vitamin b6) 100 mg/ml injection solution			
RIGHTEST GD500 LANCING DEVICE ^{OTC}			
EASYMAX NORMAL CONTROL SOLUTION ^{OTC}			
ECLIPSE NEEDLE 23 GAUGE X 1"			
MICROLET LANCET ^{OTC}			
vitamin k1 10 mg/ml injection solution			
mucosa 400 mg tablet ^{OTC}			20
cyanocobalamin (vit b-12) 1,000 mcg/ml injection solution	QL(2 per 28 days)		
benzonatate 150 mg capsule			20
multi-vitamin with fluoride 0.25 mg chewable tablet ^{OTC}			12
multi-vitamin with fluoride 0.5 mg chewable tablet ^{OTC}			12
multi-vitamin with fluoride 1 mg chewable tablet ^{OTC}			12
mucus relief er 600 mg tablet, extended release ^{OTC}			20
ULTICARE 1 ML 25 GAUGE X 5/8" SYRINGE			
VORTEX HOLDING CHAMBER			
ferro-time 325 mg (65 mg iron) tablet ^{OTC}			20
belladonna alkaloids-opium 16.2 mg-30 mg rectal suppository		18	
MICRO THIN LANCETS 33 GAUGE ^{OTC}			
FORA HIGH CONTROL SOLUTION ^{OTC}			
FORA LOW CONTROL SOLUTION ^{OTC}			
SOFT TOUCH LANCETS ^{OTC}			
FORA NORMAL CONTROL SOLUTION ^{OTC}			
RIGHTEST CONTROL SOLUTION NORMAL ^{OTC}			
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
TRUEPLUS LANCETS 33 GAUGE ^{OTC}			
UNIVERSAL 1 LANCETS 33 GAUGE ^{OTC}			
infants' pain and fever 160 mg/5 ml oral suspension ^{OTC}			20
ON CALL LANCING DEVICE ^{OTC}			
ON CALL LANCET 30 GAUGE ^{OTC}			
ON CALL VIVID CONTROL SOLUTION ^{OTC}			
UNISTIK 3 NORMAL LANCET 23 GAUGE ^{OTC}			
CAREONE ULTRA THIN LANCET ^{OTC}			
CAREONE THIN LANCET ^{OTC}			
CAREONE LANCING DEVICE ^{OTC}			
SPEEDYSWAB COVID-19 AND FLU KIT ^{OTC}			
ADVOCATE CONTROL SOLUTION HIGH ^{OTC}			
ADVOCATE LANCING DEVICE ^{OTC}			
ADVOCATE LOW CONTROL SOLUTION ^{OTC}			
ferrous sulfate 324 mg (65 mg iron) tablet,delayed release ^{OTC}			20
TRUECONTROL LEVEL 0 SOLUTION ^{OTC}			
TRUECONTROL LEVEL 1 SOLUTION ^{OTC}			
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{OTC}			
BD ALLERGIST TRAY REG BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE			
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE			
MONOJECT SAFETY SYRINGES 6 ML			
ALLERGIST TRAY REGULAR BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE			
VIVAGUARD SAFETY LANCET 28 GAUGE ^{OTC}			
CHOSEN LANCING DEVICE ^{OTC}			
GLUCOCOM LANCETS 28 GAUGE ^{OTC}			
PRODIGY CONTROL SOLUTION, LOW ^{OTC}			
PRODIGY CONTROL SOLUTION,HIGH ^{OTC}			
ferosul 325 mg (65 mg iron) tablet ^{OTC}			20
CHOSEN LANCET 30 GAUGE ^{OTC}			
SURE-PREP ALCOHOL PREP PADS ^{OTC}			
BULLSEYE MINI SAFETY LANCETS 25 GAUGE ^{OTC}			
OPTICHAMBER DIAMOND VHC SPACER			
OPTICHAMBER DIAMOND VHC WITH SMALL MASK			
OPTICHAMBER DIAMOND VHC WITH MEDIUM MASK			
OPTICHAMBER DIAMOND VHC WITH LARGE MASK			
GLUCOCARD EXPRESSION SOLUTION ^{OTC}			
LITETOUCH-SMALL MASK			
LITETOUCH-LARGE MASK			
children's pain and fever relief 160 mg/5 ml oral suspension ^{OTC}			20
ECLIPSE SYRINGE 3 ML 25 GAUGE X 1"			
EASY TOUCH HIGH-LOW CONTROL SOLUTION ^{OTC}			
ONETOUCH VERIO TEST STRIPS ^{OTC}	QL(200 per 30 days)		
ECLIPSE NEEDLE 25 GAUGE X 5/8"			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL			
ONETOUCH VERIO HIGH CONTROL SOLUTION ^{OTC}			
loratadine-d 5 mg-120 mg tablet,extended release 12 hr ^{OTC}			20
vitamins a,c,d and fluoride 0.25 mg fluoride (0.55 mg)/ml oral drops ^{OTC}			12
ONETOUCH VERIO MID CONTROL SOLUTION ^{OTC}			
LITE TOUCH-MEDIUM MASK			
SURE-TOUCH LANCET ^{OTC}			
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL			
NOVA SAFETY LANCETS 28 GAUGE ^{OTC}			
V-GO 20 DEVICE	PA		
V-GO 30 DEVICE	PA		
V-GO 40 DEVICE	PA		
ACCU-CHEK SMARTVIEW CONTROL SOLUTION ^{OTC}			
adult tussin cough congestion dm 10 mg-100 mg/5 ml oral liquid ^{OTC}			20
allergy complete-d 5 mg-120 mg tablet,extended release ^{OTC}			20
AGAMATRIX CONTROL NORM-HI SOLUTION ^{OTC}			
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" ^{OTC}			
robafen 100 mg/5 ml oral liquid ^{OTC}			20
dextromethorphan-guaifenesin 5 mg-100 mg/5 ml oral liquid ^{OTC}			20
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE ^{OTC}			
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" ^{OTC}			
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2" ^{OTC}			
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2" ^{OTC}			
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2" ^{OTC}			
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" ^{OTC}			
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" ^{OTC}			
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{OTC}			
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" ^{OTC}			
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}			
AEROGEAR ACTION ASTHMA KIT			
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8" ^{OTC}			
SMARTEST LANCET ^{OTC}			
SMARTEST CONTROL SOLUTION ^{OTC}			
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 1" ^{OTC}			
SURE-PEN LANCING DEVICE ^{OTC}			
sterile water for injection			
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule			
UNISTIK CZT LANCET 28 GAUGE ^{OTC}			
lorata-dine d 10 mg-240 mg tablet,extended release ^{OTC}			20
FEMCAP 22 MM VAGINAL DEVICE			
FEMCAP 30 MM VAGINAL DEVICE			
FEMCAP 26 MM VAGINAL DEVICE			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ferrous gluconate 324 mg (38 mg iron) tablet ^{OTC}			20
ALCOHOL SWABS ^{OTC}			
TIS-U-SOL PENTALYTE 800-40-20-8.75-6.25 MG/100 ML IRRIGATION SOLUTION			
RIGHTEST CONTROL SOLUTION HIGH ^{OTC}			
BLOOD GLUCOSE CONTROL HIGH, NORMAL, AND LOW SOLUTION ^{OTC}			
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION ^{OTC}			
BLOOD GLUCOSE CONTROL, HIGH AND NORMAL SOLUTION ^{OTC}			
UNISTIK 3 EXTRA LANCET 21 GAUGE ^{OTC}			
UNISTIK 3 COMFORT LANCET 28 GAUGE ^{OTC}			
children's acetaminophen 160 mg/5 ml oral suspension ^{OTC}			20
tussin dm 10 mg-100 mg/5 ml oral liquid ^{OTC}			20
CHOICE DM CLARUS NORMAL CONTROL SOLUTION ^{OTC}			
SUREFLEX LANCING DEVICE WITH LANCETS KIT ^{OTC}			
METER-CHECK SOLUTION ^{OTC}			
DYSPORT 300 UNIT INTRAMUSCULAR SOLUTION	PA		
AIMSCO LATEX CONDOM ^{OTC}			
TRUEPLUS INSULIN 0.5 ML 29 GAUGE X 1/2" SYRINGE ^{OTC}			
TRUEPLUS INSULIN 1 ML 28 GAUGE X 1/2" SYRINGE ^{OTC}			
TRUEPLUS INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{OTC}			
TRUEPLUS INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE ^{OTC}			
TRUEPLUS INSULIN 0.3 ML 30 GAUGE X 5/16" SYRINGE ^{OTC}			
TRUEPLUS INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE ^{OTC}			
TRUEPLUS INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE ^{OTC}			
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE ^{OTC}			
TRUEPLUS INSULIN 0.5 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}			
TRUEPLUS INSULIN 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}			
TRUEPLUS INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE ^{OTC}			
LANCETS 33 GAUGE ^{OTC}			
LANCETS 30 GAUGE ^{OTC}			
hydrocodone-homatropine 5 mg-1.5 mg/5 ml (5 ml) oral syrup	QL(300 per 30 days)	18	20
SMART SENSE LANCETS 33 GAUGE ^{OTC}			
E-Z JECT LANCETS 33 GAUGE ^{OTC}			
ULTRA THIN LANCETS 33 GAUGE ^{OTC}			
GLUCOCOM LANCETS 33 GAUGE ^{OTC}			
MONOJECT SYRINGE 3 ML			
PEDIATRIC PANDA MASK ^{OTC}			
ORA-BLEND SF ORAL SUSPENSION ^{OTC}	QL(2000 per 30 days)		
ORA-BLEND ORAL SUSPENSION ^{OTC}	QL(2000 per 30 days)		
SURGUARD2 SAFETY 1 ML 25 GAUGE X 5/8" SYRINGE			
SURGUARD2 SAFETY 1 ML 26 GAUGE X 3/8" SYRINGE			
SURGUARD2 SAFETY 1 ML 27 GAUGE X 1/2" SYRINGE			
SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2"			
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1" SYRINGE			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1 1/2" SYRINGE			
SURGUARD2 SAFETY 3 ML 23 GAUGE X 1" SYRINGE			
SURGUARD2 SAFETY 3 ML 25 GAUGE X 5/8" SYRINGE			
SURGUARD2 SAFETY SYRINGE 3 ML 25 GAUGE X 1"			
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1" SYRINGE			
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1 1/2" SYRINGE			
SURGUARD2 SAFETY 3 ML 21 GAUGE X 1" SYRINGE			
EZ SMART CONTROL SOLUTION ^{OTC}			
POCKET CHAMBER SPACER			
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2"			
chest congestion relief 400 mg tablet ^{OTC}			20
SAFETY NEEDLES 18 GAUGE X 1 1/2"			
8 hour pain reliever 650 mg tablet,extended release ^{OTC}			20
SURGUARD2 SAFETY 25 GAUGE X 5/8" NEEDLE			
SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE			
SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE			
SURGUARD2 SAFETY 26 GAUGE X 1/2" NEEDLE			
SURGUARD2 SAFETY 27 GAUGE X 1/2" NEEDLE			
SURGUARD2 SAFETY 30 GAUGE X 1 1/2" NEEDLE			
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1" SYRINGE			
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1 1/2" SYRINGE			
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1" SYRINGE			
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1 1/2" SYRINGE			
SURGUARD2 SAFETY SYRINGE 10 ML 21 GAUGE X 1 1/2"			
HYPOLANCE AST LANCING KIT ^{OTC}			
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2" ^{OTC}			
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1"			
SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE			
SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE			
SURGUARD2 SAFETY 18 GAUGE X 1 1/2" NEEDLE			
SURGUARD2 SAFETY 19 GAUGE X 1" NEEDLE			
SURGUARD2 SAFETY 19 GAUGE X 1 1/2" NEEDLE			
SURGUARD2 SAFETY 20 GAUGE X 1" NEEDLE			
SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE			
SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE			
SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE			
INFUVITE ADULT 3300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION			
feosol 325 mg (65 mg iron) tablet ^{OTC}			20
AEROCHAMBER PLUS Z STAT SPACER			
PANDA MASK ^{OTC}			
KIMONO MICROTHIN AQUA LUBE CONDOM ^{OTC}			
AEROCHAMBER PLUS Z STAT SMALL MASK			
AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL			
AEROCHAMBER PLUS Z STAT MEDIUM MASK			
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE ^{OTC}			
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL			
MOUTHPIECE DEVICE ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
iron 325 mg (65 mg iron) tablet ^{OTC}			20
lidocaine 3 %-hydrocortisone 0.5 % rectal cream			
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE			
chest congestion relief dm 20 mg-400 mg tablet ^{OTC}			20
AGAMATRIX CONTROL HIGH SOLUTION ^{OTC}			
HEALTHY ACCENTS UNILET LANCET 30 GAUGE ^{OTC}			
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE ^{OTC}			
ULTRA-THIN II LANCETS 28 GAUGE ^{OTC}			
GE100 CONTROL SOLUTION NORMAL ^{OTC}			
INCONTROL ULTRA THIN LANCETS 28 GAUGE ^{OTC}			
INCONTROL SUPER THIN LANCETS 30 GAUGE ^{OTC}			
INCONTROL LANCING DEVICE ^{OTC}			
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION ^{OTC}			
ADVOCATE REDI-CODE PLUS CTRL LOW SOLUTION ^{OTC}			
EVENCARE G2 SOLUTION ^{OTC}			
EASY TOUCH ALCOHOL PREP PADS ^{OTC}			
EASY TOUCH LANCING DEVICE ^{OTC}			
ENEMEEZ 283 MG/5 ML ENEMA ^{OTC}		12	20
ENEMEEZ PLUS 283 MG-20 MG/5 ML ENEMA ^{OTC}		12	20
MEDPOINT NORMAL CONTROL SOLUTION ^{OTC}			
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION ^{OTC}			
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION ^{OTC}			
liquituss gg 200 mg/5 ml oral liquid ^{OTC}			20
2TEK CONTROL (HIGH-NORMAL) SOLUTION ^{OTC}			
SURGUARD2 SAFETY 22 GAUGE X 1" NEEDLE			
SURGUARD2 SAFETY 22 GAUGE X 1 1/2" NEEDLE			
SURGUARD2 SAFETY 5 ML 21 GAUGE X 1 1/2" SYRINGE			
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE ^{OTC}			
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE			
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1" ^{OTC}			
