



## 2022 Rx3 Traditional Drug List

This is a list of covered medicines.  
This document contains information about the medicines we cover in this plan.

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**Humana**<sup>®</sup>

2022Rx3TC

# Welcome to Humana

## What is the Drug List?

The Humana Drug List (also known as a formulary) is a list of covered medicines selected by Humana. This is a comprehensive list, but is subject to change throughout the year. The medicines in the Drug List are covered by Humana as long as the medicine is medically necessary and other plan rules are followed.

## When is the Drug List effective?

The Drug List is effective on January 1st, except for commercial fully-insured policies issued in Illinois, Louisiana, Puerto Rico, and Texas where Drug List changes are effective on a plan's renewal date. These States will continue to use the 2021 version of this Drug List until the plan's renewal date in 2022. You can find that Drug List at [Humana.com/DrugList](https://www.humana.com/DrugList).

## How do I use the Drug List?

Medicines are listed in the Drug List alphabetically.

Prescription medicines are grouped into one of three levels – Level 1, Level 2, or Level 3; specialty medicines are also included. Generic medicines have the same active ingredients as brand medicines and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generics to be safe and work the same as brand medicines. Generic medicines often cost much less.

- **Level 1** – Includes all generic medicines.
- **Level 2** – Includes lower-cost brand medicines.
- **Level 3** – Includes higher-cost brand medicines.
- **\*Specialty Medicines:** High-cost/high-technology medicines that can often only be obtained at specialty pharmacies. Please visit **Humana.com** and log into MyHumana to view specific prescription drug benefits, including copayments or cost-share, limitations and exclusions; OR refer to your Certificate of Coverage/Insurance or Summary Plan Description/Policy of Insurance.

## What if my medicine is not on the Drug List?

You can use the drug search tool by signing into MyHumana at **Humana.com** to view alternatives for your medicine. You can access the drug search tool by clicking "Pharmacy". Medical coverage may apply for some medicines.

If your medicine is not on the Drug List, your healthcare provider can request Humana to approve a coverage exception. To submit an exception request, your healthcare provider can:

- Obtain forms at **Humana.com/PA**
- Submit the request electronically by visiting [Covermymeds.com/epa/Humana](https://Covermymeds.com/epa/Humana)
- Submit the request by fax to 877-486-2621
- Call Humana Clinical Pharmacy Review (HCPR) at **800-555-CLIN (800-555-2546) (TTY: 711)** between 8 a.m – 8 p.m Eastern time, Monday - Friday. For a member in Puerto Rico, your healthcare provider can contact HCPR in Puerto Rico at **866-488-5991** between 8 a.m – 8 p.m, Monday - Friday.

The coverage exception request will be reviewed and our decision communicated within 24-72 hours after the request is received from the healthcare provider.

## What if my medicine has additional requirements or limits?

Some covered medicines may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior authorization (PA):** Some medicines need to be approved in advance to be covered under your pharmacy plan. For these medicines to be covered, your health care provider must get approval from Humana. Your plan benefits won't cover this medicine without prior authorization. You may pay the entire cost of the medicine if you buy it without first getting a prior authorization.
- **Quantity limits (QL):** You may have a limit on how much you can get of some medicines at one time. The quantity limit for each medicine is based on safety or health care concerns and whether your health care provider prescribes a supply for 30, 60, or 90 days. These limits help prevent misuse of medicines. If your prescription is over the limit there are two choices:
  - You can get the amount of medicine that's covered by your plan.

Or

  - If your health care provider thinks you need more than the amount allowed, he or she can ask for prior authorization from Humana for the amount of the medicine that goes over the limit.
- **Step therapy (ST):** Sometimes there's more than one medicine that works to treat a health condition. Some medicines may cost less but still work for you. Before a prescription is filled for a medicine that costs more, you may be asked to try at least one other medicine first.

If your medicine has an additional requirement, your healthcare provider can request Humana to approve a medicine that requires prior authorization, quantity limit, or step therapy. To submit a request, your healthcare provider can:

- Obtain forms at **Humana.com/PA**
- Submit the request electronically by visiting [Covermymeds.com/epa/Humana](http://Covermymeds.com/epa/Humana)
- Submit the request by fax to 877-486-2621
- Call Humana Clinical Pharmacy Review (HCPR) at **800-555-CLIN (800-555-2546) (TTY: 711)** between 8 a.m – 8 p.m Eastern time, Monday - Friday. For a member in Puerto Rico, your healthcare provider can contact HCPR in Puerto Rico at **866-488-5991** between 8 a.m – 8 p.m local time, Monday – Friday.

The coverage request will be reviewed and our decision of the coverage determination communicated within 24-72 hours after the request is received from the healthcare provider.

You can find out if your medicine has any additional requirements or limits by looking in the Drug List that begins on page 6.

### Can the Drug List change?

Yes. Humana reviews and updates the Drug List as needed. New medicines may be added and medicines that are deemed unsafe by the Food and Drug Administration (FDA) or a medicine's manufacturer are immediately removed.

We will communicate changes to the Drug List to members, by mail, based on the Drug List notification requirements established by each state. Members can view the most up-to-date Drug List on **Humana.com**.

### How much will I pay for covered medicines?

The amount you pay often depends on which level your medicine is covered on this Drug List and whether you fill your prescription at an in-network pharmacy. Please refer to your Certificate of Coverage/ Summary Plan Description/Policy of Insurance or call the number on the back of your Humana ID card to reach Customer Care to find out more about your pharmacy coverage. [Click here](#) to find a list of women's preventive medicines that are covered at no additional cost to you. You must have a prescription from your health care provider and fill at a pharmacy in your plan's pharmacy network. Some contraceptive medicines covered on the Drug List may be available to you at no additional cost if medically necessary. Other contraceptive medicines not on the Drug List may be available to you at no additional cost if medically necessary. To ask for a medical necessity review to receive your contraceptive medicine at no additional cost, your health care provider can contact Humana Clinical Pharmacy Review (HCPR) at **800-555-2546 (TTY: 711)** between 8 a.m. – 8 p.m. Eastern time, Monday – Friday. For a member in Puerto Rico, your health care provider can contact HCPR in Puerto Rico at **866-488-5991** between 8 a.m. - 8 p.m. local time, Monday-Friday.

### CenterWell®

You may be able to fill your medicines through CenterWell® - Humana's mail-delivery pharmacy. You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that's most convenient for you. You should get your new prescription by mail in 7 -10 days after CenterWell® has received your prescription and all the necessary information. Refills should arrive within 5-7 days. To learn more, visit **CenterWellPharmacy.com**. You can also call CenterWell® at **844-222-2153 (TTY: 711)** Monday - Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m., Eastern time.

Other pharmacies are available in our network. To locate other in-network pharmacies, go to **Humana.com/Findapharmacy**.

### For specific coverage and cost information for existing members:

- You may call the number on the back of your Humana ID card, or visit **Humana.com** and log into MyHumana.
- Access the drug search tool by clicking "Pharmacy".
- Search for your medicine by name.
- Please note: MyHumana only shows benefits as of the date of log in. Depending on your plan, you should wait until after your plan's 2022 renewal date to see your new benefit information.

## For More Information

Not all the medicines listed on this Drug List are covered by all prescription drug benefit plans. For more detailed information about your Humana prescription drug coverage, please review your Certificate of Insurance/Summary Plan Description/Policy of Insurance and other plan materials.

If you're thinking about enrolling in a Humana plan, please call the Customer Care number listed in your enrollment materials.



# 2022 Rx3 Traditional Drug List

The Drug List that begins on the next page provides coverage information about some of the medicines covered by Humana.

## How to read your Drug List

The first column of the chart lists medicine names in alphabetical order. Brand medicines are listed in UPPER CASE and generic medicines are listed in lower case. Next to the medicine name you may see the following indicators to tell you about additional coverage information for that medicine:

**MM** – Maintenance medicines are taken long-term such as medicines you take for high cholesterol, mental health, or high blood pressure. Coverage may be different by plan and you may be required to fill your prescriptions using your plan's mail-delivery pharmacy.

**SP** – Specialty medicines are typically high-cost/high-technology medicines that can often only be obtained at specialty pharmacies. Specialty medicine coverage may be different by plan.

**LD** – This medicine is limited distribution and may not be available at all in-network pharmacies, please call the number on the back of your ID card for additional information. This list may not be all inclusive and is subject to change.

**DL** – This medicine has a dispensing limit and may be limited to a 30 day supply or less as additional restrictions may be applied by state/federal law(s) or your pharmacy. Please speak to your doctor or pharmacist about your treatment options.

The second column lists the drug level. See page 2 for more details on the drug levels in your plan.

The third column shows the utilization management requirements for the medicine. Utilization management means that Humana may have requirements for covering that medicine. These can include prior authorization, quantity limits, or step therapy. See page 2 for more details on these requirements for your plan.

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	2	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	2	
1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	2	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	2	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	2	
1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	2	
1ST TIER UNILET COMFORTOUCH LANCET 28 GAUGE <sup>MM</sup>	2	
1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE <sup>MM</sup>	2	
2-IN-1 LANCET DEVICE 30 GAUGE <sup>MM</sup>	3	
2TEK CONTROL (HIGH-NORMAL) SOLUTION <sup>MM</sup>	3	
2TEK GLUCOSE/BLOOD PRESSURE KIT <sup>MM</sup>	3	ST
abacavir 20 mg/ml oral solution <sup>MM</sup>	1	QL(960 per 30 days)
abacavir 300 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
abacavir 300 mg-lamivudine 150 mg-zidovudine 300 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
abacavir 600 mg-lamivudine 300 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ABILIFY 10 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
ABILIFY 15 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
ABILIFY 2 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
ABILIFY 20 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
ABILIFY 30 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
ABILIFY 5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	*	QL(1 per 28 days)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	QL(1 per 28 days)
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	*	QL(1 per 28 days)
ABILIFY MYCITE 10 MG TABLET WITH SENSOR AND PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE 15 MG TABLET WITH SENSOR AND PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE 2 MG TABLET WITH SENSOR AND PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE 20 MG TABLET WITH SENSOR AND PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE 30 MG TABLET WITH SENSOR AND PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE 5 MG TABLET WITH SENSOR AND PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 10 MG TABLET WITH SENSOR AND STRIP <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 15 MG TABLET WITH SENSOR AND STRIP <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 2 MG TABLET WITH SENSOR AND STRIP <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 20 MG TABLET WITH SENSOR AND STRIP <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 30 MG TABLET WITH SENSOR AND STRIP <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 5 MG TABLET WITH SENSOR AND STRIP <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 10 MG ORAL TABLET WITH SENSOR, STRIP, POD <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 15 MG ORAL TABLET WITH SENSOR, STRIP, POD <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 2 MG ORAL TABLET WITH SENSOR, STRIP, POD <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 20 MG ORAL TABLET WITH SENSOR, STRIP, POD <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ABILIFY MYCITE STARTER KIT 30 MG ORAL TABLET WITH SENSOR, STRIP, POD <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 5 MG ORAL TABLET WITH SENSOR, STRIP, POD <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
abiraterone 250 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
abiraterone 500 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ABOUTTIME PEN NEEDLE 30 GAUGE X 5/16 <sup>MM</sup>	2	
ABOUTTIME PEN NEEDLE 31 GAUGE X 3/16 <sup>MM</sup>	2	
ABOUTTIME PEN NEEDLE 31 GAUGE X 5/16 <sup>MM</sup>	2	
ABOUTTIME PEN NEEDLE 32 GAUGE X 5/32 <sup>MM</sup>	2	
ABSORICA 10 MG CAPSULE	3	ST,QL(60 per 30 days)
ABSORICA 20 MG CAPSULE	3	ST,QL(60 per 30 days)
ABSORICA 25 MG CAPSULE <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
ABSORICA 30 MG CAPSULE	3	ST,QL(60 per 30 days)
ABSORICA 35 MG CAPSULE <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
ABSORICA 40 MG CAPSULE	3	ST,QL(120 per 30 days)
ABSORICA LD 16 MG CAPSULE <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
ABSORICA LD 24 MG CAPSULE <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
ABSORICA LD 32 MG CAPSULE <sup>DL,SP</sup>	*	ST,QL(120 per 30 days)
ABSORICA LD 8 MG CAPSULE <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
acamprosate 333 mg tablet,delayed release <sup>MM</sup>	1	QL(180 per 30 days)
ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP	3	ST
acarbose 100 mg tablet <sup>MM</sup>	1	
acarbose 25 mg tablet <sup>MM</sup>	1	
acarbose 50 mg tablet <sup>MM</sup>	1	
ACCOLATE 10 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
ACCOLATE 20 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
ACCRUFER 30 MG CAPSULE	3	PA,QL(60 per 30 days)
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION <sup>MM</sup>	3	
ACCU-CHEK AVIVA PLUS METER <sup>MM</sup>	2	
ACCU-CHEK AVIVA PLUS TEST STRIPS <sup>MM</sup>	2	QL(150 per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM <sup>MM</sup>	2	
ACCU-CHEK FASTCLIX LANCING DEVICE KIT <sup>MM</sup>	2	
ACCU-CHEK GUIDE GLUCOSE METER <sup>MM</sup>	2	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION <sup>MM</sup>	3	
ACCU-CHEK GUIDE ME GLUCOSE METER <sup>MM</sup>	2	
ACCU-CHEK GUIDE TEST STRIPS <sup>MM</sup>	2	QL(150 per 30 days)
ACCU-CHEK MULTICLIX LANCET KIT <sup>MM</sup>	2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE <sup>MM</sup>	2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE <sup>MM</sup>	2	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION <sup>MM</sup>	3	
ACCU-CHEK SMARTVIEW TEST STRIPS <sup>MM</sup>	2	QL(150 per 30 days)
ACCU-CHEK SOFTCLIX LANCETS <sup>MM</sup>	2	
ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KIT <sup>MM</sup>	2	
ACCUPRIL 10 MG TABLET <sup>MM</sup>	3	
ACCUPRIL 20 MG TABLET <sup>MM</sup>	3	
ACCUPRIL 40 MG TABLET <sup>MM</sup>	3	
ACCUPRIL 5 MG TABLET <sup>MM</sup>	3	
ACCURETIC 10 MG-12.5 MG TABLET <sup>MM</sup>	3	
ACCURETIC 20 MG-12.5 MG TABLET <sup>MM</sup>	3	
ACCURETIC 20 MG-25 MG TABLET <sup>MM</sup>	3	

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
accutane 10 mg capsule	1	QL(60 per 30 days)
accutane 20 mg capsule	1	QL(60 per 30 days)
accutane 30 mg capsule	1	QL(60 per 30 days)
accutane 40 mg capsule	1	QL(120 per 30 days)
ACCUTREND GLUCOSE CONTROL SOLUTION <sup>MM</sup>	3	
ACCUTREND GLUCOSE TEST STRIPS <sup>MM</sup>	2	QL(150 per 30 days)
ACE AEROSOL CLOUD ENHANCER SPACER	2	
acebutolol 200 mg capsule <sup>MM</sup>	1	
acebutolol 400 mg capsule <sup>MM</sup>	1	
acetaminophen 120 mg-codeine 12 mg/5 ml (5 ml) oral solution <sup>DL</sup>	1	QL(2700 per 30 days)
acetaminophen 120 mg-codeine 12 mg/5 ml oral solution <sup>DL</sup>	1	QL(2700 per 30 days)
acetaminophen 300 mg-codeine 15 mg tablet <sup>DL</sup>	1	QL(390 per 30 days)
acetaminophen 300 mg-codeine 30 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
acetaminophen 300 mg-codeine 30 mg/12.5 ml (12.5 ml) oral solution <sup>DL</sup>	1	QL(2700 per 30 days)
acetaminophen 300 mg-codeine 60 mg tablet <sup>DL</sup>	1	QL(180 per 30 days)
acetaminophen 320.5 mg-caffeine 30 mg-dihydrocodeine 16 mg capsule <sup>DL</sup>	1	QL(300 per 30 days)
acetaminophen 325 mg-caffeine 30 mg-dihydrocodeine 16 mg tablet <sup>DL</sup>	1	QL(300 per 30 days)
acetazolamide 125 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
acetazolamide 250 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
acetazolamide er 500 mg capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
acetic acid 2 % ear solution	1	
acetylcysteine 100 mg/ml (10 %) solution	1	
acetylcysteine 200 mg/ml (20 %) solution	1	
ACIPHEX 20 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
ACIPHEX SPRINKLE 10 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
ACIPHEX SPRINKLE 5 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
acitretin 10 mg capsule <sup>DL,SP</sup>	*	PA
acitretin 17.5 mg capsule <sup>DL,SP</sup>	*	PA
acitretin 25 mg capsule <sup>DL,SP</sup>	*	PA
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(3.6 per 28 days)
ACTEMRA ACTPEN 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR <sup>LD,DL,MM,SP</sup>	*	PA,QL(3.6 per 28 days)
ACTHAR 80 UNIT/ML INJECTION GEL <sup>LD,DL,SP</sup>	*	PA,QL(30 per 30 days)
ACTI-LANCE LANCETS 17 GAUGE <sup>MM</sup>	2	
ACTI-LANCE LANCETS 23 GAUGE <sup>MM</sup>	2	
ACTI-LANCE LANCETS 28 GAUGE <sup>MM</sup>	2	
ACTICLATE 150 MG TABLET	3	ST,QL(30 per 30 days)
ACTICLATE 75 MG TABLET	3	ST,QL(60 per 30 days)
ACTIGALL 300 MG CAPSULE <sup>MM</sup>	3	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	*	PA,QL(12 per 30 days)
ACTIQ 1,200 MCG LOZENGE ON A HANDLE <sup>DL</sup>	3	PA,QL(120 per 30 days)
ACTIQ 1,600 MCG LOZENGE ON A HANDLE <sup>DL</sup>	3	PA,QL(120 per 30 days)
ACTIQ 200 MCG LOZENGE ON A HANDLE <sup>DL</sup>	3	PA,QL(120 per 30 days)
ACTIQ 400 MCG LOZENGE ON A HANDLE <sup>DL</sup>	3	PA,QL(120 per 30 days)
ACTIQ 600 MCG LOZENGE ON A HANDLE <sup>DL</sup>	3	PA,QL(120 per 30 days)
ACTIQ 800 MCG LOZENGE ON A HANDLE <sup>DL</sup>	3	PA,QL(120 per 30 days)
ACTIVE FE 75 MG IRON-1,250 MCG TABLET	3	
ACTIVELLA 1 MG-0.5 MG TABLET <sup>MM</sup>	3	
ACTONEL 150 MG TABLET <sup>MM</sup>	3	QL(1 per 30 days)
ACTONEL 35 MG TABLET <sup>MM</sup>	3	QL(4 per 28 days)
ACTOPLUS MET 15 MG-500 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ACTOPLUS MET 15 MG-850 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
ACTOS 15 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
ACTOS 30 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
ACTOS 45 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
ACULAR 0.5 % EYE DROPS	3	ST
ACULAR LS 0.4 % EYE DROPS	3	ST
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE	3	ST
acyclovir 200 mg capsule <sup>MM</sup>	1	
acyclovir 200 mg/5 ml oral suspension <sup>MM</sup>	1	
acyclovir 400 mg tablet <sup>MM</sup>	1	
acyclovir 5 % topical cream	1	PA
acyclovir 5 % topical ointment	1	PA
acyclovir 800 mg tablet <sup>MM</sup>	1	
ACZONE 5 % TOPICAL GEL	3	ST
ACZONE 7.5 % TOPICAL GEL WITH PUMP	3	ST
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE	3	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP	3	
adapalene 0.1 % lotion	1	ST
adapalene 0.1 % topical cream	1	
adapalene 0.1 % topical gel	1	
adapalene 0.1 % topical solution <sup>DL,SP</sup>	*	ST
adapalene 0.1 % topical swab	1	ST,QL(30 per 30 days)
adapalene 0.1 %-benzoyl peroxide 2.5 % topical gel with pump	1	
adapalene 0.3 % topical gel	1	ST
adapalene 0.3 % topical gel with pump	1	ST
adapalene 0.3 %-benzoyl peroxide 2.5 % topical gel with pump	1	ST
ADBRY 150 MG/ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
ADCIRCA 20 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
ADDERALL 10 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
ADDERALL 12.5 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
ADDERALL 15 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
ADDERALL 20 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
ADDERALL 30 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
ADDERALL 5 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
ADDERALL 7.5 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
adefovir 10 mg tablet <sup>DL,SP</sup>	*	
ADEMPAS 0.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
ADEMPAS 1 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
ADEMPAS 1.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
ADEMPAS 2 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
ADEMPAS 2.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
ADHANSIA XR 25 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADHANSIA XR 35 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADHANSIA XR 45 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ADHANSIA XR 55 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADHANSIA XR 70 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADHANSIA XR 85 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADJUSTABLE LANCING DEVICE	3	
ADLARITY 10 MG/24 HOUR WEEKLY TRANSDERMAL PATCH <sup>MM</sup>	3	ST,QL(4 per 28 days)
ADLARITY 5 MG/24 HOUR WEEKLY TRANSDERMAL PATCH <sup>MM</sup>	3	ST,QL(4 per 28 days)
ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR	3	ST,QL(6 per 28 days)
ADLYXIN 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	3	ST,QL(6 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS PEN <sup>MM</sup>	3	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	ST
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	3	ST,QL(60 per 30 days)
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	3	ST,QL(60 per 30 days)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	3	ST,QL(60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(12 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(12 per 30 days)
ADVANCED GLUCOSE METER <sup>MM</sup>	3	ST
ADVANCED GLUCOSE METER TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ADVANCED LANCING DEVICE KIT <sup>MM</sup>	2	
ADVANCED TRAVEL LANCETS 28 GAUGE <sup>MM</sup>	2	
ADVANCED TRAVEL LANCETS 30 GAUGE <sup>MM</sup>	2	
ADVOCATE BLOOD GLUCOSE MONITOR <sup>MM</sup>	3	ST
ADVOCATE CONTROL SOLUTION HIGH <sup>MM</sup>	3	
ADVOCATE DUO DEVICE	3	ST
ADVOCATE LANCET 26 GAUGE <sup>MM</sup>	2	
ADVOCATE LANCET 30 GAUGE <sup>MM</sup>	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE LOW CONTROL SOLUTION <sup>MM</sup>	3	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	3	
ADVOCATE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	3	
ADVOCATE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	3	
ADVOCATE PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	2	
ADVOCATE RAPID-SAFE LANCING DEVICE	3	
ADVOCATE REDI-CODE DUO METER	3	ST
ADVOCATE REDI-CODE GLUCOSE MONITOR <sup>MM</sup>	3	ST
ADVOCATE REDI-CODE GLUCOSE MONITOR KIT <sup>MM</sup>	3	ST
ADVOCATE REDI-CODE PLUS <sup>MM</sup>	3	ST
ADVOCATE REDI-CODE PLUS CTRL LOW SOLUTION <sup>MM</sup>	3	
ADVOCATE REDI-CODE PLUS STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ADVOCATE REDI-CODE STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION <sup>MM</sup>	3	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	3	
ADVOCATE SYRINGES 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	3	
ADVOCATE SYRINGES 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	3	
ADVOCATE SYRINGES 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	3	
ADVOCATE SYRINGES 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	3	
ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	3	
ADVOCATE SYRINGES 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	3	
ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	3	
ADVOCATE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ADZENYS ER 1.25 MG/ML SUSPENSION, EXTENDED RELEASE 24HR <sup>MM</sup>	3	ST,QL(450 per 30 days)
ADZENYS XR-ODT 12.5 MG EXTENDED RELEASE DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADZENYS XR-ODT 15.7 MG EXTENDED RELEASE DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADZENYS XR-ODT 18.8 MG EXTENDED RELEASE DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADZENYS XR-ODT 3.1 MG EXTENDED RELEASE DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADZENYS XR-ODT 6.3 MG EXTENDED RELEASE DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ADZENYS XR-ODT 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
AEMCOLO 194 MG TABLET,DELAYED RELEASE	3	PA,QL(12 per 30 days)
AEROCHAMBER MINI	3	
AEROCHAMBER MV SPACER	2	
AEROCHAMBER PLUS FLOW-VU	3	
AEROCHAMBER PLUS FLOW-VU,LARGE MASK	2	
AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK	2	
AEROCHAMBER PLUS FLOW-VU,SMALL MASK	2	
AEROCHAMBER PLUS Z STAT LARGE MASK	2	
AEROCHAMBER PLUS Z STAT MEDIUM MASK	2	
AEROCHAMBER PLUS Z STAT SMALL MASK	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL	2	
AEROGear ACTION ASTHMA KIT	3	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	
AFINITOR 10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AFINITOR 2.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AFINITOR 5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AFINITOR 7.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AFINITOR DISPERZ 2 MG TABLET FOR ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AFINITOR DISPERZ 3 MG TABLET FOR ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AFINITOR DISPERZ 5 MG TABLET FOR ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
afirmelle 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
AFLURIA QD 2021-22 (36 MOS UP)(PF)60 MCG (15 MCG X4)/0.5 ML IM SYRINGE	3	
AFLURIA QD 2021-22 (6-35 MOS)(PF) 30 MCG(7.5 MCGX4)/0.25 ML IM SYRINGE	3	
AFLURIA QUAD 2021-2022 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	3	
AFLURIA QUAD 2022-2023(6MO UP) 60 MCG (15 MCG X 4)/0.5 ML IM SUSP	3	
AFLURIA QUAD 2022-23(3YR UP)(PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	3	
AFREZZA (REGULAR INSULIN) 8 UNIT (90)/12 UNIT (90) CARTRIDGE,INHALER <sup>MM</sup>	3	PA,QL(180 per 30 days)
AFREZZA 12 UNIT CARTRIDGE WITH INHALER <sup>MM</sup>	3	PA,QL(90 per 30 days)
AFREZZA 4 UNIT (60)/8 UNIT (60)/12 UNIT (60) CARTRIDGE WITH INHALER <sup>MM</sup>	3	PA,QL(180 per 30 days)
AFREZZA 4 UNIT (90)/8 UNIT (90) CARTRIDGE WITH INHALER <sup>MM</sup>	3	PA,QL(180 per 30 days)
AFREZZA 4 UNIT CARTRIDGE WITH INHALER <sup>MM</sup>	3	PA,QL(90 per 30 days)
AFREZZA 8 UNIT CARTRIDGE WITH INHALER <sup>MM</sup>	3	PA,QL(90 per 30 days)
AGAMATRIX AMP GLUCOSE MONITORING SYSTEM <sup>MM</sup>	3	ST
AGAMATRIX AMP TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
AGAMATRIX CONTROL HIGH SOLUTION <sup>MM</sup>	3	
AGAMATRIX CONTROL NORM-HI SOLUTION <sup>MM</sup>	3	
AGAMATRIX PRESTO TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
AGRYLIN 0.5 MG CAPSULE <sup>MM</sup>	3	
AIMOVIg AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	2	PA,QL(1 per 30 days)
AIMOVIg AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	2	PA,QL(2 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
AIRDUO DIGIHALER 113 MCG-14 MCG/ACTUATION BREATH ACT,POWDER SENSOR <sup>MM</sup>	3	ST,QL(1 per 30 days)
AIRDUO DIGIHALER 232 MCG-14 MCG/ACTUATION BREATH ACT,POWDER SENSOR <sup>MM</sup>	3	ST,QL(1 per 30 days)
AIRDUO DIGIHALER 55 MCG-14 MCG/ACTUATION BREATH ACT,POWDER SENSOR <sup>MM</sup>	3	ST,QL(1 per 30 days)
AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED <sup>MM</sup>	3	ST,QL(1 per 30 days)
AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED <sup>MM</sup>	3	ST,QL(1 per 30 days)
AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED <sup>MM</sup>	3	ST,QL(1 per 30 days)
AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.5 per 30 days)
AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS <sup>MM</sup>	3	PA,QL(1.5 per 30 days)
ak-poly-bac 500 unit-10,000 unit/gram eye ointment	1	
AKLIEF 0.005 % TOPICAL CREAM	3	PA
AKTEN (PF) 3.5 % EYE GEL	3	
AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE	3	PA,QL(4 per 28 days)
ALA-CORT 1 % TOPICAL CREAM	3	
ALA-SCALP 2 % LOTION	3	
albendazole 200 mg tablet	1	
ALBENZA 200 MG TABLET	3	
albuterol sulfate 0.63 mg/3 ml solution for nebulization <sup>MM</sup>	1	
albuterol sulfate 1.25 mg/3 ml solution for nebulization <sup>MM</sup>	1	
albuterol sulfate 2 mg tablet <sup>MM</sup>	1	
albuterol sulfate 2 mg/5 ml oral syrup <sup>MM</sup>	1	
albuterol sulfate 2.5 mg/3 ml (0.083 %) solution for nebulization <sup>MM</sup>	1	
albuterol sulfate 4 mg tablet <sup>MM</sup>	1	
albuterol sulfate concentrate 2.5 mg/0.5 ml solution for nebulization <sup>MM</sup>	1	
albuterol sulfate concentrate 5 mg/ml(0.5 %) solution for nebulization <sup>MM</sup>	1	
albuterol sulfate er 4 mg tablet,extended release,12 hr <sup>MM</sup>	1	
albuterol sulfate er 8 mg tablet,extended release,12 hr <sup>MM</sup>	1	
albuterol sulfate hfa 90 mcg/actuation aerosol inhaler <sup>MM</sup>	1	QL(36 per 30 days)
ALCAINE 0.5 % EYE DROPS	1	
alclometasone 0.05 % topical cream	1	
alclometasone 0.05 % topical ointment	1	
ALDACTAZIDE 25 MG-25 MG TABLET <sup>MM</sup>	3	
ALDACTAZIDE 50 MG-50 MG TABLET <sup>MM</sup>	3	
ALDACTONE 100 MG TABLET <sup>MM</sup>	3	
ALDACTONE 25 MG TABLET <sup>MM</sup>	3	
ALDACTONE 50 MG TABLET <sup>MM</sup>	3	
ALDARA 5 % TOPICAL CREAM PACKET	3	QL(12 per 30 days)
ALECENSA 150 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
alendronate 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
alendronate 35 mg tablet <sup>MM</sup>	1	QL(4 per 28 days)
alendronate 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
alendronate 70 mg tablet <sup>MM</sup>	1	QL(4 per 28 days)
alendronate 70 mg/75 ml oral solution <sup>MM</sup>	1	QL(300 per 28 days)
alfuzosin er 10 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
ALINIA 100 MG/5 ML ORAL SUSPENSION <sup>DL,SP</sup>	*	QL(150 per 30 days)
ALINIA 500 MG TABLET <sup>DL,SP</sup>	*	QL(40 per 30 days)
aliskiren 150 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
aliskiren 300 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
ALKERAN 2 MG TABLET <sup>DL,SP</sup>	*	QL(80 per 30 days)
ALKINDI SPRINKLE 0.5 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA
ALKINDI SPRINKLE 1 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ALKINDI SPRINKLE 2 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA
ALKINDI SPRINKLE 5 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA
ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE	3	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	3	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 3/8" SYRINGE	3	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	3	
ALLERGIST TRAY REGULAR BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	3	
allopurinol 100 mg tablet <sup>MM</sup>	1	
allopurinol 200 mg tablet <sup>MM</sup>	3	
allopurinol 300 mg tablet <sup>MM</sup>	1	
ALLZITAL 25 MG-325 MG TABLET	3	QL(360 per 30 days)
almotriptan malate 12.5 mg tablet	1	ST,QL(9 per 30 days)
almotriptan malate 6.25 mg tablet	1	ST,QL(9 per 30 days)
ALOCRIL 2 % EYE DROPS	3	ST
alogliptin 12.5 mg tablet <sup>MM</sup>	3	PA,QL(30 per 30 days)
alogliptin 12.5 mg-metformin 1,000 mg tablet <sup>MM</sup>	3	PA,QL(60 per 30 days)
alogliptin 12.5 mg-metformin 500 mg tablet <sup>MM</sup>	3	PA,QL(60 per 30 days)
alogliptin 12.5 mg-pioglitazone 15 mg tablet <sup>MM</sup>	3	PA,QL(30 per 30 days)
alogliptin 12.5 mg-pioglitazone 30 mg tablet <sup>MM</sup>	3	PA,QL(30 per 30 days)
alogliptin 12.5 mg-pioglitazone 45 mg tablet <sup>MM</sup>	3	PA,QL(30 per 30 days)
alogliptin 25 mg tablet <sup>MM</sup>	3	PA,QL(30 per 30 days)
alogliptin 25 mg-pioglitazone 15 mg tablet <sup>MM</sup>	3	PA,QL(30 per 30 days)
alogliptin 25 mg-pioglitazone 30 mg tablet <sup>MM</sup>	3	PA,QL(30 per 30 days)
alogliptin 25 mg-pioglitazone 45 mg tablet <sup>MM</sup>	3	PA,QL(30 per 30 days)
alogliptin 6.25 mg tablet <sup>MM</sup>	3	PA,QL(30 per 30 days)
ALOMIDE 0.1 % EYE DROPS	3	ST
ALORA 0.025 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
ALORA 0.05 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
ALORA 0.075 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
ALORA 0.1 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
alosetron 0.5 mg tablet <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
alosetron 1 mg tablet <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
ALPHAGAN P 0.1 % EYE DROPS <sup>MM</sup>	3	ST,QL(10 per 30 days)
ALPHAGAN P 0.15 % EYE DROPS <sup>MM</sup>	3	ST,QL(10 per 30 days)
alprazolam 0.25 mg disintegrating tablet <sup>DL</sup>	1	QL(120 per 30 days)
alprazolam 0.25 mg tablet <sup>DL</sup>	1	QL(120 per 30 days)
alprazolam 0.5 mg disintegrating tablet <sup>DL</sup>	1	QL(120 per 30 days)
alprazolam 0.5 mg tablet <sup>DL</sup>	1	QL(120 per 30 days)
alprazolam 1 mg disintegrating tablet <sup>DL</sup>	1	QL(120 per 30 days)
alprazolam 1 mg tablet <sup>DL</sup>	1	QL(120 per 30 days)
alprazolam 2 mg disintegrating tablet <sup>DL</sup>	1	QL(90 per 30 days)
alprazolam 2 mg tablet <sup>DL</sup>	1	QL(150 per 30 days)
alprazolam er 0.5 mg tablet,extended release 24 hr <sup>DL</sup>	1	QL(60 per 30 days)
alprazolam er 1 mg tablet,extended release 24 hr <sup>DL</sup>	1	QL(60 per 30 days)
alprazolam er 2 mg tablet,extended release 24 hr <sup>DL</sup>	1	QL(60 per 30 days)
alprazolam er 3 mg tablet,extended release 24 hr <sup>DL</sup>	1	QL(60 per 30 days)
alprazolam intensol 1 mg/ml oral concentrate <sup>DL</sup>	1	
ALREX 0.2 % EYE DROPS,SUSPENSION	3	ST
ALTABAX 1 % TOPICAL OINTMENT	3	
ALTACE 1.25 MG CAPSULE <sup>MM</sup>	3	

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ALTACE 10 MG CAPSULE <sup>MM</sup>	3	
ALTACE 2.5 MG CAPSULE <sup>MM</sup>	3	
ALTACE 5 MG CAPSULE <sup>MM</sup>	3	
altavera (28) 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
ALTERNATE SITE LANCET 26 GAUGE <sup>MM</sup>	2	
ALTERNATE SITE LANCING DEVICE	3	
ALTOPREV 20 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	ST,QL(30 per 30 days)
ALTOPREV 40 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	ST,QL(30 per 30 days)
ALTOPREV 60 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	ST,QL(30 per 30 days)
ALTRENO 0.05 % LOTION	3	PA
ALUNBRIG 180 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
ALUNBRIG 90 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	3	ST,QL(18.3 per 28 days)
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	3	ST,QL(18.3 per 28 days)
alvimopan 12 mg capsule	1	QL(15 per 365 days)
alyacen 1/35 (28) 1 mg-35 mcg tablet <sup>MM</sup>	1	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <sup>MM</sup>	1	
alyq 20 mg tablet <sup>MM</sup>	1	PA,QL(60 per 30 days)
amabelz 0.5 mg-0.1 mg tablet <sup>MM</sup>	1	
amabelz 1 mg-0.5 mg tablet <sup>MM</sup>	1	
amantadine hcl 100 mg capsule <sup>MM</sup>	1	
amantadine hcl 100 mg tablet <sup>MM</sup>	1	
amantadine hcl 50 mg/5 ml oral solution <sup>MM</sup>	1	
AMARYL 1 MG TABLET <sup>MM</sup>	3	
AMARYL 2 MG TABLET <sup>MM</sup>	3	
AMARYL 4 MG TABLET <sup>MM</sup>	3	
AMBIEN 10 MG TABLET	3	ST,QL(30 per 30 days)
AMBIEN 5 MG TABLET	3	ST,QL(30 per 30 days)
AMBIEN CR 12.5 MG TABLET,EXTENDED RELEASE	3	ST,QL(30 per 30 days)
AMBIEN CR 6.25 MG TABLET,EXTENDED RELEASE	3	ST,QL(30 per 30 days)
ambrisentan 10 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ambrisentan 5 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
amcinonide 0.1 % lotion	1	
amcinonide 0.1 % topical cream	1	
AMERGE 1 MG TABLET	3	ST,QL(9 per 30 days)
AMERGE 2.5 MG TABLET	3	ST,QL(9 per 30 days)
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
amethyst (28) 90 mcg-20 mcg tablet <sup>MM</sup>	1	
AMICAR 1,000 MG TABLET	3	
AMICAR 250 MG/ML (25 %) ORAL SOLUTION <sup>DL,SP</sup>	*	
AMICAR 500 MG TABLET	3	
amiloride 5 mg tablet <sup>MM</sup>	1	
amiloride 5 mg-hydrochlorothiazide 50 mg tablet <sup>MM</sup>	1	
aminocaproic acid 1,000 mg tablet	1	
aminocaproic acid 250 mg/ml (25 %) oral solution <sup>DL,SP</sup>	*	
aminocaproic acid 500 mg tablet	1	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	3	
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	3	
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION	3	
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION	3	
amiodarone 100 mg tablet <sup>MM</sup>	1	
amiodarone 200 mg tablet <sup>MM</sup>	1	
amiodarone 400 mg tablet <sup>MM</sup>	1	
AMITIZA 24 MCG CAPSULE <sup>MM</sup>	3	PA,QL(60 per 30 days)
AMITIZA 8 MCG CAPSULE <sup>MM</sup>	3	PA,QL(60 per 30 days)
amitriptyline 10 mg tablet <sup>MM</sup>	1	
amitriptyline 100 mg tablet <sup>MM</sup>	1	
amitriptyline 150 mg tablet <sup>MM</sup>	1	
amitriptyline 25 mg tablet <sup>MM</sup>	1	
amitriptyline 50 mg tablet <sup>MM</sup>	1	
amitriptyline 75 mg tablet <sup>MM</sup>	1	
amitriptyline-chlordiazepoxide 12.5 mg-5 mg tablet <sup>DL,MM</sup>	1	
amitriptyline-chlordiazepoxide 25 mg-10 mg tablet <sup>DL,MM</sup>	1	
amlodipine 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 10 mg-atorvastatin 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 10 mg-atorvastatin 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 10 mg-atorvastatin 40 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 10 mg-atorvastatin 80 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 10 mg-benazepril 20 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
amlodipine 10 mg-benazepril 40 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 10 mg-olmesartan 20 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
amlodipine 10 mg-olmesartan 40 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
amlodipine 10 mg-valsartan 160 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
amlodipine 10 mg-valsartan 320 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 10 mg-valsartan 320 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
amlodipine 2.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 2.5 mg-atorvastatin 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 2.5 mg-atorvastatin 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 2.5 mg-atorvastatin 40 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 2.5 mg-benazepril 10 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
amlodipine 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 5 mg-atorvastatin 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 5 mg-atorvastatin 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 5 mg-atorvastatin 40 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 5 mg-atorvastatin 80 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 5 mg-benazepril 10 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
amlodipine 5 mg-benazepril 20 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
amlodipine 5 mg-benazepril 40 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 5 mg-olmesartan 20 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
amlodipine 5 mg-olmesartan 40 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
amlodipine 5 mg-valsartan 160 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine 5 mg-valsartan 320 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ammonium lactate 12 % lotion	1	
ammonium lactate 12 % topical cream	1	
amnesteeem 10 mg capsule	1	QL(60 per 30 days)
amnesteeem 20 mg capsule	1	QL(60 per 30 days)
amnesteeem 40 mg capsule	1	QL(120 per 30 days)
amoxapine 100 mg tablet <sup>MM</sup>	1	
amoxapine 150 mg tablet <sup>MM</sup>	1	
amoxapine 25 mg tablet <sup>MM</sup>	1	
amoxapine 50 mg tablet <sup>MM</sup>	1	
amoxicillin 125 mg chewable tablet	1	
amoxicillin 125 mg/5 ml oral suspension	1	
amoxicillin 200 mg-potassium clavulanate 28.5 mg chewable tablet	1	
amoxicillin 200 mg-potassium clavulanate 28.5 mg/5 ml oral suspension	1	
amoxicillin 200 mg/5 ml oral suspension	1	
amoxicillin 250 mg capsule	1	
amoxicillin 250 mg chewable tablet	1	
amoxicillin 250 mg-potassium clavulanate 125 mg tablet	1	
amoxicillin 250 mg-potassium clavulanate 62.5 mg/5 ml oral suspension	1	
amoxicillin 250 mg/5 ml oral suspension	1	
amoxicillin 400 mg-potassium clavulanate 57 mg chewable tablet	1	
amoxicillin 400 mg-potassium clavulanate 57 mg/5 ml oral suspension	1	
amoxicillin 400 mg/5 ml oral suspension	1	
amoxicillin 500 mg capsule	1	
amoxicillin 500 mg tablet	1	
amoxicillin 500 mg-clarithromycin 500 mg-lansoprazole 30 mg combo pack	1	
amoxicillin 500 mg-potassium clavulanate 125 mg tablet	1	
amoxicillin 600 mg-potassium clavulanate 42.9 mg/5 ml oral suspension	1	
amoxicillin 875 mg tablet	1	
amoxicillin 875 mg-potassium clavulanate 125 mg tablet	1	
amoxicillin-potassium clavulanate 1,000 mg-62.5 mg tablet,ext.rel 12hr	1	
amphetamine er 1.25 mg/ml oral 24 hr extended-release suspension <sup>MM</sup>	3	ST,QL(450 per 30 days)
amphetamine sulfate 10 mg tablet <sup>MM</sup>	1	ST,QL(90 per 30 days)
amphetamine sulfate 5 mg tablet <sup>MM</sup>	1	ST,QL(90 per 30 days)
ampicillin 250 mg capsule	1	
ampicillin 500 mg capsule	1	
AMPYRA 10 MG TABLET,EXTENDED RELEASE <sup>LD,MM</sup>	3	PA,QL(60 per 30 days)
AMRIX 15 MG CAPSULE,EXTENDED RELEASE	3	PA,QL(21 per 30 days)
AMRIX 30 MG CAPSULE,EXTENDED RELEASE	3	PA,QL(21 per 30 days)
AMZEEQ 4 % TOPICAL FOAM	3	PA
ANAFRANIL 25 MG CAPSULE <sup>MM</sup>	3	
ANAFRANIL 50 MG CAPSULE <sup>MM</sup>	3	
ANAFRANIL 75 MG CAPSULE <sup>MM</sup>	3	
anagrelide 0.5 mg capsule <sup>MM</sup>	1	
anagrelide 1 mg capsule <sup>MM</sup>	1	
ANALPRAM-HC 1 %-1 % RECTAL CREAM	3	
ANALPRAM-HC 2.5 %-1 % LOTION	3	
ANAPROX DS 550 MG TABLET <sup>MM</sup>	3	
ANASPAZ 0.125 MG DISINTEGRATING TABLET <sup>MM</sup>	3	
anastrozole 1 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ANCOBON 250 MG CAPSULE	3	
ANCOBON 500 MG CAPSULE	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	PA,QL(90 per 30 days)
ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	PA,QL(30 per 30 days)
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET <sup>MM</sup>	3	PA,QL(300 per 30 days)
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET <sup>MM</sup>	3	PA,QL(300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET <sup>MM</sup>	3	PA,QL(37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET <sup>MM</sup>	3	PA,QL(150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP <sup>MM</sup>	3	PA,QL(150 per 30 days)
ANDROID 10 MG CAPSULE <sup>DL,MM,SP</sup>	*	
ANGELIQ 0.25 MG-0.5 MG TABLET <sup>MM</sup>	3	
ANGELIQ 0.5 MG-1 MG TABLET <sup>MM</sup>	3	
ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING <sup>MM</sup>	3	QL(1 per 365 days)
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
ANTARA 30 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ANTARA 90 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ANTIVERT 25 MG CHEWABLE TABLET	3	
ANTIVERT 50 MG TABLET	3	
anusol-hc 2.5 % topical cream with perineal applicator	1	
ANZEMET 50 MG TABLET	3	
APADAZ 4.08 MG-325 MG TABLET <sup>DL</sup>	3	PA,QL(168 per 30 days)
APADAZ 6.12 MG-325 MG TABLET <sup>DL</sup>	3	PA,QL(168 per 30 days)
APADAZ 8.16 MG-325 MG TABLET <sup>DL</sup>	3	PA,QL(168 per 30 days)
apexicon e 0.05 % topical cream	1	ST
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <sup>MM</sup>	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	ST
ALENZIN 174 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ALENZIN 348 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ALENZIN 522 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	QL(84 per 28 days)
apomorphine 10 mg/ml subcutaneous cartridge <sup>DL,MM,SP</sup>	*	QL(84 per 28 days)
apraclonidine 0.5 % eye drops	1	
aprepitant 125 mg (1)-80 mg (2) capsules in a dose pack	1	PA,QL(6 per 28 days)
aprepitant 125 mg capsule	1	PA,QL(2 per 28 days)
aprepitant 40 mg capsule	1	PA,QL(2 per 28 days)
aprepitant 80 mg capsule	1	PA,QL(4 per 28 days)
APRETUDE 600 MG/3 ML (200 MG/ML) IM SUSPENSION, EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	QL(21 per 365 days)
apri 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(120 per 30 days)
APTENSIO XR 10 MG CAPSULE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
APTENSIO XR 15 MG CAPSULE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
APTENSIO XR 20 MG CAPSULE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
APTENSIO XR 30 MG CAPSULE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
APTENSIO XR 40 MG CAPSULE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
APTENSIO XR 50 MG CAPSULE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
APTENSIO XR 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
APTIOM 200 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
APTIOM 400 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
APTIOM 600 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
APTIOM 800 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
APTIVUS (WITH VITAMIN E) 100 MG/ML ORAL SOLUTION <sup>MM,SP</sup>	*	QL(285 per 28 days)
APTIVUS 250 MG CAPSULE <sup>MM,SP</sup>	*	QL(120 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
AQUA LANCE LANCING DEVICE	3	
ARAKODA 100 MG TABLET	3	QL(56 per 180 days)
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet <sup>MM</sup>	1	
ARANESP 10 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(1.6 per 30 days)
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(2 per 30 days)
ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION <sup>DL,MM,SP</sup>	*	PA,QL(4 per 30 days)
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(1.2 per 30 days)
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(1.6 per 30 days)
ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION <sup>DL,MM,SP</sup>	*	PA,QL(4 per 30 days)
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(1.68 per 30 days)
ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION <sup>DL,MM,SP</sup>	*	PA,QL(4 per 30 days)
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(2.4 per 30 days)
ARANESP 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(1.6 per 30 days)
ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION <sup>DL,MM,SP</sup>	*	PA,QL(4 per 30 days)
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 30 days)
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(1.2 per 30 days)
ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION <sup>DL,MM,SP</sup>	*	PA,QL(4 per 30 days)
ARAVA 10 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
ARAVA 20 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
ARAZLO 0.045 % LOTION	3	PA
ARCALYST 220 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(1 per 30 days)
arformoterol 15 mcg/2 ml solution for nebulization <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
ARICEPT 10 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
ARICEPT 23 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ARICEPT 5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR INHALATION VIA NEBULIZATION <sup>DL,SP</sup>	*	PA,QL(235.2 per 28 days)
ARIMIDEX 1 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
aripiprazole 1 mg/ml oral solution <sup>MM</sup>	1	QL(750 per 30 days)
aripiprazole 10 mg disintegrating tablet <sup>MM</sup>	1	PA,QL(60 per 30 days)
aripiprazole 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
aripiprazole 15 mg disintegrating tablet <sup>MM</sup>	1	PA,QL(60 per 30 days)
aripiprazole 15 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
aripiprazole 2 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
aripiprazole 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
aripiprazole 30 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
aripiprazole 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>MM,SP</sup>	*	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>DL,MM,SP</sup>	*	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>DL,MM,SP</sup>	*	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>DL,MM,SP</sup>	*	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>SP</sup>	*	QL(2.4 per 42 days)
ARIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE <sup>DL,SP</sup>	*	QL(24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE <sup>DL,SP</sup>	*	QL(15 per 30 days)
ARIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE <sup>DL,SP</sup>	*	QL(12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE <sup>DL,SP</sup>	*	QL(18 per 30 days)
armodafinil 150 mg tablet <sup>MM</sup>	1	PA,QL(30 per 30 days)
armodafinil 200 mg tablet <sup>MM</sup>	1	PA,QL(30 per 30 days)
armodafinil 250 mg tablet <sup>MM</sup>	1	PA,QL(30 per 30 days)
armodafinil 50 mg tablet <sup>MM</sup>	1	PA,QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ARMONAIR DIGIHALER 113 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR <sup>MM</sup>	3	ST,QL(1 per 30 days)
ARMONAIR DIGIHALER 232 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR <sup>MM</sup>	3	ST,QL(1 per 30 days)
ARMONAIR DIGIHALER 55 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR <sup>MM</sup>	3	ST,QL(1 per 30 days)
ARMOUR THYROID 120 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 15 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 180 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 240 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 30 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 300 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 60 MG TABLET <sup>MM</sup>	3	
ARMOUR THYROID 90 MG TABLET <sup>MM</sup>	3	
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(30 per 30 days)
ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(30 per 30 days)
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(30 per 30 days)
AROMASIN 25 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED	3	ST
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED	3	ST
ASACOL HD 800 MG TABLET,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST,QL(180 per 30 days)
ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule <sup>DL</sup>	1	QL(360 per 30 days)
asenapine 10 mg sublingual tablet <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
asenapine 2.5 mg sublingual tablet <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
asenapine 5 mg sublingual tablet <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	3	ST,QL(13 per 30 days)
ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	3	ST,QL(13 per 30 days)
ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	3	ST,QL(13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR <sup>MM</sup>	3	ST,QL(1 per 28 days)
ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR <sup>MM</sup>	3	ST,QL(1 per 28 days)
ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR <sup>MM</sup>	3	ST,QL(1 per 28 days)
ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR <sup>MM</sup>	3	ST,QL(1 per 28 days)
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR <sup>MM</sup>	3	ST,QL(1 per 28 days)
aspirin 25 mg-dipyridamole 200 mg capsule,ext.release 12 hr multiphase <sup>MM</sup>	1	ST
aspirin 325 mg-omeprazole 40 mg tablet,immediate and delayed release <sup>MM</sup>	1	PA,QL(30 per 30 days)
aspirin 81 mg-omeprazole 40 mg tablet,immediate and delayed release <sup>MM</sup>	1	PA,QL(30 per 30 days)
ASPRUZYO SPRINKLE 1,000 MG GRANULES,EXTENDED RELEASE IN PACKET <sup>MM</sup>	3	PA,QL(60 per 30 days)
ASPRUZYO SPRINKLE 500 MG GRANULES,EXTENDED RELEASE IN PACKET <sup>MM</sup>	3	PA,QL(60 per 30 days)
ASSURE 4 CONTROL SOLUTION COMBO PACK <sup>MM</sup>	3	
ASSURE 4 STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ASSURE DOSE NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
ASSURE DOSE NORMAL-HIGH CONTROL SOLUTION <sup>MM</sup>	3	
ASSURE HAEMOLANCE PLUS 18 GAUGE <sup>MM</sup>	3	
ASSURE HAEMOLANCE PLUS 21 GAUGE <sup>MM</sup>	3	
ASSURE HAEMOLANCE PLUS 25 GAUGE <sup>MM</sup>	3	
ASSURE HAEMOLANCE PLUS 28 GAUGE <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
ASSURE ID DUO-SHIELD 30 GAUGE X 5/16" NEEDLE <sup>MM</sup>	2	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
ASSURE ID INSULIN SAFETY 0.5 ML 31 GAUGE X 15/64" SYRINGE <sup>MM</sup>	2	
ASSURE ID INSULIN SAFETY 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
ASSURE ID INSULIN SAFETY 1 ML 31 GAUGE X 15/64" SYRINGE <sup>MM</sup>	2	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16" <sup>MM</sup>	2	
ASSURE ID PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	2	
ASSURE ID PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
ASSURE LANCE 25 GAUGE <sup>MM</sup>	2	
ASSURE LANCE 28 GAUGE <sup>MM</sup>	2	
ASSURE LANCE PLUS 21 GAUGE <sup>MM</sup>	2	
ASSURE LANCE PLUS 25 GAUGE <sup>MM</sup>	2	
ASSURE LANCE PLUS 30 GAUGE <sup>MM</sup>	2	
ASSURE PLATINUM GLUCOSE METER <sup>MM</sup>	3	ST
ASSURE PLATINUM TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
ASSURE PRISM CONTROL 1-2 SOLUTION <sup>MM</sup>	3	
ASSURE PRISM MULTI METER <sup>MM</sup>	3	ST
ASSURE PRISM MULTI STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
ASTAGRAF XL 0.5 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
ASTAGRAF XL 1 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
ASTAGRAF XL 5 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
ASTHMAPACK CHILDREN'S KIT	3	
ATACAND 16 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
ATACAND 32 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ATACAND 4 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
ATACAND 8 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
ATACAND HCT 16 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ATACAND HCT 32 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ATACAND HCT 32 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
atazanavir 150 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
atazanavir 200 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
atazanavir 300 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
ATELVIA 35 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	QL(4 per 28 days)
atenolol 100 mg tablet <sup>MM</sup>	1	
atenolol 100 mg-chlorthalidone 25 mg tablet <sup>MM</sup>	1	
atenolol 25 mg tablet <sup>MM</sup>	1	
atenolol 50 mg tablet <sup>MM</sup>	1	
atenolol 50 mg-chlorthalidone 25 mg tablet <sup>MM</sup>	1	
ATIVAN 0.5 MG TABLET <sup>DL</sup>	3	QL(90 per 30 days)
ATIVAN 1 MG TABLET <sup>DL</sup>	3	QL(90 per 30 days)
ATIVAN 2 MG TABLET <sup>DL</sup>	3	QL(150 per 30 days)
atomoxetine 10 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
atomoxetine 100 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
atomoxetine 18 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
atomoxetine 25 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
atomoxetine 40 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
atomoxetine 60 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
atomoxetine 80 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
atorvastatin 10 mg tablet <sup>MM</sup>	1	
atorvastatin 20 mg tablet <sup>MM</sup>	1	
atorvastatin 40 mg tablet <sup>MM</sup>	1	
atorvastatin 80 mg tablet <sup>MM</sup>	1	
atovaquone 250 mg-proguanil 100 mg tablet	1	QL(30 per 30 days)
atovaquone 750 mg/5 ml oral suspension <sup>DL,SP</sup>	*	QL(600 per 30 days)
atovaquone-proguanil (pediatric) 62.5 mg-25 mg tablet	1	QL(30 per 30 days)
ATRALIN 0.05 % TOPICAL GEL	3	PA
ATRIPLA 600 MG-200 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
atropine 1 % eye drops <sup>MM</sup>	1	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	3	ST,QL(25.8 per 30 days)
AUBAGIO 14 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AUBAGIO 7 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
aubra 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
aubra eq 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION	3	
AUGMENTIN 250 MG-62.5 MG/5 ML ORAL SUSPENSION	3	
AUGMENTIN 500 MG-125 MG TABLET	3	
AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSPENSION	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE	3	
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MM</sup>	1	
aurovela 1/20 (21) 1 mg-20 mcg tablet <sup>MM</sup>	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM</sup>	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
AURYXIA 210 MG IRON TABLET <sup>DL,MM,SP</sup>	*	PA,QL(360 per 30 days)
AUSTEDO 12 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
AUSTEDO 9 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
AUTO-LANCET MINI	3	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	3	
AUTOLET IMPRESSION LANCING DEVICE KIT <sup>MM</sup>	3	
AUTOLET LANCING DEVICE	2	
AUTOLET PLUS LANCING DEVICE	3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <sup>MM</sup>	3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <sup>MM</sup>	3	
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
AUVI-Q 0.1 MG/0.1 ML INJECTION,AUTO-INJECTOR	3	QL(4 per 30 days)
AUVI-Q 0.15 MG/0.15 ML AUTO-INJECTOR (FOR 33 LB TO 66 LB PATIENTS)	3	QL(4 per 30 days)
AUVI-Q 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	3	QL(4 per 30 days)
AVALIDE 150 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
AVALIDE 300 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
AVANDIA 2 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
AVANDIA 4 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
AVAPRO 150 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
AVAPRO 300 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
AVAPRO 75 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
aviane 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
avidoxy 100 mg tablet	1	
AVITA 0.025 % TOPICAL CREAM	3	PA

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
AVITA 0.025 % TOPICAL GEL	3	PA
AVODART 0.5 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT <sup>DL,MM,SP</sup>	*	PA,QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT <sup>DL,MM,SP</sup>	*	PA,QL(1 per 28 days)
AYGESTIN 5 MG TABLET <sup>MM</sup>	3	
ayuna 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
AYVAKIT 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AYVAKIT 200 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AYVAKIT 25 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AYVAKIT 300 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AYVAKIT 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
AZASAN 100 MG TABLET <sup>MM</sup>	3	
AZASAN 75 MG TABLET <sup>MM</sup>	3	
AZASITE 1 % EYE DROPS	3	ST,QL(2.5 per 25 days)
azathioprine 100 mg tablet <sup>MM</sup>	1	
azathioprine 50 mg tablet <sup>MM</sup>	1	
azathioprine 75 mg tablet <sup>MM</sup>	1	
azelaic acid 15 % topical gel	1	ST
azelastine 0.05 % eye drops	1	
azelastine 137 mcg (0.1 %) nasal spray aerosol <sup>MM</sup>	1	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) nasal spray <sup>MM</sup>	1	QL(30 per 25 days)
azelastine-fluticasone 137 mcg-50 mcg/spray nasal spray	1	ST,QL(23 per 28 days)
AZELEX 20 % TOPICAL CREAM	3	
AZILECT 0.5 MG TABLET <sup>MM</sup>	3	ST
AZILECT 1 MG TABLET <sup>MM</sup>	3	ST
azithromycin 1 gram oral packet	1	
azithromycin 100 mg/5 ml oral suspension	1	
azithromycin 200 mg/5 ml oral suspension	1	
azithromycin 250 mg tablet	1	
azithromycin 500 mg tablet	1	
azithromycin 600 mg tablet	1	QL(16 per 60 days)
AZOPT 1 % EYE DROPS,SUSPENSION <sup>MM</sup>	3	ST,QL(10 per 28 days)
AZOR 10 MG-20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
AZOR 10 MG-40 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
AZOR 5 MG-20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
AZOR 5 MG-40 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
AZSTARYS 26.1 MG-5.2 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
AZSTARYS 39.2 MG-7.8 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
AZSTARYS 52.3 MG-10.4 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
AZULFIDINE 500 MG TABLET <sup>MM</sup>	3	QL(240 per 30 days)
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	QL(240 per 30 days)
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	1	
bacitracin 500 unit/gram eye ointment	1	
bacitracin-polymyxin b 500 unit-10,000 unit/gram eye ointment	1	
baclofen 10 mg tablet <sup>MM</sup>	1	QL(240 per 30 days)
baclofen 20 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
baclofen 5 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
baclofen 5 mg/5 ml oral solution <sup>DL,MM,SP</sup>	*	PA,QL(2400 per 30 days)
BACTRIM 400 MG-80 MG TABLET	3	
BACTRIM DS 800 MG-160 MG TABLET	3	

