2027
Preferred Drug List

Humana Healthy Horizons® in Illinois

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 10/22/2026.

The date this preferred drug list was published appears at the bottom of each page. The list is correct as of that date. For more information about the preferred drug list, or to get updated information, call Member Services at **800-787-3311 (TTY: 711)**, seven days a week (October 1 - March 31) and five days a week (April 1 - September 30), 8 a.m. – 8 p.m., Central time, or email **ILProviderRelations@humana.com**.
To get a printed copy of the preferred drug list, or to report any errors, call Member Services at **800-787-3311 (TTY: 711)**, seven days a week (October 1 - March 31) and five days a week (April 1 - September 30), 8 a.m. — 8 p.m., Central time, or email **ILProviderRelations@humana.com**.

Humana Healthy Horizons®

HealthChoice Illinois

Humana Preferred Drug List
Preferred Drug List, also known as a formulary, is effective on January 1, 2027, unless otherwise stated. This is an all-inclusive list and may change throughout the year.

Definitions:

- Preferred Drug – Covered drug designated as a first choice within a therapeutic class.
- Non-preferred Drug – Non-preferred drugs typically require prior authorization.

What is the Preferred Drug List?
This is a list of preferred drugs that are covered by your plan. You must get them from a pharmacy that works with your plan. You don't have to pay extra for medicines if they are on this list.

How do I use the Preferred Drug List?
Medicines are listed in the Preferred Drug List alphabetically.

Some medicines have two names, a generic name and a brand name. Generic medicines are the same as brand medicines, but they have different names and lower prices. The U.S. Food and Drug Administration (FDA) makes sure that generic medicines are safe and work the same as brand medicines.

- Level x: Drug group known as non-preferred drugs.
- Level 1: Drugs identified as medications that are covered and are also known as preferred drugs.

What if my drug is not on the Comprehensive Drug List?
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. For the most part, 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 to approve it by:

- Faxing the form found at **provider.humana.com/pharmacy-resources/prior-authorizations at 877-486-2621**.
- An online request at **covermymeds.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.

Can the Preferred Drug List change?
Yes. New medicines are added or removed as needed. You will be notified by letter if a medicine you take is removed from the list.

For your drug information:
You can go to **Humana.com** and sign in to MyHumana.
- Look for the "Drug Pricing Tool" under "Tools & Resources" at the bottom of the page.
- Type the name of the medicine or the condition being treated.

Please remember: MyHumana only shows your benefits for today.

Are there any limits on my medicines?
Some drugs may have limits or are not preferred by Humana.

These limits may include:

- Age minimum/age maximum: Some medicines are limited to a specific age.
- Prior authorization (PA): Some medicines need to be approved by your plan to be covered.
- Quantity limits (QL): You may have a limit on the amount of medicine you can get at one time. The limit for each medicine is based on safety or health reasons and how long your doctor wants you to take it (30, 60 or 90 days). These limits help you use medicines the right way. If your prescription is over the limit, there are two choices:
  - You can get the amount of medicine that's covered by your plan, or
  - If your healthcare provider thinks you need more than the amount allowed, they can ask for prior authorization from Humana for the amount of the medicine that is over the limit.
- Step therapy (ST): Before you get a medicine that costs more, you may be asked to try at least one other drug first.

For more information

If you want to learn more about your Humana Healthy Horizons® in Illinois prescription drug plan, please review your Member Handbook and other plan materials.

If you're already enrolled in a Humana plan, please call the number on your Humana ID card or visit **MyHumana.com**.

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

The Preferred Drug List that starts on the next page tells you about some of the medicines that Humana pays for.

How to read the Preferred Drug List
The first column lists drug names. Brand-name drugs are listed in capital letters, and generic drugs are listed in lowercase letters.

OTC: Over-the-counter drugs that are covered with a prescription.

NP: Non-preferred drug.

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 if there are any rules for getting that medicine. Utilization management means there may be requirements for covering that medicine. These can include prior authorization or quantity limits. Look at page 3 to learn more about the drug requirements for your plan.

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
acetaminophen 120 mg-codeine 12 mg/5 ml (5 ml) oral solution	1	QL(2700 per 30 days)	ANALGESICS		
acetaminophen 120 mg-codeine 12 mg/5 ml oral solution	1	QL(2700 per 30 days)	ANALGESICS		
acetaminophen 300 mg-codeine 15 mg tablet	1	QL(390 per 30 days)	ANALGESICS		
acetaminophen 300 mg-codeine 30 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
acetaminophen 300 mg-codeine 30 mg/12.5 ml (12.5 ml) oral solution	1	QL(2700 per 30 days)	ANALGESICS		
acetaminophen 300 mg-codeine 60 mg tablet	1	QL(180 per 30 days)	ANALGESICS		
addaprin 200 mg tablet[OTC]	1		ANALGESICS		
ADVIL 200 MG TABLET[OTC]	1		ANALGESICS		
ALEVE 220 MG CAPSULE[OTC]	1		ANALGESICS		
ALEVE 220 MG TABLET[OTC]	1		ANALGESICS		
all day pain relief 220 mg tablet[OTC]	1		ANALGESICS		
all day relief 220 mg tablet[OTC]	1		ANALGESICS		
ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED[NP]	*		ANALGESICS		
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED[NP]	*		ANALGESICS		
ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule	1	QL(180 per 30 days)	ANALGESICS		
BELBUCA 150 MCG BUCCAL FILM[NP]	*		ANALGESICS		
BELBUCA 300 MCG BUCCAL FILM[NP]	*		ANALGESICS		
BELBUCA 450 MCG BUCCAL FILM[NP]	*		ANALGESICS		
BELBUCA 600 MCG BUCCAL FILM[NP]	*		ANALGESICS		
BELBUCA 75 MCG BUCCAL FILM[NP]	*		ANALGESICS		
BELBUCA 750 MCG BUCCAL FILM[NP]	*		ANALGESICS		
BELBUCA 900 MCG BUCCAL FILM[NP]	*		ANALGESICS		
buprenorphine 10 mcg/hour weekly transdermal patch[NP]	*		ANALGESICS		
buprenorphine 15 mcg/hour weekly transdermal patch[NP]	*		ANALGESICS		
buprenorphine 20 mcg/hour weekly transdermal patch[NP]	*		ANALGESICS		
buprenorphine 5 mcg/hour weekly transdermal patch[NP]	*		ANALGESICS		
buprenorphine 7.5 mcg/hour weekly transdermal patch[NP]	*	QL(4 per 28 days)	ANALGESICS		
butorphanol 10 mg/ml nasal spray[NP]	*	QL(5 per 28 days)	ANALGESICS		
BUTRANS 10 MCG/HOUR TRANSDERMAL PATCH[NP]	*		ANALGESICS		
BUTRANS 15 MCG/HOUR TRANSDERMAL PATCH[NP]	*		ANALGESICS		
BUTRANS 20 MCG/HOUR TRANSDERMAL PATCH[NP]	*		ANALGESICS		
BUTRANS 5 MCG/HOUR TRANSDERMAL PATCH[NP]	*		ANALGESICS		

• NP – Non-preferred • OTC – Over-the-counter • PA – Prior authorization• QL – Quantity limit
• ST – Step therapy

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
BUTRANS 7.5 MCG/HOUR TRANSDERMAL PATCH[NP]	*	QL(4 per 28 days)	ANALGESICS		
CELEBREX 100 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANALGESICS		
CELEBREX 200 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANALGESICS		
CELEBREX 400 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANALGESICS		
CELEBREX 50 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANALGESICS		
celecoxib 100 mg capsule	1	QL(60 per 30 days)	ANALGESICS		
celecoxib 200 mg capsule	1	QL(60 per 30 days)	ANALGESICS		
celecoxib 400 mg capsule	1	QL(60 per 30 days)	ANALGESICS		
celecoxib 50 mg capsule	1	QL(60 per 30 days)	ANALGESICS		
codeine sulfate 15 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
codeine sulfate 30 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
codeine sulfate 60 mg tablet	1	QL(180 per 30 days)	ANALGESICS		
codeine-butalbital-asa-caffeine 30 mg-50 mg-325 mg-40 mg capsule	1	QL(180 per 30 days)	ANALGESICS		
CONZIP 100 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANALGESICS		
CONZIP 200 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANALGESICS		
CONZIP 300 MG CAPSULE, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANALGESICS		
COXANTO 300 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANALGESICS		
diclofenac 1 % topical gel[NP]	*	QL(500 per 30 days)	ANALGESICS		
diclofenac 1 % topical gel[NP]	*	QL(500 per 30 days)	ANALGESICS		
diclofenac 1.5 % topical drops[NP]	*		ANALGESICS		
diclofenac 20 mg/gram/actuation (2 %) topical soln metered-dose pump[NP]	*		ANALGESICS		
diclofenac 50 mg-misoprostol 200 mcg tablet,immed.and delayed release[NP]	*		ANALGESICS		
diclofenac 75 mg-misoprostol 200 mcg tablet,immediate,delayed release[NP]	*		ANALGESICS		
diclofenac epolamine 1.3 % transdermal 12 hour patch[NP]	*	QL(60 per 30 days)	ANALGESICS		
diclofenac er 100 mg tablet,extended release 24 hr	1		ANALGESICS		
diclofenac potassium 25 mg capsule[NP]	*	QL(120 per 30 days)	ANALGESICS		
diclofenac potassium 25 mg tablet[NP]	*		ANALGESICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
diclofenac potassium 50 mg oral powder packet[NP]	*	QL(9 per 30 days)	ANALGESICS		
diclofenac potassium 50 mg tablet	1		ANALGESICS		
diclofenac sodium 25 mg tablet,delayed release	1		ANALGESICS		
diclofenac sodium 50 mg tablet,delayed release	1		ANALGESICS		
diclofenac sodium 75 mg tablet,delayed release	1		ANALGESICS		
DICLOGEN 1.5 %-10 %-4 % TOPICAL KIT[NP]	*		ANALGESICS		
diflunisal 500 mg tablet	1		ANALGESICS		
DILAUDID 1 MG/ML ORAL LIQUID[NP]	*	QL(2400 per 30 days)	ANALGESICS		
DILAUDID 2 MG TABLET[NP]	*	QL(360 per 30 days)	ANALGESICS		
DILAUDID 4 MG TABLET[NP]	*	QL(360 per 30 days)	ANALGESICS		
DILAUDID 8 MG TABLET[NP]	*	QL(240 per 30 days)	ANALGESICS		
DISKETS 40 MG SOLUBLE TABLET[NP]	*	QL(90 per 30 days)	ANALGESICS		
dolobid 250 mg tablet[NP]	*		ANALGESICS		
DOLOBID 375 MG TABLET[NP]	*		ANALGESICS		
ENDOCET 10 MG-325 MG TABLET	1	QL(360 per 30 days)	ANALGESICS		
ENDOCET 2.5 MG-325 MG TABLET	1	QL(360 per 30 days)	ANALGESICS		
ENDOCET 5 MG-325 MG TABLET	1	QL(360 per 30 days)	ANALGESICS		
ENDOCET 7.5 MG-325 MG TABLET	1	QL(360 per 30 days)	ANALGESICS		
etodolac 200 mg capsule	1		ANALGESICS		
etodolac 300 mg capsule	1		ANALGESICS		
etodolac 400 mg tablet	1		ANALGESICS		
etodolac 500 mg tablet	1		ANALGESICS		
etodolac er 400 mg tablet,extended release 24 hr	1		ANALGESICS		
etodolac er 500 mg tablet,extended release 24 hr	1		ANALGESICS		
etodolac er 600 mg tablet,extended release 24 hr	1		ANALGESICS		
fenoprofen 200 mg capsule[NP]	*	QL(180 per 30 days)	ANALGESICS		
fenoprofen 300 mg capsule[NP]	*		ANALGESICS		
fenoprofen 400 mg capsule[NP]	*	QL(240 per 30 days)	ANALGESICS		
fenopron 300 mg capsule[NP]	*		ANALGESICS		
fentanyl 100 mcg/hr transdermal patch[NP]	*	QL(20 per 30 days)	ANALGESICS		
fentanyl 12 mcg/hr transdermal patch[NP]	*	QL(20 per 30 days)	ANALGESICS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
fentanyl 25 mcg/hr transdermal patch[NP]	*	QL(20 per 30 days)	ANALGESICS		
fentanyl 37.5 mcg/hour transdermal patch[NP]	*	QL(20 per 30 days)	ANALGESICS		
fentanyl 50 mcg/hr transdermal patch[NP]	*	QL(20 per 30 days)	ANALGESICS		
fentanyl 62.5 mcg/hour transdermal patch[NP]	*	QL(20 per 30 days)	ANALGESICS		
fentanyl 75 mcg/hr transdermal patch[NP]	*	QL(20 per 30 days)	ANALGESICS		
fentanyl 87.5 mcg/hour transdermal patch[NP]	*	QL(20 per 30 days)	ANALGESICS		
flanax (naproxen) 220 mg tablet[OTC]	1		ANALGESICS		
flurbiprofen 100 mg tablet	1		ANALGESICS		
hydrocodone 10 mg-acetaminophen 300 mg tablet	1	QL(180 per 30 days)	ANALGESICS		
hydrocodone 10 mg-acetaminophen 300 mg/15 ml oral solution	1	QL(6000 per 30 days)	ANALGESICS		
hydrocodone 10 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
hydrocodone 10 mg-acetaminophen 325 mg/15 ml oral solution	1	QL(2700 per 30 days)	ANALGESICS		
hydrocodone 10 mg-ibuprofen 200 mg tablet	1	QL(150 per 30 days)	ANALGESICS		
hydrocodone 2.5 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
hydrocodone 5 mg-acetaminophen 300 mg tablet	1	QL(240 per 30 days)	ANALGESICS		
hydrocodone 5 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
hydrocodone 5 mg-ibuprofen 200 mg tablet	1	QL(150 per 30 days)	ANALGESICS		
hydrocodone 7.5 mg-acetaminophen 300 mg tablet	1	QL(180 per 30 days)	ANALGESICS		
hydrocodone 7.5 mg-acetaminophen 325 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
hydrocodone 7.5 mg-acetaminophen 325 mg/15 ml oral solution	1	QL(5520 per 30 days)	ANALGESICS		
hydrocodone 7.5 mg-ibuprofen 200 mg tablet	1	QL(150 per 30 days)	ANALGESICS		
hydrocodone bitartrate er 10 mg capsule, oral only, extended rel 12 hr[NP]	*	QL(90 per 30 days)	ANALGESICS		
hydrocodone bitartrate er 100 mg tablet, crush resist,extend.rel. 24hr[NP]	*	QL(30 per 30 days)	ANALGESICS		
hydrocodone bitartrate er 120 mg tablet, crush resist,extend.rel. 24hr[NP]	*	QL(30 per 30 days)	ANALGESICS		
hydrocodone bitartrate er 15 mg capsule, oral only, extended rel 12 hr[NP]	*	QL(90 per 30 days)	ANALGESICS		
hydrocodone bitartrate er 20 mg capsule, oral only, extended rel 12 hr[NP]	*	QL(90 per 30 days)	ANALGESICS		
hydrocodone bitartrate er 20 mg tablet,crush resist,extended rel. 24hr[NP]	*	QL(30 per 30 days)	ANALGESICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
hydrocodone bitartrate er 30 mg capsule, oral only, extended rel 12 hr[NP]	*	QL(90 per 30 days)	ANALGESICS		
hydrocodone bitartrate er 30 mg tablet,crush resist,extended rel. 24hr[NP]	*	QL(30 per 30 days)	ANALGESICS		
hydrocodone bitartrate er 40 mg capsule, oral only, extended rel 12 hr[NP]	*	QL(90 per 30 days)	ANALGESICS		
hydrocodone bitartrate er 40 mg tablet,crush resist,extended rel. 24hr[NP]	*	QL(30 per 30 days)	ANALGESICS	18	
hydrocodone bitartrate er 50 mg capsule, oral only, extended rel 12 hr[NP]	*	QL(120 per 30 days)	ANALGESICS	18	
hydrocodone bitartrate er 60 mg tablet,crush resist,extended rel. 24hr[NP]	*	QL(30 per 30 days)	ANALGESICS		
hydrocodone bitartrate er 80 mg tablet,crush resist,extended rel. 24hr[NP]	*	QL(30 per 30 days)	ANALGESICS		
hydromorphone 1 mg/ml oral liquid	1	QL(2400 per 30 days)	ANALGESICS		
hydromorphone 2 mg tablet	1	QL(360 per 30 days)	ANALGESICS	18	
hydromorphone 3 mg rectal suppository	1	QL(120 per 30 days)	ANALGESICS		
hydromorphone 4 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
hydromorphone 8 mg tablet	1	QL(240 per 30 days)	ANALGESICS	18	
hydromorphone er 12 mg tablet,extended release 24 hr[NP]	*	QL(180 per 30 days)	ANALGESICS	18	
hydromorphone er 16 mg tablet,extended release 24 hr[NP]	*	QL(120 per 30 days)	ANALGESICS		
hydromorphone er 32 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANALGESICS		
hydromorphone er 8 mg tablet,extended release 24 hr[NP]	*	QL(240 per 30 days)	ANALGESICS		
HYSINGLA ER 100 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANALGESICS		
HYSINGLA ER 20 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANALGESICS		
HYSINGLA ER 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANALGESICS		
HYSINGLA ER 40 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANALGESICS		
HYSINGLA ER 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANALGESICS		
HYSINGLA ER 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANALGESICS		
i-prin 200 mg tablet[OTC]	1		ANALGESICS		
ibu 400 mg tablet	1		ANALGESICS		
ibu 600 mg tablet	1		ANALGESICS		
ibu 800 mg tablet	1		ANALGESICS		
ibu-200 200 mg tablet[OTC]	1		ANALGESICS		
ibuprofen 100 mg/5 ml oral suspension[NP]	*		ANALGESICS		
ibuprofen 100 mg/5 ml oral suspension[NP]	*		ANALGESICS		

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ibuprofen 200 mg tablet[OTC]	1		ANALGESICS		
ibuprofen 300 mg tablet	1		ANALGESICS		
ibuprofen 400 mg tablet	1		ANALGESICS		
ibuprofen 600 mg tablet	1		ANALGESICS		
ibuprofen 800 mg tablet	1		ANALGESICS		
ibuprofen 800 mg-famotidine 26.6 mg tablet[NP]	*	QL(90 per 30 days)	ANALGESICS		
indomethacin 25 mg capsule	1		ANALGESICS		
indomethacin 25 mg/5 ml oral suspension	1		ANALGESICS		
indomethacin 50 mg capsule	1		ANALGESICS		
indomethacin 50 mg rectal suppository	1		ANALGESICS		
indomethacin er 75 mg capsule,extended release	1		ANALGESICS		
ketoprofen 50 mg capsule	1		ANALGESICS		
ketoprofen 75 mg capsule	1		ANALGESICS		
ketoprofen er 200 mg 24 hr capsule,extended release[NP]	*		ANALGESICS		
ketorolac 10 mg tablet	1	QL(20 per 5 days)	ANALGESICS		
levorphanol tartrate 2 mg tablet[NP]	*	QL(240 per 30 days)	ANALGESICS		
levorphanol tartrate 3 mg tablet[NP]	*	QL(150 per 30 days)	ANALGESICS		
LEXTOL 1.5 %-0.025 % TOPICAL, SOLUTION AND CREAM[NP]	*		ANALGESICS		
LIXOFEN 1.5 % TOPICAL KIT[NP]	*		ANALGESICS		
lofena 25 mg tablet[NP]	*		ANALGESICS		
lurbiro 100 mg tablet[NP]	*		ANALGESICS		
meclofenamate 100 mg capsule[NP]	*		ANALGESICS		
meclofenamate 50 mg capsule[NP]	*		ANALGESICS		
mediproxen 220 mg tablet[OTC]	1		ANALGESICS		
mefenamic acid 250 mg capsule[NP]	*		ANALGESICS		
meloxicam 15 mg tablet	1	QL(30 per 30 days)	ANALGESICS		
meloxicam 7.5 mg tablet	1	QL(60 per 30 days)	ANALGESICS		
meloxicam submicronized 10 mg capsule[NP]	*	QL(30 per 30 days)	ANALGESICS		
meloxicam submicronized 5 mg capsule[NP]	*	QL(30 per 30 days)	ANALGESICS		
meperidine 50 mg tablet[NP]	*	QL(480 per 30 days)	ANALGESICS		
meperidine 50 mg/5 ml oral solution[NP]	*	QL(720 per 30 days)	ANALGESICS		
methadone 10 mg tablet[NP]	*	QL(240 per 30 days)	ANALGESICS		
methadone 10 mg/5 ml oral solution[NP]	*	QL(1800 per 30 days)	ANALGESICS		
methadone 10 mg/ml oral concentrate[NP]	*	QL(360 per 30 days)	ANALGESICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
methadone 40 mg soluble tablet[NP]	*	QL(90 per 30 days)	ANALGESICS		
methadone 5 mg tablet[NP]	*	QL(480 per 30 days)	ANALGESICS		
methadone 5 mg/5 ml oral solution[NP]	*	QL(3600 per 30 days)	ANALGESICS		
methadone intensol 10 mg/ml oral concentrate[NP]	*	QL(360 per 30 days)	ANALGESICS		
METHADOSE 10 MG/ML ORAL CONCENTRATE[NP]	*	QL(360 per 30 days)	ANALGESICS		
methadose 40 mg soluble tablet[NP]	*	QL(90 per 30 days)	ANALGESICS		
morphine 10 mg rectal suppository	1	QL(180 per 30 days)	ANALGESICS		
morphine 10 mg/5 ml (2 mg/ml) oral solution	1	QL(2700 per 30 days)	ANALGESICS		
morphine 15 mg immediate release tablet	1	QL(180 per 30 days)	ANALGESICS		
morphine 20 mg rectal suppository	1	QL(180 per 30 days)	ANALGESICS		
morphine 20 mg/5 ml (4 mg/ml) oral solution	1	QL(1350 per 30 days)	ANALGESICS		
morphine 30 mg immediate release tablet	1	QL(180 per 30 days)	ANALGESICS		
morphine 30 mg rectal suppository	1	QL(180 per 30 days)	ANALGESICS		
morphine 5 mg rectal suppository	1	QL(180 per 30 days)	ANALGESICS		
morphine concentrate 100 mg/5 ml (20 mg/ml) oral solution	1	QL(540 per 30 days)	ANALGESICS		
morphine er 10 mg capsule,extended release pellets[NP]	*	QL(60 per 30 days)	ANALGESICS		
morphine er 100 mg capsule,extended release pellets[NP]	*	QL(60 per 30 days)	ANALGESICS		
morphine er 100 mg tablet,extended release	1	PA,QL(180 per 30 days)	ANALGESICS		
morphine er 120 mg capsule,extended release 24 hr multiphase[NP]	*	QL(60 per 30 days)	ANALGESICS		
morphine er 15 mg tablet,extended release	1	PA,QL(120 per 30 days)	ANALGESICS		
morphine er 20 mg capsule,extended release pellets[NP]	*	QL(60 per 30 days)	ANALGESICS		
morphine er 200 mg tablet,extended release	1	PA,QL(90 per 30 days)	ANALGESICS		
morphine er 30 mg capsule,extended release 24 hr multiphase[NP]	*	QL(30 per 30 days)	ANALGESICS		
morphine er 30 mg capsule,extended release pellets[NP]	*	QL(60 per 30 days)	ANALGESICS		
morphine er 30 mg tablet,extended release	1	PA,QL(120 per 30 days)	ANALGESICS		
morphine er 45 mg capsule,extended release 24 hr multiphase[NP]	*	QL(30 per 30 days)	ANALGESICS	18	

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
morphine er 50 mg capsule,extended release pellets[NP]	*	QL(60 per 30 days)	ANALGESICS		
morphine er 60 mg capsule,extended release 24 hr multiphase[NP]	*	QL(60 per 30 days)	ANALGESICS		
morphine er 60 mg capsule,extended release pellets[NP]	*	QL(60 per 30 days)	ANALGESICS		
morphine er 60 mg tablet,extended release	1	PA,QL(120 per 30 days)	ANALGESICS		
morphine er 75 mg capsule,extended release 24 hr multiphase[NP]	*	QL(60 per 30 days)	ANALGESICS		
morphine er 80 mg capsule,extended release pellets[NP]	*	QL(60 per 30 days)	ANALGESICS	18	
morphine er 90 mg capsule,extended release 24 hr multiphase[NP]	*	QL(60 per 30 days)	ANALGESICS	18	
MOTRIN IB 200 MG TABLET[OTC]	1		ANALGESICS		
MS CONTIN 15 MG TABLET,EXTENDED RELEASE[NP]	*	QL(120 per 30 days)	ANALGESICS		
MS CONTIN 30 MG TABLET,EXTENDED RELEASE[NP]	*	QL(120 per 30 days)	ANALGESICS		
MS CONTIN 60 MG TABLET,EXTENDED RELEASE[NP]	*	QL(120 per 30 days)	ANALGESICS		
nabumetone 500 mg tablet	1		ANALGESICS		
nabumetone 750 mg tablet	1		ANALGESICS		
nalocet 2.5 mg-300 mg tablet[NP]	*	QL(360 per 30 days)	ANALGESICS		
NAPRELAN CR 375 MG TAB,EXTENDED RELEASE 24 HR MPHASE[NP]	*	QL(120 per 30 days)	ANALGESICS		
NAPRELAN CR 500 MG TAB,EXTENDED RELEASE 24 HR MPHASE[NP]	*	QL(90 per 30 days)	ANALGESICS		
naproxen 125 mg/5 ml oral suspension	1		ANALGESICS	18	
naproxen 250 mg tablet	1		ANALGESICS		
naproxen 375 mg tablet	1		ANALGESICS		
naproxen 375 mg tablet,delayed release	1		ANALGESICS		
naproxen 375 mg-esomeprazole 20 mg tablet,immediate and delay release[NP]	*	QL(60 per 30 days)	ANALGESICS		
naproxen 500 mg tablet	1		ANALGESICS		
naproxen 500 mg tablet,delayed release	1		ANALGESICS		
naproxen 500 mg-esomeprazole 20 mg tablet,immediate and delay release[NP]	*	QL(60 per 30 days)	ANALGESICS		
naproxen sodium 220 mg tablet[OTC]	1		ANALGESICS		
naproxen sodium 275 mg tablet	1		ANALGESICS		
naproxen sodium 550 mg tablet	1		ANALGESICS		
naproxen sodium er (cr) 375 mg tablet,extended release 24 hr mphase[NP]	*	QL(120 per 30 days)	ANALGESICS		
naproxen sodium er (cr) 500 mg tablet,extended release 24 hr mphase[NP]	*	QL(90 per 30 days)	ANALGESICS	18	

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
naproxen sodium er (cr) 750 mg tablet,extended release 24 hr mphase[NP]	*	QL(60 per 30 days)	ANALGESICS		
orudis 75 mg capsule[NP]	*		ANALGESICS		
OXAPROZIN 300 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANALGESICS		
oxaprozin 600 mg tablet[NP]	*		ANALGESICS	18	
oxycodone 10 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
oxycodone 15 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
oxycodone 20 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
oxycodone 20 mg/ml oral concentrate	1	QL(270 per 30 days)	ANALGESICS		
oxycodone 30 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
oxycodone 5 mg capsule	1	QL(360 per 30 days)	ANALGESICS		
oxycodone 5 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
oxycodone 5 mg/5 ml oral solution	1	QL(5400 per 30 days)	ANALGESICS		
oxycodone er 20 mg tablet,crush resistant,extended release 12 hr[NP]	*	QL(90 per 30 days)	ANALGESICS		
oxycodone er 40 mg tablet,crush resistant,extended release 12 hr[NP]	*	QL(90 per 30 days)	ANALGESICS	18	
oxycodone-acetaminophen 10 mg-325 mg tablet	1	QL(360 per 30 days)	ANALGESICS	18	
oxycodone-acetaminophen 2.5 mg-325 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
oxycodone-acetaminophen 5 mg-325 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
oxycodone-acetaminophen 7.5 mg-325 mg tablet	1	QL(360 per 30 days)	ANALGESICS		
OXYCONTIN 10 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANALGESICS		
OXYCONTIN 15 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANALGESICS	18	
OXYCONTIN 20 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANALGESICS		
OXYCONTIN 30 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANALGESICS		
OXYCONTIN 40 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANALGESICS	18	
OXYCONTIN 60 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANALGESICS		
OXYCONTIN 80 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE[NP]	*	QL(120 per 30 days)	ANALGESICS	18	
oxymorphone 10 mg tablet[NP]	*	QL(360 per 30 days)	ANALGESICS		
oxymorphone 5 mg tablet[NP]	*		ANALGESICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
oxymorphone er 10 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS		
oxymorphone er 15 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS		
oxymorphone er 20 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS		
oxymorphone er 30 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS		
oxymorphone er 40 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS	18	
oxymorphone er 5 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS	18	
oxymorphone er 7.5 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS		
pain relief (ibuprofen) 200 mg tablet[OTC]	1		ANALGESICS		
pentazocine 50 mg-naloxone 0.5 mg tablet[NP]	*	QL(360 per 30 days)	ANALGESICS		
PERCOCET 10 MG-325 MG TABLET[NP]	*	QL(360 per 30 days)	ANALGESICS		
PERCOCET 5 MG-325 MG TABLET[NP]	*	QL(360 per 30 days)	ANALGESICS		
PERCOCET 7.5 MG-325 MG TABLET[NP]	*	QL(360 per 30 days)	ANALGESICS		
piroxicam 10 mg capsule[NP]	*		ANALGESICS		
piroxicam 20 mg capsule[NP]	*		ANALGESICS		
prolate 10 mg-300 mg tablet[NP]	*	QL(390 per 30 days)	ANALGESICS		
PROLATE 10 MG-300 MG/5 ML ORAL SOLUTION[NP]	*	QL(900 per 30 days)	ANALGESICS		
prolate 5 mg-300 mg tablet[NP]	*	QL(390 per 30 days)	ANALGESICS		
prolate 7.5 mg-300 mg tablet[NP]	*	QL(390 per 30 days)	ANALGESICS		
RELAFEN DS 1,000 MG TABLET[NP]	*	QL(60 per 30 days)	ANALGESICS	18	
ROXICODONE 15 MG TABLET[NP]	*	QL(360 per 30 days)	ANALGESICS		
ROXICODONE 30 MG TABLET[NP]	*	QL(360 per 30 days)	ANALGESICS	18	
ROXYBOND 10 MG TABLET,ORAL ONLY (NOT FEEDING TUBES)[NP]	*	QL(360 per 30 days)	ANALGESICS		
ROXYBOND 15 MG TABLET,ORAL ONLY (NOT FEEDING TUBES)[NP]	*	QL(180 per 30 days)	ANALGESICS	18	
ROXYBOND 30 MG TABLET,ORAL ONLY (NOT FEEDING TUBES)[NP]	*	QL(180 per 30 days)	ANALGESICS		
ROXYBOND 5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES)[NP]	*	QL(360 per 30 days)	ANALGESICS	18	
sulindac 150 mg tablet	1		ANALGESICS		
sulindac 200 mg tablet	1		ANALGESICS		
tapentadol 100 mg tablet[NP]	*	QL(180 per 30 days)	ANALGESICS	18	
tapentadol 20 mg/ml oral solution[NP]	*	QL(900 per 30 days)	ANALGESICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
tapentadol 50 mg tablet[NP]	*	QL(180 per 30 days)	ANALGESICS		
tapentadol 75 mg tablet[NP]	*	QL(180 per 30 days)	ANALGESICS		
tapentadol er 100 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS	18	
tapentadol er 150 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS		
tapentadol er 200 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS		
tapentadol er 250 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS		
tapentadol er 50 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	ANALGESICS		
tolectin 600 600 mg tablet[NP]	*		ANALGESICS		
tolectin ds 400 mg capsule[NP]	*		ANALGESICS		
tolmetin 200 mg tablet[NP]	*		ANALGESICS		
tolmetin 400 mg capsule[NP]	*		ANALGESICS		
tolmetin 600 mg tablet[NP]	*		ANALGESICS		
tramadol 100 mg tablet[NP]	*	QL(120 per 30 days)	ANALGESICS	18	
tramadol 25 mg tablet[NP]	*	QL(180 per 30 days)	ANALGESICS		
tramadol 37.5 mg-acetaminophen 325 mg tablet[NP]	*	QL(240 per 30 days)	ANALGESICS		
tramadol 5 mg/ml oral solution[NP]	*	QL(2400 per 30 days)	ANALGESICS		
tramadol 50 mg tablet	1	QL(240 per 30 days)	ANALGESICS		
tramadol 75 mg tablet[NP]	*	QL(150 per 30 days)	ANALGESICS	18	
tramadol er 100 mg capsule 24h,extended release(25-75)[NP]	*	QL(30 per 30 days)	ANALGESICS		
tramadol er 100 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANALGESICS		
tramadol er 200 mg capsule 24h,extended release(25-75)[NP]	*	QL(30 per 30 days)	ANALGESICS		
tramadol er 200 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANALGESICS		
tramadol er 300 mg capsule 24 hr,extended release[NP]	*	QL(30 per 30 days)	ANALGESICS		
tramadol er 300 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANALGESICS		
VYSCOXA 10 MG/ML ORAL SUSPENSION[NP]	*	QL(1200 per 30 days)	ANALGESICS		
wal-profen 200 mg tablet[OTC]	1		ANALGESICS		
wal-proxen 220 mg tablet[OTC]	1		ANALGESICS		
xyvona 2 mg tablet[NP]	*	QL(240 per 30 days)	ANALGESICS		
xyvona 3 mg tablet[NP]	*	QL(150 per 30 days)	ANALGESICS		
ZYBIC 7.5 MG/5 ML ORAL SUSPENSION[NP]	*	QL(300 per 30 days)	ANALGESICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
anecream 4 % topical[OTC]	1		ANESTHETICS		
asperflex (lidocaine) 4 % topical cream[OTC]	1		ANESTHETICS		
CINTHERA 4 % TOPICAL OINTMENT[OTC]	1		ANESTHETICS		
dermacinrx lidocan 5 % topical patch	1	QL(90 per 30 days)	ANESTHETICS		
DERMACINRX LIDOGEL 2.8 % TOPICAL[NP]	*		ANESTHETICS		
DERMACINRX LIDOREX 2.8 % TOPICAL GEL[NP]	*		ANESTHETICS		
glydo 2 % mucosal jelly in applicator	1		ANESTHETICS		
lidocaine 2 % mucosal jelly in applicator	1		ANESTHETICS		
lidocaine 4 % topical cream[OTC]	1		ANESTHETICS		
lidocaine 5 % topical ointment	1		ANESTHETICS		
lidocaine 5 % topical patch	1	QL(90 per 30 days)	ANESTHETICS		
lidocaine hcl 2 % mucosal jelly	1		ANESTHETICS		
lidocaine hcl 2 % mucosal solution	1		ANESTHETICS		
lidocaine hcl 3 % topical cream	1		ANESTHETICS		
lidocaine hcl 4 % (40 mg/ml) mucosal solution	1		ANESTHETICS		
lidocaine hcl 4 % laryngotracheal solution	1		ANESTHETICS		
lidocaine-prilocaine 2.5 %-2.5 % topical cream[NP]	*		ANESTHETICS		
lidocaine-prilocaine 2.5 %-2.5 % topical kit[NP]	*		ANESTHETICS		
lidocan iii 5 % topical patch	1	QL(90 per 30 days)	ANESTHETICS		
lidocan iv 5 % topical patch	1	QL(90 per 30 days)	ANESTHETICS		
lidocan v 5 % topical patch	1	QL(90 per 30 days)	ANESTHETICS		
LIDOTRAL 3.88 % TOPICAL CREAM[NP]	*		ANESTHETICS		
lidozall 4 % topical cream[OTC]	1		ANESTHETICS		
LMX 4 4 % TOPICAL CREAM[OTC]	1		ANESTHETICS		
PLIAGLIS 7 %-7 % TOPICAL CREAM[NP]	*		ANESTHETICS		
ultra lido 4 % topical cream[OTC]	1		ANESTHETICS		
xyliderm 5 % topical kit[NP]	*		ANESTHETICS		
ZTLIDO 1.8 % TOPICAL PATCH[NP]	*	QL(90 per 30 days)	ANESTHETICS		
acamprosate 333 mg tablet,delayed release	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
BRIXADI MONTHLY 128 MG/0.36 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
BRIXADI MONTHLY 64 MG/0.18 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
BRIXADI MONTHLY 96 MG/0.27 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
BRIXADI WEEKLY 16 MG/0.32 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
BRIXADI WEEKLY 24 MG/0.48 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
BRIXADI WEEKLY 32 MG/0.64 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
BRIXADI WEEKLY 8 MG/0.16 ML SOLUTION,EXTEND.REL. SUBCUT.SYRINGE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
buprenorphine 12 mg-naloxone 3 mg sublingual film	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
buprenorphine 2 mg-naloxone 0.5 mg sublingual film	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
buprenorphine 2 mg-naloxone 0.5 mg sublingual tablet	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
buprenorphine 4 mg-naloxone 1 mg sublingual film	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
buprenorphine 8 mg-naloxone 2 mg sublingual film	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
buprenorphine 8 mg-naloxone 2 mg sublingual tablet	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
buprenorphine hcl 2 mg sublingual tablet	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
buprenorphine hcl 8 mg sublingual tablet	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
bupropion hcl 150 mg tablet,12 hr sustained-release(smoking deterrent)	1	QL(90 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
CHANTIX 0.5 MG TABLET	1	QL(56 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
CHANTIX 1 MG TABLET	1	QL(56 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
CHANTIX CONTINUING MONTH BOX 1 MG TABLET	1	QL(56 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK	1	QL(53 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
disulfiram 250 mg tablet	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
disulfiram 500 mg tablet	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
KLOXXADO 8 MG/ACTUATION NASAL SPRAY	1	QL(4 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
lofexidine 0.18 mg tablet	1	QL(224 per 365 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
LUCEMYRA 0.18 MG TABLET	1	QL(224 per 365 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
nalmefene 1 mg/ml injection solution	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
naloxone 0.4 mg/ml injection solution	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
naloxone 0.4 mg/ml injection syringe	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
naloxone 1 mg/ml injection syringe	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
naloxone 4 mg/actuation nasal spray[OTC]	1	QL(4 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
naltrexone 50 mg tablet	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
NARCAN 4 MG/ACTUATION NASAL SPRAY[OTC]	1	QL(4 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
NARCAN 4 MG/ACTUATION NASAL SPRAY	1	QL(4 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
NICODERM CQ 14 MG/24 HR DAILY TRANSDERMAL PATCH[OTC]	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
NICODERM CQ 21 MG/24 HR DAILY TRANSDERMAL PATCH[OTC]	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
NICODERM CQ 7 MG/24 HR DAILY TRANSDERMAL PATCH[OTC]	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
nicotine 14 mg/24 hr daily transdermal patch[OTC]	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
nicotine 21 mg/24 hr daily transdermal patch[OTC]	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
nicotine 21mg/24hr-14mg/24hr-7mg/24hr daily transderm patches,sequentl[OTC]	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
nicotine 7 mg/24 hr daily transdermal patch[OTC]	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
NICOTROL NS 10 MG/ML NASAL SPRAY	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
OPVEE 2.7 MG/ACTUATION NASAL SPRAY	1	QL(2 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
REXTOVY 4 MG/ACTUATION NASAL SPRAY	1	QL(4 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
REZENOPY 10 MG/ACTUATION NASAL SPRAY	1	QL(4 per 30 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
SUBLOCADE 100 MG/0.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
SUBLOCADE 300 MG/1.5 ML SOLUTION,EXTENDED RELEASE SUBCUTANEOUS SYRINGE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
varenicline tartrate 0.5 mg (11)-1 mg (42) tablets in a dose pack	1	QL(53 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
varenicline tartrate 0.5 mg tablet	1	QL(56 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
varenicline tartrate 1 mg tablet	1	QL(56 per 28 days)	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET	1		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ZURNAI 1.5 MG/0.5 ML INJECTION,AUTO-INJECTOR[NP]	*		ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acetic acid 2 % ear solution	1		ANTIBACTERIALS		
amoxicillin 125 mg chewable tablet	1		ANTIBACTERIALS		
amoxicillin 125 mg/5 ml oral suspension	1		ANTIBACTERIALS		
amoxicillin 200 mg-potassium clavulanate 28.5 mg chewable tablet	1		ANTIBACTERIALS		
amoxicillin 200 mg-potassium clavulanate 28.5 mg/5 ml oral suspension	1		ANTIBACTERIALS		
amoxicillin 200 mg/5 ml oral suspension	1		ANTIBACTERIALS		
amoxicillin 250 mg capsule	1		ANTIBACTERIALS		
amoxicillin 250 mg chewable tablet	1		ANTIBACTERIALS		
amoxicillin 250 mg-potassium clavulanate 125 mg tablet	1		ANTIBACTERIALS		
amoxicillin 250 mg-potassium clavulanate 62.5 mg/5 ml oral suspension	1		ANTIBACTERIALS		
amoxicillin 250 mg/5 ml oral suspension	1		ANTIBACTERIALS		
amoxicillin 400 mg-potassium clavulanate 57 mg chewable tablet	1		ANTIBACTERIALS		
amoxicillin 400 mg-potassium clavulanate 57 mg/5 ml oral suspension	1		ANTIBACTERIALS		
amoxicillin 400 mg/5 ml oral suspension	1		ANTIBACTERIALS		
amoxicillin 500 mg capsule	1		ANTIBACTERIALS		
amoxicillin 500 mg tablet	1		ANTIBACTERIALS		
amoxicillin 500 mg-potassium clavulanate 125 mg tablet	1		ANTIBACTERIALS		
amoxicillin 600 mg-potassium clavulanate 42.9 mg/5 ml oral suspension	1		ANTIBACTERIALS		
amoxicillin 875 mg tablet	1		ANTIBACTERIALS		
amoxicillin 875 mg-potassium clavulanate 125 mg tablet	1		ANTIBACTERIALS		
amoxicillin-potassium clavulanate 1,000 mg-62.5 mg tablet,ext.rel 12hr[NP]	*		ANTIBACTERIALS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ampicillin 500 mg capsule	1		ANTIBACTERIALS		
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR INHALATION VIA NEBULIZATION[NP]	*	QL(235.2 per 28 days)	ANTIBACTERIALS		
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION	1		ANTIBACTERIALS		
azithromycin 100 mg/5 ml oral suspension	1		ANTIBACTERIALS		
azithromycin 200 mg/5 ml oral suspension	1		ANTIBACTERIALS		
azithromycin 250 mg tablet	1		ANTIBACTERIALS		
azithromycin 500 mg tablet	1		ANTIBACTERIALS		
azithromycin 600 mg tablet	1	QL(16 per 60 days)	ANTIBACTERIALS		
BACTRIM 400 MG-80 MG TABLET[NP]	*		ANTIBACTERIALS		
BACTRIM DS 800 MG-160 MG TABLET[NP]	*		ANTIBACTERIALS		
BAXDELA 450 MG TABLET[NP]	*	QL(28 per 14 days)	ANTIBACTERIALS		
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION[NP]	*	QL(224 per 28 days)	ANTIBACTERIALS		
BLUJEPA 750 MG TABLET[NP]	*		ANTIBACTERIALS		
cefaclor 125 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cefaclor 250 mg capsule	1		ANTIBACTERIALS		
cefaclor 375 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cefaclor 500 mg capsule	1		ANTIBACTERIALS		
cefaclor er 500 mg tablet,extended release,12 hr[NP]	*		ANTIBACTERIALS		
cefadroxil 1 gram tablet	1		ANTIBACTERIALS		
cefadroxil 250 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cefadroxil 500 mg capsule	1		ANTIBACTERIALS		
cefadroxil 500 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cefdinir 125 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cefdinir 250 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cefdinir 300 mg capsule	1		ANTIBACTERIALS		
cefixime 100 mg/5 ml oral suspension[NP]	*		ANTIBACTERIALS		
cefixime 200 mg/5 ml oral suspension[NP]	*		ANTIBACTERIALS		
cefixime 400 mg capsule	1		ANTIBACTERIALS		
cefixime 400 mg tablet	1		ANTIBACTERIALS		
cefpodoxime 100 mg tablet	1		ANTIBACTERIALS		
cefpodoxime 100 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cefpodoxime 200 mg tablet	1		ANTIBACTERIALS		
cefpodoxime 50 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cefprozil 125 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cefprozil 250 mg tablet[NP]	*		ANTIBACTERIALS		
cefprozil 250 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cefprozil 500 mg tablet[NP]	*		ANTIBACTERIALS		
cefuroxime axetil 250 mg tablet	1		ANTIBACTERIALS		
cefuroxime axetil 500 mg tablet	1		ANTIBACTERIALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
cephalexin 125 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cephalexin 250 mg capsule	1		ANTIBACTERIALS		
cephalexin 250 mg tablet	1		ANTIBACTERIALS		
cephalexin 250 mg/5 ml oral suspension	1		ANTIBACTERIALS		
cephalexin 500 mg capsule	1		ANTIBACTERIALS		
cephalexin 500 mg tablet[NP]	*		ANTIBACTERIALS		
cephalexin 750 mg capsule	1		ANTIBACTERIALS		
CIPRO 250 MG TABLET[NP]	*		ANTIBACTERIALS		
CIPRO 250 MG/5 ML ORAL SUSPENSION[NP]	*		ANTIBACTERIALS		
CIPRO 500 MG TABLET[NP]	*		ANTIBACTERIALS		
CIPRO 500 MG/5 ML ORAL SUSPENSION[NP]	*		ANTIBACTERIALS		
ciprofloxacin 250 mg tablet	1		ANTIBACTERIALS		
ciprofloxacin 500 mg tablet	1		ANTIBACTERIALS		
ciprofloxacin 500 mg/5 ml oral suspension	1		ANTIBACTERIALS		
ciprofloxacin 750 mg tablet	1		ANTIBACTERIALS		
clarithromycin 125 mg/5 ml oral suspension	1		ANTIBACTERIALS		
clarithromycin 250 mg tablet	1		ANTIBACTERIALS		
clarithromycin 250 mg/5 ml oral suspension	1		ANTIBACTERIALS		
clarithromycin 500 mg tablet	1		ANTIBACTERIALS		
clarithromycin er 500 mg tablet,extended release 24 hr	1		ANTIBACTERIALS		
CLEOCIN 100 MG VAGINAL SUPPOSITORY	1		ANTIBACTERIALS		
CLEOCIN 2 % VAGINAL CREAM[NP]	*		ANTIBACTERIALS		
CLEOCIN HCL 150 MG CAPSULE[NP]	*		ANTIBACTERIALS		
CLEOCIN HCL 300 MG CAPSULE[NP]	*		ANTIBACTERIALS		
CLEOCIN HCL 75 MG CAPSULE[NP]	*		ANTIBACTERIALS		
CLEOCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION[NP]	*		ANTIBACTERIALS		
clindamycin 2 % vaginal cream	1		ANTIBACTERIALS		
clindamycin 75 mg/5 ml oral solution	1		ANTIBACTERIALS		
clindamycin hcl 150 mg capsule	1		ANTIBACTERIALS		
clindamycin hcl 300 mg capsule	1		ANTIBACTERIALS		
clindamycin hcl 75 mg capsule	1		ANTIBACTERIALS		
clindamycin pediatric 75 mg/5 ml oral solution	1		ANTIBACTERIALS		
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE[NP]	*		ANTIBACTERIALS		
demeclocycline 150 mg tablet	1		ANTIBACTERIALS		
demeclocycline 300 mg tablet	1		ANTIBACTERIALS		
dicloxacillin 250 mg capsule	1		ANTIBACTERIALS		
dicloxacillin 500 mg capsule	1		ANTIBACTERIALS		
DIFICID 200 MG TABLET	1	QL(20 per 10 days)	ANTIBACTERIALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
DIFICID 40 MG/ML ORAL SUSPENSION	1	QL(100 per 10 days)	ANTIBACTERIALS		
DORYX MPC 60 MG TABLET,DELAYED RELEASE[NP]	*	QL(60 per 30 days)	ANTIBACTERIALS		
doxycycline hyclate 100 mg capsule	1	QL(90 per 30 days)	ANTIBACTERIALS		
doxycycline hyclate 100 mg tablet	1		ANTIBACTERIALS		
doxycycline hyclate 100 mg tablet,delayed release[NP]	*	QL(90 per 30 days)	ANTIBACTERIALS		
doxycycline hyclate 150 mg tablet	1	QL(30 per 30 days)	ANTIBACTERIALS		
doxycycline hyclate 150 mg tablet,delayed release[NP]	*	QL(60 per 30 days)	ANTIBACTERIALS		
doxycycline hyclate 20 mg tablet	1		ANTIBACTERIALS		
doxycycline hyclate 200 mg tablet,delayed release[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS		
doxycycline hyclate 50 mg capsule	1		ANTIBACTERIALS		
doxycycline hyclate 50 mg tablet	1	QL(180 per 30 days)	ANTIBACTERIALS		
doxycycline hyclate 50 mg tablet,delayed release[NP]	*	QL(60 per 30 days)	ANTIBACTERIALS		
doxycycline hyclate 75 mg capsule[NP]	*	QL(60 per 30 days)	ANTIBACTERIALS		
doxycycline hyclate 75 mg tablet	1	QL(60 per 30 days)	ANTIBACTERIALS		
doxycycline hyclate 75 mg tablet,delayed release[NP]	*	QL(60 per 30 days)	ANTIBACTERIALS		
doxycycline monohydrate 100 mg capsule	1	QL(90 per 30 days)	ANTIBACTERIALS		
doxycycline monohydrate 100 mg tablet	1		ANTIBACTERIALS		
doxycycline monohydrate 150 mg capsule	1	QL(30 per 30 days)	ANTIBACTERIALS		
doxycycline monohydrate 150 mg tablet	1		ANTIBACTERIALS		
doxycycline monohydrate 25 mg/5 ml oral suspension	1		ANTIBACTERIALS		
doxycycline monohydrate 40 mg capsule,immediate - delay release[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS		
doxycycline monohydrate 50 mg capsule	1	QL(60 per 30 days)	ANTIBACTERIALS		
doxycycline monohydrate 50 mg tablet	1		ANTIBACTERIALS		
doxycycline monohydrate 75 mg capsule	1	QL(60 per 30 days)	ANTIBACTERIALS		
doxycycline monohydrate 75 mg tablet	1		ANTIBACTERIALS		
E.E.S. 400 MG TABLET	1		ANTIBACTERIALS		
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION	1		ANTIBACTERIALS		
ERY-TAB 250 MG TABLET,DELAYED RELEASE	1		ANTIBACTERIALS		
ERY-TAB 333 MG TABLET,DELAYED RELEASE	1		ANTIBACTERIALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ERY-TAB 500 MG TABLET,DELAYED RELEASE	1		ANTIBACTERIALS		
ERYPED 200 200 MG/5 ML ORAL SUSPENSION	1		ANTIBACTERIALS		
ERYPED 400 MG/5 ML ORAL SUSPENSION	1		ANTIBACTERIALS		
erythromycin 250 mg capsule,delayed release	1		ANTIBACTERIALS		
erythromycin 250 mg tablet	1		ANTIBACTERIALS		
erythromycin 250 mg tablet,delayed release	1		ANTIBACTERIALS		
erythromycin 333 mg tablet,delayed release	1		ANTIBACTERIALS		
erythromycin 500 mg tablet	1		ANTIBACTERIALS		
erythromycin 500 mg tablet,delayed release	1		ANTIBACTERIALS		
erythromycin ethylsuccinate 200 mg/5 ml oral powder for suspension	1		ANTIBACTERIALS		
erythromycin ethylsuccinate 400 mg tablet	1		ANTIBACTERIALS		
erythromycin ethylsuccinate 400 mg/5 ml oral powder for suspension	1		ANTIBACTERIALS		
fidaxomicin 200 mg tablet	1	QL(20 per 10 days)	ANTIBACTERIALS		
FIRVANQ 25 MG/ML ORAL SOLUTION[NP]	*		ANTIBACTERIALS		
FIRVANQ 50 MG/ML ORAL SOLUTION[NP]	*		ANTIBACTERIALS		
fosfomycin tromethamine 3 gram oral packet	1		ANTIBACTERIALS		
gentamicin 0.1 % topical cream	1		ANTIBACTERIALS		
gentamicin 0.1 % topical ointment	1		ANTIBACTERIALS		
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION	1	QL(280 per 28 days)	ANTIBACTERIALS		
levofloxacin 250 mg tablet	1		ANTIBACTERIALS		
levofloxacin 250 mg/10 ml oral solution	1		ANTIBACTERIALS		
levofloxacin 500 mg tablet	1		ANTIBACTERIALS		
levofloxacin 750 mg tablet	1		ANTIBACTERIALS		
LIKMEZ 500 MG/5 ML ORAL SUSPENSION[NP]	*	QL(1200 per 30 days)	ANTIBACTERIALS		
linezolid 100 mg/5 ml oral suspension[NP]	*	QL(1800 per 30 days)	ANTIBACTERIALS		
linezolid 600 mg tablet[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS		
MACROBID 100 MG CAPSULE[NP]	*		ANTIBACTERIALS		
mb caps 120 mg-10.8 mg-40.8 mg capsule[NP]	*		ANTIBACTERIALS		
methenamine 81.6 mg-sod phos 40.8 mg-methylene blue 0.12mg-hyos tablet[NP]	*		ANTIBACTERIALS		
methenamine hippurate 1 gram tablet	1		ANTIBACTERIALS		
methenamine mandelate 0.5 gram tablet	1		ANTIBACTERIALS		
methenamine mandelate 1 gram tablet	1		ANTIBACTERIALS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
methenamine mandelate 500 mg/5 ml oral solution	1		ANTIBACTERIALS		
metronidazole 0.75 % (37.5 mg/5 gram) vaginal gel	1		ANTIBACTERIALS		
metronidazole 0.75 % lotion	1		ANTIBACTERIALS		
metronidazole 0.75 % topical cream	1		ANTIBACTERIALS		
metronidazole 0.75 % topical gel	1		ANTIBACTERIALS		
metronidazole 1 % topical gel	1		ANTIBACTERIALS		
metronidazole 1 % topical gel with pump	1		ANTIBACTERIALS		
metronidazole 125 mg tablet[NP]	*		ANTIBACTERIALS		
metronidazole 250 mg tablet	1		ANTIBACTERIALS		
metronidazole 375 mg capsule[NP]	*		ANTIBACTERIALS		
metronidazole 500 mg tablet	1		ANTIBACTERIALS		
minocycline 100 mg capsule	1		ANTIBACTERIALS		
minocycline 100 mg tablet	1		ANTIBACTERIALS		
minocycline 50 mg capsule	1		ANTIBACTERIALS		
minocycline 50 mg tablet	1		ANTIBACTERIALS		
minocycline 75 mg capsule	1		ANTIBACTERIALS		
minocycline 75 mg tablet	1		ANTIBACTERIALS		
minocycline er 105 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS		
minocycline er 115 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS	16	
minocycline er 135 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS	16	
minocycline er 45 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS	16	
minocycline er 55 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS	16	
minocycline er 65 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS	16	
minocycline er 80 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS	16	
minocycline er 90 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS	16	
moxifloxacin 400 mg tablet	1		ANTIBACTERIALS	16	
neomycin 500 mg tablet	1		ANTIBACTERIALS	16	
nitrofurantoin 25 mg/5 ml oral suspension	1	QL(2400 per 30 days)	ANTIBACTERIALS	16	
nitrofurantoin 50 mg/5 ml oral suspension	1	QL(1200 per 30 days)	ANTIBACTERIALS	16	
nitrofurantoin macrocrystal 100 mg capsule	1		ANTIBACTERIALS	16	
nitrofurantoin macrocrystal 25 mg capsule	1		ANTIBACTERIALS	16	
nitrofurantoin macrocrystal 50 mg capsule	1		ANTIBACTERIALS	16	
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	1		ANTIBACTERIALS	16	

