

2024 Comprehensive Drug List

Humana Healthy
Horizons® in South
Carolina

PLEASE READ: THIS DOCUMENT
CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER
IN THIS PLAN. THIS
COMPREHENSIVE DRUG LIST WAS
UPDATED ON
09/04/2024.

Humana
Healthy Horizons®
in South Carolina

Healthy Connections 

Welcome to Humana Healthy Horizons® in South Carolina

The Comprehensive Drug List is effective on January 1st, unless otherwise stated. This includes all covered drugs. The list may change during the year.

What is the Comprehensive Drug List?

This is a list of drugs are covered if they are medically necessary and are filled at a Humana network pharmacy. Other plan rules can apply.

How do I use the Comprehensive Drug List?

The list is in alphabetical order and some drugs have two names: a generic name and a brand name. Generic drugs are the same as brand drugs, but they have different names and lower prices. The Food and Drug Administration (FDA) makes sure that generic drugs are safe and work the same as brand drugs.

- **Level 1** – Includes covered medicines.

What if my drug is not on the Comprehensive Drug List?

You can look for your drug at [Humana.com](https://www.humana.com) by signing into MyHumana. Then click “Pharmacy”. You will see a tool that lets you search for your drug. Some drugs that are not on the list might be covered by your medical plan.

Your doctor can ask Humana to let you use a drug that is not on the list. Generally, Humana will approve if the drugs on the list will not work as well OR would have a negative effect on your health. Your doctor can ask Humana for approval by:

- Faxing the form found at [humana.com/provider/medical-resources/south-carolina-medicaid](https://www.humana.com/provider/medical-resources/south-carolina-medicaid) to 877-486-2621.
- An online request at [Covermyeds.com/epa/Humana](https://www.covermyeds.com/epa/Humana).
- Calling Humana Clinical Pharmacy Review (HCPR) at **800-555-CLIN (800-555-2546)**.

Humana will make a decision based on your health needs within 24 hours after the request from your doctor.

Some drugs may have extra limits. This can include:

- **Prior authorization (PA):** Your doctor must get approval from Humana before these drugs are covered or you may pay the full cost of the drug.
- **Quantity limits (QL):** These drugs have a limit on how much you can get at one time. This is based on safety, health reasons, or how long your doctor wants you to take it (30, 60, or 90 days). If your doctor thinks you need more than the limit, there are two choices:
 - You can get the amount of drug that is covered by your plan.
 - or
 - They can ask for prior authorization.
- **Step Therapy (ST):** Before you fill a drug that costs more, you may be asked to try at least one other drug first.

If your drug has a limit, your doctor can call Humana Clinical Pharmacy Review (HCPR) at **1-800-555-2546** between 8 a.m. – 8 p.m. EST, Monday – Friday. Humana will review and answer with in 24 hours.

You can look at the Comprehensive Drug List on page 5 to see if your drug has any limits.

Can the Comprehensive Drug List change?

Yes. Drugs may be added or removed. We will let members know of changes by mail based on the Comprehensive Drug List notification rules of each state. Members can find the latest Comprehensive Drug List on **Humana.com**.

How much will I pay for covered medicines?

Drugs on the Comprehensive Drug List will have a \$0 co-pay.

Please refer to your Member Handbook or call Member Services at the number on the back of your Humana member ID card to find out more about your pharmacy coverage.

For specific coverage and cost information for existing members:

- Go to **Humana.com** and sign into MyHumana.
- Click “Pharmacy” and look for the “Drug List Search” tool.
- Type the name of your drug.

Please note: MyHumana only shows information for today.

For more information

If you want to learn more about your plan, please review your Member Handbook and other materials.

If you are already a member, please call the number on the back of your member ID card or sign into MyHumana.

If you want to join a plan, please call the Member Services number listed in your enrollment materials.

The Comprehensive Drug List on the next page has more information about some of the drugs covered.

How to read your Drug List

The first column lists drug names in alphabetical order. Brand drugs are listed in UPPER CASE and generic drugs are listed in lower case. The symbols by the drug names will tell you about the limits for that drug:

EDS – Extended Day Supply - This medicine may be available up to a 90-day supply. Pharmacy accessibility and max day supply may vary by medicine.

The second column lists the drug level. Look at page 2 to learn more about the drug levels in your plan.

The third column shows the limits for the drug. Look at page 2 for more details on these requirements for your plan.

DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE ^{EDS}	1	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE ^{EDS}	1	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE ^{EDS}	1	
1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE ^{EDS}	1	
1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE ^{EDS}	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE ^{EDS}	1	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE ^{EDS}	1	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE ^{EDS}	1	
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE ^{EDS}	1	
1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE ^{EDS}	1	
24hr allergy relief 5 mg tablet	1	QL(30 per 30 days)
3-day vaginal 2 % cream	1	
abacavir 20 mg/ml oral solution	1	QL(960 per 30 days)
abacavir 300 mg tablet	1	QL(60 per 30 days)
abacavir 600 mg-lamivudine 300 mg tablet	1	QL(30 per 30 days)
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	1	QL(1 per 28 days)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	QL(1 per 28 days)
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	1	QL(1 per 28 days)
ABRYSVO (PF) 120 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1	
acamprosate 333 mg tablet,delayed release	1	QL(180 per 30 days)
acarbose 100 mg tablet	1	
acarbose 25 mg tablet	1	
acarbose 50 mg tablet	1	
ACCU-CHEK AVIVA PLUS TEST STRIPS ^{EDS}	1	QL(150 per 30 days)
ACCU-CHEK GUIDE GLUCOSE METER	1	
ACCU-CHEK GUIDE ME GLUCOSE METER	1	
ACCU-CHEK GUIDE TEST STRIPS ^{EDS}	1	QL(150 per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIPS ^{EDS}	1	QL(150 per 30 days)
ACCU-CHEK SOFTCLIX LANCETS	1	
ACE AEROSOL CLOUD ENHANCER SPACER	1	
acebutolol 200 mg capsule	1	
acebutolol 400 mg capsule	1	
acetaminophen 120 mg rectal suppository	1	
acetaminophen 120 mg-codeine 12 mg/5 ml (5 ml) oral solution	1	QL(2700 per 30 days)
acetaminophen 120 mg-codeine 12 mg/5 ml oral solution	1	QL(2700 per 30 days)
acetaminophen 160 mg/5 ml (5 ml) oral suspension	1	
acetaminophen 160 mg/5 ml oral liquid	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
acetaminophen 300 mg-codeine 15 mg tablet	1	QL(390 per 30 days)
acetaminophen 300 mg-codeine 30 mg tablet	1	QL(360 per 30 days)
acetaminophen 300 mg-codeine 30 mg/12.5 ml (12.5 ml) oral solution	1	QL(2700 per 30 days)
acetaminophen 300 mg-codeine 60 mg tablet	1	QL(180 per 30 days)
acetaminophen 325 mg tablet	1	
acetaminophen 325 mg/10.15 ml oral suspension	1	
acetaminophen 500 mg tablet	1	
acetaminophen 650 mg/20.3 ml oral suspension	1	
acetazolamide 125 mg tablet	1	QL(120 per 30 days)
acetazolamide 250 mg tablet	1	QL(120 per 30 days)
acetazolamide er 500 mg capsule,extended release	1	QL(60 per 30 days)
acetic acid 2 % ear solution	1	
acetylcysteine 100 mg/ml (10 %) solution	1	
acetylcysteine 200 mg/ml (20 %) solution	1	
acid reducer (famotidine) 10 mg tablet	1	
acid reducer (famotidine) 20 mg tablet	1	
acyclovir 200 mg capsule	1	
acyclovir 200 mg/5 ml oral suspension	1	
acyclovir 400 mg tablet	1	
acyclovir 5 % topical cream	1	
acyclovir 800 mg tablet	1	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE	1	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP	1	
adapalene 0.3 % topical gel with pump	1	
ADCIRCA 20 MG TABLET	1	PA,QL(60 per 30 days)
ADDERALL 10 MG TABLET	1	QL(90 per 30 days)
ADDERALL 12.5 MG TABLET	1	QL(90 per 30 days)
ADDERALL 15 MG TABLET	1	QL(90 per 30 days)
ADDERALL 20 MG TABLET	1	QL(90 per 30 days)
ADDERALL 30 MG TABLET	1	QL(60 per 30 days)
ADDERALL 5 MG TABLET	1	QL(90 per 30 days)
ADDERALL 7.5 MG TABLET	1	QL(90 per 30 days)
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE	1	QL(60 per 30 days)
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE	1	QL(60 per 30 days)
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE	1	QL(60 per 30 days)
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)
adult aspirin regimen 81 mg tablet,delayed release	1	
adult tussin chest congestion 100 mg/5 ml oral liquid	1	
adult tussin cough congestion dm 10 mg-100 mg/5 ml oral liquid	1	
adult tussin dm 10 mg-100 mg/5 ml oral syrup	1	
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 per 30 days)
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 per 30 days)
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 per 30 days)
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 per 30 days)
advanced antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension	1	
advanced antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension	1	
ADVIN COVID-19 AG HOME TEST KIT	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
ADVOCATE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
ADVOCATE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
ADVOCATE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
ADVOCATE PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1	
AEROCHAMBER MINI	1	
AEROCHAMBER MV SPACER	1	
AEROCHAMBER PLUS FLOW-VU	1	
AEROCHAMBER PLUS FLOW-VU,LARGE MASK	1	
AEROCHAMBER PLUS FLOW-VU,MEDIUM MASK	1	
AEROCHAMBER PLUS FLOW-VU,SMALL MASK	1	
AEROCHAMBER PLUS Z STAT LARGE MASK	1	
AEROCHAMBER PLUS Z STAT MEDIUM MASK	1	
AEROCHAMBER PLUS Z STAT SMALL MASK	1	
AEROCHAMBER PLUS Z STAT SPACER	1	
AEROCHAMBER Z-STAT PLUS-FLOW SIGNAL	1	
AEROGear ACTION ASTHMA KIT	1	
AEROTRACH PLUS SPACER	1	
AEROVENT PLUS SPACER	1	
afirmelle 0.1 mg-20 mcg tablet	1	
AFLURIA QUAD 2023-2024(6MO UP) 60 MCG (15 MCG X 4)/0.5 ML IM SUSP	1	
AFLURIA QUAD 2023-24(3YR UP)(PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
AFLURIA TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
AFLURIA TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	1	
AIMSCO LATEX CONDOM	1	
ALAWAY 0.025 % (0.035 %) EYE DROPS	1	
albendazole 200 mg tablet	1	
albuterol sulfate 0.63 mg/3 ml solution for nebulization	1	
albuterol sulfate 1.25 mg/3 ml solution for nebulization	1	
albuterol sulfate 2 mg tablet	1	
albuterol sulfate 2 mg/5 ml oral syrup	1	
albuterol sulfate 2.5 mg/3 ml (0.083 %) solution for nebulization	1	
albuterol sulfate 4 mg tablet	1	
albuterol sulfate concentrate 2.5 mg/0.5 ml solution for nebulization	1	
albuterol sulfate hfa 90 mcg/actuation aerosol inhaler	1	QL(36 per 30 days)
alclometasone 0.05 % topical cream	1	
alclometasone 0.05 % topical ointment	1	
ALCOHOL PADS	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ALCOHOL PREP PADS	1	
ALCOHOL SWABS	1	
ALCOHOL WIPES	1	
alendronate 10 mg tablet	1	QL(30 per 30 days)
alendronate 35 mg tablet	1	QL(4 per 28 days)
alendronate 5 mg tablet	1	QL(30 per 30 days)
alendronate 70 mg tablet	1	QL(4 per 28 days)
alfuzosin er 10 mg tablet,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)
all day allergy (cetirizine) 1 mg/ml oral solution	1	QL(300 per 30 days)
all day allergy (cetirizine) 10 mg tablet	1	
ALLER-CHLOR 4 MG TABLET	1	
aller-g-time 25 mg tablet	1	
ALLERGIST TRAY 1/2 ML 27 GAUGE X 3/8" SYRINGE	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 26 GAUGE X 3/8" SYRINGE	1	
ALLERGIST TRAY INTRADERMAL BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	1	
ALLERGIST TRAY REGULAR BEVEL 1 ML 27 GAUGE X 3/8" SYRINGE	1	
allergy (chlorpheniramine) 4 mg tablet	1	
allergy (diphenhydramine) 25 mg capsule	1	
allergy (diphenhydramine) 25 mg tablet	1	
allergy 12.5 mg/5 ml oral liquid	1	
allergy relief (cetirizine) 10 mg tablet	1	
allergy relief (cetirizine) 5 mg tablet	1	
allergy relief (chlorpheniramine) 4 mg tablet	1	
allergy relief (diphenhydramine) 12.5 mg/5 ml oral liquid	1	
allergy relief (diphenhydramine) 25 mg capsule	1	
allergy relief (diphenhydramine) 25 mg tablet	1	
allergy relief (levocetirizine) 5 mg tablet	1	QL(30 per 30 days)
allergy relief (loratadine) 10 mg tablet	1	
allergy-time 4 mg tablet	1	
allopurinol 100 mg tablet ^{EDS}	1	
allopurinol 300 mg tablet ^{EDS}	1	
almacone-2 400 mg-400 mg-40 mg/5 ml oral suspension	1	
ALOCRIAL 2 % EYE DROPS	1	
ALOMIDE 0.1 % EYE DROPS	1	
ALPHAGAN P 0.1 % EYE DROPS	1	QL(10 per 30 days)
ALPHAGAN P 0.15 % EYE DROPS	1	QL(10 per 30 days)
alprazolam 0.25 mg tablet	1	QL(120 per 30 days)
alprazolam 0.5 mg tablet	1	QL(120 per 30 days)
alprazolam 1 mg tablet	1	QL(120 per 30 days)
alprazolam 2 mg tablet	1	QL(150 per 30 days)
altavera (28) 0.15 mg-0.03 mg tablet	1	
aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 ml oral susp	1	
aluminum-mag hydroxide-simethicone 400 mg-400 mg-40 mg/5 ml oral susp	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER	1	QL(18.3 per 28 days)
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER	1	QL(18.3 per 28 days)
alyacen 1/35 (28) 1 mg-35 mcg tablet	1	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	1	
amabelz 0.5 mg-0.1 mg tablet	1	
amabelz 1 mg-0.5 mg tablet	1	
amantadine hcl 100 mg capsule	1	
amantadine hcl 50 mg/5 ml oral solution	1	
ambrisentan 10 mg tablet	1	QL(30 per 30 days)
ambrisentan 5 mg tablet	1	QL(30 per 30 days)
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)
amethyst (28) 90 mcg-20 mcg tablet	1	
amiloride 5 mg tablet ^{EDS}	1	
amiloride 5 mg-hydrochlorothiazide 50 mg tablet ^{EDS}	1	
amiodarone 100 mg tablet	1	
amiodarone 200 mg tablet ^{EDS}	1	
amiodarone 400 mg tablet	1	
AMITIZA 24 MCG CAPSULE	1	QL(60 per 30 days)
AMITIZA 8 MCG CAPSULE	1	QL(60 per 30 days)
amitriptyline 10 mg tablet	1	
amitriptyline 100 mg tablet	1	
amitriptyline 150 mg tablet	1	
amitriptyline 25 mg tablet	1	
amitriptyline 50 mg tablet	1	
amitriptyline 75 mg tablet	1	
amlodipine 10 mg tablet ^{EDS}	1	QL(30 per 30 days)
amlodipine 10 mg-benazepril 20 mg capsule ^{EDS}	1	QL(60 per 30 days)
amlodipine 10 mg-benazepril 40 mg capsule ^{EDS}	1	QL(30 per 30 days)
amlodipine 10 mg-valsartan 160 mg tablet ^{EDS}	1	QL(30 per 30 days)
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(30 per 30 days)
amlodipine 10 mg-valsartan 320 mg tablet ^{EDS}	1	QL(30 per 30 days)
amlodipine 10 mg-valsartan 320 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(30 per 30 days)
amlodipine 2.5 mg tablet ^{EDS}	1	QL(30 per 30 days)
amlodipine 2.5 mg-benazepril 10 mg capsule ^{EDS}	1	QL(60 per 30 days)
amlodipine 5 mg tablet ^{EDS}	1	QL(30 per 30 days)
amlodipine 5 mg-benazepril 10 mg capsule ^{EDS}	1	QL(60 per 30 days)
amlodipine 5 mg-benazepril 20 mg capsule ^{EDS}	1	QL(60 per 30 days)
amlodipine 5 mg-benazepril 40 mg capsule ^{EDS}	1	QL(30 per 30 days)
amlodipine 5 mg-valsartan 160 mg tablet ^{EDS}	1	QL(30 per 30 days)
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(30 per 30 days)
amlodipine 5 mg-valsartan 320 mg tablet ^{EDS}	1	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ammonium lactate 12 % lotion	1	
ammonium lactate 12 % topical cream	1	
amneesteem 10 mg capsule	1	QL(60 per 30 days)
amneesteem 20 mg capsule	1	QL(60 per 30 days)
amneesteem 40 mg capsule	1	QL(120 per 30 days)
amoxapine 100 mg tablet	1	
amoxapine 150 mg tablet	1	
amoxapine 25 mg tablet	1	
amoxapine 50 mg tablet	1	
amoxicillin 125 mg chewable tablet	1	
amoxicillin 125 mg/5 ml oral suspension	1	
amoxicillin 200 mg-potassium clavulanate 28.5 mg chewable tablet	1	
amoxicillin 200 mg-potassium clavulanate 28.5 mg/5 ml oral suspension	1	
amoxicillin 200 mg/5 ml oral suspension	1	
amoxicillin 250 mg capsule	1	
amoxicillin 250 mg chewable tablet	1	
amoxicillin 250 mg-potassium clavulanate 125 mg tablet	1	
amoxicillin 250 mg-potassium clavulanate 62.5 mg/5 ml oral suspension	1	
amoxicillin 250 mg/5 ml oral suspension	1	
amoxicillin 400 mg-potassium clavulanate 57 mg chewable tablet	1	
amoxicillin 400 mg-potassium clavulanate 57 mg/5 ml oral suspension	1	
amoxicillin 400 mg/5 ml oral suspension	1	
amoxicillin 500 mg capsule	1	
amoxicillin 500 mg tablet	1	
amoxicillin 500 mg-clarithromycin 500 mg-lansoprazole 30 mg combo pack	1	
amoxicillin 500 mg-potassium clavulanate 125 mg tablet	1	
amoxicillin 600 mg-potassium clavulanate 42.9 mg/5 ml oral suspension	1	
amoxicillin 875 mg tablet	1	
amoxicillin 875 mg-potassium clavulanate 125 mg tablet	1	
ampicillin 500 mg capsule	1	
anagrelide 0.5 mg capsule	1	
anagrelide 1 mg capsule	1	
anastrozole 1 mg tablet ^{EDS}	1	QL(30 per 30 days)
animal chews tablet	1	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION	1	QL(60 per 30 days)
antacid 200 mg (as calcium carbonate 500 mg) chewable tablet	1	
antacid anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension	1	
antacid extra strength 300 mg (as calcium carb 750 mg) chewable tablet	1	
antacid extra-strength 300 mg (as calcium carb 750 mg) chewable tablet	1	
antacid maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
antacid plus anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension	1	
antacid plus anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension	1	
antacid regular strength 200 mg-200 mg-20 mg/5 ml oral suspension	1	
antacid ultra strength 400 mg (calcium carb 1,000 mg) chewable tablet	1	
antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension	1	
antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension	1	
antacid-simethicone 400 mg-400 mg-40 mg/5 ml oral suspension	1	
antibiotic (bacitracin zinc) 500 unit/gram topical ointment	1	
antiseptic skin cleanser (chlorhexidine) 4 % liquid	1	
anusol-hc 2.5 % topical cream with perineal applicator	1	
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1	
apri 0.15 mg-0.03 mg tablet	1	
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE	1	QL(120 per 30 days)
APTIVUS 250 MG CAPSULE	1	QL(120 per 30 days)
AQINJECT PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
AQINJECT PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet	1	
AREXVY (PF) 120 MCG/0.5 ML IM SUSPENSION	1	
arformoterol 15 mcg/2 ml solution for nebulization	1	QL(120 per 30 days)
aripiprazole 10 mg tablet	1	QL(30 per 30 days)
aripiprazole 15 mg tablet	1	QL(30 per 30 days)
aripiprazole 2 mg tablet	1	QL(30 per 30 days)
aripiprazole 20 mg tablet	1	QL(30 per 30 days)
aripiprazole 30 mg tablet	1	QL(30 per 30 days)
aripiprazole 5 mg tablet	1	QL(30 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	QL(2.4 per 42 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)
ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)
arthritis pain (diclofenac) 1 % topical gel	1	QL(500 per 30 days)
artificial tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)
ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER	1	QL(13 per 30 days)
ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER	1	QL(13 per 30 days)
ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER	1	QL(13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 28 days)
ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR	1	QL(1 per 28 days)
ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 28 days)
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 28 days)
aspirin 300 mg rectal suppository	1	
aspirin 325 mg tablet	1	
aspirin 325 mg tablet,delayed release	1	
aspirin 81 mg chewable tablet	1	
aspirin 81 mg tablet,delayed release	1	
ASSURE ID DUO PRO SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16" NEEDLE ^{EDS}	1	
ASSURE ID DUO-SHIELD 30 GAUGE X 5/16" NEEDLE ^{EDS}	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1	
ASSURE ID PRO PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1	
ASTHMAPACK CHILDREN'S KIT	1	
atazanavir 150 mg capsule	1	QL(60 per 30 days)
atazanavir 200 mg capsule	1	QL(60 per 30 days)
atazanavir 300 mg capsule	1	QL(30 per 30 days)
atenolol 100 mg tablet ^{EDS}	1	
atenolol 100 mg-chlorthalidone 25 mg tablet ^{EDS}	1	
atenolol 25 mg tablet ^{EDS}	1	
atenolol 50 mg tablet ^{EDS}	1	
atenolol 50 mg-chlorthalidone 25 mg tablet ^{EDS}	1	
atomoxetine 10 mg capsule	1	QL(60 per 30 days)
atomoxetine 100 mg capsule	1	QL(30 per 30 days)
atomoxetine 18 mg capsule	1	QL(60 per 30 days)
atomoxetine 25 mg capsule	1	QL(60 per 30 days)
atomoxetine 40 mg capsule	1	QL(60 per 30 days)
atomoxetine 60 mg capsule	1	QL(30 per 30 days)
atomoxetine 80 mg capsule	1	QL(30 per 30 days)
atorvastatin 10 mg tablet ^{EDS}	1	
atorvastatin 20 mg tablet ^{EDS}	1	
atorvastatin 40 mg tablet ^{EDS}	1	
atorvastatin 80 mg tablet ^{EDS}	1	
atovaquone 250 mg-proguanil 100 mg tablet	1	QL(30 per 30 days)
atovaquone 750 mg/5 ml oral suspension	1	QL(600 per 30 days)
atovaquone-proguanil (pediatric) 62.5 mg-25 mg tablet	1	QL(30 per 30 days)
atropine 1 % eye drops	1	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER	1	QL(25.8 per 30 days)
abra 0.1 mg-20 mcg tablet	1	
abra eq 0.1 mg-20 mcg tablet	1	
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet	1	
aurovela 1/20 (21) 1 mg-20 mcg tablet	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
AUSTEDO 12 MG TABLET	1	QL(120 per 30 days)
AUSTEDO 6 MG TABLET	1	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
AUSTEDO 9 MG TABLET	1	QL(120 per 30 days)
AUSTEDO XR 12 MG TABLET,EXTENDED RELEASE	1	QL(90 per 30 days)
AUSTEDO XR 18 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET,EXTENDED RELEASE	1	QL(60 per 30 days)
AUSTEDO XR 30 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)
AUSTEDO XR 36 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)
AUSTEDO XR 42 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)
AUSTEDO XR 48 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)
AUSTEDO XR 6 MG TABLET,EXTENDED RELEASE	1	QL(90 per 30 days)
aviane 0.1 mg-20 mcg tablet	1	
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT	1	QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT	1	QL(1 per 28 days)
ayuna 0.15 mg-0.03 mg tablet	1	
azathioprine 100 mg tablet	1	
azathioprine 50 mg tablet	1	
azathioprine 75 mg tablet	1	
azelastine 137 mcg (0.1 %) nasal spray	1	QL(30 per 25 days)
azithromycin 1 gram oral packet	1	
azithromycin 100 mg/5 ml oral suspension	1	
azithromycin 200 mg/5 ml oral suspension	1	
azithromycin 250 mg tablet	1	
azithromycin 500 mg tablet	1	
azithromycin 600 mg tablet	1	QL(16 per 60 days)
AZOPT 1 % EYE DROPS,SUSPENSION	1	QL(10 per 28 days)
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
bacitracin 500 unit/gram eye ointment	1	
bacitracin 500 unit/gram topical ointment	1	
bacitracin 500 unit/gram topical packet	1	
bacitracin zinc 500 unit/gram topical ointment	1	
bacitracin zinc 500 unit/gram topical ointment in packet	1	
bacitracin-polymyxin b 500 unit-10,000 unit/gram eye ointment	1	
baclofen 10 mg tablet	1	QL(240 per 30 days)
baclofen 15 mg tablet	1	QL(150 per 30 days)
baclofen 20 mg tablet	1	QL(120 per 30 days)
baclofen 5 mg tablet	1	QL(90 per 30 days)
balsalazide 750 mg capsule	1	QL(270 per 30 days)
balziva (28) 0.4 mg-35 mcg tablet	1	
banophen 25 mg capsule	1	
banophen 25 mg tablet	1	
banophen 50 mg capsule	1	
BANZEL 200 MG TABLET	1	PA,QL(480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION	1	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET	1	PA,QL(240 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION	1	QL(630 per 30 days)
BD ALCOHOL SWABS	1	
BD ALLERGIST TRAY REG BEVEL 1 ML 26 GAUGE X 1/2" SYRINGE	1	
BD ALLERGIST TRAY REG BEVEL 1 ML 27 X 1/2" SYRINGE	1	
BD ALLERGIST TRAY REG BEVEL 1/2 ML 27 X 1/2"	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE	1	
BD FILTER NEEDLE-5 MICRON 19 X 1 1/2" ^{EDS}	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64"	1	
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2"	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16"	1	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2"	1	
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16"	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2"	1	
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16"	1	
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1"	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 27 X 1/2" SYRINGE	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"	1	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64"	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64"	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64"	1	
benazepril 10 mg tablet ^{EDS}	1	
benazepril 10 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	
benazepril 20 mg tablet ^{EDS}	1	
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	
benazepril 20 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	
benazepril 40 mg tablet ^{EDS}	1	
benazepril 5 mg tablet ^{EDS}	1	
benazepril 5 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}	1	
BENICAR HCT 20 MG-12.5 MG TABLET ^{EDS}	1	QL(30 per 30 days)
BENICAR HCT 40 MG-12.5 MG TABLET ^{EDS}	1	QL(30 per 30 days)
BENICAR HCT 40 MG-25 MG TABLET ^{EDS}	1	QL(30 per 30 days)
benznidazole 100 mg tablet	1	
benznidazole 12.5 mg tablet	1	
benzonatate 100 mg capsule	1	
benzonatate 200 mg capsule	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
benzoyl peroxide 10 % topical cleanser	1	
benzoyl peroxide 5 % topical cleanser	1	
benztropine 0.5 mg tablet ^{EDS}	1	
benztropine 1 mg tablet ^{EDS}	1	
benztropine 2 mg tablet ^{EDS}	1	
betaine 1 gram/scoop oral powder	1	
betamethasone dipropionate 0.05 % lotion	1	
betamethasone dipropionate 0.05 % topical cream	1	
betamethasone valerate 0.1 % lotion	1	
betamethasone valerate 0.1 % topical cream	1	
betamethasone, augmented 0.05 % topical cream	1	
BETASEPT SURGICAL SCRUB 4 % TOPICAL LIQUID	1	
BETASERON 0.3 MG SUBCUTANEOUS KIT	1	QL(15 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS SOLUTION	1	QL(15 per 30 days)
betaxolol 0.5 % eye drops	1	
bethanechol chloride 10 mg tablet	1	
bethanechol chloride 25 mg tablet	1	
bethanechol chloride 5 mg tablet	1	
bethanechol chloride 50 mg tablet	1	
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
bicalutamide 50 mg tablet	1	QL(30 per 30 days)
BIKTARVY 30 MG-120 MG-15 MG TABLET	1	QL(30 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET	1	QL(30 per 30 days)
BINAXNOW COVID-19 AG CARD HOME TEST KIT	1	
BINAXNOW COVID-19 AG SELF TEST KIT	1	
bisacodyl 5 mg tablet,delayed release	1	
bismuth subcit k 140 mg-metronidazole 125 mg-tetracycline 125 mg cap	1	QL(144 per 30 days)
bismuth subsalicylate 262 mg/15 ml oral suspension	1	
bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}	1	
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}	1	
bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet ^{EDS}	1	
bisoprolol fumarate 10 mg tablet ^{EDS}	1	
bisoprolol fumarate 5 mg tablet ^{EDS}	1	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
BLUNT NEEDLE, DISPOSABLE 18 X 1 1/2" ^{EDS}	1	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION	1	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE	1	
bosentan 125 mg tablet	1	QL(60 per 30 days)
bosentan 62.5 mg tablet	1	QL(60 per 30 days)
BREATHERITE MDI SPACER	1	
BREATHERITE SPACER AND MASK, ADULT	1	
BREATHERITE SPACER AND MASK, CHILD	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
BREATHERITE SPACER AND MASK, INFANT	1	
BREATHERITE SPACER AND MASK, NEONATE	1	
BREATHERITE SPACER AND MASK, SMALL CHILD	1	
BREATHERITE VALVED MDI CHAMBER SPACER	1	
BREATHERITE VALVED MDI SPACER	1	
briellyn 0.4 mg-35 mcg tablet	1	
BRILINTA 60 MG TABLET	1	QL(60 per 30 days)
BRILINTA 90 MG TABLET	1	QL(60 per 30 days)
brimonidine 0.2 % eye drops	1	QL(10 per 30 days)
BRIXADI MONTHLY 128 MG/0.36 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1	
BRIXADI WEEKLY 16 MG/0.32 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1	
BRIXADI WEEKLY 24 MG/0.48 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1	
BRIXADI WEEKLY 8 MG/0.16 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1	
brompheniramine-pseudoephedrine-dm 2 mg-30 mg-10 mg/5 ml oral syrup	1	
budesonide 0.25 mg/2 ml suspension for nebulization	1	QL(240 per 30 days)
budesonide 0.5 mg/2 ml suspension for nebulization	1	QL(240 per 30 days)
budesonide 1 mg/2 ml suspension for nebulization	1	QL(120 per 30 days)
budesonide dr - er 3 mg capsule,delayed,extended release	1	
bumetanide 0.5 mg tablet	1	
bumetanide 1 mg tablet	1	
bumetanide 2 mg tablet	1	
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet	1	
buprenorphine 8 mg-naloxone 2 mg sublingual tablet	1	
buprenorphine hcl 2 mg sublingual tablet	1	
buprenorphine hcl 8 mg sublingual tablet	1	
bupropion hcl 100 mg tablet ^{EDS}	1	QL(180 per 30 days)
bupropion hcl 150 mg tablet,12 hr sustained-release(smoking deterrent)	1	QL(90 per 30 days)
bupropion hcl 75 mg tablet ^{EDS}	1	QL(180 per 30 days)
bupropion hcl sr 100 mg tablet,12 hr sustained-release ^{EDS}	1	QL(120 per 30 days)
bupropion hcl sr 150 mg tablet,12 hr sustained-release ^{EDS}	1	QL(90 per 30 days)
bupropion hcl sr 200 mg tablet,12 hr sustained-release ^{EDS}	1	QL(60 per 30 days)
bupropion hcl xl 150 mg 24 hr tablet, extended release ^{EDS}	1	QL(90 per 30 days)
bupropion hcl xl 300 mg 24 hr tablet, extended release ^{EDS}	1	QL(30 per 30 days)
bupirone 10 mg tablet	1	
bupirone 15 mg tablet	1	
bupirone 30 mg tablet	1	
bupirone 5 mg tablet	1	
bupirone 7.5 mg tablet	1	
butalbital 50 mg-acetaminophen 300 mg-caffeine 40 mg-codeine 30 mg cap	1	QL(180 per 30 days)
butalbital 50 mg-acetaminophen 325 mg tablet	1	QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap	1	QL(360 per 30 days)
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet	1	QL(180 per 30 days)
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule	1	QL(180 per 30 days)
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg tablet	1	QL(180 per 30 days)
BUTRANS 10 MCG/HOUR TRANSDERMAL PATCH	1	
BUTRANS 15 MCG/HOUR TRANSDERMAL PATCH	1	
BUTRANS 20 MCG/HOUR TRANSDERMAL PATCH	1	
BUTRANS 5 MCG/HOUR TRANSDERMAL PATCH	1	
BUTRANS 7.5 MCG/HOUR TRANSDERMAL PATCH	1	QL(4 per 28 days)
cabergoline 0.5 mg tablet	1	
cal-gest antacid 200 mg (as calcium carbonate 500 mg) chewable tablet	1	
calcipotriene 0.005 % scalp solution	1	QL(60 per 30 days)
calcipotriene 0.005 % topical cream	1	QL(120 per 30 days)
calcipotriene 0.005 % topical ointment	1	
calcitonin (salmon) 200 unit/actuation nasal spray	1	QL(3.7 per 28 days)
calcitriol 0.25 mcg capsule	1	
calcitriol 0.5 mcg capsule	1	
calcitriol 1 mcg/ml oral solution	1	
calcium 260 mg (as calcium carbonate 648 mg) tablet	1	
calcium 500 + d 500 mg-10 mcg (400 unit) chewable tablet	1	
calcium 500 + d 500 mg-5 mcg (200 unit) tablet	1	
calcium 500 mg/5 ml (as calcium carb 1,250 mg/5 ml) oral suspension	1	
calcium 600 mg (as calcium carbonate 1,500 mg) tablet	1	
calcium acetate 667 mg tablet	1	
calcium acetate(phosphate binders) 667 mg capsule	1	
calcium acetate(phosphate binders) 667 mg tablet	1	
calcium antacid 200 mg (as calcium carbonate 500 mg) chewable tablet	1	
calcium antacid 300 mg (as calcium carbonate 750 mg) chewable tablet	1	
calcium carbonate 500 mg-vitamin d3 15 mcg (600 unit) tablet	1	
calcium carbonate 500 mg-vitamin d3 5 mcg (200 unit) tablet	1	
calcium carbonate 600 mg-vitamin d3 10 mcg (400 unit) tablet	1	
calcium carbonate 600 mg-vitamin d3 20 mcg (800 unit) tablet	1	
calcium-600 600 mg (as calcium carbonate 1,500 mg) tablet	1	
camila 0.35 mg tablet	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	1	QL(91 per 90 days)
CAPRON DMT 30 MG-30 MG TABLET	1	
captopril 100 mg tablet	1	
captopril 12.5 mg tablet	1	
captopril 25 mg tablet	1	
captopril 50 mg tablet	1	
CAPVAXIVE 0.5 ML INTRAMUSCULAR SYRINGE	1	
carbamazepine 100 mg chewable tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
carbamazepine 200 mg tablet	1	
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE	1	
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE	1	
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE	1	
carbidopa 10 mg-levodopa 100 mg tablet ^{EDS}	1	
carbidopa 25 mg-levodopa 100 mg tablet ^{EDS}	1	
carbidopa 25 mg-levodopa 250 mg tablet ^{EDS}	1	
carbidopa er 25 mg-levodopa 100 mg tablet,extended release	1	
carbidopa er 50 mg-levodopa 200 mg tablet,extended release	1	
carbinoxamine 4 mg/5 ml oral liquid	1	
carboxymethylcellulose sodium 0.5 % eye drops	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
CAREFINE PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1	
CAREFINE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
CAREFINE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
CAREFINE PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1	
CAREFINE PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1	
CAREFINE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS	1	
CARETOUCH PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
CARETOUCH PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1	
CARETOUCH PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
carteolol 1 % eye drops	1	
cartia xt 120 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)
cartia xt 180 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)
cartia xt 240 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)
cartia xt 300 mg capsule,extended release ^{EDS}	1	QL(30 per 30 days)
carvedilol 12.5 mg tablet ^{EDS}	1	
carvedilol 25 mg tablet ^{EDS}	1	
carvedilol 3.125 mg tablet ^{EDS}	1	
carvedilol 6.25 mg tablet ^{EDS}	1	
CAYA CONTOURED 65 MM-80 MM VAGINAL DIAPHRAGM	1	
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	1	
cefdinir 125 mg/5 ml oral suspension	1	
cefdinir 250 mg/5 ml oral suspension	1	
cefdinir 300 mg capsule	1	
cefprozil 125 mg/5 ml oral suspension	1	
cefprozil 250 mg tablet	1	
cefprozil 250 mg/5 ml oral suspension	1	
cefprozil 500 mg tablet	1	
cefuroxime axetil 250 mg tablet	1	
cefuroxime axetil 500 mg tablet	1	
celecoxib 100 mg capsule	1	QL(60 per 30 days)
celecoxib 200 mg capsule	1	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
celecoxib 400 mg capsule	1	QL(60 per 30 days)
celecoxib 50 mg capsule	1	QL(60 per 30 days)
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	1	
CELONTIN 300 MG CAPSULE	1	
centratex 106 mg iron-1 mg capsule	1	
cephalexin 125 mg/5 ml oral suspension	1	
cephalexin 250 mg capsule	1	
cephalexin 250 mg/5 ml oral suspension	1	
cephalexin 500 mg capsule	1	
cetirizine 1 mg/ml oral solution	1	QL(300 per 30 days)
cetirizine 10 mg tablet	1	
cetirizine 5 mg tablet	1	
cetirizine 5 mg/5 ml oral solution	1	QL(300 per 30 days)
CHANTIX 1 MG TABLET	1	QL(56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET	1	QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK	1	QL(53 per 28 days)
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1	
chateal (28) 0.15 mg-0.03 mg tablet	1	
chateal eq (28) 0.15 mg-0.03 mg tablet	1	
CHEMET 100 MG CAPSULE	1	
CHEMSTRIP 10 MD	1	
chest congestion relief 400 mg tablet	1	
chest congestion relief dm 20 mg-400 mg tablet	1	
chest congestion-cough relief 20 mg-400 mg tablet	1	
child mucus relief cough 5 mg-100 mg/5 ml oral liquid	1	
children delsym cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid	1	
children's acetaminophen 160 mg chewable tablet	1	
children's acetaminophen 160 mg/5 ml (5 ml) oral suspension	1	
children's acetaminophen 160 mg/5 ml oral liquid	1	
children's acetaminophen 160 mg/5 ml oral suspension	1	
CHILDREN'S ALAWAY 0.025 % (0.035 %) EYE DROPS	1	
children's all day allergy (cetirizine) 1 mg/ml oral solution	1	QL(300 per 30 days)
children's allergy (diphenhydramine) 12.5 mg/5 ml oral liquid	1	
children's allergy relief (cetirizine) 1 mg/ml oral solution	1	QL(300 per 30 days)
children's allergy relief (loratadine) 5 mg chewable tablet	1	
children's aspirin 81 mg chewable tablet	1	
children's cetirizine 1 mg/ml oral solution	1	QL(300 per 30 days)
CHILDREN'S CHEW MULTIVIT WITH IRON 15 MG IRON TABLET	1	
children's chewable multivitamin 300 mcg tablet	1	
children's chewables 300 mcg tablet	1	
children's chewables extra c 300 mcg tablet	1	
children's diphenhydramine 12.5 mg/5 ml oral liquid	1	
children's ibuprofen 100 mg/5 ml oral suspension	1	
children's iron 15 mg iron (75 mg)/ml oral drops	1	
children's loratadine 5 mg chewable tablet	1	
children's mapap 160 mg chewable tablet	1	
children's mucinex cough 5 mg-100 mg/5 ml oral liquid	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
children's pain and fever relief 160 mg/5 ml oral suspension	1	
children's pain relief 160 mg/5 ml oral suspension	1	
children's pain reliever 160 mg/5 ml oral suspension	1	
chlordiazepoxide 10 mg capsule	1	QL(120 per 30 days)
chlordiazepoxide 25 mg capsule	1	QL(120 per 30 days)
chlordiazepoxide 5 mg capsule	1	QL(120 per 30 days)
chlorhexidine gluconate 0.12 % mouthwash	1	
chlorhexidine gluconate 4 % topical liquid	1	
chloroquine 250 mg tablet	1	
chloroquine 500 mg tablet	1	
chlorthalidone 25 mg tablet ^{EDS}	1	
chlorthalidone 50 mg tablet ^{EDS}	1	
chlorzoxazone 250 mg tablet	1	QL(120 per 30 days)
chlorzoxazone 375 mg tablet	1	QL(120 per 30 days)
chlorzoxazone 500 mg tablet	1	QL(120 per 30 days)
chlorzoxazone 750 mg tablet	1	QL(120 per 30 days)
cholestyramine (with sugar) 4 gram oral powder	1	
cholestyramine (with sugar) 4 gram powder for susp in a packet	1	
cholestyramine light 4 gram oral powder	1	
cholestyramine light 4 gram powder for susp in a packet	1	
cholestyramine-aspartame 4 gram oral powder for susp in a packet	1	
ciclopirox 0.77 % topical cream	1	
ciclopirox 0.77 % topical suspension	1	
ciclopirox 8 % topical solution	1	
cilostazol 100 mg tablet	1	
cilostazol 50 mg tablet	1	
CIMDUO 300 MG-300 MG TABLET	1	QL(30 per 30 days)
cinacalcet 30 mg tablet	1	QL(60 per 30 days)
cinacalcet 60 mg tablet	1	QL(60 per 30 days)
cinacalcet 90 mg tablet	1	QL(120 per 30 days)
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION	1	QL(7.5 per 30 days)
ciprofloxacin 0.3 % eye drops	1	
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension	1	QL(7.5 per 30 days)
ciprofloxacin 100 mg tablet	1	
ciprofloxacin 250 mg tablet	1	
ciprofloxacin 500 mg tablet	1	
ciprofloxacin 750 mg tablet	1	
citalopram 10 mg tablet ^{EDS}	1	QL(30 per 30 days)
citalopram 10 mg/5 ml oral solution	1	
citalopram 20 mg tablet ^{EDS}	1	QL(60 per 30 days)
citalopram 40 mg tablet ^{EDS}	1	QL(30 per 30 days)
claravis 10 mg capsule	1	QL(60 per 30 days)
claravis 20 mg capsule	1	QL(60 per 30 days)
claravis 30 mg capsule	1	QL(60 per 30 days)
claravis 40 mg capsule	1	QL(120 per 30 days)
clarithromycin 125 mg/5 ml oral suspension	1	
clarithromycin 250 mg tablet	1	
clarithromycin 250 mg/5 ml oral suspension	1	
clarithromycin 500 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
clearlax 17 gram oral powder packet	1	QL(36 per 30 days)
clearlax 17 gram/dose oral powder	1	QL(1054 per 30 days)
CLEVER CHOICE HOLDING CHAMBER-LARGE MASK	1	
CLEVER CHOICE HOLDING CHAMBER-MEDIUM MASK	1	
CLEVER CHOICE HOLDING CHAMBER-SMALL MASK	1	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
CLICKFINE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel	1	
clindamycin 2 % vaginal cream	1	
clindamycin 75 mg/5 ml oral solution	1	
clindamycin hcl 150 mg capsule	1	
clindamycin hcl 300 mg capsule	1	
clindamycin hcl 75 mg capsule	1	
clindamycin pediatric 75 mg/5 ml oral solution	1	
clindamycin phosphate 1 % topical solution	1	
clobazam 10 mg tablet	1	PA,QL(60 per 30 days)