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BAFIERTAM 95 MG CAPSULE,DELAYED RELEASE <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release <sup>MM</sup>	1	
BAL-CARE DHA ESSENTIAL 27 MG IRON-1 MG-374 MG TABLET,CAPSULE,DELAY REL <sup>MM</sup>	3	
BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET <sup>MM</sup>	3	
balsalazide 750 mg capsule	1	QL(270 per 30 days)
BALVERSA 3 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
balziva (28) 0.4 mg-35 mcg tablet <sup>MM</sup>	1	
BANZEL 200 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
BAQSIMI 3 MG/ACTUATION NASAL SPRAY	2	
BARACLUDGE 0.05 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	QL(630 per 30 days)
BARACLUDGE 0.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
BARACLUDGE 1 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	3	ST
BASAGLAR TEMPO PEN (U-100) INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	3	ST
BAXDELA 450 MG TABLET	3	QL(28 per 14 days)
BD ALLERGIST TRAY REG BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	3	
BD ALLERGIST TRAY REG BEVEL 1 ML 27 X 1/2" SYRINGE	3	
BD ALLERGIST TRAY REG BEVEL 1/2 ML 27 X 1/2"	3	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" <sup>MM</sup>	2	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"	3	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 25 X 1" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 26 X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE SLIP TIP 1 ML <sup>MM</sup>	2	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64"	2	
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1"	3	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
BD MICROTAINER LANCET 21 GAUGE <sup>MM</sup>	2	
BD MICROTAINER LANCET 30 GAUGE <sup>MM</sup>	2	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" <sup>MM</sup>	2	
BD ULTRA FINE LANCETS 33 GAUGE <sup>MM</sup>	2	
BD ULTRA-FINE II LANCETS 30 GAUGE <sup>MM</sup>	2	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	2	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
BD VERITOR AT-HOME COVID-19 TEST KIT	3	
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY <sup>MM</sup>	3	ST,QL(50 per 30 days)
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	1	
BELBUCA 150 MCG BUCCAL FILM <sup>DL</sup>	2	QL(60 per 30 days)
BELBUCA 300 MCG BUCCAL FILM <sup>DL</sup>	2	QL(60 per 30 days)
BELBUCA 450 MCG BUCCAL FILM <sup>DL</sup>	2	QL(60 per 30 days)
BELBUCA 600 MCG BUCCAL FILM <sup>DL</sup>	2	QL(60 per 30 days)
BELBUCA 75 MCG BUCCAL FILM <sup>DL</sup>	2	QL(60 per 30 days)
BELBUCA 750 MCG BUCCAL FILM <sup>DL</sup>	2	QL(60 per 30 days)
BELBUCA 900 MCG BUCCAL FILM <sup>DL</sup>	2	QL(60 per 30 days)
BELSOMRA 10 MG TABLET	3	ST,QL(30 per 30 days)
BELSOMRA 15 MG TABLET	3	ST,QL(30 per 30 days)
BELSOMRA 20 MG TABLET	3	ST,QL(30 per 30 days)
BELSOMRA 5 MG TABLET	3	ST,QL(30 per 30 days)
benazepril 10 mg tablet <sup>MM</sup>	1	
benazepril 10 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	
benazepril 20 mg tablet <sup>MM</sup>	1	
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	
benazepril 20 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
benazepril 40 mg tablet <sup>MM</sup>	1	
benazepril 5 mg tablet <sup>MM</sup>	1	
benazepril 5 mg-hydrochlorothiazide 6.25 mg tablet <sup>MM</sup>	1	
BENICAR 20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
BENICAR 40 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
BENICAR 5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
BENICAR HCT 40 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
BENICAR HCT 40 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>LD,DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
BENZAFLIN 1 %-5 % TOPICAL GEL	3	
BENZAFLIN PUMP 1 %-5 % TOPICAL GEL	3	
BENZAMYCIN 3 %-5 % TOPICAL GEL	3	
benzhydrocodone 4.08 mg-acetaminophen 325 mg tablet <sup>DL</sup>	1	PA,QL(168 per 30 days)
benzhydrocodone 6.12 mg-acetaminophen 325 mg tablet <sup>DL</sup>	1	PA,QL(168 per 30 days)
benzhydrocodone 8.16 mg-acetaminophen 325 mg tablet <sup>DL</sup>	1	PA,QL(168 per 30 days)
benznidazole 100 mg tablet	3	QL(240 per 365 days)
benznidazole 12.5 mg tablet	3	QL(720 per 365 days)
benzonatate 100 mg capsule	1	
benzonatate 150 mg capsule	1	
benzonatate 200 mg capsule	1	
benztropine 0.5 mg tablet <sup>MM</sup>	1	
benztropine 1 mg tablet <sup>MM</sup>	1	
benztropine 2 mg tablet <sup>MM</sup>	1	
bepotastine besilate 1.5 % eye drops	1	ST,QL(5 per 25 days)
BEPREVE 1.5 % EYE DROPS	3	ST,QL(5 per 25 days)
beseer 0.05 % lotion	1	ST
BESIVANCE 0.6 % EYE DROPS,SUSPENSION	3	ST
BESREMI 500 MCG/ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(2 per 28 days)
BETADINE OPHTHALMIC PREP 5 % SOLUTION	3	
betaine 1 gram/scoop oral powder <sup>DL,MM,SP</sup>	*	
betamethasone dipropionate 0.05 % lotion	1	
betamethasone dipropionate 0.05 % topical cream	1	
betamethasone dipropionate 0.05 % topical ointment	1	
betamethasone valerate 0.1 % lotion	1	
betamethasone valerate 0.1 % topical cream	1	
betamethasone valerate 0.1 % topical ointment	1	
betamethasone valerate 0.12 % topical foam	1	ST
betamethasone, augmented 0.05 % lotion	1	
betamethasone, augmented 0.05 % topical cream	1	
betamethasone, augmented 0.05 % topical gel	1	
betamethasone, augmented 0.05 % topical ointment	1	
BETAPACE 120 MG TABLET <sup>MM</sup>	3	
BETAPACE 160 MG TABLET <sup>MM</sup>	3	
BETAPACE 240 MG TABLET <sup>MM</sup>	3	
BETAPACE 80 MG TABLET <sup>MM</sup>	3	
BETAPACE AF 120 MG TABLET <sup>MM</sup>	3	
BETAPACE AF 160 MG TABLET <sup>MM</sup>	3	
BETAPACE AF 80 MG TABLET <sup>MM</sup>	3	
BETASERON 0.3 MG SUBCUTANEOUS KIT <sup>DL,MM,SP</sup>	*	PA,QL(15 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(15 per 30 days)
betaxolol 0.5 % eye drops <sup>MM</sup>	1	
betaxolol 10 mg tablet <sup>MM</sup>	1	
betaxolol 20 mg tablet <sup>MM</sup>	1	
bethanechol chloride 10 mg tablet <sup>MM</sup>	1	
bethanechol chloride 25 mg tablet <sup>MM</sup>	1	
bethanechol chloride 5 mg tablet <sup>MM</sup>	1	
bethanechol chloride 50 mg tablet <sup>MM</sup>	1	
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION <sup>LD,DL,MM,SP</sup>	*	PA,QL(224 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BETIMOL 0.25 % EYE DROPS <sup>MM</sup>	3	ST
BETIMOL 0.5 % EYE DROPS <sup>MM</sup>	3	ST
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION <sup>MM</sup>	3	ST
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER <sup>MM</sup>	3	ST,QL(10.7 per 30 days)
bexarotene 1 % topical gel <sup>DL,SP</sup>	*	PA
bexarotene 75 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET <sup>MM</sup>	3	
bicalutamide 50 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
BIDIL 20 MG-37.5 MG TABLET <sup>MM</sup>	3	QL(180 per 30 days)
BIJUVA 1 MG-100 MG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
BIKTARVY 30 MG-120 MG-15 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
BILTRICIDE 600 MG TABLET	3	
bimatoprost 0.03 % eye drops <sup>MM</sup>	1	QL(2.5 per 25 days)
BINAXNOW COVID-19 AG CARD HOME TEST KIT	3	
BINAXNOW COVID-19 AG SELF TEST KIT	3	
BINOSTO 70 MG EFFERVESCENT TABLET <sup>MM</sup>	3	ST,QL(4 per 28 days)
BIONIME RIGHTEST GM300 SYSTEM KIT <sup>MM</sup>	3	ST
BIONIME RIGHTEST TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
BIOTEL CARE BGM-4 METER <sup>MM</sup>	3	ST
bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet <sup>MM</sup>	1	
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet <sup>MM</sup>	1	
bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet <sup>MM</sup>	1	
bisoprolol fumarate 10 mg tablet <sup>MM</sup>	1	
bisoprolol fumarate 5 mg tablet <sup>MM</sup>	1	
BLEPH-10 10 % EYE DROPS	3	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT	3	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM</sup>	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
BLOOD GLUCOSE CONTROL HIGH, NORMAL, AND LOW SOLUTION <sup>MM</sup>	3	
BLOOD GLUCOSE CONTROL, HIGH AND NORMAL SOLUTION <sup>MM</sup>	3	
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION <sup>MM</sup>	3	
BLOOD GLUCOSE MONITORING KIT <sup>MM</sup>	3	ST
BLOOD GLUCOSE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
BLOOD-GLUCOSE METER <sup>MM</sup>	3	ST
BLOOD-GLUCOSE METER KIT <sup>MM</sup>	3	ST
BLUNT NEEDLE, DISPOSABLE 18 X 1 1/2"	3	
BONIVA 150 MG TABLET <sup>MM</sup>	3	QL(1 per 28 days)
BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE	3	QL(60 per 30 days)
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION	3	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE	3	
BORTEZOMIB 1 MG INJECTION POWDER FOR SOLUTION <sup>DL,MM,SP</sup>	*	PA
BORTEZOMIB 2.5 MG INJECTION POWDER FOR SOLUTION <sup>DL,MM,SP</sup>	*	PA
bosentan 125 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
bosentan 62.5 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
BOSULIF 100 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
BOSULIF 400 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
BOSULIF 500 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BRAFTOVI 50 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
BRAFTOVI 75 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
BREATHERITE MDI SPACER	2	
BREATHERITE SPACER AND MASK, ADULT	2	
BREATHERITE SPACER AND MASK, CHILD	2	
BREATHERITE SPACER AND MASK, INFANT	2	
BREATHERITE SPACER AND MASK, NEONATE	2	
BREATHERITE SPACER AND MASK, SMALL CHILD	2	
BREATHERITE VALVED MDI CHAMBER SPACER	3	
BREATHERITE VALVED MDI SPACER	3	
BREEZE 2 CONTROL SOLUTION, HIGH <sup>MM</sup>	3	
BREEZE 2 CONTROL SOLUTION, LOW <sup>MM</sup>	3	
BREEZE 2 CONTROL SOLUTION, NORMAL <sup>MM</sup>	3	
BREEZE 2 TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
BREXAFEMME 150 MG TABLET	3	
BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER <sup>MM</sup>	3	PA,QL(10.7 per 30 days)
briellyn 0.4 mg-35 mcg tablet <sup>MM</sup>	1	
BRILINTA 60 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
BRILINTA 90 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
brimonidine 0.15 % eye drops <sup>MM</sup>	1	QL(10 per 30 days)
brimonidine 0.2 % eye drops <sup>MM</sup>	1	QL(10 per 30 days)
brimonidine 0.2 %-timolol 0.5 % eye drops <sup>MM</sup>	1	ST,QL(5 per 25 days)
brinzolamide 1 % eye drops,suspension <sup>MM</sup>	1	ST,QL(10 per 28 days)
BRISDELLE 7.5 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
BRIVIACT 10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(600 per 30 days)
BRIVIACT 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
BRIVIACT 25 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
BRIVIACT 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
BRIVIACT 75 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup	1	
bromfenac 0.09 % eye drops	1	ST,QL(1.7 per 30 days)
bromocriptine 2.5 mg tablet <sup>MM</sup>	1	
bromocriptine 5 mg capsule <sup>MM</sup>	1	
brompheniramine-pseudoephedrine-dm 2 mg-30 mg-10 mg/5 ml oral syrup	1	
BROMSITE 0.075 % EYE DROPS	3	ST,QL(5 per 30 days)
BRONCHITOL 40 MG CAPSULE WITH INHALATION DEVICE <sup>DL,MM,SP</sup>	*	PA,QL(560 per 28 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
BRYHALI 0.01 % LOTION	3	ST
budesonide 0.25 mg/2 ml suspension for nebulization <sup>MM</sup>	1	QL(240 per 30 days)
budesonide 0.5 mg/2 ml suspension for nebulization <sup>MM</sup>	1	QL(240 per 30 days)
budesonide 1 mg/2 ml suspension for nebulization <sup>MM</sup>	1	QL(120 per 30 days)
budesonide dr - er 3 mg capsule,delayed,extended release	1	
budesonide dr-er 9 mg tablet,delayed and extended release <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
budesonide-formoterol hfa 160 mcg-4.5 mcg/actuation aerosol inhaler <sup>MM</sup>	3	PA,QL(10.2 per 30 days)
budesonide-formoterol hfa 80 mcg-4.5 mcg/actuation aerosol inhaler <sup>MM</sup>	3	PA,QL(10.2 per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BULLSEYE MINI SAFETY LANCETS 25 GAUGE <sup>MM</sup>	3	
BULLSEYE MINI SAFETY LANCETS 28 GAUGE <sup>MM</sup>	3	
bumetanide 0.5 mg tablet <sup>MM</sup>	1	
bumetanide 1 mg tablet <sup>MM</sup>	1	
bumetanide 2 mg tablet <sup>MM</sup>	1	
BUNAVAIL 2.1 MG-0.3 MG BUCCAL FILM <sup>MM</sup>	3	PA,QL(60 per 30 days)
BUNAVAIL 4.2 MG-0.7 MG BUCCAL FILM <sup>MM</sup>	3	PA,QL(60 per 30 days)
BUNAVAIL 6.3 MG-1 MG BUCCAL FILM <sup>MM</sup>	3	PA,QL(60 per 30 days)
bupap 50 mg-300 mg tablet	1	QL(180 per 30 days)
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER <sup>DL,MM,SP</sup>	*	
BUPHENYL 500 MG TABLET <sup>DL,MM,SP</sup>	*	
buprenorphine 10 mcg/hour weekly transdermal patch <sup>DL</sup>	1	QL(4 per 28 days)
buprenorphine 12 mg-naloxone 3 mg sublingual film <sup>MM</sup>	1	QL(60 per 30 days)
buprenorphine 15 mcg/hour weekly transdermal patch <sup>DL</sup>	1	QL(4 per 28 days)
buprenorphine 2 mg-naloxone 0.5 mg sublingual film <sup>MM</sup>	1	QL(90 per 30 days)
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet <sup>MM</sup>	1	PA,QL(90 per 30 days)
buprenorphine 20 mcg/hour weekly transdermal patch <sup>DL</sup>	1	QL(4 per 28 days)
buprenorphine 4 mg-naloxone 1 mg sublingual film <sup>MM</sup>	1	QL(90 per 30 days)
buprenorphine 5 mcg/hour weekly transdermal patch <sup>DL</sup>	1	QL(4 per 28 days)
buprenorphine 7.5 mcg/hour weekly transdermal patch <sup>DL</sup>	1	QL(4 per 28 days)
buprenorphine 8 mg-naloxone 2 mg sublingual film <sup>MM</sup>	1	QL(90 per 30 days)
buprenorphine 8 mg-naloxone 2 mg sublingual tablet <sup>MM</sup>	1	PA,QL(90 per 30 days)
buprenorphine hcl 150 mcg buccal film <sup>DL</sup>	1	ST,QL(60 per 30 days)
buprenorphine hcl 2 mg sublingual tablet	1	QL(90 per 30 days)
buprenorphine hcl 300 mcg buccal film <sup>DL</sup>	1	ST,QL(60 per 30 days)
buprenorphine hcl 450 mcg buccal film <sup>DL</sup>	1	ST,QL(60 per 30 days)
buprenorphine hcl 600 mcg buccal film <sup>DL</sup>	1	ST,QL(60 per 30 days)
buprenorphine hcl 75 mcg buccal film <sup>DL</sup>	1	ST,QL(60 per 30 days)
buprenorphine hcl 750 mcg buccal film <sup>DL</sup>	1	ST,QL(60 per 30 days)
buprenorphine hcl 8 mg sublingual tablet	1	QL(90 per 30 days)
buprenorphine hcl 900 mcg buccal film <sup>DL</sup>	1	ST,QL(60 per 30 days)
bupropion hcl 100 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
bupropion hcl 150 mg tablet,12 hr sustained-release(smoking deterrent)	1	QL(90 per 30 days)
bupropion hcl 75 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
bupropion hcl sr 100 mg tablet,12 hr sustained-release <sup>MM</sup>	1	QL(120 per 30 days)
bupropion hcl sr 150 mg tablet,12 hr sustained-release <sup>MM</sup>	1	QL(90 per 30 days)
bupropion hcl sr 200 mg tablet,12 hr sustained-release <sup>MM</sup>	1	QL(60 per 30 days)
bupropion hcl xl 150 mg 24 hr tablet, extended release <sup>MM</sup>	1	QL(90 per 30 days)
bupropion hcl xl 300 mg 24 hr tablet, extended release <sup>MM</sup>	1	QL(30 per 30 days)
bupropion hcl xl 450 mg 24 hr tablet, extended release <sup>MM</sup>	3	PA,QL(30 per 30 days)
bupirone 10 mg tablet <sup>MM</sup>	1	
bupirone 15 mg tablet <sup>MM</sup>	1	
bupirone 30 mg tablet <sup>MM</sup>	1	
bupirone 5 mg tablet <sup>MM</sup>	1	
bupirone 7.5 mg tablet <sup>MM</sup>	1	
butalbital 25 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)
butalbital 50 mg-acetaminophen 300 mg capsule	1	QL(180 per 30 days)
butalbital 50 mg-acetaminophen 300 mg tablet	1	QL(180 per 30 days)
butalbital 50 mg-acetaminophen 300 mg-caffeine 40 mg-codeine 30 mg cap <sup>DL</sup>	1	QL(180 per 30 days)
butalbital 50 mg-acetaminophen 325 mg tablet	1	QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap <sup>DL</sup>	1	QL(360 per 30 days)
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule <sup>DL</sup>	1	QL(360 per 30 days)
butalbital-acetaminophen-caffeine 50 mg-300 mg-40 mg capsule	1	QL(180 per 30 days)
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg capsule	1	QL(180 per 30 days)
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet	1	QL(180 per 30 days)
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule	1	QL(180 per 30 days)
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg tablet	1	QL(180 per 30 days)
butorphanol 10 mg/ml nasal spray <sup>DL</sup>	1	QL(5 per 28 days)
BUTRANS 10 MCG/HOUR TRANSDERMAL PATCH <sup>DL</sup>	3	ST,QL(4 per 28 days)
BUTRANS 15 MCG/HOUR TRANSDERMAL PATCH <sup>DL</sup>	3	ST,QL(4 per 28 days)
BUTRANS 20 MCG/HOUR TRANSDERMAL PATCH <sup>DL</sup>	3	ST,QL(4 per 28 days)
BUTRANS 5 MCG/HOUR TRANSDERMAL PATCH <sup>DL</sup>	3	ST,QL(4 per 28 days)
BUTRANS 7.5 MCG/HOUR TRANSDERMAL PATCH <sup>DL</sup>	3	ST,QL(4 per 28 days)
BUTTERFLY TOUCH LANCET 30 GAUGE <sup>MM</sup>	2	
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	3	ST,QL(4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	ST,QL(3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	3	ST,QL(2.4 per 30 days)
BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	3	ST,QL(2.4 per 30 days)
BYLVAY 1,200 MCG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
BYLVAY 200 MCG ORAL PELLETT <sup>DL,MM,SP</sup>	*	PA,QL(360 per 30 days)
BYLVAY 400 MCG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(420 per 30 days)
BYLVAY 600 MCG ORAL PELLETT <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
BYNFEZIA 2,500 MCG/ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA
BYSTOLIC 10 MG TABLET <sup>MM</sup>	3	PA,QL(120 per 30 days)
BYSTOLIC 2.5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
BYSTOLIC 20 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
BYSTOLIC 5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
c-nate dha 28 mg iron-1 mg-200 mg capsule <sup>MM</sup>	1	
cabergoline 0.5 mg tablet <sup>MM</sup>	1	QL(16 per 28 days)
CABLIVI 11 MG INJECTION KIT <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
CABOMETYX 20 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CABOMETYX 40 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CABOMETYX 60 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE <sup>MM</sup>	3	
CADUET 10 MG-10 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
CADUET 10 MG-20 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
CADUET 10 MG-40 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
CADUET 10 MG-80 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
CADUET 5 MG-10 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
CADUET 5 MG-20 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
CADUET 5 MG-40 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
CADUET 5 MG-80 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
CAFERGOT 1 MG-100 MG TABLET	3	
caffeine citrate 60 mg/3 ml (20 mg/ml) oral solution	1	
CALAN SR 120 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
CALAN SR 180 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
CALAN SR 240 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
calcipotriene 0.005 % scalp solution	1	PA,QL(60 per 30 days)
calcipotriene 0.005 % topical cream	1	PA,QL(120 per 30 days)
calcipotriene 0.005 % topical foam <sup>DL,SP</sup>	*	QL(120 per 28 days)

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calcipotriene 0.005 % topical ointment	1	PA
calcipotriene-betamethasone 0.005 %-0.064 % topical ointment	1	PA,QL(60 per 30 days)
calcipotriene-betamethasone 0.005 %-0.064 % topical suspension <sup>DL,SP</sup>	*	PA,QL(420 per 30 days)
calcitonin (salmon) 200 unit/actuation nasal spray <sup>MM</sup>	1	QL(3.7 per 28 days)
calcitonin (salmon) 200 unit/ml injection solution	1	QL(4 per 28 days)
calcitriol 0.25 mcg capsule <sup>MM</sup>	1	
calcitriol 0.5 mcg capsule <sup>MM</sup>	1	
calcitriol 1 mcg/ml oral solution <sup>MM</sup>	1	
calcitriol 3 mcg/gram topical ointment	1	PA,QL(800 per 28 days)
calcium acetate(phosphate binders) 667 mg capsule <sup>MM</sup>	1	
calcium acetate(phosphate binders) 667 mg tablet <sup>MM</sup>	1	
CALQUENCE (ACALABRUTINIB MALEATE) 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
CALQUENCE 100 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
CAMBIA 50 MG ORAL POWDER PACKET <sup>DL,SP</sup>	*	ST,QL(9 per 30 days)
CAMCEVI (6 MONTH) 42 MG SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	PA,QL(1 per 180 days)
camila 0.35 mg tablet <sup>MM</sup>	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
CAMZYOS 10 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CAMZYOS 15 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CAMZYOS 2.5 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CAMZYOS 5 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CANASA 1,000 MG RECTAL SUPPOSITORY <sup>MM</sup>	3	ST,QL(30 per 30 days)
candesartan 16 mg tablet <sup>MM</sup>	1	ST,QL(60 per 30 days)
candesartan 16 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
candesartan 32 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
candesartan 32 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
candesartan 32 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
candesartan 4 mg tablet <sup>MM</sup>	1	ST,QL(60 per 30 days)
candesartan 8 mg tablet <sup>MM</sup>	1	ST,QL(60 per 30 days)
capecitabine 150 mg tablet	1	PA,QL(630 per 30 days)
capecitabine 500 mg tablet	1	PA,QL(189 per 30 days)
CAPEX 0.01 % SHAMPOO	3	
CAPLYTA 10.5 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CAPLYTA 21 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CAPLYTA 42 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CAPRELSA 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
captopril 100 mg tablet <sup>MM</sup>	1	
captopril 12.5 mg tablet <sup>MM</sup>	1	
captopril 25 mg tablet <sup>MM</sup>	1	
captopril 25 mg-hydrochlorothiazide 15 mg tablet <sup>MM</sup>	1	
captopril 25 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
captopril 50 mg tablet <sup>MM</sup>	1	
captopril 50 mg-hydrochlorothiazide 15 mg tablet <sup>MM</sup>	1	
captopril 50 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
CARAC 0.5 % TOPICAL CREAM	3	
CARAFATE 1 GRAM TABLET <sup>MM</sup>	3	
CARAFATE 100 MG/ML ORAL SUSPENSION <sup>MM</sup>	3	
CARBAGLU 200 MG DISPERSIBLE TABLET <sup>DL,MM,SP</sup>	*	PA

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
carbamazepine 100 mg chewable tablet <sup>MM</sup>	1	
carbamazepine 100 mg/5 ml oral suspension <sup>MM</sup>	1	
carbamazepine 200 mg tablet <sup>MM</sup>	1	
carbamazepine 200 mg/10 ml oral suspension <sup>MM</sup>	1	
carbamazepine er 100 mg capsule,extended release mphase12hr <sup>MM</sup>	1	
carbamazepine er 100 mg tablet,extended release,12 hr <sup>MM</sup>	1	QL(120 per 30 days)
carbamazepine er 200 mg capsule,extended release mphase12hr <sup>MM</sup>	1	
carbamazepine er 200 mg tablet,extended release,12 hr <sup>MM</sup>	1	QL(120 per 30 days)
carbamazepine er 300 mg capsule,extended release mphase12hr <sup>MM</sup>	1	
carbamazepine er 400 mg tablet,extended release,12 hr <sup>MM</sup>	1	QL(120 per 30 days)
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	
carbidopa 10 mg-levodopa 100 mg disintegrating tablet <sup>MM</sup>	1	
carbidopa 10 mg-levodopa 100 mg tablet <sup>MM</sup>	1	
carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet <sup>MM</sup>	1	
carbidopa 18.75 mg-levodopa 75 mg-entacapone 200 mg tablet <sup>MM</sup>	1	
carbidopa 25 mg tablet <sup>MM</sup>	1	
carbidopa 25 mg-levodopa 100 mg disintegrating tablet <sup>MM</sup>	1	
carbidopa 25 mg-levodopa 100 mg tablet <sup>MM</sup>	1	
carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet <sup>MM</sup>	1	
carbidopa 25 mg-levodopa 250 mg disintegrating tablet <sup>MM</sup>	1	
carbidopa 25 mg-levodopa 250 mg tablet <sup>MM</sup>	1	
carbidopa 31.25 mg-levodopa 125 mg-entacapone 200 mg tablet <sup>MM</sup>	1	
carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet <sup>MM</sup>	1	
carbidopa 50 mg-levodopa 200 mg-entacapone 200 mg tablet <sup>MM</sup>	1	
carbidopa er 25 mg-levodopa 100 mg tablet,extended release <sup>MM</sup>	1	
carbidopa er 50 mg-levodopa 200 mg tablet,extended release <sup>MM</sup>	1	
carbinoxamine 4 mg tablet	1	
carbinoxamine 4 mg/5 ml oral liquid	1	
carbinoxamine 6 mg tablet	1	ST,QL(120 per 30 days)
CARDIZEM 120 MG TABLET <sup>MM</sup>	3	
CARDIZEM 30 MG TABLET <sup>MM</sup>	3	
CARDIZEM 60 MG TABLET <sup>MM</sup>	3	
CARDIZEM CD 120 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
CARDIZEM CD 180 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
CARDIZEM CD 240 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
CARDIZEM CD 300 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
CARDIZEM CD 360 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
CARDIZEM LA 120 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
CARDIZEM LA 180 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
CARDIZEM LA 240 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
CARDIZEM LA 300 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
CARDIZEM LA 360 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
CARDIZEM LA 420 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
CARDURA 1 MG TABLET <sup>MM</sup>	3	
CARDURA 2 MG TABLET <sup>MM</sup>	3	
CARDURA 4 MG TABLET <sup>MM</sup>	3	
CARDURA 8 MG TABLET <sup>MM</sup>	3	

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<b>DRUG NAME</b>	<b>DRUG LEVEL</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
CARDURA XL 4 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
CARDURA XL 8 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
CAREFINE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
CAREFINE PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	2	
CAREFINE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
CAREFINE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
CAREFINE PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	2	
CAREFINE PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	2	
CAREFINE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
CARELANCE ULTIMATE COMFORT LANCING DEVICE	3	
CAREONE LANCING DEVICE	2	
CAREONE THIN LANCET <sup>MM</sup>	2	
CAREONE ULTRA THIN LANCET <sup>MM</sup>	2	
CARESENS CONTROL A AND B SOLUTION <sup>MM</sup>	3	
CARESENS CONTROL A NORMAL SOLUTION <sup>MM</sup>	3	
CARESENS LANCETS 30 GAUGE <sup>MM</sup>	3	
CARESENS N <sup>MM</sup>	3	ST
CARESENS N KIT <sup>MM</sup>	3	ST
CARESENS N TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
CARESENS N VOICE <sup>MM</sup>	3	ST
CARESENS N VOICE KIT <sup>MM</sup>	3	ST
CARESENS PREMIUM COMFORT LANCING DEVICE	3	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	3	
CARETOUCH CONTROL SOLUTION L2-L3 <sup>MM</sup>	3	
CARETOUCH GLUCOSE MONITORING SYSTEM KIT <sup>MM</sup>	3	ST
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH KETONE-GLUCOSE MONITOR <sup>MM</sup>	3	ST
CARETOUCH LANCING DEVICE	3	
CARETOUCH PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
CARETOUCH PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
CARETOUCH PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
CARETOUCH PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	2	
CARETOUCH PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
CARETOUCH SAFETY LANCETS 26 GAUGE <sup>MM</sup>	2	
CARETOUCH SAFETY LANCETS 28 GAUGE <sup>MM</sup>	2	
CARETOUCH TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
CARETOUCH TWIST LANCET 28 GAUGE <sup>MM</sup>	2	
CARETOUCH TWIST LANCET 30 GAUGE <sup>MM</sup>	2	
CARETOUCH TWIST LANCET 33 GAUGE <sup>MM</sup>	2	
carglumic acid 200 mg dispersible tablet <sup>DL,MM,SP</sup>	*	PA
carisoprodol 200 mg-aspirin 325 mg-codeine 16 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
carisoprodol 250 mg tablet	1	QL(120 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
carisoprodol 350 mg tablet	1	QL(120 per 30 days)
carisoprodol-aspirin 200 mg-325 mg tablet	1	
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION <sup>MM</sup>	3	
CARNITOR 100 MG/ML ORAL SOLUTION <sup>MM</sup>	3	
CARNITOR 330 MG TABLET <sup>MM</sup>	3	
CAROSPIR 25 MG/5 ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(450 per 30 days)
carteolol 1 % eye drops <sup>MM</sup>	1	
cartia xt 120 mg capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
cartia xt 180 mg capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
cartia xt 240 mg capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
cartia xt 300 mg capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
carvedilol 12.5 mg tablet <sup>MM</sup>	1	
carvedilol 25 mg tablet <sup>MM</sup>	1	
carvedilol 3.125 mg tablet <sup>MM</sup>	1	
carvedilol 6.25 mg tablet <sup>MM</sup>	1	
carvedilol phosphate er 10 mg capsule,ext.release24hr multiphase <sup>MM</sup>	1	ST,QL(30 per 30 days)
carvedilol phosphate er 20 mg capsule,ext.release24hr multiphase <sup>MM</sup>	1	ST,QL(30 per 30 days)
carvedilol phosphate er 40 mg capsule,ext.release24hr multiphase <sup>MM</sup>	1	ST,QL(30 per 30 days)
carvedilol phosphate er 80 mg capsule,ext.release24hr multiphase <sup>MM</sup>	1	ST,QL(30 per 30 days)
CASODEX 50 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
cataflam 50 mg tablet	1	
CATAPRES 0.1 MG TABLET <sup>MM</sup>	3	
CATAPRES 0.2 MG TABLET <sup>MM</sup>	3	
CATAPRES 0.3 MG TABLET <sup>MM</sup>	3	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(4 per 28 days)
CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM	3	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <sup>DL,SP</sup>	*	PA,QL(84 per 28 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <sup>MM</sup>	1	
cefaclor 125 mg/5 ml oral suspension	1	
cefaclor 250 mg capsule	1	
cefaclor 250 mg/5 ml oral suspension	1	
cefaclor 375 mg/5 ml oral suspension	1	
cefaclor 500 mg capsule	1	
cefaclor er 500 mg tablet,extended release,12 hr	1	
cefadroxil 1 gram tablet	1	
cefadroxil 250 mg/5 ml oral suspension	1	
cefadroxil 500 mg capsule	1	
cefadroxil 500 mg/5 ml oral suspension	1	
cefdinir 125 mg/5 ml oral suspension	1	
cefdinir 250 mg/5 ml oral suspension	1	
cefdinir 300 mg capsule	1	
cefditoren pivoxil 200 mg tablet	1	
cefditoren pivoxil 400 mg tablet	1	
cefixime 100 mg/5 ml oral suspension	1	
cefixime 200 mg/5 ml oral suspension	1	
cefixime 400 mg capsule	1	
cefpodoxime 100 mg tablet	1	
cefpodoxime 100 mg/5 ml oral suspension	1	
cefpodoxime 200 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
cefpodoxime 50 mg/5 ml oral suspension	1	
cefprozil 125 mg/5 ml oral suspension	1	
cefprozil 250 mg tablet	1	
cefprozil 250 mg/5 ml oral suspension	1	
cefprozil 500 mg tablet	1	
cefuroxime axetil 250 mg tablet	1	
cefuroxime axetil 500 mg tablet	1	
CELEBREX 100 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
CELEBREX 200 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
CELEBREX 400 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
CELEBREX 50 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
celecoxib 100 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
celecoxib 200 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
celecoxib 400 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
celecoxib 50 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
CELEXA 10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
CELEXA 20 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
CELEXA 40 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
CELLCEPT 200 MG/ML ORAL SUSPENSION <sup>MM</sup>	3	
CELLCEPT 250 MG CAPSULE <sup>MM</sup>	3	QL(360 per 30 days)
CELLCEPT 500 MG TABLET <sup>MM</sup>	3	QL(180 per 30 days)
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	3	
CELONTIN 300 MG CAPSULE <sup>MM</sup>	3	
CENTANY 2 % TOPICAL OINTMENT	3	
cephalexin 125 mg/5 ml oral suspension	1	
cephalexin 250 mg capsule	1	
cephalexin 250 mg tablet	1	
cephalexin 250 mg/5 ml oral suspension	1	
cephalexin 500 mg capsule	1	
cephalexin 500 mg tablet	1	
cephalexin 750 mg capsule	1	
CEQUA 0.09 % EYE DROPS IN A DROPPERETTE <sup>MM</sup>	3	PA,QL(60 per 30 days)
CERDELGA 84 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA
cetirizine 1 mg/ml oral solution	1	QL(300 per 30 days)
CETRAXAL 0.2 % EAR DROPS IN A DROPPERETTE	3	ST
cevimeline 30 mg capsule <sup>MM</sup>	1	
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	1	
chateal (28) 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
chateal eq (28) 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
CHEMET 100 MG CAPSULE	3	
CHEMSTRIP 10 MD	2	
CHENODAL 250 MG TABLET <sup>DL,SP</sup>	*	
chlordiazepoxide 10 mg capsule <sup>DL</sup>	1	QL(120 per 30 days)
chlordiazepoxide 25 mg capsule <sup>DL</sup>	1	QL(120 per 30 days)
chlordiazepoxide 5 mg capsule <sup>DL</sup>	1	QL(120 per 30 days)
chlordiazepoxide-clidinium 5 mg-2.5 mg capsule	1	
chlorhexidine gluconate 0.12 % mouthwash	1	
chloroquine 250 mg tablet	1	
chloroquine 500 mg tablet	1	
chlorpromazine 10 mg tablet <sup>MM</sup>	1	
chlorpromazine 100 mg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
chlorpromazine 100 mg/ml oral concentrate <sup>MM</sup>	1	
chlorpromazine 200 mg tablet <sup>MM</sup>	1	
chlorpromazine 25 mg tablet <sup>MM</sup>	1	
chlorpromazine 30 mg/ml oral concentrate <sup>MM</sup>	1	
chlorpromazine 50 mg tablet <sup>MM</sup>	1	
chlorthalidone 25 mg tablet <sup>MM</sup>	1	
chlorthalidone 50 mg tablet <sup>MM</sup>	1	
chlorzoxazone 250 mg tablet	1	ST,QL(120 per 30 days)
chlorzoxazone 375 mg tablet	1	ST,QL(120 per 30 days)
chlorzoxazone 500 mg tablet	1	ST,QL(120 per 30 days)
chlorzoxazone 750 mg tablet	1	ST,QL(120 per 30 days)
CHOICE DM CLARUS NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
CHOICEDM CLARUS <sup>MM</sup>	3	ST
CHOICEDM CLARUS STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
CHOLBAM 250 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
CHOLBAM 50 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
cholestyramine (with sugar) 4 gram oral powder <sup>MM</sup>	1	
cholestyramine (with sugar) 4 gram powder for susp in a packet <sup>MM</sup>	1	
cholestyramine light 4 gram oral powder <sup>MM</sup>	1	
cholestyramine light 4 gram powder for susp in a packet <sup>MM</sup>	1	
cholestyramine-aspartame 4 gram oral powder for susp in a packet <sup>MM</sup>	1	
choline and magnesium salicylate 500 mg/5 ml oral liquid	1	
CIBINQO 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CIBINQO 200 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
CIBINQO 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ciclodan 0.77 % topical cream	1	
ciclopirox 0.77 % topical cream	1	
ciclopirox 0.77 % topical gel	1	
ciclopirox 0.77 % topical suspension	1	
ciclopirox 1 % shampoo	1	
cilostazol 100 mg tablet <sup>MM</sup>	1	
cilostazol 50 mg tablet <sup>MM</sup>	1	
CILOXAN 0.3 % EYE DROPS	3	
CILOXAN 0.3 % EYE OINTMENT	3	
CIMDUO 300 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
cimetidine 200 mg tablet <sup>MM</sup>	1	
cimetidine 300 mg tablet <sup>MM</sup>	1	
cimetidine 300 mg/5 ml oral solution <sup>MM</sup>	1	
cimetidine 400 mg tablet <sup>MM</sup>	1	
cimetidine 800 mg tablet <sup>MM</sup>	1	
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT <sup>DL,MM,SP</sup>	*	PA,QL(3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT <sup>DL,MM,SP</sup>	*	PA,QL(3 per 30 days)
cinacalcet 30 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
cinacalcet 60 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
cinacalcet 90 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
CIPRO 250 MG TABLET	3	
CIPRO 250 MG/5 ML ORAL SUSPENSION	3	
CIPRO 500 MG TABLET	3	
CIPRO 500 MG/5 ML ORAL SUSPENSION	3	
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION	3	ST
ciprofloxacin 0.2 % ear drops in a dropperette	1	
ciprofloxacin 0.3 % eye drops	1	
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension	1	
ciprofloxacin 0.3 %-fluocinolone 0.025 % (0.25 ml) ear solution	1	ST
ciprofloxacin 100 mg tablet	1	
ciprofloxacin 250 mg tablet	1	
ciprofloxacin 250 mg/5 ml oral suspension	1	
ciprofloxacin 500 mg tablet	1	
ciprofloxacin 500 mg/5 ml oral suspension	1	
ciprofloxacin 750 mg tablet	1	
citalopram 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
citalopram 10 mg/5 ml oral solution <sup>MM</sup>	1	
citalopram 20 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
CITALOPRAM 30 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
citalopram 40 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS <sup>MM</sup>	3	
claravis 10 mg capsule	1	QL(60 per 30 days)
claravis 20 mg capsule	1	QL(60 per 30 days)
claravis 30 mg capsule	1	QL(60 per 30 days)
claravis 40 mg capsule	1	QL(120 per 30 days)
CLARINEX 5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE	3	ST,QL(60 per 30 days)
clarithromycin 125 mg/5 ml oral suspension	1	
clarithromycin 250 mg tablet	1	
clarithromycin 250 mg/5 ml oral suspension	1	
clarithromycin 500 mg tablet	1	
clarithromycin er 500 mg tablet,extended release 24 hr	1	
clemastine 0.5 mg/5 ml oral syrup <sup>DL,SP</sup>	*	PA,QL(1800 per 30 days)
clemastine 2.68 mg tablet	1	
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION	2	
CLEOCIN 100 MG VAGINAL SUPPOSITORY	3	
CLEOCIN 2 % VAGINAL CREAM	3	
CLEOCIN HCL 150 MG CAPSULE	3	
CLEOCIN HCL 300 MG CAPSULE	3	
CLEOCIN HCL 75 MG CAPSULE	3	
CLEOCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION	3	
CLEOCIN T 1 % LOTION	3	
CLEOCIN T 1 % SOLUTION	3	
CLEVER CHEK BLOOD GLUCOSE <sup>MM</sup>	3	ST
CLEVER CHEK BLOOD GLUCOSE SYST KIT <sup>MM</sup>	3	ST
CLEVER CHEK LANCETS 30 GAUGE <sup>MM</sup>	2	
CLEVER CHOICE BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
CLEVER CHOICE HOLDING CHAMBER-LARGE MASK	3	
CLEVER CHOICE HOLDING CHAMBER-MEDIUM MASK	3	
CLEVER CHOICE HOLDING CHAMBER-SMALL MASK	3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION <sup>MM</sup>	3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	3	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION <sup>MM</sup>	3	
CLEVER CHOICE MICRO <sup>MM</sup>	3	ST
CLEVER CHOICE MICRO TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
CLEVER CHOICE MINI BLOOD GLUCOSE MONITOR <sup>MM</sup>	3	ST

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CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR <sup>MM</sup>	3	ST
CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
CLEVER CHOICE TALK BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
CLEVER CHOICE TALK TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
CLEVER CHOICE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
CLICKFINE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
CLIMARA 0.025 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(4 per 28 days)
CLIMARA 0.0375 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(4 per 28 days)
CLIMARA 0.05 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(4 per 28 days)
CLIMARA 0.06 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(4 per 28 days)
CLIMARA 0.075 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(4 per 28 days)
CLIMARA 0.1 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(4 per 28 days)
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(4 per 28 days)
clindacin etz 1 % topical swab	1	
clindacin p 1 % topical swab	1	
CLINDAGEL 1 % TOPICAL GEL, ONCE DAILY <sup>DL,SP</sup>	*	PA
clindamycin 1 % lotion	1	
clindamycin 1 % topical foam	1	ST
clindamycin 1 % topical gel	1	PA
clindamycin 1 % topical gel, once daily <sup>DL,SP</sup>	*	PA
clindamycin 1 %-benzoyl peroxide 5 % topical gel	1	
clindamycin 1 %-benzoyl peroxide 5 % topical gel with pump	1	
clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel	1	
clindamycin 1.2 %-benzoyl peroxide 2.5 % topical gel with pump	1	ST
clindamycin 2 % vaginal cream	1	
clindamycin hcl 150 mg capsule	1	
clindamycin hcl 300 mg capsule	1	
clindamycin hcl 75 mg capsule	1	
clindamycin pediatric 75 mg/5 ml oral solution	1	
clindamycin phosphate 1 % topical solution	1	
clindamycin phosphate 1 % topical swab	1	
clindamycin-tretinoin 1.2 %-0.025 % topical gel	1	ST
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE	3	
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	3	
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINITEST COVID-19 HOME TEST KIT	3	
clobazam 10 mg tablet <sup>DL,MM</sup>	1	PA,QL(60 per 30 days)
clobazam 2.5 mg/ml oral suspension <sup>DL,MM</sup>	1	PA,QL(480 per 30 days)
clobazam 20 mg tablet <sup>DL,MM</sup>	1	PA,QL(60 per 30 days)
clobetasol 0.05 % lotion	1	
clobetasol 0.05 % scalp solution	1	
clobetasol 0.05 % shampoo	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
clobetasol 0.05 % topical cream	1	
clobetasol 0.05 % topical foam	1	ST
clobetasol 0.05 % topical gel	1	
clobetasol 0.05 % topical ointment	1	
clobetasol 0.05 % topical spray	1	ST
clobetasol-emollient 0.05 % topical cream	1	
clobetasol-emollient 0.05 % topical foam	1	ST
CLOBEX 0.05 % LOTION	3	ST
CLOBEX 0.05 % SHAMPOO	3	ST
CLOBEX 0.05 % TOPICAL SPRAY	3	ST
clocortolone pivalate 0.1 % topical cream	1	ST
clodan 0.05 % shampoo	1	
CLODERM 0.1 % TOPICAL CREAM	3	ST
clomipramine 25 mg capsule <sup>MM</sup>	1	
clomipramine 50 mg capsule <sup>MM</sup>	1	
clomipramine 75 mg capsule <sup>MM</sup>	1	
clonazepam 0.125 mg disintegrating tablet <sup>DL,MM</sup>	1	
clonazepam 0.25 mg disintegrating tablet <sup>DL,MM</sup>	1	
clonazepam 0.5 mg disintegrating tablet <sup>DL,MM</sup>	1	
clonazepam 0.5 mg tablet <sup>DL,MM</sup>	1	
clonazepam 1 mg disintegrating tablet <sup>DL,MM</sup>	1	
clonazepam 1 mg tablet <sup>DL,MM</sup>	1	
clonazepam 2 mg disintegrating tablet <sup>DL,MM</sup>	1	
clonazepam 2 mg tablet <sup>DL,MM</sup>	1	
clonidine 0.1 mg/24 hr weekly transdermal patch <sup>MM</sup>	1	QL(4 per 28 days)
clonidine 0.2 mg/24 hr weekly transdermal patch <sup>MM</sup>	1	QL(4 per 28 days)
clonidine 0.3 mg/24 hr weekly transdermal patch <sup>MM</sup>	1	QL(4 per 28 days)
clonidine hcl 0.1 mg tablet <sup>MM</sup>	1	
clonidine hcl 0.2 mg tablet <sup>MM</sup>	1	
clonidine hcl 0.3 mg tablet <sup>MM</sup>	1	
clonidine hcl er 0.1 mg tablet,extended release,12 hr <sup>MM</sup>	1	ST,QL(120 per 30 days)
clonidine hcl er 0.17 mg tablet,extended release 24 hr <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
clopidogrel 300 mg tablet	1	QL(1 per 30 days)
clopidogrel 75 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
clorazepate dipotassium 15 mg tablet <sup>DL</sup>	1	
clorazepate dipotassium 3.75 mg tablet <sup>DL</sup>	1	
clorazepate dipotassium 7.5 mg tablet <sup>DL</sup>	1	
clotrimazole 1 % topical cream	1	
clotrimazole 1 % topical solution	1	
clotrimazole 10 mg troche	1	
clotrimazole-betamethasone 1 %-0.05 % lotion	1	
clotrimazole-betamethasone 1 %-0.05 % topical cream	1	
clovique 250 mg capsule <sup>DL,SP</sup>	*	PA
clozapine 100 mg disintegrating tablet <sup>MM</sup>	1	
clozapine 100 mg tablet <sup>MM</sup>	1	
clozapine 12.5 mg disintegrating tablet <sup>MM</sup>	1	
clozapine 150 mg disintegrating tablet <sup>MM</sup>	1	
clozapine 200 mg disintegrating tablet <sup>MM</sup>	1	
clozapine 200 mg tablet <sup>MM</sup>	1	
clozapine 25 mg disintegrating tablet <sup>MM</sup>	1	
clozapine 25 mg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
clozapine 50 mg tablet <sup>MM</sup>	1	
CLOZARIL 100 MG TABLET <sup>MM</sup>	3	
CLOZARIL 200 MG TABLET <sup>MM</sup>	3	
CLOZARIL 25 MG TABLET <sup>MM</sup>	3	
CLOZARIL 50 MG TABLET <sup>MM</sup>	3	
COAGUCHEK LANCETS <sup>MM</sup>	2	
COARTEM 20 MG-120 MG TABLET	3	QL(24 per 30 days)
codeine sulfate 15 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
codeine sulfate 30 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
codeine sulfate 60 mg tablet <sup>DL</sup>	1	QL(180 per 30 days)
codeine-butalbital-asa-caffeine 30 mg-50 mg-325 mg-40 mg capsule <sup>DL</sup>	1	QL(360 per 30 days)
COLAZAL 750 MG CAPSULE	3	ST,QL(270 per 30 days)
colchicine 0.6 mg capsule <sup>MM</sup>	1	ST,QL(60 per 30 days)
colchicine 0.6 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
COLCRYS 0.6 MG TABLET <sup>MM</sup>	3	ST,QL(120 per 30 days)
colesevelam 3.75 gram oral powder packet <sup>MM</sup>	1	PA
colesevelam 625 mg tablet <sup>MM</sup>	1	PA
COLESTID 1 GRAM TABLET <sup>MM</sup>	3	
COLESTID 5 GRAM ORAL GRANULES <sup>MM</sup>	3	
COLESTID 5 GRAM ORAL PACKET <sup>MM</sup>	3	
COLESTID FLAVORED 5 GRAM ORAL GRANULES <sup>MM</sup>	3	
COLESTID FLAVORED 7.5 GRAM PACKET <sup>MM</sup>	3	
colestipol 1 gram tablet <sup>MM</sup>	1	
colestipol 5 gram oral granules <sup>MM</sup>	1	
colestipol 5 gram oral packet <sup>MM</sup>	1	
COLOR LANCETS 21 GAUGE <sup>MM</sup>	2	
COMBIGAN 0.2 %-0.5 % EYE DROPS <sup>MM</sup>	2	QL(5 per 25 days)
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL <sup>MM</sup>	3	QL(8 per 28 days)
COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL <sup>MM</sup>	3	QL(8 per 28 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	3	ST,QL(4 per 20 days)
COMBIVIR 150 MG-300 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES <sup>DL,MM,SP</sup>	*	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES <sup>DL,MM,SP</sup>	*	PA,QL(84 per 28 days)
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ LANCETS 21 GAUGE <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
COMFORT EZ LANCETS 23 GAUGE <sup>MM</sup>	2	
COMFORT EZ LANCETS 28 GAUGE <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32" <sup>MM</sup>	2	
COMFORT LANCETS <sup>MM</sup>	3	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/32" <sup>MM</sup>	2	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	2	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	2	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/16" <sup>MM</sup>	2	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 1/4" <sup>MM</sup>	2	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 3/16" <sup>MM</sup>	2	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	2	
COMFORT TOUCH PLUS PRESSURE ACTIVATED SAFETY LANCETS 30 GAUGE <sup>MM</sup>	2	
COMFORT TOUCH ULTRA THIN LANCETS 31 GAUGE <sup>MM</sup>	2	
COMIRNATY TRIS VACCINE(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION	3	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER PLUS	2	
COMPACT SPACE CHAMBER-LRG MASK	2	
COMPACT SPACE CHAMBER-MED MASK	2	
COMPACT SPACE CHAMBER-SM MASK	2	
COMPAZINE 10 MG TABLET	3	
COMPAZINE 25 MG RECTAL SUPPOSITORY	3	
COMPAZINE 5 MG TABLET	3	
COMPLERA 200 MG-25 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
complete natal dha 29 mg-1 mg-250 mg-200 mg oral pack <sup>MM</sup>	1	
completenate 29 mg iron-1 mg chewable tablet <sup>MM</sup>	1	
compro 25 mg rectal suppository	1	
COMTAN 200 MG TABLET <sup>MM</sup>	3	QL(300 per 30 days)
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE <sup>MM</sup>	3	
CONCEPT OB 85 MG-1 MG CAPSULE <sup>MM</sup>	3	
CONCERTA 18 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
CONCERTA 27 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
CONCERTA 36 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
CONCERTA 54 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
CONDYLOX 0.5 % TOPICAL GEL	3	
CONJUPRI 2.5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
CONJUPRI 5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
CONSENSI 10 MG-200 MG TABLET <sup>DL,MM,SP</sup>	*	ST,QL(30 per 30 days)
CONSENSI 2.5 MG-200 MG TABLET <sup>DL,MM,SP</sup>	*	ST,QL(30 per 30 days)
CONSENSI 5 MG-200 MG TABLET <sup>DL,MM,SP</sup>	*	ST,QL(30 per 30 days)
constulose 10 gram/15 ml oral solution <sup>MM</sup>	1	
CONTOUR CONTROL SOLUTION, HIGH <sup>MM</sup>	3	
CONTOUR CONTROL SOLUTION, LOW <sup>MM</sup>	3	
CONTOUR CONTROL SOLUTION, NORMAL <sup>MM</sup>	3	
CONTOUR METER <sup>MM</sup>	3	ST
CONTOUR METER KIT <sup>MM</sup>	3	ST
CONTOUR NEXT EZ METER <sup>MM</sup>	3	ST
CONTOUR NEXT EZ METER KIT <sup>MM</sup>	3	ST
CONTOUR NEXT GEN METER <sup>MM</sup>	3	ST
CONTOUR NEXT GEN METER KIT <sup>MM</sup>	3	ST
CONTOUR NEXT GLUCOSE METER KIT <sup>MM</sup>	3	ST
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION <sup>MM</sup>	3	
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	3	
CONTOUR NEXT LINK 2.4 KIT <sup>MM</sup>	3	ST
CONTOUR NEXT LINK KIT <sup>MM</sup>	3	ST
CONTOUR NEXT METER <sup>MM</sup>	3	ST
CONTOUR NEXT ONE METER <sup>MM</sup>	3	ST
CONTOUR NEXT TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
CONTOUR TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
CONTROL AST MONITORING SYSTEM <sup>MM</sup>	3	ST
CONZIP 100 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(30 per 30 days)
CONZIP 200 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(30 per 30 days)
CONZIP 300 MG CAPSULE, EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(30 per 30 days)
COOL BLOOD GLUCOSE METER <sup>MM</sup>	3	ST
COOL BLOOD GLUCOSE METER KIT <sup>MM</sup>	3	ST
COOL CONTROL A SOLUTION <sup>MM</sup>	3	
COOL CONTROL B SOLUTION <sup>MM</sup>	3	
COOL GLUCOSE TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(12 per 28 days)
COPIKTRA 15 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
COPIKTRA 25 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
CORDRAN 0.025 % TOPICAL CREAM	3	ST
CORDRAN 0.05 % LOTION <sup>DL,SP</sup>	*	ST
CORDRAN 0.05 % TOPICAL CREAM	3	ST
CORDRAN 0.05 % TOPICAL OINTMENT	3	ST
COREG 12.5 MG TABLET <sup>MM</sup>	3	
COREG 25 MG TABLET <sup>MM</sup>	3	
COREG 3.125 MG TABLET <sup>MM</sup>	3	
COREG 6.25 MG TABLET <sup>MM</sup>	3	
COREG CR 10 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
COREG CR 20 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
COREG CR 40 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
COREG CR 80 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
coremino 135 mg tablet,extended release	1	ST,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
coremino 45 mg tablet,extended release	1	ST,QL(30 per 30 days)
coremino 90 mg tablet,extended release	1	ST,QL(30 per 30 days)
CORGARD 20 MG TABLET <sup>MM</sup>	3	
CORGARD 40 MG TABLET <sup>MM</sup>	3	
CORGARD 80 MG TABLET <sup>MM</sup>	3	
CORLANOR 5 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
CORLANOR 5 MG/5 ML ORAL SOLUTION <sup>MM</sup>	3	PA,QL(560 per 28 days)
CORLANOR 7.5 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
CORTEF 10 MG TABLET <sup>MM</sup>	3	
CORTEF 20 MG TABLET <sup>MM</sup>	3	
CORTEF 5 MG TABLET <sup>MM</sup>	3	
CORTENEMA 100 MG/60 ML	3	
CORTIFOAM 10 % (80 MG) RECTAL	3	
CORTISPORIN 1 % TOPICAL OINTMENT	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM	3	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION	3	
CORTROPHIN GEL 80 UNIT/ML INJECTION <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
corvita 150 150 mg-1.25 mg-120 mg-10 mg tablet	1	
CORVITE 150 150 MG IRON-1 MG TABLET	3	
CORVITE FE 150 MG IRON-1 MG TABLET	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(32 per 365 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS <sup>LD,DL,MM,SP</sup>	*	PA,QL(32 per 365 days)
COSENTYX 75 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(8.5 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS <sup>LD,DL,MM,SP</sup>	*	PA,QL(32 per 365 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS <sup>LD,DL,MM,SP</sup>	*	PA,QL(32 per 365 days)
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE <sup>MM</sup>	3	ST,QL(60 per 30 days)
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS <sup>MM</sup>	3	ST,QL(10 per 30 days)
COTELLIC 20 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(63 per 28 days)
COTEMPLA XR-ODT 17.3 MG EXTENDED RELEASE DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
COTEMPLA XR-ODT 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
covaryx 1.25 mg-2.5 mg tablet <sup>MM</sup>	1	
covaryx h.s. 0.625 mg-1.25 mg tablet <sup>MM</sup>	1	
COVID-19 AT-HOME TEST KIT	3	
COZAAR 100 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
COZAAR 25 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
COZAAR 50 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	2	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	2	
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	2	
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	2	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	2	
CRESEMBA 186 MG CAPSULE <sup>DL,SP</sup>	*	PA
CRESTOR 10 MG TABLET <sup>MM</sup>	3	ST
CRESTOR 20 MG TABLET <sup>MM</sup>	3	ST
CRESTOR 40 MG TABLET <sup>MM</sup>	3	ST
CRESTOR 5 MG TABLET <sup>MM</sup>	3	ST
CRINONE 4 % VAGINAL GEL	3	QL(8.7 per 30 days)
CRIXIVAN 200 MG CAPSULE <sup>MM</sup>	3	QL(450 per 30 days)
cromolyn 100 mg/5 ml oral concentrate <sup>DL,SP</sup>	*	

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cromolyn 20 mg/2 ml solution for nebulization <sup>DL,MM,SP</sup>	*	
cromolyn 4 % eye drops	1	
croton 10 % lotion <sup>DL,SP</sup>	*	PA
cryselle (28) 0.3 mg-30 mcg tablet <sup>MM</sup>	1	
CUE COVID-19 HOME TEST KIT	3	
CUPRIMINE 250 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA
CUROSURF 120 MG/1.5 ML INTRATRACHEAL SUSPENSION	3	
CUROSURF 240 MG/3 ML INTRATRACHEAL SUSPENSION	3	
CUTAQUIG 16.5 % SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA
CUTIVATE 0.05 % LOTION	3	ST
CUTIVATE 0.05 % TOPICAL CREAM	3	
CUVITRU 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA
CUVITRU 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA
CUVITRU 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA
CUVITRU 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA
CUVITRU 8 GRAM/40 ML (20 %) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION <sup>MM</sup>	3	
cyanocobalamin (vit b-12) 1,000 mcg/ml injection solution <sup>MM</sup>	1	QL(30 per 30 days)
cyclafem 1/35 (28) 1 mg-35 mcg tablet <sup>MM</sup>	1	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <sup>MM</sup>	1	
cyclobenzaprine 10 mg tablet	1	
cyclobenzaprine 5 mg tablet	1	
cyclobenzaprine 7.5 mg tablet	1	PA,QL(90 per 30 days)
cyclobenzaprine er 15 mg capsule,extended release 24 hr	1	PA,QL(21 per 30 days)
cyclobenzaprine er 30 mg capsule,extended release 24 hr	1	PA,QL(21 per 30 days)
CYCLOGYL 0.5 % EYE DROPS	3	
CYCLOGYL 1 % EYE DROPS	3	
CYCLOGYL 2 % EYE DROPS	3	
CYCLOMYDRIL 0.2 %-1 % EYE DROPS	3	
cyclopentolate 0.5 % eye drops	1	
cyclopentolate 1 % eye drops	1	
cyclopentolate 2 % eye drops	1	
cyclophosphamide 25 mg capsule <sup>DL,SP</sup>	*	QL(960 per 30 days)
cyclophosphamide 25 mg tablet <sup>DL,SP</sup>	*	QL(960 per 30 days)
cyclophosphamide 50 mg capsule <sup>DL,SP</sup>	*	QL(480 per 30 days)
cyclophosphamide 50 mg tablet <sup>DL,SP</sup>	*	QL(480 per 30 days)
cycloserine 250 mg capsule	1	
CYCLOSET 0.8 MG TABLET <sup>MM</sup>	3	ST,QL(180 per 30 days)
cyclosporine 0.05 % eye drops in a dropperette <sup>MM</sup>	1	PA,QL(60 per 30 days)
cyclosporine 100 mg capsule <sup>MM</sup>	1	QL(720 per 30 days)
cyclosporine 25 mg capsule <sup>MM</sup>	1	
cyclosporine modified 100 mg capsule <sup>MM</sup>	1	QL(720 per 30 days)
cyclosporine modified 100 mg/ml oral solution <sup>MM</sup>	1	
cyclosporine modified 25 mg capsule <sup>MM</sup>	1	
cyclosporine modified 50 mg capsule <sup>MM</sup>	1	
CYMBALTA 20 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
CYMBALTA 30 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(90 per 30 days)
CYMBALTA 60 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
cyproheptadine 2 mg/5 ml oral syrup	1	
cyproheptadine 4 mg tablet	1	
cyred 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
cyred eq 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
CYSTADANE 1 GRAM/SCOOP ORAL POWDER <sup>DL,MM,SP</sup>	*	
CYSTADROPS 0.37 % EYE DROPS <sup>DL,MM,SP</sup>	*	PA,QL(20 per 28 days)
CYSTAGON 150 MG CAPSULE <sup>MM</sup>	3	
CYSTAGON 50 MG CAPSULE <sup>MM</sup>	3	
CYSTARAN 0.44 % EYE DROPS <sup>DL,MM,SP</sup>	*	PA,QL(60 per 28 days)
CYTOMEL 25 MCG TABLET <sup>MM</sup>	3	
CYTOMEL 5 MCG TABLET <sup>MM</sup>	3	
CYTOMEL 50 MCG TABLET <sup>MM</sup>	3	
CYTOTEC 100 MCG TABLET <sup>MM</sup>	3	
CYTOTEC 200 MCG TABLET <sup>MM</sup>	3	
D.H.E.45 1 MG/ML INJECTION SOLUTION <sup>DL,SP</sup>	*	
dabigatran etexilate 150 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
dabigatran etexilate 75 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
dalfampridine er 10 mg tablet,extended release,12 hr <sup>MM</sup>	1	PA,QL(60 per 30 days)
DALIRESP 250 MCG TABLET <sup>MM</sup>	3	QL(28 per 365 days)
DALIRESP 500 MCG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
danazol 100 mg capsule	1	
danazol 200 mg capsule	1	
danazol 50 mg capsule	1	
DANTRIUM 25 MG CAPSULE <sup>MM</sup>	3	
DANTRIUM 50 MG CAPSULE <sup>MM</sup>	3	
dantrolene 100 mg capsule <sup>MM</sup>	1	
dantrolene 25 mg capsule <sup>MM</sup>	1	
dantrolene 50 mg capsule <sup>MM</sup>	1	
dapsone 100 mg tablet <sup>MM</sup>	1	
dapsone 25 mg tablet <sup>MM</sup>	1	
dapsone 5 % topical gel	1	ST
dapsone 7.5 % topical gel with pump	1	ST
DARAPRIM 25 MG TABLET <sup>DL,SP</sup>	*	ST
darifenacin er 15 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
darifenacin er 7.5 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
DARIO BLOOD GLUCOSE MONITOR <sup>MM</sup>	3	ST
DARIO BLOOD GLUCOSE TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
DARTISLA 1.7 MG DISINTEGRATING TABLET	3	ST,QL(120 per 30 days)
dasetta 1/35 (28) 1 mg-35 mcg tablet <sup>MM</sup>	1	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet <sup>MM</sup>	1	
DAURISMO 100 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
DAYPRO 600 MG TABLET	3	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
DAYTRANA 10 MG/9 HR DAILY PATCH <sup>MM</sup>	3	ST,QL(30 per 30 days)
DAYTRANA 15 MG/9 HR DAILY PATCH <sup>MM</sup>	3	ST,QL(30 per 30 days)
DAYTRANA 20 MG/9 HR DAILY PATCH <sup>MM</sup>	3	ST,QL(30 per 30 days)
DAYTRANA 30 MG/9 HR DAILY PATCH <sup>MM</sup>	3	ST,QL(30 per 30 days)
DAYVIGO 10 MG TABLET	3	ST,QL(30 per 30 days)
DAYVIGO 5 MG TABLET	3	ST,QL(30 per 30 days)
DDAVP 0.1 MG TABLET <sup>MM</sup>	3	QL(180 per 30 days)
DDAVP 0.1 MG/ML (REFRIGERATE) NASAL SOLUTION <sup>MM</sup>	3	QL(10 per 25 days)
DDAVP 0.2 MG TABLET <sup>MM</sup>	3	QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
DDAVP 4 MCG/ML INJECTION SOLUTION	3	
deblitane 0.35 mg tablet <sup>MM</sup>	1	
deferasirox 125 mg dispersible tablet <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
deferasirox 180 mg oral granules in packet <sup>DL,MM,SP</sup>	*	PA,QL(600 per 30 days)
deferasirox 180 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(600 per 30 days)
deferasirox 250 mg dispersible tablet <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
deferasirox 360 mg oral granules in packet <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
deferasirox 360 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
deferasirox 500 mg dispersible tablet <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
deferasirox 90 mg oral granules in packet <sup>DL,MM,SP</sup>	*	PA,QL(1200 per 30 days)
deferasirox 90 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(1200 per 30 days)
deferiprone 1,000 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
deferiprone 500 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(720 per 30 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
DELZICOL 400 MG CAPSULE (DR TABLETS INSIDE) <sup>MM</sup>	3	ST,QL(180 per 30 days)
demeclocycline 150 mg tablet	1	
demeclocycline 300 mg tablet	1	
DEMSER 250 MG CAPSULE <sup>LD</sup>	3	
DENAVIR 1 % TOPICAL CREAM <sup>DL,SP</sup>	*	PA
DEPAKOTE 125 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	
DEPAKOTE 250 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	
DEPAKOTE 500 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	
DEPAKOTE ER 250 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	
DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	
DEPEN TITRATABS 250 MG TABLET <sup>DL,MM,SP</sup>	*	PA
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION <sup>MM</sup>	3	QL(1 per 90 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE <sup>MM</sup>	3	QL(1 per 90 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	QL(0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML INTRAMUSCULAR OIL <sup>MM</sup>	3	QL(24 per 90 days)
DEPO-TESTOSTERONE 200 MG/ML INTRAMUSCULAR OIL <sup>MM</sup>	3	QL(24 per 90 days)
DERMA-SMOOTHIE/FS BODY OIL 0.01 %	3	ST
DERMA-SMOOTHIE/FS SCALP OIL 0.01 %	3	ST
DERMOTIC OIL 0.01 % EAR DROPS	3	
DESCOVY 120 MG-15 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
DESCOVY 200 MG-25 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
desflurane 100 % inhalation liquid	1	
desipramine 10 mg tablet <sup>MM</sup>	1	
desipramine 100 mg tablet <sup>MM</sup>	1	
desipramine 150 mg tablet <sup>MM</sup>	1	
desipramine 25 mg tablet <sup>MM</sup>	1	
desipramine 50 mg tablet <sup>MM</sup>	1	
desipramine 75 mg tablet <sup>MM</sup>	1	
desloratadine 2.5 mg disintegrating tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
desloratadine 5 mg disintegrating tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
desloratadine 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
desmopressin 0.1 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
desmopressin 0.2 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
desmopressin 10 mcg/spray (0.1 ml) nasal spray <sup>MM</sup>	1	QL(25 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
desmopressin 10 mcg/spray (0.1 ml) nasal spray (non-refrigerated) <sup>MM</sup>	1	QL(25 per 30 days)
desmopressin 4 mcg/ml injection solution	1	
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet <sup>MM</sup>	1	
desogestrel-e.estradiol 0.15 mg-0.02 mg(21)/e.estrad 0.01 mg(5) tablet <sup>MM</sup>	1	
DESONATE 0.05 % TOPICAL GEL	3	
desonide 0.05 % lotion	1	
desonide 0.05 % topical cream	1	
desonide 0.05 % topical gel	1	
desonide 0.05 % topical ointment	1	
DESOWEN 0.05 % TOPICAL CREAM	3	
desoximetasone 0.05 % topical cream	1	
desoximetasone 0.05 % topical gel	1	
desoximetasone 0.05 % topical ointment	1	
desoximetasone 0.25 % topical cream	1	
desoximetasone 0.25 % topical ointment	1	
desoximetasone 0.25 % topical spray	1	ST
DESOXYN 5 MG TABLET <sup>MM</sup>	3	ST,QL(150 per 30 days)
desrx 0.05 % topical gel	1	
desvenlafaxine er 100 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
desvenlafaxine er 50 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
desvenlafaxine succinate er 100 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
desvenlafaxine succinate er 50 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
DETROL 1 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
DETROL 2 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
DETROL LA 2 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
DETROL LA 4 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
dexabliss 1.5 mg (39 tabs) tablets in a dose pack	1	
dexamethasone 0.5 mg tablet	1	
dexamethasone 0.5 mg/5 ml oral elixir	1	
dexamethasone 0.5 mg/5 ml oral solution	1	
dexamethasone 0.75 mg tablet	1	
dexamethasone 1 mg tablet	1	
dexamethasone 1.5 mg (21 tabs) tablets in a dose pack	1	
dexamethasone 1.5 mg (35 tabs) tablets in a dose pack	1	
dexamethasone 1.5 mg (51 tabs) tablets in a dose pack	1	
dexamethasone 1.5 mg tablet	1	
dexamethasone 2 mg tablet	1	
dexamethasone 4 mg tablet	1	
dexamethasone 6 mg tablet	1	
dexamethasone intensol 1 mg/ml drops (concentrate)	1	
dexamethasone sodium phosphate 0.1 % eye drops	1	
dexchlorpheniramine maleate 2 mg/5 ml oral solution <sup>DL</sup>	1	PA
DEXCOM G4 RECEIVER <sup>MM</sup>	3	PA
DEXCOM G4 RECEIVER PEDIATRIC <sup>MM</sup>	3	PA
DEXCOM G4 RECEIVER WITH SHARE (PEDIATRIC) <sup>MM</sup>	3	PA
DEXCOM G4 RECEIVER WITH SHARE KIT <sup>MM</sup>	3	PA
DEXCOM G4 TRANSMITTER DEVICE <sup>MM</sup>	3	PA
DEXCOM G5 RECEIVER <sup>MM</sup>	3	PA
DEXCOM G5 TRANSMITTER DEVICE <sup>MM</sup>	3	PA
DEXCOM G5-G4 SENSOR DEVICE <sup>MM</sup>	3	PA