BREATHERITE MDI SPACER			
BREATHERITE VALVED MDI SPACER			
BREATHERITE VALVED MDI CHAMBER SPACER			
BREATHERITE SPACER AND MASK, NEONATE			
BREATHERITE SPACER AND MASK, INFANT			
BREATHERITE SPACER AND MASK, SMALL CHILD			
BREATHERITE SPACER AND MASK, CHILD			
BREATHERITE SPACER AND MASK, ADULT			
MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4"			
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2"			
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2" ^{OTC}			
MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2"			
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"			
vitamin k 1 mg/0.5 ml injection solution			
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"			
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION ^{OTC}			
ACCU-CHEK MULTICLIX LANCET KIT ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
SILICONE MASK - INFANT			
SILICONE MASK - PEDIATRIC ^{OTC}			
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8" ^{OTC}			
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS ^{OTC}			
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS ^{OTC}			
EASIVENT HOLDING CHAMBER			
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1"			
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1" ^{OTC}			
mucus relief 400 mg tablet ^{OTC}			20
MONOJECT SYRINGE 6 ML 22 X 1 1/2"			
MONOJECT SYRINGE 6 ML 21 X 1 1/2"			
MONOJECT SYRINGE 6 ML 21 X 1 1/2" ^{OTC}			
MONOJECT SYRINGE 6 ML 21 X 1"			
MONOJECT SYRINGE 6 ML 21 X 1" ^{OTC}			
MONOJECT SYRINGE 6 ML 20 X 1 1/2"			
MONOJECT SYRINGE 6 ML 20 X 1 1/2" ^{OTC}			
MONOJECT SYRINGE 6 ML			
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES	PA		
FREESTYLE LIBRE 2 READER	PA		
FREESTYLE LIBRE 2 SENSOR KIT	PA		
CEQR SIMPLICITY 2 UNIT DEVICE	PA		
VIVAGUARD INO CONTROL SOLUTION-L1,L3 ^{OTC}			
VIVAGUARD INO CONTROL SOLUTION-L2 ^{OTC}			
EASY TRAK II CONTROL SOLUTION-NORMAL ^{OTC}			
children's acetaminophen 160 mg/5 ml oral liquid ^{OTC}			20
tussin dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}			20
TRUSTEX-RIA LUBRICATED CONDOMS ^{OTC}			
CARETOUCH SAFETY LANCETS 28 GAUGE ^{OTC}			
CARETOUCH SAFETY LANCETS 26 GAUGE ^{OTC}			
EASY COMFORT ALCOHOL PAD TOPICAL PADS ^{OTC}			
2-IN-1 LANCET DEVICE 30 GAUGE ^{OTC}			
m-pap 160 mg/5 ml oral liquid ^{OTC}			20
PIP LANCET 28 GAUGE ^{OTC}			
PIP LANCET 30 GAUGE ^{OTC}			
tusnel-ex 100 mg/5 ml oral liquid ^{OTC}			20
TRUSTEX-RIA NON-LUBRICATED CONDOMS ^{OTC}			
AEROTRACH PLUS SPACER			
ONETOUCH DELICA PLUS LANCING DEVICE KIT ^{OTC}			
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral syrup ^{OTC}			20
ONETOUCH DELICA PLUS LANCET 33 GAUGE ^{OTC}			
ONETOUCH DELICA PLUS LANCET 30 GAUGE ^{OTC}			
ONETOUCH ULTRA2 METER ^{OTC}			
VIVAGUARD LANCET 30 GAUGE ^{OTC}			
VIVAGUARD LANCING DEVICE ^{OTC}			
VIVAGUARD INO CONTROL SOLUTION-L1,L2,L3 ^{OTC}			
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}			
sterile water for ic-green injection solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
GENTEEL VACUUM LANCING DEVICE COMBO PACK ^{OTC}			
tussin dm cough and chest 5 mg-100 mg/5 ml oral liquid ^{OTC}			20
E-Z JECT LANCETS ^{OTC}			
TECHLITE PEN NEEDLE 32 GAUGE X 1/4" ^{OTC}			
thiamine hcl (vitamin b1) 100 mg/ml injection solution			
TECHLITE PEN NEEDLE 31 GAUGE X 5/16" ^{OTC}			
MULTI-LANCET DEVICE 2 KIT ^{OTC}			
TOPCARE UNIVERSAL1 LANCET 33 GAUGE ^{OTC}			
AEROVENT PLUS SPACER			
ONETOUCH VERIO FLEX METER ^{OTC}			
PRODIGY LANCETS 26 GAUGE ^{OTC}			
FINGERSTIX LANCETS ^{OTC}			
EVENCARE MINI GLUCOSE CONTROL SOLUTION ^{OTC}			
vp-vite rx 1 mg-60 mg-300 mcg tablet ^{OTC}			
nicotine (polacrilex) 4 mg gum ^{OTC}		18	
RELIAMED SAFETY SEAL LANCETS 30 GAUGE ^{OTC}			
RELIAMED SAFETY SEAL LANCETS 28 GAUGE ^{OTC}			
EASY TOUCH TWIST LANCETS 33 GAUGE ^{OTC}			
EASY TOUCH TWIST LANCETS 32 GAUGE ^{OTC}			
EASY TOUCH TWIST LANCETS 30 GAUGE ^{OTC}			
EASY TOUCH TWIST LANCETS 28 GAUGE ^{OTC}			
EASY TOUCH SAFETY LANCETS 28 GAUGE ^{OTC}			
EASY TOUCH SAFETY LANCETS 26 GAUGE ^{OTC}			
EASY TOUCH SAFETY LANCETS 23 GAUGE ^{OTC}			
EASY TOUCH SAFETY LANCETS 21 GAUGE ^{OTC}			
sodium citrate-citric acid 500 mg-334 mg/5 ml oral solution ^{OTC}			
EASIVENT MASK LARGE			
MONOLET THIN LANCETS 28 GAUGE ^{OTC}			
ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT ^{OTC}			
TRUE COMFORT LANCET 30 GAUGE ^{OTC}			
TRUE COMFORT ALCOHOL PADS ^{OTC}			
SIKLOS 1,000 MG TABLET	PA,QL(120 per 30 days)	2	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION ^{OTC}			
EMBRACE TALK CONTROL-LOW (L1) SOLUTION ^{OTC}			
TWIST LANCETS 32 GAUGE ^{OTC}			
TWIST LANCETS 30 GAUGE ^{OTC}			
FREESTYLE LIBRE 14 DAY SENSOR KIT	PA		
FREESTYLE LIBRE 14 DAY READER	PA		
TRUSTEX-RIA LUBRICATED/SPERMICIDE CONDOM ^{OTC}			
OMNIPOD DASH PDM KIT (GEN 4)			
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	PA		
guaifenesin 100 mg/5 ml oral liquid ^{OTC}			20
bacteriostatic water(parabens) injection solution			
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION ^{OTC}			
HARMONY CONTROL L1,L3 SOLUTION ^{OTC}			
ULTRA FINE LANCETS 30 GAUGE ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ULTRA-CARE LANCETS 30 GAUGE ^{OTC}			
SIKLOS 100 MG TABLET	PA,QL(1050 per 30 days)	2	
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet			
BD INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" ^{OTC}			
BD INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" ^{OTC}			
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" ^{OTC}			
ACCU-CHEK FASTCLIX LANCET DRUM ^{OTC}			
sterile water for kcentra injection solution			
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" ^{OTC}			
READYLANCE SAFETY LANCETS 28 GAUGE ^{OTC}			
READYLANCE SAFETY LANCETS 26 GAUGE ^{OTC}			
READYLANCE SAFETY LANCETS 23 GAUGE ^{OTC}			
READYLANCE SAFETY LANCETS 21 GAUGE ^{OTC}			
TECHLITE PEN NEEDLE 29 GAUGE X 1/2" ^{OTC}			
TECHLITE PEN NEEDLE 31 GAUGE X 3/16" ^{OTC}			
acetaminophen er 650 mg tablet,extended release ^{OTC}			20
ULTILET ALCOHOL SWAB ^{OTC}			
TECHLITE PEN NEEDLE 29 GAUGE X 3/8" ^{OTC}			
FLEXICHAMBER-LARGE CHILD MASK			
MONOJECT SAFETY SYRINGES 3 ML 22 GAUGE X 1 1/2"			
TRUZONE PEAK FLOW METER			
tricitrates 550 mg-500 mg-334 mg/5 ml oral solution ^{OTC}			
FLEXICHAMBER-SMALL ADULT MASK			
FLEXICHAMBER-SMALL CHILD MASK			
CARETOUCH TWIST LANCET 28 GAUGE ^{OTC}			
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet ^{OTC}			
CARETOUCH TWIST LANCET 33 GAUGE ^{OTC}			
children's mapap 160 mg chewable tablet ^{OTC}			20
NURTEC ODT 75 MG DISINTEGRATING TABLET	PA,QL(16 per 30 days)	18	
PURE COMFORT SAFETY LANCETS 30 GAUGE ^{OTC}			
PURE COMFORT LANCETS 30 GAUGE ^{OTC}			
AGAMATRIX CONTROL SOLUTION-LEVEL 2 ^{OTC}			
CEQR SIMPLICITY INSERTER	PA		
AGAMATRIX CONTROL SOLUTION-LEVEL 4 ^{OTC}			
PURE COMFORT ALCOHOL PADS ^{OTC}			
MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"			
UBRELVY 100 MG TABLET	PA,QL(16 per 30 days)	18	
UBRELVY 50 MG TABLET	PA,QL(16 per 30 days)	18	
EZ-LETS 26 GAUGE ^{OTC}			
GOJJI LANCETS 30 GAUGE ^{OTC}			
GOJJI LANCING DEVICE ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
GOJJI GLUCOSE CONTROL SOLUTION-NORMAL ^{OTC}			
PHEXXI 1.8 %-1 %-0.4 % VAGINAL GEL		12	
TECHLITE PEN NEEDLE 32 GAUGE X 5/16" ^{OTC}			
UNISTIK TOUCH LANCETS 28 GAUGE ^{OTC}			
water for irrigation, sterile solution			
UNISTIK TOUCH LANCETS 21 GAUGE ^{OTC}			
TECHLITE PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}			
LANCETS ^{OTC}			
CONTOUR CONTROL SOLUTION, LOW ^{OTC}			
CONTOUR CONTROL SOLUTION, NORMAL ^{OTC}			
CONTOUR CONTROL SOLUTION, HIGH ^{OTC}			
DIALYVITE SUPREME D 3 MG-2,000 UNIT TABLET ^{OTC}			
folic acid 1 mg tablet ^{EDS}			
SMARTDIABETES VANTAGE ^{OTC}			
AEROCHAMBER PLUS FLOW-VU			
MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"			
AEROCHAMBER MINI			
AUTO-LANCET MINI ^{OTC}			
water for injection, bacteriostatic injection solution			
RIGHTEST GL300 LANCETS 30 GAUGE ^{OTC}			
INTERLINK SYRINGE AND CANNULA 15 X 10 ML			
salicylic acid 27.5 % topical film-forming liquid			
water for injection, sterile intravenous solution			
GLUCOSE CONTROL SOLUTION ^{OTC}			
MYGLUCOHEALTH LANCETS 30 GAUGE ^{OTC}			
AQUA LANCE LANCING DEVICE ^{OTC}			
1ST TIER UNILET COMFORTOUCH LANCET 28 GAUGE ^{OTC}			
ACCU-CHEK FASTCLIX LANCING DEVICE KIT ^{OTC}			
infant pain reliever 160 mg/5 ml oral suspension ^{OTC}			20
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK ^{OTC}			
ULTRATRAK ULTIMATE SOLUTION ^{OTC}			
ULTRALANCE LANCETS 28 GAUGE ^{OTC}			
dextromethorphan-guaifenesin er 60 mg-1,200 mg tab,extend release,12hr ^{OTC}			20
iron er 159 mg (45 mg iron) tablet,extended release ^{OTC}			20
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" ^{OTC}			
caffeine citrate 60 mg/3 ml (20 mg/ml) oral solution	QL(90 per 30 days)		
ferrous gluconate 324 mg (37.5 mg iron) tablet ^{OTC}			
IODOPEN 100 MCG/ML INTRAVENOUS SOLUTION			
caffeine citrate 60 mg/3 ml (20 mg/ml) intravenous solution	QL(90 per 30 days)		
EASYGLUCO PLUS NORMAL CONTROL SOLUTION ^{OTC}			
NOVAMAX PLUS GLU-KET SOLUTION ^{OTC}			
MYGLUCOHEALTH CONTROL SOLUTION ^{OTC}			
tussin 400 mg tablet ^{OTC}			20
infants' pain relief 160 mg/5 ml oral suspension ^{OTC}			20
AUTOLET LANCING DEVICE ^{OTC}			
EASY STEP LOW CONTROL SOLUTION ^{OTC}			
EASY STEP HIGH CONTROL SOLUTION ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
EASY STEP NORMAL CONTROL SOLN SOLUTION ^{OTC}			
EASY COMFORT LANCETS 30 GAUGE ^{OTC}			
ULTI-LANCE MISC ^{OTC}			
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" ^{OTC}			
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE X 1/2" ^{OTC}			
VORTEX VHC FROG MASK-CHILD			
VORTEX VHC LADYBUG MASK-TODDLER			
acetic acid 0.25 % irrigation solution			
TELCARE CONTROL SOLUTION ^{OTC}			
ONETOUCH ULTRA2 METER KIT ^{OTC}			
levomefolate calcium 7.5 mg tablet ^{OTC}			
AEROCHAMBER PLUS Z STAT LARGE MASK			
vitamin d2 1,250 mcg (50,000 unit) capsule			
ferrous sulfate 325 mg (65 mg iron) tablet, delayed release ^{OTC}			20
SURE-LANCE ^{OTC}			
DROPLET LANCING DEVICE ^{OTC}			
ONETOUCH ULTRA TEST STRIPS ^{OTC}	QL(200 per 30 days)		
PRECISION GLUCOSE CONTROL SOLN COMBO PACK ^{OTC}			
DROPLET LANCETS 30 GAUGE ^{OTC}			
slow release iron 143 mg (45 mg iron) tablet, extended release ^{OTC}			20
ADVANCED TRAVEL LANCETS 28 GAUGE ^{OTC}			
FORACARE LANCETS 30 GAUGE ^{OTC}			
ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE			
FORA LANCING DEVICE ^{OTC}			
ULTRA THIN PLUS LANCETS 33 GAUGE ^{OTC}			
ECLIPSE SYRINGE 3 ML 21 GAUGE X 1"			
phenazopyridine 100 mg tablet			
EASY TRAK LOW CONTROL SOLUTION ^{OTC}			
EASY TRAK HIGH CONTROL SOLUTION ^{OTC}			
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL			
butalbital-acetaminophen-caffeine 50 mg-300 mg-40 mg capsule	QL(120 per 365 days)		
EASY TALK HIGH CONTROL SOLUTION ^{OTC}			
EASY TALK LOW CONTROL SOLUTION ^{OTC}			
PROCHAMBER			
MICROLET NEXT LANCING DEVICE KIT ^{OTC}			
water for injection, sterile injection solution			
nicotine (polacrilex) 2 mg buccal mini lozenge ^{OTC}		18	
nicotine (polacrilex) 4 mg buccal mini lozenge ^{OTC}		18	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION ^{OTC}			
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64"			
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS ^{OTC}			
CARETOUCH TWIST LANCET 30 GAUGE ^{OTC}			
CARETOUCH LANCING DEVICE ^{OTC}			
tussin mucus-chest congestion 100 mg/5 ml oral liquid ^{OTC}			20