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
NUVESSA 1.3 % (65 MG/5 GRAM) VAGINAL GEL[NP]	*		ANTIBACTERIALS	16	
NUZOLVENCE 3 GRAM ORAL GRANULES IN PACKET[NP]	*		ANTIBACTERIALS		
NUZYRA 150 MG TABLET[NP]	*	QL(30 per 14 days)	ANTIBACTERIALS		
ofloxacin 300 mg tablet[NP]	*		ANTIBACTERIALS	10	20
ofloxacin 400 mg tablet[NP]	*		ANTIBACTERIALS		
ORACEA 40 MG CAPSULE,IMMEDIATE - DELAY RELEASE[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS		
ORLYNVAH 500 MG-500 MG TABLET[NP]	*		ANTIBACTERIALS		
penicillin v potassium 125 mg/5 ml oral solution	1		ANTIBACTERIALS		
penicillin v potassium 250 mg tablet	1		ANTIBACTERIALS		
penicillin v potassium 250 mg/5 ml oral solution	1		ANTIBACTERIALS		
penicillin v potassium 500 mg tablet	1		ANTIBACTERIALS		
PIVYA 185 MG TABLET[NP]	*		ANTIBACTERIALS		
ROSADAN 0.75 % TOP,CLEANSER AND CREAM KIT[NP]	*		ANTIBACTERIALS		
ROSADAN 0.75 % TOPICAL CLEANSER AND GEL KIT[NP]	*		ANTIBACTERIALS		
rosadan 0.75 % topical cream	1		ANTIBACTERIALS		
rosadan 0.75 % topical gel	1		ANTIBACTERIALS		
silver nitrate 0.5 % topical solution[NP]	*		ANTIBACTERIALS		
SIVEXTRO 200 MG TABLET[NP]	*	QL(6 per 28 days)	ANTIBACTERIALS		
SOLOSEC 2 GRAM ORAL DR GRANULES IN PACKET[NP]	*		ANTIBACTERIALS		
sulfacetamide sodium (acne) 10 % lotion (suspension)[NP]	*		ANTIBACTERIALS		
sulfadiazine 500 mg tablet	1		ANTIBACTERIALS		
sulfamethoxazole 200 mg-trimethoprim 40 mg/5 ml oral suspension	1		ANTIBACTERIALS		
sulfamethoxazole 400 mg-trimethoprim 80 mg tablet	1		ANTIBACTERIALS		
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet	1		ANTIBACTERIALS		
SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION	1		ANTIBACTERIALS		
tetracycline 250 mg capsule	1		ANTIBACTERIALS		
tetracycline 250 mg tablet	1		ANTIBACTERIALS		
tetracycline 500 mg capsule	1		ANTIBACTERIALS		
tetracycline 500 mg tablet	1		ANTIBACTERIALS		
tinidazole 250 mg tablet[NP]	*		ANTIBACTERIALS		
tinidazole 500 mg tablet[NP]	*		ANTIBACTERIALS		
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION[NP]	*	QL(280 per 28 days)	ANTIBACTERIALS		
tobramycin 300 mg/4 ml solution for nebulization[NP]	*	QL(224 per 28 days)	ANTIBACTERIALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
tobramycin 300 mg/5 ml in 0.225 % sodium chloride for nebulization[NP]	*	QL(280 per 28 days)	ANTIBACTERIALS		
tobramycin with nebulizer 300 mg/5 ml solution for nebulization[NP]	*	QL(280 per 28 days)	ANTIBACTERIALS		
trimethoprim 100 mg tablet	1		ANTIBACTERIALS		
TRIMO-SAN JELLY 0.025 %-0.01 % VAGINAL[NP]	*		ANTIBACTERIALS		
urimar-t 120 mg-10.8 mg-40.8 mg capsule[NP]	*		ANTIBACTERIALS		
uro-mp 118 mg-10 mg-40.8 mg-36 mg capsule[NP]	*		ANTIBACTERIALS		
UROGESIC-BLUE 81.6 MG-40.8 MG-0.12 MG TABLET[NP]	*		ANTIBACTERIALS		
VANCOCIN 125 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTIBACTERIALS		
VANCOCIN 250 MG CAPSULE[NP]	*	QL(240 per 30 days)	ANTIBACTERIALS		
vancomycin 125 mg capsule	1	QL(120 per 30 days)	ANTIBACTERIALS		
vancomycin 25 mg/ml oral solution	1		ANTIBACTERIALS		
vancomycin 250 mg capsule	1	QL(240 per 30 days)	ANTIBACTERIALS		
vancomycin 50 mg/ml oral solution	1		ANTIBACTERIALS		
VANDAZOLE 0.75 % (37.5 MG/5 GRAM) VAGINAL GEL[NP]	*		ANTIBACTERIALS		
XACIATO 2 % VAGINAL GEL[NP]	*		ANTIBACTERIALS		
ZITHROMAX 200 MG/5 ML ORAL SUSPENSION[NP]	*		ANTIBACTERIALS		
ZITHROMAX 250 MG TABLET[NP]	*		ANTIBACTERIALS		
ZITHROMAX 500 MG TABLET[NP]	*		ANTIBACTERIALS		
ZITHROMAX TRI-PAK 500 MG TABLET[NP]	*		ANTIBACTERIALS		
ZITHROMAX Z-PAK 250 MG TABLET[NP]	*		ANTIBACTERIALS		
ZYVOX 100 MG/5 ML ORAL SUSPENSION[NP]	*	QL(1800 per 30 days)	ANTIBACTERIALS		
ZYVOX 600 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIBACTERIALS		
APTIOM 200 MG TABLET[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
APTIOM 400 MG TABLET[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
APTIOM 600 MG TABLET[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
APTIOM 800 MG TABLET[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
BANZEL 200 MG TABLET[NP]	*	QL(480 per 30 days)	ANTICONVULSANTS		
BANZEL 40 MG/ML ORAL SUSPENSION[NP]	*	QL(2760 per 30 days)	ANTICONVULSANTS		
BANZEL 400 MG TABLET[NP]	*	QL(240 per 30 days)	ANTICONVULSANTS		
brivaracetam 10 mg tablet[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
brivaracetam 10 mg/ml oral solution[NP]	*	QL(600 per 30 days)	ANTICONVULSANTS		
brivaracetam 100 mg tablet[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
brivaracetam 25 mg tablet[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
brivaracetam 50 mg tablet[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
brivaracetam 75 mg tablet[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
BRIVIACT 10 MG TABLET[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
BRIVIACT 10 MG/ML ORAL SOLUTION[NP]	*	QL(600 per 30 days)	ANTICONVULSANTS		
BRIVIACT 100 MG TABLET[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
BRIVIACT 25 MG TABLET[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
BRIVIACT 50 MG TABLET[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
BRIVIACT 75 MG TABLET[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
carbamazepine 100 mg chewable tablet	1		ANTICONVULSANTS		
carbamazepine 100 mg/5 ml (5 ml) oral suspension	1		ANTICONVULSANTS		
carbamazepine 100 mg/5 ml oral suspension	1		ANTICONVULSANTS		
carbamazepine 200 mg chewable tablet	1		ANTICONVULSANTS		
carbamazepine 200 mg tablet	1		ANTICONVULSANTS		
carbamazepine 200 mg/10 ml oral suspension	1		ANTICONVULSANTS		
carbamazepine er 100 mg capsule,extended release mphase12hr[NP]	*		ANTICONVULSANTS		
carbamazepine er 100 mg tablet,extended release,12 hr	1	QL(120 per 30 days)	ANTICONVULSANTS		
carbamazepine er 200 mg capsule,extended release mphase12hr[NP]	*		ANTICONVULSANTS		
carbamazepine er 200 mg tablet,extended release,12 hr	1	QL(120 per 30 days)	ANTICONVULSANTS		
carbamazepine er 300 mg capsule,extended release mphase12hr[NP]	*		ANTICONVULSANTS		
carbamazepine er 400 mg tablet,extended release,12 hr	1	QL(120 per 30 days)	ANTICONVULSANTS		
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
CELONTIN 300 MG CAPSULE[NP]	*		ANTICONVULSANTS		
clobazam 10 mg tablet[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
clobazam 2.5 mg/ml oral suspension[NP]	*	QL(480 per 30 days)	ANTICONVULSANTS		
clobazam 20 mg tablet[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
DEPAKOTE 125 MG TABLET,DELAYED RELEASE[NP]	*		ANTICONVULSANTS		
DEPAKOTE 250 MG TABLET,DELAYED RELEASE[NP]	*		ANTICONVULSANTS		
DEPAKOTE 500 MG TABLET,DELAYED RELEASE[NP]	*		ANTICONVULSANTS		
DEPAKOTE ER 500 MG TABLET,EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE[NP]	*		ANTICONVULSANTS		
DIACOMIT 250 MG CAPSULE[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
DIACOMIT 250 MG ORAL POWDER PACKET[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
DIACOMIT 500 MG CAPSULE[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
DIACOMIT 500 MG ORAL POWDER PACKET[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit	1		ANTICONVULSANTS		
diazepam 2.5 mg rectal kit	1		ANTICONVULSANTS		
diazepam 5 mg-7.5 mg-10 mg rectal kit	1		ANTICONVULSANTS		
DILANTIN 30 MG CAPSULE[NP]	*		ANTICONVULSANTS		
DILANTIN EXTENDED 100 MG CAPSULE[NP]	*		ANTICONVULSANTS		
DILANTIN INFATABS 50 MG CHEWABLE TABLET[NP]	*		ANTICONVULSANTS		
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION[NP]	*		ANTICONVULSANTS		
divalproex 125 mg capsule,delayed release sprinkle	1		ANTICONVULSANTS		
divalproex 125 mg tablet,delayed release	1		ANTICONVULSANTS		
divalproex 250 mg tablet,delayed release	1		ANTICONVULSANTS		
divalproex 500 mg tablet,delayed release	1		ANTICONVULSANTS		
divalproex er 250 mg tablet,extended release 24 hr	1		ANTICONVULSANTS		
divalproex er 500 mg tablet,extended release 24 hr	1		ANTICONVULSANTS		
ELEPSIA XR 1,000 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
ELEPSIA XR 1,500 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EPIDIOLEX 100 MG/ML ORAL SOLUTION[NP]	*		ANTICONVULSANTS		
EPRONTIA 25 MG/ML ORAL SOLUTION[NP]	*	QL(480 per 30 days)	ANTICONVULSANTS		
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
EQUETRO 200 MG CAPSULE, EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
EQUETRO 300 MG CAPSULE, EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
eslicarbazepine 200 mg tablet[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
eslicarbazepine 400 mg tablet[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
eslicarbazepine 600 mg tablet[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
eslicarbazepine 800 mg tablet[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
ethosuximide 250 mg capsule	1		ANTICONVULSANTS		
ethosuximide 250 mg/5 ml oral solution	1		ANTICONVULSANTS		
felbamate 400 mg tablet[NP]	*		ANTICONVULSANTS		
felbamate 600 mg tablet[NP]	*		ANTICONVULSANTS		
felbamate 600 mg/5 ml oral suspension[NP]	*		ANTICONVULSANTS		
FELBATOL 400 MG TABLET[NP]	*		ANTICONVULSANTS		
FELBATOL 600 MG TABLET[NP]	*		ANTICONVULSANTS		
FINTEPLA 2.2 MG/ML ORAL SOLUTION[NP]	*	QL(360 per 30 days)	ANTICONVULSANTS		
FYCOMPA 0.5 MG/ML ORAL SUSPENSION[NP]	*	QL(680 per 28 days)	ANTICONVULSANTS		
FYCOMPA 10 MG TABLET[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
FYCOMPA 12 MG TABLET[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
FYCOMPA 2 MG TABLET[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
FYCOMPA 4 MG TABLET[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
FYCOMPA 6 MG TABLET[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
FYCOMPA 8 MG TABLET[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
gabapentin 100 mg capsule	1	QL(270 per 30 days)	ANTICONVULSANTS		
gabapentin 200 mg capsule[NP]	*	QL(270 per 30 days)	ANTICONVULSANTS		
gabapentin 250 mg/5 ml (5 ml) oral solution	1	QL(2250 per 30 days)	ANTICONVULSANTS		
gabapentin 250 mg/5 ml oral solution	1	QL(2250 per 30 days)	ANTICONVULSANTS		
gabapentin 300 mg capsule	1	QL(270 per 30 days)	ANTICONVULSANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
gabapentin 300 mg/6 ml (6 ml) oral solution	1	QL(2250 per 30 days)	ANTICONVULSANTS		
gabapentin 400 mg capsule	1	QL(270 per 30 days)	ANTICONVULSANTS		
gabapentin 600 mg tablet	1	QL(180 per 30 days)	ANTICONVULSANTS		
gabapentin 800 mg tablet	1	QL(180 per 30 days)	ANTICONVULSANTS		
GABARONE 100 MG TABLET[NP]	*	QL(270 per 30 days)	ANTICONVULSANTS		
GABARONE 400 MG TABLET[NP]	*	QL(270 per 30 days)	ANTICONVULSANTS		
KEPPRA 1,000 MG TABLET[NP]	*		ANTICONVULSANTS		
KEPPRA 100 MG/ML ORAL SOLUTION[NP]	*	QL(900 per 30 days)	ANTICONVULSANTS		
KEPPRA 250 MG TABLET[NP]	*		ANTICONVULSANTS		
KEPPRA 500 MG TABLET[NP]	*		ANTICONVULSANTS		
KEPPRA 750 MG TABLET[NP]	*		ANTICONVULSANTS		
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
KEPPRA XR 750 MG TABLET,EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
lacosamide 10 mg/ml oral solution[NP]	*	QL(1395 per 30 days)	ANTICONVULSANTS		
lacosamide 100 mg tablet[NP]	*		ANTICONVULSANTS		
lacosamide 150 mg tablet[NP]	*		ANTICONVULSANTS		
lacosamide 200 mg tablet[NP]	*		ANTICONVULSANTS		
lacosamide 50 mg tablet[NP]	*		ANTICONVULSANTS		
LAMICTAL 100 MG TABLET[NP]	*		ANTICONVULSANTS		
LAMICTAL 150 MG TABLET[NP]	*		ANTICONVULSANTS		
LAMICTAL 200 MG TABLET[NP]	*		ANTICONVULSANTS		
LAMICTAL 25 MG CHEWABLE DISPERSIBLE TABLET[NP]	*	QL(120 per 30 days)	ANTICONVULSANTS		
LAMICTAL 25 MG TABLET[NP]	*		ANTICONVULSANTS		
LAMICTAL 5 MG CHEWABLE DISPERSIBLE TABLET[NP]	*	QL(150 per 30 days)	ANTICONVULSANTS		
LAMICTAL ODT 100 MG DISINTEGRATING TABLET[NP]	*		ANTICONVULSANTS		
LAMICTAL ODT 200 MG DISINTEGRATING TABLET[NP]	*		ANTICONVULSANTS		
LAMICTAL ODT 25 MG DISINTEGRATING TABLET[NP]	*		ANTICONVULSANTS		
LAMICTAL ODT 50 MG DISINTEGRATING TABLET[NP]	*		ANTICONVULSANTS		
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING[NP]	*		ANTICONVULSANTS		
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT[NP]	*		ANTICONVULSANTS		
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT[NP]	*		ANTICONVULSANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK[NP]	*		ANTICONVULSANTS		
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK[NP]	*		ANTICONVULSANTS		
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK[NP]	*		ANTICONVULSANTS		
LAMICTAL XR 100 MG TABLET,EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
LAMICTAL XR 200 MG TABLET,EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
LAMICTAL XR 25 MG TABLET,EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
LAMICTAL XR 250 MG TABLET,EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
LAMICTAL XR 300 MG TABLET,EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
LAMICTAL XR 50 MG TABLET,EXTENDED RELEASE[NP]	*		ANTICONVULSANTS		
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE[NP]	*		ANTICONVULSANTS		
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL[NP]	*		ANTICONVULSANTS		
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL[NP]	*		ANTICONVULSANTS		
lamotrigine 100 mg disintegrating tablet[NP]	*		ANTICONVULSANTS		
lamotrigine 100 mg tablet	1		ANTICONVULSANTS		
lamotrigine 150 mg tablet	1		ANTICONVULSANTS		
lamotrigine 200 mg disintegrating tablet[NP]	*		ANTICONVULSANTS		
lamotrigine 200 mg tablet	1		ANTICONVULSANTS		
lamotrigine 25 mg (21)-50 mg (7) tablet,disintegrating, pack[NP]	*		ANTICONVULSANTS		
lamotrigine 25 mg (35) tablets in a dose pack[NP]	*		ANTICONVULSANTS		
lamotrigine 25 mg (42)-100 mg (7) tablets in a dose pack[NP]	*		ANTICONVULSANTS		
lamotrigine 25 mg (84)-100 mg (14) tablets in a dose pack[NP]	*		ANTICONVULSANTS		
lamotrigine 25 mg chewable dispersible tablet	1	QL(120 per 30 days)	ANTICONVULSANTS		
lamotrigine 25 mg disintegrating tablet[NP]	*		ANTICONVULSANTS		
lamotrigine 25 mg tablet	1		ANTICONVULSANTS		
lamotrigine 25 mg(14)-50 mg(14)-100 mg(7) tablet,disintegrating, pack[NP]	*		ANTICONVULSANTS		
lamotrigine 5 mg chewable dispersible tablet	1	QL(150 per 30 days)	ANTICONVULSANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
lamotrigine 50 mg (42)-100 mg (14) tablet,disintegrating, pack[NP]	*		ANTICONVULSANTS		
lamotrigine 50 mg disintegrating tablet[NP]	*		ANTICONVULSANTS		
lamotrigine er 100 mg tablet,extended release 24 hr[NP]	*		ANTICONVULSANTS		
lamotrigine er 200 mg tablet,extended release 24 hr[NP]	*		ANTICONVULSANTS		
lamotrigine er 25 mg tablet,extended release 24 hr[NP]	*		ANTICONVULSANTS		
lamotrigine er 250 mg tablet,extended release 24 hr[NP]	*		ANTICONVULSANTS		
lamotrigine er 300 mg tablet,extended release 24 hr[NP]	*		ANTICONVULSANTS		
lamotrigine er 50 mg tablet,extended release 24 hr[NP]	*		ANTICONVULSANTS		
levetiracetam 1,000 mg tablet	1		ANTICONVULSANTS		
levetiracetam 100 mg/ml oral solution	1	QL(900 per 30 days)	ANTICONVULSANTS		
levetiracetam 250 mg tablet	1		ANTICONVULSANTS		
levetiracetam 250 mg tablet for oral suspension[NP]	*	QL(360 per 30 days)	ANTICONVULSANTS		
levetiracetam 500 mg tablet	1		ANTICONVULSANTS		
levetiracetam 500 mg tablet for oral suspension[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
levetiracetam 500 mg/5 ml (5 ml) oral solution	1	QL(900 per 30 days)	ANTICONVULSANTS		
levetiracetam 750 mg tablet	1		ANTICONVULSANTS		
levetiracetam er 500 mg tablet,extended release 24 hr	1		ANTICONVULSANTS		
levetiracetam er 750 mg tablet,extended release 24 hr	1		ANTICONVULSANTS		
methsuximide 300 mg capsule[NP]	*		ANTICONVULSANTS		
MOTPOLY XR 100 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
MOTPOLY XR 150 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
MOTPOLY XR 200 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY[NP]	*	QL(10 per 30 days)	ANTICONVULSANTS		
NEURONTIN 100 MG CAPSULE[NP]	*	QL(270 per 30 days)	ANTICONVULSANTS		
NEURONTIN 250 MG/5 ML ORAL SOLUTION[NP]	*	QL(2250 per 30 days)	ANTICONVULSANTS		
NEURONTIN 300 MG CAPSULE[NP]	*	QL(270 per 30 days)	ANTICONVULSANTS		
NEURONTIN 400 MG CAPSULE[NP]	*	QL(270 per 30 days)	ANTICONVULSANTS		
NEURONTIN 600 MG TABLET[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
NEURONTIN 800 MG TABLET[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ONFI 10 MG TABLET[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
ONFI 2.5 MG/ML ORAL SUSPENSION[NP]	*	QL(480 per 30 days)	ANTICONVULSANTS		
ONFI 20 MG TABLET[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
oxcarbazepine 150 mg tablet	1		ANTICONVULSANTS		
oxcarbazepine 300 mg tablet	1		ANTICONVULSANTS		
oxcarbazepine 300 mg/5 ml (60 mg/ml) oral suspension	1		ANTICONVULSANTS		
oxcarbazepine 600 mg tablet	1		ANTICONVULSANTS		
oxcarbazepine er 150 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	ANTICONVULSANTS		
oxcarbazepine er 300 mg tablet,extended release 24 hr	1	QL(90 per 30 days)	ANTICONVULSANTS		
oxcarbazepine er 600 mg tablet,extended release 24 hr	1	QL(120 per 30 days)	ANTICONVULSANTS		
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANTICONVULSANTS		
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE[NP]	*	QL(120 per 30 days)	ANTICONVULSANTS		
perampanel 0.5 mg/ml oral suspension[NP]	*	QL(680 per 28 days)	ANTICONVULSANTS		
perampanel 10 mg tablet[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
perampanel 12 mg tablet[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
perampanel 2 mg tablet[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
perampanel 4 mg tablet[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
perampanel 6 mg tablet[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
perampanel 8 mg tablet[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
phenobarbital 100 mg tablet	1	QL(90 per 30 days)	ANTICONVULSANTS		
phenobarbital 15 mg tablet	1	QL(120 per 30 days)	ANTICONVULSANTS		
phenobarbital 16.2 mg tablet	1	QL(90 per 30 days)	ANTICONVULSANTS		
phenobarbital 20 mg/5 ml (4 mg/ml) oral elixir	1	QL(1500 per 30 days)	ANTICONVULSANTS		
phenobarbital 30 mg tablet	1	QL(300 per 30 days)	ANTICONVULSANTS		
phenobarbital 32.4 mg tablet	1	QL(90 per 30 days)	ANTICONVULSANTS		
phenobarbital 60 mg tablet	1	QL(120 per 30 days)	ANTICONVULSANTS		
phenobarbital 64.8 mg tablet	1	QL(90 per 30 days)	ANTICONVULSANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
phenobarbital 97.2 mg tablet	1	QL(90 per 30 days)	ANTICONVULSANTS		
PHENYTEK 200 MG CAPSULE	1		ANTICONVULSANTS		
PHENYTEK 300 MG CAPSULE	1		ANTICONVULSANTS		
phenytoin 125 mg/5 ml oral suspension	1		ANTICONVULSANTS		
phenytoin 50 mg chewable tablet	1		ANTICONVULSANTS		
phenytoin sodium extended 100 mg capsule	1		ANTICONVULSANTS		
primidone 125 mg tablet	1		ANTICONVULSANTS		
primidone 250 mg tablet	1		ANTICONVULSANTS		
primidone 50 mg tablet	1		ANTICONVULSANTS		
RELGAABI 200 MG CAPSULE[NP]	*	QL(270 per 30 days)	ANTICONVULSANTS		
relgaabi 300 mg capsule	1	QL(270 per 30 days)	ANTICONVULSANTS		
relgaabi 400 mg capsule	1	QL(270 per 30 days)	ANTICONVULSANTS		
roweepra 500 mg tablet	1		ANTICONVULSANTS		
rufinamide 200 mg tablet[NP]	*	QL(480 per 30 days)	ANTICONVULSANTS		
rufinamide 40 mg/ml oral suspension[NP]	*	QL(2760 per 30 days)	ANTICONVULSANTS		
rufinamide 400 mg tablet[NP]	*	QL(240 per 30 days)	ANTICONVULSANTS		
SABRIL 500 MG ORAL POWDER PACKET[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
SABRIL 500 MG TABLET[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION[NP]	*	QL(90 per 30 days)	ANTICONVULSANTS		
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION[NP]	*	QL(360 per 30 days)	ANTICONVULSANTS		
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION[NP]	*	QL(120 per 30 days)	ANTICONVULSANTS		
SUBVENITE 10 MG/ML ORAL SUSPENSION[NP]	*		ANTICONVULSANTS		
subvenite 100 mg tablet	1		ANTICONVULSANTS		
subvenite 150 mg tablet	1		ANTICONVULSANTS		
subvenite 200 mg tablet	1		ANTICONVULSANTS		
subvenite 25 mg tablet	1		ANTICONVULSANTS		
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack[NP]	*		ANTICONVULSANTS		
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack[NP]	*		ANTICONVULSANTS		
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack[NP]	*		ANTICONVULSANTS		
SYMPAZAN 10 MG ORAL FILM[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
SYMPAZAN 20 MG ORAL FILM[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS	8	

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SYMPAZAN 5 MG ORAL FILM[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
TEGRETOL 100 MG/5 ML ORAL SUSPENSION[NP]	*		ANTICONVULSANTS		
TEGRETOL 200 MG TABLET[NP]	*		ANTICONVULSANTS		
TEGRETOL XR 100 MG TABLET,EXTENDED RELEASE[NP]	*	QL(120 per 30 days)	ANTICONVULSANTS	8	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE[NP]	*	QL(120 per 30 days)	ANTICONVULSANTS		
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE[NP]	*	QL(120 per 30 days)	ANTICONVULSANTS		
tiagabine 12 mg tablet[NP]	*	QL(140 per 30 days)	ANTICONVULSANTS		
tiagabine 16 mg tablet[NP]	*	QL(105 per 30 days)	ANTICONVULSANTS		
tiagabine 2 mg tablet[NP]	*	QL(840 per 30 days)	ANTICONVULSANTS		
tiagabine 4 mg tablet[NP]	*	QL(120 per 30 days)	ANTICONVULSANTS	8	
TOPAMAX 100 MG TABLET[NP]	*	QL(120 per 30 days)	ANTICONVULSANTS		
TOPAMAX 15 MG SPRINKLE CAPSULE[NP]	*	QL(120 per 30 days)	ANTICONVULSANTS		
TOPAMAX 200 MG TABLET[NP]	*	QL(120 per 30 days)	ANTICONVULSANTS		
TOPAMAX 25 MG SPRINKLE CAPSULE[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
TOPAMAX 25 MG TABLET[NP]	*	QL(90 per 30 days)	ANTICONVULSANTS		
TOPAMAX 50 MG TABLET[NP]	*	QL(120 per 30 days)	ANTICONVULSANTS		
topiramate 100 mg tablet	1	QL(120 per 30 days)	ANTICONVULSANTS		
topiramate 15 mg sprinkle capsule	1	QL(120 per 30 days)	ANTICONVULSANTS		
topiramate 200 mg tablet	1	QL(120 per 30 days)	ANTICONVULSANTS		
topiramate 25 mg sprinkle capsule	1	QL(180 per 30 days)	ANTICONVULSANTS		
topiramate 25 mg tablet	1	QL(90 per 30 days)	ANTICONVULSANTS		
topiramate 25 mg/ml oral solution[NP]	*	QL(480 per 30 days)	ANTICONVULSANTS		
topiramate 50 mg sprinkle capsule	1	QL(240 per 30 days)	ANTICONVULSANTS		
topiramate 50 mg tablet	1	QL(120 per 30 days)	ANTICONVULSANTS		
topiramate xr 100 mg capsule sprinkle,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
topiramate xr 100 mg capsule,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
topiramate xr 150 mg capsule sprinkle,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
topiramate xr 200 mg capsule sprinkle,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
topiramate xr 200 mg capsule,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
topiramate xr 25 mg capsule sprinkle,extended release 24 hr[NP]	*	QL(90 per 30 days)	ANTICONVULSANTS		
topiramate xr 25 mg capsule,extended release 24 hr[NP]	*	QL(90 per 30 days)	ANTICONVULSANTS		
topiramate xr 50 mg capsule sprinkle,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
topiramate xr 50 mg capsule,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
TRILEPTAL 150 MG TABLET[NP]	*		ANTICONVULSANTS		
TRILEPTAL 300 MG TABLET[NP]	*		ANTICONVULSANTS		
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION[NP]	*		ANTICONVULSANTS		
TRILEPTAL 600 MG TABLET[NP]	*		ANTICONVULSANTS		
TROKENDI XR 100 MG CAPSULE, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTICONVULSANTS		
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANTICONVULSANTS		
TROKENDI XR 50 MG CAPSULE, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTICONVULSANTS		
valproic acid (as sodium salt) 250 mg/5 ml (5 ml) oral solution	1		ANTICONVULSANTS		
valproic acid (as sodium salt) 250 mg/5 ml oral solution	1		ANTICONVULSANTS		
valproic acid (as sodium salt) 500 mg/10 ml (10 ml) oral solution	1		ANTICONVULSANTS		
valproic acid 250 mg capsule	1		ANTICONVULSANTS		
VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY[NP]	*	QL(10 per 30 days)	ANTICONVULSANTS		
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY[NP]	*	QL(10 per 30 days)	ANTICONVULSANTS		
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY[NP]	*	QL(10 per 30 days)	ANTICONVULSANTS		
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY[NP]	*	QL(10 per 30 days)	ANTICONVULSANTS		
vigabatrin 500 mg oral powder packet[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
vigabatrin 500 mg tablet[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
vigadrone 500 mg oral powder packet[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
vigadrone 500 mg tablet[NP]	*	QL(180 per 30 days)	ANTICONVULSANTS		
VIGAFYDE 100 MG/ML ORAL SOLUTION[NP]	*	QL(600 per 25 days)	ANTICONVULSANTS		
VIMPAT 10 MG/ML ORAL SOLUTION[NP]	*	QL(1395 per 30 days)	ANTICONVULSANTS		
VIMPAT 100 MG TABLET[NP]	*		ANTICONVULSANTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VIMPAT 150 MG TABLET[NP]	*		ANTICONVULSANTS		
VIMPAT 200 MG TABLET[NP]	*		ANTICONVULSANTS		
VIMPAT 50 MG TABLET[NP]	*		ANTICONVULSANTS		
XCOPRI 100 MG TABLET	1	QL(30 per 30 days)	ANTICONVULSANTS		
XCOPRI 150 MG TABLET	1	QL(60 per 30 days)	ANTICONVULSANTS		
XCOPRI 200 MG TABLET	1	QL(60 per 30 days)	ANTICONVULSANTS		
XCOPRI 25 MG TABLET	1	QL(30 per 30 days)	ANTICONVULSANTS		
XCOPRI 50 MG TABLET	1	QL(30 per 30 days)	ANTICONVULSANTS		
XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS	1	QL(56 per 28 days)	ANTICONVULSANTS		
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS	1	QL(56 per 28 days)	ANTICONVULSANTS		
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK	1	QL(28 per 28 days)	ANTICONVULSANTS		
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK	1	QL(28 per 28 days)	ANTICONVULSANTS		
XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK	1	QL(28 per 28 days)	ANTICONVULSANTS		
ZARONTIN 250 MG CAPSULE[NP]	*		ANTICONVULSANTS		
ZARONTIN 250 MG/5 ML ORAL SOLUTION[NP]	*		ANTICONVULSANTS		
ZONISADE 100 MG/5 ML ORAL SUSPENSION[NP]	*	QL(900 per 30 days)	ANTICONVULSANTS		
zonisamide 100 mg capsule	1		ANTICONVULSANTS		
zonisamide 25 mg capsule	1		ANTICONVULSANTS		
zonisamide 50 mg capsule	1		ANTICONVULSANTS		
ZTALMY 50 MG/ML ORAL SUSPENSION[NP]	*	QL(1080 per 30 days)	ANTICONVULSANTS		
ARICEPT 10 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
ARICEPT 23 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
ARICEPT 5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
donepezil 10 mg disintegrating tablet	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
donepezil 10 mg tablet	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
donepezil 23 mg tablet	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
donepezil 5 mg disintegrating tablet	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
donepezil 5 mg tablet	1	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
EXELON PATCH 13.3 MG/24 HOUR TRANSDERMAL[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
EXELON PATCH 4.6 MG/24 HOUR TRANSDERMAL[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
EXELON PATCH 9.5 MG/24 HOUR TRANSDERMAL[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
galantamine 12 mg tablet[NP]	*	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
galantamine 4 mg tablet[NP]	*	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
galantamine 4 mg/ml oral solution[NP]	*	QL(200 per 30 days)	ANTIDEMENTIA AGENTS		
galantamine 8 mg tablet[NP]	*	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
galantamine er 16 mg 24 hr capsule,extended release[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
galantamine er 24 mg 24 hr capsule,extended release[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
galantamine er 8 mg 24 hr capsule,extended release[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
KISUNLA 17.5 MG/ML INTRAVENOUS SOLUTION[NP]	*		ANTIDEMENTIA AGENTS		
LEQEMBI 100 MG/ML INTRAVENOUS SOLUTION[NP]	*	PA	ANTIDEMENTIA AGENTS		
LEQEMBI IQLIK 360 MG/1.8 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*		ANTIDEMENTIA AGENTS		
LEQEMBI IQLIK 500 MG/2.5ML(250MG/1.25ML X2) SUBCUTANEOUS AUTO-INJECTOR[NP]	*		ANTIDEMENTIA AGENTS		
memantine 10 mg tablet	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
memantine 14 mg capsule sprinkle,extended release 24hr[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
memantine 2 mg/ml oral solution[NP]	*	QL(360 per 30 days)	ANTIDEMENTIA AGENTS		
memantine 21 mg capsule sprinkle,extended release 24hr[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
memantine 28 mg capsule sprinkle,extended release 24hr[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
memantine 5 mg tablet	1	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
memantine 5 mg-10 mg tablets in a dose pack[NP]	*	QL(98 per 30 days)	ANTIDEMENTIA AGENTS		
memantine 7 mg capsule sprinkle,extended release 24hr[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
memantine er 14 mg-donepezil 10 mg capsule sprinkle,ext.release 24 hr[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
memantine er 21 mg-donepezil 10 mg capsule sprinkle,ext.release 24 hr[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
memantine er 28 mg-donepezil 10 mg capsule sprinkle,ext.release 24 hr[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
rivastigmine 1.5 mg capsule[NP]	*	QL(90 per 30 days)	ANTIDEMENTIA AGENTS		
rivastigmine 13.3 mg/24 hour transdermal patch[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
rivastigmine 3 mg capsule[NP]	*	QL(90 per 30 days)	ANTIDEMENTIA AGENTS		
rivastigmine 4.5 mg capsule[NP]	*	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
rivastigmine 4.6 mg/24 hour transdermal patch[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
rivastigmine 6 mg capsule[NP]	*	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
rivastigmine 9.5 mg/24 hour transdermal patch[NP]	*	QL(30 per 30 days)	ANTIDEMENTIA AGENTS		
ZUNVEYL 10 MG TABLET,DELAYED RELEASE[NP]	*	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
ZUNVEYL 15 MG TABLET,DELAYED RELEASE[NP]	*	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
ZUNVEYL 5 MG TABLET,DELAYED RELEASE[NP]	*	QL(60 per 30 days)	ANTIDEMENTIA AGENTS		
amitriptyline 10 mg tablet	1		ANTIDEPRESSANTS		
amitriptyline 100 mg tablet	1		ANTIDEPRESSANTS		
amitriptyline 150 mg tablet	1		ANTIDEPRESSANTS		
amitriptyline 25 mg tablet	1		ANTIDEPRESSANTS		
amitriptyline 50 mg tablet	1		ANTIDEPRESSANTS		
amitriptyline 75 mg tablet	1		ANTIDEPRESSANTS		
amitriptyline-chlordiazepoxide 12.5 mg-5 mg tablet	1		ANTIDEPRESSANTS		
amitriptyline-chlordiazepoxide 25 mg-10 mg tablet	1		ANTIDEPRESSANTS		
amoxapine 100 mg tablet[NP]	*		ANTIDEPRESSANTS		
amoxapine 150 mg tablet[NP]	*		ANTIDEPRESSANTS		
amoxapine 25 mg tablet[NP]	*		ANTIDEPRESSANTS		
amoxapine 50 mg tablet[NP]	*		ANTIDEPRESSANTS		
ANAFRANIL 25 MG CAPSULE[NP]	*		ANTIDEPRESSANTS		
ANAFRANIL 50 MG CAPSULE[NP]	*		ANTIDEPRESSANTS		
ANAFRANIL 75 MG CAPSULE[NP]	*		ANTIDEPRESSANTS		
AUVELITY 30 MG-105 MG/45 MG-105 MG ORAL TABLET, IR ER, DOSE PACK[NP]	*		ANTIDEPRESSANTS		
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
bupropion hcl 100 mg tablet	1	QL(180 per 30 days)	ANTIDEPRESSANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
bupropion hcl 75 mg tablet	1	QL(180 per 30 days)	ANTIDEPRESSANTS		
bupropion hcl sr 100 mg tablet,12 hr sustained-release	1	QL(120 per 30 days)	ANTIDEPRESSANTS		
bupropion hcl sr 150 mg tablet,12 hr sustained-release	1	QL(90 per 30 days)	ANTIDEPRESSANTS		
bupropion hcl sr 200 mg tablet,12 hr sustained-release	1	QL(60 per 30 days)	ANTIDEPRESSANTS		
bupropion hcl xl 150 mg 24 hr tablet, extended release	1	QL(90 per 30 days)	ANTIDEPRESSANTS		
bupropion hcl xl 300 mg 24 hr tablet, extended release	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
bupropion hcl xl 450 mg 24 hr tablet, extended release	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
CELEXA 10 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
CELEXA 20 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
CELEXA 40 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
citalopram 10 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
citalopram 10 mg/5 ml oral solution	1		ANTIDEPRESSANTS		
citalopram 20 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS		
CITALOPRAM 30 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
citalopram 40 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
clomipramine 25 mg capsule	1		ANTIDEPRESSANTS		
clomipramine 50 mg capsule	1		ANTIDEPRESSANTS		
clomipramine 75 mg capsule	1		ANTIDEPRESSANTS		
desipramine 10 mg tablet	1		ANTIDEPRESSANTS		
desipramine 100 mg tablet	1		ANTIDEPRESSANTS		
desipramine 150 mg tablet	1		ANTIDEPRESSANTS		
desipramine 25 mg tablet	1		ANTIDEPRESSANTS		
desipramine 50 mg tablet	1		ANTIDEPRESSANTS		
desipramine 75 mg tablet	1		ANTIDEPRESSANTS		
desvenlafaxine er 100 mg tablet,extended release 24 hr[NP]	*		ANTIDEPRESSANTS		
desvenlafaxine er 50 mg tablet,extended release 24 hr[NP]	*		ANTIDEPRESSANTS		
desvenlafaxine succinate er 100 mg tablet,extended release 24 hr[NP]	*		ANTIDEPRESSANTS		
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr[NP]	*		ANTIDEPRESSANTS		
desvenlafaxine succinate er 50 mg tablet,extended release 24 hr[NP]	*		ANTIDEPRESSANTS		
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANTIDEPRESSANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANTIDEPRESSANTS		
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
escitalopram 10 mg tablet	1	QL(45 per 30 days)	ANTIDEPRESSANTS		
escitalopram 15 mg capsule[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
escitalopram 20 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
escitalopram 5 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
escitalopram 5 mg/5 ml oral solution	1	QL(600 per 30 days)	ANTIDEPRESSANTS		
EXXUA 18.2 MG (32 TABS) TABLET, ER 24 HR DOSE PACK[NP]	*		ANTIDEPRESSANTS		
EXXUA 18.2 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
EXXUA 36.3 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
EXXUA 54.5 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
EXXUA 72.6 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK[NP]	*	QL(28 per 28 days)	ANTIDEPRESSANTS		
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
fluoxetine 10 mg capsule	1	QL(60 per 30 days)	ANTIDEPRESSANTS		
fluoxetine 10 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS		
fluoxetine 20 mg capsule	1	QL(120 per 30 days)	ANTIDEPRESSANTS		
fluoxetine 20 mg tablet	1	QL(120 per 30 days)	ANTIDEPRESSANTS		
fluoxetine 20 mg/5 ml (4 mg/ml) oral solution	1		ANTIDEPRESSANTS		
fluoxetine 40 mg capsule	1	QL(90 per 30 days)	ANTIDEPRESSANTS		
fluoxetine 60 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
fluoxetine 90 mg capsule,delayed release[NP]	*	QL(4 per 28 days)	ANTIDEPRESSANTS		
fluvoxamine 100 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS		
fluvoxamine 25 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS		
fluvoxamine 50 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS		
fluvoxamine er 100 mg capsule,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
fluvoxamine er 150 mg capsule,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
imipramine 10 mg tablet	1		ANTIDEPRESSANTS		
imipramine 25 mg tablet	1		ANTIDEPRESSANTS		
imipramine 50 mg tablet	1		ANTIDEPRESSANTS		
imipramine pamoate 100 mg capsule[NP]	*		ANTIDEPRESSANTS		
imipramine pamoate 125 mg capsule[NP]	*		ANTIDEPRESSANTS		
imipramine pamoate 150 mg capsule[NP]	*		ANTIDEPRESSANTS		
imipramine pamoate 75 mg capsule[NP]	*		ANTIDEPRESSANTS		
LEXAPRO 10 MG TABLET[NP]	*	QL(45 per 30 days)	ANTIDEPRESSANTS		
LEXAPRO 20 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
LEXAPRO 5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
MARPLAN 10 MG TABLET[NP]	*		ANTIDEPRESSANTS		
mirtazapine 15 mg disintegrating tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
mirtazapine 15 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
mirtazapine 30 mg disintegrating tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
mirtazapine 30 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
mirtazapine 45 mg disintegrating tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
mirtazapine 45 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
mirtazapine 7.5 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
NARDIL 15 MG TABLET[NP]	*		ANTIDEPRESSANTS		
nefazodone 100 mg tablet[NP]	*		ANTIDEPRESSANTS		
nefazodone 150 mg tablet[NP]	*		ANTIDEPRESSANTS		
nefazodone 200 mg tablet[NP]	*		ANTIDEPRESSANTS		
nefazodone 250 mg tablet[NP]	*		ANTIDEPRESSANTS		
nefazodone 50 mg tablet[NP]	*		ANTIDEPRESSANTS		
nortriptyline 10 mg capsule	1		ANTIDEPRESSANTS		
nortriptyline 10 mg/5 ml oral solution	1		ANTIDEPRESSANTS		
nortriptyline 25 mg capsule	1		ANTIDEPRESSANTS		
nortriptyline 50 mg capsule	1		ANTIDEPRESSANTS		
nortriptyline 75 mg capsule	1		ANTIDEPRESSANTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
olanzapine-fluoxetine 12 mg-25 mg capsule[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
olanzapine-fluoxetine 12 mg-50 mg capsule[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
olanzapine-fluoxetine 3 mg-25 mg capsule[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
olanzapine-fluoxetine 6 mg-25 mg capsule[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
olanzapine-fluoxetine 6 mg-50 mg capsule[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
PAMELOR 10 MG CAPSULE[NP]	*		ANTIDEPRESSANTS		
PAMELOR 25 MG CAPSULE[NP]	*		ANTIDEPRESSANTS		
PAMELOR 50 MG CAPSULE[NP]	*		ANTIDEPRESSANTS		
PAMELOR 75 MG CAPSULE[NP]	*		ANTIDEPRESSANTS		
paroxetine 10 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
paroxetine 10 mg/5 ml oral suspension	1		ANTIDEPRESSANTS		
paroxetine 20 mg tablet	1	QL(30 per 30 days)	ANTIDEPRESSANTS		
paroxetine 30 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS		
paroxetine 40 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS		
paroxetine er 12.5 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
paroxetine er 25 mg tablet,extended release 24 hr[NP]	*	QL(90 per 30 days)	ANTIDEPRESSANTS		
paroxetine er 37.5 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
paroxetine mesylate (menopausal symptoms suppressant) 7.5 mg capsule[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
PAXIL 10 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
PAXIL 20 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
PAXIL 30 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
PAXIL 40 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
PAXIL CR 12.5 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
PAXIL CR 25 MG TABLET,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANTIDEPRESSANTS		
PAXIL CR 37.5 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
perphenazine-amitriptyline 2 mg-10 mg tablet	1		ANTIDEPRESSANTS		
perphenazine-amitriptyline 2 mg-25 mg tablet	1		ANTIDEPRESSANTS		
perphenazine-amitriptyline 4 mg-10 mg tablet	1		ANTIDEPRESSANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
perphenazine-amitriptyline 4 mg-25 mg tablet	1		ANTIDEPRESSANTS		
perphenazine-amitriptyline 4 mg-50 mg tablet	1		ANTIDEPRESSANTS		
phenelzine 15 mg tablet	1		ANTIDEPRESSANTS		
PRISTIQ 100 MG TABLET,EXTENDED RELEASE[NP]	*		ANTIDEPRESSANTS		
PRISTIQ 25 MG TABLET,EXTENDED RELEASE[NP]	*		ANTIDEPRESSANTS		
PRISTIQ 50 MG TABLET,EXTENDED RELEASE[NP]	*		ANTIDEPRESSANTS		
protriptyline 10 mg tablet	1		ANTIDEPRESSANTS		
protriptyline 5 mg tablet	1		ANTIDEPRESSANTS		
PROZAC 10 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
PROZAC 20 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTIDEPRESSANTS		
PROZAC 40 MG CAPSULE[NP]	*	QL(90 per 30 days)	ANTIDEPRESSANTS		
RALDESY 10 MG/ML ORAL SOLUTION[NP]	*		ANTIDEPRESSANTS		
REMERON 15 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
REMERON 30 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
REMERON SOLTAB 15 MG DISINTEGRATING TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
REMERON SOLTAB 30 MG DISINTEGRATING TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
REMERON SOLTAB 45 MG DISINTEGRATING TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
sertraline 100 mg tablet	1	QL(60 per 30 days)	ANTIDEPRESSANTS		
sertraline 150 mg capsule[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
sertraline 20 mg/ml oral concentrate	1	QL(300 per 30 days)	ANTIDEPRESSANTS		
sertraline 200 mg capsule[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
sertraline 25 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS		
sertraline 50 mg tablet	1	QL(90 per 30 days)	ANTIDEPRESSANTS		
SPRAVATO 56 MG (28 MG X 2) NASAL SPRAY[NP]	*	QL(16 per 28 days)	ANTIDEPRESSANTS		
SPRAVATO 84 MG (28 MG X 3) NASAL SPRAY[NP]	*	QL(24 per 28 days)	ANTIDEPRESSANTS		
tranylcypromine 10 mg tablet	1	QL(180 per 30 days)	ANTIDEPRESSANTS		
trazodone 100 mg tablet	1		ANTIDEPRESSANTS		
trazodone 150 mg tablet	1		ANTIDEPRESSANTS		
trazodone 25 mg tablet	1		ANTIDEPRESSANTS		
trazodone 300 mg tablet	1		ANTIDEPRESSANTS		
trazodone 50 mg tablet	1		ANTIDEPRESSANTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
trazodone 75 mg tablet	1		ANTIDEPRESSANTS		
trimipramine 100 mg capsule	1		ANTIDEPRESSANTS		
trimipramine 25 mg capsule	1		ANTIDEPRESSANTS		
trimipramine 50 mg capsule	1		ANTIDEPRESSANTS		
TRINTELLIX 10 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
TRINTELLIX 20 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
TRINTELLIX 5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
venlafaxine 100 mg tablet	1		ANTIDEPRESSANTS		
venlafaxine 25 mg tablet	1		ANTIDEPRESSANTS		
venlafaxine 37.5 mg tablet	1		ANTIDEPRESSANTS		
venlafaxine 50 mg tablet	1		ANTIDEPRESSANTS		
venlafaxine 75 mg tablet	1		ANTIDEPRESSANTS		
VENLAFAXINE BESYLATE ER 112.5 MG TABLET,EXTENDED RELEASE 24 HR	1	QL(60 per 30 days)	ANTIDEPRESSANTS		
venlafaxine er 150 mg capsule,extended release 24 hr	1	QL(60 per 30 days)	ANTIDEPRESSANTS		
venlafaxine er 150 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
venlafaxine er 225 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
venlafaxine er 37.5 mg capsule,extended release 24 hr	1	QL(90 per 30 days)	ANTIDEPRESSANTS		
venlafaxine er 37.5 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
venlafaxine er 75 mg capsule,extended release 24 hr	1	QL(90 per 30 days)	ANTIDEPRESSANTS		
venlafaxine er 75 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
VIIBRYD 10 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
VIIBRYD 20 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
VIIBRYD 40 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
vilazodone 10 mg tablet[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
vilazodone 20 mg tablet[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
vilazodone 40 mg tablet[NP]	*	QL(30 per 30 days)	ANTIDEPRESSANTS		
WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE[NP]	*	QL(120 per 30 days)	ANTIDEPRESSANTS		
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE[NP]	*	QL(90 per 30 days)	ANTIDEPRESSANTS		
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
ZOLOFT 100 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIDEPRESSANTS		
ZOLOFT 20 MG/ML ORAL CONCENTRATE[NP]	*	QL(300 per 30 days)	ANTIDEPRESSANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ZOLOFT 25 MG TABLET[NP]	*	QL(90 per 30 days)	ANTIDEPRESSANTS		
ZOLOFT 50 MG TABLET[NP]	*	QL(90 per 30 days)	ANTIDEPRESSANTS		
ZURZUVAE 20 MG CAPSULE	1	QL(28 per 365 days)	ANTIDEPRESSANTS		
ZURZUVAE 25 MG CAPSULE	1	QL(28 per 365 days)	ANTIDEPRESSANTS		
ZURZUVAE 30 MG CAPSULE	1	QL(14 per 365 days)	ANTIDEPRESSANTS		
AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE[NP]	*		ANTIEMETICS		
ANTIVERT 25 MG CHEWABLE TABLET[NP]	*		ANTIEMETICS		
ANTIVERT 50 MG TABLET[NP]	*		ANTIEMETICS		
aprepitant 125 mg (1)-80 mg (2) capsules in a dose pack	1		ANTIEMETICS		
aprepitant 125 mg capsule	1	QL(2 per 28 days)	ANTIEMETICS		
aprepitant 40 mg capsule	1	QL(2 per 28 days)	ANTIEMETICS		
aprepitant 80 mg capsule	1	QL(4 per 28 days)	ANTIEMETICS		
BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE[NP]	*	QL(60 per 30 days)	ANTIEMETICS		
compro 25 mg rectal suppository	1		ANTIEMETICS	8	
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE[NP]	*	QL(120 per 30 days)	ANTIEMETICS		
doxylamine 10 mg-pyridoxine (vit b6) 10 mg tablet,delayed release[NP]	*	QL(120 per 30 days)	ANTIEMETICS		
dronabinol 10 mg capsule[NP]	*	QL(120 per 30 days)	ANTIEMETICS		
dronabinol 2.5 mg capsule[NP]	*	QL(120 per 30 days)	ANTIEMETICS		
dronabinol 5 mg capsule[NP]	*	QL(120 per 30 days)	ANTIEMETICS		
dronabinol 5 mg/ml oral solution[NP]	*	QL(120 per 30 days)	ANTIEMETICS		
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK[NP]	*		ANTIEMETICS		
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION[NP]	*	QL(3 per 28 days)	ANTIEMETICS		
EMEND 80 MG CAPSULE[NP]	*	QL(4 per 28 days)	ANTIEMETICS		
GIMOTI 15 MG/SPRAY NASAL SPRAY WITH PUMP[NP]	*	QL(9.8 per 28 days)	ANTIEMETICS		
granisetron hcl 1 mg tablet[NP]	*	QL(28 per 28 days)	ANTIEMETICS		
granisol 1 mg/5 ml oral solution[NP]	*	QL(300 per 30 days)	ANTIEMETICS		
MARINOL 2.5 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTIEMETICS	8	
meclizine 12.5 mg tablet[OTC]	1		ANTIEMETICS		