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
DEXCOM G6 RECEIVER MISC <sup>MM</sup>	3	PA
DEXCOM G6 SENSOR DEVICE <sup>MM</sup>	3	PA
DEXCOM G6 TRANSMITTER DEVICE <sup>MM</sup>	3	PA
DEXCOM RECEIVER <sup>MM</sup>	3	PA
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(120 per 30 days)
DEXEDRINE SPANSULE 5 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
DEXILANT 30 MG CAPSULE, DELAYED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
DEXILANT 60 MG CAPSULE, DELAYED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
dexlansoprazole 30 mg capsule,biphase delayed release <sup>MM</sup>	3	ST,QL(30 per 30 days)
dexlansoprazole 60 mg capsule,biphase delayed release <sup>MM</sup>	3	ST,QL(30 per 30 days)
dexmethylphenidate 10 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
dexmethylphenidate 2.5 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
dexmethylphenidate 5 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
dexmethylphenidate er 10 mg capsule,extended release biphasic50-50 <sup>MM</sup>	1	QL(30 per 30 days)
dexmethylphenidate er 15 mg capsule,extended release biphasic50-50 <sup>MM</sup>	1	QL(30 per 30 days)
dexmethylphenidate er 20 mg capsule,extended release biphasic50-50 <sup>MM</sup>	1	QL(30 per 30 days)
dexmethylphenidate er 25 mg capsule,extended release biphasic50-50 <sup>MM</sup>	1	QL(30 per 30 days)
dexmethylphenidate er 30 mg capsule,extended release biphasic50-50 <sup>MM</sup>	1	QL(30 per 30 days)
dexmethylphenidate er 35 mg capsule,extended release biphasic50-50 <sup>MM</sup>	1	QL(30 per 30 days)
dexmethylphenidate er 40 mg capsule,extended release biphasic50-50 <sup>MM</sup>	1	QL(30 per 30 days)
dexmethylphenidate er 5 mg capsule,extended release biphasic50-50 <sup>MM</sup>	1	QL(30 per 30 days)
dextroamphetamine sulfate 10 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg tablet <sup>MM</sup>	1	ST,QL(120 per 30 days)
dextroamphetamine sulfate 20 mg tablet <sup>MM</sup>	1	ST,QL(90 per 30 days)
dextroamphetamine sulfate 30 mg tablet <sup>MM</sup>	1	ST,QL(60 per 30 days)
dextroamphetamine sulfate 5 mg tablet <sup>MM</sup>	1	QL(150 per 30 days)
dextroamphetamine sulfate 5 mg/5 ml oral solution <sup>MM</sup>	1	ST,QL(1800 per 30 days)
dextroamphetamine sulfate er 10 mg capsule,extended release <sup>MM</sup>	1	ST,QL(180 per 30 days)
dextroamphetamine sulfate er 15 mg capsule,extended release <sup>MM</sup>	1	ST,QL(120 per 30 days)
dextroamphetamine sulfate er 5 mg capsule,extended release <sup>MM</sup>	1	ST,QL(60 per 30 days)
dextroamphetamine-amphetamine 10 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 12.5 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 15 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 20 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 30 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 5 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 7.5 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
dextroamphetamine-amphetamine er 10 mg 24hr capsule,extend release <sup>MM</sup>	1	QL(30 per 30 days)
dextroamphetamine-amphetamine er 15 mg 24hr capsule,extend release <sup>MM</sup>	1	QL(30 per 30 days)
dextroamphetamine-amphetamine er 20 mg 24hr capsule,extend release <sup>MM</sup>	1	QL(60 per 30 days)
dextroamphetamine-amphetamine er 25 mg 24hr capsule,extend release <sup>MM</sup>	1	QL(60 per 30 days)
dextroamphetamine-amphetamine er 30 mg 24hr capsule,extend release <sup>MM</sup>	1	QL(60 per 30 days)
dextroamphetamine-amphetamine er 5 mg 24hr capsule,extend release <sup>MM</sup>	1	QL(30 per 30 days)
dextrose 40 % oral gel	1	
DHIVY 25 MG-100 MG TABLET <sup>MM</sup>	3	
DIACOMIT 250 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
DIACOMIT 250 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
DIACOMIT 500 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
DIACOMIT 500 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
DIASTAT 2.5 MG RECTAL KIT <sup>DL</sup>	3	
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT <sup>DL</sup>	3	
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT <sup>DL</sup>	3	
DIATRUE CONTROL SOLUTION HIGH <sup>MM</sup>	3	
DIATRUE CONTROL SOLUTION LOW <sup>MM</sup>	3	
DIATRUE CONTROL SOLUTION NORMAL <sup>MM</sup>	3	
DIATRUE PLUS BLOOD GLUCOSE METER SYSTEM <sup>MM</sup>	3	ST
DIATRUE PLUS TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
diazepam 10 mg tablet <sup>DL</sup>	1	QL(120 per 30 days)
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit <sup>DL</sup>	1	
diazepam 2 mg tablet <sup>DL</sup>	1	QL(90 per 30 days)
diazepam 2.5 mg rectal kit <sup>DL</sup>	1	
diazepam 5 mg tablet <sup>DL</sup>	1	QL(90 per 30 days)
diazepam 5 mg-7.5 mg-10 mg rectal kit <sup>DL</sup>	1	
diazepam 5 mg/5 ml (1 mg/ml) oral solution <sup>DL</sup>	1	QL(1200 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml, 5 ml) oral solution <sup>DL</sup>	1	QL(1200 per 30 days)
diazepam 5 mg/ml oral concentrate <sup>DL</sup>	1	QL(240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate <sup>DL</sup>	1	QL(240 per 30 days)
diazoxide 50 mg/ml oral suspension <sup>MM</sup>	1	
DIBENZYLINE 10 MG CAPSULE <sup>DL,SP</sup>	*	
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE	3	ST,QL(120 per 30 days)
diclofenac 0.1 % eye drops	1	QL(5 per 30 days)
diclofenac 1 % topical gel <sup>MM</sup>	1	
diclofenac 1.5 % topical drops <sup>MM</sup>	1	PA
diclofenac 20 mg/gram/actuation (2 %) topical soln metered-dose pump <sup>DL,SP</sup>	*	PA
diclofenac 3 % topical gel	1	PA
diclofenac 50 mg-misoprostol 200 mcg tablet,immed.and delayed release	1	ST
diclofenac 75 mg-misoprostol 200 mcg tablet,immediate,delayed release	1	ST
diclofenac epolamine 1.3 % transdermal 12 hour patch <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
diclofenac er 100 mg tablet,extended release 24 hr	1	
diclofenac potassium 25 mg capsule <sup>DL,SP</sup>	*	ST,QL(120 per 30 days)
diclofenac potassium 25 mg tablet <sup>DL,SP</sup>	*	
diclofenac potassium 50 mg tablet	1	
diclofenac sodium 25 mg tablet,delayed release	1	
diclofenac sodium 50 mg tablet,delayed release	1	
diclofenac sodium 75 mg tablet,delayed release	1	
diclofenac submicronized 35 mg capsule	3	ST,QL(90 per 30 days)
dicloxacillin 250 mg capsule	1	
dicloxacillin 500 mg capsule	1	
dicyclomine 10 mg capsule <sup>MM</sup>	1	
dicyclomine 10 mg/5 ml oral solution <sup>MM</sup>	1	
dicyclomine 20 mg tablet <sup>MM</sup>	1	
didanosine 250 mg capsule,delayed release <sup>MM</sup>	1	QL(30 per 30 days)
didanosine 400 mg capsule,delayed release <sup>MM</sup>	1	QL(30 per 30 days)
DIFFERIN 0.1 % LOTION	3	ST
DIFFERIN 0.1 % TOPICAL CREAM	3	ST
DIFFERIN 0.3 % TOPICAL GEL WITH PUMP	3	ST
DIFICID 200 MG TABLET <sup>DL,SP</sup>	*	QL(20 per 10 days)
DIFICID 40 MG/ML ORAL SUSPENSION <sup>DL,SP</sup>	*	QL(100 per 10 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
diflorasone 0.05 % topical cream	1	PA
diflorasone 0.05 % topical ointment	1	PA
DIFLUCAN 10 MG/ML ORAL SUSPENSION	3	
DIFLUCAN 100 MG TABLET	3	
DIFLUCAN 150 MG TABLET	3	
DIFLUCAN 200 MG TABLET	3	
DIFLUCAN 40 MG/ML ORAL SUSPENSION	3	
DIFLUCAN 50 MG TABLET	3	
diflunisal 500 mg tablet	1	
difluprednate 0.05 % eye drops	1	ST
digitek 125 mcg (0.125 mg) tablet <sup>MM</sup>	1	QL(30 per 30 days)
digitek 250 mcg (0.25 mg) tablet <sup>MM</sup>	1	QL(30 per 30 days)
digox 125 mcg (0.125 mg) tablet <sup>MM</sup>	1	QL(30 per 30 days)
digox 250 mcg (0.25 mg) tablet <sup>MM</sup>	1	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg) tablet <sup>MM</sup>	1	QL(30 per 30 days)
digoxin 250 mcg (0.25 mg) tablet <sup>MM</sup>	1	QL(30 per 30 days)
digoxin 50 mcg/ml (0.05 mg/ml) oral solution <sup>MM</sup>	1	
digoxin 62.5 mcg (0.0625 mg) tablet <sup>MM</sup>	1	QL(30 per 30 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) nasal spray <sup>DL,SP</sup>	*	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml injection solution <sup>DL,SP</sup>	*	PA
DILANTIN 30 MG CAPSULE <sup>MM</sup>	3	
DILANTIN EXTENDED 100 MG CAPSULE <sup>MM</sup>	3	
DILANTIN INFATABS 50 MG CHEWABLE TABLET <sup>MM</sup>	3	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION <sup>MM</sup>	3	
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
DILAUDID 1 MG/ML ORAL LIQUID <sup>DL</sup>	3	QL(2400 per 30 days)
DILAUDID 2 MG TABLET <sup>DL</sup>	3	QL(360 per 30 days)
DILAUDID 4 MG TABLET <sup>DL</sup>	3	QL(360 per 30 days)
DILAUDID 8 MG TABLET <sup>DL</sup>	3	QL(240 per 30 days)
dilt-xr 120 mg capsule, extended release <sup>MM</sup>	1	QL(60 per 30 days)
dilt-xr 180 mg capsule, extended release <sup>MM</sup>	1	QL(60 per 30 days)
dilt-xr 240 mg capsule, extended release <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem 120 mg tablet <sup>MM</sup>	1	
diltiazem 30 mg tablet <sup>MM</sup>	1	
diltiazem 60 mg tablet <sup>MM</sup>	1	
diltiazem 90 mg tablet <sup>MM</sup>	1	
diltiazem cd 120 mg capsule,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem cd 180 mg capsule,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem cd 240 mg capsule,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem cd 300 mg capsule,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
diltiazem cd 360 mg capsule,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
diltiazem er (xr/xt) 120 mg capsule,extended release 24 hr, controlled <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem er (xr/xt) 180 mg capsule,extended release 24 hr, controlled <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem er (xr/xt) 240 mg capsule,extended release 24 hr, controlled <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem er 120 mg capsule,24 hr,extended release <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem er 120 mg capsule,extended release 12 hr <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem er 180 mg capsule,24 hr,extended release <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem er 180 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem er 240 mg capsule,24 hr,extended release <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem er 240 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem er 300 mg capsule,24 hr,extended release <sup>MM</sup>	1	QL(30 per 30 days)
diltiazem er 300 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
diltiazem er 360 mg capsule,24 hr,extended release <sup>MM</sup>	1	QL(30 per 30 days)
diltiazem er 360 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
diltiazem er 420 mg capsule,24 hr,extended release <sup>MM</sup>	1	QL(30 per 30 days)
diltiazem er 420 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
diltiazem er 60 mg capsule,extended release 12 hr <sup>MM</sup>	1	QL(60 per 30 days)
diltiazem er 90 mg capsule,extended release 12 hr <sup>MM</sup>	1	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)-240 mg (46) capsule,delayed release <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg capsule,delayed release <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
dimethyl fumarate 240 mg capsule,delayed release <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
DIOVAN 160 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
DIOVAN 320 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
DIOVAN 40 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
DIOVAN 80 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
DIOVAN HCT 160 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
DIOVAN HCT 160 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
DIOVAN HCT 320 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
DIOVAN HCT 320 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
DIOVAN HCT 80 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
DIPENTUM 250 MG CAPSULE <sup>MM</sup>	3	ST,QL(120 per 30 days)
diphen 12.5 mg/5 ml oral elixir	3	
diphenhydramine 12.5 mg/5 ml oral elixir	1	
diphenoxylate-atropine 2.5 mg-0.025 mg tablet	1	
diphenoxylate-atropine 2.5 mg-0.025 mg/5 ml oral liquid	1	
DIPROLENE (AUGMENTED) 0.05 % TOPICAL OINTMENT	3	
dipyridamole 25 mg tablet <sup>MM</sup>	1	
dipyridamole 50 mg tablet <sup>MM</sup>	1	
dipyridamole 75 mg tablet <sup>MM</sup>	1	
DISKETS 40 MG SOLUBLE TABLET <sup>DL</sup>	2	QL(90 per 30 days)
disopyramide phosphate 100 mg capsule <sup>MM</sup>	1	
disopyramide phosphate 150 mg capsule <sup>MM</sup>	1	
disulfiram 250 mg tablet <sup>MM</sup>	1	
disulfiram 500 mg tablet <sup>MM</sup>	1	
DITHOL 1.5 %-10 % TOPICAL COMBO PACK <sup>DL,SP</sup>	*	PA
DITROPAN XL 10 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
DITROPAN XL 5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
DIURIL 250 MG/5 ML ORAL SUSPENSION <sup>MM</sup>	3	
divalproex 125 mg capsule,delayed release sprinkle <sup>MM</sup>	1	
divalproex 125 mg tablet,delayed release <sup>MM</sup>	1	
divalproex 250 mg tablet,delayed release <sup>MM</sup>	1	
divalproex 500 mg tablet,delayed release <sup>MM</sup>	1	
divalproex er 250 mg tablet,extended release 24 hr <sup>MM</sup>	1	
divalproex er 500 mg tablet,extended release 24 hr <sup>MM</sup>	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %) TRANSDERMAL GEL PACKET <sup>MM</sup>	3	
DIVIGEL 0.5 MG/0.5 GRAM (0.1 %) TRANSDERMAL GEL PACKET <sup>MM</sup>	3	
DIVIGEL 0.75 MG/0.75 GRAM (0.1%) TRANSDERMAL GEL PACKET <sup>MM</sup>	3	
DIVIGEL 1 MG/GRAM (0.1 %) TRANSDERMAL GEL PACKET <sup>MM</sup>	3	
DIVIGEL 1.25 MG/1.25 GRAM (0.1 %) TRANSDERMAL GEL PACKET <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
dodex 1,000 mcg/ml injection solution <sup>MM</sup>	1	QL(30 per 30 days)
dofetilide 125 mcg capsule <sup>MM</sup>	1	QL(240 per 30 days)
dofetilide 250 mcg capsule <sup>MM</sup>	1	QL(120 per 30 days)
dofetilide 500 mcg capsule <sup>MM</sup>	1	QL(60 per 30 days)
DOJOLVI 8.3 KCAL/ML ORAL LIQUID <sup>MM</sup>	3	PA
dolishale 90 mcg-20 mcg (28) tablet <sup>MM</sup>	1	
donepezil 10 mg disintegrating tablet <sup>MM</sup>	1	QL(30 per 30 days)
donepezil 10 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
donepezil 23 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
donepezil 5 mg disintegrating tablet <sup>MM</sup>	1	QL(30 per 30 days)
donepezil 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
DOPTELET (10 TAB PACK) 20 MG TABLET <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
DOPTELET (15 TAB PACK) 20 MG TABLET <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
DORAL 15 MG TABLET <sup>DL</sup>	3	QL(30 per 30 days)
DORYX 200 MG TABLET,DELAYED RELEASE	3	ST,QL(30 per 30 days)
DORYX 50 MG TABLET,DELAYED RELEASE <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
DORYX 80 MG TABLET,DELAYED RELEASE <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
DORYX MPC 120 MG TABLET, DELAYED RELEASE	3	ST,QL(60 per 30 days)
DORYX MPC 60 MG TABLET,DELAYED RELEASE <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
doxolamide 2 % eye drops <sup>MM</sup>	1	QL(10 per 30 days)
doxolamide 22.3 mg-timolol 6.8 mg/ml eye drops <sup>MM</sup>	1	QL(10 per 30 days)
doxolamide-timolol (pf) 2 %-0.5 % eye drops in a dropperette <sup>MM</sup>	1	ST,QL(60 per 30 days)
dotti 0.025 mg/24 hr transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
dotti 0.0375 mg/24 hr transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
dotti 0.05 mg/24 hr transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
dotti 0.075 mg/24 hr transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
dotti 0.1 mg/24 hr transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
DOVATO 50 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
DOVONEX 0.005 % TOPICAL CREAM	3	PA,QL(120 per 30 days)
doxazosin 1 mg tablet <sup>MM</sup>	1	
doxazosin 2 mg tablet <sup>MM</sup>	1	
doxazosin 4 mg tablet <sup>MM</sup>	1	
doxazosin 8 mg tablet <sup>MM</sup>	1	
doxepin 10 mg capsule <sup>MM</sup>	1	
doxepin 10 mg/ml oral concentrate <sup>MM</sup>	1	
doxepin 100 mg capsule <sup>MM</sup>	1	
doxepin 150 mg capsule <sup>MM</sup>	1	
doxepin 25 mg capsule <sup>MM</sup>	1	
doxepin 3 mg tablet	1	ST,QL(30 per 30 days)
doxepin 5 % topical cream	1	PA,QL(45 per 30 days)
doxepin 50 mg capsule <sup>MM</sup>	1	
doxepin 6 mg tablet	1	ST,QL(30 per 30 days)
doxepin 75 mg capsule <sup>MM</sup>	1	
doxercalciferol 0.5 mcg capsule <sup>MM</sup>	1	
doxercalciferol 1 mcg capsule <sup>MM</sup>	1	
doxercalciferol 2.5 mcg capsule <sup>MM</sup>	1	
doxycycline hyclate 100 mg capsule	1	QL(90 per 30 days)
doxycycline hyclate 100 mg tablet	1	
doxycycline hyclate 100 mg tablet,delayed release	1	ST,QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
doxycycline hyclate 150 mg tablet	1	ST,QL(30 per 30 days)
doxycycline hyclate 150 mg tablet,delayed release	1	ST,QL(60 per 30 days)
doxycycline hyclate 20 mg tablet	1	
doxycycline hyclate 200 mg tablet,delayed release	1	ST,QL(30 per 30 days)
doxycycline hyclate 50 mg capsule	1	
doxycycline hyclate 50 mg tablet <sup>DL,SP</sup>	*	ST,QL(180 per 30 days)
doxycycline hyclate 50 mg tablet,delayed release <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
doxycycline hyclate 75 mg tablet	1	ST,QL(60 per 30 days)
doxycycline hyclate 75 mg tablet,delayed release	1	ST,QL(60 per 30 days)
doxycycline hyclate 80 mg tablet,delayed release <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
doxycycline monohydrate 100 mg capsule	1	QL(90 per 30 days)
doxycycline monohydrate 100 mg tablet	1	
doxycycline monohydrate 150 mg capsule	1	ST,QL(30 per 30 days)
doxycycline monohydrate 150 mg tablet	1	ST
doxycycline monohydrate 25 mg/5 ml oral suspension	1	
doxycycline monohydrate 40 mg capsule,immediate - delay release <sup>DL,SP</sup>	*	ST,QL(30 per 30 days)
doxycycline monohydrate 50 mg capsule	1	QL(60 per 30 days)
doxycycline monohydrate 50 mg tablet	1	
doxycycline monohydrate 75 mg capsule	1	ST,QL(60 per 30 days)
doxycycline monohydrate 75 mg tablet	1	ST
doxylamine 10 mg-pyridoxine (vit b6) 10 mg tablet,delayed release	1	QL(120 per 30 days)
DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE <sup>MM</sup>	3	
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
dronabinol 10 mg capsule	1	PA,QL(120 per 30 days)
dronabinol 2.5 mg capsule	1	PA,QL(120 per 30 days)
dronabinol 5 mg capsule	1	PA,QL(120 per 30 days)
DROPLET GENTEEL LANCING DEVICE	3	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET LANCETS 30 GAUGE <sup>MM</sup>	2	
DROPLET LANCING DEVICE	3	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
DROPLET PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
DROPLET PEN NEEDLE 29 GAUGE X 3/8" <sup>MM</sup>	2	
DROPLET PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
DROPLET PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
DROPLET PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	2	
DROPLET PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	2	
DROPLET PEN NEEDLE 32 GAUGE X 5/16" <sup>MM</sup>	2	
DROPLET PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
DROPSAFE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
DROPSAFE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
drosipren-e.estradi-l.mefol 3 mg-0.02 mg-0.451 mg(24)/0.451 mg(4)tablet <sup>MM</sup>	1	
drosipren-e.estradi-l.mefol 3 mg-0.03 mg-0.451 mg(21)/0.451 mg(7)tablet <sup>MM</sup>	1	
drosiprenone 3 mg-ethinyl estradiol 0.02 mg tablet <sup>MM</sup>	1	
drosiprenone 3 mg-ethinyl estradiol 0.03 mg tablet <sup>MM</sup>	1	
DROXIA 200 MG CAPSULE <sup>MM</sup>	2	
DROXIA 300 MG CAPSULE <sup>MM</sup>	2	
DROXIA 400 MG CAPSULE <sup>MM</sup>	2	
droxidopa 100 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
droxidopa 200 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
droxidopa 300 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
DUAKLIR PRESSAIR 400 MCG-12 MCG/ACTUATION BREATH ACTIVATED <sup>MM</sup>	3	ST,QL(1 per 30 days)
DUAVEE 0.45 MG-20 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
DUET DHA BALANCED 25 MG IRON-1 MG-267 MG-233 MG ORAL PACK <sup>MM</sup>	3	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK <sup>MM</sup>	3	
DUETACT 30 MG-2 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
DUETACT 30 MG-4 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
DUEXIS 800 MG-26.6 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER <sup>MM</sup>	3	ST,QL(13 per 30 days)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER <sup>MM</sup>	3	ST,QL(13 per 30 days)
DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER <sup>MM</sup>	3	ST,QL(13 per 30 days)
duloxetine 20 mg capsule,delayed release <sup>MM</sup>	1	QL(60 per 30 days)
duloxetine 30 mg capsule,delayed release <sup>MM</sup>	1	QL(90 per 30 days)
duloxetine 40 mg capsule,delayed release <sup>MM</sup>	1	QL(60 per 30 days)
duloxetine 60 mg capsule,delayed release <sup>MM</sup>	1	QL(60 per 30 days)
DUOBRII 0.01 %-0.045 % LOTION <sup>DL,SP</sup>	*	PA,QL(200 per 28 days)
DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(17.42 per 365 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(31.92 per 365 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(31.92 per 365 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR <sup>LD,DL,MM,SP</sup>	*	PA,QL(104 per 365 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(104 per 365 days)
DURAGESIC 100 MCG/HR TRANSDERMAL PATCH <sup>DL</sup>	3	QL(20 per 30 days)
DURAGESIC 12 MCG/HR TRANSDERMAL PATCH <sup>DL</sup>	3	QL(20 per 30 days)
DURAGESIC 25 MCG/HR TRANSDERMAL PATCH <sup>DL</sup>	3	QL(20 per 30 days)
DURAGESIC 50 MCG/HR TRANSDERMAL PATCH <sup>DL</sup>	3	QL(20 per 30 days)
DURAGESIC 75 MCG/HR TRANSDERMAL PATCH <sup>DL</sup>	3	QL(20 per 30 days)
DUREZOL 0.05 % EYE DROPS	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
DURLAZA 162.5 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
dutasteride 0.5 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
dutasteride 0.5 mg-tamsulosin er 0.4 mg capsule ext.release 24hr mphas <sup>MM</sup>	1	ST,QL(30 per 30 days)
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(120 per 30 days)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
DUZALLO 200 MG-200 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
DUZALLO 200 MG-300 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
dvorah 325 mg-30 mg-16 mg tablet <sup>DL</sup>	1	QL(300 per 30 days)
DXEVO 1.5 MG (39 TABS) TABLETS IN A DOSE PACK	3	
DYANAVEL XR 10 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
DYANAVEL XR 15 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION <sup>MM</sup>	2	QL(240 per 30 days)
DYANAVEL XR 20 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
DYANAVEL XR 5 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY	3	ST,QL(23 per 28 days)
DYRENIUM 100 MG CAPSULE <sup>MM</sup>	3	
DYRENIUM 50 MG CAPSULE <sup>MM</sup>	3	
E-Z JECT LANCETS <sup>MM</sup>	3	
E-Z JECT LANCETS 26 GAUGE <sup>MM</sup>	2	
E-Z JECT LANCETS 30 GAUGE <sup>MM</sup>	2	
E-Z JECT LANCETS 32 GAUGE <sup>MM</sup>	2	
E-Z JECT LANCETS 33 GAUGE <sup>MM</sup>	2	
E-Z JECT THIN LANCETS 28 GAUGE <sup>MM</sup>	2	
E.E.S. 400 MG TABLET	3	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION	3	
EASIVENT HOLDING CHAMBER	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
EASY COMFORT INSULIN SYRINGE 1 ML 32 GAUGE X 5/16" <sup>MM</sup>	2	
EASY COMFORT INSULIN SYRINGE 1/2 ML 32 GAUGE X 5/16" <sup>MM</sup>	2	
EASY COMFORT LANCETS 30 GAUGE <sup>MM</sup>	2	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4" <sup>MM</sup>	2	
EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16" <sup>MM</sup>	2	
EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16" <sup>MM</sup>	2	
EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32" <sup>MM</sup>	2	
EASY COMFORT PEN NEEDLES 33 GAUGE X 1/4" <sup>MM</sup>	2	
EASY COMFORT PEN NEEDLES 33 GAUGE X 3/16" <sup>MM</sup>	2	
EASY COMFORT PEN NEEDLES 33 GAUGE X 5/32" <sup>MM</sup>	2	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
EASY GLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
EASY GLIDE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	2	
EASY GLUCO G2 STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASY MINI EJECT LANCING DEVICE	3	
EASY PLUS II BLOOD GLUCOSE METER <sup>MM</sup>	3	ST
EASY PLUS II HIGH CONTROL SOLUTION <sup>MM</sup>	3	
EASY PLUS II LOW CONTROL SOLUTION <sup>MM</sup>	3	
EASY PLUS II TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASY STEP BLOOD GLUCOSE METER <sup>MM</sup>	3	ST
EASY STEP HIGH CONTROL SOLUTION <sup>MM</sup>	3	
EASY STEP LOW CONTROL SOLUTION <sup>MM</sup>	3	
EASY STEP NORMAL CONTROL SOLN SOLUTION <sup>MM</sup>	3	
EASY STEP STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASY TALK BLOOD GLUCOSE METER <sup>MM</sup>	3	ST
EASY TALK GLUCOSE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASY TALK HIGH CONTROL SOLUTION <sup>MM</sup>	3	
EASY TALK LOW CONTROL SOLUTION <sup>MM</sup>	3	
EASY TALK PLUS II HIGH CONTROL SOLUTION <sup>MM</sup>	3	
EASY TALK PLUS II LOW CONTROL SOLUTION <sup>MM</sup>	3	
EASY TALK PLUS II TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASY TOUCH 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	2	
EASY TOUCH 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	
EASY TOUCH 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
EASY TOUCH 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	2	
EASY TOUCH 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	
EASY TOUCH 32 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
EASY TOUCH 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	3	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION <sup>MM</sup>	3	
EASY TOUCH BLU LINK GLUCOSE SYSTEM <sup>MM</sup>	3	ST
EASY TOUCH BLU LINK TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
EASY TOUCH FLIPLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
EASY TOUCH GLUCOSE MONITOR <sup>MM</sup>	3	ST
EASY TOUCH HIGH-LOW CONTROL SOLUTION <sup>MM</sup>	3	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 5/8" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	

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<b>DRUG NAME</b>	<b>DRUG LEVEL</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
EASY TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH LANCETS 26 GAUGE <sup>MM</sup>	3	
EASY TOUCH LANCETS 28 GAUGE <sup>MM</sup>	2	
EASY TOUCH LANCETS 30 GAUGE <sup>MM</sup>	3	
EASY TOUCH LANCETS 32 GAUGE <sup>MM</sup>	3	
EASY TOUCH LANCING DEVICE	3	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE <sup>MM</sup>	2	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	2	
EASY TOUCH SAFETY LANCETS 21 GAUGE <sup>MM</sup>	2	
EASY TOUCH SAFETY LANCETS 23 GAUGE <sup>MM</sup>	2	
EASY TOUCH SAFETY LANCETS 26 GAUGE <sup>MM</sup>	2	
EASY TOUCH SAFETY LANCETS 28 GAUGE <sup>MM</sup>	2	
EASY TOUCH SAFETY LANCETS 30 GAUGE <sup>MM</sup>	2	
EASY TOUCH SAFETY LANCETS 32 GAUGE <sup>MM</sup>	2	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16" <sup>MM</sup>	2	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16" <sup>MM</sup>	2	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 1/4" <sup>MM</sup>	2	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16" <sup>MM</sup>	2	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	2	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
EASY TOUCH TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASY TOUCH TWIST LANCETS 26 GAUGE <sup>MM</sup>	2	
EASY TOUCH TWIST LANCETS 28 GAUGE <sup>MM</sup>	2	
EASY TOUCH TWIST LANCETS 30 GAUGE <sup>MM</sup>	2	
EASY TOUCH TWIST LANCETS 32 GAUGE <sup>MM</sup>	2	
EASY TOUCH TWIST LANCETS 33 GAUGE <sup>MM</sup>	2	
EASY TOUCH UNI-SLIP 1 ML SYRINGE <sup>MM</sup>	3	
EASY TRAK BLOOD GLUCOSE METER <sup>MM</sup>	3	ST
EASY TRAK GLUCOSE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASY TRAK HIGH CONTROL SOLUTION <sup>MM</sup>	3	
EASY TRAK II BLOOD GLUCOSE METER <sup>MM</sup>	3	ST
EASY TRAK II CONTROL SOLUTION-NORMAL <sup>MM</sup>	3	
EASY TRAK II TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASY TRAK LOW CONTROL SOLUTION <sup>MM</sup>	3	
EASY TWIST AND CAP LANCETS 28 GAUGE <sup>MM</sup>	2	
EASY-TOUCH BLOOD GLUCOSE METER <sup>MM</sup>	3	ST
EASYGLUCO METER KIT <sup>MM</sup>	3	ST
EASYGLUCO MONITORING SYSTEM KIT <sup>MM</sup>	3	ST
EASYGLUCO PLUS NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
EASYGLUCO PLUS STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASYGLUCO TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EASYMAX 15 LEVEL 2 SOLUTION <sup>MM</sup>	3	
EASYMAX 15 TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASYMAX NG KIT <sup>MM</sup>	3	ST
EASYMAX NG METER <sup>MM</sup>	3	ST
EASYMAX NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
EASYMAX STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EASYMAX V SPEAKING BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
EC-NAPROSYN 375 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	
EC-NAPROSYN 500 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	
ec-naproxen 375 mg tablet,delayered release <sup>MM</sup>	1	
ec-naproxen 500 mg tablet,delayered release <sup>MM</sup>	1	
ECLIPSE NEEDLE 23 GAUGE X 1"	3	
ECLIPSE NEEDLE 25 GAUGE X 5/8"	3	
ECLIPSE NEEDLE 27 GAUGE X 1/2"	3	
ECLIPSE SYRINGE 3 ML 21 GAUGE X 1"	3	
ECLIPSE SYRINGE 3 ML 25 GAUGE X 1"	3	
econazole 1 % topical cream	1	
ECOZA 1 % TOPICAL FOAM <sup>DL,SP</sup>	*	
ed-spaz 0.125 mg disintegrating tablet <sup>MM</sup>	1	
EDARBI 40 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EDARBI 80 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EDARBYCLOR 40 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EDECIN 25 MG TABLET <sup>DL,MM,SP</sup>	*	
EDLUAR 10 MG SUBLINGUAL TABLET	3	ST,QL(30 per 30 days)
EDLUAR 5 MG SUBLINGUAL TABLET	3	ST,QL(30 per 30 days)
EDURANT 25 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
eemt 1.25 mg-2.5 mg tablet <sup>MM</sup>	1	
eemt hs 0.625 mg-1.25 mg tablet <sup>MM</sup>	1	
efavirenz 200 mg capsule <sup>MM</sup>	1	QL(120 per 30 days)
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet <sup>MM,SP</sup>	*	QL(30 per 30 days)
efavirenz 50 mg capsule <sup>MM</sup>	1	QL(480 per 30 days)
efavirenz 600 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoproxil 300 mg tablet <sup>MM,SP</sup>	*	QL(30 per 30 days)
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet <sup>MM,SP</sup>	*	QL(30 per 30 days)
EFFER-K 10 MEQ EFFERVESCENT TABLET <sup>MM</sup>	3	
EFFER-K 20 MEQ EFFERVESCENT TABLET <sup>MM</sup>	3	
effer-k 25 meq effervescent tablet <sup>MM</sup>	1	
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(90 per 30 days)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(90 per 30 days)
EFFIENT 10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EFFIENT 5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EFUDEX 5 % TOPICAL CREAM	3	
EGATEN 250 MG TABLET	3	
EGRIFTA SV 2 MG SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ELCYS 50 MG/ML INTRAVENOUS SOLUTION	3	
ELEMENT COMPACT GLUCOSE METER <sup>MM</sup>	3	ST
ELEMENT COMPACT HIGH CONTROL SOLUTION <sup>MM</sup>	3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ELEMENT COMPACT TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ELEMENT COMPACT V GLUCOSE METER <sup>MM</sup>	3	ST
ELEMENT HIGH CONTROL SOLUTION <sup>MM</sup>	3	
ELEMENT LOW CONTROL SOLUTION <sup>MM</sup>	3	
ELEMENT NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
ELEMENT PLUS BLOOD GLUCOSE KIT <sup>MM</sup>	3	ST
ELEMENT TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ELEPSIA XR 1,000 MG TABLET,EXTENDED RELEASE <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
ELEPSIA XR 1,500 MG TABLET,EXTENDED RELEASE <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP <sup>MM</sup>	3	ST,QL(52 per 30 days)
eletriptan 20 mg tablet	1	ST,QL(9 per 30 days)
eletriptan 40 mg tablet	1	ST,QL(9 per 30 days)
ELIDEL 1 % TOPICAL CREAM	3	
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(1 per 90 days)
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(1 per 120 days)
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(1 per 180 days)
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(1 per 30 days)
ELIMITE 5 % TOPICAL CREAM	3	
elinest 0.3 mg-30 mcg tablet <sup>MM</sup>	1	
ELIQUIS 2.5 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
ELIQUIS 5 MG TABLET <sup>MM</sup>	2	QL(74 per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK	2	QL(74 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR <sup>MM</sup>	3	
ELLA 30 MG TABLET	2	QL(1 per 30 days)
ELLUME COVID-19 HOME TEST KIT	3	
ELMIRON 100 MG CAPSULE <sup>DL,SP</sup>	*	QL(90 per 30 days)
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring <sup>MM</sup>	1	QL(1 per 28 days)
ELYXYB 120 MG/4.8 ML (25 MG/ML) ORAL SOLUTION <sup>DL,SP</sup>	*	ST,QL(43.2 per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
EMBRACE BLOOD GLUCOSE SYSTEM STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EMBRACE EVO BLOOD GLUCOSE KIT <sup>MM</sup>	3	ST
EMBRACE EVO GLUCOSE MONITOR <sup>MM</sup>	3	ST
EMBRACE EVO LEVEL 1 SOLUTION <sup>MM</sup>	3	
EMBRACE EVO TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EMBRACE GLUCOSE CONTROL HIGH SOLUTION <sup>MM</sup>	3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION <sup>MM</sup>	3	
EMBRACE LANCETS 30 GAUGE <sup>MM</sup>	3	
EMBRACE LANCING DEVICE WITH EJECTOR	3	
EMBRACE PRO BLOOD GLUCOSE METER <sup>MM</sup>	3	ST
EMBRACE PRO SOLUTION <sup>MM</sup>	3	
EMBRACE PRO TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EMBRACE SAFETY LANCET 21 GAUGE <sup>MM</sup>	2	
EMBRACE SAFETY LANCET 28 GAUGE <sup>MM</sup>	2	
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT <sup>MM</sup>	3	ST
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION <sup>MM</sup>	3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION <sup>MM</sup>	3	
EMBRACE TALK GLUCOSE MONITOR <sup>MM</sup>	3	ST
EMBRACE TALK TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EMCYT 140 MG CAPSULE	3	QL(540 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK	3	PA,QL(6 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION	3	PA,QL(3 per 28 days)
EMEND 40 MG CAPSULE	3	PA,QL(2 per 28 days)
EMEND 80 MG CAPSULE	3	PA,QL(4 per 28 days)
EMFLAZA 18 MG TABLET <sup>DL,MM,SP</sup>	*	PA
EMFLAZA 22.75 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA
EMFLAZA 30 MG TABLET <sup>DL,MM,SP</sup>	*	PA
EMFLAZA 36 MG TABLET <sup>DL,MM,SP</sup>	*	PA
EMFLAZA 6 MG TABLET <sup>DL,MM,SP</sup>	*	PA
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	PA,QL(2 per 30 days)
EMGALITY 300 MG/3 ML (100 MG/ML X 3) SUBCUTANEOUS SYRINGE	3	PA,QL(3 per 30 days)
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	3	PA,QL(2 per 30 days)
emoquette 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
EMPAVELI 1,080 MG/20 ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(160 per 28 days)
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet <sup>MM,SP</sup>	*	QL(30 per 30 days)
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet <sup>MM,SP</sup>	*	QL(30 per 30 days)
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet <sup>MM,SP</sup>	*	QL(30 per 30 days)
emtricitabine 200 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <sup>MM</sup>	3	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
emverm 100 mg chewable tablet <sup>DL,SP</sup>	*	
enalapril 10 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
enalapril 5 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	
enalapril maleate 1 mg/ml oral solution <sup>MM</sup>	1	
enalapril maleate 10 mg tablet <sup>MM</sup>	1	
enalapril maleate 2.5 mg tablet <sup>MM</sup>	1	
enalapril maleate 20 mg tablet <sup>MM</sup>	1	
enalapril maleate 5 mg tablet <sup>MM</sup>	1	
ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(8.16 per 28 days)
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(78 per 365 days)
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(78 per 365 days)
ENDARI 5 GRAM ORAL POWDER PACKET <sup>MM</sup>	3	PA
endocet 10 mg-325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
endocet 2.5 mg-325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
endocet 5 mg-325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
endocet 7.5 mg-325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION	3	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE	3	
ENLITE GLUCOSE SENSOR DEVICE <sup>MM</sup>	3	PA
ENLITE SYSTEM <sup>MM</sup>	3	PA
enoxaparin 100 mg/ml subcutaneous syringe	1	QL(28 per 28 days)
enoxaparin 120 mg/0.8 ml subcutaneous syringe	1	QL(22.4 per 28 days)
enoxaparin 150 mg/ml subcutaneous syringe	1	QL(28 per 28 days)
enoxaparin 30 mg/0.3 ml subcutaneous syringe	1	QL(16.8 per 28 days)

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enoxaparin 300 mg/3 ml subcutaneous solution	1	QL(84 per 28 days)
enoxaparin 40 mg/0.4 ml subcutaneous syringe	1	QL(11.2 per 28 days)
enoxaparin 60 mg/0.6 ml subcutaneous syringe	1	QL(16.8 per 28 days)
enoxaparin 80 mg/0.8 ml subcutaneous syringe	1	QL(22.4 per 28 days)
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet <sup>MM</sup>	1	
enskyce 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
ENSPRYNG 120 MG/ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(2 per 28 days)
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
entacapone 200 mg tablet <sup>MM</sup>	1	QL(300 per 30 days)
ENTADFI 5 MG-5 MG CAPSULE	3	ST,QL(182 per 365 days)
entecavir 0.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
entecavir 1 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ENTEREG 12 MG CAPSULE	3	QL(15 per 365 days)
ENTOCORT EC 3 MG CAPSULE,DELAYED,EXTENDED RELEASE	3	
ENTRESTO 24 MG-26 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
ENTRESTO 49 MG-51 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
ENTRESTO 97 MG-103 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
enulose 10 gram/15 ml oral solution <sup>MM</sup>	1	
ENVARUS XR 0.75 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA
ENVARUS XR 1 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA
ENVARUS XR 4 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA
EPANED 1 MG/ML ORAL SOLUTION <sup>MM</sup>	3	
EPCLUSA 150 MG-37.5 MG ORAL PELLETS IN PACKET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
EPCLUSA 200 MG-50 MG ORAL PELLETS IN PACKET <sup>DL,SP</sup>	*	PA,QL(56 per 28 days)
EPCLUSA 200 MG-50 MG TABLET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
EPCLUSA 400 MG-100 MG TABLET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
EPIDIOLEX 100 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP	3	ST
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP	3	ST
EPIFOAM 1 %-1 % TOPICAL	3	
epinastine 0.05 % eye drops	1	QL(5 per 25 days)
epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector	1	QL(4 per 30 days)
epinephrine 0.15 mg/0.15 ml auto-injector (for 33 to 66 lb patients)	1	QL(4 per 30 days)
epinephrine 0.3 mg/0.3 ml injection, auto-injector	1	QL(4 per 30 days)
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	3	ST,QL(4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	3	ST,QL(4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR	3	ST,QL(4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR	3	ST,QL(4 per 30 days)
epitol 200 mg tablet <sup>MM</sup>	1	
EPIVIR 10 MG/ML ORAL SOLUTION <sup>MM</sup>	3	QL(960 per 30 days)
EPIVIR 150 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
EPIVIR 300 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
EPIVIR HBV 100 MG TABLET <sup>MM</sup>	3	QL(90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION <sup>MM</sup>	3	QL(1680 per 28 days)
eplerenone 25 mg tablet <sup>MM</sup>	1	
eplerenone 50 mg tablet <sup>MM</sup>	1	
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
EPONTIA 25 MG/ML ORAL SOLUTION <sup>MM</sup>	3	PA,QL(480 per 30 days)
eprosartan 600 mg tablet <sup>MM</sup>	1	ST,QL(60 per 30 days)
EPSOLAY 5 % TOPICAL CREAM	3	ST,QL(30 per 30 days)
EPZICOM 600 MG-300 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	PA
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	PA
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	PA
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule <sup>MM</sup>	1	
ergoloid 1 mg tablet <sup>MM</sup>	1	
ERGOMAR 2 MG SUBLINGUAL TABLET	3	
ergotamine 1 mg-caffeine 100 mg tablet	1	
ERIVEDGE 150 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
ERLEADA 60 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
erlotinib 100 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
erlotinib 150 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
erlotinib 25 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
ERMEZA 30 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	
errin 0.35 mg tablet <sup>MM</sup>	1	
ERTACZO 2 % TOPICAL CREAM	3	ST
ery pads 2 % topical swab	1	
ERY-TAB 250 MG TABLET,DELAYED RELEASE	3	
ERY-TAB 333 MG TABLET,DELAYED RELEASE	3	
ERY-TAB 500 MG TABLET,DELAYED RELEASE	3	
ERYGEL 2 % TOPICAL	3	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION	3	
ERYPED 400 MG/5 ML ORAL SUSPENSION	3	
ERYTHROCIN (AS STEARATE) 250 MG TABLET	3	
erythromycin 250 mg capsule,delayered release	1	
erythromycin 250 mg tablet	1	
erythromycin 250 mg tablet,delayered release	1	
erythromycin 333 mg tablet,delayered release	1	
erythromycin 5 mg/gram (0.5 %) eye ointment	1	
erythromycin 500 mg tablet	1	
erythromycin 500 mg tablet,delayered release	1	
erythromycin ethylsuccinate 200 mg/5 ml oral powder for suspension	1	
erythromycin ethylsuccinate 400 mg tablet	1	
erythromycin ethylsuccinate 400 mg/5 ml oral powder for suspension	1	
erythromycin with ethanol 2 % topical gel	1	
erythromycin with ethanol 2 % topical solution	1	
erythromycin-benzoyl peroxide 3 %-5 % topical gel	1	
ESBRIET 267 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(270 per 30 days)
ESBRIET 267 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(270 per 30 days)
ESBRIET 801 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
escitalopram 10 mg tablet <sup>MM</sup>	1	QL(45 per 30 days)
escitalopram 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
escitalopram 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
escitalopram 5 mg/5 ml oral solution <sup>MM</sup>	1	QL(600 per 30 days)
ESGIC 50 MG-325 MG-40 MG CAPSULE	3	QL(180 per 30 days)
ESGIC 50 MG-325 MG-40 MG TABLET	3	QL(180 per 30 days)

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esomeprazole magnesium 20 mg capsule,delayed release <sup>MM</sup>	1	QL(60 per 30 days)
esomeprazole magnesium 40 mg capsule,delayed release <sup>MM</sup>	1	QL(60 per 30 days)
esomeprazole magnesium dr 10 mg granules delayed release for susp <sup>MM</sup>	1	QL(30 per 30 days)
esomeprazole magnesium dr 20 mg granules delayed release for susp <sup>MM</sup>	1	QL(30 per 30 days)
esomeprazole magnesium dr 40 mg granules delayed release for susp <sup>MM</sup>	1	QL(30 per 30 days)
ESOMEPRAZOLE STRONTIUM 49.3 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	1	ST,QL(30 per 30 days)
estarylla 0.25 mg-35 mcg tablet <sup>MM</sup>	1	
estazolam 1 mg tablet <sup>DL</sup>	1	QL(30 per 30 days)
estazolam 2 mg tablet <sup>DL</sup>	1	QL(30 per 30 days)
esterified estrogens-methyltestosterone 0.625 mg-1.25 mg tablet <sup>MM</sup>	1	
esterified estrogens-methyltestosterone 1.25 mg-2.5 mg tablet <sup>MM</sup>	1	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM <sup>MM</sup>	3	
ESTRACE 0.5 MG TABLET <sup>MM</sup>	3	
ESTRACE 1 MG TABLET <sup>MM</sup>	3	
ESTRACE 2 MG TABLET <sup>MM</sup>	3	
estradiol 0.01% (0.1 mg/gram) vaginal cream <sup>MM</sup>	1	
estradiol 0.025 mg/24 hr semiweekly transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
estradiol 0.025 mg/24 hr weekly transdermal patch <sup>MM</sup>	1	QL(4 per 28 days)
estradiol 0.0375 mg/24 hr semiweekly transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
estradiol 0.0375 mg/24 hr weekly transdermal patch <sup>MM</sup>	1	QL(4 per 28 days)
estradiol 0.05 mg/24 hr semiweekly transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
estradiol 0.05 mg/24 hr weekly transdermal patch <sup>MM</sup>	1	QL(4 per 28 days)
estradiol 0.06 mg/24 hr weekly transdermal patch <sup>MM</sup>	1	QL(4 per 28 days)
estradiol 0.075 mg/24 hr semiweekly transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
estradiol 0.075 mg/24 hr weekly transdermal patch <sup>MM</sup>	1	QL(4 per 28 days)
estradiol 0.1 mg/24 hr semiweekly transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
estradiol 0.1 mg/24 hr weekly transdermal patch <sup>MM</sup>	1	QL(4 per 28 days)
estradiol 0.25 mg/0.25 gram (0.1 %) transdermal gel packet <sup>MM</sup>	1	
estradiol 0.5 mg tablet <sup>MM</sup>	1	
estradiol 0.5 mg/0.5 gram (0.1 %) transdermal gel packet <sup>MM</sup>	1	
estradiol 0.75 mg/0.75 gram (0.1%) transdermal gel packet <sup>MM</sup>	1	
estradiol 1 mg tablet <sup>MM</sup>	1	
estradiol 1 mg/gram (0.1 %) transdermal gel packet <sup>MM</sup>	1	
estradiol 1.25 mg/1.25 gram (0.1 %) transdermal gel packet <sup>MM</sup>	1	
estradiol 10 mcg vaginal tablet <sup>MM</sup>	1	
estradiol 2 mg tablet <sup>MM</sup>	1	
estradiol-norethindrone acet 0.5 mg-0.1 mg tablet <sup>MM</sup>	1	
estradiol-norethindrone acet 1 mg-0.5 mg tablet <sup>MM</sup>	1	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING <sup>MM</sup>	3	QL(1 per 90 days)
ESTROGEL 1.25 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP <sup>MM</sup>	3	ST,QL(50 per 30 days)
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET <sup>MM</sup>	3	
eszopiclone 1 mg tablet	1	QL(30 per 30 days)
eszopiclone 2 mg tablet	1	QL(30 per 30 days)
eszopiclone 3 mg tablet	1	QL(30 per 30 days)
ethacrynic acid 25 mg tablet <sup>DL,MM,SP</sup>	*	
ethambutol 100 mg tablet	1	
ethambutol 400 mg tablet	1	
ethosuximide 250 mg capsule <sup>MM</sup>	1	
ethosuximide 250 mg/5 ml oral solution <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ethynodiol diacetate-ethinyl estradiol 1 mg-35 mcg tablet <sup>MM</sup>	1	
ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet <sup>MM</sup>	1	
etodolac 200 mg capsule <sup>MM</sup>	1	
etodolac 300 mg capsule <sup>MM</sup>	1	
etodolac 400 mg tablet <sup>MM</sup>	1	
etodolac 500 mg tablet <sup>MM</sup>	1	
etodolac er 400 mg tablet,extended release 24 hr <sup>MM</sup>	1	
etodolac er 500 mg tablet,extended release 24 hr <sup>MM</sup>	1	
etodolac er 600 mg tablet,extended release 24 hr <sup>MM</sup>	1	
etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring <sup>MM</sup>	1	QL(1 per 28 days)
etoposide 50 mg capsule <sup>DL,SP</sup>	*	QL(100 per 30 days)
etravirine 100 mg tablet <sup>MM,SP</sup>	*	QL(120 per 30 days)
etravirine 200 mg tablet <sup>MM,SP</sup>	*	QL(60 per 30 days)
EUCRISA 2 % TOPICAL OINTMENT <sup>DL,SP</sup>	*	PA
EULEXIN 125 MG CAPSULE <sup>MM</sup>	1	PA,QL(180 per 30 days)
EURAX 10 % LOTION <sup>DL,SP</sup>	*	PA
EURAX 10 % TOPICAL CREAM <sup>DL,SP</sup>	*	PA
EUTHYROX 100 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 112 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 125 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 137 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 150 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 175 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 200 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 25 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 50 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 75 MCG TABLET <sup>MM</sup>	1	
EUTHYROX 88 MCG TABLET <sup>MM</sup>	1	
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY <sup>MM</sup>	3	
EVEKEO 10 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
EVEKEO 5 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
EVEKEO ODT 10 MG DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
EVEKEO ODT 15 MG DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
EVEKEO ODT 20 MG DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
EVEKEO ODT 5 MG DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
EVENCARE G2 <sup>MM</sup>	3	ST
EVENCARE G2 SOLUTION <sup>MM</sup>	3	
EVENCARE G2 STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EVENCARE G3 CONTROL SOLUTION <sup>MM</sup>	3	
EVENCARE G3 GLUCOSE METER KIT <sup>MM</sup>	3	ST
EVENCARE G3 TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EVENCARE KIT <sup>MM</sup>	3	ST
EVENCARE MINI GLUCOSE CONTROL SOLUTION <sup>MM</sup>	3	
EVENCARE MINI GLUCOSE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EVENCARE MINI MONITOR SYSTEM <sup>MM</sup>	3	ST
EVENCARE PROVUEW CONTROL-L2,L3 SOLUTION <sup>MM</sup>	3	
EVENCARE PROVUEW TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
EVENCARE SOLUTION <sup>MM</sup>	3	
EVENCARE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)

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everolimus (antineoplastic) 10 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg tablet for oral suspension <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2.5 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
everolimus (antineoplastic) 3 mg tablet for oral suspension <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
everolimus (antineoplastic) 5 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
everolimus (antineoplastic) 5 mg tablet for oral suspension <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
everolimus (antineoplastic) 7.5 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
everolimus (immunosuppressive) 0.25 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
everolimus (immunosuppressive) 1 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	PA
EVERSENSE E3 SMART TRANSMITTER DEVICE <sup>MM</sup>	3	PA
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	PA
EVERSENSE SMART TRANSMITTER DEVICE <sup>MM</sup>	3	PA
EVISTA 60 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EVOCLIN 1 % TOPICAL FOAM	3	ST
EVOLUTION BLOOD GLUCOSE METER KIT <sup>MM</sup>	3	ST
EVOLUTION NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
EVOLUTION TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EVOTAZ 300 MG-150 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
EVOXAC 30 MG CAPSULE <sup>MM</sup>	3	
EVRYSDI 0.75 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
EXEL INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
EXEL INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
EXEL INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
EXELDERM 1 % TOPICAL CREAM	3	ST
EXELDERM 1 % TOPICAL SOLUTION	3	ST
EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL <sup>MM</sup>	3	QL(30 per 30 days)
EXELON PATCH 4.6 MG/24 HOUR TRANSDERMAL <sup>MM</sup>	3	QL(30 per 30 days)
EXELON PATCH 9.5 MG/24 HOUR TRANSDERMAL <sup>MM</sup>	3	QL(30 per 30 days)
exemestane 25 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
EXFORGE 10 MG-160 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EXFORGE 10 MG-320 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EXFORGE 5 MG-160 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EXFORGE 5 MG-320 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EXFORGE HCT 10 MG-160 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EXFORGE HCT 10 MG-320 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EXFORGE HCT 5 MG-160 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
EXJADE 125 MG DISPERSIBLE TABLET <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
EXJADE 250 MG DISPERSIBLE TABLET <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
EXJADE 500 MG DISPERSIBLE TABLET <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
EXKIVITY 40 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
EXSERVAN 50 MG ORAL FILM <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS KIT <sup>DL,MM,SP</sup>	*	PA,QL(15 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(15 per 30 days)

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EXTENDED RESERVOIR 3 ML MISC <sup>MM</sup>	3	
EXTINA 2 % TOPICAL FOAM <sup>DL,SP</sup>	*	ST
EYSUVIS 0.25 % EYE DROPS,SUSPENSION	3	PA,QL(16.6 per 30 days)
EZ SMART CONTROL SOLUTION <sup>MM</sup>	3	
EZ SMART LANCETS 28 GAUGE <sup>MM</sup>	2	
EZ SMART PLUS SYSTEM KIT <sup>MM</sup>	3	ST
EZ SMART PLUS TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EZ SMART SYSTEM KIT <sup>MM</sup>	3	ST
EZ SMART TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
EZ-LETS 26 GAUGE <sup>MM</sup>	2	
EZALLOR SPRINKLE 10 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
EZALLOR SPRINKLE 20 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
EZALLOR SPRINKLE 40 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
EZALLOR SPRINKLE 5 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ezetimibe 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ezetimibe 10 mg-rosuvastatin 10 mg tablet <sup>MM</sup>	3	ST,QL(30 per 30 days)
ezetimibe 10 mg-rosuvastatin 20 mg tablet <sup>MM</sup>	3	ST,QL(30 per 30 days)
ezetimibe 10 mg-rosuvastatin 40 mg tablet <sup>MM</sup>	3	ST,QL(30 per 30 days)
ezetimibe 10 mg-rosuvastatin 5 mg tablet <sup>MM</sup>	3	ST,QL(30 per 30 days)
ezetimibe 10 mg-simvastatin 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ezetimibe 10 mg-simvastatin 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ezetimibe 10 mg-simvastatin 40 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ezetimibe 10 mg-simvastatin 80 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
FABIOR 0.1 % TOPICAL FOAM	3	PA
FACTIVE 320 MG TABLET	3	
falmina (28) 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
famciclovir 125 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
famciclovir 250 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
famciclovir 500 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
famotidine 20 mg tablet <sup>MM</sup>	1	
famotidine 40 mg tablet <sup>MM</sup>	1	
famotidine 40 mg/5 ml (8 mg/ml) oral suspension <sup>MM</sup>	1	
FANAPT 1 MG TABLET <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
FANAPT 10 MG TABLET <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
FANAPT 12 MG TABLET <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK <sup>SP</sup>	*	PA,QL(60 per 30 days)
FANAPT 2 MG TABLET <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
FANAPT 4 MG TABLET <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
FANAPT 6 MG TABLET <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
FANAPT 8 MG TABLET <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
FARESTON 60 MG TABLET <sup>DL,MM,SP</sup>	*	QL(30 per 30 days)
FARXIGA 10 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
FARXIGA 5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
FARYDAK 10 MG CAPSULE <sup>LD,DL,SP</sup>	*	PA,QL(6 per 21 days)
FARYDAK 15 MG CAPSULE <sup>LD,DL,SP</sup>	*	PA,QL(6 per 21 days)
FARYDAK 20 MG CAPSULE <sup>LD,DL,SP</sup>	*	PA,QL(6 per 21 days)
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>LD,MM,SP</sup>	*	PA,QL(2 per 56 days)
fe c plus 100 mg-250 mg-25 mcg-1 mg tablet	1	
febuxostat 40 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
febuxostat 80 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
felbamate 400 mg tablet <sup>MM</sup>	1	
felbamate 600 mg tablet <sup>MM</sup>	1	
felbamate 600 mg/5 ml oral suspension <sup>MM</sup>	1	
FELBATOL 400 MG TABLET <sup>MM</sup>	3	
FELBATOL 600 MG TABLET <sup>MM</sup>	3	
FELBATOL 600 MG/5 ML ORAL SUSPENSION <sup>MM</sup>	3	
FELDENE 10 MG CAPSULE	3	
FELDENE 20 MG CAPSULE	3	
felodipine er 10 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
felodipine er 2.5 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
felodipine er 5 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
FEMARA 2.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
FEMCAP 22 MM VAGINAL DEVICE	3	
FEMCAP 26 MM VAGINAL DEVICE	3	
FEMCAP 30 MM VAGINAL DEVICE	3	
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET <sup>MM</sup>	3	
FEMRING 0.05 MG/24 HR VAGINAL <sup>MM</sup>	3	QL(1 per 90 days)
FEMRING 0.1 MG/24 HR VAGINAL <sup>MM</sup>	3	QL(1 per 90 days)
femynor 0.25 mg-35 mcg tablet <sup>MM</sup>	1	
fenofibrate 120 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
fenofibrate 150 mg capsule <sup>MM</sup>	1	ST,QL(30 per 30 days)
fenofibrate 160 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
fenofibrate 40 mg tablet <sup>MM</sup>	1	ST,QL(60 per 30 days)
fenofibrate 50 mg capsule <sup>MM</sup>	1	ST,QL(60 per 30 days)
fenofibrate 54 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
fenofibrate micronized 130 mg capsule <sup>MM</sup>	1	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
fenofibrate micronized 200 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
fenofibrate micronized 30 mg capsule <sup>MM</sup>	3	ST,QL(30 per 30 days)
fenofibrate micronized 43 mg capsule <sup>MM</sup>	1	ST,QL(30 per 30 days)
fenofibrate micronized 67 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
fenofibrate micronized 90 mg capsule <sup>MM</sup>	3	ST,QL(30 per 30 days)
fenofibrate nanocrystallized 145 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
fenofibric acid (choline) 135 mg capsule,delayed release <sup>MM</sup>	1	ST,QL(30 per 30 days)
fenofibric acid (choline) 45 mg capsule,delayed release <sup>MM</sup>	1	ST,QL(30 per 30 days)
fenofibric acid 105 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
fenofibric acid 35 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
FENOGLIDE 120 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
FENOGLIDE 40 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
fenopropfen 200 mg capsule <sup>DL,SP</sup>	*	PA,QL(180 per 30 days)
fenopropfen 400 mg capsule	1	PA,QL(240 per 30 days)
fenopropfen 600 mg tablet	1	PA
fenortho 200 mg capsule <sup>DL,SP</sup>	*	PA,QL(180 per 30 days)
fentanyl 1,200 mcg lozenge on a handle <sup>DL</sup>	1	PA,QL(120 per 30 days)
fentanyl 1,600 mcg lozenge on a handle <sup>DL</sup>	1	PA,QL(120 per 30 days)
fentanyl 100 mcg buccal tablet, effervescent <sup>DL</sup>	1	PA,QL(120 per 30 days)
fentanyl 100 mcg/hr transdermal patch <sup>DL</sup>	1	QL(20 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
fentanyl 12 mcg/hr transdermal patch <sup>DL</sup>	1	QL(20 per 30 days)
fentanyl 200 mcg buccal tablet, effervescent <sup>DL</sup>	1	PA,QL(120 per 30 days)
fentanyl 200 mcg lozenge on a handle <sup>DL</sup>	1	PA,QL(120 per 30 days)
fentanyl 25 mcg/hr transdermal patch <sup>DL</sup>	1	QL(20 per 30 days)
fentanyl 37.5 mcg/hour transdermal patch <sup>DL</sup>	1	QL(20 per 30 days)
fentanyl 400 mcg buccal tablet, effervescent <sup>DL</sup>	1	PA,QL(120 per 30 days)
fentanyl 400 mcg lozenge on a handle <sup>DL</sup>	1	PA,QL(120 per 30 days)
fentanyl 50 mcg/hr transdermal patch <sup>DL</sup>	1	QL(20 per 30 days)
fentanyl 600 mcg buccal tablet, effervescent <sup>DL</sup>	1	PA,QL(120 per 30 days)
fentanyl 600 mcg lozenge on a handle <sup>DL</sup>	1	PA,QL(120 per 30 days)
fentanyl 62.5 mcg/hour transdermal patch <sup>DL</sup>	1	QL(20 per 30 days)
fentanyl 75 mcg/hr transdermal patch <sup>DL</sup>	1	QL(20 per 30 days)
fentanyl 800 mcg buccal tablet, effervescent <sup>DL</sup>	1	PA,QL(120 per 30 days)
fentanyl 800 mcg lozenge on a handle <sup>DL</sup>	1	PA,QL(120 per 30 days)
fentanyl 87.5 mcg/hour transdermal patch <sup>DL</sup>	1	QL(20 per 30 days)
FENTORA 100 MCG BUCCAL TABLET, EFFERVESCENT <sup>DL</sup>	3	PA,QL(120 per 30 days)
FENTORA 200 MCG BUCCAL TABLET, EFFERVESCENT <sup>DL</sup>	3	PA,QL(120 per 30 days)
FENTORA 400 MCG BUCCAL TABLET, EFFERVESCENT <sup>DL</sup>	3	PA,QL(120 per 30 days)
FENTORA 600 MCG BUCCAL TABLET, EFFERVESCENT <sup>DL</sup>	3	PA,QL(120 per 30 days)
FENTORA 800 MCG BUCCAL TABLET, EFFERVESCENT <sup>DL</sup>	3	PA,QL(120 per 30 days)
ferocon 110 mg-0.5 mg capsule	1	
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule	1	
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
FERRIPROX 1,000 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
FERRIPROX 100 MG/ML ORAL SOLUTION <sup>DL,SP</sup>	*	PA,QL(3600 per 30 days)
FERRIPROX 500 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(720 per 30 days)
fesoterodine er 4 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
fesoterodine er 8 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK	3	PA,QL(28 per 28 days)
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
FEXMID 7.5 MG TABLET	3	PA,QL(90 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	2	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	
FIBRICOR 105 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
FIBRICOR 35 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE <sup>MM</sup>	2	
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE <sup>MM</sup>	2	
FIFTY50 TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
FILTER NEEDLES 19 X 1 1/2"	3	
FILTER NEEDLES 19 X 1"	3	
FINACEA 15 % TOPICAL FOAM	2	
FINACEA 15 % TOPICAL GEL	3	ST
finasteride 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
FINE 30 UNIVERSAL LANCETS 30 GAUGE <sup>MM</sup>	3	
FINGERSTIX LANCETS <sup>MM</sup>	2	
fingolimod 0.5 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
FINTEPLA 2.2 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(360 per 30 days)
finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	1	
fioricet 50 mg-300 mg-40 mg capsule	1	QL(180 per 30 days)
FIORICET WITH CODEINE 50 MG-300 MG-40 MG-30 MG CAPSULE <sup>DL</sup>	3	QL(180 per 30 days)
FIORINAL 50 MG-325 MG-40 MG CAPSULE	3	QL(180 per 30 days)
FIORINAL-CODEINE #3 30 MG-50 MG-325 MG-40 MG CAPSULE <sup>DL</sup>	3	QL(360 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,SP</sup>	*	PA,QL(9 per 30 days)
FIRDAPSE 10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION	3	PA,QL(6 per 365 days)
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION	3	PA,QL(6 per 365 days)
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA,QL(4 per 28 days)
FIRVANQ 25 MG/ML ORAL SOLUTION	3	PA
FIRVANQ 50 MG/ML ORAL SOLUTION	3	PA
flac otic (ear) oil 0.01 % drops	1	
FLAGYL 375 MG CAPSULE	3	
FLAGYL 500 MG TABLET	3	
FLAREX 0.1 % EYE DROPS,SUSPENSION	3	ST
flavoxate 100 mg tablet <sup>MM</sup>	1	
flecainide 100 mg tablet <sup>MM</sup>	1	
flecainide 150 mg tablet <sup>MM</sup>	1	
flecainide 50 mg tablet <sup>MM</sup>	1	
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
FLEQSUVY 5 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(480 per 30 days)
FLEXICHAMBER SPACER	3	
FLEXICHAMBER-LARGE CHILD MASK	2	
FLEXICHAMBER-SMALL ADULT MASK	2	
FLEXICHAMBER-SMALL CHILD MASK	2	
FLOLIPID 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION <sup>MM</sup>	3	ST,QL(150 per 30 days)
FLOLIPID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION <sup>MM</sup>	3	ST,QL(150 per 30 days)
FLOMAX 0.4 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(10.6 per 30 days)
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	3	
FLUAD QUAD 2021-2022(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE	3	
FLUAD QUAD 2022-2023(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE	3	
FLUARIX QUAD 2021-2022 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	3	
FLUARIX QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	3	
FLUBLOK QUAD 2021-2022 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE	3	
FLUBLOK QUAD 2022-2023 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE	3	
FLUCELVAX QUAD 2021-2022 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	3	
FLUCELVAX QUAD 2021-2022 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP	3	
FLUCELVAX QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	3	
FLUCELVAX QUAD 2022-2023 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	3	
fluconazole 10 mg/ml oral suspension	1	
fluconazole 100 mg tablet	1	
fluconazole 150 mg tablet	1	
fluconazole 200 mg tablet	1	
fluconazole 40 mg/ml oral suspension	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
fluconazole 50 mg tablet	1	
flucytosine 250 mg capsule	1	
flucytosine 500 mg capsule	1	
fludrocortisone 0.1 mg tablet <sup>MM</sup>	1	
FLULAVAL QUAD 2021-2022 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	3	
FLULAVAL QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	3	
FLUMADINE 100 MG TABLET	3	
FLUMIST QUAD 2021-2022 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE	3	
FLUMIST QUAD 2022-2023 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE	3	
flunisolide 25 mcg (0.025 %) nasal spray <sup>MM</sup>	1	QL(50 per 30 days)
fluocinolone 0.01 % scalp oil and shower cap	1	ST
fluocinolone 0.01 % topical body oil	1	ST
fluocinolone 0.01 % topical cream	1	
fluocinolone 0.01 % topical solution	1	ST
fluocinolone 0.025 % topical cream	1	
fluocinolone 0.025 % topical ointment	1	
fluocinolone acetonide oil 0.01 % ear drops	1	
fluocinonide 0.05 % topical cream	1	
fluocinonide 0.05 % topical gel	1	
fluocinonide 0.05 % topical ointment	1	
fluocinonide 0.05 % topical solution	1	
fluocinonide 0.1 % topical cream	1	ST
fluocinonide-e 0.05 % topical cream	1	
fluocinonide-emollient 0.05 % topical cream	1	
fluorometholone 0.1 % eye drops,suspension	1	
FLUOROPLEX 1 % TOPICAL CREAM <sup>DL,SP</sup>	*	
fluorouracil 0.5 % topical cream	1	
fluorouracil 2 % topical solution	1	
fluorouracil 5 % topical cream	1	
fluorouracil 5 % topical solution	1	
fluoxetine 10 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
fluoxetine 10 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
fluoxetine 20 mg capsule <sup>MM</sup>	1	QL(120 per 30 days)
fluoxetine 20 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) oral solution <sup>MM</sup>	1	
fluoxetine 40 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
fluoxetine 60 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
fluoxetine 90 mg capsule,delayed release <sup>MM</sup>	1	QL(4 per 28 days)
fluphenazine 1 mg tablet <sup>MM</sup>	1	
fluphenazine 10 mg tablet <sup>MM</sup>	1	
fluphenazine 2.5 mg tablet <sup>MM</sup>	1	
fluphenazine 2.5 mg/5 ml oral elixir <sup>MM</sup>	1	
fluphenazine 5 mg tablet <sup>MM</sup>	1	
fluphenazine 5 mg/ml oral concentrate <sup>MM</sup>	1	
fluphenazine decanoate 25 mg/ml injection solution <sup>MM</sup>	1	
flurandrenolide 0.05 % lotion <sup>DL,SP</sup>	*	ST
flurandrenolide 0.05 % topical cream	1	ST
flurandrenolide 0.05 % topical ointment	1	ST
flurazepam 15 mg capsule <sup>DL</sup>	1	QL(60 per 30 days)
flurazepam 30 mg capsule <sup>DL</sup>	1	QL(30 per 30 days)
flurbiprofen 0.03 % eye drops	1	
flurbiprofen 100 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
flutamide 125 mg capsule <sup>MM</sup>	1	QL(180 per 30 days)
fluticasone 100 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation <sup>MM</sup>	1	QL(60 per 30 days)
fluticasone 113 mcg-salmeterol 14 mcg/actuation breath activated powdr <sup>MM</sup>	1	QL(1 per 30 days)
fluticasone 232 mcg-salmeterol 14 mcg/actuation breath activated powdr <sup>MM</sup>	1	QL(1 per 30 days)
fluticasone 250 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation <sup>MM</sup>	1	QL(60 per 30 days)
fluticasone 500 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation <sup>MM</sup>	1	QL(60 per 30 days)
fluticasone 55 mcg-salmeterol 14 mcg/actuation breath activated powder <sup>MM</sup>	1	QL(1 per 30 days)
fluticasone furoate 100 mcg-vilanterol 25 mcg/dose inhalation powder <sup>MM</sup>	3	PA,QL(60 per 30 days)
fluticasone furoate 200 mcg-vilanterol 25 mcg/dose inhalation powder <sup>MM</sup>	3	PA,QL(60 per 30 days)
fluticasone propionate 0.005 % topical ointment	1	
fluticasone propionate 0.05 % lotion	1	ST
fluticasone propionate 0.05 % topical cream	1	
fluticasone propionate 110 mcg/actuation hfa aerosol inhaler <sup>MM</sup>	3	PA,QL(24 per 30 days)
fluticasone propionate 220 mcg/actuation hfa aerosol inhaler <sup>MM</sup>	3	PA,QL(24 per 30 days)
fluticasone propionate 44 mcg/actuation hfa aerosol inhaler <sup>MM</sup>	3	PA,QL(10.6 per 30 days)
fluticasone propionate 50 mcg/actuation nasal spray,suspension <sup>MM</sup>	1	QL(16 per 30 days)
fluvastatin 20 mg capsule <sup>MM</sup>	1	ST,QL(60 per 30 days)
fluvastatin 40 mg capsule <sup>MM</sup>	1	ST,QL(60 per 30 days)
fluvastatin er 80 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
fluvoxamine 100 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
fluvoxamine 25 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
fluvoxamine 50 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
fluvoxamine er 100 mg capsule,extended release 24 hr <sup>MM</sup>	1	ST,QL(60 per 30 days)
fluvoxamine er 150 mg capsule,extended release 24 hr <sup>MM</sup>	1	ST,QL(60 per 30 days)
FLUZONE HIGH-DOSE QUAD 2021-22 (PF) 240 MCG/0.7 ML IM SYRINGE	3	
FLUZONE HIGH-DOSE QUAD 2022-2023 (PF) 240 MCG/0.7 ML IM SYRINGE	3	
FLUZONE QUAD 2021-2022 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	3	
FLUZONE QUAD 2021-2022 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	3	
FLUZONE QUAD 2021-2022 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	3	
FLUZONE QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	3	
FLUZONE QUAD 2022-2023 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	3	
FLUZONE QUAD 2022-2023 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	3	
FML FORTE 0.25 % EYE DROPS,SUSPENSION	3	ST
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION	3	ST
FML S.O.P. 0.1 % EYE OINTMENT	3	ST
FOCALIN 10 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
FOCALIN 2.5 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
FOCALIN 5 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
folbee 2.5 mg-25 mg-1 mg tablet	1	
folic acid 1 mg tablet <sup>MM</sup>	1	
folivane-f 125 mg-1 mg-40 mg-3 mg capsule	1	
folivane-plus 125 mg iron-1 mg capsule	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
folplex 2.2 mg-25 mg-0.5 mg tablet	1	
fondaparinux 10 mg/0.8 ml subcutaneous solution syringe <sup>DL,SP</sup>	*	QL(24 per 30 days)
fondaparinux 2.5 mg/0.5 ml subcutaneous solution syringe <sup>DL,SP</sup>	*	QL(15 per 30 days)
fondaparinux 5 mg/0.4 ml subcutaneous solution syringe <sup>DL,SP</sup>	*	QL(12 per 30 days)
fondaparinux 7.5 mg/0.6 ml subcutaneous solution syringe <sup>DL,SP</sup>	*	QL(18 per 30 days)
FORA 6 CONNECT GLUCOSE STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA 6 CONNECT MULTIFUNCTION MONITOR <sup>MM</sup>	3	ST
FORA D10 KIT <sup>MM</sup>	3	ST
FORA D15 GLUCOSE-BP MONITOR <sup>MM</sup>	3	ST
FORA D15G STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA D20 KIT <sup>MM</sup>	3	ST
FORA D20 STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA D40-G31 TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA D40D GLUCOSE-BP MONITOR <sup>MM</sup>	3	ST
FORA D40G GLUCOSE-BP MONITOR <sup>MM</sup>	3	ST
FORA G20 KIT <sup>MM</sup>	3	ST
FORA G20 STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA G30-PREMIUM V10 TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA G30A <sup>MM</sup>	3	ST
FORA GD50 BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
FORA GD50 TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA GTEL GLUCOSE TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA GTEL MULTI-FUNCTIONAL MONITOR <sup>MM</sup>	3	ST
FORA HIGH CONTROL SOLUTION <sup>MM</sup>	3	
FORA KETONE CONTROL SOLUTION-L1 <sup>MM</sup>	3	
FORA LANCING DEVICE	3	
FORA LOW CONTROL SOLUTION <sup>MM</sup>	3	
FORA NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
FORA PREMIUM V10 GLUCOSE METER <sup>MM</sup>	3	ST
FORA TEST N'GO ADVANCE MONITOR <sup>MM</sup>	3	ST
FORA TEST N'GO ADVANCE PRO MONITOR <sup>MM</sup>	3	ST
FORA TEST N'GO ADVANCE PRO TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA TEST N'GO VOICE METER <sup>MM</sup>	3	ST
FORA TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA TN'G VOICE METER <sup>MM</sup>	3	ST
FORA TN'G VOICE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA V10 KIT <sup>MM</sup>	3	ST
FORA V10 STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA V10-V12-D10-D20 STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA V10-V12-D10-D20 STRIPS-LANCETS 30 GAUGE COMBO PACK <sup>MM</sup>	3	ST
FORA V12 BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
FORA V12 BLOOD GLUCOSE SYSTEM KIT <sup>MM</sup>	3	ST
FORA V12 GLUCOSE STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA V20 KIT <sup>MM</sup>	3	ST
FORA V20 STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORA V30A <sup>MM</sup>	3	ST
FORA V30A KIT <sup>MM</sup>	3	ST
FORA V30A STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORACARE GD20 GLUCOSE METER <sup>MM</sup>	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
FORACARE GD20 STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORACARE GD40 TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORACARE GD40A GLUCOSE METER <sup>MM</sup>	3	ST
FORACARE GD40B GLUCOSE METER <sup>MM</sup>	3	ST
FORACARE GDH HIGH CONTROL SOLUTION <sup>MM</sup>	3	
FORACARE GDH LOW CONTROL SOLUTION <sup>MM</sup>	3	
FORACARE GDH NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
FORACARE LANCETS 30 GAUGE <sup>MM</sup>	2	
FORFIVO XL 450 MG 24 HR TABLET, EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
formoterol fumarate 20 mcg/2 ml solution for nebulization <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
FORTAMET 500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM</sup>	3	PA,QL(2.48 per 30 days)
FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP <sup>MM</sup>	3	PA,QL(120 per 30 days)
FORTISCARE G1 TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORTISCARE GLUCOSE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FORTISCARE HIGH SOLUTION <sup>MM</sup>	3	
FORTISCARE LOW SOLUTION <sup>MM</sup>	3	
FORTISCARE NORMAL SOLUTION <sup>MM</sup>	3	
FORTISCARE T1 BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
FOSAMAX 70 MG TABLET <sup>MM</sup>	3	ST,QL(4 per 28 days)
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET <sup>MM</sup>	3	ST,QL(4 per 28 days)
FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET <sup>MM</sup>	3	ST,QL(4 per 28 days)
fosamprenavir 700 mg tablet <sup>MM,SP</sup>	*	QL(120 per 30 days)
fosfomycin tromethamine 3 gram oral packet	1	
fosinopril 10 mg tablet <sup>MM</sup>	1	
fosinopril 10 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	
fosinopril 20 mg tablet <sup>MM</sup>	1	
fosinopril 20 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	
fosinopril 40 mg tablet <sup>MM</sup>	1	
FOSRENOL 1,000 MG CHEWABLE TABLET <sup>DL,MM,SP</sup>	*	ST
FOSRENOL 1,000 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	ST
FOSRENOL 500 MG CHEWABLE TABLET <sup>DL,MM,SP</sup>	*	ST
FOSRENOL 750 MG CHEWABLE TABLET <sup>DL,MM,SP</sup>	*	ST
FOSRENOL 750 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	ST
FOTIVDA 0.89 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
FOTIVDA 1.34 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	QL(6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	*	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	*	QL(22.8 per 30 days)
FRAGMIN 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	QL(6 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	QL(9 per 30 days)
FREESTYLE CONTROL SOLUTION <sup>MM</sup>	3	
FREESTYLE FLASH SYSTEM KIT <sup>MM</sup>	3	ST
FREESTYLE FREEDOM KIT <sup>MM</sup>	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
FREESTYLE FREEDOM LITE KIT <sup>MM</sup>	3	ST
FREESTYLE INSULINX METER <sup>MM</sup>	3	ST
FREESTYLE INSULINX STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FREESTYLE INSULINX TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FREESTYLE LANCETS 28 GAUGE <sup>MM</sup>	3	
FREESTYLE LIBRE 14 DAY READER <sup>MM</sup>	3	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT <sup>MM</sup>	3	PA
FREESTYLE LIBRE 2 READER <sup>MM</sup>	3	PA
FREESTYLE LIBRE 2 SENSOR KIT <sup>MM</sup>	3	PA
FREESTYLE LIBRE 3 SENSOR DEVICE <sup>MM</sup>	3	PA
FREESTYLE LITE METER KIT <sup>MM</sup>	3	ST
FREESTYLE LITE STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
FREESTYLE PRECISION 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
FREESTYLE PRECISION 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
FREESTYLE PRECISION NEO METER <sup>MM</sup>	3	ST
FREESTYLE PRECISION NEO STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FREESTYLE SIDEKICK II KIT <sup>MM</sup>	3	ST
FREESTYLE SYSTEM KIT <sup>MM</sup>	3	ST
FREESTYLE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
FREESTYLE UNISTIK 2 <sup>MM</sup>	3	
FROVA 2.5 MG TABLET	3	ST,QL(12 per 30 days)
frovatriptan 2.5 mg tablet	1	ST,QL(12 per 30 days)
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(1.2 per 28 days)
FURADANTIN 25 MG/5 ML ORAL SUSPENSION <sup>DL</sup>	3	QL(2400 per 30 days)
FUROSCIX 80 MG/10 ML SUBCUTANEOUS WEARABLE INJECTOR KIT <sup>DL,SP</sup>	*	PA
furosemide 10 mg/ml oral solution <sup>MM</sup>	1	
furosemide 20 mg tablet <sup>MM</sup>	1	
furosemide 40 mg tablet <sup>MM</sup>	1	
furosemide 40 mg/5 ml (8 mg/ml) oral solution <sup>MM</sup>	1	
furosemide 80 mg tablet <sup>MM</sup>	1	
FUZEON 90 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	QL(60 per 30 days)
fyavolv 0.5 mg-2.5 mcg tablet <sup>MM</sup>	1	
fyavolv 1 mg-5 mcg tablet <sup>MM</sup>	1	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	QL(680 per 28 days)
FYCOMPA 10 MG TABLET <sup>DL,MM,SP</sup>	*	QL(30 per 30 days)
FYCOMPA 12 MG TABLET <sup>DL,MM,SP</sup>	*	QL(30 per 30 days)
FYCOMPA 2 MG TABLET <sup>DL,MM,SP</sup>	*	QL(30 per 30 days)
FYCOMPA 4 MG TABLET <sup>DL,MM,SP</sup>	*	QL(30 per 30 days)
FYCOMPA 6 MG TABLET <sup>DL,MM,SP</sup>	*	QL(30 per 30 days)
FYCOMPA 8 MG TABLET <sup>DL,MM,SP</sup>	*	QL(30 per 30 days)
FYLNETRA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(1.2 per 28 days)
gabapentin 100 mg capsule <sup>MM</sup>	1	QL(270 per 30 days)
gabapentin 250 mg/5 ml (5 ml) oral solution <sup>MM</sup>	1	QL(2250 per 30 days)
gabapentin 250 mg/5 ml oral solution <sup>MM</sup>	1	QL(2250 per 30 days)
gabapentin 300 mg capsule <sup>MM</sup>	1	QL(270 per 30 days)
gabapentin 300 mg/6 ml (6 ml) oral solution <sup>MM</sup>	1	QL(2250 per 30 days)
gabapentin 400 mg capsule <sup>MM</sup>	1	QL(270 per 30 days)