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
PRO COMFORT LANCET 31 GAUGE ^{OTC}			
READYLANCE SAFETY LANCETS 30 GAUGE ^{OTC}			
MINIMED SYRINGE RESERVOIR 1.8 ML			
MINIMED SYRINGE RESERVOIR 3 ML			
potassium citrate-citric acid 1,100 mg-334 mg/5 ml oral solution ^{OTC}			
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL			
SURE COMFORT LANCETS 23 GAUGE ^{OTC}			
SURE COMFORT LANCETS 21 GAUGE ^{OTC}			
SURE COMFORT LANCETS 18 GAUGE ^{OTC}			
AEROCHAMBER MV SPACER			
folic acid 5 mg/ml injection solution			
sodium chloride 0.9 % irrigation solution			
promethazine-phenylephrine 6.25 mg-5 mg/5 ml oral syrup			20
DUREX AVANTI BARE REAL FEEL CONDOM ^{OTC}			
PRO COMFORT ALCOHOL PADS ^{OTC}			
PRO COMFORT LANCET 30 GAUGE ^{OTC}			
INCONTROL ALCOHOL PADS ^{OTC}			
infant's acetaminophen 160 mg/5 ml oral suspension ^{OTC}			20
ferrous sulfate 220 mg (44 mg iron)/5 ml oral elixir ^{OTC}			20
mucus relief er 1,200 mg tablet, extended release ^{OTC}			20
children's pain and fever relief 160 mg/5 ml oral liquid ^{OTC}			20
PUSH BUTTON SAFETY LANCETS 21 GAUGE ^{OTC}			
AUTOLET PLUS LANCING DEVICE ^{OTC}			
EASY MINI EJECT LANCING DEVICE ^{OTC}			
mucus-er max 1,200 mg tablet, extended release ^{OTC}			20
TRUE METRIX AIR GLUCOSE METER KIT ^{OTC}			
COOL CONTROL B SOLUTION ^{OTC}			
COOL CONTROL A SOLUTION ^{OTC}			
UNISTIK TOUCH LANCETS 30 GAUGE ^{OTC}			
UNISTIK TOUCH LANCETS 23 GAUGE ^{OTC}			
TECHLITE PEN NEEDLE 31 GAUGE X 1/4" ^{OTC}			
COAGUCHEK LANCETS ^{OTC}			
ON CALL PLUS LANCING DEVICE ^{OTC}			
ORA-SWEET ORAL SYRUP ^{OTC}	QL(2000 per 30 days)		
ON CALL PLUS LANCET 30 GAUGE ^{OTC}			
VERIFINE SAFETY LANCET MINI 21 GAUGE ^{OTC}			
VERIFINE SAFETY LANCET MINI 23 GAUGE ^{OTC}			
ON CALL PLUS CONTROL SOLUTION ^{OTC}			
AEROCHAMBER PLUS FLOW-VU,LARGE MASK			
MEDLANCE PLUS LANCETS 30 GAUGE ^{OTC}			
SURE-LANCE ULTRA THIN 30 GAUGE ^{OTC}			
AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK			
aspirin 300 mg rectal suppository ^{OTC,EDS}			20
ULTRA THIN II LANCETS 30 GAUGE ^{OTC}			
AEROCHAMBER PLUS FLOW-VU,SMALL MASK			
FLEXICHAMBER SPACER			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
LITE TOUCH LANCETS 33 GAUGE ^{OTC}			
ADVOCATE LANCET 23 GAUGE ^{OTC}			
NOVA SUREFLEX LANCETS ^{OTC}			
EASYMAX 15 LEVEL 2 SOLUTION ^{OTC}			
LANCETS,THIN 28 GAUGE ^{OTC}			
MEDISENSE THIN LANCETS 28 GAUGE ^{OTC}			
EASY TWIST AND CAP LANCETS 28 GAUGE ^{OTC}			
SAFETY SEAL LANCETS 28 GAUGE ^{OTC}			
MEPHYTON 5 MG TABLET	QL(5 per 30 days)		
SURE-LANCE 28 GAUGE ^{OTC}			
ULTILET LANCETS 28 GAUGE ^{OTC}			
ULTILET CLASSIC LANCETS 28 GAUGE ^{OTC}			
ASSURE LANCE 28 GAUGE ^{OTC}			
ASSURE HAEMOLANCE PLUS 28 GAUGE ^{OTC}			
INJECT EASE LANCETS 28 GAUGE ^{OTC}			
RELIAMED LANCET 28 GAUGE ^{OTC}			
ORA-SWEET SF ORAL LIQUID ^{OTC}	QL(2000 per 30 days)		
ADVOCATE LANCET 21 GAUGE ^{OTC}			
RELIAMED LANCET 23 GAUGE ^{OTC}			
SAFETY LANCETS 28 GAUGE ^{OTC}			
PRESSURE ACTIVATED LANCETS 28 GAUGE ^{OTC}			
ACTI-LANCE LANCETS 28 GAUGE ^{OTC}			
EVENCARE G3 CONTROL SOLUTION ^{OTC}			
MUCINEX 1,200 MG TABLET, EXTENDED RELEASE ^{OTC}			20
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" ^{OTC}			
PRODIGY LANCETS 28 GAUGE ^{OTC}			
guaifenesin er 1,200 mg tablet, extended release 12 hr ^{OTC}			20
MICRODOT HIGH-LOW CONTROL SOLUTION ^{OTC}			
ULTRA THIN LANCETS 28 GAUGE ^{OTC}			
MICRODOT NORMAL CONTROL SOLUTION ^{OTC}			
BULLSEYE MINI SAFETY LANCETS 28 GAUGE ^{OTC}			
UNILET LANCET 28 GAUGE ^{OTC}			
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE			
child mucus relief cough 5 mg-100 mg/5 ml oral liquid ^{OTC}			20
TRUEPLUS LANCETS 28 GAUGE ^{OTC}			
SUPER THIN LANCETS 28 GAUGE ^{OTC}			
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16" ^{OTC}			
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL			
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" ^{OTC}			
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16" ^{OTC}			
MONOJECT SAFETY SYRINGES			
MONOJECT SAFETY SYRINGES ^{OTC}			
GLUCOCOM CONTROL NORMAL SOLUTION ^{OTC}			
EMBRACE GLUCOSE CONTROL HIGH SOLUTION ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
LANCETS 28 GAUGE ^{OTC}			
LANCETS 26 GAUGE ^{OTC}			
LANCETS 21 GAUGE ^{OTC}			
SAFETY SEAL LANCETS 30 GAUGE ^{OTC}			
multi-vitamin with fluoride 0.5 mg/ml oral drops ^{OTC}			12
MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE			
ASSURE LANCE PLUS 21 GAUGE ^{OTC}			
ASSURE LANCE PLUS 30 GAUGE ^{OTC}			
MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE			
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE ^{OTC}			
PUSH BUTTON SAFETY LANCETS 28 GAUGE ^{OTC}			
EMBRACE LANCETS 30 GAUGE ^{OTC}			
BD MICROTAINER LANCET 30 GAUGE ^{OTC}			
MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE			
SURE COMFORT LANCETS 30 GAUGE ^{OTC}			
ferate 240 mg (27 mg iron) tablet ^{OTC}			20
ADVIN COVID-19 AG HOME TEST KIT ^{OTC}			
GLUCOCOM LANCETS 30 GAUGE ^{OTC}			
CARESENS CONTROL A AND B SOLUTION ^{OTC}			
TRUE METRIX AIR GLUCOSE METER ^{OTC}			
glucagon hcl 1 mg/ml solution for injection			
UNISTIK SAFETY 28 GAUGE ^{OTC}			
UNISTIK SAFETY 30 GAUGE ^{OTC}			
ASSURE PRISM CONTROL 1-2 SOLUTION ^{OTC}			
BD MICROTAINER LANCET 21 GAUGE ^{OTC}			
TECHLITE LANCETS 30 GAUGE ^{OTC}			
nicotine (polacrilex) 2 mg gum ^{OTC}		18	
INJECT EASE LANCETS 30 GAUGE ^{OTC}			
MONOJECT ENFIT STERILE SYRINGE 1 ML			
SUPER THIN LANCETS 30 GAUGE ^{OTC}			
MONOJECT ENFIT STERILE SYRINGE 3 ML			
UNILET SUPER THIN LANCETS 30 GAUGE ^{OTC}			
MONOJECT ENFIT STERILE SYRINGE 6 ML			
MONOJECT ENFIT STERILE SYRINGE 35 ML			
MONOJECT ENFIT STERILE SYRINGE 60 ML			
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg capsule			
8hr muscle aches-pain 650 mg tablet,extended release ^{OTC}			20
MICROCHAMBER SPACER			
1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE ^{OTC}			
ULTILET LANCETS 30 GAUGE ^{OTC}			
VERIFINE SAFETY LANCET MINI 28 GAUGE ^{OTC}			
VERIFINE SAFETY LANCET MINI 30 GAUGE ^{OTC}			
ULTILET CLASSIC LANCETS 30 GAUGE ^{OTC}			
promethazine-dm 6.25 mg-15 mg/5 ml oral syrup	QL(300 per 30 days)		20
ULTILET BASIC LANCETS 30 GAUGE ^{OTC}			
ULTRA THIN LANCETS 30 GAUGE ^{OTC}			
MONOJECT ENFIT SYRINGE 12 ML			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
MONOJECT ENFIT SYRINGE 12 ML ^{OTC}			
LITE TOUCH LANCETS 30 GAUGE ^{OTC}			
mucus relief dm cough 20 mg-400 mg tablet ^{OTC}			20
TRUEPLUS LANCETS 30 GAUGE ^{OTC}			
ELEMENT COMPACT HIGH CONTROL SOLUTION ^{OTC}			
ELEMENT COMPACT NORMAL CONTROL SOLUTION ^{OTC}			
all day allergy-d 5 mg-120 mg tablet,extended release ^{OTC}			20
ACTI-LANCE LANCETS 23 GAUGE ^{OTC}			
CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM			
OPTUMRX SOLUTION ^{OTC}			
phytonadione (vitamin k1) 10 mg/ml injection solution			
fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet ^{OTC}			
MONOLET LANCETS 21 GAUGE ^{OTC}			
TD GOLD LEVEL 1 CONTROL SOLUTION ^{OTC}			
UNISTIK COMFORT LANCETS 28 GAUGE ^{OTC}			
TD GOLD LEVEL 2 CONTROL SOLUTION ^{OTC}			
TRUE COMFORT PRO ALCOHOL PADS ^{OTC}			
TD GOLD LEVEL 3 CONTROL SOLUTION ^{OTC}			
RIGHTEST GC250S CONTROL SOLUTION NORMAL ^{OTC}			
COMFORT EZ LANCETS 28 GAUGE ^{OTC}			
ACCU-CHEK SOFTCLIX LANCETS ^{OTC}			
COMFORT EZ LANCETS 21 GAUGE ^{OTC}			
COMFORT EZ LANCETS 23 GAUGE ^{OTC}			
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION ^{OTC}			
ELLUME COVID-19 HOME TEST KIT ^{OTC}			
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL			
MYFEMBREE 40 MG-1 MG-0.5 MG TABLET	PA	18	
guaifenesin er 600 mg tablet, extended release 12 hr ^{OTC}			20
MONOJECT CONTROL SYRINGE LUER LOCK 12 ML			
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8" ^{OTC}			
UNISTRIP HIGH CONTROL SOLUTION ^{OTC}			
UNISTRIP LOW CONTROL SOLUTION ^{OTC}			
UNISTIK 3 GENTLE 30 GAUGE ^{OTC}			
lactated ringers irrigation solution			
ed-apap 160 mg/5 ml oral liquid ^{OTC}			20
SINGLE-LET MISC ^{OTC}			
lice killing 0.33 %-4 % shampoo ^{OTC}			20
FASTEP COVID-19 AG HOME TEST KIT ^{OTC}			
BINAXNOW COVID-19 AG SELF TEST KIT ^{OTC}			
BINAXNOW COVID-19 AG CARD HOME TEST KIT ^{OTC}			
DIALYVITE 100 MG-1 MG TABLET ^{OTC}			
QUICKVUE AT-HOME COVID-19 TEST KIT ^{OTC}			
EASIVENT MASK MEDIUM			
salicylic acid 6 % topical gel			
diluent for melphalan (sodium citrate) 10 ml intravenous solution			
SPEEDYSWAB COVID-19 HOME TEST KIT ^{OTC}			
ALCOHOL PADS ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
OHC COVID-19 ANTIGEN HOME TEST KIT ^{OTC}			
DEXCOM G7 RECEIVER	PA		
COMFORT TOUCH PLUS PRESSURE ACTIVATED SAFETY LANCETS 30 GAUGE ^{OTC}			
COMFORT TOUCH ULTRA THIN LANCETS 31 GAUGE ^{OTC}			
CATHFLO ACTIVASE 2 MG INTRA-CATHETER SOLUTION	QL(2 per 28 days)		
RELIAMED TWIST AND CAP LANCET 28 GAUGE ^{OTC}			
KIMONO MICROTHIN LARGE CONDOMS ^{OTC}			
DEXCOM G7 SENSOR DEVICE	PA		
DROPLET GENTEEL LANCING DEVICE ^{OTC}			
FORACARE GDH LOW CONTROL SOLUTION ^{OTC}			
FORACARE GDH NORMAL CONTROL SOLUTION ^{OTC}			
FORACARE GDH HIGH CONTROL SOLUTION ^{OTC}			
GE333 CONTROL SOLUTION NORMAL ^{OTC}			
RIGHTEST GC700 LEVEL 2 CONTROL SOLUTION ^{OTC}			
ADVOCATE RAPID-SAFE LANCING DEVICE ^{OTC}			
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1"			
RIGHTEST GT333 LEVEL 2 CONTROL SOLUTION ^{OTC}			
HYCODAN (WITH HOMATROPINE) 5 MG-1.5 MG TABLET		18	20
phenazopyridine 200 mg tablet			
FREESTYLE LANCETS 28 GAUGE ^{OTC}			
dodex 1,000 mcg/ml injection solution	QL(2 per 28 days)		
GLUCOCOM CONTROL HIGH SOLUTION ^{OTC}			
MICRODOT LANCET 28 GAUGE ^{OTC}			
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	PA		
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	PA		
TECHLITE PLUS PEN NEEDLE 32 GAUGE X 5/32" ^{OTC}			
NANO-CHECK COVID-19 AG TEST KIT			
ULTRALANCE LANCETS 26 GAUGE ^{OTC}			
CHOSEN SAFETY LANCET 28 GAUGE ^{OTC}			
SMART SENSE LANCETS 26 GAUGE ^{OTC}			
EMBRACE PRO SOLUTION ^{OTC}			
COLOR LANCETS 21 GAUGE ^{OTC}			
TRUE METRIX GLUCOSE TEST STRIP ^{OTC}	QL(200 per 30 days)		
TRUE METRIX GLUCOSE METER ^{OTC}			
TRUE METRIX LEVEL 1 SOLUTION ^{OTC}			
TRUE METRIX LEVEL 2 SOLUTION ^{OTC}			
TRUE METRIX LEVEL 3 SOLUTION ^{OTC}			
EMBRACE EVO LEVEL 1 SOLUTION ^{OTC}			
ULTILET LANCETS 33 GAUGE ^{OTC}			
FORTISCARE LOW SOLUTION ^{OTC}			
FORTISCARE NORMAL SOLUTION ^{OTC}			
LUCIRA COVID-19 AND FLU TEST KIT			
FORTISCARE HIGH SOLUTION ^{OTC}			
SAFETY LANCETS 26 GAUGE ^{OTC}			
EASY PLUS II LOW CONTROL SOLUTION ^{OTC}			
EASY PLUS II HIGH CONTROL SOLUTION ^{OTC}			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
RELIAMED MINI LANCING DEVICE ^{OTC}			
RELIAMED LANCET 30 GAUGE ^{OTC}			
THIN LANCETS 26 GAUGE ^{OTC}			
E-Z JECT LANCETS 26 GAUGE ^{OTC}			
ADVOCATE LANCET 28 GAUGE ^{OTC}			
FREESTYLE LIBRE 3 READER	PA		
VITAL-D RX 1,750 UNIT-60 MG-1 MG-12.5 MG TABLET ^{OTC}			
LYFGENIA 1.7 X TO 20 X 10EXP6 CELL/ML INTRAVENOUS SUSPENSION	PA	12	
TECHLITE LANCETS 26 GAUGE ^{OTC}			
phytonadione (vitamin k1) 1 mg/0.5 ml injection solution			
ASSURE 4 CONTROL SOLUTION COMBO PACK ^{OTC}			
CHEST CONGESTION RELIEF 100 MG/5 ML ORAL LIQUID ^{OTC}			20
BD MICROTAINER LANCET 1.5 MM X 2 MM ^{OTC}			
BD ALCOHOL SWABS ^{OTC}			
LITE TOUCH LANCING DEVICE ^{OTC}			
UNIVERSAL 1 LANCETS 21 GAUGE ^{OTC}			
UNIVERSAL 1 LANCETS 30 GAUGE ^{OTC}			
UNIVERSAL 1 LANCETS 26 GAUGE ^{OTC}			
TELCARE LANCETS 30 GAUGE ^{OTC}			
CARESOFTE LANCING DEVICE ^{OTC}			
GOTOKNOW COVID-19 AG HOME TEST KIT ^{OTC}			
UNISTIK 2 EXTRA LANCET 21 GAUGE ^{OTC}			
SOLUS V2 LANCETS 28 GAUGE ^{OTC}			
mucus relief dm max 5 mg-100 mg/5 ml oral liquid ^{OTC}			20
UNISTIK 2 COMFORT LANCET 28 GAUGE ^{OTC}			
TECHLITE LANCETS 25 GAUGE ^{OTC}			
ferrous sulfate 220 mg (44 mg iron)/5 ml oral solution ^{OTC}			20
UNISTIK 3 DUAL LANCET 18 GAUGE ^{OTC}			
STRIVE PEAK FLOW METER			
TECHLITE LANCETS 28 GAUGE ^{OTC}			
E-Z JECT LANCETS 30 GAUGE ^{OTC}			
MONOJECT TB LUER LOK 1 ML SYRINGE			
cetirizine 5 mg-pseudoephedrine er 120 mg tablet,extended release,12hr ^{OTC}			20
neomycin 3.5 mg/g-polymyxin b 10,000 unit/g-dexameth 0.1 % eye oint			
cyclopentolate 2 % eye drops			
TOBRADEX 0.3 %-0.1 % EYE OINTMENT			
CIMERLI 0.3 MG/0.05 ML INTRAVITREAL SOLUTION		18	
CIMERLI 0.5 MG/0.05 ML INTRAVITREAL SOLUTION		18	
phenylephrine 2.5 % eye drops			
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops			
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION			
atropine 1 % eye drops			
COMBIGAN 0.2 %-0.5 % EYE DROPS			
ROCKLATAN 0.02 %-0.005 % EYE DROPS		18	

