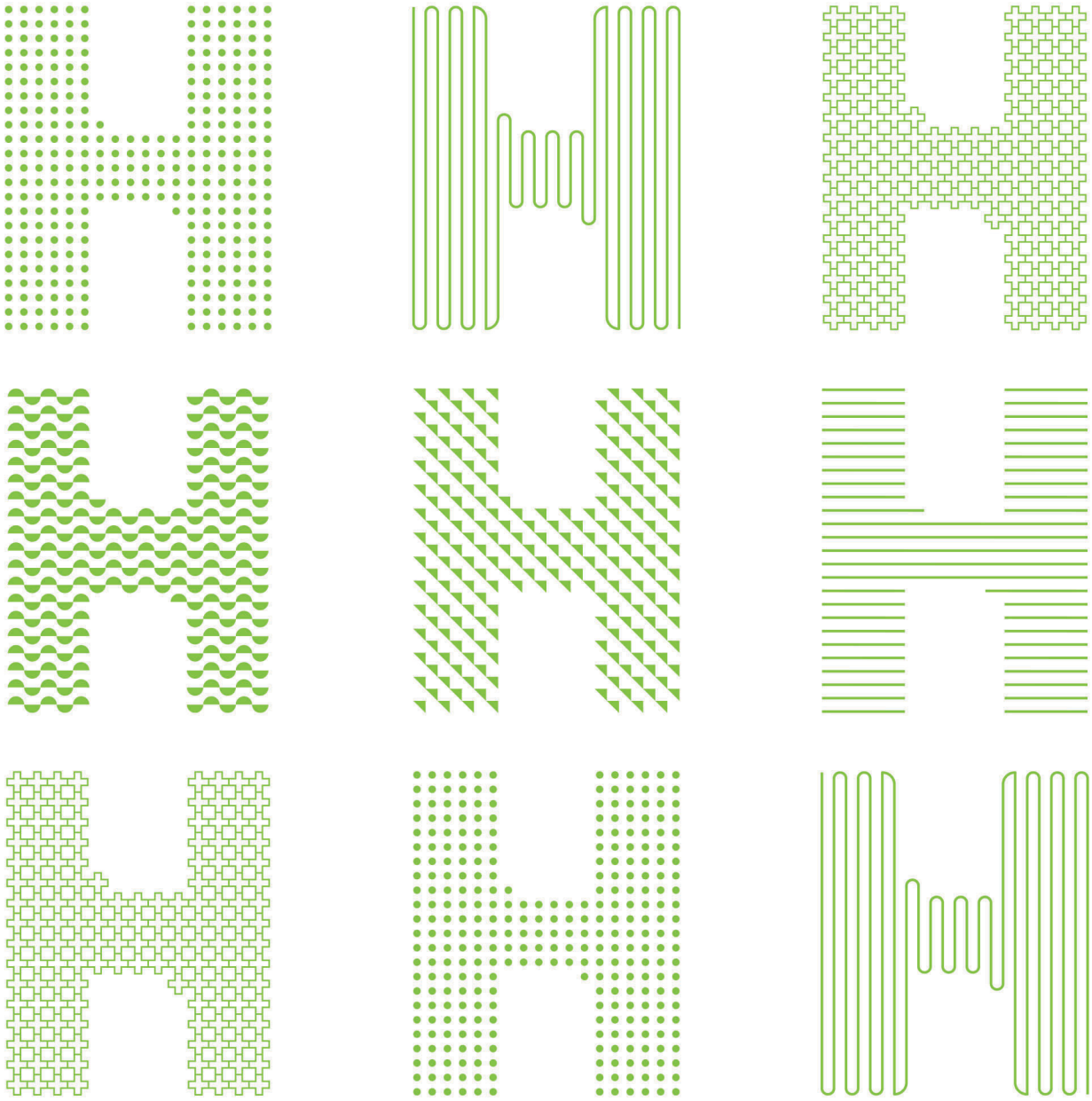

2024 Rx4 Drug List

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

¿Busca la versión en español? Haga clic aqui.

Humana.

2024RX4C

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 2023 version of this Drug List until the plan's renewal date in 2024. You can find that Drug List at 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 four levels – Level 1, Level 2, Level 3, or Level 4. 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 low-cost generic and brand medicines.
- **Level 2** – Includes higher-cost generic and brand medicines.
- **Level 3** – Includes high-cost, mostly brand medicines. These medicines may have generic or brand alternatives in Levels 1 or 2.
- **Level 4** – Includes highest-cost 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
- 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
- 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 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 preventive medicines that are covered at no additional cost to you when prescribed for preventive purposes. You must have a prescription from your health care provider and fill the medication 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 for a contraceptive medicine, 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., Monday-Friday.

How do I find an in-network Pharmacy?

To locate in-network pharmacies, go to **Humana.com/Findapharmacy**, call the number on the back of your Humana ID card, or visit **Humana.com** and log into MyHumana.

CenterWell Pharmacy

You may be able to fill your medicines through **CenterWell Pharmacy®** - 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 Pharmacy** 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 Pharmacy** 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 2024 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.

2024 Rx4 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.

ACA – Affordable Care Act $0 Preventive Medication Coverage. These medicines are available to you at no additional cost when prescribed for preventive purposes. You must have a prescription from your health care provider and fill the medication at an in-network pharmacy for us to process a claim for preventive medicines or products under your pharmacy plan. This list may not apply to all healthcare plans and may change over time. Some restrictions may apply.

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
celecoxib 400 mg capsule[MM]	2	QL(60 per 30 days)
ibu 800 mg tablet[MM]	1	
ec-naproxen 500 mg tablet,delayed release[MM]	3	
ketoprofen 75 mg capsule	2	
celecoxib 50 mg capsule[MM]	2	QL(60 per 30 days)
ec-naproxen 375 mg tablet,delayed release[MM]	3	
piroxicam 20 mg capsule	2	
indomethacin 25 mg capsule	1	
naproxen 375 mg tablet,delayed release[MM]	3	
meloxicam 15 mg tablet[MM]	1	QL(30 per 30 days)
ibuprofen 400 mg tablet[MM]	1	
flurbiprofen 100 mg tablet	1	
naproxen 375 mg tablet[MM]	1	
naproxen 250 mg tablet[MM]	1	
celecoxib 100 mg capsule[MM]	2	QL(60 per 30 days)
piroxicam 10 mg capsule	2	
ibuprofen 100 mg/5 ml oral suspension[MM]	1	
etodolac 200 mg capsule[MM]	2	
ketoprofen 50 mg capsule	2	
etodolac 500 mg tablet[MM]	2	
nabumetone 500 mg tablet	1	
ibu 400 mg tablet[MM]	1	
meloxicam 7.5 mg tablet[MM]	1	QL(60 per 30 days)
nabumetone 750 mg tablet	1	
etodolac 300 mg capsule[MM]	2	
etodolac 400 mg tablet[MM]	2	
diclofenac sodium 25 mg tablet,delayed release	2	
celecoxib 200 mg capsule[MM]	2	QL(60 per 30 days)
diclofenac sodium 75 mg tablet,delayed release	1	
naproxen 500 mg tablet[MM]	1	
ketorolac 10 mg tablet	2	QL(20 per 30 days)
ibuprofen 800 mg tablet[MM]	1	
diclofenac 1 % topical gel[MM]	2	QL(500 per 30 days)
ibuprofen 600 mg tablet[MM]	1	
ibu 600 mg tablet[MM]	1	
diclofenac sodium 50 mg tablet,delayed release	1	
indomethacin 50 mg capsule	1	
naproxen 500 mg tablet,delayed release[MM]	3	
buprenorphine 15 mcg/hour weekly transdermal patch[DL]	3	
BELBUCA 300 MCG BUCCAL FILM[DL]	2	
buprenorphine 20 mcg/hour weekly transdermal patch[DL]	3	
methadose 40 mg soluble tablet[DL]	2	QL(90 per 30 days)
morphine er 30 mg tablet,extended release[DL]	2	QL(120 per 30 days)
tramadol er 300 mg tablet,extended release 24hr mphase[DL]	2	QL(30 per 30 days)
methadone 5 mg/5 ml oral solution[DL]	2	QL(3600 per 30 days)
tramadol er 100 mg tablet,extended release 24 hr[DL]	2	QL(30 per 30 days)
methadone 40 mg soluble tablet[DL]	2	QL(90 per 30 days)
tramadol er 300 mg tablet,extended release 24 hr[DL]	2	QL(30 per 30 days)

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

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
fentanyl 75 mcg/hr transdermal patch[DL]	3	QL(20 per 30 days)
BELBUCA 75 MCG BUCCAL FILM[DL]	2	
fentanyl 50 mcg/hr transdermal patch[DL]	3	QL(20 per 30 days)
XTAMPZA ER 13.5 MG CAPSULE SPRINKLE[DL]	2	QL(60 per 30 days)
fentanyl 100 mcg/hr transdermal patch[DL]	3	QL(20 per 30 days)
buprenorphine 7.5 mcg/hour weekly transdermal patch[DL]	3	QL(4 per 28 days)
BELBUCA 900 MCG BUCCAL FILM[DL]	2	
BELBUCA 600 MCG BUCCAL FILM[DL]	2	
tramadol er 200 mg tablet,extended release 24 hr[DL]	2	QL(30 per 30 days)
morphine er 60 mg tablet,extended release[DL]	2	QL(120 per 30 days)
methadone 5 mg tablet[DL]	2	QL(480 per 30 days)
morphine er 100 mg tablet,extended release[DL]	3	QL(180 per 30 days)
BELBUCA 750 MCG BUCCAL FILM[DL]	2	
BELBUCA 450 MCG BUCCAL FILM[DL]	2	
buprenorphine 10 mcg/hour weekly transdermal patch[DL]	3	
fentanyl 25 mcg/hr transdermal patch[DL]	3	QL(20 per 30 days)
methadone intensol 10 mg/ml oral concentrate[DL]	2	QL(360 per 30 days)
morphine er 200 mg tablet,extended release[DL]	3	QL(90 per 30 days)
methadone 10 mg tablet[DL]	2	QL(240 per 30 days)
morphine er 15 mg tablet,extended release[DL]	2	QL(120 per 30 days)
buprenorphine 5 mcg/hour weekly transdermal patch[DL]	3	
methadone 10 mg/5 ml oral solution[DL]	2	QL(1800 per 30 days)
methadone 10 mg/ml oral concentrate[DL]	2	QL(360 per 30 days)
XTAMPZA ER 27 MG CAPSULE SPRINKLE[DL]	2	QL(60 per 30 days)
tramadol er 200 mg tablet,extended release 24hr mphase[DL]	2	QL(30 per 30 days)
XTAMPZA ER 18 MG CAPSULE SPRINKLE[DL]	2	QL(60 per 30 days)
XTAMPZA ER 36 MG CAPSULE SPRINKLE[DL]	2	QL(60 per 30 days)
fentanyl 12 mcg/hr transdermal patch[DL]	3	QL(20 per 30 days)
tramadol er 100 mg tablet,extended release 24hr mphase[DL]	2	QL(30 per 30 days)
XTAMPZA ER 9 MG CAPSULE SPRINKLE[DL]	2	QL(60 per 30 days)
BELBUCA 150 MCG BUCCAL FILM[DL]	2	
oxycodone-acetaminophen 2.5 mg-325 mg tablet[DL]	2	QL(360 per 30 days)
meperidine 50 mg/5 ml oral solution[DL]	2	QL(720 per 30 days)
oxycodone 20 mg/ml oral concentrate[DL]	3	QL(270 per 30 days)
oxycodone-acetaminophen 7.5 mg-325 mg tablet[DL]	2	QL(360 per 30 days)
fentanyl 1,600 mcg lozenge on a handle[DL]	4	PA,QL(120 per 30 days)
acetaminophen 300 mg-codeine 15 mg tablet[DL]	2	QL(390 per 30 days)
morphine 30 mg immediate release tablet[DL]	2	QL(180 per 30 days)
oxycodone-acetaminophen 5 mg-325 mg tablet[DL]	2	QL(360 per 30 days)
oxycodone 30 mg tablet[DL]	2	QL(360 per 30 days)
acetaminophen 300 mg-codeine 30 mg/12.5 ml (12.5 ml) oral solution[DL]	2	QL(2700 per 30 days)
oxycodone 20 mg tablet[DL]	2	QL(360 per 30 days)
acetaminophen 300 mg-codeine 30 mg tablet[DL]	2	QL(360 per 30 days)
oxycodone 5 mg tablet[DL]	2	QL(360 per 30 days)
fentanyl 400 mcg lozenge on a handle[DL]	4	PA,QL(120 per 30 days)
fentanyl 600 mcg lozenge on a handle[DL]	4	PA,QL(120 per 30 days)
codeine sulfate 30 mg tablet[DL]	3	QL(360 per 30 days)
oxycodone 15 mg tablet[DL]	2	QL(360 per 30 days)
hydromorphone 2 mg tablet[DL]	2	QL(360 per 30 days)
codeine sulfate 15 mg tablet[DL]	3	QL(360 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
tramadol 50 mg tablet[DL]	2	QL(240 per 30 days)
tramadol 100 mg tablet[DL]	1	QL(120 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) oral solution[DL]	2	QL(1350 per 30 days)
endocet 5 mg-325 mg tablet[DL]	2	QL(360 per 30 days)
meperidine 50 mg tablet[DL]	2	QL(480 per 30 days)
tramadol 37.5 mg-acetaminophen 325 mg tablet[DL]	2	QL(240 per 30 days)
morphine 10 mg/5 ml oral solution[DL]	2	QL(2700 per 30 days)
codeine sulfate 60 mg tablet[DL]	3	QL(180 per 30 days)
endocet 10 mg-325 mg tablet[DL]	2	QL(360 per 30 days)
acetaminophen 120 mg-codeine 12 mg/5 ml oral solution[DL]	2	QL(2700 per 30 days)
fentanyl 800 mcg lozenge on a handle[DL]	4	PA,QL(120 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) oral solution[DL]	2	QL(540 per 30 days)
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution[DL]	2	QL(5520 per 30 days)
hydromorphone 1 mg/ml oral liquid[DL]	3	QL(2400 per 30 days)
oxycodone 5 mg/5 ml oral solution[DL]	3	QL(5400 per 30 days)
oxycodone-acetaminophen 10 mg-325 mg tablet[DL]	2	QL(360 per 30 days)
hydrocodone 7.5 mg-acetaminophen 325 mg tablet[DL]	2	QL(360 per 30 days)
hydromorphone 4 mg tablet[DL]	2	QL(360 per 30 days)
oxycodone 5 mg capsule[DL]	3	QL(360 per 30 days)
hydrocodone 10 mg-acetaminophen 325 mg/15 ml (15 ml) oral solution[DL]	2	QL(2700 per 30 days)
fentanyl 200 mcg lozenge on a handle[DL]	4	PA,QL(120 per 30 days)
oxycodone 10 mg tablet[DL]	2	QL(360 per 30 days)
hydrocodone 5 mg-acetaminophen 325 mg tablet[DL]	2	QL(360 per 30 days)
morphine 15 mg immediate release tablet[DL]	2	QL(180 per 30 days)
fentanyl 1,200 mcg lozenge on a handle[DL]	4	PA,QL(120 per 30 days)
hydrocodone 10 mg-acetaminophen 325 mg tablet[DL]	2	QL(360 per 30 days)
hydrocodone 2.5 mg-acetaminophen 325 mg tablet[DL]	2	QL(360 per 30 days)
oxycodone-acetaminophen 5 mg-325 mg/5 ml oral solution[DL]	3	QL(1800 per 30 days)
endocet 7.5 mg-325 mg tablet[DL]	2	QL(360 per 30 days)
hydromorphone 8 mg tablet[DL]	2	QL(240 per 30 days)
acetaminophen 120 mg-codeine 12 mg/5 ml (5 ml) oral solution[DL]	2	QL(2700 per 30 days)
acetaminophen 300 mg-codeine 60 mg tablet[DL]	2	QL(180 per 30 days)
endocet 2.5 mg-325 mg tablet[DL]	2	QL(360 per 30 days)
lidocaine-prilocaine 2.5 %-2.5 % topical cream	2	
lidocaine 5 % topical patch	3	PA,QL(90 per 30 days)
lidocaine viscous 2 % mucosal solution	2	
lidocaine hcl 2 % mucosal solution	2	
lidocaine hcl 2 % mucosal jelly	3	
lidocaine 2 % mucosal jelly in applicator	3	
glydo 2 % mucosal jelly in applicator	3	
acamprosate 333 mg tablet,delayed release[MM]	3	
disulfiram 500 mg tablet[MM]	2	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE[MM,SP]	*	
naltrexone 50 mg tablet[MM]	2	
disulfiram 250 mg tablet[MM]	2	
buprenorphine 12 mg-naloxone 3 mg sublingual film[MM]	2	
buprenorphine 8 mg-naloxone 2 mg sublingual tablet[MM]	2	
buprenorphine 8 mg-naloxone 2 mg sublingual film[MM]	2	
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet[MM]	2	
buprenorphine hcl 8 mg sublingual tablet	2	
buprenorphine 2 mg-naloxone 0.5 mg sublingual film[MM]	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
buprenorphine hcl 2 mg sublingual tablet	2	
buprenorphine 4 mg-naloxone 1 mg sublingual film[MM]	2	
naloxone 4 mg/actuation nasal spray	2	QL(4 per 30 days)
naloxone 1 mg/ml injection syringe	2	
naloxone 4 mg/actuation nasal spray	2	QL(4 per 30 days)
OPVEE 2.7 MG/ACTUATION NASAL SPRAY	2	QL(2 per 30 days)
naloxone 0.4 mg/ml injection solution	1	
KLOXXADO 8 MG/ACTUATION NASAL SPRAY	2	QL(4 per 30 days)
ZIMHI 5 MG/0.5 ML INJECTION SYRINGE	2	
nalmefene 1 mg/ml injection solution	1	
naloxone 0.4 mg/ml injection syringe	2	
REXTOVY 4 MG/ACTUATION NASAL SPRAY	2	QL(4 per 30 days)
bupropion hcl 150 mg tablet,12 hr sustained-release(smoking deterrent)[ACA]	2	QL(90 per 30 days)
NICOTROL 10 MG INHALATION CARTRIDGE[ACA]	3	
varenicline 0.5 mg tablet[ACA]	3	QL(56 per 28 days)
varenicline 1 mg tablet[ACA]	3	QL(56 per 28 days)
varenicline 0.5 mg (11)-1 mg (42) tablets in a dose pack[ACA]	3	QL(53 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET[ACA]	3	QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK[ACA]	3	QL(53 per 28 days)
NICOTROL NS 10 MG/ML NASAL SPRAY[ACA]	3	
CHANTIX 1 MG TABLET[ACA]	3	QL(56 per 28 days)
tobramycin with nebulizer 300 mg/5 ml solution for nebulization[DL,MM,SP]	*	PA,QL(280 per 28 days)
neomycin 500 mg tablet	2	
tobramycin 300 mg/4 ml solution for nebulization[DL,MM,SP]	*	PA,QL(224 per 28 days)
paromomycin 250 mg capsule	3	
gentamicin 0.1 % topical ointment	3	
tobramycin 300 mg/5 ml in 0.225 % sodium chloride for nebulization[DL,MM,SP]	*	PA,QL(280 per 28 days)
CLEOCIN 100 MG VAGINAL SUPPOSITORY	3	
tinidazole 500 mg tablet	2	
metronidazole 250 mg tablet	2	
clindamycin 75 mg/5 ml oral solution	3	
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	2	
metronidazole 0.75 % topical gel	2	
clindamycin 2 % vaginal cream	3	
linezolid 100 mg/5 ml oral suspension	3	QL(1800 per 30 days)
vancomycin 50 mg/ml oral solution	3	PA
tinidazole 250 mg tablet	2	
metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel	3	
linezolid 600 mg tablet	3	QL(30 per 30 days)
clindamycin hcl 300 mg capsule	2	
vancomycin 250 mg capsule	3	PA,QL(240 per 30 days)
clindamycin hcl 150 mg capsule	2	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE	3	
trimethoprim 100 mg tablet	2	
metronidazole 500 mg tablet	2	
vancomycin 25 mg/ml oral solution	3	PA
metronidazole 0.75 % topical cream	3	
nitrofurantoin macrocrystal 25 mg capsule	2	
nitrofurantoin macrocrystal 100 mg capsule	2	
clindamycin hcl 75 mg capsule	2	
acetic acid 2 % ear solution	2	
nitrofurantoin macrocrystal 50 mg capsule	2	
clindamycin pediatric 75 mg/5 ml oral solution	3	
vancomycin 125 mg capsule	3	PA,QL(120 per 30 days)

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

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
nitrofurantoin 25 mg/5 ml oral suspension	4	QL(2400 per 30 days)
cephalexin 125 mg/5 ml oral suspension	2	
cefaclor 375 mg/5 ml oral suspension	3	
cefaclor 250 mg capsule	3	
cefixime 200 mg/5 ml oral suspension	3	
cefpodoxime 100 mg/5 ml oral suspension	3	
cefdinir 300 mg capsule	2	
cefuroxime axetil 500 mg tablet	2	
cefixime 100 mg/5 ml oral suspension	3	
cefaclor 500 mg capsule	3	
cephalexin 250 mg/5 ml oral suspension	2	
cefaclor 250 mg/5 ml oral suspension	3	
cefadroxil 500 mg capsule	2	
cefprozil 250 mg tablet	2	
cefadroxil 250 mg/5 ml oral suspension	2	
cefuroxime axetil 250 mg tablet	2	
cefprozil 250 mg/5 ml oral suspension	2	
cefdinir 125 mg/5 ml oral suspension	2	
cephalexin 500 mg capsule	2	
cefaclor 125 mg/5 ml oral suspension	3	
cefprozil 500 mg tablet	2	
cefpodoxime 50 mg/5 ml oral suspension	3	
cefdinir 250 mg/5 ml oral suspension	2	
cefadroxil 500 mg/5 ml oral suspension	2	
cephalexin 250 mg capsule	2	
cefixime 400 mg capsule	2	
cefpodoxime 100 mg tablet	3	
cefpodoxime 200 mg tablet	3	
cefprozil 125 mg/5 ml oral suspension	2	
amoxicillin-potassium clavulanate 1,000 mg-62.5 mg tablet,ext.rel 12hr	3	
amoxicillin 400 mg/5 ml oral suspension	2	
dicloxacillin 250 mg capsule	2	
amoxicillin 500 mg capsule	2	
amoxicillin 600 mg-potassium clavulanate 42.9 mg/5 ml oral suspension	2	
amoxicillin 875 mg tablet	2	
penicillin v potassium 250 mg/5 ml oral solution	2	
amoxicillin 200 mg/5 ml oral suspension	2	
dicloxacillin 500 mg capsule	2	
penicillin v potassium 125 mg/5 ml oral solution	2	
penicillin v potassium 500 mg tablet	2	
amoxicillin 250 mg chewable tablet	2	
amoxicillin 250 mg-potassium clavulanate 125 mg tablet	2	
ampicillin 500 mg capsule	2	
amoxicillin 250 mg-potassium clavulanate 62.5 mg/5 ml oral suspension	2	
amoxicillin 200 mg-potassium clavulanate 28.5 mg chewable tablet	2	
amoxicillin 500 mg tablet	2	
amoxicillin 250 mg/5 ml oral suspension	2	
amoxicillin 875 mg-potassium clavulanate 125 mg tablet	2	
amoxicillin 500 mg-potassium clavulanate 125 mg tablet	2	
amoxicillin 125 mg chewable tablet	2	
amoxicillin 400 mg-potassium clavulanate 57 mg chewable tablet	2	
penicillin v potassium 250 mg tablet	2	
amoxicillin 250 mg capsule	2	
amoxicillin 400 mg-potassium clavulanate 57 mg/5 ml oral suspension	2	
amoxicillin 125 mg/5 ml oral suspension	2	