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gabapentin 600 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
gabapentin 800 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
GABITRIL 12 MG TABLET <sup>DL,MM,SP</sup>	*	QL(140 per 30 days)
GABITRIL 16 MG TABLET <sup>DL,MM,SP</sup>	*	QL(105 per 30 days)
GABITRIL 2 MG TABLET <sup>DL,MM,SP</sup>	*	QL(840 per 30 days)
GABITRIL 4 MG TABLET <sup>DL,MM,SP</sup>	*	QL(120 per 30 days)
GALAFOLD 123 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(14 per 28 days)
galantamine 12 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
galantamine 4 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
galantamine 4 mg/ml oral solution <sup>MM</sup>	1	QL(200 per 30 days)
galantamine 8 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
galantamine er 16 mg 24 hr capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
galantamine er 24 mg 24 hr capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
galantamine er 8 mg 24 hr capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
GALZIN 25 MG (ZINC) CAPSULE	3	
GALZIN 50 MG (ZINC) CAPSULE	3	
GASTROCROM 100 MG/5 ML ORAL CONCENTRATE <sup>DL,SP</sup>	*	
gatifloxacin 0.5 % eye drops	1	QL(2.5 per 25 days)
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <sup>DL,MM,SP</sup>	*	PA,QL(1 per 30 days)
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <sup>DL,MM,SP</sup>	*	PA,QL(1 per 30 days)
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution	1	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	1	
gavilyte-n 420 gram oral solution	1	
GAVRETO 100 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
GDRIVE KIT <sup>MM</sup>	3	ST
GE100 BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
GE100 BLOOD GLUCOSE SYSTEM KIT <sup>MM</sup>	3	ST
GE100 BLOOD GLUCOSE TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
GE100 CONTROL SOLUTION NORMAL <sup>MM</sup>	3	
GE333 BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
GE333 BLOOD GLUCOSE TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
GE333 CONTROL SOLUTION NORMAL <sup>MM</sup>	3	
GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET <sup>MM</sup>	3	ST,QL(30 per 30 days)
gemfibrozil 600 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
gemmily 1 mg-20 mcg (24)/75 mg (4) capsule <sup>MM</sup>	1	
GEMTESA 75 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
GENABIO COVID-19 RAPID AT-HOME KIT	3	
GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET <sup>MM</sup>	3	
generlac 10 gram/15 ml oral solution <sup>MM</sup>	1	
gengraf 100 mg capsule <sup>MM</sup>	1	QL(720 per 30 days)
gengraf 100 mg/ml oral solution <sup>MM</sup>	1	
gengraf 25 mg capsule <sup>MM</sup>	1	
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
GENSTRIP TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
gentak 0.3 % (3 mg/gram) eye ointment	1	
gentamicin 0.1 % topical cream	1	
gentamicin 0.1 % topical ointment	1	
gentamicin 0.3 % eye drops	1	
GENTEEL VACUUM LANCING DEVICE COMBO PACK <sup>MM</sup>	3	
GENULTIMATE TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
GEODON 20 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION	3	
GEODON 40 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
GEODON 60 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
GEODON 80 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
gianvi (28) 3 mg-0.02 mg tablet <sup>MM</sup>	1	
GILENYA 0.25 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
GILENYA 0.5 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
GILOTRIF 20 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
GILOTRIF 30 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
GILOTRIF 40 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
GIMOTI 15 MG/SPRAY NASAL SPRAY WITH PUMP <sup>DL,SP</sup>	*	PA,QL(9.8 per 28 days)
glatiramer 20 mg/ml subcutaneous syringe <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
glatiramer 40 mg/ml subcutaneous syringe <sup>DL,MM,SP</sup>	*	PA,QL(12 per 28 days)
glatopa 20 mg/ml subcutaneous syringe <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
glatopa 40 mg/ml subcutaneous syringe <sup>DL,MM,SP</sup>	*	PA,QL(12 per 28 days)
GLEEVEC 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
GLEEVEC 400 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
GLEOSTINE 10 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(35 per 30 days)
GLEOSTINE 100 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(3 per 30 days)
GLEOSTINE 40 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(9 per 30 days)
glimepiride 1 mg tablet <sup>MM</sup>	1	
glimepiride 2 mg tablet <sup>MM</sup>	1	
glimepiride 4 mg tablet <sup>MM</sup>	1	
glipizide 10 mg tablet <sup>MM</sup>	1	
glipizide 2.5 mg-metformin 250 mg tablet <sup>MM</sup>	1	
glipizide 2.5 mg-metformin 500 mg tablet <sup>MM</sup>	1	
glipizide 5 mg tablet <sup>MM</sup>	1	
glipizide 5 mg-metformin 500 mg tablet <sup>MM</sup>	1	
glipizide er 10 mg tablet, extended release 24 hr <sup>MM</sup>	1	
glipizide er 2.5 mg tablet, extended release 24 hr <sup>MM</sup>	1	
glipizide er 5 mg tablet, extended release 24 hr <sup>MM</sup>	1	
GLOPERBA 0.6 MG/5 ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
GLUCAGEN DIAGNOSTIC KIT 1 MG/ML INJECTION	2	
GLUCAGEN HYPOKIT 1 MG INJECTION	2	
GLUCAGON (HCL) EMERGENCY KIT 1 MG SOLUTION FOR INJECTION	3	
GLUCAGON EMERGENCY KIT 1 MG SOLUTION FOR INJECTION	1	ST

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GLUCO NAVII GLUCOSE MONITOR KIT <sup>MM</sup>	3	ST
GLUCO NAVII TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
GLUCOCARD 01 HIGH-NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
GLUCOCARD 01 METER KIT <sup>MM</sup>	3	ST
GLUCOCARD 01 NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
GLUCOCARD 01 SENSOR PLUS STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
GLUCOCARD EXPRESSION <sup>MM</sup>	3	ST
GLUCOCARD EXPRESSION KIT <sup>MM</sup>	3	ST
GLUCOCARD EXPRESSION SOLUTION <sup>MM</sup>	3	
GLUCOCARD EXPRESSION STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
GLUCOCARD SHINE CONNEX METER <sup>MM</sup>	3	ST
GLUCOCARD SHINE EXPRESS METER <sup>MM</sup>	3	ST
GLUCOCARD SHINE METER <sup>MM</sup>	3	ST
GLUCOCARD SHINE METER KIT <sup>MM</sup>	3	ST
GLUCOCARD SHINE SOLUTION <sup>MM</sup>	3	
GLUCOCARD SHINE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
GLUCOCARD SHINE XL METER <sup>MM</sup>	3	ST
GLUCOCARD VITAL KIT <sup>MM</sup>	3	ST
GLUCOCARD VITAL SENSOR STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
GLUCOCARD VITAL TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
GLUCOCOM BLOOD GLUCOSE KIT <sup>MM</sup>	3	ST
GLUCOCOM CONTROL HIGH SOLUTION <sup>MM</sup>	3	
GLUCOCOM CONTROL NORMAL SOLUTION <sup>MM</sup>	3	
GLUCOCOM GLUCOSE STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
GLUCOCOM LANCETS 28 GAUGE <sup>MM</sup>	2	
GLUCOCOM LANCETS 30 GAUGE <sup>MM</sup>	2	
GLUCOCOM LANCETS 33 GAUGE <sup>MM</sup>	2	
glucose 4 gram chewable tablet	1	
GLUCOSE CONTROL SOLUTION <sup>MM</sup>	3	
GLUCOSE KETONE CONTROL SOLN SOLUTION <sup>MM</sup>	3	
GLUCOTROL 10 MG TABLET <sup>MM</sup>	3	
GLUCOTROL XL 10 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	
GLUCOTROL XL 2.5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	
GLUCOTROL XL 5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	ST,QL(60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	ST,QL(120 per 30 days)
glyburide 1.25 mg tablet <sup>MM</sup>	1	
glyburide 1.25 mg-metformin 250 mg tablet <sup>MM</sup>	1	
glyburide 2.5 mg tablet <sup>MM</sup>	1	
glyburide 2.5 mg-metformin 500 mg tablet <sup>MM</sup>	1	
glyburide 5 mg tablet <sup>MM</sup>	1	
glyburide 5 mg-metformin 500 mg tablet <sup>MM</sup>	1	
glyburide micronized 1.5 mg tablet <sup>MM</sup>	1	
glyburide micronized 3 mg tablet <sup>MM</sup>	1	
glyburide micronized 6 mg tablet <sup>MM</sup>	1	
GLYCATE 1.5 MG TABLET <sup>DL,MM,SP</sup>	*	
glycopyrrolate 1 mg tablet <sup>MM</sup>	1	
glycopyrrolate 1 mg/5 ml (0.2 mg/ml) oral solution <sup>MM</sup>	1	
glycopyrrolate 1.5 mg tablet <sup>DL,MM,SP</sup>	*	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
glycopyrrolate 2 mg tablet <sup>MM</sup>	1	
glydo 2 % mucosal jelly in applicator	1	
GLYNASE 1.5 MG TABLET <sup>MM</sup>	3	
GLYNASE 3 MG TABLET <sup>MM</sup>	3	
GLYNASE 6 MG TABLET <sup>MM</sup>	3	
GLYXAMBI 10 MG-5 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
GLYXAMBI 25 MG-5 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
GM100 KIT <sup>MM</sup>	3	ST
GM100 STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
GOJJI GLUCOSE CONTROL SOLUTION-NORMAL <sup>MM</sup>	3	
GOJJI KETONE CONTROL SOLUTION-L1 <sup>MM</sup>	3	
GOJJI LANCETS 30 GAUGE <sup>MM</sup>	2	
GOJJI LANCETS 30 GAUGE-GLUCOSE TEST STRIPS COMBO PACK <sup>MM</sup>	3	ST
GOJJI LANCING DEVICE	2	
GOJJI MULTI-FUNCTIONAL METER <sup>MM</sup>	3	ST
GOJJI MULTI-FUNCTIONAL METER KIT <sup>MM</sup>	3	ST
GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION	3	
GONITRO 400 MCG SUBLINGUAL POWDER IN A PACKET <sup>MM</sup>	3	
GOODLIFE AC-302 GLUCOSE METER <sup>MM</sup>	3	ST
GOODLIFE AC-302 TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
GRALISE 300 MG (9)-600 MG (24) TABLET, ER 24 HR DOSE PACK <sup>DL,SP</sup>	*	ST,QL(33 per 15 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE <sup>DL,SP</sup>	*	ST,QL(30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE <sup>DL,SP</sup>	*	ST,QL(90 per 30 days)
granisetron hcl 1 mg tablet	1	QL(28 per 28 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(7 per 28 days)
GRANIX 300 MCG/ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	*	PA,QL(14 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(11.2 per 28 days)
GRANIX 480 MCG/1.6 ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	*	PA,QL(22.4 per 28 days)
GRASTEK 2,800 BAU SUBLINGUAL TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
griseofulvin microsize 125 mg/5 ml oral suspension	1	
griseofulvin microsize 500 mg tablet	1	
griseofulvin ultramicrosize 125 mg tablet	1	
griseofulvin ultramicrosize 250 mg tablet	1	
guanfacine 1 mg tablet <sup>MM</sup>	1	
guanfacine 2 mg tablet <sup>MM</sup>	1	
guanfacine er 1 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
guanfacine er 2 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
guanfacine er 3 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
guanfacine er 4 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
guanidine 125 mg tablet	1	
GUARDIAN CONNECT TRANSMITTER DEVICE <sup>MM</sup>	3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE <sup>MM</sup>	3	PA
GUARDIAN REAL-TIME GLUCOSE MONITOR <sup>MM</sup>	3	PA
GUARDIAN SENSOR 3 DEVICE <sup>MM</sup>	3	PA
GVOKE 1 MG/0.2 ML SUBCUTANEOUS SOLUTION	2	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	2	
GVOKE HYPOPEN 1-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	2	

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GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	2	
GVOKE HYPOPEN 2-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	2	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	2	
GVOKE PFS 1-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	2	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	2	
GVOKE PFS 2-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	2	
gynazole-1 2 % vaginal cream	1	
HAEGARDA 2,000 UNIT SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA,QL(20 per 28 days)
HAEGARDA 3,000 UNIT SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA,QL(20 per 28 days)
hailey 1.5 mg-30 mcg tablet <sup>MM</sup>	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM</sup>	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
halcinonide 0.1 % topical cream	1	ST
HALCION 0.25 MG TABLET <sup>DL</sup>	3	QL(30 per 30 days)
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION <sup>MM</sup>	3	QL(5 per 30 days)
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION <sup>MM</sup>	3	QL(9 per 30 days)
halobetasol propionate 0.05 % topical cream	1	
halobetasol propionate 0.05 % topical foam <sup>DL,SP</sup>	*	PA
halobetasol propionate 0.05 % topical ointment	1	
haloette 0.12 mg-0.015 mg/24 hr vaginal ring <sup>MM</sup>	1	QL(1 per 28 days)
HALOG 0.1 % TOPICAL CREAM	3	ST
HALOG 0.1 % TOPICAL OINTMENT <sup>DL,SP</sup>	*	ST
HALOG 0.1 % TOPICAL SOLUTION <sup>DL,SP</sup>	*	ST
haloperidol 0.5 mg tablet <sup>MM</sup>	1	
haloperidol 1 mg tablet <sup>MM</sup>	1	
haloperidol 10 mg tablet <sup>MM</sup>	1	
haloperidol 2 mg tablet <sup>MM</sup>	1	
haloperidol 20 mg tablet <sup>MM</sup>	1	
haloperidol 5 mg tablet <sup>MM</sup>	1	
haloperidol decanoate 100 mg/ml intramuscular solution <sup>MM</sup>	1	QL(5 per 30 days)
haloperidol decanoate 50 mg/ml intramuscular solution <sup>MM</sup>	1	QL(9 per 30 days)
haloperidol lactate 2 mg/ml oral concentrate <sup>MM</sup>	1	
HARMONY CONTROL L1,L3 SOLUTION <sup>MM</sup>	3	
HARMONY GLUCOSE TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET <sup>DL,SP</sup>	*	PA,QL(56 per 28 days)
HARVONI 45 MG-200 MG TABLET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
HARVONI 90 MG-400 MG TABLET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE	3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE	3	
HEALTHPRO GLUCOSE MONITOR <sup>MM</sup>	3	ST
HEALTHPRO HIGH-LOW CONTROL SOLUTION <sup>MM</sup>	3	
HEALTHPRO TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	

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HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
HEALTHWISE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
HEALTHWISE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	3	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	2	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	2	
HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE <sup>MM</sup>	2	
heather 0.35 mg tablet <sup>MM</sup>	1	
helidac 250 mg-500 mg-262.4 mg oral pack <sup>DL,SP</sup>	*	PA,QL(224 per 30 days)
HEMADY 20 MG TABLET	3	PA,QL(24 per 28 days)
HEMANGEOL 4.28 MG/ML ORAL SOLUTION <sup>DL,SP</sup>	*	
hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet	1	
hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule	1	
hematogen forte 460 mg-60 mg-0.01 mg-1 mg capsule	1	
hemetab 22 mg-6 mg-1 mg-25 mcg tablet	1	
HEMOCYTE-F 324 MG (106 MG IRON)-1 MG TABLET	3	
HEMOCYTE-PLUS 106 MG IRON-1 MG CAPSULE	3	
heparin (porcine) 1,000 unit/ml injection solution	1	
heparin (porcine) 10,000 unit/ml injection solution	1	
heparin (porcine) 20,000 unit/ml injection solution	1	
heparin (porcine) 5,000 unit/ml (1 ml) injection cartridge	1	
heparin (porcine) 5,000 unit/ml injection solution	1	
heparin (porcine) 5,000 unit/ml injection syringe	1	
heparin, porcine (pf) 1,000 unit/ml injection solution	1	
heparin, porcine (pf) 5,000 unit/0.5 ml injection solution	1	
heparin, porcine (pf) 5,000 unit/0.5 ml injection syringe	1	
heparin, porcine (pf) 5,000 unit/0.5 ml subcutaneous syringe	1	
heparin, porcine (pf) 5,000 unit/ml injection syringe	1	
HEPSERA 10 MG TABLET <sup>DL,SP</sup>	*	
HETLIOZ 20 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(158 per 30 days)
hidex 1.5 mg (21 tabs) tablets in a dose pack	1	
HIPREX 1 GRAM TABLET	3	
HIZENTRA 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA
HIZENTRA 1 GRAM/5 ML (20 %) SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA
HIZENTRA 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA
HIZENTRA 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA
HIZENTRA 2 GRAM/10 ML (20 %) SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA
HIZENTRA 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA
HIZENTRA 4 GRAM/20 ML (20 %) SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA
HORIZANT ER 300 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
HORIZANT ER 600 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN <sup>MM</sup>	3	ST
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS <sup>MM</sup>	3	ST
HUMALOG KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	3	ST
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <sup>MM</sup>	3	ST
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <sup>MM</sup>	3	ST
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <sup>MM</sup>	3	ST

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HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <sup>MM</sup>	3	ST
HUMALOG TEMPO PEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS <sup>MM</sup>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	ST
HUMATIN 250 MG CAPSULE	1	ST
HUMATROPE 12 MG (36 UNIT) INJECTION CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 30 days)
HUMATROPE 24 MG (72 UNIT) INJECTION CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 30 days)
HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION <sup>DL,MM,SP</sup>	*	PA,QL(12 per 30 days)
HUMATROPE 6 MG (18 UNIT) INJECTION CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 30 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <sup>DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT <sup>DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT <sup>DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT <sup>DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT <sup>DL,MM,SP</sup>	*	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <sup>DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT <sup>DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT <sup>DL,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT <sup>DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT <sup>DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT <sup>DL,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT <sup>DL,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML SUBCUT KIT <sup>DL,SP</sup>	*	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT <sup>DL,SP</sup>	*	PA,QL(6 per 28 days)
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <sup>MM</sup>	3	ST
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS <sup>MM</sup>	3	ST
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS <sup>MM</sup>	3	ST
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	3	ST
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION <sup>MM</sup>	3	ST
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	3	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN <sup>MM</sup>	3	
HYCANTIN 0.25 MG CAPSULE <sup>DL,SP</sup>	*	QL(100 per 25 days)
HYCANTIN 1 MG CAPSULE <sup>DL,SP</sup>	*	QL(25 per 25 days)
HYCODAN (WITH HOMATROPINE) 5 MG-1.5 MG TABLET	3	
HYCODAN (WITH HOMATROPINE) 5 MG-1.5 MG/5 ML ORAL SYRUP	3	
HYCODAN 5 MG-1.5 MG/5 ML (5 ML) ORAL SYRUP	3	
hydralazine 10 mg tablet <sup>MM</sup>	1	
hydralazine 100 mg tablet <sup>MM</sup>	1	
hydralazine 25 mg tablet <sup>MM</sup>	1	
hydralazine 50 mg tablet <sup>MM</sup>	1	
HYDREA 500 MG CAPSULE <sup>MM</sup>	3	
hydrochlorothiazide 12.5 mg capsule <sup>MM</sup>	1	
hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	
hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
hydrochlorothiazide 50 mg tablet <sup>MM</sup>	1	
hydrocodone 10 mg-acetaminophen 300 mg tablet <sup>DL</sup>	1	QL(180 per 30 days)
hydrocodone 10 mg-acetaminophen 325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
hydrocodone 10 mg-acetaminophen 325 mg/15 ml (15 ml) oral solution <sup>DL</sup>	1	QL(2700 per 30 days)
hydrocodone 10 mg-chlorpheniramine 8 mg/5 ml oral susp extend.rel 12hr	1	
hydrocodone 10 mg-ibuprofen 200 mg tablet <sup>DL</sup>	1	QL(150 per 30 days)

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hydrocodone 2.5 mg-acetaminophen 325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
hydrocodone 5 mg-acetaminophen 300 mg tablet <sup>DL</sup>	1	QL(240 per 30 days)
hydrocodone 5 mg-acetaminophen 325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
hydrocodone 5 mg-ibuprofen 200 mg tablet <sup>DL</sup>	1	QL(150 per 30 days)
hydrocodone 7.5 mg-acetaminophen 300 mg tablet <sup>DL</sup>	1	QL(180 per 30 days)
hydrocodone 7.5 mg-acetaminophen 325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution <sup>DL</sup>	1	QL(5520 per 30 days)
hydrocodone 7.5 mg-ibuprofen 200 mg tablet <sup>DL</sup>	1	QL(150 per 30 days)
hydrocodone bitartrate er 10 mg capsule, oral only, extended rel 12 hr <sup>DL</sup>	1	ST,QL(90 per 30 days)
hydrocodone bitartrate er 100 mg tablet, crush resist,extend.rel. 24hr <sup>DL</sup>	1	ST,QL(30 per 30 days)
hydrocodone bitartrate er 120 mg tablet, crush resist,extend.rel. 24hr <sup>DL</sup>	1	ST,QL(30 per 30 days)
hydrocodone bitartrate er 15 mg capsule, oral only, extended rel 12 hr <sup>DL</sup>	1	ST,QL(90 per 30 days)
hydrocodone bitartrate er 20 mg capsule, oral only, extended rel 12 hr <sup>DL</sup>	1	ST,QL(90 per 30 days)
hydrocodone bitartrate er 20 mg tablet,crush resist,extended rel. 24hr <sup>DL</sup>	1	ST,QL(30 per 30 days)
hydrocodone bitartrate er 30 mg capsule, oral only, extended rel 12 hr <sup>DL</sup>	1	ST,QL(90 per 30 days)
hydrocodone bitartrate er 30 mg tablet,crush resist,extended rel. 24hr <sup>DL</sup>	1	ST,QL(30 per 30 days)
hydrocodone bitartrate er 40 mg capsule, oral only, extended rel 12 hr <sup>DL</sup>	1	ST,QL(90 per 30 days)
hydrocodone bitartrate er 40 mg tablet,crush resist,extended rel. 24hr <sup>DL</sup>	1	ST,QL(30 per 30 days)
hydrocodone bitartrate er 50 mg capsule, oral only, extended rel 12 hr <sup>DL</sup>	1	ST,QL(120 per 30 days)
hydrocodone bitartrate er 60 mg tablet,crush resist,extended rel. 24hr <sup>DL</sup>	1	ST,QL(30 per 30 days)
hydrocodone bitartrate er 80 mg tablet,crush resist,extended rel. 24hr <sup>DL</sup>	1	ST,QL(30 per 30 days)
hydrocodone-homatropine 5 mg-1.5 mg tablet	1	
hydrocodone-homatropine 5 mg-1.5 mg/5 ml (5 ml) oral syrup	1	
hydrocodone-homatropine 5 mg-1.5 mg/5 ml oral syrup	1	
hydrocortisone 1 % topical cream	1	
hydrocortisone 1 % topical cream with perineal applicator	1	
hydrocortisone 1 % topical ointment	1	
hydrocortisone 10 mg tablet <sup>MM</sup>	1	
hydrocortisone 100 mg/60 ml enema	1	
hydrocortisone 2.5 % lotion	1	
hydrocortisone 2.5 % topical cream	1	
hydrocortisone 2.5 % topical cream with perineal applicator	1	
hydrocortisone 2.5 % topical ointment	1	
hydrocortisone 20 mg tablet <sup>MM</sup>	1	
hydrocortisone 5 mg tablet <sup>MM</sup>	1	
hydrocortisone butyrate 0.1 % lotion <sup>DL,SP</sup>	*	ST
hydrocortisone butyrate 0.1 % topical cream	1	
hydrocortisone butyrate 0.1 % topical ointment	1	
hydrocortisone butyrate 0.1 % topical solution	1	
hydrocortisone butyrate-emollient 0.1 % topical cream	1	ST
hydrocortisone valerate 0.2 % topical cream	1	
hydrocortisone valerate 0.2 % topical ointment	1	
hydrocortisone-acetic acid 1 %-2 % ear drops	1	
hydrocortisone-pramoxine 1 %-1 % rectal cream	1	
hydromet 5 mg-1.5 mg/5 ml oral syrup	1	
hydromorphone 1 mg/ml oral liquid <sup>DL</sup>	1	QL(2400 per 30 days)
hydromorphone 2 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
hydromorphone 3 mg rectal suppository <sup>DL</sup>	1	QL(120 per 30 days)
hydromorphone 4 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
hydromorphone 8 mg tablet <sup>DL</sup>	1	QL(240 per 30 days)
hydromorphone er 12 mg tablet,extended release 24 hr <sup>DL</sup>	1	ST,QL(180 per 30 days)

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hydromorphone er 16 mg tablet,extended release 24 hr <sup>DL</sup>	1	ST,QL(120 per 30 days)
hydromorphone er 32 mg tablet,extended release 24 hr <sup>DL</sup>	1	ST,QL(60 per 30 days)
hydromorphone er 8 mg tablet,extended release 24 hr <sup>DL</sup>	1	ST,QL(240 per 30 days)
hydroxocobalamin 1,000 mcg/ml intramuscular solution	1	
hydroxychloroquine 100 mg tablet <sup>MM</sup>	1	
hydroxychloroquine 200 mg tablet <sup>MM</sup>	1	
hydroxychloroquine 300 mg tablet <sup>MM</sup>	1	
hydroxychloroquine 400 mg tablet <sup>MM</sup>	1	
hydroxyurea 500 mg capsule <sup>MM</sup>	1	
hydroxyzine hcl 10 mg tablet	1	
hydroxyzine hcl 10 mg/5 ml oral solution	1	
hydroxyzine hcl 25 mg tablet	1	
hydroxyzine hcl 50 mg tablet	1	
hydroxyzine pamoate 100 mg capsule	1	
hydroxyzine pamoate 25 mg capsule	1	
hydroxyzine pamoate 50 mg capsule	1	
HYFTOR 0.2 % TOPICAL GEL <sup>DL,MM,SP</sup>	*	PA
hyoscyamine 0.125 mg disintegrating tablet <sup>MM</sup>	1	
hyoscyamine 0.125 mg sublingual tablet <sup>MM</sup>	1	
hyoscyamine 0.125 mg/5 ml oral elixir <sup>MM</sup>	1	
hyoscyamine 0.125 mg/ml oral drops <sup>MM</sup>	1	
hyoscyamine er 0.375 mg tablet,extended release,12 hr <sup>MM</sup>	1	
hyoscyamine sulfate 0.125 mg tablet <sup>MM</sup>	1	
hyosyne 0.125 mg/5 ml oral elixir <sup>MM</sup>	1	
hyosyne 0.125 mg/ml oral drops <sup>MM</sup>	1	
HYPER-SAL 3.5 % SOLUTION FOR NEBULIZATION	3	
HYPER-SAL 7 % SOLUTION FOR NEBULIZATION	3	
HYPOLANCE AST LANCING KIT <sup>MM</sup>	3	
HYQVIA 10 GRAM/100 ML (10 %) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA
HYQVIA 2.5 GRAM/25 ML (10 %) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA
HYQVIA 20 GRAM/200 ML (10 %) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA
HYQVIA 30 GRAM/300 ML (10 %) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA
HYQVIA 5 GRAM/50 ML (10 %) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA
HYQVIA HY COMPONENT 1,600 UNIT/10 ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA
HYQVIA HY COMPONENT 2,400 UNIT/15 ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA
HYQVIA HY COMPONENT 200 UNIT/1.25 ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA
HYQVIA HY COMPONENT 400 UNIT/2.5 ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA
HYQVIA HY COMPONENT 800 UNIT/5 ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA
HYQVIA IG COMPONENT 10 GRAM/100 ML (10 %) SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA
HYQVIA IG COMPONENT 2.5 GRAM/25 ML (10 %) SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA
HYQVIA IG COMPONENT 20 GRAM/200 ML (10 %) SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA
HYQVIA IG COMPONENT 30 GRAM/300 ML (10 %) SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA
HYQVIA IG COMPONENT 5 GRAM/50 ML (10 %) SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA
HYSINGLA ER 100 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(30 per 30 days)
HYSINGLA ER 120 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(30 per 30 days)
HYSINGLA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(30 per 30 days)
HYSINGLA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(30 per 30 days)
HYSINGLA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(30 per 30 days)
HYSINGLA ER 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(30 per 30 days)
HYSINGLA ER 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
HYZAAR 100 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
HYZAAR 100 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
HYZAAR 50 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
ibandronate 150 mg tablet <sup>MM</sup>	1	QL(1 per 28 days)
IBRANCE 100 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
IBRANCE 100 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
IBRANCE 125 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
IBRANCE 125 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
IBRANCE 75 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
IBRANCE 75 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
IBSRELA 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ibu 400 mg tablet <sup>MM</sup>	1	
ibu 600 mg tablet <sup>MM</sup>	1	
ibu 800 mg tablet <sup>MM</sup>	1	
ibuprofen 100 mg/5 ml oral suspension <sup>MM</sup>	1	
ibuprofen 400 mg tablet <sup>MM</sup>	1	
ibuprofen 600 mg tablet <sup>MM</sup>	1	
ibuprofen 800 mg tablet <sup>MM</sup>	1	
ibuprofen 800 mg-famotidine 26.6 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
ICAR-C PLUS 100 MG-250 MG-25 MCG-1 MG TABLET	3	
icatibant 30 mg/3 ml subcutaneous syringe <sup>DL,SP</sup>	*	PA,QL(9 per 30 days)
iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
ICLUSIG 10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ICLUSIG 30 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ICLUSIG 45 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
icosapent ethyl 0.5 gram capsule <sup>MM</sup>	1	QL(240 per 30 days)
icosapent ethyl 1 gram capsule <sup>MM</sup>	1	QL(120 per 30 days)
IDHIFA 100 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
IDHIFA 50 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
IGLUCE BLOOD GLUCOSE MONITOR KIT <sup>MM</sup>	3	ST
IGLUCE TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
IHEALTH COVID-19 ANTIGEN RAPID HOME TEST KIT	3	
ILEVRO 0.3 % EYE DROPS,SUSPENSION	2	
imatinib 100 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
imatinib 400 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
IMBRUVICA 140 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
IMBRUVICA 280 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
IMBRUVICA 420 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
IMBRUVICA 560 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA
imipramine 10 mg tablet <sup>MM</sup>	1	
imipramine 25 mg tablet <sup>MM</sup>	1	
imipramine 50 mg tablet <sup>MM</sup>	1	
imipramine pamoate 100 mg capsule <sup>MM</sup>	1	
imipramine pamoate 125 mg capsule <sup>MM</sup>	1	
imipramine pamoate 150 mg capsule <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
imipramine pamoate 75 mg capsule <sup>MM</sup>	1	
imiquimod 3.75 % topical cream in a pump <sup>DL,SP</sup>	*	ST,QL(15 per 30 days)
imiquimod 3.75 % topical cream packet <sup>DL,SP</sup>	*	ST,QL(28 per 28 days)
imiquimod 5 % topical cream packet	1	QL(12 per 30 days)
IMITREX 100 MG TABLET	3	ST,QL(9 per 30 days)
IMITREX 20 MG/ACTUATION NASAL SPRAY	3	ST,QL(12 per 30 days)
IMITREX 25 MG TABLET	3	ST,QL(9 per 30 days)
IMITREX 5 MG/ACTUATION NASAL SPRAY	3	ST,QL(12 per 30 days)
IMITREX 50 MG TABLET	3	ST,QL(9 per 30 days)
IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION	3	QL(6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	3	QL(6 per 30 days)
IMITREX STATDOSE PEN 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	3	QL(6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML SUBCUTANEOUS CARTRIDGE	3	QL(6 per 30 days)
IMITREX STATDOSE REFILL 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE	3	QL(6 per 30 days)
IMPAVIDO 50 MG CAPSULE <sup>DL,SP</sup>	*	QL(84 per 28 days)
IMPEKLO 0.05 % TOPICAL LOTION IN PUMP <sup>DL,SP</sup>	*	ST,QL(136 per 28 days)
IMPOYZ 0.025 % TOPICAL CREAM <sup>DL,SP</sup>	*	ST,QL(120 per 30 days)
IMURAN 50 MG TABLET <sup>MM</sup>	3	
INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULES FOR INHALATION <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
incassia 0.35 mg tablet <sup>MM</sup>	1	
INCONTROL LANCING DEVICE	3	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
INCONTROL PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
INCONTROL PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
INCONTROL PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
INCONTROL PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
INCONTROL SUPER THIN LANCETS 30 GAUGE <sup>MM</sup>	3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE <sup>MM</sup>	3	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	*	PA,QL(52 per 30 days)
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION <sup>MM</sup>	2	QL(30 per 30 days)
indapamide 1.25 mg tablet <sup>MM</sup>	1	
indapamide 2.5 mg tablet <sup>MM</sup>	1	
INDERAL LA 120 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
INDERAL LA 160 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
INDERAL LA 60 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
INDERAL LA 80 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
INDERAL XL 120 MG CAPSULE,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	
INDERAL XL 80 MG CAPSULE,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	
INDICAID COVID-19 AG HOME TEST KIT	3	
INDOCIN 25 MG/5 ML ORAL SUSPENSION <sup>DL,SP</sup>	*	
INDOCIN 50 MG RECTAL SUPPOSITORY	3	
indomethacin 25 mg capsule	1	
indomethacin 50 mg capsule	1	
indomethacin er 75 mg capsule,extended release	1	
indomethacin submicronized 20 mg capsule <sup>DL,SP</sup>	*	QL(90 per 30 days)
INFASURF 35 MG/ML INTRATRACHEAL SUSPENSION	3	
INFINITY CONTROL SOLUTION HIGH <sup>MM</sup>	3	
INFINITY CONTROL SOLUTION LOW <sup>MM</sup>	3	
INFINITY CONTROL SOLUTION NORMAL <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
INFINITY METER KIT <sup>MM</sup>	3	ST
INFINITY STARTER KIT <sup>MM</sup>	3	ST
INFINITY TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
INFINITY VOICE CONTROL SOLUTION-LEVEL 2 <sup>MM</sup>	3	
INFINITY VOICE GLUCOSE MONITOR <sup>MM</sup>	3	ST
INFINITY VOICE TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
INGREZZA 40 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
INGREZZA 60 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
INGREZZA 80 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
INGREZZA INITIATION PACK 40 MG (7)-80 MG (21) CAPSULES IN A DOSE PACK <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
INJECT EASE LANCETS 28 GAUGE <sup>MM</sup>	2	
INJECT EASE LANCETS 30 GAUGE <sup>MM</sup>	2	
INLYTA 1 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
INNOPRAN XL 120 MG CAPSULE,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	
INNOPRAN XL 80 MG CAPSULE,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	
INQOVI 35 MG-100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
INSPIRACHAMBER SPACER	3	
INSPIRACHAMBER WITH MASK-LARGE	3	
INSPIRACHAMBER WITH MASK-MED	3	
INSPIRACHAMBER WITH MASK-SMALL	3	
INSPIRA 25 MG TABLET <sup>MM</sup>	3	
INSPIRA 50 MG TABLET <sup>MM</sup>	3	
INSULIN ASPAR PROT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS PEN <sup>MM</sup>	2	PA
INSULIN ASPAR PRT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS SOLN <sup>MM</sup>	2	PA
INSULIN ASPART (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	2	PA
INSULIN ASPART U-100 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	2	PA
INSULIN ASPART U-100 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	PA
INSULIN DEGLUDEC (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	3	PA
INSULIN DEGLUDEC (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	PA
INSULIN DEGLUDEC (U-200) 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	3	PA
INSULIN GLARGINE (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	2	
INSULIN GLARGINE (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	
INSULIN GLARGINE-YFGN (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	3	ST
INSULIN GLARGINE-YFGN (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	ST
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN <sup>MM</sup>	3	ST
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS PEN <sup>MM</sup>	3	ST
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	ST
INSULIN LISPRO PROTAMINE-LISPRO 100 UNIT/ML (75-25) SUBCUTANEOUS PEN <sup>MM</sup>	3	ST
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8" <sup>MM</sup>	2	
INSULIN SYRINGE MICROFINE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
INSULIN SYRINGE NEEDLELESS 1 ML <sup>MM</sup>	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE <sup>MM</sup>	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 <sup>MM</sup>	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 5/16"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 1/4"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 15/64"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 5/16"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 29 GAUGE X 1/2"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 1/2"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 5/16"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 31 GAUGE X 5/16"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 27 GAUGE X 1/2"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE X 1/2"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 1/2"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 7/16"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 1/2"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 3/8"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 5/16"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 7/16"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 1/4"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 15/64"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 5/16"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 27 GAUGE X 1/2"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE X 1/2"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 29"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 30 GAUGE"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 1/4"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 15/64"MM	2	
INSULIN SYRINGE-NEEDLE U-100 HALF UNIT MARKING 0.3 ML 31 GAUGE X 1/4"MM	2	
INSUPEN 29 GAUGE X 1/2" NEEDLE"MM	2	
INSUPEN 30 GAUGE X 5/16" NEEDLE"MM	2	
INSUPEN 31 GAUGE X 1/4" NEEDLE"MM	2	
INSUPEN 31 GAUGE X 3/16" NEEDLE"MM	2	
INSUPEN 31 GAUGE X 5/16" NEEDLE"MM	2	
INSUPEN 32 GAUGE X 1/4" NEEDLE"MM	2	
INSUPEN 32 GAUGE X 5/16" NEEDLE"MM	2	
INSUPEN 32 GAUGE X 5/32" NEEDLE"MM	2	
INSUPEN 33 GAUGE X 5/32" NEEDLE"MM	3	
INTEGRA F 125 MG-1 MG-40 MG-3 MG CAPSULE	3	
INTEGRA PLUS 125 MG IRON-1 MG CAPSULE	3	
INTEGRA SYRINGE 3 ML 21 GAUGE X 1"	3	
INTELENCE 100 MG TABLET"MM,SP	*	QL(120 per 30 days)
INTELENCE 200 MG TABLET"MM,SP	*	QL(60 per 30 days)
INTELENCE 25 MG TABLET"MM,SP	*	QL(120 per 30 days)
INTELISWAB COVID-19 RAPID HOME TEST KIT	3	
INTERLINK SYRINGE AND CANNULA 15 X 10 ML	3	
INTERMEZZO 1.75 MG SUBLINGUAL TABLET	3	ST,QL(30 per 30 days)
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION"LD,DL,SP	*	PA,QL(12 per 30 days)
INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION"LD,DL,SP	*	PA,QL(12 per 30 days)
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION"LD,DL,SP	*	PA,QL(12 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION <sup>LD,DL,SP</sup>	*	PA,QL(12 per 30 days)
INTRON A 6 MILLION UNIT/ML INJECTION SOLUTION <sup>LD,DL,SP</sup>	*	PA,QL(136.8 per 30 days)
INTUNIV ER 1 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
INTUNIV ER 2 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
INTUNIV ER 3 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
INTUNIV ER 4 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
INVACARE LANCETS 30 GAUGE <sup>MM</sup>	2	
INVEGA 1.5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
INVEGA 3 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(60 per 30 days)
INVEGA 9 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	*	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	*	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	*	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	*	QL(1 per 28 days)
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	*	QL(1.5 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	*	QL(1.5 per 28 days)
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	*	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	*	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	*	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	*	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE <sup>MM,SP</sup>	*	QL(2.63 per 90 days)
INVELTYS 1 % EYE DROPS,SUSPENSION	3	ST
INVIRASE 500 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
INVOKAMET 150 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET 150 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET 50 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET 50 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
INVOKANA 100 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
INVOKANA 300 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE	3	
ipratropium 0.5 mg-albuterol 3 mg (2.5 mg base)/3 ml nebulization soln <sup>MM</sup>	1	
ipratropium bromide 0.02 % solution for inhalation <sup>MM</sup>	1	
ipratropium bromide 21 mcg (0.03 %) nasal spray <sup>MM</sup>	1	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) nasal spray	1	QL(45 per 30 days)
irbesartan 150 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
irbesartan 150 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
irbesartan 300 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
irbesartan 300 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
irbesartan 75 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
IRESSA 250 MG TABLET <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
IROSPAN 24/6 65 MG-65 MG-1,000 MCG (24) TABLET	3	
ISENTRESS 100 MG CHEWABLE TABLET <sup>MM,SP</sup>	*	QL(180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <sup>MM,SP</sup>	*	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET <sup>MM,SP</sup>	*	QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ISENTRESS 400 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
isibloom 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
isoniazid 100 mg tablet	1	
isoniazid 300 mg tablet	1	
isoniazid 50 mg/5 ml oral solution	1	
ISOPTO CARPINE 1 % EYE DROPS <sup>MM</sup>	2	
ISOPTO CARPINE 2 % EYE DROPS <sup>MM</sup>	2	
ISOPTO CARPINE 4 % EYE DROPS <sup>MM</sup>	2	
ISORDIL 40 MG TABLET <sup>MM</sup>	3	
ISORDIL TITRADOSE 5 MG TABLET <sup>MM</sup>	3	
isosorbide 20 mg-hydralazine 37.5 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
isosorbide dinitrate 10 mg tablet <sup>MM</sup>	1	
isosorbide dinitrate 20 mg tablet <sup>MM</sup>	1	
isosorbide dinitrate 30 mg tablet <sup>MM</sup>	1	
isosorbide dinitrate 40 mg tablet <sup>MM</sup>	1	
isosorbide dinitrate 5 mg tablet <sup>MM</sup>	1	
isosorbide mononitrate 10 mg tablet <sup>MM</sup>	1	
isosorbide mononitrate 20 mg tablet <sup>MM</sup>	1	
isosorbide mononitrate er 120 mg tablet,extended release 24 hr <sup>MM</sup>	1	
isosorbide mononitrate er 30 mg tablet,extended release 24 hr <sup>MM</sup>	1	
isosorbide mononitrate er 60 mg tablet,extended release 24 hr <sup>MM</sup>	1	
isotretinoin 10 mg capsule	1	QL(60 per 30 days)
isotretinoin 20 mg capsule	1	QL(60 per 30 days)
isotretinoin 25 mg capsule <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
isotretinoin 30 mg capsule	1	QL(60 per 30 days)
isotretinoin 35 mg capsule <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
isotretinoin 40 mg capsule	1	QL(120 per 30 days)
isradipine 2.5 mg capsule <sup>MM</sup>	1	
isradipine 5 mg capsule <sup>MM</sup>	1	
ISTALOL 0.5 % EYE DROPS <sup>MM</sup>	3	
ISTURISA 1 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
ISTURISA 10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
ISTURISA 5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
itraconazole 10 mg/ml oral solution	1	QL(150 per 30 days)
itraconazole 100 mg capsule	1	QL(120 per 30 days)
ivermectin 0.5 % lotion	1	
ivermectin 1 % topical cream	1	ST
ivermectin 3 mg tablet	1	
JADENU 180 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(600 per 30 days)
JADENU 360 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
JADENU 90 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(1200 per 30 days)
JADENU SPRINKLE 180 MG ORAL GRANULES IN PACKET <sup>LD,DL,MM,SP</sup>	*	PA,QL(600 per 30 days)
JADENU SPRINKLE 360 MG ORAL GRANULES IN PACKET <sup>LD,DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
JADENU SPRINKLE 90 MG ORAL GRANULES IN PACKET <sup>LD,DL,MM,SP</sup>	*	PA,QL(1200 per 30 days)
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
JAKAFI 10 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
JAKAFI 15 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
JAKAFI 20 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
JAKAFI 25 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
JAKAFI 5 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
JANSSEN COVID-19 VACCINE (PF) 0.5 ML INTRAMUSCULAR SUSPENSION (EUA)	3	
jantoven 1 mg tablet <sup>MM</sup>	1	
jantoven 10 mg tablet <sup>MM</sup>	1	
jantoven 2 mg tablet <sup>MM</sup>	1	
jantoven 2.5 mg tablet <sup>MM</sup>	1	
jantoven 3 mg tablet <sup>MM</sup>	1	
jantoven 4 mg tablet <sup>MM</sup>	1	
jantoven 5 mg tablet <sup>MM</sup>	1	
jantoven 6 mg tablet <sup>MM</sup>	1	
jantoven 7.5 mg tablet <sup>MM</sup>	1	
JANUMET 50 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
JANUMET 50 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
JANUVIA 100 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
JANUVIA 25 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
JANUVIA 50 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
JARDIANCE 10 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
JARDIANCE 25 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
jasmiel (28) 3 mg-0.02 mg tablet <sup>MM</sup>	1	
JATENZO 158 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
JATENZO 198 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
JATENZO 237 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
javygtor 100 mg oral powder packet <sup>DL,MM,SP</sup>	*	PA
javygtor 100 mg soluble tablet <sup>DL,MM,SP</sup>	*	PA
javygtor 500 mg oral powder packet <sup>DL,MM,SP</sup>	*	PA
JAZZ WIRELESS 2 METER KIT <sup>MM</sup>	3	ST
jencycla 0.35 mg tablet <sup>MM</sup>	1	
JENTADUETO 2.5 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
JENTADUETO 2.5 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
JENTADUETO 2.5 MG-850 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
jinteli 1 mg-5 mcg tablet <sup>MM</sup>	1	
jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
JORNAY PM 100 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
JORNAY PM 20 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
JORNAY PM 40 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
JORNAY PM 60 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
JORNAY PM 80 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE <sup>MM</sup>	3	ST,QL(30 per 30 days)
juleber 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
JULUCA 50 MG-25 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
junel 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MM</sup>	1	
junel 1/20 (21) 1 mg-20 mcg tablet <sup>MM</sup>	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM</sup>	1	
JUXTAPID 10 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
JUXTAPID 20 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(84 per 28 days)
JUXTAPID 30 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
JUXTAPID 40 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
JUXTAPID 5 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
JUXTAPID 60 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
JYNARQUE 15 MG (AM)/15 MG (PM) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
JYNARQUE 15 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
JYNARQUE 30 MG (AM)/15 MG (PM) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
JYNARQUE 30 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
K-PHOS NO 2 305 MG-700 MG TABLET	3	
K-PHOS ORIGINAL 500 MG SOLUBLE TABLET	2	
K-TAB 10 MEQ TABLET,EXTENDED RELEASE <sup>MM</sup>	2	
K-TAB 20 MEQ TABLET,EXTENDED RELEASE <sup>MM</sup>	2	
K-TAB 8 MEQ TABLET,EXTENDED RELEASE <sup>MM</sup>	2	
KADIAN 10 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(60 per 30 days)
KADIAN 100 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(60 per 30 days)
KADIAN 20 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(60 per 30 days)
KADIAN 200 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(60 per 30 days)
KADIAN 30 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(60 per 30 days)
KADIAN 40 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(60 per 30 days)
KADIAN 50 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(60 per 30 days)
KADIAN 60 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(60 per 30 days)
KADIAN 80 MG CAPSULE,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(60 per 30 days)
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	1	
KALETRA 100 MG-25 MG TABLET <sup>MM,SP</sup>	*	QL(300 per 30 days)
KALETRA 200 MG-50 MG TABLET <sup>MM,SP</sup>	*	QL(150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION <sup>MM</sup>	3	
kalliga 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
KALYDECO 150 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
KALYDECO 25 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
KALYDECO 50 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
KALYDECO 75 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
KAPSPARGO SPRINKLE 100 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
KAPSPARGO SPRINKLE 25 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
KAPSPARGO SPRINKLE 50 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(120 per 30 days)
KARBINAL ER 4 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE	3	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	1	
KATERZIA 1 MG/ML ORAL SUSPENSION <sup>MM</sup>	3	QL(300 per 30 days)
KAZANO 12.5 MG-1,000 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
KAZANO 12.5 MG-500 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
KEFLEX 250 MG CAPSULE	3	
KEFLEX 500 MG CAPSULE	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
KEFLEX 750 MG CAPSULE	3	
kelnor 1-50 (28) 1 mg-50 mcg tablet <sup>MM</sup>	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet <sup>MM</sup>	1	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL <sup>DL,SP</sup>	*	ST
KEPPRA 1,000 MG TABLET <sup>MM</sup>	3	ST
KEPPRA 100 MG/ML ORAL SOLUTION <sup>MM</sup>	3	ST,QL(900 per 30 days)
KEPPRA 250 MG TABLET <sup>MM</sup>	3	ST
KEPPRA 500 MG TABLET <sup>MM</sup>	3	ST
KEPPRA 750 MG TABLET <sup>MM</sup>	3	ST
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST
KEPPRA XR 750 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST
KERENDIA 10 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
KERENDIA 20 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(6 per 365 days)
ketoconazole 2 % shampoo	1	
ketoconazole 2 % topical cream	1	
ketoconazole 2 % topical foam <sup>DL,SP</sup>	*	ST
ketoconazole 200 mg tablet	1	
ketodan 2 % topical foam <sup>DL,SP</sup>	*	ST
ketoprofen 25 mg capsule	1	
ketoprofen 50 mg capsule	1	
ketoprofen 75 mg capsule	1	
ketoprofen er 200 mg 24 hr capsule,extended release	1	
ketorolac 0.4 % eye drops	1	
ketorolac 0.5 % eye drops	1	
ketorolac 10 mg tablet	1	QL(20 per 30 days)
ketorolac 15.75 mg/spray nasal spray <sup>DL,SP</sup>	*	PA,QL(5 per 30 days)
KEVEYIS 50 MG TABLET <sup>MM</sup>	3	PA,QL(120 per 30 days)
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <sup>LD,DL,MM,SP</sup>	*	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(2.28 per 28 days)
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <sup>LD,DL,MM,SP</sup>	*	PA,QL(2.28 per 28 days)
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(2.28 per 28 days)
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(20.1 per 30 days)
kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension	1	
KISQALI 200 MG/DAY (200 MG X 1) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(91 per 28 days)
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION <sup>DL,MM,SP</sup>	*	PA,QL(280 per 28 days)
KLARON 10 % LOTION (SUSPENSION)	3	
KLISYRI 1 % TOPICAL OINTMENT IN PACKET <sup>DL,SP</sup>	*	PA,QL(5 per 30 days)
KLONOPIN 0.5 MG TABLET <sup>DL,MM</sup>	3	
KLONOPIN 1 MG TABLET <sup>DL,MM</sup>	3	
KLONOPIN 2 MG TABLET <sup>DL,MM</sup>	3	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE <sup>MM</sup>	2	
klor-con 20 meq oral packet <sup>MM</sup>	1	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE <sup>MM</sup>	2	
klor-con m10 meq tablet,extended release <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <sup>MM</sup>	2	
klor-con m20 meq tablet,extended release <sup>MM</sup>	1	
klor-con/ef 25 meq effervescent tablet <sup>MM</sup>	1	
KLOXXADO 8 MG/ACTUATION NASAL SPRAY	2	QL(2 per 30 days)
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
KORLYM 300 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
KOSELUGO 10 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET <sup>MM</sup>	3	
KRINTAFEL 150 MG TABLET	2	QL(4 per 180 days)
KRISTALOSE 10 GRAM ORAL PACKET <sup>MM</sup>	3	
KRISTALOSE 20 GRAM ORAL PACKET <sup>MM</sup>	3	
kurvelo (28) 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
KUVAN 100 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA
KUVAN 100 MG SOLUBLE TABLET <sup>DL,MM,SP</sup>	*	PA
KUVAN 500 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA
KYLEENA 17.5 MCG/24 HRS (5YRS) 19.5MG INTRAUTERINE DEVICE <sup>LD,DL,MM,SP</sup>	*	
KYNMOBI 10 MG SUBLINGUAL FILM <sup>LD,DL,MM</sup>	3	PA,QL(150 per 30 days)
KYNMOBI 10 MG-15 MG-20 MG-25 MG-30 MG SUBLINGUAL FILM <sup>DL</sup>	3	PA,QL(150 per 30 days)
KYNMOBI 15 MG SUBLINGUAL FILM <sup>LD,DL,MM</sup>	3	PA,QL(150 per 30 days)
KYNMOBI 20 MG SUBLINGUAL FILM <sup>LD,DL,MM</sup>	3	PA,QL(150 per 30 days)
KYNMOBI 25 MG SUBLINGUAL FILM <sup>LD,DL,MM</sup>	3	PA,QL(150 per 30 days)
KYNMOBI 30 MG SUBLINGUAL FILM <sup>LD,DL,MM</sup>	3	PA,QL(150 per 30 days)
KYZATREX 100 MG CAPSULE <sup>MM</sup>	3	PA,QL(60 per 30 days)
KYZATREX 150 MG CAPSULE <sup>MM</sup>	3	PA,QL(120 per 30 days)
KYZATREX 200 MG CAPSULE <sup>MM</sup>	3	PA,QL(120 per 30 days)
l norgest/e estradiol-e estrad 0.10 mg-20 mcg (84)/10 mcg(7) tabs,3mos <sup>MM</sup>	1	QL(91 per 90 days)
l norgest/e estradiol-e estrad 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3mos <sup>MM</sup>	1	QL(91 per 90 days)
l norgest/ee 0.15-0.02mg/0.15-0.025mg/0.15-0.03mg/ee 0.01 mg tabs,3mo <sup>MM</sup>	1	QL(91 per 90 days)
l-methylfolate 15 mg tablet	1	
l-methylfolate 7.5 mg tablet	1	
l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet <sup>MM</sup>	1	
labetalol 100 mg tablet <sup>MM</sup>	1	
labetalol 200 mg tablet <sup>MM</sup>	1	
labetalol 300 mg tablet <sup>MM</sup>	1	
lacosamide 10 mg/ml oral solution <sup>MM</sup>	1	QL(1395 per 30 days)
lacosamide 100 mg tablet <sup>MM</sup>	1	
lacosamide 150 mg tablet <sup>MM</sup>	1	
lacosamide 200 mg tablet <sup>MM</sup>	1	
lacosamide 50 mg tablet <sup>MM</sup>	1	
lactulose 10 gram oral packet <sup>MM</sup>	1	
lactulose 10 gram/15 ml (15 ml) oral solution <sup>MM</sup>	1	
lactulose 10 gram/15 ml oral solution <sup>MM</sup>	1	
lactulose 20 gram/30 ml oral solution <sup>MM</sup>	1	
LAGEVRIO 200 MG CAPSULE (EUA)	3	QL(40 per 5 days)
LAMICTAL 100 MG TABLET <sup>MM</sup>	3	ST
LAMICTAL 150 MG TABLET <sup>MM</sup>	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL 200 MG TABLET <sup>MM</sup>	3	ST
LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET <sup>MM</sup>	3	QL(120 per 30 days)
LAMICTAL 25 MG TABLET <sup>MM</sup>	3	ST
LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET <sup>MM</sup>	3	QL(150 per 30 days)
LAMICTAL ODT 100 MG DISINTEGRATING TABLET <sup>MM</sup>	3	ST
LAMICTAL ODT 200 MG DISINTEGRATING TABLET <sup>MM</sup>	3	ST
LAMICTAL ODT 25 MG DISINTEGRATING TABLET <sup>MM</sup>	3	ST
LAMICTAL ODT 50 MG DISINTEGRATING TABLET <sup>MM</sup>	3	ST
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING	3	ST
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT	3	ST
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT	3	ST
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK	3	
LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST
LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST
LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST
LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST
LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST
LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL	3	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL	3	
lamivudine 10 mg/ml oral solution <sup>MM</sup>	1	QL(960 per 30 days)
lamivudine 100 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
lamivudine 150 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
lamivudine 150 mg-zidovudine 300 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
lamivudine 300 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
lamotrigine 100 mg disintegrating tablet <sup>MM</sup>	1	ST
lamotrigine 100 mg tablet <sup>MM</sup>	1	
lamotrigine 150 mg tablet <sup>MM</sup>	1	
lamotrigine 200 mg disintegrating tablet <sup>MM</sup>	1	ST
lamotrigine 200 mg tablet <sup>MM</sup>	1	
lamotrigine 25 mg (21)-50 mg (7) tablet,disintegrating, pack	1	ST
lamotrigine 25 mg (35) tablets in a dose pack	1	
lamotrigine 25 mg (42)-100 mg (7) tablets in a dose pack	1	
lamotrigine 25 mg (84)-100 mg (14) tablets in a dose pack	1	
lamotrigine 25 mg chewable dispersible tablet <sup>MM</sup>	1	QL(120 per 30 days)
lamotrigine 25 mg disintegrating tablet <sup>MM</sup>	1	ST
lamotrigine 25 mg tablet <sup>MM</sup>	1	
lamotrigine 25 mg(14)-50 mg(14)-100 mg(7) tablet,disintegrating, pack	1	ST
lamotrigine 5 mg chewable dispersible tablet <sup>MM</sup>	1	QL(150 per 30 days)
lamotrigine 50 mg (42)-100 mg (14) tablet,disintegrating, pack	1	ST
lamotrigine 50 mg disintegrating tablet <sup>MM</sup>	1	ST
lamotrigine er 100 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST
lamotrigine er 200 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST
lamotrigine er 25 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST
lamotrigine er 250 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST
lamotrigine er 300 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST
lamotrigine er 50 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LAMPIT 120 MG TABLET	3	
LAMPIT 30 MG TABLET	3	
LANCETS <sup>MM</sup>	2	
LANCETS 21 GAUGE <sup>MM</sup>	2	
LANCETS 26 GAUGE <sup>MM</sup>	2	
LANCETS 28 GAUGE <sup>MM</sup>	2	
LANCETS 30 GAUGE <sup>MM</sup>	2	
LANCETS 33 GAUGE <sup>MM</sup>	2	
LANCETS, SUPER THIN <sup>MM</sup>	2	
LANCETS, THIN <sup>MM</sup>	2	
LANCETS, THIN 23 GAUGE <sup>MM</sup>	2	
LANCETS, THIN 28 GAUGE <sup>MM</sup>	2	
LANCETS, ULTRA THIN <sup>MM</sup>	2	
LANCETS, ULTRA THIN 26 GAUGE <sup>MM</sup>	2	
LANCING DEVICE	2	
LANCING DEVICE WITH LANCETS	2	
LANCING DEVICE WITH LANCETS KIT <sup>MM</sup>	2	
LANCING SYSTEM	3	
LANOXIN 125 MCG (0.125 MG) TABLET <sup>MM</sup>	3	QL(30 per 30 days)
LANOXIN 250 MCG (0.25 MG) TABLET <sup>MM</sup>	3	QL(30 per 30 days)
LANOXIN 62.5 MCG (0.0625 MG) TABLET <sup>MM</sup>	3	QL(30 per 30 days)
lanreotide 120 mg/0.5 ml subcutaneous syringe <sup>DL,MM,SP</sup>	*	PA,QL(0.5 per 28 days)
lansoprazole 15 mg capsule, delayed release <sup>MM</sup>	1	QL(60 per 30 days)
lansoprazole 15 mg delayed release, disintegrating tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
lansoprazole 30 mg capsule, delayed release <sup>MM</sup>	1	QL(60 per 30 days)
lansoprazole 30 mg delayed release, disintegrating tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
lanthanum 1,000 mg chewable tablet <sup>DL,MM,SP</sup>	*	ST
lanthanum 500 mg chewable tablet <sup>DL,MM,SP</sup>	*	ST
lanthanum 750 mg chewable tablet <sup>DL,MM,SP</sup>	*	ST
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	2	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	
LANZO LANCING DEVICE KIT <sup>MM</sup>	3	
lapatinib 250 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MM</sup>	1	
larin 1/20 (21) 1 mg-20 mcg tablet <sup>MM</sup>	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM</sup>	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
larissia 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
LASIX 20 MG TABLET <sup>MM</sup>	3	
LASIX 40 MG TABLET <sup>MM</sup>	3	
LASIX 80 MG TABLET <sup>MM</sup>	3	
LASTACAFT 0.25 % EYE DROPS	3	ST
latanoprost 0.005 % eye drops <sup>MM</sup>	1	QL(5 per 25 days)
LATUDA 120 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LATUDA 20 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LATUDA 40 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LATUDA 60 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LATUDA 80 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)

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LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET <sup>MM</sup>	3	
LAZANDA 100 MCG/SPRAY NASAL SPRAY <sup>DL</sup>	3	PA,QL(30 per 30 days)
LAZANDA 400 MCG/SPRAY NASAL SPRAY <sup>DL</sup>	3	PA,QL(30 per 30 days)
ledipasvir 90 mg-sofosbuvir 400 mg tablet <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet <sup>MM</sup>	1	
leflunomide 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
leflunomide 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
lenalidomide 10 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
lenalidomide 15 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
lenalidomide 2.5 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
lenalidomide 20 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
lenalidomide 25 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
lenalidomide 5 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1) CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3) CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1) CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
LENVIMA 20 MG/DAY (10 MG X 2) CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
LENVIMA 4 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LENVIMA 8 MG/DAY (4 MG X 2) CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
LESCOL 20 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
LESCOL 40 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
lessina 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
LETAIRIS 10 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LETAIRIS 5 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
letrozole 2.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
leucovorin calcium 10 mg tablet	1	
leucovorin calcium 15 mg tablet	1	
leucovorin calcium 25 mg tablet	1	
leucovorin calcium 5 mg tablet	1	
LEUKERAN 2 MG TABLET	3	QL(480 per 30 days)
LEUKINE 250 MCG SOLUTION FOR INJECTION <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
leuprolide 1 mg/0.2 ml subcutaneous kit <sup>DL,MM,SP</sup>	*	PA,QL(2.8 per 14 days)
leuprolide 1 mg/0.2 ml subcutaneous solution <sup>MM</sup>	1	PA,QL(2.8 per 14 days)
levalbuterol 0.31 mg/3 ml solution for nebulization <sup>MM</sup>	1	
levalbuterol 0.63 mg/3 ml solution for nebulization <sup>MM</sup>	1	
levalbuterol 1.25 mg/3 ml solution for nebulization <sup>MM</sup>	1	
levalbuterol concentrate 1.25 mg/0.5 ml solution for nebulization <sup>MM</sup>	1	
levalbuterol hfa 45 mcg/actuation aerosol inhaler <sup>MM</sup>	1	ST,QL(30 per 30 days)
levamlodipine 2.5 mg tablet <sup>MM</sup>	3	PA,QL(30 per 30 days)
levamlodipine 5 mg tablet <sup>MM</sup>	3	PA,QL(30 per 30 days)
LEVBID 0.375 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	2	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	
levetiracetam 1,000 mg tablet <sup>MM</sup>	1	
levetiracetam 100 mg/ml oral solution <sup>MM</sup>	1	QL(900 per 30 days)
levetiracetam 250 mg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
levetiracetam 500 mg tablet <sup>MM</sup>	1	
levetiracetam 500 mg/5 ml (5 ml) oral solution <sup>MM</sup>	1	QL(900 per 30 days)
levetiracetam 750 mg tablet <sup>MM</sup>	1	
levetiracetam er 500 mg tablet,extended release 24 hr <sup>MM</sup>	1	
levetiracetam er 750 mg tablet,extended release 24 hr <sup>MM</sup>	1	
LEVO-T 100 MCG TABLET <sup>MM</sup>	2	
LEVO-T 112 MCG TABLET <sup>MM</sup>	2	
LEVO-T 125 MCG TABLET <sup>MM</sup>	2	
LEVO-T 137 MCG TABLET <sup>MM</sup>	2	
LEVO-T 150 MCG TABLET <sup>MM</sup>	2	
LEVO-T 175 MCG TABLET <sup>MM</sup>	2	
LEVO-T 200 MCG TABLET <sup>MM</sup>	2	
LEVO-T 25 MCG TABLET <sup>MM</sup>	2	
LEVO-T 300 MCG TABLET <sup>MM</sup>	2	
LEVO-T 50 MCG TABLET <sup>MM</sup>	2	
LEVO-T 75 MCG TABLET <sup>MM</sup>	2	
LEVO-T 88 MCG TABLET <sup>MM</sup>	2	
levobunolol 0.5 % eye drops <sup>MM</sup>	1	QL(5 per 25 days)
levocarnitine (with sugar) 100 mg/ml oral solution <sup>MM</sup>	1	
levocarnitine 100 mg/ml oral solution <sup>MM</sup>	1	
levocarnitine 330 mg tablet <sup>MM</sup>	1	
levocetirizine 2.5 mg/5 ml oral solution <sup>MM</sup>	1	QL(300 per 30 days)
levocetirizine 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
levofloxacin 0.5 % eye drops	1	
levofloxacin 1.5 % eye drops	1	
levofloxacin 250 mg tablet	1	
levofloxacin 250 mg/10 ml oral solution	1	
levofloxacin 500 mg tablet	1	
levofloxacin 750 mg tablet	1	
levomefolate 15 mg-algal oil 90.314 mg capsule	1	
levomefolate calcium 15 mg tablet	1	
levomefolate calcium 7.5 mg tablet	1	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <sup>MM</sup>	1	
levonorgestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet <sup>MM</sup>	1	
levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91) <sup>MM</sup>	1	QL(91 per 90 days)
levonorgestrel 1.5 mg tablet	1	
levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
levonorgestrel-ethinyl estradiol 90 mcg-20 mcg (28) tablet <sup>MM</sup>	1	
levora-28 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
levorphanol tartrate 2 mg tablet <sup>DL,SP</sup>	*	ST,QL(240 per 30 days)
levorphanol tartrate 3 mg tablet <sup>DL,SP</sup>	*	ST,QL(150 per 30 days)
levothyroxine 100 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 100 mcg tablet <sup>MM</sup>	1	
levothyroxine 112 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 112 mcg tablet <sup>MM</sup>	1	
levothyroxine 125 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 125 mcg tablet <sup>MM</sup>	1	
levothyroxine 13 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 137 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 137 mcg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
levothyroxine 150 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 150 mcg tablet <sup>MM</sup>	1	
levothyroxine 175 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 175 mcg tablet <sup>MM</sup>	1	
levothyroxine 200 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 200 mcg tablet <sup>MM</sup>	1	
levothyroxine 25 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 25 mcg tablet <sup>MM</sup>	1	
levothyroxine 300 mcg tablet <sup>MM</sup>	1	
levothyroxine 50 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 50 mcg tablet <sup>MM</sup>	1	
levothyroxine 75 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 75 mcg tablet <sup>MM</sup>	1	
levothyroxine 88 mcg capsule <sup>MM</sup>	3	ST
levothyroxine 88 mcg tablet <sup>MM</sup>	1	
LEVOXYL 100 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 112 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 125 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 137 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 150 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 175 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 200 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 25 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 50 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 75 MCG TABLET <sup>MM</sup>	2	
LEVOXYL 88 MCG TABLET <sup>MM</sup>	2	
LEVSIN 0.125 MG TABLET <sup>MM</sup>	3	
LEVSIN/SL 0.125 MG SUBLINGUAL TABLET <sup>MM</sup>	3	
LEVULAN 20 % TOPICAL SOLUTION	3	
LEXAPRO 10 MG TABLET <sup>MM</sup>	3	ST,QL(45 per 30 days)
LEXAPRO 20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
LEXAPRO 5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
LEXETTE 0.05 % TOPICAL FOAM <sup>DL,SP</sup>	*	PA
LEXIVA 50 MG/ML ORAL SUSPENSION <sup>MM,SP</sup>	*	QL(1575 per 28 days)
LEXIVA 700 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(120 per 30 days)
LIBRAX (WITH CLIDINIUM) 5 MG-2.5 MG CAPSULE	3	
LICART 1.3 % TRANSDERMAL 24 HOUR PATCH <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
lidocaine 2 % mucosal jelly in applicator	1	
lidocaine 5 % topical ointment	1	PA
lidocaine 5 % topical patch	1	PA,QL(90 per 30 days)
lidocaine hcl 2 % mucosal jelly	1	
lidocaine hcl 2 % mucosal solution	1	
lidocaine hcl 4 % (40 mg/ml) mucosal solution	1	
lidocaine hcl 4 % laryngotracheal solution	1	
lidocaine viscous 2 % mucosal solution	1	
lidocaine-prilocaine 2.5 %-2.5 % topical cream	1	
lidocaine-prilocaine 2.5 %-2.5 % topical kit	1	
LIDODERM 5 % TOPICAL PATCH	3	PA,QL(90 per 30 days)
LILETTA 20.4 MCG/24 HRS (8 YRS) 52 MG INTRAUTERINE DEVICE <sup>DL,MM,SP</sup>	*	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
lillow (28) 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
lindane 1 % shampoo	1	
linezolid 100 mg/5 ml oral suspension	1	QL(1800 per 30 days)
linezolid 600 mg tablet	1	QL(30 per 30 days)
LINZESS 145 MCG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
LINZESS 290 MCG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
LINZESS 72 MCG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
liothyronine 25 mcg tablet <sup>MM</sup>	1	
liothyronine 5 mcg tablet <sup>MM</sup>	1	
liothyronine 50 mcg tablet <sup>MM</sup>	1	
LIPITOR 10 MG TABLET <sup>MM</sup>	3	ST
LIPITOR 20 MG TABLET <sup>MM</sup>	3	ST
LIPITOR 40 MG TABLET <sup>MM</sup>	3	ST
LIPITOR 80 MG TABLET <sup>MM</sup>	3	ST
LIPOFEN 150 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
LIPOFEN 50 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
lisinopril 10 mg tablet <sup>MM</sup>	1	
lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	
lisinopril 2.5 mg tablet <sup>MM</sup>	1	
lisinopril 20 mg tablet <sup>MM</sup>	1	
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	
lisinopril 20 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
lisinopril 30 mg tablet <sup>MM</sup>	1	
lisinopril 40 mg tablet <sup>MM</sup>	1	
lisinopril 5 mg tablet <sup>MM</sup>	1	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4" <sup>MM</sup>	2	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29 <sup>MM</sup>	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE <sup>MM</sup>	2	
LITE TOUCH LANCETS 28 GAUGE <sup>MM</sup>	2	
LITE TOUCH LANCETS 30 GAUGE <sup>MM</sup>	2	
LITE TOUCH LANCETS 33 GAUGE <sup>MM</sup>	2	