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meclizine 12.5 mg tablet	1		ANTIEMETICS		
meclizine 25 mg chewable tablet[OTC]	1		ANTIEMETICS		
meclizine 25 mg chewable tablet	1		ANTIEMETICS		
meclizine 25 mg tablet	1		ANTIEMETICS		
meclizine 25 mg tablet[OTC]	1		ANTIEMETICS	8	
meclizine 50 mg tablet	1		ANTIEMETICS		
metoclopramide 10 mg tablet	1		ANTIEMETICS		
metoclopramide 5 mg tablet	1		ANTIEMETICS	8	
metoclopramide 5 mg/5 ml oral solution	1		ANTIEMETICS		
NEREUS 85 MG CAPSULE[NP]	*		ANTIEMETICS		
ondansetron 16 mg disintegrating tablet[NP]	*	QL(30 per 30 days)	ANTIEMETICS		
ondansetron 4 mg disintegrating tablet	1	QL(90 per 30 days)	ANTIEMETICS		
ondansetron 8 mg disintegrating tablet	1	QL(90 per 30 days)	ANTIEMETICS		
ondansetron hcl 4 mg tablet	1	QL(90 per 30 days)	ANTIEMETICS		
ondansetron hcl 4 mg/5 ml oral solution	1	QL(450 per 30 days)	ANTIEMETICS		
ondansetron hcl 8 mg tablet	1	QL(90 per 30 days)	ANTIEMETICS		
prochlorperazine 25 mg rectal suppository	1		ANTIEMETICS		
prochlorperazine maleate 10 mg tablet	1		ANTIEMETICS		
prochlorperazine maleate 5 mg tablet	1		ANTIEMETICS		
promethazine 12.5 mg rectal suppository	1		ANTIEMETICS		
promethazine 12.5 mg tablet	1		ANTIEMETICS		
promethazine 25 mg rectal suppository	1		ANTIEMETICS		
promethazine 25 mg tablet	1		ANTIEMETICS		
promethazine 6.25 mg/5 ml oral syrup	1		ANTIEMETICS		
REGLAN 10 MG TABLET[NP]	*		ANTIEMETICS		
REGLAN 5 MG TABLET[NP]	*		ANTIEMETICS		
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH[NP]	*	QL(4 per 30 days)	ANTIEMETICS		
scopolamine 1 mg over 3 days transdermal patch	1	QL(10 per 30 days)	ANTIEMETICS		
TRANSDERM-SCOP 1 MG OVER 3 DAYS TRANSDERMAL PATCH	1	QL(10 per 30 days)	ANTIEMETICS		
trimethobenzamide 300 mg capsule[NP]	*		ANTIEMETICS		
1-day 6.5 % vaginal ointment[OTC]	1		ANTIFUNGALS		
3-day vaginal 2 % cream[OTC]	1		ANTIFUNGALS		
ALEVAZOL 1 % TOPICAL OINTMENT[OTC]	1		ANTIFUNGALS		
antifungal (clotrimazole) 1 % topical cream[OTC]	1		ANTIFUNGALS		
antifungal (miconazole) 2 % topical cream[OTC]	1		ANTIFUNGALS		
antifungal (miconazole) 2 % topical powder[OTC]	1		ANTIFUNGALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
antifungal (terbinafine) 1 % topical cream[OTC]	1		ANTIFUNGALS		
antifungal extra thick 2 % topical cream[OTC]	1		ANTIFUNGALS		
antifungal ringworm 1 % topical cream[OTC]	1		ANTIFUNGALS		
athlete's foot (clotrimazole) 1 % topical cream[OTC]	1		ANTIFUNGALS		
athlete's foot (terbinafine) 1 % topical cream[OTC]	1		ANTIFUNGALS		
athlete's foot 2 % powder[OTC]	1		ANTIFUNGALS		
athlete's foot 2 % topical spray[OTC]	1		ANTIFUNGALS		
athlete's foot 2 % topical spray powder[OTC]	1		ANTIFUNGALS		
athletic foot cream 1 % topical[OTC]	1		ANTIFUNGALS		
AZOLEN 2 % TOPICAL CLEANSER[OTC]	1		ANTIFUNGALS		
azolen 2 % topical tincture[OTC]	1		ANTIFUNGALS		
baza antifungal 2 % topical cream[OTC]	1		ANTIFUNGALS		
ciclodan 8 % topical solution[NP]	*		ANTIFUNGALS		
ciclopirox 0.77 % topical cream[NP]	*		ANTIFUNGALS		
ciclopirox 0.77 % topical gel[NP]	*		ANTIFUNGALS		
ciclopirox 0.77 % topical suspension[NP]	*		ANTIFUNGALS		
ciclopirox 1 % shampoo[NP]	*		ANTIFUNGALS		
ciclopirox 8 % topical solution[NP]	*		ANTIFUNGALS		
ciclopirox 8 %-urea-camphor-menthol-eucalyptol topical solution[NP]	*		ANTIFUNGALS		
clotrimazole 1 % topical cream[OTC]	1		ANTIFUNGALS		
clotrimazole 1 % topical cream	1		ANTIFUNGALS		
clotrimazole 1 % topical solution[NP]	*		ANTIFUNGALS		
clotrimazole 1 % topical solution[NP]	*		ANTIFUNGALS		
clotrimazole 1 % vaginal cream[OTC]	1		ANTIFUNGALS		
clotrimazole 10 mg troche	1		ANTIFUNGALS		
clotrimazole 3 day 2 % vaginal cream[OTC]	1		ANTIFUNGALS		
clotrimazole af 1 % topical cream[OTC]	1		ANTIFUNGALS		
clotrimazole-3 2 % vaginal cream[OTC]	1		ANTIFUNGALS		
clotrimazole-7 1 % vaginal cream[OTC]	1		ANTIFUNGALS		
clotrimazole-betamethasone 1 %-0.05 % lotion[NP]	*		ANTIFUNGALS		
clotrimazole-betamethasone 1 %-0.05 % topical cream[NP]	*		ANTIFUNGALS		
CRESEMBA 186 MG CAPSULE[NP]	*		ANTIFUNGALS		
CRESEMBA 74.5 MG CAPSULE[NP]	*		ANTIFUNGALS		
critic-aid clear af (miconazole) 2 % topical ointment[OTC]	1		ANTIFUNGALS		
dermafungal 2 % topical cream[OTC]	1		ANTIFUNGALS		
desenex 2 % topical cream[OTC]	1		ANTIFUNGALS		
desenex 2 % topical powder[OTC]	1		ANTIFUNGALS		
DIFLUCAN 40 MG/ML ORAL SUSPENSION[NP]	*		ANTIFUNGALS		

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econazole nitrate 1 % topical cream	1		ANTIFUNGALS		
econazole nitrate 1 % topical foam[NP]	*		ANTIFUNGALS		
ERTACZO 2 % TOPICAL CREAM[NP]	*		ANTIFUNGALS		
fluconazole 10 mg/ml oral suspension	1		ANTIFUNGALS		
fluconazole 100 mg tablet	1		ANTIFUNGALS		
fluconazole 150 mg tablet	1		ANTIFUNGALS		
fluconazole 200 mg tablet	1		ANTIFUNGALS		
fluconazole 40 mg/ml oral suspension	1		ANTIFUNGALS		
fluconazole 50 mg tablet	1		ANTIFUNGALS		
flucytosine 250 mg capsule[NP]	*		ANTIFUNGALS		
flucytosine 500 mg capsule[NP]	*		ANTIFUNGALS		
FULVICIN P/G 165 MG TABLET[NP]	*		ANTIFUNGALS		
FUNGI CURE 1 % TOPICAL SPRAY[OTC]	1		ANTIFUNGALS		
FUNGOID TINCTURE 2 % TOPICAL[OTC]	1		ANTIFUNGALS		
griseofulvin microsize 125 mg/5 ml oral suspension	1		ANTIFUNGALS		
griseofulvin microsize 500 mg tablet	1		ANTIFUNGALS		
griseofulvin ultramicrosize 125 mg tablet	1		ANTIFUNGALS		
griseofulvin ultramicrosize 165 mg tablet	1		ANTIFUNGALS		
griseofulvin ultramicrosize 250 mg tablet	1		ANTIFUNGALS		
gynazole-1 2 % vaginal cream[NP]	*		ANTIFUNGALS		
GYNE-LOTRIMIN 2 % VAGINAL CREAM[OTC]	1		ANTIFUNGALS		
gyne-lotrimin 7 1 % vaginal cream[OTC]	1		ANTIFUNGALS		
inzo antifungal 2 % topical cream[OTC]	1		ANTIFUNGALS		
itch relief (clotrimazole) 1 % topical cream[OTC]	1		ANTIFUNGALS		
itraconazole 10 mg/ml oral solution[NP]	*	QL(150 per 30 days)	ANTIFUNGALS		
itraconazole 100 mg capsule	1	QL(120 per 30 days)	ANTIFUNGALS		
jock itch (clotrimazole) 1 % topical cream[OTC]	1		ANTIFUNGALS		
jock itch (terbinafine) 1 % topical cream[OTC]	1		ANTIFUNGALS		
ketoconazole 2 % shampoo	1		ANTIFUNGALS		
ketoconazole 2 % topical cream	1		ANTIFUNGALS		
ketoconazole 2 % topical foam[NP]	*		ANTIFUNGALS		
ketoconazole 200 mg tablet	1		ANTIFUNGALS		
ketodan 2 % topical foam[NP]	*		ANTIFUNGALS		
KETODAN KIT 2 % TOPICAL COMBO PACK[NP]	*		ANTIFUNGALS		
klayesta 100,000 unit/gram topical powder	1		ANTIFUNGALS		
LAMISIL AT 1 % TOPICAL CREAM[OTC]	1		ANTIFUNGALS		
lasolex ac 2 % topical cream[OTC]	1		ANTIFUNGALS		
LASOLEX AG 2 % TOPICAL GEL[OTC]	1		ANTIFUNGALS		
lasolex al 2 % topical liquid[OTC]	1		ANTIFUNGALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM[NP]	*		ANTIFUNGALS		
LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION[NP]	*		ANTIFUNGALS		
LOPROX KIT 0.77 % TOPICAL COMBO PACK[NP]	*		ANTIFUNGALS		
LOPROX KIT 0.77 %, SUSPENSION AND CLEANSER[NP]	*		ANTIFUNGALS		
LOTRIMIN AF (CLOTRIMAZOLE) 1 % TOPICAL CREAM[OTC]	1		ANTIFUNGALS		
lotrimin af 2 % topical powder[OTC]	1		ANTIFUNGALS		
lotrimin af 2 % topical spray[OTC]	1		ANTIFUNGALS		
lotrimin af powder 2 % topical spray[OTC]	1		ANTIFUNGALS		
micoclear 1 % topical cream[OTC]	1		ANTIFUNGALS		
miconazole nit 0.25 %-zinc ox 15 %-petrolatum 81.35 % topical ointment[NP]	*		ANTIFUNGALS		
miconazole nitrate 1,200 mg-2 % vaginal kit[OTC]	1		ANTIFUNGALS		
miconazole nitrate 2 % topical cream[OTC]	1		ANTIFUNGALS		
miconazole nitrate 2 % topical powder[OTC]	1		ANTIFUNGALS		
miconazole nitrate 2 % topical solution, applicator[OTC]	1		ANTIFUNGALS		
miconazole nitrate 2 % topical spray powder[OTC]	1		ANTIFUNGALS		
miconazole nitrate 2 % vaginal cream[OTC]	1		ANTIFUNGALS		
miconazole nitrate 200 mg-2 % (9 gram) vaginal kit[OTC]	1		ANTIFUNGALS		
miconazole nitrate 4 % (200 mg)-2 % (9 gram)vaginal,prefill appl,cream[OTC]	1		ANTIFUNGALS		
miconazole-3 200 mg-2 % (9 gram) vaginal kit[OTC]	1		ANTIFUNGALS		
miconazole-3 200 mg vaginal suppository	1		ANTIFUNGALS		
miconazole-3 200 mg/5 gram (4 %) vaginal cream[OTC]	1		ANTIFUNGALS		
miconazole-3 4 % (200 mg)-2 % (9 gram) vaginal pack,prefil appl, cream[OTC]	1		ANTIFUNGALS		
miconazole-7 2 % vaginal cream[OTC]	1		ANTIFUNGALS		
miconazorb af 2 % topical powder[OTC]	1		ANTIFUNGALS		
MICONI-AL 2 % TOPICAL LIQUID[OTC]	1		ANTIFUNGALS		
micotrin ac 1 % topical cream[OTC]	1		ANTIFUNGALS		
micotrin ap 2 % topical powder[OTC]	1		ANTIFUNGALS		
micro-guard 2 % topical powder[OTC]	1		ANTIFUNGALS		
monistat 1 (tioconazole) 6.5 % vaginal ointment[OTC]	1		ANTIFUNGALS		
MONISTAT 1 COMBO PACK 1,200 MG-2 % VAGINAL OVULE AND CREAM[OTC]	1		ANTIFUNGALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MONISTAT 3 4 % (200 MG)-2 %(9 GRAM)VAGINAL PACK,PREFIL APPL AND CREAM[OTC]	1		ANTIFUNGALS		
MONISTAT 3 200 MG-2 % (9 GRAM) VAGINAL KIT[OTC]	1		ANTIFUNGALS		
MONISTAT 3 200 MG/5 GRAM (4 %) VAGINAL CREAM[OTC]	1		ANTIFUNGALS		
MONISTAT 7 2 % VAGINAL CREAM[OTC]	1		ANTIFUNGALS		
mycozyl ac 1 % topical cream[OTC]	1		ANTIFUNGALS		
mycozyl ap 2 % topical powder[OTC]	1		ANTIFUNGALS		
naftifine 1 % topical cream[NP]	*		ANTIFUNGALS		
naftifine 2 % topical cream[NP]	*		ANTIFUNGALS		
naftifine 2 % topical gel[NP]	*		ANTIFUNGALS		
NAFTIN 2 % TOPICAL GEL[NP]	*		ANTIFUNGALS		
NIZORAL A-D 1 % SHAMPOO[OTC]	1		ANTIFUNGALS		
NOXAFIL 300 MG ORAL SUSPENSION,DELAYED RELEASE IN A PACKET[NP]	*	QL(32 per 30 days)	ANTIFUNGALS		
nyamyc 100,000 unit/gram topical powder	1		ANTIFUNGALS		
nystatin 100,000 unit/gram topical cream	1		ANTIFUNGALS		
nystatin 100,000 unit/gram topical ointment	1		ANTIFUNGALS		
nystatin 100,000 unit/gram topical powder	1		ANTIFUNGALS		
nystatin 100,000 unit/ml oral suspension	1		ANTIFUNGALS		
nystatin 500,000 unit tablet	1		ANTIFUNGALS		
nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream[NP]	*		ANTIFUNGALS		
nystatin-triamcinolone 100,000 unit/gram-0.1 % topical ointment[NP]	*		ANTIFUNGALS		
nystop 100,000 unit/gram topical powder	1		ANTIFUNGALS		
ORAVIG 50 MG BUCCAL TABLET[NP]	*		ANTIFUNGALS		
oxiconazole 1 % topical cream[NP]	*	QL(60 per 30 days)	ANTIFUNGALS		
OXISTAT 1 % LOTION[NP]	*		ANTIFUNGALS		
posaconazole 100 mg tablet,delayed release[NP]	*	QL(93 per 30 days)	ANTIFUNGALS		
posaconazole 200 mg/5 ml (40 mg/ml) oral suspension[NP]	*	QL(840 per 28 days)	ANTIFUNGALS		
REMEDY ANTIFUNGAL 2 % TOPICAL CREAM[OTC]	1		ANTIFUNGALS		
remedy antifungal 2 % topical powder[OTC]	1		ANTIFUNGALS		
remedy critic-aid treat 2 % topical ointment[OTC]	1		ANTIFUNGALS		
remedy phytoplex antifungal 2 % topical ointment[OTC]	1		ANTIFUNGALS		
remedy phytoplex antifungal 2 % topical powder[OTC]	1		ANTIFUNGALS		

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ringworm 1 % topical cream[OTC]	1		ANTIFUNGALS		
secura antifungal extra thick 2 % topical cream[OTC]	1		ANTIFUNGALS		
SPORANOX 100 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTIFUNGALS		
tavaborole 5 % topical solution, applicator[NP]	*		ANTIFUNGALS		
terbinafine hcl 1 % topical cream[OTC]	1		ANTIFUNGALS		
terbinafine hcl 250 mg tablet	1	QL(90 per 365 days)	ANTIFUNGALS		
terconazole 0.4 % vaginal cream	1		ANTIFUNGALS		
terconazole 0.8 % vaginal cream	1		ANTIFUNGALS		
terconazole 80 mg vaginal suppository	1		ANTIFUNGALS		
thera antifungal 2 % topical cream[OTC]	1		ANTIFUNGALS		
thera antifungal 2 % topical powder[OTC]	1		ANTIFUNGALS		
tioconazole 6.5 % vaginal ointment[OTC]	1		ANTIFUNGALS		
tioconazole-1 6.5 % vaginal ointment[OTC]	1		ANTIFUNGALS		
TOLSURA 65 MG ORAL SOLID DISPERSION CAPSULE[NP]	*	QL(120 per 30 days)	ANTIFUNGALS		
trimazole 1 % topical cream[OTC]	1		ANTIFUNGALS		
triple paste af 2 % topical ointment[OTC]	1		ANTIFUNGALS		
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION[NP]	*	QL(400 per 30 days)	ANTIFUNGALS		
VIVJOA 150 MG CAPSULE[NP]	*		ANTIFUNGALS		
voriconazole 200 mg tablet[NP]	*	QL(120 per 30 days)	ANTIFUNGALS		
voriconazole 200 mg/5 ml (40 mg/ml) oral suspension[NP]	*	QL(400 per 30 days)	ANTIFUNGALS		
voriconazole 50 mg tablet[NP]	*	QL(120 per 30 days)	ANTIFUNGALS		
votriza-al 1 % lotion[OTC]	1		ANTIFUNGALS		
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT[NP]	*		ANTIFUNGALS		
zeasorb af 2 % topical powder[OTC]	1		ANTIFUNGALS		
allopurinol 100 mg tablet	1		ANTIGOUT AGENTS		
allopurinol 200 mg tablet	1		ANTIGOUT AGENTS		
allopurinol 300 mg tablet	1		ANTIGOUT AGENTS		
colchicine 0.6 mg capsule[NP]	*	QL(60 per 30 days)	ANTIGOUT AGENTS		
colchicine 0.6 mg tablet[NP]	*	QL(120 per 30 days)	ANTIGOUT AGENTS		
febuxostat 40 mg tablet[NP]	*	QL(30 per 30 days)	ANTIGOUT AGENTS		
febuxostat 80 mg tablet[NP]	*	QL(30 per 30 days)	ANTIGOUT AGENTS		
MITIGARE 0.6 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANTIGOUT AGENTS		
probenecid 500 mg tablet	1		ANTIGOUT AGENTS		
probenecid 500 mg-colchicine 0.5 mg tablet	1		ANTIGOUT AGENTS		

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ULORIC 40 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIGOUT AGENTS		
ULORIC 80 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIGOUT AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(1 per 28 days)	ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(2 per 28 days)	ANTIMIGRAINE AGENTS		
AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(1.5 per 28 days)	ANTIMIGRAINE AGENTS		
AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS	1	PA,QL(1.5 per 28 days)	ANTIMIGRAINE AGENTS		
almotriptan malate 12.5 mg tablet[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
almotriptan malate 6.25 mg tablet[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
CAFERGOT 1 MG-100 MG TABLET[NP]	*		ANTIMIGRAINE AGENTS		
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) nasal spray[NP]	*	QL(8 per 30 days)	ANTIMIGRAINE AGENTS		
eletriptan 20 mg tablet[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
eletriptan 40 mg tablet[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(2 per 30 days)	ANTIMIGRAINE AGENTS		
EMGALITY 300 MG/3 ML (100 MG/ML X 3) SUBCUTANEOUS SYRINGE	1	PA,QL(3 per 30 days)	ANTIMIGRAINE AGENTS		
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 30 days)	ANTIMIGRAINE AGENTS		
ERGOMAR 2 MG SUBLINGUAL TABLET[NP]	*		ANTIMIGRAINE AGENTS		
frovatriptan 2.5 mg tablet[NP]	*	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
IMITREX 100 MG TABLET[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
IMITREX 25 MG TABLET[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
IMITREX 50 MG TABLET[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
IMITREX STATDOSE PEN 4 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS		
IMITREX STATDOSE PEN 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS		
IMITREX STATDOSE REFILL 4 MG/0.5 ML SUBCUTANEOUS CARTRIDGE[NP]	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS		
IMITREX STATDOSE REFILL 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE[NP]	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS		
MAXALT 10 MG TABLET[NP]	*	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
MAXALT-MLT 10 MG DISINTEGRATING TABLET[NP]	*	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
migergot 2 mg-100 mg rectal suppository	1		ANTIMIGRAINE AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
naratriptan 1 mg tablet[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
naratriptan 2.5 mg tablet[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
NURTEC ODT 75 MG DISINTEGRATING TABLET	1	PA,QL(18 per 30 days)	ANTIMIGRAINE AGENTS		
QULIPTA 10 MG TABLET	1	PA,QL(30 per 30 days)	ANTIMIGRAINE AGENTS		
QULIPTA 30 MG TABLET	1	PA,QL(30 per 30 days)	ANTIMIGRAINE AGENTS		
QULIPTA 60 MG TABLET	1	PA,QL(30 per 30 days)	ANTIMIGRAINE AGENTS		
RELPAX 20 MG TABLET[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
RELPAX 40 MG TABLET[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
REYVOW 100 MG TABLET[NP]	*	QL(8 per 30 days)	ANTIMIGRAINE AGENTS		
REYVOW 50 MG TABLET[NP]	*	QL(4 per 30 days)	ANTIMIGRAINE AGENTS		
rizatriptan 10 mg disintegrating tablet	1	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
rizatriptan 10 mg tablet	1	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
rizatriptan 5 mg disintegrating tablet	1	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
rizatriptan 5 mg tablet	1	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
sumatriptan 100 mg tablet	1	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
sumatriptan 20 mg/actuation nasal spray	1	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
sumatriptan 25 mg tablet	1	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
sumatriptan 5 mg/actuation nasal spray	1	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
sumatriptan 50 mg tablet	1	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
sumatriptan 6 mg/0.5 ml subcutaneous pen injector	1	QL(6 per 30 days)	ANTIMIGRAINE AGENTS		
sumatriptan 6 mg/0.5 ml subcutaneous solution	1	QL(6 per 30 days)	ANTIMIGRAINE AGENTS		
sumatriptan 85 mg-naproxen 500 mg tablet[NP]	*	QL(18 per 30 days)	ANTIMIGRAINE AGENTS		
SYMBRAVO 10 MG-20 MG TABLET[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
TOSYMRA 10 MG/ACTUATION NASAL SPRAY[NP]	*	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
UBRELVY 100 MG TABLET	1	PA,QL(16 per 30 days)	ANTIMIGRAINE AGENTS		
UBRELVY 50 MG TABLET	1	PA,QL(16 per 30 days)	ANTIMIGRAINE AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VYEPTI 100 MG/ML INTRAVENOUS SOLUTION	1	PA,QL(3 per 90 days)	ANTIMIGRAINE AGENTS		
ZAVZPRET 10 MG/ACTUATION NASAL SPRAY	1	PA,QL(8 per 30 days)	ANTIMIGRAINE AGENTS		
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS		
zolmitriptan 2.5 mg disintegrating tablet[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
zolmitriptan 2.5 mg nasal spray[NP]	*	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
zolmitriptan 2.5 mg tablet[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
zolmitriptan 5 mg disintegrating tablet[NP]	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS		
zolmitriptan 5 mg nasal spray[NP]	*	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
zolmitriptan 5 mg tablet[NP]	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS		
ZOMIG 2.5 MG NASAL SPRAY[NP]	*	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
zomig 2.5 mg tablet[NP]	*	QL(9 per 30 days)	ANTIMIGRAINE AGENTS		
ZOMIG 5 MG NASAL SPRAY[NP]	*	QL(12 per 30 days)	ANTIMIGRAINE AGENTS		
zomig 5 mg tablet[NP]	*	QL(6 per 30 days)	ANTIMIGRAINE AGENTS		
pyridostigmine bromide 30 mg tablet	1		ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 60 mg tablet	1		ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 60 mg/5 ml oral syrup	1		ANTIMYASTHENIC AGENTS		
pyridostigmine bromide er 180 mg tablet,extended release	1		ANTIMYASTHENIC AGENTS		
VYVGART 20 MG/ML INTRAVENOUS SOLUTION[NP]	*		ANTIMYASTHENIC AGENTS		
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(20 per 28 days)	ANTIMYASTHENIC AGENTS		
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(22.4 per 28 days)	ANTIMYASTHENIC AGENTS		
cycloserine 250 mg capsule	1		ANTIMYCOBACTERIALS		
dapsone 100 mg tablet	1		ANTIMYCOBACTERIALS		
dapsone 25 mg tablet	1		ANTIMYCOBACTERIALS		
ethambutol 100 mg tablet	1		ANTIMYCOBACTERIALS		
ethambutol 400 mg tablet	1		ANTIMYCOBACTERIALS		
isoniazid 100 mg tablet	1		ANTIMYCOBACTERIALS		
isoniazid 300 mg tablet	1		ANTIMYCOBACTERIALS		
isoniazid 50 mg/5 ml oral solution	1		ANTIMYCOBACTERIALS		
PRETOMANID 200 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIMYCOBACTERIALS		
PRIFTIN 150 MG TABLET	1		ANTIMYCOBACTERIALS		
pyrazinamide 500 mg tablet	1		ANTIMYCOBACTERIALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
rifabutin 150 mg capsule	1		ANTIMYCOBACTERIALS		
rifampin 150 mg capsule	1		ANTIMYCOBACTERIALS		
rifampin 300 mg capsule	1		ANTIMYCOBACTERIALS		
rifapentine 150 mg tablet	1		ANTIMYCOBACTERIALS		
SIRTURO 100 MG TABLET[NP]	*		ANTIMYCOBACTERIALS		
SIRTURO 20 MG TABLET[NP]	*		ANTIMYCOBACTERIALS		
abiraterone 250 mg tablet	1	QL(120 per 30 days)	ANTINEOPLASTICS		
abiraterone 500 mg tablet	1	QL(60 per 30 days)	ANTINEOPLASTICS		
abirtega 250 mg tablet	1	QL(120 per 30 days)	ANTINEOPLASTICS		
AFINITOR 10 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AFINITOR 2.5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AFINITOR 5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AFINITOR 7.5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AFINITOR DISPERZ 2 MG TABLET FOR ORAL SUSPENSION[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AFINITOR DISPERZ 3 MG TABLET FOR ORAL SUSPENSION[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AFINITOR DISPERZ 5 MG TABLET FOR ORAL SUSPENSION[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AKEEGA 100 MG-500 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
AKEEGA 50 MG-500 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
ALECENSA 150 MG CAPSULE[NP]	*	QL(240 per 30 days)	ANTINEOPLASTICS		
ALUNBRIG 180 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
ALUNBRIG 30 MG TABLET[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
ALUNBRIG 90 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AMELUZ 10 % TOPICAL GEL[NP]	*		ANTINEOPLASTICS		
anastrozole 1 mg tablet	1	QL(30 per 30 days)	ANTINEOPLASTICS		
ARIMIDEX 1 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AROMASIN 25 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
AUGTYRO 160 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
AUGTYRO 40 MG CAPSULE[NP]	*	QL(240 per 30 days)	ANTINEOPLASTICS		
AVMAPKI-FAKZYNJA 0.8 MG-200 MG ORAL PACK[NP]	*	QL(66 per 28 days)	ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
AYVAKIT 100 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AYVAKIT 200 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AYVAKIT 25 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AYVAKIT 300 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
AYVAKIT 50 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
BALVERSA 3 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
BALVERSA 4 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
BALVERSA 5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
BEQALZI 1 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
BEQALZI 20 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
BEQALZI 5 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
BEQALZI 80 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
BEQALZI STARTER PACK 1 MG-5 MG-20 MG-80 MG TABLETS[NP]	*	QL(44 per 28 days)	ANTINEOPLASTICS		
bexarotene 1 % topical gel[NP]	*	QL(240 per 30 days)	ANTINEOPLASTICS		
bexarotene 75 mg capsule	1	QL(300 per 30 days)	ANTINEOPLASTICS		
bicalutamide 50 mg tablet	1	QL(30 per 30 days)	ANTINEOPLASTICS		
BOSULIF 100 MG CAPSULE[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
BOSULIF 100 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
BOSULIF 400 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
BOSULIF 50 MG CAPSULE[NP]	*	QL(360 per 30 days)	ANTINEOPLASTICS		
BOSULIF 500 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
bosutinib 100 mg tablet[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
bosutinib 400 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
bosutinib 500 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
BRAFTOVI 75 MG CAPSULE[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
BRUKINSA 160 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
BRUKINSA 80 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
CABOMETYX 20 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
CABOMETYX 40 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
CABOMETYX 60 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
CALQUENCE (ACALABRUTINIB MALEATE) 100 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
capecitabine 150 mg tablet[NP]	*	QL(630 per 30 days)	ANTINEOPLASTICS		
capecitabine 500 mg tablet[NP]	*	QL(189 per 30 days)	ANTINEOPLASTICS		
CAPRELSA 100 MG TABLET	1	QL(60 per 30 days)	ANTINEOPLASTICS		
CAPRELSA 300 MG TABLET	1	QL(30 per 30 days)	ANTINEOPLASTICS		
CASODEX 50 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
CAVHANZA 60 MG DISINTEGRATING TABLET[NP]	*	QL(112 per 28 days)	ANTINEOPLASTICS		
CAVHANZA 80 MG DISINTEGRATING TABLET[NP]	*	QL(112 per 28 days)	ANTINEOPLASTICS		
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES[NP]	*	QL(56 per 28 days)	ANTINEOPLASTICS		
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES[NP]	*	QL(112 per 28 days)	ANTINEOPLASTICS		
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES[NP]	*	QL(84 per 28 days)	ANTINEOPLASTICS		
COPIKTRA 15 MG CAPSULE[NP]	*	QL(56 per 28 days)	ANTINEOPLASTICS	42	
COPIKTRA 25 MG CAPSULE[NP]	*	QL(56 per 28 days)	ANTINEOPLASTICS		
COTELLIC 20 MG TABLET[NP]	*	QL(63 per 28 days)	ANTINEOPLASTICS		
cyclophosphamide 25 mg capsule	1	QL(960 per 30 days)	ANTINEOPLASTICS		
cyclophosphamide 50 mg capsule	1	QL(480 per 30 days)	ANTINEOPLASTICS		
cyclophosphamide 50 mg tablet	1	QL(480 per 30 days)	ANTINEOPLASTICS		
DANZITEN 71 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
DANZITEN 95 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
dasatinib 100 mg tablet[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
dasatinib 140 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
dasatinib 20 mg tablet[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
dasatinib 50 mg tablet[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
dasatinib 70 mg tablet[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
dasatinib 80 mg tablet[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
DAURISMO 100 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
DAURISMO 25 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
ENSACOVE 100 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
ENSACOVE 25 MG CAPSULE[NP]	*	QL(270 per 30 days)	ANTINEOPLASTICS		
ERIVEDGE 150 MG CAPSULE	1	QL(28 per 28 days)	ANTINEOPLASTICS		
ERLEADA 240 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
ERLEADA 60 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
erlotinib 100 mg tablet	1	QL(30 per 30 days)	ANTINEOPLASTICS		
erlotinib 150 mg tablet	1	QL(30 per 30 days)	ANTINEOPLASTICS		
erlotinib 25 mg tablet	1	QL(90 per 30 days)	ANTINEOPLASTICS		
ETCAMAH 75 MG TABLET[NP]	*	QL(56 per 28 days)	ANTINEOPLASTICS		
etoposide 50 mg capsule	1	QL(100 per 30 days)	ANTINEOPLASTICS		
everolimus (antineoplastic) 10 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS	40	
everolimus (antineoplastic) 2 mg tablet for oral suspension[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS	40	
everolimus (antineoplastic) 2.5 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS	40	
everolimus (antineoplastic) 3 mg tablet for oral suspension[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS	40	
everolimus (antineoplastic) 5 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS	40	
everolimus (antineoplastic) 5 mg tablet for oral suspension[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS	40	
everolimus (antineoplastic) 7.5 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
exemestane 25 mg tablet	1	QL(60 per 30 days)	ANTINEOPLASTICS		
FARESTON 60 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
FEMARA 2.5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
FOTIVDA 0.89 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
FOTIVDA 1.34 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
FRUZAQLA 1 MG CAPSULE[NP]	*	QL(84 per 28 days)	ANTINEOPLASTICS		
FRUZAQLA 5 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
GAVRETO 100 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
gefitinib 250 mg tablet	1		ANTINEOPLASTICS		
GILOTRIF 20 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
GILOTRIF 30 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
GILOTRIF 40 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
GLEEVEC 100 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
GLEEVEC 400 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
GLEOSTINE 10 MG CAPSULE	1	QL(35 per 30 days)	ANTINEOPLASTICS		
GLEOSTINE 100 MG CAPSULE	1	QL(3 per 30 days)	ANTINEOPLASTICS		
GOMEKLI 1 MG CAPSULE[NP]	*		ANTINEOPLASTICS		
GOMEKLI 1 MG TABLET FOR ORAL SUSPENSION[NP]	*		ANTINEOPLASTICS		
GOMEKLI 2 MG CAPSULE[NP]	*		ANTINEOPLASTICS		
HERNEXEOS 60 MG TABLET[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
HYCAMTIN 0.25 MG CAPSULE	1	QL(100 per 25 days)	ANTINEOPLASTICS		
HYCAMTIN 1 MG CAPSULE	1	QL(25 per 25 days)	ANTINEOPLASTICS		
HYDREA 500 MG CAPSULE[NP]	*		ANTINEOPLASTICS		
hydroxyurea 500 mg capsule	1		ANTINEOPLASTICS		
HYRNUO 10 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
IBRANCE 100 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
IBRANCE 100 MG TABLET[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
IBRANCE 125 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
IBRANCE 125 MG TABLET[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
IBRANCE 75 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
IBRANCE 75 MG TABLET[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
IBTROZI 200 MG CAPSULE[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
ICLUSIG 10 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ICLUSIG 15 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
ICLUSIG 30 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
ICLUSIG 45 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
IDHIFA 100 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
IDHIFA 50 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
imatinib 100 mg tablet[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
imatinib 400 mg tablet[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
IMBRUVICA 140 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
IMBRUVICA 140 MG TABLET[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
IMBRUVICA 280 MG TABLET[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
IMBRUVICA 420 MG TABLET[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
IMBRUVICA 70 MG CAPSULE[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
IMBRUVICA 70 MG/ML ORAL SUSPENSION[NP]	*		ANTINEOPLASTICS		
IMKELDI 80 MG/ML ORAL SOLUTION[NP]	*	QL(300 per 30 days)	ANTINEOPLASTICS		
INLURIYO 200 MG TABLET[NP]	*	QL(84 per 28 days)	ANTINEOPLASTICS		
INLYTA 1 MG TABLET[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
INLYTA 5 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
INQOVI 35 MG-100 MG TABLET[NP]	*	QL(5 per 28 days)	ANTINEOPLASTICS		
INREBIC 100 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
IRESSA 250 MG TABLET	1		ANTINEOPLASTICS		
ITOVEBI 3 MG TABLET[NP]	*	QL(56 per 28 days)	ANTINEOPLASTICS		
ITOVEBI 9 MG TABLET[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
IWILFIN 192 MG TABLET[NP]	*	QL(240 per 30 days)	ANTINEOPLASTICS		
JAKAFI 10 MG TABLET	1	QL(60 per 30 days)	ANTINEOPLASTICS		
JAKAFI 15 MG TABLET	1	QL(60 per 30 days)	ANTINEOPLASTICS		
JAKAFI 20 MG TABLET	1	QL(60 per 30 days)	ANTINEOPLASTICS		
JAKAFI 25 MG TABLET	1	QL(60 per 30 days)	ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
JAKAFI 5 MG TABLET	1	QL(60 per 30 days)	ANTINEOPLASTICS		
JAKAFI XR 11 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
JAKAFI XR 22 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
JAKAFI XR 33 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
JAKAFI XR 44 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
JAKAFI XR 55 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
JAYPIRCA 100 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
JAYPIRCA 50 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
KISQALI 200 MG/DAY (200 MG X 1) TABLET[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
KISQALI 400 MG/DAY (200 MG X 2) TABLET[NP]	*	QL(42 per 28 days)	ANTINEOPLASTICS		
KISQALI 600 MG/DAY (200 MG X 3) TABLET[NP]	*	QL(63 per 28 days)	ANTINEOPLASTICS		
KOMZIFTI 200 MG CAPSULE[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
KOSELUGO 10 MG CAPSULE[NP]	*	QL(240 per 30 days)	ANTINEOPLASTICS		
KOSELUGO 25 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
KOSELUGO 5 MG SPRINKLE CAPSULE[NP]	*	QL(600 per 30 days)	ANTINEOPLASTICS		
KOSELUGO 7.5 MG SPRINKLE CAPSULE[NP]	*	QL(360 per 30 days)	ANTINEOPLASTICS		
KRAZATI 200 MG TABLET[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
lapatinib 250 mg tablet[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
LAZCLUZE 240 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
LAZCLUZE 80 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
lenalidomide 10 mg capsule[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
lenalidomide 15 mg capsule[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
lenalidomide 2.5 mg capsule[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
lenalidomide 20 mg capsule[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
lenalidomide 25 mg capsule[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
lenalidomide 5 mg capsule[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
LENVIMA 10 MG/DAY (10 MG X 1) CAPSULE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
LENVIMA 12 MG/DAY (4 MG X 3) CAPSULE[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1) CAPSULE[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
LENVIMA 20 MG/DAY (10 MG X 2) CAPSULE[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
LENVIMA 4 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
LENVIMA 8 MG/DAY (4 MG X 2) CAPSULE[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
letrozole 2.5 mg tablet	1	QL(30 per 30 days)	ANTINEOPLASTICS		
leucovorin calcium 10 mg tablet	1		ANTINEOPLASTICS		
leucovorin calcium 15 mg tablet	1		ANTINEOPLASTICS		
leucovorin calcium 25 mg tablet	1		ANTINEOPLASTICS		
leucovorin calcium 5 mg tablet	1		ANTINEOPLASTICS		
LEVULAN 20 % TOPICAL SOLUTION	1		ANTINEOPLASTICS		
LIFYORLI 125MG/DAY(100 MG X1-25MG X1) CAPSULE[NP]	*		ANTINEOPLASTICS		
LIFYORLI 150MG/DAY(100 MG X1-25MG X2) CAPSULE[NP]	*		ANTINEOPLASTICS		
lomustine 10 mg capsule	1	QL(35 per 30 days)	ANTINEOPLASTICS		
lomustine 100 mg capsule	1	QL(3 per 30 days)	ANTINEOPLASTICS		
lomustine 40 mg capsule	1	QL(9 per 30 days)	ANTINEOPLASTICS		
LONSURF 15 MG-6.14 MG TABLET[NP]	*	QL(100 per 30 days)	ANTINEOPLASTICS		
LONSURF 20 MG-8.19 MG TABLET[NP]	*	QL(80 per 30 days)	ANTINEOPLASTICS		
LORBRENA 100 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
LORBRENA 25 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
LUMAKRAS 120 MG TABLET[NP]	*	QL(240 per 30 days)	ANTINEOPLASTICS		
LUMAKRAS 240 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
LUMAKRAS 320 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
LYNPARZA 100 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
LYNPARZA 150 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
LYSODREN 500 MG TABLET	1		ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
LYTGOBI 12 MG/DAY (4 MG X 3) TABLET[NP]	*	QL(140 per 28 days)	ANTINEOPLASTICS		
LYTGOBI 16 MG/DAY (4 MG X 4) TABLET[NP]	*	QL(140 per 28 days)	ANTINEOPLASTICS		
LYTGOBI 20 MG/DAY (4 MG X 5) TABLET[NP]	*	QL(140 per 28 days)	ANTINEOPLASTICS		
MATULANE 50 MG CAPSULE	1		ANTINEOPLASTICS		
MEKINIST 0.05 MG/ML ORAL SOLUTION[NP]	*	QL(1170 per 28 days)	ANTINEOPLASTICS		
MEKINIST 0.5 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
MEKINIST 2 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
MEKTOVI 15 MG TABLET[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
mercaptopurine 20 mg/ml oral suspension[NP]	*	QL(300 per 30 days)	ANTINEOPLASTICS		
mercaptopurine 50 mg tablet	1	QL(480 per 30 days)	ANTINEOPLASTICS		
mesna 400 mg tablet	1		ANTINEOPLASTICS		
MESNEX 400 MG TABLET	1		ANTINEOPLASTICS		
NERLYNX 40 MG TABLET[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
NEXAVAR 200 MG TABLET	1	QL(120 per 30 days)	ANTINEOPLASTICS		
nilotinib d-tartrate 150 mg capsule[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
nilotinib d-tartrate 200 mg capsule[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
nilotinib d-tartrate 50 mg capsule[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
nilotinib hcl 150 mg capsule[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
nilotinib hcl 200 mg capsule[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
nilotinib hcl 50 mg capsule[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
nilutamide 150 mg tablet	1	QL(60 per 30 days)	ANTINEOPLASTICS		
NINLARO 2.3 MG CAPSULE[NP]	*	QL(3 per 28 days)	ANTINEOPLASTICS		
NINLARO 3 MG CAPSULE[NP]	*	QL(3 per 28 days)	ANTINEOPLASTICS		
NINLARO 4 MG CAPSULE[NP]	*	QL(3 per 28 days)	ANTINEOPLASTICS		
NUBEQA 300 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
ODOMZO 200 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
OGSIVEO 100 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
OGSIVEO 150 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
OJEMDA 25 MG/ML ORAL SUSPENSION[NP]	*	QL(96 per 28 days)	ANTINEOPLASTICS		
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET[NP]	*	QL(16 per 28 days)	ANTINEOPLASTICS		
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET[NP]	*	QL(20 per 28 days)	ANTINEOPLASTICS		
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET[NP]	*	QL(24 per 28 days)	ANTINEOPLASTICS		
OJJAARA 100 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
OJJAARA 150 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
OJJAARA 200 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
ONUREG 200 MG TABLET[NP]	*	QL(14 per 28 days)	ANTINEOPLASTICS		
ONUREG 300 MG TABLET[NP]	*	QL(14 per 28 days)	ANTINEOPLASTICS		
ORGOVYX 120 MG TABLET[NP]	*	QL(32 per 30 days)	ANTINEOPLASTICS		
ORSERDU 345 MG TABLET	1	QL(30 per 30 days)	ANTINEOPLASTICS		
ORSERDU 86 MG TABLET	1	QL(90 per 30 days)	ANTINEOPLASTICS		
pazopanib 200 mg tablet	1	QL(120 per 30 days)	ANTINEOPLASTICS		
pazopanib 400 mg tablet	1	QL(60 per 30 days)	ANTINEOPLASTICS		
PEMAZYRE 13.5 MG TABLET[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
PEMAZYRE 4.5 MG TABLET[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
PEMAZYRE 9 MG TABLET[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
PHYRAGO 100 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
PHYRAGO 140 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
PHYRAGO 20 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
PHYRAGO 50 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
PHYRAGO 70 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
PHYRAGO 80 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
PIQRAY 200 MG/DAY (200 MG X 1) TABLET[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
PIQRAY 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLET[NP]	*	QL(56 per 28 days)	ANTINEOPLASTICS		
PIQRAY 300 MG/DAY (150 MG X 2) TABLET[NP]	*	QL(56 per 28 days)	ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
pomalidomide 1 mg capsule[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
pomalidomide 2 mg capsule[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
pomalidomide 3 mg capsule[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
pomalidomide 4 mg capsule[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
POMALYST 1 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
POMALYST 2 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
POMALYST 3 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
POMALYST 4 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
PURIXAN 20 MG/ML ORAL SUSPENSION[NP]	*	QL(300 per 30 days)	ANTINEOPLASTICS		
QINLOCK 50 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
RETEVMO 120 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
RETEVMO 160 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
RETEVMO 40 MG CAPSULE[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
RETEVMO 40 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
RETEVMO 80 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
RETEVMO 80 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
REVLIMID 10 MG CAPSULE[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
REVLIMID 15 MG CAPSULE[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
REVLIMID 2.5 MG CAPSULE[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
REVLIMID 20 MG CAPSULE[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
REVLIMID 25 MG CAPSULE[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
REVLIMID 5 MG CAPSULE[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
REVUFORJ 110 MG TABLET[NP]	*		ANTINEOPLASTICS		
REVUFORJ 160 MG TABLET[NP]	*		ANTINEOPLASTICS		
REVUFORJ 25 MG TABLET[NP]	*		ANTINEOPLASTICS		
REZLIDHIA 150 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
ROMVIMZA 14 MG CAPSULE[NP]	*		ANTINEOPLASTICS		
ROMVIMZA 20 MG CAPSULE[NP]	*		ANTINEOPLASTICS		
ROMVIMZA 30 MG CAPSULE[NP]	*		ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ROZLYTREK 100 MG CAPSULE[NP]	*	QL(150 per 30 days)	ANTINEOPLASTICS		
ROZLYTREK 200 MG CAPSULE[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
ROZLYTREK 50 MG ORAL PELLETS IN PACKET[NP]	*	QL(360 per 30 days)	ANTINEOPLASTICS		
RUBRACA 200 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
RUBRACA 250 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
RUBRACA 300 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
RYDAPT 25 MG CAPSULE[NP]	*	QL(224 per 28 days)	ANTINEOPLASTICS		
SCEMBLIX 100 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
SCEMBLIX 20 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
SCEMBLIX 40 MG TABLET[NP]	*	QL(300 per 30 days)	ANTINEOPLASTICS		
SOLTAMOX 20 MG/10 ML ORAL SOLUTION	1	QL(600 per 30 days)	ANTINEOPLASTICS		
sorafenib 200 mg tablet	1	QL(120 per 30 days)	ANTINEOPLASTICS		
SPRYCEL 100 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
SPRYCEL 140 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
SPRYCEL 20 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
SPRYCEL 50 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
SPRYCEL 70 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
SPRYCEL 80 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
STIVARGA 40 MG TABLET[NP]	*	QL(84 per 28 days)	ANTINEOPLASTICS		
sunitinib malate 12.5 mg capsule	1	QL(28 per 28 days)	ANTINEOPLASTICS		
sunitinib malate 25 mg capsule	1	QL(28 per 28 days)	ANTINEOPLASTICS		
sunitinib malate 37.5 mg capsule	1	QL(28 per 28 days)	ANTINEOPLASTICS		
sunitinib malate 50 mg capsule	1	QL(28 per 28 days)	ANTINEOPLASTICS		
SUTENT 12.5 MG CAPSULE	1	QL(28 per 28 days)	ANTINEOPLASTICS		
SUTENT 25 MG CAPSULE	1	QL(28 per 28 days)	ANTINEOPLASTICS		
SUTENT 37.5 MG CAPSULE	1	QL(28 per 28 days)	ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SUTENT 50 MG CAPSULE	1	QL(28 per 28 days)	ANTINEOPLASTICS		
TABRECTA 150 MG TABLET[NP]	*	QL(112 per 28 days)	ANTINEOPLASTICS		
TABRECTA 200 MG TABLET[NP]	*	QL(112 per 28 days)	ANTINEOPLASTICS		
TAFINLAR 10 MG TABLET FOR ORAL SUSPENSION[NP]	*	QL(840 per 28 days)	ANTINEOPLASTICS		
TAFINLAR 50 MG CAPSULE[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
TAFINLAR 75 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
TAGRISSO 40 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
TAGRISSO 80 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
TALZENNA 0.1 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
TALZENNA 0.25 MG CAPSULE[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
TALZENNA 0.35 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
TALZENNA 0.5 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
TALZENNA 0.75 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
TALZENNA 1 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
tamoxifen 10 mg tablet	1		ANTINEOPLASTICS		
tamoxifen 20 mg tablet	1		ANTINEOPLASTICS		
TASIGNA 150 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
TASIGNA 200 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
TASIGNA 50 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
temozolomide 100 mg capsule	1	QL(60 per 30 days)	ANTINEOPLASTICS		
temozolomide 140 mg capsule	1	QL(60 per 30 days)	ANTINEOPLASTICS		
temozolomide 180 mg capsule	1	QL(60 per 30 days)	ANTINEOPLASTICS		
temozolomide 20 mg capsule	1	QL(270 per 30 days)	ANTINEOPLASTICS		
temozolomide 250 mg capsule	1	QL(10 per 30 days)	ANTINEOPLASTICS		
temozolomide 5 mg capsule	1	QL(90 per 30 days)	ANTINEOPLASTICS		
TEPMETKO 225 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
THALOMID 100 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
THALOMID 50 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
TIBSOVO 250 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
toremifene 60 mg tablet	1	QL(30 per 30 days)	ANTINEOPLASTICS		
torpenz 10 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
torpenz 2.5 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
torpenz 5 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
torpenz 7.5 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
tretinoin (antineoplastic) 10 mg capsule	1	QL(360 per 30 days)	ANTINEOPLASTICS		
TRUQAP 160 MG TABLET[NP]	*	QL(64 per 28 days)	ANTINEOPLASTICS		
TRUQAP 200 MG TABLET[NP]	*	QL(64 per 28 days)	ANTINEOPLASTICS		
TUKYSA 150 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
TUKYSA 50 MG TABLET[NP]	*	QL(300 per 30 days)	ANTINEOPLASTICS		
TURALIO 125 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
TYKERB 250 MG TABLET[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
VALCHLOR 0.016 % TOPICAL GEL[NP]	*	QL(60 per 28 days)	ANTINEOPLASTICS		
VANFLYTA 17.7 MG TABLET[NP]	*	QL(56 per 28 days)	ANTINEOPLASTICS		
VANFLYTA 26.5 MG TABLET[NP]	*	QL(56 per 28 days)	ANTINEOPLASTICS		
VENCLEXTA 10 MG TABLET[NP]	*	QL(56 per 28 days)	ANTINEOPLASTICS		
VENCLEXTA 100 MG TABLET[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
VENCLEXTA 50 MG TABLET[NP]	*	QL(28 per 28 days)	ANTINEOPLASTICS		
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK[NP]	*	QL(42 per 28 days)	ANTINEOPLASTICS		
VEPPANU 100 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
VEPPANU 200 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
VERZENIO 100 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
VERZENIO 150 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
VERZENIO 200 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VERZENIO 50 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
VITRAKVI 100 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
VITRAKVI 20 MG/ML ORAL SOLUTION[NP]	*	QL(300 per 30 days)	ANTINEOPLASTICS		
VITRAKVI 25 MG CAPSULE[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
VIZIMPRO 15 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
VIZIMPRO 30 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
VIZIMPRO 45 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
VONJO 100 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
VORANIGO 10 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
VORANIGO 40 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
VOTRIENT 200 MG TABLET	1	QL(120 per 30 days)	ANTINEOPLASTICS		
XALKORI 150 MG ORAL PELLETS[NP]	*	QL(180 per 30 days)	ANTINEOPLASTICS		
XALKORI 20 MG ORAL PELLETS[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
XALKORI 200 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
XALKORI 250 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
XALKORI 50 MG ORAL PELLETS[NP]	*	QL(240 per 30 days)	ANTINEOPLASTICS		
XOSPATA 40 MG TABLET[NP]	*	QL(90 per 30 days)	ANTINEOPLASTICS		
XPOVIO 100 MG/WEEK (50 MG X 2) TABLET[NP]	*	QL(8 per 28 days)	ANTINEOPLASTICS		
XPOVIO 40 MG TWICE WEEK (40 MG X 2) TABLET[NP]	*	QL(8 per 28 days)	ANTINEOPLASTICS		
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET[NP]	*	QL(16 per 28 days)	ANTINEOPLASTICS		
XPOVIO 40 MG/WEEK (40 MG X 1) TABLET[NP]	*	QL(4 per 28 days)	ANTINEOPLASTICS		
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET[NP]	*	QL(24 per 28 days)	ANTINEOPLASTICS		
XPOVIO 60 MG/WEEK (60 MG X 1) TABLET[NP]	*	QL(4 per 28 days)	ANTINEOPLASTICS		
XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET[NP]	*	QL(32 per 28 days)	ANTINEOPLASTICS		
XPOVIO 80 MG/WEEK (40 MG X 2) TABLET[NP]	*	QL(8 per 28 days)	ANTINEOPLASTICS		
XPOVIO 80 MG/WEEK (80 MG X 1) TABLET[NP]	*	QL(4 per 28 days)	ANTINEOPLASTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
XTANDI 40 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
XTANDI 40 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
XTANDI 80 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
YONSA 125 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
yulithira 10 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
yulithira 2.5 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
yulithira 5 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
yulithira 7.5 mg tablet[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
ZEJULA 100 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
ZEJULA 200 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
ZEJULA 300 MG TABLET[NP]	*	QL(30 per 30 days)	ANTINEOPLASTICS		
ZELBORAF 240 MG TABLET[NP]	*	QL(240 per 30 days)	ANTINEOPLASTICS		
ZENBEXUS 0.75 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
ZENBEXUS 1 MG CAPSULE[NP]	*	QL(21 per 28 days)	ANTINEOPLASTICS		
ZOLINZA 100 MG CAPSULE[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
ZYDELIG 100 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
ZYDELIG 150 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
ZYKADIA 150 MG TABLET[NP]	*	QL(150 per 30 days)	ANTINEOPLASTICS		
ZYTIGA 250 MG TABLET[NP]	*	QL(120 per 30 days)	ANTINEOPLASTICS		
ZYTIGA 500 MG TABLET[NP]	*	QL(60 per 30 days)	ANTINEOPLASTICS		
albendazole 200 mg tablet[NP]	*		ANTIPARASITICS		
atovaquone 250 mg-proguanil 100 mg tablet	1	QL(30 per 30 days)	ANTIPARASITICS		
atovaquone 750 mg/5 ml oral suspension	1	QL(600 per 30 days)	ANTIPARASITICS		
atovaquone-proguanil (pediatric) 62.5 mg-25 mg tablet	1	QL(30 per 30 days)	ANTIPARASITICS		
benznidazole 100 mg tablet[NP]	*		ANTIPARASITICS		
benznidazole 12.5 mg tablet[NP]	*		ANTIPARASITICS		
chloroquine 250 mg tablet	1		ANTIPARASITICS		
chloroquine 500 mg tablet	1		ANTIPARASITICS		
COARTEM 20 MG-120 MG TABLET[NP]	*	QL(24 per 30 days)	ANTIPARASITICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EGATEN 250 MG TABLET[NP]	*		ANTIPARASITICS		
emverm 100 mg chewable tablet[NP]	*		ANTIPARASITICS		
hydroxychloroquine 100 mg tablet	1		ANTIPARASITICS		
hydroxychloroquine 200 mg tablet	1		ANTIPARASITICS		
hydroxychloroquine 300 mg tablet	1		ANTIPARASITICS		
hydroxychloroquine 400 mg tablet	1		ANTIPARASITICS		
IMPAVIDO 50 MG CAPSULE[NP]	*	QL(84 per 28 days)	ANTIPARASITICS		
ivermectin 3 mg tablet[NP]	*		ANTIPARASITICS		
ivermectin 6 mg tablet[NP]	*		ANTIPARASITICS		
KRINTAFEL 150 MG TABLET[NP]	*	QL(4 per 180 days)	ANTIPARASITICS		
LAMPIT 120 MG TABLET[NP]	*		ANTIPARASITICS		
LAMPIT 30 MG TABLET[NP]	*		ANTIPARASITICS		
MALARONE 250 MG-100 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPARASITICS		
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPARASITICS		
mefloquine 250 mg tablet	1		ANTIPARASITICS		
MEPRON 750 MG/5 ML ORAL SUSPENSION[NP]	*	QL(600 per 30 days)	ANTIPARASITICS		
NEBUPENT 300 MG SOLUTION FOR INHALATION	1		ANTIPARASITICS		
nitazoxanide 500 mg tablet[NP]	*		ANTIPARASITICS		
pentamidine 300 mg solution for inhalation	1		ANTIPARASITICS		
pinaway 50 mg/ml oral suspension[OTC]	1		ANTIPARASITICS		
pinrid 250 mg chewable tablet[OTC]	1		ANTIPARASITICS		
pinworm treatment 50 mg/ml oral suspension[OTC]	1		ANTIPARASITICS		
praziquantel 600 mg tablet	1		ANTIPARASITICS		
primaquine 26.3 mg (15 mg base) tablet	1		ANTIPARASITICS		
pyrimethamine 25 mg tablet[NP]	*		ANTIPARASITICS		
quinine 324 mg capsule[NP]	*	QL(42 per 7 days)	ANTIPARASITICS		
reese's pinworm medicine 50 mg/ml oral suspension[OTC]	1		ANTIPARASITICS		
SOVUNA 200 MG TABLET[NP]	*		ANTIPARASITICS		
SOVUNA 300 MG TABLET[NP]	*		ANTIPARASITICS		
STROMECTOL 3 MG TABLET[NP]	*		ANTIPARASITICS		
amantadine hcl 100 mg capsule	1		ANTIPARKINSON AGENTS		
amantadine hcl 100 mg tablet	1		ANTIPARKINSON AGENTS		
amantadine hcl 50 mg/5 ml oral solution	1		ANTIPARKINSON AGENTS		
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE[NP]	*	QL(84 per 28 days)	ANTIPARKINSON AGENTS		
apomorphine 10 mg/ml subcutaneous cartridge[NP]	*	QL(84 per 28 days)	ANTIPARKINSON AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
AZILECT 0.5 MG TABLET[NP]	*		ANTIPARKINSON AGENTS		
AZILECT 1 MG TABLET[NP]	*		ANTIPARKINSON AGENTS		
benztropine 0.5 mg tablet	1		ANTIPARKINSON AGENTS		
benztropine 1 mg tablet	1		ANTIPARKINSON AGENTS		
benztropine 2 mg tablet	1		ANTIPARKINSON AGENTS		
bromocriptine 2.5 mg tablet	1		ANTIPARKINSON AGENTS		
bromocriptine 5 mg capsule	1		ANTIPARKINSON AGENTS		
carbidopa 10 mg-levodopa 100 mg disintegrating tablet[NP]	*		ANTIPARKINSON AGENTS		
carbidopa 10 mg-levodopa 100 mg tablet	1		ANTIPARKINSON AGENTS		
carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet[NP]	*		ANTIPARKINSON AGENTS		
carbidopa 18.75 mg-levodopa 75 mg-entacapone 200 mg tablet[NP]	*		ANTIPARKINSON AGENTS		
carbidopa 25 mg tablet	1		ANTIPARKINSON AGENTS		
carbidopa 25 mg-levodopa 100 mg disintegrating tablet[NP]	*		ANTIPARKINSON AGENTS		
carbidopa 25 mg-levodopa 100 mg tablet	1		ANTIPARKINSON AGENTS		
carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet[NP]	*		ANTIPARKINSON AGENTS		
carbidopa 25 mg-levodopa 250 mg disintegrating tablet[NP]	*		ANTIPARKINSON AGENTS		
carbidopa 25 mg-levodopa 250 mg tablet	1		ANTIPARKINSON AGENTS		
carbidopa 31.25 mg-levodopa 125 mg-entacapone 200 mg tablet[NP]	*		ANTIPARKINSON AGENTS		
carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet[NP]	*		ANTIPARKINSON AGENTS		
carbidopa 50 mg-levodopa 200 mg-entacapone 200 mg tablet[NP]	*		ANTIPARKINSON AGENTS		
carbidopa er 23.75 mg-levodopa 95 mg capsule,extended release[NP]	*	QL(360 per 30 days)	ANTIPARKINSON AGENTS		
carbidopa er 25 mg-levodopa 100 mg tablet,extended release	1		ANTIPARKINSON AGENTS		
carbidopa er 36.25 mg-levodopa 145 mg capsule,extended release[NP]	*	QL(270 per 30 days)	ANTIPARKINSON AGENTS		
carbidopa er 48.75 mg-levodopa 195 mg capsule,extended release[NP]	*	QL(360 per 30 days)	ANTIPARKINSON AGENTS		
carbidopa er 50 mg-levodopa 200 mg tablet,extended release	1		ANTIPARKINSON AGENTS		
carbidopa er 61.25 mg-levodopa 245 mg capsule,extended release[NP]	*	QL(300 per 30 days)	ANTIPARKINSON AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
CREXONT 35 MG-140 MG CAPSULE, EXTENDED RELEASE[NP]	*	QL(180 per 30 days)	ANTIPARKINSON AGENTS		
CREXONT 52.5 MG-210 MG CAPSULE, EXTENDED RELEASE[NP]	*	QL(180 per 30 days)	ANTIPARKINSON AGENTS		
CREXONT 70 MG-280 MG CAPSULE, EXTENDED RELEASE[NP]	*	QL(180 per 30 days)	ANTIPARKINSON AGENTS		
CREXONT 87.5 MG-350 MG CAPSULE, EXTENDED RELEASE[NP]	*	QL(180 per 30 days)	ANTIPARKINSON AGENTS		
DHIVY 25 MG-100 MG TABLET[NP]	*		ANTIPARKINSON AGENTS		
entacapone 200 mg tablet	1	QL(300 per 30 days)	ANTIPARKINSON AGENTS		
GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTIPARKINSON AGENTS		
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE[NP]	*	QL(300 per 30 days)	ANTIPARKINSON AGENTS		
NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
NOURIANZ 20 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
NOURIANZ 40 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
ONAPGO 4.9 MG/ML SUBCUTANEOUS CARTRIDGE[NP]	*	QL(600 per 30 days)	ANTIPARKINSON AGENTS		
ONGENTYS 25 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
ONGENTYS 50 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
pramipexole 0.125 mg tablet	1		ANTIPARKINSON AGENTS		
pramipexole 0.25 mg tablet	1		ANTIPARKINSON AGENTS		
pramipexole 0.5 mg tablet	1		ANTIPARKINSON AGENTS		
pramipexole 0.75 mg tablet	1		ANTIPARKINSON AGENTS		
pramipexole 1 mg tablet	1		ANTIPARKINSON AGENTS		
pramipexole 1.5 mg tablet	1		ANTIPARKINSON AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
pramipexole er 0.375 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
pramipexole er 0.75 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
pramipexole er 1.5 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
pramipexole er 2.25 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
pramipexole er 3 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
pramipexole er 3.75 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
pramipexole er 4.5 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
rasagiline 0.5 mg tablet[NP]	*		ANTIPARKINSON AGENTS		
rasagiline 1 mg tablet[NP]	*		ANTIPARKINSON AGENTS		
ropinirole 0.25 mg tablet	1	QL(180 per 30 days)	ANTIPARKINSON AGENTS		
ropinirole 0.5 mg tablet	1	QL(90 per 30 days)	ANTIPARKINSON AGENTS		
ropinirole 1 mg tablet	1	QL(90 per 30 days)	ANTIPARKINSON AGENTS		
ropinirole 2 mg tablet	1	QL(90 per 30 days)	ANTIPARKINSON AGENTS		
ropinirole 3 mg tablet	1	QL(180 per 30 days)	ANTIPARKINSON AGENTS		
ropinirole 4 mg tablet	1	QL(180 per 30 days)	ANTIPARKINSON AGENTS		
ropinirole 5 mg tablet	1	QL(120 per 30 days)	ANTIPARKINSON AGENTS		
ropinirole er 12 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANTIPARKINSON AGENTS		
ropinirole er 2 mg tablet,extended release 24 hr[NP]	*	QL(90 per 30 days)	ANTIPARKINSON AGENTS		
ropinirole er 4 mg tablet,extended release 24 hr[NP]	*	QL(90 per 30 days)	ANTIPARKINSON AGENTS		
ropinirole er 6 mg tablet,extended release 24 hr[NP]	*	QL(90 per 30 days)	ANTIPARKINSON AGENTS		
ropinirole er 8 mg tablet,extended release 24 hr[NP]	*	QL(90 per 30 days)	ANTIPARKINSON AGENTS		
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(360 per 30 days)	ANTIPARKINSON AGENTS		
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(270 per 30 days)	ANTIPARKINSON AGENTS		
RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(360 per 30 days)	ANTIPARKINSON AGENTS		
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(300 per 30 days)	ANTIPARKINSON AGENTS		
selegiline 5 mg capsule	1		ANTIPARKINSON AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
selegiline 5 mg tablet	1		ANTIPARKINSON AGENTS		
SINEMET 10 MG-100 MG TABLET[NP]	*		ANTIPARKINSON AGENTS		
SINEMET 25 MG-100 MG TABLET[NP]	*		ANTIPARKINSON AGENTS		
trihexyphenidyl 0.4 mg/ml oral elixir	1		ANTIPARKINSON AGENTS		
trihexyphenidyl 2 mg tablet	1		ANTIPARKINSON AGENTS		
trihexyphenidyl 5 mg tablet	1		ANTIPARKINSON AGENTS		
VYALEV 12 MG-240 MG/ML CONTINUOUS SUBCUTANEOUS INFUSION SOLUTION[NP]	*		ANTIPARKINSON AGENTS		
XADAGO 100 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
XADAGO 50 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPARKINSON AGENTS		
ABILIFY 10 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ABILIFY 15 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ABILIFY 2 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ABILIFY 20 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ABILIFY 30 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ABILIFY 5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(2.4 per 56 days)	ANTIPSYCHOTICS	8	
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(3.2 per 56 days)	ANTIPSYCHOTICS	8	
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS		
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS	8	
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS	8	
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS	8	
ADASUVE 10 MG BREATH ACTIVATED[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
aripiprazole 1 mg/ml oral solution[NP]	*	QL(750 per 30 days)	ANTIPSYCHOTICS	8	
aripiprazole 10 mg disintegrating tablet[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
aripiprazole 10 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
aripiprazole 15 mg disintegrating tablet[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
aripiprazole 15 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
aripiprazole 2 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS		
aripiprazole 20 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
aripiprazole 30 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
aripiprazole 5 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(3.9 per 56 days)	ANTIPSYCHOTICS	8	
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(1.6 per 28 days)	ANTIPSYCHOTICS	18	
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(2.4 per 28 days)	ANTIPSYCHOTICS	8	
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(3.2 per 28 days)	ANTIPSYCHOTICS	8	
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	1	PA,QL(2.4 per 42 days)	ANTIPSYCHOTICS	8	
asenapine 10 mg sublingual tablet[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
asenapine 2.5 mg sublingual tablet[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
asenapine 5 mg sublingual tablet[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
BYSANTI 1 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
BYSANTI 10 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
BYSANTI 12 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
BYSANTI 2 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
BYSANTI 4 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
BYSANTI 6 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
BYSANTI 8 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
BYSANTI TITRATION PACK A 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLET PK[NP]	*		ANTIPSYCHOTICS	8	
BYSANTI TITRATION PACK B 1MG(6)-2MG(2)-6MG(2)-8MG(2) TABLET PK[NP]	*		ANTIPSYCHOTICS	8	
BYSANTI TITRATION PACK C 1 MG (4)-2 MG (2)-6 MG (2) TABLET PK[NP]	*		ANTIPSYCHOTICS	8	
CAPLYTA 10.5 MG CAPSULE	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
CAPLYTA 21 MG CAPSULE	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
CAPLYTA 42 MG CAPSULE	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
chlorpromazine 10 mg tablet	1		ANTIPSYCHOTICS	18	
chlorpromazine 100 mg tablet	1		ANTIPSYCHOTICS	18	
chlorpromazine 100 mg/ml oral concentrate	1		ANTIPSYCHOTICS	18	
chlorpromazine 200 mg tablet	1		ANTIPSYCHOTICS	8	
chlorpromazine 25 mg tablet	1		ANTIPSYCHOTICS	8	
chlorpromazine 30 mg/ml oral concentrate	1		ANTIPSYCHOTICS	8	
chlorpromazine 50 mg tablet	1		ANTIPSYCHOTICS	8	
clozapine 100 mg disintegrating tablet[NP]	*		ANTIPSYCHOTICS	18	
clozapine 100 mg tablet	1		ANTIPSYCHOTICS	18	
clozapine 12.5 mg disintegrating tablet[NP]	*		ANTIPSYCHOTICS	8	
clozapine 150 mg disintegrating tablet[NP]	*		ANTIPSYCHOTICS	8	
clozapine 200 mg disintegrating tablet[NP]	*		ANTIPSYCHOTICS	8	
clozapine 200 mg tablet	1		ANTIPSYCHOTICS	8	
clozapine 25 mg disintegrating tablet[NP]	*		ANTIPSYCHOTICS	8	
clozapine 25 mg tablet	1		ANTIPSYCHOTICS	18	
clozapine 50 mg tablet	1		ANTIPSYCHOTICS	8	
CLOZARIL 100 MG TABLET[NP]	*		ANTIPSYCHOTICS	8	
CLOZARIL 25 MG TABLET[NP]	*		ANTIPSYCHOTICS	8	
ERZOFRI 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 per 28 days)	ANTIPSYCHOTICS	8	
ERZOFRI 156 MG/ML INTRAMUSCULAR SYRINGE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS	18	
ERZOFRI 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 per 28 days)	ANTIPSYCHOTICS	8	
ERZOFRI 351 MG/2.25 ML INTRAMUSCULAR SYRINGE	1	PA,QL(2.25 per 28 days)	ANTIPSYCHOTICS	8	
ERZOFRI 39 MG/0.25 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 per 28 days)	ANTIPSYCHOTICS	8	
ERZOFRI 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 per 28 days)	ANTIPSYCHOTICS	18	
FANAPT 1 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
FANAPT 10 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	18	
FANAPT 12 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
FANAPT 2 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	18	
FANAPT 4 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
FANAPT 6 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	18	