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

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin 200 mg-potassium clavulanate 28.5 mg/5 ml oral suspension	2	
azithromycin 200 mg/5 ml oral suspension	2	
azithromycin 600 mg tablet	2	QL(16 per 60 days)
azithromycin 250 mg tablet	2	
clarithromycin 250 mg tablet	2	
clarithromycin 250 mg/5 ml oral suspension	3	
azithromycin 500 mg tablet	2	
clarithromycin 125 mg/5 ml oral suspension	3	
azithromycin 1 gram oral packet	2	
clarithromycin 500 mg tablet	2	
azithromycin 100 mg/5 ml oral suspension	2	
ciprofloxacin 250 mg tablet	2	
levofloxacin 500 mg tablet	2	
ciprofloxacin 500 mg tablet	2	
ciprofloxacin 100 mg tablet	2	
ciprofloxacin 750 mg tablet	2	
BAXDELA 450 MG TABLET	3	QL(28 per 14 days)
levofloxacin 750 mg tablet	2	
ofloxacin 300 mg tablet	3	
levofloxacin 250 mg/10 ml oral solution	3	
ofloxacin 400 mg tablet	3	
ciprofloxacin 250 mg/5 ml oral suspension	3	
moxifloxacin 400 mg tablet	2	
levofloxacin 250 mg tablet	2	
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 ml oral suspension	2	
sulfacetamide sodium (acne) 10 % lotion (suspension)	3	
sulfacetamide sodium 10 % eye ointment	3	
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	2	
sulfamethoxazole 400 mg-trimethoprim 80 mg tablet	2	
sulfadiazine 500 mg tablet	3	
morgidox 50 mg capsule	2	
doxycycline monohydrate 25 mg/5 ml oral suspension	3	
doxycycline monohydrate 100 mg capsule	2	QL(90 per 30 days)
doxycycline hyclate 100 mg capsule	2	QL(90 per 30 days)
doxycycline monohydrate 50 mg capsule	2	QL(60 per 30 days)
minocycline 75 mg capsule	2	
NUZYRA 150 MG TABLET	3	QL(30 per 14 days)
doxycycline hyclate 100 mg tablet	2	
avidoxy 100 mg tablet	2	
doxycycline hyclate 20 mg tablet	2	
doxycycline hyclate 50 mg capsule	2	
doxycycline monohydrate 100 mg tablet	2	
minocycline 50 mg capsule	2	
mondoxyne nl 100 mg capsule	2	QL(90 per 30 days)
minocycline 100 mg capsule	2	
doxycycline monohydrate 50 mg tablet	2	
felbamate 400 mg tablet[MM]	3	
divalproex 500 mg tablet,delayed release[MM]	1	
EPIDIOLEX 100 MG/ML ORAL SOLUTION[DL,MM,SP]	*	PA
divalproex 250 mg tablet,delayed release[MM]	1	
subvenite 150 mg tablet[MM]	1	
felbamate 600 mg/5 ml oral suspension[MM]	3	
roweepra 1,000 mg tablet[MM]	1	
DIACOMIT 250 MG ORAL POWDER PACKET[DL,MM,SP]	*	PA,QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine 150 mg tablet[MM]	1	
subvenite 100 mg tablet[MM]	1	
DIACOMIT 500 MG CAPSULE[DL,MM,SP]	*	PA,QL(180 per 30 days)
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack	1	
roweepra 750 mg tablet[MM]	1	
DIACOMIT 500 MG ORAL POWDER PACKET[DL,MM,SP]	*	PA,QL(180 per 30 days)
divalproex 125 mg tablet,delayed release[MM]	1	
roweepra xr 750 mg tablet,extended release[MM]	2	
lamotrigine 5 mg chewable dispersible tablet[MM]	2	QL(150 per 30 days)
lamotrigine 25 mg (84)-100 mg (14) tablets in a dose pack	1	
lamotrigine 100 mg tablet[MM]	1	
divalproex er 500 mg tablet,extended release 24 hr[MM]	2	
levetiracetam 750 mg tablet[MM]	1	
levetiracetam 100 mg/ml oral solution[MM]	2	QL(900 per 30 days)
divalproex 125 mg capsule,delayed release sprinkle[MM]	2	
roweepra 500 mg tablet[MM]	1	
subvenite 200 mg tablet[MM]	1	
lamotrigine 25 mg (42)-100 mg (7) tablets in a dose pack	1	
lamotrigine 25 mg tablet[MM]	1	
levetiracetam 500 mg/5 ml (5 ml) oral solution[MM]	2	QL(900 per 30 days)
valproic acid (as sodium salt) 250 mg/5 ml oral solution[MM]	1	
levetiracetam 1,000 mg tablet[MM]	1	
levetiracetam 250 mg tablet[MM]	1	
levetiracetam 500 mg tablet[MM]	1	
felbamate 600 mg tablet[MM]	3	
lamotrigine 25 mg chewable dispersible tablet[MM]	2	QL(120 per 30 days)
divalproex er 250 mg tablet,extended release 24 hr[MM]	2	
valproic acid 250 mg capsule[MM]	1	
valproic acid (as sodium salt) 250 mg/5 ml (5 ml) oral solution[MM]	1	
ZTALMY 50 MG/ML ORAL SUSPENSION[DL,MM,SP]	*	PA,QL(1080 per 30 days)
subvenite 25 mg tablet[MM]	1	
valproic acid (as sodium salt) 500 mg/10 ml (10 ml) oral solution[MM]	1	
lamotrigine 200 mg tablet[MM]	1	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack	1	
roweepra xr 500 mg tablet,extended release[MM]	2	
DIACOMIT 250 MG CAPSULE[DL,MM,SP]	*	PA,QL(180 per 30 days)
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack	1	
BRIVIACT 10 MG/ML ORAL SOLUTION[DL,MM,SP]	*	PA,QL(600 per 30 days)
lamotrigine 25 mg (35) tablets in a dose pack	1	
ethosuximide 250 mg/5 ml oral solution[MM]	3	
ethosuximide 250 mg capsule[MM]	3	
methsuximide 300 mg capsule[MM]	3	
CELONTIN 300 MG CAPSULE[MM]	3	
phenobarbital 32.4 mg tablet[MM]	2	QL(90 per 30 days)
phenobarbital 16.2 mg tablet[MM]	2	QL(90 per 30 days)
phenobarbital 60 mg tablet[MM]	2	QL(120 per 30 days)
vigadrone 500 mg oral powder packet[DL,MM,SP]	*	PA,QL(180 per 30 days)
vigabatrin 500 mg tablet[DL,LD,MM,SP]	*	PA,QL(180 per 30 days)
primidone 125 mg tablet[MM]	1	
vigadrone 500 mg tablet[DL,MM,SP]	*	PA,QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
tiagabine 2 mg tablet[DL,MM,SP]	*	QL(840 per 30 days)
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY[DL]	2	QL(10 per 30 days)
diazepam 5 mg-7.5 mg-10 mg rectal kit[DL]	3	
tiagabine 16 mg tablet[DL,MM,SP]	*	QL(105 per 30 days)
phenobarbital 30 mg tablet[MM]	2	QL(300 per 30 days)
tiagabine 12 mg tablet[DL,MM,SP]	*	QL(140 per 30 days)
gabapentin 300 mg capsule[MM]	2	QL(270 per 30 days)
clobazam 2.5 mg/ml oral suspension[DL,MM]	3	PA,QL(480 per 30 days)
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY[DL]	2	QL(10 per 30 days)
gabapentin 400 mg capsule[MM]	2	QL(270 per 30 days)
gabapentin 100 mg capsule[MM]	2	QL(270 per 30 days)
gabapentin 300 mg/6 ml (6 ml) oral solution[MM]	3	QL(2250 per 30 days)
clobazam 10 mg tablet[DL,MM]	2	PA,QL(60 per 30 days)
gabapentin 600 mg tablet[MM]	2	QL(180 per 30 days)
diazepam 2.5 mg rectal kit[DL]	3	
primidone 50 mg tablet[MM]	1	
VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY[DL]	2	QL(10 per 30 days)
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY[DL]	2	QL(10 per 30 days)
phenobarbital 64.8 mg tablet[MM]	2	QL(90 per 30 days)
vigabatrin 500 mg oral powder packet[DL,LD,MM,SP]	*	PA,QL(180 per 30 days)
gabapentin 250 mg/5 ml oral solution[MM]	3	QL(2250 per 30 days)
vigpoder 500 mg oral powder packet[DL,MM,SP]	*	PA,QL(180 per 30 days)
clobazam 20 mg tablet[DL,MM]	2	PA,QL(60 per 30 days)
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY[DL]	2	QL(10 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) oral elixir[MM]	3	QL(1500 per 30 days)
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit[DL]	3	
phenobarbital 100 mg tablet[MM]	2	QL(90 per 30 days)
gabapentin 250 mg/5 ml (5 ml) oral solution[MM]	3	QL(2250 per 30 days)
gabapentin 800 mg tablet[MM]	2	QL(180 per 30 days)
tiagabine 4 mg tablet[DL,MM,SP]	*	QL(120 per 30 days)
phenobarbital 15 mg tablet[MM]	2	QL(120 per 30 days)
phenobarbital 97.2 mg tablet[MM]	2	QL(90 per 30 days)
primidone 250 mg tablet[MM]	1	
phenytoin sodium extended 100 mg capsule[MM]	2	
phenytoin sodium extended 300 mg capsule[MM]	2	
phenytoin 50 mg chewable tablet[MM]	2	
zonisamide 25 mg capsule[MM]	1	
carbamazepine er 100 mg tablet,extended release,12 hr[MM]	3	QL(120 per 30 days)
phenytoin 100 mg/4 ml oral suspension[MM]	2	
oxcarbazepine 150 mg tablet[MM]	2	
zonisamide 100 mg capsule[MM]	1	
rufinamide 200 mg tablet[DL,MM,SP]	*	PA,QL(480 per 30 days)
carbamazepine er 200 mg tablet,extended release,12 hr[MM]	3	QL(120 per 30 days)
phenytoin 125 mg/5 ml oral suspension[MM]	2	
carbamazepine er 400 mg tablet,extended release,12 hr[MM]	3	QL(120 per 30 days)
carbamazepine 200 mg tablet[MM]	2	
oxcarbazepine 300 mg/5 ml (60 mg/ml) oral suspension[MM]	3	
carbamazepine 200 mg chewable tablet[MM]	2	
oxcarbazepine 300 mg tablet[MM]	2	
rufinamide 40 mg/ml oral suspension[MM]	3	PA,QL(2760 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
carbamazepine 100 mg/5 ml oral suspension[MM]	2	
rufinamide 400 mg tablet[DL,MM,SP]	*	PA,QL(240 per 30 days)
carbamazepine 100 mg/5 ml (5 ml) oral suspension[MM]	2	
carbamazepine 100 mg chewable tablet[MM]	2	
phenytoin sodium extended 200 mg capsule[MM]	2	
epitol 200 mg tablet[MM]	2	
DILANTIN 30 MG CAPSULE[MM]	3	
zonisamide 50 mg capsule[MM]	1	
carbamazepine 200 mg/10 ml oral suspension[MM]	2	
oxcarbazepine 600 mg tablet[MM]	2	
ergoloid 1 mg tablet[MM]	4	
rivastigmine 6 mg capsule[MM]	3	QL(60 per 30 days)
galantamine 8 mg tablet[MM]	3	QL(60 per 30 days)
galantamine 4 mg tablet[MM]	3	QL(60 per 30 days)
galantamine 4 mg/ml oral solution[MM]	3	QL(200 per 30 days)
galantamine er 8 mg 24 hr capsule,extended release[MM]	3	QL(30 per 30 days)
donepezil 5 mg disintegrating tablet[MM]	1	QL(30 per 30 days)
rivastigmine 3 mg capsule[MM]	3	QL(90 per 30 days)
galantamine er 16 mg 24 hr capsule,extended release[MM]	3	QL(30 per 30 days)
donepezil 10 mg tablet[MM]	1	QL(60 per 30 days)
rivastigmine 1.5 mg capsule[MM]	3	QL(90 per 30 days)
donepezil 10 mg disintegrating tablet[MM]	1	QL(30 per 30 days)
rivastigmine 4.6 mg/24 hour transdermal patch[MM]	3	QL(30 per 30 days)
galantamine er 24 mg 24 hr capsule,extended release[MM]	3	QL(30 per 30 days)
galantamine 12 mg tablet[MM]	3	QL(60 per 30 days)
rivastigmine 9.5 mg/24 hour transdermal patch[MM]	3	QL(30 per 30 days)
rivastigmine 13.3 mg/24 hour transdermal patch[MM]	3	QL(30 per 30 days)
rivastigmine 4.5 mg capsule[MM]	3	QL(60 per 30 days)
donepezil 5 mg tablet[MM]	1	QL(30 per 30 days)
memantine 5 mg-10 mg tablets in a dose pack	1	QL(98 per 30 days)
memantine 5 mg tablet[MM]	1	QL(60 per 30 days)
memantine 2 mg/ml oral solution[MM]	3	QL(360 per 30 days)
memantine 10 mg tablet[MM]	1	QL(60 per 30 days)
bupropion hcl sr 200 mg tablet,12 hr sustained-release[MM]	2	QL(60 per 30 days)
SPRAVATO 84 MG (28 MG X 3) NASAL SPRAY[DL,LD,MM,SP]	*	PA,QL(24 per 28 days)
bupropion hcl xl 150 mg 24 hr tablet, extended release[MM]	2	QL(90 per 30 days)
SPRAVATO 56 MG (28 MG X 2) NASAL SPRAY[DL,LD,MM,SP]	*	PA,QL(16 per 28 days)
mirtazapine 15 mg tablet[MM]	1	QL(30 per 30 days)
SPRAVATO 28 MG NASAL SPRAY[DL,MM]	4	PA
mirtazapine 45 mg tablet[MM]	1	QL(30 per 30 days)
mirtazapine 30 mg tablet[MM]	1	QL(30 per 30 days)
bupropion hcl sr 100 mg tablet,12 hr sustained-release[MM]	2	QL(120 per 30 days)
bupropion hcl 75 mg tablet[MM]	2	QL(180 per 30 days)
perphenazine-amitriptyline 4 mg-50 mg tablet[MM]	3	
bupropion hcl 100 mg tablet[MM]	2	QL(180 per 30 days)
perphenazine-amitriptyline 4 mg-25 mg tablet[MM]	3	
perphenazine-amitriptyline 2 mg-25 mg tablet[MM]	3	
perphenazine-amitriptyline 2 mg-10 mg tablet[MM]	3	
mirtazapine 7.5 mg tablet[MM]	1	QL(30 per 30 days)
bupropion hcl sr 150 mg tablet,12 hr sustained-release[MM]	2	QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
perphenazine-amitriptyline 4 mg-10 mg tablet[MM]	3	
bupropion hcl xl 300 mg 24 hr tablet, extended release[MM]	2	QL(30 per 30 days)
MARPLAN 10 MG TABLET[MM]	3	
phenelzine 15 mg tablet[MM]	3	
tranylcypromine 10 mg tablet[MM]	3	QL(270 per 30 days)
escitalopram 10 mg tablet[MM]	1	QL(45 per 30 days)
trazodone 300 mg tablet[MM]	1	
venlafaxine 37.5 mg tablet[MM]	1	
desvenlafaxine succinate er 50 mg tablet,extended release 24 hr[MM]	2	
duloxetine 60 mg capsule,delayed release[MM]	1	QL(60 per 30 days)
venlafaxine er 37.5 mg capsule,extended release 24 hr[MM]	1	QL(90 per 30 days)
trazodone 150 mg tablet[MM]	1	
sertraline 25 mg tablet[MM]	1	QL(90 per 30 days)
escitalopram 5 mg/5 ml oral solution[MM]	3	QL(600 per 30 days)
escitalopram 5 mg tablet[MM]	1	QL(30 per 30 days)
venlafaxine er 150 mg capsule,extended release 24 hr[MM]	1	QL(60 per 30 days)
venlafaxine 25 mg tablet[MM]	1	
sertraline 100 mg tablet[MM]	1	QL(60 per 30 days)
fluvoxamine 50 mg tablet[MM]	1	QL(90 per 30 days)
trazodone 50 mg tablet[MM]	1	
paroxetine 10 mg tablet[MM]	1	QL(30 per 30 days)
venlafaxine 50 mg tablet[MM]	1	
duloxetine 30 mg capsule,delayed release[MM]	1	QL(120 per 30 days)
TRINTELLIX 5 MG TABLET[MM]	3	ST,QL(30 per 30 days)
venlafaxine 75 mg tablet[MM]	1	
duloxetine 20 mg capsule,delayed release[MM]	1	QL(180 per 30 days)
sertraline 20 mg/ml oral concentrate[MM]	2	QL(300 per 30 days)
fluoxetine 20 mg capsule[MM]	1	QL(120 per 30 days)
sertraline 50 mg tablet[MM]	1	QL(90 per 30 days)
fluoxetine 10 mg capsule[MM]	1	QL(60 per 30 days)
paroxetine 20 mg tablet[MM]	1	QL(30 per 30 days)
paroxetine 40 mg tablet[MM]	1	QL(60 per 30 days)
paroxetine mesylate (menopausal symptoms suppressant) 7.5 mg capsule[MM]	3	ST,QL(30 per 30 days)
citalopram 10 mg/5 ml oral solution[MM]	2	
desvenlafaxine succinate er 100 mg tablet,extended release 24 hr[MM]	2	
escitalopram 20 mg tablet[MM]	1	QL(30 per 30 days)
paroxetine 30 mg tablet[MM]	1	QL(60 per 30 days)
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr[MM]	2	
TRINTELLIX 10 MG TABLET[MM]	3	ST,QL(30 per 30 days)
fluoxetine 40 mg capsule[MM]	1	QL(60 per 30 days)
fluvoxamine 25 mg tablet[MM]	1	QL(90 per 30 days)
venlafaxine 100 mg tablet[MM]	1	
fluoxetine 20 mg/5 ml (4 mg/ml) oral solution[MM]	2	
trazodone 100 mg tablet[MM]	1	
citalopram 20 mg tablet[MM]	1	QL(60 per 30 days)
venlafaxine er 75 mg capsule,extended release 24 hr[MM]	1	QL(90 per 30 days)
fluvoxamine 100 mg tablet[MM]	1	QL(90 per 30 days)
citalopram 40 mg tablet[MM]	1	QL(30 per 30 days)
TRINTELLIX 20 MG TABLET[MM]	3	ST,QL(30 per 30 days)
citalopram 10 mg tablet[MM]	1	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
desipramine 150 mg tablet[MM]	3	
nortriptyline 10 mg capsule[MM]	1	
desipramine 100 mg tablet[MM]	3	
nortriptyline 50 mg capsule[MM]	1	
amitriptyline 100 mg tablet[MM]	1	
desipramine 10 mg tablet[MM]	3	
nortriptyline 10 mg/5 ml oral solution[MM]	3	
clomipramine 50 mg capsule[MM]	3	
amitriptyline 75 mg tablet[MM]	1	
amoxapine 25 mg tablet[MM]	2	
amitriptyline 10 mg tablet[MM]	1	
desipramine 50 mg tablet[MM]	3	
amitriptyline 150 mg tablet[MM]	1	
amoxapine 150 mg tablet[MM]	2	
clomipramine 75 mg capsule[MM]	3	
amitriptyline 50 mg tablet[MM]	1	
clomipramine 25 mg capsule[MM]	3	
amoxapine 50 mg tablet[MM]	2	
imipramine 50 mg tablet[MM]	1	
imipramine 10 mg tablet[MM]	1	
nortriptyline 25 mg capsule[MM]	1	
desipramine 75 mg tablet[MM]	3	
protriptyline 10 mg tablet[MM]	3	
desipramine 25 mg tablet[MM]	3	
amitriptyline 25 mg tablet[MM]	1	
nortriptyline 75 mg capsule[MM]	1	
imipramine 25 mg tablet[MM]	1	
protriptyline 5 mg tablet[MM]	3	
amoxapine 100 mg tablet[MM]	2	
trimethobenzamide 300 mg capsule	2	
promethegan 50 mg rectal suppository	3	
prochlorperazine 25 mg rectal suppository	3	
prochlorperazine maleate 5 mg tablet	2	
promethazine 6.25 mg/5 ml oral syrup	2	
promethazine 50 mg tablet	2	
meclizine 25 mg tablet	2	
compro 25 mg rectal suppository	3	
metoclopramide 5 mg tablet	1	
promethazine 12.5 mg tablet	2	
promethegan 12.5 mg rectal suppository	3	
prochlorperazine maleate 10 mg tablet	2	
meclizine 12.5 mg tablet	2	
promethazine 50 mg rectal suppository	3	
metoclopramide 5 mg/5 ml oral solution	1	
scopolamine 1 mg over 3 days transdermal patch	3	QL(10 per 30 days)
metoclopramide 10 mg tablet	1	
promethazine 25 mg tablet	2	
promethazine 12.5 mg rectal suppository	3	
promethegan 25 mg rectal suppository	3	
promethazine 25 mg rectal suppository	3	
doxylamine 10 mg-pyridoxine (vit b6) 10 mg tablet,delayed release	3	QL(120 per 30 days)
aprepitant 40 mg capsule	3	PA,QL(2 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH	3	PA,QL(4 per 30 days)
aprepitant 80 mg capsule	3	PA,QL(4 per 28 days)
ondansetron hcl 4 mg/5 ml oral solution	3	QL(450 per 30 days)
dronabinol 2.5 mg capsule	3	PA,QL(120 per 30 days)
aprepitant 125 mg capsule	3	PA,QL(2 per 28 days)
granisetron hcl 1 mg tablet	2	QL(28 per 28 days)
ondansetron hcl 4 mg tablet	2	QL(90 per 30 days)
ondansetron hcl 8 mg tablet	2	QL(90 per 30 days)
dronabinol 5 mg capsule	3	PA,QL(120 per 30 days)
ondansetron 4 mg disintegrating tablet	2	QL(90 per 30 days)
dronabinol 10 mg capsule	3	PA,QL(120 per 30 days)
ondansetron 8 mg disintegrating tablet	2	QL(90 per 30 days)
miconazole-3 200 mg vaginal suppository	2	
nystatin 100,000 unit/ml oral suspension	2	
nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream	2	
fluconazole 150 mg tablet	2	
clotrimazole 1 % topical cream	2	
terconazole 0.4 % vaginal cream	2	
ciclopirox 1 % shampoo	3	
nystatin-triamcinolone 100,000 unit/gram-0.1 % topical ointment	2	
nystatin 100,000 unit/gram topical ointment	2	
itraconazole 100 mg capsule	3	QL(120 per 30 days)
nystatin 500,000 unit tablet	2	
clotrimazole-betamethasone 1 %-0.05 % lotion	3	
klayesta 100,000 unit/gram topical powder	2	
CRESEMBA 186 MG CAPSULE[DL,SP]	*	PA
fluconazole 40 mg/ml oral suspension	2	
ciclopirox 0.77 % topical suspension	3	
itraconazole 10 mg/ml oral solution	3	QL(150 per 30 days)
terconazole 0.8 % vaginal cream	2	
fluconazole 50 mg tablet	2	
terbinafine hcl 250 mg tablet	1	QL(90 per 365 days)
nystatin 100,000 unit/gram topical powder	2	
fluconazole 200 mg tablet	2	
clotrimazole 1 % topical solution	2	
voriconazole 200 mg tablet[DL,SP]	*	PA,QL(120 per 30 days)
ciclopirox 0.77 % topical gel	3	
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION[DL,SP]	*	PA,QL(840 per 28 days)
nystatin 100,000 unit/gram topical cream	2	
ketoconazole 2 % shampoo	2	
clotrimazole 10 mg troche	2	
clotrimazole-betamethasone 1 %-0.05 % topical cream	2	
nystop 100,000 unit/gram topical powder	2	
fluconazole 100 mg tablet	2	
CRESEMBA 74.5 MG CAPSULE[DL,SP]	*	PA
ketoconazole 2 % topical cream	2	
fluconazole 10 mg/ml oral suspension	2	
gynazole-1 2 % vaginal cream	3	
voriconazole 200 mg/5 ml (40 mg/ml) oral suspension[DL,SP]	*	PA,QL(400 per 30 days)
nyamyc 100,000 unit/gram topical powder	2	
posaconazole 100 mg tablet,delayed release[DL,SP]	*	PA,QL(93 per 30 days)
econazole 1 % topical cream	2	
griseofulvin microsize 125 mg/5 ml oral suspension	3	
voriconazole 50 mg tablet[DL,SP]	*	PA,QL(120 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
NOXAFIL 300 MG ORAL SUSPENSION,DELAYED RELEASE IN A PACKET[DL,SP]	*	PA,QL(32 per 30 days)
probenecid 500 mg tablet[MM]	2	
MITIGARE 0.6 MG CAPSULE[MM]	2	QL(60 per 30 days)
colchicine 0.6 mg capsule[MM]	2	QL(60 per 30 days)
allopurinol 100 mg tablet[MM]	1	
allopurinol 300 mg tablet[MM]	1	
colchicine 0.6 mg tablet[MM]	3	QL(120 per 30 days)
QULIPTA 10 MG TABLET[MM]	2	PA,QL(30 per 30 days)
topiramate 200 mg tablet[MM]	1	QL(120 per 30 days)
topiramate 25 mg tablet[MM]	1	QL(90 per 30 days)
QULIPTA 30 MG TABLET[MM]	2	PA,QL(30 per 30 days)
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR[MM]	2	PA,QL(1 per 28 days)
QULIPTA 60 MG TABLET[MM]	2	PA,QL(30 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR[MM]	2	PA,QL(2 per 28 days)
topiramate 25 mg sprinkle capsule[MM]	2	QL(180 per 30 days)
topiramate 50 mg tablet[MM]	1	QL(120 per 30 days)
topiramate 15 mg sprinkle capsule[MM]	2	QL(120 per 30 days)
topiramate 100 mg tablet[MM]	1	QL(120 per 30 days)
sumatriptan 100 mg tablet	1	QL(9 per 30 days)
sumatriptan 50 mg tablet	1	QL(9 per 30 days)
rizatriptan 5 mg tablet	2	QL(12 per 30 days)
naratriptan 2.5 mg tablet	2	QL(9 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous syringe	3	QL(3 per 30 days)
sumatriptan 5 mg/actuation nasal spray	3	QL(12 per 30 days)
rizatriptan 10 mg disintegrating tablet	2	QL(12 per 30 days)
sumatriptan 25 mg tablet	1	QL(9 per 30 days)
rizatriptan 10 mg tablet	2	QL(12 per 30 days)
sumatriptan 20 mg/actuation nasal spray	3	QL(12 per 30 days)
rizatriptan 5 mg disintegrating tablet	2	QL(12 per 30 days)
naratriptan 1 mg tablet	2	QL(9 per 30 days)
pyridostigmine bromide 30 mg tablet[MM]	3	
pyridostigmine bromide 60 mg tablet[MM]	3	
dapsone 25 mg tablet[MM]	3	
dapsone 100 mg tablet[MM]	3	
rifabutin 150 mg capsule	4	
isoniazid 100 mg tablet	1	
TRECATOR 250 MG TABLET	3	
PRIFTIN 150 MG TABLET	3	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET	3	
rifampin 300 mg capsule	2	
isoniazid 50 mg/5 ml oral solution	3	
ethambutol 400 mg tablet	2	
rifampin 150 mg capsule	2	
isoniazid 300 mg tablet	1	
ethambutol 100 mg tablet	2	
pyrazinamide 500 mg tablet	3	
MATULANE 50 MG CAPSULE[DL,SP]	*	
LEUKERAN 2 MG TABLET	3	QL(480 per 30 days)
GLEOSTINE 10 MG CAPSULE[DL,SP]	*	PA,QL(35 per 30 days)
MYLERAN 2 MG TABLET[DL,SP]	*	QL(150 per 30 days)
temozolomide 250 mg capsule[DL]	4	QL(10 per 30 days)
GLEOSTINE 40 MG CAPSULE[DL,SP]	*	PA,QL(9 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
VALCHLOR 0.016 % TOPICAL GEL DL,MM,SP	*	PA,QL(60 per 28 days)
cyclophosphamide 25 mg capsule DL,SP	*	QL(960 per 30 days)
temozolomide 100 mg capsule DL	4	QL(60 per 30 days)
temozolomide 20 mg capsule DL	4	QL(270 per 30 days)
temozolomide 140 mg capsule DL	4	QL(60 per 30 days)
temozolomide 180 mg capsule DL	4	QL(60 per 30 days)
cyclophosphamide 50 mg capsule DL,SP	*	QL(480 per 30 days)
temozolomide 5 mg capsule DL	4	QL(90 per 30 days)
GLEOSTINE 100 MG CAPSULE DL,SP	*	PA,QL(3 per 30 days)
melphalan 2 mg tablet DL,SP	*	QL(80 per 30 days)
ERLEADA 240 MG TABLET DL,MM,SP	*	PA,QL(30 per 30 days)
NUBEQA 300 MG TABLET DL,LD,MM,SP	*	PA,QL(120 per 30 days)
XTANDI 40 MG CAPSULE DL,LD,MM,SP	*	PA,QL(120 per 30 days)
abiraterone 250 mg tablet DL,MM,SP	*	PA,QL(120 per 30 days)
nilutamide 150 mg tablet DL,MM,SP	*	QL(60 per 30 days)
XTANDI 80 MG TABLET DL,MM,SP	*	PA,QL(60 per 30 days)
XTANDI 40 MG TABLET DL,MM,SP	*	PA,QL(120 per 30 days)
bicalutamide 50 mg tablet MM	1	QL(30 per 30 days)
ERLEADA 60 MG TABLET DL,LD,MM,SP	*	PA,QL(120 per 30 days)
lenalidomide 2.5 mg capsule DL,MM,SP	*	PA,QL(28 per 28 days)
POMALYST 1 MG CAPSULE DL,LD,MM,SP	*	PA,QL(21 per 28 days)
POMALYST 4 MG CAPSULE DL,LD,MM,SP	*	PA,QL(21 per 28 days)
REVLIMID 10 MG CAPSULE DL,LD,MM,SP	*	PA,QL(28 per 28 days)
REVLIMID 5 MG CAPSULE DL,LD,MM,SP	*	PA,QL(28 per 28 days)
POMALYST 3 MG CAPSULE DL,LD,MM,SP	*	PA,QL(21 per 28 days)
lenalidomide 20 mg capsule DL,MM,SP	*	PA,QL(28 per 28 days)
lenalidomide 25 mg capsule DL,MM,SP	*	PA,QL(28 per 28 days)
lenalidomide 10 mg capsule DL,MM,SP	*	PA,QL(28 per 28 days)
REVLIMID 15 MG CAPSULE DL,LD,MM,SP	*	PA,QL(28 per 28 days)
lenalidomide 5 mg capsule DL,MM,SP	*	PA,QL(28 per 28 days)
POMALYST 2 MG CAPSULE DL,LD,MM,SP	*	PA,QL(21 per 28 days)
REVLIMID 20 MG CAPSULE DL,LD,MM,SP	*	PA,QL(28 per 28 days)
REVLIMID 25 MG CAPSULE DL,LD,MM,SP	*	PA,QL(28 per 28 days)
REVLIMID 2.5 MG CAPSULE DL,LD,MM,SP	*	PA,QL(28 per 28 days)
lenalidomide 15 mg capsule DL,MM,SP	*	PA,QL(28 per 28 days)
ORSERDU 86 MG TABLET DL,MM,SP	*	PA,QL(90 per 30 days)
ORSERDU 345 MG TABLET DL,MM,SP	*	PA,QL(30 per 30 days)
toremifene 60 mg tablet DL,MM,SP	*	QL(30 per 30 days)
EMCYT 140 MG CAPSULE	3	QL(540 per 30 days)
tamoxifen 20 mg tablet ACA,MM	1	
tamoxifen 10 mg tablet ACA,MM	1	
capecitabine 500 mg tablet	3	PA,QL(189 per 30 days)
mercaptopurine 50 mg tablet MM	2	QL(480 per 30 days)
hydroxyurea 500 mg capsule MM	1	
TABLOID 40 MG TABLET	4	QL(360 per 30 days)
capecitabine 150 mg tablet	3	PA,QL(630 per 30 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL,MM,SP	*	PA,QL(49 per 28 days)
XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET DL,MM,SP	*	PA,QL(32 per 28 days)
LONSURF 15 MG-6.14 MG TABLET DL,SP	*	PA,QL(100 per 30 days)
XPOVIO 60 MG/WEEK (60 MG X 1) TABLET DL,MM,SP	*	PA,QL(4 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
XPOVIO 100 MG/WEEK (50 MG X 2) TABLET[DL,MM,SP]	*	PA,QL(8 per 28 days)
LONSURF 20 MG-8.19 MG TABLET[DL,SP]	*	PA,QL(80 per 30 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET[DL,MM,SP]	*	PA,QL(91 per 28 days)
XPOVIO 40 MG TWICE WEEK (40 MG X 2) TABLET[DL,MM,SP]	*	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1) TABLET[DL,MM,SP]	*	PA,QL(4 per 28 days)
XPOVIO 80 MG/WEEK (40 MG X 2) TABLET[DL,MM,SP]	*	PA,QL(8 per 28 days)
IDHIFA 100 MG TABLET[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET[DL,MM,SP]	*	PA,QL(24 per 28 days)
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET[DL,SP]	*	QL(20 per 365 days)
IDHIFA 50 MG TABLET[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
leucovorin calcium 5 mg tablet	3	
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET[DL,MM,SP]	*	PA,QL(70 per 28 days)
ZOLINZA 100 MG CAPSULE[DL,SP]	*	PA,QL(120 per 30 days)
leucovorin calcium 15 mg tablet	3	
leucovorin calcium 10 mg tablet	3	
leucovorin calcium 25 mg tablet	3	
anastrozole 1 mg tablet[ACA,MM]	1	QL(30 per 30 days)
exemestane 25 mg tablet[MM]	3	QL(60 per 30 days)
letrozole 2.5 mg tablet[MM]	1	QL(30 per 30 days)
HYCAMTIN 0.25 MG CAPSULE[DL,SP]	*	QL(100 per 25 days)
HYCAMTIN 1 MG CAPSULE[DL,SP]	*	QL(25 per 25 days)
etoposide 50 mg capsule[DL,SP]	*	QL(100 per 30 days)
ERIVEDGE 150 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(28 per 28 days)
VENCLEXTA 50 MG TABLET[DL,MM,SP]	*	PA,QL(28 per 28 days)
VERZENIO 200 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
MEKTOVI 15 MG TABLET[DL,LD,MM,SP]	*	PA,QL(180 per 30 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET[DL,MM,SP]	*	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET[DL,MM,SP]	*	PA,QL(63 per 28 days)
IMBRUVICA 70 MG CAPSULE[DL,MM,SP]	*	PA,QL(28 per 28 days)
BRAFTOVI 75 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(180 per 30 days)
CALQUENCE (ACALABRUTINIB MALEATE) 100 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
everolimus (antineoplastic) 7.5 mg tablet[DL,MM,SP]	*	PA,QL(30 per 30 days)
VENCLEXTA 10 MG TABLET[DL,MM,SP]	*	PA,QL(56 per 28 days)
SPRYCEL 100 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
SPRYCEL 80 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
LYNPARZA 150 MG TABLET[DL,MM,SP]	*	PA,QL(120 per 30 days)
ICLUSIG 15 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
LYNPARZA 100 MG TABLET[DL,MM,SP]	*	PA,QL(120 per 30 days)
dasatinib 140 mg tablet[DL,MM,SP]	*	PA,QL(30 per 30 days)
SCEMBLIX 40 MG TABLET[DL,MM,SP]	*	PA,QL(300 per 30 days)
SCEMBLIX 100 MG TABLET[DL,MM,SP]	*	PA,QL(120 per 30 days)
RETEVMO 80 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
torpenz 2.5 mg tablet[DL,MM,SP]	*	QL(30 per 30 days)
ZEJULA 300 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
dasatinib 100 mg tablet[DL,MM,SP]	*	PA,QL(60 per 30 days)
TAGRISSO 80 MG TABLET[DL,SP]	*	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
dasatinib 50 mg tablet[DL,MM,SP]	*	PA,QL(60 per 30 days)
ALUNBRIG 180 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
JAKAFI 25 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES[DL,MM,SP]	*	PA,QL(112 per 28 days)
CABOMETYX 40 MG TABLET[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
VERZENIO 100 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(180 per 30 days)
JAKAFI 15 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
TABRECTA 200 MG TABLET[DL,LD,MM,SP]	*	PA,QL(112 per 28 days)
KOSELUGO 25 MG CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
PIQRAY 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLET[DL,LD,MM,SP]	*	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET[DL,MM,SP]	*	PA,QL(180 per 30 days)
everolimus (antineoplastic) 3 mg tablet for oral suspension[DL,MM,SP]	*	PA,QL(30 per 30 days)
sunitinib malate 12.5 mg capsule[DL,SP]	*	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK[DL,SP]	*	PA,QL(42 per 28 days)
SCEMBLIX 20 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
CALQUENCE 100 MG CAPSULE[DL,MM,SP]	*	PA,QL(60 per 30 days)
VERZENIO 150 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
VERZENIO 50 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
lapatinib 250 mg tablet[DL,MM,SP]	*	PA,QL(180 per 30 days)
ODOMZO 200 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
dasatinib 80 mg tablet[DL,MM,SP]	*	PA,QL(60 per 30 days)
IMBRUVICA 420 MG TABLET[DL,MM,SP]	*	PA,QL(28 per 28 days)
ICLUSIG 45 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
IMBRUVICA 140 MG CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
TURALIO 125 MG CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
RYDAPT 25 MG CAPSULE[DL,MM,SP]	*	PA,QL(224 per 28 days)
ZEJULA 100 MG CAPSULE[DL,MM,SP]	*	PA,QL(90 per 30 days)
sunitinib malate 37.5 mg capsule[DL,SP]	*	PA,QL(28 per 28 days)
everolimus (antineoplastic) 2 mg tablet for oral suspension[DL,MM,SP]	*	PA,QL(30 per 30 days)
erlotinib 100 mg tablet[DL,MM,SP]	*	PA,QL(30 per 30 days)
JAKAFI 10 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
KOSELUGO 10 MG CAPSULE[DL,MM,SP]	*	PA,QL(240 per 30 days)
PEMAZYRE 13.5 MG TABLET[DL,MM,SP]	*	PA,QL(28 per 28 days)
SPRYCEL 70 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
ZYDELIG 150 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES[DL,MM,SP]	*	PA,QL(84 per 28 days)
imatinib 400 mg tablet[DL,MM,SP]	*	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
ICLUSIG 30 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
IMBRUVICA 70 MG/ML ORAL SUSPENSION[DL,MM,SP]	*	PA
erlotinib 150 mg tablet[DL,MM,SP]	*	PA,QL(30 per 30 days)
torpenz 7.5 mg tablet[DL,MM,SP]	*	QL(30 per 30 days)
REZLIDHIA 150 MG CAPSULE[MM,SP]	*	PA,QL(60 per 30 days)
ZYDELIG 100 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
RETEVMO 120 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
VORANIGO 10 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
BRUKINSA 80 MG CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
JAYPIRCA 100 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
sorafenib 200 mg tablet[DL,SP]	*	PA,QL(120 per 30 days)
sunitinib malate 50 mg capsule[DL,SP]	*	PA,QL(28 per 28 days)
ICLUSIG 10 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
FOTIVDA 0.89 MG CAPSULE[DL,MM,SP]	*	PA,QL(21 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
FOTIVDA 1.34 MG CAPSULE[DL,MM,SP]	*	PA,QL(21 per 28 days)
JAKAFI 20 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
sunitinib malate 25 mg capsule[DL,SP]	*	PA,QL(28 per 28 days)
imatinib 100 mg tablet[DL,MM,SP]	*	PA,QL(90 per 30 days)
dasatinib 20 mg tablet[DL,MM,SP]	*	PA,QL(90 per 30 days)
TABRECTA 150 MG TABLET[DL,LD,MM,SP]	*	PA,QL(112 per 28 days)
PEMAZYRE 9 MG TABLET[DL,MM,SP]	*	PA,QL(28 per 28 days)
dasatinib 70 mg tablet[DL,MM,SP]	*	PA,QL(60 per 30 days)
SPRYCEL 50 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
RETEVMO 80 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET[DL,MM,SP]	*	PA,QL(300 per 30 days)
RETEVMO 160 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
TUKYSA 150 MG TABLET[DL,MM,SP]	*	PA,QL(120 per 30 days)
ZEJULA 100 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
QINLOCK 50 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
PEMAZYRE 4.5 MG TABLET[DL,MM,SP]	*	PA,QL(28 per 28 days)
CABOMETYX 20 MG TABLET[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
CABOMETYX 60 MG TABLET[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
ZEJULA 200 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
ROZLYTREK 100 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(150 per 30 days)
TURALIO 200 MG CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
XOSPATA 40 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
ROZLYTREK 200 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(90 per 30 days)
BALVERSA 5 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
DAURISMO 100 MG TABLET[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
ROZLYTREK 50 MG ORAL PELLETS IN PACKET[DL,MM,SP]	*	PA,QL(360 per 30 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET[DL,LD,MM,SP]	*	PA,QL(28 per 28 days)
BALVERSA 4 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
PIQRAY 300 MG/DAY (150 MG X 2) TABLET[DL,LD,MM,SP]	*	PA,QL(56 per 28 days)
VITRAKVI 100 MG CAPSULE[DL,MM,SP]	*	PA,QL(60 per 30 days)
KISQALI 200 MG/DAY (200 MG X 1) TABLET[DL,MM,SP]	*	PA,QL(21 per 28 days)
everolimus (antineoplastic) 10 mg tablet[DL,MM,SP]	*	PA,QL(30 per 30 days)
JAYPIRCA 50 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES[DL,MM,SP]	*	PA,QL(56 per 28 days)
TIBSOVO 250 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
BALVERSA 3 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
VORANIGO 40 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2.5 mg tablet[DL,MM,SP]	*	PA,QL(30 per 30 days)
erlotinib 25 mg tablet[DL,MM,SP]	*	PA,QL(90 per 30 days)
ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK[DL,SP]	*	PA,QL(30 per 30 days)
VITRAKVI 20 MG/ML ORAL SOLUTION[DL,MM,SP]	*	PA,QL(300 per 30 days)
ALUNBRIG 90 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
JAKAFI 5 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
VITRAKVI 25 MG CAPSULE[DL,MM,SP]	*	PA,QL(180 per 30 days)
torpenz 5 mg tablet[DL,MM,SP]	*	QL(30 per 30 days)
COPIKTRA 25 MG CAPSULE[DL,MM,SP]	*	PA,QL(56 per 28 days)
torpenz 10 mg tablet[DL,MM,SP]	*	QL(30 per 30 days)
COPIKTRA 15 MG CAPSULE[DL,MM,SP]	*	PA,QL(56 per 28 days)
everolimus (antineoplastic) 5 mg tablet for oral suspension[DL,MM,SP]	*	PA,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
everolimus (antineoplastic) 5 mg tablet[DL,MM,SP]	*	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET[DL,MM,SP]	*	PA,QL(180 per 30 days)
TAGRISSO 40 MG TABLET[DL,SP]	*	PA,QL(30 per 30 days)
ALECENSA 150 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(240 per 30 days)
RETEVMO 40 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
PANRETIN 0.1 % TOPICAL GEL[DL,SP]	*	PA
bexarotene 75 mg capsule[DL,MM,SP]	*	PA,QL(300 per 30 days)
TARGRETIN 1 % TOPICAL GEL[DL,SP]	*	PA,QL(240 per 30 days)
tretinoin (antineoplastic) 10 mg capsule[DL,SP]	*	PA,QL(360 per 30 days)
MESNEX 400 MG TABLET[DL,SP]	*	
albendazole 200 mg tablet	4	
ivermectin 3 mg tablet	2	
benznidazole 100 mg tablet	4	
chloroquine 500 mg tablet	3	
COARTEM 20 MG-120 MG TABLET	3	QL(24 per 30 days)
nitazoxanide 500 mg tablet[DL,SP]	*	
mefloquine 250 mg tablet	2	
NEBUPENT 300 MG SOLUTION FOR INHALATION[MM]	3	
IMPAVIDO 50 MG CAPSULE[DL,SP]	*	QL(84 per 28 days)
chloroquine 250 mg tablet	3	
atovaquone-proguanil (pediatric) 62.5 mg-25 mg tablet	3	QL(30 per 30 days)
hydroxychloroquine 100 mg tablet[MM]	3	
KRINTAFEL 150 MG TABLET	2	QL(4 per 180 days)
atovaquone 250 mg-proguanil 100 mg tablet	3	QL(30 per 30 days)
benznidazole 12.5 mg tablet	4	
LAMPIT 120 MG TABLET	4	
LAMPIT 30 MG TABLET	4	
atovaquone 750 mg/5 ml oral suspension[DL]	4	QL(600 per 30 days)
hydroxychloroquine 200 mg tablet[MM]	3	
hydroxychloroquine 300 mg tablet[MM]	3	
primaquine 26.3 mg (15 mg base) tablet	3	
pentamidine 300 mg solution for inhalation[MM]	3	
hydroxychloroquine 400 mg tablet[MM]	3	
trihexyphenidyl 0.4 mg/ml oral elixir[MM]	2	
trihexyphenidyl 2 mg tablet[MM]	1	
trihexyphenidyl 5 mg tablet[MM]	1	
benztropine 0.5 mg tablet[MM]	1	
benztropine 1 mg tablet[MM]	1	
benztropine 2 mg tablet[MM]	1	
amantadine hcl 50 mg/5 ml oral solution[MM]	1	
amantadine hcl 100 mg capsule[MM]	2	
entacapone 200 mg tablet[MM]	3	QL(300 per 30 days)
pramipexole 1 mg tablet[MM]	1	
pramipexole 0.75 mg tablet[MM]	1	
ropinirole 0.25 mg tablet[MM]	1	QL(180 per 30 days)
ropinirole 2 mg tablet[MM]	1	QL(90 per 30 days)
pramipexole 1.5 mg tablet[MM]	1	
ropinirole 1 mg tablet[MM]	1	QL(90 per 30 days)
pramipexole 0.25 mg tablet[MM]	1	
ropinirole 5 mg tablet[MM]	1	QL(120 per 30 days)
ropinirole 3 mg tablet[MM]	1	QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
pramipexole 0.5 mg tablet[MM]	1	
ropinirole 0.5 mg tablet[MM]	1	QL(90 per 30 days)
pramipexole 0.125 mg tablet[MM]	1	
ropinirole 4 mg tablet[MM]	1	QL(180 per 30 days)
carbidopa er 25 mg-levodopa 100 mg tablet,extended release[MM]	2	
carbidopa 10 mg-levodopa 100 mg tablet[MM]	1	
carbidopa 25 mg-levodopa 250 mg tablet[MM]	1	
carbidopa er 50 mg-levodopa 200 mg tablet,extended release[MM]	2	
carbidopa 25 mg-levodopa 100 mg tablet[MM]	1	
selegiline 5 mg capsule[MM]	3	
selegiline 5 mg tablet[MM]	3	
trifluoperazine 10 mg tablet[MM]	2	
haloperidol decanoate 100 mg/ml intramuscular solution[MM]	3	QL(5 per 30 days)
loxapine succinate 10 mg capsule[MM]	2	
thioridazine 10 mg tablet[MM]	2	
thioridazine 25 mg tablet[MM]	2	
haloperidol 5 mg tablet[MM]	2	
thioridazine 50 mg tablet[MM]	2	
pimozide 2 mg tablet[MM]	3	
loxapine succinate 50 mg capsule[MM]	2	
thioridazine 100 mg tablet[MM]	2	
trifluoperazine 2 mg tablet[MM]	2	
pimozide 1 mg tablet[MM]	3	
perphenazine 8 mg tablet[MM]	2	
haloperidol 2 mg tablet[MM]	2	
fluphenazine 2.5 mg/5 ml oral elixir[MM]	3	
perphenazine 16 mg tablet[MM]	2	
thiothixene 10 mg capsule[MM]	3	
thiothixene 2 mg capsule[MM]	3	
haloperidol decanoate 50 mg/ml intramuscular solution[MM]	3	QL(9 per 30 days)
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION[MM]	4	QL(5 per 30 days)
trifluoperazine 5 mg tablet[MM]	2	
fluphenazine decanoate 25 mg/ml injection solution[MM]	4	
trifluoperazine 1 mg tablet[MM]	2	
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION[MM]	4	QL(9 per 30 days)
haloperidol 10 mg tablet[MM]	2	
thiothixene 1 mg capsule[MM]	3	
haloperidol 20 mg tablet[MM]	2	
haloperidol 1 mg tablet[MM]	2	
haloperidol 0.5 mg tablet[MM]	2	
perphenazine 4 mg tablet[MM]	2	
fluphenazine 5 mg/ml oral concentrate[MM]	3	
perphenazine 2 mg tablet[MM]	2	
thiothixene 5 mg capsule[MM]	3	
loxapine succinate 25 mg capsule[MM]	2	
loxapine succinate 5 mg capsule[MM]	2	
haloperidol lactate 2 mg/ml oral concentrate[MM]	2	
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE[MM,SP]	*	QL(2.4 per 56 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE[SP]	*	QL(2.4 per 42 days)
risperidone microspheres er 50 mg/2 ml intramuscular susp,ext release[DL,MM,SP]	*	QL(2 per 28 days)