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH LANCING DEVICE	3	
LITE TOUCH-MEDIUM MASK	3	
LITEAIRE MDI CHAMBER	3	
LITETOUCH-LARGE MASK	3	
LITETOUCH-SMALL MASK	3	
lithium carbonate 150 mg capsule <sup>MM</sup>	1	
lithium carbonate 300 mg capsule <sup>MM</sup>	1	
lithium carbonate 300 mg tablet <sup>MM</sup>	1	
lithium carbonate 600 mg capsule <sup>MM</sup>	1	
lithium carbonate er 300 mg tablet,extended release <sup>MM</sup>	1	
lithium carbonate er 450 mg tablet,extended release <sup>MM</sup>	1	
LITHOBID 300 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	
LITHOSTAT 250 MG TABLET	3	
LIVALO 1 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
LIVALO 2 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
LIVALO 4 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
LIVMARLI 9.5 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
LIVTENCITY 200 MG TABLET <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET <sup>MM</sup>	2	
lo-zumandimine (28) 3 mg-0.02 mg tablet <sup>MM</sup>	1	
LOCOID 0.1 % LOTION <sup>DL,SP</sup>	*	ST
LOCOID LIPOCREAM 0.1 % TOPICAL	3	ST
LODINE 400 MG TABLET <sup>MM</sup>	3	ST
LODOSYN 25 MG TABLET <sup>MM</sup>	3	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET <sup>MM</sup>	3	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET <sup>MM</sup>	3	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET <sup>MM</sup>	3	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET <sup>MM</sup>	3	
lofena 25 mg tablet <sup>DL,SP</sup>	*	
lojaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
LOKELMA 10 GRAM ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LOKELMA 5 GRAM ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET	3	
LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION <sup>DL,SP</sup>	*	PA,QL(60 per 365 days)
LONSURF 15 MG-6.14 MG TABLET <sup>DL,SP</sup>	*	PA,QL(100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET <sup>DL,SP</sup>	*	PA,QL(80 per 30 days)
loperamide 2 mg capsule <sup>MM</sup>	1	
LOPID 600 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
lopinavir-ritonavir 100 mg-25 mg tablet <sup>MM,SP</sup>	*	QL(300 per 30 days)
lopinavir-ritonavir 200 mg-50 mg tablet <sup>MM,SP</sup>	*	QL(150 per 30 days)
lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution <sup>MM</sup>	1	
LOPRESSOR 100 MG TABLET <sup>MM</sup>	3	
LOPRESSOR 50 MG TABLET <sup>MM</sup>	3	
LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM	3	
LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION	3	
LOPROX 1 % SHAMPOO	3	
lorazepam 0.5 mg tablet <sup>DL</sup>	1	QL(90 per 30 days)
lorazepam 1 mg tablet <sup>DL</sup>	1	QL(90 per 30 days)
lorazepam 2 mg tablet <sup>DL</sup>	1	QL(150 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
lorazepam 2 mg/ml oral concentrate <sup>DL</sup>	1	QL(150 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate <sup>DL</sup>	1	QL(150 per 30 days)
LORBRENA 100 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
LOREEV XR 1 MG CAPSULE,EXTENDED RELEASE <sup>DL,SP</sup>	*	PA,QL(210 per 30 days)
LOREEV XR 1.5 MG CAPSULE,EXTENDED RELEASE <sup>DL,SP</sup>	*	PA,QL(150 per 30 days)
LOREEV XR 2 MG CAPSULE,EXTENDED RELEASE <sup>DL,SP</sup>	*	PA,QL(150 per 30 days)
LOREEV XR 3 MG CAPSULE,EXTENDED RELEASE <sup>DL,SP</sup>	*	PA,QL(90 per 30 days)
lortab elixir 10 mg-300 mg/15 ml oral solution <sup>DL</sup>	1	QL(6000 per 30 days)
loryna (28) 3 mg-0.02 mg tablet <sup>MM</sup>	1	
LORZONE 375 MG TABLET	3	ST,QL(120 per 30 days)
LORZONE 750 MG TABLET	3	ST,QL(120 per 30 days)
losartan 100 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
losartan 100 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
losartan 100 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
losartan 25 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
losartan 50 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
losartan 50 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <sup>MM</sup>	3	QL(91 per 90 days)
LOTEMAX 0.5 % EYE DROPS,SUSPENSION	3	ST
LOTEMAX 0.5 % EYE GEL DROPS	3	ST
LOTEMAX 0.5 % EYE OINTMENT	3	ST
LOTEMAX SM 0.38 % EYE GEL DROPS	3	ST
LOTENSIN 10 MG TABLET <sup>MM</sup>	3	
LOTENSIN 20 MG TABLET <sup>MM</sup>	3	
LOTENSIN 40 MG TABLET <sup>MM</sup>	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET <sup>MM</sup>	3	
LOTENSIN HCT 20 MG-12.5 MG TABLET <sup>MM</sup>	3	
LOTENSIN HCT 20 MG-25 MG TABLET <sup>MM</sup>	3	
loteprednol etabonate 0.5 % eye drops,suspension	1	ST
loteprednol etabonate 0.5 % eye gel drops	1	ST
LOTREL 10 MG-20 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
LOTREL 10 MG-40 MG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
LOTREL 5 MG-10 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
LOTREL 5 MG-20 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
LOTREL 5 MG-40 MG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
LOTRONEX 0.5 MG TABLET <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
LOTRONEX 1 MG TABLET <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
lovastatin 10 mg tablet <sup>MM</sup>	1	
lovastatin 20 mg tablet <sup>MM</sup>	1	
lovastatin 40 mg tablet <sup>MM</sup>	1	
LOVAZA 1 GRAM CAPSULE <sup>MM</sup>	3	PA,QL(120 per 30 days)
LOVENOX 100 MG/ML SUBCUTANEOUS SYRINGE	3	QL(28 per 28 days)
LOVENOX 120 MG/0.8 ML SUBCUTANEOUS SYRINGE	3	QL(22.4 per 28 days)
LOVENOX 150 MG/ML SUBCUTANEOUS SYRINGE	3	QL(28 per 28 days)
LOVENOX 30 MG/0.3 ML SUBCUTANEOUS SYRINGE	3	QL(16.8 per 28 days)
LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION	3	QL(84 per 28 days)
LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	3	QL(11.2 per 28 days)
LOVENOX 60 MG/0.6 ML SUBCUTANEOUS SYRINGE	3	QL(16.8 per 28 days)
LOVENOX 80 MG/0.8 ML SUBCUTANEOUS SYRINGE	3	QL(22.4 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
low-ogestrel (28) 0.3 mg-30 mcg tablet <sup>MM</sup>	1	
loxapine succinate 10 mg capsule <sup>MM</sup>	1	
loxapine succinate 25 mg capsule <sup>MM</sup>	1	
loxapine succinate 5 mg capsule <sup>MM</sup>	1	
loxapine succinate 50 mg capsule <sup>MM</sup>	1	
lubiprostone 24 mcg capsule <sup>MM</sup>	3	PA,QL(60 per 30 days)
lubiprostone 8 mcg capsule <sup>MM</sup>	3	PA,QL(60 per 30 days)
LUCEMYRA 0.18 MG TABLET <sup>SP</sup>	*	PA,QL(224 per 365 days)
LUCIRA CHECK-IT COVID-19 HOME TEST KIT	3	
lugols 5 % oral solution	1	
LUGOLS 5 %-10 % TOPICAL SOLUTION	3	
luliconazole 1 % topical cream	1	ST,QL(60 per 28 days)
LUMAKRAS 120 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
LUMIGAN 0.01 % EYE DROPS <sup>MM</sup>	2	QL(2.5 per 25 days)
LUNESTA 1 MG TABLET	3	ST,QL(30 per 30 days)
LUNESTA 2 MG TABLET	3	ST,QL(30 per 30 days)
LUNESTA 3 MG TABLET	3	ST,QL(30 per 30 days)
LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT <sup>DL,SP</sup>	*	PA,QL(1 per 30 days)
LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT <sup>SP</sup>	*	PA,QL(1 per 90 days)
LUPKYNIS 7.9 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
lutera (28) 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
LUXIQ 0.12 % TOPICAL FOAM	3	ST
LUZU 1 % TOPICAL CREAM	3	ST,QL(60 per 28 days)
LYBALVI 10 MG-10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LYBALVI 15 MG-10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LYBALVI 20 MG-10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
LYBALVI 5 MG-10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
lyleq 0.35 mg tablet <sup>MM</sup>	1	
lyllana 0.025 mg/24 hr transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
lyllana 0.0375 mg/24 hr transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
lyllana 0.05 mg/24 hr transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
lyllana 0.075 mg/24 hr transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
lyllana 0.1 mg/24 hr transdermal patch <sup>MM</sup>	1	QL(8 per 28 days)
LYMEPAK 100 MG TABLET	3	
LYNPARZA 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
LYNPARZA 150 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
LYRICA 100 MG CAPSULE <sup>MM</sup>	3	ST,QL(90 per 30 days)
LYRICA 150 MG CAPSULE <sup>MM</sup>	3	ST,QL(90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION <sup>MM</sup>	3	ST,QL(900 per 30 days)
LYRICA 200 MG CAPSULE <sup>MM</sup>	3	ST,QL(90 per 30 days)
LYRICA 225 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
LYRICA 25 MG CAPSULE <sup>MM</sup>	3	ST,QL(90 per 30 days)
LYRICA 300 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
LYRICA 50 MG CAPSULE <sup>MM</sup>	3	ST,QL(90 per 30 days)
LYRICA 75 MG CAPSULE <sup>MM</sup>	3	ST,QL(90 per 30 days)
LYRICA CR 165 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
LYRICA CR 330 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(60 per 30 days)
LYRICA CR 82.5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
LYSODREN 500 MG TABLET <sup>DL,MM,SP</sup>	*	
LYSTEDA 650 MG TABLET <sup>MM</sup>	3	QL(30 per 5 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LYTGOBI 4 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(140 per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS <sup>MM</sup>	3	ST
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	3	ST
LYUMJEV TEMPO PEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS <sup>MM</sup>	3	ST
LYUMJEV U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	ST
LYVISPAH 10 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
LYVISPAH 20 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
LYVISPAH 5 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(270 per 30 days)
lyza 0.35 mg tablet <sup>MM</sup>	1	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION	3	
m-natal plus 27 mg iron-1 mg tablet <sup>MM</sup>	1	
MACROBID 100 MG CAPSULE	3	
MACRODANTIN 100 MG CAPSULE	3	
MACRODANTIN 25 MG CAPSULE	3	
MACRODANTIN 50 MG CAPSULE	3	
mafenide 50 gram topical packet	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1"	3	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16" <sup>MM</sup>	2	
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"	2	
MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"	3	
MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR <sup>LD,DL,SP</sup>	*	PA
MAKENA 250 MG/ML (1 ML) INTRAMUSCULAR OIL <sup>LD,DL,SP</sup>	*	PA
MAKENA 250 MG/ML INTRAMUSCULAR OIL <sup>LD,DL,SP</sup>	*	PA
MALARONE 250 MG-100 MG TABLET	3	QL(30 per 30 days)
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET	3	QL(30 per 30 days)
malathion 0.5 % lotion	1	
maraviroc 150 mg tablet <sup>MM,SP</sup>	*	QL(240 per 30 days)
maraviroc 300 mg tablet <sup>MM,SP</sup>	*	QL(120 per 30 days)
MARINOL 10 MG CAPSULE	3	PA,QL(120 per 30 days)
MARINOL 2.5 MG CAPSULE	3	PA,QL(120 per 30 days)
MARINOL 5 MG CAPSULE	3	PA,QL(120 per 30 days)
marlissa (28) 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
MARNATAL-F 60 MG IRON-1 MG CAPSULE <sup>MM</sup>	3	
MARPLAN 10 MG TABLET <sup>MM</sup>	3	
MATULANE 50 MG CAPSULE <sup>DL,SP</sup>	*	
matzim la 180 mg tablet,extended release <sup>MM</sup>	1	QL(60 per 30 days)
matzim la 240 mg tablet,extended release <sup>MM</sup>	1	QL(60 per 30 days)
matzim la 300 mg tablet,extended release <sup>MM</sup>	1	QL(30 per 30 days)
matzim la 360 mg tablet,extended release <sup>MM</sup>	1	QL(30 per 30 days)
matzim la 420 mg tablet,extended release <sup>MM</sup>	1	QL(30 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA
MAVENCLAD (4 TABLET PACK) 10 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA
MAVENCLAD (5 TABLET PACK) 10 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA
MAVENCLAD (6 TABLET PACK) 10 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA
MAVENCLAD (7 TABLET PACK) 10 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MAVENCLAD (8 TABLET PACK) 10 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA
MAVENCLAD (9 TABLET PACK) 10 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA
MAVYRET 100 MG-40 MG TABLET <sup>DL,SP</sup>	*	PA,QL(84 per 28 days)
MAVYRET 50 MG-20 MG ORAL PELLETS IN PACKET <sup>DL,SP</sup>	*	PA,QL(150 per 30 days)
MAXALT 10 MG TABLET	3	ST,QL(12 per 30 days)
MAXALT-MLT 10 MG DISINTEGRATING TABLET	3	ST,QL(12 per 30 days)
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	3	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	3	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2" <sup>MM</sup>	2	
MAXICOMFORT INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2" <sup>MM</sup>	2	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16" <sup>MM</sup>	2	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16" <sup>MM</sup>	2	
MAXIDEX 0.1 % EYE DROPS,SUSPENSION	3	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION	3	
MAXZIDE 75 MG-50 MG TABLET <sup>MM</sup>	3	
MAXZIDE-25MG 37.5 MG-25 MG TABLET <sup>MM</sup>	3	
MAYZENT 0.25 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
MAYZENT 1 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
MAYZENT 2 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
MAYZENT STARTER PACK (FOR 1 MG MAINT DOSE) 0.25 MG (7 TABS) TABLETS <sup>DL,SP</sup>	*	PA,QL(7 per 30 days)
MAYZENT STARTER PACK (FOR 2 MG MAINT DOSE) 0.25 MG (12 TABS) TABLETS <sup>LD,DL,SP</sup>	*	PA,QL(12 per 30 days)
meclizine 12.5 mg tablet	1	
meclizine 25 mg tablet	1	
meclofenamate 100 mg capsule	1	
meclofenamate 50 mg capsule	1	
mecobalamin (vitamin b12) 10,000 mcg solution for injection	1	
MEDISENSE COMBO PACK <sup>MM</sup>	3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK <sup>MM</sup>	3	
MEDISENSE GLUCOSE KETONE COMBO PACK <sup>MM</sup>	3	
MEDISENSE MID CONTROL SOLUTION <sup>MM</sup>	3	
MEDISENSE THIN LANCETS 28 GAUGE <sup>MM</sup>	2	
MEDLANCE PLUS LANCETS 21 GAUGE <sup>MM</sup>	2	
MEDLANCE PLUS LANCETS 25 GAUGE <sup>MM</sup>	2	
MEDLANCE PLUS LANCETS 30 GAUGE <sup>MM</sup>	2	
MEDPOINT NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK	3	
MEDROL 16 MG TABLET	3	
MEDROL 2 MG TABLET	3	
MEDROL 32 MG TABLET	3	
MEDROL 4 MG TABLET	3	
MEDROL 8 MG TABLET	3	
medroxyprogesterone 10 mg tablet <sup>MM</sup>	1	
medroxyprogesterone 150 mg/ml intramuscular suspension <sup>MM</sup>	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml intramuscular syringe <sup>MM</sup>	1	QL(1 per 90 days)
medroxyprogesterone 2.5 mg tablet <sup>MM</sup>	1	
medroxyprogesterone 5 mg tablet <sup>MM</sup>	1	
mefenamic acid 250 mg capsule	1	
mefloquine 250 mg tablet	1	
megestrol 20 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
megestrol 40 mg tablet	1	
megestrol 400 mg/10 ml (10 ml) oral suspension <sup>MM</sup>	1	
megestrol 400 mg/10 ml (40 mg/ml) oral suspension <sup>MM</sup>	1	
megestrol 625 mg/5 ml (125 mg/ml) oral suspension <sup>MM</sup>	1	ST
MEKINIST 0.5 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	1	
meloxicam 15 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
meloxicam 7.5 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
meloxicam 7.5 mg/5 ml oral suspension <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
meloxicam submicronized 10 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
meloxicam submicronized 5 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
melphalan 2 mg tablet <sup>DL,SP</sup>	*	QL(80 per 30 days)
memantine 10 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
memantine 14 mg capsule sprinkle,extended release 24hr <sup>MM</sup>	1	QL(30 per 30 days)
memantine 2 mg/ml oral solution <sup>MM</sup>	1	QL(360 per 30 days)
memantine 21 mg capsule sprinkle,extended release 24hr <sup>MM</sup>	1	QL(30 per 30 days)
memantine 28 mg capsule sprinkle,extended release 24hr <sup>MM</sup>	1	QL(30 per 30 days)
memantine 5 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
memantine 5 mg-10 mg tablets in a dose pack	1	QL(98 per 30 days)
memantine 7 mg capsule sprinkle,extended release 24hr <sup>MM</sup>	1	QL(30 per 30 days)
MENEST 0.3 MG TABLET <sup>MM</sup>	3	
MENEST 0.625 MG TABLET <sup>MM</sup>	3	
MENEST 1.25 MG TABLET <sup>MM</sup>	3	
MENEST 2.5 MG TABLET <sup>MM</sup>	3	
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
MENTAX 1 % TOPICAL CREAM	3	
meperidine 50 mg tablet <sup>DL</sup>	1	QL(480 per 30 days)
meperidine 50 mg/5 ml oral solution <sup>DL</sup>	1	QL(720 per 30 days)
MEPHYTON 5 MG TABLET <sup>DL</sup>	3	
meprobamate 200 mg tablet	1	
meprobamate 400 mg tablet	1	
MEPRON 750 MG/5 ML ORAL SUSPENSION <sup>DL,SP</sup>	*	QL(600 per 30 days)
mercaptopurine 50 mg tablet <sup>MM</sup>	1	QL(480 per 30 days)
merzee 1 mg-20 mcg (24)/75 mg (4) capsule <sup>MM</sup>	1	
mesalamine 1,000 mg rectal suppository <sup>MM</sup>	1	ST,QL(30 per 30 days)
mesalamine 1.2 gram tablet,delayed release <sup>MM</sup>	1	ST,QL(120 per 30 days)
mesalamine 4 gram/60 ml enema <sup>MM</sup>	1	QL(1800 per 30 days)
mesalamine 400 mg capsule (with delayed release tablets inside) <sup>MM</sup>	1	ST,QL(180 per 30 days)
mesalamine 800 mg tablet,delayed release <sup>DL,MM,SP</sup>	*	ST,QL(180 per 30 days)
mesalamine er 0.375 gram capsule,extended release 24 hr <sup>MM</sup>	1	QL(120 per 30 days)
mesalamine er 500 mg capsule,extended release <sup>DL,MM,SP</sup>	*	ST,QL(300 per 30 days)
mesalamine rectal susp enema with cleansing wipes 4 gram/60 ml kit <sup>MM</sup>	1	QL(30 per 30 days)
MESNEX 400 MG TABLET	3	
MESTINON 60 MG TABLET <sup>MM</sup>	3	
MESTINON 60 MG/5 ML ORAL SYRUP <sup>MM</sup>	3	
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	
metadate er 20 mg tablet,extended release <sup>MM</sup>	1	QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
metaproterenol 10 mg/5 ml oral syrup <sup>MM</sup>	1	
metaxall 800 mg tablet	1	ST,QL(120 per 30 days)
metaxalone 400 mg tablet	1	ST,QL(120 per 30 days)
metaxalone 800 mg tablet	1	ST,QL(120 per 30 days)
METER-CHECK SOLUTION <sup>MM</sup>	3	
metformin 1,000 mg tablet <sup>MM</sup>	1	
metformin 500 mg tablet <sup>MM</sup>	1	
metformin 500 mg/5 ml oral solution <sup>DL,MM,SP</sup>	*	QL(750 per 30 days)
metformin 625 mg tablet <sup>DL,MM,SP</sup>	*	ST,QL(120 per 30 days)
metformin 850 mg tablet <sup>MM</sup>	1	
metformin er 1,000 mg 24 hr tablet,extended release <sup>DL,MM,SP</sup>	*	ST,QL(60 per 30 days)
metformin er 1,000 mg tablet,extended release 24hr <sup>MM</sup>	1	ST,QL(60 per 30 days)
metformin er 500 mg 24 hr tablet,extended release <sup>DL,MM,SP</sup>	*	ST,QL(120 per 30 days)
metformin er 500 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(120 per 30 days)
metformin er 500 mg tablet,extended release 24hr <sup>MM</sup>	1	ST,QL(150 per 30 days)
metformin er 750 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
methadone 10 mg tablet <sup>DL</sup>	1	QL(240 per 30 days)
methadone 10 mg/5 ml oral solution <sup>DL</sup>	1	QL(1800 per 30 days)
methadone 10 mg/ml oral concentrate <sup>DL</sup>	1	QL(360 per 30 days)
methadone 40 mg soluble tablet <sup>DL</sup>	1	QL(90 per 30 days)
methadone 5 mg tablet <sup>DL</sup>	1	QL(480 per 30 days)
methadone 5 mg/5 ml oral solution <sup>DL</sup>	1	QL(3600 per 30 days)
methadone intensol 10 mg/ml oral concentrate <sup>DL</sup>	1	QL(360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE <sup>DL</sup>	3	QL(360 per 30 days)
methadose 40 mg soluble tablet <sup>DL</sup>	1	QL(90 per 30 days)
methamphetamine 5 mg tablet <sup>MM</sup>	1	QL(150 per 30 days)
methazolamide 25 mg tablet <sup>MM</sup>	1	
methazolamide 50 mg tablet <sup>MM</sup>	1	
methenamine hippurate 1 gram tablet	1	
methergine 0.2 mg tablet	1	
methimazole 10 mg tablet <sup>MM</sup>	1	
methimazole 5 mg tablet <sup>MM</sup>	1	
METHITEST 10 MG TABLET <sup>DL,MM,SP</sup>	*	
methocarbamol 1,000 mg tablet <sup>DL,SP</sup>	*	PA
methocarbamol 500 mg tablet	1	
methocarbamol 750 mg tablet	1	
methotrexate sodium (pf) 25 mg/ml injection solution	1	
methotrexate sodium 2.5 mg tablet <sup>MM</sup>	1	
methotrexate sodium 25 mg/ml injection solution	1	
methoxsalen 10 mg liquid-filled,rapid release capsule <sup>DL,SP</sup>	*	
methscopolamine 2.5 mg tablet	1	
methscopolamine 5 mg tablet	1	
methylodopa 250 mg tablet <sup>MM</sup>	1	
methylodopa 250 mg-hydrochlorothiazide 15 mg tablet <sup>MM</sup>	1	
methylodopa 250 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
methylodopa 500 mg tablet <sup>MM</sup>	1	
methylergonovine 0.2 mg tablet	1	
METHYLIN 10 MG/5 ML ORAL SOLUTION <sup>MM</sup>	3	QL(900 per 30 days)
METHYLIN 5 MG/5 ML ORAL SOLUTION <sup>MM</sup>	3	QL(1800 per 30 days)
methylphenidate 10 mg chewable tablet <sup>MM</sup>	1	ST,QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
methylphenidate 10 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
methylphenidate 10 mg/5 ml oral solution <sup>MM</sup>	1	QL(900 per 30 days)
methylphenidate 10 mg/9 hr daily transdermal patch <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate 15 mg/9 hr daily transdermal patch <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate 2.5 mg chewable tablet <sup>MM</sup>	1	ST,QL(150 per 30 days)
methylphenidate 20 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
methylphenidate 20 mg/9 hr daily transdermal patch <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate 30 mg/9 hr daily transdermal patch <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate 5 mg chewable tablet <sup>MM</sup>	1	ST,QL(150 per 30 days)
methylphenidate 5 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
methylphenidate 5 mg/5 ml oral solution <sup>MM</sup>	1	QL(1800 per 30 days)
methylphenidate cd 10 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
methylphenidate cd 20 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
methylphenidate cd 30 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
methylphenidate cd 40 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
methylphenidate cd 50 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
methylphenidate cd 60 mg biphasic 30-70 capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
methylphenidate er 10 mg capsule,extended release (40-60) sprinkle <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate er 10 mg tablet,extended release <sup>MM</sup>	1	QL(180 per 30 days)
methylphenidate er 15 mg capsule,extended release (40-60) sprinkle <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate er 18 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate er 20 mg capsule,extended release (40-60) sprinkle <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate er 20 mg tablet,extended release <sup>MM</sup>	1	QL(90 per 30 days)
methylphenidate er 27 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate er 30 mg capsule,extended release (40-60) sprinkle <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate er 36 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(60 per 30 days)
methylphenidate er 40 mg capsule,extended release (40-60) sprinkle <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate er 45 mg tablet,extended release 24 hr <sup>MM</sup>	3	ST,QL(30 per 30 days)
methylphenidate er 50 mg capsule,extended release (40-60) sprinkle <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate er 54 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate er 60 mg capsule,extended release (40-60) sprinkle <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate er 63 mg tablet,extended release 24 hr <sup>MM</sup>	3	ST,QL(30 per 30 days)
methylphenidate er 72 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
methylphenidate la 10 mg biphasic 50-50 capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
methylphenidate la 20 mg biphasic 50-50 capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
methylphenidate la 30 mg biphasic 50-50 capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
methylphenidate la 40 mg biphasic 50-50 capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
methylphenidate la 60 mg biphasic 50-50 capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
methylprednisolone 16 mg tablet	1	
methylprednisolone 32 mg tablet	1	
methylprednisolone 4 mg tablet	1	
methylprednisolone 4 mg tablets in a dose pack	1	
methylprednisolone 8 mg tablet	1	
methyltestosterone 10 mg capsule <sup>DL,MM,SP</sup>	*	
metipranolol 0.3 % eye drops <sup>MM</sup>	1	
metoclopramide 10 mg disintegrating tablet	1	QL(180 per 30 days)
metoclopramide 10 mg tablet	1	
metoclopramide 5 mg disintegrating tablet	1	QL(360 per 30 days)
metoclopramide 5 mg tablet	1	
metoclopramide 5 mg/5 ml oral solution	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
metolazone 10 mg tablet <sup>MM</sup>	1	
metolazone 2.5 mg tablet <sup>MM</sup>	1	
metolazone 5 mg tablet <sup>MM</sup>	1	
METOPIRONE 250 MG CAPSULE	3	
metoprolol succinate er 100 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
metoprolol succinate er 200 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
metoprolol succinate er 25 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(90 per 30 days)
metoprolol succinate er 50 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
metoprolol tartrate 100 mg tablet <sup>MM</sup>	1	
metoprolol tartrate 100 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
metoprolol tartrate 100 mg-hydrochlorothiazide 50 mg tablet <sup>MM</sup>	1	
metoprolol tartrate 25 mg tablet <sup>MM</sup>	1	
metoprolol tartrate 37.5 mg tablet <sup>MM</sup>	1	
metoprolol tartrate 50 mg tablet <sup>MM</sup>	1	
metoprolol tartrate 50 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
metoprolol tartrate 75 mg tablet <sup>MM</sup>	1	
METROCREAM 0.75 % TOPICAL	3	ST
METROGEL 1 % TOPICAL	3	ST
METROGEL VAGINAL 0.75 % (37.5 MG/5 GRAM)	3	
METROLOTION 0.75 % TOPICAL	3	ST
metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel	1	
metronidazole 0.75 % lotion	1	
metronidazole 0.75 % topical cream	1	
metronidazole 0.75 % topical gel	1	
metronidazole 1 % topical gel	1	
metronidazole 1 % topical gel with pump	1	
metronidazole 250 mg tablet	1	
metronidazole 375 mg capsule	1	
metronidazole 500 mg tablet	1	
metyrosine 250 mg capsule	1	
mexiletine 150 mg capsule <sup>MM</sup>	1	
mexiletine 200 mg capsule <sup>MM</sup>	1	
mexiletine 250 mg capsule <sup>MM</sup>	1	
MIACALCIN 200 UNIT/ML INJECTION SOLUTION	3	QL(4 per 28 days)
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <sup>MM</sup>	1	
MICARDIS 20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
MICARDIS 40 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
MICARDIS 80 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
MICARDIS HCT 40 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
MICARDIS HCT 80 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
MICARDIS HCT 80 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
miconazole nit 0.25 %-zinc ox 15 %-petrolatum 81.35 % topical ointment	1	
miconazole-3 200 mg vaginal suppository	1	
MICRO BLOOD GLUCOSE STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
MICRO THIN LANCETS 33 GAUGE <sup>MM</sup>	2	
MICROCHAMBER SPACER	3	
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM <sup>MM</sup>	3	ST
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT <sup>MM</sup>	3	ST
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
MICRODOT HIGH-LOW CONTROL SOLUTION <sup>MM</sup>	3	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MICRODOT INSULIN PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
MICRODOT INSULIN PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	2	
MICRODOT NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
MICRODOT XTRA BLOOD GLUCOSE STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet <sup>MM</sup>	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet <sup>MM</sup>	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM</sup>	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
MICROLET 2 LANCING DEVICE KIT <sup>MM</sup>	3	
MICROLET LANCET <sup>MM</sup>	2	
MICROLET NEXT LANCING DEVICE KIT <sup>MM</sup>	3	
MICROSPACER	2	
midazolam 10 mg/5 ml (2 mg/ml) oral syrup <sup>DL</sup>	1	
midazolam 2 mg/ml oral syrup <sup>DL</sup>	1	
midodrine 10 mg tablet	1	
midodrine 2.5 mg tablet	1	
midodrine 5 mg tablet	1	
migergot 2 mg-100 mg rectal suppository <sup>DL,SP</sup>	*	
miglitol 100 mg tablet <sup>MM</sup>	1	
miglitol 25 mg tablet <sup>MM</sup>	1	
miglitol 50 mg tablet <sup>MM</sup>	1	
miglustat 100 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY <sup>DL,SP</sup>	*	PA,QL(8 per 30 days)
mili 0.25 mg-35 mcg tablet <sup>MM</sup>	1	
millipred 5 mg tablet	1	
millipred dp 5 mg (21 tabs) tablets in a dose pack	1	
millipred dp 5 mg (48 tabs) tablets in a dose pack	1	
mimvey 1 mg-0.5 mg tablet <sup>MM</sup>	1	
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET <sup>MM</sup>	3	
MINI LANCING DEVICE	3	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
MINI WRIGHT PEAK FLOW METER	2	
MINILINK REAL-TIME TRANSMITTER DEVICE <sup>MM</sup>	3	PA
MINIMED SYRINGE RESERVOIR 1.8 ML <sup>MM</sup>	2	
MINIMED SYRINGE RESERVOIR 3 ML <sup>MM</sup>	2	
MINIPRESS 1 MG CAPSULE <sup>MM</sup>	3	
MINIPRESS 2 MG CAPSULE <sup>MM</sup>	3	
MINIPRESS 5 MG CAPSULE <sup>MM</sup>	3	
minitran 0.1 mg/hr transdermal 24 hour patch <sup>MM</sup>	1	QL(30 per 30 days)
minitran 0.2 mg/hr transdermal 24 hour patch <sup>MM</sup>	1	QL(30 per 30 days)
minitran 0.4 mg/hr transdermal 24 hour patch <sup>MM</sup>	1	QL(60 per 30 days)
minitran 0.6 mg/hr transdermal 24 hour patch <sup>MM</sup>	1	QL(30 per 30 days)
MINIVELLE 0.025 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
MINIVELLE 0.0375 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
MINIVELLE 0.05 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
MINIVELLE 0.075 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
MINIVELLE 0.1 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
minocycline 100 mg capsule	1	
minocycline 100 mg tablet	1	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
minocycline 50 mg capsule	1	
minocycline 50 mg tablet	1	ST
minocycline 75 mg capsule	1	
minocycline 75 mg tablet	1	ST
minocycline er 105 mg tablet,extended release 24 hr	1	ST,QL(30 per 30 days)
minocycline er 115 mg tablet,extended release 24 hr	1	ST,QL(30 per 30 days)
minocycline er 135 mg capsule, extended release 24 hr	3	ST,QL(30 per 30 days)
minocycline er 135 mg tablet,extended release 24 hr	1	ST,QL(30 per 30 days)
minocycline er 45 mg capsule, extended release 24 hr	3	ST,QL(30 per 30 days)
minocycline er 45 mg tablet,extended release 24 hr	1	ST,QL(30 per 30 days)
minocycline er 55 mg tablet,extended release 24 hr	1	ST,QL(30 per 30 days)
minocycline er 65 mg tablet,extended release 24 hr	1	ST,QL(30 per 30 days)
minocycline er 80 mg tablet,extended release 24 hr	1	ST,QL(30 per 30 days)
minocycline er 90 mg capsule, extended release 24 hr	3	ST,QL(30 per 30 days)
minocycline er 90 mg tablet,extended release 24 hr	1	ST,QL(30 per 30 days)
MINOLIRA ER 105 MG TABLET, EXTENDED RELEASE <sup>DL,SP</sup>	*	ST,QL(30 per 30 days)
MINOLIRA ER 135 MG TABLET, EXTENDED RELEASE <sup>DL,SP</sup>	*	ST,QL(30 per 30 days)
minoxidil 10 mg tablet <sup>MM</sup>	1	
minoxidil 2.5 mg tablet <sup>MM</sup>	1	
MIRAPEX 0.125 MG TABLET <sup>MM</sup>	3	ST
MIRAPEX 0.25 MG TABLET <sup>MM</sup>	3	ST
MIRAPEX 0.5 MG TABLET <sup>MM</sup>	3	ST
MIRAPEX 0.75 MG TABLET <sup>MM</sup>	3	ST
MIRAPEX 1 MG TABLET <sup>MM</sup>	3	ST
MIRAPEX 1.5 MG TABLET <sup>MM</sup>	3	ST
MIRAPEX ER 0.375 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
MIRAPEX ER 0.75 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
MIRAPEX ER 1.5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
MIRAPEX ER 2.25 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
MIRAPEX ER 3 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
MIRAPEX ER 3.75 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
MIRAPEX ER 4.5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(1.2 per 28 days)
MIRCERA 150 MCG/0.3 ML INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(0.6 per 28 days)
MIRCERA 200 MCG/0.3 ML INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(0.6 per 28 days)
MIRCERA 30 MCG/0.3 ML INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(0.9 per 28 days)
MIRCERA 75 MCG/0.3 ML INJECTION SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(0.9 per 28 days)
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET <sup>MM</sup>	3	
MIRENA 20 MCG/24 HOURS (8 YRS) 52 MG INTRAUTERINE DEVICE <sup>LD,DL,MM,SP</sup>	*	
mirtazapine 15 mg disintegrating tablet <sup>MM</sup>	1	QL(30 per 30 days)
mirtazapine 15 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
mirtazapine 30 mg disintegrating tablet <sup>MM</sup>	1	QL(30 per 30 days)
mirtazapine 30 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
mirtazapine 45 mg disintegrating tablet <sup>MM</sup>	1	QL(30 per 30 days)
mirtazapine 45 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
mirtazapine 7.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
MIRVASO 0.33 % TOPICAL GEL WITH PUMP	3	ST
misoprostol 100 mcg tablet <sup>MM</sup>	1	
misoprostol 200 mcg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MISTASSIST DEVICE	3	
MITIGARE 0.6 MG CAPSULE <sup>MM</sup>	1	QL(60 per 30 days)
MOBIC 15 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
MOBIC 7.5 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
modafinil 100 mg tablet <sup>MM</sup>	1	PA,QL(60 per 30 days)
modafinil 200 mg tablet <sup>MM</sup>	1	PA,QL(60 per 30 days)
MODERNA COVID-19 (12 YR UP) VACCINE (PF) 100 MCG/0.5 ML IM SUSP (EUA)	3	
MODERNA COVID-19 BIVALENT BOOST(6MO-5Y)(PF) 10 MCG/0.2 ML IM SUSP(EUA)	3	
MODERNA COVID-19 BIVALENT BOOST(6YR UP)(PF) 50 MCG/0.5 ML IM SUSP(EUA)	3	
MODERNA COVID-19 VACC (6-11YR PRIMARY)(PF) 50 MCG/0.5 ML IM SUSP (EUA)	3	
MODERNA COVID-19 VACCINE(6MO-5YR)(PF) 25 MCG/0.25 ML IM SUSP (EUA)	3	
moexipril 15 mg tablet <sup>MM</sup>	1	
moexipril 7.5 mg tablet <sup>MM</sup>	1	
molindone 10 mg tablet <sup>MM</sup>	1	PA,QL(240 per 30 days)
molindone 25 mg tablet <sup>MM</sup>	1	PA,QL(270 per 30 days)
molindone 5 mg tablet <sup>MM</sup>	1	PA,QL(360 per 30 days)
mometasone 0.1 % topical cream	1	
mometasone 0.1 % topical ointment	1	
mometasone 0.1 % topical solution	1	
mometasone 50 mcg/actuation nasal spray <sup>MM</sup>	1	ST,QL(34 per 30 days)
mondoxine nl 100 mg capsule	1	QL(90 per 30 days)
mondoxine nl 75 mg capsule	1	ST,QL(60 per 30 days)
mono-linyah 0.25 mg-35 mcg tablet <sup>MM</sup>	1	
MONODOX 100 MG CAPSULE	3	ST,QL(90 per 30 days)
MONODOX 50 MG CAPSULE	3	ST,QL(60 per 30 days)
MONODOX 75 MG CAPSULE	3	ST,QL(60 per 30 days)
MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE	3	
MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE	3	
MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE	3	
MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE	3	
MONOJECT CONTROL SYRINGE LUER LOCK 12 ML	3	
MONOJECT ENFIT STERILE SYRINGE 1 ML	3	
MONOJECT ENFIT STERILE SYRINGE 3 ML	3	
MONOJECT ENFIT STERILE SYRINGE 35 ML	3	
MONOJECT ENFIT STERILE SYRINGE 6 ML	3	
MONOJECT ENFIT STERILE SYRINGE 60 ML	3	
MONOJECT ENFIT SYRINGE 12 ML	3	
MONOJECT ENFIT SYRINGE CAP	3	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2"	3	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1"	3	
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1"	3	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"	3	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1"	3	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"	3	
MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2"	3	
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2"	3	
MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4"	3	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
MONOJECT INSULIN SAFETY SYRINGE 29 GAUGE X 1/2" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"MM	2	
MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	2	
MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	2	
MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	2	
MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	2	
MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"MM	2	
MONOJECT INSULIN SYRINGE 1 MLMM	2	
MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8"MM	2	
MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"MM	2	
MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"MM	2	
MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	2	
MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	2	
MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	2	
MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"MM	2	
MONOJECT LUER-LOCK TIP 12 ML SYRINGE	3	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 1"	3	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8"	3	
MONOJECT MAGELLAN SYRINGE 3 ML 20 GAUGE X 1"	3	
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE	3	
MONOJECT REGULAR LUER 12 ML SYRINGE	3	
MONOJECT SAFETY SYRINGES	3	
MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2"	3	
MONOJECT SAFETY SYRINGES 3 ML 21 GAUGE X 1"	3	
MONOJECT SAFETY SYRINGES 3 ML 22 GAUGE X 1 1/2"	3	
MONOJECT SAFETY SYRINGES 6 ML	3	
MONOJECT SMARTIP CANNULA 12 ML SYRINGE	3	
MONOJECT SMARTIP CANNULA 3 ML SYRINGE	3	
MONOJECT SMARTIP CANNULA 6 ML SYRINGE	3	
MONOJECT SYRINGE 1/2 ML 28 GAUGE <sup>MM</sup>	2	
MONOJECT SYRINGE 3 ML	2	
MONOJECT SYRINGE 6 ML	2	
MONOJECT SYRINGE 6 ML 20 X 1 1/2"	2	
MONOJECT SYRINGE 6 ML 21 X 1 1/2"	2	
MONOJECT SYRINGE 6 ML 21 X 1"	2	
MONOJECT SYRINGE 6 ML 22 X 1 1/2"	2	
MONOJECT TB LUER LOK 1 ML SYRINGE	3	
MONOJECT TUBERCULIN SYRINGE 1 ML	3	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE <sup>MM</sup>	2	
MONOLET LANCETS 21 GAUGE <sup>MM</sup>	2	
MONOLET THIN LANCETS 28 GAUGE <sup>MM</sup>	2	
montelukast 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
montelukast 4 mg chewable tablet <sup>MM</sup>	1	QL(30 per 30 days)
montelukast 4 mg oral granules in packet <sup>MM</sup>	1	QL(30 per 30 days)
montelukast 5 mg chewable tablet <sup>MM</sup>	1	QL(30 per 30 days)
MONUROL 3 GRAM ORAL PACKET	3	
morgidox 100 mg capsule	1	QL(90 per 30 days)
morgidox 50 mg capsule	1	
morphine 10 mg rectal suppository <sup>DL</sup>	1	QL(180 per 30 days)
morphine 10 mg/5 ml oral solution <sup>DL</sup>	1	QL(2700 per 30 days)
morphine 15 mg immediate release tablet <sup>DL</sup>	1	QL(180 per 30 days)
morphine 20 mg rectal suppository <sup>DL</sup>	1	QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
morphine 20 mg/5 ml (4 mg/ml) oral solution <sup>DL</sup>	1	QL(1350 per 30 days)
morphine 30 mg immediate release tablet <sup>DL</sup>	1	QL(180 per 30 days)
morphine 30 mg rectal suppository <sup>DL</sup>	1	QL(180 per 30 days)
morphine 5 mg rectal suppository <sup>DL</sup>	1	QL(180 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) oral solution <sup>DL</sup>	1	QL(540 per 30 days)
morphine er 10 mg capsule,extended release pellets <sup>DL</sup>	1	ST,QL(60 per 30 days)
morphine er 100 mg capsule,extended release pellets <sup>DL</sup>	1	ST,QL(60 per 30 days)
morphine er 100 mg tablet,extended release <sup>DL</sup>	1	QL(180 per 30 days)
morphine er 120 mg capsule,extended release 24 hr multiphase <sup>DL</sup>	1	ST,QL(60 per 30 days)
morphine er 15 mg tablet,extended release <sup>DL</sup>	1	QL(120 per 30 days)
morphine er 20 mg capsule,extended release pellets <sup>DL</sup>	1	ST,QL(60 per 30 days)
morphine er 200 mg tablet,extended release <sup>DL</sup>	1	QL(90 per 30 days)
morphine er 30 mg capsule,extended release 24 hr multiphase <sup>DL</sup>	1	ST,QL(30 per 30 days)
morphine er 30 mg capsule,extended release pellets <sup>DL</sup>	1	ST,QL(60 per 30 days)
morphine er 30 mg tablet,extended release <sup>DL</sup>	1	QL(120 per 30 days)
morphine er 40 mg capsule,extended release pellets <sup>DL</sup>	1	ST,QL(60 per 30 days)
morphine er 45 mg capsule,extended release 24 hr multiphase <sup>DL</sup>	1	ST,QL(30 per 30 days)
morphine er 50 mg capsule,extended release pellets <sup>DL</sup>	1	ST,QL(60 per 30 days)
morphine er 60 mg capsule,extended release 24 hr multiphase <sup>DL</sup>	1	ST,QL(60 per 30 days)
morphine er 60 mg capsule,extended release pellets <sup>DL</sup>	1	ST,QL(60 per 30 days)
morphine er 60 mg tablet,extended release <sup>DL</sup>	1	QL(120 per 30 days)
morphine er 75 mg capsule,extended release 24 hr multiphase <sup>DL</sup>	1	ST,QL(60 per 30 days)
morphine er 80 mg capsule,extended release pellets <sup>DL</sup>	1	ST,QL(60 per 30 days)
morphine er 90 mg capsule,extended release 24 hr multiphase <sup>DL</sup>	1	ST,QL(60 per 30 days)
MOTEGRITY 1 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
MOTEGRITY 2 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
MOTOFEN 1 MG-0.025 MG TABLET	3	
MOUNJARO 10 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM</sup>	2	QL(2 per 28 days)
MOUNJARO 12.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM</sup>	2	QL(2 per 28 days)
MOUNJARO 15 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM</sup>	2	QL(2 per 28 days)
MOUNJARO 2.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL</sup>	2	QL(2 per 28 days)
MOUNJARO 5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM</sup>	2	QL(2 per 28 days)
MOUNJARO 7.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM</sup>	2	QL(2 per 28 days)
MOVANTIK 12.5 MG TABLET	2	QL(30 per 30 days)
MOVANTIK 25 MG TABLET	2	QL(30 per 30 days)
MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET	3	ST
MOXATAG 775 MG TABLET,EXTENDED RELEASE	3	
MOXEZA 0.5 % EYE DROPS	3	ST
moxifloxacin 0.5 % eye drops	1	
moxifloxacin 0.5 % viscous eye drops	1	ST
moxifloxacin 400 mg tablet	1	
MS CONTIN 100 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(180 per 30 days)
MS CONTIN 15 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(120 per 30 days)
MS CONTIN 200 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(90 per 30 days)
MS CONTIN 30 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(120 per 30 days)
MS CONTIN 60 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(120 per 30 days)
MULPLETA 3 MG TABLET <sup>DL,SP</sup>	*	PA,QL(7 per 30 days)
MULTAQ 400 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
MULTI-LANCET DEVICE 2 KIT <sup>MM</sup>	2	
multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
multigen plus 151 mg-60 mg-10 mcg-1 mg tablet	1	
mupirocin 2 % topical ointment	1	
mupirocin calcium 2 % topical cream	1	ST
my choice 1.5 mg tablet	1	
my way 1.5 mg tablet	1	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
MYAMBUTOL 400 MG TABLET	3	
MYCAPSSA 20 MG CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(112 per 28 days)
MYCOBUTIN 150 MG CAPSULE	3	
mycophenolate mofetil 200 mg/ml oral suspension <sup>MM</sup>	1	
mycophenolate mofetil 250 mg capsule <sup>MM</sup>	1	QL(360 per 30 days)
mycophenolate mofetil 500 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
mycophenolate sodium 180 mg tablet,delayered release <sup>MM</sup>	1	
mycophenolate sodium 360 mg tablet,delayered release <sup>MM</sup>	1	
MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	2	QL(30 per 30 days)
MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	2	QL(30 per 30 days)
MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	2	QL(30 per 30 days)
MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR <sup>MM</sup>	2	QL(30 per 30 days)
MYDRIACYL 1 % EYE DROPS	3	
MYFEMBREE 40 MG-1 MG-0.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
MYFORTIC 180 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	
MYFORTIC 360 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	
MYGLUCOHEALTH CONTROL SOLUTION <sup>MM</sup>	3	
MYGLUCOHEALTH KIT <sup>MM</sup>	3	ST
MYGLUCOHEALTH LANCETS 30 GAUGE <sup>MM</sup>	2	
MYGLUCOHEALTH STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
MYLERAN 2 MG TABLET <sup>DL,SP</sup>	*	QL(150 per 30 days)
MYNATAL 65 MG IRON-1 MG CAPSULE <sup>MM</sup>	2	
mynatal plus 65 mg iron-1 mg tablet <sup>MM</sup>	1	
mynatal-z 65 mg iron-1 mg tablet <sup>MM</sup>	1	
mynephrocaps 1 mg capsule	1	
myorisan 10 mg capsule	1	QL(60 per 30 days)
myorisan 20 mg capsule	1	QL(60 per 30 days)
myorisan 30 mg capsule	1	QL(60 per 30 days)
myorisan 40 mg capsule	1	QL(120 per 30 days)
MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
MYRBETRIQ 8 MG/ML ORAL SUSPENSION,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(300 per 30 days)
MYSOLINE 250 MG TABLET <sup>MM</sup>	3	ST
MYSOLINE 50 MG TABLET <sup>MM</sup>	3	ST
MYTESI 125 MG TABLET,DELAYED RELEASE <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
nabumetone 500 mg tablet	1	
nabumetone 750 mg tablet	1	
nadolol 20 mg tablet <sup>MM</sup>	1	
nadolol 40 mg tablet <sup>MM</sup>	1	
nadolol 80 mg tablet <sup>MM</sup>	1	
naftifine 1 % topical cream	1	
naftifine 1 % topical gel	1	ST
naftifine 2 % topical cream	1	
NAFTIN 1 % TOPICAL GEL	3	ST
NAFTIN 2 % TOPICAL CREAM	3	ST

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NAFTIN 2 % TOPICAL GEL	3	ST
NALFON 400 MG CAPSULE	3	PA,QL(240 per 30 days)
NALFON 600 MG TABLET	1	PA
nalmefene 1 mg/ml injection solution	1	
nalocet 2.5 mg-300 mg tablet <sup>DL,SP</sup>	*	PA,QL(360 per 30 days)
naloxone 0.4 mg/ml injection solution	1	
naloxone 0.4 mg/ml injection syringe	1	
naloxone 1 mg/ml injection syringe	1	
naloxone 4 mg/actuation nasal spray	1	QL(2 per 30 days)
naltrexone 50 mg tablet <sup>MM</sup>	1	
NAMENDA 10 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
NAMENDA 5 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK	3	QL(98 per 30 days)
NAMENDA XR 14 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
NAMENDA XR 21 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
NAMENDA XR 28 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
NAMENDA XR 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,EXT REL, DOSE PACK	3	PA,QL(28 per 28 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK	3	PA,QL(28 per 28 days)
NAPRELAN CR 375 MG TAB,EXTENDED RELEASE 24 HR MPHASE <sup>DL,MM,SP</sup>	*	ST,QL(120 per 30 days)
NAPRELAN CR 500 MG TAB,EXTENDED RELEASE 24 HR MPHASE <sup>MM</sup>	3	ST,QL(90 per 30 days)
NAPRELAN CR 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
NAPROSYN 125 MG/5 ML ORAL SUSPENSION <sup>MM</sup>	3	ST
NAPROSYN 500 MG TABLET <sup>MM</sup>	3	
naproxen 125 mg/5 ml oral suspension <sup>MM</sup>	1	ST
naproxen 250 mg tablet <sup>MM</sup>	1	
naproxen 375 mg tablet <sup>MM</sup>	1	
naproxen 375 mg tablet,delayed release <sup>MM</sup>	1	
naproxen 375 mg-esomeprazole 20 mg tablet,immediate and delay release <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
naproxen 500 mg tablet <sup>MM</sup>	1	
naproxen 500 mg tablet,delayed release <sup>MM</sup>	1	
naproxen 500 mg-esomeprazole 20 mg tablet,immediate and delay release <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
naproxen sodium 275 mg tablet <sup>MM</sup>	1	
naproxen sodium 550 mg tablet <sup>MM</sup>	1	
naproxen sodium er (cr) 375 mg tablet,extended release 24 hr mphase <sup>DL,MM,SP</sup>	*	ST,QL(120 per 30 days)
naproxen sodium er (cr) 500 mg tablet,extended release 24 hr mphase <sup>MM</sup>	1	ST,QL(90 per 30 days)
naproxen sodium er (cr) 750 mg tablet,extended release 24 hr mphase <sup>MM</sup>	3	ST,QL(60 per 30 days)
naratriptan 1 mg tablet	1	QL(9 per 30 days)
naratriptan 2.5 mg tablet	1	QL(9 per 30 days)
NARCAN 4 MG/ACTUATION NASAL SPRAY	2	QL(2 per 30 days)
NARDIL 15 MG TABLET <sup>MM</sup>	3	
NASCOBAL 500 MCG/SPRAY NASAL SPRAY <sup>DL,MM,SP</sup>	*	PA
NASONEX 50 MCG/ACTUATION SPRAY <sup>MM</sup>	3	ST,QL(34 per 30 days)
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET <sup>MM</sup>	3	
NATACYN 5 % EYE DROPS,SUSPENSION	3	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
nateglinide 120 mg tablet <sup>MM</sup>	1	
nateglinide 60 mg tablet <sup>MM</sup>	1	
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP <sup>MM</sup>	3	PA,QL(21.96 per 30 days)
NATPARA 100 MCG/DOSE SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(2 per 28 days)
NATPARA 25 MCG/DOSE SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(2 per 28 days)
NATPARA 50 MCG/DOSE SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(2 per 28 days)
NATPARA 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(2 per 28 days)
NATROBA 0.9 % TOPICAL SUSPENSION	3	QL(240 per 30 days)
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY <sup>DL</sup>	3	QL(10 per 30 days)
neбиволol 10 mg tablet <sup>MM</sup>	1	PA,QL(120 per 30 days)
neбиволol 2.5 mg tablet <sup>MM</sup>	1	PA,QL(30 per 30 days)
neбиволol 20 mg tablet <sup>MM</sup>	1	PA,QL(60 per 30 days)
neбиволol 5 mg tablet <sup>MM</sup>	1	PA,QL(30 per 30 days)
NEBUPENT 300 MG SOLUTION FOR INHALATION <sup>MM</sup>	3	
nebusal 3 % solution for nebulization	1	
NEBUSAL 6 % SOLUTION FOR NEBULIZATION	3	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <sup>MM</sup>	1	
nefazodone 100 mg tablet <sup>MM</sup>	1	
nefazodone 150 mg tablet <sup>MM</sup>	1	
nefazodone 200 mg tablet <sup>MM</sup>	1	
nefazodone 250 mg tablet <sup>MM</sup>	1	
nefazodone 50 mg tablet <sup>MM</sup>	1	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment	1	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	1	
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM <sup>DL,SP</sup>	*	ST
neomycin 1.75 mg-polymyxin 10,000 unit-gramicidin 0.025mg/ml eye drops	1	
neomycin 3.5 mg-polymyxin 10,000 unit-hydrocort 10 mg/ml eye drop,susp	1	
neomycin 3.5 mg/g-polymyxin b 10,000 unit/g-dexameth 0.1 % eye oint	1	
neomycin 40 mg-polymyxin b 200,000 unit/ml qu irrigation solution	1	
neomycin 500 mg tablet	1	
neomycin-bacitracin-poly-hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	1	
neomycin-bacitracin-polymyxn 3.5 mg-400 unit-10,000 unit/gram eye oint	1	
neomycin-polymyxin-dexameth 3.5 mg/ml-10,000 unit/ml-0.1% eye drops	1	
neomycin-polymyxin-hydrocort 3.5 mg-10,000 unit/ml-1 % ear drops,susp	1	
neomycin-polymyxin-hydrocort 3.5 mg/ml-10,000 unit/ml-1 % ear solution	1	
NEORAL 100 MG CAPSULE <sup>MM</sup>	3	QL(720 per 30 days)
NEORAL 100 MG/ML ORAL SOLUTION <sup>MM</sup>	3	
NEORAL 25 MG CAPSULE <sup>MM</sup>	3	
NERLYNX 40 MG TABLET <sup>DL,SP</sup>	*	PA,QL(180 per 30 days)
NESINA 12.5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
NESINA 25 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
NESINA 6.25 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
NESTABS 32 MG-1,000 MCG TABLET <sup>MM</sup>	2	
NESTABS ABC 32 MG IRON-1 MG-120 MG-180 MG ORAL PACK <sup>MM</sup>	3	
NESTABS DHA 32 MG IRON-1,000 MCG-230 MG ORAL PACK <sup>MM</sup>	3	
neuac 1.2 % (1 % base)-5 % topical gel	1	
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR <sup>DL,SP</sup>	*	PA,QL(1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <sup>DL,SP</sup>	*	PA,QL(7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION <sup>DL,SP</sup>	*	PA,QL(14 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE <sup>DL,SP</sup>	*	PA,QL(11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <sup>DL,SP</sup>	*	PA,QL(22.4 per 30 days)
NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM</sup>	3	PA,QL(30 per 30 days)
NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM</sup>	3	PA,QL(30 per 30 days)
NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM</sup>	3	PA,QL(30 per 30 days)
NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM</sup>	3	PA,QL(30 per 30 days)
NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM</sup>	3	PA,QL(30 per 30 days)
NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM</sup>	3	PA,QL(30 per 30 days)
NEURONTIN 100 MG CAPSULE <sup>MM</sup>	3	ST,QL(270 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLUTION <sup>MM</sup>	3	ST,QL(2250 per 30 days)
NEURONTIN 300 MG CAPSULE <sup>MM</sup>	3	ST,QL(270 per 30 days)
NEURONTIN 400 MG CAPSULE <sup>MM</sup>	3	ST,QL(270 per 30 days)
NEURONTIN 600 MG TABLET <sup>MM</sup>	3	ST,QL(180 per 30 days)
NEURONTIN 800 MG TABLET <sup>MM</sup>	3	ST,QL(180 per 30 days)
NEUTEK 2TEK TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
NEVANAC 0.1 % EYE DROPS,SUSPENSION	3	ST
nevirapine 200 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
nevirapine 50 mg/5 ml oral suspension <sup>MM</sup>	1	QL(1200 per 30 days)
nevirapine er 100 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(120 per 30 days)
nevirapine er 400 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
new day 1.5 mg tablet	1	
newgen 32 mg-1,000 mcg tablet <sup>MM</sup>	1	
NEXAVAR 200 MG TABLET <sup>LD,DL,SP</sup>	*	PA,QL(120 per 30 days)
NEXICLON XR 0.17 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
NEXIUM 20 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
NEXIUM 40 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP <sup>MM</sup>	3	ST,QL(30 per 30 days)
NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP <sup>MM</sup>	3	QL(30 per 30 days)
NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP <sup>MM</sup>	3	ST,QL(30 per 30 days)
NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP <sup>MM</sup>	3	ST,QL(30 per 30 days)
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP <sup>MM</sup>	3	QL(30 per 30 days)
NEXLETOL 180 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
NEXLIZET 180 MG-10 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
NEXPLANON 68 MG SUBDERMAL IMPLANT <sup>LD,DL,SP</sup>	*	
NEXTSTELLIS 3 MG-14.2 MG (28) TABLET <sup>MM</sup>	3	
niacin 500 mg tablet <sup>MM</sup>	1	PA
niacin er 1,000 mg tablet,extended release 24 hr <sup>MM</sup>	1	PA
niacin er 500 mg tablet,extended release 24 hr <sup>MM</sup>	1	PA
niacin er 750 mg tablet,extended release 24 hr <sup>MM</sup>	1	PA
niacor 500 mg tablet <sup>MM</sup>	1	PA
NIASPAN 1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA
NIASPAN 500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA
NIASPAN 750 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	PA
nicardipine 20 mg capsule <sup>MM</sup>	1	
nicardipine 30 mg capsule <sup>MM</sup>	1	
nifedipine 10 mg capsule <sup>MM</sup>	1	
nifedipine 20 mg capsule <sup>MM</sup>	1	
nifedipine er 30 mg tablet,extended release <sup>MM</sup>	1	QL(60 per 30 days)
nifedipine er 30 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)

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nifedipine er 60 mg tablet,extended release <sup>MM</sup>	1	QL(60 per 30 days)
nifedipine er 60 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
nifedipine er 90 mg tablet,extended release <sup>MM</sup>	1	QL(60 per 30 days)
nifedipine er 90 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
nikki (28) 3 mg-0.02 mg tablet <sup>MM</sup>	1	
NILANDRON 150 MG TABLET <sup>DL,MM,SP</sup>	*	QL(60 per 30 days)
nilutamide 150 mg tablet <sup>DL,MM,SP</sup>	*	QL(60 per 30 days)
nimodipine 30 mg capsule <sup>DL,SP</sup>	*	
NINLARO 2.3 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(3 per 28 days)
NINLARO 3 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(3 per 28 days)
NINLARO 4 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(3 per 28 days)
nisoldipine er 17 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
nisoldipine er 20 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
nisoldipine er 25.5 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
nisoldipine er 30 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
nisoldipine er 34 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
nisoldipine er 40 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
nisoldipine er 8.5 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
nitazoxanide 500 mg tablet <sup>DL,SP</sup>	*	QL(40 per 30 days)
nitisinone 10 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
nitisinone 2 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
nitisinone 5 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT <sup>MM</sup>	2	
NITRO-DUR 0.1 MG/HR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	QL(30 per 30 days)
NITRO-DUR 0.2 MG/HR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	QL(30 per 30 days)
NITRO-DUR 0.3 MG/HR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	QL(30 per 30 days)
NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	QL(60 per 30 days)
NITRO-DUR 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	QL(30 per 30 days)
NITRO-DUR 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	QL(30 per 30 days)
nitro-time 2.5 mg capsule,extended release <sup>MM</sup>	1	
nitro-time 6.5 mg capsule,extended release <sup>MM</sup>	1	
nitro-time 9 mg capsule,extended release <sup>MM</sup>	1	
nitrofurantoin 25 mg/5 ml oral suspension <sup>DL</sup>	1	QL(2400 per 30 days)
nitrofurantoin macrocrystal 100 mg capsule	1	
nitrofurantoin macrocrystal 25 mg capsule	1	
nitrofurantoin macrocrystal 50 mg capsule	1	
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	1	
nitroglycerin 0.1 mg/hr transdermal 24 hour patch <sup>MM</sup>	1	QL(30 per 30 days)
nitroglycerin 0.2 mg/hr transdermal 24 hour patch <sup>MM</sup>	1	QL(30 per 30 days)
nitroglycerin 0.3 mg sublingual tablet <sup>MM</sup>	1	
nitroglycerin 0.4 mg sublingual tablet <sup>MM</sup>	1	
nitroglycerin 0.4 mg/hr transdermal 24 hour patch <sup>MM</sup>	1	QL(60 per 30 days)
nitroglycerin 0.6 mg sublingual tablet <sup>MM</sup>	1	
nitroglycerin 0.6 mg/hr transdermal 24 hour patch <sup>MM</sup>	1	QL(30 per 30 days)
nitroglycerin 400 mcg/spray translingual <sup>MM</sup>	1	
NITROLINGUAL 400 MCG/SPRAY <sup>MM</sup>	3	
NITROMIST 400 MCG/SPRAY TRANSLINGUAL AEROSOL <sup>MM</sup>	3	
NITROSTAT 0.3 MG SUBLINGUAL TABLET <sup>MM</sup>	3	
NITROSTAT 0.4 MG SUBLINGUAL TABLET <sup>MM</sup>	3	

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NITROSTAT 0.6 MG SUBLINGUAL TABLET <sup>MM</sup>	3	
NITYR 10 MG TABLET <sup>DL,MM,SP</sup>	*	QL(60 per 30 days)
NITYR 2 MG TABLET <sup>DL,MM,SP</sup>	*	QL(300 per 30 days)
NITYR 5 MG TABLET <sup>DL,MM,SP</sup>	*	QL(120 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML INJECTION SOLUTION <sup>DL,SP</sup>	*	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION <sup>DL,SP</sup>	*	PA,QL(22.4 per 30 days)
nizatidine 150 mg capsule <sup>MM</sup>	1	
nizatidine 150 mg/10 ml oral solution <sup>MM</sup>	1	
nizatidine 300 mg capsule <sup>MM</sup>	1	
NOC DURNA (MEN) 55.3 MCG DISINTEGRATING TABLET,SUBLINGUAL <sup>MM</sup>	3	PA,QL(30 per 30 days)
NOC DURNA (WOMEN) 27.7 MCG DISINTEGRATING TABLET,SUBLINGUAL <sup>MM</sup>	3	PA,QL(30 per 30 days)
NOCTIVA 0.83 MCG/SPRAY (0.1 ML) NASAL SPRAY <sup>MM</sup>	3	PA,QL(3.8 per 30 days)
NOCTIVA 1.66 MCG/SPRAY (0.1 ML) NASAL SPRAY <sup>MM</sup>	3	PA,QL(3.8 per 30 days)
nolix 0.05 % lotion <sup>DL,SP</sup>	*	ST
nolix 0.05 % topical cream	1	ST
nora-be 0.35 mg tablet <sup>MM</sup>	1	
NORCO 10 MG-325 MG TABLET <sup>DL</sup>	3	QL(360 per 30 days)
NORCO 5 MG-325 MG TABLET <sup>DL</sup>	3	QL(360 per 30 days)
NORCO 7.5 MG-325 MG TABLET <sup>DL</sup>	3	QL(360 per 30 days)
NORDITROPIN FLEXPPO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(10 per 30 days)
NORDITROPIN FLEXPPO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(10 per 30 days)
NORDITROPIN FLEXPPO 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(10 per 30 days)
NORDITROPIN FLEXPPO 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(10 per 30 days)
norethin-ethinyl estradiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet <sup>MM</sup>	1	
norethin-ethinyl estradiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet <sup>MM</sup>	1	
norethindrone (contraceptive) 0.35 mg tablet <sup>MM</sup>	1	
norethindrone 1 mg-e. estradiol 20 mcg (24)-iron 75 mg (4) chew tablet <sup>MM</sup>	1	
norethindrone 1 mg-ethin. estradiol 20 mcg (24)-iron 75 mg (4) capsule <sup>MM</sup>	1	
norethindrone 1 mg-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet <sup>MM</sup>	1	
norethindrone 1.5 mg-ethinyl estradiol 30 mcg(21)/iron 75 mg(7) tablet <sup>MM</sup>	1	
norethindrone acetate 0.5 mg-ethinyl estradiol 2.5 mcg tablet <sup>MM</sup>	1	
norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet <sup>MM</sup>	1	
norethindrone acetate 1 mg-ethinyl estradiol 5 mcg tablet <sup>MM</sup>	1	
norethindrone acetate 1.5 mg-ethinyl estradiol 30 mcg tablet <sup>MM</sup>	1	
norethindrone acetate 5 mg tablet <sup>MM</sup>	1	
norethindrone-eth. estradiol-iron 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <sup>MM</sup>	1	
norgesic 25 mg-385 mg-30 mg tablet <sup>DL,SP</sup>	*	PA,QL(240 per 30 days)
NORGESIC FORTE 50 MG-770 MG-60 MG TABLET <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
norgestimate 0.18 mg/0.215 mg/0.25 mg-ethinyl estradiol 25 mcg tablet <sup>MM</sup>	1	
norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet <sup>MM</sup>	1	
norgestimate-ethinyl estradiol 0.18 mg/0.215mg/0.25mg-35 mcg(28)tablet <sup>MM</sup>	1	
NORITATE 1 % TOPICAL CREAM <sup>DL,SP</sup>	*	ST
NORLIQVA 1 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	ST,QL(300 per 30 days)
norlyda 0.35 mg tablet <sup>MM</sup>	1	
NORM-JECT 10 ML SYRINGE	3	