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
neomycin-bacitracin-poly-hc 3.5 mg-400-10,000 unit/g-1 % eye ointment			
polymyxin b sulfate 10,000 unit-trimethoprim 1 mg/ml eye drops			
atropine 1 % eye ointment			
phenylephrine 10 % eye drops			
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension			
polycin 500 unit-10,000 unit/gram eye ointment			
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION			
ATROPINE SULFATE (PF) 1 % EYE DROPS IN A DROPPERETTE			
ak-poly-bac 500 unit-10,000 unit/gram eye ointment			
cyclopentolate 0.5 % eye drops			
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops	QL(10 per 30 days)		
cyclopentolate 1 % eye drops			
bacitracin-polymyxin b 500 unit-10,000 unit/gram eye ointment			
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE			
CYSTARAN 0.44 % EYE DROPS	QL(60 per 28 days)		
neomycin-polymyxin-dexameth 3.5 mg/ml-10,000 unit/ml-0.1% eye drops			
RESTASIS MULTIDOSE 0.05 % EYE DROPS			
balanced salt intraocular solution			
neomycin-bacitracin-polymyxn 3.5 mg-400 unit-10,000 unit/gram eye oint			
XIIDRA 5 % EYE DROPS IN A DROPPERETTE			
BEPREVE 1.5 % EYE DROPS		2	
olopatadine 0.1 % eye drops ^{OTC}			
cromolyn 4 % eye drops			
olopatadine 0.1 % eye drops			
azelastine 0.05 % eye drops			
moxifloxacin 0.5 % eye drops	QL(6 per 30 days)		
erythromycin 5 mg/gram (0.5 %) eye ointment			
ciprofloxacin 0.3 % eye drops			
gentamicin 0.3 % eye drops			
tobramycin 0.3 % eye drops	QL(10 per 30 days)		
trifluridine 1 % eye drops			
ofloxacin 0.3 % eye drops			
dexamethasone sodium phosphate 0.1 % eye drops			
ketorolac 0.5 % eye drops			
prednisolone acetate 1 % eye drops,suspension			
FLAREX 0.1 % EYE DROPS,SUSPENSION			
ALREX 0.2 % EYE DROPS,SUSPENSION			
MAXIDEX 0.1 % EYE DROPS,SUSPENSION			
diclofenac 0.1 % eye drops			
difluprednate 0.05 % eye drops			
fluorometholone 0.1 % eye drops,suspension			
FML FORTE 0.25 % EYE DROPS,SUSPENSION			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
timolol maleate 0.25 % eye gel forming solution	QL(15 per 30 days)		
carteolol 1 % eye drops			
levobunolol 0.5 % eye drops			
timolol maleate 0.5 % eye drops	QL(15 per 30 days)		
timolol maleate 0.25 % eye drops	QL(15 per 30 days)		
timolol maleate 0.5 % eye gel forming solution	QL(15 per 30 days)		
dorzolamide 2 % eye drops			
brimonidine 0.2 % eye drops			
RHOPRESSA 0.02 % EYE DROPS	QL(2.5 per 25 days)	18	
latanoprost 0.005 % eye drops	QL(5 per 30 days)		
TRAVATAN Z 0.004 % EYE DROPS	QL(5 per 30 days)		
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension			
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION			
DERMOTIC OIL 0.01 % EAR DROPS			
neomycin-polymyxin-hydrocort 3.5 mg/ml-10,000 unit/ml-1 % ear solution			
neomycin-polymyxin-hydrocort 3.5 mg-10,000 unit/ml-1 % ear drops,susp			
ofloxacin 0.3 % ear drops			
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION	QL(120 per 30 days)	4	
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER	QL(24 per 30 days)		
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER	QL(21.2 per 30 days)		
ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER	QL(13 per 30 days)	5	
fluticasone propionate 250 mcg/actuation blister powder for inhalation	QL(120 per 30 days)	4	
fluticasone propionate 50 mcg/actuation nasal spray,suspension	QL(16 per 30 days)		
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION		5	
ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER	QL(13 per 30 days)	5	
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL		4	
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION		5	
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL		4	
ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION		5	
ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	QL(1 per 30 days)	4	
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION	QL(120 per 30 days)	4	
fluticasone propionate 44 mcg/actuation hfa aerosol inhaler	QL(21.2 per 30 days)		
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION	QL(120 per 30 days)	4	
fluticasone propionate 220 mcg/actuation hfa aerosol inhaler	QL(24 per 30 days)		