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

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE[DL,MM,SP]	*	QL(2 per 28 days)
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE[DL,MM,SP]	*	QL(1.5 per 28 days)
risperidone 4 mg tablet[MM]	1	QL(60 per 30 days)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE[DL,MM,SP]	*	QL(2 per 28 days)
quetiapine er 400 mg tablet,extended release 24 hr[MM]	2	QL(60 per 30 days)
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE[DL,MM,SP]	*	QL(1 per 28 days)
NUPLAZID 34 MG CAPSULE[LD,MM,SP]	*	PA,QL(30 per 30 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE[DL,MM,SP]	*	QL(1 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE[DL,MM,SP]	*	QL(3.2 per 28 days)
risperidone 0.5 mg tablet[MM]	1	QL(120 per 30 days)
risperidone 1 mg/ml oral solution[MM]	2	
ziprasidone 80 mg capsule[MM]	2	QL(60 per 30 days)
lurasidone 20 mg tablet[MM]	2	QL(30 per 30 days)
INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE[MM,SP]	*	QL(0.88 per 90 days)
olanzapine 15 mg tablet[MM]	1	QL(60 per 30 days)
PERSERIS 120 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE[DL,MM,SP]	*	QL(1 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE[DL,MM,SP]	*	QL(2.4 per 28 days)
ZYPREXA RELPREVV 405 MG IM SUSPENSION[MM]	4	QL(1 per 28 days)
risperidone 1 mg tablet[MM]	1	QL(60 per 30 days)
INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE[MM,SP]	*	QL(1.32 per 90 days)
aripiprazole 30 mg tablet[MM]	2	QL(30 per 30 days)
quetiapine er 200 mg tablet,extended release 24 hr[MM]	2	QL(30 per 30 days)
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE[MM,SP]	*	QL(3.5 per 180 days)
risperidone microspheres er 25 mg/2 ml intramuscular susp,ext release[DL,MM,SP]	*	QL(2 per 28 days)
quetiapine er 300 mg tablet,extended release 24 hr[MM]	2	QL(60 per 30 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE[MM,SP]	*	QL(3.2 per 56 days)
ZYPREXA RELPREVV 300 MG IM SUSPENSION[MM]	4	QL(2 per 28 days)
ziprasidone 60 mg capsule[MM]	2	QL(60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE[MM,SP]	*	QL(3.9 per 56 days)
quetiapine 100 mg tablet[MM]	1	QL(90 per 30 days)
NUPLAZID 10 MG TABLET[LD,MM,SP]	*	PA,QL(30 per 30 days)
risperidone 2 mg tablet[MM]	1	QL(60 per 30 days)
paliperidone er 3 mg tablet,extended release 24 hr[MM]	3	QL(30 per 30 days)
paliperidone er 6 mg tablet,extended release 24 hr[MM]	3	QL(60 per 30 days)
olanzapine 7.5 mg tablet[MM]	1	QL(30 per 30 days)
quetiapine 400 mg tablet[MM]	1	QL(60 per 30 days)
ziprasidone 40 mg capsule[MM]	2	QL(60 per 30 days)
olanzapine 10 mg tablet[MM]	1	QL(30 per 30 days)
ziprasidone 20 mg capsule[MM]	2	QL(60 per 30 days)
risperidone 3 mg tablet[MM]	1	QL(60 per 30 days)
aripiprazole 1 mg/ml oral solution[MM]	3	QL(750 per 30 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE[MM,SP]	*	QL(1.75 per 90 days)
olanzapine 10 mg intramuscular solution	4	QL(60 per 30 days)
INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE[MM,SP]	*	QL(2.63 per 90 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE[DL,MM,SP]	*	QL(1.6 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE[DL,MM,SP]	*	QL(2 per 28 days)
olanzapine 5 mg tablet[MM]	1	QL(30 per 30 days)
paliperidone er 1.5 mg tablet,extended release 24 hr[MM]	3	QL(30 per 30 days)
risperidone microspheres er 37.5 mg/2 ml intramuscular susp,ext releas[DL,MM,SP]	*	QL(2 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
quetiapine 300 mg tablet[MM]	1	QL(60 per 30 days)
lurasidone 80 mg tablet[MM]	2	QL(60 per 30 days)
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE[DL,MM,SP]	*	QL(1.5 per 28 days)
ZYPREXA RELPREVV 210 MG IM SUSPENSION[MM]	4	QL(4 per 28 days)
quetiapine 150 mg tablet[MM]	3	QL(30 per 30 days)
quetiapine 25 mg tablet[MM]	1	QL(120 per 30 days)
PERSERIS 90 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE[DL,MM,SP]	*	QL(1 per 28 days)
lurasidone 60 mg tablet[MM]	2	QL(30 per 30 days)
aripiprazole 5 mg tablet[MM]	2	QL(30 per 30 days)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE[DL,MM,SP]	*	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE[DL,MM,SP]	*	QL(1.5 per 28 days)
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE[MM,SP]	*	QL(5 per 180 days)
aripiprazole 15 mg tablet[MM]	2	QL(30 per 30 days)
olanzapine 2.5 mg tablet[MM]	1	QL(30 per 30 days)
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE[DL,MM,SP]	*	QL(1 per 28 days)
quetiapine er 50 mg tablet,extended release 24 hr[MM]	2	QL(120 per 30 days)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE[DL,MM,SP]	*	QL(1 per 28 days)
risperidone microspheres er 12.5 mg/2 ml intramuscular susp,ext releas[DL,MM,SP]	*	QL(2 per 28 days)
quetiapine er 150 mg tablet,extended release 24 hr[MM]	2	QL(90 per 30 days)
lurasidone 40 mg tablet[MM]	2	QL(30 per 30 days)
aripiprazole 20 mg tablet[MM]	2	QL(30 per 30 days)
quetiapine 200 mg tablet[MM]	1	QL(120 per 30 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE[DL,MM,SP]	*	QL(2 per 28 days)
aripiprazole 2 mg tablet[MM]	2	QL(30 per 30 days)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION	4	QL(60 per 30 days)
quetiapine 50 mg tablet[MM]	1	QL(120 per 30 days)
risperidone 0.25 mg tablet[MM]	1	QL(60 per 30 days)
olanzapine 20 mg tablet[MM]	1	QL(60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE[DL,MM,SP]	*	QL(1.5 per 28 days)
aripiprazole 10 mg tablet[MM]	2	QL(30 per 30 days)
paliperidone er 9 mg tablet,extended release 24 hr[MM]	3	QL(30 per 30 days)
lurasidone 120 mg tablet[MM]	2	QL(30 per 30 days)
clozapine 25 mg tablet[MM]	2	
clozapine 200 mg tablet[MM]	2	
clozapine 50 mg tablet[MM]	2	
clozapine 100 mg tablet[MM]	2	
tizanidine 4 mg tablet[MM]	1	
baclofen 10 mg tablet[MM]	2	QL(240 per 30 days)
baclofen 20 mg tablet[MM]	2	QL(120 per 30 days)
dantrolene 25 mg capsule[MM]	3	
baclofen 5 mg tablet[MM]	2	QL(90 per 30 days)
tizanidine 2 mg tablet[MM]	1	
dantrolene 100 mg capsule[MM]	3	
dantrolene 50 mg capsule[MM]	3	
ZIRGAN 0.15 % EYE GEL	3	QL(5 per 30 days)
valganciclovir 450 mg tablet[DL,MM,SP]	*	QL(120 per 30 days)
adefovir 10 mg tablet[DL,SP]	*	
BARACLUDE 0.05 MG/ML ORAL SOLUTION[DL,MM,SP]	*	QL(630 per 30 days)
entecavir 1 mg tablet[MM]	3	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
entecavir 0.5 mg tablet[MM]	3	QL(30 per 30 days)
EPCLUSA 200 MG-50 MG TABLET[DL,SP]	*	PA,QL(28 per 28 days)
ribavirin 200 mg tablet	3	QL(168 per 28 days)
EPCLUSA 400 MG-100 MG TABLET[DL,SP]	*	PA,QL(28 per 28 days)
EPCLUSA 150 MG-37.5 MG ORAL PELLETS IN PACKET[DL,SP]	*	PA,QL(28 per 28 days)
ribavirin 200 mg capsule	3	QL(168 per 28 days)
EPCLUSA 200 MG-50 MG ORAL PELLETS IN PACKET[DL,SP]	*	PA,QL(56 per 28 days)
BIKTARVY 30 MG-120 MG-15 MG TABLET[MM,SP]	*	QL(30 per 30 days)
ISENTRESS 400 MG TABLET[MM,SP]	*	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET[MM,SP]	*	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION[MM,SP]	*	QL(180 per 30 days)
APRETUDE 600 MG/3 ML (200 MG/ML) IM SUSPENSION, EXTENDED RELEASE[DL,MM,SP]	*	QL(21 per 365 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET[MM,SP]	*	QL(30 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET[MM,SP]	*	QL(180 per 30 days)
JULUCA 50 MG-25 MG TABLET[MM,SP]	*	QL(30 per 30 days)
VOCABRIA 30 MG TABLET[DL,SP]	*	QL(30 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET[MM,SP]	*	QL(30 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET[MM,SP]	*	QL(180 per 30 days)
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET[MM,SP]	*	QL(30 per 30 days)
TIVICAY 25 MG TABLET[MM,SP]	*	QL(60 per 30 days)
DOVATO 50 MG-300 MG TABLET[MM,SP]	*	QL(30 per 30 days)
TIVICAY 50 MG TABLET[MM,SP]	*	QL(60 per 30 days)
TIVICAY 10 MG TABLET[MM,SP]	*	QL(60 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET[MM,SP]	*	QL(300 per 30 days)
nevirapine 50 mg/5 ml oral suspension[MM]	2	QL(1200 per 30 days)
EDURANT 25 MG TABLET[MM,SP]	*	QL(30 per 30 days)
nevirapine 200 mg tablet[MM]	1	QL(60 per 30 days)
efavirenz 50 mg capsule[MM]	4	QL(480 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET[MM,SP]	*	QL(30 per 30 days)
nevirapine er 100 mg tablet,extended release 24 hr[MM]	3	QL(120 per 30 days)
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoprox 300 mg tablet[MM]	3	QL(30 per 30 days)
etravirine 100 mg tablet[MM,SP]	*	QL(120 per 30 days)
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet[MM,SP]	*	QL(30 per 30 days)
SYMFI 600 MG-300 MG-300 MG TABLET[MM,SP]	*	QL(30 per 30 days)
PIFELTRO 100 MG TABLET[MM,SP]	*	QL(60 per 30 days)
etravirine 200 mg tablet[MM,SP]	*	QL(60 per 30 days)
efavirenz 600 mg tablet[MM]	4	QL(30 per 30 days)
nevirapine er 400 mg tablet,extended release 24 hr[MM]	3	QL(30 per 30 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET[MM,SP]	*	QL(30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET[MM,SP]	*	QL(30 per 30 days)
efavirenz 200 mg capsule[MM]	4	QL(120 per 30 days)
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet[MM,SP]	*	QL(30 per 30 days)
lamivudine 150 mg-zidovudine 300 mg tablet[MM]	3	QL(60 per 30 days)
lamivudine 10 mg/ml oral solution[MM]	3	QL(960 per 30 days)
abacavir 300 mg tablet[MM]	3	QL(60 per 30 days)
lamivudine 300 mg tablet[MM]	2	QL(30 per 30 days)
stavudine 15 mg capsule[MM]	2	QL(120 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION[MM]	3	QL(680 per 28 days)
didanosine 250 mg capsule,delayed release[MM]	3	QL(30 per 30 days)
zidovudine 10 mg/ml oral syrup[MM]	3	QL(1680 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet[MM,SP]	*	QL(30 per 30 days)
didanosine 400 mg capsule,delayed release[MM]	3	QL(30 per 30 days)
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet[MM,SP]	*	QL(30 per 30 days)
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet[ACA,MM]	2	QL(30 per 30 days)
lamivudine 150 mg tablet[MM]	2	QL(60 per 30 days)
DESCOVY 120 MG-15 MG TABLET[MM,SP]	*	QL(30 per 30 days)
emtricitabine 200 mg capsule[MM]	3	QL(30 per 30 days)
VIREAD 200 MG TABLET[MM,SP]	*	QL(30 per 30 days)
VIREAD 150 MG TABLET[MM,SP]	*	QL(30 per 30 days)
stavudine 20 mg capsule[MM]	2	QL(120 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER[MM,SP]	*	QL(240 per 30 days)
tenofovir disoproxil fumarate 300 mg tablet[MM]	2	QL(30 per 30 days)
abacavir 20 mg/ml oral solution[MM]	3	QL(960 per 30 days)
CIMDUO 300 MG-300 MG TABLET[MM,SP]	*	QL(30 per 30 days)
stavudine 30 mg capsule[MM]	2	QL(60 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET[MM,SP]	*	QL(30 per 30 days)
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet[MM,SP]	*	QL(30 per 30 days)
abacavir 600 mg-lamivudine 300 mg tablet[MM]	3	QL(30 per 30 days)
stavudine 40 mg capsule[MM]	2	QL(60 per 30 days)
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION[MM,SP]	*	QL(180 per 30 days)
DESCOVY 200 MG-25 MG TABLET[MM,SP]	*	QL(30 per 30 days)
TRIUMEQ 600 MG-50 MG-300 MG TABLET[MM,SP]	*	QL(30 per 30 days)
zidovudine 300 mg tablet[MM]	1	QL(60 per 30 days)
VIREAD 250 MG TABLET[MM,SP]	*	QL(30 per 30 days)
TEMIXYS 300 MG-300 MG TABLET[MM,SP]	*	QL(30 per 30 days)
zidovudine 100 mg capsule[MM]	3	QL(180 per 30 days)
SUNLENCA 309 MG/ML SUBCUTANEOUS SOLUTION[DL,MM,SP]	*	PA,QL(9 per 365 days)
SELZENTRY 150 MG TABLET[MM,SP]	*	QL(240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION[MM,SP]	*	QL(1800 per 30 days)
TYBOST 150 MG TABLET[MM]	3	QL(30 per 30 days)
maraviroc 150 mg tablet[MM,SP]	*	QL(240 per 30 days)
maraviroc 300 mg tablet[MM,SP]	*	QL(120 per 30 days)
SUNLENCA 300 MG TABLET[SP]	*	PA,QL(10 per 365 days)
SELZENTRY 25 MG TABLET[MM,SP]	*	QL(240 per 30 days)
SELZENTRY 300 MG TABLET[MM,SP]	*	QL(120 per 30 days)
SELZENTRY 75 MG TABLET[MM,SP]	*	QL(120 per 30 days)
FUZEON 90 MG SUBCUTANEOUS SOLUTION[DL,MM,SP]	*	QL(60 per 30 days)
RUKOBIA 600 MG TABLET,EXTENDED RELEASE[MM,SP]	*	QL(60 per 30 days)
VIRACEPT 250 MG TABLET[MM,SP]	*	QL(300 per 30 days)
lopinavir-ritonavir 100 mg-25 mg tablet[MM,SP]	*	QL(300 per 30 days)
EVOTAZ 300 MG-150 MG TABLET[MM,SP]	*	QL(30 per 30 days)
VIRACEPT 625 MG TABLET[MM,SP]	*	QL(120 per 30 days)
darunavir 800 mg tablet[MM,SP]	*	QL(30 per 30 days)
PREZISTA 800 MG TABLET[MM,SP]	*	QL(30 per 30 days)
atazanavir 300 mg capsule[MM]	3	QL(30 per 30 days)
atazanavir 200 mg capsule[MM]	3	QL(60 per 30 days)
lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution[MM]	4	
lopinavir-ritonavir 200 mg-50 mg tablet[MM,SP]	*	QL(150 per 30 days)
PREZISTA 150 MG TABLET[MM,SP]	*	QL(240 per 30 days)
fosamprenavir 700 mg tablet[MM,SP]	*	QL(120 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PREZISTA 100 MG/ML ORAL SUSPENSION[MM,SP]	*	QL(360 per 30 days)
darunavir 600 mg tablet[MM,SP]	*	QL(60 per 30 days)
APTIVUS 250 MG CAPSULE[MM,SP]	*	QL(120 per 30 days)
ritonavir 100 mg tablet[MM]	3	QL(360 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET[MM,SP]	*	
PREZCOBIX 800 MG-150 MG TABLET[MM,SP]	*	QL(30 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION[MM]	3	QL(480 per 30 days)
PREZISTA 600 MG TABLET[MM,SP]	*	QL(60 per 30 days)
PREZISTA 75 MG TABLET[MM,SP]	*	QL(480 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET[MM,SP]	*	QL(360 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET[MM,SP]	*	QL(30 per 30 days)
atazanavir 150 mg capsule[MM]	3	QL(60 per 30 days)
LEXIVA 50 MG/ML ORAL SUSPENSION[MM,SP]	*	QL(1575 per 28 days)
oseltamivir 45 mg capsule	3	QL(112 per 365 days)
oseltamivir 6 mg/ml oral suspension	3	QL(1440 per 365 days)
XOFLUZA 80 MG TABLET	2	
oseltamivir 30 mg capsule	3	QL(224 per 365 days)
oseltamivir 75 mg capsule	3	QL(112 per 365 days)
XOFLUZA 20 MG TABLET	2	
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION	3	QL(60 per 180 days)
rimantadine 100 mg tablet	2	
XOFLUZA 40 MG TABLET	2	
famciclovir 125 mg tablet[MM]	2	QL(90 per 30 days)
valacyclovir 1 gram tablet[MM]	2	QL(90 per 30 days)
acyclovir 5 % topical ointment	3	PA
acyclovir 400 mg tablet[MM]	2	
acyclovir 800 mg tablet[MM]	2	
acyclovir 200 mg capsule[MM]	2	
acyclovir 200 mg/5 ml oral suspension[MM]	3	
famciclovir 500 mg tablet[MM]	2	QL(90 per 30 days)
famciclovir 250 mg tablet[MM]	2	QL(90 per 30 days)
valacyclovir 500 mg tablet[MM]	2	QL(90 per 30 days)
buspirone 10 mg tablet[MM]	1	
buspirone 5 mg tablet[MM]	1	
doxepin 150 mg capsule[MM]	2	
doxepin 10 mg capsule[MM]	2	
doxepin 75 mg capsule[MM]	2	
buspirone 15 mg tablet[MM]	1	
doxepin 50 mg capsule[MM]	2	
hydroxyzine hcl 10 mg/5 ml oral solution	2	
buspirone 30 mg tablet[MM]	1	
hydroxyzine hcl 25 mg tablet	2	
hydroxyzine hcl 50 mg tablet	2	
buspirone 7.5 mg tablet[MM]	1	
doxepin 100 mg capsule[MM]	2	
hydroxyzine hcl 10 mg tablet	2	
doxepin 25 mg capsule[MM]	2	
doxepin 10 mg/ml oral concentrate[MM]	2	
diazepam intensol 5 mg/ml oral concentrate[DL]	2	QL(240 per 30 days)
clonazepam 1 mg tablet[DL,MM]	2	
diazepam 10 mg tablet[DL]	2	QL(120 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
diazepam 5 mg/ml oral concentrate[DL]	2	QL(240 per 30 days)
alprazolam 2 mg tablet[DL]	2	QL(150 per 30 days)
alprazolam 0.25 mg tablet[DL]	2	QL(120 per 30 days)
chlordiazepoxide 25 mg capsule[DL]	2	QL(120 per 30 days)
lorazepam 2 mg/ml oral concentrate[DL]	2	QL(150 per 30 days)
alprazolam 1 mg tablet[DL]	2	QL(120 per 30 days)
alprazolam er 1 mg tablet,extended release 24 hr[DL]	2	QL(60 per 30 days)
chlordiazepoxide 10 mg capsule[DL]	2	QL(120 per 30 days)
lorazepam 0.5 mg tablet[DL]	2	QL(90 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate[DL]	2	QL(150 per 30 days)
diazepam 5 mg tablet[DL]	2	QL(90 per 30 days)
chlordiazepoxide 5 mg capsule[DL]	2	QL(120 per 30 days)
diazepam 2 mg tablet[DL]	2	QL(90 per 30 days)
lorazepam 2 mg tablet[DL]	2	QL(150 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml) oral solution[DL]	2	QL(1200 per 30 days)
alprazolam er 2 mg tablet,extended release 24 hr[DL]	2	QL(60 per 30 days)
clorazepate dipotassium 15 mg tablet[DL]	3	
alprazolam er 3 mg tablet,extended release 24 hr[DL]	2	QL(60 per 30 days)
clorazepate dipotassium 7.5 mg tablet[DL]	3	
alprazolam 0.5 mg tablet[DL]	2	QL(120 per 30 days)
lorazepam 1 mg tablet[DL]	2	QL(90 per 30 days)
clonazepam 2 mg tablet[DL,MM]	2	
alprazolam er 0.5 mg tablet,extended release 24 hr[DL]	2	QL(60 per 30 days)
clonazepam 0.5 mg tablet[DL,MM]	2	
clorazepate dipotassium 3.75 mg tablet[DL]	3	
lithium carbonate 300 mg capsule[MM]	1	
lithium citrate 8 meq/5 ml oral solution[MM]	3	
lithium carbonate 150 mg capsule[MM]	1	
lithium carbonate er 450 mg tablet,extended release[MM]	1	
lithium carbonate er 300 mg tablet,extended release[MM]	1	
lithium carbonate 600 mg capsule[MM]	1	
lithium carbonate 300 mg tablet[MM]	1	
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(2 per 28 days)
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(2 per 28 days)
RYBELSUS 7 MG TABLET[MM]	2	QL(30 per 30 days)
OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(3 per 28 days)
GLYXAMBI 10 MG-5 MG TABLET[MM]	2	QL(30 per 30 days)
JANUMET 50 MG-500 MG TABLET[MM]	2	QL(60 per 30 days)
TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE[MM]	2	QL(60 per 30 days)
JANUMET 50 MG-1,000 MG TABLET[MM]	2	QL(60 per 30 days)
glyburide micronized 3 mg tablet[MM]	1	
acarbose 100 mg tablet[MM]	2	
FARXIGA 5 MG TABLET[MM]	2	QL(30 per 30 days)
glyburide micronized 1.5 mg tablet[MM]	1	
SYNJARDY 12.5 MG-500 MG TABLET[MM]	2	QL(60 per 30 days)
metformin 850 mg tablet[MM]	1	
MOUNJARO 2.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	2	QL(2 per 28 days)
MOUNJARO 10 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(2 per 28 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE[MM]	2	QL(30 per 30 days)
TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE[MM]	2	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR[DL,MM,SP]	*	QL(10.8 per 30 days)
glipizide 2.5 mg-metformin 500 mg tablet[MM]	2	
QTERN 5 MG-5 MG TABLET[MM]	2	QL(30 per 30 days)
repaglinide 1 mg tablet[MM]	2	
metformin 500 mg tablet[MM]	1	
RYBELSUS 14 MG TABLET[MM]	2	QL(30 per 30 days)
glimepiride 4 mg tablet[MM]	1	
metformin er 750 mg tablet,extended release 24 hr[MM]	1	QL(60 per 30 days)
pioglitazone 30 mg tablet[MM]	1	QL(30 per 30 days)
glimepiride 2 mg tablet[MM]	1	
glyburide 1.25 mg tablet[MM]	1	
glyburide 2.5 mg tablet[MM]	1	
glyburide 5 mg tablet[MM]	1	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(1.5 per 28 days)
QTERN 10 MG-5 MG TABLET[MM]	2	QL(30 per 30 days)
FARXIGA 10 MG TABLET[MM]	2	QL(30 per 30 days)
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE[MM]	2	QL(60 per 30 days)
pioglitazone 45 mg tablet[MM]	1	QL(30 per 30 days)
glipizide er 10 mg tablet, extended release 24 hr[MM]	1	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(3 per 28 days)
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE[MM]	2	QL(30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE[MM]	2	QL(60 per 30 days)
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE[MM]	2	QL(60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE[MM]	2	QL(30 per 30 days)
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE[MM]	2	QL(30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE[MM]	2	QL(60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN[MM]	2	QL(15 per 30 days)
GLYXAMBI 25 MG-5 MG TABLET[MM]	2	QL(30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE[MM]	2	QL(60 per 30 days)
pioglitazone 15 mg tablet[MM]	1	QL(30 per 30 days)
JARDIANCE 25 MG TABLET[MM]	2	QL(30 per 30 days)
glipizide er 5 mg tablet, extended release 24 hr[MM]	1	
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR[DL,MM,SP]	*	QL(10.5 per 28 days)
glipizide er 2.5 mg tablet, extended release 24 hr[MM]	1	
glipizide 5 mg-metformin 500 mg tablet[MM]	2	
glyburide 1.25 mg-metformin 250 mg tablet[MM]	1	
acarbose 25 mg tablet[MM]	2	
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(2 per 28 days)
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE[MM]	2	QL(30 per 30 days)
glipizide 10 mg tablet[MM]	1	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(9 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE[MM]	2	QL(60 per 30 days)
glimepiride 1 mg tablet[MM]	1	
glyburide micronized 6 mg tablet[MM]	1	
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE[MM]	2	QL(30 per 30 days)
MOUNJARO 15 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(2 per 28 days)
glipizide 5 mg tablet[MM]	1	
liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) subcutaneous pen injector[MM]	2	QL(9 per 30 days)
saxagliptin 2.5 mg tablet[MM]	2	QL(30 per 30 days)
MOUNJARO 5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(2 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(2 per 28 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(9 per 30 days)
JANUVIA 25 MG TABLET[MM]	2	QL(30 per 30 days)
acarbose 50 mg tablet[MM]	2	
JANUVIA 50 MG TABLET[MM]	2	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN[MM]	2	QL(15 per 24 days)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE[MM]	2	QL(60 per 30 days)
JANUVIA 100 MG TABLET[MM]	2	QL(30 per 30 days)
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(3 per 28 days)
metformin 1,000 mg tablet[MM]	1	
SYNJARDY 12.5 MG-1,000 MG TABLET[MM]	2	QL(60 per 30 days)
SYNJARDY 5 MG-1,000 MG TABLET[MM]	2	QL(60 per 30 days)
repaglinide 2 mg tablet[MM]	2	
glipizide 2.5 mg tablet[MM]	2	
saxagliptin 5 mg tablet[MM]	2	QL(30 per 30 days)
glyburide 5 mg-metformin 500 mg tablet[MM]	1	
RYBELSUS 3 MG TABLET	2	QL(30 per 30 days)
SYNJARDY 5 MG-500 MG TABLET[MM]	2	QL(60 per 30 days)
glyburide 2.5 mg-metformin 500 mg tablet[MM]	1	
glipizide 2.5 mg-metformin 250 mg tablet[MM]	2	
JARDIANCE 10 MG TABLET[MM]	2	QL(30 per 30 days)
metformin er 500 mg tablet,extended release 24 hr[MM]	1	QL(120 per 30 days)
repaglinide 0.5 mg tablet[MM]	2	
MOUNJARO 12.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(2 per 28 days)
MOUNJARO 7.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[MM]	2	QL(2 per 28 days)
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE[MM]	2	QL(30 per 30 days)
GVOKE PFS 1-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	2	
diazoxide 50 mg/ml oral suspension[MM]	3	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	2	
GVOKE 1 MG/0.2 ML SUBCUTANEOUS SOLUTION	2	
GVOKE HYPOPEN 2-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	2	
GVOKE HYPOPEN 1-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	2	
GVOKE PFS 2-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	2	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	2	
GLUCAGEN HYPOKIT 1 MG INJECTION	2	
BAQSIMI 3 MG/ACTUATION NASAL SPRAY	2	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	2	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION[MM]	2	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION[MM]	2	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP[MM]	2	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN[MM]	2	
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN[MM]	2	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS[MM]	2	
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN[MM]	2	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION[MM]	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN[MM]	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE[MM]	2	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS[MM]	3	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION[MM]	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN[MM]	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
FIASP PUMPCART 100 UNIT/ML (1.6 ML) SUBCUTANEOUS CARTRIDGE[MM]	2	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN[MM]	2	
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION[MM]	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN[MM]	2	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN[MM]	3	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION[MM]	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION[MM]	2	
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN[MM]	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION[MM]	2	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG[MM]	2	
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN[MM]	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN[MM]	2	
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS[MM]	2	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN[MM]	2	
XARELTO 15 MG TABLET[MM]	2	QL(60 per 30 days)
ELIQUIS 5 MG TABLET[MM]	2	QL(74 per 30 days)
jantoven 10 mg tablet[MM]	1	
jantoven 7.5 mg tablet[MM]	1	
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK	2	QL(51 per 30 days)
ELIQUIS 2.5 MG TABLET[MM]	2	QL(60 per 30 days)
enoxaparin 60 mg/0.6 ml subcutaneous syringe	4	QL(16.8 per 28 days)
warfarin 6 mg tablet[MM]	1	
warfarin 2 mg tablet[MM]	1	
XARELTO 2.5 MG TABLET[MM]	2	QL(60 per 30 days)
XARELTO 1 MG/ML ORAL SUSPENSION[MM]	2	ST,QL(600 per 30 days)
enoxaparin 100 mg/ml subcutaneous syringe	4	QL(28 per 28 days)
enoxaparin 40 mg/0.4 ml subcutaneous syringe	3	QL(11.2 per 28 days)
jantoven 1 mg tablet[MM]	1	
enoxaparin 80 mg/0.8 ml subcutaneous syringe	4	QL(22.4 per 28 days)
jantoven 2.5 mg tablet[MM]	1	
jantoven 3 mg tablet[MM]	1	
enoxaparin 30 mg/0.3 ml subcutaneous syringe	3	QL(16.8 per 28 days)
enoxaparin 120 mg/0.8 ml subcutaneous syringe	4	QL(22.4 per 28 days)
jantoven 4 mg tablet[MM]	1	
enoxaparin 150 mg/ml subcutaneous syringe	4	QL(28 per 28 days)
warfarin 10 mg tablet[MM]	1	
jantoven 6 mg tablet[MM]	1	
warfarin 2.5 mg tablet[MM]	1	
enoxaparin 300 mg/3 ml subcutaneous solution	4	QL(84 per 28 days)
warfarin 5 mg tablet[MM]	1	
warfarin 1 mg tablet[MM]	1	
warfarin 7.5 mg tablet[MM]	1	
XARELTO 10 MG TABLET[MM]	2	QL(30 per 30 days)
jantoven 2 mg tablet[MM]	1	
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK	2	QL(74 per 30 days)
jantoven 5 mg tablet[MM]	1	
warfarin 4 mg tablet[MM]	1	
XARELTO 20 MG TABLET[MM]	2	QL(30 per 30 days)
warfarin 3 mg tablet[MM]	1	
PROMACTA 75 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE[DL,SP]	*	PA,QL(7 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PROMACTA 12.5 MG TABLET DL,LD,MM,SP	*	PA,QL(60 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION DL,SP	*	PA,QL(14 per 30 days)
PYRUKYND 50 MG TABLET DL,MM,SP	*	PA,QL(60 per 30 days)
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION DL,MM,SP	*	PA,QL(14 per 30 days)
NIVESTYM 300 MCG/ML INJECTION SOLUTION DL,SP	*	PA,QL(14 per 30 days)
anagrelide 0.5 mg capsule MM	3	
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE DL,SP	*	PA,QL(11.2 per 30 days)
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION DL,MM,SP	*	PA,QL(14 per 30 days)
PROMACTA 12.5 MG ORAL POWDER PACKET DL,LD,MM,SP	*	PA,QL(360 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE DL,SP	*	PA,QL(11.2 per 30 days)
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION DL,MM,SP	*	PA,QL(14 per 30 days)
PYRUKYND 20 MG (7)-5 MG (7) TABLETS IN A DOSE PACK DL,SP	*	PA,QL(14 per 14 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION DL,MM,SP	*	PA,QL(14 per 30 days)
PROMACTA 50 MG TABLET DL,LD,MM,SP	*	PA,QL(90 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION DL,SP	*	PA,QL(22.4 per 30 days)
PYRUKYND 5 MG TABLET DL,MM,SP	*	PA,QL(60 per 30 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE DL,SP	*	PA,QL(7 per 30 days)
anagrelide 1 mg capsule MM	3	
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION DL,MM,SP	*	PA,QL(14 per 30 days)
PYRUKYND 50 MG (7)-20 MG (7) TABLETS IN A DOSE PACK DL,SP	*	PA,QL(14 per 14 days)
PYRUKYND 20 MG TABLET DL,MM,SP	*	PA,QL(60 per 30 days)
NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION DL,SP	*	PA,QL(22.4 per 30 days)
PROMACTA 25 MG ORAL POWDER PACKET DL,LD,MM,SP	*	PA,QL(180 per 30 days)
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION DL,MM,SP	*	PA,QL(14 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL,SP	*	PA,QL(7 per 30 days)
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION DL,MM,SP	*	PA,QL(14 per 30 days)
PROMACTA 25 MG TABLET DL,LD,MM,SP	*	PA,QL(30 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE DL,SP	*	PA,QL(11.2 per 30 days)
tranexamic acid 650 mg tablet MM	3	QL(30 per 5 days)
dipyridamole 25 mg tablet MM	2	
dipyridamole 75 mg tablet MM	2	
BRILINTA 60 MG TABLET MM	2	QL(60 per 30 days)
cilostazol 50 mg tablet MM	1	
cilostazol 100 mg tablet MM	1	
prasugrel 10 mg tablet MM	2	QL(30 per 30 days)
clopidogrel 75 mg tablet MM	1	QL(30 per 30 days)
BRILINTA 90 MG TABLET MM	2	QL(60 per 30 days)
dipyridamole 50 mg tablet MM	2	
prasugrel 5 mg tablet MM	2	QL(30 per 30 days)
CABLIVI 11 MG INJECTION KIT DL,SP	*	PA,QL(30 per 30 days)
clopidogrel 300 mg tablet	3	QL(1 per 30 days)
methyldopa 500 mg tablet MM	1	
methyldopa 250 mg tablet MM	1	
clonidine hcl 0.2 mg tablet MM	1	
midodrine 2.5 mg tablet	3	
clonidine hcl 0.1 mg tablet MM	1	
midodrine 10 mg tablet	3	
clonidine hcl 0.3 mg tablet MM	1	
midodrine 5 mg tablet	3	
prazosin 5 mg capsule MM	2	

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doxazosin 4 mg tablet[MM]	1	
doxazosin 1 mg tablet[MM]	1	
terazosin 5 mg capsule[MM]	1	
doxazosin 8 mg tablet[MM]	1	
terazosin 1 mg capsule[MM]	1	
doxazosin 2 mg tablet[MM]	1	
prazosin 1 mg capsule[MM]	2	
phenoxybenzamine 10 mg capsule[DL,SP]	*	
terazosin 2 mg capsule[MM]	1	
terazosin 10 mg capsule[MM]	1	
prazosin 2 mg capsule[MM]	2	
valsartan 160 mg tablet[MM]	1	QL(60 per 30 days)
irbesartan 150 mg tablet[MM]	1	QL(30 per 30 days)
telmisartan 80 mg tablet[MM]	2	QL(60 per 30 days)
losartan 100 mg tablet[MM]	1	QL(60 per 30 days)
olmesartan 5 mg tablet[MM]	1	QL(60 per 30 days)
olmesartan 40 mg tablet[MM]	1	QL(30 per 30 days)
irbesartan 75 mg tablet[MM]	1	QL(30 per 30 days)
telmisartan 40 mg tablet[MM]	2	QL(30 per 30 days)
irbesartan 300 mg tablet[MM]	1	QL(30 per 30 days)
losartan 50 mg tablet[MM]	1	QL(60 per 30 days)
valsartan 40 mg tablet[MM]	1	QL(60 per 30 days)
telmisartan 20 mg tablet[MM]	2	QL(30 per 30 days)
losartan 25 mg tablet[MM]	1	QL(60 per 30 days)
valsartan 80 mg tablet[MM]	1	QL(60 per 30 days)
valsartan 320 mg tablet[MM]	1	QL(60 per 30 days)
olmesartan 20 mg tablet[MM]	1	QL(30 per 30 days)
perindopril erbumine 8 mg tablet[MM]	2	
trandolapril 2 mg tablet[MM]	1	
moexipril 15 mg tablet[MM]	2	
quinapril 40 mg tablet[MM]	1	
benazepril 10 mg tablet[MM]	1	
ramipril 2.5 mg capsule[MM]	1	
lisinopril 5 mg tablet[MM]	1	
enalapril maleate 5 mg tablet[MM]	1	
lisinopril 2.5 mg tablet[MM]	1	
lisinopril 20 mg tablet[MM]	1	
moexipril 7.5 mg tablet[MM]	2	
benazepril 5 mg tablet[MM]	1	
trandolapril 4 mg tablet[MM]	1	
enalapril maleate 2.5 mg tablet[MM]	1	
benazepril 20 mg tablet[MM]	1	
perindopril erbumine 2 mg tablet[MM]	2	
trandolapril 1 mg tablet[MM]	1	
fosinopril 20 mg tablet[MM]	1	
lisinopril 10 mg tablet[MM]	1	
enalapril maleate 20 mg tablet[MM]	1	
ramipril 5 mg capsule[MM]	1	
ramipril 10 mg capsule[MM]	1	
ramipril 1.25 mg capsule[MM]	1	

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quinapril 5 mg tablet[MM]	1	
lisinopril 40 mg tablet[MM]	1	
fosinopril 40 mg tablet[MM]	1	
enalapril maleate 10 mg tablet[MM]	1	
fosinopril 10 mg tablet[MM]	1	
quinapril 20 mg tablet[MM]	1	
lisinopril 30 mg tablet[MM]	1	
benazepril 40 mg tablet[MM]	1	
perindopril erbumine 4 mg tablet[MM]	2	
quinapril 10 mg tablet[MM]	1	
amiodarone 100 mg tablet[MM]	1	
amiodarone 400 mg tablet[MM]	1	
sotalol 240 mg tablet[MM]	1	
flecainide 50 mg tablet[MM]	2	
disopyramide phosphate 100 mg capsule[MM]	3	
sotalol af 80 mg tablet[MM]	1	
flecainide 150 mg tablet[MM]	2	
sorine 120 mg tablet[MM]	1	
flecainide 100 mg tablet[MM]	2	
dofetilide 125 mcg capsule[MM]	3	QL(240 per 30 days)
amiodarone 200 mg tablet[MM]	1	
propafenone 225 mg tablet[MM]	2	
mexiletine 200 mg capsule[MM]	3	
dofetilide 500 mcg capsule[MM]	3	QL(60 per 30 days)
propafenone 150 mg tablet[MM]	2	
sorine 160 mg tablet[MM]	1	
sorine 240 mg tablet[MM]	1	
mexiletine 250 mg capsule[MM]	3	
sotalol 160 mg tablet[MM]	1	
sotalol 120 mg tablet[MM]	1	
sotalol af 120 mg tablet[MM]	1	
sotalol 80 mg tablet[MM]	1	
sotalol af 160 mg tablet[MM]	1	
disopyramide phosphate 150 mg capsule[MM]	3	
quinidine sulfate 200 mg tablet[MM]	2	
propafenone 300 mg tablet[MM]	2	
sorine 80 mg tablet[MM]	1	
dofetilide 250 mcg capsule[MM]	3	QL(120 per 30 days)
mexiletine 150 mg capsule[MM]	3	
quinidine sulfate 300 mg tablet[MM]	2	
nebivolol 2.5 mg tablet[MM]	3	PA,QL(30 per 30 days)
metoprolol succinate er 100 mg tablet,extended release 24 hr[MM]	1	
metoprolol tartrate 75 mg tablet[MM]	1	
propranolol 20 mg tablet[MM]	1	
metoprolol tartrate 25 mg tablet[MM]	1	
atenolol 25 mg tablet[MM]	1	
propranolol er 160 mg capsule,24 hr,extended release[MM]	3	
nadolol 80 mg tablet[MM]	2	
propranolol er 120 mg capsule,24 hr,extended release[MM]	3	
betaxolol 10 mg tablet[MM]	2	