clobazam 2.5 mg/ml oral suspension	1	PA,QL(480 per 30 days)
clobazam 20 mg tablet	1	PA,QL(60 per 30 days)
clobetasol 0.05 % scalp solution	1	
clobetasol 0.05 % topical cream	1	
clobetasol 0.05 % topical gel	1	
clobetasol 0.05 % topical ointment	1	
clobetasol-emollient 0.05 % topical cream	1	
clomipramine 25 mg capsule	1	
clomipramine 50 mg capsule	1	
clomipramine 75 mg capsule	1	
clonazepam 0.5 mg tablet	1	
clonazepam 1 mg tablet	1	
clonazepam 2 mg tablet	1	
clonidine 0.1 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)
clonidine 0.2 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)
clonidine 0.3 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)
clonidine hcl 0.1 mg tablet ^{EDS}	1	
clonidine hcl 0.2 mg tablet ^{EDS}	1	
clonidine hcl 0.3 mg tablet ^{EDS}	1	
clonidine hcl er 0.1 mg tablet,extended release,12 hr	1	QL(120 per 30 days)
clopidogrel 300 mg tablet ^{EDS}	1	QL(1 per 30 days)
clopidogrel 75 mg tablet ^{EDS}	1	QL(30 per 30 days)
clorazepate dipotassium 15 mg tablet	1	
clorazepate dipotassium 3.75 mg tablet	1	
clorazepate dipotassium 7.5 mg tablet	1	
clotrimazole 1 % topical cream	1	
clotrimazole 1 % topical solution	1	
clotrimazole 1 % vaginal cream	1	
clotrimazole-3 2 % vaginal cream	1	
clotrimazole-betamethasone 1 %-0.05 % lotion	1	
clotrimazole-betamethasone 1 %-0.05 % topical cream	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
clozapine 100 mg tablet	1	
clozapine 200 mg tablet	1	
clozapine 25 mg tablet	1	
clozapine 50 mg tablet	1	
codeine 10 mg-guaifenesin 100 mg/5 ml oral liquid	1	
codeine sulfate 15 mg tablet	1	QL(360 per 30 days)
codeine sulfate 30 mg tablet	1	QL(360 per 30 days)
codeine sulfate 60 mg tablet	1	QL(180 per 30 days)
codeine-butalbital-asa-caffeine 30 mg-50 mg-325 mg-40 mg capsule	1	QL(360 per 30 days)
colchicine 0.6 mg tablet	1	QL(120 per 30 days)
colestipol 1 gram tablet	1	
colestipol 5 gram oral granules	1	
colestipol 5 gram oral packet	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS	1	QL(5 per 25 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION	1	QL(4 per 20 days)
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2" ^{EDS}	1	
COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4" ^{EDS}	1	
COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16" ^{EDS}	1	
COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16" ^{EDS}	1	
COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4" ^{EDS}	1	
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16" ^{EDS}	1	
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16" ^{EDS}	1	
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32" ^{EDS}	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4" ^{EDS}	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16" ^{EDS}	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16" ^{EDS}	1	
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32" ^{EDS}	1	
COMFORT EZ PRO SAFETY PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1	
COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 5/32" ^{EDS}	1	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/32" ^{EDS}	1	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/16" ^{EDS}	1	
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 1/4" ^{EDS}	1	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 3/16" ^{EDS}	1	
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1	
COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION	1	
COMIRNATY 2023-24 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
COMIRNATY 2024-25 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE	1	
COMIRNATY TRIS VACCINE(PF) 30 MCG/0.3 ML INTRAMUSCULAR SUSPENSION	1	
COMPACT SPACE CHAMBER	1	
COMPACT SPACE CHAMBER-LRG MASK	1	
COMPACT SPACE CHAMBER-MED MASK	1	
COMPACT SPACE CHAMBER-SM MASK	1	
COMPLERA 200 MG-25 MG-300 MG TABLET	1	QL(30 per 30 days)
complete natal dha 29 mg iron-1 mg-200 mg oral pack	1	
completenate 29 mg iron-1 mg chewable tablet	1	
CONCERTA 18 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)
CONCERTA 27 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)
CONCERTA 36 MG TABLET,EXTENDED RELEASE	1	QL(60 per 30 days)
CONCERTA 54 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)
CONDOMS-PREM LUBRICATED	1	
constulose 10 gram/15 ml oral solution	1	
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE	1	QL(30 per 30 days)
CORDX COVID-19 AG HOME TEST KIT	1	
cortisone 25 mg tablet	1	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE	1	
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE	1	
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE	1	
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE	1	
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE	1	
CRINONE 4 % VAGINAL GEL	1	QL(8.7 per 30 days)
cromolyn 100 mg/5 ml oral concentrate	1	
cromolyn 4 % eye drops	1	
cryselle (28) 0.3 mg-30 mcg tablet	1	
CURITY ALCOHOL SWABS	1	
CUTTER BACKWOODS 25 % TOPICAL PUMP SPRAY	1	
CUTTER BACKWOODS 25 % TOPICAL SPRAY	1	
CUTTER BACKWOODS DRY 25 % TOPICAL SPRAY	1	
CUTTER SKINSATIONS 7 % TOPICAL PUMP SPRAY	1	
cyanocobalamin (vit b-12) 1,000 mcg/ml injection solution	1	QL(30 per 30 days)
cyclobenzaprine 10 mg tablet	1	
cyclobenzaprine 5 mg tablet	1	
cyclobenzaprine 7.5 mg tablet	1	QL(90 per 30 days)
cyclopentolate 1 % eye drops	1	
cyclophosphamide 25 mg capsule	1	QL(960 per 30 days)
cyclophosphamide 50 mg capsule	1	QL(480 per 30 days)
cyclosporine 100 mg capsule	1	QL(720 per 30 days)
cyclosporine 25 mg capsule	1	
cyclosporine modified 100 mg capsule	1	QL(720 per 30 days)
cyclosporine modified 100 mg/ml oral solution	1	
cyclosporine modified 25 mg capsule	1	
cyclosporine modified 50 mg capsule	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
cyproheptadine 2 mg/5 ml oral syrup	1	
cyproheptadine 4 mg tablet	1	
cyred 0.15 mg-0.03 mg tablet	1	
cyred eq 0.15 mg-0.03 mg tablet	1	
CYSTAGON 150 MG CAPSULE	1	
CYSTAGON 50 MG CAPSULE	1	
danazol 100 mg capsule	1	
danazol 200 mg capsule	1	
danazol 50 mg capsule	1	
dantrolene 100 mg capsule	1	
dantrolene 25 mg capsule	1	
dantrolene 50 mg capsule	1	
dapsone 100 mg tablet	1	
dapsone 25 mg tablet	1	
darunavir 600 mg tablet	1	QL(60 per 30 days)
darunavir 800 mg tablet	1	QL(30 per 30 days)
dasetta 1/35 (28) 1 mg-35 mcg tablet	1	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet	1	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)
DAYTRANA 10 MG/9 HR DAILY PATCH	1	QL(30 per 30 days)
DAYTRANA 15 MG/9 HR DAILY PATCH	1	QL(30 per 30 days)
DAYTRANA 20 MG/9 HR DAILY PATCH	1	QL(30 per 30 days)
DAYTRANA 30 MG/9 HR DAILY PATCH	1	QL(30 per 30 days)
deblitane 0.35 mg tablet	1	
deep sea nasal 0.65 % spray aerosol	1	
DELSTRIGO 100 MG-300 MG-300 MG TABLET	1	QL(30 per 30 days)
delsym cough-chest congestion dm 5 mg-100 mg/5 ml oral liquid	1	
DESCOVY 120 MG-15 MG TABLET	1	QL(30 per 30 days)
DESCOVY 200 MG-25 MG TABLET	1	QL(30 per 30 days)
desipramine 10 mg tablet	1	
desipramine 100 mg tablet	1	
desipramine 150 mg tablet	1	
desipramine 25 mg tablet	1	
desipramine 50 mg tablet	1	
desipramine 75 mg tablet	1	
desmopressin 0.1 mg tablet	1	QL(180 per 30 days)
desmopressin 0.2 mg tablet	1	QL(180 per 30 days)
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	1	
desogestrel-e.estradiol 0.15 mg-0.02 mg(21)/e.estrad 0.01 mg(5) tablet	1	
desonide 0.05 % lotion	1	
desonide 0.05 % topical cream	1	
desonide 0.05 % topical ointment	1	
desvenlafaxine succinate er 100 mg tablet,extended release 24 hr	1	
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr	1	
desvenlafaxine succinate er 50 mg tablet,extended release 24 hr	1	
dexamethasone 0.5 mg tablet	1	
dexamethasone 0.5 mg/5 ml oral elixir	1	
dexamethasone 0.5 mg/5 ml oral solution	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone 0.75 mg tablet	1	
dexamethasone 1 mg tablet	1	
dexamethasone 1.5 mg (21 tabs) tablets in a dose pack	1	
dexamethasone 1.5 mg (35 tabs) tablets in a dose pack	1	
dexamethasone 1.5 mg (51 tabs) tablets in a dose pack	1	
dexamethasone 1.5 mg tablet	1	
dexamethasone 2 mg tablet	1	
dexamethasone 4 mg tablet	1	
dexamethasone 6 mg tablet	1	
DEXCOM G6 RECEIVER	1	PA
DEXCOM G6 SENSOR DEVICE	1	PA
DEXCOM G6 TRANSMITTER DEVICE	1	PA
DEXCOM G7 RECEIVER	1	PA
DEXCOM G7 SENSOR DEVICE	1	PA
DEXILANT 30 MG CAPSULE, DELAYED RELEASE	1	QL(30 per 30 days)
DEXILANT 60 MG CAPSULE, DELAYED RELEASE	1	QL(30 per 30 days)
dexmethylphenidate 10 mg tablet	1	QL(60 per 30 days)
dexmethylphenidate 2.5 mg tablet	1	QL(60 per 30 days)
dexmethylphenidate 5 mg tablet	1	QL(60 per 30 days)
dexmethylphenidate er 10 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)
dexmethylphenidate er 15 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)
dexmethylphenidate er 20 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)
dexmethylphenidate er 25 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)
dexmethylphenidate er 30 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)
dexmethylphenidate er 35 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)
dexmethylphenidate er 40 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)
dexmethylphenidate er 5 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)
dextroamphetamine sulfate 10 mg tablet	1	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg tablet	1	QL(120 per 30 days)
dextroamphetamine sulfate 20 mg tablet	1	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg tablet	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg tablet	1	QL(150 per 30 days)
dextroamphetamine sulfate er 10 mg capsule,extended release	1	QL(180 per 30 days)
dextroamphetamine sulfate er 15 mg capsule,extended release	1	QL(120 per 30 days)
dextroamphetamine sulfate er 5 mg capsule,extended release	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 10 mg tablet	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 12.5 mg tablet	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 15 mg tablet	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 20 mg tablet	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 30 mg tablet	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 5 mg tablet	1	QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
dextroamphetamine-amphetamine 7.5 mg tablet	1	QL(90 per 30 days)
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral liquid	1	
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral syrup	1	
dextromethorphan-guaifenesin er 60 mg-1,200 mg tab,extend release,12hr	1	
diazepam 10 mg tablet	1	QL(120 per 30 days)
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit	1	
diazepam 2 mg tablet	1	QL(90 per 30 days)
diazepam 2.5 mg rectal kit	1	
diazepam 5 mg tablet	1	QL(90 per 30 days)
diazepam 5 mg-7.5 mg-10 mg rectal kit	1	
diazepam 5 mg/5 ml (1 mg/ml) oral solution	1	QL(1200 per 30 days)
diazepam 5 mg/ml oral concentrate	1	QL(240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate	1	QL(240 per 30 days)
dibucaine 1 % topical ointment	1	
diclofenac 0.1 % eye drops	1	QL(5 per 30 days)
diclofenac 1 % topical gel	1	QL(500 per 30 days)
diclofenac er 100 mg tablet,extended release 24 hr	1	
diclofenac sodium 25 mg tablet,delayed release	1	
diclofenac sodium 50 mg tablet,delayed release	1	
diclofenac sodium 75 mg tablet,delayed release	1	
dicloxacillin 250 mg capsule	1	
dicloxacillin 500 mg capsule	1	
dicyclomine 10 mg capsule	1	
dicyclomine 10 mg/5 ml oral solution	1	
dicyclomine 20 mg tablet	1	
didanosine 250 mg capsule,delayed release	1	QL(30 per 30 days)
didanosine 400 mg capsule,delayed release	1	QL(30 per 30 days)
digitek 125 mcg (0.125 mg) tablet	1	QL(30 per 30 days)
digitek 250 mcg (0.25 mg) tablet ^{EDS}	1	QL(30 per 30 days)
digox 125 mcg (0.125 mg) tablet	1	QL(30 per 30 days)
digox 250 mcg (0.25 mg) tablet	1	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg) tablet ^{EDS}	1	QL(30 per 30 days)
digoxin 250 mcg (0.25 mg) tablet ^{EDS}	1	QL(30 per 30 days)
digoxin 50 mcg/ml (0.05 mg/ml) oral solution	1	
dilt-xr 120 mg capsule, extended release ^{EDS}	1	QL(60 per 30 days)
dilt-xr 180 mg capsule, extended release ^{EDS}	1	QL(60 per 30 days)
dilt-xr 240 mg capsule, extended release ^{EDS}	1	QL(60 per 30 days)
diltiazem 120 mg tablet ^{EDS}	1	
diltiazem 30 mg tablet ^{EDS}	1	
diltiazem 60 mg tablet ^{EDS}	1	
diltiazem 90 mg tablet ^{EDS}	1	
diltiazem cd 120 mg capsule,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
diltiazem cd 180 mg capsule,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
diltiazem cd 240 mg capsule,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
diltiazem cd 300 mg capsule,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)
diltiazem cd 360 mg capsule,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem er (xr/xt) 120 mg capsule,extended release 24 hr, controlled ^{EDS}	1	QL(60 per 30 days)
diltiazem er (xr/xt) 180 mg capsule,extended release 24 hr, controlled ^{EDS}	1	QL(60 per 30 days)
diltiazem er (xr/xt) 240 mg capsule,extended release 24 hr, controlled	1	QL(60 per 30 days)
diltiazem er 120 mg capsule,24 hr,extended release ^{EDS}	1	QL(60 per 30 days)
diltiazem er 120 mg capsule,extended release 12 hr ^{EDS}	1	QL(90 per 30 days)
diltiazem er 120 mg tablet,extended release 24 hr	1	QL(30 per 30 days)
diltiazem er 180 mg capsule,24 hr,extended release ^{EDS}	1	QL(60 per 30 days)
diltiazem er 180 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
diltiazem er 240 mg capsule,24 hr,extended release ^{EDS}	1	QL(60 per 30 days)
diltiazem er 240 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
diltiazem er 300 mg capsule,24 hr,extended release ^{EDS}	1	QL(30 per 30 days)
diltiazem er 300 mg tablet,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)
diltiazem er 360 mg capsule,24 hr,extended release ^{EDS}	1	QL(30 per 30 days)
diltiazem er 360 mg tablet,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)
diltiazem er 420 mg capsule,24 hr,extended release ^{EDS}	1	QL(30 per 30 days)
diltiazem er 420 mg tablet,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)
diltiazem er 60 mg capsule,extended release 12 hr ^{EDS}	1	QL(60 per 30 days)
diltiazem er 90 mg capsule,extended release 12 hr ^{EDS}	1	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)-240 mg (46) capsule,delayed release	1	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg capsule,delayed release	1	PA,QL(14 per 30 days)
dimethyl fumarate 240 mg capsule,delayed release	1	PA,QL(60 per 30 days)
diphenhydramine 12.5 mg/5 ml oral liquid	1	
DIPHENHIST 25 MG CAPSULE	1	
diphenhydramine 12.5 mg/5 ml oral elixir	1	
diphenhydramine 12.5 mg/5 ml oral liquid	1	
diphenhydramine 25 mg capsule	1	
diphenhydramine 25 mg tablet	1	
diphenhydramine 50 mg capsule	1	
diphenoxylate-atropine 2.5 mg-0.025 mg tablet	1	
disopyramide phosphate 100 mg capsule	1	
disopyramide phosphate 150 mg capsule	1	
disulfiram 250 mg tablet	1	
disulfiram 500 mg tablet	1	
divalproex 125 mg capsule,delayed release sprinkle	1	
divalproex 125 mg tablet,delayed release ^{EDS}	1	
divalproex 250 mg tablet,delayed release ^{EDS}	1	
divalproex 500 mg tablet,delayed release ^{EDS}	1	
divalproex er 250 mg tablet,extended release 24 hr	1	
divalproex er 500 mg tablet,extended release 24 hr	1	
docusate sodium 100 mg capsule	1	
dodex 1,000 mcg/ml injection solution	1	QL(30 per 30 days)
dofetilide 125 mcg capsule	1	QL(240 per 30 days)
dofetilide 250 mcg capsule	1	QL(120 per 30 days)
dofetilide 500 mcg capsule	1	QL(60 per 30 days)
dolishale 90 mcg-20 mcg (28) tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
donepezil 10 mg disintegrating tablet ^{EDS}	1	QL(30 per 30 days)
donepezil 10 mg tablet ^{EDS}	1	QL(60 per 30 days)
donepezil 5 mg disintegrating tablet ^{EDS}	1	QL(30 per 30 days)
donepezil 5 mg tablet ^{EDS}	1	QL(30 per 30 days)
dorzolamide 2 % eye drops	1	QL(10 per 30 days)
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops	1	QL(10 per 30 days)
dotti 0.025 mg/24 hr transdermal patch	1	QL(8 per 28 days)
dotti 0.0375 mg/24 hr transdermal patch	1	QL(8 per 28 days)
dotti 0.05 mg/24 hr transdermal patch	1	QL(8 per 28 days)
dotti 0.075 mg/24 hr transdermal patch	1	QL(8 per 28 days)
dotti 0.1 mg/24 hr transdermal patch	1	QL(8 per 28 days)
double antibiotic (bacitracin zn) 500 unit-10,000 unit/gram top ointment	1	
DOVATO 50 MG-300 MG TABLET	1	QL(30 per 30 days)
doxazosin 1 mg tablet ^{EDS}	1	
doxazosin 2 mg tablet ^{EDS}	1	
doxazosin 4 mg tablet ^{EDS}	1	
doxazosin 8 mg tablet ^{EDS}	1	
doxepin 10 mg capsule	1	
doxepin 10 mg/ml oral concentrate	1	
doxepin 100 mg capsule	1	
doxepin 150 mg capsule	1	
doxepin 25 mg capsule	1	
doxepin 50 mg capsule	1	
doxepin 75 mg capsule	1	
doxycycline hyclate 100 mg capsule	1	QL(90 per 30 days)
doxycycline hyclate 100 mg tablet	1	
doxycycline hyclate 150 mg tablet	1	QL(30 per 30 days)
doxycycline hyclate 20 mg tablet	1	
doxycycline hyclate 50 mg capsule	1	
doxycycline hyclate 50 mg tablet	1	QL(180 per 30 days)
doxycycline hyclate 75 mg tablet	1	QL(60 per 30 days)
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64 ^{EDS}	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2 ^{EDS}	1	
DROPLET PEN NEEDLE 29 GAUGE X 3/8 ^{EDS}	1	
DROPLET PEN NEEDLE 30 GAUGE X 5/16 ^{EDS}	1	
DROPLET PEN NEEDLE 31 GAUGE X 1/4 ^{EDS}	1	
DROPLET PEN NEEDLE 31 GAUGE X 3/16 ^{EDS}	1	
DROPLET PEN NEEDLE 31 GAUGE X 5/16 ^{EDS}	1	
DROPLET PEN NEEDLE 32 GAUGE X 1/4 ^{EDS}	1	
DROPLET PEN NEEDLE 32 GAUGE X 3/16 ^{EDS}	1	
DROPLET PEN NEEDLE 32 GAUGE X 5/16 ^{EDS}	1	
DROPLET PEN NEEDLE 32 GAUGE X 5/32 ^{EDS}	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4 ^{EDS}	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 3/16 ^{EDS}	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 5/16 ^{EDS}	1	
drosipren-e.estradiol-mefol 3 mg-0.02 mg-0.451 mg(24)/0.451 mg(4)tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
drosipren-e.estradiol-mefol 3 mg-0.03 mg-0.451 mg(21)/0.451 mg(7)tablet	1	
drosiprenone 3 mg-ethinyl estradiol 0.02 mg tablet	1	
drosiprenone 3 mg-ethinyl estradiol 0.03 mg tablet	1	
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 per 30 days)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 per 30 days)
DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 per 30 days)
duloxetine 20 mg capsule,delayed release ^{EDS}	1	QL(180 per 30 days)
duloxetine 30 mg capsule,delayed release ^{EDS}	1	QL(120 per 30 days)
duloxetine 60 mg capsule,delayed release ^{EDS}	1	QL(60 per 30 days)
DUREX AVANTI BARE REAL FEEL CONDOM	1	
dutasteride 0.5 mg capsule ^{EDS}	1	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION	1	QL(240 per 30 days)
DYNA-HEX 4 % TOPICAL LIQUID	1	
ear drops (carbamide peroxide) 6.5 %	1	
ear wax removal drops 6.5 %	1	
ear wax removal kit 6.5 % drops	1	
EASIVENT HOLDING CHAMBER	1	
EASIVENT MASK LARGE	1	
EASIVENT MASK MEDIUM	1	
EASIVENT MASK SMALL	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4" ^{EDS}	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16" ^{EDS}	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16" ^{EDS}	1	
EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32" ^{EDS}	1	
EASY COMFORT PEN NEEDLES 33 GAUGE X 1/4" ^{EDS}	1	
EASY COMFORT PEN NEEDLES 33 GAUGE X 3/16" ^{EDS}	1	
EASY COMFORT PEN NEEDLES 33 GAUGE X 5/32" ^{EDS}	1	
EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
EASY COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1	
EASY TOUCH 29 GAUGE X 1/2" NEEDLE ^{EDS}	1	
EASY TOUCH 31 GAUGE X 1/4" NEEDLE ^{EDS}	1	
EASY TOUCH 31 GAUGE X 3/16" NEEDLE ^{EDS}	1	
EASY TOUCH 31 GAUGE X 5/16" NEEDLE ^{EDS}	1	
EASY TOUCH 32 GAUGE X 1/4" NEEDLE ^{EDS}	1	
EASY TOUCH 32 GAUGE X 3/16" NEEDLE ^{EDS}	1	
EASY TOUCH 32 GAUGE X 5/32" NEEDLE ^{EDS}	1	
EASY TOUCH ALCOHOL PREP PADS	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16" ^{EDS}	1	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16" ^{EDS}	1	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 1/4" ^{EDS}	1	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1	
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1	
ECLIPSE NEEDLE 23 GAUGE X 1" ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ECLIPSE NEEDLE 25 GAUGE X 5/8" ^{EDS}	1	
ECLIPSE SYRINGE 3 ML 21 GAUGE X 1"	1	
ECLIPSE SYRINGE 3 ML 25 GAUGE X 1"	1	
econazole 1 % topical cream	1	
econtra ez 1.5 mg tablet	1	
econtra one-step 1.5 mg tablet	1	
ed-apap 160 mg/5 ml oral liquid	1	
ed-spaz 0.125 mg disintegrating tablet	1	
EDURANT 25 MG TABLET	1	QL(30 per 30 days)
efavirenz 200 mg capsule	1	QL(120 per 30 days)
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	1	QL(30 per 30 days)
efavirenz 50 mg capsule	1	QL(480 per 30 days)
efavirenz 600 mg tablet	1	QL(30 per 30 days)
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoprox 300 mg tablet	1	QL(30 per 30 days)
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	1	QL(30 per 30 days)
ELIDEL 1 % TOPICAL CREAM	1	PA
elinest 0.3 mg-30 mcg tablet	1	
ELIQUIS 2.5 MG TABLET	1	QL(60 per 30 days)
ELIQUIS 5 MG TABLET	1	QL(74 per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK	1	QL(74 per 30 days)
ELLA 30 MG TABLET	1	QL(1 per 30 days)
ELLUME COVID-19 HOME TEST KIT	1	
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring	1	QL(1 per 28 days)
EMBRACE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
EMBRACE PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1	
EMBRACE PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1	
EMBRACE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
EMBRACE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
EMBRACE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
EMBRACE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
EMCYT 140 MG CAPSULE	1	QL(540 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK	1	
EMEND 80 MG CAPSULE	1	QL(4 per 28 days)
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(2 per 30 days)
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 30 days)
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet	1	QL(30 per 30 days)
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet	1	QL(30 per 30 days)
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet	1	QL(30 per 30 days)
emtricitabine 200 mg capsule	1	QL(30 per 30 days)
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet	1	QL(30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION	1	QL(680 per 28 days)
emzahn 0.35 mg tablet	1	
enalapril 10 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	
enalapril 5 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
enalapril maleate 10 mg tablet ^{EDS}	1	
enalapril maleate 2.5 mg tablet ^{EDS}	1	
enalapril maleate 20 mg tablet ^{EDS}	1	
enalapril maleate 5 mg tablet ^{EDS}	1	
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE	1	QL(8.16 per 28 days)
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION	1	QL(8 per 28 days)
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE	1	QL(78 per 365 days)
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE	1	QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(78 per 365 days)
endocet 10 mg-325 mg tablet	1	QL(360 per 30 days)
endocet 2.5 mg-325 mg tablet	1	QL(360 per 30 days)
endocet 5 mg-325 mg tablet	1	QL(360 per 30 days)
endocet 7.5 mg-325 mg tablet	1	QL(360 per 30 days)
enema 19 gram-7 gram/118 ml	1	
enema disposable 19 gram-7 gram/118 ml	1	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION	1	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE	1	
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
enilloring 0.12 mg-0.015 mg/24 hr vaginal ring	1	QL(1 per 28 days)
enoxaparin 100 mg/ml subcutaneous syringe	1	QL(28 per 28 days)
enoxaparin 120 mg/0.8 ml subcutaneous syringe	1	QL(22.4 per 28 days)
enoxaparin 150 mg/ml subcutaneous syringe	1	QL(28 per 28 days)
enoxaparin 30 mg/0.3 ml subcutaneous syringe	1	QL(16.8 per 28 days)
enoxaparin 300 mg/3 ml subcutaneous solution	1	QL(84 per 28 days)
enoxaparin 40 mg/0.4 ml subcutaneous syringe	1	QL(11.2 per 28 days)
enoxaparin 60 mg/0.6 ml subcutaneous syringe	1	QL(16.8 per 28 days)
enoxaparin 80 mg/0.8 ml subcutaneous syringe	1	QL(22.4 per 28 days)
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet	1	
enskyce 0.15 mg-0.03 mg tablet	1	
entacapone 200 mg tablet	1	QL(300 per 30 days)
entecavir 0.5 mg tablet	1	QL(30 per 30 days)
entecavir 1 mg tablet	1	QL(30 per 30 days)
ENTRESTO 24 MG-26 MG TABLET	1	QL(60 per 30 days)
ENTRESTO 49 MG-51 MG TABLET	1	QL(60 per 30 days)
ENTRESTO 97 MG-103 MG TABLET	1	QL(60 per 30 days)
ENTRESTO SPRINKLE 15 MG-16 MG ORAL PELLETT	1	QL(240 per 30 days)
ENTRESTO SPRINKLE 6 MG-6 MG ORAL PELLETT	1	QL(240 per 30 days)
enulose 10 gram/15 ml oral solution	1	
EPCLUSA 150 MG-37.5 MG ORAL PELLETTS IN PACKET	1	PA,QL(28 per 28 days)
EPCLUSA 200 MG-50 MG ORAL PELLETTS IN PACKET	1	PA,QL(56 per 28 days)
EPCLUSA 200 MG-50 MG TABLET	1	PA,QL(28 per 28 days)
epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector	1	QL(4 per 30 days)
epinephrine 0.3 mg/0.3 ml injection, auto-injector	1	QL(4 per 30 days)
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	1	QL(4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	1	QL(4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR	1	QL(4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR	1	QL(4 per 30 days)
epitol 200 mg tablet	1	
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION	1	QL(28 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)
eprosartan 600 mg tablet	1	QL(60 per 30 days)
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule	1	
errin 0.35 mg tablet	1	
ery pads 2 % topical swab	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET	1	
erythromycin 5 mg/gram (0.5 %) eye ointment	1	QL(3.5 per 28 days)
erythromycin ethylsuccinate 200 mg/5 ml oral powder for suspension	1	
erythromycin ethylsuccinate 400 mg/5 ml oral powder for suspension	1	
erythromycin with ethanol 2 % topical solution	1	
escitalopram 10 mg tablet ^{EDS}	1	QL(45 per 30 days)
escitalopram 20 mg tablet ^{EDS}	1	QL(30 per 30 days)
escitalopram 5 mg tablet ^{EDS}	1	QL(30 per 30 days)
estarylla 0.25 mg-35 mcg tablet	1	
estradiol 0.01% (0.1 mg/gram) vaginal cream	1	
estradiol 0.025 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)
estradiol 0.025 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)
estradiol 0.0375 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)
estradiol 0.0375 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)
estradiol 0.05 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)
estradiol 0.05 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)
estradiol 0.06 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)
estradiol 0.075 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)
estradiol 0.075 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)
estradiol 0.1 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)
estradiol 0.1 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)
estradiol 0.5 mg tablet	1	
estradiol 1 mg tablet	1	
estradiol 10 mcg vaginal tablet	1	
estradiol 2 mg tablet	1	
estradiol-norethindrone acet 0.5 mg-0.1 mg tablet	1	
estradiol-norethindrone acet 1 mg-0.5 mg tablet	1	
ethambutol 100 mg tablet	1	
ethambutol 400 mg tablet	1	
ethosuximide 250 mg capsule	1	
ethosuximide 250 mg/5 ml oral solution	1	
ethynodiol diacetate-ethinyl estradiol 1 mg-35 mcg tablet	1	
ethynodiol diacetate-ethinyl estradiol 1 mg-50 mcg tablet	1	
etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring	1	QL(1 per 28 days)
etoposide 50 mg capsule	1	QL(100 per 30 days)
etravirine 100 mg tablet	1	QL(120 per 30 days)
etravirine 200 mg tablet	1	QL(60 per 30 days)
EUTHYROX 100 MCG TABLET	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
EUTHYROX 112 MCG TABLET	1	
EUTHYROX 125 MCG TABLET	1	
EUTHYROX 137 MCG TABLET	1	
EUTHYROX 150 MCG TABLET	1	
EUTHYROX 175 MCG TABLET	1	
EUTHYROX 200 MCG TABLET	1	
EUTHYROX 25 MCG TABLET	1	
EUTHYROX 50 MCG TABLET	1	
EUTHYROX 75 MCG TABLET	1	
EUTHYROX 88 MCG TABLET	1	
EVOTAZ 300 MG-150 MG TABLET	1	QL(30 per 30 days)
EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL	1	QL(30 per 30 days)
EXELON PATCH 4.6 MG/24 HOUR TRANSDERMAL	1	QL(30 per 30 days)
EXELON PATCH 9.5 MG/24 HOUR TRANSDERMAL	1	QL(30 per 30 days)
exemestane 25 mg tablet	1	QL(60 per 30 days)
EXTENCILLINE 1.2 MILLION UNIT IM SUSPENSION	1	
EXTENCILLINE 2.4 MILLION UNIT IM SUSPENSION	1	
eye allergy itch relief 0.2 % drops	1	
eye itch relief 0.025 % (0.035 %) drops	1	
ezetimibe 10 mg tablet	1	QL(30 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet	1	
famotidine 10 mg tablet	1	
famotidine 20 mg tablet	1	
famotidine 40 mg tablet	1	
famotidine 40 mg/5 ml (8 mg/ml) oral suspension	1	
FANTASY CONDOM	1	
FARXIGA 10 MG TABLET	1	PA,QL(30 per 30 days)
FARXIGA 5 MG TABLET	1	PA,QL(30 per 30 days)
FASTEP COVID-19 AG HOME TEST KIT	1	
FC2 FEMALE CONDOM	1	
felbamate 400 mg tablet	1	
felbamate 600 mg tablet	1	
felbamate 600 mg/5 ml oral suspension	1	
felodipine er 10 mg tablet,extended release 24 hr	1	QL(30 per 30 days)
felodipine er 2.5 mg tablet,extended release 24 hr	1	QL(30 per 30 days)
felodipine er 5 mg tablet,extended release 24 hr	1	QL(30 per 30 days)
FEMCAP 22 MM VAGINAL DEVICE	1	
FEMCAP 26 MM VAGINAL DEVICE	1	
FEMCAP 30 MM VAGINAL DEVICE	1	
femynor 0.25 mg-35 mcg tablet	1	
fenofibrate nanocrystallized 145 mg tablet	1	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg tablet	1	QL(60 per 30 days)
fentanyl 100 mcg/hr transdermal patch	1	QL(20 per 30 days)
fentanyl 12 mcg/hr transdermal patch	1	QL(20 per 30 days)
fentanyl 25 mcg/hr transdermal patch	1	QL(20 per 30 days)
fentanyl 50 mcg/hr transdermal patch	1	QL(20 per 30 days)
fentanyl 75 mcg/hr transdermal patch	1	QL(20 per 30 days)
feosol 325 mg (65 mg iron) tablet	1	
FERIVA 75 MG IRON-1 MG-175 MG CAPSULE,EXTENDED RELEASE	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ferocon 110 mg-0.5 mg capsule	1	
ferosul 325 mg (65 mg iron) tablet	1	
ferrex 150 forte 150 mg-25 mcg-1 mg capsule	1	
ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule	1	
ferrex 150 mg iron capsule	1	
ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet	1	
ferro-time 325 mg (65 mg iron) tablet	1	
ferrocite plus 106 mg iron-1 mg tablet	1	
ferrous fumarate 324 mg (106 mg iron) tablet	1	
ferrous gluconate 324 mg (38 mg iron) tablet	1	
ferrous sulfate 15 mg iron (75 mg)/ml oral drops	1	
ferrous sulfate 220 mg (44 mg iron)/5 ml oral elixir	1	
ferrous sulfate 220 mg (44 mg iron)/5 ml oral solution	1	
ferrous sulfate 300 mg (60 mg iron)/5 ml oral liquid	1	
ferrous sulfate 324 mg (65 mg iron) tablet,delayed release	1	
ferrous sulfate 325 mg (65 mg iron) tablet	1	
ferrous sulfate 325 mg (65 mg iron) tablet,delayed release	1	
FEVERALL 120 MG RECTAL SUPPOSITORY	1	
FEVERALL 80 MG RECTAL SUPPOSITORY	1	
FILTER NEEDLES 19 X 1 1/2" ^{EDS}	1	
FILTER NEEDLES 19 X 1" ^{EDS}	1	
FINACEA 15 % TOPICAL GEL	1	
finasteride 5 mg tablet ^{EDS}	1	QL(30 per 30 days)
finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1	
first aid antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment	1	
FIRVANQ 25 MG/ML ORAL SOLUTION	1	
FIRVANQ 50 MG/ML ORAL SOLUTION	1	
flecainide 100 mg tablet	1	
flecainide 150 mg tablet	1	
flecainide 50 mg tablet	1	
FLEET ENEMA 19 GRAM-7 GRAM/118 ML	1	
FLEXICHAMBER SPACER	1	
FLEXICHAMBER-LARGE CHILD MASK	1	
FLEXICHAMBER-SMALL ADULT MASK	1	
FLEXICHAMBER-SMALL CHILD MASK	1	
FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER	1	QL(24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER	1	QL(24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER	1	QL(10.6 per 30 days)
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	1	
FLUAD QUAD 2023-2024(65YR UP)(PF) 60 MCG (15 MCG X 4)/0.5ML IM SYRINGE	1	
FLUAD TRIV 2024-25(65Y UP)(PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
FLUARIX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
FLUARIX TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
FLUBLOK QUAD 2023-2024 (PF) 180 MCG (45 MCG X 4)/0.5 ML IM SYRINGE	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
FLUBLOK TRIV 2024-2025 (PF) 135 MCG (45 MCG X 3)/0.5 ML IM SYRINGE	1	
FLUCELVAX QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
FLUCELVAX QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	1	
FLUCELVAX TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
FLUCELVAX TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	1	
fluconazole 10 mg/ml oral suspension	1	
fluconazole 100 mg tablet	1	
fluconazole 150 mg tablet	1	
fluconazole 200 mg tablet	1	
fluconazole 40 mg/ml oral suspension	1	
fluconazole 50 mg tablet	1	
fludrocortisone 0.1 mg tablet	1	
FLULAVAL QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
FLULAVAL TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
FLUMIST QUAD 2023-2024 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE	1	
FLUMIST TRIVALENT 2024-2025 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY	1	
fluocinolone 0.01 % scalp oil and shower cap	1	
fluocinolone 0.01 % topical body oil	1	
fluocinonide 0.05 % topical cream	1	
fluocinonide 0.05 % topical gel	1	
fluocinonide 0.05 % topical solution	1	
fluocinonide 0.1 % topical cream	1	
fluocinonide-e 0.05 % topical cream	1	
fluocinonide-emollient 0.05 % topical cream	1	
fluoride 0.25 mg (0.55 mg sodium fluoride) chewable tablet	1	
fluoride 0.5 mg (1.1 mg sodium fluoride) chewable tablet	1	
fluoride 0.5 mg (1.1 mg sodium fluoride)/ml oral drops	1	
fluoride 1 mg (2.2 mg sodium fluoride) chewable tablet	1	
flurouracil 2 % topical solution	1	QL(30 per 30 days)
flurouracil 5 % topical cream	1	
flurouracil 5 % topical solution	1	QL(60 per 30 days)
fluoxetine 10 mg capsule ^{EDS}	1	QL(60 per 30 days)
fluoxetine 10 mg tablet	1	QL(60 per 30 days)
fluoxetine 20 mg capsule ^{EDS}	1	QL(120 per 30 days)
fluoxetine 20 mg tablet	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) oral solution ^{EDS}	1	
fluoxetine 40 mg capsule ^{EDS}	1	QL(60 per 30 days)
fluphenazine 2.5 mg/5 ml oral elixir	1	
fluphenazine 5 mg/ml oral concentrate	1	
fluphenazine decanoate 25 mg/ml injection solution	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
flurbiprofen 0.03 % eye drops	1	
fluticasone propionate 110 mcg/actuation hfa aerosol inhaler	1	QL(24 per 30 days)
fluticasone propionate 220 mcg/actuation hfa aerosol inhaler	1	QL(24 per 30 days)
fluticasone propionate 44 mcg/actuation hfa aerosol inhaler	1	QL(10.6 per 30 days)
fluticasone propionate 50 mcg/actuation nasal spray,suspension	1	QL(16 per 30 days)
fluticasone propionate 50 mcg/actuation nasal spray,suspension	1	
fluvastatin 20 mg capsule	1	QL(60 per 30 days)
fluvastatin 40 mg capsule	1	QL(60 per 30 days)
fluvoxamine 100 mg tablet	1	QL(90 per 30 days)
fluvoxamine 25 mg tablet	1	QL(90 per 30 days)
fluvoxamine 50 mg tablet	1	QL(90 per 30 days)
FLUZONE HIGH-DOSE QUAD 2023-24 (PF) 240 MCG/0.7 ML IM SYRINGE	1	