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NORM-JECT 20 ML SYRINGE	3	
NORM-JECT TUBERKULIN 1 ML SYRINGE	3	
NORPACE 100 MG CAPSULE <sup>MM</sup>	3	
NORPACE 150 MG CAPSULE <sup>MM</sup>	3	
NORPACE CR 100 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
NORPACE CR 150 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
NORPRAMIN 10 MG TABLET <sup>MM</sup>	3	
NORPRAMIN 25 MG TABLET <sup>MM</sup>	3	
NORTHERA 100 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
NORTHERA 200 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
NORTHERA 300 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <sup>MM</sup>	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet <sup>MM</sup>	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet <sup>MM</sup>	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <sup>MM</sup>	1	
nortriptyline 10 mg capsule <sup>MM</sup>	1	
nortriptyline 10 mg/5 ml oral solution <sup>MM</sup>	1	
nortriptyline 25 mg capsule <sup>MM</sup>	1	
nortriptyline 50 mg capsule <sup>MM</sup>	1	
nortriptyline 75 mg capsule <sup>MM</sup>	1	
NORVASC 10 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
NORVASC 2.5 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
NORVASC 5 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET <sup>MM,SP</sup>	*	QL(360 per 30 days)
NORVIR 100 MG TABLET <sup>MM</sup>	3	QL(360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <sup>MM</sup>	3	QL(480 per 30 days)
NOURIANZ 20 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
NOURIANZ 40 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
NOVA MAX GLUCOSE CONTROL SOLUTION <sup>MM</sup>	3	
NOVA MAX GLUCOSE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
NOVA MAX PLUS GLUCOSE-KETONE METER <sup>MM</sup>	3	ST
NOVA MAX PLUS GLUCOSE-KETONE METER KIT <sup>MM</sup>	3	ST
NOVA SAFETY LANCETS 23 GAUGE <sup>MM</sup>	3	
NOVA SAFETY LANCETS 28 GAUGE <sup>MM</sup>	3	
NOVA SUREFLEX LANCETS <sup>MM</sup>	2	
NOVAMAX PLUS GLU-KET SOLUTION <sup>MM</sup>	3	
NOVAVAX COVID-19 VACCINE,ADJUVANTED (PF) 5 MCG/0.5 ML IM SUSPEN (EUA)	3	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <sup>MM</sup>	2	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <sup>MM</sup>	2	
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS <sup>MM</sup>	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <sup>MM</sup>	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	2	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP <sup>MM</sup>	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	2	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION <sup>MM</sup>	2	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <sup>MM</sup>	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	

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NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	
NOVOPEN ECHO SUBCUTANEOUS <sup>MM</sup>	3	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE <sup>MM</sup>	2	
NOXAFIL 100 MG TABLET, DELAYED RELEASE <sup>DL,SP</sup>	*	PA, QL(93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <sup>DL,SP</sup>	*	PA, QL(840 per 28 days)
NOXAFIL 300 MG ORAL SUSPENSION, DELAYED RELEASE IN A PACKET <sup>DL,SP</sup>	*	PA, QL(32 per 30 days)
np thyroid 120 mg tablet <sup>MM</sup>	1	
np thyroid 15 mg tablet <sup>MM</sup>	1	
np thyroid 30 mg tablet <sup>MM</sup>	1	
np thyroid 60 mg tablet <sup>MM</sup>	1	
np thyroid 90 mg tablet <sup>MM</sup>	1	
NUBEQA 300 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA, QL(120 per 30 days)
NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>LD,DL,MM,SP</sup>	*	PA, QL(3 per 28 days)
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA, QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA, QL(0.4 per 28 days)
NUCYNTA 100 MG TABLET <sup>DL,SP</sup>	*	ST, QL(180 per 30 days)
NUCYNTA 50 MG TABLET <sup>DL,SP</sup>	*	ST, QL(180 per 30 days)
NUCYNTA 75 MG TABLET <sup>DL,SP</sup>	*	ST, QL(180 per 30 days)
NUCYNTA ER 100 MG TABLET, EXTENDED RELEASE <sup>DL</sup>	3	ST, QL(60 per 30 days)
NUCYNTA ER 150 MG TABLET, EXTENDED RELEASE <sup>DL</sup>	3	ST, QL(60 per 30 days)
NUCYNTA ER 200 MG TABLET, EXTENDED RELEASE <sup>DL</sup>	3	ST, QL(60 per 30 days)
NUCYNTA ER 250 MG TABLET, EXTENDED RELEASE <sup>DL</sup>	3	ST, QL(60 per 30 days)
NUCYNTA ER 50 MG TABLET, EXTENDED RELEASE <sup>DL</sup>	3	ST, QL(60 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE <sup>DL,SP</sup>	*	PA, QL(60 per 30 days)
nulev 0.125 mg disintegrating tablet <sup>MM</sup>	1	
NULYTELY LEMON-LIME 420 GRAM ORAL SOLUTION	3	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION	3	
NUPLAZID 10 MG TABLET <sup>LD,MM,SP</sup>	*	PA, QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE <sup>LD,MM,SP</sup>	*	PA, QL(30 per 30 days)
NURTEC ODT 75 MG DISINTEGRATING TABLET <sup>DL</sup>	2	PA, QL(18 per 30 days)
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA, QL(56 per 30 days)
NUTROPIN AQ NUSPIN 20 MG/2 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA, QL(28 per 30 days)
NUTROPIN AQ NUSPIN 5 MG/2 ML (2.5 MG/ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA, QL(28 per 30 days)
NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL <sup>MM</sup>	3	ST, QL(1 per 28 days)
NUVESSA 1.3 % (65 MG/5 GRAM) VAGINAL GEL	3	
NUVIGIL 150 MG TABLET <sup>MM</sup>	3	PA, QL(30 per 30 days)
NUVIGIL 200 MG TABLET <sup>MM</sup>	3	PA, QL(30 per 30 days)
NUVIGIL 250 MG TABLET <sup>MM</sup>	3	PA, QL(30 per 30 days)
NUVIGIL 50 MG TABLET <sup>MM</sup>	3	PA, QL(60 per 30 days)
NUZYRA 150 MG TABLET	3	QL(30 per 14 days)
nyamyc 100,000 unit/gram topical powder	1	PA
nylia 1/35 (28) 1 mg-35 mcg tablet <sup>MM</sup>	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet <sup>MM</sup>	1	
NYMALIZE 30 MG/5 ML ORAL SYRINGE (FOR ORAL USE ONLY) <sup>DL,SP</sup>	*	QL(630 per 28 days)
NYMALIZE 60 MG/10 ML ORAL SOLUTION <sup>DL,SP</sup>	*	QL(1260 per 28 days)
NYMALIZE 60 MG/10 ML ORAL SYRINGE (FOR ORAL USE ONLY) <sup>DL,SP</sup>	*	QL(1260 per 28 days)
nymyo 0.25 mg-35 mcg tablet <sup>MM</sup>	1	
nystatin 100,000 unit/gram topical cream	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
nystatin 100,000 unit/gram topical ointment	1	
nystatin 100,000 unit/gram topical powder	1	PA
nystatin 100,000 unit/ml oral suspension	1	
nystatin 500,000 unit tablet	1	
nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream	1	
nystatin-triamcinolone 100,000 unit/gram-0.1 % topical ointment	1	
nystop 100,000 unit/gram topical powder	1	PA
NYVEPRIA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(1.2 per 28 days)
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET <sup>MM</sup>	2	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE <sup>MM</sup>	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE <sup>MM</sup>	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET <sup>MM</sup>	3	
OB COMPLETE WITH DHA 30 MG IRON-10 MG IRON-1 MG CAPSULE <sup>MM</sup>	3	
OBREDON 2.5 MG-200 MG/5 ML ORAL SOLUTION	3	
OCALIVA 10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
OCALIVA 5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ocella 3 mg-0.03 mg tablet <sup>MM</sup>	1	
octreotide acetate 1,000 mcg/ml injection solution <sup>MM</sup>	1	PA
octreotide acetate 100 mcg/ml (1 ml) injection syringe <sup>MM</sup>	1	PA
octreotide acetate 100 mcg/ml injection solution <sup>MM</sup>	1	PA
octreotide acetate 200 mcg/ml injection solution <sup>MM</sup>	1	PA
octreotide acetate 50 mcg/ml (1 ml) injection syringe <sup>MM</sup>	1	PA
octreotide acetate 50 mcg/ml injection solution <sup>MM</sup>	1	PA
octreotide acetate 500 mcg/ml (1 ml) injection syringe <sup>MM</sup>	1	PA
octreotide acetate 500 mcg/ml injection solution <sup>MM</sup>	1	PA
OCUFLOX 0.3 % EYE DROPS	3	
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
ODOMZO 200 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
OFEV 100 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
OFEV 150 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ofloxacin 0.3 % ear drops	1	
ofloxacin 0.3 % eye drops	1	
ofloxacin 300 mg tablet	1	
ofloxacin 400 mg tablet	1	
olanzapine 10 mg disintegrating tablet <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine 10 mg intramuscular solution	1	QL(60 per 30 days)
olanzapine 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine 15 mg disintegrating tablet <sup>MM</sup>	1	QL(60 per 30 days)
olanzapine 15 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
olanzapine 2.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine 20 mg disintegrating tablet <sup>MM</sup>	1	QL(60 per 30 days)
olanzapine 20 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
olanzapine 5 mg disintegrating tablet <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine 7.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine-fluoxetine 12 mg-25 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine-fluoxetine 12 mg-50 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine-fluoxetine 3 mg-25 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
olanzapine-fluoxetine 6 mg-25 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
olanzapine-fluoxetine 6 mg-50 mg capsule <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan 20 mg-amlodipine 5 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
olmesartan 20 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan 40 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan 40 mg-amlodipine 10 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
olmesartan 40 mg-amlodipine 10 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
olmesartan 40 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan 40 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olmesartan 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
olopatadine 0.1 % eye drops	1	
olopatadine 0.2 % eye drops	1	
olopatadine 0.6 % nasal spray	1	ST,QL(30.5 per 30 days)
OLUMIANT 1 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
OLUMIANT 2 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
OLUMIANT 4 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
OLUX 0.05 % TOPICAL FOAM	3	ST
OLUX-E 0.05 % TOPICAL FOAM	3	ST
OMECLAMOX-PAK 20 MG-500 MG-500 MG (40) ORAL PACK <sup>DL,SP</sup>	*	
omega-3 acid ethyl esters 1 gram capsule <sup>MM</sup>	1	QL(120 per 30 days)
omeprazole 10 mg capsule,delayed release <sup>MM</sup>	1	QL(60 per 30 days)
omeprazole 20 mg capsule,delayed release <sup>MM</sup>	1	QL(60 per 30 days)
omeprazole 20 mg-sodium bicarbonate 1,680 mg oral packet <sup>DL,MM,SP</sup>	*	ST,QL(30 per 30 days)
omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule <sup>MM</sup>	1	ST,QL(30 per 30 days)
omeprazole 40 mg capsule,delayed release <sup>MM</sup>	1	QL(60 per 30 days)
omeprazole 40 mg-sodium bicarbonate 1,680 mg oral packet <sup>DL,MM,SP</sup>	*	ST,QL(30 per 30 days)
omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule <sup>MM</sup>	1	ST,QL(30 per 30 days)
OMNARIS 50 MCG NASAL SPRAY <sup>MM</sup>	3	ST,QL(12.5 per 30 days)
OMNIFLEX DIAPHRAGM 65 MM VAGINAL	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	2	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	2	
OMNIPOD CLASSIC PDM KIT(GEN 3) <sup>MM</sup>	2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	2	
OMNIPOD DASH PDM KIT (GEN 4) <sup>MM</sup>	2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE <sup>MM</sup>	2	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(12 per 28 days)
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(24 per 28 days)
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
ON CALL EXPRESS CONTROL SOLUTION <sup>MM</sup>	3	
ON CALL EXPRESS METER <sup>MM</sup>	3	ST
ON CALL EXPRESS METER KIT <sup>MM</sup>	3	ST
ON CALL EXPRESS TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
ON CALL LANCET 30 GAUGE <sup>MM</sup>	3	
ON CALL LANCING DEVICE	3	
ON CALL PLUS CONTROL SOLUTION <sup>MM</sup>	3	
ON CALL PLUS LANCET 30 GAUGE <sup>MM</sup>	3	
ON CALL PLUS LANCING DEVICE	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ON CALL PLUS METER <sup>MM</sup>	3	ST
ON CALL PLUS METER KIT <sup>MM</sup>	3	ST
ON CALL PLUS TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
ON CALL VIVID CONTROL SOLUTION <sup>MM</sup>	3	
ON CALL VIVID METER <sup>MM</sup>	3	ST
ON CALL VIVID METER KIT <sup>MM</sup>	3	ST
ON CALL VIVID PAL BLOOD GLUCOSE METER <sup>MM</sup>	3	ST
ON CALL VIVID PAL BLOOD GLUCOSE METER KIT <sup>MM</sup>	3	ST
ON CALL VIVID TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
ON-GO COVID-19 AG AT HOME TEST KIT	3	
ON-THE-GO LANCETS 30 GAUGE <sup>MM</sup>	2	
ondansetron 4 mg disintegrating tablet	1	QL(90 per 30 days)
ondansetron 8 mg disintegrating tablet	1	QL(90 per 30 days)
ondansetron hcl 4 mg tablet	1	QL(90 per 30 days)
ondansetron hcl 4 mg/5 ml oral solution	1	QL(450 per 30 days)
ondansetron hcl 8 mg tablet	1	QL(90 per 30 days)
ONETOUCH DELICA LANCETS 30 GAUGE <sup>MM</sup>	3	
ONETOUCH DELICA LANCETS 33 GAUGE <sup>MM</sup>	3	
ONETOUCH DELICA LANCING DEVICE KIT <sup>MM</sup>	3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE <sup>MM</sup>	2	
ONETOUCH DELICA PLUS LANCET 33 GAUGE <sup>MM</sup>	2	
ONETOUCH DELICA PLUS LANCING DEVICE KIT <sup>MM</sup>	3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE <sup>MM</sup>	2	
ONETOUCH SOLUTIONS STARTER KIT <sup>MM</sup>	3	ST
ONETOUCH SURESOFT LANCING DEVICES 18 GAUGE <sup>MM</sup>	3	
ONETOUCH SURESOFT LANCING DEVICES 21 GAUGE <sup>MM</sup>	3	
ONETOUCH SURESOFT LANCING DEVICES 28 GAUGE <sup>MM</sup>	3	
ONETOUCH ULTRA CONTROL SOLUTION <sup>MM</sup>	3	
ONETOUCH ULTRA TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ONETOUCH ULTRA2 METER <sup>MM</sup>	3	ST
ONETOUCH ULTRA2 METER KIT <sup>MM</sup>	3	ST
ONETOUCH ULTRAMINI KIT <sup>MM</sup>	3	ST
ONETOUCH ULTRASOFT LANCETS <sup>MM</sup>	2	
ONETOUCH VERIO FLEX METER <sup>MM</sup>	3	ST
ONETOUCH VERIO FLEX START KIT <sup>MM</sup>	3	ST
ONETOUCH VERIO HIGH CONTROL SOLUTION <sup>MM</sup>	3	
ONETOUCH VERIO IQ METER <sup>MM</sup>	3	ST
ONETOUCH VERIO IQ METER KIT <sup>MM</sup>	3	ST
ONETOUCH VERIO METER <sup>MM</sup>	3	ST
ONETOUCH VERIO MID CONTROL SOLUTION <sup>MM</sup>	3	
ONETOUCH VERIO REFLECT METER <sup>MM</sup>	3	ST
ONETOUCH VERIO REFLECT START KIT <sup>MM</sup>	3	ST
ONETOUCH VERIO TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL <sup>DL,SP</sup>	*	ST
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP <sup>DL,SP</sup>	*	ST
ONFI 10 MG TABLET <sup>DL,MM</sup>	3	PA,QL(60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION <sup>DL,MM</sup>	3	PA,QL(480 per 30 days)
ONFI 20 MG TABLET <sup>DL,MM</sup>	3	PA,QL(60 per 30 days)
ONGENTYS 25 MG CAPSULE <sup>MM</sup>	3	PA,QL(30 per 30 days)

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ONGENTYS 50 MG CAPSULE <sup>MM</sup>	3	PA,QL(30 per 30 days)
ONGLYZA 2.5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
ONGLYZA 5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
ONUREG 200 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(14 per 28 days)
ONUREG 300 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(14 per 28 days)
ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION <sup>DL,SP</sup>	*	ST,QL(16 per 30 days)
opium tincture 10 mg/ml (morphine) oral	1	QL(180 per 30 days)
OPSUMIT 10 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
OPTICHAMBER ADULT MASK-LARGE	3	
OPTICHAMBER DIAMOND VHC SPACER	3	
OPTICHAMBER DIAMOND VHC WITH LARGE MASK	2	
OPTICHAMBER DIAMOND VHC WITH MEDIUM MASK	2	
OPTICHAMBER DIAMOND VHC WITH SMALL MASK	2	
option-2 1.5 mg tablet	1	
OPTIUM EZ STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
OPTIUM TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
OPTUMRX KIT <sup>MM</sup>	3	ST
OPTUMRX METER <sup>MM</sup>	3	ST
OPTUMRX SOLUTION <sup>MM</sup>	3	
OPTUMRX STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
OPZELURA 1.5 % TOPICAL CREAM <sup>DL,SP</sup>	*	PA,QL(240 per 28 days)
ORACEA 40 MG CAPSULE,IMMEDIATE - DELAY RELEASE <sup>DL,SP</sup>	*	ST,QL(30 per 30 days)
oralone 0.1 % dental paste	1	
ORAPRED ODT 10 MG DISINTEGRATING TABLET	3	
ORAPRED ODT 15 MG DISINTEGRATING TABLET	3	
ORAPRED ODT 30 MG DISINTEGRATING TABLET	3	
ORAVIG 50 MG BUCCAL TABLET <sup>DL,SP</sup>	*	QL(14 per 30 days)
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(720 per 30 days)
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
ORFADIN 10 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ORFADIN 2 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
ORFADIN 20 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ORFADIN 4 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
ORFADIN 5 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
ORGOVYX 120 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(32 per 30 days)
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES <sup>MM</sup>	2	ST,QL(56 per 28 days)
ORLISSA 150 MG TABLET <sup>MM</sup>	2	ST,QL(28 per 28 days)
ORLISSA 200 MG TABLET	2	ST,QL(56 per 28 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(112 per 28 days)
ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
ORKAMBI 200 MG-125 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(112 per 28 days)
ORKAMBI 75 MG-94 MG ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)

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ORLADEYO 110 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
ORLADEYO 150 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
orphenadrine citrate er 100 mg tablet,extended release	1	
orphenadrine-asa-caffeine 25 mg-385 mg-30 mg tablet <sup>DL,SP</sup>	*	PA,QL(240 per 30 days)
orphenadrine-asa-caffeine 50 mg-770 mg-60 mg tablet <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
orphengesic forte 50 mg-770 mg-60 mg tablet <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
orsythia 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
ORTHO MICRONOR 0.35 MG TABLET <sup>MM</sup>	3	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET <sup>MM</sup>	3	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET <sup>MM</sup>	3	
ORTIKOS 6 MG CAPSULE,EXTENDED RELEASE <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
ORTIKOS 9 MG CAPSULE,EXTENDED RELEASE <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
oscimin 0.125 mg tablet <sup>MM</sup>	1	
oscimin sl 0.125 mg sublingual tablet <sup>MM</sup>	1	
oscimin sr 0.375 mg tablet,extended release <sup>MM</sup>	1	
oseltamivir 30 mg capsule	1	QL(224 per 365 days)
oseltamivir 45 mg capsule	1	QL(112 per 365 days)
oseltamivir 6 mg/ml oral suspension	1	QL(1440 per 365 days)
oseltamivir 75 mg capsule	1	QL(112 per 365 days)
OSENI 12.5 MG-15 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
OSENI 12.5 MG-30 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
OSENI 12.5 MG-45 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
OSENI 25 MG-15 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
OSENI 25 MG-30 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
OSENI 25 MG-45 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(60 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET	3	ST
OTEZLA 30 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	*	PA,QL(27 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	*	PA,QL(55 per 28 days)
OTIPRIO 6 % (6 MG/0.1 ML) INTRATYMPANIC SUSPENSION	3	
OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION	3	ST
OTREXUP (PF) 10 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.6 per 28 days)
OTREXUP (PF) 12.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.6 per 28 days)
OTREXUP (PF) 15 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.6 per 28 days)
OTREXUP (PF) 17.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.6 per 28 days)
OTREXUP (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.6 per 28 days)
OTREXUP (PF) 22.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.6 per 28 days)
OTREXUP (PF) 25 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.6 per 28 days)
OVIDE 0.5 % LOTION	3	
OXANDRIN 10 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
OXANDRIN 2.5 MG TABLET <sup>MM</sup>	3	PA,QL(120 per 30 days)
oxandrolone 10 mg tablet <sup>MM</sup>	1	PA,QL(60 per 30 days)
oxandrolone 2.5 mg tablet <sup>MM</sup>	1	PA,QL(120 per 30 days)
oxaprozin 600 mg tablet	1	
OXAYDO 5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <sup>DL,SP</sup>	*	PA,QL(360 per 30 days)
OXAYDO 7.5 MG TABLET,ORAL ONLY (NOT FOR FEEDING TUBES) <sup>DL,SP</sup>	*	PA,QL(360 per 30 days)

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oxazepam 10 mg capsule <sup>DL</sup>	1	
oxazepam 15 mg capsule <sup>DL</sup>	1	
oxazepam 30 mg capsule <sup>DL</sup>	1	
OXBRYTA 300 MG TABLET FOR ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
OXBRYTA 500 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
oxcarbazepine 150 mg tablet <sup>MM</sup>	1	
oxcarbazepine 300 mg tablet <sup>MM</sup>	1	
oxcarbazepine 300 mg/5 ml (60 mg/ml) oral suspension <sup>MM</sup>	1	
oxcarbazepine 600 mg tablet <sup>MM</sup>	1	
OXERVATE 0.002 % EYE DROPS <sup>DL,SP</sup>	*	PA,QL(112 per 365 days)
oxiconazole 1 % topical cream	1	PA
OXISTAT 1 % LOTION	3	PA
OXISTAT 1 % TOPICAL CREAM	3	PA
OXSORALEN ULTRA 10 MG LIQUID-FILLED,RAPID RELEASE CAPSULE <sup>DL,SP</sup>	*	
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	ST,QL(60 per 30 days)
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	ST,QL(90 per 30 days)
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	ST,QL(120 per 30 days)
oxybutynin chloride 5 mg tablet <sup>MM</sup>	1	
oxybutynin chloride 5 mg/5 ml oral syrup <sup>MM</sup>	1	
oxybutynin chloride er 10 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
oxybutynin chloride er 15 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
oxybutynin chloride er 5 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
oxycodone 10 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
oxycodone 10 mg-acetaminophen 300 mg/5 ml oral solution <sup>DL,SP</sup>	*	QL(900 per 30 days)
oxycodone 15 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
oxycodone 20 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
oxycodone 20 mg/ml oral concentrate <sup>DL</sup>	1	QL(270 per 30 days)
oxycodone 30 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
oxycodone 5 mg capsule <sup>DL</sup>	1	QL(360 per 30 days)
oxycodone 5 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
oxycodone 5 mg/5 ml oral solution <sup>DL</sup>	1	QL(5400 per 30 days)
oxycodone er 10 mg tablet,crush resistant,extended release 12 hr <sup>DL</sup>	1	PA,QL(90 per 30 days)
oxycodone er 15 mg tablet,crush resistant,extended release 12 hr <sup>DL</sup>	1	PA,QL(90 per 30 days)
oxycodone er 20 mg tablet,crush resistant,extended release 12 hr <sup>DL</sup>	1	PA,QL(90 per 30 days)
oxycodone er 30 mg tablet,crush resistant,extended release 12 hr <sup>DL</sup>	1	PA,QL(90 per 30 days)
oxycodone er 40 mg tablet,crush resistant,extended release 12 hr <sup>DL</sup>	1	PA,QL(90 per 30 days)
oxycodone er 60 mg tablet,crush resistant,extended release 12 hr <sup>DL</sup>	1	PA,QL(90 per 30 days)
oxycodone er 80 mg tablet,crush resistant,extended release 12 hr <sup>DL</sup>	1	PA,QL(120 per 30 days)
oxycodone-acetaminophen 10 mg-300 mg tablet <sup>DL,SP</sup>	*	QL(390 per 30 days)
oxycodone-acetaminophen 10 mg-325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
oxycodone-acetaminophen 2.5 mg-300 mg tablet <sup>DL,SP</sup>	*	PA,QL(360 per 30 days)
oxycodone-acetaminophen 2.5 mg-325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
oxycodone-acetaminophen 5 mg-300 mg tablet <sup>DL,SP</sup>	*	QL(390 per 30 days)
oxycodone-acetaminophen 5 mg-325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
oxycodone-acetaminophen 5 mg-325 mg/5 ml oral solution <sup>DL</sup>	1	QL(1800 per 30 days)
oxycodone-acetaminophen 7.5 mg-300 mg tablet <sup>DL,SP</sup>	*	QL(390 per 30 days)
oxycodone-acetaminophen 7.5 mg-325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
oxycodone-aspirin 4.8355 mg-325 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
OXYCONTIN 10 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE <sup>DL</sup>	3	PA,QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
OXYCONTIN 15 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE <sup>DL</sup>	3	PA,QL(90 per 30 days)
OXYCONTIN 20 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE <sup>DL</sup>	3	PA,QL(90 per 30 days)
OXYCONTIN 30 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE <sup>DL</sup>	3	PA,QL(90 per 30 days)
OXYCONTIN 40 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE <sup>DL</sup>	3	PA,QL(90 per 30 days)
OXYCONTIN 60 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE <sup>DL</sup>	3	PA,QL(90 per 30 days)
OXYCONTIN 80 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE <sup>DL</sup>	3	PA,QL(120 per 30 days)
oxymorphone 10 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
oxymorphone 5 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
oxymorphone er 10 mg tablet,extended release,12 hr <sup>DL</sup>	1	ST,QL(60 per 30 days)
oxymorphone er 15 mg tablet,extended release,12 hr <sup>DL</sup>	1	ST,QL(60 per 30 days)
oxymorphone er 20 mg tablet,extended release,12 hr <sup>DL</sup>	1	ST,QL(60 per 30 days)
oxymorphone er 30 mg tablet,extended release,12 hr <sup>DL</sup>	1	ST,QL(60 per 30 days)
oxymorphone er 40 mg tablet,extended release,12 hr <sup>DL</sup>	1	ST,QL(60 per 30 days)
oxymorphone er 5 mg tablet,extended release,12 hr <sup>DL</sup>	1	ST,QL(60 per 30 days)
oxymorphone er 7.5 mg tablet,extended release,12 hr <sup>DL</sup>	1	ST,QL(60 per 30 days)
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	ST,QL(8 per 28 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(3 per 28 days)
OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(3 per 28 days)
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(3 per 28 days)
OZOBAX 5 MG/5 ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(2400 per 30 days)
PACERONE 100 MG TABLET <sup>MM</sup>	3	
pacerone 200 mg tablet <sup>MM</sup>	1	
PACERONE 400 MG TABLET <sup>MM</sup>	3	
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
PALFORZIA (LEVEL 4) 20 MG SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X1) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 10) 240 MG(20 MG X 2, 100 MG X 2) SPRINKLE CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
PALFORZIA (LEVEL 11 MAINTENANCE) 300 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
PALFORZIA INITIAL DOSE 0.5 MG/1 MG/1.5 MG/3 MG/6 MG SPRINKLE CAPSULE <sup>DL,SP</sup>	*	PA,QL(13 per 5 days)
paliperidone er 1.5 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
paliperidone er 3 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
paliperidone er 6 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
paliperidone er 9 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
PALYNZIQ 10 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(4 per 28 days)
PALYNZIQ 20 MG/ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
PAMELOR 10 MG CAPSULE <sup>MM</sup>	3	
PAMELOR 25 MG CAPSULE <sup>MM</sup>	3	
PAMELOR 50 MG CAPSULE <sup>MM</sup>	3	
PAMELOR 75 MG CAPSULE <sup>MM</sup>	3	
PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST
PANCREAZE 2,600 UNIT-8,800 UNIT-15,200 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST
PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST
PANCREAZE 37,000-97,300-149,900 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST
PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST
PANDEL 0.1 % TOPICAL CREAM <sup>DL,SP</sup>	*	
PANRETIN 0.1 % TOPICAL GEL <sup>DL,SP</sup>	*	PA
pantoprazole 20 mg tablet,delayered release <sup>MM</sup>	1	QL(60 per 30 days)
pantoprazole 40 mg tablet,delayered release <sup>MM</sup>	1	QL(60 per 30 days)
pantoprazole dr 40 mg granules delayed-release for susp in packet <sup>MM</sup>	1	ST,QL(30 per 30 days)
PARADIGM RESERVOIR 1.8 ML <sup>MM</sup>	3	
PARADIGM RESERVOIR 3 ML <sup>MM</sup>	3	
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE <sup>DL,MM,SP</sup>	*	
PAREMYD 1 %-0.25 % EYE DROPS	3	
paricalcitol 1 mcg capsule <sup>MM</sup>	1	QL(30 per 30 days)
paricalcitol 2 mcg capsule <sup>MM</sup>	1	QL(30 per 30 days)
paricalcitol 4 mcg capsule <sup>MM</sup>	1	QL(12 per 30 days)
PARLODEL 2.5 MG TABLET <sup>MM</sup>	3	
PARLODEL 5 MG CAPSULE <sup>MM</sup>	3	
PARNATE 10 MG TABLET <sup>MM</sup>	3	QL(270 per 30 days)
paroex oral rinse 0.12 % mouthwash	1	
paromomycin 250 mg capsule	1	
paroxetine 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
paroxetine 10 mg/5 ml oral suspension <sup>MM</sup>	1	ST
paroxetine 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
paroxetine 30 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
paroxetine 40 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
paroxetine er 12.5 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(60 per 30 days)
paroxetine er 25 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(90 per 30 days)
paroxetine er 37.5 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(60 per 30 days)
paroxetine mesylate (menopausal symptoms suppressant) 7.5 mg capsule <sup>MM</sup>	1	ST,QL(30 per 30 days)
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET	3	
PATANASE 0.6 % NASAL SPRAY	3	ST,QL(30.5 per 30 days)
PAXIL 10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION <sup>MM</sup>	3	ST
PAXIL 20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
PAXIL 30 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
PAXIL 40 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
PAXIL CR 12.5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(90 per 30 days)
PAXIL CR 37.5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)(EUA)	3	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK (EUA)	3	QL(60 per 10 days)
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION	3	
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	1	
peg-electrolyte solution 420 gram oral solution	1	
peg-prep 5 mg-210 gram oral kit	1	
peg3350 100 gram-sod sulf 7.5 gram-nacl-kcl-ascorbate-c oral pwdr pack	1	ST
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	*	PA,QL(4 per 28 days)

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PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT <sup>DL,SP</sup>	*	PA,QL(4 per 28 days)
PEMAZYRE 13.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
PEMAZYRE 4.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
PEMAZYRE 9 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	2	
PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 29 GAUGE X 15/32" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 30 GAUGE X 5/16" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/3" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/4" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/6" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 31 GAUGE X 13/64" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 31 GAUGE X 15/64" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 31 GAUGE X 3/16" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 31 GAUGE X 5/16" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 31 GAUGE X 5/32" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 32 GAUGE X 1/4" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 32 GAUGE X 3/16" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 32 GAUGE X 5/16" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 32 GAUGE X 5/32" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 33 GAUGE X 1/4" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 33 GAUGE X 3/16" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC 33 GAUGE X 5/32" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 3/16" <sup>MM</sup>	2	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 5/32" <sup>MM</sup>	2	
peniclovir 1 % topical cream <sup>DL,SP</sup>	*	PA
penicillamine 250 mg capsule <sup>DL,MM,SP</sup>	*	PA
penicillamine 250 mg tablet <sup>DL,MM,SP</sup>	*	
penicillin v potassium 125 mg/5 ml oral solution	1	
penicillin v potassium 250 mg tablet	1	
penicillin v potassium 250 mg/5 ml oral solution	1	
penicillin v potassium 500 mg tablet	1	
PENNSAID 2 % TOPICAL SOLUTION IN PACKET <sup>DL,SP</sup>	*	PA
PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP <sup>DL,SP</sup>	*	PA
pentamidine 300 mg solution for inhalation <sup>MM</sup>	1	
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE <sup>DL,MM,SP</sup>	*	ST,QL(150 per 30 days)
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE <sup>DL,MM,SP</sup>	*	ST,QL(300 per 30 days)
pentazocine 50 mg-naloxone 0.5 mg tablet <sup>DL</sup>	1	QL(360 per 30 days)
PENTIPS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	2	
PENTIPS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	
PENTIPS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
PENTIPS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	2	
PENTIPS 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	
PENTIPS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	2	

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pentoxifylline er 400 mg tablet,extended release <sup>MM</sup>	1	
pepcid 20 mg tablet <sup>MM</sup>	1	
pepcid 40 mg tablet <sup>MM</sup>	1	
PERCOCET 10 MG-325 MG TABLET <sup>DL</sup>	3	QL(360 per 30 days)
PERCOCET 2.5 MG-325 MG TABLET <sup>DL</sup>	3	QL(360 per 30 days)
PERCOCET 5 MG-325 MG TABLET <sup>DL</sup>	3	QL(360 per 30 days)
PERCOCET 7.5 MG-325 MG TABLET <sup>DL</sup>	3	QL(360 per 30 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
PERIDEX 0.12 % MOUTHWASH	3	
perindopril erbumine 2 mg tablet <sup>MM</sup>	1	
perindopril erbumine 4 mg tablet <sup>MM</sup>	1	
perindopril erbumine 8 mg tablet <sup>MM</sup>	1	
periogard 0.12 % mouthwash	1	
permethrin 5 % topical cream	1	
perphenazine 16 mg tablet <sup>MM</sup>	1	
perphenazine 2 mg tablet <sup>MM</sup>	1	
perphenazine 4 mg tablet <sup>MM</sup>	1	
perphenazine 8 mg tablet <sup>MM</sup>	1	
perphenazine-amitriptyline 2 mg-10 mg tablet <sup>MM</sup>	1	
perphenazine-amitriptyline 2 mg-25 mg tablet <sup>MM</sup>	1	
perphenazine-amitriptyline 4 mg-10 mg tablet <sup>MM</sup>	1	
perphenazine-amitriptyline 4 mg-25 mg tablet <sup>MM</sup>	1	
perphenazine-amitriptyline 4 mg-50 mg tablet <sup>MM</sup>	1	
PERSERIS 120 MG ABDOMINAL SUBCUTANEOUS EXT. RELEASE SUSPENSION SYRINGE <sup>DL,MM,SP</sup>	*	QL(1 per 28 days)
PERSERIS 90 MG ABDOMINAL SUBCUTANEOUS EXT. RELEASE SUSPENSION SYRINGE <sup>DL,MM,SP</sup>	*	QL(1 per 28 days)
PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST
PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST
PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST
PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST
PEXEVA 10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
PEXEVA 20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
PEXEVA 30 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
PEXEVA 40 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
PFIZER COVID-19 BIVALENT BOOST(12Y UP)(PF) 30 MCG/0.3 ML IM SUSP (EUA)	3	
PFIZER COVID-19 BIVALENT BOOST(5-11YR)(PF) 10 MCG/0.2 ML IM SUSP(EUA)	3	
PFIZER COVID-19 BIVALENT VACCINE(6MO-4Y)(PF) 3 MCG/0.2 ML IM SUSP(EUA)	3	
PFIZER-BIONT COVID19 TRIS (12Y UP) VACC(PF)30 MCG/0.3 ML IM SUSP(GRAY)	3	
PFIZER-BIONT COVID19 TRIS(5-11Y) VACC(PF)10 MCG/0.2 ML IM SUSP(ORANGE)	3	
PFIZER-BIONT COVID19 TRIS(6M-4Y) VACC(PF) 3 MCG/0.2 ML IM SUSP(MAROON)	3	
PFIZER-BIONTECH COVID-19 VACCINE (PF) 30 MCG/0.3 ML IM SUSP (PURPLE)	3	
PFLEX INSPIRATORY TRAINER DEVICE	3	
PHARMACIST CHOICE BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
PHARMACIST CHOICE GLUCOSE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
PHASEAL PROTECTOR 13 MM DEVICE	3	
PHASEAL PROTECTOR 20 MM DEVICE	3	
PHASEAL PROTECTOR 28 MM DEVICE	3	
PHEBURANE 483 MG/GRAM ORAL GRANULES <sup>DL,MM,SP</sup>	*	PA
phenazopyridine 100 mg tablet	1	

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phenazopyridine 200 mg tablet	1	
phenelzine 15 mg tablet <sup>MM</sup>	1	
phenobarbital 100 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
phenobarbital 15 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
phenobarbital 16.2 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) oral elixir <sup>MM</sup>	1	QL(1500 per 30 days)
phenobarbital 30 mg tablet <sup>MM</sup>	1	QL(300 per 30 days)
phenobarbital 32.4 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
phenobarbital 60 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
phenobarbital 64.8 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
phenobarbital 97.2 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
phenoxybenzamine 10 mg capsule <sup>DL,SP</sup>	*	
phenylephrine 10 % eye drops	1	
phenylephrine 2.5 % eye drops	1	
PHENYTEK 200 MG CAPSULE <sup>MM</sup>	3	
PHENYTEK 300 MG CAPSULE <sup>MM</sup>	3	
phenytoin 100 mg/4 ml oral suspension <sup>MM</sup>	1	
phenytoin 125 mg/5 ml oral suspension <sup>MM</sup>	1	
phenytoin 50 mg chewable tablet <sup>MM</sup>	1	
phenytoin sodium extended 100 mg capsule <sup>MM</sup>	1	
phenytoin sodium extended 200 mg capsule <sup>MM</sup>	1	
phenytoin sodium extended 300 mg capsule <sup>MM</sup>	1	
PHEXXI 1.8 %-1 %-0.4 % VAGINAL GEL	3	QL(60 per 30 days)
philith 0.4 mg-35 mcg tablet <sup>MM</sup>	1	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION <sup>MM</sup>	3	ST
phospha neutral 250 mg tablet	1	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <sup>MM</sup>	3	
phytonadione (vitamin k1) 1 mg/0.5 ml injection solution	1	
phytonadione (vitamin k1) 1 mg/0.5 ml injection syringe	1	
phytonadione (vitamin k1) 10 mg/ml injection solution	1	
phytonadione (vitamin k1) 5 mg tablet <sup>DL</sup>	1	
PIFELTRO 100 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
pilocarpine 1 % eye drops <sup>MM</sup>	1	
pilocarpine 2 % eye drops <sup>MM</sup>	1	
pilocarpine 4 % eye drops <sup>MM</sup>	1	
pilocarpine 5 mg tablet <sup>MM</sup>	1	
pilocarpine 7.5 mg tablet <sup>MM</sup>	1	
PILOT COVID-19 AT-HOME TEST KIT	3	
pimecrolimus 1 % topical cream	1	
pimozide 1 mg tablet <sup>MM</sup>	1	
pimozide 2 mg tablet <sup>MM</sup>	1	
pimtreea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	1	
pindolol 10 mg tablet <sup>MM</sup>	1	
pindolol 5 mg tablet <sup>MM</sup>	1	
pioglitazone 15 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
pioglitazone 15 mg-metformin 500 mg tablet <sup>MM</sup>	1	ST,QL(90 per 30 days)
pioglitazone 15 mg-metformin 850 mg tablet <sup>MM</sup>	1	ST,QL(90 per 30 days)
pioglitazone 30 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
pioglitazone 30 mg-glimepiride 2 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
pioglitazone 30 mg-glimepiride 4 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
pioglitazone 45 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
PIP BLOOD GLUCOSE MONITORING SYSTEM <sup>MM</sup>	3	ST
PIP BLOOD GLUCOSE TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
PIP GLUCOSE CONTROL SOLUTION L1-L2 <sup>MM</sup>	3	
PIP LANCET 28 GAUGE <sup>MM</sup>	2	
PIP LANCET 30 GAUGE <sup>MM</sup>	2	
PIP PEN NEEDLE 31 GAUGE X 3/16 <sup>MM</sup>	2	
PIP PEN NEEDLE 32 GAUGE X 5/32 <sup>MM</sup>	2	
PIQRAY 200 MG/DAY (200 MG X 1) TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
PIQRAY 300 MG/DAY (150 MG X 2) TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
pirfenidone 267 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(270 per 30 days)
pirfenidone 534 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
pirfenidone 801 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet <sup>MM</sup>	1	
pirmella 1 mg-35 mcg tablet <sup>MM</sup>	1	
piroxicam 10 mg capsule	1	
piroxicam 20 mg capsule	1	
PLAN B ONE-STEP 1.5 MG TABLET	3	
PLAQUENIL 200 MG TABLET <sup>MM</sup>	3	
PLAVIX 75 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
PLEGRIDY 125 MCG/0.5 ML INTRAMUSCULAR SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>LD,DL,MM,SP</sup>	*	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>LD,DL,SP</sup>	*	PA,QL(1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,SP</sup>	*	PA,QL(1 per 28 days)
PLENVU 140 GRAM-9 GRAM-5.2 GRAM POWDER PACKS	3	ST
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION	3	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE	3	
pnv-select 27 mg-1 mg tablet <sup>MM</sup>	1	
POCKET CHAMBER SPACER	3	
podofilox 0.5 % topical solution	1	
POGO AUTOMATIC BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
POGO AUTOMATIC TEST CARTRIDGE 30 GAUGE COMBO PACK <sup>MM</sup>	3	ST
poly-iron 150 forte 150 mg-25 mcg-1 mg capsule	1	
polycin 500 unit-10,000 unit/gram eye ointment	1	
polymyxin b sulfate 10,000 unit-trimethoprim 1 mg/ml eye drops	1	
POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS	3	
POMALYST 1 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
POMALYST 2 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
POMALYST 3 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
POMALYST 4 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
PONVORY 14-DAY STARTER PACK 2-3-4-5-6-7-8-9-10 MG TABLETS <sup>LD,SP</sup>	*	PA,QL(14 per 30 days)
PONVORY 20 MG TABLET <sup>LD,MM,SP</sup>	*	PA,QL(30 per 30 days)
portia 28 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
posaconazole 100 mg tablet,delayed release <sup>DL,SP</sup>	*	PA,QL(93 per 30 days)
potassium chloride 20 meq oral packet <sup>MM</sup>	1	
potassium chloride 20 meq/15 ml oral liquid <sup>MM</sup>	1	
potassium chloride 40 meq/15 ml oral liquid <sup>MM</sup>	1	
potassium chloride er 10 meq capsule,extended release <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
potassium chloride er 10 meq tablet,extended release <sup>MM</sup>	1	
potassium chloride er 10 meq tablet,extended release(part/cryst) <sup>MM</sup>	1	
potassium chloride er 15 meq tablet,extended release(part/cryst) <sup>MM</sup>	1	
potassium chloride er 20 meq tablet,extended release <sup>MM</sup>	1	
potassium chloride er 20 meq tablet,extended release(part/cryst) <sup>MM</sup>	1	
potassium chloride er 8 meq capsule,extended release <sup>MM</sup>	1	
potassium chloride er 8 meq tablet,extended release <sup>MM</sup>	1	
potassium citrate er 10 meq (1,080 mg) tablet,extended release <sup>MM</sup>	1	
potassium citrate er 15 meq (1,620 mg) tablet,extended release <sup>MM</sup>	1	
potassium citrate er 5 meq (540 mg) tablet,extended release <sup>MM</sup>	1	
pr natal 400 29 mg-1 mg-400 mg oral pack <sup>MM</sup>	1	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release <sup>MM</sup>	1	
pr natal 430 29 mg iron-1 mg-430 mg oral pack <sup>MM</sup>	1	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release <sup>MM</sup>	1	
PRADAXA 110 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
PRADAXA 150 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
PRADAXA 75 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
PRALUENT PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(2 per 28 days)
PRALUENT PEN 75 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(2 per 28 days)
pramipexole 0.125 mg tablet <sup>MM</sup>	1	
pramipexole 0.25 mg tablet <sup>MM</sup>	1	
pramipexole 0.5 mg tablet <sup>MM</sup>	1	
pramipexole 0.75 mg tablet <sup>MM</sup>	1	
pramipexole 1 mg tablet <sup>MM</sup>	1	
pramipexole 1.5 mg tablet <sup>MM</sup>	1	
pramipexole er 0.375 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
pramipexole er 0.75 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
pramipexole er 1.5 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
pramipexole er 2.25 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
pramipexole er 3 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
pramipexole er 3.75 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
pramipexole er 4.5 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
PRAMOSONE 1 %-1 % LOTION	3	
PRAMOSONE 1 %-1 % TOPICAL CREAM	3	
PRAMOSONE 2.5 %-1 % LOTION	3	
prasugrel 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
prasugrel 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
PRAVACHOL 20 MG TABLET <sup>MM</sup>	3	ST
PRAVACHOL 40 MG TABLET <sup>MM</sup>	3	ST
pravastatin 10 mg tablet <sup>MM</sup>	1	
pravastatin 20 mg tablet <sup>MM</sup>	1	
pravastatin 40 mg tablet <sup>MM</sup>	1	
pravastatin 80 mg tablet <sup>MM</sup>	1	
praziquantel 600 mg tablet	1	
prazosin 1 mg capsule <sup>MM</sup>	1	
prazosin 2 mg capsule <sup>MM</sup>	1	
prazosin 5 mg capsule <sup>MM</sup>	1	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK <sup>MM</sup>	3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PRECISION METER <sup>MM</sup>	3	ST
PRECISION PCX PLUS TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
PRECISION PCX TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
PRECISION POINT OF CARE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
PRECISION Q-I-D TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
PRECISION XTRA KETONE-GLUCOSE MONITOR KIT <sup>MM</sup>	3	ST
PRECISION XTRA MONITOR <sup>MM</sup>	3	ST
PRECISION XTRA TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
PRECOSE 100 MG TABLET <sup>MM</sup>	3	
PRECOSE 25 MG TABLET <sup>MM</sup>	3	
PRECOSE 50 MG TABLET <sup>MM</sup>	3	
PRED FORTE 1 % EYE DROPS,SUSPENSION	3	ST
PRED MILD 0.12 % EYE DROPS,SUSPENSION	3	ST
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT	3	
prednicarbate 0.1 % topical cream	1	
prednicarbate 0.1 % topical ointment	1	
prednisolone 10 mg disintegrating tablet	1	
prednisolone 15 mg disintegrating tablet	1	
prednisolone 15 mg/5 ml oral solution	1	
prednisolone 30 mg disintegrating tablet	1	
prednisolone acetate 1 % eye drops,suspension	1	
prednisolone sodium phosphate 1 % eye drops	1	
prednisolone sodium phosphate 10 mg/5 ml oral solution	1	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) oral solution	1	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) oral solution	1	
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml) oral solution	1	
prednisolone sodium phosphate 5 mg base/5 ml (6.7 mg/5 ml) oral soln	1	
prednisone 1 mg tablet	1	
prednisone 10 mg tablet	1	
prednisone 10 mg tablets in a dose pack	1	
prednisone 2.5 mg tablet	1	
prednisone 20 mg tablet	1	
prednisone 5 mg tablet	1	
prednisone 5 mg tablets in a dose pack	1	
prednisone 5 mg/5 ml oral solution	1	
prednisone 50 mg tablet	1	
prednisone intensol 5 mg/ml oral concentrate	1	
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET <sup>MM</sup>	3	
pregabalin 100 mg capsule <sup>MM</sup>	1	QL(90 per 30 days)
pregabalin 150 mg capsule <sup>MM</sup>	1	QL(90 per 30 days)
pregabalin 20 mg/ml oral solution <sup>MM</sup>	1	QL(900 per 30 days)
pregabalin 200 mg capsule <sup>MM</sup>	1	QL(90 per 30 days)
pregabalin 225 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
pregabalin 25 mg capsule <sup>MM</sup>	1	QL(90 per 30 days)
pregabalin 300 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
pregabalin 50 mg capsule <sup>MM</sup>	1	QL(90 per 30 days)
pregabalin 75 mg capsule <sup>MM</sup>	1	QL(90 per 30 days)
pregabalin er 165 mg tablet, extended release 24 hr <sup>MM</sup>	1	PA,QL(30 per 30 days)
pregabalin er 330 mg tablet, extended release 24 hr <sup>MM</sup>	1	PA,QL(60 per 30 days)
pregabalin er 82.5 mg tablet, extended release 24 hr <sup>MM</sup>	1	PA,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PREHEVBRIO (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	3	
PREMARIN 0.3 MG TABLET <sup>MM</sup>	3	
PREMARIN 0.45 MG TABLET <sup>MM</sup>	3	
PREMARIN 0.625 MG TABLET <sup>MM</sup>	3	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM <sup>MM</sup>	3	
PREMARIN 0.9 MG TABLET <sup>MM</sup>	3	
PREMARIN 1.25 MG TABLET <sup>MM</sup>	3	
PREMIER BLU GLUCOSE METER <sup>MM</sup>	3	ST
PREMIER CLASSIC GLUCOSE METER <sup>MM</sup>	3	ST
PREMIER COMPACT GLUCOSE METER KIT <sup>MM</sup>	3	ST
PREMIER TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
PREMIER VOICE GLUCOSE METER <sup>MM</sup>	3	ST
PREMIUM BLOOD GLUCOSE MONITORING SYSTEM <sup>MM</sup>	3	ST
PREMIUM V10 <sup>MM</sup>	3	ST
PREMIUM V10 STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET <sup>MM</sup>	3	
PREMPRO 0.3 MG-1.5 MG TABLET <sup>MM</sup>	3	
PREMPRO 0.45 MG-1.5 MG TABLET <sup>MM</sup>	3	
PREMPRO 0.625 MG-2.5 MG TABLET <sup>MM</sup>	3	
PREMPRO 0.625 MG-5 MG TABLET <sup>MM</sup>	3	
PRENA1 CHEW 1.4 MG CHEW TABLET,IMMEDIATE - DELAYED RELEASE <sup>MM</sup>	3	
prena1 pearl 30 mg-1.4 mg-200 mg capsule,immediate - delay release <sup>MM</sup>	1	
prena1 true 30 mg iron-1.4 mg-300 mg oral pack <sup>MM</sup>	1	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET <sup>MM</sup>	3	
PRENATABS FA 29 MG-1 MG TABLET <sup>MM</sup>	2	
prenatal 19 29 mg iron-1 mg chewable tablet <sup>MM</sup>	1	
prenatal low iron 27 mg iron-1 mg tablet <sup>MM</sup>	1	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet <sup>MM</sup>	1	
prenatal plus 29 mg iron-1 mg tablet <sup>MM</sup>	1	
prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack <sup>MM</sup>	1	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet <sup>MM</sup>	1	
PRENATE DHA (FERROUS ASPARTO GLYCINATE) 18 MG IRON-1 MG-300 MG CAPSULE <sup>MM</sup>	3	
PRENATE ELITE (IRON ASPARTO GLYCINATE) 20 MG IRON-1 MG TABLET <sup>MM</sup>	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET <sup>MM</sup>	3	
PRENATE ENHANCE 28 MG IRON-1 MG-400 MG CAPSULE <sup>MM</sup>	3	
PRENATE MINI (FERROUS ASPARTO GLYCINATE) 18 MG-1 MG-350 MG CAPSULE <sup>MM</sup>	3	
PRENATE PIXIE 10 MG IRON-1 MG-200 MG CAPSULE <sup>MM</sup>	3	
PRENATE RESTORE 27 MG IRON-1 MG-400 MG CAPSULE <sup>MM</sup>	3	
PRENATE STAR 20 MG IRON-1 MG TABLET <sup>MM</sup>	3	
preplus 27 mg iron-1 mg tablet <sup>MM</sup>	1	
PRESSURE ACTIVATED LANCETS 21 GAUGE <sup>MM</sup>	2	
PRESSURE ACTIVATED LANCETS 28 GAUGE <sup>MM</sup>	2	
PRESTALIA 14 MG-10 MG TABLET <sup>MM</sup>	3	ST
PRESTALIA 3.5 MG-2.5 MG TABLET <sup>MM</sup>	3	ST
PRESTALIA 7 MG-5 MG TABLET <sup>MM</sup>	3	ST
PRESTO PRO BLOOD GLUCOSE METER <sup>MM</sup>	3	ST
pretab 29 mg-1 mg tablet <sup>MM</sup>	1	
PRETOMANID 200 MG TABLET	3	PA,QL(30 per 30 days)
PREVACID 15 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)

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PREVACID 30 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
prevalite 4 gram oral powder <sup>MM</sup>	1	
prevalite 4 gram powder for susp in a packet <sup>MM</sup>	1	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
previfem 0.25 mg-35 mcg tablet <sup>MM</sup>	1	
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	3	
PREVNAR 20 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	3	
PREVYMIS 240 MG TABLET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
PREZCOBIX 800 MG-150 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION <sup>MM,SP</sup>	*	QL(360 per 30 days)
PREZISTA 150 MG TABLET <sup>MM,SP</sup>	*	QL(240 per 30 days)
PREZISTA 600 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
PREZISTA 75 MG TABLET <sup>MM,SP</sup>	*	QL(480 per 30 days)
PREZISTA 800 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
PRIFTIN 150 MG TABLET	3	
PRIOSEC 10 MG ORAL SUSPENSION,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
PRIOSEC 2.5 MG ORAL SUSPENSION,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
PRIMACARE 30 MG-1 MG-300 MG CAPSULE <sup>MM</sup>	3	
primaquine 26.3 mg tablet	1	
PRIMEAIRE SPACER	3	
primidone 250 mg tablet <sup>MM</sup>	1	
primidone 50 mg tablet <sup>MM</sup>	1	
primlev 10 mg-300 mg tablet <sup>DL,SP</sup>	*	QL(390 per 30 days)
primlev 5 mg-300 mg tablet <sup>DL,SP</sup>	*	QL(390 per 30 days)
primlev 7.5 mg-300 mg tablet <sup>DL,SP</sup>	*	QL(390 per 30 days)
PRIMSOL 50 MG/5 ML ORAL SOLUTION	3	
PRINIVIL 20 MG TABLET <sup>MM</sup>	3	
PRIORIX (PF) 10EXP3.4-4.2-3.3 CCID50/0.5ML SUBCUTANEOUS SUSPENSION	3	
PRISTIQ 100 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
PRISTIQ 25 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
PRO COMFORT LANCET 30 GAUGE <sup>MM</sup>	2	
PRO COMFORT LANCET 31 GAUGE <sup>MM</sup>	2	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	2	
PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	2	
PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
PRO HEALTH MINI TALK BP MONITOR KIT	3	ST
PRO VOICE V8 GLUCOSE MONITOR <sup>MM</sup>	3	ST
PRO VOICE V8-V9 TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)

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PRO VOICE V9 GLUCOSE MONITOR <sup>MM</sup>	3	ST
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR <sup>MM</sup>	3	ST,QL(2 per 30 days)
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	3	ST,QL(36 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED <sup>MM</sup>	3	ST,QL(2 per 30 days)
probenecid 500 mg tablet <sup>MM</sup>	1	
probenecid 500 mg-colchicine 0.5 mg tablet <sup>MM</sup>	1	
PROCALAMINE 3% INTRAVENOUS SOLUTION	3	
PROCARDIA 10 MG CAPSULE <sup>MM</sup>	3	
PROCARDIA XL 30 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
PROCARDIA XL 60 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
PROCARDIA XL 90 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
PROCARE SPACER WITH ADULT MASK	3	
PROCARE SPACER WITH CHILD MASK	3	
procentra 5 mg/5 ml oral solution <sup>MM</sup>	1	ST,QL(1800 per 30 days)
PROCHAMBER	2	
prochlorperazine 25 mg rectal suppository	1	
prochlorperazine maleate 10 mg tablet	1	
prochlorperazine maleate 5 mg tablet	1	
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
procto-med hc 2.5 % topical cream perineal applicator	1	
procto-pak 1 % topical cream perineal applicator	1	
PROCTOCORT 1 % TOPICAL CREAM	1	
PROCTOFOAM HC 1 %-1 %	3	
proctosol hc 2.5 % topical cream perineal applicator	1	
proctozone-hc 2.5 % topical cream perineal applicator	1	
PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
PROCYSBI 300 MG ORAL DR GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(210 per 30 days)
PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE <sup>DL,MM,SP</sup>	*	PA,QL(780 per 30 days)
PROCYSBI 75 MG ORAL DR GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(780 per 30 days)
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM <sup>MM</sup>	3	ST
PRODIGY AUTOCODE METER KIT <sup>MM</sup>	3	ST
PRODIGY CONTROL SOLUTION, LOW <sup>MM</sup>	3	
PRODIGY CONTROL SOLUTION,HIGH <sup>MM</sup>	3	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
PRODIGY LANCETS 26 GAUGE <sup>MM</sup>	2	
PRODIGY LANCETS 28 GAUGE <sup>MM</sup>	2	
PRODIGY LANCING DEVICE	2	
PRODIGY NO CODING STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
PRODIGY POCKET METER KIT <sup>MM</sup>	3	ST
PRODIGY TWIST TOP LANCET 28 GAUGE <sup>MM</sup>	2	
PRODIGY VOICE GLUCOSE METER KIT <sup>MM</sup>	3	ST
progesterone micronized 100 mg capsule <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
progesterone micronized 200 mg capsule <sup>MM</sup>	1	
PROGLYCEM 50 MG/ML ORAL SUSPENSION <sup>MM</sup>	3	ST
PROGRAF 0.2 MG ORAL GRANULES IN PACKET <sup>MM</sup>	3	
PROGRAF 0.5 MG CAPSULE <sup>MM</sup>	3	ST
PROGRAF 1 MG CAPSULE <sup>MM</sup>	3	ST
PROGRAF 1 MG ORAL GRANULES IN PACKET <sup>MM</sup>	3	
PROGRAF 5 MG CAPSULE <sup>MM</sup>	3	ST,QL(180 per 30 days)
prolate 10 mg-300 mg tablet <sup>DL,SP</sup>	*	QL(390 per 30 days)
PROLATE 10 MG-300 MG/5 ML ORAL SOLUTION <sup>DL,SP</sup>	*	QL(900 per 30 days)
prolate 5 mg-300 mg tablet <sup>DL,SP</sup>	*	QL(390 per 30 days)
prolate 7.5 mg-300 mg tablet <sup>DL,SP</sup>	*	QL(390 per 30 days)
PROLENSA 0.07 % EYE DROPS	3	ST,QL(3 per 30 days)
PROMACTA 12.5 MG ORAL POWDER PACKET <sup>LD,DL,MM,SP</sup>	*	PA,QL(360 per 30 days)
PROMACTA 12.5 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
PROMACTA 25 MG ORAL POWDER PACKET <sup>LD,DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
PROMACTA 25 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
PROMACTA 50 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
promethazine 12.5 mg rectal suppository	1	
promethazine 12.5 mg tablet	1	
promethazine 25 mg rectal suppository	1	
promethazine 25 mg tablet	1	
promethazine 50 mg rectal suppository	1	
promethazine 50 mg tablet	1	
promethazine 6.25 mg-codeine 10 mg/5 ml syrup	1	
promethazine 6.25 mg/5 ml oral syrup	1	
promethazine vc 6.25 mg-5 mg/5 ml oral syrup	1	
promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup	1	
promethazine-dm 6.25 mg-15 mg/5 ml oral syrup	1	
promethazine-phenylephrine 6.25 mg-5 mg/5 ml oral syrup	1	
promethazine-phenylephrine-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup	1	
promethegan 12.5 mg rectal suppository	1	
promethegan 25 mg rectal suppository	1	
promethegan 50 mg rectal suppository	1	
PROMETRIUM 100 MG CAPSULE <sup>MM</sup>	3	ST
PROMETRIUM 200 MG CAPSULE <sup>MM</sup>	3	ST
propafenone 150 mg tablet <sup>MM</sup>	1	
propafenone 225 mg tablet <sup>MM</sup>	1	
propafenone 300 mg tablet <sup>MM</sup>	1	
propafenone er 225 mg capsule,extended release 12 hr <sup>MM</sup>	1	
propafenone er 325 mg capsule,extended release 12 hr <sup>MM</sup>	1	
propafenone er 425 mg capsule,extended release 12 hr <sup>MM</sup>	1	
propranolol 15 mg tablet	1	
propranolol 0.5 % eye drops	1	
propranolol 10 mg tablet <sup>MM</sup>	1	
propranolol 20 mg tablet <sup>MM</sup>	1	
propranolol 20 mg/5 ml (4 mg/ml) oral solution <sup>MM</sup>	1	
propranolol 40 mg tablet <sup>MM</sup>	1	
propranolol 40 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
propranolol 40 mg/5 ml (8 mg/ml) oral solution <sup>MM</sup>	1	
propranolol 60 mg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
propranolol 80 mg tablet <sup>MM</sup>	1	
propranolol 80 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
propranolol er 120 mg capsule,24 hr,extended release <sup>MM</sup>	1	
propranolol er 160 mg capsule,24 hr,extended release <sup>MM</sup>	1	
propranolol er 60 mg capsule,24 hr,extended release <sup>MM</sup>	1	
propranolol er 80 mg capsule,24 hr,extended release <sup>MM</sup>	1	
propylthiouracil 50 mg tablet <sup>MM</sup>	1	
PROSCAR 5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
PROTONIX 20 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET <sup>MM</sup>	3	ST,QL(30 per 30 days)
PROTONIX 40 MG TABLET,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
PROTOPIC 0.03 % TOPICAL OINTMENT	3	
PROTOPIC 0.1 % TOPICAL OINTMENT	3	
protriptyline 10 mg tablet <sup>MM</sup>	1	
protriptyline 5 mg tablet <sup>MM</sup>	1	
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	3	ST,QL(36 per 30 days)
PROVERA 10 MG TABLET <sup>MM</sup>	3	
PROVERA 2.5 MG TABLET <sup>MM</sup>	3	
PROVERA 5 MG TABLET <sup>MM</sup>	3	
PROVIDA OB 40 MG IRON-1.25 MG CAPSULE <sup>MM</sup>	2	
PROVIGIL 100 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
PROVIGIL 200 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
PROZAC 10 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
PROZAC 20 MG CAPSULE <sup>MM</sup>	3	ST,QL(120 per 30 days)
PROZAC 40 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
PRUDOXIN 5 % TOPICAL CREAM	3	PA,QL(45 per 30 days)
PULMICORT 0.25 MG/2 ML SUSPENSION FOR NEBULIZATION <sup>MM</sup>	3	ST,QL(240 per 30 days)
PULMICORT 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION <sup>MM</sup>	3	ST,QL(240 per 30 days)
PULMICORT 1 MG/2 ML SUSPENSION FOR NEBULIZATION <sup>MM</sup>	3	ST,QL(120 per 30 days)
PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED <sup>MM</sup>	3	ST,QL(2 per 30 days)
PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED <sup>MM</sup>	3	ST,QL(2 per 30 days)
pulmosal 7 % solution for nebulization	1	
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION <sup>DL,MM,SP</sup>	*	QL(150 per 30 days)
PURE COMFORT LANCETS 30 GAUGE <sup>MM</sup>	2	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	2	
PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	2	
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/16" <sup>MM</sup>	2	
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
PURE COMFORT SAFETY LANCETS 30 GAUGE <sup>MM</sup>	2	
PUREFE PLUS 106 MG IRON-1 MG CAPSULE	3	
PURIXAN 20 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	QL(300 per 30 days)
PUSH BUTTON SAFETY LANCETS 28 GAUGE <sup>MM</sup>	2	
PYLERA 140 MG-125 MG-125 MG CAPSULE	2	QL(144 per 30 days)
pyrazinamide 500 mg tablet	1	
PYRIDIDIUM 100 MG TABLET	3	
PYRIDIDIUM 200 MG TABLET	3	
pyridostigmine bromide 30 mg tablet <sup>MM</sup>	1	
pyridostigmine bromide 60 mg tablet <sup>MM</sup>	1	
pyridostigmine bromide 60 mg/5 ml oral syrup <sup>MM</sup>	1	
pyridostigmine bromide er 180 mg tablet,extended release <sup>MM</sup>	1	

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pyrimethamine 25 mg tablet <sup>DL,SP</sup>	*	
PYRUKYND 20 MG (7)-5 MG (7) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	*	PA,QL(14 per 14 days)
PYRUKYND 20 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
PYRUKYND 5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
PYRUKYND 50 MG (7)-20 MG (7) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	*	PA,QL(14 per 14 days)
PYRUKYND 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
QBRELIS 1 MG/ML ORAL SOLUTION <sup>MM</sup>	3	QL(1200 per 30 days)
QBREXZA 2.4 % TOWELETTE	3	PA,QL(30 per 30 days)
QDOLO 5 MG/ML ORAL SOLUTION <sup>DL,SP</sup>	*	PA,QL(2400 per 30 days)
QELBREE 100 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
QELBREE 150 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(60 per 30 days)
QELBREE 200 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(60 per 30 days)
QINLOCK 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY <sup>MM</sup>	3	ST,QL(6.8 per 30 days)
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY <sup>MM</sup>	3	ST,QL(10.6 per 30 days)
QTERN 10 MG-5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
QTERN 5 MG-5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
QUALAQUIN 324 MG CAPSULE	3	PA,QL(42 per 7 days)
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <sup>MM</sup>	3	QL(91 per 90 days)
quazepam 15 mg tablet <sup>DL</sup>	1	QL(30 per 30 days)
QUDEXY XR 100 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
QUDEXY XR 150 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(60 per 30 days)
QUDEXY XR 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(60 per 30 days)
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(90 per 30 days)
QUDEXY XR 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
QUESTRAN 4 GRAM ORAL POWDER <sup>MM</sup>	3	
QUESTRAN 4 GRAM POWDER FOR SUSP IN A PACKET <sup>MM</sup>	3	
QUESTRAN LIGHT 4 GRAM ORAL POWDER <sup>MM</sup>	3	
quetiapine 100 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
quetiapine 150 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
quetiapine 200 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
quetiapine 25 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
quetiapine 300 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
quetiapine 400 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
quetiapine 50 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
quetiapine er 150 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(90 per 30 days)
quetiapine er 200 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
quetiapine er 300 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
quetiapine er 400 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
quetiapine er 50 mg tablet,extended release 24 hr <sup>MM</sup>	1	QL(120 per 30 days)
QUICKVUE AT-HOME COVID-19 TEST KIT	3	
QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR <sup>MM</sup>	2	QL(360 per 30 days)
quinapril 10 mg tablet <sup>MM</sup>	1	
quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	
quinapril 20 mg tablet <sup>MM</sup>	1	
quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
quinapril 20 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
quinapril 40 mg tablet <sup>MM</sup>	1	
quinapril 5 mg tablet <sup>MM</sup>	1	
quinidine gluconate er 324 mg tablet,extended release <sup>MM</sup>	1	
quinidine sulfate 200 mg tablet <sup>MM</sup>	1	
quinidine sulfate 300 mg tablet <sup>MM</sup>	1	
quinine 324 mg capsule	1	PA,QL(42 per 7 days)
QUINTET AC METER <sup>MM</sup>	3	ST
QUINTET AC STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
QUINTET BLOOD GLUCOSE METER <sup>MM</sup>	3	ST
QUINTET GLUCOSE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
QULIPTA 10 MG TABLET <sup>MM</sup>	2	PA,QL(30 per 30 days)
QULIPTA 30 MG TABLET <sup>MM</sup>	2	PA,QL(30 per 30 days)
QULIPTA 60 MG TABLET <sup>MM</sup>	2	PA,QL(30 per 30 days)
QUVIVIQ 25 MG TABLET	3	ST,QL(30 per 30 days)
QUVIVIQ 50 MG TABLET	3	ST,QL(30 per 30 days)
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL <sup>MM</sup>	3	ST,QL(10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL <sup>MM</sup>	3	ST,QL(21.2 per 30 days)
r-natal ob 20 mg iron-1 mg-320 mg capsule <sup>MM</sup>	1	
rabeprazole 10 mg capsule,delayed release sprinkle <sup>MM</sup>	1	ST,QL(60 per 30 days)
rabeprazole 20 mg tablet,delayed release <sup>MM</sup>	1	QL(60 per 30 days)
RADICAVA ORS 105 MG/5 ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5 ML ORAL <sup>DL,MM,SP</sup>	*	PA,QL(70 per 28 days)
RADIOGARDASE 0.5 GRAM CAPSULE <sup>DL,SP</sup>	*	
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
raloxifene 60 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ramelteon 8 mg tablet	1	ST,QL(30 per 30 days)
ramipril 1.25 mg capsule <sup>MM</sup>	1	
ramipril 10 mg capsule <sup>MM</sup>	1	
ramipril 2.5 mg capsule <sup>MM</sup>	1	
ramipril 5 mg capsule <sup>MM</sup>	1	
RANEXA 1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(120 per 30 days)
RANEXA 500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(120 per 30 days)
ranolazine er 1,000 mg tablet,extended release,12 hr <sup>MM</sup>	1	QL(120 per 30 days)
ranolazine er 500 mg tablet,extended release,12 hr <sup>MM</sup>	1	QL(120 per 30 days)
RAPAFLO 4 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
RAPAFLO 8 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
RAPAMUNE 0.5 MG TABLET <sup>MM</sup>	3	
RAPAMUNE 1 MG TABLET <sup>MM</sup>	3	QL(300 per 30 days)
RAPAMUNE 1 MG/ML ORAL SOLUTION <sup>MM</sup>	3	
RAPAMUNE 2 MG TABLET <sup>MM</sup>	3	QL(150 per 30 days)
rasagiline 0.5 mg tablet <sup>MM</sup>	1	
rasagiline 1 mg tablet <sup>MM</sup>	1	
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(1.8 per 28 days)