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atenolol 50 mg tablet[MM]	1	
nebivolol 10 mg tablet[MM]	3	PA,QL(120 per 30 days)
propranolol 20 mg/5 ml (4 mg/ml) oral solution[MM]	2	
propranolol 40 mg tablet[MM]	1	
metoprolol succinate er 25 mg tablet,extended release 24 hr[MM]	1	
propranolol 60 mg tablet[MM]	1	
bisoprolol fumarate 5 mg tablet[MM]	2	
atenolol 100 mg tablet[MM]	1	
labetalol 100 mg tablet[MM]	2	
metoprolol tartrate 50 mg tablet[MM]	1	
nadolol 20 mg tablet[MM]	2	
bisoprolol fumarate 10 mg tablet[MM]	2	
propranolol er 80 mg capsule,24 hr,extended release[MM]	3	
labetalol 300 mg tablet[MM]	2	
metoprolol succinate er 50 mg tablet,extended release 24 hr[MM]	1	
nebivolol 5 mg tablet[MM]	3	PA,QL(30 per 30 days)
propranolol 10 mg tablet[MM]	1	
carvedilol 25 mg tablet[MM]	1	
metoprolol tartrate 100 mg tablet[MM]	1	
nebivolol 20 mg tablet[MM]	3	PA,QL(60 per 30 days)
nadolol 40 mg tablet[MM]	2	
betaxolol 20 mg tablet[MM]	2	
propranolol er 60 mg capsule,24 hr,extended release[MM]	3	
carvedilol 3.125 mg tablet[MM]	1	
propranolol 40 mg/5 ml (8 mg/ml) oral solution[MM]	2	
metoprolol tartrate 37.5 mg tablet[MM]	1	
carvedilol 12.5 mg tablet[MM]	1	
propranolol 80 mg tablet[MM]	1	
carvedilol 6.25 mg tablet[MM]	1	
labetalol 200 mg tablet[MM]	2	
metoprolol succinate er 200 mg tablet,extended release 24 hr[MM]	1	
amlodipine 2.5 mg tablet[MM]	1	QL(30 per 30 days)
amlodipine 10 mg tablet[MM]	1	QL(30 per 30 days)
nifedipine er 60 mg tablet,extended release 24 hr[MM]	2	QL(60 per 30 days)
nimodipine 30 mg capsule[DL]	4	
nifedipine 20 mg capsule[MM]	2	
nifedipine er 90 mg tablet,extended release[MM]	2	QL(60 per 30 days)
nifedipine 10 mg capsule[MM]	2	
amlodipine 5 mg tablet[MM]	1	QL(30 per 30 days)
felodipine er 10 mg tablet,extended release 24 hr[MM]	2	QL(30 per 30 days)
nimodipine 60 mg/20 ml oral solution[DL,SP]	*	QL(2838 per 28 days)
nifedipine er 60 mg tablet,extended release[MM]	2	QL(60 per 30 days)
felodipine er 2.5 mg tablet,extended release 24 hr[MM]	2	QL(30 per 30 days)
nifedipine er 90 mg tablet,extended release 24 hr[MM]	2	QL(60 per 30 days)
felodipine er 5 mg tablet,extended release 24 hr[MM]	2	QL(30 per 30 days)
nifedipine er 30 mg tablet,extended release[MM]	2	QL(60 per 30 days)
nifedipine er 30 mg tablet,extended release 24 hr[MM]	2	QL(60 per 30 days)
diltiazem 120 mg tablet[MM]	1	
diltiazem cd 360 mg capsule,extended release 24 hr[MM]	2	QL(30 per 30 days)
diltiazem er (xr/xt) 240 mg capsule,extended release 24 hr, controlled[MM]	2	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem er 120 mg capsule,24 hr,extended release[MM]	2	QL(60 per 30 days)
diltiazem er (xr/xt) 180 mg capsule,extended release 24 hr, controlled[MM]	2	QL(60 per 30 days)
dilt-xr 180 mg capsule, extended release[MM]	2	QL(60 per 30 days)
diltiazem cd 180 mg capsule,extended release 24 hr[MM]	2	QL(60 per 30 days)
tiadylt er 120 mg capsule,extended release[MM]	2	QL(60 per 30 days)
taztia xt 120 mg capsule,extended release[MM]	2	QL(60 per 30 days)
tiadylt er 180 mg capsule,extended release[MM]	2	QL(60 per 30 days)
tiadylt er 420 mg capsule,extended release[MM]	2	QL(30 per 30 days)
verapamil er (sr) 180 mg tablet,extended release[MM]	1	QL(30 per 30 days)
taztia xt 300 mg capsule,extended release[MM]	2	QL(30 per 30 days)
tiadylt er 360 mg capsule,extended release[MM]	2	QL(30 per 30 days)
diltiazem er 300 mg capsule,24 hr,extended release[MM]	2	QL(30 per 30 days)
cartia xt 180 mg capsule,extended release[MM]	2	QL(60 per 30 days)
taztia xt 180 mg capsule,extended release[MM]	2	QL(60 per 30 days)
diltiazem 30 mg tablet[MM]	1	
cartia xt 240 mg capsule,extended release[MM]	2	QL(60 per 30 days)
diltiazem er 180 mg capsule,24 hr,extended release[MM]	2	QL(60 per 30 days)
taztia xt 360 mg capsule,extended release[MM]	2	QL(30 per 30 days)
cartia xt 300 mg capsule,extended release[MM]	2	QL(30 per 30 days)
taztia xt 240 mg capsule,extended release[MM]	2	QL(60 per 30 days)
verapamil er 240 mg 24 hr capsule,extended release[MM]	3	QL(60 per 30 days)
diltiazem cd 120 mg capsule,extended release 24 hr[MM]	2	QL(60 per 30 days)
verapamil er 180 mg 24 hr capsule,extended release[MM]	3	QL(60 per 30 days)
dilt-xr 240 mg capsule, extended release[MM]	2	QL(60 per 30 days)
diltiazem er 120 mg capsule,extended release 12 hr[MM]	3	QL(90 per 30 days)
diltiazem er 360 mg capsule,24 hr,extended release[MM]	2	QL(30 per 30 days)
diltiazem er 240 mg capsule,24 hr,extended release[MM]	2	QL(60 per 30 days)
verapamil er (sr) 240 mg tablet,extended release[MM]	1	QL(60 per 30 days)
cartia xt 120 mg capsule,extended release[MM]	2	QL(60 per 30 days)
diltiazem er 420 mg capsule,24 hr,extended release[MM]	2	QL(30 per 30 days)
dilt-xr 120 mg capsule, extended release[MM]	2	QL(60 per 30 days)
diltiazem er 90 mg capsule,extended release 12 hr[MM]	3	QL(60 per 30 days)
verapamil er (sr) 120 mg tablet,extended release[MM]	1	QL(30 per 30 days)
tiadylt er 300 mg capsule,extended release[MM]	2	QL(30 per 30 days)
diltiazem 60 mg tablet[MM]	1	
tiadylt er 240 mg capsule,extended release[MM]	2	QL(60 per 30 days)
diltiazem er (xr/xt) 120 mg capsule,extended release 24 hr, controlled[MM]	2	QL(60 per 30 days)
verapamil er 120 mg 24 hr capsule,extended release[MM]	3	QL(60 per 30 days)
diltiazem cd 240 mg capsule,extended release 24 hr[MM]	2	QL(60 per 30 days)
diltiazem 90 mg tablet[MM]	1	
diltiazem er 60 mg capsule,extended release 12 hr[MM]	3	QL(60 per 30 days)
verapamil 80 mg tablet[MM]	1	QL(120 per 30 days)
verapamil 120 mg tablet[MM]	1	QL(120 per 30 days)
diltiazem cd 300 mg capsule,extended release 24 hr[MM]	2	QL(30 per 30 days)
verapamil er 360 mg 24 hr capsule,extended release[MM]	3	QL(60 per 30 days)
verapamil 40 mg tablet[MM]	1	QL(120 per 30 days)
benazepril 20 mg-hydrochlorothiazide 25 mg tablet[MM]	2	
CORLANOR 5 MG/5 ML ORAL SOLUTION[MM]	2	PA,QL(560 per 28 days)
amlodipine 10 mg-valsartan 160 mg tablet[MM]	1	QL(30 per 30 days)
pentoxifylline er 400 mg tablet,extended release[MM]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
isosorbide 20 mg-hydralazine 37.5 mg tablet[MM]	2	QL(180 per 30 days)
lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	
sacubitril 49 mg-valsartan 51 mg tablet[MM]	2	QL(60 per 30 days)
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	QL(30 per 30 days)
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet[MM]	1	
telmisartan 40 mg-amlodipine 5 mg tablet[MM]	3	ST,QL(30 per 30 days)
telmisartan 40 mg-amlodipine 10 mg tablet[MM]	3	ST,QL(30 per 30 days)
digox 250 mcg (0.25 mg) tablet[MM]	2	QL(30 per 30 days)
telmisartan 80 mg-amlodipine 10 mg tablet[MM]	3	ST,QL(30 per 30 days)
ENTRESTO SPRINKLE 6 MG-6 MG ORAL PELLET[MM]	2	QL(240 per 30 days)
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet[MM]	2	
fosinopril 20 mg-hydrochlorothiazide 12.5 mg tablet[MM]	2	
CAMZYOS 15 MG CAPSULE[DL,MM,SP]	*	PA,QL(30 per 30 days)
bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet[MM]	1	
triamterene 75 mg-hydrochlorothiazide 50 mg tablet[MM]	1	
telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet[MM]	3	ST,QL(60 per 30 days)
telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet[MM]	3	ST,QL(30 per 30 days)
amlodipine 10 mg-benazepril 40 mg capsule[MM]	1	QL(30 per 30 days)
ivabradine 7.5 mg tablet[MM]	2	PA,QL(60 per 30 days)
digitek 250 mcg (0.25 mg) tablet[MM]	2	QL(30 per 30 days)
losartan 100 mg-hydrochlorothiazide 25 mg tablet[MM]	1	QL(60 per 30 days)
amlodipine 5 mg-valsartan 320 mg tablet[MM]	1	QL(30 per 30 days)
amlodipine 10 mg-valsartan 320 mg tablet[MM]	1	QL(30 per 30 days)
amlodipine 10 mg-benazepril 20 mg capsule[MM]	1	QL(60 per 30 days)
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	
digoxin 250 mcg (0.25 mg) tablet[MM]	2	QL(30 per 30 days)
enalapril 10 mg-hydrochlorothiazide 25 mg tablet[MM]	1	
metoprolol tartrate 50 mg-hydrochlorothiazide 25 mg tablet[MM]	2	
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet[MM]	2	
digitek 125 mcg (0.125 mg) tablet[MM]	2	QL(30 per 30 days)
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet[MM]	1	
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule[MM]	1	
amlodipine 2.5 mg-benazepril 10 mg capsule[MM]	1	QL(60 per 30 days)
atenolol 50 mg-chlorthalidone 25 mg tablet[MM]	1	
bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet[MM]	1	
acetazolamide er 500 mg capsule,extended release[MM]	3	QL(60 per 30 days)
CORLANOR 7.5 MG TABLET[MM]	2	PA,QL(60 per 30 days)
benazepril 5 mg-hydrochlorothiazide 6.25 mg tablet[MM]	2	
telmisartan 80 mg-amlodipine 5 mg tablet[MM]	3	ST,QL(30 per 30 days)
quinapril 20 mg-hydrochlorothiazide 25 mg tablet[MM]	2	
ranolazine er 1,000 mg tablet,extended release,12 hr[MM]	2	QL(120 per 30 days)
CAMZYOS 2.5 MG CAPSULE[DL,MM,SP]	*	PA,QL(30 per 30 days)
irbesartan 150 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	QL(60 per 30 days)
olmesartan 20 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	QL(30 per 30 days)
methazolamide 25 mg tablet[MM]	3	
valsartan 320 mg-hydrochlorothiazide 25 mg tablet[MM]	1	QL(30 per 30 days)
amlodipine 5 mg-benazepril 40 mg capsule[MM]	1	QL(30 per 30 days)
quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet[MM]	2	
irbesartan 300 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	QL(30 per 30 days)
amlodipine 5 mg-valsartan 160 mg tablet[MM]	1	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
olmesartan 40 mg-hydrochlorothiazide 25 mg tablet[MM]	1	QL(30 per 30 days)
losartan 100 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	QL(60 per 30 days)
digoxin 50 mcg/ml (0.05 mg/ml) oral solution[MM]	3	
VERQUVO 2.5 MG TABLET[MM]	2	QL(30 per 30 days)
metoprolol tartrate 100 mg-hydrochlorothiazide 25 mg tablet[MM]	2	
CORLANOR 5 MG TABLET[MM]	2	PA,QL(60 per 30 days)
methazolamide 50 mg tablet[MM]	3	
amiloride 5 mg-hydrochlorothiazide 50 mg tablet[MM]	1	
lisinopril 20 mg-hydrochlorothiazide 25 mg tablet[MM]	1	
olmesartan 40 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	QL(30 per 30 days)
losartan 50 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	QL(60 per 30 days)
amlodipine 5 mg-benazepril 10 mg capsule[MM]	1	QL(60 per 30 days)
CAMZYOS 10 MG CAPSULE[DL,MM,SP]	*	PA,QL(30 per 30 days)
enalapril 5 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	
valsartan 160 mg-hydrochlorothiazide 25 mg tablet[MM]	1	QL(30 per 30 days)
telmisartan 80 mg-hydrochlorothiazide 25 mg tablet[MM]	3	ST,QL(30 per 30 days)
fosinopril 10 mg-hydrochlorothiazide 12.5 mg tablet[MM]	2	
ranolazine er 500 mg tablet,extended release,12 hr[MM]	2	QL(120 per 30 days)
digox 125 mcg (0.125 mg) tablet[MM]	2	QL(30 per 30 days)
acetazolamide 125 mg tablet[MM]	3	QL(120 per 30 days)
sacubitril 24 mg-valsartan 26 mg tablet[MM]	2	QL(60 per 30 days)
atenolol 100 mg-chlorthalidone 25 mg tablet[MM]	1	
benazepril 10 mg-hydrochlorothiazide 12.5 mg tablet[MM]	2	
ivabradine 5 mg tablet[MM]	2	PA,QL(60 per 30 days)
amlodipine 5 mg-benazepril 20 mg capsule[MM]	1	QL(60 per 30 days)
propranolol 80 mg-hydrochlorothiazide 25 mg tablet[MM]	2	
propranolol 40 mg-hydrochlorothiazide 25 mg tablet[MM]	2	
CAMZYOS 5 MG CAPSULE[DL,MM,SP]	*	PA,QL(30 per 30 days)
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	QL(30 per 30 days)
valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet[MM]	1	QL(30 per 30 days)
ENTRESTO 97 MG-103 MG TABLET[MM]	2	QL(60 per 30 days)
digoxin 125 mcg (0.125 mg) tablet[MM]	2	QL(30 per 30 days)
VERQUVO 5 MG TABLET[MM]	2	QL(30 per 30 days)
acetazolamide 250 mg tablet[MM]	3	QL(120 per 30 days)
metoprolol tartrate 100 mg-hydrochlorothiazide 50 mg tablet[MM]	2	
ENTRESTO 49 MG-51 MG TABLET[MM]	2	QL(60 per 30 days)
ENTRESTO 24 MG-26 MG TABLET[MM]	2	QL(60 per 30 days)
sacubitril 97 mg-valsartan 103 mg tablet[MM]	2	QL(60 per 30 days)
quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet[MM]	2	
ENTRESTO SPRINKLE 15 MG-16 MG ORAL PELLET[MM]	2	QL(240 per 30 days)
VERQUVO 10 MG TABLET[MM]	2	QL(30 per 30 days)
torsemide 100 mg tablet[MM]	1	
bumetanide 2 mg tablet[MM]	2	
furosemide 40 mg/5 ml (8 mg/ml) oral solution[MM]	1	
torsemide 20 mg tablet[MM]	1	
furosemide 80 mg tablet[MM]	1	
torsemide 10 mg tablet[MM]	1	
furosemide 10 mg/ml oral solution[MM]	1	
bumetanide 1 mg tablet[MM]	2	
bumetanide 0.5 mg tablet[MM]	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
furosemide 20 mg tablet[MM]	1	
furosemide 40 mg tablet[MM]	1	
torsemide 5 mg tablet[MM]	1	
amiloride 5 mg tablet[MM]	2	
spironolactone 25 mg tablet[MM]	1	
spironolactone 100 mg tablet[MM]	1	
spironolactone 50 mg tablet[MM]	1	
indapamide 2.5 mg tablet[MM]	1	
hydrochlorothiazide 12.5 mg tablet[MM]	1	
hydrochlorothiazide 12.5 mg capsule[MM]	1	
hydrochlorothiazide 50 mg tablet[MM]	1	
chlorthalidone 50 mg tablet[MM]	1	
hydrochlorothiazide 25 mg tablet[MM]	1	
chlorthalidone 25 mg tablet[MM]	1	
indapamide 1.25 mg tablet[MM]	1	
fenofibrate nanocrystallized 48 mg tablet[MM]	2	QL(60 per 30 days)
fenofibrate micronized 67 mg capsule[MM]	2	QL(60 per 30 days)
fenofibrate micronized 134 mg capsule[MM]	2	QL(30 per 30 days)
fenofibrate nanocrystallized 145 mg tablet[MM]	2	QL(30 per 30 days)
gemfibrozil 600 mg tablet[MM]	1	QL(60 per 30 days)
fenofibrate 54 mg tablet[MM]	2	QL(60 per 30 days)
fenofibrate micronized 200 mg capsule[MM]	2	QL(30 per 30 days)
fenofibrate 160 mg tablet[MM]	2	QL(30 per 30 days)
rosuvastatin 40 mg tablet[MM]	1	
lovastatin 40 mg tablet[ACA,MM]	1	
simvastatin 5 mg tablet[ACA,MM]	1	
pravastatin 80 mg tablet[MM]	2	
atorvastatin 10 mg tablet[ACA,MM]	1	
lovastatin 10 mg tablet[ACA,MM]	1	
simvastatin 10 mg tablet[ACA,MM]	1	
ZYPITAMAG 2 MG TABLET[MM]	2	ST,QL(30 per 30 days)
atorvastatin 20 mg tablet[ACA,MM]	1	
atorvastatin 40 mg tablet[ACA,MM]	1	
rosuvastatin 20 mg tablet[MM]	1	
ZYPITAMAG 4 MG TABLET[MM]	2	ST,QL(30 per 30 days)
pravastatin 20 mg tablet[MM]	2	
pravastatin 40 mg tablet[MM]	2	
pravastatin 10 mg tablet[MM]	2	
rosuvastatin 5 mg tablet[MM]	1	
rosuvastatin 10 mg tablet[MM]	1	
lovastatin 20 mg tablet[ACA,MM]	1	
simvastatin 80 mg tablet[ACA,MM]	1	
simvastatin 40 mg tablet[ACA,MM]	1	
simvastatin 20 mg tablet[ACA,MM]	1	
atorvastatin 80 mg tablet[ACA,MM]	1	
cholestyramine light 4 gram oral powder[MM]	3	
colesevelam 625 mg tablet[MM]	2	
VASCEPA 1 GRAM CAPSULE[MM]	2	QL(120 per 30 days)
cholestyramine light 4 gram powder for susp in a packet[MM]	3	
omega-3 acid ethyl esters 1 gram capsule[MM]	3	QL(120 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
cholestyramine-aspartame 4 gram oral powder for susp in a packet[MM]	3	
VASCEPA 0.5 GRAM CAPSULE[MM]	2	QL(240 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR[MM]	2	PA,QL(3.5 per 28 days)
prevalite 4 gram oral powder[MM]	3	
ezetimibe 10 mg-simvastatin 40 mg tablet[MM]	2	QL(30 per 30 days)
ezetimibe 10 mg-simvastatin 10 mg tablet[MM]	2	QL(30 per 30 days)
ezetimibe 10 mg-simvastatin 20 mg tablet[MM]	2	QL(30 per 30 days)
cholestyramine (with sugar) 4 gram oral powder[MM]	3	
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR[MM]	2	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE[MM]	2	PA,QL(3 per 28 days)
cholestyramine (with sugar) 4 gram powder for susp in a packet[MM]	3	
ezetimibe 10 mg tablet[MM]	1	QL(30 per 30 days)
ezetimibe 10 mg-simvastatin 80 mg tablet[MM]	2	QL(30 per 30 days)
prevalite 4 gram powder for susp in a packet[MM]	3	
hydralazine 50 mg tablet[MM]	1	
minoxidil 10 mg tablet[MM]	1	
hydralazine 100 mg tablet[MM]	1	
hydralazine 25 mg tablet[MM]	1	
hydralazine 10 mg tablet[MM]	1	
minoxidil 2.5 mg tablet[MM]	1	
isosorbide dinitrate 5 mg tablet[MM]	2	
NITROSTAT 0.3 MG SUBLINGUAL TABLET[MM]	3	
nitroglycerin 0.3 mg sublingual tablet[MM]	2	
nitroglycerin 0.4 mg sublingual tablet[MM]	2	
nitroglycerin 0.6 mg/hr transdermal 24 hour patch[MM]	2	QL(30 per 30 days)
isosorbide dinitrate 10 mg tablet[MM]	2	
nitroglycerin 0.6 mg sublingual tablet[MM]	2	
nitroglycerin 0.4 mg/hr transdermal 24 hour patch[MM]	2	QL(60 per 30 days)
NITROSTAT 0.6 MG SUBLINGUAL TABLET[MM]	3	
isosorbide mononitrate er 60 mg tablet,extended release 24 hr[MM]	1	
nitroglycerin 0.2 mg/hr transdermal 24 hour patch[MM]	2	QL(30 per 30 days)
isosorbide mononitrate er 120 mg tablet,extended release 24 hr[MM]	1	
isosorbide mononitrate er 30 mg tablet,extended release 24 hr[MM]	1	
NITROSTAT 0.4 MG SUBLINGUAL TABLET[MM]	3	
isosorbide dinitrate 20 mg tablet[MM]	2	
NITRO-BID 2 % TRANSDERMAL OINTMENT[MM]	2	
isosorbide dinitrate 40 mg tablet[MM]	4	
isosorbide mononitrate 20 mg tablet[MM]	1	
isosorbide mononitrate 10 mg tablet[MM]	1	
nitroglycerin 0.1 mg/hr transdermal 24 hour patch[MM]	2	QL(30 per 30 days)
isosorbide dinitrate 30 mg tablet[MM]	2	
lisdexamfetamine 40 mg chewable tablet[MM]	2	QL(30 per 30 days)
dextroamphetamine-amphetamine er 30 mg 24hr capsule,extend release[MM]	2	QL(60 per 30 days)
DYANAVEL XR 5 MG TABLET, EXTENDED RELEASE[MM]	2	QL(30 per 30 days)
dextroamphetamine-amphetamine er 15 mg 24hr capsule,extend release[MM]	2	QL(30 per 30 days)
lisdexamfetamine 60 mg chewable tablet[MM]	2	QL(30 per 30 days)
lisdexamfetamine 20 mg chewable tablet[MM]	2	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION[MM]	2	QL(240 per 30 days)
dextroamphetamine-amphetamine er 5 mg 24hr capsule,extend release[MM]	2	QL(30 per 30 days)
dextroamphetamine-amphetamine er 10 mg 24hr capsule,extend release[MM]	2	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
lisdexamfetamine 10 mg chewable tablet[MM]	2	QL(30 per 30 days)
DYANAVEL XR 10 MG TABLET, EXTENDED RELEASE[MM]	2	QL(30 per 30 days)
dextroamphetamine-amphetamine er 20 mg 24hr capsule,extend release[MM]	2	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg tablet[MM]	3	QL(180 per 30 days)
lisdexamfetamine 10 mg capsule[MM]	2	QL(30 per 30 days)
dextroamphetamine-amphetamine 15 mg tablet[MM]	2	QL(90 per 30 days)
lisdexamfetamine 20 mg capsule[MM]	2	QL(30 per 30 days)
lisdexamfetamine 40 mg capsule[MM]	2	QL(30 per 30 days)
lisdexamfetamine 30 mg capsule[MM]	2	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg tablet[MM]	2	QL(90 per 30 days)
lisdexamfetamine 50 mg capsule[MM]	2	QL(30 per 30 days)
dextroamphetamine-amphetamine 5 mg tablet[MM]	2	QL(90 per 30 days)
DYANAVEL XR 20 MG TABLET, EXTENDED RELEASE[MM]	2	QL(30 per 30 days)
lisdexamfetamine 60 mg capsule[MM]	2	QL(30 per 30 days)
lisdexamfetamine 70 mg capsule[MM]	2	QL(30 per 30 days)
dextroamphetamine-amphetamine 30 mg tablet[MM]	2	QL(60 per 30 days)
dextroamphetamine-amphetamine er 25 mg 24hr capsule,extend release[MM]	2	QL(60 per 30 days)
dextroamphetamine-amphetamine 7.5 mg tablet[MM]	2	QL(90 per 30 days)
dextroamphetamine-amphetamine 12.5 mg tablet[MM]	2	QL(90 per 30 days)
lisdexamfetamine 30 mg chewable tablet[MM]	2	QL(30 per 30 days)
dextroamphetamine-amphetamine 10 mg tablet[MM]	2	QL(90 per 30 days)
DYANAVEL XR 15 MG TABLET, EXTENDED RELEASE[MM]	2	QL(30 per 30 days)
dextroamphetamine sulfate 5 mg tablet[MM]	3	QL(150 per 30 days)
lisdexamfetamine 50 mg chewable tablet[MM]	2	QL(30 per 30 days)
atomoxetine 10 mg capsule[MM]	2	QL(60 per 30 days)
methylphenidate la 10 mg biphasic 50-50 capsule,extended release[MM]	3	QL(30 per 30 days)
QELBREE 150 MG CAPSULE,EXTENDED RELEASE[MM]	3	PA,QL(60 per 30 days)
methylphenidate 5 mg/5 ml oral solution[MM]	3	QL(1800 per 30 days)
QELBREE 200 MG CAPSULE,EXTENDED RELEASE[MM]	3	PA,QL(60 per 30 days)
atomoxetine 60 mg capsule[MM]	2	QL(30 per 30 days)
atomoxetine 40 mg capsule[MM]	2	QL(60 per 30 days)
dexmethylphenidate 2.5 mg tablet[MM]	2	QL(60 per 30 days)
methylphenidate er 20 mg tablet,extended release[MM]	3	QL(90 per 30 days)
atomoxetine 25 mg capsule[MM]	2	QL(60 per 30 days)
methylphenidate er 10 mg tablet,extended release[MM]	3	QL(180 per 30 days)
guanfacine er 3 mg tablet,extended release 24 hr[MM]	2	QL(30 per 30 days)
QELBREE 100 MG CAPSULE,EXTENDED RELEASE[MM]	3	PA,QL(30 per 30 days)
methylphenidate la 30 mg biphasic 50-50 capsule,extended release[MM]	3	QL(60 per 30 days)
methylphenidate la 20 mg biphasic 50-50 capsule,extended release[MM]	3	QL(30 per 30 days)
methylphenidate cd 10 mg biphasic 30-70 capsule,extended release[MM]	3	QL(30 per 30 days)
guanfacine er 4 mg tablet,extended release 24 hr[MM]	2	QL(30 per 30 days)
atomoxetine 100 mg capsule[MM]	2	QL(30 per 30 days)
methylphenidate er 54 mg tablet,extended release 24 hr[MM]	2	QL(30 per 30 days)
methylphenidate er 36 mg tablet,extended release 24 hr[MM]	2	QL(60 per 30 days)
methylphenidate la 40 mg biphasic 50-50 capsule,extended release[MM]	3	QL(30 per 30 days)
methylphenidate 10 mg/5 ml oral solution[MM]	3	QL(900 per 30 days)
guanfacine er 2 mg tablet,extended release 24 hr[MM]	2	QL(30 per 30 days)
dexmethylphenidate er 40 mg capsule,extended release biphasic50-50[MM]	3	QL(30 per 30 days)
methylphenidate 10 mg tablet[MM]	2	QL(90 per 30 days)
metadate er 20 mg tablet,extended release[MM]	3	QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
dexmethylphenidate er 10 mg capsule,extended release biphasic50-50[MM]	3	QL(30 per 30 days)
dexmethylphenidate er 25 mg capsule,extended release biphasic50-50[MM]	3	QL(30 per 30 days)
methylphenidate cd 30 mg biphasic 30-70 capsule,extended release[MM]	3	QL(60 per 30 days)
dexmethylphenidate 5 mg tablet[MM]	2	QL(60 per 30 days)
dexmethylphenidate er 5 mg capsule,extended release biphasic50-50[MM]	3	QL(30 per 30 days)
dexmethylphenidate er 20 mg capsule,extended release biphasic50-50[MM]	3	QL(30 per 30 days)
dexmethylphenidate er 35 mg capsule,extended release biphasic50-50[MM]	3	QL(30 per 30 days)
methylphenidate la 60 mg biphasic 50-50 capsule,extended release[MM]	3	QL(30 per 30 days)
guanfacine er 1 mg tablet,extended release 24 hr[MM]	2	QL(30 per 30 days)
methylphenidate er 18 mg tablet,extended release 24 hr[MM]	2	QL(30 per 30 days)
methylphenidate 5 mg tablet[MM]	2	QL(90 per 30 days)
methylphenidate cd 20 mg biphasic 30-70 capsule,extended release[MM]	3	QL(60 per 30 days)
dexmethylphenidate 10 mg tablet[MM]	2	QL(60 per 30 days)
dexmethylphenidate er 30 mg capsule,extended release biphasic50-50[MM]	3	QL(30 per 30 days)
atomoxetine 18 mg capsule[MM]	2	QL(60 per 30 days)
methylphenidate 20 mg tablet[MM]	2	QL(90 per 30 days)
methylphenidate cd 40 mg biphasic 30-70 capsule,extended release[MM]	3	QL(30 per 30 days)
methylphenidate cd 50 mg biphasic 30-70 capsule,extended release[MM]	3	QL(30 per 30 days)
methylphenidate er 27 mg tablet,extended release 24 hr[MM]	2	QL(30 per 30 days)
atomoxetine 80 mg capsule[MM]	2	QL(30 per 30 days)
dexmethylphenidate er 15 mg capsule,extended release biphasic50-50[MM]	3	QL(30 per 30 days)
methylphenidate cd 60 mg biphasic 30-70 capsule,extended release[MM]	3	QL(30 per 30 days)
tetrabenazine 25 mg tablet[DL,MM,SP]	*	PA,QL(120 per 30 days)
AUSTEDO XR 12 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(90 per 30 days)
AUSTEDO XR 24 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(60 per 30 days)
AUSTEDO XR 6 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(90 per 30 days)
tetrabenazine 12.5 mg tablet[DL,MM,SP]	*	PA,QL(240 per 30 days)
AUSTEDO XR 42 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(30 per 30 days)
AUSTEDO XR 36 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(30 per 30 days)
AUSTEDO XR 18 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(30 per 30 days)
AUSTEDO XR TITRATION KIT(WEEK 1-4) 6 MG-12 MG-24 MG TABLET,ER DOSEPACK[DL,SP]	*	PA,QL(42 per 28 days)
AUSTEDO 9 MG TABLET[DL,LD,MM,SP]	*	PA,QL(120 per 30 days)
AUSTEDO XR 48 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET[DL,MM,SP]	*	PA,QL(240 per 30 days)
AUSTEDO XR 30 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(30 per 30 days)
AUSTEDO 6 MG TABLET[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
riluzole 50 mg tablet[MM]	3	
SKYCLARYS 50 MG CAPSULE[DL,MM,SP]	*	PA,QL(90 per 30 days)
AUSTEDO XR TITRATION (WEEK 1-4) 12-18-24-30 MG TABLET, ER 24HR DOSE PK[DL,SP]	*	PA,QL(28 per 28 days)
AUSTEDO 12 MG TABLET[DL,LD,MM,SP]	*	PA,QL(120 per 30 days)
pregabalin 300 mg capsule[MM]	3	QL(60 per 30 days)
pregabalin 150 mg capsule[MM]	3	QL(90 per 30 days)
pregabalin 100 mg capsule[MM]	3	QL(90 per 30 days)
pregabalin 75 mg capsule[MM]	3	QL(90 per 30 days)
pregabalin 225 mg capsule[MM]	3	QL(60 per 30 days)
pregabalin 20 mg/ml oral solution[MM]	2	QL(900 per 30 days)
pregabalin 25 mg capsule[MM]	3	QL(90 per 30 days)
pregabalin 200 mg capsule[MM]	3	QL(90 per 30 days)
pregabalin 50 mg capsule[MM]	3	QL(90 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MAYZENT 1 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(12 per 28 days)
fingolimod 0.5 mg capsule[DL,MM,SP]	*	PA,QL(30 per 30 days)
teriflunomide 14 mg tablet[MM]	3	PA,QL(30 per 30 days)
glatiramer 20 mg/ml subcutaneous syringe[DL,MM,SP]	*	PA,QL(30 per 30 days)
dimethyl fumarate 120 mg capsule,delayed release[DL,MM,SP]	*	PA,QL(14 per 30 days)
glatopa 40 mg/ml subcutaneous syringe[DL,MM,SP]	*	PA,QL(12 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT[DL,MM,SP]	*	PA,QL(15 per 30 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR[DL,LD,SP]	*	PA,QL(1 per 28 days)
MAYZENT 0.25 MG TABLET[DL,LD,MM,SP]	*	PA,QL(120 per 30 days)
teriflunomide 7 mg tablet[MM]	3	PA,QL(30 per 30 days)
VUMERITY 231 MG CAPSULE,DELAYED RELEASE[DL,LD,MM,SP]	*	PA,QL(120 per 30 days)
dimethyl fumarate 240 mg capsule,delayed release[DL,MM,SP]	*	PA,QL(60 per 30 days)
MAYZENT STARTER PACK (FOR 2 MG MAINT DOSE) 0.25 MG (12 TABS) TABLETS[DL,LD,SP]	*	PA,QL(12 per 30 days)
PONVORY 14-DAY STARTER PACK 2-3-4-5-6-7-8-9-10 MG TABLETS[DL,LD,SP]	*	PA,QL(14 per 30 days)
glatopa 20 mg/ml subcutaneous syringe[DL,MM,SP]	*	PA,QL(30 per 30 days)
dimethyl fumarate 120 mg (14)-240 mg (46) capsule,delayed release[DL,SP]	*	PA,QL(60 per 30 days)
PONVORY 20 MG TABLET[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
glatiramer 40 mg/ml subcutaneous syringe[DL,MM,SP]	*	PA,QL(12 per 28 days)
ZEPOSIA STARTER KIT (37-DAY) 0.23 MG-0.46 MG-0.92 MG CAPSULES DOSEPACK[LD,SP]	*	PA,QL(37 per 37 days)
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR[DL,LD,MM,SP]	*	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML INTRAMUSCULAR SYRINGE[DL,MM,SP]	*	PA,QL(1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE[DL,LD,SP]	*	PA,QL(1 per 28 days)
ZEPOSIA 0.92 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR[DL,MM,SP]	*	PA,QL(6 per 365 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT[DL,MM,SP]	*	PA,QL(1 per 28 days)
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)-0.46 MG (3) CAPSULES DOSEPACK[DL,LD,SP]	*	PA,QL(7 per 7 days)
MAYZENT 2 MG TABLET[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
MAYZENT STARTER PACK (FOR 1 MG MAINT DOSE) 0.25 MG (7 TABS) TABLETS[DL,SP]	*	PA,QL(7 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION[DL,MM,SP]	*	PA,QL(15 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG-0.92 MG CAPSULES DOSEPACK[DL,SP]	*	PA,QL(28 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT[DL,MM,SP]	*	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE[DL,LD,MM,SP]	*	PA,QL(1 per 28 days)
dalfampridine er 10 mg tablet,extended release,12 hr[MM]	3	PA,QL(60 per 30 days)
paroex oral rinse 0.12 % mouthwash	2	
kourzeq 0.1 % dental paste	2	
triamcinolone acetonide 0.1 % dental paste	2	
pilocarpine 7.5 mg tablet[MM]	3	
chlorhexidine gluconate 0.12 % mouthwash	2	
oralone 0.1 % dental paste	2	
periogard 0.12 % mouthwash	2	
pilocarpine 5 mg tablet[MM]	3	
isotretinoin 30 mg capsule	3	QL(60 per 30 days)
isotretinoin 20 mg capsule	3	QL(60 per 30 days)
clindamycin 1 %-benzoyl peroxide 5 % topical gel	3	
accutane 40 mg capsule	3	QL(120 per 30 days)
clindamycin 1 %-benzoyl peroxide 5 % topical gel with pump	3	
accutane 20 mg capsule	3	QL(60 per 30 days)
isotretinoin 40 mg capsule	3	QL(120 per 30 days)
zenatane 40 mg capsule	3	QL(120 per 30 days)
claravis 10 mg capsule	3	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
tretinoin 0.01 % topical gel	3	PA
claravis 20 mg capsule	3	QL(60 per 30 days)
clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel	3	
accutane 30 mg capsule	3	QL(60 per 30 days)
myorisan 40 mg capsule	3	QL(120 per 30 days)
myorisan 10 mg capsule	3	QL(60 per 30 days)
acitretin 17.5 mg capsule[DL]	4	PA
amnesteem 10 mg capsule	3	QL(60 per 30 days)
tretinoin 0.025 % topical gel	3	PA
tretinoin 0.05 % topical gel	3	PA
myorisan 20 mg capsule	3	QL(60 per 30 days)
azelaic acid 15 % topical gel	2	
zenatane 30 mg capsule	3	QL(60 per 30 days)
acitretin 10 mg capsule[DL]	4	PA
myorisan 30 mg capsule	3	QL(60 per 30 days)
acitretin 25 mg capsule[DL]	4	PA
tretinoin 0.025 % topical cream	3	PA
claravis 40 mg capsule	3	QL(120 per 30 days)
amnesteem 40 mg capsule	3	QL(120 per 30 days)
isotretinoin 10 mg capsule	3	QL(60 per 30 days)
claravis 30 mg capsule	3	QL(60 per 30 days)
amnesteem 20 mg capsule	3	QL(60 per 30 days)
zenatane 10 mg capsule	3	QL(60 per 30 days)
accutane 10 mg capsule	3	QL(60 per 30 days)
tretinoin 0.1 % topical cream	3	PA
tretinoin 0.05 % topical cream	3	PA
adapalene 0.1 %-benzoyl peroxide 2.5 % topical gel with pump	2	
zenatane 20 mg capsule	3	QL(60 per 30 days)
ammonium lactate 12 % lotion	2	
fluocinonide 0.05 % topical ointment	3	
fluocinolone 0.01 % topical cream	3	
tacrolimus 0.03 % topical ointment	3	
betamethasone dipropionate 0.05 % topical ointment	3	
fluocinonide-emollient 0.05 % topical cream	3	
fluticasone propionate 0.05 % topical cream	2	
hydrocortisone 1 % topical cream with perineal applicator	2	
mometasone 0.1 % topical ointment	2	
hydrocortisone 2.5 % topical cream	1	
betamethasone valerate 0.1 % lotion	3	
clobetasol 0.05 % scalp solution	2	
fluocinonide 0.1 % topical cream	3	
hydrocortisone 2.5 % lotion	1	
clobetasol 0.05 % shampoo	3	
mometasone 0.1 % topical cream	2	
hydrocortisone 20 mg tablet[MM]	2	
fluocinolone 0.025 % topical ointment	3	
procto-med hc 2.5 % topical cream perineal applicator	2	
fluocinonide 0.05 % topical solution	3	
fluocinonide-e 0.05 % topical cream	3	
fluocinonide 0.05 % topical cream	3	
HYFTOR 0.2 % TOPICAL GEL[DL,MM,SP]	*	PA
hydrocortisone 2.5 % topical ointment	1	
proctozone-hc 2.5 % topical cream perineal applicator	2	
mometasone 0.1 % topical solution	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
tacrolimus 0.1 % topical ointment	3	
betamethasone, augmented 0.05 % topical cream	1	
proctosol hc 2.5 % topical cream perineal applicator	2	
fluocinolone 0.025 % topical cream	3	
betamethasone, augmented 0.05 % topical gel	3	
clodan 0.05 % shampoo	3	
betamethasone dipropionate 0.05 % lotion	2	
anusol-hc 2.5 % topical cream with perineal applicator	2	
hydrocortisone 2.5 % topical cream with perineal applicator	2	
clobetasol 0.05 % topical ointment	2	
fluticasone propionate 0.005 % topical ointment	2	
betamethasone dipropionate 0.05 % topical cream	2	
hydrocortisone 10 mg tablet[MM]	2	
pimecrolimus 1 % topical cream	3	
hydrocortisone 5 mg tablet[MM]	2	
hydrocortisone 1 % topical ointment	1	
betamethasone valerate 0.1 % topical cream	2	
ammonium lactate 12 % topical cream	2	
clobetasol 0.05 % topical cream	2	
betamethasone valerate 0.1 % topical ointment	2	
clobetasol 0.05 % topical gel	3	
betamethasone, augmented 0.05 % lotion	3	
clobetasol-emollient 0.05 % topical cream	2	
betamethasone, augmented 0.05 % topical ointment	3	
fluocinonide 0.05 % topical gel	3	
alclometasone 0.05 % topical ointment	3	
selenium sulfide 2.5 % lotion	2	
OTEZLA 30 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
fluorouracil 5 % topical solution	2	QL(60 per 30 days)
imiquimod 5 % topical cream packet	2	QL(12 per 30 days)
OTEZLA 20 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (51) TABLETS IN A DOSE PACK[DL,SP]	*	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK[DL,SP]	*	PA,QL(27 per 30 days)
fluorouracil 2 % topical solution	2	QL(30 per 30 days)
calcipotriene 0.005 % scalp solution	3	PA,QL(60 per 30 days)
calcipotriene 0.005 % topical cream	3	PA,QL(120 per 30 days)
silver sulfadiazine 1 % topical cream	2	
podofilox 0.5 % topical solution	2	
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK[DL,SP]	*	PA,QL(55 per 28 days)
fluorouracil 5 % topical cream	3	
malathion 0.5 % lotion	3	
lindane 1 % shampoo	3	
permethrin 5 % topical cream	3	
clindamycin phosphate 1 % topical swab	2	
mupirocin 2 % topical ointment	2	
clindamycin 1 % topical gel	3	PA
clindamycin phosphate 1 % topical solution	3	
SULFAMYLON 85 MG/G TOPICAL CREAM	3	
clindamycin 1 % lotion	3	
clindacin etz 1 % topical swab	2	
erythromycin with ethanol 2 % topical solution	2	
clindacin p 1 % topical swab	2	
fe c plus 100 mg-250 mg-25 mcg-1 mg tablet	1	
klor-con/ef 25 meq effervescent tablet[MM]	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
potassium chloride er 10 meq tablet,extended release(part/cryst)[MM]	1	
levocarnitine 100 mg/ml oral solution[MM]	2	
klor-con m20 meq tablet,extended release[MM]	1	
potassium chloride er 10 meq capsule,extended release[MM]	2	
EFFER-K 20 MEQ EFFERVESCENT TABLET[MM]	3	
EFFER-K 10 MEQ EFFERVESCENT TABLET[MM]	3	
potassium chloride 40 meq/15 ml oral liquid[MM]	3	
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule	2	
levocarnitine 330 mg tablet[MM]	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE[MM]	2	
K-PHOS ORIGINAL 500 MG SOLUBLE TABLET	2	
potassium chloride er 15 meq tablet,extended release(part/cryst)[MM]	1	
levocarnitine (with sugar) 100 mg/ml oral solution[MM]	2	
potassium citrate er 5 meq (540 mg) tablet,extended release[MM]	3	
potassium citrate er 15 meq (1,620 mg) tablet,extended release[MM]	3	
potassium chloride 20 meq/15 ml oral liquid[MM]	3	
potassium chloride er 10 meq tablet,extended release[MM]	2	
effer-k 25 meq effervescent tablet[MM]	3	
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION[MM]	3	
CARNITOR 330 MG TABLET[MM]	3	
potassium chloride er 20 meq tablet,extended release[MM]	2	
folivane-plus 125 mg iron-1 mg capsule	1	
klor-con m10 meq tablet,extended release[MM]	1	
phospha neutral 250 mg tablet	2	
multigen plus 151 mg-60 mg-10 mcg-1 mg tablet	2	
poly-iron 150 forte 150 mg-25 mcg-1 mg capsule	1	
potassium citrate er 10 meq (1,080 mg) tablet,extended release[MM]	3	
hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule	1	
potassium chloride er 15 meq tablet,extended release[MM]	1	
tricon 110 mg-0.5 mg capsule	1	
folivane-f 125 mg-1 mg-40 mg-3 mg capsule	1	
K-PHOS NO 2 305 MG-700 MG TABLET	3	
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule	1	
hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet	1	
potassium chloride er 8 meq tablet,extended release[MM]	2	
ferocon 110 mg-0.5 mg capsule	1	
potassium chloride er 8 meq capsule,extended release[MM]	2	
potassium chloride er 20 meq tablet,extended release(part/cryst)[MM]	1	
CARNITOR 100 MG/ML ORAL SOLUTION[MM]	3	
penicillamine 250 mg tablet[DL,MM,SP]	*	
JYNARQUE 15 MG (AM)/15 MG (PM) TABLETS[DL,MM,SP]	*	PA,QL(56 per 28 days)
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET, MODIFIED RELEASE[MM,SP]	*	PA,QL(300 per 30 days)
JYNARQUE 30 MG (AM)/15 MG (PM) TABLETS[DL,MM,SP]	*	PA,QL(56 per 28 days)
trientine 250 mg capsule[DL,MM,SP]	*	PA
JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS[DL,MM,SP]	*	PA,QL(56 per 28 days)
deferiprone 500 mg tablet[DL,MM,SP]	*	PA,QL(720 per 30 days)
deferasirox 500 mg dispersible tablet[DL,MM,SP]	*	PA,QL(150 per 30 days)
JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS[DL,MM,SP]	*	PA,QL(56 per 28 days)
CHEMET 100 MG CAPSULE	4	
JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS[DL,MM,SP]	*	PA,QL(56 per 28 days)
deferasirox 250 mg dispersible tablet[DL,MM,SP]	*	PA,QL(150 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
JYNARQUE 30 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
deferasirox 125 mg dispersible tablet[DL,MM,SP]	*	PA,QL(150 per 30 days)
JYNARQUE 15 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	3	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	3	
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	3	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	3	
TROPHAMINE 10 % INTRAVENOUS SOLUTION	3	
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION	3	
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	3	
sevelamer carbonate 800 mg tablet[MM]	3	QL(540 per 30 days)
calcium acetate(phosphate binders) 667 mg capsule[MM]	2	
sevelamer carbonate 2.4 gram oral powder packet[DL,MM,SP]	*	QL(180 per 30 days)
VELPHORO 500 MG CHEWABLE TABLET[MM]	2	
calcium acetate(phosphate binders) 667 mg tablet[MM]	2	
sevelamer carbonate 0.8 gram oral powder packet[DL,MM,SP]	*	QL(540 per 30 days)
sodium polystyrene sulfonate oral powder	3	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet[MM]	1	
prenatal vitamin 28 mg iron-800 mcg tablet[ACA,MM]	1	
prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack[MM]	1	
MOVANTIK 25 MG TABLET	2	QL(30 per 30 days)
LINZESS 145 MCG CAPSULE[MM]	2	QL(30 per 30 days)
lactulose 20 gram/30 ml oral solution[ACA,MM]	1	
lactulose 10 gram/15 ml (15 ml) oral solution[ACA,MM]	1	
generlac 10 gram/15 ml oral solution[MM]	1	
LINZESS 72 MCG CAPSULE[MM]	2	QL(30 per 30 days)
enulose 10 gram/15 ml oral solution[MM]	1	
lactulose 10 gram/15 ml oral solution[ACA,MM]	1	
LINZESS 290 MCG CAPSULE[MM]	2	QL(30 per 30 days)
MOVANTIK 12.5 MG TABLET	2	QL(30 per 30 days)
constulose 10 gram/15 ml oral solution[ACA,MM]	1	
diphenoxylate-atropine 2.5 mg-0.025 mg tablet	2	
loperamide 2 mg capsule[MM]	2	
alosetron 0.5 mg tablet[DL,SP]	*	PA,QL(60 per 30 days)
alosetron 1 mg tablet[DL,SP]	*	PA,QL(60 per 30 days)
dicyclomine 10 mg/5 ml oral solution[MM]	3	
dicyclomine 20 mg tablet[MM]	1	
glycopyrrolate 2 mg tablet[MM]	2	
glycopyrrolate 1 mg tablet[MM]	2	
dicyclomine 10 mg capsule[MM]	1	
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION[ACA]	2	
hyoscyamine 0.125 mg/ml oral drops[MM]	2	
hyosyne 0.125 mg/ml oral drops[MM]	2	
hyoscyamine 0.125 mg/5 ml oral elixir[MM]	2	
PYLERA 140 MG-125 MG-125 MG CAPSULE	2	QL(144 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION[DL,MM,SP]	*	PA,QL(30 per 30 days)
oscimin sl 0.125 mg sublingual tablet[MM]	2	
hyoscyamine sulfate 0.125 mg tablet[MM]	2	
ed-spaz 0.125 mg disintegrating tablet[MM]	2	
hyoscyamine 0.125 mg sublingual tablet[MM]	2	
ursodiol 250 mg tablet[MM]	3	
ursodiol 300 mg capsule[MM]	3	
peg-prep 5 mg-210 gram oral kit[ACA]	3	
oscimin 0.125 mg tablet[MM]	2	
hyosyne 0.125 mg/5 ml oral elixir[MM]	2	
gavilyte-n 420 gram oral solution[ACA]	1	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution[ACA]	2	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT[DL,MM,SP]	*	PA,QL(1 per 30 days)
hyoscyamine er 0.375 mg tablet,extended release,12 hr[MM]	3	
ursodiol 500 mg tablet[MM]	3	
peg-electrolyte solution 420 gram oral solution[ACA]	2	
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/175 ML ORAL SOLUTION[ACA]	2	
CHENODAL 250 MG TABLET[DL,SP]	*	
hyoscyamine 0.125 mg disintegrating tablet[MM]	2	
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT[DL,MM,SP]	*	PA,QL(1 per 30 days)
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution[ACA]	2	
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution[ACA]	2	
cimetidine 400 mg tablet[MM]	3	
famotidine 40 mg/5 ml (8 mg/ml) oral suspension[MM]	3	
cimetidine 800 mg tablet[MM]	3	
cimetidine 300 mg/5 ml oral solution[MM]	1	
cimetidine 300 mg tablet[MM]	3	
famotidine 40 mg tablet[MM]	2	
cimetidine 200 mg tablet[MM]	3	
famotidine 20 mg tablet[MM]	2	
misoprostol 200 mcg tablet[MM]	2	
misoprostol 100 mcg tablet[MM]	2	
sucralfate 1 gram tablet[MM]	2	
esomeprazole magnesium 20 mg capsule,delayed release[MM]	2	QL(60 per 30 days)
lansoprazole 15 mg capsule,delayed release[MM]	2	QL(60 per 30 days)
omeprazole 20 mg capsule,delayed release[MM]	1	QL(60 per 30 days)
lansoprazole 30 mg capsule,delayed release[MM]	2	QL(60 per 30 days)
rabeprazole 20 mg tablet,delayed release[MM]	2	QL(60 per 30 days)
esomeprazole magnesium 40 mg capsule,delayed release[MM]	2	QL(60 per 30 days)
esomeprazole magnesium dr 20 mg granules delayed release for susp[MM]	3	QL(30 per 30 days)
pantoprazole 40 mg tablet,delayed release[MM]	1	QL(60 per 30 days)
esomeprazole magnesium dr 40 mg granules delayed release for susp[MM]	3	QL(30 per 30 days)
omeprazole 10 mg capsule,delayed release[MM]	1	QL(60 per 30 days)
omeprazole 40 mg capsule,delayed release[MM]	1	QL(60 per 30 days)
pantoprazole 20 mg tablet,delayed release[MM]	1	QL(60 per 30 days)
esomeprazole magnesium dr 10 mg granules delayed release for susp[MM]	3	QL(30 per 30 days)
nitisinone 10 mg capsule[DL,MM,SP]	*	PA,QL(60 per 30 days)
VYNDAQEL 20 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(120 per 30 days)
nitisinone 2 mg capsule[DL,MM,SP]	*	PA,QL(300 per 30 days)
VYNDAMAX 61 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EVRYSDI 0.75 MG/ML ORAL SOLUTION[DL,MM,SP]	*	PA,QL(240 per 30 days)
betaine 1 gram/scoop oral powder[DL,MM,SP]	*	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE[MM]	2	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE[MM]	2	
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE[MM]	2	
SUCRAID 8,500 UNIT/ML ORAL SOLUTION[DL,MM,SP]	*	PA
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE[MM]	2	
CYSTAGON 50 MG CAPSULE[MM]	4	
sodium phenylbutyrate 0.94 gram/gram oral powder[DL,MM,SP]	*	
sapropterin 100 mg oral powder packet[DL,MM,SP]	*	PA
CYSTAGON 150 MG CAPSULE[MM]	4	
STRENSIQ 80 MG/0.8 ML SUBCUTANEOUS SOLUTION[DL,MM,SP]	*	PA,QL(38.4 per 28 days)
STRENSIQ 18 MG/0.45 ML SUBCUTANEOUS SOLUTION[DL,MM,SP]	*	PA,QL(10.8 per 28 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION[DL,MM,SP]	*	PA,QL(24 per 28 days)
CERDELGA 84 MG CAPSULE[DL,MM,SP]	*	PA
sapropterin 100 mg soluble tablet[DL,MM,SP]	*	PA
STRENSIQ 28 MG/0.7 ML SUBCUTANEOUS SOLUTION[DL,MM,SP]	*	PA,QL(16.8 per 28 days)
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE[MM]	2	
sapropterin 500 mg oral powder packet[DL,MM,SP]	*	PA
ZOKINVY 75 MG CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
nitisinone 5 mg capsule[DL,MM,SP]	*	PA,QL(120 per 30 days)
CHOLBAM 250 MG CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
CHOLBAM 50 MG CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
XURIDEN 2 GRAM ORAL GRANULES IN PACKET[DL,MM,SP]	*	PA,QL(120 per 30 days)
ZOKINVY 50 MG CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
nitisinone 20 mg capsule[DL,MM,SP]	*	PA,QL(60 per 30 days)
tolterodine 2 mg tablet[MM]	3	QL(60 per 30 days)
flavoxate 100 mg tablet[MM]	3	
GEMTESA 75 MG TABLET[MM]	3	QL(30 per 30 days)
tolterodine 1 mg tablet[MM]	3	QL(60 per 30 days)
tolterodine er 4 mg capsule,extended release 24 hr[MM]	3	QL(30 per 30 days)
solifenacin 10 mg tablet[MM]	1	QL(30 per 30 days)
tolterodine er 2 mg capsule,extended release 24 hr[MM]	3	QL(30 per 30 days)
solifenacin 5 mg tablet[MM]	1	QL(30 per 30 days)
oxybutynin chloride er 10 mg tablet,extended release 24 hr[MM]	2	QL(60 per 30 days)
oxybutynin chloride 2.5 mg tablet[MM]	3	QL(90 per 30 days)
trospium 20 mg tablet[MM]	3	QL(60 per 30 days)
oxybutynin chloride er 5 mg tablet,extended release 24 hr[MM]	2	QL(60 per 30 days)
oxybutynin chloride er 15 mg tablet,extended release 24 hr[MM]	2	QL(60 per 30 days)
oxybutynin chloride 5 mg tablet[MM]	1	
trospium er 60 mg capsule,extended release 24 hr[MM]	3	QL(30 per 30 days)
oxybutynin chloride 5 mg/5 ml oral syrup[MM]	1	
alfuzosin er 10 mg tablet,extended release 24 hr[MM]	1	QL(30 per 30 days)
finasteride 5 mg tablet[MM]	1	QL(30 per 30 days)
dutasteride 0.5 mg capsule[MM]	2	QL(30 per 30 days)
tamsulosin 0.4 mg capsule[MM]	1	QL(60 per 30 days)
bethanechol chloride 25 mg tablet[MM]	2	
bethanechol chloride 5 mg tablet[MM]	2	
bethanechol chloride 10 mg tablet[MM]	2	
tiopronin 100 mg tablet[DL,MM,SP]	*	PA