FLUZONE HIGH-DOSE TRIV 2024-2025 (PF) 180 MCG/0.5 ML IM SYRINGE	1	
FLUZONE QUAD 2023-2024 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	1	
FLUZONE QUAD 2023-2024 60 MCG (15 MCG X 4)/0.5 ML INTRAMUSCULAR SUSP.	1	
FLUZONE TRIV 2024-2025 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1	
FLUZONE TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION	1	
folic acid 1 mg tablet	1	
folic acid 400 mcg tablet	1	
folivane-f 125 mg-1 mg-40 mg-3 mg capsule	1	
folivane-ob 85 mg-1 mg capsule	1	
folivane-plus 125 mg iron-1 mg capsule	1	
fosamprenavir 700 mg tablet	1	QL(120 per 30 days)
FREESTYLE FREEDOM LITE KIT	1	
FREESTYLE INSULINX STRIPS ^{EDS}	1	QL(150 per 30 days)
FREESTYLE INSULINX TEST STRIPS ^{EDS}	1	QL(150 per 30 days)
FREESTYLE LIBRE 14 DAY READER	1	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	1	PA
FREESTYLE LIBRE 2 READER	1	PA
FREESTYLE LIBRE 2 SENSOR KIT	1	PA
FREESTYLE LIBRE 3 READER	1	PA
FREESTYLE LIBRE 3 SENSOR DEVICE	1	PA
FREESTYLE LITE METER KIT	1	
FREESTYLE LITE STRIPS ^{EDS}	1	QL(150 per 30 days)
FREESTYLE PRECISION NEO METER	1	
FREESTYLE PRECISION NEO STRIPS ^{EDS}	1	QL(150 per 30 days)
FREESTYLE TEST STRIPS ^{EDS}	1	QL(150 per 30 days)
furosemide 10 mg/ml oral solution ^{EDS}	1	
furosemide 20 mg tablet ^{EDS}	1	
furosemide 40 mg tablet ^{EDS}	1	
furosemide 40 mg/5 ml (8 mg/ml) oral solution ^{EDS}	1	
furosemide 80 mg tablet ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
FUZEON 90 MG SUBCUTANEOUS SOLUTION	1	QL(60 per 30 days)
fyavolv 0.5 mg-2.5 mcg tablet	1	
fyavolv 1 mg-5 mcg tablet	1	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION	1	PA,QL(680 per 28 days)
FYCOMPA 10 MG TABLET	1	PA,QL(30 per 30 days)
FYCOMPA 12 MG TABLET	1	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET	1	PA,QL(30 per 30 days)
FYCOMPA 4 MG TABLET	1	PA,QL(30 per 30 days)
FYCOMPA 6 MG TABLET	1	PA,QL(30 per 30 days)
FYCOMPA 8 MG TABLET	1	PA,QL(30 per 30 days)
gabapentin 100 mg capsule	1	QL(270 per 30 days)
gabapentin 250 mg/5 ml (5 ml) oral solution	1	QL(2250 per 30 days)
gabapentin 250 mg/5 ml oral solution	1	QL(2250 per 30 days)
gabapentin 300 mg capsule	1	QL(270 per 30 days)
gabapentin 300 mg/6 ml (6 ml) oral solution	1	QL(2250 per 30 days)
gabapentin 400 mg capsule	1	QL(270 per 30 days)
gabapentin 600 mg tablet	1	QL(180 per 30 days)
gabapentin 800 mg tablet	1	QL(180 per 30 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
gavilax 17 gram/dose oral powder	1	QL(1054 per 30 days)
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution	1	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	1	
gemfibrozil 600 mg tablet	1	QL(60 per 30 days)
GENABIO COVID-19 RAPID AT-HOME KIT	1	
generlac 10 gram/15 ml oral solution	1	
gengraf 100 mg capsule	1	QL(720 per 30 days)
gengraf 100 mg/ml oral solution	1	
gengraf 25 mg capsule	1	
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA,QL(28 per 30 days)
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)
gentamicin 0.3 % eye drops	1	
gentle laxative (bisacodyl) 5 mg tablet,delayed release	1	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET	1	QL(30 per 30 days)
glimepiride 1 mg tablet ^{EDS}	1	
glimepiride 2 mg tablet ^{EDS}	1	
glimepiride 4 mg tablet ^{EDS}	1	
glipizide 10 mg tablet ^{EDS}	1	
glipizide 2.5 mg tablet ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
glipizide 5 mg tablet ^{EDS}	1	
glipizide er 10 mg tablet, extended release 24 hr ^{EDS}	1	
glipizide er 2.5 mg tablet, extended release 24 hr ^{EDS}	1	
glipizide er 5 mg tablet, extended release 24 hr ^{EDS}	1	
GLUCAGEN HYPOKIT 1 MG INJECTION	1	
GLUCAGON (HCL) EMERGENCY KIT 1 MG SOLUTION FOR INJECTION	1	
glucagon emergency kit 1 mg solution for injection	1	
glucagon hcl 1 mg solution for injection	1	
glucose 4 gram chewable tablet	1	
glyburide 1.25 mg tablet ^{EDS}	1	
glyburide 1.25 mg-metformin 250 mg tablet ^{EDS}	1	
glyburide 2.5 mg tablet ^{EDS}	1	
glyburide 2.5 mg-metformin 500 mg tablet ^{EDS}	1	
glyburide 5 mg tablet ^{EDS}	1	
glyburide 5 mg-metformin 500 mg tablet ^{EDS}	1	
glyburide micronized 1.5 mg tablet ^{EDS}	1	
glyburide micronized 3 mg tablet ^{EDS}	1	
glyburide micronized 6 mg tablet ^{EDS}	1	
glycerin (child) rectal suppository	1	
glycopyrrolate 1 mg tablet	1	
glycopyrrolate 2 mg tablet	1	
glydo 2 % mucosal jelly in applicator	1	
GOTOKNOW COVID-19 AG HOME TEST KIT	1	
griseofulvin microsize 125 mg/5 ml oral suspension	1	
griseofulvin ultramicrosize 125 mg tablet	1	
griseofulvin ultramicrosize 250 mg tablet	1	
guaifenesin 100 mg/5 ml oral liquid	1	
guaifenesin 200 mg tablet	1	
guaifenesin ac 10 mg-100 mg/5 ml oral liquid	1	
guaifenesin er 600 mg tablet, extended release 12 hr	1	
guanfacine 1 mg tablet ^{EDS}	1	
guanfacine 2 mg tablet ^{EDS}	1	
guanfacine er 1 mg tablet,extended release 24 hr	1	QL(30 per 30 days)
guanfacine er 2 mg tablet,extended release 24 hr	1	QL(30 per 30 days)
guanfacine er 3 mg tablet,extended release 24 hr	1	QL(30 per 30 days)
guanfacine er 4 mg tablet,extended release 24 hr	1	QL(30 per 30 days)
gynazole-1 2 % vaginal cream	1	
hailey 1.5 mg-30 mcg tablet	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION	1	QL(5 per 30 days)
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION	1	QL(9 per 30 days)
halobetasol propionate 0.05 % topical cream	1	
halobetasol propionate 0.05 % topical ointment	1	
haloette 0.12 mg-0.015 mg/24 hr vaginal ring	1	QL(1 per 28 days)
haloperidol 0.5 mg tablet	1	
haloperidol 1 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
haloperidol 10 mg tablet	1	
haloperidol 2 mg tablet	1	
haloperidol 20 mg tablet	1	
haloperidol 5 mg tablet	1	
haloperidol decanoate 100 mg/ml intramuscular solution	1	QL(5 per 30 days)
haloperidol decanoate 50 mg/ml intramuscular solution	1	QL(9 per 30 days)
haloperidol lactate 2 mg/ml oral concentrate	1	
haloperidol lactate 5 mg/ml injection solution	1	
haloperidol lactate 5 mg/ml intramuscular syringe	1	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
HEALTHWISE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
HEALTHWISE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLE ^{EDS}	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE ^{EDS}	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE ^{EDS}	1	
HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE ^{EDS}	1	
HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE ^{EDS}	1	
healthylax 17 gram oral powder packet	1	QL(36 per 30 days)
heartburn relief (famotidine) 10 mg tablet	1	
heartburn relief (famotidine) 20 mg tablet	1	
heather 0.35 mg tablet	1	
hematex 150 mg iron tablet	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN	1	
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS	1	
HUMALOG KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS	1	
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	1	
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1	
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	1	
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1	
HUMALOG TEMPO PEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS PEN, SENSOR	1	
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE	1	
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	1	QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	1	QL(6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT	1	QL(6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT	1	QL(6 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT	1	QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	1	QL(6 per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	1	QL(6 per 28 days)
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT	1	QL(6 per 28 days)
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT	1	QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT	1	QL(6 per 28 days)
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT	1	QL(6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT	1	QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML SUBCUT KIT	1	QL(6 per 28 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT	1	QL(6 per 28 days)
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	1	
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS	1	
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS	1	
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS	1	
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION	1	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS	1	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN	1	
HYCAMTIN 0.25 MG CAPSULE	1	QL(100 per 25 days)
HYCAMTIN 1 MG CAPSULE	1	QL(25 per 25 days)
hydralazine 10 mg tablet ^{EDS}	1	
hydralazine 100 mg tablet ^{EDS}	1	
hydralazine 25 mg tablet ^{EDS}	1	
hydralazine 50 mg tablet ^{EDS}	1	
hydrochlorothiazide 12.5 mg capsule ^{EDS}	1	
hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	
hydrochlorothiazide 25 mg tablet ^{EDS}	1	
hydrochlorothiazide 50 mg tablet ^{EDS}	1	
hydrocodone 10 mg-acetaminophen 300 mg tablet	1	QL(180 per 30 days)
hydrocodone 10 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)
hydrocodone 10 mg-chlorpheniramine 8 mg/5 ml oral susp extend.rel 12hr	1	
hydrocodone 10 mg-ibuprofen 200 mg tablet	1	QL(150 per 30 days)
hydrocodone 5 mg-acetaminophen 300 mg tablet	1	QL(240 per 30 days)
hydrocodone 5 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)
hydrocodone 5 mg-ibuprofen 200 mg tablet	1	QL(150 per 30 days)
hydrocodone 7.5 mg-acetaminophen 300 mg tablet	1	QL(180 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocodone 7.5 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution	1	QL(5520 per 30 days)
hydrocodone 7.5 mg-ibuprofen 200 mg tablet	1	QL(150 per 30 days)
hydrocodone-homatropine 5 mg-1.5 mg/5 ml (5 ml) oral syrup	1	
hydrocodone-homatropine 5 mg-1.5 mg/5 ml oral syrup	1	
hydrocortisone 1 % topical cream	1	
hydrocortisone 1 % topical cream with perineal applicator	1	
hydrocortisone 1 % topical ointment	1	
hydrocortisone 10 mg tablet	1	
hydrocortisone 100 mg/60 ml enema	1	
hydrocortisone 2.5 % lotion	1	
hydrocortisone 2.5 % topical cream	1	
hydrocortisone 2.5 % topical cream with perineal applicator	1	
hydrocortisone 2.5 % topical ointment	1	
hydrocortisone 20 mg tablet	1	
hydrocortisone 5 mg tablet	1	
hydrocortisone butyrate 0.1 % topical ointment	1	
hydrocortisone butyrate 0.1 % topical solution	1	
hydrocortisone valerate 0.2 % topical cream	1	
hydromet 5 mg-1.5 mg/5 ml oral syrup	1	
hydromorphone 1 mg/ml oral liquid	1	QL(2400 per 30 days)
hydromorphone 2 mg tablet	1	QL(360 per 30 days)
hydromorphone 3 mg rectal suppository	1	QL(120 per 30 days)
hydromorphone 4 mg tablet	1	QL(360 per 30 days)
hydromorphone 8 mg tablet	1	QL(240 per 30 days)
hydroxychloroquine 100 mg tablet	1	
hydroxychloroquine 200 mg tablet	1	
hydroxychloroquine 300 mg tablet	1	
hydroxychloroquine 400 mg tablet	1	
hydroxyurea 500 mg capsule	1	
hydroxyzine hcl 10 mg tablet	1	
hydroxyzine hcl 10 mg/5 ml oral solution	1	
hydroxyzine hcl 25 mg tablet	1	
hydroxyzine hcl 50 mg tablet	1	
hydroxyzine pamoate 100 mg capsule	1	
hydroxyzine pamoate 25 mg capsule	1	
hydroxyzine pamoate 50 mg capsule	1	
hyoscyamine 0.125 mg disintegrating tablet	1	
hyoscyamine 0.125 mg sublingual tablet	1	
hyoscyamine 0.125 mg/5 ml oral elixir	1	
hyoscyamine 0.125 mg/ml oral drops	1	
hyoscyamine er 0.375 mg tablet,extended release,12 hr	1	
hyoscyamine sulfate 0.125 mg tablet	1	
ibandronate 150 mg tablet	1	QL(1 per 28 days)
ibu 400 mg tablet	1	
ibu 600 mg tablet	1	
ibu 800 mg tablet	1	
ibu-200 200 mg tablet	1	
ibuprofen 100 mg/5 ml oral suspension	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ibuprofen 200 mg tablet	1	
ibuprofen 400 mg tablet	1	
ibuprofen 600 mg tablet	1	
ibuprofen 800 mg tablet	1	
ibuprofen ib 200 mg tablet	1	
iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	QL(91 per 90 days)
IHEALTH COVID-19 ANTIGEN RAPID HOME TEST KIT	1	
imipramine 10 mg tablet	1	
imipramine 25 mg tablet	1	
imipramine 50 mg tablet	1	
imiquimod 5 % topical cream packet	1	QL(12 per 30 days)
IMITREX 20 MG/ACTUATION NASAL SPRAY	1	QL(12 per 30 days)
IMITREX 5 MG/ACTUATION NASAL SPRAY	1	QL(12 per 30 days)
incassia 0.35 mg tablet	1	
INCONTROL ALCOHOL PADS	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
INCONTROL PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
INCONTROL PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
INCONTROL PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
INCONTROL PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)
indapamide 1.25 mg tablet ^{EDS}	1	
indapamide 2.5 mg tablet ^{EDS}	1	
indomethacin 25 mg capsule	1	
indomethacin 50 mg capsule	1	
infant pain reliever 160 mg/5 ml oral suspension	1	
infant's acetaminophen 160 mg/5 ml oral suspension	1	
infant's ibuprofen 50 mg/1.25 ml oral drops,suspension	1	
infants gas relief 40 mg/0.6 ml oral drops,suspension	1	
infants' pain and fever 160 mg/5 ml oral suspension	1	
infants' pain relief 160 mg/5 ml oral suspension	1	
INGREZZA 40 MG CAPSULE	1	QL(30 per 30 days)
INGREZZA 60 MG CAPSULE	1	QL(30 per 30 days)
INGREZZA 80 MG CAPSULE	1	QL(30 per 30 days)
INGREZZA INITIATION (TARDIVE) 40 MG (7)-80 MG (21) CAPSULES, DOSE PACK	1	QL(28 per 28 days)
insect repellent (deet) 15 % topical spray	1	
INSECT REPELLENT (PICARIDIN) 20 % TOPICAL SPRAY WITH PUMP	1	
INSULIN ASPAR PROT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS PEN	1	
INSULIN ASPAR PRT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS SOLN	1	
INSULIN ASPART (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1	
INSULIN ASPART U-100 100 UNIT/ML SUBCUTANEOUS CARTRIDGE	1	
INSULIN ASPART U-100 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN	1	
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS PEN	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
INSULIN LISPRO PROTAMINE-LISPRO 100 UNIT/ML (75-25) SUBCUTANEOUS PEN	1	
INSUPEN PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
INSUPEN PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
INSUPEN PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
INSUPEN PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
INTEGRA SYRINGE 3 ML 21 GAUGE X 1"	1	
INTELISWAB COVID-19 RAPID HOME TEST KIT	1	
INTERLINK SYRINGE AND CANNULA 15 X 10 ML	1	
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE	1	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE	1	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	1	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE	1	QL(1 per 28 days)
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	1	QL(1.5 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE	1	QL(1.5 per 28 days)
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	1	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE	1	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE	1	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	1	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE	1	QL(2.63 per 90 days)
INVOKAMET 150 MG-1,000 MG TABLET	1	PA,QL(60 per 30 days)
INVOKAMET 150 MG-500 MG TABLET	1	PA,QL(60 per 30 days)
INVOKAMET 50 MG-1,000 MG TABLET	1	PA,QL(60 per 30 days)
INVOKAMET 50 MG-500 MG TABLET	1	PA,QL(60 per 30 days)
INVOKANA 100 MG TABLET	1	PA,QL(30 per 30 days)
INVOKANA 300 MG TABLET	1	PA,QL(30 per 30 days)
ipratropium bromide 21 mcg (0.03 %) nasal spray	1	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) nasal spray	1	QL(45 per 30 days)
irbesartan 150 mg tablet ^{EDS}	1	QL(30 per 30 days)
irbesartan 150 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(60 per 30 days)
irbesartan 300 mg tablet ^{EDS}	1	QL(30 per 30 days)
irbesartan 300 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)
irbesartan 75 mg tablet ^{EDS}	1	QL(30 per 30 days)
iron 325 mg (65 mg iron) tablet	1	
iron er 159 mg (45 mg iron) tablet,extended release	1	
ISENTRESS 100 MG CHEWABLE TABLET	1	QL(180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET	1	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET	1	QL(180 per 30 days)
ISENTRESS 400 MG TABLET	1	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET	1	QL(60 per 30 days)
isibloom 0.15 mg-0.03 mg tablet	1	
isoniazid 100 mg tablet	1	
isoniazid 300 mg tablet	1	
isoniazid 50 mg/5 ml oral solution	1	
isosorbide 20 mg-hydralazine 37.5 mg tablet	1	QL(180 per 30 days)
isosorbide dinitrate 10 mg tablet	1	
isosorbide dinitrate 20 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
isosorbide dinitrate 30 mg tablet	1	
isosorbide dinitrate 40 mg tablet	1	
isosorbide dinitrate 5 mg tablet	1	
isosorbide mononitrate 10 mg tablet ^{EDS}	1	
isosorbide mononitrate 20 mg tablet ^{EDS}	1	
isosorbide mononitrate er 120 mg tablet,extended release 24 hr ^{EDS}	1	
isosorbide mononitrate er 30 mg tablet,extended release 24 hr ^{EDS}	1	
isosorbide mononitrate er 60 mg tablet,extended release 24 hr ^{EDS}	1	
isotretinoin 10 mg capsule	1	QL(60 per 30 days)
isotretinoin 20 mg capsule	1	QL(60 per 30 days)
isotretinoin 30 mg capsule	1	QL(60 per 30 days)
isotretinoin 40 mg capsule	1	QL(120 per 30 days)
isradipine 2.5 mg capsule	1	
isradipine 5 mg capsule	1	
ivermectin 3 mg tablet	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)
JANSSEN COVID-19 VACCINE (PF) 0.5 ML INTRAMUSCULAR SUSPENSION (EUA)	1	
jantoven 1 mg tablet	1	
jantoven 10 mg tablet	1	
jantoven 2 mg tablet	1	
jantoven 2.5 mg tablet	1	
jantoven 3 mg tablet	1	
jantoven 4 mg tablet	1	
jantoven 5 mg tablet	1	
jantoven 6 mg tablet	1	
jantoven 7.5 mg tablet	1	
JANUMET 50 MG-1,000 MG TABLET	1	PA,QL(60 per 30 days)
JANUMET 50 MG-500 MG TABLET	1	PA,QL(60 per 30 days)
JANUVIA 100 MG TABLET	1	PA,QL(30 per 30 days)
JANUVIA 25 MG TABLET	1	PA,QL(30 per 30 days)
JANUVIA 50 MG TABLET	1	PA,QL(30 per 30 days)
JARDIANCE 10 MG TABLET	1	PA,QL(30 per 30 days)
JARDIANCE 25 MG TABLET	1	PA,QL(30 per 30 days)
jasmiel (28) 3 mg-0.02 mg tablet	1	
jencycla 0.35 mg tablet	1	
JENTADUETO 2.5 MG-1,000 MG TABLET	1	PA,QL(60 per 30 days)
JENTADUETO 2.5 MG-500 MG TABLET	1	PA,QL(60 per 30 days)
JENTADUETO 2.5 MG-850 MG TABLET	1	PA,QL(60 per 30 days)
jinteli 1 mg-5 mcg tablet	1	
jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	QL(91 per 90 days)
juleber 0.15 mg-0.03 mg tablet	1	
JULUCA 50 MG-25 MG TABLET	1	QL(30 per 30 days)
junel 1.5/30 (21) 1.5 mg-30 mcg tablet	1	
junel 1/20 (21) 1 mg-20 mcg tablet	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet	1	
k-pec antidiarrheal (bism sub) 262 mg/15 ml oral suspension	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet	1	
kalliga 0.15 mg-0.03 mg tablet	1	
kaopectate (bismuth subsalicylate) 262 mg/15 ml oral suspension	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet	1	
kelnor 1/50 (28) 1 mg-50 mcg tablet	1	
ketoconazole 2 % shampoo	1	
ketoconazole 2 % topical cream	1	
KETONE URINE TEST STRIPS	1	
ketorolac 0.4 % eye drops	1	QL(10 per 30 days)
ketorolac 0.5 % eye drops	1	QL(10 per 30 days)
ketorolac 10 mg tablet	1	QL(20 per 30 days)
ketotifen 0.025 % (0.035 %) eye drops	1	
KIMONO MICROTHIN AQUA LUBE CONDOM	1	
KIMONO MICROTHIN CONDOMS	1	
KIMONO MICROTHIN LARGE CONDOMS	1	
KIMONO TEXTURED CONDOMS	1	
klayesta 100,000 unit/gram topical powder	1	
klor-con m10 meq tablet,extended release	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE	1	
klor-con m20 meq tablet,extended release	1	
klor-con/ef 25 meq effervescent tablet	1	
kurvelo (28) 0.15 mg-0.03 mg tablet	1	
l norgest/e estradiol-e estrad 0.1 mg-20 mcg (84)/10 mcg (7) tabs,3mos	1	QL(91 per 90 days)
l norgest/e estradiol-e estrad 0.15 mg-30 mcg (84)/10 mcg(7) tabs,3mos	1	QL(91 per 90 days)
l norgest/ee 0.15-0.02mg/0.15-0.025mg/0.15-0.03mg/ee 0.01 mg tabs,3mo	1	QL(91 per 90 days)
l-methylfolate 15 mg tablet	1	
l-methylfolate 7.5 mg tablet	1	
l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet	1	
labetalol 100 mg tablet	1	
labetalol 200 mg tablet	1	
labetalol 300 mg tablet	1	
lactulose 10 gram/15 ml (15 ml) oral solution	1	
lactulose 10 gram/15 ml oral solution	1	
lactulose 20 gram/30 ml oral solution	1	
LAGEVRIO 200 MG CAPSULE (EUA)	1	QL(40 per 5 days)
lamivudine 10 mg/ml oral solution	1	QL(960 per 30 days)
lamivudine 100 mg tablet	1	QL(90 per 30 days)
lamivudine 150 mg tablet	1	QL(60 per 30 days)
lamivudine 150 mg-zidovudine 300 mg tablet	1	QL(60 per 30 days)
lamivudine 300 mg tablet	1	QL(30 per 30 days)
lamotrigine 100 mg disintegrating tablet	1	
lamotrigine 100 mg tablet ^{EDS}	1	
lamotrigine 150 mg tablet ^{EDS}	1	
lamotrigine 200 mg disintegrating tablet	1	
lamotrigine 200 mg tablet ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine 25 mg chewable dispersible tablet	1	QL(120 per 30 days)
lamotrigine 25 mg disintegrating tablet	1	
lamotrigine 25 mg tablet ^{EDS}	1	
lamotrigine 5 mg chewable dispersible tablet	1	QL(150 per 30 days)
lamotrigine 50 mg disintegrating tablet	1	
lamotrigine er 100 mg tablet,extended release 24 hr	1	
lamotrigine er 200 mg tablet,extended release 24 hr	1	
lamotrigine er 25 mg tablet,extended release 24 hr	1	
lamotrigine er 250 mg tablet,extended release 24 hr	1	
lamotrigine er 300 mg tablet,extended release 24 hr	1	
lamotrigine er 50 mg tablet,extended release 24 hr	1	
LAMPIT 120 MG TABLET	1	
LAMPIT 30 MG TABLET	1	
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet	1	
larin 1/20 (21) 1 mg-20 mcg tablet	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
latanoprost 0.005 % eye drops	1	QL(5 per 25 days)
laxative (bisacodyl) 5 mg tablet	1	
laxative (bisacodyl) 5 mg tablet,delayed release	1	
laxative peg 3350 17 gram/dose oral powder	1	QL(1054 per 30 days)
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet	1	
leflunomide 10 mg tablet	1	QL(30 per 30 days)
leflunomide 20 mg tablet	1	QL(30 per 30 days)
lessina 0.1 mg-20 mcg tablet	1	
letrozole 2.5 mg tablet	1	QL(30 per 30 days)
leucovorin calcium 10 mg tablet	1	
leucovorin calcium 15 mg tablet	1	
leucovorin calcium 25 mg tablet	1	
leucovorin calcium 5 mg tablet	1	
LEUKERAN 2 MG TABLET	1	QL(480 per 30 days)
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN	1	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
levetiracetam 1,000 mg tablet	1	
levetiracetam 100 mg/ml oral solution ^{EDS}	1	QL(900 per 30 days)
levetiracetam 250 mg tablet ^{EDS}	1	
levetiracetam 500 mg tablet ^{EDS}	1	
levetiracetam 500 mg/5 ml (5 ml) oral solution	1	QL(900 per 30 days)
levetiracetam 750 mg tablet ^{EDS}	1	
levetiracetam er 500 mg tablet,extended release 24 hr	1	
levetiracetam er 750 mg tablet,extended release 24 hr	1	
levobunolol 0.5 % eye drops	1	QL(5 per 25 days)
levocarnitine (with sugar) 100 mg/ml oral solution	1	
levocarnitine 330 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
levocetirizine 5 mg tablet	1	QL(30 per 30 days)
levofloxacin 250 mg tablet	1	
levofloxacin 500 mg tablet	1	
levofloxacin 750 mg tablet	1	
levomefolate calcium 15 mg tablet	1	
levomefolate calcium 7.5 mg tablet	1	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet	1	
levonorgestrel 0.1 mg-ethinyl estradiol 0.02 mg (21)/iron (7) tablet	1	
levonorgestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	1	
levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91)	1	QL(91 per 90 days)
levonorgestrel 1.5 mg tablet	1	
levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet	1	
levonorgestrel-ethinyl estradiol 90 mcg-20 mcg (28) tablet	1	
levora-28 0.15 mg-0.03 mg tablet	1	
levothyroxine 100 mcg tablet ^{EDS}	1	
levothyroxine 112 mcg tablet ^{EDS}	1	
levothyroxine 125 mcg tablet ^{EDS}	1	
levothyroxine 137 mcg tablet ^{EDS}	1	
levothyroxine 150 mcg tablet ^{EDS}	1	
levothyroxine 175 mcg tablet ^{EDS}	1	
levothyroxine 200 mcg tablet ^{EDS}	1	
levothyroxine 25 mcg tablet ^{EDS}	1	
levothyroxine 300 mcg tablet ^{EDS}	1	
levothyroxine 50 mcg tablet ^{EDS}	1	
levothyroxine 75 mcg tablet ^{EDS}	1	
levothyroxine 88 mcg tablet ^{EDS}	1	
LEXIVA 50 MG/ML ORAL SUSPENSION	1	QL(1575 per 28 days)
lice killing (permethrin) 1 % topical liquid	1	
lice treatment (permethrin) 1 % topical liquid	1	
lice treatment 1 % topical liquid	1	
lidocaine 2 % mucosal jelly in applicator	1	
lidocaine 4 % topical cream	1	
lidocaine hcl 2 % mucosal solution	1	
lidocaine viscous 2 % mucosal solution	1	
lidocaine-prilocaine 2.5 %-2.5 % topical cream	1	
LIFEMS NALOXONE 2 MG/2 ML SYRINGE KIT	1	
linezolid 100 mg/5 ml oral suspension	1	QL(1800 per 30 days)
linezolid 600 mg tablet	1	QL(30 per 30 days)
lintera 10 % topical cleanser	1	
LINZESS 145 MCG CAPSULE	1	QL(30 per 30 days)
LINZESS 290 MCG CAPSULE	1	QL(30 per 30 days)
LINZESS 72 MCG CAPSULE	1	QL(30 per 30 days)
liothyronine 25 mcg tablet	1	
liothyronine 5 mcg tablet	1	
liothyronine 50 mcg tablet	1	
lisinopril 10 mg tablet ^{EDS}	1	
lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
lisinopril 2.5 mg tablet ^{EDS}	1	
lisinopril 20 mg tablet ^{EDS}	1	
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	
lisinopril 20 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	
lisinopril 30 mg tablet ^{EDS}	1	
lisinopril 40 mg tablet ^{EDS}	1	
lisinopril 5 mg tablet ^{EDS}	1	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2" ^{EDS}	1	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4" ^{EDS}	1	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16" ^{EDS}	1	
LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16" ^{EDS}	1	
LITE TOUCH-MEDIUM MASK	1	
LITEAIRE MDI CHAMBER	1	
LITETOUCH-LARGE MASK	1	
LITETOUCH-SMALL MASK	1	
lithium carbonate 150 mg capsule ^{EDS}	1	
lithium carbonate 300 mg capsule ^{EDS}	1	
lithium carbonate 300 mg tablet ^{EDS}	1	
lithium carbonate 600 mg capsule ^{EDS}	1	
lithium carbonate er 300 mg tablet,extended release ^{EDS}	1	
lithium carbonate er 450 mg tablet,extended release ^{EDS}	1	
lithium citrate 8 meq/5 ml oral solution	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET	1	
lo-zumandimine (28) 3 mg-0.02 mg tablet	1	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	1	QL(91 per 90 days)
loperamide 2 mg capsule	1	
lopinavir-ritonavir 100 mg-25 mg tablet	1	QL(300 per 30 days)
lopinavir-ritonavir 200 mg-50 mg tablet	1	QL(150 per 30 days)
lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution	1	
loratadine 10 mg disintegrating tablet	1	
loratadine 10 mg tablet	1	
lorazepam 0.5 mg tablet	1	QL(90 per 30 days)
lorazepam 1 mg tablet	1	QL(90 per 30 days)
lorazepam 2 mg tablet	1	QL(150 per 30 days)
lorazepam 2 mg/ml oral concentrate	1	QL(150 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate	1	QL(150 per 30 days)
loryna (28) 3 mg-0.02 mg tablet	1	
losartan 100 mg tablet ^{EDS}	1	QL(60 per 30 days)
losartan 100 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(60 per 30 days)
losartan 100 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(60 per 30 days)
losartan 25 mg tablet ^{EDS}	1	QL(60 per 30 days)
losartan 50 mg tablet ^{EDS}	1	QL(60 per 30 days)
losartan 50 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(60 per 30 days)
lovastatin 10 mg tablet ^{EDS}	1	
lovastatin 20 mg tablet ^{EDS}	1	
lovastatin 40 mg tablet ^{EDS}	1	
low-ogestrel (28) 0.3 mg-30 mcg tablet	1	
loxapine succinate 10 mg capsule	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
loxapine succinate 25 mg capsule	1	
loxapine succinate 5 mg capsule	1	
loxapine succinate 50 mg capsule	1	
lubricant eye (pg-peg 400) (pf) 0.4 %-0.3 % drops in a dropperette	1	
lubricant eye (pg-peg 400) 0.4 %-0.3 % drops	1	
lubricant eye drops 0.5 %	1	
lubricant eye drops 0.5 % drops in a dropperette	1	
lubricating plus 0.5 % eye drops in a dropperette	1	
LUCIRA CHECK-IT COVID-19 HOME TEST KIT	1	
LUCIRA COVID-19 AND FLU TEST KIT	1	
LUMIGAN 0.01 % EYE DROPS	1	QL(2.5 per 25 days)
lurasidone 120 mg tablet	1	QL(30 per 30 days)
lurasidone 20 mg tablet	1	QL(30 per 30 days)
lurasidone 40 mg tablet	1	QL(30 per 30 days)
lurasidone 60 mg tablet	1	QL(30 per 30 days)
lurasidone 80 mg tablet	1	QL(60 per 30 days)
lutera (28) 0.1 mg-20 mcg tablet	1	
lyleq 0.35 mg tablet	1	
lyllana 0.025 mg/24 hr transdermal patch	1	QL(8 per 28 days)
lyllana 0.0375 mg/24 hr transdermal patch	1	QL(8 per 28 days)
lyllana 0.05 mg/24 hr transdermal patch	1	QL(8 per 28 days)
lyllana 0.075 mg/24 hr transdermal patch	1	QL(8 per 28 days)
lyllana 0.1 mg/24 hr transdermal patch	1	QL(8 per 28 days)
LYSODREN 500 MG TABLET	1	
lyza 0.35 mg tablet	1	
m-dryl 12.5 mg/5 ml oral liquid	1	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION	1	
m-natal plus 27 mg iron-1 mg tablet	1	
m-pap 160 mg/5 ml oral liquid	1	
MAG-AL PLUS 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION	1	
mag-al plus extra strength 400 mg-400 mg-40 mg/5 ml oral suspension	1	
MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1"	1	
MAGELLAN SYRINGE 1 ML 27 GAUGE X 1/2"	1	
MAGELLAN TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"	1	
magnesium citrate oral solution	1	
magnesium hydroxide 400 mg/5 ml oral suspension	1	
mapap (acetaminophen) 500 mg capsule	1	
maraviroc 150 mg tablet	1	QL(240 per 30 days)
maraviroc 300 mg tablet	1	QL(120 per 30 days)
marlissa (28) 0.15 mg-0.03 mg tablet	1	
MATULANE 50 MG CAPSULE	1	
MAVYRET 100 MG-40 MG TABLET	1	PA,QL(84 per 28 days)
MAVYRET 50 MG-20 MG ORAL PELLETS IN PACKET	1	PA,QL(150 per 30 days)
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16" ^{EDS}	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16" ^{EDS}	1	
medroxyprogesterone 10 mg tablet	1	
medroxyprogesterone 150 mg/ml intramuscular suspension	1	QL(1 per 90 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
medroxyprogesterone 150 mg/ml intramuscular syringe	1	QL(1 per 90 days)
medroxyprogesterone 2.5 mg tablet	1	
medroxyprogesterone 5 mg tablet	1	
mefloquine 250 mg tablet	1	
megestrol 20 mg tablet	1	
megestrol 40 mg tablet	1	
megestrol 400 mg/10 ml (10 ml) oral suspension	1	
megestrol 400 mg/10 ml (40 mg/ml) oral suspension	1	
meloxicam 15 mg tablet	1	QL(30 per 30 days)
meloxicam 7.5 mg tablet	1	QL(60 per 30 days)
melphalan 2 mg tablet	1	QL(80 per 30 days)
memantine 10 mg tablet ^{EDS}	1	QL(60 per 30 days)
memantine 2 mg/ml oral solution	1	QL(360 per 30 days)
memantine 5 mg tablet ^{EDS}	1	QL(60 per 30 days)
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1	
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT (2 VIALS)	1	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM SOLUTION (1 VIAL)	1	
meperidine 50 mg tablet	1	QL(480 per 30 days)
meperidine 50 mg/5 ml oral solution	1	QL(720 per 30 days)
mercaptopurine 50 mg tablet	1	QL(480 per 30 days)
mesalamine 1,000 mg rectal suppository	1	QL(30 per 30 days)
mesalamine 4 gram/60 ml enema	1	QL(1800 per 30 days)
MESNEX 400 MG TABLET	1	
metformin 1,000 mg tablet ^{EDS}	1	
metformin 500 mg tablet ^{EDS}	1	
metformin 850 mg tablet ^{EDS}	1	
metformin er 500 mg tablet,extended release 24 hr ^{EDS}	1	QL(120 per 30 days)
metformin er 750 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
methadone 10 mg tablet	1	QL(240 per 30 days)
methadone 10 mg/5 ml oral solution	1	QL(1800 per 30 days)
methadone 10 mg/ml oral concentrate	1	QL(360 per 30 days)
methadone 5 mg tablet	1	QL(480 per 30 days)
methadone 5 mg/5 ml oral solution	1	QL(3600 per 30 days)
methadone intensol 10 mg/ml oral concentrate	1	QL(360 per 30 days)
methazolamide 25 mg tablet	1	
methazolamide 50 mg tablet	1	
methimazole 10 mg tablet ^{EDS}	1	
methimazole 5 mg tablet ^{EDS}	1	
methocarbamol 500 mg tablet	1	
methocarbamol 750 mg tablet	1	
methotrexate sodium (pf) 1 gram solution for injection	1	
methotrexate sodium (pf) 25 mg/ml injection solution	1	
methotrexate sodium 2.5 mg tablet	1	
methotrexate sodium 25 mg/ml injection solution	1	
methyl dopa 250 mg tablet ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
methyldopa 500 mg tablet ^{EDS}	1	
methylergonovine 0.2 mg tablet	1	
methylphenidate 10 mg tablet	1	QL(90 per 30 days)
methylphenidate 10 mg/5 ml oral solution	1	QL(900 per 30 days)
methylphenidate 20 mg tablet	1	QL(90 per 30 days)
methylphenidate 5 mg tablet	1	QL(90 per 30 days)
methylphenidate 5 mg/5 ml oral solution	1	QL(1800 per 30 days)
methylphenidate cd 10 mg biphasic 30-70 capsule,extended release	1	QL(30 per 30 days)
methylphenidate cd 20 mg biphasic 30-70 capsule,extended release	1	QL(60 per 30 days)
methylphenidate cd 30 mg biphasic 30-70 capsule,extended release	1	QL(60 per 30 days)
methylphenidate cd 40 mg biphasic 30-70 capsule,extended release	1	QL(30 per 30 days)
methylphenidate cd 50 mg biphasic 30-70 capsule,extended release	1	QL(30 per 30 days)
methylphenidate cd 60 mg biphasic 30-70 capsule,extended release	1	QL(30 per 30 days)
methylphenidate er 10 mg tablet,extended release	1	QL(180 per 30 days)
methylphenidate er 20 mg tablet,extended release	1	QL(90 per 30 days)
methylphenidate la 10 mg biphasic 50-50 capsule,extended release	1	QL(30 per 30 days)
methylphenidate la 20 mg biphasic 50-50 capsule,extended release	1	QL(30 per 30 days)
methylphenidate la 30 mg biphasic 50-50 capsule,extended release	1	QL(60 per 30 days)
methylphenidate la 40 mg biphasic 50-50 capsule,extended release	1	QL(30 per 30 days)
methylphenidate la 60 mg biphasic 50-50 capsule,extended release	1	QL(30 per 30 days)
methylprednisolone 16 mg tablet	1	
methylprednisolone 32 mg tablet	1	
methylprednisolone 4 mg tablet	1	
methylprednisolone 4 mg tablets in a dose pack	1	
methylprednisolone 8 mg tablet	1	
metoclopramide 10 mg tablet	1	
metoclopramide 5 mg tablet	1	
metoclopramide 5 mg/5 ml oral solution	1	
metolazone 10 mg tablet	1	
metolazone 2.5 mg tablet	1	
metolazone 5 mg tablet	1	
metoprolol succinate er 100 mg tablet,extended release 24 hr ^{EDS}	1	
metoprolol succinate er 200 mg tablet,extended release 24 hr ^{EDS}	1	
metoprolol succinate er 25 mg tablet,extended release 24 hr ^{EDS}	1	
metoprolol succinate er 50 mg tablet,extended release 24 hr ^{EDS}	1	
metoprolol tartrate 100 mg tablet ^{EDS}	1	
metoprolol tartrate 25 mg tablet ^{EDS}	1	
metoprolol tartrate 37.5 mg tablet ^{EDS}	1	
metoprolol tartrate 50 mg tablet ^{EDS}	1	
metoprolol tartrate 75 mg tablet ^{EDS}	1	
metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel	1	
metronidazole 0.75 % lotion	1	
metronidazole 0.75 % topical cream	1	
metronidazole 0.75 % topical gel	1	
metronidazole 1 % topical gel	1	
metronidazole 250 mg tablet	1	
metronidazole 375 mg capsule	1	
metronidazole 500 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
mexiletine 150 mg capsule	1	
mexiletine 200 mg capsule	1	
mexiletine 250 mg capsule	1	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1	
miconazole nitrate 2 % vaginal cream	1	
miconazole-3 200 mg-2 % (9 gram) vaginal kit	1	
miconazole-3 200 mg vaginal suppository	1	
miconazole-3 4 % (200 mg)-2 % (9 gram) vaginal pack,prefil appl, cream	1	
miconazole-7 100 mg vaginal suppository	1	
miconazole-7 2 % vaginal cream	1	
MICROCHAMBER SPACER	1	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
MICRODOT INSULIN PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