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
FANAPT 8 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
FANAPT TITRATION PACK A 1 MG (2)-2 MG (2)-4 MG (2)-6 MG (2) TABLETS[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
FANAPT TITRATION PACK B 1 MG (6)-2 MG (2)-6 MG (2)-8 MG (2) TABLETS[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	18	
FANAPT TITRATION PACK C 1 MG (4)-2 MG (2)-6 MG (2) TABLETS[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
fluphenazine 1 mg tablet	1		ANTIPSYCHOTICS	8	
fluphenazine 10 mg tablet	1		ANTIPSYCHOTICS	8	
fluphenazine 2.5 mg tablet	1		ANTIPSYCHOTICS	8	
fluphenazine 2.5 mg/5 ml oral elixir	1		ANTIPSYCHOTICS	8	
fluphenazine 5 mg tablet	1		ANTIPSYCHOTICS	8	
fluphenazine 5 mg/ml oral concentrate	1		ANTIPSYCHOTICS	8	
GEODON 20 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION[NP]	*		ANTIPSYCHOTICS	8	
GEODON 40 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	18	
GEODON 60 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
GEODON 80 MG CAPSULE[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	18	
haloperidol 0.5 mg tablet	1		ANTIPSYCHOTICS	8	
haloperidol 1 mg tablet	1		ANTIPSYCHOTICS	18	
haloperidol 10 mg tablet	1		ANTIPSYCHOTICS	18	
haloperidol 2 mg tablet	1		ANTIPSYCHOTICS	18	
haloperidol 20 mg tablet	1		ANTIPSYCHOTICS	18	
haloperidol 5 mg tablet	1		ANTIPSYCHOTICS	8	
haloperidol lactate 2 mg/ml oral concentrate	1		ANTIPSYCHOTICS	8	
INVEGA 3 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
INVEGA 6 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
INVEGA 9 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(3.5 per 180 days)	ANTIPSYCHOTICS	8	
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(5 per 180 days)	ANTIPSYCHOTICS	8	
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 per 28 days)	ANTIPSYCHOTICS	8	
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS	8	
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 per 28 days)	ANTIPSYCHOTICS	18	
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 per 28 days)	ANTIPSYCHOTICS	18	
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.5 per 28 days)	ANTIPSYCHOTICS	18	

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
INVEGA TRINZA 273 MG/0.88 ML INTRAMUSCULAR SYRINGE	1	PA,QL(0.88 per 90 days)	ANTIPSYCHOTICS	8	
INVEGA TRINZA 410 MG/1.32 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.32 per 90 days)	ANTIPSYCHOTICS	18	
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	1	PA,QL(1.75 per 90 days)	ANTIPSYCHOTICS	8	
INVEGA TRINZA 819 MG/2.63 ML INTRAMUSCULAR SYRINGE	1	PA,QL(2.63 per 90 days)	ANTIPSYCHOTICS	8	
LATUDA 120 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
LATUDA 20 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
LATUDA 40 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
LATUDA 60 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
LATUDA 80 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	18	
loxapine succinate 10 mg capsule	1		ANTIPSYCHOTICS	8	
loxapine succinate 25 mg capsule	1		ANTIPSYCHOTICS	18	
loxapine succinate 5 mg capsule	1		ANTIPSYCHOTICS	8	
loxapine succinate 50 mg capsule	1		ANTIPSYCHOTICS	8	
lurasidone 120 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
lurasidone 20 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
lurasidone 40 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
lurasidone 60 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
lurasidone 80 mg tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
LYBALVI 10 MG-10 MG TABLET	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
LYBALVI 15 MG-10 MG TABLET	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
LYBALVI 20 MG-10 MG TABLET	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
LYBALVI 5 MG-10 MG TABLET	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
NUPLAZID 10 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
NUPLAZID 34 MG CAPSULE[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
olanzapine 10 mg disintegrating tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
olanzapine 10 mg intramuscular solution[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	18	
olanzapine 10 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
olanzapine 15 mg disintegrating tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	18	

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
olanzapine 15 mg tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
olanzapine 2.5 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
olanzapine 20 mg disintegrating tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	18	
olanzapine 20 mg tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
olanzapine 5 mg disintegrating tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
olanzapine 5 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
olanzapine 7.5 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
OPIPZA 10 MG ORAL FILM[NP]	*	QL(90 per 30 days)	ANTIPSYCHOTICS	18	
OPIPZA 2 MG ORAL FILM[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
OPIPZA 5 MG ORAL FILM[NP]	*	QL(150 per 30 days)	ANTIPSYCHOTICS	8	
paliperidone er 1.5 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
paliperidone er 3 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
paliperidone er 6 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
paliperidone er 9 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
perphenazine 16 mg tablet	1		ANTIPSYCHOTICS	8	
perphenazine 2 mg tablet	1		ANTIPSYCHOTICS	8	
perphenazine 4 mg tablet	1		ANTIPSYCHOTICS	8	
perphenazine 8 mg tablet	1		ANTIPSYCHOTICS	8	
PERSERIS 120 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS	8	
PERSERIS 90 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION SYRINGE	1	PA,QL(1 per 28 days)	ANTIPSYCHOTICS	8	
pimozide 1 mg tablet	1		ANTIPSYCHOTICS	8	
pimozide 2 mg tablet	1		ANTIPSYCHOTICS	8	
quetiapine 100 mg tablet	1	QL(90 per 30 days)	ANTIPSYCHOTICS	8	
quetiapine 150 mg tablet	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
quetiapine 200 mg tablet	1	QL(120 per 30 days)	ANTIPSYCHOTICS	8	
quetiapine 25 mg tablet	1	QL(120 per 30 days)	ANTIPSYCHOTICS	8	
quetiapine 300 mg tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
quetiapine 400 mg tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
quetiapine 50 mg tablet	1	QL(120 per 30 days)	ANTIPSYCHOTICS	8	
quetiapine er 150 mg tablet,extended release 24 hr	1	QL(90 per 30 days)	ANTIPSYCHOTICS	18	
quetiapine er 200 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
quetiapine er 300 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
quetiapine er 400 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
quetiapine er 50 mg tablet,extended release 24 hr	1	QL(120 per 30 days)	ANTIPSYCHOTICS	8	
REXULTI 0.25 MG TABLET	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
REXULTI 0.5 MG TABLET	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
REXULTI 1 MG TABLET	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
REXULTI 2 MG TABLET	1	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
REXULTI 3 MG TABLET	1	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
REXULTI 4 MG TABLET	1	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
RISPERDAL 0.5 MG TABLET[NP]	*	QL(120 per 30 days)	ANTIPSYCHOTICS	18	
RISPERDAL 1 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
RISPERDAL 1 MG/ML ORAL SOLUTION[NP]	*		ANTIPSYCHOTICS	8	
RISPERDAL 2 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
RISPERDAL 3 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
RISPERDAL 4 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	8	
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	8	
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	8	
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	8	
risperidone 0.25 mg disintegrating tablet[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
risperidone 0.25 mg tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
risperidone 0.5 mg disintegrating tablet[NP]	*	QL(120 per 30 days)	ANTIPSYCHOTICS	8	

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
risperidone 0.5 mg tablet	1	QL(120 per 30 days)	ANTIPSYCHOTICS	8	
risperidone 1 mg disintegrating tablet[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
risperidone 1 mg tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
risperidone 1 mg/ml oral solution	1		ANTIPSYCHOTICS	8	
risperidone 2 mg disintegrating tablet[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
risperidone 2 mg tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
risperidone 3 mg disintegrating tablet[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
risperidone 3 mg tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
risperidone 4 mg disintegrating tablet[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
risperidone 4 mg tablet	1	QL(60 per 30 days)	ANTIPSYCHOTICS	18	
risperidone microspheres er 12.5 mg/2 ml intramuscular susp,ext releas[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	18	
risperidone microspheres er 25 mg/2 ml intramuscular susp,ext release[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	8	
risperidone microspheres er 37.5 mg/2 ml intramuscular susp,ext releas[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	18	
risperidone microspheres er 50 mg/2 ml intramuscular susp,ext release[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	18	
RYKINDO 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	8	
RYKINDO 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	8	
RYKINDO 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	18	
SAPHRIS 10 MG SUBLINGUAL TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
SAPHRIS 2.5 MG SUBLINGUAL TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	18	
SAPHRIS 5 MG SUBLINGUAL TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	18	
SEROQUEL 100 MG TABLET[NP]	*	QL(90 per 30 days)	ANTIPSYCHOTICS	8	
SEROQUEL 200 MG TABLET[NP]	*	QL(120 per 30 days)	ANTIPSYCHOTICS	18	
SEROQUEL 25 MG TABLET[NP]	*	QL(120 per 30 days)	ANTIPSYCHOTICS	18	