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
fluticasone propionate 50 mcg/actuation blister powder for inhalation	QL(120 per 30 days)	4	
budesonide 1 mg/2 ml suspension for nebulization	QL(120 per 30 days)		
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER	QL(24 per 30 days)		
ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER	QL(13 per 30 days)	5	
ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR	QL(1 per 30 days)	4	
ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR	QL(1 per 30 days)	4	
ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	QL(1 per 30 days)	4	
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR	QL(1 per 30 days)	4	
budesonide 0.25 mg/2 ml suspension for nebulization	QL(120 per 30 days)		
fluticasone propionate 100 mcg/actuation blister powder for inhalation	QL(120 per 30 days)	4	
budesonide 0.5 mg/2 ml suspension for nebulization	QL(120 per 30 days)		
fluticasone propionate 110 mcg/actuation hfa aerosol inhaler	QL(24 per 30 days)		
cetirizine 10 mg tablet ^{OTC}	QL(30 per 30 days)		20
diphenhydramine 12.5 mg/5 ml oral elixir ^{OTC}			
diphenhydramine 12.5 mg/5 ml oral elixir			
allergy relief (loratadine) 5 mg/5 ml oral solution ^{OTC}			20
diphenhydramine 50 mg/ml injection syringe			
children's allergy (cetirizine) 1 mg/ml oral solution ^{OTC}	QL(300 per 30 days)		11
all day allergy (cetirizine) 10 mg tablet ^{OTC}	QL(30 per 30 days)		20
children's all day allergy (cetirizine) 1 mg/ml oral solution ^{OTC}	QL(300 per 30 days)		11
cetirizine 1 mg/ml oral solution	QL(300 per 30 days)		11
hydroxyzine pamoate 100 mg capsule			
children's allergy relief (cetirizine) 1 mg/ml oral solution ^{OTC}	QL(300 per 30 days)		11
loratadine 5 mg/5 ml oral solution ^{OTC}			20
levocetirizine 5 mg tablet			
hydroxyzine pamoate 50 mg capsule			
allergy relief (cetirizine) 5 mg tablet ^{OTC}	QL(30 per 30 days)		20
desloratadine 5 mg tablet			
cetirizine 5 mg tablet ^{OTC}	QL(30 per 30 days)		20
loratadine 10 mg tablet ^{OTC}	QL(30 per 30 days)		20
carbinoxamine 4 mg tablet			
azelastine 137 mcg (0.1 %) nasal spray			
loratadine 10 mg disintegrating tablet ^{OTC}			20
children's allergy relief (loratadine) 5 mg/5 ml oral solution ^{OTC}			20
children's cetirizine 1 mg/ml oral solution ^{OTC}	QL(300 per 30 days)		11
cyproheptadine 4 mg tablet			
allergy relief (loratadine) 10 mg disintegrating tablet ^{OTC}			20
cetirizine 1 mg/ml oral solution ^{OTC}	QL(300 per 30 days)		11
hydroxyzine pamoate 25 mg capsule			
allergy relief (cetirizine) 10 mg tablet ^{OTC}	QL(30 per 30 days)		20
cyproheptadine 2 mg/5 ml oral syrup			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
all day allergy (cetirizine) 1 mg/ml oral solution ^{OTC}	QL(300 per 30 days)		11
diphenhydramine 50 mg/ml injection solution			
allergy relief (loratadine) 10 mg tablet ^{OTC}	QL(30 per 30 days)		20
montelukast 5 mg chewable tablet	QL(30 per 30 days)		
montelukast 4 mg chewable tablet	QL(30 per 30 days)		
montelukast 10 mg tablet	QL(30 per 30 days)		
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION		6	
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES	QL(30 per 30 days)	18	
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION		6	
ipratropium bromide 0.02 % solution for inhalation			
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER	QL(25.8 per 30 days)		
epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector	QL(2 per 30 days)		
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	QL(36 per 28 days)		
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION	QL(60 per 30 days)	4	
arformoterol 15 mcg/2 ml solution for nebulization	QL(120 per 30 days)	18	
terbutaline 1 mg/ml subcutaneous solution			
AUVI-Q 0.1 MG/0.1 ML INJECTION,AUTO-INJECTOR			
albuterol sulfate concentrate 2.5 mg/0.5 ml solution for nebulization	QL(120 per 30 days)		
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR	QL(2 per 30 days)		
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	QL(2 per 30 days)		
albuterol sulfate 1.25 mg/3 ml solution for nebulization	QL(375 per 30 days)		
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER	QL(36 per 28 days)		
albuterol sulfate 2 mg/5 ml oral syrup			
AUVI-Q 0.15 MG/0.15 ML AUTO-INJECTOR (FOR 33 LB TO 66 LB PATIENTS)	QL(2 per 30 days)		
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER	QL(36 per 28 days)		
albuterol sulfate concentrate 5 mg/ml(0.5 %) solution for nebulization	QL(120 per 30 days)		
epinephrine 0.3 mg/0.3 ml injection, auto-injector	QL(2 per 30 days)		
AUVI-Q 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	QL(2 per 30 days)		
albuterol sulfate 0.63 mg/3 ml solution for nebulization	QL(375 per 30 days)		
albuterol sulfate 2.5 mg/3 ml (0.083 %) solution for nebulization	QL(375 per 30 days)		
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION	PA,QL(150 per 30 days)		65
cromolyn 100 mg/5 ml oral concentrate			
cromolyn 20 mg/2 ml solution for nebulization			
THEO-24 100 MG CAPSULE,EXTENDED RELEASE			
theophylline er 600 mg tablet,extended release 24 hr			
theophylline er 450 mg tablet,extended release,12 hr			
theophylline er 100 mg tablet,extended release,12 hr			
theophylline er 300 mg tablet,extended release,12 hr			
THEO-24 200 MG CAPSULE,EXTENDED RELEASE			
theophylline 80 mg/15 ml oral solution			