MICRODOT INSULIN PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1	
MICRODOT READYGARD PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
MICROSPACER	1	
midodrine 10 mg tablet	1	
midodrine 2.5 mg tablet	1	
midodrine 5 mg tablet	1	
mili 0.25 mg-35 mcg tablet	1	
milk of magnesia 400 mg/5 ml oral suspension	1	
mimvey 1 mg-0.5 mg tablet	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE ^{EDS}	1	
MINI WRIGHT PEAK FLOW METER	1	
MINIMED SYRINGE RESERVOIR 1.8 ML	1	
MINIMED SYRINGE RESERVOIR 3 ML	1	
minocycline 100 mg capsule	1	
minocycline 100 mg tablet	1	
minocycline 50 mg capsule	1	
minocycline 50 mg tablet	1	
minocycline 75 mg capsule	1	
minocycline 75 mg tablet	1	
minoxidil 10 mg tablet	1	
minoxidil 2.5 mg tablet ^{EDS}	1	
mintox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension	1	
mirtazapine 15 mg disintegrating tablet	1	QL(30 per 30 days)
mirtazapine 15 mg tablet ^{EDS}	1	QL(30 per 30 days)
mirtazapine 30 mg disintegrating tablet	1	QL(30 per 30 days)
mirtazapine 30 mg tablet ^{EDS}	1	QL(30 per 30 days)
mirtazapine 45 mg disintegrating tablet	1	QL(30 per 30 days)
mirtazapine 45 mg tablet ^{EDS}	1	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
mirtazapine 7.5 mg tablet ^{EDS}	1	QL(30 per 30 days)
misoprostol 100 mcg tablet	1	
misoprostol 200 mcg tablet	1	
MODERNA COVID 2023-24(6MO-11YR)(PF) 25 MCG/0.25 ML IM SUSPENSION (EUA)	1	
MODERNA COVID 2024-25(6M-11Y)(PF)(EUA) 25 MCG/0.25 ML IM SYRINGE	1	
MODERNA COVID-19 (12 YR UP) VACCINE (PF) 100 MCG/0.5 ML IM SUSP (EUA)	1	
MODERNA COVID-19 BIVALENT(6MO UP)(PF) 50 MCG/0.5 ML IM SUSP(EUA)(BLUE)	1	
MODERNA COVID-19 BIVALENT(6MO-5Y)(PF) 10 MCG/0.2 ML IM SUSP(EUA)(PINK)	1	
MODERNA COVID-19 VACC (6-11YR PRIMARY)(PF) 50 MCG/0.5 ML IM SUSP (EUA)	1	
MODERNA COVID-19 VACCINE(6MO-5YR)(PF) 25 MCG/0.25 ML IM SUSP (EUA)	1	
mometasone 0.1 % topical cream	1	
mometasone 0.1 % topical ointment	1	
mometasone 0.1 % topical solution	1	
mometasone 50 mcg/actuation nasal spray	1	
mometasone 50 mcg/actuation nasal spray	1	QL(34 per 30 days)
mono-lynhah 0.25 mg-35 mcg tablet	1	
MONOJECT BLOOD COLLECTION 20 GAUGE X 1" NEEDLE ^{EDS}	1	
MONOJECT BLOOD COLLECTION 20 X 1 1/2" NEEDLE ^{EDS}	1	
MONOJECT BLOOD COLLECTION 21 GAUGE X 1" NEEDLE ^{EDS}	1	
MONOJECT BLOOD COLLECTION 22 GAUGE X 1" NEEDLE ^{EDS}	1	
MONOJECT CONTROL SYRINGE LUER LOCK 12 ML	1	
MONOJECT ENFIT STERILE SYRINGE 1 ML	1	
MONOJECT ENFIT STERILE SYRINGE 3 ML	1	
MONOJECT ENFIT STERILE SYRINGE 35 ML	1	
MONOJECT ENFIT STERILE SYRINGE 6 ML	1	
MONOJECT ENFIT STERILE SYRINGE 60 ML	1	
MONOJECT ENFIT SYRINGE 12 ML	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2" ^{EDS}	1	
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1" ^{EDS}	1	
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1" ^{EDS}	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/2" ^{EDS}	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1" ^{EDS}	1	
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8" ^{EDS}	1	
MONOJECT HYPODERMIC NEEDLES 26 GAUGE X 1 1/2" ^{EDS}	1	
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2" ^{EDS}	1	
MONOJECT HYPODERMIC NEEDLES 30 GAUGE X 3/4" ^{EDS}	1	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 1"	1	
MONOJECT MAGELLAN SYRINGE 1 ML 25 GAUGE X 5/8"	1	
MONOJECT MAGELLAN SYRINGE 3 ML 20 GAUGE X 1"	1	
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE	1	
MONOJECT SAFETY SYRINGES	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT SAFETY SYRINGES 12 ML 21 X 1 1/2"	1	
MONOJECT SAFETY SYRINGES 3 ML 21 GAUGE X 1"	1	
MONOJECT SAFETY SYRINGES 3 ML 22 GAUGE X 1 1/2"	1	
MONOJECT SAFETY SYRINGES 6 ML	1	
MONOJECT SYRINGE 3 ML	1	
MONOJECT SYRINGE 6 ML	1	
MONOJECT SYRINGE 6 ML 20 X 1 1/2"	1	
MONOJECT SYRINGE 6 ML 21 X 1 1/2"	1	
MONOJECT SYRINGE 6 ML 21 X 1"	1	
MONOJECT SYRINGE 6 ML 22 X 1 1/2"	1	
MONOJECT TB LUER LOK 1 ML SYRINGE	1	
MONOJECT TUBERCULIN SYRINGE 1 ML	1	
montelukast 10 mg tablet	1	QL(30 per 30 days)
montelukast 4 mg chewable tablet	1	QL(30 per 30 days)
montelukast 4 mg oral granules in packet	1	QL(30 per 30 days)
montelukast 5 mg chewable tablet	1	QL(30 per 30 days)
morgidox 100 mg capsule	1	QL(90 per 30 days)
morgidox 50 mg capsule	1	
morphine 10 mg rectal suppository	1	QL(180 per 30 days)
morphine 10 mg/5 ml oral solution	1	QL(2700 per 30 days)
morphine 15 mg immediate release tablet	1	QL(180 per 30 days)
morphine 20 mg rectal suppository	1	QL(180 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) oral solution	1	QL(1350 per 30 days)
morphine 30 mg immediate release tablet	1	QL(180 per 30 days)
morphine 30 mg rectal suppository	1	QL(180 per 30 days)
morphine 5 mg rectal suppository	1	QL(180 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) oral solution	1	QL(540 per 30 days)
morphine er 100 mg tablet,extended release	1	QL(180 per 30 days)
morphine er 15 mg tablet,extended release	1	QL(120 per 30 days)
morphine er 200 mg tablet,extended release	1	QL(90 per 30 days)
morphine er 30 mg tablet,extended release	1	QL(120 per 30 days)
morphine er 60 mg tablet,extended release	1	QL(120 per 30 days)
MOUTHPIECE DEVICE	1	
MOVANTIK 12.5 MG TABLET	1	QL(30 per 30 days)
MOVANTIK 25 MG TABLET	1	QL(30 per 30 days)
MRESVIA (PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
MUCINEX 600 MG TABLET, EXTENDED RELEASE	1	
mucinex fast-max chest congestion 100 mg/5 ml oral liquid	1	
mucinex fast-max dm max 5 mg-100 mg/5 ml oral liquid	1	
mucosa 400 mg tablet	1	
mucosa dm 20 mg-400 mg tablet	1	
mucus dm 30 mg-600 mg tablet,extended release	1	
mucus dm max er 60 mg-1,200 mg tablet,extended release	1	
mucus relief 400 mg tablet	1	
mucus relief cough 5 mg-100 mg/5 ml oral liquid	1	
mucus relief dm cough 20 mg-400 mg tablet	1	
mucus relief dm max 5 mg-100 mg/5 ml oral liquid	1	
mucus relief er 600 mg tablet, extended release	1	
MUCUS-CHEST CONGESTION 100 MG/5 ML ORAL LIQUID	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
multi-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops	1	
multi-vitamin with fluoride 0.25 mg/ml oral drops	1	
multi-vitamin with fluoride 0.5 mg/ml oral drops	1	
multigen 70 mg-150 mg-10 mcg-2 mg-75mg tablet	1	
multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet	1	
multigen plus 151 mg-60 mg-10 mcg-1 mg tablet	1	
mupirocin 2 % topical ointment	1	
my choice 1.5 mg tablet	1	
my way 1.5 mg tablet	1	
mycophenolate mofetil 200 mg/ml oral powder for suspension	1	
mycophenolate mofetil 250 mg capsule	1	QL(360 per 30 days)
mycophenolate mofetil 500 mg tablet	1	QL(180 per 30 days)
mycophenolate sodium 180 mg tablet,delayed release	1	
mycophenolate sodium 360 mg tablet,delayed release	1	
MYLERAN 2 MG TABLET	1	QL(150 per 30 days)
nabumetone 500 mg tablet	1	
nabumetone 750 mg tablet	1	
nadolol 20 mg tablet	1	
nadolol 40 mg tablet	1	
nadolol 80 mg tablet	1	
naloxone 0.4 mg/ml injection solution	1	
naloxone 0.4 mg/ml injection syringe	1	
naloxone 1 mg/ml injection syringe	1	
naltrexone 50 mg tablet	1	
naproxen 125 mg/5 ml oral suspension	1	
naproxen 250 mg tablet	1	
naproxen 375 mg tablet	1	
naproxen 375 mg tablet,delayed release	1	
naproxen 500 mg tablet	1	
naproxen 500 mg tablet,delayed release	1	
NARCAN 4 MG/ACTUATION NASAL SPRAY	1	QL(4 per 30 days)
nasal decongestant (phenylephrine) 10 mg tablet	1	
nasal moisturizing 0.65 % spray aerosol	1	
nateglinide 120 mg tablet	1	
nateglinide 60 mg tablet	1	
NATROBA 0.9 % TOPICAL SUSPENSION	1	QL(240 per 30 days)
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY	1	QL(10 per 30 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet	1	
nefazodone 100 mg tablet	1	
nefazodone 150 mg tablet	1	
nefazodone 200 mg tablet	1	
nefazodone 250 mg tablet	1	
nefazodone 50 mg tablet	1	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment	1	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	1	
neomycin 1.75 mg-polymyxin 10,000 unit-gramicidin 0.025mg/ml eye drops	1	
neomycin 3.5 mg-polymyxin 10,000 unit-hydrocort 10 mg/ml eye drop,susp	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
neomycin 3.5 mg/g-polymyxin b 10,000 unit/g-dexameth 0.1 % eye oint	1	
neomycin-bacitracin-poly-hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	1	
neomycin-bacitracin-polymyxn 3.5 mg-400 unit-10,000 unit/gram eye oint	1	
neomycin-polymyxin-dexameth 3.5 mg/ml-10,000 unit/ml-0.1% eye drops	1	
neomycin-polymyxin-hydrocort 3.5 mg-10,000 unit/ml-1 % ear drops,susp	1	
neomycin-polymyxin-hydrocort 3.5 mg/ml-10,000 unit/ml-1 % ear solution	1	
NEVANAC 0.1 % EYE DROPS,SUSPENSION	1	
nevirapine 200 mg tablet	1	QL(60 per 30 days)
nevirapine 50 mg/5 ml oral suspension	1	QL(1200 per 30 days)
nevirapine er 100 mg tablet,extended release 24 hr	1	QL(120 per 30 days)
nevirapine er 400 mg tablet,extended release 24 hr	1	QL(30 per 30 days)
new day 1.5 mg tablet	1	
NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 per 30 days)
NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 per 30 days)
NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 per 30 days)
NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 per 30 days)
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP	1	QL(30 per 30 days)
NEXTSTELLIS 3 MG-14.2 MG (28) TABLET	1	
NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET	1	
nicardipine 20 mg capsule	1	
nicardipine 30 mg capsule	1	
nicotine (polacrilex) 2 mg buccal lozenge	1	
nicotine (polacrilex) 2 mg buccal mini lozenge	1	
nicotine (polacrilex) 2 mg gum	1	
nicotine (polacrilex) 4 mg buccal lozenge	1	
nicotine (polacrilex) 4 mg buccal mini lozenge	1	
nicotine (polacrilex) 4 mg gum	1	
nicotine 14 mg/24 hr daily transdermal patch	1	
nicotine 21 mg/24 hr daily transdermal patch	1	
nicotine 21mg/24hr-14mg/24hr-7mg/24hr daily transderm patches,sequentl	1	
nicotine 7 mg/24 hr daily transdermal patch	1	
NICOTROL 10 MG INHALATION CARTRIDGE	1	
NICOTROL NS 10 MG/ML NASAL SPRAY	1	
nifedipine er 30 mg tablet,extended release	1	QL(60 per 30 days)
nifedipine er 30 mg tablet,extended release 24 hr	1	QL(60 per 30 days)
nifedipine er 60 mg tablet,extended release	1	QL(60 per 30 days)
nifedipine er 60 mg tablet,extended release 24 hr	1	QL(60 per 30 days)
nifedipine er 90 mg tablet,extended release	1	QL(60 per 30 days)
nifedipine er 90 mg tablet,extended release 24 hr	1	QL(60 per 30 days)
nikki (28) 3 mg-0.02 mg tablet	1	
nilutamide 150 mg tablet	1	QL(60 per 30 days)
nitisinone 10 mg capsule	1	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
nitisinone 2 mg capsule	1	QL(300 per 30 days)
nitisinone 5 mg capsule	1	QL(120 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT	1	
nitrofurantoin 25 mg/5 ml oral suspension	1	QL(2400 per 30 days)
nitrofurantoin macrocrystal 100 mg capsule	1	
nitrofurantoin macrocrystal 50 mg capsule	1	
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	1	
nitroglycerin 0.1 mg/hr transdermal 24 hour patch ^{EDS}	1	QL(30 per 30 days)
nitroglycerin 0.2 mg/hr transdermal 24 hour patch ^{EDS}	1	QL(30 per 30 days)
nitroglycerin 0.3 mg sublingual tablet	1	
nitroglycerin 0.4 mg sublingual tablet	1	
nitroglycerin 0.4 mg/hr transdermal 24 hour patch ^{EDS}	1	QL(60 per 30 days)
nitroglycerin 0.6 mg sublingual tablet	1	
nitroglycerin 0.6 mg/hr transdermal 24 hour patch	1	QL(30 per 30 days)
nora-be 0.35 mg tablet	1	
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10 per 30 days)
NORDITROPIN FLEXPRO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10 per 30 days)
NORDITROPIN FLEXPRO 30 MG/3 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10 per 30 days)
NORDITROPIN FLEXPRO 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10 per 30 days)
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch	1	QL(3 per 28 days)
norethin-ethinyl estradiol-iron 0.4 mg-35 mcg(21)/75 mg(7) chew tablet	1	
norethin-ethinyl estradiol-iron 0.8 mg-25 mcg(24)/75 mg(4) chew tablet	1	
norethindrone (contraceptive) 0.35 mg tablet	1	
norethindrone 1 mg-e. estradiol 20 mcg (24)-iron 75 mg (4) chew tablet	1	
norethindrone 1 mg-ethinyl estradiol 20 mcg (21)-iron 75 mg (7) tablet	1	
norethindrone 1.5 mg-ethinyl estradiol 30 mcg(21)/iron 75 mg(7) tablet	1	
norethindrone acetate 0.5 mg-ethinyl estradiol 2.5 mcg tablet	1	
norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet	1	
norethindrone acetate 1 mg-ethinyl estradiol 5 mcg tablet	1	
norethindrone acetate 1.5 mg-ethinyl estradiol 30 mcg tablet	1	
norethindrone acetate 5 mg tablet	1	
norethindrone-eth. estradiol-iron 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1	
norgestimate 0.18 mg/0.215 mg/0.25 mg-ethinyl estradiol 25 mcg tablet	1	
norgestimate 0.25 mg-ethinyl estradiol 35 mcg tablet	1	
norgestimate-ethinyl estradiol 0.18 mg/0.215mg/0.25mg-35 mcg(28)tablet	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
nortrel 1/35 (21) 1 mg-35 mcg tablet	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	1	
nortriptyline 10 mg capsule	1	
nortriptyline 10 mg/5 ml oral solution	1	
nortriptyline 25 mg capsule	1	
nortriptyline 50 mg capsule	1	
nortriptyline 75 mg capsule	1	
NORVIR 100 MG ORAL POWDER PACKET	1	QL(360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION	1	QL(480 per 30 days)
NOVAVAX COVID 2023-2024(PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION(EUA)	1	
NOVAVAX COVID-19 VACCINE,ADJUVANTED (PF) 5 MCG/0.5 ML IM SUSPEN (EUA)	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE ^{EDS}	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE ^{EDS}	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE ^{EDS}	1	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS	1	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG	1	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION	1	
np thyroid 120 mg tablet	1	
np thyroid 15 mg tablet	1	
np thyroid 30 mg tablet	1	
np thyroid 60 mg tablet	1	
np thyroid 90 mg tablet	1	
NU-IRON 150 MG IRON CAPSULE	1	
nyamyc 100,000 unit/gram topical powder	1	
nylia 1/35 (28) 1 mg-35 mcg tablet	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet	1	
nymyo 0.25 mg-35 mcg tablet	1	
nystatin 100,000 unit/gram topical cream	1	
nystatin 100,000 unit/gram topical ointment	1	
nystatin 100,000 unit/gram topical powder	1	
nystatin 100,000 unit/ml oral suspension	1	
nystatin 500,000 unit tablet	1	
nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream	1	
nystatin-triamcinolone 100,000 unit/gram-0.1 % topical ointment	1	
nystop 100,000 unit/gram topical powder	1	
ocella 3 mg-0.03 mg tablet	1	
ODEFSEY 200 MG-25 MG-25 MG TABLET	1	QL(30 per 30 days)
OFF ACTIVE 15 % TOPICAL SPRAY	1	
off deep woods 25 % topical pump spray	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
OFF DEEP WOODS 25 % TOPICAL SPRAY	1	
OFF DEEP WOODS DRY 25 % TOPICAL SPRAY POWDER	1	
off deep woods sportsmen 25 % topical spray pump	1	
OFF DEEP WOODS SPORTSMEN 30 % TOPICAL SPRAY	1	
OFF DEEP WOODS SPORTSMEN 98.25 % TOPICAL SPRAY PUMP	1	
OFF FAMILYCARE (WITH DEET) 15 % TOPICAL SPRAY POWDER	1	
OFF FAMILYCARE (WITH DEET) 5 % TOPICAL SPRAY	1	
off familycare (with deet) 7 % topical spray	1	
OFF FAMILYCARE (WITH PICARIDIN) 5 % TOPICAL SPRAY WITH PUMP	1	
ofloxacin 0.3 % ear drops	1	
OHC COVID-19 ANTIGEN HOME TEST KIT	1	
olanzapine 10 mg tablet ^{EDS}	1	QL(30 per 30 days)
olanzapine 15 mg tablet ^{EDS}	1	QL(60 per 30 days)
olanzapine 2.5 mg tablet ^{EDS}	1	QL(30 per 30 days)
olanzapine 20 mg tablet ^{EDS}	1	QL(60 per 30 days)
olanzapine 5 mg tablet ^{EDS}	1	QL(30 per 30 days)
olanzapine 7.5 mg tablet ^{EDS}	1	QL(30 per 30 days)
olmesartan 20 mg tablet ^{EDS}	1	QL(30 per 30 days)
olmesartan 40 mg tablet ^{EDS}	1	QL(30 per 30 days)
olmesartan 5 mg tablet ^{EDS}	1	QL(60 per 30 days)
olopatadine 0.2 % eye drops	1	
omega-3 acid ethyl esters 1 gram capsule	1	QL(120 per 30 days)
omeprazole 10 mg capsule,delayed release	1	QL(60 per 30 days)
omeprazole 20 mg capsule,delayed release	1	QL(60 per 30 days)
omeprazole 40 mg capsule,delayed release	1	QL(60 per 30 days)
OMNIFLEX DIAPHRAGM 65 MM VAGINAL	1	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	1	PA
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	PA
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	1	PA
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	PA
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	1	PA
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	PA
ondansetron 16 mg disintegrating tablet	1	QL(30 per 30 days)
ondansetron 4 mg disintegrating tablet	1	QL(90 per 30 days)
ondansetron 8 mg disintegrating tablet	1	QL(90 per 30 days)
ondansetron hcl 4 mg tablet	1	QL(90 per 30 days)
ondansetron hcl 4 mg/5 ml oral solution	1	QL(450 per 30 days)
ondansetron hcl 8 mg tablet	1	QL(90 per 30 days)
ONE WAY VALVED MOUTHPIECE DEVICE	1	
ONETOUCH DELICA PLUS LANCET 30 GAUGE	1	
ONETOUCH DELICA PLUS LANCET 33 GAUGE	1	
ONETOUCH ULTRA TEST STRIPS ^{EDS}	1	QL(150 per 30 days)
ONETOUCH ULTRA2 METER	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX METER	1	
ONETOUCH VERIO TEST STRIPS ^{EDS}	1	QL(150 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
opcicon one-step 1.5 mg tablet	1	
OPILL 0.075 MG TABLET	1	
OPTICHAMBER ADULT MASK-LARGE	1	
OPTICHAMBER DIAMOND VHC SPACER	1	
OPTICHAMBER DIAMOND VHC WITH LARGE MASK	1	
OPTICHAMBER DIAMOND VHC WITH MEDIUM MASK	1	
OPTICHAMBER DIAMOND VHC WITH SMALL MASK	1	
option-2 1.5 mg tablet	1	
oralone 0.1 % dental paste	1	
oralyte oral solution	1	
orphenadrine citrate er 100 mg tablet,extended release	1	
os-cal 500 + d3 500 mg-5 mcg (200 unit) tablet	1	
oscimin 0.125 mg tablet	1	
oscimin sl 0.125 mg sublingual tablet	1	
oseltamivir 30 mg capsule	1	QL(224 per 365 days)
oseltamivir 45 mg capsule	1	QL(112 per 365 days)
oseltamivir 6 mg/ml oral suspension	1	QL(1440 per 365 days)
oseltamivir 75 mg capsule	1	QL(112 per 365 days)
oxcarbazepine 150 mg tablet	1	
oxcarbazepine 300 mg tablet	1	
oxcarbazepine 600 mg tablet	1	
oxybutynin chloride 2.5 mg tablet ^{EDS}	1	QL(90 per 30 days)
oxybutynin chloride 5 mg tablet ^{EDS}	1	
oxybutynin chloride 5 mg/5 ml oral syrup	1	
oxybutynin chloride er 10 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
oxybutynin chloride er 15 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
oxybutynin chloride er 5 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
oxycodone 10 mg tablet	1	QL(360 per 30 days)
oxycodone 15 mg tablet	1	QL(360 per 30 days)
oxycodone 20 mg tablet	1	QL(360 per 30 days)
oxycodone 20 mg/ml oral concentrate	1	QL(270 per 30 days)
oxycodone 30 mg tablet	1	QL(360 per 30 days)
oxycodone 5 mg capsule	1	QL(360 per 30 days)
oxycodone 5 mg tablet	1	QL(360 per 30 days)
oxycodone 5 mg/5 ml oral solution	1	QL(5400 per 30 days)
oxycodone-acetaminophen 10 mg-325 mg tablet	1	QL(360 per 30 days)
oxycodone-acetaminophen 2.5 mg-325 mg tablet	1	QL(360 per 30 days)
oxycodone-acetaminophen 5 mg-325 mg tablet	1	QL(360 per 30 days)
oxycodone-acetaminophen 7.5 mg-325 mg tablet	1	QL(360 per 30 days)
oysco 500/d 500 mg-5 mcg (200 unit) tablet	1	
oyster shell calcium 500 mg (as calcium carbonate 1,250 mg) tablet	1	
oyster shell calcium-500 500 mg (as carbonate 1,250 mg) tablet	1	
oyster shell calcium-vitamin d3 500 mg-5 mcg (200 unit) tablet	1	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(1.5 per 28 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(3 per 28 days)
OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(3 per 28 days)
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(3 per 28 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
pacerone 200 mg tablet ^{EDS}	1	
pain relief (acetaminophen) 325 mg tablet	1	
pain relief (acetaminophen) 500 mg tablet	1	
pain relief extra strength (acetaminophen) 500 mg tablet	1	
pain reliever (acetaminophen) 325 mg tablet	1	
pain reliever (acetaminophen) 500 mg tablet	1	
pain reliever extra strength (acetaminophen) 500 mg tablet	1	
PANDA MASK	1	
PANRETIN 0.1 % TOPICAL GEL	1	
pantoprazole 20 mg tablet,delayed release	1	QL(60 per 30 days)
pantoprazole 40 mg tablet,delayed release	1	QL(60 per 30 days)
paricalcitol 1 mcg capsule	1	QL(30 per 30 days)
paricalcitol 2 mcg capsule	1	QL(30 per 30 days)
paricalcitol 4 mcg capsule	1	QL(12 per 30 days)
paroxetine 10 mg tablet ^{EDS}	1	QL(30 per 30 days)
paroxetine 20 mg tablet ^{EDS}	1	QL(30 per 30 days)
paroxetine 30 mg tablet ^{EDS}	1	QL(60 per 30 days)
paroxetine 40 mg tablet ^{EDS}	1	QL(60 per 30 days)
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)	1	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	1	QL(60 per 10 days)
PEDIALYTE FREEZER POPS ORAL SOLUTION	1	
PEDIALYTE ORAL SOLUTION	1	
PEDIALYTE SINGLES ORAL SOLUTION	1	
pediatric electrolyte oral solution	1	
PEDIATRIC MEDIUM MASK	1	
PEDIATRIC PANDA MASK	1	
PEDIATRIC SMALL MASK	1	
peg 3350-electrolytes 236 gram-22.74 gram-6.74 gram-5.86 gram solution	1	
PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1	
PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2" ^{EDS}	1	
PEN NEEDLE, DIABETIC 29 GAUGE X 15/32" ^{EDS}	1	
PEN NEEDLE, DIABETIC 30 GAUGE X 3/16" ^{EDS}	1	
PEN NEEDLE, DIABETIC 30 GAUGE X 5/16" ^{EDS}	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/3" ^{EDS}	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/4" ^{EDS}	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 1/6" ^{EDS}	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 13/64" ^{EDS}	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 15/64" ^{EDS}	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 3/16" ^{EDS}	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 5/16" ^{EDS}	1	
PEN NEEDLE, DIABETIC 31 GAUGE X 5/32" ^{EDS}	1	
PEN NEEDLE, DIABETIC 32 GAUGE X 1/4" ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PEN NEEDLE, DIABETIC 32 GAUGE X 3/16" ^{EDS}	1	
PEN NEEDLE, DIABETIC 32 GAUGE X 5/16" ^{EDS}	1	
PEN NEEDLE, DIABETIC 32 GAUGE X 5/32" ^{EDS}	1	
PEN NEEDLE, DIABETIC 33 GAUGE X 1/4" ^{EDS}	1	
PEN NEEDLE, DIABETIC 33 GAUGE X 3/16" ^{EDS}	1	
PEN NEEDLE, DIABETIC 33 GAUGE X 5/32" ^{EDS}	1	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 3/16" ^{EDS}	1	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 5/32" ^{EDS}	1	
PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT	1	
penicillamine 250 mg tablet	1	
penicillin v potassium 125 mg/5 ml oral solution	1	
penicillin v potassium 250 mg tablet	1	
penicillin v potassium 250 mg/5 ml oral solution	1	
penicillin v potassium 500 mg tablet	1	
pentamidine 300 mg solution for inhalation	1	
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE	1	QL(150 per 30 days)
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE	1	QL(300 per 30 days)
PENTIPS 29 GAUGE X 1/2" NEEDLE ^{EDS}	1	
PENTIPS 31 GAUGE X 1/4" NEEDLE ^{EDS}	1	
PENTIPS 31 GAUGE X 3/16" NEEDLE ^{EDS}	1	
PENTIPS 31 GAUGE X 5/16" NEEDLE ^{EDS}	1	
PENTIPS 32 GAUGE X 1/4" NEEDLE ^{EDS}	1	
PENTIPS 32 GAUGE X 5/32" NEEDLE ^{EDS}	1	
pentoxifylline er 400 mg tablet,extended release	1	
permethrin 5 % topical cream	1	
perphenazine 16 mg tablet	1	
perphenazine 2 mg tablet	1	
perphenazine 4 mg tablet	1	
perphenazine 8 mg tablet	1	
perphenazine-amitriptyline 2 mg-10 mg tablet	1	
perphenazine-amitriptyline 2 mg-25 mg tablet	1	
perphenazine-amitriptyline 4 mg-10 mg tablet	1	
perphenazine-amitriptyline 4 mg-25 mg tablet	1	
perphenazine-amitriptyline 4 mg-50 mg tablet	1	
PERSERIS 120 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	QL(1 per 28 days)
PERSERIS 90 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	QL(1 per 28 days)
PFIZER COVID 2023-24(5Y-11Y)(PF) 10 MCG/0.3 ML IM SUSPENSION (EUA)	1	
PFIZER COVID 2023-24(6MO-4Y)(PF) 3 MCG/0.3 ML IM SUSPENSION (EUA)	1	
PFIZER COVID 2024-25(5Y-11Y)(PF)(EUA) 10 MCG/0.3 ML IM SUSPENSION	1	
PFIZER COVID 2024-25(6MOS-4YRS)(PF)(EUA) 3 MCG/0.3 ML IM SUSPENSION	1	
PFIZER COVID-19 BIVALENT (12Y UP)(PF) 30 MCG/0.3 ML IM SUSPENSION(EUA)	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PFIZER COVID-19 BIVALENT (5-11YR)(PF) 10 MCG/0.2 ML IM SUSPENSION(EUA)	1	
PFIZER COVID-19 BIVALENT VACCINE(6MO-4Y)(PF) 3 MCG/0.2 ML IM SUSP(EUA)	1	
PFIZER-BIONT COVID19 TRIS (12Y UP) VACC(PF)30 MCG/0.3 ML IM SUSP(GRAY)	1	
PFIZER-BIONT COVID19 TRIS(5-11Y) VACC(PF)10 MCG/0.2 ML IM SUSP(ORANGE)	1	
PFIZER-BIONT COVID19 TRIS(6M-4Y) VACC(PF) 3 MCG/0.2 ML IM SUSP(MAROON)	1	
PFIZER-BIONTECH COVID-19 VACCINE (PF) 30 MCG/0.3 ML IM SUSP (PURPLE)	1	
PHASEAL PROTECTOR 13 MM DEVICE ^{EDS}	1	
PHASEAL PROTECTOR 20 MM DEVICE ^{EDS}	1	
PHASEAL PROTECTOR 28 MM DEVICE ^{EDS}	1	
phenazopyridine 100 mg tablet	1	
phenelzine 15 mg tablet	1	
phenobarbital 100 mg tablet	1	QL(90 per 30 days)
phenobarbital 15 mg tablet	1	QL(120 per 30 days)
phenobarbital 16.2 mg tablet	1	QL(90 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) oral elixir	1	QL(1500 per 30 days)
phenobarbital 30 mg tablet	1	QL(300 per 30 days)
phenobarbital 32.4 mg tablet	1	QL(90 per 30 days)
phenobarbital 60 mg tablet	1	QL(120 per 30 days)
phenobarbital 64.8 mg tablet	1	QL(90 per 30 days)
phenobarbital 97.2 mg tablet	1	QL(90 per 30 days)
phenylephrine 10 mg tablet	1	
phenytoin 100 mg/4 ml oral suspension	1	
phenytoin 125 mg/5 ml oral suspension	1	
phenytoin 50 mg chewable tablet	1	
phenytoin sodium extended 100 mg capsule	1	
phenytoin sodium extended 200 mg capsule	1	
phenytoin sodium extended 300 mg capsule	1	
philit 0.4 mg-35 mcg tablet	1	
phospha neutral 250 mg tablet	1	
phytonadione (vitamin k1) 1 mg/0.5 ml injection solution	1	
phytonadione (vitamin k1) 1 mg/0.5 ml injection syringe	1	
phytonadione (vitamin k1) 10 mg/ml injection solution	1	
PIFELTRO 100 MG TABLET	1	QL(60 per 30 days)
pilocarpine 1 % eye drops	1	
pilocarpine 2 % eye drops	1	
pilocarpine 4 % eye drops	1	
pilocarpine 5 mg tablet	1	
pilocarpine 7.5 mg tablet	1	
PILOT COVID-19 AT-HOME TEST KIT	1	
pimozide 1 mg tablet	1	
pimozide 2 mg tablet	1	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
pink bismuth 262 mg chewable tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
pink bismuth 262 mg tablet	1	
pioglitazone 15 mg tablet ^{EDS}	1	QL(30 per 30 days)
pioglitazone 30 mg tablet ^{EDS}	1	QL(30 per 30 days)
pioglitazone 45 mg tablet ^{EDS}	1	QL(30 per 30 days)
PIP PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
PIP PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
pirmella 0.5/0.75/1 mg-35 mcg tablet	1	
pirmella 1 mg-35 mcg tablet	1	
piroxicam 10 mg capsule	1	
piroxicam 20 mg capsule	1	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SOLUTION	1	
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE	1	
POCKET CHAMBER SPACER	1	
poly bacitracin (zinc) 500 unit-10,000 unit/gram topical ointment	1	
polycin 500 unit-10,000 unit/gram eye ointment	1	
polyethylene glycol 3350 17 gram oral powder packet	1	QL(36 per 30 days)
polyethylene glycol 3350 17 gram/dose oral powder	1	QL(1054 per 30 days)
polymyxin b sulfate 10,000 unit-trimethoprim 1 mg/ml eye drops	1	
polysaccharide iron complex 150 mg iron capsule	1	
polyvinyl alcohol 1.4 % eye drops	1	
portia 28 0.15 mg-0.03 mg tablet	1	
potassium chloride 20 meq/15 ml oral liquid	1	
potassium chloride 40 meq/15 ml oral liquid	1	
potassium chloride er 10 meq capsule,extended release	1	
potassium chloride er 10 meq tablet,extended release	1	
potassium chloride er 10 meq tablet,extended release(part/cryst)	1	
potassium chloride er 15 meq tablet,extended release(part/cryst)	1	
potassium chloride er 20 meq tablet,extended release	1	
potassium chloride er 20 meq tablet,extended release(part/cryst)	1	
potassium chloride er 8 meq capsule,extended release	1	
potassium chloride er 8 meq tablet,extended release	1	
potassium citrate er 10 meq (1,080 mg) tablet,extended release	1	
potassium citrate er 15 meq (1,620 mg) tablet,extended release	1	
potassium citrate er 5 meq (540 mg) tablet,extended release	1	
potassium iodide 1 gram/ml oral solution	1	
PRADAXA 110 MG CAPSULE	1	QL(60 per 30 days)
PRADAXA 150 MG CAPSULE	1	QL(60 per 30 days)
PRADAXA 75 MG CAPSULE	1	QL(60 per 30 days)
pramipexole 0.125 mg tablet ^{EDS}	1	
pramipexole 0.25 mg tablet ^{EDS}	1	
pramipexole 0.5 mg tablet ^{EDS}	1	
pramipexole 0.75 mg tablet ^{EDS}	1	
pramipexole 1 mg tablet ^{EDS}	1	
pramipexole 1.5 mg tablet ^{EDS}	1	
prasugrel 10 mg tablet	1	QL(30 per 30 days)
prasugrel 5 mg tablet	1	QL(30 per 30 days)
pravastatin 10 mg tablet ^{EDS}	1	
pravastatin 20 mg tablet ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
pravastatin 40 mg tablet ^{EDS}	1	
pravastatin 80 mg tablet ^{EDS}	1	
prazosin 1 mg capsule	1	
prazosin 2 mg capsule	1	
prazosin 5 mg capsule	1	
PRECISION XTRA B-KETONE STRIPS	1	
PRECISION XTRA TEST STRIPS ^{EDS}	1	QL(150 per 30 days)
prednisolone 10 mg disintegrating tablet	1	
prednisolone 15 mg disintegrating tablet	1	
prednisolone 15 mg/5 ml oral solution	1	
prednisolone 30 mg disintegrating tablet	1	
prednisolone sodium phosphate 10 mg/5 ml oral solution	1	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) oral solution	1	
prednisolone sodium phosphate 15 mg/5 ml (5 ml) oral solution	1	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) oral solution	1	
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml) oral solution	1	
prednisolone sodium phosphate 5 mg base/5 ml (6.7 mg/5 ml) oral soln	1	
prednisone 1 mg tablet	1	
prednisone 10 mg tablet	1	
prednisone 10 mg tablets in a dose pack	1	
prednisone 2.5 mg tablet	1	
prednisone 20 mg tablet	1	
prednisone 5 mg tablet	1	
prednisone 5 mg tablets in a dose pack	1	
prednisone 5 mg/5 ml oral solution	1	
prednisone 50 mg tablet	1	
pregabalin 100 mg capsule	1	QL(90 per 30 days)
pregabalin 150 mg capsule	1	QL(90 per 30 days)
pregabalin 200 mg capsule	1	QL(90 per 30 days)
pregabalin 225 mg capsule	1	QL(60 per 30 days)
pregabalin 25 mg capsule	1	QL(90 per 30 days)
pregabalin 300 mg capsule	1	QL(60 per 30 days)
pregabalin 50 mg capsule	1	QL(90 per 30 days)
pregabalin 75 mg capsule	1	QL(90 per 30 days)
PREHEVBRIO (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	1	
prenatal 28 mg iron-800 mcg tablet	1	
prenatal vitamin 27 mg iron-0.8 mg tablet	1	
prenatal vitamin 27 mg iron-800 mcg tablet	1	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet	1	
PRENATE AM 1 MG-500 MG TABLET	1	
PRENATE RESTORE 27 MG IRON-1 MG-400 MG CAPSULE	1	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
PREVNAR 13 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
PREVNAR 20 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
PREZCOBIX 800 MG-150 MG TABLET	1	QL(30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION	1	QL(360 per 30 days)
PREZISTA 150 MG TABLET	1	QL(240 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
PREZISTA 75 MG TABLET	1	QL(480 per 30 days)
primaquine 26.3 mg (15 mg base) tablet	1	
PRIMEAIRE SPACER	1	
primidone 125 mg tablet	1	
primidone 250 mg tablet ^{EDS}	1	
primidone 50 mg tablet ^{EDS}	1	
PRIORIX (PF) 10EXP3.4-4.2-3.3 CCID50/0.5ML SUBCUTANEOUS SUSPENSION	1	
PRO COMFORT ALCOHOL PADS	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16 ^{EDS}	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4 ^{EDS}	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16 ^{EDS}	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32 ^{EDS}	1	
PRO COMFORT SPACER-ADULT MASK	1	
PRO COMFORT SPACER-CHILD MASK	1	
PRO COMFORT SPACER-INFANT MASK	1	
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED	1	QL(2 per 30 days)
probenecid 500 mg tablet	1	
probenecid 500 mg-colchicine 0.5 mg tablet	1	
PROCARE SPACER WITH ADULT MASK	1	
PROCARE SPACER WITH CHILD MASK	1	
PROCHAMBER	1	
prochlorperazine 25 mg rectal suppository	1	
prochlorperazine maleate 10 mg tablet	1	
prochlorperazine maleate 5 mg tablet	1	
procto-med hc 2.5 % topical cream perineal applicator	1	
proctosol hc 2.5 % topical cream perineal applicator	1	
proctozone-hc 2.5 % topical cream perineal applicator	1	
progesterone micronized 100 mg capsule	1	
progesterone micronized 200 mg capsule	1	
promethazine 12.5 mg rectal suppository	1	
promethazine 12.5 mg tablet	1	
promethazine 25 mg rectal suppository	1	
promethazine 25 mg tablet	1	
promethazine 50 mg tablet	1	
promethazine 6.25 mg-codeine 10 mg/5 ml syrup	1	
promethazine 6.25 mg/5 ml oral syrup	1	
promethazine vc 6.25 mg-5 mg/5 ml oral syrup	1	
promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup	1	
promethazine-dm 6.25 mg-15 mg/5 ml oral syrup	1	
promethegan 12.5 mg rectal suppository	1	
promethegan 25 mg rectal suppository	1	
promethegan 50 mg rectal suppository	1	
propafenone 150 mg tablet	1	
propafenone 225 mg tablet	1	
propafenone 300 mg tablet	1	
propranolol 10 mg tablet ^{EDS}	1	
propranolol 20 mg tablet ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
propranolol 20 mg/5 ml (4 mg/ml) oral solution ^{EDS}	1	
propranolol 40 mg tablet ^{EDS}	1	
propranolol 40 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	
propranolol 40 mg/5 ml (8 mg/ml) oral solution ^{EDS}	1	
propranolol 60 mg tablet ^{EDS}	1	
propranolol 80 mg tablet ^{EDS}	1	
propranolol 80 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	
propranolol er 120 mg capsule,24 hr,extended release ^{EDS}	1	
propranolol er 160 mg capsule,24 hr,extended release ^{EDS}	1	
propranolol er 60 mg capsule,24 hr,extended release ^{EDS}	1	
propranolol er 80 mg capsule,24 hr,extended release ^{EDS}	1	
propylthiouracil 50 mg tablet	1	
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET	1	QL(30 per 30 days)
protriptyline 10 mg tablet	1	
protriptyline 5 mg tablet	1	
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION	1	QL(150 per 30 days)
PURE COMFORT ALCOHOL PADS	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/16" ^{EDS}	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
PURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule	1	
pyrazinamide 500 mg tablet	1	
pyridostigmine bromide 30 mg tablet	1	
pyridostigmine bromide 60 mg tablet	1	
pyridoxine (vitamin b6) 25 mg tablet	1	
quetiapine 100 mg tablet ^{EDS}	1	QL(90 per 30 days)
quetiapine 150 mg tablet	1	QL(30 per 30 days)
quetiapine 200 mg tablet ^{EDS}	1	QL(120 per 30 days)
quetiapine 25 mg tablet ^{EDS}	1	QL(120 per 30 days)
quetiapine 300 mg tablet ^{EDS}	1	QL(60 per 30 days)
quetiapine 400 mg tablet ^{EDS}	1	QL(60 per 30 days)
quetiapine 50 mg tablet ^{EDS}	1	QL(120 per 30 days)
quetiapine er 150 mg tablet,extended release 24 hr ^{EDS}	1	QL(90 per 30 days)
quetiapine er 200 mg tablet,extended release 24 hr ^{EDS}	1	QL(30 per 30 days)
quetiapine er 300 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
quetiapine er 400 mg tablet,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
quetiapine er 50 mg tablet,extended release 24 hr ^{EDS}	1	QL(120 per 30 days)
QUICKVUE AT-HOME COVID-19 TEST KIT	1	
QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE	1	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE	1	QL(60 per 30 days)
QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET	1	QL(30 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR	1	QL(360 per 30 days)