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SEROQUEL 300 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
SEROQUEL 400 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
SEROQUEL 50 MG TABLET[NP]	*	QL(120 per 30 days)	ANTIPSYCHOTICS	8	
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANTIPSYCHOTICS	18	
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE[NP]	*	QL(120 per 30 days)	ANTIPSYCHOTICS	8	
thioridazine 10 mg tablet	1		ANTIPSYCHOTICS	8	
thioridazine 100 mg tablet	1		ANTIPSYCHOTICS	18	
thioridazine 25 mg tablet	1		ANTIPSYCHOTICS	8	
thioridazine 50 mg tablet	1		ANTIPSYCHOTICS	8	
thiothixene 1 mg capsule	1		ANTIPSYCHOTICS	8	
thiothixene 10 mg capsule	1		ANTIPSYCHOTICS	8	
thiothixene 2 mg capsule	1		ANTIPSYCHOTICS	8	
thiothixene 5 mg capsule	1		ANTIPSYCHOTICS	8	
trifluoperazine 1 mg tablet	1		ANTIPSYCHOTICS	18	
trifluoperazine 10 mg tablet	1		ANTIPSYCHOTICS	8	
trifluoperazine 2 mg tablet	1		ANTIPSYCHOTICS	8	
trifluoperazine 5 mg tablet	1		ANTIPSYCHOTICS	18	
UZEDY 100 MG/0.28 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.28 per 28 days)	ANTIPSYCHOTICS	8	
UZEDY 125 MG/0.35 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.35 per 28 days)	ANTIPSYCHOTICS	8	
UZEDY 150 MG/0.42 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.42 per 56 days)	ANTIPSYCHOTICS	8	
UZEDY 200 MG/0.56 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.56 per 56 days)	ANTIPSYCHOTICS	8	
UZEDY 250 MG/0.7 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.7 per 56 days)	ANTIPSYCHOTICS	8	
UZEDY 50 MG/0.14 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.14 per 28 days)	ANTIPSYCHOTICS	18	
UZEDY 75 MG/0.21 ML SUBCUT EXT REL SUSPENSION SYRINGE	1	PA,QL(0.21 per 28 days)	ANTIPSYCHOTICS	8	
VERSACLOZ 50 MG/ML ORAL SUSPENSION[NP]	*	QL(540 per 30 days)	ANTIPSYCHOTICS	8	
VRAYLAR 0.5 MG CAPSULE	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
VRAYLAR 0.75 MG CAPSULE	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
VRAYLAR 1.5 MG CAPSULE	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
VRAYLAR 3 MG CAPSULE	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VRAYLAR 4.5 MG CAPSULE	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
VRAYLAR 6 MG CAPSULE	1	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ziprasidone 20 mg capsule	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
ziprasidone 20 mg/ml (final concentration) intramuscular solution[NP]	*		ANTIPSYCHOTICS	8	
ziprasidone 40 mg capsule	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
ziprasidone 60 mg capsule	1	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
ziprasidone 80 mg capsule	1	QL(60 per 30 days)	ANTIPSYCHOTICS	18	
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
ZYPREXA 10 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ZYPREXA 15 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
ZYPREXA 2.5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ZYPREXA 20 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
ZYPREXA 5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ZYPREXA 7.5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ZYPREXA RELPREVV 210 MG IM SUSPENSION[NP]	*	PA,QL(4 per 28 days)	ANTIPSYCHOTICS	8	
ZYPREXA RELPREVV 300 MG IM SUSPENSION[NP]	*	PA,QL(2 per 28 days)	ANTIPSYCHOTICS	8	
ZYPREXA RELPREVV 405 MG IM SUSPENSION[NP]	*	PA,QL(1 per 28 days)	ANTIPSYCHOTICS	8	
ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET[NP]	*	QL(60 per 30 days)	ANTIPSYCHOTICS	8	
ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET[NP]	*	QL(30 per 30 days)	ANTIPSYCHOTICS	8	
baclofen 10 mg tablet	1	QL(240 per 30 days)	ANTISPASTICITY AGENTS		
baclofen 10 mg/5 ml (2 mg/ml) oral solution[NP]	*	QL(1200 per 30 days)	ANTISPASTICITY AGENTS		
baclofen 15 mg tablet	1	QL(150 per 30 days)	ANTISPASTICITY AGENTS		
baclofen 20 mg tablet	1	QL(120 per 30 days)	ANTISPASTICITY AGENTS		
baclofen 25 mg/5 ml (5 mg/ml) oral suspension	1	QL(480 per 30 days)	ANTISPASTICITY AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
baclofen 5 mg tablet	1	QL(90 per 30 days)	ANTISPASTICITY AGENTS		
baclofen 5 mg/5 ml oral solution[NP]	*	QL(2400 per 30 days)	ANTISPASTICITY AGENTS		
DANTRIUM 25 MG CAPSULE[NP]	*		ANTISPASTICITY AGENTS		
dantrolene 100 mg capsule	1		ANTISPASTICITY AGENTS		
dantrolene 25 mg capsule	1		ANTISPASTICITY AGENTS		
dantrolene 50 mg capsule	1		ANTISPASTICITY AGENTS		
FLEQSUVY 25 MG/5 ML (5 MG/ML) ORAL SUSPENSION[NP]	*	QL(480 per 30 days)	ANTISPASTICITY AGENTS		
LYVISPAH 5 MG ORAL GRANULES IN PACKET[NP]	*	QL(270 per 30 days)	ANTISPASTICITY AGENTS		
ONTRALFY 2 MG/5 ML ORAL SOLUTION[NP]	*		ANTISPASTICITY AGENTS		
OZOBAX DS 10 MG/5 ML (2 MG/ML) ORAL SOLUTION[NP]	*	QL(1200 per 30 days)	ANTISPASTICITY AGENTS		
tizanidine 2 mg capsule[NP]	*		ANTISPASTICITY AGENTS		
tizanidine 2 mg tablet	1		ANTISPASTICITY AGENTS		
tizanidine 4 mg capsule[NP]	*		ANTISPASTICITY AGENTS		
tizanidine 4 mg tablet	1		ANTISPASTICITY AGENTS		
tizanidine 6 mg capsule[NP]	*		ANTISPASTICITY AGENTS		
tizanidine 8 mg capsule[NP]	*		ANTISPASTICITY AGENTS		
ZANAFLEX 2 MG CAPSULE[NP]	*		ANTISPASTICITY AGENTS		
ZANAFLEX 4 MG CAPSULE[NP]	*		ANTISPASTICITY AGENTS		
ZANAFLEX 4 MG TABLET[NP]	*		ANTISPASTICITY AGENTS		
ZANAFLEX 6 MG CAPSULE[NP]	*		ANTISPASTICITY AGENTS		
ZANAFLEX 8 MG CAPSULE[NP]	*		ANTISPASTICITY AGENTS		
abacavir 20 mg/ml oral solution	1	QL(960 per 30 days)	ANTIVIRALS		
abacavir 300 mg tablet	1	QL(60 per 30 days)	ANTIVIRALS		
abacavir 600 mg-lamivudine 300 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
acyclovir 200 mg capsule	1		ANTIVIRALS		
acyclovir 200 mg/5 ml (5 ml) oral suspension	1		ANTIVIRALS		
acyclovir 200 mg/5 ml oral suspension	1		ANTIVIRALS		
acyclovir 400 mg tablet	1		ANTIVIRALS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
acyclovir 5 % topical cream[NP]	*		ANTIVIRALS		
acyclovir 5 % topical ointment[NP]	*		ANTIVIRALS		
acyclovir 800 mg tablet	1		ANTIVIRALS		
adefovir 10 mg tablet[NP]	*		ANTIVIRALS		
APRETUDE 600 MG/3 ML (200 MG/ML) IM SUSPENSION, EXTENDED RELEASE	1	QL(21 per 365 days)	ANTIVIRALS		
APTIVUS 250 MG CAPSULE	1	QL(120 per 30 days)	ANTIVIRALS		
atazanavir 150 mg capsule	1	QL(60 per 30 days)	ANTIVIRALS		
atazanavir 200 mg capsule	1	QL(60 per 30 days)	ANTIVIRALS		
atazanavir 300 mg capsule	1	QL(30 per 30 days)	ANTIVIRALS		
BARACLUDE 0.05 MG/ML ORAL SOLUTION[NP]	*	QL(630 per 30 days)	ANTIVIRALS		
BARACLUDE 0.5 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIVIRALS		
BARACLUDE 1 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIVIRALS		
BIKTARVY 30 MG-120 MG-15 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
BIKTARVY 50 MG-200 MG-25 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
BIXLENVO 75 MG-50 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIVIRALS		
CABENUVA 400 MG/2 ML-600 MG/2 ML IM SUSPENSION, EXTENDED RELEASE	1	QL(50 per 365 days)	ANTIVIRALS		
CABENUVA 600 MG/3 ML-900 MG/3 ML IM SUSPENSION, EXTENDED RELEASE	1	QL(50 per 365 days)	ANTIVIRALS		
CIMDUO 300 MG-300 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIVIRALS		
COMPLERA 200 MG-25 MG-300 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
darunavir 600 mg tablet	1	QL(60 per 30 days)	ANTIVIRALS		
darunavir 800 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
DELSTRIGO 100 MG-300 MG-300 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
DENAVIR 1 % TOPICAL CREAM[NP]	*		ANTIVIRALS		
DESCOVY 120 MG-15 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
DESCOVY 200 MG-25 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
DOVATO 50 MG-300 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
EDURANT 25 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
EDURANT PED 2.5 MG TABLET FOR ORAL SUSPENSION	1	QL(180 per 30 days)	ANTIVIRALS		
efavirenz 200 mg capsule	1	QL(120 per 30 days)	ANTIVIRALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
efavirenz 50 mg capsule	1	QL(480 per 30 days)	ANTIVIRALS		
efavirenz 600 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoprox 300 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet[NP]	*	QL(30 per 30 days)	ANTIVIRALS		
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
emtricitabine 200 mg capsule	1	QL(30 per 30 days)	ANTIVIRALS		
emtricitabine 200 mg-rilpivirine 25 mg-tenofovir disprox 300 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
EMTRIVA 10 MG/ML ORAL SOLUTION	1	QL(680 per 28 days)	ANTIVIRALS		
EMTRIVA 200 MG CAPSULE	1	QL(30 per 30 days)	ANTIVIRALS		
entecavir 0.5 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
entecavir 1 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
EPCLUSA 150 MG-37.5 MG ORAL PELLETS IN PACKET[NP]	*	QL(28 per 28 days)	ANTIVIRALS		
EPCLUSA 200 MG-50 MG ORAL PELLETS IN PACKET[NP]	*	QL(56 per 28 days)	ANTIVIRALS		
EPCLUSA 200 MG-50 MG TABLET[NP]	*	QL(28 per 28 days)	ANTIVIRALS		
EPCLUSA 400 MG-100 MG TABLET[NP]	*	QL(28 per 28 days)	ANTIVIRALS		
EPIVIR 10 MG/ML ORAL SOLUTION[NP]	*	QL(960 per 30 days)	ANTIVIRALS		
EPIVIR 150 MG TABLET[NP]	*	QL(60 per 30 days)	ANTIVIRALS		
EPIVIR 300 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIVIRALS		
etravirine 100 mg tablet	1	QL(120 per 30 days)	ANTIVIRALS		
etravirine 200 mg tablet	1	QL(60 per 30 days)	ANTIVIRALS		
EVOTAZ 300 MG-150 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIVIRALS		
famciclovir 125 mg tablet[NP]	*	QL(90 per 30 days)	ANTIVIRALS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
famciclovir 250 mg tablet[NP]	*	QL(90 per 30 days)	ANTIVIRALS		
famciclovir 500 mg tablet[NP]	*	QL(90 per 30 days)	ANTIVIRALS		
fosamprenavir 700 mg tablet	1	QL(120 per 30 days)	ANTIVIRALS		
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET[NP]	*	QL(28 per 28 days)	ANTIVIRALS		
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET[NP]	*	QL(56 per 28 days)	ANTIVIRALS		
HARVONI 45 MG-200 MG TABLET[NP]	*	QL(28 per 28 days)	ANTIVIRALS		
HARVONI 90 MG-400 MG TABLET[NP]	*	QL(28 per 28 days)	ANTIVIRALS		
IDVYNSO 100 MG-0.25 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIVIRALS		
INTELENCE 100 MG TABLET	1	QL(120 per 30 days)	ANTIVIRALS		
INTELENCE 200 MG TABLET	1	QL(60 per 30 days)	ANTIVIRALS		
INTELENCE 25 MG TABLET	1	QL(120 per 30 days)	ANTIVIRALS		
ISENTRESS 100 MG CHEWABLE TABLET	1	QL(180 per 30 days)	ANTIVIRALS		
ISENTRESS 100 MG ORAL POWDER PACKET	1	QL(300 per 30 days)	ANTIVIRALS		
ISENTRESS 25 MG CHEWABLE TABLET	1	QL(180 per 30 days)	ANTIVIRALS		
ISENTRESS 400 MG TABLET	1	QL(120 per 30 days)	ANTIVIRALS		
ISENTRESS HD 600 MG TABLET	1	QL(60 per 30 days)	ANTIVIRALS		
JULUCA 50 MG-25 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
KALETRA 100 MG-25 MG TABLET	1	QL(300 per 30 days)	ANTIVIRALS		
KALETRA 200 MG-50 MG TABLET	1	QL(150 per 30 days)	ANTIVIRALS		
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION[NP]	*		ANTIVIRALS		
LAGEVRIO 200 MG CAPSULE (EUA)	1	QL(40 per 5 days)	ANTIVIRALS		
lamivudine 10 mg/ml oral solution	1	QL(960 per 30 days)	ANTIVIRALS		
lamivudine 100 mg tablet[NP]	*	QL(90 per 30 days)	ANTIVIRALS		
lamivudine 150 mg tablet	1	QL(60 per 30 days)	ANTIVIRALS		
lamivudine 150 mg-zidovudine 300 mg tablet	1	QL(60 per 30 days)	ANTIVIRALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
lamivudine 300 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
ledipasvir 90 mg-sofosbuvir 400 mg tablet[NP]	*	QL(28 per 28 days)	ANTIVIRALS		
LIVTENCITY 200 MG TABLET	1	PA,QL(120 per 30 days)	ANTIVIRALS		
lopinavir-ritonavir 100 mg-25 mg tablet	1	QL(300 per 30 days)	ANTIVIRALS		
lopinavir-ritonavir 200 mg-50 mg tablet	1	QL(150 per 30 days)	ANTIVIRALS		
maraviroc 150 mg tablet	1	QL(240 per 30 days)	ANTIVIRALS		
maraviroc 300 mg tablet	1	QL(120 per 30 days)	ANTIVIRALS		
MAVYRET 100 MG-40 MG TABLET	1	QL(84 per 28 days)	ANTIVIRALS		
MAVYRET 50 MG-20 MG ORAL PELLETS IN PACKET	1	QL(150 per 30 days)	ANTIVIRALS		
nevirapine 200 mg tablet	1	QL(60 per 30 days)	ANTIVIRALS		
nevirapine 50 mg/5 ml oral suspension	1	QL(1200 per 30 days)	ANTIVIRALS		
nevirapine er 400 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	ANTIVIRALS		
NORVIR 100 MG ORAL POWDER PACKET	1	QL(360 per 30 days)	ANTIVIRALS		
NORVIR 100 MG TABLET	1	QL(360 per 30 days)	ANTIVIRALS		
ODEFSEY 200 MG-25 MG-25 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
oseltamivir 30 mg capsule	1	QL(20 per 10 days)	ANTIVIRALS		
oseltamivir 45 mg capsule	1	QL(20 per 10 days)	ANTIVIRALS		
oseltamivir 6 mg/ml oral suspension	1	QL(250 per 10 days)	ANTIVIRALS		
oseltamivir 75 mg capsule	1	QL(20 per 10 days)	ANTIVIRALS		
PAXLOVID 150 MG(6)-100 MG(5) TABLETS IN A DOSE PACK(SEVERE RENAL DOSE)	1	QL(11 per 5 days)	ANTIVIRALS		
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (MODERATE RENAL DOSE)	1	QL(20 per 5 days)	ANTIVIRALS		
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	1	QL(30 per 5 days)	ANTIVIRALS		
penciclovir 1 % topical cream[NP]	*		ANTIVIRALS		
PIFELTRO 100 MG TABLET	1	QL(60 per 30 days)	ANTIVIRALS		
PREVYMIS 120 MG ORAL PELLETS IN PACKET[NP]	*	QL(120 per 30 days)	ANTIVIRALS		
PREVYMIS 20 MG ORAL PELLETS IN PACKET[NP]	*	QL(120 per 30 days)	ANTIVIRALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
PREVYMIS 240 MG TABLET	1	PA,QL(28 per 28 days)	ANTIVIRALS		
PREVYMIS 480 MG TABLET	1	PA,QL(28 per 28 days)	ANTIVIRALS		
PREZCOBIX 675 MG-150 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
PREZCOBIX 800 MG-150 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
PREZISTA 100 MG/ML ORAL SUSPENSION	1	QL(360 per 30 days)	ANTIVIRALS		
PREZISTA 150 MG TABLET	1	QL(240 per 30 days)	ANTIVIRALS		
PREZISTA 600 MG TABLET	1	QL(60 per 30 days)	ANTIVIRALS		
PREZISTA 75 MG TABLET	1	QL(480 per 30 days)	ANTIVIRALS		
PREZISTA 800 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION	1	QL(20 per 10 days)	ANTIVIRALS		
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION	1		ANTIVIRALS		
RETROVIR 10 MG/ML ORAL SYRUP[NP]	*	QL(1680 per 28 days)	ANTIVIRALS		
RETROVIR 100 MG CAPSULE[NP]	*	QL(180 per 30 days)	ANTIVIRALS		
REYATAZ 200 MG CAPSULE	1	QL(60 per 30 days)	ANTIVIRALS		
REYATAZ 300 MG CAPSULE	1	QL(30 per 30 days)	ANTIVIRALS		
REYATAZ 50 MG ORAL POWDER PACKET	1		ANTIVIRALS		
ribavirin 200 mg capsule	1	QL(168 per 28 days)	ANTIVIRALS		
ribavirin 200 mg tablet	1	QL(168 per 28 days)	ANTIVIRALS		
rilpivirine hcl 25 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
rimantadine 100 mg tablet[NP]	*		ANTIVIRALS		
ritonavir 100 mg tablet	1	QL(360 per 30 days)	ANTIVIRALS		
RUKOBIA 600 MG TABLET,EXTENDED RELEASE	1	QL(60 per 30 days)	ANTIVIRALS		
SELZENTRY 150 MG TABLET[NP]	*	QL(240 per 30 days)	ANTIVIRALS		
SELZENTRY 20 MG/ML ORAL SOLUTION	1	QL(1800 per 30 days)	ANTIVIRALS		
SELZENTRY 300 MG TABLET[NP]	*	QL(120 per 30 days)	ANTIVIRALS		
sofosbuvir 400 mg-velpatasvir 100 mg tablet	1	QL(28 per 28 days)	ANTIVIRALS		
SOVALDI 150 MG ORAL PELLETS IN PACKET[NP]	*	QL(28 per 28 days)	ANTIVIRALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SOVALDI 200 MG ORAL PELLETS IN PACKET[NP]	*	QL(56 per 28 days)	ANTIVIRALS		
SOVALDI 200 MG TABLET[NP]	*	QL(28 per 28 days)	ANTIVIRALS		
SOVALDI 400 MG TABLET[NP]	*	QL(28 per 28 days)	ANTIVIRALS		
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIVIRALS		
SUNLENCA 300 MG TABLET	1	PA,QL(10 per 365 days)	ANTIVIRALS		
SUNLENCA 309 MG/ML SUBCUTANEOUS SOLUTION	1	PA,QL(9 per 365 days)	ANTIVIRALS		
SYMFI 600 MG-300 MG-300 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
TAMIFLU 6 MG/ML ORAL SUSPENSION[NP]	*	QL(250 per 10 days)	ANTIVIRALS		
TAMIFLU 75 MG CAPSULE[NP]	*	QL(20 per 10 days)	ANTIVIRALS		
tenofovir disoproxil fumarate 300 mg tablet	1	QL(30 per 30 days)	ANTIVIRALS		
TIVICAY 50 MG TABLET	1	QL(60 per 30 days)	ANTIVIRALS		
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION	1	QL(180 per 30 days)	ANTIVIRALS		
TRIUMEQ 600 MG-50 MG-300 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION	1	QL(180 per 30 days)	ANTIVIRALS		
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION	1	PA	ANTIVIRALS		
TRUVADA 100 MG-150 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
TRUVADA 133 MG-200 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
TRUVADA 167 MG-250 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
TRUVADA 200 MG-300 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
TYBOST 150 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIVIRALS		
valacyclovir 1 gram tablet	1	QL(90 per 30 days)	ANTIVIRALS		
valacyclovir 500 mg tablet	1	QL(90 per 30 days)	ANTIVIRALS		
VALCYTE 50 MG/ML ORAL SOLUTION[NP]	*	QL(1056 per 30 days)	ANTIVIRALS		
valganciclovir 450 mg tablet	1	QL(120 per 30 days)	ANTIVIRALS		
valganciclovir 50 mg/ml oral solution[NP]	*	QL(1056 per 30 days)	ANTIVIRALS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VALTREX 1 GRAM TABLET[NP]	*	QL(90 per 30 days)	ANTIVIRALS		
VALTREX 500 MG TABLET[NP]	*	QL(90 per 30 days)	ANTIVIRALS		
VEMLIDY 25 MG TABLET[NP]	*	QL(30 per 30 days)	ANTIVIRALS		
VIRACEPT 250 MG TABLET	1	QL(300 per 30 days)	ANTIVIRALS		
VIRACEPT 625 MG TABLET	1	QL(120 per 30 days)	ANTIVIRALS		
VIREAD 150 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
VIREAD 200 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
VIREAD 250 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
VIREAD 300 MG TABLET	1	QL(30 per 30 days)	ANTIVIRALS		
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER	1	QL(240 per 30 days)	ANTIVIRALS		
VOSEVI 400 MG-100 MG-100 MG TABLET[NP]	*	QL(28 per 28 days)	ANTIVIRALS		
XOCOVA 125 MG TABLET[NP]	*	QL(7 per 5 days)	ANTIVIRALS		
XOFLUZA 40 MG TABLET[NP]	*		ANTIVIRALS		
XOFLUZA 80 MG TABLET[NP]	*		ANTIVIRALS		
YEZTUGO 300 MG TABLET	1	QL(10 per 365 days)	ANTIVIRALS		
YEZTUGO 309 MG/ML SUBCUTANEOUS SOLUTION	1	QL(9 per 365 days)	ANTIVIRALS		
ZEPATIER 50 MG-100 MG TABLET[NP]	*	QL(28 per 28 days)	ANTIVIRALS		
ZIAGEN 20 MG/ML ORAL SOLUTION	1	QL(960 per 30 days)	ANTIVIRALS	12	
zidovudine 10 mg/ml oral syrup	1	QL(1680 per 28 days)	ANTIVIRALS	12	
zidovudine 100 mg capsule	1	QL(180 per 30 days)	ANTIVIRALS		
zidovudine 300 mg tablet	1	QL(60 per 30 days)	ANTIVIRALS	18	
ZIRGAN 0.15 % EYE GEL	1	QL(5 per 30 days)	ANTIVIRALS	12	
alprazolam 0.25 mg disintegrating tablet[NP]	*	QL(120 per 30 days)	ANXIOLYTICS		
alprazolam 0.25 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS		
alprazolam 0.5 mg disintegrating tablet[NP]	*	QL(120 per 30 days)	ANXIOLYTICS		
alprazolam 0.5 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS		
alprazolam 1 mg disintegrating tablet[NP]	*	QL(120 per 30 days)	ANXIOLYTICS		
alprazolam 1 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
alprazolam 2 mg disintegrating tablet[NP]	*	QL(90 per 30 days)	ANXIOLYTICS		
alprazolam 2 mg tablet	1	QL(150 per 30 days)	ANXIOLYTICS		
alprazolam er 0.5 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANXIOLYTICS		
alprazolam er 1 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANXIOLYTICS		
alprazolam er 2 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANXIOLYTICS		
alprazolam er 3 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	ANXIOLYTICS		
alprazolam intensol 1 mg/ml oral concentrate	1		ANXIOLYTICS		
BUCAPSOL 10 MG CAPSULE[NP]	*		ANXIOLYTICS		
BUCAPSOL 15 MG CAPSULE[NP]	*		ANXIOLYTICS		
BUCAPSOL 5 MG CAPSULE[NP]	*		ANXIOLYTICS		
BUCAPSOL 7.5 MG CAPSULE[NP]	*		ANXIOLYTICS		
buspirone 10 mg tablet	1		ANXIOLYTICS		
buspirone 12.5 mg tablet	1		ANXIOLYTICS		
buspirone 15 mg tablet	1		ANXIOLYTICS		
buspirone 2.5 mg tablet	1		ANXIOLYTICS		
buspirone 30 mg tablet	1		ANXIOLYTICS		
buspirone 5 mg tablet	1		ANXIOLYTICS		
buspirone 7.5 mg tablet	1		ANXIOLYTICS		
chlordiazepoxide 10 mg capsule	1	QL(120 per 30 days)	ANXIOLYTICS		
chlordiazepoxide 25 mg capsule	1	QL(120 per 30 days)	ANXIOLYTICS		
chlordiazepoxide 5 mg capsule	1	QL(120 per 30 days)	ANXIOLYTICS		
clonazepam 0.125 mg disintegrating tablet[NP]	*		ANXIOLYTICS		
clonazepam 0.25 mg disintegrating tablet[NP]	*		ANXIOLYTICS		
clonazepam 0.25 mg tablet	1		ANXIOLYTICS		
clonazepam 0.5 mg disintegrating tablet[NP]	*		ANXIOLYTICS		
clonazepam 0.5 mg tablet	1		ANXIOLYTICS		
clonazepam 1 mg disintegrating tablet[NP]	*		ANXIOLYTICS		
clonazepam 1 mg tablet	1		ANXIOLYTICS		
clonazepam 2 mg disintegrating tablet[NP]	*		ANXIOLYTICS		
clonazepam 2 mg tablet	1		ANXIOLYTICS		
clorazepate dipotassium 15 mg tablet	1		ANXIOLYTICS		
clorazepate dipotassium 3.75 mg tablet	1		ANXIOLYTICS		
clorazepate dipotassium 7.5 mg tablet	1		ANXIOLYTICS		
diazepam 10 mg tablet	1	QL(120 per 30 days)	ANXIOLYTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
diazepam 2 mg tablet	1	QL(90 per 30 days)	ANXIOLYTICS		
diazepam 5 mg tablet	1	QL(90 per 30 days)	ANXIOLYTICS		
diazepam 5 mg/5 ml (1 mg/ml) oral solution	1	QL(1200 per 30 days)	ANXIOLYTICS		
diazepam 5 mg/5 ml (1 mg/ml, 5 ml) oral solution	1	QL(1200 per 30 days)	ANXIOLYTICS		
diazepam 5 mg/ml oral concentrate	1	QL(240 per 30 days)	ANXIOLYTICS		
diazepam intensol 5 mg/ml oral concentrate	1	QL(240 per 30 days)	ANXIOLYTICS		
doxepin 10 mg capsule	1		ANXIOLYTICS		
doxepin 10 mg/ml oral concentrate	1		ANXIOLYTICS		
doxepin 100 mg capsule	1		ANXIOLYTICS		
doxepin 150 mg capsule	1		ANXIOLYTICS		
doxepin 25 mg capsule	1		ANXIOLYTICS		
doxepin 50 mg capsule	1		ANXIOLYTICS		
doxepin 75 mg capsule	1		ANXIOLYTICS		
hydroxyzine hcl 10 mg tablet	1		ANXIOLYTICS		
hydroxyzine hcl 10 mg/5 ml oral solution	1		ANXIOLYTICS		
hydroxyzine hcl 25 mg tablet	1		ANXIOLYTICS		
hydroxyzine hcl 50 mg tablet	1		ANXIOLYTICS		
KLONOPIN 0.5 MG TABLET[NP]	*		ANXIOLYTICS		
KLONOPIN 1 MG TABLET[NP]	*		ANXIOLYTICS		
KLONOPIN 2 MG TABLET[NP]	*		ANXIOLYTICS		
lorazepam 0.5 mg tablet	1	QL(90 per 30 days)	ANXIOLYTICS		
lorazepam 1 mg tablet	1	QL(90 per 30 days)	ANXIOLYTICS		
lorazepam 2 mg tablet	1	QL(150 per 30 days)	ANXIOLYTICS		
lorazepam 2 mg/ml oral concentrate	1	QL(150 per 30 days)	ANXIOLYTICS		
lorazepam intensol 2 mg/ml oral concentrate	1	QL(150 per 30 days)	ANXIOLYTICS		
LOREEV XR 1 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(210 per 30 days)	ANXIOLYTICS		
LOREEV XR 1.5 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(150 per 30 days)	ANXIOLYTICS		
LOREEV XR 2 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(150 per 30 days)	ANXIOLYTICS		
LOREEV XR 3 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	ANXIOLYTICS		
meprobamate 200 mg tablet[NP]	*		ANXIOLYTICS		
meprobamate 400 mg tablet[NP]	*		ANXIOLYTICS		
oxazepam 10 mg capsule	1		ANXIOLYTICS		
oxazepam 15 mg capsule	1		ANXIOLYTICS		
oxazepam 30 mg capsule	1		ANXIOLYTICS		
XANAX 0.25 MG TABLET[NP]	*	QL(120 per 30 days)	ANXIOLYTICS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
XANAX 0.5 MG TABLET[NP]	*	QL(120 per 30 days)	ANXIOLYTICS		
XANAX 1 MG TABLET[NP]	*	QL(120 per 30 days)	ANXIOLYTICS		
XANAX 2 MG TABLET[NP]	*	QL(150 per 30 days)	ANXIOLYTICS		
XANAX XR 0.5 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANXIOLYTICS		
XANAX XR 1 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANXIOLYTICS		
XANAX XR 2 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANXIOLYTICS		
XANAX XR 3 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	ANXIOLYTICS		
lithium carbonate 150 mg capsule	1		BIPOLAR AGENTS		
lithium carbonate 300 mg capsule	1		BIPOLAR AGENTS		
lithium carbonate 300 mg tablet	1		BIPOLAR AGENTS		
lithium carbonate 600 mg capsule	1		BIPOLAR AGENTS		
lithium carbonate er 300 mg tablet,extended release	1		BIPOLAR AGENTS		
lithium carbonate er 450 mg tablet,extended release	1		BIPOLAR AGENTS		
lithium citrate 8 meq/5 ml oral solution	1		BIPOLAR AGENTS		
LITHOBID 300 MG TABLET,EXTENDED RELEASE[NP]	*		BIPOLAR AGENTS		
acarbose 100 mg tablet	1		BLOOD GLUCOSE REGULATORS		
acarbose 25 mg tablet	1		BLOOD GLUCOSE REGULATORS		
acarbose 50 mg tablet	1		BLOOD GLUCOSE REGULATORS		
ACTOPLUS MET 15 MG-850 MG TABLET[NP]	*	QL(90 per 30 days)	BLOOD GLUCOSE REGULATORS		
ACTOS 15 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
ACTOS 30 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
ACTOS 45 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		
AFREZZA (REGULAR INSULIN) 8 UNIT (90)/12 UNIT (90) CARTRIDGE,INHALER[NP]	*	QL(180 per 30 days)	BLOOD GLUCOSE REGULATORS		
AFREZZA 12 UNIT CARTRIDGE WITH INHALER[NP]	*	QL(90 per 30 days)	BLOOD GLUCOSE REGULATORS		
AFREZZA 4 UNIT (60)/8 UNIT (60)/12 UNIT (60) CARTRIDGE WITH INHALER[NP]	*	QL(180 per 30 days)	BLOOD GLUCOSE REGULATORS		
AFREZZA 4 UNIT (90)/8 UNIT (90) CARTRIDGE WITH INHALER[NP]	*	QL(180 per 30 days)	BLOOD GLUCOSE REGULATORS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
AFREZZA 4 UNIT CARTRIDGE WITH INHALER[NP]	*	QL(90 per 30 days)	BLOOD GLUCOSE REGULATORS		
AFREZZA 8 UNIT CARTRIDGE WITH INHALER[NP]	*	QL(90 per 30 days)	BLOOD GLUCOSE REGULATORS		
alogliptin 12.5 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
alogliptin 12.5 mg-metformin 1,000 mg tablet[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
alogliptin 12.5 mg-metformin 500 mg tablet[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
alogliptin 12.5 mg-pioglitazone 30 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
alogliptin 25 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
alogliptin 25 mg-pioglitazone 15 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
alogliptin 25 mg-pioglitazone 30 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
alogliptin 25 mg-pioglitazone 45 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
alogliptin 6.25 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		
AWIQLI FLEXTOUCH (U-700) 700 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
BAQSIMI 3 MG/ACTUATION NASAL SPRAY	1		BLOOD GLUCOSE REGULATORS		
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS[NP]	*		BLOOD GLUCOSE REGULATORS		
BRYNOVIN 25 MG/ML ORAL SOLUTION[NP]	*	QL(120 per 30 days)	BLOOD GLUCOSE REGULATORS		
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.4 per 30 days)	BLOOD GLUCOSE REGULATORS		
BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.4 per 30 days)	BLOOD GLUCOSE REGULATORS		
CYCLOSET 0.8 MG TABLET[NP]	*	QL(180 per 30 days)	BLOOD GLUCOSE REGULATORS		
dapagliflozin 10 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
dapagliflozin 10 mg-metformin er 1,000 mg tablet,ext rel 24hr[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
dapagliflozin 10 mg-metformin er 500 mg tablet, ext rel 24hr[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
dapagliflozin 10 mg-saxagliptin 5 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
dapagliflozin 5 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
dapagliflozin 5 mg-metformin er 1,000 mg tablet, ext rel 24hr[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
dapagliflozin 5 mg-metformin er 500 mg tablet,ext rel 24hr[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
diazoxide 50 mg/ml oral suspension	1		BLOOD GLUCOSE REGULATORS		
DUETACT 30 MG-2 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
DUETACT 30 MG-4 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
exenatide 10 mcg/dose(250 mcg/ml)2.4 ml subcutaneous pen injector[NP]	*	QL(2.4 per 30 days)	BLOOD GLUCOSE REGULATORS		
exenatide 5 mcg/dose (250 mcg/ml)1.2 ml subcutaneous pen injector[NP]	*	QL(2.4 per 30 days)	BLOOD GLUCOSE REGULATORS		
FARXIGA 10 MG TABLET	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
FARXIGA 5 MG TABLET	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE[NP]	*		BLOOD GLUCOSE REGULATORS		
FIASP PUMPCART 100 UNIT/ML (1.6 ML) SUBCUTANEOUS CARTRIDGE[NP]	*		BLOOD GLUCOSE REGULATORS		
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		
glimepiride 1 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glimepiride 2 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glimepiride 3 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glimepiride 4 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glipizide 10 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glipizide 15 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glipizide 2.5 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glipizide 2.5 mg-metformin 250 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glipizide 2.5 mg-metformin 500 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glipizide 5 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glipizide 5 mg-metformin 500 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glipizide er 10 mg tablet, extended release 24 hr	1		BLOOD GLUCOSE REGULATORS		
glipizide er 2.5 mg tablet, extended release 24 hr	1		BLOOD GLUCOSE REGULATORS		
glipizide er 5 mg tablet, extended release 24 hr	1		BLOOD GLUCOSE REGULATORS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
GLUCAGON (HCL) EMERGENCY KIT 1 MG SOLUTION FOR INJECTION	1		BLOOD GLUCOSE REGULATORS		
GLUCAGON EMERGENCY KIT 1 MG SOLUTION FOR INJECTION	1		BLOOD GLUCOSE REGULATORS		
GLUCOTROL XL 5 MG TABLET,EXTENDED RELEASE[NP]	*		BLOOD GLUCOSE REGULATORS		
glyburide 1.25 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glyburide 1.25 mg-metformin 250 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glyburide 2.5 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glyburide 2.5 mg-metformin 500 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glyburide 5 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glyburide 5 mg-metformin 500 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glyburide micronized 3 mg tablet	1		BLOOD GLUCOSE REGULATORS		
glyburide micronized 6 mg tablet	1		BLOOD GLUCOSE REGULATORS		
GLYXAMBI 10 MG-5 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
GLYXAMBI 25 MG-5 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
GVOKE 1 MG/0.2 ML SUBCUTANEOUS SOLUTION	1		BLOOD GLUCOSE REGULATORS		
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	1		BLOOD GLUCOSE REGULATORS		
GVOKE HYPOPEN 1-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	1		BLOOD GLUCOSE REGULATORS		
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	1		BLOOD GLUCOSE REGULATORS		
GVOKE HYPOPEN 2-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	1		BLOOD GLUCOSE REGULATORS		
GVOKE PFS 1-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	1		BLOOD GLUCOSE REGULATORS		
GVOKE PFS 2-PACK 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	1		BLOOD GLUCOSE REGULATORS		
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN	1		BLOOD GLUCOSE REGULATORS		
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS	1		BLOOD GLUCOSE REGULATORS		
HUMALOG KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS	1		BLOOD GLUCOSE REGULATORS		
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS		
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	1		BLOOD GLUCOSE REGULATORS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS		
HUMALOG TEMPO PEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS PEN, SENSOR[NP]	*		BLOOD GLUCOSE REGULATORS		
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE	1		BLOOD GLUCOSE REGULATORS		
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		BLOOD GLUCOSE REGULATORS		
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION[OTC]	1		BLOOD GLUCOSE REGULATORS		
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS[OTC]	1		BLOOD GLUCOSE REGULATORS		
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS[OTC]	1		BLOOD GLUCOSE REGULATORS		
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS[OTC]	1		BLOOD GLUCOSE REGULATORS		
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION[OTC]	1		BLOOD GLUCOSE REGULATORS		
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS	1		BLOOD GLUCOSE REGULATORS		
INSULIN ASPAR PROT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
INSULIN ASPAR PRT-INSULIN ASPART 100 UNIT/ML (70-30) SUBCUTANEOUS SOLN[NP]	*		BLOOD GLUCOSE REGULATORS		
INSULIN ASPART (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS		
INSULIN ASPART U-100 100 UNIT/ML SUBCUTANEOUS CARTRIDGE	1		BLOOD GLUCOSE REGULATORS		
INSULIN ASPART U-100 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		BLOOD GLUCOSE REGULATORS		
INSULIN DEGLUDEC (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS		
INSULIN DEGLUDEC (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		BLOOD GLUCOSE REGULATORS		
INSULIN DEGLUDEC (U-200) 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS		
INSULIN GLARGINE (U-300) CONC. 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
INSULIN GLARGINE (U-300) CONC. 300 UNIT/ML (3 ML) SUBCUTANEOUS PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
INSULIN GLARGINE-YFGN (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS		
INSULIN GLARGINE-YFGN (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN	1		BLOOD GLUCOSE REGULATORS		
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS		
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		BLOOD GLUCOSE REGULATORS		
INSULIN LISPRO PROTAMINE-LISPRO 100 UNIT/ML (75-25) SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS		
INVOKAMET 150 MG-1,000 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
INVOKAMET 150 MG-500 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
INVOKAMET 50 MG-1,000 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
INVOKAMET 50 MG-500 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
INVOKANA 100 MG TABLET	1	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
INVOKANA 300 MG TABLET	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
JANUMET 50 MG-1,000 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
JANUMET 50 MG-500 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
JANUVIA 100 MG TABLET	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
JANUVIA 25 MG TABLET	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
JANUVIA 50 MG TABLET	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
JARDIANCE 10 MG TABLET	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
JARDIANCE 25 MG TABLET	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
JENTADUETO 2.5 MG-1,000 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
JENTADUETO 2.5 MG-500 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
JENTADUETO 2.5 MG-850 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
KAZANO 12.5 MG-1,000 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
KIRSTY 100 UNIT/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		
KIRSTY PEN 100 UNIT/ML (3 ML) SUBCUTANEOUS[NP]	*		BLOOD GLUCOSE REGULATORS		
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	1		BLOOD GLUCOSE REGULATORS		
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		BLOOD GLUCOSE REGULATORS		
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) SOLUTION SUBCUTANEOUS INSULIN PEN	1		BLOOD GLUCOSE REGULATORS		
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	1		BLOOD GLUCOSE REGULATORS		
liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) subcutaneous pen injector	1	QL(9 per 30 days)	BLOOD GLUCOSE REGULATORS		
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS[NP]	*		BLOOD GLUCOSE REGULATORS		
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS[NP]	*		BLOOD GLUCOSE REGULATORS		
LYUMJEV TEMPO PEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS PEN, SENSOR[NP]	*		BLOOD GLUCOSE REGULATORS		
LYUMJEV U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		
MERILOG 100 UNIT/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		
MERILOG SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
metformin 1,000 mg tablet	1		BLOOD GLUCOSE REGULATORS		
metformin 500 mg tablet	1		BLOOD GLUCOSE REGULATORS		
metformin 500 mg/5 ml oral solution[NP]	*	QL(750 per 30 days)	BLOOD GLUCOSE REGULATORS		
metformin 625 mg tablet[NP]	*	QL(120 per 30 days)	BLOOD GLUCOSE REGULATORS		
metformin 750 mg tablet	1		BLOOD GLUCOSE REGULATORS		
metformin 850 mg tablet	1		BLOOD GLUCOSE REGULATORS		
metformin er 1,000 mg 24 hr tablet,extended release (gastric reten.)[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
metformin er 1,000 mg tablet,extended release 24hr (osmotic)[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
metformin er 500 mg 24 hr tablet,extended release (gastric retention)[NP]	*	QL(120 per 30 days)	BLOOD GLUCOSE REGULATORS		
metformin er 500 mg tablet,extended release 24 hr	1	QL(120 per 30 days)	BLOOD GLUCOSE REGULATORS		
metformin er 500 mg tablet,extended release 24hr (osmotic)[NP]	*	QL(150 per 30 days)	BLOOD GLUCOSE REGULATORS		
metformin er 750 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
miglitol 100 mg tablet	1		BLOOD GLUCOSE REGULATORS		
miglitol 25 mg tablet	1		BLOOD GLUCOSE REGULATORS		
miglitol 50 mg tablet	1		BLOOD GLUCOSE REGULATORS		
MOUNJARO 10 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS		
MOUNJARO 12.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS		
MOUNJARO 15 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS		
MOUNJARO 2.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS		
MOUNJARO 5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS		
MOUNJARO 7.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS		
nateglinide 120 mg tablet	1		BLOOD GLUCOSE REGULATORS		
nateglinide 60 mg tablet	1		BLOOD GLUCOSE REGULATORS		
NESINA 25 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS[NP]	*		BLOOD GLUCOSE REGULATORS		
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION[NP]	*		BLOOD GLUCOSE REGULATORS		
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP[NP]	*		BLOOD GLUCOSE REGULATORS		
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS[NP]	*		BLOOD GLUCOSE REGULATORS		
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN[NP]	*		BLOOD GLUCOSE REGULATORS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG[NP]	*		BLOOD GLUCOSE REGULATORS		
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(3 per 28 days)	BLOOD GLUCOSE REGULATORS		
OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(3 per 28 days)	BLOOD GLUCOSE REGULATORS		
OZEMPIC 1.5 MG TABLET	1	PA,QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(3 per 28 days)	BLOOD GLUCOSE REGULATORS		
OZEMPIC 4 MG TABLET	1	PA,QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
OZEMPIC 9 MG TABLET	1	PA,QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
pioglitazone 15 mg tablet	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
pioglitazone 15 mg-metformin 500 mg tablet[NP]	*	QL(90 per 30 days)	BLOOD GLUCOSE REGULATORS		
pioglitazone 15 mg-metformin 850 mg tablet[NP]	*	QL(90 per 30 days)	BLOOD GLUCOSE REGULATORS		
pioglitazone 30 mg tablet	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
pioglitazone 30 mg-glimepiride 2 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
pioglitazone 30 mg-glimepiride 4 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
pioglitazone 45 mg tablet	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
PROGLYCEM 50 MG/ML ORAL SUSPENSION	1		BLOOD GLUCOSE REGULATORS		
repaglinide 0.5 mg tablet[NP]	*		BLOOD GLUCOSE REGULATORS		
repaglinide 1 mg tablet[NP]	*		BLOOD GLUCOSE REGULATORS		
repaglinide 2 mg tablet[NP]	*		BLOOD GLUCOSE REGULATORS		
REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS[NP]	*		BLOOD GLUCOSE REGULATORS		
RYBELSUS 14 MG TABLET	1	PA,QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
RYBELSUS 3 MG TABLET	1	PA,QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
RYBELSUS 7 MG TABLET	1	PA,QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
saxagliptin 2.5 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
saxagliptin 2.5 mg-metformin er 1,000 mg tablet,extend release 24hr mp[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
saxagliptin 5 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
saxagliptin 5 mg-metformin er 1,000 mg tablet,extend release 24hr mp[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
saxagliptin 5 mg-metformin er 500 mg tablet,extend release 24hr mp[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
SEGLUROMET 2.5 MG-1,000 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
SEGLUROMET 2.5 MG-500 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
SEGLUROMET 7.5 MG-1,000 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
SEGLUROMET 7.5 MG-500 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
SEMGLEE (INSULIN GLARGINE-YFGN) 100 UNIT/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		
SEMGLEE (INSULIN GLARGINE-YFGN) PEN 100 UNIT/ML (3 ML) SUBCUTANEOUS[NP]	*		BLOOD GLUCOSE REGULATORS		
sitagliptin 100 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin 100 mg-metformin er 1,000 mg tablet,extend rel 24h mphase[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin 25 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin 50 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin 50 mg-metformin 1,000 mg tablet	1	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin 50 mg-metformin 500 mg tablet	1	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin 50 mg-metformin er 1,000 mg tablet,extended rel 24h mphase[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin 50 mg-metformin er 500 mg tablet,extended rel 24hr mphase[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin phos 100 mg-metformin er 1,000 mg tablet,extend rel 24h mp[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin phos 50 mg-metformin er 1,000 mg tablet,extend rel 24h mp[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin phos 50 mg-metformin er 500 mg tablet,extended rel 24h mp[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin phosphate 100 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin phosphate 25 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin phosphate 50 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin phosphate 50 mg-metformin 1,000 mg tablet[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
sitagliptin phosphate 50 mg-metformin 500 mg tablet[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN[NP]	*	QL(15 per 24 days)	BLOOD GLUCOSE REGULATORS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
STEGLATRO 15 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
STEGLATRO 5 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
STEGLUJAN 15 MG-100 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
STEGLUJAN 5 MG-100 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(10.8 per 30 days)	BLOOD GLUCOSE REGULATORS		
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(10.5 per 28 days)	BLOOD GLUCOSE REGULATORS		
SYNJARDY 12.5 MG-1,000 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
SYNJARDY 12.5 MG-500 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
SYNJARDY 5 MG-1,000 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
SYNJARDY 5 MG-500 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
TRADJENTA 5 MG TABLET	1	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN[NP]	*		BLOOD GLUCOSE REGULATORS		
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD GLUCOSE REGULATORS		
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS		
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS		
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	QL(2 per 28 days)	BLOOD GLUCOSE REGULATORS		
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(9 per 30 days)	BLOOD GLUCOSE REGULATORS		
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	1	QL(9 per 30 days)	BLOOD GLUCOSE REGULATORS		
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN[NP]	*	QL(15 per 30 days)	BLOOD GLUCOSE REGULATORS		
ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR	1		BLOOD GLUCOSE REGULATORS		
ZEGALOGUE 0.6 MG/0.6 ML SUBCUTANEOUS SYRINGE	1		BLOOD GLUCOSE REGULATORS		
ZITUVIMET 50 MG-1,000 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
ZITUVIMET 50 MG-500 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
ZITUVIMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
ZITUVIMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
ZITUVIMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	BLOOD GLUCOSE REGULATORS		
ZITUVIO 100 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
ZITUVIO 25 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
ZITUVIO 50 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD GLUCOSE REGULATORS		
adult aspirin regimen 81 mg tablet,delayed release[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
adult low dose aspirin 81 mg tablet,delayed release[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
ADVATE 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADVATE 1,500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADVATE 2,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ADVATE 250 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADVATE 3,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADVATE 4,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADVATE 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADYNOVATE 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADYNOVATE 1,500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADYNOVATE 2,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADYNOVATE 250 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADYNOVATE 3,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADYNOVATE 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADYNOVATE 750 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ADZYNMA 1,500 (+/-) UNIT INTRAVENOUS KIT[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
ADZYNMA 500 (+/-) UNIT INTRAVENOUS KIT[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
AFSTYLA 1,000 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
AFSTYLA 1,500 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
AFSTYLA 2,000 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
AFSTYLA 2,500 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
AFSTYLA 250 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
AFSTYLA 3,000 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
AFSTYLA 500 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
AGRYLIN 0.5 MG CAPSULE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
ALPHANATE 1,000 (400 VWF) UNIT/10 ML INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ALPHANATE 1,500 (600 VWF) UNIT/10 ML INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ALPHANATE 2,000 (800 VWF) UNIT/10 ML INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ALPHANATE 250 (100 VWF) UNIT/5 ML INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ALPHANATE 500 (200 VWF) UNIT/5 ML INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ALVAIZ 18 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ALVAIZ 36 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ALVAIZ 54 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ALVAIZ 9 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
anagrelide 0.5 mg capsule	1		BLOOD PRODUCTS AND MODIFIERS		
anagrelide 1 mg capsule	1		BLOOD PRODUCTS AND MODIFIERS		
ARANESP 10 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE[NP]	*	QL(1.6 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE[NP]	*	QL(2 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 100 MCG/ML (IN POLYSORBATE) INJECTION[NP]	*	QL(4 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE[NP]	*	QL(1.2 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE[NP]	*	QL(1.6 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 200 MCG/ML (IN POLYSORBATE) INJECTION[NP]	*	QL(4 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE[NP]	*	QL(1.68 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 25 MCG/ML (IN POLYSORBATE) INJECTION[NP]	*	QL(4 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE[NP]	*	QL(2.4 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE[NP]	*	QL(1.6 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 40 MCG/ML (IN POLYSORBATE) INJECTION[NP]	*	QL(4 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE[NP]	*	QL(4 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE[NP]	*	QL(1.2 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARANESP 60 MCG/ML (IN POLYSORBATE) INJECTION[NP]	*	QL(4 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE[NP]	*	QL(24 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE[NP]	*	QL(15 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE[NP]	*	QL(12 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE[NP]	*	QL(18 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ARMLUPEG 6 MG/0.6 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
aspirin 25 mg-dipyridamole 200 mg capsule,ext.release 12 hr multiphase	1		BLOOD PRODUCTS AND MODIFIERS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
aspirin 81 mg chewable tablet[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
aspirin 81 mg tablet[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
aspirin 81 mg tablet,delayed release[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
aspirin childrens 81 mg chewable tablet[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
BAYER CHEWABLE LOW DOSE ASPIRIN 81 MG TABLET[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
bayer low dose aspirin 81 mg tablet,delayed release[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
BRILINTA 60 MG TABLET	1	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
BRILINTA 90 MG TABLET	1	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
children's aspirin 81 mg chewable tablet[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
cilostazol 100 mg tablet[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
cilostazol 50 mg tablet[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
clopidogrel 300 mg tablet	1	QL(1 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
clopidogrel 75 mg tablet	1	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
dabigatran etexilate 110 mg capsule[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
dabigatran etexilate 150 mg capsule[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
dabigatran etexilate 75 mg capsule[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
dipyridamole 25 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
dipyridamole 50 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
dipyridamole 75 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
DOPTELET (10 TAB PACK) 20 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
DOPTELET (15 TAB PACK) 20 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
DOPTELET (30 TAB PACK) 20 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
DOPTELET SPRINKLE 10 MG CAPSULE[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ecotrin low strength 81 mg tablet,enteric coated[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
EFFIENT 10 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
EFFIENT 5 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ELIQUIS 0.5 MG TABLET FOR ORAL SUSPENSION	1	PA,QL(592 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ELIQUIS 1.5 MG (0.5 MG X 3) TABLET FOR ORAL SUSPENSION	1	PA,QL(592 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ELIQUIS 2 MG (0.5 MG X 4) TABLET FOR ORAL SUSPENSION	1	PA,QL(592 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ELIQUIS 2.5 MG TABLET	1	PA,QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ELIQUIS 5 MG TABLET	1	PA,QL(74 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK	1	PA,QL(74 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ELIQUIS SPRINKLE 0.15 MG CAPSULE	1	PA,QL(74 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ELOCTATE 1,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ELOCTATE 1,500 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ELOCTATE 2,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ELOCTATE 250 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ELOCTATE 3,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ELOCTATE 4,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ELOCTATE 5,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ELOCTATE 500 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ELOCTATE 6,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ELOCTATE 750 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
eltrombopag 12.5 mg powder packet for oral suspension[NP]	*	QL(360 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
eltrombopag olamine 12.5 mg tablet[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
eltrombopag olamine 25 mg oral powder packet[NP]	*	QL(180 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
eltrombopag olamine 25 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
eltrombopag olamine 50 mg tablet[NP]	*	QL(90 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
eltrombopag olamine 75 mg tablet[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
enoxaparin 100 mg/ml subcutaneous syringe	1	QL(28 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
enoxaparin 120 mg/0.8 ml subcutaneous syringe	1	QL(22.4 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
enoxaparin 150 mg/ml subcutaneous syringe	1	QL(28 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
enoxaparin 30 mg/0.3 ml subcutaneous syringe	1	QL(16.8 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
enoxaparin 300 mg/3 ml subcutaneous solution	1	QL(84 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
enoxaparin 40 mg/0.4 ml subcutaneous syringe	1	QL(11.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
enoxaparin 60 mg/0.6 ml subcutaneous syringe	1	QL(16.8 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
enoxaparin 80 mg/0.8 ml subcutaneous syringe	1	QL(22.4 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION	1	PA,QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION	1	PA,QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION	1	PA,QL(28 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION	1	PA,QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION	1	PA,QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION	1	PA,QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ESPEROCT 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ESPEROCT 1,500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ESPEROCT 2,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ESPEROCT 3,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ESPEROCT 4,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
ESPEROCT 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
FEIBA NF 1,750 UNIT-3,250 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
FEIBA NF 350 UNIT-650 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
FEIBA NF 700 UNIT-1,300 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
FESILTY 1 GRAM INTRAVENOUS SOLUTION[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
FIBRYGA 1 GRAM (700 MG-1,300 MG) INTRAVENOUS SOLUTION[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
FIBRYGA 2 GRAM (1,400 MG-2,600 MG) INTRAVENOUS SOLUTION[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
FILKRI 300 MCG/0.5 ML INJECTION SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
FILKRI 480 MCG/0.8 ML INJECTION SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
fondaparinux 10 mg/0.8 ml subcutaneous solution syringe	1	QL(24 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
fondaparinux 2.5 mg/0.5 ml subcutaneous solution syringe	1	QL(15 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
fondaparinux 5 mg/0.4 ml subcutaneous solution syringe	1	QL(12 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
fondaparinux 7.5 mg/0.6 ml subcutaneous solution syringe	1	QL(18 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE	1	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE	1	QL(15 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE	1	QL(18 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE	1	QL(21.6 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE	1	QL(6 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
FRAGMIN 2,500 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION	1	QL(120 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION	1	QL(22.8 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
FRAGMIN 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE	1	QL(6 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE	1	QL(9 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
FYLNETRA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
GRANIX 300 MCG/ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
GRANIX 480 MCG/1.6 ML SUBCUTANEOUS SOLUTION[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
HEMOFIL M HIGH 801 UNIT-1,500 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
HEMOFIL M LOW 220 UNIT-400 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
HEMOFIL M MID 401 UNIT-800 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
HEMOFIL M SUPER HIGH 1,501 UNIT-2,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
hep flush-10 (pf) 10 unit/ml intravenous solution	1		BLOOD PRODUCTS AND MODIFIERS		
heparin (porcine) 1,000 unit/ml injection solution	1		BLOOD PRODUCTS AND MODIFIERS		
heparin (porcine) 10,000 unit/ml injection solution	1		BLOOD PRODUCTS AND MODIFIERS		
heparin (porcine) 20,000 unit/ml injection solution	1		BLOOD PRODUCTS AND MODIFIERS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
heparin (porcine) 5,000 unit/ml (1 ml) injection cartridge	1		BLOOD PRODUCTS AND MODIFIERS		
heparin (porcine) 5,000 unit/ml injection solution	1		BLOOD PRODUCTS AND MODIFIERS		
heparin (porcine) 5,000 unit/ml injection syringe	1		BLOOD PRODUCTS AND MODIFIERS		
heparin lock flush (porcine) (pf) 10 unit/ml intravenous syringe	1		BLOOD PRODUCTS AND MODIFIERS		
heparin lock flush (porcine) (pf) 100 unit/ml intravenous syringe	1		BLOOD PRODUCTS AND MODIFIERS		
heparin, porcine (pf) 1 unit/ml intravenous syringe	1		BLOOD PRODUCTS AND MODIFIERS		
heparin, porcine (pf) 1,000 unit/ml injection solution	1		BLOOD PRODUCTS AND MODIFIERS		
heparin, porcine (pf) 10 unit/ml intravenous syringe	1		BLOOD PRODUCTS AND MODIFIERS		
heparin, porcine (pf) 100 unit/ml intravenous syringe	1		BLOOD PRODUCTS AND MODIFIERS		
heparin, porcine (pf) 5,000 unit/0.5 ml injection solution	1		BLOOD PRODUCTS AND MODIFIERS		
heparin, porcine (pf) 5,000 unit/0.5 ml injection syringe	1		BLOOD PRODUCTS AND MODIFIERS		
heparin, porcine (pf) 5,000 unit/ml injection syringe	1		BLOOD PRODUCTS AND MODIFIERS		
HUMATE-P 1,000 UNIT-2,400 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
HUMATE-P 250 UNIT-600 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
HUMATE-P 500 UNIT-1,200 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
jantoven 1 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
jantoven 10 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
jantoven 2 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
jantoven 2.5 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
jantoven 3 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
jantoven 4 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
jantoven 5 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
jantoven 6 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
jantoven 7.5 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
JIVI 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
JIVI 2,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
JIVI 3,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
JIVI 4,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
JIVI 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
KOATE 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
KOATE 250 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
KOATE 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
KOVALTRY 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
KOVALTRY 2,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
KOVALTRY 250 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
KOVALTRY 3,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
KOVALTRY 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
LEUKINE 250 MCG SOLUTION FOR INJECTION	1	QL(28 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
LOVENOX 100 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(28 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
LOVENOX 120 MG/0.8 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(22.4 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
LOVENOX 150 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(28 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
LOVENOX 30 MG/0.3 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(16.8 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(84 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(11.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
LOVENOX 60 MG/0.6 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(16.8 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
LOVENOX 80 MG/0.8 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(22.4 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
MIRCERA 120 MCG/0.3 ML INJECTION SYRINGE[NP]	*	QL(0.9 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
MIRCERA 150 MCG/0.3 ML INJECTION SYRINGE[NP]	*	QL(0.6 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
MIRCERA 200 MCG/0.3 ML INJECTION SYRINGE[NP]	*	QL(0.6 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
MIRCERA 30 MCG/0.3 ML INJECTION SYRINGE[NP]	*	QL(0.6 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
MIRCERA 50 MCG/0.3 ML INJECTION SYRINGE[NP]	*	QL(0.9 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MIRCERA 75 MCG/0.3 ML INJECTION SYRINGE[NP]	*	QL(0.9 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
MULPLETA 3 MG TABLET[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
NEULASTA 4 MG/0.4 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(0.8 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
NEULASTA ONPRO 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE	1		BLOOD PRODUCTS AND MODIFIERS		
NEUPOGEN 300 MCG/ML INJECTION SOLUTION	1		BLOOD PRODUCTS AND MODIFIERS		
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE	1		BLOOD PRODUCTS AND MODIFIERS		
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION	1		BLOOD PRODUCTS AND MODIFIERS		
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
NIVESTYM 300 MCG/ML INJECTION SOLUTION[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
NOVOEIGHT 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NOVOEIGHT 1,500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NOVOEIGHT 2,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NOVOEIGHT 250 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NOVOEIGHT 3,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NOVOEIGHT 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NOVOSEVEN RT 1 MG (1,000 MCG) INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NOVOSEVEN RT 2 MG (2,000 MCG) INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NOVOSEVEN RT 5 MG (5,000 MCG) INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NOVOSEVEN RT 8 MG (8,000 MCG) INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NPLATE 125 MCG SUBCUTANEOUS SOLUTION[NP]	*	QL(48 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
NPLATE 250 MCG SUBCUTANEOUS SOLUTION[NP]	*	QL(24 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
NPLATE 500 MCG SUBCUTANEOUS SOLUTION[NP]	*	QL(12 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
NUWIQ 1,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NUWIQ 1,500 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NUWIQ 2,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NUWIQ 2,500 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NUWIQ 250 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NUWIQ 3,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NUWIQ 4,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NUWIQ 500 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
NYPOZI 300 MCG/0.5 ML INJECTION SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
NYPOZI 480 MCG/0.8 ML INJECTION SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
NYVEPRIA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
OBIZUR 500 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
PLAVIX 75 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PRADAXA 110 MG CAPSULE[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PRADAXA 110 MG ORAL PELLETS IN PACKET[NP]	*	QL(120 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PRADAXA 150 MG CAPSULE[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PRADAXA 150 MG ORAL PELLETS IN PACKET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PRADAXA 20 MG ORAL PELLETS IN PACKET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PRADAXA 30 MG ORAL PELLETS IN PACKET[NP]	*	QL(120 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PRADAXA 40 MG ORAL PELLETS IN PACKET[NP]	*	QL(120 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PRADAXA 50 MG ORAL PELLETS IN PACKET[NP]	*	QL(120 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PRADAXA 75 MG CAPSULE[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
prasugrel hcl 10 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
prasugrel hcl 5 mg tablet[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION	1	PA,QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION	1	PA,QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		

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PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION	1	PA,QL(28 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION	1	PA,QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION	1	PA,QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION	1	PA,QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION	1	PA,QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROMACTA 12.5 MG ORAL POWDER PACKET[NP]	*	QL(360 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROMACTA 12.5 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROMACTA 25 MG ORAL POWDER PACKET[NP]	*	QL(180 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROMACTA 25 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROMACTA 50 MG TABLET[NP]	*	QL(90 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
PROMACTA 75 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
REBLOZYL 25 MG SUBCUTANEOUS SOLUTION[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
REBLOZYL 75 MG SUBCUTANEOUS SOLUTION[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
RECOMBINATE 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
RECOMBINATE 1,500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
RECOMBINATE 2,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
RECOMBINATE 250 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
RECOMBINATE 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
RELEUKO 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
RELEUKO 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
RETACRIT 10,000 UNIT/ML INJECTION SOLUTION[NP]	*	QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
RETACRIT 2,000 UNIT/ML INJECTION SOLUTION[NP]	*	QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION[NP]	*	QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION[NP]	*	QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
RETACRIT 3,000 UNIT/ML INJECTION SOLUTION[NP]	*	QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
RETACRIT 4,000 UNIT/ML INJECTION SOLUTION[NP]	*	QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		