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Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
THEO-24 400 MG CAPSULE,EXTENDED RELEASE			
THEO-24 300 MG CAPSULE,EXTENDED RELEASE			
theophylline 80 mg/15 ml oral elixir			
theophylline er 200 mg tablet,extended release,12 hr			
theophylline er 400 mg tablet,extended release 24 hr			
epoprostenol (glycine) 0.5 mg intravenous solution			
epoprostenol 1.5 mg intravenous solution			
tadalafil 20 mg tablet (pulmonary hypertension)	PA		
sildenafil (pulmonary hypertension) 20 mg tablet	PA		
ambrisentan 10 mg tablet	PA		
ambrisentan 5 mg tablet	PA		
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION	PA,QL(270 per 30 days)		
epoprostenol (glycine) 1.5 mg intravenous solution			
sildenafil (pulmonary hypertension) 10 mg/ml oral powdr for suspension	PA		
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION	PA,QL(270 per 30 days)		
TRACLEER 62.5 MG TABLET	PA		
TRACLEER 125 MG TABLET	PA		
epoprostenol 0.5 mg intravenous solution			
OFEV 150 MG CAPSULE	PA		
OFEV 100 MG CAPSULE	PA		
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE	PA	6	
acetylcysteine 100 mg/ml (10 %) solution			
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION	QL(4 per 25 days)		
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY			
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION	QL(8 per 25 days)		
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION		18	
acetylcysteine 200 mg/ml (20 %) solution			
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER	QL(12 per 30 days)	4	
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER	QL(12 per 30 days)	4	
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER	QL(12 per 30 days)	4	
sodium chloride 0.9 % for nebulization			
DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	QL(13 per 30 days)	5	
FASENRA 10 MG/0.5 ML SUBCUTANEOUS SYRINGE	PA	6	
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR	PA	6	
ipratropium 0.5 mg-albuterol 3 mg (2.5 mg base)/3 ml nebulization soln			
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	QL(10.2 per 30 days)	6	
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	QL(10.2 per 30 days)	6	