quinidine sulfate 200 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
quinidine sulfate 300 mg tablet	1	
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	1	QL(10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	1	QL(21.2 per 30 days)
ranger ready repellent 20 % topical spray with pump	1	
ranolazine er 1,000 mg tablet,extended release,12 hr	1	QL(120 per 30 days)
ranolazine er 500 mg tablet,extended release,12 hr	1	QL(120 per 30 days)
RAPAMUNE 0.5 MG TABLET	1	
RAPAMUNE 1 MG TABLET	1	QL(300 per 30 days)
RAPAMUNE 1 MG/ML ORAL SOLUTION	1	
RAPAMUNE 2 MG TABLET	1	QL(150 per 30 days)
RAPID SARS-COV-2 AG HOME TEST KIT	1	
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR	1	QL(0.6 per 28 days)
ready-to-use enema 19 gram-7 gram/118 ml	1	
reclipsen (28) 0.15 mg-0.03 mg tablet	1	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	1	
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE	1	
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION	1	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	1	
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
REFRESH TEARS 0.5 % EYE DROPS	1	
RELPAK 20 MG TABLET	1	QL(9 per 30 days)
RELPAK 40 MG TABLET	1	QL(9 per 30 days)
REPEL 100 98.11 % TOPICAL PUMP SPRAY	1	
REPEL FAMILY 10 % TOPICAL SPRAY	1	
repe family 15 % topical spray powder	1	
REPEL HUNTER'S 25 % TOPICAL SPRAY	1	
REPEL SPORTSMEN 25 % TOPICAL SPRAY	1	
REPEL SPORTSMEN DRY 25 % TOPICAL SPRAY	1	
REPEL SPORTSMEN MAX 40 % TOPICAL PUMP SPRAY	1	
REPEL SPORTSMEN MAX 40 % TOPICAL SPRAY	1	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE	1	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS	1	QL(5.5 per 25 days)
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION	1	QL(14 per 30 days)
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION	1	QL(14 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
RETIN-A 0.01 % TOPICAL GEL	1	
RETIN-A 0.025 % TOPICAL CREAM	1	
RETIN-A 0.025 % TOPICAL GEL	1	
RETIN-A 0.05 % TOPICAL CREAM	1	
RETIN-A 0.1 % TOPICAL CREAM	1	
REYATAZ 50 MG ORAL POWDER PACKET	1	
RIDAURA 3 MG CAPSULE	1	
rifabutin 150 mg capsule	1	
rifampin 150 mg capsule	1	
rifampin 300 mg capsule	1	
riluzole 50 mg tablet	1	
rimantadine 100 mg tablet	1	
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	QL(2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	QL(2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	1	QL(2 per 28 days)
risperidone 0.25 mg disintegrating tablet ^{EDS}	1	QL(60 per 30 days)
risperidone 0.25 mg tablet ^{EDS}	1	QL(60 per 30 days)
risperidone 0.5 mg disintegrating tablet ^{EDS}	1	QL(120 per 30 days)
risperidone 0.5 mg tablet ^{EDS}	1	QL(120 per 30 days)
risperidone 1 mg disintegrating tablet ^{EDS}	1	QL(60 per 30 days)
risperidone 1 mg tablet ^{EDS}	1	QL(60 per 30 days)
risperidone 1 mg/ml oral solution ^{EDS}	1	
risperidone 2 mg disintegrating tablet ^{EDS}	1	QL(60 per 30 days)
risperidone 2 mg tablet ^{EDS}	1	QL(60 per 30 days)
risperidone 3 mg disintegrating tablet	1	QL(60 per 30 days)
risperidone 3 mg tablet ^{EDS}	1	QL(60 per 30 days)
risperidone 4 mg disintegrating tablet ^{EDS}	1	QL(60 per 30 days)
risperidone 4 mg tablet ^{EDS}	1	QL(60 per 30 days)
risperidone microspheres er 12.5 mg/2 ml intramuscular susp,ext releas	1	QL(2 per 28 days)
risperidone microspheres er 25 mg/2 ml intramuscular susp,ext release	1	QL(2 per 28 days)
risperidone microspheres er 37.5 mg/2 ml intramuscular susp,ext releas	1	QL(2 per 28 days)
risperidone microspheres er 50 mg/2 ml intramuscular susp,ext release	1	QL(2 per 28 days)
RITEFLO AEROCHAMBER	1	
ritonavir 100 mg tablet	1	QL(360 per 30 days)
rivastigmine 1.5 mg capsule ^{EDS}	1	QL(90 per 30 days)
rivastigmine 3 mg capsule ^{EDS}	1	QL(90 per 30 days)
rivastigmine 4.5 mg capsule ^{EDS}	1	QL(60 per 30 days)
rivastigmine 6 mg capsule ^{EDS}	1	QL(60 per 30 days)
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack	1	QL(91 per 90 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
rizatriptan 10 mg disintegrating tablet	1	QL(12 per 30 days)
rizatriptan 10 mg tablet	1	QL(12 per 30 days)
rizatriptan 5 mg disintegrating tablet	1	QL(12 per 30 days)
rizatriptan 5 mg tablet	1	QL(12 per 30 days)
robafen 100 mg/5 ml oral liquid	1	
ropinirole 0.25 mg tablet ^{EDS}	1	QL(180 per 30 days)
ropinirole 0.5 mg tablet ^{EDS}	1	QL(90 per 30 days)
ropinirole 1 mg tablet ^{EDS}	1	QL(90 per 30 days)
ropinirole 2 mg tablet ^{EDS}	1	QL(90 per 30 days)
ropinirole 3 mg tablet ^{EDS}	1	QL(180 per 30 days)
ropinirole 4 mg tablet ^{EDS}	1	QL(180 per 30 days)
ropinirole 5 mg tablet ^{EDS}	1	QL(120 per 30 days)
rosuvastatin 10 mg tablet ^{EDS}	1	
rosuvastatin 20 mg tablet ^{EDS}	1	
rosuvastatin 40 mg tablet ^{EDS}	1	
rosuvastatin 5 mg tablet ^{EDS}	1	
roweepra 1,000 mg tablet	1	
roweepra 500 mg tablet	1	
roweepra 750 mg tablet	1	
roweepra xr 500 mg tablet,extended release	1	
roweepra xr 750 mg tablet,extended release	1	
RUKOBIA 600 MG TABLET,EXTENDED RELEASE	1	QL(60 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET	1	PA,QL(180 per 30 days)
SABRIL 500 MG TABLET	1	PA,QL(180 per 30 days)
SAFETY NEEDLES 18 GAUGE X 1 1/2" ^{EDS}	1	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
saline mist 0.65 % nasal spray aerosol	1	
saline nasal 0.65 % spray aerosol	1	
saline nasal mist 0.65 % spray aerosol	1	
SANDIMMUNE 100 MG CAPSULE	1	QL(720 per 30 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION	1	
SANDIMMUNE 25 MG CAPSULE	1	
SAPHRIS 10 MG SUBLINGUAL TABLET	1	QL(60 per 30 days)
SAPHRIS 2.5 MG SUBLINGUAL TABLET	1	QL(60 per 30 days)
SAPHRIS 5 MG SUBLINGUAL TABLET	1	QL(60 per 30 days)
se-natal 19 chewable 29 mg iron-1 mg tablet	1	
se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule	1	
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1	
selegiline 5 mg capsule	1	
selegiline 5 mg tablet	1	
selenium sulfide 2.5 % lotion	1	
SELZENTRY 150 MG TABLET	1	QL(240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION	1	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET	1	QL(240 per 30 days)
SELZENTRY 300 MG TABLET	1	QL(120 per 30 days)
SELZENTRY 75 MG TABLET	1	QL(120 per 30 days)
senexon-s 8.6 mg-50 mg tablet	1	
senna 8.6 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
senna lax 8.6 mg tablet	1	
senna laxative 8.6 mg tablet	1	
senna plus 8.6 mg-50 mg capsule	1	
senna plus 8.6 mg-50 mg tablet	1	
senna-s 8.6 mg-50 mg tablet	1	
senna-time s 8.6 mg-50 mg tablet	1	
SEKOT 8.6 MG TABLET	1	
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 per 30 days)
sertraline 100 mg tablet ^{EDS}	1	QL(60 per 30 days)
sertraline 25 mg tablet ^{EDS}	1	QL(90 per 30 days)
sertraline 50 mg tablet ^{EDS}	1	QL(90 per 30 days)
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	QL(91 per 90 days)
sevelamer carbonate 800 mg tablet	1	QL(540 per 30 days)
sharobel 0.35 mg tablet	1	
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT	1	
SHINGRIX GE ANTIGEN COMPONENT 50 MCG IM SUSPENSION	1	
SIDESTREAM PEDIATRIC FACE MASK	1	
sildenafil (pulmonary hypertension) 20 mg tablet	1	PA,QL(90 per 30 days)
SILICONE MASK - INFANT	1	
silver sulfadiazine 1 % topical cream	1	
simethicone 40 mg/0.6 ml oral drops,suspension	1	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)
simvastatin 10 mg tablet ^{EDS}	1	
simvastatin 20 mg tablet ^{EDS}	1	
simvastatin 40 mg tablet ^{EDS}	1	
simvastatin 5 mg tablet ^{EDS}	1	
simvastatin 80 mg tablet ^{EDS}	1	
sirolimus 0.5 mg tablet	1	
sirolimus 1 mg tablet	1	QL(300 per 30 days)
sirolimus 1 mg/ml oral solution	1	
sirolimus 2 mg tablet	1	QL(150 per 30 days)
SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1	
SKY SAFETY PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1	
SKYLA 14 MCG/24 HR (UP TO 3 YEARS) 13.5 MG INTRAUTERINE DEVICE	1	
SLYND 4 MG (28) TABLET	1	
sodium bicarbonate 650 mg tablet	1	
sodium chloride 0.9 % irrigation solution	1	
sodium chloride 10 % for nebulization	1	
sodium chloride 3 % for nebulization	1	
sodium chloride 7 % for nebulization	1	
sodium phenylbutyrate 0.94 gram/gram oral powder	1	
sodium polystyrene sulfonate oral powder	1	
sofosbuvir 400 mg-velpatasvir 100 mg tablet	1	PA,QL(28 per 28 days)
solifenacin 10 mg tablet	1	QL(30 per 30 days)
solifenacin 5 mg tablet	1	QL(30 per 30 days)
sorine 120 mg tablet	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
sorine 160 mg tablet	1	
sorine 240 mg tablet ^{EDS}	1	
sorine 80 mg tablet	1	
sotalol 120 mg tablet ^{EDS}	1	
sotalol 160 mg tablet ^{EDS}	1	
sotalol 240 mg tablet ^{EDS}	1	
sotalol 80 mg tablet ^{EDS}	1	
sotalol af 120 mg tablet ^{EDS}	1	
sotalol af 160 mg tablet	1	
sotalol af 80 mg tablet ^{EDS}	1	
SPACE CHAMBER	1	
SPACE CHAMBER WITH LARGE MASK	1	
SPACE CHAMBER WITH MEDIUM MASK	1	
SPACE CHAMBER WITH SMALL MASK	1	
SPEEDYSWAB COVID-19 AND FLU KIT	1	
SPEEDYSWAB COVID-19 HOME TEST KIT	1	
SPIKEVAX (PF) 100 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	1	
SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	1	
SPIKEVAX 2023-2024(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
SPIKEVAX 2024-2025(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES	1	QL(30 per 30 days)
spironolactone 100 mg tablet ^{EDS}	1	
spironolactone 25 mg tablet ^{EDS}	1	
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet	1	
spironolactone 25 mg/5 ml oral suspension	1	QL(450 per 30 days)
spironolactone 50 mg tablet ^{EDS}	1	
sprintec (28) 0.25 mg-35 mcg tablet	1	
sronyx 0.1 mg-20 mcg tablet	1	
stavudine 15 mg capsule	1	QL(120 per 30 days)
stavudine 20 mg capsule	1	QL(120 per 30 days)
stavudine 30 mg capsule	1	QL(60 per 30 days)
stavudine 40 mg capsule	1	QL(60 per 30 days)
stimulant laxative plus 8.6 mg-50 mg tablet	1	
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION	1	QL(4 per 28 days)
stomach relief 262 mg tablet	1	
stomach relief 262 mg/15 ml oral suspension	1	
stomach relief 525 mg/15 ml oral suspension	1	
stool softener 100 mg capsule	1	
stool softener-laxative 8.6 mg-50 mg tablet	1	
stool softener-stimulant laxative 8.6 mg-50 mg capsule	1	
stool softener-stimulant laxative 8.6 mg-50 mg tablet	1	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET	1	QL(30 per 30 days)
STRIVE PEAK FLOW METER	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SUBLOCADE 100 MG/0.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1	
SUBLOCADE 300 MG/1.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1	
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	1	
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	1	
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	1	
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	1	
sucralfate 1 gram tablet	1	
sulfacetamide sodium 10 % eye drops	1	
sulfacetamide sodium 10 % eye ointment	1	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops	1	
sulfadiazine 500 mg tablet	1	
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 ml oral suspension	1	
sulfamethoxazole 400 mg-trimethoprim 80 mg tablet	1	
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	1	
sulfasalazine 500 mg tablet	1	QL(240 per 30 days)
sulfasalazine 500 mg tablet,delayed release	1	QL(240 per 30 days)
sulindac 150 mg tablet	1	
sulindac 200 mg tablet	1	
sumatriptan 100 mg tablet	1	QL(9 per 30 days)
sumatriptan 25 mg tablet	1	QL(9 per 30 days)
sumatriptan 4 mg/0.5 ml subcutaneous cartridge (refill)	1	QL(6 per 30 days)
sumatriptan 4 mg/0.5 ml subcutaneous pen injector	1	QL(6 per 30 days)
sumatriptan 50 mg tablet	1	QL(9 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous cartridge (refill)	1	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous pen injector	1	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous solution	1	QL(6 per 30 days)
sumatriptan 6 mg/0.5 ml subcutaneous syringe	1	QL(3 per 30 days)
SURE COMFORT ALCOHOL PREP PADS	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1	
SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1	
SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
SURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2" ^{EDS}	1	
SURE-FINE PEN NEEDLES 31 GAUGE X 3/16" ^{EDS}	1	
SURE-FINE PEN NEEDLES 31 GAUGE X 5/16" ^{EDS}	1	
SURE-PREP ALCOHOL PREP PADS	1	
SURGUARD2 SAFETY 1 ML 25 GAUGE X 5/8" SYRINGE	1	
SURGUARD2 SAFETY 1 ML 26 GAUGE X 3/8" SYRINGE	1	
SURGUARD2 SAFETY 1 ML 27 GAUGE X 1/2" SYRINGE	1	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1 1/2" SYRINGE	1	
SURGUARD2 SAFETY 10 ML 20 GAUGE X 1" SYRINGE	1	
SURGUARD2 SAFETY 18 GAUGE X 1 1/2" NEEDLE ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
SURGUARD2 SAFETY 18 GAUGE X 1" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 19 GAUGE X 1 1/2" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 19 GAUGE X 1" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 20 GAUGE X 1 1/2" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 20 GAUGE X 1" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 21 GAUGE X 1 1/2" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 21 GAUGE X 1" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 22 GAUGE X 1 1/2" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 22 GAUGE X 1" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 23 GAUGE X 1 1/2" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 25 GAUGE X 1 1/2" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 25 GAUGE X 1" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 25 GAUGE X 5/8" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 26 GAUGE X 1/2" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 27 GAUGE X 1/2" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1 1/2" SYRINGE	1	
SURGUARD2 SAFETY 3 ML 20 GAUGE X 1" SYRINGE	1	
SURGUARD2 SAFETY 3 ML 21 GAUGE X 1" SYRINGE	1	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1 1/2" SYRINGE	1	
SURGUARD2 SAFETY 3 ML 22 GAUGE X 1" SYRINGE	1	
SURGUARD2 SAFETY 3 ML 23 GAUGE X 1" SYRINGE	1	
SURGUARD2 SAFETY 3 ML 25 GAUGE X 5/8" SYRINGE	1	
SURGUARD2 SAFETY 30 GAUGE X 1 1/2" NEEDLE ^{EDS}	1	
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1 1/2" SYRINGE	1	
SURGUARD2 SAFETY 5 ML 20 GAUGE X 1" SYRINGE	1	
SURGUARD2 SAFETY 5 ML 21 GAUGE X 1 1/2" SYRINGE	1	
SURGUARD2 SAFETY SYRINGE 10 ML 21 GAUGE X 1 1/2"	1	
SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2"	1	
SURGUARD2 SAFETY SYRINGE 3 ML 25 GAUGE X 1"	1	
syeda 3 mg-0.03 mg tablet	1	
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(30.9 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(30.9 per 30 days)
SYMFI 600 MG-300 MG-300 MG TABLET	1	QL(30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET	1	QL(30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(10.5 per 28 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET	1	QL(30 per 30 days)
SYNAGIS 100 MG/ML INTRAMUSCULAR SOLUTION	1	PA,QL(2 per 30 days)
SYNAGIS 50 MG/0.5 ML INTRAMUSCULAR SOLUTION	1	PA,QL(1 per 30 days)
SYSTANE (PROPYLENE GLYCOL) 0.4 %-0.3 % EYE DROPS	1	
SYSTANE ULTRA 0.4 %-0.3 % EYE DROPS	1	
TABLOID 40 MG TABLET	1	QL(360 per 30 days)
tacrolimus 0.5 mg capsule, immediate-release	1	
tacrolimus 1 mg capsule, immediate-release	1	
tacrolimus 5 mg capsule, immediate-release	1	QL(180 per 30 days)
tamoxifen 10 mg tablet ^{EDS}	1	
tamoxifen 20 mg tablet ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
tamsulosin 0.4 mg capsule ^{EDS}	1	QL(60 per 30 days)
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1	
taron forte 150 mg-60 mg-25 mcg-1 mg capsule	1	
taron-c dha 35 mg-1 mg-200 mg capsule	1	
taztia xt 120 mg capsule,extended release	1	QL(60 per 30 days)
taztia xt 180 mg capsule,extended release	1	QL(60 per 30 days)
taztia xt 240 mg capsule,extended release	1	QL(60 per 30 days)
taztia xt 300 mg capsule,extended release	1	QL(30 per 30 days)
taztia xt 360 mg capsule,extended release	1	QL(30 per 30 days)
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
TECHLITE PEN NEEDLE 29 GAUGE X 3/8" ^{EDS}	1	
TECHLITE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
TECHLITE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
TECHLITE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
TECHLITE PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1	
TECHLITE PEN NEEDLE 32 GAUGE X 5/16" ^{EDS}	1	
TECHLITE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
TECHLITE PLUS PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE	1	QL(120 per 30 days)
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE	1	QL(120 per 30 days)
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE	1	QL(120 per 30 days)
TEKURNA 150 MG TABLET	1	PA,QL(30 per 30 days)
TEKURNA 300 MG TABLET	1	PA,QL(30 per 30 days)
TEKURNA HCT 150 MG-12.5 MG TABLET	1	PA,QL(30 per 30 days)
TEKURNA HCT 150 MG-25 MG TABLET	1	PA,QL(30 per 30 days)
TEKURNA HCT 300 MG-12.5 MG TABLET	1	PA,QL(30 per 30 days)
TEKURNA HCT 300 MG-25 MG TABLET	1	PA,QL(30 per 30 days)
telmisartan 20 mg tablet	1	QL(30 per 30 days)
telmisartan 40 mg tablet	1	QL(30 per 30 days)
telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)
telmisartan 80 mg tablet	1	QL(60 per 30 days)
telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(60 per 30 days)
telmisartan 80 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)
temazepam 15 mg capsule	1	QL(30 per 30 days)
temazepam 22.5 mg capsule	1	QL(30 per 30 days)
temazepam 30 mg capsule	1	QL(30 per 30 days)
temazepam 7.5 mg capsule	1	QL(30 per 30 days)
TEMIXYS 300 MG-300 MG TABLET	1	QL(30 per 30 days)
temozolomide 100 mg capsule	1	QL(60 per 30 days)
temozolomide 140 mg capsule	1	QL(60 per 30 days)
temozolomide 180 mg capsule	1	QL(60 per 30 days)
temozolomide 20 mg capsule	1	QL(270 per 30 days)
temozolomide 250 mg capsule	1	QL(10 per 30 days)
temozolomide 5 mg capsule	1	QL(90 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1	
tenofovir disoproxil fumarate 300 mg tablet	1	QL(30 per 30 days)
terazosin 1 mg capsule ^{EDS}	1	
terazosin 10 mg capsule ^{EDS}	1	
terazosin 2 mg capsule ^{EDS}	1	
terazosin 5 mg capsule ^{EDS}	1	
terbinafine hcl 250 mg tablet	1	QL(90 per 365 days)
terconazole 0.4 % vaginal cream	1	
terconazole 0.8 % vaginal cream	1	
teriparatide 20 mcg/dose (600 mcg/2.4 ml) subcutaneous pen injector	1	QL(2.48 per 30 days)
TERIPARATIDE 20 MCG/DOSE (620 MCG/2.48 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(2.48 per 30 days)
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL	1	PA,QL(300 per 30 days)
testosterone 20.25 mg/1.25 gram per pump act.(1.62 %) transdermal gel	1	PA,QL(150 per 30 days)
tetrabenazine 12.5 mg tablet	1	QL(240 per 30 days)
tetrabenazine 25 mg tablet	1	QL(120 per 30 days)
tetracycline 250 mg capsule	1	
tetracycline 250 mg tablet	1	
tetracycline 500 mg capsule	1	
tetracycline 500 mg tablet	1	
theophylline 80 mg/15 ml oral elixir	1	
theophylline 80 mg/15 ml oral solution	1	
theophylline er 100 mg tablet,extended release,12 hr	1	
theophylline er 200 mg tablet,extended release,12 hr	1	
theophylline er 300 mg tablet,extended release,12 hr	1	
theophylline er 400 mg tablet,extended release 24 hr	1	
theophylline er 450 mg tablet,extended release,12 hr	1	
theophylline er 600 mg tablet,extended release 24 hr	1	
thioridazine 10 mg tablet	1	
thioridazine 100 mg tablet	1	
thioridazine 25 mg tablet	1	
thioridazine 50 mg tablet	1	
thiothixene 1 mg capsule	1	
thiothixene 10 mg capsule	1	
thiothixene 2 mg capsule	1	
thiothixene 5 mg capsule	1	
THRESHOLD IMT TRAINER DEVICE	1	
THRESHOLD PEP DEVICE	1	
THYQUIDITY 20 MCG/ML ORAL SOLUTION	1	
tiadylt er 120 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)
tiadylt er 180 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)
tiadylt er 240 mg capsule,extended release ^{EDS}	1	QL(60 per 30 days)
tiadylt er 300 mg capsule,extended release ^{EDS}	1	QL(30 per 30 days)
tiadylt er 360 mg capsule,extended release	1	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
tiadylt er 420 mg capsule,extended release ^{EDS}	1	QL(30 per 30 days)
tiagabine 12 mg tablet	1	PA,QL(140 per 30 days)
tiagabine 16 mg tablet	1	PA,QL(105 per 30 days)
tiagabine 2 mg tablet	1	PA,QL(840 per 30 days)
tiagabine 4 mg tablet	1	PA,QL(120 per 30 days)
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1	
timolol maleate (pf) 0.25 % eye drops in a dropperette	1	
timolol maleate (pf) 0.5 % eye drops in a dropperette	1	
timolol maleate 0.25 % eye drops	1	QL(25 per 90 days)
timolol maleate 0.25 % eye gel forming solution	1	
timolol maleate 0.5 % eye drops	1	QL(25 per 90 days)
timolol maleate 0.5 % eye gel forming solution	1	QL(5 per 50 days)
tioconazole 6.5 % vaginal ointment	1	
tioconazole-1 6.5 % vaginal ointment	1	
TIVICAY 10 MG TABLET	1	QL(60 per 30 days)
TIVICAY 25 MG TABLET	1	QL(60 per 30 days)
TIVICAY 50 MG TABLET	1	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION	1	QL(180 per 30 days)
tizanidine 2 mg tablet	1	
tizanidine 4 mg tablet	1	
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE	1	PA,QL(224 per 28 days)
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension	1	
tobramycin 300 mg/5 ml in 0.225 % sodium chloride for nebulization	1	PA,QL(280 per 28 days)
tolvaptan 15 mg tablet	1	QL(60 per 30 days)
tolvaptan 30 mg tablet	1	QL(60 per 30 days)
TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE ^{EDS}	1	
TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE ^{EDS}	1	
topiramate 100 mg tablet ^{EDS}	1	QL(120 per 30 days)
topiramate 15 mg sprinkle capsule ^{EDS}	1	QL(120 per 30 days)
topiramate 200 mg tablet ^{EDS}	1	QL(120 per 30 days)
topiramate 25 mg sprinkle capsule ^{EDS}	1	QL(180 per 30 days)
topiramate 25 mg tablet ^{EDS}	1	QL(90 per 30 days)
topiramate 50 mg tablet ^{EDS}	1	QL(120 per 30 days)
toremifene 60 mg tablet	1	QL(30 per 30 days)
toremide 10 mg tablet ^{EDS}	1	
toremide 100 mg tablet ^{EDS}	1	
toremide 20 mg tablet ^{EDS}	1	
toremide 5 mg tablet ^{EDS}	1	
total home insect repellent 30 % topical spray	1	
TOVIAZ 4 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)
TOVIAZ 8 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)
TRADJENTA 5 MG TABLET	1	PA,QL(30 per 30 days)
tramadol 25 mg tablet	1	QL(180 per 30 days)
tramadol 37.5 mg-acetaminophen 325 mg tablet	1	QL(240 per 30 days)
tramadol 50 mg tablet	1	QL(240 per 30 days)
tramadol er 100 mg tablet,extended release 24 hr	1	QL(30 per 30 days)
tramadol er 200 mg tablet,extended release 24 hr	1	QL(30 per 30 days)
tramadol er 300 mg tablet,extended release 24 hr	1	QL(30 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
trandolapril 1 mg-verapamil er 240 mg tablet,immed-exten release 24 hr	1	
trandolapril 2 mg-verapamil er 180 mg tablet,immed-exten release 24 hr	1	
trandolapril 2 mg-verapamil er 240 mg tablet,immed-exten release 24 hr	1	
trandolapril 4 mg-verapamil er 240 mg tablet,immed-exten release 24 hr	1	
tranexamic acid 650 mg tablet	1	QL(30 per 5 days)
TRANSDERM-SCOP 1 MG OVER 3 DAYS TRANSDERMAL PATCH	1	QL(10 per 30 days)
TRAVATAN Z 0.004 % EYE DROPS	1	QL(2.5 per 25 days)
trazodone 100 mg tablet	1	
trazodone 150 mg tablet	1	
trazodone 300 mg tablet	1	
trazodone 50 mg tablet	1	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet	1	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
tri-vite with fluoride 0.25 mg fluoride (0.55 mg)/ml oral drops	1	
tri-vite with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops	1	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet	1	
triamcinolone acetonide 0.025 % lotion	1	
triamcinolone acetonide 0.025 % topical cream	1	
triamcinolone acetonide 0.025 % topical ointment	1	
triamcinolone acetonide 0.05 % topical ointment	1	
triamcinolone acetonide 0.1 % dental paste	1	
triamcinolone acetonide 0.1 % lotion	1	
triamcinolone acetonide 0.1 % topical cream	1	
triamcinolone acetonide 0.1 % topical ointment	1	
triamcinolone acetonide 0.5 % topical cream	1	
triamcinolone acetonide 0.5 % topical ointment	1	
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule ^{EDS}	1	
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	
triamterene 75 mg-hydrochlorothiazide 50 mg tablet ^{EDS}	1	
TRICARE 27 MG IRON-1 MG TABLET	1	
trifluoperazine 1 mg tablet	1	
trifluoperazine 10 mg tablet	1	
trifluoperazine 2 mg tablet	1	
trifluoperazine 5 mg tablet	1	
trifluridine 1 % eye drops	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule	1	
trihexyphenidyl 0.4 mg/ml oral elixir	1	
trihexyphenidyl 2 mg tablet ^{EDS}	1	
trihexyphenidyl 5 mg tablet ^{EDS}	1	
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION	1	
trimethoprim 100 mg tablet	1	
trimipramine 100 mg capsule	1	
trimipramine 25 mg capsule	1	
trimipramine 50 mg capsule	1	
trinatal rx 1 60 mg iron-1 mg tablet	1	
TRIPLE ANTIBIOTIC 3.5 MG-400 UNIT-5,000 UNIT/GRAM TOPICAL OINTMENT	1	
triple antibiotic plus 3.5 mg-500 unit-10,000 unit/gram top ointment	1	
triple antibiotic-pain relief 3.5 mg-500 unit-10,000 unit/gram ointmnt	1	
TRIUMEQ 600 MG-50 MG-300 MG TABLET	1	QL(30 per 30 days)
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION	1	QL(180 per 30 days)
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet	1	
tropicamide 0.5 % eye drops	1	
tropicamide 1 % eye drops	1	
TRUE COMFORT ALCOHOL PADS	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1	
TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
TRUE COMFORT PEN NEEDLE 33 GAUGE X 1/4" ^{EDS}	1	
TRUE COMFORT PEN NEEDLE 33 GAUGE X 3/16" ^{EDS}	1	
TRUE COMFORT PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1	
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
TRUE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
TRUEPLUS KETONE STRIPS	1	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
TRUEPLUS PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
TRUEPLUS PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
TRUEPLUS PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
TRUEPLUS PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	QL(2 per 28 days)
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	QL(2 per 28 days)
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	QL(2 per 28 days)
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	QL(2 per 28 days)
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1	
TRUSTEX LATEX CONDOM	1	
TRUSTEX LUBRICATED CONDOMS	1	
TRUSTEX NON-LUBRICATED CONDOMS	1	
TRUSTEX-RIA LUBRICATED CONDOMS	1	
TRUSTEX-RIA LUBRICATED/SPERMICIDE CONDOM	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
TRUSTEX-RIA NON-LUBRICATED CONDOMS	1	
TRUZONE PEAK FLOW METER	1	
tulana 0.35 mg tablet	1	
turqoz (28) 0.3 mg-30 mcg tablet	1	
tusnel diabetic 10 mg-100 mg/5 ml oral liquid	1	
tusnel-ex 100 mg/5 ml oral liquid	1	
tussin 400 mg tablet	1	
tussin cough (dm only) 15 mg/5 ml oral liquid	1	
tussin dm 10 mg-100 mg/5 ml oral liquid	1	
tussin dm 10 mg-100 mg/5 ml oral syrup	1	
tussin dm 20 mg-400 mg tablet	1	
tussin dm clear 10 mg-100 mg/5 ml oral syrup	1	
tussin dm cough and chest 10 mg-100 mg/5 ml oral syrup	1	
tussin dm cough and chest 5 mg-100 mg/5 ml oral liquid	1	
tussin mucus-chest congestion 100 mg/5 ml oral liquid	1	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE	1	
TYBOST 150 MG TABLET	1	QL(30 per 30 days)
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet	1	
UBRELVY 100 MG TABLET	1	PA,QL(16 per 30 days)
UBRELVY 50 MG TABLET	1	PA,QL(16 per 30 days)
ULTICARE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
ULTICARE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
ULTICARE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
ULTICARE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
ULTICARE PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1	
ULTICARE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16" ^{EDS}	1	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 5/16" ^{EDS}	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
ULTILET ALCOHOL SWAB	1	
ULTILET PEN NEEDLE 29 GAUGE ^{EDS}	1	
ULTILET PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
ULTRA FLO PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
ULTRA FLO PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
ULTRA FLO PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1	
ultra lubricant eye 0.4 %-0.3 % drops	1	
ultra strength antacid 400 mg (calcium carb 1,000 mg) chewable tablet	1	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE ^{EDS}	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" ^{EDS}	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
ULTRACARE PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1	
ULTRACARE PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1	
ULTRACARE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
ULTRACARE PEN NEEDLE 33 GAUGE X 5/32" ^{EDS}	1	
ultrathon 25 % topical spray	1	
UNIFINE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
UNIFINE PENTIPS 29 GAUGE NEEDLE ^{EDS}	1	
UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE ^{EDS}	1	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE ^{EDS}	1	
UNIFINE PROTECT 30 GAUGE X 3/16" NEEDLE ^{EDS}	1	
UNIFINE PROTECT 30 GAUGE X 5/16" NEEDLE ^{EDS}	1	
UNIFINE PROTECT 32 GAUGE X 5/32" NEEDLE ^{EDS}	1	
UNIFINE SAFECONTROL 30 GAUGE X 3/16" NEEDLE ^{EDS}	1	
UNIFINE SAFECONTROL 30 GAUGE X 5/16" NEEDLE ^{EDS}	1	
UNIFINE SAFECONTROL 32 GAUGE X 5/32" NEEDLE ^{EDS}	1	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
UNIFINE ULTRA PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
urinary pain relief 95 mg tablet	1	
urinary pain relief 97.5 mg tablet	1	
urinary pain relief 99.5 mg tablet	1	
ursodiol 250 mg tablet	1	
ursodiol 300 mg capsule	1	
ursodiol 500 mg tablet	1	
valacyclovir 1 gram tablet	1	QL(90 per 30 days)
valacyclovir 500 mg tablet	1	QL(90 per 30 days)
valganciclovir 450 mg tablet	1	QL(120 per 30 days)
valproic acid (as sodium salt) 250 mg/5 ml (5 ml) oral solution	1	
valproic acid (as sodium salt) 250 mg/5 ml oral solution ^{EDS}	1	
valproic acid (as sodium salt) 500 mg/10 ml (10 ml) oral solution	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
valproic acid 250 mg capsule ^{EDS}	1	
valsartan 160 mg tablet ^{EDS}	1	QL(60 per 30 days)
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)
valsartan 160 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(30 per 30 days)
valsartan 320 mg tablet ^{EDS}	1	QL(60 per 30 days)
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)
valsartan 320 mg-hydrochlorothiazide 25 mg tablet ^{EDS}	1	QL(30 per 30 days)
valsartan 40 mg tablet ^{EDS}	1	QL(60 per 30 days)
valsartan 80 mg tablet ^{EDS}	1	QL(60 per 30 days)
valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet ^{EDS}	1	QL(30 per 30 days)
VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY	1	QL(10 per 30 days)
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY	1	QL(10 per 30 days)
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY	1	QL(10 per 30 days)
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY	1	QL(10 per 30 days)
vancomycin 125 mg capsule	1	QL(120 per 30 days)
vancomycin 250 mg capsule	1	QL(240 per 30 days)
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION	1	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE	1	
varenicline 0.5 mg (11)-1 mg (42) tablets in a dose pack	1	QL(53 per 28 days)
varenicline 0.5 mg tablet	1	QL(56 per 28 days)
varenicline 1 mg tablet	1	QL(56 per 28 days)
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION	1	
VASCEPA 0.5 GRAM CAPSULE	1	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE	1	QL(120 per 30 days)
VAXNEUVANCE (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1	
VEKLURY 100 MG INTRAVENOUS POWDER FOR SOLUTION	1	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	1	
venlafaxine 100 mg tablet ^{EDS}	1	
venlafaxine 25 mg tablet ^{EDS}	1	
venlafaxine 37.5 mg tablet ^{EDS}	1	
venlafaxine 50 mg tablet ^{EDS}	1	
venlafaxine 75 mg tablet ^{EDS}	1	
venlafaxine er 150 mg capsule,extended release 24 hr ^{EDS}	1	QL(60 per 30 days)
venlafaxine er 37.5 mg capsule,extended release 24 hr ^{EDS}	1	QL(90 per 30 days)
venlafaxine er 75 mg capsule,extended release 24 hr ^{EDS}	1	QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	1	QL(36 per 30 days)
verapamil 120 mg tablet ^{EDS}	1	QL(120 per 30 days)
verapamil 40 mg tablet ^{EDS}	1	QL(120 per 30 days)
verapamil 80 mg tablet ^{EDS}	1	QL(120 per 30 days)
verapamil er (sr) 120 mg tablet,extended release ^{EDS}	1	QL(30 per 30 days)
verapamil er (sr) 180 mg tablet,extended release ^{EDS}	1	QL(30 per 30 days)
verapamil er (sr) 240 mg tablet,extended release ^{EDS}	1	QL(60 per 30 days)
verapamil er 120 mg 24 hr capsule,extended release ^{EDS}	1	QL(60 per 30 days)
verapamil er 180 mg 24 hr capsule,extended release ^{EDS}	1	QL(60 per 30 days)
verapamil er 240 mg 24 hr capsule,extended release ^{EDS}	1	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
verapamil er 360 mg 24 hr capsule,extended release	1	QL(60 per 30 days)
VERIFINE PEN NEEDLE 29 GAUGE X 1/2" ^{EDS}	1	
VERIFINE PEN NEEDLE 31 GAUGE X 1/4" ^{EDS}	1	
VERIFINE PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
VERIFINE PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
VERIFINE PEN NEEDLE 32 GAUGE X 1/4" ^{EDS}	1	
VERIFINE PEN NEEDLE 32 GAUGE X 3/16" ^{EDS}	1	
VERIFINE PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16" ^{EDS}	1	
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 5/16" ^{EDS}	1	
VERIFINE PLUS PEN NEEDLE 32 GAUGE X 5/32" ^{EDS}	1	
VERIFINE PLUS PEN NEEDLE-SHARPS CONTAINER 32 GAUGE X 5/32" ^{EDS}	1	
vestura (28) 3 mg-0.02 mg tablet	1	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(9 per 30 days)
vienva 0.1 mg-20 mcg tablet	1	
VIGAMOX 0.5 % EYE DROPS	1	
vigpoder 500 mg oral powder packet	1	PA,QL(180 per 30 days)
vilazodone 10 mg tablet	1	QL(30 per 30 days)
vilazodone 20 mg tablet	1	QL(30 per 30 days)
vilazodone 40 mg tablet	1	QL(30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION	1	PA,QL(1395 per 30 days)
VIMPAT 100 MG TABLET	1	PA
VIMPAT 150 MG TABLET	1	PA
VIMPAT 200 MG TABLET	1	PA
VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK	1	PA
VIMPAT 50 MG TABLET	1	PA
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
VIRACEPT 250 MG TABLET	1	QL(300 per 30 days)
VIRACEPT 625 MG TABLET	1	QL(120 per 30 days)
VIREAD 150 MG TABLET	1	QL(30 per 30 days)
VIREAD 200 MG TABLET	1	QL(30 per 30 days)
VIREAD 250 MG TABLET	1	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER	1	QL(240 per 30 days)
vitamin a 3,000 mcg (10,000 unit) capsule	1	
vitamin b-6 100 mg tablet	1	
vitamin b-6 25 mg tablet	1	
vitamin d2 1,250 mcg (50,000 unit) capsule	1	
vitamin k 1 mg/0.5 ml injection solution	1	
vitamin k1 10 mg/ml injection solution	1	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	QL(1 per 28 days)
VOCABRIA 30 MG TABLET	1	QL(30 per 30 days)
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1	
VORTEX HOLDING CHAMBER	1	
VORTEX VHC FROG MASK-CHILD	1	
VORTEX VHC LADYBUG MASK-TODDLER	1	