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RETACRIT 40,000 UNIT/ML INJECTION SOLUTION[NP]	*	QL(14 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
RHAPSIDO 25 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
RIASTAP 1 GRAM (900 MG-1,300 MG) INTRAVENOUS SOLUTION[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
rivaroxaban 1 mg/ml oral suspension[NP]	*	QL(600 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
rivaroxaban 2.5 mg tablet[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ROLVEDON 13.2 MG/0.6 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
RYZNEUTA 20 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
SAVAYSA 15 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
SAVAYSA 30 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
SAVAYSA 60 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
SEVENFACT 1 MG (1,000 MCG) INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
SEVENFACT 2 MG (2,000 MCG) INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
SEVENFACT 5 MG (5,000 MCG) INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
st joseph aspirin 81 mg chewable tablet[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
st. joseph aspirin 81 mg tablet,delayed release[OTC]	1		BLOOD PRODUCTS AND MODIFIERS		
STIMUFEND 6 MG/0.6 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
TAVALISSE 100 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
TAVALISSE 150 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ticagrelor 60 mg tablet	1	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
ticagrelor 90 mg tablet	1	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
UDENYCA AUTOINJECTOR 6 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
UDENYCA ONBODY 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
VAFSEO 150 MG TABLET[NP]	*	QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
VAFSEO 300 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
warfarin 1 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
warfarin 10 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
warfarin 2 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
warfarin 2.5 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
warfarin 3 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
warfarin 4 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
warfarin 5 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
warfarin 6 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
warfarin 7.5 mg tablet	1		BLOOD PRODUCTS AND MODIFIERS		
WAYRILZ 400 MG TABLET[NP]	*	QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
WILATE 1,000 UNIT-1,000 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
WILATE 500 UNIT-500 UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
XARELTO 1 MG/ML ORAL SUSPENSION	1	PA,QL(600 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
XARELTO 10 MG TABLET	1	PA,QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
XARELTO 15 MG TABLET	1	PA,QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
XARELTO 2.5 MG TABLET	1	PA,QL(60 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
XARELTO 20 MG TABLET	1	PA,QL(30 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK	1	PA,QL(51 per 30 days)	BLOOD PRODUCTS AND MODIFIERS		
XYNTHA 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
XYNTHA 2,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
XYNTHA 250 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
XYNTHA 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	BLOOD PRODUCTS AND MODIFIERS		
XYNTHA SOLOFUSE 1,000 (+/-) UNIT INTRAVENOUS SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS		
XYNTHA SOLOFUSE 2,000 (+/-) UNIT INTRAVENOUS SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS		
XYNTHA SOLOFUSE 250 (+/-) UNIT INTRAVENOUS SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS		
XYNTHA SOLOFUSE 3,000 (+/-) UNIT INTRAVENOUS SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS		
XYNTHA SOLOFUSE 500 (+/-) UNIT INTRAVENOUS SYRINGE	1	PA	BLOOD PRODUCTS AND MODIFIERS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE[NP]	*		BLOOD PRODUCTS AND MODIFIERS		
ZIEXTENZO 6 MG/0.6 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	BLOOD PRODUCTS AND MODIFIERS		
acebutolol 200 mg capsule	1		CARDIOVASCULAR AGENTS		
acebutolol 400 mg capsule	1		CARDIOVASCULAR AGENTS		
acetazolamide 125 mg tablet	1	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
acetazolamide 250 mg tablet	1	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
acetazolamide er 500 mg capsule,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
ALDACTONE 100 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ALDACTONE 25 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ALDACTONE 50 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
aliskiren 150 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
aliskiren 300 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ALTOPREV 20 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ALTOPREV 40 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ALTOPREV 60 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amiloride 5 mg tablet	1		CARDIOVASCULAR AGENTS		
amiloride 5 mg-hydrochlorothiazide 50 mg tablet	1		CARDIOVASCULAR AGENTS		
amiodarone 100 mg tablet	1		CARDIOVASCULAR AGENTS		
amiodarone 200 mg tablet	1		CARDIOVASCULAR AGENTS		
amiodarone 400 mg tablet	1		CARDIOVASCULAR AGENTS		
amlodipine 10 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-atorvastatin 10 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-atorvastatin 20 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-atorvastatin 40 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-atorvastatin 80 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
amlodipine 10 mg-benazepril 20 mg capsule	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-benazepril 40 mg capsule	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-olmesartan 20 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-olmesartan 40 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-valsartan 160 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-valsartan 320 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 10 mg-valsartan 320 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 2.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 2.5 mg-atorvastatin 10 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 2.5 mg-atorvastatin 20 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 2.5 mg-atorvastatin 40 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 2.5 mg-benazepril 10 mg capsule	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-atorvastatin 10 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-atorvastatin 20 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-atorvastatin 40 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-atorvastatin 80 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-benazepril 10 mg capsule	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-benazepril 20 mg capsule	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-benazepril 40 mg capsule	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-olmesartan 20 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-olmesartan 40 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-valsartan 160 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
amlodipine 5 mg-valsartan 320 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ARBLI 10 MG/ML ORAL SUSPENSION[NP]	*	QL(300 per 30 days)	CARDIOVASCULAR AGENTS		
ATACAND 16 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
ATACAND 32 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ATACAND 4 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
ATACAND 8 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
ATACAND HCT 16 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ATACAND HCT 32 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ATACAND HCT 32 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
atenolol 100 mg tablet	1		CARDIOVASCULAR AGENTS		
atenolol 100 mg-chlorthalidone 25 mg tablet	1		CARDIOVASCULAR AGENTS		
atenolol 25 mg tablet	1		CARDIOVASCULAR AGENTS		
atenolol 50 mg tablet	1		CARDIOVASCULAR AGENTS		
atenolol 50 mg-chlorthalidone 25 mg tablet	1		CARDIOVASCULAR AGENTS		
ATORVALIQ 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION[NP]	*	QL(600 per 30 days)	CARDIOVASCULAR AGENTS		
atorvastatin 10 mg tablet	1		CARDIOVASCULAR AGENTS		
atorvastatin 20 mg tablet	1		CARDIOVASCULAR AGENTS		
atorvastatin 40 mg tablet	1		CARDIOVASCULAR AGENTS		
atorvastatin 80 mg tablet	1		CARDIOVASCULAR AGENTS		
AVALIDE 150 MG-12.5 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
AVALIDE 300 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
AVAPRO 150 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
AVAPRO 300 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
azilsartan medoxomil 40 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
azilsartan medoxomil 80 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
AZOR 10 MG-20 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
AZOR 10 MG-40 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
AZOR 5 MG-20 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
AZOR 5 MG-40 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
BAXFENDY 1 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
BAXFENDY 2 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
benazepril 10 mg tablet	1		CARDIOVASCULAR AGENTS		
benazepril 10 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
benazepril 20 mg tablet	1		CARDIOVASCULAR AGENTS		
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
benazepril 20 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS		
benazepril 40 mg tablet	1		CARDIOVASCULAR AGENTS		
benazepril 5 mg tablet	1		CARDIOVASCULAR AGENTS		
benazepril 5 mg-hydrochlorothiazide 6.25 mg tablet	1		CARDIOVASCULAR AGENTS		
BENICAR 20 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
BENICAR 40 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
BENICAR 5 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
BENICAR HCT 20 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
BENICAR HCT 40 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
BENICAR HCT 40 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
BETAPACE 120 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
BETAPACE 160 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
BETAPACE 80 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
BETAPACE AF 120 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
BETAPACE AF 160 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
BETAPACE AF 80 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
betaxolol 10 mg tablet	1		CARDIOVASCULAR AGENTS		
betaxolol 20 mg tablet	1		CARDIOVASCULAR AGENTS		
BIDIL 20 MG-37.5 MG TABLET	1	QL(180 per 30 days)	CARDIOVASCULAR AGENTS		
bisoprolol 10 mg-hydrochlorothiazide 6.25 mg tablet	1		CARDIOVASCULAR AGENTS		
bisoprolol 2.5 mg-hydrochlorothiazide 6.25 mg tablet	1		CARDIOVASCULAR AGENTS		
bisoprolol 5 mg-hydrochlorothiazide 6.25 mg tablet	1		CARDIOVASCULAR AGENTS		
bisoprolol fumarate 10 mg tablet	1		CARDIOVASCULAR AGENTS		
bisoprolol fumarate 2.5 mg tablet	1		CARDIOVASCULAR AGENTS		
bisoprolol fumarate 5 mg tablet	1		CARDIOVASCULAR AGENTS		
bumetanide 0.5 mg tablet	1		CARDIOVASCULAR AGENTS		
bumetanide 1 mg tablet	1		CARDIOVASCULAR AGENTS		
bumetanide 2 mg tablet	1		CARDIOVASCULAR AGENTS		
BYSTOLIC 10 MG TABLET[NP]	*	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
BYSTOLIC 2.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
BYSTOLIC 20 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
BYSTOLIC 5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CADUET 10 MG-10 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CADUET 10 MG-20 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CADUET 10 MG-40 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CADUET 10 MG-80 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CADUET 5 MG-10 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CADUET 5 MG-20 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CADUET 5 MG-40 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CADUET 5 MG-80 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CAMZYOS 10 MG CAPSULE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CAMZYOS 15 MG CAPSULE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
CAMZYOS 2.5 MG CAPSULE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CAMZYOS 5 MG CAPSULE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
candesartan 16 mg tablet[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
candesartan 16 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
candesartan 32 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
candesartan 32 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
candesartan 32 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
candesartan 4 mg tablet[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
candesartan 8 mg tablet[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
captopril 100 mg tablet	1		CARDIOVASCULAR AGENTS		
captopril 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
captopril 25 mg tablet	1		CARDIOVASCULAR AGENTS		
captopril 25 mg-hydrochlorothiazide 15 mg tablet	1		CARDIOVASCULAR AGENTS		
captopril 25 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS		
captopril 50 mg tablet	1		CARDIOVASCULAR AGENTS		
captopril 50 mg-hydrochlorothiazide 15 mg tablet	1		CARDIOVASCULAR AGENTS		
captopril 50 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS		
CARDAMYST 70 MG/2 SPRAY NASAL SPRAY[NP]	*		CARDIOVASCULAR AGENTS		
CARDURA 1 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
CARDURA 2 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
CARDURA 4 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
CARDURA 8 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
CARDURA XL 4 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CARDURA XL 8 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
CAROSPIR 25 MG/5 ML ORAL SUSPENSION[NP]	*	QL(450 per 30 days)	CARDIOVASCULAR AGENTS		
cartia xt 120 mg capsule,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
cartia xt 180 mg capsule,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
cartia xt 240 mg capsule,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
cartia xt 300 mg capsule,extended release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
carvedilol 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
carvedilol 25 mg tablet	1		CARDIOVASCULAR AGENTS		
carvedilol 3.125 mg tablet	1		CARDIOVASCULAR AGENTS		
carvedilol 6.25 mg tablet	1		CARDIOVASCULAR AGENTS		
carvedilol phosphate er 10 mg capsule,ext.release24hr multiphase[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
carvedilol phosphate er 20 mg capsule,ext.release24hr multiphase[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
carvedilol phosphate er 40 mg capsule,ext.release24hr multiphase[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
carvedilol phosphate er 80 mg capsule,ext.release24hr multiphase[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
chlorthalidone 25 mg tablet	1		CARDIOVASCULAR AGENTS		
chlorthalidone 50 mg tablet	1		CARDIOVASCULAR AGENTS		
cholestyramine (with sugar) 4 gram oral powder	1		CARDIOVASCULAR AGENTS		
cholestyramine (with sugar) 4 gram powder for susp in a packet	1		CARDIOVASCULAR AGENTS		
cholestyramine light 4 gram oral powder	1		CARDIOVASCULAR AGENTS		
cholestyramine light 4 gram powder for suspension in a packet	1		CARDIOVASCULAR AGENTS		
clonidine 0.1 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	CARDIOVASCULAR AGENTS		
clonidine 0.2 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	CARDIOVASCULAR AGENTS		
clonidine 0.3 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	CARDIOVASCULAR AGENTS		
clonidine hcl 0.05 mg tablet	1		CARDIOVASCULAR AGENTS		
clonidine hcl 0.1 mg tablet	1		CARDIOVASCULAR AGENTS		
clonidine hcl 0.2 mg tablet	1		CARDIOVASCULAR AGENTS		
clonidine hcl 0.3 mg tablet	1		CARDIOVASCULAR AGENTS		
clonidine hcl er 0.17 mg tablet,extended release 24 hr[NP]	*	QL(90 per 30 days)	CARDIOVASCULAR AGENTS		
colesevelam 3.75 gram oral powder packet[NP]	*		CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
colesevelam 625 mg tablet[NP]	*		CARDIOVASCULAR AGENTS		
COLESTID 1 GRAM TABLET[NP]	*		CARDIOVASCULAR AGENTS		
COLESTID 5 GRAM ORAL GRANULES[NP]	*		CARDIOVASCULAR AGENTS		
colestipol 1 gram tablet[NP]	*		CARDIOVASCULAR AGENTS		
colestipol 5 gram oral granules[NP]	*		CARDIOVASCULAR AGENTS		
colestipol 5 gram oral packet[NP]	*		CARDIOVASCULAR AGENTS		
CORLANOR 5 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
CORLANOR 5 MG/5 ML ORAL SOLUTION[NP]	*	QL(560 per 28 days)	CARDIOVASCULAR AGENTS		
CORLANOR 7.5 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
COZAAR 100 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
COZAAR 25 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
COZAAR 50 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
CRESTOR 20 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
CRESTOR 40 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
digoxin 125 mcg (0.125 mg) tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
digoxin 250 mcg (0.25 mg) tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
digoxin 50 mcg/ml (0.05 mg/ml) oral solution	1		CARDIOVASCULAR AGENTS		
digoxin 62.5 mcg (0.0625 mg) tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
dilt-xr 120 mg capsule, extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
dilt-xr 180 mg capsule, extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
dilt-xr 240 mg capsule, extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem 120 mg tablet	1		CARDIOVASCULAR AGENTS		
diltiazem 30 mg tablet	1		CARDIOVASCULAR AGENTS		
diltiazem 60 mg tablet	1		CARDIOVASCULAR AGENTS		
diltiazem 90 mg tablet	1		CARDIOVASCULAR AGENTS		
diltiazem cd 120 mg capsule,extended release 24 hr	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
diltiazem cd 180 mg capsule,extended release 24 hr	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem cd 240 mg capsule,extended release 24 hr	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem cd 300 mg capsule,extended release 24 hr	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem cd 360 mg capsule,extended release 24 hr	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er (xr/xt) 120 mg capsule,extended release 24 hr, controlled	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er (xr/xt) 180 mg capsule,extended release 24 hr, controlled	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er (xr/xt) 240 mg capsule,extended release 24 hr, controlled	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er 120 mg capsule,extended release 12 hr	1	QL(90 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er 120 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er 180 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er 240 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er 300 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er 360 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er 420 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er 60 mg capsule,extended release 12 hr	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
diltiazem er 90 mg capsule,extended release 12 hr	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
DIOVAN 160 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
DIOVAN 320 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
DIOVAN 40 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
DIOVAN 80 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
DIOVAN HCT 160 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
DIOVAN HCT 160 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
DIOVAN HCT 320 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
DIOVAN HCT 320 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		1
DIOVAN HCT 80 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
disopyramide phosphate 100 mg capsule	1		CARDIOVASCULAR AGENTS		
disopyramide phosphate 150 mg capsule	1		CARDIOVASCULAR AGENTS		
dofetilide 125 mcg capsule	1	QL(240 per 30 days)	CARDIOVASCULAR AGENTS		
dofetilide 250 mcg capsule	1	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
dofetilide 500 mcg capsule	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
doxazosin 1 mg tablet	1		CARDIOVASCULAR AGENTS		
doxazosin 2 mg tablet	1		CARDIOVASCULAR AGENTS		
doxazosin 4 mg tablet	1		CARDIOVASCULAR AGENTS		
doxazosin 8 mg tablet	1		CARDIOVASCULAR AGENTS		
droxidopa 100 mg capsule[NP]	*	QL(90 per 30 days)	CARDIOVASCULAR AGENTS		
droxidopa 200 mg capsule[NP]	*	QL(90 per 30 days)	CARDIOVASCULAR AGENTS		
droxidopa 300 mg capsule[NP]	*	QL(180 per 30 days)	CARDIOVASCULAR AGENTS		
EDARBI 40 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
EDARBI 80 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
EDARBYCLOR 40 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
EDARBYCLOR 40 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
enalapril 10 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS		
enalapril 5 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
enalapril maleate 1 mg/ml oral solution[NP]	*		CARDIOVASCULAR AGENTS		
enalapril maleate 10 mg tablet	1		CARDIOVASCULAR AGENTS		
enalapril maleate 2.5 mg tablet	1		CARDIOVASCULAR AGENTS		
enalapril maleate 20 mg tablet	1		CARDIOVASCULAR AGENTS		
enalapril maleate 5 mg tablet	1		CARDIOVASCULAR AGENTS		
ENBUMYST 0.5 MG/SPRAY (0.1 ML) NASAL SPRAY[NP]	*		CARDIOVASCULAR AGENTS		
ENTRESTO 24 MG-26 MG TABLET	1	QL(180 per 30 days)	CARDIOVASCULAR AGENTS		
ENTRESTO 49 MG-51 MG TABLET	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ENTRESTO 97 MG-103 MG TABLET	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
ENTRESTO SPRINKLE 15 MG-16 MG ORAL PELLET	1	QL(240 per 30 days)	CARDIOVASCULAR AGENTS		
ENTRESTO SPRINKLE 6 MG-6 MG ORAL PELLET	1	QL(240 per 30 days)	CARDIOVASCULAR AGENTS		
EPANED 1 MG/ML ORAL SOLUTION[NP]	*		CARDIOVASCULAR AGENTS		
eplerenone 25 mg tablet[NP]	*		CARDIOVASCULAR AGENTS		
eplerenone 50 mg tablet[NP]	*		CARDIOVASCULAR AGENTS		
ethacrynic acid 25 mg tablet	1		CARDIOVASCULAR AGENTS		
EXFORGE 10 MG-160 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
EXFORGE 10 MG-320 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
EXFORGE 5 MG-160 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
EXFORGE 5 MG-320 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
EXFORGE HCT 10 MG-160 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
EXFORGE HCT 10 MG-320 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
EXFORGE HCT 5 MG-160 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ezetimibe 10 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ezetimibe 10 mg-simvastatin 10 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ezetimibe 10 mg-simvastatin 20 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ezetimibe 10 mg-simvastatin 40 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ezetimibe 10 mg-simvastatin 80 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
felodipine er 10 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
felodipine er 2.5 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
felodipine er 5 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate 120 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate 150 mg capsule	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
fenofibrate 160 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate 40 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate 50 mg capsule	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate 54 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate micronized 130 mg capsule	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate micronized 134 mg capsule	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate micronized 200 mg capsule	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate micronized 43 mg capsule	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate micronized 67 mg capsule	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate nanocrystallized 145 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibrate nanocrystallized 48 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibric acid (choline) 135 mg capsule,delayed release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
fenofibric acid (choline) 45 mg capsule,delayed release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
FIBRICOR 105 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
flecainide 100 mg tablet	1		CARDIOVASCULAR AGENTS		
flecainide 150 mg tablet	1		CARDIOVASCULAR AGENTS		
flecainide 50 mg tablet	1		CARDIOVASCULAR AGENTS		
fluvastatin 20 mg capsule[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
fluvastatin 40 mg capsule[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
fluvastatin er 80 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
fosinopril 10 mg tablet	1		CARDIOVASCULAR AGENTS		
fosinopril 10 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
fosinopril 20 mg tablet	1		CARDIOVASCULAR AGENTS		
fosinopril 20 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
fosinopril 40 mg tablet	1		CARDIOVASCULAR AGENTS		
FUROSCIX 80 MG/10 ML SUBCUTANEOUS WEARABLE INJECTOR KIT[NP]	*		CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
FUROSCIX READYFLOW 80 MG/ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*		CARDIOVASCULAR AGENTS		
furosemide 10 mg/ml oral solution	1		CARDIOVASCULAR AGENTS		
furosemide 20 mg tablet	1		CARDIOVASCULAR AGENTS		
furosemide 40 mg tablet	1		CARDIOVASCULAR AGENTS		
furosemide 40 mg/5 ml (8 mg/ml) oral solution	1		CARDIOVASCULAR AGENTS		
furosemide 80 mg tablet	1		CARDIOVASCULAR AGENTS		
gemfibrozil 600 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
guanfacine 1 mg tablet	1		CARDIOVASCULAR AGENTS		
guanfacine 2 mg tablet	1		CARDIOVASCULAR AGENTS		
HEMANGEOL 4.28 MG/ML ORAL SOLUTION	1	PA	CARDIOVASCULAR AGENTS		
HEMICLOR 12.5 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
hydralazine 10 mg tablet	1		CARDIOVASCULAR AGENTS		
hydralazine 100 mg tablet	1		CARDIOVASCULAR AGENTS		
hydralazine 25 mg tablet	1		CARDIOVASCULAR AGENTS		
hydralazine 50 mg tablet	1		CARDIOVASCULAR AGENTS		
hydrochlorothiazide 12.5 mg capsule	1		CARDIOVASCULAR AGENTS		
hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS		
hydrochlorothiazide 50 mg tablet	1		CARDIOVASCULAR AGENTS		
HYZAAR 100 MG-12.5 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
HYZAAR 100 MG-25 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
HYZAAR 50 MG-12.5 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
icosapent ethyl 0.5 gram capsule[NP]	*	QL(240 per 30 days)	CARDIOVASCULAR AGENTS		
icosapent ethyl 1 gram capsule[NP]	*	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
indapamide 1.25 mg tablet	1		CARDIOVASCULAR AGENTS		
indapamide 2.5 mg tablet	1		CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
INDERAL LA 120 MG CAPSULE,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
INDERAL LA 160 MG CAPSULE,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
INDERAL LA 60 MG CAPSULE,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
INDERAL LA 80 MG CAPSULE,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
INDERAL XL 120 MG CAPSULE,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
INDERAL XL 80 MG CAPSULE,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
INNOPRAN XL 120 MG CAPSULE,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
INNOPRAN XL 80 MG CAPSULE,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
INSPRA 25 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
INSPRA 50 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
INZIRQO 10 MG/ML ORAL SUSPENSION[NP]	*		CARDIOVASCULAR AGENTS		
irbesartan 150 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
irbesartan 150 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
irbesartan 300 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
irbesartan 300 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
irbesartan 75 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
isosorbide 20 mg-hydralazine 37.5 mg tablet	1	QL(180 per 30 days)	CARDIOVASCULAR AGENTS		
isosorbide dinitrate 10 mg tablet	1		CARDIOVASCULAR AGENTS		
isosorbide dinitrate 20 mg tablet	1		CARDIOVASCULAR AGENTS		
isosorbide dinitrate 30 mg tablet	1		CARDIOVASCULAR AGENTS		
isosorbide dinitrate 40 mg tablet	1		CARDIOVASCULAR AGENTS		
isosorbide dinitrate 5 mg tablet	1		CARDIOVASCULAR AGENTS		
isosorbide mononitrate 10 mg tablet	1		CARDIOVASCULAR AGENTS		
isosorbide mononitrate 20 mg tablet	1		CARDIOVASCULAR AGENTS		
isosorbide mononitrate er 120 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS		
isosorbide mononitrate er 30 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
isosorbide mononitrate er 60 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS		
isradipine 2.5 mg capsule[NP]	*		CARDIOVASCULAR AGENTS		
isradipine 5 mg capsule[NP]	*		CARDIOVASCULAR AGENTS		
ivabradine 5 mg tablet[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
ivabradine 7.5 mg tablet[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
JAVADIN 0.02 MG/ML (20 MCG/ML) ORAL SOLUTION[NP]	*		CARDIOVASCULAR AGENTS		
JUXTAPID 10 MG CAPSULE[NP]	*	QL(28 per 28 days)	CARDIOVASCULAR AGENTS		
JUXTAPID 2 MG CAPSULE[NP]	*	QL(28 per 28 days)	CARDIOVASCULAR AGENTS		
JUXTAPID 20 MG CAPSULE[NP]	*	QL(84 per 28 days)	CARDIOVASCULAR AGENTS		
JUXTAPID 30 MG CAPSULE[NP]	*	QL(28 per 28 days)	CARDIOVASCULAR AGENTS		
JUXTAPID 5 MG CAPSULE[NP]	*	QL(28 per 28 days)	CARDIOVASCULAR AGENTS		
KAPSPARGO SPRINKLE 100 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
KAPSPARGO SPRINKLE 200 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
KAPSPARGO SPRINKLE 25 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
KAPSPARGO SPRINKLE 50 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
KATERZIA 1 MG/ML ORAL SUSPENSION[NP]	*	QL(300 per 30 days)	CARDIOVASCULAR AGENTS		
KERENDIA 10 MG TABLET	1	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
KERENDIA 20 MG TABLET	1	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
KERENDIA 40 MG TABLET	1	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
labetalol 100 mg tablet	1		CARDIOVASCULAR AGENTS		
labetalol 200 mg tablet	1		CARDIOVASCULAR AGENTS		
labetalol 300 mg tablet	1		CARDIOVASCULAR AGENTS		
labetalol 400 mg tablet	1		CARDIOVASCULAR AGENTS		
LASIX 20 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
LASIX 40 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
LASIX 80 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
LASIX ONYU 80 MG/2.67 ML SUBCUTANEOUS WEARABLE INJECTOR KIT[NP]	*		CARDIOVASCULAR AGENTS		
LEQVIO 284 MG/1.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(4.5 per 365 days)	CARDIOVASCULAR AGENTS		
LESCOL XL 80 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
LIPFENDRA 20 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
LIPITOR 10 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
LIPITOR 20 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
LIPITOR 40 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
LIPITOR 80 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
LIPOFEN 150 MG CAPSULE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
LIPOFEN 50 MG CAPSULE[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
lisinopril 10 mg tablet	1		CARDIOVASCULAR AGENTS		
lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
lisinopril 2.5 mg tablet	1		CARDIOVASCULAR AGENTS		
lisinopril 20 mg tablet	1		CARDIOVASCULAR AGENTS		
lisinopril 20 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
lisinopril 20 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS		
lisinopril 30 mg tablet	1		CARDIOVASCULAR AGENTS		
lisinopril 40 mg tablet	1		CARDIOVASCULAR AGENTS		
lisinopril 5 mg tablet	1		CARDIOVASCULAR AGENTS		
LIVALO 1 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
LIVALO 2 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
LIVALO 4 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
LODOCO 0.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
LOPID 600 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
LOPRESSOR 10 MG/ML ORAL SOLUTION[NP]	*		CARDIOVASCULAR AGENTS		
LOPRESSOR 100 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
LOPRESSOR 50 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
losartan 100 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
losartan 100 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
losartan 100 mg-hydrochlorothiazide 25 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
losartan 25 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
losartan 50 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
losartan 50 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
LOTENSIN 10 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
LOTENSIN 20 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
LOTENSIN 40 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
LOTENSIN HCT 10 MG-12.5 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
LOTENSIN HCT 20 MG-12.5 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
LOTENSIN HCT 20 MG-25 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
lovastatin 10 mg tablet	1		CARDIOVASCULAR AGENTS		
lovastatin 20 mg tablet	1		CARDIOVASCULAR AGENTS		
lovastatin 40 mg tablet	1		CARDIOVASCULAR AGENTS		
matzim la 180 mg tablet,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
matzim la 240 mg tablet,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
matzim la 300 mg tablet,extended release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
matzim la 360 mg tablet,extended release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
matzim la 420 mg tablet,extended release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
methyldopa 250 mg tablet	1		CARDIOVASCULAR AGENTS		
methyldopa 500 mg tablet	1		CARDIOVASCULAR AGENTS		
metolazone 10 mg tablet	1		CARDIOVASCULAR AGENTS		
metolazone 2.5 mg tablet	1		CARDIOVASCULAR AGENTS		
metolazone 5 mg tablet	1		CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
metoprolol succinate er 100 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS		
metoprolol succinate er 200 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS		
metoprolol succinate er 25 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS		
metoprolol succinate er 50 mg tablet,extended release 24 hr	1		CARDIOVASCULAR AGENTS		
metoprolol tartrate 100 mg tablet	1		CARDIOVASCULAR AGENTS		
metoprolol tartrate 100 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS		
metoprolol tartrate 100 mg-hydrochlorothiazide 50 mg tablet	1		CARDIOVASCULAR AGENTS		
metoprolol tartrate 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
metoprolol tartrate 25 mg tablet	1		CARDIOVASCULAR AGENTS		
metoprolol tartrate 37.5 mg tablet	1		CARDIOVASCULAR AGENTS		
metoprolol tartrate 50 mg tablet	1		CARDIOVASCULAR AGENTS		
metoprolol tartrate 50 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS		
metoprolol tartrate 75 mg tablet	1		CARDIOVASCULAR AGENTS		
metyrosine 250 mg capsule	1		CARDIOVASCULAR AGENTS		
mexiletine 150 mg capsule	1		CARDIOVASCULAR AGENTS		
mexiletine 200 mg capsule	1		CARDIOVASCULAR AGENTS		
mexiletine 250 mg capsule	1		CARDIOVASCULAR AGENTS		
MICARDIS HCT 40 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
MICARDIS HCT 80 MG-12.5 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
MICARDIS HCT 80 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
midodrine 10 mg tablet	1		CARDIOVASCULAR AGENTS		
midodrine 2.5 mg tablet	1		CARDIOVASCULAR AGENTS		
midodrine 5 mg tablet	1		CARDIOVASCULAR AGENTS		
minoxidil 10 mg tablet	1		CARDIOVASCULAR AGENTS		
minoxidil 2.5 mg tablet	1		CARDIOVASCULAR AGENTS		
moexipril 15 mg tablet	1		CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
moexipril 7.5 mg tablet	1		CARDIOVASCULAR AGENTS		
MULTAQ 400 MG TABLET[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
MYQORZO 10 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
MYQORZO 15 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
MYQORZO 20 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
MYQORZO 5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
nadolol 20 mg tablet	1		CARDIOVASCULAR AGENTS		
nadolol 40 mg tablet	1		CARDIOVASCULAR AGENTS		
nadolol 80 mg tablet	1		CARDIOVASCULAR AGENTS		
nebivolol 10 mg tablet[NP]	*	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
nebivolol 2.5 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
nebivolol 20 mg tablet[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
nebivolol 5 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
NEXICLON XR 0.17 MG TABLET,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	CARDIOVASCULAR AGENTS		
NEXLETOL 180 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
NEXLIZET 180 MG-10 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
niacin 500 mg tablet[NP]	*		CARDIOVASCULAR AGENTS		
niacin er 1,000 mg tablet,extended release 24 hr[NP]	*		CARDIOVASCULAR AGENTS		
niacin er 500 mg tablet,extended release 24 hr[NP]	*		CARDIOVASCULAR AGENTS		
niacin er 750 mg tablet,extended release 24 hr[NP]	*		CARDIOVASCULAR AGENTS		
nicardipine 20 mg capsule[NP]	*		CARDIOVASCULAR AGENTS		
nicardipine 30 mg capsule[NP]	*		CARDIOVASCULAR AGENTS		
nifedipine 10 mg capsule	1		CARDIOVASCULAR AGENTS		
nifedipine 20 mg capsule	1		CARDIOVASCULAR AGENTS		
nifedipine er 30 mg tablet,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
nifedipine er 30 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
nifedipine er 60 mg tablet,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
nifedipine er 60 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
nifedipine er 90 mg tablet,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
nifedipine er 90 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
nimodipine 30 mg capsule	1		CARDIOVASCULAR AGENTS		
nimodipine 60 mg/20 ml oral solution[NP]	*	QL(2838 per 28 days)	CARDIOVASCULAR AGENTS		
nisoldipine er 17 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
nisoldipine er 34 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
nisoldipine er 8.5 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
NITRO-BID 2 % TRANSDERMAL OINTMENT	1		CARDIOVASCULAR AGENTS		
NITRO-DUR 0.1 MG/HR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
NITRO-DUR 0.2 MG/HR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
NITRO-DUR 0.3 MG/HR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
NITRO-DUR 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
NITRO-DUR 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
nitroglycerin 0.1 mg/hr transdermal 24 hour patch	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
nitroglycerin 0.2 mg/hr transdermal 24 hour patch	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
nitroglycerin 0.3 mg sublingual tablet	1		CARDIOVASCULAR AGENTS		
nitroglycerin 0.4 mg sublingual tablet	1		CARDIOVASCULAR AGENTS		
nitroglycerin 0.4 mg/hr transdermal 24 hour patch	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
nitroglycerin 0.6 mg sublingual tablet	1		CARDIOVASCULAR AGENTS		
nitroglycerin 0.6 mg/hr transdermal 24 hour patch	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
nitroglycerin 2 % transdermal ointment	1		CARDIOVASCULAR AGENTS		
nitroglycerin 400 mcg/spray translingual[NP]	*		CARDIOVASCULAR AGENTS		
NITROLINGUAL 400 MCG/SPRAY[NP]	*		CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
NITROSTAT 0.3 MG SUBLINGUAL TABLET[NP]	*		CARDIOVASCULAR AGENTS		
NITROSTAT 0.4 MG SUBLINGUAL TABLET[NP]	*		CARDIOVASCULAR AGENTS		
NITROSTAT 0.6 MG SUBLINGUAL TABLET[NP]	*		CARDIOVASCULAR AGENTS		
NORLIQVA 1 MG/ML ORAL SOLUTION[NP]	*	QL(300 per 30 days)	CARDIOVASCULAR AGENTS		
NORPACE 100 MG CAPSULE[NP]	*		CARDIOVASCULAR AGENTS		
NORPACE 150 MG CAPSULE[NP]	*		CARDIOVASCULAR AGENTS		
NORPACE CR 100 MG CAPSULE,EXTENDED RELEASE	1		CARDIOVASCULAR AGENTS		
NORPACE CR 150 MG CAPSULE,EXTENDED RELEASE	1		CARDIOVASCULAR AGENTS		
NORTHERA 100 MG CAPSULE[NP]	*	QL(90 per 30 days)	CARDIOVASCULAR AGENTS		
NORTHERA 200 MG CAPSULE[NP]	*	QL(90 per 30 days)	CARDIOVASCULAR AGENTS		
NORTHERA 300 MG CAPSULE[NP]	*	QL(180 per 30 days)	CARDIOVASCULAR AGENTS		
NORVASC 10 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
NORVASC 2.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
NORVASC 5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
NYMALIZE 30 MG/5 ML ORAL SYRINGE (FOR ORAL USE ONLY)[NP]	*	QL(630 per 28 days)	CARDIOVASCULAR AGENTS		
NYMALIZE 60 MG/10 ML ORAL SOLUTION[NP]	*	QL(1260 per 28 days)	CARDIOVASCULAR AGENTS		
NYMALIZE 60 MG/10 ML ORAL SYRINGE (FOR ORAL USE ONLY)[NP]	*	QL(1260 per 28 days)	CARDIOVASCULAR AGENTS		
olmesartan 20 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
olmesartan 20 mg-amlodipine 5 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
olmesartan 20 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
olmesartan 40 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
olmesartan 40 mg-amlodipine 10 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
olmesartan 40 mg-amlodipine 10 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
olmesartan 40 mg-amlodipine 5 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
olmesartan 40 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
olmesartan 40 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
olmesartan 5 mg tablet[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
omega-3 acid ethyl esters 1 gram capsule[NP]	*	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
PACERONE 100 MG TABLET	1		CARDIOVASCULAR AGENTS		
pacerone 200 mg tablet	1		CARDIOVASCULAR AGENTS		
pentoxifylline er 400 mg tablet,extended release	1		CARDIOVASCULAR AGENTS		
perindopril erbumine 2 mg tablet[NP]	*		CARDIOVASCULAR AGENTS		
perindopril erbumine 4 mg tablet[NP]	*		CARDIOVASCULAR AGENTS		
perindopril erbumine 8 mg tablet[NP]	*		CARDIOVASCULAR AGENTS		
phenoxybenzamine 10 mg capsule[NP]	*		CARDIOVASCULAR AGENTS		
pindolol 10 mg tablet	1		CARDIOVASCULAR AGENTS		
pindolol 5 mg tablet	1		CARDIOVASCULAR AGENTS		
pitavastatin calcium 1 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
pitavastatin calcium 2 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
pitavastatin calcium 4 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
PRALUENT PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(2 per 28 days)	CARDIOVASCULAR AGENTS		
PRALUENT PEN 75 MG/ML SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(2 per 28 days)	CARDIOVASCULAR AGENTS		
pravastatin 10 mg tablet	1		CARDIOVASCULAR AGENTS		
pravastatin 20 mg tablet	1		CARDIOVASCULAR AGENTS		
pravastatin 40 mg tablet	1		CARDIOVASCULAR AGENTS		
pravastatin 80 mg tablet	1		CARDIOVASCULAR AGENTS		
prazosin 1 mg capsule	1		CARDIOVASCULAR AGENTS		
prazosin 2 mg capsule	1		CARDIOVASCULAR AGENTS		
prazosin 5 mg capsule	1		CARDIOVASCULAR AGENTS		
prevalite 4 gram oral powder	1		CARDIOVASCULAR AGENTS		
prevalite 4 gram powder for suspension in a packet	1		CARDIOVASCULAR AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
PROCARDIA XL 30 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
PROCARDIA XL 60 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
propafenone 150 mg tablet	1		CARDIOVASCULAR AGENTS		
propafenone 225 mg tablet	1		CARDIOVASCULAR AGENTS		
propafenone 300 mg tablet	1		CARDIOVASCULAR AGENTS		
propafenone er 225 mg capsule,extended release 12 hr[NP]	*		CARDIOVASCULAR AGENTS		
propafenone er 325 mg capsule,extended release 12 hr[NP]	*		CARDIOVASCULAR AGENTS		
propafenone er 425 mg capsule,extended release 12 hr[NP]	*		CARDIOVASCULAR AGENTS		
propranolol 10 mg tablet	1		CARDIOVASCULAR AGENTS		
propranolol 20 mg tablet	1		CARDIOVASCULAR AGENTS		
propranolol 20 mg/5 ml (4 mg/ml) oral solution	1		CARDIOVASCULAR AGENTS		
propranolol 40 mg tablet	1		CARDIOVASCULAR AGENTS		
propranolol 40 mg/5 ml (8 mg/ml) oral solution	1		CARDIOVASCULAR AGENTS		
propranolol 60 mg tablet	1		CARDIOVASCULAR AGENTS		
propranolol 80 mg tablet	1		CARDIOVASCULAR AGENTS		
propranolol er 120 mg capsule,24 hr,extended release	1		CARDIOVASCULAR AGENTS		
propranolol er 160 mg capsule,24 hr,extended release	1		CARDIOVASCULAR AGENTS		
propranolol er 60 mg capsule,24 hr,extended release	1		CARDIOVASCULAR AGENTS		
propranolol er 80 mg capsule,24 hr,extended release	1		CARDIOVASCULAR AGENTS		
QBRELIS 1 MG/ML ORAL SOLUTION[NP]	*	QL(1200 per 30 days)	CARDIOVASCULAR AGENTS		
QUESTRAN 4 GRAM ORAL POWDER[NP]	*		CARDIOVASCULAR AGENTS		
QUESTRAN 4 GRAM POWDER FOR SUSP IN A PACKET[NP]	*		CARDIOVASCULAR AGENTS		
QUESTRAN LIGHT 4 GRAM ORAL POWDER[NP]	*		CARDIOVASCULAR AGENTS		
quinapril 10 mg tablet	1		CARDIOVASCULAR AGENTS		
quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
quinapril 20 mg tablet	1		CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet	1		CARDIOVASCULAR AGENTS		
quinapril 20 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS		
quinapril 40 mg tablet	1		CARDIOVASCULAR AGENTS		
quinapril 5 mg tablet	1		CARDIOVASCULAR AGENTS		
quinidine gluconate er 324 mg tablet,extended release	1		CARDIOVASCULAR AGENTS		
quinidine sulfate 200 mg tablet	1		CARDIOVASCULAR AGENTS		
quinidine sulfate 300 mg tablet	1		CARDIOVASCULAR AGENTS		
ramipril 1.25 mg capsule	1		CARDIOVASCULAR AGENTS		
ramipril 10 mg capsule	1		CARDIOVASCULAR AGENTS		
ramipril 2.5 mg capsule	1		CARDIOVASCULAR AGENTS		
ramipril 5 mg capsule	1		CARDIOVASCULAR AGENTS		
ranolazine er 1,000 mg tablet,extended release,12 hr[NP]	*	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
ranolazine er 500 mg tablet,extended release,12 hr[NP]	*	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
REDEMPLO 25 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*		CARDIOVASCULAR AGENTS		
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR[NP]	*	PA,QL(3 per 28 days)	CARDIOVASCULAR AGENTS		
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	PA,QL(3 per 28 days)	CARDIOVASCULAR AGENTS		
rosuvastatin 10 mg tablet	1		CARDIOVASCULAR AGENTS		
rosuvastatin 20 mg tablet	1		CARDIOVASCULAR AGENTS		
rosuvastatin 40 mg tablet	1		CARDIOVASCULAR AGENTS		
rosuvastatin 5 mg tablet	1		CARDIOVASCULAR AGENTS		
sacubitril 24 mg-valsartan 26 mg tablet[NP]	*	QL(180 per 30 days)	CARDIOVASCULAR AGENTS		
sacubitril 49 mg-valsartan 51 mg tablet[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
sacubitril 97 mg-valsartan 103 mg tablet[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
SDAMLO 10 MG POWDER IN CONTAINER FOR ORAL SOLUTION[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
SDAMLO 2.5 MG POWDER IN CONTAINER FOR ORAL SOLUTION[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
SDAMLO 5 MG POWDER IN CONTAINER FOR ORAL SOLUTION[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
simvastatin 10 mg tablet	1		CARDIOVASCULAR AGENTS		
simvastatin 20 mg tablet	1		CARDIOVASCULAR AGENTS		
simvastatin 40 mg tablet	1		CARDIOVASCULAR AGENTS		
simvastatin 5 mg tablet	1		CARDIOVASCULAR AGENTS		
simvastatin 80 mg tablet	1		CARDIOVASCULAR AGENTS		
sotalol 120 mg tablet	1		CARDIOVASCULAR AGENTS		
sotalol 160 mg tablet	1		CARDIOVASCULAR AGENTS		
sotalol 240 mg tablet	1		CARDIOVASCULAR AGENTS		
sotalol 80 mg tablet	1		CARDIOVASCULAR AGENTS		
sotalol af 120 mg tablet[NP]	*		CARDIOVASCULAR AGENTS		
sotalol af 160 mg tablet[NP]	*		CARDIOVASCULAR AGENTS		
sotalol af 80 mg tablet[NP]	*		CARDIOVASCULAR AGENTS		
SOTYLIZE 5 MG/ML ORAL SOLUTION[NP]	*		CARDIOVASCULAR AGENTS		
spironolactone 100 mg tablet	1		CARDIOVASCULAR AGENTS		
spironolactone 25 mg tablet	1		CARDIOVASCULAR AGENTS		
spironolactone 25 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS		
spironolactone 25 mg/5 ml oral suspension[NP]	*	QL(450 per 30 days)	CARDIOVASCULAR AGENTS		
spironolactone 50 mg tablet	1		CARDIOVASCULAR AGENTS		
SULAR 17 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
SULAR 34 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
SULAR 8.5 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
TEKTURNA 150 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
TEKTURNA 300 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
telmisartan 20 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
telmisartan 40 mg tablet[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
telmisartan 40 mg-amlodipine 10 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
telmisartan 40 mg-amlodipine 5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
telmisartan 80 mg tablet[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
telmisartan 80 mg-amlodipine 10 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
telmisartan 80 mg-amlodipine 5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
telmisartan 80 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
TENORETIC 100 100 MG-25 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
TENORETIC 50 50 MG-25 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
TENORMIN 100 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
TENORMIN 25 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
TENORMIN 50 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
terazosin 1 mg capsule	1		CARDIOVASCULAR AGENTS		
terazosin 10 mg capsule	1		CARDIOVASCULAR AGENTS		
terazosin 2 mg capsule	1		CARDIOVASCULAR AGENTS		
terazosin 5 mg capsule	1		CARDIOVASCULAR AGENTS		
TEZRULY 1 MG/ML ORAL SOLUTION[NP]	*	QL(600 per 30 days)	CARDIOVASCULAR AGENTS		
THALITONE 15 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
tiadylt er 120 mg capsule,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
tiadylt er 180 mg capsule,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
tiadylt er 240 mg capsule,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
tiadylt er 300 mg capsule,extended release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
tiadylt er 360 mg capsule,extended release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
tiadylt er 420 mg capsule,extended release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
TIKOSYN 125 MCG CAPSULE[NP]	*	QL(240 per 30 days)	CARDIOVASCULAR AGENTS		
TIKOSYN 250 MCG CAPSULE[NP]	*	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
TIKOSYN 500 MCG CAPSULE[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
timolol 10 mg tablet	1		CARDIOVASCULAR AGENTS		
timolol 20 mg tablet	1		CARDIOVASCULAR AGENTS		
timolol 5 mg tablet	1		CARDIOVASCULAR AGENTS		
TOPROL XL 100 MG TABLET,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
TOPROL XL 200 MG TABLET,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
TOPROL XL 25 MG TABLET,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
TOPROL XL 50 MG TABLET,EXTENDED RELEASE[NP]	*		CARDIOVASCULAR AGENTS		
torsemide 10 mg tablet	1		CARDIOVASCULAR AGENTS		
torsemide 100 mg tablet	1		CARDIOVASCULAR AGENTS		
torsemide 20 mg tablet	1		CARDIOVASCULAR AGENTS		
torsemide 5 mg tablet	1		CARDIOVASCULAR AGENTS		
trandolapril 1 mg tablet	1		CARDIOVASCULAR AGENTS		
trandolapril 1 mg-verapamil er 240 mg tablet,immed-exten release 24 hr	1		CARDIOVASCULAR AGENTS		
trandolapril 2 mg tablet	1		CARDIOVASCULAR AGENTS		
trandolapril 2 mg-verapamil er 180 mg tablet,immed-exten release 24 hr	1		CARDIOVASCULAR AGENTS		
trandolapril 2 mg-verapamil er 240 mg tablet,immed-exten release 24 hr	1		CARDIOVASCULAR AGENTS		
trandolapril 4 mg tablet	1		CARDIOVASCULAR AGENTS		
trandolapril 4 mg-verapamil er 240 mg tablet,immed-exten release 24 hr	1		CARDIOVASCULAR AGENTS		
triamterene 100 mg capsule	1		CARDIOVASCULAR AGENTS		
triamterene 37.5 mg-hydrochlorothiazide 25 mg capsule	1		CARDIOVASCULAR AGENTS		
triamterene 37.5 mg-hydrochlorothiazide 25 mg tablet	1		CARDIOVASCULAR AGENTS		
triamterene 50 mg capsule	1		CARDIOVASCULAR AGENTS		
triamterene 75 mg-hydrochlorothiazide 50 mg tablet	1		CARDIOVASCULAR AGENTS		
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
TRIBENZOR 40 MG-10 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
TRIBENZOR 40 MG-10 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
TRIBENZOR 40 MG-5 MG-12.5 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
TRIBENZOR 40 MG-5 MG-25 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
TRYNGOLZA 50 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(0.8 per 28 days)	CARDIOVASCULAR AGENTS		
TRYNGOLZA 80 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(0.8 per 28 days)	CARDIOVASCULAR AGENTS		
valsartan 160 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
valsartan 160 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
valsartan 320 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
valsartan 320 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
valsartan 320 mg-hydrochlorothiazide 25 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
valsartan 4 mg/ml oral solution	1	QL(2400 per 30 days)	CARDIOVASCULAR AGENTS		
valsartan 40 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
valsartan 80 mg tablet	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
valsartan 80 mg-hydrochlorothiazide 12.5 mg tablet	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil 120 mg tablet	1	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil 40 mg tablet	1	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil 80 mg tablet	1	QL(120 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil er (pm) 100 mg capsule 24hr pellet ct,ext.release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil er (pm) 200 mg capsule 24hr pellet ct,ext.release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil er (pm) 300 mg capsule 24hr pellet ct,ext.release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil er (sr) 120 mg tablet,extended release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil er (sr) 180 mg tablet,extended release	1	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil er (sr) 240 mg tablet,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil er 120 mg 24 hr capsule,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil er 180 mg 24 hr capsule,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
verapamil er 240 mg 24 hr capsule,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
verapamil er 360 mg 24 hr capsule,extended release	1	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
VERELAN PM 100 MG CAPSULE, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	CARDIOVASCULAR AGENTS		
VERELAN PM 300 MG CAPSULE, EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
VERQUVO 10 MG TABLET	1	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
VERQUVO 2.5 MG TABLET	1	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
VERQUVO 5 MG TABLET	1	PA,QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
VYTORIN 10 MG-10 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
VYTORIN 10 MG-20 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
VYTORIN 10 MG-40 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
VYTORIN 10 MG-80 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
WELCHOL 3.75 GRAM ORAL POWDER PACKET[NP]	*		CARDIOVASCULAR AGENTS		
WELCHOL 625 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ZESTORETIC 10 MG-12.5 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ZESTORETIC 20 MG-12.5 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ZESTORETIC 20 MG-25 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ZESTRIL 10 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ZESTRIL 2.5 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ZESTRIL 20 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ZESTRIL 30 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ZESTRIL 40 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ZESTRIL 5 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ZETIA 10 MG TABLET[NP]	*	QL(30 per 30 days)	CARDIOVASCULAR AGENTS		
ZOCOR 10 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ZOCOR 20 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ZOCOR 40 MG TABLET[NP]	*		CARDIOVASCULAR AGENTS		
ADDERALL 10 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL 12.5 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL 15 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL 20 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL 30 MG TABLET[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL 5 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL 7.5 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADZENYS XR-ODT 12.5 MG EXTENDED RELEASE DISINTEGRATING TABLET[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADZENYS XR-ODT 15.7 MG EXTENDED RELEASE DISINTEGRATING TABLET[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADZENYS XR-ODT 18.8 MG EXTENDED RELEASE DISINTEGRATING TABLET[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADZENYS XR-ODT 3.1 MG EXTENDED RELEASE DISINTEGRATING TABLET[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADZENYS XR-ODT 6.3 MG EXTENDED RELEASE DISINTEGRATING TABLET[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ADZENYS XR-ODT 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
amphetamine er 12.5 mg extended release-disintegrating 24 hr tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
amphetamine er 15.7 mg extended release-disintegrating 24 hr tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
amphetamine er 18.8 mg extended release-disintegrating 24 hr tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
amphetamine er 3.1 mg extended release-disintegrating 24 hr tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
amphetamine er 6.3 mg extended release-disintegrating 24 hr tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
amphetamine er 9.4 mg extended release-disintegrating 24 hr tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
amphetamine sulfate 10 mg tablet[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
amphetamine sulfate 5 mg tablet[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AMPYRA 10 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ARYNTA 10 MG/ML ORAL SOLUTION[NP]	*	PA,QL(210 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
atomoxetine 10 mg capsule	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
atomoxetine 100 mg capsule	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
atomoxetine 18 mg capsule	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
atomoxetine 25 mg capsule	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
atomoxetine 4 mg/ml oral solution	1	QL(750 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
atomoxetine 40 mg capsule	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
atomoxetine 60 mg capsule	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
atomoxetine 80 mg capsule	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
ATONCY 4 MG/ML ORAL SOLUTION[NP]	*	QL(750 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUBAGIO 14 MG TABLET[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUBAGIO 7 MG TABLET[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUSTEDO 12 MG TABLET	1	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUSTEDO 6 MG TABLET	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUSTEDO 9 MG TABLET	1	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUSTEDO XR 12 MG TABLET,EXTENDED RELEASE	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUSTEDO XR 18 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUSTEDO XR 24 MG TABLET,EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUSTEDO XR 30 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUSTEDO XR 36 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUSTEDO XR 42 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUSTEDO XR 48 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AUSTEDO XR 6 MG TABLET,EXTENDED RELEASE	1	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
AUSTEDO XR TITRATION (WEEK 1-4) 12-18-24-30 MG TABLET, ER 24HR DOSE PK	1	PA,QL(28 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT[NP]	*	QL(1 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT[NP]	*	QL(1 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AZSTARYS 26.1 MG-5.2 MG CAPSULE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AZSTARYS 39.2 MG-7.8 MG CAPSULE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
AZSTARYS 52.3 MG-10.4 MG CAPSULE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
BAFIERTAM 95 MG CAPSULE,DELAYED RELEASE[NP]	*	QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
BETASERON 0.3 MG SUBCUTANEOUS KIT	1	QL(15 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
BRIUMVI 25 MG/ML INTRAVENOUS SOLUTION[NP]	*		CENTRAL NERVOUS SYSTEM AGENTS	6	18
cladribine (multiple sclerosis) 10 mg tablet[NP]	*		CENTRAL NERVOUS SYSTEM AGENTS	6	18
clonidine hcl er 0.1 mg tablet,extended release,12 hr	1	QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
CONCERTA 18 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
CONCERTA 27 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
CONCERTA 36 MG TABLET,EXTENDED RELEASE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
CONCERTA 54 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE	1	QL(12 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
COTEMPLA XR-ODT 17.3 MG EXTENDED RELEASE DISINTEGRATING TABLET[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
COTEMPLA XR-ODT 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dalfampridine er 10 mg tablet,extended release,12 hr[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE[NP]	*	PA,QL(180 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE[NP]	*	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dexmethylphenidate 10 mg tablet	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dexmethylphenidate 2.5 mg tablet	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dexmethylphenidate 5 mg tablet	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
dexmethylphenidate er 10 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dexmethylphenidate er 15 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dexmethylphenidate er 20 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dexmethylphenidate er 25 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dexmethylphenidate er 30 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dexmethylphenidate er 35 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dexmethylphenidate er 40 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dexmethylphenidate er 5 mg capsule,extended release biphasic50-50	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine sulfate 10 mg tablet[NP]	*	PA,QL(180 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine sulfate 15 mg tablet[NP]	*	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine sulfate 2.5 mg tablet[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine sulfate 20 mg tablet[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine sulfate 30 mg tablet[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine sulfate 5 mg tablet[NP]	*	PA,QL(150 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine sulfate 5 mg/5 ml oral solution[NP]	*	PA,QL(1800 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine sulfate 7.5 mg tablet[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine sulfate er 10 mg capsule,extended release[NP]	*	PA,QL(180 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine sulfate er 15 mg capsule,extended release[NP]	*	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine sulfate er 5 mg capsule,extended release[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine 10 mg tablet	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine 12.5 mg tablet	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine 15 mg tablet	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine 20 mg tablet	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
dextroamphetamine-amphetamine 30 mg tablet	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine 5 mg tablet	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine 7.5 mg tablet	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine er 10 mg 24hr capsule,extend release	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine er 12.5 mg capsule, 3 bead, ext rel 24hr[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine er 15 mg 24hr capsule,extend release	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine er 20 mg 24hr capsule,extend release	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine er 25 mg 24hr capsule,extend release	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine er 25 mg capsule,3 bead,ext release 24hr[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine er 30 mg 24hr capsule,extend release	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine er 37.5 mg capsule, 3 bead, ext rel 24hr[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine er 5 mg 24hr capsule,extend release	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextroamphetamine-amphetamine er 50 mg capsule,3 bead,ext release 24hr[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dextromethorphan 20 mg-quinidine 10 mg capsule[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dimethyl fumarate 120 mg (14)-240 mg (46) capsule,delayed release	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
dimethyl fumarate 120 mg capsule,delayed release	1	QL(14 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
dimethyl fumarate 240 mg capsule,delayed release	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE[NP]	*	QL(180 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE[NP]	*	QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE[NP]	*	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
duloxetine 120 mg capsule,delayed release	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
duloxetine 20 mg capsule,delayed release	1	QL(180 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
duloxetine 30 mg capsule,delayed release	1	QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
duloxetine 40 mg capsule,delayed release	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
duloxetine 60 mg capsule,delayed release	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18

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duloxetine 80 mg capsule,delayed release	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
duloxetine 90 mg capsule,delayed release	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
DYANAVEL XR 10 MG TABLET, EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
DYANAVEL XR 15 MG TABLET, EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION	1	PA,QL(240 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
DYANAVEL XR 20 MG TABLET, EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
DYANAVEL XR 5 MG TABLET, EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
EVEKEO 10 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
EVEKEO 5 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
fingolimod 0.5 mg capsule[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
FIRDAPSE 10 MG TABLET[NP]	*	QL(300 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
FOCALIN 10 MG TABLET[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
FOCALIN 2.5 MG TABLET[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
FOCALIN 5 MG TABLET[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
gabapentin er 300 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
gabapentin er 450 mg tablet,extended release 24 hr[NP]	*	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
gabapentin er 600 mg tablet,extended release 24 hr[NP]	*	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
gabapentin er 750 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
gabapentin er 900 mg tablet,extended release 24 hr[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
GILENYA 0.25 MG CAPSULE[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
GILENYA 0.5 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
glatiramer 20 mg/ml subcutaneous syringe[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
glatiramer 40 mg/ml subcutaneous syringe[NP]	*	QL(12 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
glatopa 20 mg/ml subcutaneous syringe	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
glatopa 40 mg/ml subcutaneous syringe	1	QL(12 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
GRALISE 300 MG (9)-600 MG (24) TABLET, ER 24 HR DOSE PACK[NP]	*	QL(33 per 15 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
GRALISE 300 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
GRALISE 450 MG TABLET,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
GRALISE 600 MG TABLET,EXTENDED RELEASE[NP]	*	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
GRALISE 750 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
GRALISE 900 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
guanfacine er 1 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
guanfacine er 2 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
guanfacine er 3 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
guanfacine er 4 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
HORIZANT ER 300 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
HORIZANT ER 600 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
INGREZZA 40 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
INGREZZA 60 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
INGREZZA 80 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
INGREZZA INITIATION (TARDIVE) 40 MG (7)-80 MG (21) CAPSULES, DOSE PACK	1	PA,QL(28 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
INGREZZA SPRINKLE 40 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
INGREZZA SPRINKLE 60 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
INGREZZA SPRINKLE 80 MG CAPSULE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
INTUNIV ER 1 MG TABLET,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
INTUNIV ER 2 MG TABLET,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
INTUNIV ER 3 MG TABLET,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
INTUNIV ER 4 MG TABLET,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
JORNAY PM 100 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
JORNAY PM 20 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
JORNAY PM 40 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
JORNAY PM 60 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
JORNAY PM 80 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(6 per 365 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LEMTRADA 12 MG/1.2 ML INTRAVENOUS SOLUTION[NP]	*	QL(6 per 365 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
lisdexamfetamine 10 mg capsule[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
lisdexamfetamine 10 mg chewable tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
lisdexamfetamine 20 mg capsule[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
lisdexamfetamine 20 mg chewable tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
lisdexamfetamine 30 mg capsule[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
lisdexamfetamine 30 mg chewable tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
lisdexamfetamine 40 mg capsule[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
lisdexamfetamine 40 mg chewable tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
lisdexamfetamine 50 mg capsule[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
lisdexamfetamine 50 mg chewable tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
lisdexamfetamine 60 mg capsule[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
lisdexamfetamine 60 mg chewable tablet[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
lisdexamfetamine 70 mg capsule[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYNKUET 60 MG CAPSULE[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYRICA 100 MG CAPSULE[NP]	*	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
LYRICA 150 MG CAPSULE[NP]	*	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYRICA 20 MG/ML ORAL SOLUTION[NP]	*	QL(900 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYRICA 200 MG CAPSULE[NP]	*	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYRICA 225 MG CAPSULE[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYRICA 25 MG CAPSULE[NP]	*	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYRICA 300 MG CAPSULE[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYRICA 50 MG CAPSULE[NP]	*	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYRICA 75 MG CAPSULE[NP]	*	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYRICA CR 165 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYRICA CR 330 MG TABLET,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
LYRICA CR 82.5 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
MAVENCLAD (10 TABLET PACK) 10 MG TABLET[NP]	*		CENTRAL NERVOUS SYSTEM AGENTS	6	18
MAVENCLAD (4 TABLET PACK) 10 MG TABLET[NP]	*		CENTRAL NERVOUS SYSTEM AGENTS	6	18
MAVENCLAD (5 TABLET PACK) 10 MG TABLET[NP]	*		CENTRAL NERVOUS SYSTEM AGENTS	6	18
MAVENCLAD (6 TABLET PACK) 10 MG TABLET[NP]	*		CENTRAL NERVOUS SYSTEM AGENTS	6	18
MAVENCLAD (7 TABLET PACK) 10 MG TABLET[NP]	*		CENTRAL NERVOUS SYSTEM AGENTS	6	18
MAVENCLAD (8 TABLET PACK) 10 MG TABLET[NP]	*		CENTRAL NERVOUS SYSTEM AGENTS	6	18
MAVENCLAD (9 TABLET PACK) 10 MG TABLET[NP]	*		CENTRAL NERVOUS SYSTEM AGENTS	6	18
MAYZENT 0.25 MG TABLET[NP]	*	QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
MAYZENT 1 MG TABLET[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
MAYZENT 2 MG TABLET[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
MAYZENT STARTER PACK (FOR 1 MG MAINT DOSE) 0.25 MG (7 TABS) TABLETS[NP]	*	QL(7 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	
MAYZENT STARTER PACK (FOR 2 MG MAINT DOSE) 0.25 MG (12 TABS) TABLETS[NP]	*	QL(12 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
methamphetamine 5 mg tablet[NP]	*	PA,QL(150 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
METHYLIN 10 MG/5 ML ORAL SOLUTION[NP]	*	PA,QL(900 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
METHYLIN 5 MG/5 ML ORAL SOLUTION[NP]	*	PA,QL(1800 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
methylphenidate 10 mg chewable tablet[NP]	*	PA,QL(180 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
methylphenidate 10 mg tablet	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
methylphenidate 10 mg/5 ml oral solution[NP]	*	PA,QL(900 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
methylphenidate 10 mg/9 hr daily transdermal patch[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS	6	18
methylphenidate 15 mg/9 hr daily transdermal patch[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate 17.3 mg er,ir disintegrating 24 hr tablet[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate 2.5 mg chewable tablet[NP]	*	PA,QL(150 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate 20 mg tablet	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate 20 mg/9 hr daily transdermal patch[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate 25.9 mg er,ir disintegrating 24 hr tablet[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate 30 mg/9 hr daily transdermal patch[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate 5 mg chewable tablet[NP]	*	PA,QL(150 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate 5 mg tablet	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate 5 mg/5 ml oral solution[NP]	*	PA,QL(1800 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate 8.6 mg er,ir disintegrating 24 hr tablet[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate cd 10 mg biphasic 30-70 capsule,extended release[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate cd 20 mg biphasic 30-70 capsule,extended release[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate cd 30 mg biphasic 30-70 capsule,extended release[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate cd 40 mg biphasic 30-70 capsule,extended release[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate cd 50 mg biphasic 30-70 capsule,extended release[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate cd 60 mg biphasic 30-70 capsule,extended release[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 10 mg capsule,extended release (40-60) sprinkle[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 10 mg tablet,extended release	1	QL(180 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 15 mg capsule,extended release (40-60) sprinkle[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 18 mg tablet,extended release 24 hr[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
methylphenidate er 20 mg capsule,extended release (40-60) sprinkle[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 20 mg tablet,extended release	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 27 mg tablet,extended release 24 hr[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 30 mg capsule,extended release (40-60) sprinkle[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 36 mg tablet,extended release 24 hr[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 40 mg capsule,extended release (40-60) sprinkle[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 45 mg tablet,extended release 24 hr[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 50 mg capsule,extended release (40-60) sprinkle[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 54 mg tablet,extended release 24 hr[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 60 mg capsule,extended release (40-60) sprinkle[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 63 mg tablet,extended release 24 hr[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate er 72 mg tablet,extended release 24 hr[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate la 10 mg biphasic 50-50 capsule,extended release[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate la 20 mg biphasic 50-50 capsule,extended release[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate la 30 mg biphasic 50-50 capsule,extended release[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate la 40 mg biphasic 50-50 capsule,extended release[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate la 60 mg biphasic 50-50 capsule,extended release[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
milnacipran 100 mg tablet[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
milnacipran 12.5 mg (5)-25 mg(8)-50mg(42) tablets in a dose pack[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
milnacipran 12.5 mg tablet[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
milnacipran 25 mg tablet[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
milnacipran 50 mg tablet[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
NUEDEXTA 20 MG-10 MG CAPSULE[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION[NP]	*	PA,QL(40 per 365 days)	CENTRAL NERVOUS SYSTEM AGENTS		
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(46 per 365 days)	CENTRAL NERVOUS SYSTEM AGENTS		
ONYDA XR 0.1 MG/ML ORAL SUSPENSION,EXTENDED RELEASE	1	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
PLEGRIDY 125 MCG/0.5 ML INTRAMUSCULAR SYRINGE[NP]	*	QL(1 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(1 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(1 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
PONVORY 14-DAY STARTER PACK 2-3-4-5-6-7-8-9-10 MG TABLETS[NP]	*	QL(14 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
PONVORY 20 MG TABLET[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin 100 mg capsule	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin 150 mg capsule	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin 20 mg/ml oral solution	1	QL(900 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin 200 mg capsule	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin 225 mg capsule	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin 25 mg capsule	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin 300 mg capsule	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin 50 mg capsule	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin 75 mg capsule	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin er 165 mg tablet, extended release 24 hr[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin er 330 mg tablet, extended release 24 hr[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
pregabalin er 82.5 mg tablet, extended release 24 hr[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
procentra 5 mg/5 ml oral solution[NP]	*	PA,QL(1800 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
QELBREE 100 MG CAPSULE,EXTENDED RELEASE	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
QELBREE 150 MG CAPSULE,EXTENDED RELEASE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
QELBREE 200 MG CAPSULE,EXTENDED RELEASE	1	QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE	1	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET	1	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR	1	PA,QL(360 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RADICAVA ORS 105 MG/5 ML ORAL SUSPENSION[NP]	*	PA,QL(70 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5 ML ORAL[NP]	*	PA,QL(70 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	QL(6 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	QL(6 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	QL(6 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	QL(6 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ.	1	QL(4.2 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE	1	QL(4.2 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RELEXXII 18 MG TABLET,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RELEXXII 27 MG TABLET,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RELEXXII 36 MG TABLET,EXTENDED RELEASE[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RELEXXII 45 MG TABLET,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RELEXXII 54 MG TABLET,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RELEXXII 63 MG TABLET,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RELEXXII 72 MG TABLET,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
riluzole 50 mg tablet	1		CENTRAL NERVOUS SYSTEM AGENTS		
RITALIN 10 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RITALIN 20 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
RITALIN 5 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
SAVELLA 100 MG TABLET[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
SAVELLA 12.5 MG TABLET[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
SAVELLA 25 MG TABLET[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
SAVELLA 50 MG TABLET[NP]	*	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
STRATTERA 10 MG CAPSULE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
STRATTERA 100 MG CAPSULE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
STRATTERA 18 MG CAPSULE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
STRATTERA 25 MG CAPSULE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
STRATTERA 40 MG CAPSULE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
STRATTERA 60 MG CAPSULE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
STRATTERA 80 MG CAPSULE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
TASCENSO ODT 0.25 MG DISINTEGRATING TABLET[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
TASCENSO ODT 0.5 MG DISINTEGRATING TABLET[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE	1	QL(14 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
TECFIDERA 240 MG CAPSULE,DELAYED RELEASE	1	QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
TEGLUTIK 50 MG/10 ML ORAL SUSPENSION[NP]	*	QL(600 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
teriflunomide 14 mg tablet[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
teriflunomide 7 mg tablet[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
tetrabenazine 12.5 mg tablet[NP]	*	QL(240 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
tetrabenazine 25 mg tablet[NP]	*	QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
TIGLUTIK 50 MG/10 ML ORAL SUSPENSION[NP]	*	QL(600 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
TYRUKO 300 MG/15 ML INTRAVENOUS SOLUTION[NP]	*	QL(15 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION[NP]	*	QL(15 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VEOZAH 45 MG TABLET[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VUMERITY 231 MG CAPSULE,DELAYED RELEASE[NP]	*	QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 10 MG CAPSULE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 10 MG CHEWABLE TABLET	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 20 MG CAPSULE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 20 MG CHEWABLE TABLET	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 30 MG CAPSULE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 30 MG CHEWABLE TABLET	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 40 MG CAPSULE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 40 MG CHEWABLE TABLET	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 50 MG CAPSULE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 50 MG CHEWABLE TABLET	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 60 MG CAPSULE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 60 MG CHEWABLE TABLET	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
VYVANSE 70 MG CAPSULE	1	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
XELSTRYM 13.5 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
XELSTRYM 18 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
XELSTRYM 4.5 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
XELSTRYM 9 MG/9 HOUR TRANSDERMAL 24 HOUR PATCH[NP]	*	PA,QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
XENAZINE 12.5 MG TABLET[NP]	*	QL(240 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
XENAZINE 25 MG TABLET[NP]	*	QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
zenzedi 10 mg tablet[NP]	*	PA,QL(180 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
ZENZEDI 15 MG TABLET[NP]	*	PA,QL(120 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
ZENZEDI 2.5 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ZENZEDI 20 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
ZENZEDI 30 MG TABLET[NP]	*	PA,QL(60 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
zenzedi 5 mg tablet[NP]	*	PA,QL(150 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
ZENZEDI 7.5 MG TABLET[NP]	*	PA,QL(90 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
ZEPOSIA 0.92 MG CAPSULE[NP]	*	QL(30 per 30 days)	CENTRAL NERVOUS SYSTEM AGENTS		
ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG-0.92 MG CAPSULES DOSEPACK[NP]	*	QL(28 per 28 days)	CENTRAL NERVOUS SYSTEM AGENTS		
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)-0.46 MG (3) CAPSULES DOSEPACK[NP]	*	QL(7 per 7 days)	CENTRAL NERVOUS SYSTEM AGENTS		
cevimeline 30 mg capsule[NP]	*		DENTAL & ORAL AGENTS		
chlorhexidine gluconate 0.12 % mouthwash	1		DENTAL & ORAL AGENTS		
EVOXAC 30 MG CAPSULE[NP]	*		DENTAL & ORAL AGENTS		
pilocarpine 5 mg tablet	1		DENTAL & ORAL AGENTS		
pilocarpine 7.5 mg tablet	1		DENTAL & ORAL AGENTS		
triamcinolone acetonide 0.1 % dental paste	1		DENTAL & ORAL AGENTS		
ABSORICA 10 MG CAPSULE[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
ABSORICA 20 MG CAPSULE[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS		
ABSORICA 25 MG CAPSULE[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS		
ABSORICA 30 MG CAPSULE[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
ABSORICA 35 MG CAPSULE[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
ABSORICA 40 MG CAPSULE[NP]	*	PA,QL(120 per 30 days)	DERMATOLOGICAL AGENTS	10	20
ABSORICA LD 16 MG CAPSULE[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS		
ABSORICA LD 24 MG CAPSULE[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
ABSORICA LD 32 MG CAPSULE[NP]	*	PA,QL(120 per 30 days)	DERMATOLOGICAL AGENTS	10	20
ABSORICA LD 8 MG CAPSULE[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
acitretin 10 mg capsule[NP]	*		DERMATOLOGICAL AGENTS		
acitretin 17.5 mg capsule[NP]	*		DERMATOLOGICAL AGENTS		
acitretin 25 mg capsule[NP]	*		DERMATOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
adapalene 0.1 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
adapalene 0.1 % topical gel[OTC]	1		DERMATOLOGICAL AGENTS		
adapalene 0.1 %-benzoyl peroxide 2.5 % topical gel with pump[NP]	*		DERMATOLOGICAL AGENTS	10	20
adapalene 0.3 % topical gel[NP]	*		DERMATOLOGICAL AGENTS	12	
adapalene 0.3 % topical gel with pump[NP]	*		DERMATOLOGICAL AGENTS		
adapalene 0.3 %-benzoyl peroxide 2.5 % topical gel with pump[NP]	*		DERMATOLOGICAL AGENTS	12	
ADBRY 150 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(6 per 28 days)	DERMATOLOGICAL AGENTS	10	20
ADBRY 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(6 per 28 days)	DERMATOLOGICAL AGENTS	10	20
ADQUEY 1 % TOPICAL OINTMENT[NP]	*		DERMATOLOGICAL AGENTS	12	
AKLIEF 0.005 % TOPICAL CREAM[NP]	*		DERMATOLOGICAL AGENTS	10	20
alclometasone 0.05 % topical cream	1		DERMATOLOGICAL AGENTS	12	
alclometasone 0.05 % topical ointment	1		DERMATOLOGICAL AGENTS	12	
amcinonide 0.1 % topical cream[NP]	*		DERMATOLOGICAL AGENTS	10	20
amcinonide 0.1 % topical ointment[NP]	*		DERMATOLOGICAL AGENTS	12	
ammonium lactate 12 % lotion	1		DERMATOLOGICAL AGENTS	12	
ammonium lactate 12 % lotion[OTC]	1		DERMATOLOGICAL AGENTS		
ammonium lactate 12 % topical cream[NP]	*		DERMATOLOGICAL AGENTS	12	
ammonium lactate 12 % topical cream[NP]	*		DERMATOLOGICAL AGENTS	10	20
amnesteem 10 mg capsule[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
amnesteem 20 mg capsule[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
amnesteem 30 mg capsule[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
amnesteem 40 mg capsule[NP]	*	PA,QL(120 per 30 days)	DERMATOLOGICAL AGENTS		
ANALPRAM-HC 2.5 %-1 % LOTION[NP]	*		DERMATOLOGICAL AGENTS		
anti-itch (hydrocortisone) 1 % lotion[OTC]	1		DERMATOLOGICAL AGENTS		
anti-itch (hydrocortisone) 1 % topical spray[OTC]	1		DERMATOLOGICAL AGENTS		
ANZUPGO 2 % TOPICAL CREAM[NP]	*	QL(60 per 28 days)	DERMATOLOGICAL AGENTS	10	20