EDS - Extended Day Supply • ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • OTC - Over The Counter

Drug Name	Utilization Management Requirements	Age Minimum	Age Maximum
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION	QL(60 per 30 days)	4	
sodium chloride 10 % for nebulization	PA		
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	QL(13 per 30 days)	5	
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	QL(13 per 30 days)	5	
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION	QL(60 per 30 days)	4	
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION	QL(60 per 30 days)	4	
orphenadrine citrate er 100 mg tablet,extended release			
cyclobenzaprine 10 mg tablet			
cyclobenzaprine 5 mg tablet			
methocarbamol 750 mg tablet			
chlorzoxazone 500 mg tablet			
methocarbamol 500 mg tablet			
estazolam 2 mg tablet	QL(30 per 30 days)		
zolpidem 10 mg tablet	PA,QL(30 per 30 days)	18	
eszopiclone 1 mg tablet	QL(90 per 365 days)	18	
zaleplon 10 mg capsule	QL(60 per 30 days)	18	
estazolam 1 mg tablet	QL(30 per 30 days)		
temazepam 15 mg capsule	QL(30 per 30 days)	18	
ramelteon 8 mg tablet	QL(30 per 30 days)	65	
eszopiclone 2 mg tablet	QL(90 per 365 days)	18	
temazepam 30 mg capsule	QL(30 per 30 days)	18	
zolpidem 5 mg tablet	QL(30 per 30 days)	18	
eszopiclone 3 mg tablet	QL(90 per 365 days)	18	
zaleplon 5 mg capsule	QL(60 per 30 days)	18	
armodafinil 200 mg tablet	PA,QL(30 per 30 days)	18	
armodafinil 150 mg tablet	PA,QL(30 per 30 days)	18	
armodafinil 50 mg tablet	PA,QL(60 per 30 days)	18	
armodafinil 250 mg tablet	PA,QL(30 per 30 days)	18	
modafinil 100 mg tablet	PA,QL(90 per 30 days)	18	
modafinil 200 mg tablet	PA,QL(60 per 30 days)	18	