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
bethanechol chloride 50 mg tablet[MM]	2	
ELMIRON 100 MG CAPSULE[DL,SP]	*	QL(90 per 30 days)
dexamethasone 0.5 mg/5 ml oral elixir	2	
triamcinolone acetonide 0.025 % topical cream	1	
methylprednisolone 16 mg tablet	2	
dexamethasone 1.5 mg tablet	1	
triamcinolone acetonide 0.1 % topical cream	1	
dexamethasone intensol 1 mg/ml drops (concentrate)	3	
prednisone 5 mg/5 ml oral solution	2	
prednisone 1 mg tablet	1	
prednisone 50 mg tablet	1	
ACTHAR SELFJECT 40 UNIT/0.5 ML SUBCUTANEOUS PEN INJECTOR[DL,SP]	*	PA,QL(45 per 30 days)
cortisone 25 mg tablet	3	
prednisone 2.5 mg tablet	1	
dexamethasone 6 mg tablet	1	
dexamethasone 1 mg tablet	1	
triamcinolone acetonide 0.5 % topical ointment	1	
ACTHAR SELFJECT 80 UNIT/ML SUBCUTANEOUS PEN INJECTOR[DL,SP]	*	PA,QL(45 per 30 days)
prednisone 10 mg tablet	1	
dexamethasone 0.75 mg tablet	1	
triamcinolone acetonide 0.5 % topical cream	1	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) oral solution	2	
prednisone 5 mg tablet	1	
methylprednisolone 4 mg tablet	2	
prednisolone 15 mg/5 ml oral solution	2	
prednisone 5 mg tablets in a dose pack	2	
triamcinolone acetonide 0.1 % topical ointment	1	
triamcinolone acetonide 0.025 % lotion	2	
dexamethasone 0.5 mg tablet	1	
methylprednisolone 4 mg tablets in a dose pack	2	
prednisone 20 mg tablet	1	
methylprednisolone 32 mg tablet	2	
triamcinolone acetonide 0.1 % lotion	2	
dexamethasone 4 mg tablet	1	
prednisone 10 mg tablets in a dose pack	2	
dexamethasone 0.5 mg/5 ml oral solution	2	
ACTHAR 80 UNIT/ML INJECTION GEL[DL,LD,SP]	*	PA,QL(30 per 30 days)
fludrocortisone 0.1 mg tablet[MM]	2	
triamcinolone acetonide 0.025 % topical ointment	1	
dexamethasone 2 mg tablet	1	
methylprednisolone 8 mg tablet	2	
NORDITROPIN FLEXPRO 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR[DL,MM,SP]	*	PA,QL(10 per 30 days)
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
desmopressin 0.2 mg tablet[MM]	3	QL(180 per 30 days)
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
desmopressin 0.1 mg tablet[MM]	3	QL(180 per 30 days)
EGRIFTA SV 2 MG SUBCUTANEOUS SOLUTION[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
NORDITROPIN FLEXPRO 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR[DL,MM,SP]	*	PA,QL(10 per 30 days)
NORDITROPIN FLEXPRO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR[DL,MM,SP]	*	PA,QL(10 per 30 days)
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(28 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR[DL,MM,SP]	*	PA,QL(10 per 30 days)
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION[DL,SP]	*	PA,QL(52 per 30 days)
testosterone 1.62 % (20.25 mg/1.25 gram) transdermal gel packet[MM]	3	PA,QL(37.5 per 30 days)
methyltestosterone 10 mg capsule[DL,MM,SP]	*	
testosterone 20.25 mg/1.25 gram per pump act.(1.62 %) transdermal gel[MM]	3	PA,QL(150 per 30 days)
testosterone cypionate 200 mg/ml intramuscular oil[MM]	2	QL(24 per 90 days)
danazol 50 mg capsule	3	
danazol 100 mg capsule	3	
danazol 200 mg capsule	3	
testosterone enanthate 200 mg/ml intramuscular oil	2	QL(25 per 90 days)
testosterone 1.62 % (40.5 mg/2.5 gram) transdermal gel packet[MM]	3	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml intramuscular oil[MM]	2	QL(24 per 90 days)
METHITEST 10 MG TABLET[DL,MM,SP]	*	
lyllana 0.05 mg/24 hr transdermal patch[MM]	3	QL(8 per 28 days)
lyllana 0.075 mg/24 hr transdermal patch[MM]	3	QL(8 per 28 days)
estradiol 0.05 mg/24 hr semiweekly transdermal patch[MM]	3	QL(8 per 28 days)
estradiol 0.075 mg/24 hr weekly transdermal patch[MM]	2	QL(4 per 28 days)
estradiol 2 mg tablet[MM]	1	
lyllana 0.025 mg/24 hr transdermal patch[MM]	3	QL(8 per 28 days)
dotti 0.1 mg/24 hr transdermal patch[MM]	3	QL(8 per 28 days)
estradiol 0.1 mg/24 hr weekly transdermal patch[MM]	2	QL(4 per 28 days)
estradiol 0.01% (0.1 mg/gram) vaginal cream[MM]	3	
lyllana 0.0375 mg/24 hr transdermal patch[MM]	3	QL(8 per 28 days)
lyllana 0.1 mg/24 hr transdermal patch[MM]	3	QL(8 per 28 days)
dotti 0.05 mg/24 hr transdermal patch[MM]	3	QL(8 per 28 days)
estradiol 0.5 mg tablet[MM]	1	
estradiol 0.025 mg/24 hr weekly transdermal patch[MM]	2	QL(4 per 28 days)
estradiol 1 mg tablet[MM]	1	
estradiol 0.075 mg/24 hr semiweekly transdermal patch[MM]	3	QL(8 per 28 days)
dotti 0.0375 mg/24 hr transdermal patch[MM]	3	QL(8 per 28 days)
dotti 0.075 mg/24 hr transdermal patch[MM]	3	QL(8 per 28 days)
estradiol 0.05 mg/24 hr weekly transdermal patch[MM]	2	QL(4 per 28 days)
estradiol 0.1 mg/24 hr semiweekly transdermal patch[MM]	3	QL(8 per 28 days)
estradiol 0.0375 mg/24 hr weekly transdermal patch[MM]	2	QL(4 per 28 days)
estradiol 0.0375 mg/24 hr semiweekly transdermal patch[MM]	3	QL(8 per 28 days)
estradiol 0.06 mg/24 hr weekly transdermal patch[MM]	2	QL(4 per 28 days)
dotti 0.025 mg/24 hr transdermal patch[MM]	3	QL(8 per 28 days)
estradiol 0.025 mg/24 hr semiweekly transdermal patch[MM]	3	QL(8 per 28 days)
levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91)[ACA,MM]	1	QL(91 per 90 days)
philith 0.4 mg-35 mcg tablet[ACA,MM]	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet[ACA,MM]	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet[ACA,MM]	1	

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haloette 0.12 mg-0.015 mg/24 hr vaginal ring[MM]	3	QL(1 per 28 days)
l norgest/e estradiol-e estrad 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3mos[ACA,MM]	1	QL(91 per 90 days)
amabelz 1 mg-0.5 mg tablet[MM]	3	
ANGELIQ 0.25 MG-0.5 MG TABLET[MM]	3	
levonorgestrel-ethinyl estradiol 90 mcg-20 mcg (28) tablet[ACA,MM]	3	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet[ACA,MM]	1	
nylia 1/35 (28) 1 mg-35 mcg tablet[ACA,MM]	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
norethindrone 1 mg-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet[ACA,MM]	1	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet[MM]	2	
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack[ACA,MM]	1	QL(91 per 90 days)
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet[ACA,MM]	1	
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet[ACA,MM]	1	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[ACA,MM]	1	
aubra 0.1 mg-20 mcg tablet[ACA,MM]	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet[ACA,MM]	1	
jinteli 1 mg-5 mcg tablet[MM]	2	
desogestrel-e.estradiol 0.15 mg-0.02 mg(21)/e.estrad 0.01 mg(5) tablet[ACA,MM]	1	
norethindrone acetate 0.5 mg-ethinyl estradiol 2.5 mcg tablet[MM]	2	
estradiol-norethindrone acet 0.5 mg-0.1 mg tablet[MM]	3	
l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet[ACA,MM]	1	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet[ACA,MM]	1	
taysofy 1 mg-20 mcg (24)/75 mg (4) capsule[ACA,MM]	2	
nymyo 0.25 mg-35 mcg tablet[ACA,MM]	1	
zarah 3 mg-0.03 mg tablet[ACA,MM]	1	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack[ACA,MM]	1	QL(91 per 90 days)
larin 1/20 (21) 1 mg-20 mcg tablet[ACA,MM]	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet[ACA,MM]	1	
balziva (28) 0.4 mg-35 mcg tablet[ACA,MM]	1	
jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack[ACA,MM]	1	QL(91 per 90 days)
finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet[ACA,MM]	3	
ESTRATEST F.S. 1.25 MG-2.5 MG TABLET[MM]	3	
vestura (28) 3 mg-0.02 mg tablet[MM]	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet[ACA,MM]	1	
enilloring 0.12 mg-0.015 mg/24 hr vaginal ring[ACA,MM]	2	QL(1 per 28 days)
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack[MM]	1	QL(91 per 90 days)
zumandimine (28) 3 mg-0.03 mg tablet[ACA,MM]	1	
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack[MM]	1	QL(91 per 90 days)
kurvelo (28) 0.15 mg-0.03 mg tablet[ACA,MM]	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet[ACA,MM]	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack[ACA,MM]	1	QL(91 per 90 days)
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet[MM]	1	
enskyce 0.15 mg-0.03 mg tablet[ACA,MM]	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet[ACA,MM]	1	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet[ACA,MM]	1	
cryselle (28) 0.3 mg-30 mcg tablet[ACA,MM]	1	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet[ACA,MM]	1	
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack[MM]	1	QL(91 per 90 days)
kalliga 0.15 mg-0.03 mg tablet[ACA,MM]	1	
zafemy 150 mcg-35 mcg/24 hr transdermal patch[ACA,MM]	3	QL(3 per 28 days)