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
aquanil hc 1 % lotion[OTC]	1		DERMATOLOGICAL AGENTS	12	
AVEENO ANTI-ITCH (HYDROCORTISONE) 1 % TOPICAL CREAM[OTC]	1		DERMATOLOGICAL AGENTS	12	
azelaic acid 15 % topical gel[NP]	*		DERMATOLOGICAL AGENTS	10	20
beta-hc 1 % lotion[OTC]	1		DERMATOLOGICAL AGENTS	10	20
betamethasone dipropionate 0.05 % lotion[NP]	*		DERMATOLOGICAL AGENTS	12	
betamethasone dipropionate 0.05 % topical cream[NP]	*		DERMATOLOGICAL AGENTS	10	20
betamethasone dipropionate 0.05 % topical ointment[NP]	*		DERMATOLOGICAL AGENTS	12	
betamethasone valerate 0.1 % lotion	1		DERMATOLOGICAL AGENTS		
betamethasone valerate 0.1 % topical cream	1		DERMATOLOGICAL AGENTS	10	20
betamethasone valerate 0.1 % topical ointment	1		DERMATOLOGICAL AGENTS	10	20
betamethasone valerate 0.12 % topical foam[NP]	*		DERMATOLOGICAL AGENTS	10	20
betamethasone, augmented 0.05 % lotion[NP]	*		DERMATOLOGICAL AGENTS	12	
betamethasone, augmented 0.05 % topical cream[NP]	*		DERMATOLOGICAL AGENTS	10	20
betamethasone, augmented 0.05 % topical gel[NP]	*		DERMATOLOGICAL AGENTS	12	
betamethasone, augmented 0.05 % topical ointment[NP]	*		DERMATOLOGICAL AGENTS		
bp 10-1 10 %-1 % topical cleanser[NP]	*		DERMATOLOGICAL AGENTS	12	
bpo 4 % topical gel[OTC]	1		DERMATOLOGICAL AGENTS	12	
bpo 8 % topical gel[OTC]	1		DERMATOLOGICAL AGENTS	12	
brimonidine 0.33 % topical gel with pump[NP]	*		DERMATOLOGICAL AGENTS	12	
calcipotriene 0.005 % scalp solution	1	QL(60 per 30 days)	DERMATOLOGICAL AGENTS	12	
calcipotriene 0.005 % topical cream	1	QL(120 per 30 days)	DERMATOLOGICAL AGENTS	10	20
calcipotriene 0.005 % topical foam[NP]	*	QL(120 per 28 days)	DERMATOLOGICAL AGENTS	12	
calcipotriene 0.005 % topical ointment	1		DERMATOLOGICAL AGENTS	12	
calcipotriene-betamethasone 0.005 %-0.064 % topical ointment[NP]	*	QL(60 per 30 days)	DERMATOLOGICAL AGENTS	12	
calcipotriene-betamethasone 0.005 %-0.064 % topical suspension[NP]	*	QL(420 per 30 days)	DERMATOLOGICAL AGENTS	10	20
calcitriol 3 mcg/gram topical ointment[NP]	*	QL(800 per 28 days)	DERMATOLOGICAL AGENTS	10	20

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
CENTANY 2 % TOPICAL OINTMENT[NP]	*		DERMATOLOGICAL AGENTS	10	20
CENTANY AT 2 % OINTMENT TOPICAL KIT[NP]	*		DERMATOLOGICAL AGENTS	10	20
claravis 10 mg capsule[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
claravis 20 mg capsule[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
claravis 30 mg capsule[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	12	
claravis 40 mg capsule[NP]	*	PA,QL(120 per 30 days)	DERMATOLOGICAL AGENTS		
CLEOCIN T 1 % LOTION[NP]	*		DERMATOLOGICAL AGENTS		
clindacin 1 % topical foam[NP]	*		DERMATOLOGICAL AGENTS		
CLINDACIN ETZ 1 % TOPICAL KIT[NP]	*		DERMATOLOGICAL AGENTS	10	20
clindacin etz 1 % topical swab	1		DERMATOLOGICAL AGENTS	12	
clindacin p 1 % topical swab	1		DERMATOLOGICAL AGENTS		
CLINDACIN PAC 1 % TOPICAL KIT[NP]	*		DERMATOLOGICAL AGENTS		
clindamycin 1 % lotion	1		DERMATOLOGICAL AGENTS		
clindamycin 1 % topical foam[NP]	*		DERMATOLOGICAL AGENTS		
clindamycin 1 % topical gel	1		DERMATOLOGICAL AGENTS		
clindamycin 1 % topical gel, once daily	1		DERMATOLOGICAL AGENTS		
clindamycin 1 %-benzoyl peroxide 5 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		
clindamycin 1 %-benzoyl peroxide 5 % topical gel with pump[NP]	*		DERMATOLOGICAL AGENTS		
clindamycin 1.2 % (1 % base)-benzoyl peroxide 5 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		
clindamycin 1.2 %(1 %base)-benzoyl peroxide 3.75 % topical gel in pump[NP]	*		DERMATOLOGICAL AGENTS		
clindamycin 1.2 %-benzoyl peroxide 2.5 % topical gel with pump[NP]	*		DERMATOLOGICAL AGENTS		
clindamycin phosphate 1 % topical solution	1		DERMATOLOGICAL AGENTS		
clindamycin phosphate 1 % topical swab	1		DERMATOLOGICAL AGENTS		
clindamycin-tretinoin 1.2 %-0.025 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		
clobetasol 0.025 % topical cream[NP]	*	QL(120 per 30 days)	DERMATOLOGICAL AGENTS		
clobetasol 0.05 % lotion[NP]	*		DERMATOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
clobetasol 0.05 % scalp solution	1		DERMATOLOGICAL AGENTS		
clobetasol 0.05 % shampoo[NP]	*		DERMATOLOGICAL AGENTS		
clobetasol 0.05 % topical cream	1		DERMATOLOGICAL AGENTS		
clobetasol 0.05 % topical foam[NP]	*		DERMATOLOGICAL AGENTS		
clobetasol 0.05 % topical gel	1		DERMATOLOGICAL AGENTS		
clobetasol 0.05 % topical ointment	1		DERMATOLOGICAL AGENTS		
clobetasol 0.05 % topical spray[NP]	*		DERMATOLOGICAL AGENTS		
clobetasol-emollient 0.05 % topical cream	1		DERMATOLOGICAL AGENTS		
clobetasol-emollient 0.05 % topical foam[NP]	*		DERMATOLOGICAL AGENTS		
clocortolone pivalate 0.1 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
clodan 0.05 % shampoo[NP]	*		DERMATOLOGICAL AGENTS		
CLODAN KIT 0.05 % TOPICAL KIT, SHAMPOO AND CLEANSER[NP]	*		DERMATOLOGICAL AGENTS		
CONDYLOX 0.5 % TOPICAL GEL	1		DERMATOLOGICAL AGENTS		
CORTEF 10 MG TABLET[NP]	*		DERMATOLOGICAL AGENTS		
CORTEF 20 MG TABLET[NP]	*		DERMATOLOGICAL AGENTS		
CORTEF 5 MG TABLET[NP]	*		DERMATOLOGICAL AGENTS		
cortisone (hydrocortisone) 1 % lotion[OTC]	1		DERMATOLOGICAL AGENTS		
cortisone cooling 1 % topical gel[OTC]	1		DERMATOLOGICAL AGENTS		
cortisone with aloe 1 % topical cream[OTC]	1		DERMATOLOGICAL AGENTS		
cortizone-10 1 % lotion[OTC]	1		DERMATOLOGICAL AGENTS		
cortizone-10 1 % topical gel[OTC]	1		DERMATOLOGICAL AGENTS		
cortizone-10 1 % topical solution[OTC]	1		DERMATOLOGICAL AGENTS		
cortizone-10 feminine itch relief 1 % topical cream[OTC]	1		DERMATOLOGICAL AGENTS		
cortizone-10 with aloe 1 % topical cream[OTC]	1		DERMATOLOGICAL AGENTS		
crotan 10 % lotion[NP]	*		DERMATOLOGICAL AGENTS		
dapsone 5 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
dapsone 7.5 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		
dapsone 7.5 % topical gel with pump[NP]	*		DERMATOLOGICAL AGENTS		
DERMA-SMOOTHE/FS BODY OIL 0.01 %[NP]	*		DERMATOLOGICAL AGENTS		
DERMA-SMOOTHE/FS SCALP OIL 0.01 %[NP]	*		DERMATOLOGICAL AGENTS		
dermarest eczema (hydrocortisone) 1 % lotion[OTC]	1		DERMATOLOGICAL AGENTS		
desonide 0.05 % lotion[NP]	*		DERMATOLOGICAL AGENTS		
desonide 0.05 % topical cream	1		DERMATOLOGICAL AGENTS		
desonide 0.05 % topical ointment	1		DERMATOLOGICAL AGENTS		
desoximetasone 0.05 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
desoximetasone 0.05 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		
desoximetasone 0.05 % topical ointment[NP]	*		DERMATOLOGICAL AGENTS		
desoximetasone 0.25 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
desoximetasone 0.25 % topical ointment[NP]	*		DERMATOLOGICAL AGENTS		
desoximetasone 0.25 % topical spray[NP]	*		DERMATOLOGICAL AGENTS		
diclofenac 3 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		
DIFFERIN 0.1 % TOPICAL GEL[OTC]	1		DERMATOLOGICAL AGENTS		
diflorasone 0.05 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
diflorasone 0.05 % topical ointment[NP]	*		DERMATOLOGICAL AGENTS		
doxepin 5 % topical cream[NP]	*	QL(45 per 30 days)	DERMATOLOGICAL AGENTS		
EBGLYSS PEN 250 MG/2 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(8 per 28 days)	DERMATOLOGICAL AGENTS		
EBGLYSS SYRINGE 250 MG/2 ML SUBCUTANEOUS SYRINGE	1	PA,QL(8 per 28 days)	DERMATOLOGICAL AGENTS		
effaclar adapalene 0.1 % topical gel[OTC]	1		DERMATOLOGICAL AGENTS		
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM[NP]	*	QL(120 per 30 days)	DERMATOLOGICAL AGENTS		
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP[NP]	*		DERMATOLOGICAL AGENTS		
EPIFOAM 1 %-1 % TOPICAL[NP]	*		DERMATOLOGICAL AGENTS		
EPSOLAY 5 % TOPICAL CREAM[NP]	*	QL(30 per 30 days)	DERMATOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ery pads 2 % topical swab[NP]	*		DERMATOLOGICAL AGENTS		
erythromycin with ethanol 2 % topical gel	1		DERMATOLOGICAL AGENTS		
erythromycin with ethanol 2 % topical solution	1		DERMATOLOGICAL AGENTS		
erythromycin-benzoyl peroxide 3 %-5 % topical gel	1		DERMATOLOGICAL AGENTS		
EUCRISA 2 % TOPICAL OINTMENT	1	PA,QL(300 per 365 days)	DERMATOLOGICAL AGENTS		
FABIOR 0.1 % TOPICAL FOAM[NP]	*		DERMATOLOGICAL AGENTS		
FINACEA 15 % TOPICAL FOAM[NP]	*		DERMATOLOGICAL AGENTS		
fluocinolone 0.01 % scalp oil and shower cap	1		DERMATOLOGICAL AGENTS		
fluocinolone 0.01 % topical body oil	1		DERMATOLOGICAL AGENTS		
fluocinolone 0.01 % topical cream	1		DERMATOLOGICAL AGENTS		
fluocinolone 0.01 % topical solution	1		DERMATOLOGICAL AGENTS		
fluocinolone 0.025 % topical cream	1		DERMATOLOGICAL AGENTS		
fluocinolone 0.025 % topical ointment	1		DERMATOLOGICAL AGENTS		
fluocinonide 0.05 % topical cream	1		DERMATOLOGICAL AGENTS		
fluocinonide 0.05 % topical gel	1		DERMATOLOGICAL AGENTS		
fluocinonide 0.05 % topical ointment	1		DERMATOLOGICAL AGENTS		
fluocinonide 0.05 % topical solution	1		DERMATOLOGICAL AGENTS		
fluocinonide 0.1 % topical cream	1		DERMATOLOGICAL AGENTS		
fluocinonide-e 0.05 % topical cream	1		DERMATOLOGICAL AGENTS		
fluocinonide-emollient 0.05 % topical cream	1		DERMATOLOGICAL AGENTS		
fluorouracil 0.5 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
fluorouracil 2 % topical solution[NP]	*	QL(30 per 30 days)	DERMATOLOGICAL AGENTS		
fluorouracil 5 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
fluorouracil 5 % topical solution[NP]	*	QL(60 per 30 days)	DERMATOLOGICAL AGENTS		
flurandrenolide 0.05 % lotion[NP]	*		DERMATOLOGICAL AGENTS		
fluticasone propionate 0.005 % topical ointment	1		DERMATOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
fluticasone propionate 0.05 % lotion[NP]	*		DERMATOLOGICAL AGENTS		
fluticasone propionate 0.05 % topical cream	1		DERMATOLOGICAL AGENTS		
halcinonide 0.1 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
halcinonide 0.1 % topical solution[NP]	*		DERMATOLOGICAL AGENTS		
halobetasol propionate 0.05 % lotion[NP]	*		DERMATOLOGICAL AGENTS		
halobetasol propionate 0.05 % topical cream	1		DERMATOLOGICAL AGENTS		
halobetasol propionate 0.05 % topical foam[NP]	*		DERMATOLOGICAL AGENTS		
halobetasol propionate 0.05 % topical ointment	1		DERMATOLOGICAL AGENTS		
HALOG 0.1 % TOPICAL CREAM[NP]	*		DERMATOLOGICAL AGENTS		
HALOG 0.1 % TOPICAL SOLUTION[NP]	*		DERMATOLOGICAL AGENTS		
home lice-bedbug-dust mite spray 0.5 % spray[OTC]	1		DERMATOLOGICAL AGENTS		
hydravex 2 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		
hydrocortisone 0.5 % topical cream[OTC]	1		DERMATOLOGICAL AGENTS		
hydrocortisone 0.5 % topical ointment[OTC]	1		DERMATOLOGICAL AGENTS		
hydrocortisone 1 % lotion[OTC]	1		DERMATOLOGICAL AGENTS		
hydrocortisone 1 % topical cream	1		DERMATOLOGICAL AGENTS		
hydrocortisone 1 % topical cream[OTC]	1		DERMATOLOGICAL AGENTS		
hydrocortisone 1 % topical cream packet[OTC]	1		DERMATOLOGICAL AGENTS		
hydrocortisone 1 % topical cream with perineal applicator	1		DERMATOLOGICAL AGENTS		
hydrocortisone 1 % topical ointment[OTC]	1		DERMATOLOGICAL AGENTS		
hydrocortisone 1 % topical ointment	1		DERMATOLOGICAL AGENTS		
hydrocortisone 10 mg tablet	1		DERMATOLOGICAL AGENTS		
hydrocortisone 2 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		
hydrocortisone 2.5 % lotion	1		DERMATOLOGICAL AGENTS		
hydrocortisone 2.5 % topical cream	1		DERMATOLOGICAL AGENTS		
hydrocortisone 2.5 % topical cream with perineal applicator	1		DERMATOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
hydrocortisone 2.5 % topical ointment	1		DERMATOLOGICAL AGENTS		
hydrocortisone 2.5 % topical solution	1		DERMATOLOGICAL AGENTS		
hydrocortisone 20 mg tablet	1		DERMATOLOGICAL AGENTS		
hydrocortisone 5 mg tablet	1		DERMATOLOGICAL AGENTS		
hydrocortisone butyrate 0.1 % lotion[NP]	*		DERMATOLOGICAL AGENTS		
hydrocortisone butyrate 0.1 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
hydrocortisone butyrate 0.1 % topical ointment[NP]	*		DERMATOLOGICAL AGENTS		
hydrocortisone butyrate 0.1 % topical solution[NP]	*		DERMATOLOGICAL AGENTS		
hydrocortisone plus 1 % topical cream[OTC]	1		DERMATOLOGICAL AGENTS		
hydrocortisone valerate 0.2 % topical cream	1		DERMATOLOGICAL AGENTS		
hydrocortisone valerate 0.2 % topical ointment	1		DERMATOLOGICAL AGENTS		
hydrocortisone-aloe vera 0.5 % topical cream[OTC]	1		DERMATOLOGICAL AGENTS		
hydrocortisone-aloe vera 1 % topical cream[OTC]	1		DERMATOLOGICAL AGENTS		
HYDROXYM 2 % TOPICAL GEL[NP]	*		DERMATOLOGICAL AGENTS		
HYFTOR 0.2 % TOPICAL GEL[NP]	*		DERMATOLOGICAL AGENTS		
ICOTYDE 200 MG TABLET[NP]	*	QL(30 per 30 days)	DERMATOLOGICAL AGENTS		
imiquimod 3.75 % topical cream in a pump[NP]	*	QL(15 per 30 days)	DERMATOLOGICAL AGENTS		
imiquimod 3.75 % topical cream packet[NP]	*	QL(28 per 28 days)	DERMATOLOGICAL AGENTS		
imiquimod 5 % topical cream packet	1	QL(12 per 30 days)	DERMATOLOGICAL AGENTS		
isotretinoin 10 mg capsule[NP]	*	QL(60 per 30 days)	DERMATOLOGICAL AGENTS		
isotretinoin 20 mg capsule[NP]	*	QL(60 per 30 days)	DERMATOLOGICAL AGENTS		
isotretinoin 25 mg capsule[NP]	*	QL(60 per 30 days)	DERMATOLOGICAL AGENTS		
isotretinoin 30 mg capsule[NP]	*	QL(60 per 30 days)	DERMATOLOGICAL AGENTS		
isotretinoin 35 mg capsule[NP]	*	QL(60 per 30 days)	DERMATOLOGICAL AGENTS		
isotretinoin 40 mg capsule[NP]	*	QL(120 per 30 days)	DERMATOLOGICAL AGENTS		
itch relief (hc) with aloe 1 % topical cream[OTC]	1		DERMATOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ivermectin 1 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
LEXETTE 0.05 % TOPICAL FOAM[NP]	*		DERMATOLOGICAL AGENTS		
lice bedding spray 0.5 % aerosol[OTC]	1		DERMATOLOGICAL AGENTS		
lice killing (permethrin) 1 % topical liquid[OTC]	1		DERMATOLOGICAL AGENTS		
lice-bedbug-mite bedding 0.5 % spray[OTC]	1		DERMATOLOGICAL AGENTS		
lidocaine 3 %-hydrocortisone 0.5 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
lidocort 3 %-0.5 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
mafenide 50 gram topical packet	1		DERMATOLOGICAL AGENTS		
malathion 0.5 % lotion[NP]	*		DERMATOLOGICAL AGENTS		
methoxsalen 10 mg liquid-filled,rapid release capsule[NP]	*		DERMATOLOGICAL AGENTS		
MIRVASO 0.33 % TOPICAL GEL WITH PUMP[NP]	*		DERMATOLOGICAL AGENTS		
mometasone 0.1 % topical cream	1		DERMATOLOGICAL AGENTS		
mometasone 0.1 % topical ointment	1		DERMATOLOGICAL AGENTS		
mometasone 0.1 % topical solution	1		DERMATOLOGICAL AGENTS		
mupirocin 2 % topical ointment	1		DERMATOLOGICAL AGENTS	10	20
mupirocin calcium 2 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
NATROBA 0.9 % TOPICAL SUSPENSION	1	QL(240 per 30 days)	DERMATOLOGICAL AGENTS		
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM[NP]	*		DERMATOLOGICAL AGENTS		
NEO-SYNALAR KIT 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM[NP]	*		DERMATOLOGICAL AGENTS	10	20
neuac 1.2 % (1 % base)-5 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		
NEUAC KIT 1.2 %-5 % TOPICAL PACK,CREAM AND GEL[NP]	*		DERMATOLOGICAL AGENTS		
NIX 0.25 % SPRAY[OTC]	1		DERMATOLOGICAL AGENTS		
nizoral scalp itch 1 % topical solution[OTC]	1		DERMATOLOGICAL AGENTS		
noble formula hc 1 % topical spray[OTC]	1		DERMATOLOGICAL AGENTS		
OPZELURA 1.5 % TOPICAL CREAM[NP]	*	QL(240 per 28 days)	DERMATOLOGICAL AGENTS		
OTEZLA 20 MG TABLET[NP]	*	QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
OTEZLA 30 MG TABLET[NP]	*	QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK[NP]	*	QL(55 per 28 days)	DERMATOLOGICAL AGENTS		
OTEZLA STARTER 10 MG (4)-20 MG (51) TABLETS IN A DOSE PACK[NP]	*	QL(55 per 28 days)	DERMATOLOGICAL AGENTS		
OTEZLA XR 75 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	DERMATOLOGICAL AGENTS		
OTEZLA XR INITIATION 10 MG-20 MG-30 MG TABLET AND 75 MG TABLET,ER PACK[NP]	*	QL(41 per 28 days)	DERMATOLOGICAL AGENTS		
oxymetazoline 1 % topical cream[NP]	*	QL(30 per 30 days)	DERMATOLOGICAL AGENTS	10	
panoxyl (adapalene) 0.1 % topical gel[OTC]	1		DERMATOLOGICAL AGENTS		
permethrin 5 % topical cream	1		DERMATOLOGICAL AGENTS	10	20
pimecrolimus 1 % topical cream	1	PA	DERMATOLOGICAL AGENTS	10	
podofilox 0.5 % topical gel	1		DERMATOLOGICAL AGENTS		
podofilox 0.5 % topical solution	1		DERMATOLOGICAL AGENTS	10	20
PRAMOSONE 1 %-1 % LOTION[NP]	*		DERMATOLOGICAL AGENTS	10	20
PRAMOSONE 1 %-1 % TOPICAL CREAM[NP]	*		DERMATOLOGICAL AGENTS		
PRAMOSONE 2.5 %-1 % LOTION[NP]	*		DERMATOLOGICAL AGENTS		
procto-med hc 2.5 % topical cream perineal applicator	1		DERMATOLOGICAL AGENTS		
proctosol hc 2.5 % topical cream perineal applicator	1		DERMATOLOGICAL AGENTS		
proctozone-hc 2.5 % topical cream perineal applicator	1		DERMATOLOGICAL AGENTS	10	20
PRUDOXIN 5 % TOPICAL CREAM[NP]	*	QL(45 per 30 days)	DERMATOLOGICAL AGENTS		
pruradik 10 % lotion[NP]	*		DERMATOLOGICAL AGENTS		
RHOFADE 1 % TOPICAL CREAM[NP]	*	QL(30 per 30 days)	DERMATOLOGICAL AGENTS	10	20
RID COMPLETE LICE ELIMINATION KIT 0.5 % SPRAY[OTC]	1		DERMATOLOGICAL AGENTS	10	20
scalp relief (hydrocortisone) 1 % topical solution[OTC]	1		DERMATOLOGICAL AGENTS	10	20
scalpicin anti-itch 1 % topical solution[OTC]	1		DERMATOLOGICAL AGENTS		
selenium sulfide 2.25 % shampoo[NP]	*		DERMATOLOGICAL AGENTS		
selenium sulfide 2.5 % lotion	1		DERMATOLOGICAL AGENTS	10	20
SILVADENE 1 % TOPICAL CREAM[NP]	*		DERMATOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
silver sulfadiazine 1 % topical cream	1		DERMATOLOGICAL AGENTS	10	20
SOFDRA 12.45 % (72 MG/ACTUATION) TOPICAL GEL WITH PUMP[NP]	*	QL(40.2 per 30 days)	DERMATOLOGICAL AGENTS		
SOOLANTRA 1 % TOPICAL CREAM[NP]	*		DERMATOLOGICAL AGENTS		
SORILUX 0.005 % TOPICAL FOAM[NP]	*	QL(120 per 28 days)	DERMATOLOGICAL AGENTS	10	20
spinosad 0.9 % topical suspension	1	QL(240 per 30 days)	DERMATOLOGICAL AGENTS		
SSD 1 % TOPICAL CREAM	1		DERMATOLOGICAL AGENTS		
sss 10-5 10 %-5 % (w/w) topical cream[NP]	*		DERMATOLOGICAL AGENTS		
stop lice 0.5 % spray[OTC]	1		DERMATOLOGICAL AGENTS	10	20
sulfacetamide sodium 10 %-sulfur 1 % topical cleanser[NP]	*		DERMATOLOGICAL AGENTS		
sulfacetamide sodium 9 %-sulfur 4.25 % topical suspension[NP]	*		DERMATOLOGICAL AGENTS		
sulfacetamide sodium 9.8 %-sulfur 4.8 % lotion[NP]	*		DERMATOLOGICAL AGENTS		
sulfacetamide sodium 9.8 %-sulfur 4.8 % topical cleanser[NP]	*		DERMATOLOGICAL AGENTS		
sulfacetamide sodium-sulfur 10 %-2 % topical cleanser[NP]	*		DERMATOLOGICAL AGENTS		
sulfacetamide sodium-sulfur 10 %-2 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
sulfacetamide sodium-sulfur 10 %-4 % topical pads[NP]	*		DERMATOLOGICAL AGENTS	10	20
sulfacetamide sodium-sulfur 10 %-5 % (w/w) topical cleanser[NP]	*		DERMATOLOGICAL AGENTS		
sulfacetamide sodium-sulfur 10 %-5 % (w/w) topical cream[NP]	*		DERMATOLOGICAL AGENTS	10	
sulfacetamide sodium-sulfur 8 %-4 % topical suspension[NP]	*		DERMATOLOGICAL AGENTS		
sulfacetamide sodium-sulfur 9 %-4 % topical cleanser[NP]	*		DERMATOLOGICAL AGENTS		
sulfacetamide sodium-sulfur 9 %-4.5 % topical cleanser[NP]	*		DERMATOLOGICAL AGENTS	10	20
SULFAMYLON 85 MG/G TOPICAL CREAM	1		DERMATOLOGICAL AGENTS		
SUMADAN 9 %-4.5 % TOPICAL CLEANSER[NP]	*		DERMATOLOGICAL AGENTS	10	20
SUMADAN 9 %-4.5 % TOPICAL KIT[NP]	*		DERMATOLOGICAL AGENTS		
SUMADAN XLT 9 %-4.5 %-SPF 25 TOPICAL PACK,CLEANSER AND CREAM[NP]	*		DERMATOLOGICAL AGENTS		
SUMAXIN 10 %-4 % TOPICAL PADS[NP]	*		DERMATOLOGICAL AGENTS	10	20
SUMAXIN CP 10 %-4 % TOPICAL KIT[NP]	*		DERMATOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SYNALAR 0.01 % TOPICAL SOLUTION[NP]	*		DERMATOLOGICAL AGENTS		
SYNALAR 0.025 % TOPICAL CREAM[NP]	*		DERMATOLOGICAL AGENTS		
SYNALAR 0.025 % TOPICAL OINTMENT[NP]	*		DERMATOLOGICAL AGENTS		
SYNALAR CREAM KIT 0.025 % TOPICAL[NP]	*		DERMATOLOGICAL AGENTS		
SYNALAR OINTMENT KIT 0.025 % TOPICAL PACK,OINTMENT AND CREAM[NP]	*		DERMATOLOGICAL AGENTS		
SYNALAR TS 0.01 % TOPICAL KIT[NP]	*		DERMATOLOGICAL AGENTS		
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION[NP]	*	QL(420 per 30 days)	DERMATOLOGICAL AGENTS		
tacrolimus 0.03 % topical ointment	1	PA	DERMATOLOGICAL AGENTS		
tacrolimus 0.1 % topical ointment	1	PA	DERMATOLOGICAL AGENTS		
tazarotene 0.05 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		
tazarotene 0.05 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		
tazarotene 0.1 % topical cream[NP]	*		DERMATOLOGICAL AGENTS		3
tazarotene 0.1 % topical foam[NP]	*		DERMATOLOGICAL AGENTS		
tazarotene 0.1 % topical gel[NP]	*		DERMATOLOGICAL AGENTS		
TEXACORT 2.5 % TOPICAL SOLUTION[NP]	*		DERMATOLOGICAL AGENTS	10	20
tovet emollient 0.05 % topical foam[NP]	*		DERMATOLOGICAL AGENTS	10	20
TOVET KIT 0.05 % FOAM AND CREAM, TOPICAL PACK[NP]	*		DERMATOLOGICAL AGENTS	10	20
tretinoin 0.01 % topical gel	1		DERMATOLOGICAL AGENTS	10	20
tretinoin 0.025 % topical cream	1		DERMATOLOGICAL AGENTS		
tretinoin 0.025 % topical gel	1		DERMATOLOGICAL AGENTS	10	20
tretinoin 0.05 % topical cream	1		DERMATOLOGICAL AGENTS	10	20
tretinoin 0.05 % topical gel	1		DERMATOLOGICAL AGENTS	10	20
tretinoin 0.1 % topical cream	1		DERMATOLOGICAL AGENTS		20
tretinoin microspheres 0.08 % topical gel with pump[NP]	*		DERMATOLOGICAL AGENTS	10	20
TWYNEO 0.1 %-3 % TOPICAL CREAM[NP]	*	QL(30 per 30 days)	DERMATOLOGICAL AGENTS	10	20
ULTRAVATE 0.05 % LOTION[NP]	*		DERMATOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VEREGEN 15 % TOPICAL OINTMENT[NP]	*	QL(30 per 30 days)	DERMATOLOGICAL AGENTS	10	20
VTAMA 1 % TOPICAL CREAM[NP]	*	QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
WINLEVI 1 % TOPICAL CREAM[NP]	*		DERMATOLOGICAL AGENTS	10	20
XEPI 1 % TOPICAL CREAM[NP]	*		DERMATOLOGICAL AGENTS		
ZELSUVMI 10.3 % TOPICAL GEL[NP]	*		DERMATOLOGICAL AGENTS	10	20
zenatane 10 mg capsule[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
zenatane 20 mg capsule[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
zenatane 30 mg capsule[NP]	*	PA,QL(60 per 30 days)	DERMATOLOGICAL AGENTS	10	20
zenatane 40 mg capsule[NP]	*	PA,QL(120 per 30 days)	DERMATOLOGICAL AGENTS	10	20
ZONALON 5 % TOPICAL CREAM[NP]	*	QL(45 per 30 days)	DERMATOLOGICAL AGENTS		
ZORYVE 0.05 % TOPICAL CREAM[NP]	*	QL(120 per 30 days)	DERMATOLOGICAL AGENTS		
ZORYVE 0.15 % TOPICAL CREAM[NP]	*	QL(120 per 30 days)	DERMATOLOGICAL AGENTS		20
ZORYVE 0.3 % TOPICAL CREAM[NP]	*	QL(120 per 30 days)	DERMATOLOGICAL AGENTS		20
ZORYVE 0.3 % TOPICAL FOAM[NP]	*	QL(120 per 30 days)	DERMATOLOGICAL AGENTS	10	20
altrixa ob 15 mg iron-1,750 mcg dfe tablet[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
AURYXIA 210 MG IRON TABLET[NP]	*	QL(360 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
AZENTRA 13 MG IRON-1 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
AZESCO 13 MG IRON-1 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
CAL-MINT 260 MG (AS CALCIUM CARBONATE 650 MG) CHEWABLE TABLET[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 200 mg (as calcium citrate 950 mg) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 200 mg (as citrate)-vitamin d3 6.25 mcg (250 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 250 mg (as carbonate)-vitamin d3 3.125 mcg (125 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 250 mg (as citrate) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 250 mg (as citrate)-vitamin d3 5 mcg (200 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 260 mg (as calcium carbonate 650 mg) chewable tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 315 mg (as citrate)-vitamin d3 5 mcg (200 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		

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calcium 315 mg (as citrate)-vitamin d3 6.25 mcg (250 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 325 mg-vit d3 12.5 mcg-zinc 2.75 mg-copper-manganese tablet[OTC]	1		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
calcium 500 mg (as calcium carbonate 1,250 mg) chewable tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 500 mg (as calcium carbonate 1,250 mg) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 500 mg/5 ml (as calcium carb 1,250 mg/5 ml) oral suspension[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 60 mg (as calcium gluconate 650 mg) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 600 mg (as calcium carbonate 1,500 mg) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 760 mg (as citrate)/3.5 gram oral granules[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium 800 mg/2 gram (as carbonate) oral powder[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium acetate(phosphate binders) 667 mg capsule	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium acetate(phosphate binders) 667 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium citrate + d 315 mg-5 mcg (200 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium er 600 mg (as carb,cit)-d3 12.5 mcg (500 unit) tablet, ext.rel[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
calcium-600 600 mg (as calcium carbonate 1,500 mg) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
CARBAGLU 200 MG DISPERSIBLE TABLET	1	PA	ELECTROLYTES/MINERALS/METALS/VITAMINS		
carglumic acid 200 mg dispersible tablet	1	PA	ELECTROLYTES/MINERALS/METALS/VITAMINS		
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
CARNITOR 100 MG/ML ORAL SOLUTION[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
CARNITOR 330 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
CHEMET 100 MG CAPSULE	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
citracal + vitamin d maximum 315 mg-6.25 mcg (250 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
complete natal dha 29 mg iron-1 mg-200 mg oral pack[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
completenate 29 mg iron-1 mg chewable tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
CONCEPT OB 85 MG-1 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
coral calcium 185 mg-50 mg-2.5 mcg (100 unit) capsule[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
coral calcium 250 mg-125 mg-100 unit capsule[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
CUVRIOR 300 MG TABLET[NP]	*	QL(300 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
deferasirox 125 mg dispersible tablet[NP]	*	QL(150 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
deferasirox 180 mg oral granules in packet[NP]	*	QL(600 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
deferasirox 180 mg tablet[NP]	*	QL(600 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
deferasirox 250 mg dispersible tablet[NP]	*	QL(150 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
deferasirox 360 mg oral granules in packet[NP]	*	QL(300 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
deferasirox 360 mg tablet[NP]	*	QL(300 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
deferasirox 500 mg dispersible tablet[NP]	*	QL(150 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
deferasirox 90 mg oral granules in packet[NP]	*	QL(1200 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
deferasirox 90 mg tablet[NP]	*	QL(1200 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
deferiprone 1,000 mg tablet[NP]	*	QL(300 per 30 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS		
deferiprone 500 mg tablet[NP]	*	QL(720 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
denta 5000 plus 1.1 % cream[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
denta 5000 plus sensitive 1.1 %-5 % dental paste[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
dentagel 1.1 %[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
DEPEN TITRATABS 250 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
DERMACINRX PRENATRIX 27 MG IRON-1 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
DERMACINRX PRENATRYL 27 MG IRON-1 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
DERMACINRX PRETRATE 27 MG IRON-1 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
dextrose 5 % and 0.45 % sodium chloride intravenous solution	1		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
dextrose 5 % in water (d5w) intravenous solution	1		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
DRIPDROP 305 MG-175 MG-70 MG ORAL POWDER PACKET[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
DRIPDROP 320 MG-190 MG-70 MG ORAL POWDER PACKET[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
DRIPDROP 670 MG-380 MG-150 MG ORAL POWDER PACKET[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
DRIPDROP 700 MG-410 MG-150 MG ORAL POWDER PACKET[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EFFER-K 10 MEQ EFFERVESCENT TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
EFFER-K 20 MEQ EFFERVESCENT TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
effer-k 25 meq effervescent tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
elite-ob 50 mg iron-1.25 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
embriva 13 mg iron-1 mg tablet[NP]	*		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
ENBRACE HR 1.5 MG IRON-8.73 MG-6.4 MG CAPSULE,IMMED AND DELAY RELEASE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
EXJADE 125 MG DISPERSIBLE TABLET[NP]	*	QL(150 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
EXJADE 250 MG DISPERSIBLE TABLET[NP]	*	QL(150 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
EXJADE 500 MG DISPERSIBLE TABLET[NP]	*	QL(150 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
ferric citrate 210 mg iron tablet[NP]	*	QL(360 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET, MODIFIED RELEASE[NP]	*	QL(300 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
FERRIPROX 1,000 MG TABLET[NP]	*	QL(300 per 30 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS		
FERRIPROX 100 MG/ML ORAL SOLUTION[NP]	*	QL(3600 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
FOLATEXCEL 20 MG IRON-1,670 MCG DFE TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
folivane-ob 85 mg-1 mg capsule[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
FOSRENOL 1,000 MG CHEWABLE TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
FOSRENOL 1,000 MG ORAL POWDER PACKET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
FOSRENOL 500 MG CHEWABLE TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
FOSRENOL 750 MG CHEWABLE TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
FOSRENOL 750 MG ORAL POWDER PACKET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
gestyra 13 mg iron-1 mg tablet[NP]	*		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
hydration multiplier sugar free oral packet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
JADENU 180 MG TABLET[NP]	*	QL(600 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
JADENU 360 MG TABLET[NP]	*	QL(300 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
JADENU 90 MG TABLET[NP]	*	QL(1200 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
JADENU SPRINKLE 180 MG ORAL GRANULES IN PACKET[NP]	*	QL(600 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
JADENU SPRINKLE 360 MG ORAL GRANULES IN PACKET[NP]	*	QL(300 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
JADENU SPRINKLE 90 MG ORAL GRANULES IN PACKET[NP]	*	QL(1200 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS		
JYNARQUE 15 MG (AM)/15 MG (PM) TABLETS[NP]	*	QL(56 per 28 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS		
JYNARQUE 15 MG TABLET[NP]	*	QL(60 per 30 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS		
JYNARQUE 30 MG (AM)/15 MG (PM) TABLETS[NP]	*	QL(56 per 28 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS		
JYNARQUE 30 MG TABLET[NP]	*	QL(60 per 30 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS		
JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS[NP]	*	QL(56 per 28 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS		
JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS[NP]	*	QL(56 per 28 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS		
JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS[NP]	*	QL(56 per 28 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS		
K-PHOS NO 2 305 MG-700 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
kionex 15 gram/60 ml oral suspension	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
klor-con 10 meq tablet,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
klor-con 20 meq oral packet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
klor-con m10 meq tablet,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
klor-con m20 meq tablet,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
klor-con/ef 25 meq effervescent tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
lactated ringers intravenous solution	1		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
lanthanum 1,000 mg chewable tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
lanthanum 500 mg chewable tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
lanthanum 750 mg chewable tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
levocarnitine (with sugar) 100 mg/ml oral solution[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
levocarnitine 100 mg/ml oral solution[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
levocarnitine 330 mg tablet[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
levocarnitine 330 mg tablet[NP]	*		ELECTROLYTES/MINERALS/ METALS/VITAMINS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
LOKELMA 10 GRAM ORAL POWDER PACKET[NP]	*	PA,QL(30 per 30 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS		
LOKELMA 5 GRAM ORAL POWDER PACKET[NP]	*	PA,QL(30 per 30 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS		
m-natal plus 27 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
MATRONEX 27 MG IRON-1,000 MCG TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
neo-vital rx 27 mg iron-1 mg tablet[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
NEOMATERNA 20 MG IRON-1,670 MCG DFE TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
NESTABS 32 MG-1,000 MCG TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
NESTABS DHA 32 MG IRON-1,000 MCG-230 MG ORAL PACK[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
NESTABS ONE 38 MG-1 MG-225 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
OB COMPLETE 50 MG IRON-1.25 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
OB COMPLETE WITH DHA 30 MG IRON-10 MG IRON-1 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
one natal rx 27 mg iron-1 mg tablet[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
onevite calcium 600 mg calcium (1,500 mg) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
ORACIT 490 MG-640 MG/5 ML ORAL SOLUTION	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
oyster shell + d3 250 mg-3.125 mcg (125 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
oyster shell calcium 500 mg (as calcium carbonate 1,250 mg) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
oyster shell calcium and magnesium 250 mg-155 mg tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
oyster shell calcium-500 500 mg (as carbonate 1,250 mg) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
oyster shell calcium-vitamin d3 250 mg-3.125 mcg (125 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
oyster shell calcium-vitamin d3 500 mg-10 mcg (400 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
oyster shell calcium-vitamin d3 500 mg-5 mcg (200 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
oystercal-d 500 mg-10 mcg (400 unit) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PEDIALYTE 10.6 MEQ-4.7MEQ/9 GRAM ORAL POWDER PACKET[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		

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PEDIALYTE ELECTROLYTE WATER ORAL SOLUTION[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
penicillamine 250 mg capsule	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
penicillamine 250 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PHOS-NAK 280 MG-160 MG-250 MG ORAL POWDER PACKET[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
phospha neutral 250 mg tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
phospho-trin k500 500 mg soluble tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
phospho-trin neutral 250 mg tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
phosphorous 250 mg tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
phosphorous supplement 280 mg-160 mg-250 mg oral powder packet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PNV TABS 20-1 20 MG IRON-1 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
pnv-dha 27 mg iron-1 mg-300 mg capsule[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
pnv-omega 28 mg-1 mg-300 mg capsule[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
pnv-select 27 mg-1 mg tablet[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride 2 meq/ml intravenous solution	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride 20 meq/15 ml oral liquid	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride 40 meq/15 ml oral liquid	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride er 10 meq capsule,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride er 10 meq tablet,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride er 10 meq tablet,extended release(part/cryst)	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride er 15 meq tablet,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride er 15 meq tablet,extended release(part/cryst)	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride er 20 meq tablet,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride er 20 meq tablet,extended release(part/cryst)	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride er 8 meq capsule,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride er 8 meq tablet,extended release	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium citrate er 10 meq (1,080 mg) tablet,extended release[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		

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potassium citrate er 15 meq (1,620 mg) tablet,extended release[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium citrate er 5 meq (540 mg) tablet,extended release[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium, sodium phosphates 280 mg-160 mg-250 mg oral powder packet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PREGENNA 20 MG IRON-1 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/ METALS/VITAMINS		
prenatal plus vitamin-mineral 27 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
prenatal vitamins plus low iron 27 mg iron-1 mg tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
prenatal vitamins plus low iron 27 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PRENATE AM 1 MG-500 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PRENATE CHEWABLE 1 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PRENATE DHA (FERROUS ASPARTO GLYCINATE) 18 MG IRON-1 MG-300 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PRENATE ELITE (IRON ASPARTO GLYCINATE) 20 MG IRON-1 MG TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PRENATE ENHANCE 28 MG IRON-1 MG-400 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PRENATE ESSENTIAL (IRON ASPARTO GLYCINATE) 18 MG IRON-1 MG-300 MG CAP[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PRENATE MINI (FERROUS ASPARTO GLYCINATE) 18 MG-1 MG-350 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PRENATE PIXIE 10 MG IRON-1 MG-200 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PRENATE RESTORE 27 MG IRON-1 MG-400 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
prenova 28 mg iron-800 mcg tablet[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
PROVIDA OB 40 MG IRON-1.25 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS		
purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
RENVELA 0.8 GRAM ORAL POWDER PACKET[NP]	*	QL(540 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
RENVELA 2.4 GRAM ORAL POWDER PACKET[NP]	*	QL(180 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
RENVELA 800 MG TABLET[NP]	*	QL(540 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
ringer's intravenous solution	1		ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
SAMSCA 15 MG TABLET[NP]	*	QL(60 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55

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SAMSCA 30 MG TABLET[NP]	*	QL(60 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sevelamer carbonate 0.8 gram oral powder packet[NP]	*	QL(540 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sevelamer carbonate 2.4 gram oral powder packet[NP]	*	QL(180 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sevelamer carbonate 800 mg tablet	1	QL(540 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sevelamer hcl 400 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sevelamer hcl 800 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sodium bicarbonate 1 meq/ml (8.4 %) intravenous solution	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sodium chloride 0.9 % (flush) injection syringe	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sodium chloride 1,000 mg soluble tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sodium fluoride 0.2 % dental solution[NP]	*	QL(473 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sodium fluoride 1.1 % dental gel[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sodium fluoride 1.1 % dental paste[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sodium fluoride 1.1 %-potassium nitrate 5 % dental paste[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sodium fluoride 5000 dry mouth 1.1 % dental paste[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sodium fluoride 5000 plus 1.1 % dental cream[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
sodium polystyrene sulfonate 15 gram oral powder	1		ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
sodium polystyrene sulfonate 15 gram/60 ml oral suspension	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION	1		ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA	1		ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
super calcium 600 mg (as calcium carbonate 1,500 mg) tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
TANDEM PLUS 162 MG-115.2 MG (106 MG)-1 MG CAPSULE[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
taron-c dha 35 mg-1 mg-200 mg capsule[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
thrivite rx 29 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
tolvaptan (polycystic kidney disease) 15 mg (am)/15 mg (pm) tablets[NP]	*	QL(56 per 28 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
tolvaptan (polycystic kidney disease) 15 mg tablet[NP]	*	QL(60 per 30 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
tolvaptan (polycystic kidney disease) 30 mg (am)/15 mg (pm) tablets[NP]	*	QL(56 per 28 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
tolvaptan (polycystic kidney disease) 30 mg tablet[NP]	*	QL(60 per 30 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
tolvaptan (polycystic kidney disease) 45 mg (am)/15 mg (pm) tablets[NP]	*	QL(56 per 28 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
tolvaptan (polycystic kidney disease) 60 mg (am)/30 mg (pm) tablets[NP]	*	QL(56 per 28 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
tolvaptan (polycystic kidney disease) 90 mg (am)/30 mg (pm) tablets[NP]	*	QL(56 per 28 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
tolvaptan 15 mg tablet[NP]	*	QL(60 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
tolvaptan 30 mg tablet[NP]	*	QL(60 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
TRICARE 27 MG IRON-1 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
trientine 250 mg capsule	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
trientine 500 mg capsule	1	QL(120 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
trinatal rx 1 60 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
UROCIT-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
UROCIT-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
VELPHORO 500 MG CHEWABLE TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
VELTASSA 1 GRAM ORAL POWDER PACKET[NP]	*	PA,QL(240 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
VELTASSA 16.8 GRAM ORAL POWDER PACKET[NP]	*	PA,QL(30 per 30 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
VELTASSA 8.4 GRAM ORAL POWDER PACKET[NP]	*	PA,QL(30 per 30 days)	ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
VITAFOL FE PLUS 90 MG IRON-1 MG-200 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
VITAFOL-OB 65 MG-1 MG TABLET	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VITAMEDMD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
VITAMEDMD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
VITAPEARL 30 MG-1.4 MG-200 MG CAPSULE,IMMEDIATE - DELAY RELEASE[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
wes-phos neutral 250 mg tablet[OTC]	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
wescap-c dha 35 mg-1 mg-200 mg capsule[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
wescap-pn dha 27 mg iron-1 mg-300 mg capsule[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
wesnatal dha complete 29 mg iron-1 mg-200 mg oral pack[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
wesnate dha 28 mg iron-1 mg-200 mg capsule[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
westab plus 27 mg iron-1 mg tablet	1		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
westgel dha 31 mg iron-1 mg-200 mg capsule[NP]	*		ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
XPHOZAH 20 MG TABLET[NP]	*	QL(60 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
XPHOZAH 30 MG TABLET[NP]	*	QL(60 per 30 days)	ELECTROLYTES/MINERALS/METALS/VITAMINS	10	55
ziphex 13 mg iron-1 mg tablet[NP]	*		ELECTROLYTES/MINERALS/ METALS/VITAMINS	10	55
acid controller 10 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
acid gone antacid 95 mg-358 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		20
acid gone antacid extra strength 160 mg-105 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
acid reducer (famotidine) 10 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
advanced antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
advanced antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
ALCALAK 168 MG (AS CALCIUM CARBONATE 420 MG) CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		20
ALKA-SELTZER GOLD 344 MG-1,050 MG-1,000 MG EFFERVESCENT TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
ALKA-SELTZER HEARTBURN 1,650 MG-1,000 MG EFFERVESCENT TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
ALKA-SELTZER HEARTBURN 1,976 MG-1,000 MG EFFERVESCENT TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
alka-seltzer heartburn relief 300 mg (as carbonate 750 mg) chew tablet[OTC]	1		GASTROINTESTINAL AGENTS		
alkums 300 mg (as calcium carbonate 750 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
almacone-2 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
alosetron 0.5 mg tablet[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
alosetron 1 mg tablet[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
aluminum hydroxide gel 320 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 ml oral susp[OTC]	1		GASTROINTESTINAL AGENTS		
aluminum-mag hydroxide-simethicone 400 mg-400 mg-40 mg/5 ml oral susp[OTC]	1		GASTROINTESTINAL AGENTS		
alvimopan 12 mg capsule[NP]	*	QL(15 per 365 days)	GASTROINTESTINAL AGENTS		
AMITIZA 24 MCG CAPSULE[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		20
AMITIZA 8 MCG CAPSULE[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
amoxicillin 500 mg-clarithromycin 500 mg-lansoprazole 30 mg combo pack[NP]	*		GASTROINTESTINAL AGENTS		
antacid 200 mg (as calcium carbonate 500 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
antacid 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
antacid 215 mg (as calcium carbonate 500 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
antacid anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
antacid anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
antacid calcium 215 mg (as calcium carbonate 500 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
antacid extra strength (mag carb-al hyd) 160 mg-105 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
antacid extra strength 300 mg (as calcium carb 750 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
ANTACID EXTRA-STRENGTH 168 MG (AS CALCIUM CARB 420 MG) CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
antacid liquid 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
antacid m 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
antacid maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
ANTACID MELTS 100 MG CALCIUM (250 MG) MUCOSAL ADHESIVE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
antacid plus anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
antacid plus anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
antacid regular strength 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
antacid ultra strength 400 mg (calcium carb 1,000 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
antacid ultra strength 430 mg (calcium carb 1,000 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
antacid ultra strength 470 mg (calcium carb 1,177 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
anti-diarrheal (loperamide) 1 mg/7.5 ml oral liquid[OTC]	1		GASTROINTESTINAL AGENTS		
anti-diarrheal (loperamide) 2 mg capsule[OTC]	1		GASTROINTESTINAL AGENTS		
anti-diarrheal (loperamide) 2 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
anti-diarrheal 262 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
ban-acid 300 mg (as calcium carbonate 750 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
bismuth 262 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
bismuth subcit k 140 mg-metronidazole 125 mg-tetracycline 125 mg cap[NP]	*	QL(144 per 30 days)	GASTROINTESTINAL AGENTS		
bismuth subsalicylate 262 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
cal-gest antacid 200 mg (as calcium carbonate 500 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
calcium 200 mg (as calcium carbonate 500 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
calcium 260 mg (as calcium carbonate 648 mg) tablet[OTC]	1		GASTROINTESTINAL AGENTS		
calcium 400 mg (as calcium carbonate 1,000 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
calcium antacid 200 mg (as calcium carbonate 500 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
calcium antacid 300 mg (as calcium carbonate 750 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
calcium antacid 320 mg (as calcium carbonate 750 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
calcium antacid 400 mg (as carbonate 1,000 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
CARAFATE 1 GRAM TABLET[NP]	*		GASTROINTESTINAL AGENTS		
children's antacid 400 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
children's pepto 160 mg (as calcium carbonate 400 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
children's soothe 160 mg (as calcium carbonate 400 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		