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RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(0.6 per 28 days)
RAVICTI 1.1 GRAM/ML ORAL LIQUID <sup>DL,MM,SP</sup>	*	PA,QL(525 per 30 days)
RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
RAYOS 1 MG TABLET,DELAYED RELEASE <sup>DL,SP</sup>	*	ST
RAYOS 2 MG TABLET,DELAYED RELEASE <sup>DL,SP</sup>	*	ST
RAYOS 5 MG TABLET,DELAYED RELEASE <sup>DL,SP</sup>	*	ST
RAZADYNE ER 16 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
RAZADYNE ER 24 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
RAZADYNE ER 8 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
READYLANCE SAFETY LANCETS 21 GAUGE <sup>MM</sup>	2	
READYLANCE SAFETY LANCETS 23 GAUGE <sup>MM</sup>	2	
READYLANCE SAFETY LANCETS 26 GAUGE <sup>MM</sup>	2	
READYLANCE SAFETY LANCETS 28 GAUGE <sup>MM</sup>	2	
READYLANCE SAFETY LANCETS 30 GAUGE <sup>MM</sup>	2	
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>LD,DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>LD,DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. <sup>LD,DL,SP</sup>	*	PA,QL(4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,SP</sup>	*	PA,QL(4.2 per 28 days)
reclipsen (28) 0.15 mg-0.03 mg tablet <sup>MM</sup>	1	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	3	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE	3	
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION	3	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	3	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE	3	
RECORLEV 150 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
RECTIV 0.4 % (W/W) OINTMENT	2	QL(30 per 30 days)
REDITREX (PF) 10 MG/0.4 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	ST,QL(1.6 per 28 days)
REDITREX (PF) 12.5 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	ST,QL(2 per 28 days)
REDITREX (PF) 15 MG/0.6 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	ST,QL(2.4 per 28 days)
REDITREX (PF) 17.5 MG/0.7 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	ST,QL(2.8 per 28 days)
REDITREX (PF) 20 MG/0.8 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	ST,QL(3.2 per 28 days)
REDITREX (PF) 22.5 MG/0.9 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	ST,QL(3.6 per 28 days)
REDITREX (PF) 25 MG/ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	ST,QL(4 per 28 days)
REDITREX (PF) 7.5 MG/0.3 ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	3	ST,QL(1.2 per 28 days)
REFUAH PLUS GLUCOSE CONTROL SOLUTION <sup>MM</sup>	3	
REFUAH PLUS GLUCOSE MONITOR KIT <sup>MM</sup>	3	ST
REFUAH PLUS STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
REGLAN 10 MG TABLET	3	
REGLAN 5 MG TABLET	3	
REGANEX 0.01 % TOPICAL GEL <sup>DL,SP</sup>	*	PA
RELAFEN 500 MG TABLET	1	ST
RELAFEN 750 MG TABLET	1	ST
RELAFEN DS 1,000 MG TABLET <sup>DL,SP</sup>	*	ST,QL(60 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION	3	QL(60 per 180 days)
RELEUKO 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(7 per 30 days)
RELEUKO 300 MCG/ML INJECTION SOLUTION <sup>DL,SP</sup>	*	PA,QL(14 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
RELEUKO 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(11.2 per 30 days)
RELEUKO 480 MCG/1.6 ML INJECTION SOLUTION <sup>DL,SP</sup>	*	PA,QL(22.4 per 30 days)
RELEXXII 45 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
RELEXXII 63 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
relexxii 72 mg tablet,extended release <sup>MM</sup>	1	ST,QL(30 per 30 days)
RELIAMED LANCET 23 GAUGE <sup>MM</sup>	3	
RELIAMED LANCET 28 GAUGE <sup>MM</sup>	3	
RELIAMED LANCET 30 GAUGE <sup>MM</sup>	3	
RELIAMED MINI LANCING DEVICE	3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE <sup>MM</sup>	2	
RELIAMED SAFETY SEAL LANCETS 30 GAUGE <sup>MM</sup>	2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE <sup>MM</sup>	3	
RELION ALL-IN-ONE METER KIT <sup>MM</sup>	3	ST
RELION CONFIRM KIT <sup>MM</sup>	3	ST
RELION CONFIRM-MICRO STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
RELION MICRO GLUCOSE MONITOR <sup>MM</sup>	3	ST
RELION MICRO GLUCOSE MONITOR KIT <sup>MM</sup>	3	ST
RELION NEEDLES 31 GAUGE X 1/4" <sup>MM</sup>	2	
RELION PEN NEEDLES 32 GAUGE X 5/32" <sup>MM</sup>	2	
RELION PRIME METER <sup>MM</sup>	3	ST
RELION PRIME TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
RELION THIN LANCETS 26 GAUGE <sup>MM</sup>	3	
RELION ULTIMA STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
RELION ULTRA THIN PLUS LANCETS <sup>MM</sup>	2	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION <sup>DL,SP</sup>	*	PA,QL(21.6 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(36 per 28 days)
RELISTOR 150 MG TABLET <sup>DL,SP</sup>	*	PA,QL(90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(4.8 per 30 days)
RELPAK 20 MG TABLET	3	ST,QL(9 per 30 days)
RELPAK 40 MG TABLET	3	ST,QL(9 per 30 days)
RELTONE 200 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
RELTONE 400 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
RELYVRIO 3 GRAM-1 GRAM ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
REMERON 15 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
REMERON 30 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
REMERON SOLTAB 15 MG DISINTEGRATING TABLET <sup>MM</sup>	3	QL(30 per 30 days)
REMERON SOLTAB 30 MG DISINTEGRATING TABLET <sup>MM</sup>	3	QL(30 per 30 days)
REMERON SOLTAB 45 MG DISINTEGRATING TABLET <sup>MM</sup>	3	QL(30 per 30 days)
RENACIDIN 1980.6 MG-59.4MG-980.4MG/30ML IRRIGATION SOLUTION	3	
RENAGEL 800 MG TABLET <sup>MM</sup>	3	ST
renal caps 1 mg capsule	1	
reno caps 1 mg capsule	1	
RENVELA 0.8 GRAM ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	ST,QL(540 per 30 days)
RENVELA 2.4 GRAM ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	ST,QL(180 per 30 days)
RENVELA 800 MG TABLET <sup>MM</sup>	3	ST,QL(540 per 30 days)
repaglinide 0.5 mg tablet <sup>MM</sup>	1	
repaglinide 1 mg tablet <sup>MM</sup>	1	
repaglinide 1 mg-metformin 500 mg tablet <sup>MM</sup>	1	
repaglinide 2 mg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
repaglinide 2 mg-metformin 500 mg tablet <sup>MM</sup>	1	
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR <sup>MM</sup>	2	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE <sup>MM</sup>	2	PA,QL(3 per 28 days)
RESPA-AR 8 MG-90 MG-0.24 MG TABLET,EXTENDED RELEASE	3	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE <sup>MM</sup>	2	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS <sup>MM</sup>	2	QL(5.5 per 25 days)
RESTORIL 15 MG CAPSULE <sup>DL</sup>	3	QL(30 per 30 days)
RESTORIL 22.5 MG CAPSULE <sup>DL</sup>	3	QL(30 per 30 days)
RESTORIL 30 MG CAPSULE <sup>DL</sup>	3	QL(30 per 30 days)
RESTORIL 7.5 MG CAPSULE <sup>DL</sup>	3	QL(30 per 30 days)
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
RETEVMO 40 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
RETEVMO 80 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
RETIN-A 0.01 % TOPICAL GEL	3	PA
RETIN-A 0.025 % TOPICAL CREAM	3	PA
RETIN-A 0.025 % TOPICAL GEL	3	PA
RETIN-A 0.05 % TOPICAL CREAM	3	PA
RETIN-A 0.1 % TOPICAL CREAM	3	PA
RETIN-A MICRO 0.04 % TOPICAL GEL	3	PA
RETIN-A MICRO 0.1 % TOPICAL GEL	3	PA
RETIN-A MICRO PUMP 0.04 % TOPICAL GEL	3	PA
RETIN-A MICRO PUMP 0.06 % TOPICAL GEL	3	PA
RETIN-A MICRO PUMP 0.08 % TOPICAL GEL <sup>DL,SP</sup>	*	PA
RETIN-A MICRO PUMP 0.1 % TOPICAL GEL	3	PA
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION	3	
RETROVIR 10 MG/ML ORAL SYRUP <sup>MM</sup>	3	QL(1680 per 28 days)
RETROVIR 100 MG CAPSULE <sup>MM</sup>	3	QL(180 per 30 days)
REVATIO 10 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
REVATIO 20 MG TABLET <sup>MM</sup>	3	PA,QL(90 per 30 days)
REVEAL BLOOD GLUCOSE METER KIT <sup>MM</sup>	3	ST
REVEAL TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
REVLIMID 10 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
REVLIMID 15 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
REVLIMID 2.5 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
REVLIMID 20 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
REVLIMID 25 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
REVLIMID 5 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
REXULTI 0.25 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
REXULTI 0.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
REXULTI 1 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
REXULTI 2 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
REXULTI 3 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
REXULTI 4 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)

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REYATAZ 150 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
REYATAZ 200 MG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
REYATAZ 300 MG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET <sup>MM,SP</sup>	*	
REYVOW 100 MG TABLET	3	PA,QL(8 per 30 days)
REYVOW 50 MG TABLET	3	PA,QL(4 per 30 days)
REZUROCK 200 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
RHOFADE 1 % TOPICAL CREAM	3	ST,QL(30 per 30 days)
RHOPRESSA 0.02 % EYE DROPS <sup>MM</sup>	3	PA,QL(2.5 per 25 days)
ribavirin 200 mg capsule	1	QL(168 per 28 days)
ribavirin 200 mg tablet	1	QL(168 per 28 days)
ribavirin 6 gram solution for inhalation	1	QL(8 per 30 days)
RIDAURA 3 MG CAPSULE <sup>MM</sup>	3	
rifabutin 150 mg capsule	1	
rifampin 150 mg capsule	1	
rifampin 300 mg capsule	1	
RIGHTEST CONTROL SOLUTION HIGH <sup>MM</sup>	3	
RIGHTEST CONTROL SOLUTION NORMAL <sup>MM</sup>	3	
RIGHTEST GC250S CONTROL SOLUTION NORMAL <sup>MM</sup>	3	
RIGHTEST GC700 LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	3	
RIGHTEST GD500 LANCING DEVICE	3	
RIGHTEST GL300 LANCETS 30 GAUGE <sup>MM</sup>	2	
RIGHTEST GM250S GLUCOSE METER <sup>MM</sup>	3	ST
RIGHTEST GM260 GLUCOSE METER <sup>MM</sup>	3	ST
RIGHTEST GM550 SYSTEM KIT <sup>MM</sup>	3	ST
RIGHTEST GM700SB GLUCOSE METER <sup>MM</sup>	3	ST
RIGHTEST GS250S TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
RIGHTEST GS260 TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
RIGHTEST GS550 TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
RIGHTEST GS700 TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
RIGHTEST GT333 GLUCOSE METER <sup>MM</sup>	3	ST
RIGHTEST GT333 LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	3	
RIGHTEST GT333 TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
RIGHTEST MAX PLUS GLUCOSE METER <sup>MM</sup>	3	ST
RIGHTEST MAX TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
RILUTEK 50 MG TABLET <sup>MM</sup>	3	
riluzole 50 mg tablet <sup>MM</sup>	1	
rimantadine 100 mg tablet	1	
ringer's irrigation solution	1	
RINVOQ 15 MG TABLET,EXTENDED RELEASE <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
RINVOQ 30 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(56 per 365 days)
RIOMET 500 MG/5 ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	QL(750 per 30 days)
RIOMET ER 500 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE <sup>MM</sup>	3	QL(750 per 30 days)
risedronate 150 mg tablet <sup>MM</sup>	1	QL(1 per 30 days)
risedronate 30 mg tablet	1	QL(30 per 30 days)
risedronate 35 mg tablet <sup>MM</sup>	1	QL(4 per 28 days)
risedronate 35 mg tablet,delayed release <sup>MM</sup>	1	QL(4 per 28 days)
risedronate 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
RISPERDAL 0.5 MG TABLET <sup>MM</sup>	3	QL(120 per 30 days)

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RISPERDAL 1 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
RISPERDAL 1 MG/ML ORAL SOLUTION <sup>MM</sup>	3	
RISPERDAL 2 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
RISPERDAL 3 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
RISPERDAL 4 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	QL(2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	QL(2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	QL(2 per 28 days)
risperidone 0.25 mg disintegrating tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 0.25 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 0.5 mg disintegrating tablet <sup>MM</sup>	1	QL(120 per 30 days)
risperidone 0.5 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
risperidone 1 mg disintegrating tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 1 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 1 mg/ml oral solution <sup>MM</sup>	1	
risperidone 2 mg disintegrating tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 2 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 3 mg disintegrating tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 3 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 4 mg disintegrating tablet <sup>MM</sup>	1	QL(60 per 30 days)
risperidone 4 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
RITALIN 10 MG TABLET <sup>MM</sup>	3	QL(90 per 30 days)
RITALIN 20 MG TABLET <sup>MM</sup>	3	QL(90 per 30 days)
RITALIN 5 MG TABLET <sup>MM</sup>	3	QL(90 per 30 days)
RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
RITFLO AEROCHAMBER	3	
ritonavir 100 mg tablet <sup>MM</sup>	1	QL(360 per 30 days)
rivastigmine 1.5 mg capsule <sup>MM</sup>	1	QL(90 per 30 days)
rivastigmine 13.3 mg/24 hour transdermal patch <sup>MM</sup>	1	QL(30 per 30 days)
rivastigmine 3 mg capsule <sup>MM</sup>	1	QL(90 per 30 days)
rivastigmine 4.5 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
rivastigmine 4.6 mg/24 hour transdermal patch <sup>MM</sup>	1	QL(30 per 30 days)
rivastigmine 6 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
rivastigmine 9.5 mg/24 hour transdermal patch <sup>MM</sup>	1	QL(30 per 30 days)
rivalsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
rizatriptan 10 mg disintegrating tablet	1	QL(12 per 30 days)
rizatriptan 10 mg tablet	1	QL(12 per 30 days)
rizatriptan 5 mg disintegrating tablet	1	QL(12 per 30 days)
rizatriptan 5 mg tablet	1	QL(12 per 30 days)
ROBAXIN-750 750 MG TABLET	3	
ROBINUL 1 MG TABLET <sup>MM</sup>	3	ST
ROBINUL FORTE 2 MG TABLET <sup>MM</sup>	3	ST
ROCALTROL 0.25 MCG CAPSULE <sup>MM</sup>	3	
ROCALTROL 0.5 MCG CAPSULE <sup>MM</sup>	3	
ROCALTROL 1 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	

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ROCKLATAN 0.02 %-0.005 % EYE DROPS <sup>MM</sup>	3	ST,QL(2.5 per 25 days)
roflumilast 250 mcg tablet <sup>MM</sup>	1	QL(28 per 365 days)
roflumilast 500 mcg tablet <sup>MM</sup>	1	QL(30 per 30 days)
ropinirole 0.25 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
ropinirole 0.5 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
ropinirole 1 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
ropinirole 2 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
ropinirole 3 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
ropinirole 4 mg tablet <sup>MM</sup>	1	QL(180 per 30 days)
ropinirole 5 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
ropinirole er 12 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(90 per 30 days)
ropinirole er 2 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(90 per 30 days)
ropinirole er 4 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(90 per 30 days)
ropinirole er 6 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(90 per 30 days)
ropinirole er 8 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(90 per 30 days)
rosadan 0.75 % topical cream	1	
rosadan 0.75 % topical gel	1	
rosuvastatin 10 mg tablet <sup>MM</sup>	1	
rosuvastatin 20 mg tablet <sup>MM</sup>	1	
rosuvastatin 40 mg tablet <sup>MM</sup>	1	
rosuvastatin 5 mg tablet <sup>MM</sup>	1	
ROSZET 10 MG-10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ROSZET 10 MG-20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ROSZET 10 MG-40 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ROSZET 10 MG-5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ROWASA 4 GRAM/60 ML ENEMA <sup>MM</sup>	3	QL(1800 per 30 days)
roweepra 1,000 mg tablet <sup>MM</sup>	1	
roweepra 500 mg tablet <sup>MM</sup>	1	
roweepra 750 mg tablet <sup>MM</sup>	1	
roweepra xr 500 mg tablet,extended release <sup>MM</sup>	1	
roweepra xr 750 mg tablet,extended release <sup>MM</sup>	1	
ROXICODONE 15 MG TABLET <sup>DL</sup>	3	QL(360 per 30 days)
ROXICODONE 30 MG TABLET <sup>DL</sup>	3	QL(360 per 30 days)
ROXYBOND 15 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <sup>DL,SP</sup>	*	PA,QL(180 per 30 days)
ROXYBOND 30 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <sup>DL,SP</sup>	*	PA,QL(180 per 30 days)
ROXYBOND 5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) <sup>DL,SP</sup>	*	PA,QL(360 per 30 days)
ROZEREM 8 MG TABLET	3	ST,QL(30 per 30 days)
ROZLYTREK 100 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ROZLYTREK 200 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
RUBRACA 200 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
RUBRACA 250 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
RUBRACA 300 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
rufinamide 200 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(480 per 30 days)
rufinamide 40 mg/ml oral suspension <sup>DL,MM,SP</sup>	*	PA,QL(2760 per 30 days)
rufinamide 400 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
RUKOBIA 600 MG TABLET,EXTENDED RELEASE <sup>MM,SP</sup>	*	QL(60 per 30 days)
RUZURGI 10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
RYALTRIS 665 MCG-25 MCG/SPRAY NASAL SPRAY	3	ST,QL(29 per 30 days)
RYBELSUS 14 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)

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RYBELSUS 3 MG TABLET	2	QL(30 per 30 days)
RYBELSUS 7 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
RYCLORA 2 MG/5 ML ORAL SOLUTION <sup>DL</sup>	3	PA
RYDAPT 25 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(224 per 28 days)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(270 per 30 days)
RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(360 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(300 per 30 days)
RYTHMOL SR 225 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
RYTHMOL SR 325 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
RYTHMOL SR 425 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
RYVENT 6 MG TABLET	3	QL(120 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
SABRIL 500 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SAFESNAP INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
SAFESNAP INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SAFETY LANCETS 21 GAUGE <sup>MM</sup>	2	
SAFETY LANCETS 26 GAUGE <sup>MM</sup>	3	
SAFETY LANCETS 28 GAUGE <sup>MM</sup>	2	
SAFETY NEEDLES 18 GAUGE X 1 1/2"	3	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
SAFETY SEAL LANCETS 28 GAUGE <sup>MM</sup>	2	
SAFETY SEAL LANCETS 30 GAUGE <sup>MM</sup>	2	
SAFETY-LET LANCETS 30 GAUGE <sup>MM</sup>	2	
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET <sup>MM</sup>	3	
SAIZEN 5 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
SAIZEN 8.8 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(18 per 30 days)
sajazir 30 mg/3 ml subcutaneous syringe <sup>DL,SP</sup>	*	PA,QL(9 per 30 days)
SALAGEN (PILOCARPINE) 5 MG TABLET <sup>MM</sup>	3	
SALAGEN (PILOCARPINE) 7.5 MG TABLET <sup>MM</sup>	3	
SAMSCA 15 MG TABLET <sup>DL,MM,SP</sup>	*	QL(60 per 30 days)
SAMSCA 30 MG TABLET <sup>DL,MM,SP</sup>	*	QL(60 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH	3	PA,QL(4 per 30 days)
SANDIMMUNE 100 MG CAPSULE <sup>MM</sup>	3	QL(720 per 30 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION <sup>MM</sup>	3	
SANDIMMUNE 25 MG CAPSULE <sup>MM</sup>	3	
SANDOSTATIN 100 MCG/ML INJECTION SOLUTION <sup>MM</sup>	3	PA
SANDOSTATIN 50 MCG/ML INJECTION SOLUTION <sup>MM</sup>	3	PA
SANDOSTATIN 500 MCG/ML INJECTION SOLUTION <sup>MM</sup>	3	PA
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT	3	PA
SAPHRIS 10 MG SUBLINGUAL TABLET <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
SAPHRIS 2.5 MG SUBLINGUAL TABLET <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
SAPHRIS 5 MG SUBLINGUAL TABLET <sup>MM,SP</sup>	*	PA,QL(60 per 30 days)
sapropterin 100 mg oral powder packet <sup>DL,MM,SP</sup>	*	PA
sapropterin 100 mg soluble tablet <sup>DL,MM,SP</sup>	*	PA

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
sapropterin 500 mg oral powder packet <sup>DL,MM,SP</sup>	*	PA
SAVAYSA 15 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
SAVAYSA 30 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
SAVAYSA 60 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
SAVELLA 100 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK	3	PA,QL(60 per 30 days)
SAVELLA 12.5 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
SAVELLA 25 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
SAVELLA 50 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
SCEMBLIX 20 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
scopolamine 1 mg over 3 days transdermal patch	1	QL(10 per 30 days)
se-natal 19 chewable 29 mg iron-1 mg tablet <sup>MM</sup>	1	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <sup>MM</sup>	3	QL(91 per 90 days)
SECONAL SODIUM 100 MG CAPSULE	3	
SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	2	
SEGLENTIS 44 MG-56 MG TABLET <sup>DL</sup>	3	PA,QL(120 per 30 days)
SEGLUROMET 2.5 MG-1,000 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
SEGLUROMET 2.5 MG-500 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
SEGLUROMET 7.5 MG-1,000 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
SEGLUROMET 7.5 MG-500 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET <sup>MM</sup>	2	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK <sup>MM</sup>	3	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET <sup>MM</sup>	3	
selegiline 5 mg capsule <sup>MM</sup>	1	
selegiline 5 mg tablet <sup>MM</sup>	1	
selenium sulfide 2.5 % lotion	1	
SELZENTRY 150 MG TABLET <sup>MM,SP</sup>	*	QL(240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION <sup>MM,SP</sup>	*	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET <sup>MM,SP</sup>	*	QL(240 per 30 days)
SELZENTRY 300 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
SELZENTRY 75 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
SEMGLEE (INSULIN GLARGINE-YFGN) 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	ST
SEMGLEE (INSULIN GLARGINE-YFGN) PEN 100 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	3	ST
SEMGLEE PEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS <sup>MM</sup>	3	ST
SEMGLEE U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	3	ST
SEMPREX-D 8 MG-60 MG CAPSULE	3	
SENSIPAR 30 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
SENSIPAR 60 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
SENSIPAR 90 MG TABLET <sup>MM</sup>	3	ST,QL(120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP <sup>DL,SP</sup>	*	ST,QL(120 per 28 days)
SEROQUEL 100 MG TABLET <sup>MM</sup>	3	QL(90 per 30 days)
SEROQUEL 200 MG TABLET <sup>MM</sup>	3	QL(120 per 30 days)
SEROQUEL 25 MG TABLET <sup>MM</sup>	3	QL(120 per 30 days)
SEROQUEL 300 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SEROQUEL 400 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
SEROQUEL 50 MG TABLET <sup>MM</sup>	3	QL(120 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG(1)-300 MG(11) TABLET, ER 24 HR DOSE PACK	3	PA,QL(15 per 30 days)
SEROSTIM 4 MG SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
SEROSTIM 5 MG SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
SEROSTIM 6 MG SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
sertraline 100 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
SERTRALINE 150 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
sertraline 20 mg/ml oral concentrate <sup>MM</sup>	1	QL(60 per 30 days)
SERTRALINE 200 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
sertraline 25 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
sertraline 50 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
sevelamer carbonate 0.8 gram oral powder packet <sup>DL,MM,SP</sup>	*	QL(540 per 30 days)
sevelamer carbonate 2.4 gram oral powder packet <sup>DL,MM,SP</sup>	*	QL(180 per 30 days)
sevelamer carbonate 800 mg tablet <sup>MM</sup>	1	QL(540 per 30 days)
sevelamer hcl 400 mg tablet <sup>MM</sup>	1	ST
sevelamer hcl 800 mg tablet <sup>MM</sup>	1	ST
SEYSARA 100 MG TABLET <sup>DL,SP</sup>	*	ST,QL(30 per 30 days)
SEYSARA 150 MG TABLET <sup>DL,SP</sup>	*	ST,QL(30 per 30 days)
SEYSARA 60 MG TABLET <sup>DL,SP</sup>	*	ST,QL(30 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA <sup>MM</sup>	3	QL(1800 per 30 days)
sharobel 0.35 mg tablet <sup>MM</sup>	1	
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT	3	
SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SIKLOS 1,000 MG TABLET <sup>DL,MM,SP</sup>	*	PA
SIKLOS 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA
sildenafil (pulmonary hypertension) 10 mg/ml oral suspension <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
sildenafil (pulmonary hypertension) 20 mg tablet <sup>MM</sup>	1	PA,QL(90 per 30 days)
SILENOR 3 MG TABLET	3	ST,QL(30 per 30 days)
SILENOR 6 MG TABLET	3	ST,QL(30 per 30 days)
SILICONE MASK - INFANT	3	
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(42 per 365 days)
silodosin 4 mg capsule <sup>MM</sup>	1	ST,QL(30 per 30 days)
silodosin 8 mg capsule <sup>MM</sup>	1	ST,QL(30 per 30 days)
SILVADENE 1 % TOPICAL CREAM	3	
silver sulfadiazine 1 % topical cream	1	
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION <sup>MM</sup>	3	ST,QL(16 per 30 days)
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <sup>MM</sup>	1	QL(91 per 90 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>MM,SP</sup>	*	PA,QL(16 per 365 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(16 per 365 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(0.5 per 30 days)
simvastatin 10 mg tablet <sup>MM</sup>	1	
simvastatin 20 mg tablet <sup>MM</sup>	1	
simvastatin 40 mg tablet <sup>MM</sup>	1	
simvastatin 5 mg tablet <sup>MM</sup>	1	
simvastatin 80 mg tablet <sup>MM</sup>	1	
SINEMET 10 MG-100 MG TABLET <sup>MM</sup>	3	
SINEMET 25 MG-100 MG TABLET <sup>MM</sup>	3	
SINEMET 25 MG-250 MG TABLET <sup>MM</sup>	3	
SINGLE-LET MISC <sup>MM</sup>	2	
SINGULAIR 10 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
SINGULAIR 4 MG CHEWABLE TABLET <sup>MM</sup>	3	QL(30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET <sup>MM</sup>	3	QL(30 per 30 days)
SINGULAIR 5 MG CHEWABLE TABLET <sup>MM</sup>	3	QL(30 per 30 days)
sirolimus 0.5 mg tablet <sup>MM</sup>	1	
sirolimus 1 mg tablet <sup>MM</sup>	1	QL(300 per 30 days)
sirolimus 1 mg/ml oral solution <sup>MM</sup>	1	
sirolimus 2 mg tablet <sup>MM</sup>	1	QL(150 per 30 days)
SIRTURO 100 MG TABLET	3	PA,QL(68 per 28 days)
SIRTURO 20 MG TABLET	3	PA,QL(340 per 28 days)
SITAVIG 50 MG BUCCAL TABLET	3	PA,QL(1 per 28 days)
SIVEXTRO 200 MG TABLET	3	QL(6 per 28 days)
SKELAXIN 800 MG TABLET	3	QL(120 per 30 days)
SKLICE 0.5 % LOTION	3	
SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16" <sup>MM</sup>	2	
SKY SAFETY PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	2	
SKYLA 14 MCG/24 HRS (3 YRS) 13.5 MG INTRAUTERINE DEVICE <sup>LD,DL,MM,SP</sup>	*	
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT <sup>LD,MM,SP</sup>	*	PA,QL(6 per 365 days)
SKYRIZI 150 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>MM,SP</sup>	*	PA,QL(6 per 365 days)
SKYRIZI 150 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(6 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) SUBCUTANEOUS WEARABLE INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(16.8 per 365 days)
SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(9.96 per 365 days)
SKYTROFA 11 MG SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
SKYTROFA 13.3 MG SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)
SKYTROFA 3 MG SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)
SKYTROFA 3.6 MG SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)
SKYTROFA 4.3 MG SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)
SKYTROFA 5.2 MG SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)
SKYTROFA 6.3 MG SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)
SKYTROFA 7.6 MG SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
SKYTROFA 9.1 MG SUBCUTANEOUS CARTRIDGE <sup>DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
SLYND 4 MG (28) TABLET <sup>MM</sup>	3	
SMART CARESENS N KIT <sup>MM</sup>	3	ST
SMART SENSE LANCETS 21 GAUGE <sup>MM</sup>	2	
SMART SENSE LANCETS 26 GAUGE <sup>MM</sup>	2	
SMART SENSE LANCETS 33 GAUGE <sup>MM</sup>	2	
SMART SENSE MONITORING SYSTEM <sup>MM</sup>	3	ST
SMART SENSE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SMARTDIABETES VANTAGE	3	
SMARTEST CONTROL SOLUTION <sup>MM</sup>	3	
SMARTEST EJECT KIT <sup>MM</sup>	3	ST
SMARTEST LANCET <sup>MM</sup>	2	
SMARTEST PERSONA GLUCOSE METER <sup>MM</sup>	3	ST
SMARTEST PERSONA STARTER KIT <sup>MM</sup>	3	ST
SMARTEST PRONTO GLUCOSE METER <sup>MM</sup>	3	ST
SMARTEST PRONTO STARTER KIT <sup>MM</sup>	3	ST
SMARTEST PROTEGE KIT <sup>MM</sup>	3	ST
SMARTEST SMART CODE METER KIT <sup>MM</sup>	3	ST
SMARTEST TALKING METER KIT <sup>MM</sup>	3	ST
SMARTEST TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
SOAAZ 20 MG TABLET <sup>MM</sup>	3	ST
SOAAZ 40 MG TABLET <sup>MM</sup>	3	ST
SOAAZ 60 MG TABLET <sup>MM</sup>	3	ST
sodium chloride 0.9 % for nebulization	1	
sodium chloride 0.9 % irrigation solution	1	
sodium chloride 10 % for nebulization	1	
sodium chloride 3 % for nebulization	1	
sodium chloride 7 % for nebulization	1	
sodium citrate 4 gram/100 ml (4 %) solution	1	
sodium phenylbutyrate 0.94 gram/gram oral powder <sup>DL,MM,SP</sup>	*	
sodium phenylbutyrate 500 mg tablet <sup>DL,MM,SP</sup>	*	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp	1	
sodium polystyrene sulfonate oral powder	1	
sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln	3	ST
sofosbuvir 400 mg-velpatasvir 100 mg tablet <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
SOFT TOUCH LANCETS <sup>MM</sup>	2	
SOLARAZE 3 % TOPICAL GEL	3	PA
solifenacin 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
solifenacin 5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
SOLQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	2	QL(15 per 24 days)
SOLODYN 105 MG TABLET,EXTENDED RELEASE	3	ST,QL(30 per 30 days)
SOLODYN 115 MG TABLET,EXTENDED RELEASE	3	ST,QL(30 per 30 days)
SOLODYN 55 MG TABLET,EXTENDED RELEASE	3	ST,QL(30 per 30 days)
SOLODYN 65 MG TABLET,EXTENDED RELEASE	3	ST,QL(30 per 30 days)
SOLODYN 80 MG TABLET,EXTENDED RELEASE	3	ST,QL(30 per 30 days)
SOLOSEC 2 GRAM ORAL DR GRANULES IN PACKET	3	PA
SOLTAMOX 20 MG/10 ML ORAL SOLUTION <sup>MM</sup>	3	QL(600 per 30 days)
SOLUS V2 AUDIBLE METER <sup>MM</sup>	3	ST
SOLUS V2 AUDIBLE METER KIT <sup>MM</sup>	3	ST
SOLUS V2 CONTROL SOLUTION, LOW <sup>MM</sup>	3	
SOLUS V2 CONTROL SOLUTION,HIGH <sup>MM</sup>	3	
SOLUS V2 LANCETS 28 GAUGE <sup>MM</sup>	2	
SOLUS V2 LANCETS 30 GAUGE <sup>MM</sup>	2	
SOLUS V2 LANCING DEVICE KIT <sup>MM</sup>	3	
SOLUS V2 TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
SOMA 250 MG TABLET	3	QL(120 per 30 days)
SOMA 350 MG TABLET	3	QL(120 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(0.2 per 28 days)

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SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE <sup>LD,DL,MM,SP</sup>	*	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SOMAVERT 15 MG SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SOMAVERT 20 MG SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SOMAVERT 25 MG SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
SOMAVERT 30 MG SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
SOOLANTRA 1 % TOPICAL CREAM	3	ST
sorafenib 200 mg tablet <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
sorbitol 2.7 gram-mannitol 0.54 gram/100 ml transurethral solution	1	
SORIATANE 10 MG CAPSULE <sup>DL,SP</sup>	*	PA
SORIATANE 25 MG CAPSULE <sup>DL,SP</sup>	*	PA
SORILUX 0.005 % TOPICAL FOAM <sup>DL,SP</sup>	*	PA,QL(120 per 28 days)
sorine 120 mg tablet <sup>MM</sup>	1	
sorine 160 mg tablet <sup>MM</sup>	1	
sorine 240 mg tablet <sup>MM</sup>	1	
sorine 80 mg tablet <sup>MM</sup>	1	
sotalol 120 mg tablet <sup>MM</sup>	1	
sotalol 160 mg tablet <sup>MM</sup>	1	
sotalol 240 mg tablet <sup>MM</sup>	1	
sotalol 80 mg tablet <sup>MM</sup>	1	
sotalol af 120 mg tablet <sup>MM</sup>	1	
sotalol af 160 mg tablet <sup>MM</sup>	1	
sotalol af 80 mg tablet <sup>MM</sup>	1	
SOTYKTU 6 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
SOTYLIZE 5 MG/ML ORAL SOLUTION <sup>MM</sup>	3	
SOVALDI 150 MG ORAL PELLETS IN PACKET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
SOVALDI 200 MG ORAL PELLETS IN PACKET <sup>DL,SP</sup>	*	PA,QL(56 per 28 days)
SOVALDI 200 MG TABLET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
SOVALDI 400 MG TABLET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
SPACE CHAMBER	2	
SPACE CHAMBER PLUS	2	
SPACE CHAMBER WITH LARGE MASK	2	
SPACE CHAMBER WITH MEDIUM MASK	2	
SPACE CHAMBER WITH SMALL MASK	2	
SPECTRACEF 400 MG TABLET	3	
SPIKEVAX (PF) 100 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	3	
spinosad 0.9 % topical suspension	1	QL(240 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	2	QL(4 per 28 days)
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	2	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES <sup>MM</sup>	2	QL(30 per 30 days)
spironolactone 100 mg tablet <sup>MM</sup>	1	
spironolactone 25 mg tablet <sup>MM</sup>	1	
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
spironolactone 50 mg tablet <sup>MM</sup>	1	
SPORANOX 10 MG/ML ORAL SOLUTION	3	QL(150 per 30 days)
SPORANOX 100 MG CAPSULE	3	QL(120 per 30 days)
SPORANOX PULSEPAK 100 MG CAPSULE	3	QL(120 per 30 days)
SPRAVATO 28 MG NASAL SPRAY <sup>DL,MM,SP</sup>	*	PA
SPRAVATO 56 MG (28 MG X 2) NASAL SPRAY <sup>LD,DL,MM,SP</sup>	*	PA,QL(16 per 28 days)
SPRAVATO 84 MG (28 MG X 3) NASAL SPRAY <sup>LD,DL,MM,SP</sup>	*	PA,QL(24 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
sprintec (28) 0.25 mg-35 mcg tablet <sup>MM</sup>	1	
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION <sup>MM</sup>	3	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION <sup>MM</sup>	3	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION <sup>MM</sup>	3	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION <sup>MM</sup>	3	ST,QL(120 per 30 days)
SPRIX 15.75 MG/SPRAY NASAL SPRAY <sup>DL,SP</sup>	*	PA,QL(5 per 30 days)
SPRYCEL 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
SPRYCEL 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SPRYCEL 70 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SPRYCEL 80 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION	3	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA	3	
sronyx 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
SSD 1 % TOPICAL CREAM	3	
sski 1 gram/ml oral solution	1	
STALEVO 100 25 MG-100 MG-200 MG TABLET <sup>MM</sup>	3	
STALEVO 125 31.25 MG-125 MG-200 MG TABLET <sup>MM</sup>	3	
STALEVO 150 37.5 MG-150 MG-200 MG TABLET <sup>MM</sup>	3	
STALEVO 200 50 MG-200 MG-200 MG TABLET <sup>MM</sup>	3	
STALEVO 50 12.5 MG-50 MG-200 MG TABLET <sup>MM</sup>	3	
STALEVO 75 18.75 MG-75 MG-200 MG TABLET <sup>MM</sup>	3	
STARLIX 120 MG TABLET <sup>MM</sup>	3	
STARLIX 60 MG TABLET <sup>MM</sup>	3	
stavudine 15 mg capsule <sup>MM</sup>	1	QL(120 per 30 days)
stavudine 20 mg capsule <sup>MM</sup>	1	QL(120 per 30 days)
stavudine 30 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
stavudine 40 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
STEGLATRO 15 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
STEGLATRO 5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
STEGLUJAN 15 MG-100 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
STEGLUJAN 5 MG-100 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION <sup>MM,SP</sup>	*	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(3 per 84 days)
STERILANCE TL 30 GAUGE <sup>MM</sup>	2	
STERILANCE TL 32 GAUGE <sup>MM</sup>	2	
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	2	QL(4 per 28 days)
STIVARGA 40 MG TABLET <sup>LD,DL,SP</sup>	*	PA,QL(84 per 28 days)
STRATTERA 10 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
STRATTERA 100 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
STRATTERA 18 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
STRATTERA 25 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
STRATTERA 40 MG CAPSULE <sup>MM</sup>	3	ST,QL(60 per 30 days)
STRATTERA 60 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
STRATTERA 80 MG CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
STRENSIQ 18 MG/0.45 ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(10.8 per 28 days)
STRENSIQ 28 MG/0.7 ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(16.8 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(24 per 28 days)
STRENSIQ 80 MG/0.8 ML SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(38.4 per 28 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MM</sup>	2	QL(4 per 30 days)
STROMEKTOL 3 MG TABLET	3	
strong iodine 5 % oral solution	1	
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM <sup>MM</sup>	3	PA,QL(60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM <sup>MM</sup>	3	PA,QL(90 per 30 days)
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM <sup>MM</sup>	3	PA,QL(90 per 30 days)
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM <sup>MM</sup>	3	PA,QL(90 per 30 days)
SUBSYS 1,200 MCG (600 MCG/SPRAY X2) SUBLINGUAL SPRAY <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
SUBSYS 1,600 MCG (800 MCG/SPRAY X2) SUBLINGUAL SPRAY <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
SUBSYS 100 MCG/SPRAY SUBLINGUAL SPRAY <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
SUBSYS 200 MCG/SPRAY SUBLINGUAL SPRAY <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
SUBSYS 400 MCG/SPRAY SUBLINGUAL SPRAY <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
SUBSYS 600 MCG/SPRAY SUBLINGUAL SPRAY <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
SUBSYS 800 MCG/SPRAY SUBLINGUAL SPRAY <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
subvenite 100 mg tablet <sup>MM</sup>	1	
subvenite 150 mg tablet <sup>MM</sup>	1	
subvenite 200 mg tablet <sup>MM</sup>	1	
subvenite 25 mg tablet <sup>MM</sup>	1	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack	1	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack	1	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack	1	
SUCRAID 8,500 UNIT/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA
sucrafate 1 gram tablet <sup>MM</sup>	1	
sucrafate 100 mg/ml oral suspension <sup>MM</sup>	1	
SULAR 17 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
SULAR 34 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
SULAR 8.5 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
sulconazole 1 % topical cream	1	ST
sulconazole 1 % topical solution	1	ST
sulfacetamide sodium (acne) 10 % lotion (suspension)	1	
sulfacetamide sodium 10 % eye drops	1	
sulfacetamide sodium 10 % eye ointment	1	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops	1	
sulfadiazine 500 mg tablet	1	
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 ml oral suspension	1	
sulfamethoxazole 400 mg-trimethoprim 80 mg tablet	1	
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	1	
SULFAMYLON 50 GRAM TOPICAL PACKET	3	
SULFAMYLON 85 MG/G TOPICAL CREAM	3	
sulfasalazine 500 mg tablet <sup>MM</sup>	1	QL(240 per 30 days)
sulfasalazine 500 mg tablet,delayed release <sup>MM</sup>	1	QL(240 per 30 days)
SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION	3	
sulindac 150 mg tablet	1	
sulindac 200 mg tablet	1	
sumatriptan 100 mg tablet	1	QL(9 per 30 days)
sumatriptan 20 mg/actuation nasal spray	1	QL(12 per 30 days)
sumatriptan 25 mg tablet	1	QL(9 per 30 days)
sumatriptan 4 mg/0.5 ml subcutaneous cartridge (refill)	1	QL(6 per 30 days)

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sumatriptan 4 mg/0.5 ml subcutaneous pen injector	1	QL(6 per 30 days)
sumatriptan 5 mg/actuation nasal spray	1	QL(12 per 30 days)
sumatriptan 50 mg tablet	1	QL(9 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous cartridge (refill)	1	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous pen injector	1	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous solution	1	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous syringe	1	QL(3 per 30 days)
sumatriptan 85 mg-naproxen 500 mg tablet	1	ST,QL(18 per 30 days)
sunitinib 12.5 mg capsule <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
sunitinib 25 mg capsule <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
sunitinib 37.5 mg capsule <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
sunitinib 50 mg capsule <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
SUNOSI 150 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
SUNOSI 75 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
SUPER THIN LANCETS <sup>MM</sup>	2	
SUPER THIN LANCETS 28 GAUGE <sup>MM</sup>	2	
SUPER THIN LANCETS 30 GAUGE <sup>MM</sup>	2	
SUPRANE 100 % INHALATION LIQUID	3	
SUPRAX 100 MG CHEWABLE TABLET	3	
SUPRAX 100 MG/5 ML ORAL SUSPENSION	3	
SUPRAX 200 MG CHEWABLE TABLET	3	
SUPRAX 200 MG/5 ML ORAL SUSPENSION	3	
SUPRAX 400 MG CAPSULE	3	
SUPRAX 500 MG/5 ML ORAL SUSPENSION	3	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION	3	ST
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT LANCETS 18 GAUGE <sup>MM</sup>	2	
SURE COMFORT LANCETS 21 GAUGE <sup>MM</sup>	2	
SURE COMFORT LANCETS 23 GAUGE <sup>MM</sup>	2	
SURE COMFORT LANCETS 28 GAUGE <sup>MM</sup>	2	
SURE COMFORT LANCETS 30 GAUGE <sup>MM</sup>	2	
SURE COMFORT LANCING PEN	2	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	2	
SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
SURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE-FINE PEN NEEDLES 31 GAUGE X 3/16" <sup>MM</sup>	2	
SURE-FINE PEN NEEDLES 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
SURE-LANCE <sup>MM</sup>	2	
SURE-LANCE 26 GAUGE <sup>MM</sup>	2	
SURE-LANCE 28 GAUGE <sup>MM</sup>	2	
SURE-LANCE ULTRA THIN 30 GAUGE <sup>MM</sup>	2	
SURE-PEN LANCING DEVICE	3	
SURE-TEST EASYPLUS MINI METER <sup>MM</sup>	3	ST
SURE-TEST EASYPLUS MINI SOLUTION <sup>MM</sup>	3	
SURE-TEST EASYPLUS MINI STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
SURE-TOUCH LANCET <sup>MM</sup>	3	
SUREFLEX LANCING DEVICE	3	
SUREFLEX LANCING DEVICE WITH LANCETS KIT <sup>MM</sup>	3	
SURGUARD2 SAFETY 1 ML 25 GAUGE X 5/8" SYRINGE	2	
SURGUARD2 SAFETY 1 ML 26 GAUGE X 3/8" SYRINGE	2	
SURGUARD2 SAFETY 1 ML 27 GAUGE X 1/2" SYRINGE	2	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 18 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 19 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 19 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 20 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 22 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 22 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 25 GAUGE X 5/8" NEEDLE	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SURGUARD2 SAFETY 26 GAUGE X 1/2" NEEDLE	2	
SURGUARD2 SAFETY 27 GAUGE X 1/2" NEEDLE	2	
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 21 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 23 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 25 GAUGE X 5/8" SYRINGE	2	
SURGUARD2 SAFETY 30 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 5 ML 21 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY SYRINGE 10 ML 21 GAUGE X 1 1/2"	2	
SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2"	2	
SURGUARD2 SAFETY SYRINGE 3 ML 25 GAUGE X 1"	2	
SURVANTA 25 MG/ML INTRATRACHEAL SUSPENSION	3	
SUSTIVA 200 MG CAPSULE <sup>MM</sup>	3	QL(120 per 30 days)
SUSTIVA 50 MG CAPSULE <sup>MM</sup>	3	QL(480 per 30 days)
SUSTIVA 600 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
SUSTOL 10 MG/0.4 ML LIQUID,EXTENDED RELEASE SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(1.6 per 28 days)
SUTAB 1.479-0.188-0.225 GRAM TABLET	3	ST
SUTENT 12.5 MG CAPSULE <sup>LD,DL,SP</sup>	*	PA,QL(28 per 28 days)
SUTENT 25 MG CAPSULE <sup>LD,DL,SP</sup>	*	PA,QL(28 per 28 days)
SUTENT 37.5 MG CAPSULE <sup>LD,DL,SP</sup>	*	PA,QL(28 per 28 days)
SUTENT 50 MG CAPSULE <sup>LD,DL,SP</sup>	*	PA,QL(28 per 28 days)
syeda 3 mg-0.03 mg tablet <sup>MM</sup>	1	
symax fastabs 0.125 mg disintegrating tablet <sup>MM</sup>	1	
symax-sl 0.125 mg sublingual tablet <sup>MM</sup>	1	
symax-sr 0.375 mg tablet,extended release <sup>MM</sup>	1	
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <sup>MM</sup>	2	QL(10.2 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <sup>MM</sup>	2	QL(10.2 per 30 days)
SYMBYAX 12 MG-50 MG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
SYMBYAX 3 MG-25 MG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
SYMBYAX 6 MG-25 MG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
SYMBYAX 6 MG-50 MG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
SYMFI 600 MG-300 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
SYMJEPI 0.15 MG/0.3 ML INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS)	2	QL(4 per 30 days)
SYMJEPI 0.3 MG/0.3 ML INJECTION SYRINGE	2	QL(4 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	QL(10.5 per 28 days)
SYMPAZAN 10 MG ORAL FILM <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SYMPAZAN 20 MG ORAL FILM <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SYMPAZAN 5 MG ORAL FILM <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
SYMPROIC 0.2 MG TABLET	3	PA,QL(30 per 30 days)
SYMTOZA 800 MG-150 MG-200 MG-10 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
SYNALAR 0.01 % TOPICAL SOLUTION	3	
SYNALAR 0.025 % TOPICAL CREAM	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SYNALAR 0.025 % TOPICAL OINTMENT	3	
SYNAREL 2 MG/ML NASAL SPRAY <sup>DL,SP</sup>	*	PA,QL(32 per 25 days)
SYNDROS 5 MG/ML ORAL SOLUTION <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
SYNERA 70 MG-70 MG PATCH	3	PA
SYNJARDY 12.5 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
SYNJARDY 12.5 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
SYNJARDY 5 MG-1,000 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
SYNJARDY 5 MG-500 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
SYNTHROID 100 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 112 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 125 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 137 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 150 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 175 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 200 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 25 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 300 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 50 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 75 MCG TABLET <sup>MM</sup>	2	
SYNTHROID 88 MCG TABLET <sup>MM</sup>	2	
SYPRINE 250 MG CAPSULE <sup>DL,SP</sup>	*	PA
SYRINGE (DISPOSABLE) 30 ML	3	
SYRINGE (DISPOSABLE) 5 ML	3	
SYRINGE (DISPOSABLE) 60 ML	3	
SYRINGE (REUSABLE) 3 ML	3	
SYRINGE WITH NEEDLE, SAFETY 1 ML 25 GAUGE X 5/8"	3	
SYRINGE WITH NEEDLE, SAFETY 3 ML 22 GAUGE X 1"	3	
TABLOID 40 MG TABLET	3	QL(360 per 30 days)
TABRECTA 150 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(112 per 28 days)
TABRECTA 200 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(112 per 28 days)
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT	3	PA,QL(60 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION <sup>DL,SP</sup>	*	PA,QL(420 per 30 days)
tacrolimus 0.03 % topical ointment	1	
tacrolimus 0.1 % topical ointment	1	
tacrolimus 0.5 mg capsule, immediate-release <sup>MM</sup>	1	
tacrolimus 1 mg capsule, immediate-release <sup>MM</sup>	1	
tacrolimus 5 mg capsule, immediate-release <sup>MM</sup>	1	QL(180 per 30 days)
tadalafil 20 mg tablet (pulmonary hypertension) <sup>MM</sup>	1	PA,QL(60 per 30 days)
TADLIQ 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
TAFINLAR 50 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
tafluprost (pf) 0.0015 % eye drops in a dropperette <sup>MM</sup>	3	ST,QL(30 per 30 days)
TAGRISSO 40 MG TABLET <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
TAGRISSO 80 MG TABLET <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TALICIA 10 MG-250 MG-12.5 MG CAPSULE,IMMEDIATE - DELAY RELEASE	3	QL(168 per 30 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS <sup>LD,DL,MM,SP</sup>	*	PA,QL(18 per 365 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS <sup>LD,DL,MM,SP</sup>	*	PA,QL(18 per 365 days)
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS <sup>LD,DL,MM,SP</sup>	*	PA,QL(18 per 365 days)
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS <sup>LD,DL,MM,SP</sup>	*	PA,QL(18 per 365 days)
TALZENNA 0.25 MG CAPSULE <sup>LD,DL,SP</sup>	*	PA,QL(90 per 30 days)
TALZENNA 0.5 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
TALZENNA 0.75 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
TALZENNA 1 MG CAPSULE <sup>LD,DL,SP</sup>	*	PA,QL(30 per 30 days)
TAMIFLU 30 MG CAPSULE	3	QL(224 per 365 days)
TAMIFLU 45 MG CAPSULE	3	QL(112 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION	3	QL(1440 per 365 days)
TAMIFLU 75 MG CAPSULE	3	QL(112 per 365 days)
tamoxifen 10 mg tablet <sup>MM</sup>	1	
tamoxifen 20 mg tablet <sup>MM</sup>	1	
tamsulosin 0.4 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
TANDEM PLUS 162 MG-115.2 MG (106 MG)-1 MG CAPSULE	3	
TAPAZOLE 10 MG TABLET <sup>MM</sup>	3	
TAPAZOLE 5 MG TABLET <sup>MM</sup>	3	
taperdex 1.5 mg (21 tabs) tablets in a dose pack	1	
taperdex 1.5 mg (27 tabs) tablets in a dose pack	1	
taperdex 1.5 mg (49 tabs) tablets in a dose pack	1	
TARCEVA 100 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
TARCEVA 150 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
TARCEVA 25 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
TARGADOX 50 MG TABLET <sup>DL,SP</sup>	*	ST,QL(180 per 30 days)
TARGRETIN 1 % TOPICAL GEL <sup>DL,SP</sup>	*	PA
TARGRETIN 75 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <sup>MM</sup>	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <sup>MM</sup>	1	
TARKA 2 MG-180 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	3	
TARKA 2 MG-240 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	3	
TARKA 4 MG-240 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	3	
TARPEYO 4 MG CAPSULE,DELAYED RELEASE <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
TASCENSO ODT 0.25 MG DISINTEGRATING TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
TASIGNA 150 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
TASIGNA 200 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
TASIGNA 50 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
TASMAR 100 MG TABLET <sup>MM</sup>	3	PA,QL(90 per 30 days)
TAVALISSE 100 MG TABLET <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
TAVALISSE 150 MG TABLET <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
TAVNEOS 10 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
taysofy 1 mg-20 mcg (24)/75 mg (4) capsule <sup>MM</sup>	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE <sup>MM</sup>	2	
tazarotene 0.05 % topical gel	1	PA
tazarotene 0.1 % topical cream	1	PA
tazarotene 0.1 % topical foam	3	PA
tazarotene 0.1 % topical gel	1	PA
TAZORAC 0.05 % TOPICAL CREAM	3	PA

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TAZORAC 0.05 % TOPICAL GEL	3	PA
TAZORAC 0.1 % TOPICAL CREAM	3	PA
TAZORAC 0.1 % TOPICAL GEL	3	PA
taztia xt 120 mg capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
taztia xt 180 mg capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
taztia xt 240 mg capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
taztia xt 300 mg capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
taztia xt 360 mg capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
TAZVERIK 200 MG TABLET <sup>DL,MM,SP</sup>	*	PA
TD GOLD BLOOD GLUCOSE MONITOR <sup>MM</sup>	3	ST
TD GOLD LEVEL 1 CONTROL SOLUTION <sup>MM</sup>	3	
TD GOLD LEVEL 2 CONTROL SOLUTION <sup>MM</sup>	3	
TD GOLD LEVEL 3 CONTROL SOLUTION <sup>MM</sup>	3	
TD GOLD TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
TD GOLD VOICE GLUCOSE MONITOR <sup>MM</sup>	3	ST
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1	
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE <sup>LD,DL,SP</sup>	*	PA,QL(60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE <sup>LD,DL,MM,SP</sup>	*	PA,QL(14 per 30 days)
TECFIDERA 240 MG CAPSULE,DELAYED RELEASE <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64" <sup>MM</sup>	2	
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
TECHLITE LANCETS 25 GAUGE <sup>MM</sup>	3	
TECHLITE LANCETS 28 GAUGE <sup>MM</sup>	2	
TECHLITE LANCETS 30 GAUGE <sup>MM</sup>	2	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
TECHLITE PEN NEEDLE 29 GAUGE X 3/8" <sup>MM</sup>	2	
TECHLITE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
TECHLITE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
TECHLITE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
TECHLITE PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	2	
TECHLITE PEN NEEDLE 32 GAUGE X 5/16" <sup>MM</sup>	2	
TECHLITE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
TEGRETOL 100 MG/5 ML ORAL SUSPENSION <sup>MM</sup>	3	
TEGRETOL 200 MG TABLET <sup>MM</sup>	3	
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(120 per 30 days)
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(120 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(120 per 30 days)
TEGSEDI 284 MG/1.5 ML SUBCUTANEOUS SYRINGE <sup>DL,MM,SP</sup>	*	PA,QL(6 per 28 days)
TEKTURNA 150 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TEKTURNA 300 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TEKTURNA HCT 150 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TEKTURNA HCT 300 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TEKTURNA HCT 300 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TELCARE BGM KIT <sup>MM</sup>	3	ST
TELCARE BLOOD GLUCOSE KIT <sup>MM</sup>	3	ST
TELCARE CONTROL SOLUTION <sup>MM</sup>	3	
TELCARE LANCETS 30 GAUGE <sup>MM</sup>	3	
TELCARE TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
telmisartan 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
telmisartan 40 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
telmisartan 40 mg-amlodipine 10 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
telmisartan 40 mg-amlodipine 5 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
telmisartan 80 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
telmisartan 80 mg-amlodipine 10 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
telmisartan 80 mg-amlodipine 5 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	ST,QL(60 per 30 days)
telmisartan 80 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	ST,QL(30 per 30 days)
temazepam 15 mg capsule <sup>DL</sup>	1	QL(30 per 30 days)
temazepam 22.5 mg capsule <sup>DL</sup>	1	QL(30 per 30 days)
temazepam 30 mg capsule <sup>DL</sup>	1	QL(30 per 30 days)
temazepam 7.5 mg capsule <sup>DL</sup>	1	QL(30 per 30 days)
TEMBEXA 10 MG/ML ORAL SUSPENSION	3	QL(40 per 14 days)
TEMBEXA 100 MG TABLET	3	QL(4 per 14 days)
TEMIXYS 300 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
TEMODAR 100 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
TEMODAR 140 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
TEMODAR 180 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
TEMODAR 20 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(270 per 30 days)
TEMODAR 250 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(10 per 30 days)
TEMOVATE 0.05 % TOPICAL CREAM	3	ST
TEMOVATE 0.05 % TOPICAL OINTMENT	3	ST
temozolomide 100 mg capsule <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
temozolomide 140 mg capsule <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
temozolomide 180 mg capsule <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
temozolomide 20 mg capsule <sup>DL,SP</sup>	*	PA,QL(270 per 30 days)
temozolomide 250 mg capsule <sup>DL,SP</sup>	*	PA,QL(10 per 30 days)
temozolomide 5 mg capsule <sup>DL,SP</sup>	*	PA,QL(90 per 30 days)
tencon 50 mg-325 mg tablet	1	QL(180 per 30 days)
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE	3	
tenofovir disoproxil fumarate 300 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
TENORETIC 100 100 MG-25 MG TABLET <sup>MM</sup>	3	
TENORETIC 50 50 MG-25 MG TABLET <sup>MM</sup>	3	