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ENGLISH: This information is available for free in other languages and formats. Please contact our Customer Service number at **800-477-6931**. If you use **TTY**, call **711**, Monday – Friday, 8 a.m. to 8 p.m.

SPANISH: Esta información está disponible gratuitamente en otros idiomas y formatos. Comuníquese con nuestro Servicio al Cliente llamando al **800-477-6931**. Si usa un **TTY**, marque **711**. El horario de atención es de lunes a viernes de 8 a.m. a 8 p.m.

CREOLE: Enfòmasyon sa a disponib gratis nan lòt lang ak fòma. Tanpri kontakte nimewo Sèvis Kliyan nou an nan **800-477-6931**. Si ou itilize **TTY**, rele **711**, Lendi - Vandredi, 8 a.m. a 8 p.m.

FRENCH: Ces informations sont disponibles gratuitement dans d'autre langues et formats. N'hésitez pas à contacter notre service client au **800-477-6931**. Si vous utilisez un appareil de télétype (**TTY**), appelez le **711** du lundi au vendredi, de 8h00 à 20h00.

ITALIAN: Queste informazioni sono disponibili gratuitamente in altre lingue e formati. La preghiamo di contattare il servizio clienti al numero **800-477-6931**. Se utilizza una telescrivente (**TTY**), chiami il numero **711** dal lunedì al venerdì tra le 8 e le 20:00.

RUSSIAN: Данную информацию можно получить бесплатно на других языках и в форматах. Для этого обратитесь в отдел обслуживания клиентов по номеру **800-477-6931**. Если Вы пользователь **TTY**, звоните по номеру **711** с понедельника по пятницу, с 8.00 до 20.00.

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **800-477-6931 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m. Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Important!

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Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **800-477-6931** 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.

Auxiliary aids and services, free of charge, are available to you.

800-477-6931 (TTY: 711)

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.

Humana Healthv Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **800-477-6931 (TTY: 711)**.

Español: (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-477-6931 (TTY: 711)**.

Kreyòl Ayisyen: (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **800-477-6931 (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 **800-477-6931 (TTY: 711)**.

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the Managed Care Plan.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change.

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