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l norgest/e estradiol-e estrad 0.1 mg-20 mcg (84)/10 mcg (7) tabs,3mos[ACA,MM]	1	QL(91 per 90 days)
jasmiel (28) 3 mg-0.02 mg tablet[MM]	1	
norgestimate-ethinyl estradiol 0.18 mg/0.215mg/0.25mg-35 mcg(28)tablet[ACA,MM]	1	
lessina 0.1 mg-20 mcg tablet[ACA,MM]	1	
low-ogestrel (28) 0.3 mg-30 mcg tablet[ACA,MM]	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[ACA,MM]	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
aubra eq 0.1 mg-20 mcg tablet[ACA,MM]	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet[ACA,MM]	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet[ACA,MM]	1	
chateal eq (28) 0.15 mg-0.03 mg tablet[ACA,MM]	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet[ACA,MM]	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet[ACA,MM]	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
SLYND 4 MG (28) TABLET[MM]	3	
ayuna 0.15 mg-0.03 mg tablet[ACA,MM]	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack[ACA,MM]	1	QL(91 per 90 days)
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet[MM]	2	
iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack[ACA,MM]	1	QL(91 per 90 days)
dolishale 90 mcg-20 mcg (28) tablet[ACA,MM]	3	
NEXTSTELLIS 3 MG-14.2 MG (28) TABLET[MM]	3	
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet[ACA,MM]	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET[MM]	2	
altavera (28) 0.15 mg-0.03 mg tablet[ACA,MM]	1	
eemt 1.25 mg-2.5 mg tablet[MM]	3	
eemt hs 0.625 mg-1.25 mg tablet[MM]	3	
esterified estrogens-methyltestosterone 0.625 mg-1.25 mg tablet[MM]	3	
elinest 0.3 mg-30 mcg tablet[ACA,MM]	1	
aviane 0.1 mg-20 mcg tablet[ACA,MM]	1	
l norgest/ee 0.15-0.02mg/0.15-0.025mg/0.15-0.03mg/ee 0.01 mg tabs,3mo[MM]	3	QL(91 per 90 days)
norethindrone 1 mg-ethin. estradiol 20 mcg (24)-iron 75 mg (4) capsule[MM]	2	
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET[MM]	2	
falmina (28) 0.1 mg-20 mcg tablet[ACA,MM]	1	
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet[ACA,MM]	1	
amethyst (28) 90 mcg-20 mcg tablet[ACA,MM]	3	
drospiren-e.estrad-l.mefol 3 mg-0.03 mg-0.451 mg(21)/0.451 mg(7)tablet[MM]	2	
estradiol-norethindrone acet 1 mg-0.5 mg tablet[MM]	3	
junel 1/20 (21) 1 mg-20 mcg tablet[ACA,MM]	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
ANGELIQ 0.5 MG-1 MG TABLET[MM]	3	
sronyx 0.1 mg-20 mcg tablet[ACA,MM]	1	
marlissa (28) 0.15 mg-0.03 mg tablet[ACA,MM]	1	
drospirenone 3 mg-ethinyl estradiol 0.02 mg tablet[ACA,MM]	1	
norethindrone-eth. estradiol-iron 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet[ACA,MM]	2	
norethin-ethinyl estradiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet[ACA,MM]	2	
microgestin 1/20 (21) 1 mg-20 mcg tablet[ACA,MM]	1	
sprintec (28) 0.25 mg-35 mcg tablet[ACA,MM]	1	
portia 28 0.15 mg-0.03 mg tablet[ACA,MM]	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
norethindrone 1.5 mg-ethinyl estradiol 30 mcg(21)/iron 75 mg(7) tablet[ACA,MM]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ethynodiol diacetate-ethinyl estradiol 1 mg-35 mcg tablet[ACA,MM]	1	
covaryx 1.25 mg-2.5 mg tablet[MM]	3	
levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet[ACA,MM]	1	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[ACA,MM]	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
cyred eq 0.15 mg-0.03 mg tablet[ACA,MM]	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
covaryx h.s. 0.625 mg-1.25 mg tablet[MM]	3	
norethindrone 1 mg-e. estradiol 20 mcg (24)-iron 75 mg (4) chew tablet[MM]	2	
lo-zumandimine (28) 3 mg-0.02 mg tablet[ACA,MM]	1	
mono-linyah 0.25 mg-35 mcg tablet[ACA,MM]	1	
isibloom 0.15 mg-0.03 mg tablet[ACA,MM]	1	
ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet[ACA,MM]	1	
estarylla 0.25 mg-35 mcg tablet[ACA,MM]	1	
chateal (28) 0.15 mg-0.03 mg tablet[ACA,MM]	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet[ACA,MM]	1	
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring[ACA,MM]	3	QL(1 per 28 days)
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet[ACA,MM]	1	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet[ACA,MM]	1	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet[ACA,MM]	1	
femynor 0.25 mg-35 mcg tablet[ACA,MM]	1	
amabelz 0.5 mg-0.1 mg tablet[MM]	3	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet[ACA,MM]	1	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET[MM]	3	
norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet[ACA,MM]	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
aurovela 1/20 (21) 1 mg-20 mcg tablet[ACA,MM]	1	
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[ACA,MM]	1	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet[ACA,MM]	1	
zovia 1-35 (28) 1 mg-35 mcg tablet[ACA,MM]	1	
joyeaux 0.1 mg-0.02 mg (21)/iron (7) tablet[MM]	3	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet[ACA,MM]	1	
vyfemla (28) 0.4 mg-35 mcg tablet[ACA,MM]	1	
FEMLYV 1 MG-20 MCG DISINTEGRATING TABLET[MM]	3	
norethindrone acetate 1.5 mg-ethinyl estradiol 30 mcg tablet[ACA,MM]	1	
levonorgestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet[ACA,MM]	1	
apri 0.15 mg-0.03 mg tablet[ACA,MM]	1	
turqoz (28) 0.3 mg-30 mcg tablet[ACA,MM]	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet[ACA,MM]	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet[ACA,MM]	1	
vienva 0.1 mg-20 mcg tablet[ACA,MM]	1	
vylibra 0.25 mg-35 mcg tablet[ACA,MM]	1	
wera (28) 0.5 mg-35 mcg tablet[ACA,MM]	1	
kelnor 1/50 (28) 1 mg-50 mcg tablet[ACA,MM]	1	
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack[MM]	1	QL(91 per 90 days)
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
levonorgestrel 0.1 mg-ethinyl estradiol 0.02 mg (21)/iron (7) tablet[MM]	3	
xulane 150 mcg-35 mcg/24 hr transdermal patch[ACA,MM]	3	QL(3 per 28 days)
mili 0.25 mg-35 mcg tablet[ACA,MM]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
nortrel 1/35 (28) 1 mg-35 mcg tablet[ACA,MM]	1	
reclipsen (28) 0.15 mg-0.03 mg tablet[ACA,MM]	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
norethindrone acetate 1 mg-ethinyl estradiol 5 mcg tablet[MM]	2	
alyacen 1/35 (28) 1 mg-35 mcg tablet[ACA,MM]	1	
dasetta 1/35 (28) 1 mg-35 mcg tablet[ACA,MM]	1	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet[ACA,MM]	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet[ACA,MM]	1	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet[ACA,MM]	1	
norgestimate 0.18 mg/0.215 mg/0.25 mg-ethinyl estradiol 25 mcg tablet[ACA,MM]	1	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[ACA,MM]	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet[ACA,MM]	3	
syeda 3 mg-0.03 mg tablet[ACA,MM]	1	
norethin-ethinyl estradiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet[MM]	2	
loryna (28) 3 mg-0.02 mg tablet[ACA,MM]	1	
briellyn 0.4 mg-35 mcg tablet[ACA,MM]	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
ELLA 30 MG TABLET[ACA]	2	QL(1 per 30 days)
drospiren-e.estrad-l.mefol 3 mg-0.02 mg-0.451 mg(24)/0.451 mg(4)tablet[MM]	1	
etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring[ACA,MM]	3	QL(1 per 28 days)
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET[MM]	2	
levora-28 0.15 mg-0.03 mg tablet[ACA,MM]	1	
mimvey 1 mg-0.5 mg tablet[MM]	3	
hailey 1.5 mg-30 mcg tablet[ACA,MM]	1	
afirmelle 0.1 mg-20 mcg tablet[ACA,MM]	1	
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch[ACA,MM]	3	QL(3 per 28 days)
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack[ACA,MM]	1	QL(91 per 90 days)
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet[ACA,MM]	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
ocella 3 mg-0.03 mg tablet[ACA,MM]	1	
cyred 0.15 mg-0.03 mg tablet[ACA,MM]	1	
juleber 0.15 mg-0.03 mg tablet[ACA,MM]	1	
norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet[ACA,MM]	1	
ESTRATEST H.S. 0.625 MG-1.25 MG TABLET[MM]	3	
nikki (28) 3 mg-0.02 mg tablet[ACA,MM]	1	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet[ACA,MM]	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet[ACA,MM]	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet[ACA,MM]	1	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack[ACA,MM]	1	QL(91 per 90 days)
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet[MM]	2	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE[MM]	2	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet[ACA,MM]	1	
lutera (28) 0.1 mg-20 mcg tablet[ACA,MM]	1	
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet[MM]	3	
esterified estrogens-methyltestosterone 1.25 mg-2.5 mg tablet[MM]	3	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet[ACA,MM]	1	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[ACA,MM]	1	
drospirenone 3 mg-ethinyl estradiol 0.03 mg tablet[ACA,MM]	1	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet[ACA,MM]	1	
option-2 1.5 mg tablet[ACA]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
medroxyprogesterone 2.5 mg tablet[MM]	1	
jencycla 0.35 mg tablet[ACA,MM]	1	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE[MM]	3	QL(0.65 per 90 days)
lyleq 0.35 mg tablet[ACA,MM]	1	
medroxyprogesterone 150 mg/ml intramuscular syringe[ACA,MM]	1	QL(1 per 90 days)
NEXPLANON 68 MG SUBDERMAL IMPLANT[ACA,DL,LD,SP]	*	
nora-be 0.35 mg tablet[MM]	1	
camila 0.35 mg tablet[ACA,MM]	1	
tulana 0.35 mg tablet[ACA,MM]	1	
her style 1.5 mg tablet[ACA]	1	
my choice 1.5 mg tablet[ACA]	1	
sharobel 0.35 mg tablet[ACA,MM]	1	
julie 1.5 mg tablet[ACA]	1	
CRINONE 4 % VAGINAL GEL	3	QL(8.7 per 30 days)
errin 0.35 mg tablet[ACA,MM]	1	
new day 1.5 mg tablet[ACA]	1	
lyza 0.35 mg tablet[ACA,MM]	1	
incassia 0.35 mg tablet[ACA,MM]	1	
medroxyprogesterone 5 mg tablet[MM]	1	
levonorgestrel 1.5 mg tablet[ACA]	1	
norethindrone (contraceptive) 0.35 mg tablet[ACA,MM]	1	
megestrol 40 mg tablet	1	
emzahh 0.35 mg tablet[ACA,MM]	1	
deblitane 0.35 mg tablet[ACA,MM]	1	
megestrol 400 mg/10 ml (10 ml) oral suspension[MM]	2	
gallifrey 5 mg tablet[MM]	2	
megestrol 20 mg tablet	1	
progesterone micronized 100 mg capsule[MM]	2	
megestrol 400 mg/10 ml (40 mg/ml) oral suspension[MM]	2	
medroxyprogesterone 150 mg/ml intramuscular suspension[ACA,MM]	1	QL(1 per 90 days)
medroxyprogesterone 10 mg tablet[MM]	1	
norethindrone acetate 5 mg tablet[MM]	2	
my way 1.5 mg tablet[ACA]	1	
heather 0.35 mg tablet[ACA,MM]	1	
progesterone micronized 200 mg capsule[MM]	2	
raloxifene 60 mg tablet[ACA,MM]	2	QL(30 per 30 days)
SYNTHROID 88 MCG TABLET[MM]	2	
ADTHYZA 90 MG TABLET[MM]	3	
levothyroxine 125 mcg tablet[MM]	1	
EUTHYROX 175 MCG TABLET[MM]	1	
LEVOXYL 100 MCG TABLET[MM]	2	
niva thyroid 15 mg tablet[MM]	3	
niva thyroid 120 mg tablet[MM]	3	
LEVOXYL 175 MCG TABLET[MM]	2	
levothyroxine 200 mcg tablet[MM]	1	
LEVO-T 125 MCG TABLET[MM]	2	
SYNTHROID 175 MCG TABLET[MM]	2	
LEVO-T 200 MCG TABLET[MM]	2	
thyroid (pork) 120 mg tablet[MM]	3	
liothyronine 50 mcg tablet[MM]	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
levothyroxine 100 mcg tablet[MM]	1	
LEVO-T 25 MCG TABLET[MM]	2	
LEVO-T 88 MCG TABLET[MM]	2	
LEVO-T 137 MCG TABLET[MM]	2	
EUTHYROX 88 MCG TABLET[MM]	1	
liothyronine 5 mcg tablet[MM]	2	
levothyroxine 25 mcg tablet[MM]	1	
LEVOXYL 75 MCG TABLET[MM]	2	
np thyroid 15 mg tablet[MM]	3	
LEVOXYL 137 MCG TABLET[MM]	2	
SYNTHROID 50 MCG TABLET[MM]	2	
LEVOXYL 25 MCG TABLET[MM]	2	
thyroid (pork) 90 mg tablet[MM]	3	
thyroid (pork) 15 mg tablet[MM]	3	
LEVO-T 300 MCG TABLET[MM]	2	
SYNTHROID 125 MCG TABLET[MM]	2	
levothyroxine 50 mcg tablet[MM]	1	
EUTHYROX 112 MCG TABLET[MM]	1	
EUTHYROX 75 MCG TABLET[MM]	1	
np thyroid 120 mg tablet[MM]	3	
liothyronine 25 mcg tablet[MM]	2	
SYNTHROID 25 MCG TABLET[MM]	2	
EUTHYROX 150 MCG TABLET[MM]	1	
levothyroxine 150 mcg tablet[MM]	1	
SYNTHROID 137 MCG TABLET[MM]	2	
levothyroxine 88 mcg tablet[MM]	1	
EUTHYROX 50 MCG TABLET[MM]	1	
LEVOXYL 50 MCG TABLET[MM]	2	
levothyroxine 75 mcg tablet[MM]	1	
SYNTHROID 300 MCG TABLET[MM]	2	
levothyroxine 300 mcg tablet[MM]	1	
SYNTHROID 200 MCG TABLET[MM]	2	
ADTHYZA 60 MG TABLET[MM]	3	
levothyroxine 137 mcg tablet[MM]	1	
SYNTHROID 150 MCG TABLET[MM]	2	
niva thyroid 30 mg tablet[MM]	3	
EUTHYROX 25 MCG TABLET[MM]	1	
ADTHYZA 30 MG TABLET[MM]	3	
SYNTHROID 100 MCG TABLET[MM]	2	
LEVO-T 100 MCG TABLET[MM]	2	
THYQUIDITY 20 MCG/ML ORAL SOLUTION[MM]	3	
EUTHYROX 137 MCG TABLET[MM]	1	
EUTHYROX 100 MCG TABLET[MM]	1	
EUTHYROX 125 MCG TABLET[MM]	1	
levothyroxine 175 mcg tablet[MM]	1	
LEVOXYL 150 MCG TABLET[MM]	2	
LEVO-T 150 MCG TABLET[MM]	2	
LEVO-T 75 MCG TABLET[MM]	2	
LEVO-T 175 MCG TABLET[MM]	2	
LEVOXYL 200 MCG TABLET[MM]	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
thyroid (pork) 60 mg tablet[MM]	3	
EUTHYROX 200 MCG TABLET[MM]	1	
thyroid (pork) 30 mg tablet[MM]	3	
ADTHYZA 15 MG TABLET[MM]	3	
LEVOXYL 112 MCG TABLET[MM]	2	
np thyroid 30 mg tablet[MM]	3	
np thyroid 60 mg tablet[MM]	3	
levothyroxine 112 mcg tablet[MM]	1	
LEVO-T 50 MCG TABLET[MM]	2	
LEVO-T 112 MCG TABLET[MM]	2	
LEVOXYL 88 MCG TABLET[MM]	2	
np thyroid 90 mg tablet[MM]	3	
LEVOXYL 125 MCG TABLET[MM]	2	
SYNTHROID 112 MCG TABLET[MM]	2	
ADTHYZA 120 MG TABLET[MM]	3	
SYNTHROID 75 MCG TABLET[MM]	2	
niva thyroid 60 mg tablet[MM]	3	
niva thyroid 90 mg tablet[MM]	3	
LYSODREN 500 MG TABLET[DL,MM,SP]	*	
ORILISSA 200 MG TABLET	2	ST,QL(56 per 28 days)
octreotide acetate 100 mcg/ml injection solution[MM]	3	PA
ORILISSA 150 MG TABLET[MM]	2	ST,QL(28 per 28 days)
octreotide acetate 100 mcg/ml (1 ml) injection syringe[MM]	3	PA
lanreotide 120 mg/0.5 ml subcutaneous syringe[DL,MM,SP]	*	PA,QL(0.5 per 28 days)
octreotide acetate 1,000 mcg/ml injection solution[MM]	3	PA
octreotide acetate 500 mcg/ml (1 ml) injection syringe[MM]	3	PA
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE[DL,LD,MM,SP]	*	PA,QL(0.5 per 28 days)
leuprolide 1 mg/0.2 ml subcutaneous kit[DL,MM,SP]	*	PA,QL(2.8 per 14 days)
octreotide acetate 200 mcg/ml injection solution[MM]	3	PA
octreotide acetate 50 mcg/ml (1 ml) injection syringe[MM]	3	PA
SYNAREL 2 MG/ML NASAL SPRAY[DL,SP]	*	PA,QL(32 per 25 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE[DL,LD,MM,SP]	*	PA,QL(0.3 per 28 days)
leuprolide 1 mg/0.2 ml subcutaneous solution[MM]	3	PA,QL(2.8 per 14 days)
lanreotide 90 mg/0.3 ml subcutaneous syringe[DL,MM,SP]	*	PA,QL(0.3 per 28 days)
octreotide acetate 50 mcg/ml injection solution[MM]	3	PA
octreotide acetate 500 mcg/ml injection solution[MM]	3	PA
lanreotide 60 mg/0.2 ml subcutaneous syringe[DL,MM,SP]	*	PA,QL(0.2 per 28 days)
cabergoline 0.5 mg tablet[MM]	3	
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE[DL,LD,MM,SP]	*	PA,QL(0.2 per 28 days)
methimazole 10 mg tablet[MM]	1	
methimazole 5 mg tablet[MM]	1	
propylthiouracil 50 mg tablet[MM]	2	
HAEGARDA 3,000 UNIT SUBCUTANEOUS SOLUTION[DL,LD,MM,SP]	*	PA,QL(20 per 28 days)
HAEGARDA 2,000 UNIT SUBCUTANEOUS SOLUTION[DL,LD,MM,SP]	*	PA,QL(20 per 28 days)
sajazir 30 mg/3 ml subcutaneous syringe[DL,SP]	*	PA,QL(9 per 30 days)
icatibant 30 mg/3 ml subcutaneous syringe[DL,SP]	*	PA,QL(9 per 30 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE[DL,LD,MM,SP]	*	PA,QL(104 per 365 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS[DL,LD,MM,SP]	*	PA,QL(32 per 365 days)
RINVOQ 15 MG TABLET,EXTENDED RELEASE[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) SUBCUTANEOUS WEARABLE INJECTOR[DL,MM,SP]	*	PA,QL(8.4 per 365 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR[DL,MM,SP]	*	PA,QL(31.92 per 365 days)
SKYRIZI 150 MG/ML SUBCUTANEOUS PEN INJECTOR[MM,SP]	*	PA,QL(6 per 365 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE[MM,SP]	*	PA,QL(3 per 84 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE[DL,LD,MM,SP]	*	PA,QL(31.92 per 365 days)
TREMFYA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR[MM,SP]	*	PA,QL(2 per 56 days)
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS[DL,MM,SP]	*	PA,QL(32 per 365 days)
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS SYRINGE[DL,LD,MM,SP]	*	PA,QL(2.28 per 28 days)
SOTYKTU 6 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
TREMFYA PEN 200 MG/2 ML SUBCUTANEOUS PEN INJECTOR[DL,MM,SP]	*	PA,QL(2 per 28 days)
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR[DL,LD,MM,SP]	*	PA,QL(2.28 per 28 days)
DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(17.42 per 365 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR[DL,LD,MM,SP]	*	PA,QL(8 per 28 days)
RINVOQ 30 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(30 per 30 days)
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS SYRINGE[DL,LD,MM,SP]	*	PA,QL(2.28 per 28 days)
RINVOQ LQ 1 MG/ML ORAL SOLUTION[DL,MM,SP]	*	PA,QL(360 per 30 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR[DL,LD,MM,SP]	*	PA,QL(104 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS[DL,LD,MM,SP]	*	PA,QL(32 per 365 days)
COSENTYX 75 MG/0.5 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(8.5 per 365 days)
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR[DL,LD,MM,SP]	*	PA,QL(2.28 per 28 days)
SKYRIZI 150 MG/ML SUBCUTANEOUS SYRINGE[MM,SP]	*	PA,QL(6 per 365 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION[MM,SP]	*	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[MM,SP]	*	PA,QL(1.5 per 84 days)
TREMFYA 200 MG/2 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(2 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE[DL,LD,MM,SP]	*	PA,QL(8 per 28 days)
RINVOQ 45 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(168 per 365 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS[DL,LD,MM,SP]	*	PA,QL(32 per 365 days)
RIDAURA 3 MG CAPSULE[MM]	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE[DL,LD,MM,SP]	*	PA,QL(32 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) SUBCUTANEOUS WEARABLE INJECTOR[DL,MM,SP]	*	PA,QL(16.8 per 365 days)
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE[MM,SP]	*	PA,QL(2 per 56 days)
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION[DL,SP]	*	PA,QL(12 per 30 days)
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT[DL,MM,SP]	*	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT[DL,MM,SP]	*	PA,QL(6 per 28 days)
sirolimus 1 mg/ml oral solution[MM]	4	
everolimus (immunosuppressive) 0.5 mg tablet[DL,MM,SP]	*	PA,QL(120 per 30 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT[DL,SP]	*	PA,QL(6 per 28 days)
leflunomide 10 mg tablet[MM]	2	QL(30 per 30 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT[DL,MM,SP]	*	PA,QL(6 per 28 days)
HADLIMA PUSHTOUCH 40 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR[DL,MM,SP]	*	PA,QL(4.8 per 28 days)
PROGRAF 1 MG ORAL GRANULES IN PACKET[MM]	4	
mycophenolate mofetil 500 mg tablet[MM]	2	QL(180 per 30 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR[DL,MM,SP]	*	PA,QL(78 per 365 days)
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT[DL,MM,SP]	*	PA,QL(6 per 28 days)
cyclosporine 25 mg capsule[MM]	3	
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT[DL,MM,SP]	*	PA,QL(2 per 28 days)
ENVARSUS XR 4 MG TABLET,EXTENDED RELEASE[MM]	4	
cyclosporine modified 25 mg capsule[MM]	3	
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE[DL,MM,SP]	*	PA,QL(8 per 28 days)
everolimus (immunosuppressive) 0.75 mg tablet[DL,MM,SP]	*	PA,QL(60 per 30 days)
everolimus (immunosuppressive) 1 mg tablet[DL,MM,SP]	*	PA,QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
mycophenolate mofetil 200 mg/ml oral powder for suspension[MM]	4	
cyclosporine 100 mg capsule[MM]	3	QL(720 per 30 days)
gengraf 100 mg capsule[MM]	3	QL(720 per 30 days)
methotrexate sodium 25 mg/ml injection solution	2	
cyclosporine modified 100 mg/ml oral solution[MM]	3	
azathioprine 50 mg tablet[MM]	2	
leflunomide 20 mg tablet[MM]	2	QL(30 per 30 days)
tacrolimus 5 mg capsule, immediate-release[MM]	3	QL(180 per 30 days)
ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION[DL,MM,SP]	*	PA,QL(8 per 28 days)
cyclosporine modified 50 mg capsule[MM]	3	
tacrolimus 0.5 mg capsule, immediate-release[MM]	3	
methotrexate sodium 2.5 mg tablet[MM]	2	
REDITREX (PF) 10 MG/0.4 ML SUBCUTANEOUS SYRINGE[MM]	3	ST,QL(1.6 per 28 days)
cyclosporine modified 100 mg capsule[MM]	3	QL(720 per 30 days)
methotrexate sodium (pf) 25 mg/ml injection solution	2	
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT[DL,SP]	*	PA,QL(6 per 28 days)
REDITREX (PF) 25 MG/ML SUBCUTANEOUS SYRINGE[MM]	3	ST,QL(4 per 28 days)
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT[DL,MM,SP]	*	PA,QL(6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT[DL,MM,SP]	*	PA,QL(6 per 28 days)
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(78 per 365 days)
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION[DL,MM,SP]	*	PA,QL(8 per 28 days)
gengraf 100 mg/ml oral solution[MM]	3	
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT[DL,MM,SP]	*	PA,QL(6 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(8.16 per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[DL,MM,SP]	*	PA,QL(6 per 28 days)
HADLIMA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(2.4 per 28 days)
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML SUBCUT KIT[DL,MM,SP]	*	PA,QL(6 per 28 days)
mycophenolate sodium 360 mg tablet,delayed release[MM]	3	
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT[DL,MM,SP]	*	PA,QL(6 per 28 days)
mycophenolate sodium 180 mg tablet,delayed release[MM]	3	
tacrolimus 1 mg capsule, immediate-release[MM]	3	
REDITREX (PF) 20 MG/0.8 ML SUBCUTANEOUS SYRINGE[MM]	3	ST,QL(3.2 per 28 days)
REDITREX (PF) 15 MG/0.6 ML SUBCUTANEOUS SYRINGE[MM]	3	ST,QL(2.4 per 28 days)
REDITREX (PF) 12.5 MG/0.5 ML SUBCUTANEOUS SYRINGE[MM]	3	ST,QL(2 per 28 days)
ENVARSUS XR 1 MG TABLET,EXTENDED RELEASE[MM]	4	
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR[DL,MM,SP]	*	PA,QL(2.4 per 28 days)
sirolimus 2 mg tablet[MM]	3	QL(150 per 30 days)
REZUROCK 200 MG TABLET[DL,MM,SP]	*	PA,QL(30 per 30 days)
PROGRAF 0.2 MG ORAL GRANULES IN PACKET[MM]	4	
ENVARSUS XR 0.75 MG TABLET,EXTENDED RELEASE[MM]	4	
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT[DL,MM,SP]	*	PA,QL(6 per 28 days)
gengraf 25 mg capsule[MM]	3	
mycophenolate mofetil 250 mg capsule[MM]	2	QL(360 per 30 days)
sirolimus 0.5 mg tablet[MM]	3	
sirolimus 1 mg tablet[MM]	3	QL(300 per 30 days)
everolimus (immunosuppressive) 0.25 mg tablet[DL,MM,SP]	*	PA,QL(60 per 30 days)
HADLIMA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(4.8 per 28 days)
REDITREX (PF) 22.5 MG/0.9 ML SUBCUTANEOUS SYRINGE[MM]	3	ST,QL(3.6 per 28 days)
REDITREX (PF) 17.5 MG/0.7 ML SUBCUTANEOUS SYRINGE[MM]	3	ST,QL(2.8 per 28 days)
REDITREX (PF) 7.5 MG/0.3 ML SUBCUTANEOUS SYRINGE[MM]	3	ST,QL(1.2 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION[ACA]	4	
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
AFLURIA QUAD 2023-24(3YR UP)(PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE[ACA]	3	
PENTACEL DTAP-IPV COMPONENT (PF) 15 LF-48 MCG-62 DU/0.5 ML IM SUSP[ACA]	4	
ABRYSVO (PF) 120 MCG/0.5 ML INTRAMUSCULAR SOLUTION[ACA]	3	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP[ACA]	4	
FLUAD QUAD 2023-2024(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE[ACA]	3	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION[ACA]	4	
NOVAVAX COVID 2024-25(PF)(EUA) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
MODERNA COVID-19 VACCINE(6MO-5YR)(PF) 25 MCG/0.25 ML IM SUSP (EUA)[ACA]	4	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION[ACA]	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
FLUCELVAX TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION[ACA]	3	
PFIZER COVID-19 BIVALENT VACCINE(6MO-4Y)(PF) 3 MCG/0.2 ML IM SUSP(EUA)[ACA]	4	
FLUZONE HIGH-DOSE QUAD 2023-24 (PF) 240 MCG/0.7 ML IM SYRINGE[ACA]	3	
JANSSEN COVID-19 VACCINE (PF) 0.5 ML INTRAMUSCULAR SUSPENSION (EUA)[ACA]	4	
FLUCELVAX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE[ACA]	3	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION[ACA]	4	
FLUCELVAX QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION[ACA]	3	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION[ACA]	4	
PFIZER-BIONTECH COVID-19 VACCINE (PF) 30 MCG/0.3 ML IM SUSP (PURPLE)[ACA]	4	
FLUZONE QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.[ACA]	3	
MODERNA COVID 2023-24(6MO-11YR)(PF) 25 MCG/0.25 ML IM SUSPENSION (EUA)[ACA]	4	
FLUZONE HIGH-DOSE TRIV 2024-2025 (PF) 180 MCG/0.5 ML IM SYRINGE[ACA]	3	
SPIKEVAX 2024-2025(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
COMIRNATY 2024-25 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE[ACA]	4	
FLUMIST QUAD 2023-2024 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE[ACA]	3	
CAPVAXIVE 0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
PFIZER COVID 2024-25(5Y-11Y)(PF)(EUA) 10 MCG/0.3 ML IM SUSPENSION[ACA]	4	
FLULAVAL TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE[ACA]	3	
MRESVIA (PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
FLUARIX TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE[ACA]	3	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE[ACA]	4	
PFIZER COVID-19 BIVALENT (12Y UP)(PF) 30 MCG/0.3 ML IM SUSPENSION(EUA)[ACA]	4	
PFIZER COVID 2023-24(6MO-4Y)(PF) 3 MCG/0.3 ML IM SUSPENSION (EUA)[ACA]	4	
PRIORIX (PF) 10EXP3.4-4.2-3.3 CCID50/0.5ML SUBCUTANEOUS SUSPENSION[ACA]	4	
PREHEVBRIO (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION[ACA]	4	
NOVAVAX COVID 2023-2024(PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION(EUA)[ACA]	4	
PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT[ACA]	3	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION[ACA]	4	
FLUZONE QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE[ACA]	3	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION[ACA]	4	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION[ACA]	4	
AFLURIA QUAD 2023-2024(6MO UP) 60 MCG (15 MCG X 4)/0.5 ML IM SUSP[ACA]	3	
FLUARIX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE[ACA]	3	
PFIZER-BIONT COVID19 TRIS(5-11Y) VACC(PF)10 MCG/0.2 ML IM SUSP(ORANGE)[ACA]	4	
SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
FLUCELVAX TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE[ACA]	3	

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FLUBLOK TRIV 2024-2025 (PF) 135 MCG (45 MCG X 3)/0.5 ML IM SYRINGE[ACA]	3	
COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE[ACA]	4	
PREVNAR 20 (PF) 0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
AFLURIA TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE[ACA]	3	
PFIZER-BIONT COVID19 TRIS (12Y UP) VACC(PF)30 MCG/0.3 ML IM SUSP(GRAY)[ACA]	4	
SPIKEVAX (PF) 100 MCG/0.5 ML INTRAMUSCULAR SUSPENSION[ACA]	4	
PFIZER COVID-19 BIVALENT (5-11YR)(PF) 10 MCG/0.2 ML IM SUSPENSION(EUA)[ACA]	4	
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION[ACA]	4	
MODERNA COVID-19 BIVALENT(6MO-5Y)(PF) 10 MCG/0.2 ML IM SUSP(EUA)(PINK)[ACA]	4	
MODERNA COVID-19 (12 YR UP) VACCINE (PF) 100 MCG/0.5 ML IM SUSP (EUA)[ACA]	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE[ACA]	4	
PENTACEL (PF) 15 LF-48 MCG-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT[ACA]	4	
VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
AREXVY (PF) 120 MCG/0.5 ML IM SUSPENSION[ACA]	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT (2 VIALS)[ACA]	3	
FLULAVAL QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE[ACA]	3	
MODERNA COVID-19 BIVALENT(6MO UP)(PF) 50 MCG/0.5 ML IM SUSP(EUA)(BLUE)[ACA]	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION[ACA]	4	
FLUBLOK QUAD 2023-2024 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE[ACA]	3	
SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION[ACA]	4	
PFIZER COVID 2023-24(5Y-11Y)(PF) 10 MCG/0.3 ML IM SUSPENSION (EUA)[ACA]	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION[ACA]	4	
FLUZONE TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION[ACA]	3	
FLUZONE TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE[ACA]	3	
MODERNA COVID 2024-25(6M-11Y)(PF)(EUA) 25 MCG/0.25 ML IM SYRINGE[ACA]	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE[ACA]	4	
NOVAVAX COVID-19 VACCINE,ADJUVANTED (PF) 5 MCG/0.5 ML IM SUSPEN (EUA)[ACA]	4	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE[ACA]	4	
MODERNA COVID-19 VACC (6-11YR PRIMARY)(PF) 50 MCG/0.5 ML IM SUSP (EUA)[ACA]	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION[ACA]	4	
COMIRNATY TRIS VACCINE(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION[ACA]	4	
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT[ACA]	4	
PFIZER-BIONT COVID19 TRIS(6M-4Y) VACC(PF) 3 MCG/0.2 ML IM SUSP(MAROON)[ACA]	4	
VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION[ACA]	4	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION[ACA]	3	
FLUAD TRIV 2024-25(65Y UP)(PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE[ACA]	3	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE[ACA]	4	
AFLURIA TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION[ACA]	3	
VAXNEUVANCE (PF) 0.5 ML INTRAMUSCULAR SYRINGE[ACA]	4	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE[ACA]	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE[ACA]	4	
FLUMIST TRIVALENT 2024-2025 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY[ACA]	3	
PFIZER COVID 2024-25(6MOS-4YRS)(PF)(EUA) 3 MCG/0.3 ML IM SUSPENSION[ACA]	4	
mesalamine er 0.375 gram capsule,extended release 24 hr[MM]	3	QL(120 per 30 days)
balsalazide 750 mg capsule	3	QL(270 per 30 days)
sulfasalazine 500 mg tablet,delayed release[MM]	2	QL(240 per 30 days)
mesalamine rectal susp enema with cleansing wipes 4 gram/60 ml kit[MM]	3	QL(30 per 30 days)
sulfasalazine 500 mg tablet[MM]	2	QL(240 per 30 days)

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mesalamine 4 gram/60 ml enema[MM]	3	QL(1800 per 30 days)
hydrocortisone 100 mg/60 ml enema	3	
budesonide dr - er 3 mg capsule,delayed,extended release	4	
calcitriol 0.5 mcg capsule[MM]	2	
cinacalcet 30 mg tablet[MM]	4	QL(60 per 30 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR[DL,MM,SP]	*	PA,QL(1.56 per 30 days)
alendronate 5 mg tablet[MM]	1	QL(30 per 30 days)
calcitriol 0.25 mcg capsule[MM]	2	
cinacalcet 60 mg tablet[MM]	4	QL(60 per 30 days)
cinacalcet 90 mg tablet[MM]	4	QL(120 per 30 days)
paricalcitol 4 mcg capsule[MM]	3	QL(12 per 30 days)
ibandronate 150 mg tablet[MM]	2	QL(1 per 28 days)
alendronate 70 mg/75 ml oral solution[MM]	3	QL(300 per 28 days)
alendronate 10 mg tablet[MM]	1	QL(30 per 30 days)
alendronate 70 mg tablet[MM]	1	QL(4 per 28 days)
paricalcitol 1 mcg capsule[MM]	3	QL(30 per 30 days)
risedronate 150 mg tablet[MM]	3	QL(1 per 30 days)
alendronate 35 mg tablet[MM]	1	QL(4 per 28 days)
calcitriol 1 mcg/ml oral solution[MM]	3	
paricalcitol 2 mcg capsule[MM]	3	QL(30 per 30 days)
calcitonin (salmon) 200 unit/actuation nasal spray[MM]	2	QL(3.7 per 28 days)
TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE[MM]	1	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT[MM]	1	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK[MM]	3	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE[MM]	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 27 GAUGE X 1/2"[MM]	2	
TRUEPLUS INSULIN 0.5 ML 31 GAUGE X 5/16" SYRINGE[MM]	2	
ACCUTREND GLUCOSE CONTROL SOLUTION[MM]	3	
ELEMENT LOW CONTROL SOLUTION[MM]	3	
multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet	2	
MONOJECT TB LUER LOK 1 ML SYRINGE	1	
hydrocodone-homatropine 5 mg-1.5 mg tablet	3	
ADVOCATE CONTROL SOLUTION HIGH[MM]	3	
SMARTEST LANCET[MM]	1	
ULTICARE 1 ML 25 GAUGE X 5/8" SYRINGE	2	
TRUECONTROL LEVEL 0 SOLUTION[MM]	3	
ACCUTREND GLUCOSE TEST STRIPS[MM]	1	QL(150 per 30 days)
INTEGRA SYRINGE 3 ML 21 GAUGE X 1"	1	
PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2"	1	
TRUE COMFORT PRO INS SYRINGE 1/2 ML 32 GAUGE X 5/16"[MM]	2	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
TRUEPLUS INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE[MM]	2	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 3/16"[MM]	1	
TRUE METRIX GLUCOSE METER KIT[MM]	1	
levomefolate calcium 15 mg tablet	3	
E-Z JECT LANCETS[MM]	3	
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE[MM]	1	
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	

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dodex 1,000 mcg/ml injection solution[MM]	1	QL(30 per 30 days)
DROPSAFE PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
COMFORT EZ INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"[MM]	2	
SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
SOLUS V2 LANCING DEVICE KIT[MM]	1	
UNISTIK CZT LANCET 28 GAUGE[MM]	1	
PRODIGY TWIST TOP LANCET 28 GAUGE[MM]	1	
VORTEX HOLDING CHAMBER	2	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE[MM]	1	
FORA LOW CONTROL SOLUTION[MM]	3	
ELEMENT NORMAL CONTROL SOLUTION[MM]	3	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8"	1	
GLUCOCOM CONTROL HIGH SOLUTION[MM]	3	
BLUNT NEEDLE, DISPOSABLE 18 X 1 1/2"	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE[MM]	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 3/8"[MM]	2	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16"[MM]	2	
INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
TOPCARE ULTRA COMFORT 0.3 ML 31 GAUGE X 5/16" SYRINGE[MM]	2	
EXEL INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE[MM]	2	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION[MM]	3	
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
ASSURE LANCE 28 GAUGE[MM]	3	
ASSURE HAEMOLANCE PLUS 28 GAUGE[MM]	3	
LANCING DEVICE	1	
EASY TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
MONOJECT SAFETY SYRINGES	1	
PHASEAL PROTECTOR 20 MM DEVICE	1	
ULTICARE 0.5 ML 30 GAUGE X 1/2" SYRINGE[MM]	2	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
TRUERESULT BLOOD GLUCOSE SYSTEM KIT[MM]	1	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT[MM]	1	
INCONTROL PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
ULTRALANCE LANCETS 26 GAUGE[MM]	1	
THINPRO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE[MM]	1	
MEDLANCE PLUS LANCETS 21 GAUGE[MM]	1	
THINPRO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
TRUETEST TEST STRIPS[MM]	1	QL(150 per 30 days)
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN[MM]	3	
ASTHMAPACK CHILDREN'S KIT	1	
FEMCAP 26 MM VAGINAL DEVICE[ACA]	4	
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1"	1	
UNISTIK 3 EXTRA LANCET 21 GAUGE[MM]	1	
SAFETY LANCETS 21 GAUGE[MM]	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 3/16"[MM]	1	
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION[MM]	3	
GLUCOSE KETONE CONTROL SOLN SOLUTION[MM]	3	
PRESSURE ACTIVATED LANCETS 21 GAUGE[MM]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE	1	
SURE COMFORT LANCETS 30 GAUGE[MM]	1	
ON CALL LANCET 30 GAUGE[MM]	3	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64"[MM]	2	
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
SURE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
SAFESNAP INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
GLUCOCARD 01 NORMAL CONTROL SOLUTION[MM]	3	
EASIVENT MASK MEDIUM	3	
AGAMATRIX CONTROL HIGH SOLUTION[MM]	3	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE[MM]	1	
AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	1	
SURE-JECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
ADVOCATE SYRINGES 0.5 ML 29 GAUGE X 1/2"[MM]	1	
SURE-JECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
INCONTROL SUPER THIN LANCETS 30 GAUGE[MM]	1	
MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
PHASEAL PROTECTOR 28 MM DEVICE	1	
MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
INCONTROL PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
TRUEPLUS LANCETS 30 GAUGE[MM]	1	
ACTI-LANCE LANCETS 23 GAUGE[MM]	1	
ON CALL PLUS LANCING DEVICE	3	
CARESENS CONTROL A NORMAL SOLUTION[MM]	3	
PRODIGY CONTROL SOLUTION,HIGH[MM]	3	
EASY TWIST AND CAP LANCETS 28 GAUGE[MM]	1	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1" SYRINGE	2	
EASY TOUCH TWIST LANCETS 32 GAUGE[MM]	1	
E-Z JECT LANCETS 26 GAUGE[MM]	1	
ECLIPSE SYRINGE 3 ML 25 GAUGE X 1"	1	
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[MM]	2	
RIGHTEST GC250S CONTROL SOLUTION NORMAL[MM]	3	
CARELANCE ULTIMATE COMFORT LANCING DEVICE	3	
SURGUARD2 SAFETY SYRINGE 3 ML 25 GAUGE X 1"	2	
ONETOUCH VERIO HIGH CONTROL SOLUTION[MM]	3	
EASY TOUCH 32 GAUGE X 5/32" NEEDLE[MM]	3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION[MM]	3	
THINPRO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE	1	
INCONTROL ULTRA THIN LANCETS 28 GAUGE[MM]	1	
COMFORT EZ INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE	2	
ULTRA-THIN II LANCETS 28 GAUGE[MM]	1	
SURGUARD2 SAFETY 30 GAUGE X 1 1/2" NEEDLE	2	
BREATHERITE MDI SPACER	1	
ONETOUCH VERIO MID CONTROL SOLUTION[MM]	3	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1" SYRINGE	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH-MEDIUM MASK	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	3	
SURGUARD2 SAFETY 22 GAUGE X 1 1/2" NEEDLE	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	1	
EASY TOUCH TWIST LANCETS 26 GAUGEMM	1	
SURGUARD2 SAFETY 20 GAUGE X 1" NEEDLE	2	
PENTIPS PEN NEEDLE 31 GAUGE X 5/16"MM	1	
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE	2	
PENTIPS PEN NEEDLE 31 GAUGE X 3/16"MM	1	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	1	
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"MM	1	
ULTICARE 1 ML 30 GAUGE X 1/2" SYRINGEMM	2	
SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 22 GAUGE X 1" NEEDLE	2	
MICRODOT HIGH-LOW CONTROL SOLUTIONMM	3	
DROPLET PEN NEEDLE 32 GAUGE X 5/16"MM	1	
ECLIPSE SYRINGE 3 ML 21 GAUGE X 1"	1	
SAFESNAP INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	2	
CAREONE ULTRA THIN LANCETMM	1	
EMBRACE PEN NEEDLE 29 GAUGE X 1/2"MM	1	
CHOICE DM CLARUS NORMAL CONTROL SOLUTIONMM	3	
EMBRACE PEN NEEDLE 31 GAUGE X 5/16"MM	1	
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16" SYRINGEMM	2	
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"MM	2	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32"MM	1	
READYLANCE SAFETY LANCETS 26 GAUGEMM	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 29MM	2	
CONTOUR CONTROL SOLUTION, LOWMM	3	
TRUEPLUS INSULIN 1 ML 28 GAUGE X 1/2" SYRINGEMM	2	
HALO CLOSED VIAL ADAPTOR 28 MM DEVICE	1	
SAFESNAP INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	2	
HALO CLOSED VIAL ADAPTOR 20 MM DEVICE	1	
BD ECLIPSE 25 GAUGE X 1 1/2" NEEDLE	1	
MOBILE LANCETS 30 GAUGEMM	1	
FORA LANCING DEVICE	1	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4"MM	1	
TRUEPLUS INSULIN 0.5 ML 29 GAUGE X 1/2" SYRINGEMM	2	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4"MM	1	
ACCU-CHEK SOFTCLIX LANCING DEVICE+LANCETS KITMM	1	
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8"MM	2	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	2	
ALTERNATE SITE LANCING DEVICE	1	
2TEK CONTROL (HIGH-NORMAL) SOLUTIONMM	3	
AEROCHAMBER PLUS FLOW-VU	3	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLEMM	1	
SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16"MM	1	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2"MM	1	
AQUA LANCE LANCING DEVICE	1	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16"MM	2	
OPTICHAMBER DIAMOND VHC WITH MEDIUM MASK	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SECURESAFE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
VERIFINE PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
TELCARE CONTROL SOLUTION[MM]	3	
DROPSAFE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
AQINJECT PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
ADVOCATE PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
SURGUARD2 SAFETY 1 ML 25 GAUGE X 5/8" SYRINGE	2	
VERIFINE PLUS PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
VERIFINE SAFETY LANCET MINI 28 GAUGE[MM]	1	
MEDISENSE MID CONTROL SOLUTION[MM]	3	
UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE[MM]	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
ULTICARE PEN NEEDLE 32 GAUGE X 5/32"[MM]	2	
SURE-TOUCH LANCET[MM]	1	
OPTICHAMBER DIAMOND VHC WITH SMALL MASK	2	
UNIFINE PENTIPS 29 GAUGE NEEDLE[MM]	1	
BREEZE 2 CONTROL SOLUTION, HIGH[MM]	3	
BREEZE 2 CONTROL SOLUTION, LOW[MM]	3	
ADVOCATE LANCET 28 GAUGE[MM]	1	
SURE-JECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
OMNIPOD 5 G6-G7 INTRO KIT(GEN 5) SUBCUTANEOUS CARTRIDGE AND CONTROLLER	2	
SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
MICRODOT READYGARD PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 15/64"[MM]	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	1	
CARETOUCH SAFETY LANCETS 28 GAUGE[MM]	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 15/64"[MM]	2	
KORLYM 300 MG TABLET[DL,MM,SP]	*	PA,QL(120 per 30 days)
ACCU-CHEK SMARTVIEW CONTROL SOLUTION[MM]	3	
UBRELVY 50 MG TABLET	2	PA,QL(16 per 30 days)
TECHLITE PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"[MM]	1	
LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16"[MM]	2	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
NOVA SAFETY LANCETS 28 GAUGE[MM]	1	
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16"[MM]	2	
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X1) SPRINKLE CAPSULE[DL,MM,SP]	*	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 11 MAINTENANCE) 300 MG ORAL POWDER PACKET[DL,MM,SP]	*	PA,QL(30 per 30 days)
CARETOUCH TWIST LANCET 33 GAUGE[MM]	1	
ACCU-CHEK GUIDE GLUCOSE METER[MM]	1	
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[MM]	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION[MM]	3	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
CARETOUCH LANCING DEVICE	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ECLIPSE NEEDLE 25 GAUGE X 5/8"	1	
CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16"[MM]	2	
VIVAGUARD INO CONTROL SOLUTION-L2[MM]	3	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 1/2"[MM]	2	
EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"[MM]	2	
ACCU-CHEK GUIDE TEST STRIPS[MM]	1	QL(150 per 30 days)
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16"[MM]	2	
SPACE CHAMBER WITH SMALL MASK	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16"[MM]	2	
EASY COMFORT INSULIN SYRINGE 1 ML 32 GAUGE X 5/16"[MM]	2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE[MM]	3	
EZ-LETS 26 GAUGE[MM]	1	
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16"[MM]	1	
VORTEX VHC LADYBUG MASK-TODDLER	1	
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"[MM]	2	
COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16"[MM]	2	
ULTRA FLO PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
MYGLUCOHEALTH CONTROL SOLUTION[MM]	3	
COMFORT TOUCH PLUS PRESSURE ACTIVATED SAFETY LANCETS 30 GAUGE[MM]	1	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 30 X 1/2"[MM]	2	
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2"[MM]	2	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2"[MM]	2	
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"[MM]	2	
butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap[DL]	3	QL(360 per 30 days)
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/32"[MM]	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[MM]	2	
TRUEPLUS PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
CLEVER CHOICE HOLDING CHAMBER-MEDIUM MASK	3	
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) SPRINKLE CAPSULE[DL,MM,SP]	*	PA,QL(90 per 30 days)
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[MM]	2	
COMPACT SPACE CHAMBER-MED MASK	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE[MM]	2	
ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
EMBRACE LANCETS 30 GAUGE[MM]	3	
hydroxocobalamin 1,000 mcg/ml intramuscular solution	2	
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL[ACA]	4	
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL[ACA]	4	
promethazine 6.25 mg-codeine 10 mg/5 ml syrup	3	
UNIFINE SAFECONTROL 32 GAUGE X 5/32" NEEDLE[MM]	1	
PURE COMFORT LANCETS 30 GAUGE[MM]	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4"[MM]	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4"[MM]	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 1/4"[MM]	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
VERIFINE PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
VERIFINE PEN NEEDLE 32 GAUGE X 3/16"[MM]	1	
TD GOLD LEVEL 2 CONTROL SOLUTION[MM]	3	
vitamin d2 1,250 mcg (50,000 unit) capsule[MM]	1	
VIVAGUARD INO CONTROL SOLUTION-L1,L2,L3[MM]	3	
AEROCHAMBER PLUS FLOW-VU,SMALL MASK	2	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"[MM]	2	
SAFETY PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
MICRODOT INSULIN PEN NEEDLE 33 GAUGE X 5/32"[MM]	1	
MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8"[MM]	2	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 15/64"[MM]	2	
INSUPEN PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"[MM]	2	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
HEALTHWISE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE[MM]	1	
BD MICROTAINER LANCET 21 GAUGE[MM]	1	
BD MICROTAINER LANCET 30 GAUGE[MM]	1	
UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE[MM]	1	
HEALTHWISE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 1/2"[MM]	2	
ONETOUCH DELICA PLUS LANCET 33 GAUGE[MM]	1	
COMFORT EZ LANCETS 23 GAUGE[MM]	2	
THIN LANCETS 26 GAUGE[MM]	1	
UNILET COMFORTOUCH LANCET[MM]	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE[MM]	1	
UNISTIK PRO LANCET 28 GAUGE[MM]	1	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16"[MM]	3	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64"[MM]	3	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16"[MM]	3	
EVENCARE G3 CONTROL SOLUTION[MM]	3	
BULLSEYE MINI SAFETY LANCETS 28 GAUGE[MM]	1	
ONETOUCH DELICA PLUS LANCING DEVICE KIT[MM]	1	
MAXICOMFORT INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"[MM]	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"[MM]	3	
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[MM]	3	
MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE	1	
TRUECONTROL LEVEL 1 SOLUTION[MM]	3	
LANCETS 21 GAUGE[MM]	1	
EASY COMFORT PEN NEEDLES 33 GAUGE X 3/16"[MM]	1	
ULTILET LANCETS 30 GAUGE[MM]	1	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	3	
1ST TIER UNILET COMFORTOUCH LANCET 30 GAUGE[MM]	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16"[MM]	1	
UNIVERSAL 1 LANCETS 33 GAUGE[MM]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64"MM	2	
GLUCOCOM LANCETS 33 GAUGEMM	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64"MM	2	
DROPLET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	2	
ULTRA THIN LANCETS 33 GAUGEMM	1	
LITE TOUCH LANCETS 28 GAUGEMM	1	
INSUPEN PEN NEEDLE 31 GAUGE X 5/16"MM	1	
LANCETS 30 GAUGEMM	1	
TRUEPLUS INSULIN 1 ML 31 GAUGE X 5/16" SYRINGEMM	2	
TRUEPLUS INSULIN 0.3 ML 31 GAUGE X 5/16" SYRINGEMM	2	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGEMM	2	
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	2	
MONOJECT ENFIT STERILE SYRINGE 3 ML	3	
MONOJECT ENFIT STERILE SYRINGE 6 ML	3	
MONOJECT ENFIT STERILE SYRINGE 60 ML	3	
CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"MM	2	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2"MM	1	
2-IN-1 LANCET DEVICE 30 GAUGEMM	1	
ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"MM	2	
CONTOUR NEXT LEVEL 1 CONTROL SOLUTIONMM	3	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLEMM	1	
HEALTHY ACCENTS UNILET LANCET 30 GAUGEMM	1	
1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLEMM	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 3/16"MM	1	
PEN NEEDLE, DIABETIC 33 GAUGE X 3/16"MM	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLEMM	1	
CARESENS LANCETS 30 GAUGEMM	3	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 1/4"MM	1	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLEMM	1	
CAREFINE PEN NEEDLE 31 GAUGE X 5/16"MM	1	
ULTRA FLO PEN NEEDLE 33 GAUGE X 5/32"MM	1	
TRUE COMFORT LANCET 30 GAUGEMM	1	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"MM	2	
EASY MINI EJECT LANCING DEVICE	3	
CAREFINE PEN NEEDLE 31 GAUGE X 1/4"MM	1	
SURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"MM	1	
FORACARE LANCETS 30 GAUGEMM	1	
INSULIN SYRINGE-NEEDLE U-100 HALF UNIT MARKING 0.3 ML 31 GAUGE X 1/4"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 27 GAUGE X 1/2"MM	2	
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4"MM	2	
FORACARE GDH NORMAL CONTROL SOLUTIONMM	3	
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	2	
UNISTRIP HIGH CONTROL SOLUTIONMM	3	
tencon 50 mg-325 mg tablet	2	QL(180 per 30 days)
BREATHERITE SPACER AND MASK, NEONATE	1	
BREATHERITE SPACER AND MASK, INFANT	1	
EASY TALK PLUS II LOW CONTROL SOLUTIONMM	3	
MICROCHAMBER SPACER	3	
SURE COMFORT LANCETS 18 GAUGEMM	1	
SURE COMFORT LANCETS 23 GAUGEMM	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 13/64"MM	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EMBRACE TALK CONTROL-LOW (L1) SOLUTION[MM]	3	
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE	1	
READYLANCE SAFETY LANCETS 30 GAUGE[MM]	1	
ULTICARE PEN NEEDLE 31 GAUGE X 1/4"[MM]	2	
COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4"[MM]	2	
COMFORT EZ LANCETS 21 GAUGE[MM]	2	
CARETOUCH PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
ELEMENT COMPACT HIGH CONTROL SOLUTION[MM]	3	
AEROCHAMBER PLUS Z STAT SPACER	1	
UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE[MM]	1	
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[MM]	2	
AEROCHAMBER PLUS Z STAT LARGE MASK	1	
bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup	3	
CARETOUCH PEN NEEDLE 32 GAUGE X 3/16"[MM]	1	
EMBRACE PEN NEEDLE 30 GAUGE X 5/16"[MM]	1	
CARETOUCH TWIST LANCET 30 GAUGE[MM]	1	
sski 1 gram/ml oral solution	2	
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
SECURESAFE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
VERIFINE PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16"[MM]	1	
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE[MM]	2	
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE[MM]	2	
FORA NORMAL CONTROL SOLUTION[MM]	3	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 5/16"[MM]	2	
DROPSAFE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"[MM]	2	
promethazine-dm 6.25 mg-15 mg/5 ml oral syrup	3	
LITE TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
VERIFINE SAFETY LANCET MINI 21 GAUGE[MM]	1	
STRIVE PEAK FLOW METER	1	
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL[ACA]	4	
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE[MM]	2	
UNISTIK 2 EXTRA LANCET 21 GAUGE[MM]	1	
VERIFINE PLUS PEN NEEDLE-SHARPS CONTAINER 32 GAUGE X 5/32"[MM]	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29[MM]	2	
SOLUS V2 LANCETS 30 GAUGE[MM]	1	
CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
phenazopyridine 200 mg tablet	3	
CHOSEN LANCET 30 GAUGE[MM]	1	
EASY TOUCH 31 GAUGE X 5/16" NEEDLE[MM]	1	
MICROLET 2 LANCING DEVICE KIT[MM]	3	
VIVAGUARD SAFETY LANCET 28 GAUGE[MM]	1	
UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2"	1	
AEROTRACH PLUS SPACER	1	
CLICKFINE PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2"	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2"[MM]	1	
butalbital 50 mg-acetaminophen 325 mg tablet	2	QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE[MM]	2	
COOL CONTROL B SOLUTION[MM]	3	
LANCETS[MM]	1	
SKY SAFETY PEN NEEDLE 30 GAUGE X 5/16"[MM]	1	
MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
PEN NEEDLE, DIABETIC 29 GAUGE X 15/32"[MM]	1	
FREESTYLE UNISTIK 2[MM]	3	
sodium chloride 0.9 % irrigation solution	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30[MM]	2	
EMBRACE SAFETY LANCET 28 GAUGE[MM]	1	
TERUMO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[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 28 GAUGE X 1/2"[MM]	2	
MONOJECT SAFETY SYRINGES 3 ML 21 GAUGE X 1"	1	
TRUE METRIX LEVEL 1 SOLUTION[MM]	3	
MONOJECT SYRINGE 6 ML	2	
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1"	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4"	1	
promethazine-phenylephrine 6.25 mg-5 mg/5 ml oral syrup	3	
LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE[MM]	2	
EMBRACE EVO LEVEL 1 SOLUTION[MM]	3	
EASIVENT MASK LARGE	3	
ACCU-CHEK SOFTCLIX LANCETS[MM]	1	
VERIFINE UNIVERSAL LANCET 30 GAUGE[MM]	1	
ULTILET SAFETY LANCETS 23 GAUGE[MM]	1	
CAREFINE PEN NEEDLE 32 GAUGE X 1/4"[MM]	1	
ADVANCED TRAVEL LANCETS 30 GAUGE[MM]	1	
COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 5/32"[MM]	1	
EASY TOUCH LANCETS 30 GAUGE[MM]	3	
midazolam 2 mg/ml oral syrup[DL]	2	
SYRINGE WITH NEEDLE, SAFETY 0.5 ML 30 GAUGE X 1/2"	2	
dextrose 40 % oral gel	3	
GLUCOCARD SHINE SOLUTION[MM]	3	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
UNISTIK 2 COMFORT LANCET 28 GAUGE[MM]	1	
COMFORTSEAL SMALL MASK	3	
TECHLITE PEN NEEDLE 32 GAUGE X 5/16"[MM]	1	
ASSURE LANCE PLUS 21 GAUGE[MM]	3	
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule	3	QL(180 per 30 days)
hydrocodone-homatropine 5 mg-1.5 mg/5 ml oral syrup	3	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
ASSURE PRISM CONTROL 1-2 SOLUTION[MM]	3	
UNIFINE PROTECT 30 GAUGE X 5/16" NEEDLE[MM]	1	
PUSH BUTTON SAFETY LANCETS 28 GAUGE[MM]	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE X 1/2"[MM]	2	
SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4"[MM]	1	
EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
EASY COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
GLUCOSE CONTROL SOLUTION[MM]	3	
EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
UNIFINE SAFECONTROL 30 GAUGE X 3/16" NEEDLE[MM]	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE[MM]	4	
DROPLET PEN NEEDLE 32 GAUGE X 3/16"[MM]	1	
METER-CHECK SOLUTION[MM]	3	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE[MM]	2	
DROPLET PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
FREEFLEX PLUS TRANSFER ADAPTER 20 MM DEVICE	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[MM]	2	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule[MM]	1	
DROPLET PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE[MM]	2	
DROPLET PEN NEEDLE 29 GAUGE X 3/8"[MM]	1	
ASSURE ID INSULIN SAFETY 1 ML 31 GAUGE X 15/64" SYRINGE[MM]	2	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16" NEEDLE[MM]	1	
LITE TOUCH LANCING DEVICE	3	
ASSURE ID DUO-SHIELD 30 GAUGE X 5/16" NEEDLE[MM]	1	
TECHLITE PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
ULTRACARE PEN NEEDLE 32 GAUGE X 1/4"[MM]	1	
UNISTIK SAFETY 30 GAUGE[MM]	1	
EASY TOUCH LANCETS 26 GAUGE[MM]	3	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 5/32"[MM]	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
EASY TOUCH LANCETS 32 GAUGE[MM]	3	
MONOJECT CONTROL SYRINGE LUER LOCK 12 ML	3	
CARESENS CONTROL A AND B SOLUTION[MM]	3	
HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE[MM]	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 7/16"[MM]	2	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE[MM]	1	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE[MM]	1	
DIATRUE CONTROL SOLUTION NORMAL[MM]	3	
DIATRUE CONTROL SOLUTION HIGH[MM]	3	
EASY TOUCH SAFETY LANCETS 30 GAUGE[MM]	1	
TD GOLD LEVEL 1 CONTROL SOLUTION[MM]	3	
promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup	3	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32"[MM]	2	
NOVOPEN ECHO SUBCUTANEOUS[MM]	3	
MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
UNISTRIP LOW CONTROL SOLUTION[MM]	3	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64"[MM]	1	
VIVAGUARD INO CONTROL SOLUTION-L1,L3[MM]	3	
FORACARE GDH HIGH CONTROL SOLUTION[MM]	3	
UNILET LANCETS 30 GAUGE[MM]	3	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 31 X 5/16"[MM]	2	
ULTRA FLO INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION[MM]	3	
ULTRA FLO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
EMBRACE PRO SOLUTION[MM]	3	
TRUE METRIX GLUCOSE METER[MM]	1	