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TENORMIN 100 MG TABLET <sup>MM</sup>	3	
TENORMIN 25 MG TABLET <sup>MM</sup>	3	
TENORMIN 50 MG TABLET <sup>MM</sup>	3	
TEPMETKO 225 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
terazosin 1 mg capsule <sup>MM</sup>	1	
terazosin 10 mg capsule <sup>MM</sup>	1	
terazosin 2 mg capsule <sup>MM</sup>	1	
terazosin 5 mg capsule <sup>MM</sup>	1	
terbutaline 2.5 mg tablet <sup>MM</sup>	1	
terbutaline 5 mg tablet <sup>MM</sup>	1	
terconazole 0.4 % vaginal cream	1	
terconazole 0.8 % vaginal cream	1	
terconazole 80 mg vaginal suppository	1	
TERIPARATIDE 20 MCG/DOSE (620 MCG/2.48 ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(2.48 per 30 days)
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2 <sup>MM</sup>	2	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8 <sup>MM</sup>	2	
TESSALON PERLES 100 MG CAPSULE	3	
TEST N'GO BLOOD GLUCOSE SYSTEM <sup>MM</sup>	3	ST
TEST N'GO TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL <sup>MM</sup>	3	PA,QL(300 per 30 days)
TESTOPEL 75 MG IMPLANT PELLETT <sup>MM</sup>	3	PA,QL(12 per 180 days)
testosterone 1 % (25 mg/2.5 gram) transdermal gel packet <sup>MM</sup>	1	PA,QL(300 per 30 days)
testosterone 1 % (50 mg/5 gram) transdermal gel packet <sup>MM</sup>	1	PA,QL(300 per 30 days)
testosterone 1.62 % (20.25 mg/1.25 gram) transdermal gel packet <sup>MM</sup>	1	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) transdermal gel packet <sup>MM</sup>	1	PA,QL(150 per 30 days)
testosterone 10 mg/0.5 gram/actuation transdermal gel pump <sup>MM</sup>	1	PA,QL(120 per 30 days)
testosterone 12.5 mg/1.25 gram per actuation (1%) transdermal gel pump <sup>MM</sup>	1	PA,QL(300 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) transdermal gel pump <sup>MM</sup>	1	PA,QL(150 per 30 days)
testosterone 30 mg/actuation (1.5 ml) transderm solution metered pump <sup>MM</sup>	1	PA,QL(180 per 30 days)
testosterone 50 mg/5 gram (1 %) transdermal gel <sup>MM</sup>	1	PA,QL(300 per 30 days)
testosterone cypionate 100 mg/ml intramuscular oil <sup>MM</sup>	1	QL(24 per 90 days)
testosterone cypionate 200 mg/ml intramuscular oil <sup>MM</sup>	1	QL(24 per 90 days)
testosterone enanthate 200 mg/ml intramuscular oil	1	QL(24 per 90 days)
TESTRED 10 MG CAPSULE <sup>DL,MM,SP</sup>	*	
tetrabenazine 12.5 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
tetrabenazine 25 mg tablet <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
tetracycline 250 mg capsule	1	
tetracycline 500 mg capsule	1	
TEXACORT 2.5 % TOPICAL SOLUTION	3	
THALITONE 15 MG TABLET <sup>MM</sup>	3	
THALOMID 100 MG CAPSULE <sup>LD,DL,MM</sup>	3	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE <sup>LD,DL,MM</sup>	3	PA,QL(60 per 30 days)
THALOMID 200 MG CAPSULE <sup>LD,DL,MM</sup>	3	PA,QL(30 per 30 days)
THALOMID 50 MG CAPSULE <sup>LD,DL,MM</sup>	3	PA,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
THEO-24 100 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
THEO-24 200 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
THEO-24 300 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
THEO-24 400 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	
theophylline 80 mg/15 ml oral elixir <sup>MM</sup>	1	
theophylline 80 mg/15 ml oral solution <sup>MM</sup>	1	
theophylline er 300 mg tablet,extended release,12 hr <sup>MM</sup>	1	
theophylline er 400 mg tablet,extended release 24 hr <sup>MM</sup>	1	
theophylline er 450 mg tablet,extended release,12 hr <sup>MM</sup>	1	
theophylline er 600 mg tablet,extended release 24 hr <sup>MM</sup>	1	
THIN LANCETS 26 GAUGE <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1 ML 30 GAUGE X 3/8" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" <sup>MM</sup>	2	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8" <sup>MM</sup>	2	
THIOLA 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA
THIOLA EC 100 MG TABLET,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	PA
THIOLA EC 300 MG TABLET,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	PA
thioridazine 10 mg tablet <sup>MM</sup>	1	
thioridazine 100 mg tablet <sup>MM</sup>	1	
thioridazine 25 mg tablet <sup>MM</sup>	1	
thioridazine 50 mg tablet <sup>MM</sup>	1	
thiothixene 1 mg capsule <sup>MM</sup>	1	
thiothixene 10 mg capsule <sup>MM</sup>	1	
thiothixene 2 mg capsule <sup>MM</sup>	1	
thiothixene 5 mg capsule <sup>MM</sup>	1	
THRESHOLD IMT TRAINER DEVICE	3	
THRESHOLD PEP DEVICE	3	
THYQUIDITY 20 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	
tiadylt er 120 mg capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
tiadylt er 180 mg capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
tiadylt er 240 mg capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
tiadylt er 300 mg capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
tiadylt er 360 mg capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
tiadylt er 420 mg capsule,extended release <sup>MM</sup>	1	QL(30 per 30 days)
tiagabine 12 mg tablet <sup>DL,MM,SP</sup>	*	QL(140 per 30 days)
tiagabine 16 mg tablet <sup>DL,MM,SP</sup>	*	QL(105 per 30 days)
tiagabine 2 mg tablet <sup>DL,MM,SP</sup>	*	QL(840 per 30 days)
tiagabine 4 mg tablet <sup>DL,MM,SP</sup>	*	QL(120 per 30 days)
TIAZAC 120 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
TIAZAC 180 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
TIAZAC 240 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
THIAZAC 300 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
THIAZAC 360 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
THIAZAC 420 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
TIBSOVO 250 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
TIGAN 300 MG CAPSULE	3	
TIGLUTIK 50 MG/10 ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(600 per 30 days)
TIKOSYN 125 MCG CAPSULE <sup>MM</sup>	3	QL(240 per 30 days)
TIKOSYN 250 MCG CAPSULE <sup>MM</sup>	3	QL(120 per 30 days)
TIKOSYN 500 MCG CAPSULE <sup>MM</sup>	3	QL(60 per 30 days)
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <sup>MM</sup>	1	
timolol 10 mg tablet <sup>MM</sup>	1	
timolol 20 mg tablet <sup>MM</sup>	1	
timolol 5 mg tablet <sup>MM</sup>	1	
timolol maleate (pf) 0.25 % eye drops in a dropperette <sup>MM</sup>	1	
timolol maleate (pf) 0.5 % eye drops in a dropperette <sup>MM</sup>	1	
timolol maleate 0.25 % eye drops <sup>MM</sup>	1	QL(25 per 90 days)
timolol maleate 0.25 % eye gel forming solution <sup>MM</sup>	1	
timolol maleate 0.5 % eye drops <sup>MM</sup>	1	QL(25 per 90 days)
timolol maleate 0.5 % eye gel forming solution <sup>MM</sup>	1	QL(5 per 50 days)
timolol maleate 0.5 % once daily eye drops <sup>MM</sup>	1	
TIMOPTIC 0.25 % EYE DROPS <sup>MM</sup>	3	QL(25 per 90 days)
TIMOPTIC 0.5 % EYE DROPS <sup>MM</sup>	3	QL(25 per 90 days)
TIMOPTIC OCUDOSE (PF) 0.25 % EYE DROPS IN A DROPPERETTE <sup>MM</sup>	3	
TIMOPTIC OCUDOSE (PF) 0.5 % EYE DROPS IN A DROPPERETTE <sup>MM</sup>	3	
TIMOPTIC-XE 0.25 % EYE GEL <sup>MM</sup>	3	
TIMOPTIC-XE 0.5 % EYE GEL <sup>MM</sup>	3	QL(5 per 50 days)
tinidazole 250 mg tablet	1	
tinidazole 500 mg tablet	1	
tiopronin 100 mg tablet <sup>DL,MM,SP</sup>	*	PA
TIROSINT 100 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT 112 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT 125 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT 13 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT 137 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT 150 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT 175 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT 200 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT 25 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT 50 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT 75 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT 88 MCG CAPSULE <sup>MM</sup>	3	ST
TIROSINT-SOL 100 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 112 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 125 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 13 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 137 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 150 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 175 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 200 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TIROSINT-SOL 25 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 37.5 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 44 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 50 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 62.5 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 75 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIROSINT-SOL 88 MCG/ML ORAL SOLUTION <sup>MM</sup>	3	ST
TIS-U-SOL PENTALYTE 800-40-20-8.75-6.25 MG/100 ML IRRIGATION SOLUTION	3	
TIVICAY 10 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
TIVICAY 25 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
TIVICAY 50 MG TABLET <sup>MM,SP</sup>	*	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION <sup>MM,SP</sup>	*	QL(180 per 30 days)
TIVORBEX 20 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(90 per 30 days)
tizanidine 2 mg capsule <sup>MM</sup>	1	ST
tizanidine 2 mg tablet <sup>MM</sup>	1	
tizanidine 4 mg capsule <sup>MM</sup>	1	ST
tizanidine 4 mg tablet <sup>MM</sup>	1	
tizanidine 6 mg capsule <sup>MM</sup>	1	ST
TLANDO 112.5 MG CAPSULE <sup>MM</sup>	3	PA,QL(120 per 30 days)
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION <sup>LD,DL,MM,SP</sup>	*	PA,QL(280 per 28 days)
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE <sup>LD,DL,MM,SP</sup>	*	PA,QL(224 per 28 days)
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION	3	
tobramycin 0.3 % eye drops	1	
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension	1	
tobramycin 300 mg/4 ml solution for nebulization <sup>DL,MM,SP</sup>	*	PA,QL(224 per 28 days)
tobramycin 300 mg/5 ml in 0.225 % sodium chloride for nebulization <sup>DL,MM,SP</sup>	*	PA,QL(280 per 28 days)
tobramycin with nebulizer 300 mg/5 ml solution for nebulization <sup>DL,MM,SP</sup>	*	PA,QL(280 per 28 days)
TOBREX 0.3 % EYE DROPS	3	
TOBREX 0.3 % EYE OINTMENT	3	
TOLAK 4 % TOPICAL CREAM	3	
tolcapone 100 mg tablet <sup>MM</sup>	1	PA,QL(90 per 30 days)
tolmetin 200 mg tablet	1	
tolmetin 600 mg tablet	1	
TOLSURA 65 MG ORAL SOLID DISPERSION CAPSULE <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
tolterodine 1 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
tolterodine 2 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
tolterodine er 2 mg capsule,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
tolterodine er 4 mg capsule,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)
tolvaptan 15 mg tablet <sup>DL,MM,SP</sup>	*	QL(60 per 30 days)
tolvaptan 30 mg tablet <sup>DL,MM,SP</sup>	*	QL(60 per 30 days)
TOOMEY SYRINGE 70 ML	3	
TOPAMAX 100 MG TABLET <sup>MM</sup>	3	ST,QL(120 per 30 days)
TOPAMAX 15 MG SPRINKLE CAPSULE <sup>MM</sup>	3	QL(120 per 30 days)
TOPAMAX 200 MG TABLET <sup>MM</sup>	3	ST,QL(120 per 30 days)
TOPAMAX 25 MG SPRINKLE CAPSULE <sup>MM</sup>	3	QL(180 per 30 days)
TOPAMAX 25 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
TOPAMAX 50 MG TABLET <sup>MM</sup>	3	ST,QL(120 per 30 days)
TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 0.3 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 0.3 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE ULTRA COMFORT 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TOPCARE UNIVERSAL1 LANCET <sup>MM</sup>	2	
TOPCARE UNIVERSAL1 LANCET 33 GAUGE <sup>MM</sup>	2	
TOPICORT 0.05 % TOPICAL CREAM	3	ST
TOPICORT 0.05 % TOPICAL GEL	3	ST
TOPICORT 0.05 % TOPICAL OINTMENT	3	ST
TOPICORT 0.25 % TOPICAL CREAM	3	ST
TOPICORT 0.25 % TOPICAL OINTMENT	3	ST
TOPICORT 0.25 % TOPICAL SPRAY	3	ST
topiramate 100 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
topiramate 15 mg sprinkle capsule <sup>MM</sup>	1	QL(120 per 30 days)
topiramate 200 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
topiramate 25 mg sprinkle capsule <sup>MM</sup>	1	QL(180 per 30 days)
topiramate 25 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
topiramate 50 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
topiramate xr 100 mg capsule sprinkle,extended release 24 hr <sup>MM</sup>	1	PA,QL(30 per 30 days)
topiramate xr 150 mg capsule sprinkle,extended release 24 hr <sup>MM</sup>	1	PA,QL(60 per 30 days)
topiramate xr 200 mg capsule sprinkle,extended release 24 hr <sup>MM</sup>	1	PA,QL(60 per 30 days)
topiramate xr 25 mg capsule sprinkle,extended release 24 hr <sup>MM</sup>	1	PA,QL(90 per 30 days)
topiramate xr 50 mg capsule sprinkle,extended release 24 hr <sup>MM</sup>	1	PA,QL(30 per 30 days)
TOPROL XL 100 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
TOPROL XL 200 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
TOPROL XL 25 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(90 per 30 days)
TOPROL XL 50 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
toremifene 60 mg tablet <sup>DL,MM,SP</sup>	*	QL(30 per 30 days)
torsemide 10 mg tablet <sup>MM</sup>	1	
torsemide 100 mg tablet <sup>MM</sup>	1	
torsemide 20 mg tablet <sup>MM</sup>	1	
torsemide 5 mg tablet <sup>MM</sup>	1	
TOSYMRA 10 MG/ACTUATION NASAL SPRAY <sup>DL,SP</sup>	*	ST,QL(12 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN <sup>MM</sup>	2	
tovet emollient 0.05 % topical foam	1	ST
TOVIAZ 4 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
TOVIAZ 8 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRACLEER 125 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
TRACLEER 62.5 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
TRADJENTA 5 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
tramadol 100 mg tablet <sup>DL</sup>	1	QL(120 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
tramadol 37.5 mg-acetaminophen 325 mg tablet <sup>DL</sup>	1	QL(240 per 30 days)
tramadol 5 mg/ml oral solution <sup>DL,SP</sup>	*	PA,QL(2400 per 30 days)
tramadol 50 mg tablet <sup>DL</sup>	1	QL(240 per 30 days)
tramadol er 100 mg capsule 24h,extended release(25-75) <sup>DL</sup>	1	ST,QL(30 per 30 days)
tramadol er 100 mg tablet,extended release 24 hr <sup>DL</sup>	1	QL(30 per 30 days)
tramadol er 100 mg tablet,extended release 24hr mphase <sup>DL</sup>	1	QL(30 per 30 days)
tramadol er 200 mg capsule 24h,extended release(25-75) <sup>DL</sup>	1	ST,QL(30 per 30 days)
tramadol er 200 mg tablet,extended release 24 hr <sup>DL</sup>	1	QL(30 per 30 days)
tramadol er 200 mg tablet,extended release 24hr mphase <sup>DL</sup>	1	QL(30 per 30 days)
tramadol er 300 mg capsule 24 hr,extended release <sup>DL</sup>	1	ST,QL(30 per 30 days)
tramadol er 300 mg tablet,extended release 24 hr <sup>DL</sup>	1	QL(30 per 30 days)
tramadol er 300 mg tablet,extended release 24hr mphase <sup>DL</sup>	1	QL(30 per 30 days)
trandolapril 1 mg tablet <sup>MM</sup>	1	
trandolapril 1 mg-verapamil er 240 mg tablet,immed-exten release 24 hr <sup>MM</sup>	1	
trandolapril 2 mg tablet <sup>MM</sup>	1	
trandolapril 2 mg-verapamil er 180 mg tablet,immed-exten release 24 hr <sup>MM</sup>	1	
trandolapril 2 mg-verapamil er 240 mg tablet,immed-exten release 24 hr <sup>MM</sup>	1	
trandolapril 4 mg tablet <sup>MM</sup>	1	
trandolapril 4 mg-verapamil er 240 mg tablet,immed-exten release 24 hr <sup>MM</sup>	1	
tranexamic acid 650 mg tablet <sup>MM</sup>	1	QL(30 per 5 days)
TRANSDERM-SCOP 1 MG OVER 3 DAYS TRANSDERMAL PATCH	3	QL(10 per 30 days)
TRANXENE T-TAB 7.5 MG TABLET <sup>DL</sup>	3	
tranylcypramine 10 mg tablet <sup>MM</sup>	1	QL(270 per 30 days)
TRAVATAN Z 0.004 % EYE DROPS <sup>MM</sup>	3	ST,QL(2.5 per 25 days)
travoprost 0.004 % eye drops <sup>MM</sup>	1	QL(2.5 per 25 days)
trazodone 100 mg tablet <sup>MM</sup>	1	
trazodone 150 mg tablet <sup>MM</sup>	1	
trazodone 300 mg tablet <sup>MM</sup>	1	
trazodone 50 mg tablet <sup>MM</sup>	1	
TRECTOR 250 MG TABLET	3	
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <sup>MM</sup>	2	QL(60 per 30 days)
TREMFYA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM,SP</sup>	*	PA,QL(2 per 56 days)
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE <sup>MM,SP</sup>	*	PA,QL(2 per 56 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	2	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN <sup>MM</sup>	2	
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <sup>MM</sup>	2	
TRETIN-X 0.075 % TOPICAL CREAM	3	PA
tretinoin (antineoplastic) 10 mg capsule <sup>DL,SP</sup>	*	PA,QL(360 per 30 days)
tretinoin 0.01 % topical gel	1	PA
tretinoin 0.025 % topical cream	1	PA
tretinoin 0.025 % topical gel	1	PA
tretinoin 0.05 % topical cream	1	PA
tretinoin 0.05 % topical gel	1	PA
tretinoin 0.1 % topical cream	1	PA
tretinoin microspheres 0.04 % topical gel	1	PA
tretinoin microspheres 0.04 % topical gel with pump	1	PA
tretinoin microspheres 0.1 % topical gel	1	PA
tretinoin microspheres 0.1 % topical gel with pump	1	PA
TREXALL 10 MG TABLET <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TREXALL 15 MG TABLET <sup>MM</sup>	3	
TREXALL 5 MG TABLET <sup>MM</sup>	3	
TREXALL 7.5 MG TABLET <sup>MM</sup>	3	
TREXIMET 85 MG-500 MG TABLET	3	ST,QL(18 per 30 days)
TREZIX 320.5 MG-30 MG-16 MG CAPSULE <sup>DL</sup>	3	QL(300 per 30 days)
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM</sup>	1	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM</sup>	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <sup>MM</sup>	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM</sup>	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <sup>MM</sup>	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <sup>MM</sup>	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet <sup>MM</sup>	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <sup>MM</sup>	1	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM</sup>	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet <sup>MM</sup>	1	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM</sup>	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM</sup>	1	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <sup>MM</sup>	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet <sup>MM</sup>	1	
triamcinolone acetonide 0.025 % lotion	1	
triamcinolone acetonide 0.025 % topical cream	1	
triamcinolone acetonide 0.025 % topical ointment	1	
triamcinolone acetonide 0.05 % topical ointment	1	ST
triamcinolone acetonide 0.1 % dental paste	1	
triamcinolone acetonide 0.1 % lotion	1	
triamcinolone acetonide 0.1 % topical cream	1	
triamcinolone acetonide 0.1 % topical ointment	1	
triamcinolone acetonide 0.147 mg/gram topical aerosol <sup>DL,SP</sup>	*	ST
triamcinolone acetonide 0.5 % topical cream	1	
triamcinolone acetonide 0.5 % topical ointment	1	
triamterene 100 mg capsule <sup>MM</sup>	1	
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule <sup>MM</sup>	1	
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	
triamterene 50 mg capsule <sup>MM</sup>	1	
triamterene 75 mg-hydrochlorothiazide 50 mg tablet <sup>MM</sup>	1	
trianex 0.05 % topical ointment	1	ST
triazolam 0.125 mg tablet <sup>DL</sup>	1	QL(30 per 30 days)
triazolam 0.25 mg tablet <sup>DL</sup>	1	QL(30 per 30 days)
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRIBENZOR 40 MG-10 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRIBENZOR 40 MG-10 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRIBENZOR 40 MG-5 MG-12.5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRIBENZOR 40 MG-5 MG-25 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRICARE 27 MG IRON-1 MG TABLET <sup>MM</sup>	2	
tricon 110 mg-0.5 mg capsule	1	
TRICOR 145 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
TRICOR 48 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
triderm 0.1 % topical cream	1	
triderm 0.5 % topical cream	1	
TRIDESILON 0.05 % TOPICAL CREAM	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
trientine 250 mg capsule <sup>DL,SP</sup>	*	PA
trifluoperazine 1 mg tablet <sup>MM</sup>	1	
trifluoperazine 10 mg tablet <sup>MM</sup>	1	
trifluoperazine 2 mg tablet <sup>MM</sup>	1	
trifluoperazine 5 mg tablet <sup>MM</sup>	1	
trifluridine 1 % eye drops	1	
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule	1	
trihexyphenidyl 0.4 mg/ml oral elixir <sup>MM</sup>	1	
trihexyphenidyl 2 mg tablet <sup>MM</sup>	1	
trihexyphenidyl 5 mg tablet <sup>MM</sup>	1	
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(30 per 30 days)
TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <sup>MM</sup>	2	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(84 per 28 days)
TRIKAFTA 50-25-37.5 MG (D)/75 MG (N) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(84 per 28 days)
TRILEPTAL 150 MG TABLET <sup>MM</sup>	3	ST
TRILEPTAL 300 MG TABLET <sup>MM</sup>	3	ST
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION <sup>MM</sup>	3	
TRILEPTAL 600 MG TABLET <sup>MM</sup>	3	ST
TRILIPIX 135 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRILIPIX 45 MG CAPSULE,DELAYED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
trilyte with flavor packets 420 gram oral solution	1	
trimethobenzamide 300 mg capsule	1	
trimethoprim 100 mg tablet	1	
trimipramine 100 mg capsule <sup>MM</sup>	1	
trimipramine 25 mg capsule <sup>MM</sup>	1	
trimipramine 50 mg capsule <sup>MM</sup>	1	
trinatal rx 1 60 mg iron-1 mg tablet <sup>MM</sup>	1	
TRINATE 28 MG IRON-1 MG TABLET <sup>MM</sup>	2	
TRINTELLIX 10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRINTELLIX 20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TRINTELLIX 5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
triphrocaps 1 mg capsule	1	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE <sup>MM</sup>	3	
tritocin 0.05 % topical ointment	1	ST
TRIUMEQ 600 MG-50 MG-300 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION <sup>MM,SP</sup>	*	QL(180 per 30 days)
triveen-duo dha 29 mg-1 mg-400 mg oral pack <sup>MM</sup>	1	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet <sup>MM</sup>	1	
TRIZIVIR 300 MG-150 MG-300 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
TROKENDI XR 100 MG CAPSULE, EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
TROKENDI XR 50 MG CAPSULE, EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
TROPHAMINE 10 % INTRAVENOUS SOLUTION	3	
tropicamide 0.5 % eye drops	1	
tropicamide 1 % eye drops	1	
tropium 20 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
tropium er 60 mg capsule,extended release 24 hr <sup>MM</sup>	1	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY <sup>DL,SP</sup>	*	PA,QL(8 per 30 days)
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
TRUE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
TRUE COMFORT LANCET 30 GAUGE <sup>MM</sup>	2	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	2	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	2	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
TRUE COMFORT PEN NEEDLE 33 GAUGE X 1/4" <sup>MM</sup>	2	
TRUE COMFORT PEN NEEDLE 33 GAUGE X 3/16" <sup>MM</sup>	2	
TRUE COMFORT PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	2	
TRUE COMFORT PRO ALCOHOL PADS	3	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
TRUE COMFORT PRO INS SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
TRUE COMFORT PRO INS SYRINGE 1 ML 32 GAUGE X 5/16" <sup>MM</sup>	2	
TRUE COMFORT PRO INS SYRINGE 1/2 ML 32 GAUGE X 5/16" <sup>MM</sup>	2	
TRUE METRIX AIR GLUCOSE METER <sup>MM</sup>	2	
TRUE METRIX AIR GLUCOSE METER KIT <sup>MM</sup>	2	
TRUE METRIX GLUCOSE METER <sup>MM</sup>	2	
TRUE METRIX GLUCOSE METER KIT <sup>MM</sup>	2	
TRUE METRIX GLUCOSE TEST STRIP <sup>MM</sup>	2	QL(150 per 30 days)
TRUE METRIX GO GLUCOSE METER <sup>MM</sup>	2	
TRUE METRIX LEVEL 1 SOLUTION <sup>MM</sup>	3	
TRUE METRIX LEVEL 2 SOLUTION <sup>MM</sup>	3	
TRUE METRIX LEVEL 3 SOLUTION <sup>MM</sup>	3	
TRUE METRIX PRO TEST STRIP <sup>MM</sup>	2	QL(150 per 30 days)
TRUE2GO BLOOD GLUCOSE SYSTEM KIT <sup>MM</sup>	2	
TRUECONTROL LEVEL 0 SOLUTION <sup>MM</sup>	3	
TRUECONTROL LEVEL 1 SOLUTION <sup>MM</sup>	3	
TRUEDRAW LANCING DEVICE	3	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 0.3 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 0.3 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 0.5 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 1 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
TRUEPLUS INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
TRUEPLUS LANCETS 26 GAUGE <sup>MM</sup>	2	
TRUEPLUS LANCETS 28 GAUGE <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TRUEPLUS LANCETS 30 GAUGE <sup>MM</sup>	2	
TRUEPLUS LANCETS 33 GAUGE <sup>MM</sup>	2	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
TRUEPLUS PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
TRUEPLUS PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
TRUEPLUS PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
TRUEPLUS PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
TRUERESULT BLOOD GLUCOSE SYSTEM KIT <sup>MM</sup>	2	
TRUETEST TEST STRIPS <sup>MM</sup>	2	QL(150 per 30 days)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT <sup>MM</sup>	2	
TRUETRACK SMART SYSTEM KIT <sup>MM</sup>	2	
TRUETRACK TEST STRIPS <sup>MM</sup>	2	QL(150 per 30 days)
TRULANCE 3 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(2 per 28 days)
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(2 per 28 days)
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(2 per 28 days)
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(2 per 28 days)
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(21 per 28 days)
TRUSELTIQ 125MG/DAY(100 MG X1-25MG X1) CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(42 per 28 days)
TRUSELTIQ 50 MG/DAY (25 MG X 2) CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(42 per 28 days)
TRUSELTIQ 75 MG/DAY (25 MG X 3) CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(63 per 28 days)
TRUSOPT 2 % EYE DROPS <sup>MM</sup>	3	QL(10 per 30 days)
TRUVADA 100 MG-150 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
TRUVADA 133 MG-200 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
TRUVADA 167 MG-250 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
TRUVADA 200 MG-300 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
TRUZONE PEAK FLOW METER	3	
TUBERCULIN SYRINGE 1 ML 25 GAUGE X 1"	3	
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED <sup>MM</sup>	3	ST,QL(1 per 30 days)
TUKYSA 150 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
tulana 0.35 mg tablet <sup>MM</sup>	1	
TURALIO 200 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
TUSSICAPS 10 MG-8 MG CAPSULE,EXTENDED RELEASE	3	QL(60 per 30 days)
TUXARIN ER 8 MG-54.3 MG TABLET,EXTENDED RELEASE	3	QL(60 per 30 days)
TUZISTRA XR 14.7 MG-2.8 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE	3	
TWIRLA 120 MCG-30 MCG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(3 per 28 days)
TWIST LANCETS 30 GAUGE <sup>MM</sup>	2	
TWIST LANCETS 32 GAUGE <sup>MM</sup>	2	
TWYNEO 0.1 %-3 % TOPICAL CREAM	3	ST,QL(30 per 30 days)
TWYNSTA 40 MG-10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TWYNSTA 40 MG-5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TWYNSTA 80 MG-10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TWYNSTA 80 MG-5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET <sup>MM</sup>	3	
TYBOST 150 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet <sup>MM</sup>	1	
TYKERB 250 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR <sup>DL,MM,SP</sup>	*	PA,QL(1.56 per 30 days)
TYRVAYA 0.03 MG/SPRAY NASAL SPRAY <sup>MM</sup>	3	PA,QL(8.4 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <sup>DL,MM,SP</sup>	*	PA,QL(89.9 per 28 days)
TYVASO DPI 16 (112)-32 (112)-48 (28) MCG CARTRIDGE WITH INHALER <sup>DL,SP</sup>	*	PA,QL(252 per 28 days)
TYVASO DPI 16 MCG (112)-32 MCG (84) CARTRIDGE WITH INHALER <sup>DL,SP</sup>	*	PA,QL(196 per 28 days)
TYVASO DPI 16 MCG CARTRIDGE WITH INHALER <sup>DL,MM,SP</sup>	*	PA,QL(112 per 28 days)
TYVASO DPI 32 MCG CARTRIDGE WITH INHALER <sup>DL,MM,SP</sup>	*	PA,QL(112 per 28 days)
TYVASO DPI 32 MCG-48 MCG CARTRIDGE WITH INHALER <sup>DL,MM,SP</sup>	*	PA,QL(224 per 28 days)
TYVASO DPI 48 MCG CARTRIDGE WITH INHALER <sup>DL,MM,SP</sup>	*	PA,QL(112 per 28 days)
TYVASO DPI 64 MCG CARTRIDGE WITH INHALER <sup>DL,MM,SP</sup>	*	PA,QL(112 per 28 days)
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION <sup>DL,SP</sup>	*	PA,QL(89.9 per 28 days)
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <sup>DL,MM,SP</sup>	*	PA,QL(89.9 per 28 days)
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION <sup>DL,SP</sup>	*	PA,QL(89.9 per 28 days)
UBRELVY 100 MG TABLET	2	PA,QL(16 per 30 days)
UBRELVY 50 MG TABLET	2	PA,QL(16 per 30 days)
UCERIS 2 MG/ACTUATION RECTAL FOAM	3	PA
UCERIS 9 MG TABLET, EXTENDED RELEASE <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(1.2 per 28 days)
ULESFIA 5 % LOTION	3	
ULORIC 40 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ULORIC 80 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ULTI-LANCE KIT <sup>MM</sup>	3	
ULTI-LANCE MISC	3	
ULTICARE 0.3 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
ULTICARE 0.3 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
ULTICARE 0.5 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
ULTICARE 0.5 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
ULTICARE 1 ML 25 GAUGE X 5/8" SYRINGE	2	
ULTICARE 1 ML 30 GAUGE X 1/2" SYRINGE <sup>MM</sup>	2	
ULTICARE 1 ML 31 GAUGE X 5/16" SYRINGE <sup>MM</sup>	2	
ULTICARE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
ULTICARE INSULIN SYRINGE 1 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" <sup>MM</sup>	2	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTICARE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
ULTICARE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
ULTICARE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTICARE PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	2	
ULTICARE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16" <sup>MM</sup>	2	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 30 X 1/2" <sup>MM</sup>	2	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 31 X 5/16" <sup>MM</sup>	2	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 30 X 1/2" <sup>MM</sup>	2	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 31 X 5/16" <sup>MM</sup>	2	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 30 X 1/2" <sup>MM</sup>	2	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 31 X 5/16" <sup>MM</sup>	2	
ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 1/4"MM	2	
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 3/16"MM	2	
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 5/16"MM	2	
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 1/4"MM	2	
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 5/32"MM	2	
ULTILET BASIC LANCETS 30 GAUGE <sup>MM</sup>	2	
ULTILET CLASSIC LANCETS <sup>MM</sup>	2	
ULTILET CLASSIC LANCETS 28 GAUGE <sup>MM</sup>	2	
ULTILET CLASSIC LANCETS 30 GAUGE <sup>MM</sup>	2	
ULTILET CLASSIC LANCETS 33 GAUGE <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"MM	2	
ULTILET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	2	
ULTILET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	2	
ULTILET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	2	
ULTILET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	2	
ULTILET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"MM	2	
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE <sup>MM</sup>	2	
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	2	
ULTILET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	2	
ULTILET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	2	
ULTILET INSULIN SYRINGE 1/2 ML 29 <sup>MM</sup>	2	
ULTILET LANCETS 28 GAUGE <sup>MM</sup>	2	
ULTILET LANCETS 30 GAUGE <sup>MM</sup>	2	
ULTILET LANCETS 33 GAUGE <sup>MM</sup>	2	
ULTILET PEN NEEDLE 29 GAUGE <sup>MM</sup>	2	
ULTILET PEN NEEDLE 32 GAUGE X 5/32"MM	2	
ULTILET SAFETY LANCETS 23 GAUGE <sup>MM</sup>	2	
ULTIMA MONITOR <sup>MM</sup>	3	ST
ULTIMA TEST STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2"MM	2	
ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"MM	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"MM	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	2	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	2	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	2	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"MM	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"MM	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16"MM	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE <sup>MM</sup>	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"MM	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE <sup>MM</sup>	2	
ULTRA FINE LANCETS 30 GAUGE <sup>MM</sup>	2	
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRA FLO INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA FLO INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA FLO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
ULTRA FLO PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA FLO PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
ULTRA FLO PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	2	
ULTRA PRENATAL PLUS DHA 27 MG-800 MCG-250 MG-200 MG CAPSULE <sup>MM</sup>	2	
ULTRA THIN II LANCETS 30 GAUGE <sup>MM</sup>	2	
ULTRA THIN LANCETS <sup>MM</sup>	2	
ULTRA THIN LANCETS 28 GAUGE <sup>MM</sup>	2	
ULTRA THIN LANCETS 30 GAUGE <sup>MM</sup>	2	
ULTRA THIN LANCETS 31 GAUGE <sup>MM</sup>	2	
ULTRA THIN LANCETS 33 GAUGE <sup>MM</sup>	2	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
ULTRA THIN PLUS LANCETS 33 GAUGE <sup>MM</sup>	2	
ULTRA TLC LANCETS <sup>MM</sup>	2	
ULTRA-CARE LANCETS 30 GAUGE <sup>MM</sup>	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	3	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	3	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	3	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	3	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	3	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	3	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" <sup>MM</sup>	3	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" <sup>MM</sup>	3	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	3	
ULTRA-THIN II LANCETS 28 GAUGE <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
ULTRACARE PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
ULTRACARE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
ULTRACARE PEN NEEDLE 32 GAUGE X 1/4" <sup>MM</sup>	2	
ULTRACARE PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRACARE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
ULTRACARE PEN NEEDLE 33 GAUGE X 5/32" <sup>MM</sup>	2	
ULTRACET 37.5 MG-325 MG TABLET <sup>DL</sup>	3	QL(240 per 30 days)
ULTRALANCE LANCETS 26 GAUGE <sup>MM</sup>	2	
ULTRALANCE LANCETS 28 GAUGE <sup>MM</sup>	2	
ULTRAM 50 MG TABLET <sup>DL</sup>	3	QL(240 per 30 days)
ULTRATRAK GLUCOSE METER <sup>MM</sup>	3	ST
ULTRATRAK GLUCOSE METER KIT <sup>MM</sup>	3	ST
ULTRATRAK HIGH-LOW CONTROL SOLUTION <sup>MM</sup>	3	
ULTRATRAK NORMAL CONTROL SOLUTION <sup>MM</sup>	3	
ULTRATRAK STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ULTRATRAK ULTIMATE <sup>MM</sup>	3	ST
ULTRATRAK ULTIMATE SOLUTION <sup>MM</sup>	3	
ULTRATRAK ULTIMATE STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
ULTRAVATE 0.05 % LOTION	3	ST
UNIFINE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
UNIFINE PENTIPS 29 GAUGE NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE <sup>MM</sup>	2	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
UNIFINE SAFECONTROL 30 GAUGE X 3/16" NEEDLE <sup>MM</sup>	2	
UNIFINE SAFECONTROL 30 GAUGE X 5/16" NEEDLE <sup>MM</sup>	2	
UNIFINE SAFECONTROL 32 GAUGE X 5/32" NEEDLE <sup>MM</sup>	2	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 3/16" <sup>MM</sup>	2	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
UNIFINE ULTRA PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
UNILET COMFORTOUCH LANCET <sup>MM</sup>	2	
UNILET COMFORTOUCH LANCET 26 GAUGE <sup>MM</sup>	2	
UNILET EXCELITE II LANCET <sup>MM</sup>	3	
UNILET EXCELITE LANCET <sup>MM</sup>	3	
UNILET GP LANCET <sup>MM</sup>	2	
UNILET LANCET 28 GAUGE <sup>MM</sup>	2	
UNILET LANCET 33 GAUGE <sup>MM</sup>	2	
UNILET LANCETS 30 GAUGE <sup>MM</sup>	3	
UNILET SUPER THIN LANCETS 30 GAUGE <sup>MM</sup>	2	
UNISTIK 2 DEVICE KIT <sup>MM</sup>	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
UNISTIK 2 EXTRA KIT <sup>MM</sup>	2	
UNISTIK 2 NORMAL LANCET AND DEVICE KIT <sup>MM</sup>	2	
UNISTIK 3 COMFORT DEVICE KIT <sup>MM</sup>	3	
UNISTIK 3 COMFORT LANCET <sup>MM</sup>	2	
UNISTIK 3 EXTRA LANCET 21 GAUGE <sup>MM</sup>	2	
UNISTIK 3 GENTLE 30 GAUGE <sup>MM</sup>	3	
UNISTIK 3 KIT <sup>MM</sup>	3	
UNISTIK 3 LANCETS 21 GAUGE <sup>MM</sup>	2	
UNISTIK 3 NEONATAL DEVICE KIT <sup>MM</sup>	3	
UNISTIK 3 NEONATAL KIT <sup>MM</sup>	3	
UNISTIK 3 NORMAL LANCET 23 GAUGE <sup>MM</sup>	2	
UNISTIK COMFORT LANCETS 28 GAUGE <sup>MM</sup>	3	
UNISTIK CZT LANCET 23 GAUGE <sup>MM</sup>	2	
UNISTIK CZT LANCET 28 GAUGE <sup>MM</sup>	2	
UNISTIK EXTRA LANCETS 21 GAUGE <sup>MM</sup>	3	
UNISTIK NORMAL LANCETS 23 GAUGE <sup>MM</sup>	2	
UNISTIK PRO LANCET 21 GAUGE <sup>MM</sup>	2	
UNISTIK PRO LANCET 25 GAUGE <sup>MM</sup>	2	
UNISTIK PRO LANCET 28 GAUGE <sup>MM</sup>	2	
UNISTIK SAFETY 28 GAUGE <sup>MM</sup>	2	
UNISTIK SAFETY 30 GAUGE <sup>MM</sup>	2	
UNISTIK TOUCH LANCETS 21 GAUGE <sup>MM</sup>	2	
UNISTIK TOUCH LANCETS 23 GAUGE <sup>MM</sup>	2	
UNISTIK TOUCH LANCETS 28 GAUGE <sup>MM</sup>	2	
UNISTIK TOUCH LANCETS 30 GAUGE <sup>MM</sup>	2	
UNISTRIP HIGH CONTROL SOLUTION <sup>MM</sup>	3	
UNISTRIP LOW CONTROL SOLUTION <sup>MM</sup>	3	
UNISTRIP1 TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
UNITHROID 100 MCG TABLET <sup>MM</sup>	2	
UNITHROID 112 MCG TABLET <sup>MM</sup>	2	
UNITHROID 125 MCG TABLET <sup>MM</sup>	2	
UNITHROID 137 MCG TABLET <sup>MM</sup>	2	
UNITHROID 150 MCG TABLET <sup>MM</sup>	2	
UNITHROID 175 MCG TABLET <sup>MM</sup>	2	
UNITHROID 200 MCG TABLET <sup>MM</sup>	2	
UNITHROID 25 MCG TABLET <sup>MM</sup>	2	
UNITHROID 300 MCG TABLET <sup>MM</sup>	2	
UNITHROID 50 MCG TABLET <sup>MM</sup>	2	
UNITHROID 75 MCG TABLET <sup>MM</sup>	2	
UNITHROID 88 MCG TABLET <sup>MM</sup>	2	
UNIVERSAL 1 LANCETS 21 GAUGE <sup>MM</sup>	2	
UNIVERSAL 1 LANCETS 26 GAUGE <sup>MM</sup>	3	
UNIVERSAL 1 LANCETS 30 GAUGE <sup>MM</sup>	2	
UNIVERSAL 1 LANCETS 33 GAUGE <sup>MM</sup>	2	
UPNEEQ (PF) 0.1 % EYE DROPS IN A DROPPERETTE	3	PA,QL(30 per 30 days)
UPTRAVI 1,000 MCG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
UPTRAVI 1,200 MCG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
UPTRAVI 1,400 MCG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
UPTRAVI 1,600 MCG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	*	PA,QL(200 per 30 days)
UPTRAVI 200 MCG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
UPTRAVI 400 MCG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
UPTRAVI 600 MCG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
UPTRAVI 800 MCG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
UROCIT-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE <sup>MM</sup>	3	
UROCIT-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE <sup>MM</sup>	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET,EXTENDED RELEASE <sup>MM</sup>	3	
UROXATRAL 10 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
URSO 250 250 MG TABLET <sup>MM</sup>	3	
URSO FORTE 500 MG TABLET <sup>MM</sup>	3	
ursodiol 200 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
ursodiol 250 mg tablet <sup>MM</sup>	1	
ursodiol 300 mg capsule <sup>MM</sup>	1	
ursodiol 400 mg capsule <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ursodiol 500 mg tablet <sup>MM</sup>	1	
V-GO 20 DEVICE <sup>MM</sup>	3	PA
V-GO 30 DEVICE <sup>MM</sup>	3	PA
V-GO 40 DEVICE <sup>MM</sup>	3	PA
VAGIFEM 10 MCG VAGINAL TABLET <sup>MM</sup>	3	
valacyclovir 1 gram tablet <sup>MM</sup>	1	QL(90 per 30 days)
valacyclovir 500 mg tablet <sup>MM</sup>	1	QL(90 per 30 days)
VALCHLOR 0.016 % TOPICAL GEL <sup>DL,MM,SP</sup>	*	PA,QL(60 per 28 days)
VALCYTE 450 MG TABLET <sup>DL,MM,SP</sup>	*	QL(120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	QL(1056 per 30 days)
valganciclovir 450 mg tablet <sup>DL,MM,SP</sup>	*	QL(120 per 30 days)
valganciclovir 50 mg/ml oral solution <sup>DL,MM,SP</sup>	*	QL(1056 per 30 days)
VALIUM 10 MG TABLET <sup>DL</sup>	3	ST,QL(120 per 30 days)
VALIUM 2 MG TABLET <sup>DL</sup>	3	ST,QL(90 per 30 days)
VALIUM 5 MG TABLET <sup>DL</sup>	3	ST,QL(90 per 30 days)
valproic acid (as sodium salt) 250 mg/5 ml (5 ml) oral solution <sup>MM</sup>	1	
valproic acid (as sodium salt) 250 mg/5 ml oral solution <sup>MM</sup>	1	
valproic acid (as sodium salt) 500 mg/10 ml (10 ml) oral solution <sup>MM</sup>	1	
valproic acid 250 mg capsule <sup>MM</sup>	1	
valsartan 160 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
valsartan 160 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
valsartan 320 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
valsartan 320 mg-hydrochlorothiazide 25 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
VALSARTAN 4 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	ST,QL(2400 per 30 days)
valsartan 40 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
valsartan 80 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY <sup>DL,SP</sup>	*	QL(10 per 30 days)
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY <sup>DL,SP</sup>	*	QL(10 per 30 days)
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY <sup>DL,SP</sup>	*	QL(10 per 30 days)
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY <sup>DL,SP</sup>	*	QL(10 per 30 days)
VALTREX 1 GRAM TABLET <sup>MM</sup>	3	QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
VALTRES 500 MG TABLET <sup>MM</sup>	3	QL(90 per 30 days)
vanadom 350 mg tablet	1	QL(120 per 30 days)
vanatol lq 50 mg-325 mg-40 mg/15 ml oral solution <sup>DL,SP</sup>	*	QL(450 per 30 days)
vanatol s 50 mg-325 mg-40 mg/15 ml oral solution <sup>DL,SP</sup>	*	QL(450 per 30 days)
VANOCIN 125 MG CAPSULE	3	PA,QL(120 per 30 days)
VANOCIN 250 MG CAPSULE	3	PA,QL(240 per 30 days)
vancomycin 125 mg capsule	1	PA,QL(120 per 30 days)
vancomycin 250 mg capsule	1	PA,QL(240 per 30 days)
vancomycin 50 mg/ml oral solution	1	PA
VANDAZOLE 0.75 % (37.5 MG/5 GRAM) VAGINAL GEL	3	
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" <sup>MM</sup>	2	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2" <sup>MM</sup>	2	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2" <sup>MM</sup>	2	
VANOS 0.1 % TOPICAL CREAM	3	ST
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	3	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE	3	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION	3	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE	3	
VARUBI 90 MG TABLET <sup>DL,SP</sup>	*	PA,QL(4 per 28 days)
VASCEPA 0.5 GRAM CAPSULE <sup>MM</sup>	3	PA,QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE <sup>MM</sup>	3	PA,QL(120 per 30 days)
VASERETIC 10 MG-25 MG TABLET <sup>MM</sup>	3	
VASOTEC 10 MG TABLET <sup>MM</sup>	3	
VASOTEC 2.5 MG TABLET <sup>MM</sup>	3	
VASOTEC 20 MG TABLET <sup>MM</sup>	3	
VASOTEC 5 MG TABLET <sup>MM</sup>	3	
VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	3	
VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SYRINGE	3	
VAXNEUVANCE (PF) 0.5 ML INTRAMUSCULAR SYRINGE	3	
vecamyl 2.5 mg tablet	1	QL(300 per 30 days)
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT	3	PA,QL(800 per 28 days)
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <sup>MM</sup>	1	
VELPHORO 500 MG CHEWABLE TABLET <sup>DL,MM</sup>	3	ST
VELTASSA 16.8 GRAM ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VELTASSA 25.2 GRAM ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VELTASSA 8.4 GRAM ORAL POWDER PACKET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VELTIN 1.2 %-0.025 % TOPICAL GEL	3	ST
VEMLIDY 25 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VENCLEXTA 10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK <sup>DL,SP</sup>	*	PA,QL(42 per 28 days)
venlafaxine 100 mg tablet <sup>MM</sup>	1	
venlafaxine 25 mg tablet <sup>MM</sup>	1	
venlafaxine 37.5 mg tablet <sup>MM</sup>	1	
venlafaxine 50 mg tablet <sup>MM</sup>	1	
venlafaxine 75 mg tablet <sup>MM</sup>	1	
VENLAFAXINE BESYLATE ER 112.5 MG TABLET,EXTENDED RELEASE 24 HR <sup>MM</sup>	3	ST,QL(60 per 30 days)
venlafaxine er 150 mg capsule,extended release 24 hr <sup>MM</sup>	1	QL(60 per 30 days)
venlafaxine er 150 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
venlafaxine er 225 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
venlafaxine er 37.5 mg capsule,extended release 24 hr <sup>MM</sup>	1	QL(90 per 30 days)
venlafaxine er 37.5 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(30 per 30 days)
venlafaxine er 75 mg capsule,extended release 24 hr <sup>MM</sup>	1	QL(90 per 30 days)
venlafaxine er 75 mg tablet,extended release 24 hr <sup>MM</sup>	1	ST,QL(60 per 30 days)
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION <sup>DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	2	QL(36 per 30 days)
verapamil 120 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
verapamil 40 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
verapamil 80 mg tablet <sup>MM</sup>	1	QL(120 per 30 days)
verapamil er (pm) 100 mg capsule 24hr pellet ct,ext.release <sup>MM</sup>	1	QL(30 per 30 days)
verapamil er (pm) 200 mg capsule 24hr pellet ct,ext.release <sup>MM</sup>	1	QL(60 per 30 days)
verapamil er (pm) 300 mg capsule 24hr pellet ct,ext.release <sup>MM</sup>	1	QL(30 per 30 days)
verapamil er (sr) 120 mg tablet,extended release <sup>MM</sup>	1	QL(30 per 30 days)
verapamil er (sr) 180 mg tablet,extended release <sup>MM</sup>	1	QL(30 per 30 days)
verapamil er (sr) 240 mg tablet,extended release <sup>MM</sup>	1	QL(60 per 30 days)
verapamil er 120 mg 24 hr capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
verapamil er 180 mg 24 hr capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
verapamil er 240 mg 24 hr capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
verapamil er 360 mg 24 hr capsule,extended release <sup>MM</sup>	1	QL(60 per 30 days)
VERDESO 0.05 % TOPICAL FOAM <sup>DL,SP</sup>	*	
VEREGEN 15 % TOPICAL OINTMENT <sup>DL,SP</sup>	*	PA,QL(30 per 30 days)
VERELAN 120 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
VERELAN 180 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
VERELAN 240 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
VERELAN 360 MG CAPSULE,EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
VERELAN PM 100 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
VERELAN PM 300 MG CAPSULE, EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
VERIFINE PEN NEEDLE 31 GAUGE X 1/4" <sup>MM</sup>	2	
VERIFINE PEN NEEDLE 31 GAUGE X 5/16" <sup>MM</sup>	2	
VERIFINE PEN NEEDLE 32 GAUGE X 3/16" <sup>MM</sup>	2	
VERIFINE PEN NEEDLE 32 GAUGE X 5/32" <sup>MM</sup>	2	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION	3	
VERKAZIA 0.1 % EYE DROPS IN A DROPPERETTE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
VERQUVO 10 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
VERQUVO 2.5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
VERQUVO 5 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION <sup>MM</sup>	3	ST,QL(540 per 30 days)
VERZENIO 100 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
VERZENIO 150 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
VERZENIO 200 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
VERZENIO 50 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
VESICARE 10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
VESICARE 5 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
VESICARE LS 1 MG/ML ORAL SUSPENSION <sup>MM</sup>	3	ST,QL(300 per 30 days)
vestura (28) 3 mg-0.02 mg tablet <sup>MM</sup>	1	
VFEND 200 MG TABLET <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <sup>DL,SP</sup>	*	PA,QL(400 per 30 days)
VFEND 50 MG TABLET <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
VIBERZI 100 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
VIBERZI 75 MG TABLET <sup>MM</sup>	3	PA,QL(60 per 30 days)
VIBRAMYCIN (CALCIUM) 50 MG/5 ML ORAL SYRUP	3	
VIBRAMYCIN (MONO) 25 MG/5 ML ORAL SUSPENSION	3	
VIBRAMYCIN 100 MG CAPSULE	3	QL(90 per 30 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <sup>MM</sup>	2	QL(9 per 30 days)
VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK <sup>DL,SP</sup>	*	PA,QL(112 per 28 days)
vienva 0.1 mg-20 mcg tablet <sup>MM</sup>	1	
vigabatrin 500 mg oral powder packet <sup>LD,DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
vigabatrin 500 mg tablet <sup>LD,DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
vigadrone 500 mg oral powder packet <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
VIGAMOX 0.5 % EYE DROPS	3	ST
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK	3	ST,QL(30 per 30 days)
VIIBRYD 10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
VIIBRYD 20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
VIIBRYD 40 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
VIJOICE 125 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
VIJOICE 250 MG/DAY(200 MG X 1 AND 50 MG X 1) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
VIJOICE 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
vilazodone 10 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
vilazodone 20 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
vilazodone 40 mg tablet <sup>MM</sup>	1	QL(30 per 30 days)
VIMOVO 375 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
VIMOVO 500 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION <sup>MM</sup>	3	ST,QL(1395 per 30 days)
VIMPAT 100 MG TABLET <sup>MM</sup>	3	ST
VIMPAT 150 MG TABLET <sup>MM</sup>	3	ST
VIMPAT 200 MG TABLET <sup>MM</sup>	3	ST
VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK	3	ST
VIMPAT 50 MG TABLET <sup>MM</sup>	3	ST
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET <sup>MM</sup>	3	ST
VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET <sup>MM</sup>	3	ST
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	1	
VIRACEPT 250 MG TABLET <sup>MM,SP</sup>	*	QL(300 per 30 days)
VIRACEPT 625 MG TABLET <sup>MM,SP</sup>	*	QL(120 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION <sup>MM</sup>	3	QL(1200 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	QL(30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION	3	QL(8 per 30 days)
VIREAD 150 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
VIREAD 200 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
VIREAD 250 MG TABLET <sup>MM,SP</sup>	*	QL(30 per 30 days)
VIREAD 300 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <sup>MM,SP</sup>	*	QL(240 per 30 days)
virt-caps 1 mg capsule	1	
virt-gard 2.2 mg-25 mg-1 mg tablet	1	
virt-nate dha 28 mg iron-1 mg-200 mg capsule <sup>MM</sup>	1	
virt-phos neutral 250 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
VISTARIL 25 MG CAPSULE	3	
VISTARIL 50 MG CAPSULE	3	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET <sup>DL,SP</sup>	*	QL(20 per 365 days)
VITA-RESPA 2.2 MG-25 MG-1.3 MG TABLET	3	
VITAFOL 65 MG-1 MG TABLET	3	
VITAFOL NANO 18 MG IRON-1 MG TABLET <sup>MM</sup>	3	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE <sup>MM</sup>	3	
VITAFOL-OB 65 MG-1 MG TABLET <sup>MM</sup>	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK <sup>MM</sup>	3	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE <sup>MM</sup>	2	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE <sup>MM</sup>	2	
VITAMEDMD REDICHEW RX 1.4 MG CHEW TABLET,IMMEDIATE - DELAYED RELEASE <sup>MM</sup>	3	
vitamin d2 1,250 mcg (50,000 unit) capsule <sup>MM</sup>	1	
vitamin k 1 mg/0.5 ml injection solution	1	
vitamin k1 10 mg/ml injection solution	1	
VITAPEARL 30 MG-1.4 MG-200 MG CAPSULE,IMMEDIATE - DELAY RELEASE <sup>MM</sup>	3	
VITATRUE 30 MG IRON-1.4 MG-300 MG ORAL PACK <sup>MM</sup>	3	
VITRAKVI 100 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(180 per 30 days)
VIVAGUARD INO CONTROL SOLUTION-L1,L2,L3 <sup>MM</sup>	3	
VIVAGUARD INO CONTROL SOLUTION-L1,L3 <sup>MM</sup>	3	
VIVAGUARD INO CONTROL SOLUTION-L2 <sup>MM</sup>	3	
VIVAGUARD INO GLUCOSE METER <sup>MM</sup>	3	ST
VIVAGUARD INO SMART GLUCOSE METER <sup>MM</sup>	3	ST
VIVAGUARD INO TEST STRIP <sup>MM</sup>	3	ST,QL(150 per 30 days)
VIVAGUARD LANCET 30 GAUGE <sup>MM</sup>	2	
VIVAGUARD LANCING DEVICE	3	
VIVELLE-DOT 0.025 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
VIVELLE-DOT 0.05 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
VIVELLE-DOT 0.075 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
VIVELLE-DOT 0.1 MG/24 HR TRANSDERMAL PATCH <sup>MM</sup>	3	QL(8 per 28 days)
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <sup>MM,SP</sup>	*	QL(1 per 28 days)
VIVJOA 150 MG CAPSULE <sup>SP</sup>	*	PA
VIVLODEX 10 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VIVLODEX 5 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VIZIMPRO 15 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VIZIMPRO 30 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VIZIMPRO 45 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VOCABRIA 30 MG TABLET <sup>DL,SP</sup>	*	QL(30 per 30 days)
VOGELXO 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET <sup>MM</sup>	3	PA,QL(300 per 30 days)
VOGELXO 12.5 MG/1.25 GRAM PER PUMP ACTUATION (1 %) TRANSDERMAL GEL <sup>MM</sup>	3	PA,QL(300 per 30 days)
VOGELXO 50 MG/5 GRAM (1 %) TRANSDERMAL GEL <sup>MM</sup>	3	PA,QL(300 per 30 days)
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <sup>MM</sup>	1	
VOLTAREN 1 % TOPICAL GEL <sup>MM</sup>	3	PA
VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE	3	
VONJO 100 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
VOQUEZNA DUAL PAK 20 MG (28)-500 MG (84) ORAL PACK <sup>DL,SP</sup>	*	ST,QL(112 per 30 days)
VOQUEZNA TRIPLE PAK 20 MG-500 MG-500 MG ORAL PACK <sup>DL,SP</sup>	*	ST,QL(112 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
voriconazole 200 mg tablet <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) oral suspension <sup>DL,SP</sup>	*	PA,QL(400 per 30 days)
voriconazole 50 mg tablet <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
VORTEX HOLDING CHAMBER	2	
VORTEX VHC FROG MASK-CHILD	3	
VORTEX VHC LADYBUG MASK-TODDLER	2	
VOSEVI 400 MG-100 MG-100 MG TABLET <sup>DL</sup>	3	PA,QL(28 per 28 days)
VOTRIENT 200 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
VOXZOGO 0.4 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VOXZOGO 0.56 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VOXZOGO 1.2 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE <sup>MM</sup>	3	
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK <sup>SP</sup>	*	PA
VRAYLAR 1.5 MG CAPSULE <sup>MM,SP</sup>	*	PA,QL(30 per 30 days)
VRAYLAR 3 MG CAPSULE <sup>MM,SP</sup>	*	PA,QL(30 per 30 days)
VRAYLAR 4.5 MG CAPSULE <sup>MM,SP</sup>	*	PA,QL(30 per 30 days)
VRAYLAR 6 MG CAPSULE <sup>MM,SP</sup>	*	PA,QL(30 per 30 days)
VTAMA 1 % TOPICAL CREAM <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
vtol iq 50 mg-325 mg-40 mg/15 ml oral solution <sup>DL,SP</sup>	*	QL(450 per 30 days)
VUITY 1.25 % EYE DROPS <sup>MM</sup>	2	
VUMERITY 231 MG CAPSULE,DELAYED RELEASE <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT	3	
vyfemla (28) 0.4 mg-35 mcg tablet <sup>MM</sup>	1	
vylibra 0.25 mg-35 mcg tablet <sup>MM</sup>	1	
VYNDAMAX 61 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
VYTORIN 10 MG-10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
VYTORIN 10 MG-20 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
VYTORIN 10 MG-40 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
VYTORIN 10 MG-80 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
VYVANSE 10 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 10 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 20 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 20 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 30 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 30 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 40 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 40 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 50 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 50 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 60 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 60 MG CHEWABLE TABLET <sup>MM</sup>	2	QL(30 per 30 days)
VYVANSE 70 MG CAPSULE <sup>MM</sup>	2	QL(30 per 30 days)
VYZULTA 0.024 % EYE DROPS <sup>MM</sup>	3	ST,QL(5 per 30 days)
WAKIX 17.8 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
WAKIX 4.45 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
warfarin 1 mg tablet <sup>MM</sup>	1	
warfarin 10 mg tablet <sup>MM</sup>	1	
warfarin 2 mg tablet <sup>MM</sup>	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
warfarin 2.5 mg tablet <sup>MM</sup>	1	
warfarin 3 mg tablet <sup>MM</sup>	1	
warfarin 4 mg tablet <sup>MM</sup>	1	
warfarin 5 mg tablet <sup>MM</sup>	1	
warfarin 6 mg tablet <sup>MM</sup>	1	
warfarin 7.5 mg tablet <sup>MM</sup>	1	
WAVESENSE AMP KIT <sup>MM</sup>	3	ST
WAVESENSE CONTROL SOLUTION <sup>MM</sup>	3	
WAVESENSE JAZZ STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
WAVESENSE PRESTO <sup>MM</sup>	3	ST
WAVESENSE PRESTO KIT <sup>MM</sup>	3	ST
WAVESENSE PRESTO STRIPS <sup>MM</sup>	3	ST,QL(150 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET <sup>MM</sup>	3	PA
WELCHOL 625 MG TABLET <sup>MM</sup>	3	PA
WELIREG 40 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE <sup>MM</sup>	3	QL(120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE <sup>MM</sup>	3	QL(90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE <sup>MM</sup>	3	QL(60 per 30 days)
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(90 per 30 days)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
wera (28) 0.5 mg-35 mcg tablet <sup>MM</sup>	1	
westab plus 27 mg iron-1 mg tablet <sup>MM</sup>	1	
westgel dha 31 mg iron-1 mg-200 mg capsule <sup>MM</sup>	1	
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL	3	
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL	3	
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL	3	
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL	3	
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL	3	
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL	3	
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL	3	
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL	3	
WINLEVI 1 % TOPICAL CREAM	3	PA
wixela inhub 100 mcg-50 mcg/dose powder for inhalation <sup>MM</sup>	1	QL(60 per 30 days)
wixela inhub 250 mcg-50 mcg/dose powder for inhalation <sup>MM</sup>	1	QL(60 per 30 days)
wixela inhub 500 mcg-50 mcg/dose powder for inhalation <sup>MM</sup>	1	QL(60 per 30 days)
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet <sup>MM</sup>	1	
WYNZORA 0.005 %-0.064 % TOPICAL CREAM <sup>DL,SP</sup>	*	PA,QL(60 per 30 days)
XACIATO 2 % VAGINAL GEL	3	
XADAGO 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
XADAGO 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
XALATAN 0.005 % EYE DROPS <sup>MM</sup>	3	ST,QL(5 per 25 days)
XALKORI 200 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
XALKORI 250 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
XANAX 0.25 MG TABLET <sup>DL</sup>	3	QL(120 per 30 days)
XANAX 0.5 MG TABLET <sup>DL</sup>	3	QL(120 per 30 days)
XANAX 1 MG TABLET <sup>DL</sup>	3	QL(120 per 30 days)
XANAX 2 MG TABLET <sup>DL</sup>	3	QL(150 per 30 days)
XANAX XR 0.5 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	3	QL(60 per 30 days)
XANAX XR 1 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	3	QL(60 per 30 days)
XANAX XR 2 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	3	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
XANAX XR 3 MG TABLET,EXTENDED RELEASE <sup>DL</sup>	3	QL(60 per 30 days)
XARELTO 1 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	QL(600 per 30 days)
XARELTO 10 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
XARELTO 15 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
XARELTO 2.5 MG TABLET <sup>MM</sup>	2	QL(60 per 30 days)
XARELTO 20 MG TABLET <sup>MM</sup>	2	QL(30 per 30 days)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK	2	QL(51 per 30 days)
XATMEP 2.5 MG/ML ORAL SOLUTION <sup>MM</sup>	3	PA,QL(120 per 28 days)
XCOPRI 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
XCOPRI 150 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
XCOPRI 200 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
XCOPRI 50 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS <sup>DL,MM,SP</sup>	*	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK	3	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
XELJANZ 1 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(300 per 30 days)
XELJANZ 10 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
XELJANZ 5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
XELJANZ XR 22 MG TABLET,EXTENDED RELEASE <sup>DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
XELODA 150 MG TABLET	3	PA,QL(630 per 30 days)
XELODA 500 MG TABLET	3	PA,QL(189 per 30 days)
XELPROS 0.005 % EYE DROP EMULSION <sup>MM</sup>	2	ST,QL(2.5 per 25 days)
XELSTRYM 13.5 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	ST,QL(30 per 30 days)
XELSTRYM 18 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	ST,QL(30 per 30 days)
XELSTRYM 4.5 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	ST,QL(30 per 30 days)
XELSTRYM 9 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH <sup>MM</sup>	3	ST,QL(30 per 30 days)
XEMBIFY 1 GRAM/5 ML (20 %) SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA
XEMBIFY 10 GRAM/50 ML (20 %) SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA
XEMBIFY 2 GRAM/10 ML (20 %) SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA
XEMBIFY 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION <sup>LD,DL,MM,SP</sup>	*	PA
XENAZINE 12.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
XENAZINE 25 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
XENLETA 600 MG TABLET <sup>DL,SP</sup>	*	QL(10 per 5 days)
XEPI 1 % TOPICAL CREAM	3	PA
XERESE 5 %-1 % TOPICAL CREAM	3	PA
XERMELO 250 MG TABLET <sup>DL,SP</sup>	*	PA,QL(84 per 28 days)
XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL <sup>DL,MM,SP</sup>	*	PA,QL(32 per 30 days)
XIFAXAN 200 MG TABLET	3	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET <sup>MM</sup>	3	PA,QL(84 per 28 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(60 per 30 days)
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE <sup>MM</sup>	3	ST,QL(30 per 30 days)
XIIDRA 5 % EYE DROPS IN A DROPPERETTE <sup>MM</sup>	3	PA,QL(60 per 30 days)
XIMINO 135 MG CAPSULE, EXTENDED RELEASE	3	ST,QL(30 per 30 days)

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XIMINO 45 MG CAPSULE, EXTENDED RELEASE	3	ST,QL(30 per 30 days)
XIMINO 90 MG CAPSULE, EXTENDED RELEASE	3	ST,QL(30 per 30 days)
XOFLUZA 20 MG TABLET	2	QL(10 per 365 days)
XOFLUZA 40 MG TABLET	2	QL(10 per 365 days)
XOFLUZA 80 MG TABLET	2	QL(5 per 365 days)
XOLEGEL 2 % TOPICAL	3	ST
XOPENEX 0.31 MG/3 ML SOLUTION FOR NEBULIZATION <sup>MM</sup>	3	
XOPENEX 0.63 MG/3 ML SOLUTION FOR NEBULIZATION <sup>MM</sup>	3	
XOPENEX 1.25 MG/3 ML SOLUTION FOR NEBULIZATION <sup>MM</sup>	3	
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION <sup>MM</sup>	3	
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER <sup>MM</sup>	3	ST,QL(30 per 30 days)
XOSPATA 40 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(20 per 28 days)
XPOVIO 100 MG/WEEK (50 MG X 2) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
XPOVIO 40 MG TWICE WEEK (40 MG X 2) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (20 MG X 2) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(24 per 28 days)
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(12 per 28 days)
XPOVIO 60 MG/WEEK (60 MG X 1) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(4 per 28 days)
XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(32 per 28 days)
XPOVIO 80 MG/WEEK (20 MG X 4) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(16 per 28 days)
XPOVIO 80 MG/WEEK (40 MG X 2) TABLET <sup>DL,MM,SP</sup>	*	PA,QL(8 per 28 days)
XTAMPZA ER 13.5 MG CAPSULE SPRINKLE <sup>DL</sup>	2	QL(60 per 30 days)
XTAMPZA ER 18 MG CAPSULE SPRINKLE <sup>DL</sup>	2	QL(60 per 30 days)
XTAMPZA ER 27 MG CAPSULE SPRINKLE <sup>DL</sup>	2	QL(60 per 30 days)
XTAMPZA ER 36 MG CAPSULE SPRINKLE <sup>DL</sup>	2	QL(60 per 30 days)
XTAMPZA ER 9 MG CAPSULE SPRINKLE <sup>DL</sup>	2	QL(60 per 30 days)
XTANDI 40 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
xulane 150 mcg-35 mcg/24 hr transdermal patch <sup>MM</sup>	1	QL(3 per 28 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN <sup>MM</sup>	2	QL(15 per 30 days)
XURIDEN 2 GRAM ORAL GRANULES IN PACKET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
XYOSTED 100 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(2 per 28 days)
XYOSTED 50 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(2 per 28 days)
XYOSTED 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR <sup>MM</sup>	3	PA,QL(2 per 28 days)
XYREM 500 MG/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(540 per 30 days)
XYWAV 0.5 GRAM/ML ORAL SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(540 per 30 days)
YASMIN (28) 3 MG-0.03 MG TABLET <sup>MM</sup>	3	
YAZ (28) 3 MG-0.02 MG TABLET <sup>MM</sup>	3	
YONSA 125 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
YOSPRALA 325 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
YOSPRALA 81 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE <sup>MM</sup>	3	PA,QL(30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
yuvaferm 10 mcg vaginal tablet <sup>MM</sup>	1	
zafemy 150 mcg-35 mcg/24 hr transdermal patch <sup>MM</sup>	1	QL(3 per 28 days)
zafirlukast 10 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
zafirlukast 20 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
zaleplon 10 mg capsule	1	QL(30 per 30 days)
zaleplon 5 mg capsule	1	QL(30 per 30 days)
ZANAFLEX 2 MG CAPSULE <sup>MM</sup>	3	ST
ZANAFLEX 4 MG CAPSULE <sup>MM</sup>	3	ST
ZANAFLEX 4 MG TABLET <sup>MM</sup>	3	ST
ZANAFLEX 6 MG CAPSULE <sup>MM</sup>	3	ST
zarah 3 mg-0.03 mg tablet <sup>MM</sup>	1	
ZARONTIN 250 MG CAPSULE <sup>MM</sup>	3	
ZARONTIN 250 MG/5 ML ORAL SOLUTION <sup>MM</sup>	3	
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE <sup>DL,SP</sup>	*	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE <sup>DL,SP</sup>	*	PA,QL(11.2 per 30 days)
ZAVESCA 100 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
ZCORT 1.5 MG (25 TABS) TABLETS IN A DOSE PACK	1	QL(25 per 7 days)
ZEBUTAL 50 MG-325 MG-40 MG CAPSULE	3	QL(180 per 30 days)
ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR	3	ST
ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS SYRINGE	3	ST
ZEGERID 20 MG-1,680 MG ORAL PACKET <sup>DL,MM,SP</sup>	*	ST,QL(30 per 30 days)
ZEGERID 20 MG-1.1 GRAM CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ZEGERID 40 MG-1,680 MG ORAL PACKET <sup>DL,MM,SP</sup>	*	ST,QL(30 per 30 days)
ZEGERID 40 MG-1.1 GRAM CAPSULE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ZEJULA 100 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(90 per 30 days)
ZELAPAR 1.25 MG DISINTEGRATING TABLET <sup>MM</sup>	3	
ZELBORAF 240 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(240 per 30 days)
ZELNORM 6 MG TABLET	3	PA,QL(60 per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <sup>DL,SP</sup>	*	QL(6 per 30 days)
ZEMPLAR 1 MCG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
ZEMPLAR 2 MCG CAPSULE <sup>MM</sup>	3	QL(30 per 30 days)
zenatane 10 mg capsule	1	QL(60 per 30 days)
zenatane 20 mg capsule	1	QL(60 per 30 days)
zenatane 30 mg capsule	1	QL(60 per 30 days)
zenatane 40 mg capsule	1	QL(120 per 30 days)
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST
ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST
ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST
ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST
ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST
ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE <sup>DL,MM,SP</sup>	*	ST
zenzedi 10 mg tablet <sup>MM</sup>	1	ST,QL(180 per 30 days)
ZENZEDI 15 MG TABLET <sup>MM</sup>	3	ST,QL(120 per 30 days)
ZENZEDI 2.5 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
ZENZEDI 20 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
ZENZEDI 30 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
zenzedi 5 mg tablet <sup>MM</sup>	1	ST,QL(150 per 30 days)
ZENZEDI 7.5 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
ZEPATIER 50 MG-100 MG TABLET <sup>DL,SP</sup>	*	PA,QL(28 per 28 days)
ZEPOSIA 0.92 MG CAPSULE <sup>LD,DL,MM,SP</sup>	*	PA,QL(30 per 30 days)
ZEPOSIA STARTER KIT 0.23 MG-0.46 MG-0.92 MG CAPSULES IN A DOSE PACK <sup>LD,SP</sup>	*	PA,QL(37 per 37 days)
ZEPOSIA STARTER PACK 0.23 MG (4)-0.46 MG (3) CAPSULES IN A DOSE PACK <sup>LD,DL,SP</sup>	*	PA,QL(7 per 7 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ZERVIATE 0.24 % EYE DROPS IN A DROPPERETTE	3	ST,QL(60 per 30 days)
ZESTORETIC 10 MG-12.5 MG TABLET <sup>MM</sup>	3	
ZESTORETIC 20 MG-12.5 MG TABLET <sup>MM</sup>	3	
ZESTORETIC 20 MG-25 MG TABLET <sup>MM</sup>	3	
ZESTRIL 10 MG TABLET <sup>MM</sup>	3	
ZESTRIL 2.5 MG TABLET <sup>MM</sup>	3	
ZESTRIL 20 MG TABLET <sup>MM</sup>	3	
ZESTRIL 30 MG TABLET <sup>MM</sup>	3	
ZESTRIL 40 MG TABLET <sup>MM</sup>	3	
ZESTRIL 5 MG TABLET <sup>MM</sup>	3	
ZETIA 10 MG TABLET <sup>MM</sup>	3	ST,QL(30 per 30 days)
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER <sup>MM</sup>	3	ST,QL(6.1 per 28 days)
ZIAC 10 MG-6.25 MG TABLET <sup>MM</sup>	3	
ZIAC 2.5 MG-6.25 MG TABLET <sup>MM</sup>	3	
ZIAC 5 MG-6.25 MG TABLET <sup>MM</sup>	3	
ZIAGEN 20 MG/ML ORAL SOLUTION <sup>MM</sup>	3	QL(960 per 30 days)
ZIAGEN 300 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
ZIANA 1.2 %-0.025 % TOPICAL GEL	3	ST
zidovudine 10 mg/ml oral syrup <sup>MM</sup>	1	QL(1680 per 28 days)
zidovudine 100 mg capsule <sup>MM</sup>	1	QL(180 per 30 days)
zidovudine 300 mg tablet <sup>MM</sup>	1	QL(60 per 30 days)
ZIEXTENZO 6 MG/0.6 ML SUBCUTANEOUS SYRINGE <sup>DL,SP</sup>	*	PA,QL(1.2 per 28 days)
zileuton er 600 mg tablet,extended release 12hr mphase <sup>DL,MM,SP</sup>	*	ST,QL(120 per 30 days)
ZILXI 1.5 % TOPICAL FOAM	3	PA,QL(30 per 30 days)
ZIMHI 5 MG/0.5 ML INJECTION SYRINGE	2	
zingiber 1.2 mg-40 mg-124.1 mg-100 mg tablet <sup>MM</sup>	1	
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE <sup>MM</sup>	3	ST,QL(30 per 30 days)
ziprasidone 20 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
ziprasidone 20 mg/ml (final concentration) intramuscular solution	1	
ziprasidone 40 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
ziprasidone 60 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
ziprasidone 80 mg capsule <sup>MM</sup>	1	QL(60 per 30 days)
ZIPSOR 25 MG CAPSULE <sup>DL,SP</sup>	*	ST,QL(120 per 30 days)
ZIRGAN 0.15 % EYE GEL	3	QL(5 per 30 days)
ZITHROMAX 1 GRAM ORAL PACKET	3	
ZITHROMAX 100 MG/5 ML ORAL SUSPENSION	3	
ZITHROMAX 200 MG/5 ML ORAL SUSPENSION	3	
ZITHROMAX 250 MG TABLET	3	
ZITHROMAX 500 MG TABLET	3	
ZITHROMAX TRI-PAK 500 MG TABLET	3	
ZITHROMAX Z-PAK 250 MG TABLET	3	
ZOCOR 10 MG TABLET <sup>MM</sup>	3	ST
ZOCOR 20 MG TABLET <sup>MM</sup>	3	ST
ZOCOR 40 MG TABLET <sup>MM</sup>	3	ST
ZOCOR 80 MG TABLET <sup>MM</sup>	3	ST
ZOFRAN 4 MG TABLET	3	QL(90 per 30 days)
ZOHDRO ER 10 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(90 per 30 days)
ZOHDRO ER 15 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(90 per 30 days)
ZOHDRO ER 20 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(90 per 30 days)
ZOHDRO ER 30 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ZOHYDRO ER 40 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(90 per 30 days)
ZOHYDRO ER 50 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE <sup>DL</sup>	3	ST,QL(120 per 30 days)
ZOKINVY 50 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
ZOKINVY 75 MG CAPSULE <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
ZOLINZA 100 MG CAPSULE <sup>DL,SP</sup>	*	PA,QL(120 per 30 days)
zolmitriptan 2.5 mg disintegrating tablet	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg nasal spray	3	ST,QL(12 per 30 days)
zolmitriptan 2.5 mg tablet	1	ST,QL(9 per 30 days)
zolmitriptan 5 mg disintegrating tablet	1	ST,QL(6 per 30 days)
zolmitriptan 5 mg nasal spray	1	ST,QL(12 per 30 days)
zolmitriptan 5 mg tablet	1	ST,QL(6 per 30 days)
ZOLOFT 100 MG TABLET <sup>MM</sup>	3	ST,QL(60 per 30 days)
ZOLOFT 20 MG/ML ORAL CONCENTRATE <sup>MM</sup>	3	ST,QL(60 per 30 days)
ZOLOFT 25 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
ZOLOFT 50 MG TABLET <sup>MM</sup>	3	ST,QL(90 per 30 days)
zolpidem 1.75 mg sublingual tablet	1	ST,QL(30 per 30 days)
zolpidem 10 mg tablet	1	QL(30 per 30 days)
zolpidem 3.5 mg sublingual tablet	1	ST,QL(30 per 30 days)
zolpidem 5 mg tablet	1	QL(30 per 30 days)
zolpidem er 12.5 mg tablet,extended release,multiphase	1	QL(30 per 30 days)
zolpidem er 6.25 mg tablet,extended release,multiphase	1	QL(30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY	3	ST,QL(23.1 per 365 days)
ZOMACTON 10 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
ZOMACTON 5 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(28 per 28 days)
ZOMIG 2.5 MG NASAL SPRAY	3	ST,QL(12 per 30 days)
ZOMIG 2.5 MG TABLET	3	ST,QL(9 per 30 days)
ZOMIG 5 MG NASAL SPRAY	3	ST,QL(12 per 30 days)
ZOMIG 5 MG TABLET	3	ST,QL(6 per 30 days)
ZOMIG ZMT 2.5 MG DISINTEGRATING TABLET	3	ST,QL(9 per 30 days)
ZOMIG ZMT 5 MG DISINTEGRATING TABLET	3	ST,QL(6 per 30 days)
ZONALON 5 % TOPICAL CREAM	3	PA,QL(45 per 30 days)
ZONEGRAN 100 MG CAPSULE <sup>MM</sup>	3	
ZONEGRAN 25 MG CAPSULE <sup>MM</sup>	3	
ZONISADE 100 MG/5 ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(900 per 30 days)
zonisamide 100 mg capsule <sup>MM</sup>	1	
zonisamide 25 mg capsule <sup>MM</sup>	1	
zonisamide 50 mg capsule <sup>MM</sup>	1	
ZONTIVITY 2.08 MG TABLET <sup>MM</sup>	3	PA,QL(30 per 30 days)
ZORBTVIE 8.8 MG SUBCUTANEOUS SOLUTION <sup>DL,MM,SP</sup>	*	PA,QL(28 per 30 days)
ZORTRESS 0.25 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ZORTRESS 0.5 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
ZORTRESS 0.75 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ZORTRESS 1 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ZORVOLEX 18 MG CAPSULE	3	ST,QL(90 per 30 days)
ZORVOLEX 35 MG CAPSULE	3	ST,QL(90 per 30 days)
ZORYVE 0.3 % TOPICAL CREAM <sup>DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
zovia 1-35 (28) 1 mg-35 mcg tablet <sup>MM</sup>	1	
zovia 1/35e (28) 1 mg-35 mcg tablet <sup>MM</sup>	1	
ZOVIRAX 200 MG/5 ML ORAL SUSPENSION <sup>MM</sup>	3	
ZOVIRAX 5 % TOPICAL CREAM	3	PA
ZOVIRAX 5 % TOPICAL OINTMENT	3	PA

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ZTALMY 50 MG/ML ORAL SUSPENSION <sup>DL,MM,SP</sup>	*	PA,QL(1080 per 30 days)
ZTLIDO 1.8 % TOPICAL PATCH	3	PA,QL(90 per 30 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(90 per 30 days)
ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(30 per 30 days)
ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(90 per 30 days)
ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(90 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET <sup>MM</sup>	2	QL(60 per 30 days)
zumandimine (28) 3 mg-0.03 mg tablet <sup>MM</sup>	1	
ZUPLENZ 4 MG ORAL SOLUBLE FILM	3	PA,QL(90 per 30 days)
ZUPLENZ 8 MG ORAL SOLUBLE FILM	3	PA,QL(90 per 30 days)
ZYCLARA 2.5 % TOPICAL CREAM IN A PUMP <sup>DL,SP</sup>	*	ST,QL(15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM IN A PUMP <sup>DL,SP</sup>	*	ST,QL(15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET <sup>DL,SP</sup>	*	ST,QL(28 per 28 days)
ZYDELIG 100 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ZYDELIG 150 MG TABLET <sup>DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ZYFLO 600 MG TABLET <sup>DL,MM,SP</sup>	*	ST,QL(120 per 30 days)
ZYKADIA 150 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(150 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION	3	ST
ZYLOPRIM 100 MG TABLET <sup>MM</sup>	3	
ZYLOPRIM 300 MG TABLET <sup>MM</sup>	3	
ZYMAXID 0.5 % EYE DROPS	3	ST,QL(2.5 per 25 days)
ZYPITAMAG 2 MG TABLET <sup>MM</sup>	2	ST,QL(30 per 30 days)
ZYPITAMAG 4 MG TABLET <sup>MM</sup>	2	ST,QL(30 per 30 days)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION	3	QL(60 per 30 days)
ZYPREXA 10 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
ZYPREXA 15 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
ZYPREXA 2.5 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
ZYPREXA 20 MG TABLET <sup>MM</sup>	3	QL(60 per 30 days)
ZYPREXA 5 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
ZYPREXA 7.5 MG TABLET <sup>MM</sup>	3	QL(30 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <sup>MM</sup>	3	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION <sup>MM</sup>	3	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION <sup>MM</sup>	3	QL(1 per 28 days)
ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET <sup>MM</sup>	3	QL(30 per 30 days)
ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET <sup>MM</sup>	3	QL(60 per 30 days)
ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET <sup>MM</sup>	3	QL(60 per 30 days)
ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET <sup>MM</sup>	3	QL(30 per 30 days)
ZYTIGA 250 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(120 per 30 days)
ZYTIGA 500 MG TABLET <sup>LD,DL,MM,SP</sup>	*	PA,QL(60 per 30 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION	3	QL(1800 per 30 days)
ZYVOX 600 MG TABLET	3	QL(30 per 30 days)

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## Important!

### At Humana, it is important you are treated fairly.

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- 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 **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through 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, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

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### Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Your coverage may include medicines in the following drug classes when your insurance is issued through the state of:

- Illinois: Obesity and infertility
- Michigan: Obesity
- Kansas or Colorado: Infertility
- Indiana: Sexual dysfunction
- Nevada: Hormone replacement therapy

Louisiana residents: If your insurance is issued through the state of Louisiana and you pay a percent of the full drug cost, any discounts negotiated directly with a drug manufacturer may have been applied as an offset to your insurance premium instead of at the pharmacy counter. This is defined as an excess consumer cost burden by the state.

Colorado and Kentucky residents: If your insurance is issued through the state of Colorado or Kentucky, all covered substance use disorder medicines are available with no prior authorization or step therapy requirements.

To get more information around these state-mandated coverages, log in to MyHumana through **Humana.com** or call Customer Care at the number on the back of your Humana ID card.

Contraceptive coverage is subject to your employer's coverage selections. For more information, log in to MyHumana through **Humana.com** or call Customer Care at the number on the back of your Humana ID card.

Your employer's coverage selections may include preventive medicine coverage, available to you before your deductible is met. This preventive medication coverage is based upon guidance issued by the Internal Revenue Service (IRS) for preventive use and is not directly associated with Healthcare Reform (HCR) or Affordable Care Act (ACA) \$0 Preventive Medication Coverage. For more information, log in to MyHumana through **Humana.com** or call Customer Care at the number on the back of your Humana ID card.

Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Insurance of Puerto Rico, Inc. License #00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

ASO products are administered by Humana Insurance Company or Humana Health Plan, Inc.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company.

Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

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

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.



[Humana.com](https://www.humana.com)