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
VOSEVI 400 MG-100 MG-100 MG TABLET	1	PA,QL(28 per 28 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK	1	
VRAYLAR 1.5 MG CAPSULE	1	QL(30 per 30 days)
VRAYLAR 3 MG CAPSULE	1	QL(30 per 30 days)
VRAYLAR 4.5 MG CAPSULE	1	QL(30 per 30 days)
VRAYLAR 6 MG CAPSULE	1	QL(30 per 30 days)
vyfemla (28) 0.4 mg-35 mcg tablet	1	
vylibra 0.25 mg-35 mcg tablet	1	
VYVANSE 10 MG CAPSULE	1	QL(30 per 30 days)
VYVANSE 10 MG CHEWABLE TABLET	1	QL(30 per 30 days)
VYVANSE 20 MG CAPSULE	1	QL(30 per 30 days)
VYVANSE 20 MG CHEWABLE TABLET	1	QL(30 per 30 days)
VYVANSE 30 MG CAPSULE	1	QL(30 per 30 days)
VYVANSE 30 MG CHEWABLE TABLET	1	QL(30 per 30 days)
VYVANSE 40 MG CAPSULE	1	QL(30 per 30 days)
VYVANSE 40 MG CHEWABLE TABLET	1	QL(30 per 30 days)
VYVANSE 50 MG CAPSULE	1	QL(30 per 30 days)
VYVANSE 50 MG CHEWABLE TABLET	1	QL(30 per 30 days)
VYVANSE 60 MG CAPSULE	1	QL(30 per 30 days)
VYVANSE 60 MG CHEWABLE TABLET	1	QL(30 per 30 days)
VYVANSE 70 MG CAPSULE	1	QL(30 per 30 days)
warfarin 1 mg tablet	1	
warfarin 10 mg tablet	1	
warfarin 2 mg tablet	1	
warfarin 2.5 mg tablet	1	
warfarin 3 mg tablet	1	
warfarin 4 mg tablet	1	
warfarin 5 mg tablet	1	
warfarin 6 mg tablet	1	
warfarin 7.5 mg tablet	1	
WEBCOL TOPICAL PADS	1	
wera (28) 0.5 mg-35 mcg tablet	1	
westab plus 27 mg iron-1 mg tablet	1	
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL	1	
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL	1	
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL	1	
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL	1	
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL	1	
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL	1	
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL	1	
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL	1	
women's gentle laxative (bisacodyl) 5 mg tablet,delayed release	1	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet	1	
XADAGO 100 MG TABLET	1	QL(30 per 30 days)
XADAGO 50 MG TABLET	1	QL(30 per 30 days)
XARELTO 1 MG/ML ORAL SUSPENSION	1	QL(600 per 30 days)
XARELTO 10 MG TABLET	1	QL(30 per 30 days)
XARELTO 15 MG TABLET	1	QL(60 per 30 days)
XARELTO 2.5 MG TABLET	1	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
XARELTO 20 MG TABLET	1	QL(30 per 30 days)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK	1	QL(51 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)
XIIDRA 5 % EYE DROPS IN A DROPPERETTE	1	QL(60 per 30 days)
XOFLUZA 20 MG TABLET	1	
XOFLUZA 40 MG TABLET	1	
XOFLUZA 80 MG TABLET	1	
XTAMPZA ER 13.5 MG CAPSULE SPRINKLE	1	QL(60 per 30 days)
XTAMPZA ER 18 MG CAPSULE SPRINKLE	1	QL(60 per 30 days)
XTAMPZA ER 27 MG CAPSULE SPRINKLE	1	QL(60 per 30 days)
XTAMPZA ER 36 MG CAPSULE SPRINKLE	1	QL(60 per 30 days)
XTAMPZA ER 9 MG CAPSULE SPRINKLE	1	QL(60 per 30 days)
xulane 150 mcg-35 mcg/24 hr transdermal patch	1	QL(3 per 28 days)
zaditor 0.025 % (0.035 %) eye drops	1	
zafemy 150 mcg-35 mcg/24 hr transdermal patch	1	QL(3 per 28 days)
zafirlukast 10 mg tablet	1	QL(60 per 30 days)
zafirlukast 20 mg tablet	1	QL(60 per 30 days)
zarah 3 mg-0.03 mg tablet	1	
zenatane 10 mg capsule	1	QL(60 per 30 days)
zenatane 20 mg capsule	1	QL(60 per 30 days)
zenatane 30 mg capsule	1	QL(60 per 30 days)
zenatane 40 mg capsule	1	QL(120 per 30 days)
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE	1	
ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE	1	
ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE	1	
ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE	1	
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE	1	
ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE	1	
ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE	1	
ZENPEP 60,000-189,600-252,600 UNIT CAPSULE,DELAYED RELEASE	1	
zidovudine 10 mg/ml oral syrup	1	QL(1680 per 28 days)
zidovudine 100 mg capsule	1	QL(180 per 30 days)
zidovudine 300 mg tablet	1	QL(60 per 30 days)
ziprasidone 20 mg capsule	1	QL(60 per 30 days)
ziprasidone 40 mg capsule	1	QL(60 per 30 days)
ziprasidone 60 mg capsule	1	QL(60 per 30 days)
ziprasidone 80 mg capsule	1	QL(60 per 30 days)