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TRUE COMFORT PEN NEEDLE 33 GAUGE X 3/16"MM	1	
TRUE METRIX LEVEL 3 SOLUTIONMM	3	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLEMM	1	
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"MM	1	
ULTRA FLO INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	2	
ULTILET CLASSIC LANCETS 33 GAUGEMM	1	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 5/16"MM	1	
CAREFINE PEN NEEDLE 32 GAUGE X 5/32"MM	1	
UNISTIK NORMAL LANCETS 23 GAUGEMM	1	
CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM	4	
PENTIPS PEN NEEDLE 32 GAUGE X 5/32"MM	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/6"MM	2	
PRODIGY LANCETS 26 GAUGEMM	1	
ADVOCATE LANCET 23 GAUGEMM	1	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"MM	2	
ASSURE ID DUO PRO SAFETY PEN NEEDLE 31 GAUGE X 3/16"MM	1	
MULTI-LANCET DEVICE 2 KITMM	1	
TECHLITE PEN NEEDLE 32 GAUGE X 1/4"MM	1	
UNISTIK TOUCH LANCETS 21 GAUGEMM	1	
AUTOLET PLUS LANCING DEVICE	3	
COMFORTSEAL MEDIUM MASK	3	
ULTICARE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4"MM	2	
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"MM	2	
CLEVER CHOICE HOLDING CHAMBER-LARGE MASK	3	
UNISTIK 3 DUAL LANCET 18 GAUGEMM	1	
PRO COMFORT LANCET 31 GAUGEMM	1	
TRUEPLUS PEN NEEDLE 31 GAUGE X 1/4"MM	1	
MICROLET NEXT LANCING DEVICE KITMM	3	
COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 3/16"MM	1	
DROPSAFE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	2	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64"MM	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"MM	3	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"MM	2	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2"MM	2	
ULTRACARE PEN NEEDLE 32 GAUGE X 3/16"MM	1	
ULTRACARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	2	
VERIFINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"MM	2	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGEMM	2	
MICRODOT INSULIN PEN NEEDLE 32 GAUGE X 5/32"MM	1	
ULTICARE PEN NEEDLE 32 GAUGE X 1/4"MM	1	
HALO VIAL CONVERTER 13 MM DEVICE	1	
GENTEEL VACUUM LANCING DEVICE COMBO PACKMM	1	
VIVAGUARD LANCET 30 GAUGEMM	1	
EASY COMFORT PEN NEEDLES 33 GAUGE X 1/4"MM	1	
ACCU-CHEK SMARTVIEW TEST STRIPSMM	1	QL(150 per 30 days)
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 15/64"MM	2	
AGAMATRIX CONTROL NORM-HI SOLUTIONMM	3	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLEMM	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
INCONTROL LANCING DEVICE	1	
ADVOCATE SYRINGES 1 ML 29 GAUGE X 1/2"MM	1	
ADVOCATE SYRINGES 0.5 ML 30 GAUGE X 5/16"MM	1	
MEDPOINT NORMAL CONTROL SOLUTIONMM	3	
TRUEPLUS INSULIN 1 ML 29 GAUGE X 1/2" SYRINGEMM	2	
SAFETY SEAL LANCETS 30 GAUGEMM	1	
MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"MM	1	
FIFTY50 SAFETY SEAL LANCETS 32 GAUGEMM	1	
E-Z JECT THIN LANCETS 28 GAUGEMM	1	
COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"MM	2	
UNISTIK CZT LANCET 23 GAUGEMM	1	
NOVA SAFETY LANCETS 23 GAUGEMM	1	
UNILET COMFORTOUCH LANCET 26 GAUGEMM	1	
PEN NEEDLE 32 GAUGE X 5/32"MM	1	
SMART SENSE LANCETS 26 GAUGEMM	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16"MM	2	
SUPER THIN LANCETS 28 GAUGEMM	1	
ULTILET CLASSIC LANCETS 28 GAUGEMM	1	
EASY TOUCH SAFETY LANCETS 21 GAUGEMM	1	
EASY TOUCH SAFETY LANCETS 23 GAUGEMM	1	
UNIVERSAL 1 LANCETS 26 GAUGEMM	1	
TECHLITE LANCETS 28 GAUGEMM	1	
ELEMENT COMPACT NORMAL CONTROL SOLUTIONMM	3	
TD GOLD LEVEL 3 CONTROL SOLUTIONMM	3	
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"MM	2	
PEN NEEDLE, DIABETIC 33 GAUGE X 5/32"MM	1	
ADVOCATE RAPID-SAFE LANCING DEVICE	3	
ON CALL EXPRESS CONTROL SOLUTIONMM	3	
ULTILET PEN NEEDLE 32 GAUGE X 5/32"MM	1	
TRUEDRAW LANCING DEVICE	1	
CAREFINE PEN NEEDLE 32 GAUGE X 3/16"MM	1	
UNILET LANCET 33 GAUGEMM	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/3"MM	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGEMM	2	
FILTER NEEDLES 19 X 1 1/2"	1	
TERUMO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	2	
MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 31 GAUGE X 5/16"MM	2	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	2	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"MM	1	
ADVOCATE PEN NEEDLE 31 GAUGE X 3/16"MM	1	
ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16"MM	1	
EASY TOUCH 32 GAUGE X 3/16" NEEDLEMM	1	
ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16"MM	1	
ON CALL LANCING DEVICE	3	
ON CALL VIVID CONTROL SOLUTIONMM	3	
ULTRA THIN LANCETS 30 GAUGEMM	1	
ULTILET CLASSIC LANCETS 30 GAUGEMM	1	
LITE TOUCH LANCETS 30 GAUGEMM	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 5/16"[MM]	2	
hydromet 5 mg-1.5 mg/5 ml oral syrup	3	
ULTILET PEN NEEDLE 29 GAUGE[MM]	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8"[MM]	2	
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg capsule	3	QL(180 per 30 days)
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1"	1	
SURE-LANCE 28 GAUGE[MM]	1	
FREESTYLE LANCETS 28 GAUGE[MM]	3	
LITE TOUCH LANCETS 33 GAUGE[MM]	1	
MONOLET THIN LANCETS 28 GAUGE[MM]	1	
EASY TOUCH TWIST LANCETS 28 GAUGE[MM]	1	
EASY TOUCH TWIST LANCETS 30 GAUGE[MM]	1	
SINGLE-LET MISC[MM]	3	
UNIVERSAL 1 LANCETS 30 GAUGE[MM]	1	
TRUETRACK SMART SYSTEM KIT[MM]	1	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE[MM]	2	
SAFETY-LET LANCETS 30 GAUGE[MM]	1	
EZ SMART CONTROL SOLUTION[MM]	3	
SAFETY NEEDLES 18 GAUGE X 1 1/2"	1	
SURGUARD2 SAFETY 27 GAUGE X 1/2" NEEDLE	2	
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 19 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 5 ML 21 GAUGE X 1 1/2" SYRINGE	2	
ULTILET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
AEROCHAMBER PLUS Z STAT SMALL MASK	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2"[MM]	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
EASIVENT MASK SMALL	3	
promethazine vc 6.25 mg-5 mg/5 ml oral syrup	3	
AEROCHAMBER MV SPACER	1	
SPACE CHAMBER	1	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
UNIFINE ULTRA PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
benzonatate 200 mg capsule	3	
ONETOUCH ULTRA CONTROL SOLUTION[MM]	3	
TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
MIRENA 21 MCG/24 HR (UP TO 8 YEARS) 52 MG INTRAUTERINE DEVICE[ACA,DL,LD,MM,SP]	*	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
EMBRACE WAVE CONTROL-HIGH (L2) SOLUTION[MM]	3	
PERFECT POINT SAFETY LANCETS 30 GAUGE[MM]	1	
UNIFINE PROTECT 30 GAUGE X 3/16" NEEDLE[MM]	1	
COMFORTSEAL LARGE MASK	3	
ASSURE ID PRO PEN NEEDLE 30 GAUGE X 3/16"[MM]	1	
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
DROPSAFE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
VERIFINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
VERIFINE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	

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VERIFINE UNIVERSAL LANCET 33 GAUGE[MM]	1	
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE[MM]	2	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE[MM]	1	
EMBRACE PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
TRUE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
CARETOUCH CONTROL SOLUTION L2-L3[MM]	3	
PENTIPS PEN NEEDLE 32 GAUGE X 1/4"[MM]	1	
TRUE COMFORT PEN NEEDLE 33 GAUGE X 1/4"[MM]	1	
PIP GLUCOSE CONTROL SOLUTION L1-L2[MM]	3	
PEN NEEDLE, DIABETIC 31 GAUGE X 5/32"[MM]	1	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
TRUE COMFORT PRO INS SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 1/2"[MM]	2	
CARETOUCH PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 31 X 5/16"[MM]	2	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16"[MM]	1	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 3/16"[MM]	1	
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES[MM]	2	ST,QL(56 per 28 days)
UNIFINE SAFECONTROL 30 GAUGE X 5/16" NEEDLE[MM]	1	
PALFORZIA (LEVEL 10) 240 MG(20 MG X 2, 100 MG X 2) SPRINKLE CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) SPRINKLE CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) SPRINKLE CAPSULE[DL,MM,SP]	*	PA,QL(180 per 30 days)
PALFORZIA INITIAL DOSE 0.5 MG/1 MG/1.5 MG/3 MG/6 MG SPRINKLE CAPSULE[DL,SP]	*	PA,QL(13 per 5 days)
PEN NEEDLE, DIABETIC 30 GAUGE X 3/16"[MM]	1	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE[MM]	1	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
PIP LANCET 30 GAUGE[MM]	1	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"[MM]	2	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
HEALTHWISE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16"[MM]	1	
EASY COMFORT PEN NEEDLES 33 GAUGE X 5/32"[MM]	1	
PRO COMFORT SAFETY LANCET 30 GAUGE[MM]	1	
CARETOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 5/16"[MM]	2	
SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 26 GAUGE X 1/2" NEEDLE	2	
UBRELVY 100 MG TABLET	2	PA,QL(16 per 30 days)
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 23 GAUGE X 1" SYRINGE	2	
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/16"[MM]	1	
PALFORZIA (LEVEL 4) 20 MG SPRINKLE CAPSULE[DL,MM,SP]	*	PA,QL(30 per 30 days)
DOJOLVI 8.3 KCAL/ML ORAL LIQUID[MM]	3	PA
SPACE CHAMBER WITH LARGE MASK	1	
BUTTERFLY TOUCH LANCET 30 GAUGE[MM]	1	
SURGUARD2 SAFETY 1 ML 27 GAUGE X 1/2" SYRINGE	2	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 5/16"[MM]	1	
PIP PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
EMBRACE LANCING DEVICE WITH EJECTOR	1	
COMFORT TOUCH ULTRA THIN LANCETS 31 GAUGE[MM]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 30 X 1/2"[MM]	2	
SURGUARD2 SAFETY 1 ML 26 GAUGE X 3/8" SYRINGE	2	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 31 X 5/16"[MM]	2	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION[MM]	3	
TRUE COMFORT PRO ALCOHOL PADS	3	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE[MM]	2	
TRUE COMFORT PRO INS SYRINGE 1 ML 32 GAUGE X 5/16"[MM]	2	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 1/4"[MM]	1	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE[MM]	1	
EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 5/8"[MM]	2	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
OMNIFLEX DIAPHRAGM 65 MM VAGINAL[ACA]	4	
HALO CLOSED VIAL ADAPTOR 13 MM DEVICE	1	
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE[MM]	2	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
VERIFINE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
VERIFINE SAFETY LANCET MINI 30 GAUGE[MM]	1	
LANCETS,THIN[MM]	1	
CARESOFT LANCING DEVICE	1	
TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"[MM]	2	
PERFECT POINT SAFETY LANCETS 28 GAUGE[MM]	1	
EMBRACE WAVE CONTROL-LOW (L1) SOLUTION[MM]	3	
THRESHOLD PEP DEVICE	1	
TRUETRACK TEST STRIPS[MM]	1	QL(150 per 30 days)
MONOJECT SYRINGE 6 ML 21 X 1 1/2"	2	
MONOJECT SYRINGE 6 ML 21 X 1"	2	
FREESTYLE CONTROL SOLUTION[MM]	3	
PEN NEEDLE, DIABETIC 31 GAUGE X 5/16"[MM]	1	
UNILET EXCELITE II LANCET[MM]	3	
ULTILET CLASSIC LANCETS[MM]	1	
methylergonovine 0.2 mg tablet	4	
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet	2	QL(180 per 30 days)
ribavirin 6 gram solution for inhalation	3	QL(8 per 30 days)
MONOJECT INSULIN SAFETY SYRINGE 29 GAUGE X 1/2"[MM]	2	
FINGERSTIX LANCETS[MM]	3	
lugols 5 % oral solution	3	
phenazopyridine 100 mg tablet	3	
MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"[MM]	2	
BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"[MM]	2	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2"[MM]	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 5/16"[MM]	2	
hydrocodone 10 mg-chlorpheniramine 8 mg/5 ml oral susp extend.rel 12hr	3	
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL[ACA]	4	
ULTRA TLC LANCETS[MM]	3	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
ULTI-LANCE KIT[MM]	3	
ringer's irrigation solution	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT SYRINGE 3 ML	2	
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2"	1	
UNISTIK PRO LANCET 25 GAUGE[MM]	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"[MM]	2	
SUREFLEX LANCING DEVICE WITH LANCETS KIT[MM]	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"[MM]	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"[MM]	2	
COOL CONTROL A SOLUTION[MM]	3	
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"[MM]	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64"	2	
MINIMED SYRINGE RESERVOIR 1.8 ML[MM]	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 1/4"[MM]	2	
CLEVER CHOICE HOLDING CHAMBER-SMALL MASK	3	
SURE COMFORT LANCETS 21 GAUGE[MM]	1	
KYLEENA 17.5 MCG/24 HR (UP TO 5 YEARS) 19.5 MG INTRAUTERINE DEVICE[ACA,DL,LD,MM,SP]	*	
TRUE METRIX GO GLUCOSE METER[MM]	1	
PRO COMFORT LANCET 30 GAUGE[MM]	1	
CARETOUCH TWIST LANCET 28 GAUGE[MM]	1	
CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
READYLANCE SAFETY LANCETS 23 GAUGE[MM]	1	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE[MM]	2	
UNISTIK TOUCH LANCETS 30 GAUGE[MM]	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE[MM]	2	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
MONOJECT ENFIT STERILE SYRINGE 35 ML	3	
MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1"	1	
DROPLET LANCETS 30 GAUGE[MM]	1	
INFINITY VOICE CONTROL SOLUTION-LEVEL 2[MM]	3	
GLUCAGEN DIAGNOSTIC KIT 1 MG/ML INJECTION	2	
EASY TALK LOW CONTROL SOLUTION[MM]	3	
TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE[MM]	1	
ECLIPSE NEEDLE 23 GAUGE X 1"	1	
SOLUS V2 CONTROL SOLUTION,HIGH[MM]	3	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE[MM]	1	
PRODIGY LANCING DEVICE	1	
SURE COMFORT LANCETS 28 GAUGE[MM]	1	
EASY TOUCH 31 GAUGE X 1/4" NEEDLE[MM]	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION[MM]	3	
INFINITY CONTROL SOLUTION HIGH[MM]	3	
LITEAIRE MDI CHAMBER	1	
EVOLUTION NORMAL CONTROL SOLUTION[MM]	3	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
EASY TOUCH LANCETS 28 GAUGE[MM]	1	
COAGUCHEK LANCETS[MM]	1	
THINPRO INSULIN SYRINGE 1 ML 30 GAUGE X 3/8"[MM]	2	
THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8"[MM]	2	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PRODIGY CONTROL SOLUTION, LOW[MM]	3	
MONOJECT SAFETY SYRINGES 6 ML	1	
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE[MM]	2	
MYGLUCOHEALTH LANCETS 30 GAUGE[MM]	1	
UNISTIK 3 NORMAL LANCET 23 GAUGE[MM]	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
levomefolate calcium 7.5 mg tablet	3	
SURE-JECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
SURE-JECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
ULTICARE PEN NEEDLE 31 GAUGE X 5/16"[MM]	2	
ULTICARE 0.5 ML 31 GAUGE X 5/16" SYRINGE[MM]	2	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION[MM]	3	
SURGUARD2 SAFETY 19 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE	2	
ONETOUCH ULTRASOFT LANCETS[MM]	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE[MM]	2	
FILTER NEEDLES 19 X 1"	3	
PEN NEEDLE 30 GAUGE X 5/16"[MM]	1	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16" SYRINGE[MM]	2	
FREESTYLE PRECISION 1 ML 31 GAUGE X 5/16" SYRINGE[MM]	2	
phytonadione (vitamin k1) 1 mg/0.5 ml injection syringe	2	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2"[MM]	1	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
phytonadione (vitamin k1) 5 mg tablet	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
SMARTDIABETES VANTAGE	3	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16"[MM]	2	
ACE AEROSOL CLOUD ENHANCER SPACER	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 1/2"[MM]	2	
IHEALTH CONTROL SOLUTION LEVEL 2[MM]	3	
OMNIPOD 5 INTRO KIT(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 32 GAUGE X 5/16"[MM]	2	
TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[MM]	2	
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[MM]	2	
CHOSEN SAFETY LANCET 28 GAUGE[MM]	1	
TECHLITE PLUS PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
ADVOCATE LANCET 21 GAUGE[MM]	1	
TECHLITE LANCETS 26 GAUGE[MM]	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 31 X 1/2"[MM]	2	
COMFORT EZ PRO SAFETY PEN NEEDLE 30 GAUGE X 5/16"[MM]	1	
DROPSAFE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"[MM]	2	
DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"[MM]	2	
DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE[MM]	2	
EMBRACE PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EMBRACE PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 5/32"[MM]	1	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	2	
EASY TALK PLUS II HIGH CONTROL SOLUTION[MM]	3	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 3/16"[MM]	1	
DROPLET GENTEEL LANCING DEVICE	1	
PIP PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
RIGHTEST GT333 LEVEL 2 CONTROL SOLUTION[MM]	3	
PEN NEEDLE, DIABETIC 31 GAUGE X 15/64"[MM]	1	
EASY TRAK II CONTROL SOLUTION-NORMAL[MM]	3	
ASSURE ID INSULIN SAFETY 0.5 ML 31 GAUGE X 15/64" SYRINGE[MM]	2	
PHEXXI 1.8 %-1 %-0.4 % VAGINAL GEL[ACA]	3	QL(60 per 30 days)
GOJJI LANCETS 30 GAUGE[MM]	1	
NURTEC ODT 75 MG DISINTEGRATING TABLET	2	PA,QL(18 per 30 days)
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG ORAL POWDER PACKET[DL,MM,SP]	*	PA,QL(30 per 30 days)
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) SPRINKLE CAPSULE[DL,MM,SP]	*	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) SPRINKLE CAPSULE[DL,MM,SP]	*	PA,QL(90 per 30 days)
PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16"[MM]	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 1/4"[MM]	1	
MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"	1	
UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
HEALTHWISE PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
CHOSEN LANCING DEVICE	1	
HEALTHWISE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
VERIFINE PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
VERIFINE PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
VIVAGUARD LANCING DEVICE	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
MICRODOT LANCET 28 GAUGE[MM]	1	
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
ULTRACARE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
UNISTIK TOUCH LANCETS 28 GAUGE[MM]	1	
AEROCHAMBER MINI	1	
ULTRACARE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[MM]	2	
OMNIPOD DASH PDM KIT (GEN 4)[MM]	2	
ULTRA FINE LANCETS 30 GAUGE[MM]	1	
TRUE METRIX PRO TEST STRIP[MM]	1	QL(150 per 30 days)
MONOJECT SAFETY SYRINGES	1	
GLUCOCOM CONTROL NORMAL SOLUTION[MM]	3	
PEN NEEDLE, DIABETIC 32 GAUGE X 1/4"[MM]	1	
ADVOCATE LANCING DEVICE	1	
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[MM]	2	
BLOOD GLUCOSE CONTROL, HIGH AND NORMAL SOLUTION[MM]	3	
EASY STEP HIGH CONTROL SOLUTION[MM]	3	
ACCU-CHEK AVIVA PLUS TEST STRIPS[MM]	1	QL(150 per 30 days)
BULLSEYE MINI SAFETY LANCETS 25 GAUGE[MM]	1	
RIGHTEST CONTROL SOLUTION HIGH[MM]	3	

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EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"[MM]	2	
SURE-PEN LANCING DEVICE	1	
SMARTEST CONTROL SOLUTION[MM]	3	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE[MM]	2	
AEROCHAMBER PLUS Z STAT MEDIUM MASK	2	
SURE-JECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
ULTILET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
ULTILET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
ULTILET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
ULTICARE 0.3 ML 31 GAUGE X 5/16" SYRINGE[MM]	2	
SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE	2	
SURGUARD2 SAFETY 18 GAUGE X 1 1/2" NEEDLE	2	
HYPOLANCE AST LANCING KIT[MM]	3	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE	2	
SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2"	2	
UNISTIK 2 NORMAL LANCET 21 GAUGE[MM]	1	
LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE[MM]	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[MM]	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"[MM]	2	
SUPER THIN LANCETS[MM]	1	
ULTRA THIN LANCETS[MM]	1	
UNILET GP LANCET[MM]	1	
MICROSPACER	1	
ADJUSTABLE LANCING DEVICE	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
LANCETS, SUPER THIN[MM]	1	
COMFORT LANCETS[MM]	3	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE[MM]	2	
MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2"	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"	1	
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[MM]	2	
MONOJECT SYRINGE 6 ML 21 X 1 1/2"	2	
MONOJECT SYRINGE 6 ML 21 X 1"	2	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16"[MM]	2	
PEN NEEDLE, DIABETIC 30 GAUGE X 5/16"[MM]	1	
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
RITEFLO AEROCHAMBER	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2" SYRINGE[MM]	2	
TOPCARE ULTRA COMFORT 0.5 ML 30 GAUGE X 5/16" SYRINGE[MM]	2	
TOPCARE ULTRA COMFORT 1 ML 30 GAUGE X 5/16" SYRINGE[MM]	2	
INFINITY CONTROL SOLUTION LOW[MM]	3	
INFINITY CONTROL SOLUTION NORMAL[MM]	3	
EASY TOUCH 29 GAUGE X 1/2" NEEDLE[MM]	1	
EMBRACE GLUCOSE CONTROL LOW SOLUTION[MM]	3	
ULTRATRAK NORMAL CONTROL SOLUTION[MM]	3	
RIGHTEST GD500 LANCING DEVICE	1	