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DRUG NAME	DRUG LEVEL	UTILIZATION MANAGEMENT REQUIREMENTS
zolpidem 10 mg tablet	1	QL(30 per 30 days)
zolpidem 5 mg tablet	1	QL(30 per 30 days)
zonisamide 100 mg capsule ^{EDS}	1	
zonisamide 25 mg capsule ^{EDS}	1	
zonisamide 50 mg capsule ^{EDS}	1	
zovia 1-35 (28) 1 mg-35 mcg tablet	1	
zumandimine (28) 3 mg-0.03 mg tablet	1	

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Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **866-432-0001 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m., Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

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- You can also file a civil rights complaint with the
South Carolina Department of Health and Human Services, Civil Rights Division
1801 Main Street, P.O. Box 8206, Columbia, South Carolina 29202,
888-808-4238, TTY: 888-842-3620, civilrights@scdhhs.gov. Complaint form is available at https://www.scdhhs.gov/sites/default/files/SCDHHS%20Civil%20Rights%20Discrimination%20Complaint_0.pdf.
U.S. Department of Health and Human Services, Office for Civil Rights
electronically through their Complaint Portal, available at
<https://ocrportal.hhs.gov/ocr/smartscreen/main.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>.

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English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

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

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

ខ្មែរ (Cambodian): ហៅមកលេខទូរស័ព្ទខាងលើ ដើម្បីទទួលបានសេវាកម្មបកប្រែភាសាដោយមិនអស់ប្រាក់ ។