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MICRO THIN LANCETS 33 GAUGE[MM]	1	
ULTRA THIN PLUS LANCETS 33 GAUGE[MM]	1	
DROPLET LANCING DEVICE	3	
CONTOUR CONTROL SOLUTION, HIGH[MM]	3	
MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"	2	
INTERLINK SYRINGE AND CANNULA 15 X 10 ML	1	
COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4"[MM]	2	
EASY COMFORT LANCETS 30 GAUGE[MM]	1	
ULTI-LANCE MISC	3	
EXEL INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE[MM]	2	
MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
MONOJECT TUBERCULIN SYRINGE 1 ML	1	
PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
POCKET CHAMBER SPACER	1	
MONOJECT INSULIN SYRINGE 1 ML[MM]	1	
MONOJECT SYRINGE 6 ML 20 X 1 1/2"	2	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE[MM]	2	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/4"[MM]	1	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
SURE COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
MICROLET LANCET[MM]	3	
MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
MINI WRIGHT PEAK FLOW METER	1	
BD ALLERGIST TRAY REG BEVEL 1/2 ML 27 X 1/2"	1	
brompheniramine-pseudoephedrine-dm 2 mg-30 mg-10 mg/5 ml oral syrup	3	
BD ALLERGIST TRAY REG BEVEL 1 ML 27 X 1/2" SYRINGE	1	
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"[MM]	3	
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	3	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"[MM]	3	
UNISTIK PRO LANCET 21 GAUGE[MM]	1	
PRO COMFORT INSULIN SYRINGE 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 29 GAUGE X 1/2"[MM]	2	
folic acid 1 mg tablet[MM]	1	
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 3/8" SYRINGE	1	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK[MM]	3	
promethazine-phenylephrine-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup	3	
benzonatate 100 mg capsule	3	
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL[ACA]	4	
MINIMED SYRINGE RESERVOIR 3 ML[MM]	2	
TRUZONE PEAK FLOW METER	1	
MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
TERUMO INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"[MM]	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 1/2"[MM]	2	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"[MM]	2	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 15/64"[MM]	2	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRACARE PEN NEEDLE 33 GAUGE X 5/32"[MM]	1	
EASY GLIDE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"[MM]	2	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
HEALTHWISE PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE[MM]	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4"[MM]	1	
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) SPRINKLE CAPSULE[DL,MM,SP]	*	PA,QL(60 per 30 days)
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) SPRINKLE CAPSULE[DL,MM,SP]	*	PA,QL(120 per 30 days)
FREESTYLE PRECISION 1 ML 30 GAUGE X 5/16" SYRINGE[MM]	2	
ADVANCED TRAVEL LANCETS 28 GAUGE[MM]	1	
PROCHAMBER	2	
PEN NEEDLE, DIABETIC 32 GAUGE X 5/32"[MM]	1	
FORA HIGH CONTROL SOLUTION[MM]	3	
EASYMAX NORMAL CONTROL SOLUTION[MM]	3	
ASSURE DOSE NORMAL CONTROL SOLUTION[MM]	3	
INCONTROL PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
BD ECLIPSE LUER-LOK 30 X 1/2" NEEDLE	1	
SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
TOPCARE ULTRA COMFORT 0.5 ML 29 GAUGE X 1/2" SYRINGE[MM]	2	
EASY STEP LOW CONTROL SOLUTION[MM]	3	
MONOJECT MAGELLAN SYRINGE 3 ML 20 GAUGE X 1"	1	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
PRIMEAIRE SPACER	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
ASSURE 4 CONTROL SOLUTION COMBO PACK[MM]	3	
GOJJI LANCING DEVICE	1	
GOJJI GLUCOSE CONTROL SOLUTION-NORMAL[MM]	3	
DROPLET PEN NEEDLE 30 GAUGE X 5/16"[MM]	1	
SURE COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL[ACA]	4	
MONOJECT SAFETY SYRINGES 3 ML 22 GAUGE X 1 1/2"	1	
TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"[MM]	2	
ULTILET INSULIN SYRINGE 1/2 ML 29[MM]	2	
SPACE CHAMBER WITH MEDIUM MASK	1	
ULTRA FLO PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 30 X 1/2"[MM]	2	
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL[ACA]	4	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 1/4"[MM]	1	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
phytonadione (vitamin k1) 1 mg/0.5 ml injection solution	2	
MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[MM]	2	
phytonadione (vitamin k1) 10 mg/ml injection solution	2	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/16"[MM]	1	
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	2	QL(60 per 10 days)
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 5/16"[MM]	2	
MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
THRESHOLD IMT TRAINER DEVICE	1	
EMBRACE SAFETY LANCET 21 GAUGE[MM]	1	
FEMCAP 22 MM VAGINAL DEVICE[ACA]	4	
PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"	1	
FEMCAP 30 MM VAGINAL DEVICE[ACA]	4	
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)	2	QL(40 per 10 days)
TRUE COMFORT PEN NEEDLE 32 GAUGE X 1/4"[MM]	1	
TRUE COMFORT PEN NEEDLE 33 GAUGE X 5/32"[MM]	1	
CAREONE LANCING DEVICE	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE[MM]	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30[MM]	2	
LANCING DEVICE WITH LANCETS	1	
INSULIN SYRINGE MICROFINE 1/2 ML 28 GAUGE X 1/2"[MM]	2	
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg tablet	3	QL(180 per 30 days)
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 15/64"[MM]	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE[ACA,DL,MM,SP]	*	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK[MM]	3	
VERIFINE PEN NEEDLE 32 GAUGE X 1/4"[MM]	1	
TWIST LANCETS 30 GAUGE[MM]	1	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE[MM]	2	
ASSURE ID PEN NEEDLE 30 GAUGE X 5/16"[MM]	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 1/2"[MM]	2	
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[MM]	2	
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL[ACA]	4	
LANCING SYSTEM	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 30 GAUGE[MM]	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 29[MM]	2	
VERIFINE UNIVERSAL LANCET 28 GAUGE[MM]	1	
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1"	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1"	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2"	1	
PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
EXEL INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE[MM]	2	
ADVOCATE PEN NEEDLE 33 GAUGE X 5/32"[MM]	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE[MM]	2	
HEALTHWISE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
GLUCOCOM LANCETS 28 GAUGE[MM]	1	
SURE-JECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[MM]	2	
PEN NEEDLE, DIABETIC 32 GAUGE X 5/16"[MM]	1	
FLEXICHAMBER-SMALL CHILD MASK	1	
ADVOCATE LOW CONTROL SOLUTION[MM]	3	
BLOOD GLUCOSE CONTROL HIGH, NORMAL, AND LOW SOLUTION[MM]	3	
FLEXICHAMBER-SMALL ADULT MASK	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8"[MM]	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE[MM]	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8"[MM]	2	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 1"	1	
EASY TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
EASY TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2"[MM]	2	
SURE-LANCE[MM]	1	
ULTILET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
ULTICARE 1 ML 31 GAUGE X 5/16" SYRINGE[MM]	2	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2"[MM]	3	
BREATHERITE SPACER AND MASK, ADULT	1	
BREATHERITE VALVED MDI SPACER	1	
SURGUARD2 SAFETY 3 ML 21 GAUGE X 1" SYRINGE	2	
LANCETS,ULTRA THIN[MM]	1	
ULTILET INSULIN SYRINGE 1 ML 29 GAUGE[MM]	2	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
BD INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[MM]	2	
PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE[MM]	2	
ULTRA-CARE LANCETS 30 GAUGE[MM]	1	
HARMONY CONTROL L1,L3 SOLUTION[MM]	3	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE[MM]	2	
LANCING DEVICE WITH LANCETS KIT[MM]	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
AEROGEAR ACTION ASTHMA KIT	1	
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 1/2"[MM]	2	
ACCU-CHEK GUIDE ME GLUCOSE METER[MM]	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16"[MM]	1	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16"[MM]	2	
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"[MM]	2	
strong iodine 5 % oral solution	2	
EASY GLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"[MM]	2	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION[MM]	3	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE X 1/2"[MM]	2	
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[MM]	2	
ULTRACARE PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
PROCARE SPACER WITH ADULT MASK	3	
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
PURE COMFORT SAFETY LANCETS 30 GAUGE[MM]	1	
LITHOSTAT 250 MG TABLET	3	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
VORTEX VHC FROG MASK-CHILD	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
OPTICHAMBER DIAMOND VHC SPACER	3	
COMFORT EZ INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"MM	2	
COMFORT EZ INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"MM	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"MM	2	
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"MM	2	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLEMM	1	
PEN NEEDLE, DIABETIC 32 GAUGE X 3/16"MM	1	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLEMM	1	
TRUEPLUS INSULIN 0.3 ML 30 GAUGE X 5/16" SYRINGEMM	2	
TRUEPLUS INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGEMM	2	
UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLEMM	1	
LANCETS 33 GAUGEMM	1	
TRUEPLUS LANCETS 33 GAUGEMM	1	
ON CALL PLUS LANCET 30 GAUGEMM	3	
ASSURE HAEMOLANCE PLUS 21 GAUGEMM	3	
MINI LANCING DEVICE	1	
STERILANCE TL 32 GAUGEMM	1	
ASSURE LANCE 25 GAUGEMM	3	
TRUEPLUS LANCETS 28 GAUGEMM	1	
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32"MM	2	
EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"MM	1	
ADVOCATE PEN NEEDLE 32 GAUGE X 5/32"MM	1	
AEROCHAMBER MECHANICAL VENT	1	
COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"MM	2	
UNILET LANCET 28 GAUGEMM	1	
PRODIGY LANCETS 28 GAUGEMM	1	
ACTI-LANCE LANCETS 28 GAUGEMM	1	
SAFETY LANCETS 28 GAUGEMM	1	
READYLANCE SAFETY LANCETS 21 GAUGEMM	1	
INJECT EASE LANCETS 28 GAUGEMM	1	
SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32"MM	1	
UNIVERSAL 1 LANCETS 21 GAUGEMM	1	
levomefolate 15 mg-algal oil 90.314 mg capsule	3	
RELIAMED LANCET 30 GAUGEMM	3	
RELIAMED MINI LANCING DEVICE	3	
TECHLITE LANCETS 30 GAUGEMM	1	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 1/2"MM	2	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLEMM	1	
ON-THE-GO LANCETS 30 GAUGEMM	1	
EASY TOUCH SAFETY LANCETS 32 GAUGEMM	1	
PEN NEEDLE, DIABETIC 33 GAUGE X 1/4"MM	1	
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16"MM	2	
UNISTIK 3 GENTLE 30 GAUGEMM	3	
CARESENS PREMIUM COMFORT LANCING DEVICE	3	
INSUPEN PEN NEEDLE 31 GAUGE X 3/16"MM	1	
EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32"MM	3	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4"MM	1	
TRUEPLUS PEN NEEDLE 31 GAUGE X 5/16"MM	1	
TRUEPLUS PEN NEEDLE 31 GAUGE X 3/16"MM	1	
TRUE METRIX LEVEL 2 SOLUTIONMM	3	
COMPACT SPACE CHAMBER-SM MASK	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4"[MM]	2	
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 1/4"[MM]	2	
TECHLITE PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
LILETTA 20.4 MCG/24 HR (UP TO 8 YEARS) 52 MG INTRAUTERINE DEVICE[ACA,DL,MM,SP]	*	
TRUE METRIX AIR GLUCOSE METER[MM]	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2"[MM]	2	
DROPLET PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
DROPLET PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
TOPCARE UNIVERSAL1 LANCET 33 GAUGE[MM]	1	
AEROVENT PLUS SPACER	2	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[MM]	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
UNILET EXCELITE LANCET[MM]	3	
EZ SMART LANCETS 28 GAUGE[MM]	1	
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE[MM]	2	
MONOJECT ENFIT SYRINGE 12 ML	3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE[MM]	1	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1 1/2" SYRINGE	2	
SURGUARD2 SAFETY 3 ML 25 GAUGE X 5/8" SYRINGE	2	
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE	2	
BREATHERITE SPACER AND MASK, SMALL CHILD	1	
SILICONE MASK - INFANT	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS[MM]	3	
EASIVENT HOLDING CHAMBER	3	
ULTILET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
VERIFINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
ULTILET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2"[MM]	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2"[MM]	2	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2"[MM]	2	
EASY TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
EASY TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
PURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
UNISTIK 3 COMFORT LANCET 28 GAUGE[MM]	1	
CAREONE THIN LANCET[MM]	1	
AQINJECT PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
VERIFINE SAFETY LANCET MINI 23 GAUGE[MM]	1	
SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8"[MM]	2	
ULTICARE 0.3 ML 30 GAUGE X 1/2" SYRINGE[MM]	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"[MM]	2	
SURE-FINE PEN NEEDLES 31 GAUGE X 3/16"[MM]	1	
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8"[MM]	2	
READYLANCE SAFETY LANCETS 28 GAUGE[MM]	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
ALLERGIST TRAY REGULAR BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	1	
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
TOPCARE ULTRA COMFORT 0.5 ML 31 GAUGE X 5/16" SYRINGE[MM]	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRATRAK HIGH-LOW CONTROL SOLUTION[MM]	3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION[MM]	3	
EASY TOUCH 31 GAUGE X 3/16" NEEDLE[MM]	1	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE[MM]	2	
GLUCOCARD 01 HIGH-NORMAL CONTROL SOLUTION[MM]	3	
REFUAH PLUS GLUCOSE CONTROL SOLUTION[MM]	3	
WAVESENSE CONTROL SOLUTION[MM]	3	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
ASSURE DOSE NORMAL-HIGH CONTROL SOLUTION[MM]	3	
ULTRA COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
RIGHTEST CONTROL SOLUTION NORMAL[MM]	3	
EASY TALK HIGH CONTROL SOLUTION[MM]	3	
EASY TRAK HIGH CONTROL SOLUTION[MM]	3	
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
1ST TIER UNILET COMFORTOUCH LANCET 28 GAUGE[MM]	1	
ACCU-CHEK FASTCLIX LANCING DEVICE KIT[MM]	1	
UNIFINE PROTECT 32 GAUGE X 5/32" NEEDLE[MM]	1	
ULTRALANCE LANCETS 28 GAUGE[MM]	1	
COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16"[MM]	2	
AUTOLET LANCING DEVICE	1	
EASY STEP NORMAL CONTROL SOLN SOLUTION[MM]	3	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE[MM]	1	
RIGHTEST GC700 LEVEL 2 CONTROL SOLUTION[MM]	3	
MEDLANCE PLUS LANCETS 25 GAUGE[MM]	1	
GE100 CONTROL SOLUTION NORMAL[MM]	3	
ACCU-CHEK SAFE-T-PRO 23 GAUGE[MM]	1	
EASY TOUCH 32 GAUGE X 1/4" NEEDLE[MM]	1	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"[MM]	1	
ADVOCATE SYRINGES 0.3 ML 31 GAUGE X 5/16"[MM]	1	
UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE[MM]	1	
EASY TOUCH LANCING DEVICE	3	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION[MM]	3	
ULTILET LANCETS 28 GAUGE[MM]	1	
ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2"[MM]	2	
E-Z JECT LANCETS 33 GAUGE[MM]	1	
UNILET SUPER THIN LANCETS 30 GAUGE[MM]	1	
SUPER THIN LANCETS 30 GAUGE[MM]	1	
ON CALL PLUS CONTROL SOLUTION[MM]	3	
LANCETS 26 GAUGE[MM]	1	
SAFETY SEAL LANCETS 28 GAUGE[MM]	1	
GLUCOCOM LANCETS 30 GAUGE[MM]	1	
ULTRA THIN LANCETS 31 GAUGE[MM]	1	
ASSURE HAEMOLANCE PLUS 18 GAUGE[MM]	3	
E-Z JECT LANCETS 32 GAUGE[MM]	1	
ADVOCATE LANCET 26 GAUGE[MM]	1	
ACTI-LANCE LANCETS 17 GAUGE[MM]	1	
SURE-LANCE 26 GAUGE[MM]	1	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
PRESSURE ACTIVATED LANCETS 28 GAUGE[MM]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
RELIAMED LANCET 23 GAUGE[MM]	3	
RELIAMED LANCET 28 GAUGE[MM]	3	
MEDISENSE THIN LANCETS 28 GAUGE[MM]	1	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4"[MM]	2	
EASY TOUCH SAFETY LANCETS 26 GAUGE[MM]	1	
MONOLET LANCETS 21 GAUGE[MM]	1	
EASY TOUCH TWIST LANCETS 33 GAUGE[MM]	1	
GOJJI KETONE CONTROL SOLUTION-L1[MM]	3	
RELIAMED SAFETY SEAL LANCETS 30 GAUGE[MM]	1	
SAFETY LANCETS 26 GAUGE[MM]	3	
EASY PLUS II HIGH CONTROL SOLUTION[MM]	3	
EASY PLUS II LOW CONTROL SOLUTION[MM]	3	
COLOR LANCETS 21 GAUGE[MM]	1	
mecobalamin (vitamin b12) 10,000 mcg solution for injection	2	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16"[MM]	1	
AEROCHAMBER PLUS FLOW-VU,LARGE MASK	1	
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[MM]	2	
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"[MM]	2	
ULTICARE INSULIN SYRINGE 1 ML 31 GAUGE X 1/4"[MM]	2	
UNISTIK TOUCH LANCETS 23 GAUGE[MM]	1	
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE[MM]	2	
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16"[MM]	1	
TECHLITE PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
DROPLET PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
ASSURE LANCE PLUS 30 GAUGE[MM]	3	
ASSURE LANCE PLUS 25 GAUGE[MM]	3	
DIATRUE CONTROL SOLUTION LOW[MM]	3	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[MM]	2	
ULTRACARE PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
TRUE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE[MM]	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
TWIST LANCETS 32 GAUGE[MM]	1	
EMBRACE PEN NEEDLE 30 GAUGE X 3/16"[MM]	1	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 3/16"[MM]	1	
BD INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[MM]	2	
ACCU-CHEK FASTCLIX LANCET DRUM[MM]	1	
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2"[MM]	3	
MONOJECT ENFIT STERILE SYRINGE 1 ML	3	
SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16"[MM]	1	
LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[MM]	2	
ULTICARE PEN NEEDLE 31 GAUGE X 3/16"[MM]	2	
FLEXICHAMBER-LARGE CHILD MASK	1	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
CARETOUCH PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/16"[MM]	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4"[MM]	1	
COMPACT SPACE CHAMBER-LRG MASK	1	
BD ALLERGIST TRAY REG BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	1	
THINPRO INSULIN SYRINGE 1 ML 31 X 3/8"[MM]	2	
PHASEAL PROTECTOR 13 MM DEVICE	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[MM]	2	
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[MM]	2	
ELEMENT HIGH CONTROL SOLUTION[MM]	3	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
TOPCARE ULTRA COMFORT 1 ML 31 GAUGE X 5/16" SYRINGE[MM]	2	
TOPCARE UNIVERSAL1 LANCET[MM]	1	
CLEVER CHEK LANCETS 30 GAUGE[MM]	1	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION[MM]	3	
ALTERNATE SITE LANCET 26 GAUGE[MM]	1	
OMNIPOD CLASSIC PDM KIT(GEN 3)[MM]	2	
PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[MM]	2	
SURE COMFORT LANCING PEN	1	
INCONTROL PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
SOLUS V2 CONTROL SOLUTION, LOW[MM]	3	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 3/16"[MM]	1	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2"[MM]	2	
MEDLANCE PLUS LANCETS 30 GAUGE[MM]	1	
ULTRA THIN II LANCETS 30 GAUGE[MM]	1	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE[MM]	1	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16"[MM]	1	
EASY TRAK LOW CONTROL SOLUTION[MM]	3	
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
UNIFINE PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
INSUPEN PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
LITETOUCH-SMALL MASK	1	
FORA KETONE CONTROL SOLUTION-L1[MM]	3	
STERILANCE TL 30 GAUGE[MM]	1	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE[MM]	1	
SMART SENSE LANCETS 21 GAUGE[MM]	1	
ASSURE HAEMOLANCE PLUS 25 GAUGE[MM]	3	
GE333 CONTROL SOLUTION NORMAL[MM]	3	
RECTIV 0.4 % (W/W) OINTMENT	2	QL(30 per 30 days)
ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16"[MM]	1	
ADVOCATE SYRINGES 0.3 ML 30 GAUGE X 5/16"[MM]	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2"[MM]	1	
nitroglycerin 0.4 % (w/w) rectal ointment	3	QL(30 per 30 days)
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"[MM]	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[MM]	2	
EASY TOUCH HIGH-LOW CONTROL SOLUTION[MM]	3	
LITETOUCH-LARGE MASK	1	
OPTICHAMBER DIAMOND VHC WITH LARGE MASK	2	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16"[MM]	1	
CAREFINE PEN NEEDLE 30 GAUGE X 5/16"[MM]	1	
LANZO LANCING DEVICE KIT[MM]	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
CAREFINE PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 5/16"[MM]	2	
TRUE METRIX GLUCOSE TEST STRIP[MM]	1	QL(150 per 30 days)
cyanocobalamin (vit b-12) 1,000 mcg/ml injection solution[MM]	1	QL(30 per 30 days)
ULTILET LANCETS 33 GAUGE[MM]	1	
EASY COMFORT INSULIN SYRINGE 1/2 ML 32 GAUGE X 5/16"[MM]	2	
CARETOUCH SAFETY LANCETS 26 GAUGE[MM]	1	
UNISTIK SAFETY 28 GAUGE[MM]	1	
FLEXICHAMBER SPACER	3	
DROPLET PEN NEEDLE 32 GAUGE X 1/4"[MM]	1	
TRUE METRIX AIR GLUCOSE METER KIT[MM]	1	
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 29 GAUGE X 1/2"[MM]	2	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE[MM]	2	
PENTIPS PEN NEEDLE 31 GAUGE X 1/4"[MM]	1	
PIP LANCET 28 GAUGE[MM]	1	
RIGHTEST GL300 LANCETS 30 GAUGE[MM]	1	
AUTO-LANCET MINI	1	
CONTOUR CONTROL SOLUTION, NORMAL[MM]	3	
UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE[MM]	1	
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE[MM]	2	
MONOJECT SYRINGE 6 ML 20 X 1 1/2"	2	
PENTIPS PEN NEEDLE 29 GAUGE X 1/2"[MM]	1	
MONOJECT SYRINGE 6 ML 22 X 1 1/2"	2	
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2"	1	
MONOJECT INSULIN SYRINGE 1 ML[MM]	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1"	1	
PROCARE SPACER WITH CHILD MASK	3	
AUTOLET IMPRESSION LANCING DEVICE KIT[MM]	3	
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[MM]	2	
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[MM]	2	
OPTICHAMBER ADULT MASK-LARGE	1	
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1" SYRINGE	2	
SURGUARD2 SAFETY 25 GAUGE X 5/8" NEEDLE	2	
SURGUARD2 SAFETY SYRINGE 10 ML 21 GAUGE X 1 1/2"	2	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE[MM]	1	
SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE	2	
TOPCARE ULTRA COMFORT 0.3 ML 30 GAUGE X 5/16" SYRINGE[MM]	2	
BREATHERITE VALVED MDI CHAMBER SPACER	1	
TOPCARE ULTRA COMFORT 1 ML 29 GAUGE X 1/2" SYRINGE[MM]	2	
ADVANCED LANCING DEVICE KIT[MM]	1	
BREEZE 2 CONTROL SOLUTION, NORMAL[MM]	3	
THINPRO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[MM]	2	
BREATHERITE SPACER AND MASK, CHILD	1	
COMPACT SPACE CHAMBER	1	
SURE-FINE PEN NEEDLES 31 GAUGE X 5/16"[MM]	1	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16"[MM]	2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE[MM]	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS[MM]	3	
NOVA SUREFLEX LANCETS[MM]	1	
CARETOUCH PEN NEEDLE 32 GAUGE X 5/32"[MM]	1	
MICRODOT NORMAL CONTROL SOLUTION[MM]	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
UNISTIK 3 LANCETS 21 GAUGE[MM]	1	
INVACARE LANCETS 30 GAUGE[MM]	1	
FORACARE GDH LOW CONTROL SOLUTION[MM]	3	
ADVOCATE LANCET 30 GAUGE[MM]	1	
UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE[MM]	1	
ULTRA THIN LANCETS 28 GAUGE[MM]	1	
SKYLA 14 MCG/24 HR (UP TO 3 YEARS) 13.5 MG INTRAUTERINE DEVICE[ACA,DL,LD,MM,SP]	*	
LANCETS,THIN 28 GAUGE[MM]	1	
MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE	1	
INJECT EASE LANCETS 30 GAUGE[MM]	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4"[MM]	2	
LANCETS 28 GAUGE[MM]	1	
SURE-LANCE ULTRA THIN 30 GAUGE[MM]	1	
EASY TOUCH SAFETY LANCETS 28 GAUGE[MM]	1	
ULTILET BASIC LANCETS 30 GAUGE[MM]	1	
TELCARE LANCETS 30 GAUGE[MM]	1	
SOLUS V2 LANCETS 28 GAUGE[MM]	1	
TECHLITE LANCETS 25 GAUGE[MM]	1	
E-Z JECT LANCETS 30 GAUGE[MM]	1	
SMART SENSE LANCETS 33 GAUGE[MM]	1	
AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK	1	
hydrocodone-homatropine 5 mg-1.5 mg/5 ml (5 ml) oral syrup	3	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"[MM]	2	
UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE[MM]	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16"[MM]	2	
TRUEPLUS INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE[MM]	2	
COMFORT EZ LANCETS 28 GAUGE[MM]	2	
EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16"[MM]	2	
UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE[MM]	1	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE[MM]	2	QL(60 per 30 days)
neomycin-bacitracin-polymyxn 3.5 mg-400 unit-10,000 unit/gram eye oint	2	
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops[MM]	2	QL(10 per 30 days)
COMBIGAN 0.2 %-0.5 % EYE DROPS[MM]	2	QL(5 per 25 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS[MM]	2	QL(5.5 per 25 days)
bacitracin-polymyxin b 500 unit-10,000 unit/gram eye ointment	2	
CYSTARAN 0.44 % EYE DROPS[DL,MM,SP]	*	PA,QL(60 per 28 days)
neomycin-bacitracin-poly-hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	3	
neomycin-polymyxin-dexameth 3.5 mg/ml-10,000 unit/ml-0.1% eye drops	2	
polycin 500 unit-10,000 unit/gram eye ointment	2	
ATROPINE SULFATE (PF) 1 % EYE DROPS IN A DROPPERETTE[MM]	2	
cyclopentolate 2 % eye drops	1	
neomycin 1.75 mg-polymyxin 10,000 unit-gramicidin 0.025mg/ml eye drops	2	
polymyxin b sulfate 10,000 unit-trimethoprim 1 mg/ml eye drops	1	
ALCAINE 0.5 % EYE DROPS	2	
neomycin 3.5 mg-polymyxin 10,000 unit-hydrocort 10 mg/ml eye drop,susp	3	
BETADINE OPHTHALMIC PREP 5 % SOLUTION	3	
cyclopentolate 0.5 % eye drops	1	
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension	3	
atropine 1 % eye drops[MM]	2	
phenylephrine 2.5 % eye drops	3	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment	2	
tropicamide 0.5 % eye drops	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops	1	
neomycin 3.5 mg/g-polymyxin b 10,000 unit/g-dexameth 0.1 % eye oint	2	
proparacaine 0.5 % eye drops	2	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	3	
phenylephrine 10 % eye drops	3	
ak-poly-bac 500 unit-10,000 unit/gram eye ointment	2	
ROCKLATAN 0.02 %-0.005 % EYE DROPS[MM]	3	ST,QL(2.5 per 25 days)
cyclopentolate 1 % eye drops	1	
tropicamide 1 % eye drops	2	
epinastine 0.05 % eye drops	3	QL(5 per 25 days)
azelastine 0.05 % eye drops	2	
cromolyn 4 % eye drops	1	
olopatadine 0.2 % eye drops	2	
olopatadine 0.1 % eye drops	2	
ciprofloxacin 0.3 % eye drops	2	
sulfacetamide sodium 10 % eye drops	2	
gentak 0.3 % (3 mg/gram) eye ointment	2	
gatifloxacin 0.5 % eye drops	3	QL(2.5 per 25 days)
bacitracin 500 unit/gram eye ointment	3	
gentamicin 0.3 % eye drops	2	
ofloxacin 0.3 % eye drops	2	
NATACYN 5 % EYE DROPS,SUSPENSION	3	
tobramycin 0.3 % eye drops	2	
trifluridine 1 % eye drops	3	
moxifloxacin 0.5 % eye drops	2	
erythromycin 5 mg/gram (0.5 %) eye ointment	2	QL(3.5 per 28 days)
ketorolac 0.5 % eye drops	2	QL(10 per 30 days)
prednisolone acetate 1 % eye drops,suspension	2	
ketorolac 0.4 % eye drops	2	QL(10 per 30 days)
dexamethasone sodium phosphate 0.1 % eye drops	2	
CLOBETASOL 0.05 % EYE DROPS,SUSPENSION	2	
diclofenac 0.1 % eye drops	1	QL(5 per 30 days)
ILEVRO 0.3 % EYE DROPS,SUSPENSION	2	
prednisolone sodium phosphate 1 % eye drops	2	
fluorometholone 0.1 % eye drops,suspension	3	
flurbiprofen 0.03 % eye drops	1	
carteolol 1 % eye drops[MM]	1	
levobunolol 0.5 % eye drops[MM]	1	QL(5 per 25 days)
timolol maleate 0.25 % eye drops[MM]	1	QL(25 per 90 days)
timolol maleate 0.5 % eye drops[MM]	1	QL(25 per 90 days)
pilocarpine 2 % eye drops[MM]	2	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS[MM]	3	
brimonidine 0.2 % eye drops[MM]	1	QL(10 per 30 days)
pilocarpine 4 % eye drops[MM]	2	
apraclonidine 0.5 % eye drops	3	
dorzolamide 2 % eye drops[MM]	1	QL(10 per 30 days)
pilocarpine 1 % eye drops[MM]	2	
travoprost 0.004 % eye drops[MM]	2	QL(2.5 per 25 days)
LUMIGAN 0.01 % EYE DROPS[MM]	2	QL(2.5 per 25 days)
latanoprost 0.005 % eye drops[MM]	1	QL(5 per 25 days)
neomycin-polymyxin-hydrocort 3.5 mg-10,000 unit/ml-1 % ear drops,susp	3	
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension	3	QL(7.5 per 30 days)
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION	3	
ciprofloxacin 0.2 % ear drops in a dropperette	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
neomycin-polymyxin-hydrocort 3.5 mg/ml-10,000 unit/ml-1 % ear solution	3	
ofloxacin 0.3 % ear drops	2	
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION[MM]	2	QL(30 per 30 days)
flunisolide 25 mcg (0.025 %) nasal spray[MM]	2	QL(50 per 30 days)
budesonide 0.5 mg/2 ml suspension for nebulization[MM]	3	QL(240 per 30 days)
budesonide 0.25 mg/2 ml suspension for nebulization[MM]	3	QL(240 per 30 days)
fluticasone propionate 50 mcg/actuation nasal spray,suspension[MM]	2	QL(16 per 30 days)
ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION[MM]	2	QL(30 per 30 days)
budesonide 1 mg/2 ml suspension for nebulization[MM]	3	QL(120 per 30 days)
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION[MM]	2	QL(30 per 30 days)
azelastine 137 mcg (0.1 %) nasal spray[MM]	2	QL(30 per 25 days)
carbinoxamine 4 mg/5 ml oral liquid	3	
diphenhydramine 12.5 mg/5 ml oral elixir	3	
clemastine 2.68 mg tablet	2	
hydroxyzine pamoate 100 mg capsule	1	
azelastine 205.5 mcg (0.15 %) nasal spray[MM]	2	QL(30 per 25 days)
levocetirizine 2.5 mg/5 ml oral solution[MM]	3	QL(300 per 30 days)
hydroxyzine pamoate 25 mg capsule	1	
levocetirizine 5 mg tablet[MM]	1	QL(30 per 30 days)
hydroxyzine pamoate 50 mg capsule	1	
cyproheptadine 2 mg/5 ml oral syrup	2	
cyproheptadine 4 mg tablet	2	
carbinoxamine 4 mg tablet	3	
montelukast 10 mg tablet[MM]	1	QL(30 per 30 days)
montelukast 4 mg chewable tablet[MM]	1	QL(30 per 30 days)
montelukast 5 mg chewable tablet[MM]	1	QL(30 per 30 days)
montelukast 4 mg oral granules in packet[MM]	3	QL(30 per 30 days)
ipratropium bromide 0.02 % solution for inhalation[MM]	1	
ipratropium bromide 21 mcg (0.03 %) nasal spray[MM]	2	QL(30 per 30 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES[MM]	2	QL(30 per 30 days)
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION[MM]	2	QL(4 per 28 days)
ipratropium bromide 42 mcg (0.06 %) nasal spray	2	QL(45 per 30 days)
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION[MM]	2	QL(30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION[MM]	2	QL(4 per 28 days)
albuterol sulfate 2 mg tablet[MM]	3	
albuterol sulfate er 4 mg tablet,extended release,12 hr[MM]	3	
albuterol sulfate concentrate 2.5 mg/0.5 ml solution for nebulization[MM]	1	
albuterol sulfate 4 mg tablet[MM]	3	
albuterol sulfate 1.25 mg/3 ml solution for nebulization[MM]	1	
albuterol sulfate 2.5 mg/3 ml (0.083 %) solution for nebulization[MM]	1	
epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector	2	QL(4 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER[MM]	2	QL(36 per 30 days)
albuterol sulfate 0.63 mg/3 ml solution for nebulization[MM]	1	
albuterol sulfate hfa 90 mcg/actuation aerosol inhaler[MM]	2	QL(36 per 30 days)
AUVI-Q 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	3	QL(4 per 30 days)
albuterol sulfate concentrate 5 mg/ml(0.5 %) solution for nebulization[MM]	1	
epinephrine 0.3 mg/0.3 ml injection, auto-injector	2	QL(4 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION[MM]	2	QL(60 per 30 days)
arformoterol 15 mcg/2 ml solution for nebulization[DL,MM]	4	QL(120 per 30 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION[MM]	2	QL(4 per 30 days)
albuterol sulfate er 8 mg tablet,extended release,12 hr[MM]	3	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
albuterol sulfate 2 mg/5 ml oral syrup[MM]	2	
epinephrine 0.15 mg/0.15 ml auto-injector (for 33 to 66 lb patients)	2	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 0.1 MG/0.1 ML INJECTION,AUTO-INJECTOR	3	QL(4 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION[DL,MM,SP]	*	QL(150 per 30 days)
KALYDECO 25 MG ORAL GRANULES IN PACKET[DL,MM,SP]	*	PA,QL(56 per 28 days)
KALYDECO 5.8 MG ORAL GRANULES IN PACKET[DL,MM,SP]	*	PA,QL(56 per 28 days)
TRIKAFTA 50-25-37.5 MG (D)/75 MG (N) TABLETS[DL,MM,SP]	*	PA,QL(84 per 28 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET[DL,MM,SP]	*	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
ORKAMBI 75 MG-94 MG ORAL GRANULES IN PACKET[DL,MM,SP]	*	PA,QL(56 per 28 days)
TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS[DL,MM,SP]	*	PA,QL(84 per 28 days)
ORKAMBI 200 MG-125 MG TABLET[DL,MM,SP]	*	PA,QL(112 per 28 days)
KALYDECO 50 MG ORAL GRANULES IN PACKET[DL,MM,SP]	*	PA,QL(56 per 28 days)
KALYDECO 75 MG ORAL GRANULES IN PACKET[DL,MM,SP]	*	PA,QL(56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET[DL,MM,SP]	*	PA,QL(112 per 28 days)
SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS[DL,MM,SP]	*	PA,QL(56 per 28 days)
ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET[DL,MM,SP]	*	PA,QL(56 per 28 days)
TRIKAFTA 100-50-75 MG (D)/75 MG (N) GRANULE PACK[DL,MM,SP]	*	PA,QL(56 per 28 days)
KALYDECO 13.4 MG ORAL GRANULES IN PACKET[DL,MM,SP]	*	PA,QL(56 per 28 days)
TRIKAFTA 80-40-60 MG (D)/59.5 MG (N) GRANULE PACK[DL,MM,SP]	*	PA,QL(56 per 28 days)
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS[DL,MM,SP]	*	PA,QL(56 per 28 days)
cromolyn 100 mg/5 ml oral concentrate	4	
theophylline 80 mg/15 ml oral elixir[MM]	3	
theophylline 80 mg/15 ml oral solution[MM]	3	
theophylline er 400 mg tablet,extended release 24 hr[MM]	3	
theophylline er 450 mg tablet,extended release,12 hr[MM]	3	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR[MM]	4	
theophylline er 100 mg tablet,extended release,12 hr[MM]	3	
theophylline er 200 mg tablet,extended release,12 hr[MM]	3	
theophylline er 600 mg tablet,extended release 24 hr[MM]	3	
theophylline er 300 mg tablet,extended release,12 hr[MM]	3	
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(1000 per 30 days)
alyq 20 mg tablet[MM]	3	PA,QL(60 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(500 per 30 days)
ADEMPAS 0.5 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
ADEMPAS 1 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
ORENITRAM MONTH 3 TITRATION 0.125MG(126)-0.25MG(42)-1MG TABLET,ER DSPK[DL,SP]	*	PA,QL(252 per 28 days)
tadalafil 20 mg tablet (pulmonary hypertension)[MM]	3	PA,QL(60 per 30 days)
ORENITRAM MONTH 2 TITRATION 0.125 MG (126)-0.25 MG(210) TABLET,ER DSPK[DL,SP]	*	PA,QL(336 per 28 days)
sildenafil (pulmonary hypertension) 20 mg tablet[MM]	2	PA,QL(90 per 30 days)
ADEMPAS 2 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(150 per 30 days)
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(300 per 30 days)
ambrisentan 5 mg tablet[DL,MM,SP]	*	PA,QL(30 per 30 days)
OPSUMIT 10 MG TABLET[DL,LD,MM,SP]	*	PA,QL(30 per 30 days)
ADEMPAS 1.5 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
ADEMPAS 2.5 MG TABLET[DL,MM,SP]	*	PA,QL(90 per 30 days)
ambrisentan 10 mg tablet[DL,MM,SP]	*	PA,QL(30 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE[DL,MM,SP]	*	PA,QL(720 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ORENITRAM MONTH 1 TITRATION 0.125 MG (126)-0.25 MG (42) TABLET,ER DSPK[DL,SP]	*	PA,QL(168 per 28 days)
OFEV 100 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
OFEV 150 MG CAPSULE[DL,LD,MM,SP]	*	PA,QL(60 per 30 days)
pirfenidone 801 mg tablet[DL,MM,SP]	*	PA,QL(90 per 30 days)
pirfenidone 534 mg tablet[DL,MM,SP]	*	PA,QL(90 per 30 days)
pirfenidone 267 mg capsule[DL,MM,SP]	*	PA,QL(270 per 30 days)
pirfenidone 267 mg tablet[DL,MM,SP]	*	PA,QL(270 per 30 days)
fluticasone 500 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation[MM]	2	QL(60 per 30 days)
budesonide-formoterol hfa 80 mcg-4.5 mcg/actuation aerosol inhaler[MM]	2	QL(30.9 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION[MM]	2	QL(60 per 30 days)
ipratropium 0.5 mg-albuterol 3 mg (2.5 mg base)/3 ml nebulization soln[MM]	2	
fluticasone 232 mcg-salmeterol 14 mcg/actuation breath activated powdr[MM]	2	QL(1 per 30 days)
nebusal 3 % solution for nebulization	2	
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER[MM]	2	QL(12 per 30 days)
sodium chloride 10 % for nebulization	2	
TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION[MM]	2	QL(60 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET[MM]	3	ST,QL(30 per 30 days)
sodium chloride 3 % for nebulization	2	
breyna 80 mcg-4.5 mcg/actuation hfa aerosol inhaler[MM]	3	QL(30.9 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION[MM]	2	QL(4 per 28 days)
fluticasone 250 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation[MM]	2	QL(60 per 30 days)
acetylcysteine 200 mg/ml (20 %) solution	3	
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR[LD,MM,SP]	*	PA,QL(2 per 56 days)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET[MM]	3	ST,QL(30 per 30 days)
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE[DL,LD,MM,SP]	*	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR[DL,LD,MM,SP]	*	PA,QL(3 per 28 days)
breyna 160 mcg-4.5 mcg/actuation hfa aerosol inhaler[MM]	3	QL(30.9 per 30 days)
fluticasone 100 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation[MM]	2	QL(60 per 30 days)
GRASTEK 2,800 BAU SUBLINGUAL TABLET[MM]	3	ST,QL(30 per 30 days)
NUCALA 40 MG/0.4 ML SUBCUTANEOUS SYRINGE[DL,MM,SP]	*	PA,QL(0.4 per 28 days)
wixela inhub 100 mcg-50 mcg/dose powder for inhalation[MM]	2	QL(60 per 30 days)
budesonide-formoterol hfa 160 mcg-4.5 mcg/actuation aerosol inhaler[MM]	2	QL(30.9 per 30 days)
fluticasone 113 mcg-salmeterol 14 mcg/actuation breath activated powdr[MM]	2	QL(1 per 30 days)
fluticasone 55 mcg-salmeterol 14 mcg/actuation breath activated powder[MM]	2	QL(1 per 30 days)
BREO ELLIPTA 50 MCG-25 MCG/DOSE POWDER FOR INHALATION[MM]	2	QL(60 per 30 days)
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION[MM]	2	QL(60 per 30 days)
sodium chloride 0.9 % for nebulization	2	
sodium chloride 7 % for nebulization	2	
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION[MM]	2	QL(60 per 30 days)
wixela inhub 500 mcg-50 mcg/dose powder for inhalation[MM]	2	QL(60 per 30 days)
BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION[MM]	2	QL(60 per 30 days)
wixela inhub 250 mcg-50 mcg/dose powder for inhalation[MM]	2	QL(60 per 30 days)
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER[MM]	2	QL(12 per 30 days)
acetylcysteine 100 mg/ml (10 %) solution	3	
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER[MM]	2	QL(12 per 30 days)
cyclobenzaprine 5 mg tablet	1	
vanadom 350 mg tablet	2	QL(120 per 30 days)
cyclobenzaprine 10 mg tablet	1	
carisoprodol 350 mg tablet	2	QL(120 per 30 days)
orphenadrine citrate er 100 mg tablet,extended release	2	
methocarbamol 500 mg tablet	2	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
methocarbamol 750 mg tablet	2	
zaleplon 5 mg capsule	1	QL(30 per 30 days)
flurazepam 30 mg capsule[DL]	2	QL(30 per 30 days)
estazolam 2 mg tablet[DL]	2	QL(30 per 30 days)
temazepam 15 mg capsule[DL]	2	QL(30 per 30 days)
temazepam 30 mg capsule[DL]	2	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)
flurazepam 15 mg capsule[DL]	2	QL(60 per 30 days)
zolpidem 10 mg tablet	1	QL(30 per 30 days)
zolpidem er 12.5 mg tablet,extended release,multiphase	2	QL(30 per 30 days)
eszopiclone 1 mg tablet	1	QL(30 per 30 days)
estazolam 1 mg tablet[DL]	2	QL(30 per 30 days)
zaleplon 10 mg capsule	1	QL(30 per 30 days)
zolpidem 5 mg tablet	1	QL(30 per 30 days)
zolpidem er 6.25 mg tablet,extended release,multiphase	2	QL(30 per 30 days)
modafinil 100 mg tablet[MM]	3	PA,QL(60 per 30 days)
sodium oxybate 500 mg/ml oral solution[DL,MM,SP]	*	PA,QL(540 per 30 days)
modafinil 200 mg tablet[MM]	3	PA,QL(60 per 30 days)
WAKIX 17.8 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)
WAKIX 4.45 MG TABLET[DL,MM,SP]	*	PA,QL(60 per 30 days)

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Notes

Notes

Important!

At Humana, it is important you are treated fairly.

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

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **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, **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: **800-927-HELP (4357)**, to file a grievance.

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

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 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): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę́ nikáadoowoł.
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 Louisana 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: 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.

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

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.