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chlordiazepoxide-clidinium 5 mg-2.5 mg capsule[NP]	*		GASTROINTESTINAL AGENTS		
cimetidine 200 mg tablet	1		GASTROINTESTINAL AGENTS		
cimetidine 200 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
cimetidine 300 mg tablet	1		GASTROINTESTINAL AGENTS		
cimetidine 300 mg/5 ml oral solution	1		GASTROINTESTINAL AGENTS		
cimetidine 400 mg tablet	1		GASTROINTESTINAL AGENTS		
cimetidine 800 mg tablet	1		GASTROINTESTINAL AGENTS		
clearlax 17 gram oral powder packet[OTC]	1	QL(36 per 30 days)	GASTROINTESTINAL AGENTS		
clearlax 17 gram/dose oral powder[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		
comfort gel 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
comfort gel extra strength 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
CTEXLI 250 MG TABLET[NP]	*		GASTROINTESTINAL AGENTS		
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION[NP]	*		GASTROINTESTINAL AGENTS		
CYTOTEC 100 MCG TABLET[NP]	*		GASTROINTESTINAL AGENTS		
CYTOTEC 200 MCG TABLET[NP]	*		GASTROINTESTINAL AGENTS		
DARTISLA 1.7 MG DISINTEGRATING TABLET[NP]	*	QL(120 per 30 days)	GASTROINTESTINAL AGENTS		
DEXILANT 30 MG CAPSULE, DELAYED RELEASE[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
DEXILANT 60 MG CAPSULE, DELAYED RELEASE[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
dexlansoprazole 30 mg capsule,biphase delayed release[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
dexlansoprazole 60 mg capsule,biphase delayed release[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
diamode 2 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
diarrhea relief (bismuth subsalicylate) 262 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
dicyclomine 10 mg capsule	1		GASTROINTESTINAL AGENTS		
dicyclomine 10 mg/5 ml oral solution	1		GASTROINTESTINAL AGENTS		
dicyclomine 20 mg tablet	1		GASTROINTESTINAL AGENTS		
dicyclomine 40 mg tablet	1		GASTROINTESTINAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
digenyx 0.125 mg tablet[NP]	*		GASTROINTESTINAL AGENTS		
digestive relief 262 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
digestive relief 262 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
diotame 262 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
ed-spaz 0.125 mg disintegrating tablet	1		GASTROINTESTINAL AGENTS		
ENDARI 5 GRAM ORAL POWDER PACKET	1		GASTROINTESTINAL AGENTS		
enulose 10 gram/15 ml oral solution	1		GASTROINTESTINAL AGENTS		
esomeprazole magnesium 20 mg capsule,delayed release[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
esomeprazole magnesium 20 mg capsule,delayed release[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
esomeprazole magnesium 40 mg capsule,delayed release[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
esomeprazole magnesium dr 10 mg granules delayed release for susp[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
esomeprazole magnesium dr 2.5 mg granules delayed release for susp[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
esomeprazole magnesium dr 20 mg granules delayed release for susp[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
esomeprazole magnesium dr 40 mg granules delayed release for susp[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
esomeprazole magnesium dr 5 mg granules delayed release for susp[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
famotidine 10 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
famotidine 20 mg tablet	1		GASTROINTESTINAL AGENTS		
famotidine 20 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
famotidine 40 mg tablet	1		GASTROINTESTINAL AGENTS		
famotidine 40 mg/5 ml (8 mg/ml) oral suspension	1		GASTROINTESTINAL AGENTS		
flavor chews antacid 300 mg (as calcium carbonate 750 mg) tablet[OTC]	1		GASTROINTESTINAL AGENTS		
foaming antacid 95 mg-358 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT[NP]	*	QL(1 per 30 days)	GASTROINTESTINAL AGENTS		
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT[NP]	*	QL(1 per 30 days)	GASTROINTESTINAL AGENTS		
gavilax 17 gram/dose oral powder[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		
GAVILAX 8.5 GRAM ORAL POWDER PACKET[OTC]	1		GASTROINTESTINAL AGENTS		

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GAVISCON 95 MG-358 MG/15 ML ORAL SUSPENSION[OTC]	1		GASTROINTESTINAL AGENTS		
GAVISCON EXTRA STRENGTH 160 MG-105 MG CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
GAVISCON EXTRA STRENGTH 254 MG-237.5 MG/5 ML ORAL SUSPENSION[OTC]	1		GASTROINTESTINAL AGENTS		
GELUSIL ANTACID AND ANTI-GAS 200 MG-200 MG-25 MG CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
generlac 10 gram/15 ml oral solution	1		GASTROINTESTINAL AGENTS		
gentlelax 17 gram/dose oral powder[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		
geri-lanta 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
geri-lanta 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
geri-mox antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
geri-mox antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
glutamine (sickle cell) 5 gram oral powder packet[NP]	*		GASTROINTESTINAL AGENTS		
GLYCATE 1.5 MG TABLET[NP]	*		GASTROINTESTINAL AGENTS		
glycopyrrolate 1 mg tablet	1		GASTROINTESTINAL AGENTS		
glycopyrrolate 1 mg/5 ml (0.2 mg/ml) oral solution	1		GASTROINTESTINAL AGENTS		
glycopyrrolate 2 mg tablet	1		GASTROINTESTINAL AGENTS		
healthylax 17 gram oral powder packet[OTC]	1	QL(36 per 30 days)	GASTROINTESTINAL AGENTS		
heartburn antacid 160 mg-105 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
heartburn prevention 10 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
heartburn relief (famotidine) 10 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
heartburn relief 160 mg-105 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
heartburn relief 254 mg-237.5 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
hyoscyamine 0.125 mg disintegrating tablet	1		GASTROINTESTINAL AGENTS		
hyoscyamine 0.125 mg sublingual tablet	1		GASTROINTESTINAL AGENTS		
hyoscyamine 0.125 mg/5 ml oral elixir	1		GASTROINTESTINAL AGENTS		
hyoscyamine 0.125 mg/ml oral drops	1		GASTROINTESTINAL AGENTS		
hyoscyamine er 0.375 mg tablet,extended release,12 hr	1		GASTROINTESTINAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
hyoscyamine sulfate 0.125 mg tablet	1		GASTROINTESTINAL AGENTS		
IBSRELA 50 MG TABLET[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
IMODIUM A-D 1 MG/7.5 ML ORAL LIQUID[OTC]	1		GASTROINTESTINAL AGENTS		
IMODIUM A-D 2 MG CAPSULE[OTC]	1		GASTROINTESTINAL AGENTS		
IMODIUM A-D 2 MG TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
instalax 17 gram/dose oral powder[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		
IQIRVO 80 MG TABLET[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
k-pec antidiarrheal (bism sub) 262 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
kaopectate (bismuth subsalicylate) 262 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
KAOPECTATE (BISMUTH SUBSALICYLATE) 262 MG TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
kaopectate (bismuth subsalicylate) 262 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
kaopectate ex str (bismuth ss) 525 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
kaopectate max 525 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
KONVOMEP 2 MG-84 MG/ML ORAL SUSPENSION[NP]	*	PA,QL(600 per 30 days)	GASTROINTESTINAL AGENTS		
lactulose 10 gram/15 ml oral solution	1		GASTROINTESTINAL AGENTS		
lansoprazole 15 mg capsule,delayed release[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
lansoprazole 15 mg capsule,delayed release[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
lansoprazole 15 mg delayed release,disintegrating tablet	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
lansoprazole 15 mg delayed release,disintegrating tablet[OTC]	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
lansoprazole 30 mg capsule,delayed release[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
lansoprazole 30 mg delayed release,disintegrating tablet	1	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
laxaclear 17 gram/dose oral powder[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		
laxative peg 3350 17 gram/dose oral powder[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		
LEVSIN 0.125 MG TABLET[NP]	*		GASTROINTESTINAL AGENTS		
LEVSIN/SL 0.125 MG SUBLINGUAL TABLET[NP]	*		GASTROINTESTINAL AGENTS		
LINZESS 145 MCG CAPSULE[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		

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LINZESS 290 MCG CAPSULE[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
LINZESS 72 MCG CAPSULE[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
liquid antacid 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
LIVDELZI 10 MG CAPSULE[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
LIVMARLI 10 MG TABLET[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
LIVMARLI 15 MG TABLET[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
LIVMARLI 19 MG/ML ORAL SOLUTION[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
LIVMARLI 20 MG TABLET[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
LIVMARLI 30 MG TABLET[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
LIVMARLI 9.5 MG/ML ORAL SOLUTION[NP]	*	QL(90 per 30 days)	GASTROINTESTINAL AGENTS		
loperamide 1 mg/7.5 ml oral liquid[OTC]	1		GASTROINTESTINAL AGENTS		
loperamide 2 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
LOTRONEX 0.5 MG TABLET[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
LOTRONEX 1 MG TABLET[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
lubiprostone 24 mcg capsule[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
lubiprostone 8 mcg capsule[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
LYNAVOY 40 MG TABLET[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
MAALOX ADVANCED 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSION[OTC]	1		GASTROINTESTINAL AGENTS		
maalox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
MAG-AL 200 MG-200 MG/5 ML ORAL SUSPENSION[OTC]	1		GASTROINTESTINAL AGENTS		
mag-al plus 200 mg-200 mg-20 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
mag-al plus extra strength 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
methscopolamine 2.5 mg tablet[NP]	*		GASTROINTESTINAL AGENTS		
methscopolamine 5 mg tablet[NP]	*		GASTROINTESTINAL AGENTS		
mintox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
mintox plus 200 mg-200 mg-25 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MIRALAX 17 GRAM ORAL POWDER PACKET[OTC]	1	QL(36 per 30 days)	GASTROINTESTINAL AGENTS		
MIRALAX 17 GRAM/DOSE ORAL POWDER[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		
misoprostol 100 mcg tablet	1		GASTROINTESTINAL AGENTS		
misoprostol 200 mcg tablet	1		GASTROINTESTINAL AGENTS		
mix-in laxative 17 gram oral powder packet[OTC]	1	QL(36 per 30 days)	GASTROINTESTINAL AGENTS		
MOTEGRITY 1 MG TABLET[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
MOTEGRITY 2 MG TABLET[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
MOVANTIK 12.5 MG TABLET[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
MOVANTIK 25 MG TABLET[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
mylanta maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
natura-lax 17 gram/dose oral powder[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		
NEXIUM 20 MG CAPSULE,DELAYED RELEASE[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
NEXIUM 40 MG CAPSULE,DELAYED RELEASE[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
nizatidine 150 mg capsule	1		GASTROINTESTINAL AGENTS		
nizatidine 300 mg capsule	1		GASTROINTESTINAL AGENTS		
nulev 0.125 mg disintegrating tablet	1		GASTROINTESTINAL AGENTS		
OCALIVA 10 MG TABLET[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
OCALIVA 5 MG TABLET[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
omeprazole 10 mg capsule,delayed release	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
omeprazole 20 mg capsule,delayed release	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
omeprazole 20 mg-sodium bicarbonate 1,680 mg oral packet[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		

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omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
omeprazole 40 mg capsule,delayed release	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
omeprazole 40 mg-sodium bicarbonate 1,680 mg oral packet[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
oscimin 0.125 mg tablet	1		GASTROINTESTINAL AGENTS		
oscimin sl 0.125 mg sublingual tablet	1		GASTROINTESTINAL AGENTS		
pantoprazole 20 mg tablet,delayed release	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
pantoprazole 40 mg tablet,delayed release	1	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
pantoprazole dr 40 mg granules delayed-release for susp in packet[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
pep-t-med 262 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
PEPCID AC 10 MG TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
PEPTO-BISMOL 262 MG CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
pepto-bismol 262 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
PEPTO-BISMOL 262 MG/15 ML ORAL SUSPENSION[OTC]	1		GASTROINTESTINAL AGENTS		
PEPTO-BISMOL MAX ST 525 MG/15 ML ORAL SUSPENSION[OTC]	1		GASTROINTESTINAL AGENTS		
PEPTO-BISMOL TO-GO 262 MG CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
PEPTO-BISMOL ULTRA 525 MG TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
pink bismuth 262 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
pink bismuth 262 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		
pink bismuth 262 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
pink bismuth 525 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
pink bismuth maximum strength 525 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		
polyethylene glycol 3350 17 gram oral powder packet[OTC]	1	QL(36 per 30 days)	GASTROINTESTINAL AGENTS		
polyethylene glycol 3350 17 gram/dose oral powder[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		
powderlax 17 gram oral powder packet[OTC]	1	QL(36 per 30 days)	GASTROINTESTINAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
powderlax 17 gram/dose oral[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		
PREVACID 30 MG CAPSULE,DELAYED RELEASE[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
PRILOSEC 10 MG ORAL SUSPENSION,DELAYED RELEASE[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
PRILOSEC 2.5 MG ORAL SUSPENSION,DELAYED RELEASE[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
PROTONIX 20 MG TABLET,DELAYED RELEASE[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET[NP]	*	PA,QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
PROTONIX 40 MG TABLET,DELAYED RELEASE[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
prucalopride 1 mg tablet[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
prucalopride 2 mg tablet[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		
purelax 17 gram oral powder packet[OTC]	1	QL(36 per 30 days)	GASTROINTESTINAL AGENTS		
purelax 17 gram/dose oral powder[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		
PYLERA 140 MG-125 MG-125 MG CAPSULE[NP]	*	QL(144 per 30 days)	GASTROINTESTINAL AGENTS		
rabeprazole 20 mg tablet,delayed release[NP]	*	PA,QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
ranitidine 150 mg tablet[NP]	*		GASTROINTESTINAL AGENTS		
ranitidine 300 mg tablet[NP]	*		GASTROINTESTINAL AGENTS		
RELTONE 200 MG CAPSULE[NP]	*	QL(150 per 30 days)	GASTROINTESTINAL AGENTS		
RELTONE 400 MG CAPSULE[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		10
ROBINUL 1 MG TABLET[NP]	*		GASTROINTESTINAL AGENTS		20
ROBINUL FORTE 2 MG TABLET[NP]	*		GASTROINTESTINAL AGENTS		20
smooth antacid 300 mg (as calcium carbonate 750 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		20
smoothlax 17 gram oral powder packet[OTC]	1	QL(36 per 30 days)	GASTROINTESTINAL AGENTS		20
smoothlax 17 gram/dose oral powder[OTC]	1	QL(1054 per 30 days)	GASTROINTESTINAL AGENTS		10
sodium bicarbonate 325 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		20
sodium bicarbonate 650 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		10

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
soothe (bismuth subsalicylate) 262 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		10
soothe (bismuth subsalicylate) 262 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		10
soothe regular strength 262 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		20
stomach relief 262 mg chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		20
stomach relief 262 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		20
stomach relief 262 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		20
stomach relief 525 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		20
stomach relief max strength 525 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		20
stomach relief original 262 mg/15 ml oral suspension[OTC]	1		GASTROINTESTINAL AGENTS		20
sucralfate 1 gram tablet	1		GASTROINTESTINAL AGENTS		20
sucralfate 100 mg/ml oral suspension	1		GASTROINTESTINAL AGENTS		20
SUFLAVE 178.7 GRAM-7.3 GRAM-0.5 GRAM ORAL SOLUTION	1		GASTROINTESTINAL AGENTS		20
SUTAB 1.479-0.188-0.225 GRAM TABLET	1		GASTROINTESTINAL AGENTS		20
SYMPROIC 0.2 MG TABLET[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		20
TALICIA 10 MG-250 MG-12.5 MG CAPSULE,IMMEDIATE - DELAY RELEASE[NP]	*		GASTROINTESTINAL AGENTS		20
TAME THE FLAME 195 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		20
tum-ease 200 mg calcium (500 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		20
TUMS 200 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		20
TUMS 300 MG (AS CALCIUM CARBONATE 750 MG) CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		20
TUMS 320 MG CALCIUM (750 MG) CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		20
TUMS E-X 300 MG (AS CALCIUM CARBONATE 750 MG) CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		20
TUMS EXTRA STRENGTH SMOOTHIES 300 MG (AS CARB 750 MG) CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		20
TUMS FRESHERS 200 MG (AS CALCIUM CARBONATE 500 MG) CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		20

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
TUMS ULTRA 400 MG (AS CALCIUM CARBONATE 1,000 MG) CHEWABLE TABLET[OTC]	1		GASTROINTESTINAL AGENTS		
tums ultra 470 mg (as calcium carbonate 1,177 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		
ultra a-d 2 mg tablet[OTC]	1		GASTROINTESTINAL AGENTS		20
ultra strength antacid 400 mg (calcium carb 1,000 mg) chewable tablet[OTC]	1		GASTROINTESTINAL AGENTS		20
URSO FORTE 500 MG TABLET[NP]	*		GASTROINTESTINAL AGENTS		20
ursodiol 250 mg tablet[NP]	*		GASTROINTESTINAL AGENTS		
ursodiol 300 mg capsule	1		GASTROINTESTINAL AGENTS		
ursodiol 500 mg tablet[NP]	*		GASTROINTESTINAL AGENTS		
URSOLIGN 150 MG CAPSULE[NP]	*		GASTROINTESTINAL AGENTS		20
VIBERZI 100 MG TABLET[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		20
VIBERZI 75 MG TABLET[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		
VOQUEZNA 10 MG TABLET[NP]	*	QL(30 per 30 days)	GASTROINTESTINAL AGENTS		20
VOQUEZNA 20 MG TABLET[NP]	*	QL(60 per 30 days)	GASTROINTESTINAL AGENTS		20
VOQUEZNA DUAL PAK 20 MG (28)-500 MG (84) ORAL PACK[NP]	*	QL(112 per 30 days)	GASTROINTESTINAL AGENTS		20
VOQUEZNA TRIPLE PAK 20 MG-500 MG-500 MG ORAL PACK[NP]	*	QL(112 per 30 days)	GASTROINTESTINAL AGENTS		20
AMVUTTRA 25 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(0.5 per 90 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
AQVESME 100 MG TABLET[NP]	*	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ATTRUBY 356 MG TABLET[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine 1 gram/scoop oral powder[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
BUPHENYL 500 MG TABLET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CERDELGA 84 MG CAPSULE[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CHOLBAM 250 MG CAPSULE[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CHOLBAM 50 MG CAPSULE[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CYSTADANE 1 GRAM/SCOOP ORAL POWDER[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

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CYSTAGON 150 MG CAPSULE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CYSTAGON 50 MG CAPSULE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
DAYBUE 200 MG/ML ORAL SOLUTION[NP]	*	QL(3600 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
DAYBUE STIX 5,000 MG ORAL POWDER PACKET[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
DAYBUE STIX 6,000 MG ORAL POWDER PACKET[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
DAYBUE STIX 8,000 MG ORAL POWDER PACKET[NP]	*	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
dichlorphenamide 50 mg tablet[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
DUVYZAT 8.86 MG/ML ORAL SUSPENSION[NP]	*	PA,QL(360 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
EVRYSDI 0.75 MG/ML ORAL SOLUTION[NP]	*	QL(240 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
EVRYSDI 5 MG TABLET[NP]	*	QL(30 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GALAFOLD 123 MG CAPSULE[NP]	*	QL(14 per 28 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

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glycerol phenylbutyrate 1.1 gram/ml oral liquid[NP]	*	QL(525 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
HARLIKU 2 MG TABLET[NP]	*	QL(300 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
IMCIVREE 10 MG/ML SUBCUTANEOUS SOLUTION[NP]	*	PA	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ITVISMA 1.2 X 10EXP14 VG/3 ML INTRATHECAL SUSPENSION[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
javygtor 100 mg oral powder packet[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
javygtor 100 mg soluble tablet[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
javygtor 500 mg oral powder packet[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
JOENJA 40 MG TABLET[NP]	*	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
JOENJA 50 MG TABLET[NP]	*	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
JOENJA 70 MG TABLET[NP]	*	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
KEVEYIS 50 MG TABLET[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

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KUVAN 100 MG ORAL POWDER PACKET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
KUVAN 100 MG SOLUBLE TABLET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
KUVAN 500 MG ORAL POWDER PACKET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
KYGEVVI 4 GRAM ORAL POWDER PACKET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
LOARGYS 5 MG/ML INJECTION SOLUTION[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
miglustat 100 mg capsule[NP]	*	QL(90 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
MIPLYFFA 124 MG CAPSULE[NP]	*	QL(90 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
MIPLYFFA 47 MG CAPSULE[NP]	*	QL(90 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
MIPLYFFA 62 MG CAPSULE[NP]	*	QL(90 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
MIPLYFFA 93 MG CAPSULE[NP]	*	QL(90 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
nitisinone 10 mg capsule	1	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
nitisinone 2 mg capsule	1	QL(300 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
nitisinone 20 mg capsule	1	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
nitisinone 5 mg capsule	1	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
NITYR 10 MG TABLET[NP]	*	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
NITYR 2 MG TABLET[NP]	*	QL(300 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
NITYR 5 MG TABLET[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
OLPRUVA 2 GRAM ORAL PELLETS IN PACKET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
OLPRUVA 3 GRAM ORAL PELLETS IN PACKET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
OLPRUVA 4 GRAM ORAL PELLETS IN PACKET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
OLPRUVA 5 GRAM ORAL PELLETS IN PACKET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
OLPRUVA 6 GRAM ORAL PELLETS IN PACKET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
OLPRUVA 6.67 GRAM ORAL PELLETS IN PACKET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
OPFOLDA 65 MG CAPSULE[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ORFADIN 10 MG CAPSULE	1	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ORFADIN 2 MG CAPSULE	1	QL(300 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ORFADIN 20 MG CAPSULE	1	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ORFADIN 4 MG/ML ORAL SUSPENSION[NP]	*	QL(150 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ORFADIN 5 MG CAPSULE	1	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ormalvi 50 mg tablet[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE	1	PA	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE	1	PA	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE	1	PA	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

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PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE	1	PA	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PHEBURANE 483 MG/GRAM ORAL GRANULES[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PROCYSBI 300 MG ORAL DR GRANULES IN PACKET[NP]	*	QL(210 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE[NP]	*	QL(780 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PROCYSBI 75 MG ORAL DR GRANULES IN PACKET[NP]	*	QL(780 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PYRUKYND 20 MG (7)-5 MG (7) TABLETS IN A DOSE PACK[NP]	*	QL(14 per 14 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PYRUKYND 20 MG TABLET[NP]	*	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PYRUKYND 5 MG TABLET[NP]	*	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PYRUKYND 50 MG (7)-20 MG (7) TABLETS IN A DOSE PACK[NP]	*	QL(14 per 14 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PYRUKYND 50 MG TABLET[NP]	*	QL(60 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
RAVICTI 1.1 GRAM/ML ORAL LIQUID[NP]	*	QL(525 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
sapropterin 100 mg oral powder packet[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
sapropterin 100 mg soluble tablet[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
sapropterin 500 mg oral powder packet[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
SEPHIENCE 1,000 MG ORAL POWDER PACKET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
SEPHIENCE 250 MG ORAL POWDER PACKET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
sodium phenylbutyrate 0.94 gram/gram oral powder[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
sodium phenylbutyrate 500 mg tablet[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
SPINRAZA (PF) 12 MG/5 ML INTRATHECAL SOLUTION[NP]	*	PA,QL(30 per 365 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
SPINRAZA (PF) 28 MG/5 ML INTRATHECAL SOLUTION[NP]	*	PA,QL(15 per 365 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
SPINRAZA (PF) 50 MG/5 ML INTRATHECAL SOLUTION[NP]	*	PA,QL(10 per 365 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
VOXZOGO 0.4 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(30 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
VOXZOGO 0.56 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(30 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
VOXZOGO 1.2 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(30 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
VYNDAMAX 61 MG CAPSULE[NP]	*	QL(30 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
VYNDAQEL 20 MG CAPSULE[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
WAINUA 45 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(0.8 per 28 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
WAINUA 45 MG/0.8 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(0.8 per 28 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
XURIDEN 2 GRAM ORAL GRANULES IN PACKET[NP]	*	QL(120 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
yargesa 100 mg capsule[NP]	*	QL(90 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
YUVIWEL 1.3 MG SUBCUTANEOUS SOLUTION[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
YUVIWEL 2.8 MG SUBCUTANEOUS SOLUTION[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
YUVIWEL 5.5 MG SUBCUTANEOUS SOLUTION[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ZAVESCA 100 MG CAPSULE[NP]	*	QL(90 per 30 days)	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
zelvysia 100 mg oral powder packet[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
zelvysia 500 mg oral powder packet[NP]	*		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		

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ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ZENPEP 60,000-189,600-252,600 UNIT CAPSULE,DELAYED RELEASE	1		GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ZOLGENSMA 2 X 10EXP13 VG/ML INTRAVENOUS SUSPENSION, KIT	1	PA	GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
alfuzosin er 10 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	GENITOURINARY AGENTS		
bethanechol chloride 10 mg tablet	1		GENITOURINARY AGENTS		
bethanechol chloride 25 mg tablet	1		GENITOURINARY AGENTS		
bethanechol chloride 5 mg tablet	1		GENITOURINARY AGENTS		
bethanechol chloride 50 mg tablet	1		GENITOURINARY AGENTS		
CIALIS 5 MG TABLET[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
darifenacin er 15 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
darifenacin er 7.5 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
dutasteride 0.5 mg capsule[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
dutasteride 0.5 mg-tamsulosin er 0.4 mg capsule ext.release 24hr mphas[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
ELMIRON 100 MG CAPSULE[NP]	*	QL(90 per 30 days)	GENITOURINARY AGENTS		
fesoterodine er 4 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
fesoterodine er 8 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
finasteride 5 mg tablet	1	QL(30 per 30 days)	GENITOURINARY AGENTS		
flavoxate 100 mg tablet[NP]	*		GENITOURINARY AGENTS		
GEMTESA 75 MG TABLET	1	QL(30 per 30 days)	GENITOURINARY AGENTS		
mirabegron er 25 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	GENITOURINARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
mirabegron er 50 mg tablet,extended release 24 hr	1	QL(30 per 30 days)	GENITOURINARY AGENTS		
mirabegron er 8 mg/ml oral suspension,extended release	1	QL(300 per 30 days)	GENITOURINARY AGENTS		
MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	GENITOURINARY AGENTS		
MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE	1	QL(30 per 30 days)	GENITOURINARY AGENTS		
MYRBETRIQ 8 MG/ML ORAL SUSPENSION,EXTENDED RELEASE	1	QL(300 per 30 days)	GENITOURINARY AGENTS		
oxybutynin chloride 2.5 mg tablet	1	QL(90 per 30 days)	GENITOURINARY AGENTS		
oxybutynin chloride 5 mg tablet	1		GENITOURINARY AGENTS		
oxybutynin chloride 5 mg/5 ml oral syrup	1		GENITOURINARY AGENTS		
oxybutynin chloride er 10 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	GENITOURINARY AGENTS		
oxybutynin chloride er 15 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	GENITOURINARY AGENTS		
oxybutynin chloride er 5 mg tablet,extended release 24 hr	1	QL(60 per 30 days)	GENITOURINARY AGENTS		
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	GENITOURINARY AGENTS		
PROSCAR 5 MG TABLET[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
silodosin 4 mg capsule[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
silodosin 8 mg capsule[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
solifenacin 10 mg tablet	1	QL(30 per 30 days)	GENITOURINARY AGENTS		
solifenacin 5 mg tablet	1	QL(30 per 30 days)	GENITOURINARY AGENTS		
tadalafil 5 mg tablet[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
tamsulosin 0.4 mg capsule	1	QL(60 per 30 days)	GENITOURINARY AGENTS		
THIOLA 100 MG TABLET[NP]	*		GENITOURINARY AGENTS		
THIOLA EC 100 MG TABLET,DELAYED RELEASE[NP]	*		GENITOURINARY AGENTS		
THIOLA EC 300 MG TABLET,DELAYED RELEASE[NP]	*		GENITOURINARY AGENTS		
tiopronin 100 mg tablet[NP]	*		GENITOURINARY AGENTS		
tiopronin 100 mg tablet,delayed release[NP]	*		GENITOURINARY AGENTS		
tiopronin 300 mg tablet,delayed release[NP]	*		GENITOURINARY AGENTS		
tolterodine 1 mg tablet[NP]	*	QL(60 per 30 days)	GENITOURINARY AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
tolterodine 2 mg tablet[NP]	*	QL(60 per 30 days)	GENITOURINARY AGENTS		
tolterodine er 2 mg capsule,extended release 24 hr[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
tolterodine er 4 mg capsule,extended release 24 hr[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
TOVIAZ 4 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
TOVIAZ 8 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
trospium 20 mg tablet[NP]	*	QL(60 per 30 days)	GENITOURINARY AGENTS		
trospium er 60 mg capsule,extended release 24 hr[NP]	*	QL(30 per 30 days)	GENITOURINARY AGENTS		
venxxiva 100 mg tablet,delayed release[NP]	*		GENITOURINARY AGENTS		
venxxiva 300 mg tablet,delayed release[NP]	*		GENITOURINARY AGENTS		
AGAMREE 40 MG/ML ORAL SUSPENSION[NP]	*	PA,QL(225 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ALKINDI SPRINKLE 0.5 MG CAPSULE[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
ALKINDI SPRINKLE 1 MG CAPSULE[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
ALKINDI SPRINKLE 2 MG CAPSULE[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
ALKINDI SPRINKLE 5 MG CAPSULE[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
cortisone 25 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
deflazacort 18 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
deflazacort 22.75 mg/ml oral suspension[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
deflazacort 30 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
deflazacort 36 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
deflazacort 6 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
dexamethasone 0.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 0.5 mg/5 ml oral elixir	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 0.5 mg/5 ml oral solution	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 0.75 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 1 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 1.5 mg (21 tabs) tablets in a dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 1.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 2 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 4 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 6 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone intensol 1 mg/ml drops (concentrate)	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexlyt 0.25 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EMFLAZA 18 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
EMFLAZA 22.75 MG/ML ORAL SUSPENSION[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
EMFLAZA 30 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
EMFLAZA 36 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
EMFLAZA 6 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
fludrocortisone 0.1 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
HEMADY 20 MG TABLET[NP]	*	QL(24 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
hydrocortisone acetate 0.5 % topical cream[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
hydrocortisone acetate 1 % topical cream[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
hydrocortisone acetate 1 % topical cream packet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
hydrocortisone acetate 1 % topical ointment[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
hydrocortisone acetate 2.5 % topical cream with perineal applicator	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
jaythari 18 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
jaythari 22.75 mg/ml oral suspension[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
jaythari 30 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
jaythari 36 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
jaythari 6 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
KHINDIVI 1 MG/ML ORAL SOLUTION[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
kymbee 18 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
kymbee 22.75 mg/ml oral suspension[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
kymbee 30 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
kymbee 36 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
kymbee 6 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
MEDROL 16 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
MEDROL 2 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
MEDROL 4 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
MEDROL 8 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
methylprednisolone 16 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
methylprednisolone 32 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
methylprednisolone 4 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
methylprednisolone 4 mg tablets in a dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
methylprednisolone 8 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
micort-hc 2.5 % topical cream with perineal applicator[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisolone 10 mg disintegrating tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisolone 15 mg disintegrating tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisolone 15 mg/5 ml oral solution	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisolone 30 mg disintegrating tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisolone 5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisolone sodium phosphate 10 mg/5 ml oral solution	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) oral solution	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) oral solution	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml) oral solution	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisolone sodium phosphate 5 mg base/5 ml (6.7 mg/5 ml) oral soln	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 1 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 1 mg tablet,delayed release[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 10 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 10 mg tablets in a dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 2 mg tablet,delayed release[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 2.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 20 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 5 mg tablet,delayed release[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 5 mg tablets in a dose pack	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 5 mg/5 ml oral solution	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisone 50 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
prednisone intensol 5 mg/ml oral concentrate	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
pyquvi 22.75 mg/ml oral suspension[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
taperdex 1.5 mg (21 tabs) tablets in a dose pack[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
triamcinolone acetonide 0.025 % lotion	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
triamcinolone acetonide 0.025 % topical cream	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
triamcinolone acetonide 0.025 % topical ointment	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
triamcinolone acetonide 0.05 % topical ointment[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
triamcinolone acetonide 0.1 % lotion	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
triamcinolone acetonide 0.1 % topical cream	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
triamcinolone acetonide 0.1 % topical ointment	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
triamcinolone acetonide 0.147 mg/gram topical aerosol[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
triamcinolone acetonide 0.5 % topical cream	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
triamcinolone acetonide 0.5 % topical ointment	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
vanicream hc 1 % topical[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
DDAVP 0.1 MG TABLET[NP]	*	QL(180 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
DDAVP 0.2 MG TABLET[NP]	*	QL(180 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
DESMODA 0.05 MG/ML ORAL SOLUTION[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin 0.1 mg tablet	1	QL(180 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin 0.2 mg tablet	1	QL(180 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin 10 mcg/spray (0.1 ml) nasal spray (non-refrigerated)	1	QL(25 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
EGRIFTA SV 2 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(30 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
EGRIFTA WR 11.6 MG SUBCUTANEOUS KIT[NP]	*	QL(1 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
GENOTROPIN 12 MG/ML (36 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
GENOTROPIN 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
GENOTROPIN MINIQUICK 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
GENOTROPIN MINIQUICK 1 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
GENOTROPIN MINIQUICK 1.2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
GENOTROPIN MINIQUICK 1.4 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
GENOTROPIN MINIQUICK 1.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
GENOTROPIN MINIQUICK 1.8 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
GENOTROPIN MINIQUICK 2 MG/0.25 ML SUBCUTANEOUS SYRINGE	1	PA,QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HUMATROPE 12 MG (36 UNIT) INJECTION CARTRIDGE[NP]	*	QL(4 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HUMATROPE 24 MG (72 UNIT) INJECTION CARTRIDGE[NP]	*	QL(4 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HUMATROPE 6 MG (18 UNIT) INJECTION CARTRIDGE[NP]	*	QL(4 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION[NP]	*	QL(52 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
ISTURISA 1 MG TABLET[NP]	*	QL(240 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
ISTURISA 5 MG TABLET[NP]	*	QL(60 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
NGENLA 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(4.8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
NGENLA 60 MG/1.2 ML (50 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(4.8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(10 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
NORDITROPIN FLEXPRO 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(10 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
NORDITROPIN FLEXPRO 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(10 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS CARTRIDGE[NP]	*	QL(12 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE[NP]	*	QL(24 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SEROSTIM 4 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(28 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
SEROSTIM 5 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(28 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
SEROSTIM 6 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(28 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
SKYTROFA 0.7 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
SKYTROFA 1.4 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
SKYTROFA 1.8 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
SKYTROFA 11 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SKYTROFA 13.3 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SKYTROFA 2.1 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
SKYTROFA 2.5 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
SKYTROFA 3 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SKYTROFA 3.6 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SKYTROFA 4.3 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SKYTROFA 5.2 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SKYTROFA 6.3 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SKYTROFA 7.6 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SKYTROFA 9.1 MG SUBCUTANEOUS CARTRIDGE	1	PA,QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SOGROYA 10 MG/1.5 ML (6.7 MG/ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(6 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SOGROYA 15 MG/1.5 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(6 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
SOGROYA 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(6 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
ZOMACTON 10 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(28 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
ZOMACTON 5 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(28 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
alprostadil 500 mcg/ml injection solution[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
PROSTIN VR PEDIATRIC 500 MCG/ML INJECTION SOLUTION[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
abigale 1 mg-0.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
abigale lo 0.5 mg-0.1 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ACTIVELLA 1 MG-0.5 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
after pill 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
AFTERA 1.5 MG TABLET[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
altavera (28) 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
alyacen 1/35 (28) 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
amethyst (28) 90 mcg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ANGELIQ 0.25 MG-0.5 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANGELIQ 0.5 MG-1 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING	1	QL(1 per 365 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
apri 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
aubra eq 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
aurovela 1/20 (21) 1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
AVEED 750 MG/3 ML (250MG/ML) INTRAMUSCULAR SOLUTION[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
AVERI 0.15 MG-0.03 MG (21)/36.5 MG (7) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
aviane 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ayuna 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
AZMIRO 200 MG/ML INTRAMUSCULAR SYRINGE[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
balziva (28) 0.4 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
BIJUVA 0.5 MG-100 MG CAPSULE[NP]	*	QL(30 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
BIJUVA 1 MG-100 MG CAPSULE[NP]	*	QL(30 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
briellyn 0.4 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
camila 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
chateal eq (28) 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CLIMARA 0.025 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
CLIMARA 0.0375 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CLIMARA 0.05 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CLIMARA 0.06 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CLIMARA 0.075 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CLIMARA 0.1 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
conjugated estrogens 0.3 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
conjugated estrogens 0.45 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
conjugated estrogens 0.625 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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conjugated estrogens 0.9 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
conjugated estrogens 1.25 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CRENESSITY 100 MG CAPSULE[NP]	*	QL(120 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CRENESSITY 25 MG CAPSULE[NP]	*	QL(90 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CRENESSITY 50 MG CAPSULE[NP]	*	QL(90 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CRENESSITY 50 MG/ML ORAL SOLUTION[NP]	*	QL(240 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CRINONE 4 % VAGINAL GEL[NP]	*	QL(8.7 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
CRINONE 8 % VAGINAL GEL[NP]	*	QL(21.75 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
cryselle (28) 0.3 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
curae 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
cyred eq 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
danazol 100 mg capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
danazol 200 mg capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
danazol 50 mg capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
dasetta 1/35 (28) 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
deblitane 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DELESTROGEN 10 MG/ML INTRAMUSCULAR OIL[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DELESTROGEN 20 MG/ML INTRAMUSCULAR OIL[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL[NP]	*	QL(5 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION	1	QL(1 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE	1	QL(1 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE	1	QL(0.65 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DEPO-TESTOSTERONE 100 MG/ML INTRAMUSCULAR OIL[NP]	*	QL(24 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DEPO-TESTOSTERONE 200 MG/ML INTRAMUSCULAR OIL[NP]	*	QL(24 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %) TRANSDERMAL GEL PACKET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DIVIGEL 0.5 MG/0.5 GRAM (0.1 %) TRANSDERMAL GEL PACKET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DIVIGEL 0.75 MG/0.75 GRAM (0.1%) TRANSDERMAL GEL PACKET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
DIVIGEL 1 MG/GRAM (0.1 %) TRANSDERMAL GEL PACKET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DIVIGEL 1.25 MG/1.25 GRAM (0.1 %) TRANSDERMAL GEL PACKET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
dolishale 90 mcg-20 mcg (28) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
dotti 0.025 mg/24 hr transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
dotti 0.0375 mg/24 hr transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
dotti 0.05 mg/24 hr transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
dotti 0.075 mg/24 hr transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
dotti 0.1 mg/24 hr transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
drospiren-e.estrad-l.mefol 3 mg-0.02 mg-0.451 mg(24)/0.451 mg(4)tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
drospiren-e.estrad-l.mefol 3 mg-0.03 mg-0.451 mg(21)/0.451 mg(7)tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
drospirenone 3 mg-ethinyl estradiol 0.02 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
drospirenone 3 mg-ethinyl estradiol 0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
DUAVEE 0.45 MG-20 MG TABLET[NP]	*	QL(30 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
econtra ez 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
econtra one-step 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP[NP]	*	QL(52 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
elinest 0.3 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ELLA 30 MG TABLET	1	QL(1 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring	1	QL(1 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
emzahh 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ENDOMETRIN 100 MG VAGINAL INSERT	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
enilloring 0.12 mg-0.015 mg/24 hr vaginal ring	1	QL(1 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
enskyce 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
errin 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estarylla 0.25 mg-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estradiol 0.01% (0.1 mg/gram) vaginal cream	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estradiol 0.025 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estradiol 0.025 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estradiol 0.0375 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estradiol 0.0375 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estradiol 0.05 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estradiol 0.05 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estradiol 0.06 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estradiol 0.075 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estradiol 0.075 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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estradiol 0.1 mg/24 hr semiweekly transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol 0.1 mg/24 hr weekly transdermal patch	1	QL(4 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol 0.25 mg/0.25 gram (0.1 %) transdermal gel packet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol 0.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol 0.5 mg/0.5 gram (0.1 %) transdermal gel packet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol 0.75 mg/0.75 gram (0.1%) transdermal gel packet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol 1 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol 1 mg/gram (0.1 %) transdermal gel packet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol 1.25 gram/actuation (0.06%) transdermal gel pump[NP]	*	QL(50 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
estradiol 1.25 mg/1.25 gram (0.1 %) transdermal gel packet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol 10 mcg vaginal tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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estradiol 2 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol valerate 10 mg/ml intramuscular oil[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol valerate 20 mg/ml intramuscular oil[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol valerate 40 mg/ml intramuscular oil[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol-norethindrone acet 0.5 mg-0.1 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
estradiol-norethindrone acet 1 mg-0.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING[NP]	*	QL(1 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring	1	QL(1 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
EVISTA 60 MG TABLET[NP]	*	QL(30 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
falmina (28) 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
feirza 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
feirza 1.5 mg-30 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
FEMLYV 1 MG-20 MCG DISINTEGRATING TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
FEMRING 0.05 MG/24 HR VAGINAL[NP]	*	QL(1 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
FEMRING 0.1 MG/24 HR VAGINAL[NP]	*	QL(1 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
fyavolv 0.5 mg-2.5 mcg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
fyavolv 1 mg-5 mcg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
galbriela 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
gallifrey 5 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
gemmily 1 mg-20 mcg (24)/75 mg (4) capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
GWYN LO 220 MCG-20 MCG/24 HR TRANSDERMAL PATCH	1	QL(3 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
hailey 1.5 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
heather 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
her style 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
IMVEXXY MAINTENANCE PACK 10 MCG VAGINAL INSERT[NP]	*	QL(114 per 365 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
IMVEXXY MAINTENANCE PACK 4 MCG VAGINAL INSERT[NP]	*	QL(114 per 365 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
IMVEXXY STARTER PACK 10 MCG VAGINAL INSERT, DOSE PACK[NP]	*	QL(114 per 365 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
IMVEXXY STARTER PACK 4 MCG VAGINAL INSERT, DOSE PACK[NP]	*	QL(114 per 365 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
incassia 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
INTRAROSA 6.5 MG VAGINAL INSERT[NP]	*	QL(28 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
introvale 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
isibloom 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
jasmiel (28) 3 mg-0.02 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
JATENZO 158 MG CAPSULE[NP]	*	QL(120 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
JATENZO 198 MG CAPSULE[NP]	*	QL(120 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
JATENZO 237 MG CAPSULE[NP]	*	QL(60 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
jencycla 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
jinteli 1 mg-5 mcg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
joyeaux 0.1 mg-0.02 mg (21)/iron (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
juleber 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
julie 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
junel 1.5/30 (21) 1.5 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
junel 1/20 (21) 1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
kalliga 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
kelnor 1/35 (28) 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
kurvelo (28) 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
l norgest/e estradiol-e estrad 0.1 mg-20 mcg (84)/10 mcg (7) tabs,3mos	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
l.norgest-eth.estradiol triphasic 50-30 (6)/75-40(5)/125-30(10) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
larin 1.5/30 (21) 1.5 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
larin 1/20 (21) 1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
lessina 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
levonorgestrel 0.1 mg-ethinyl estradiol 0.02 mg (21)/iron (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
levonorgestrel 0.15 mg-ethinyl estradiol 30 mcg tablets,3 mos pack(91)	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
levonorgestrel 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
levonorgestrel-ethinyl estradiol 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
levonorgestrel-ethinyl estradiol 90 mcg-20 mcg (28) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
lo-zumandimine (28) 3 mg-0.02 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
loryna (28) 3 mg-0.02 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
low-ogestrel (28) 0.3 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
luizza 1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
luizza 1.5 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
lyleq 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
lyllana 0.025 mg/24 hr transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
lyllana 0.0375 mg/24 hr transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
lyllana 0.05 mg/24 hr transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
lyllana 0.075 mg/24 hr transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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lyllana 0.1 mg/24 hr transdermal patch	1	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
marlissa (28) 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
medroxyprogesterone 10 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
medroxyprogesterone 150 mg/ml intramuscular suspension	1	QL(1 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
medroxyprogesterone 150 mg/ml intramuscular syringe	1	QL(1 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
medroxyprogesterone 2.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
medroxyprogesterone 5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
megestrol 20 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
megestrol 40 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
megestrol 400 mg/10 ml (10 ml) oral suspension	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
megestrol 400 mg/10 ml (40 mg/ml) oral suspension	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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megestrol 625 mg/5 ml (125 mg/ml) oral suspension[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
meleya 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
METHITEST 10 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
methyltestosterone 10 mg capsule[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
microgestin 1/20 (21) 1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
mili 0.25 mg-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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mimvey 1 mg-0.5 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
MINIVELLE 0.025 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
MINIVELLE 0.0375 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
MINIVELLE 0.05 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
MINIVELLE 0.075 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
MINIVELLE 0.1 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
minzoya 0.1 mg-0.02 mg (21)/iron (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
mono-linyah 0.25 mg-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
my choice 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
my way 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP[NP]	*	QL(21.96 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
necon 0.5/35 (28) 0.5 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
new day 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
NEXTSTELLIS 3 MG-14.2 MG (28) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
nikki (28) 3 mg-0.02 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
NORA-BE 0.35 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch	1	QL(3 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
norethindrone (contraceptive) 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
norethindrone 1 mg-e. estradiol 20 mcg (24)-iron 75 mg (4) chew tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
norethindrone 1 mg-ethin. estradiol 20 mcg (24)-iron 75 mg (4) capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
norethindrone acetate 0.5 mg-ethinyl estradiol 2.5 mcg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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norethindrone acetate 1 mg-ethinyl estradiol 20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
norethindrone acetate 1 mg-ethinyl estradiol 5 mcg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
norethindrone acetate 5 mg tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
norgestimate 0.25 mg-ethinyl estradiol 0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
norgestimate-ethinyl estradiol 0.18mg/0.215mg/0.25mg-0.035mg(28) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
nortrel 1/35 (21) 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
nortrel 1/35 (28) 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL	1	QL(1 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
nylia 1/35 (28) 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
opcicon one-step 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
OPILL 0.075 MG TABLET[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
option-2 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
orquidea 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
OSPHENA 60 MG TABLET[NP]	*	QL(30 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
philith 0.4 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PLAN B ONE-STEP 1.5 MG TABLET[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
portia 28 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
PREMARIN 0.3 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
PREMARIN 0.45 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
PREMARIN 0.625 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PREMARIN 0.625 MG/GRAM VAGINAL CREAM	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PREMARIN 0.9 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PREMARIN 1.25 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PREMPRO 0.3 MG-1.5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PREMPRO 0.45 MG-1.5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PREMPRO 0.625 MG-2.5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PREMPRO 0.625 MG-5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
progesterone 50 mg/ml intramuscular oil	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
progesterone micronized 100 mg capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
progesterone micronized 100 mg vaginal insert	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
progesterone micronized 200 mg capsule	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PROMETRIUM 100 MG CAPSULE[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PROMETRIUM 200 MG CAPSULE[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PROVERA 10 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
PROVERA 2.5 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
PROVERA 5 MG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
raloxifene 60 mg tablet[NP]	*	QL(30 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
reclipsen (28) 0.15 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
rosyrah 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
sharobel 0.35 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
shewise 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack	1	QL(91 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
SLYND 4 MG (28) TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
sprintec (28) 0.25 mg-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
syeda 3 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
TAKE ACTION 1.5 MG TABLET[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL[NP]	*	QL(300 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
testosterone 1 % (25 mg/2.5 gram) transdermal gel packet[NP]	*	QL(300 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
testosterone 1 % (50 mg/5 gram) transdermal gel packet[NP]	*	QL(300 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
testosterone 1.62 % (20.25 mg/1.25 gram) transdermal gel packet[NP]	*	QL(37.5 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
testosterone 1.62 % (40.5 mg/2.5 gram) transdermal gel packet[NP]	*	QL(150 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
testosterone 10 mg/0.5 gram/actuation transdermal gel pump[NP]	*	QL(120 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
testosterone 12.5 mg/1.25 gram per pump actuation (1%) transdermal gel[NP]	*	QL(300 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
testosterone 20.25 mg/1.25 gram per pump act.(1.62 %) transdermal gel[NP]	*	QL(150 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
testosterone 30 mg/actuation (1.5 ml) transderm solution metered pump[NP]	*	QL(180 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
testosterone 50 mg/5 gram (1 %) transdermal gel[NP]	*	QL(300 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
testosterone cypionate 100 mg/ml intramuscular oil[NP]	*	QL(24 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
testosterone cypionate 200 mg/ml intramuscular oil[NP]	*	QL(24 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
testosterone cypionate 200 mg/ml intramuscular oil[NP]	1	QL(24 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
testosterone enanthate 200 mg/ml intramuscular oil[NP]	*	QL(25 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
testosterone enanthate 200 mg/ml intramuscular oil[NP]	1	QL(25 per 90 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
TLANDO 112.5 MG CAPSULE[NP]	*	QL(120 per 30 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55

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tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-0.025 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-0.025 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
tri-lo-mili 0.18 mg/0.215 mg/0.25 mg-0.025 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-0.025 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
tri-vylibra lo 0.18 mg/0.215 mg/0.25 mg-0.025 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
turqoz (28) 0.3 mg-30 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
TWIRLA 120 MCG-30 MCG/24 HR TRANSDERMAL PATCH	1	QL(3 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		

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TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)	10	55
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
VAGIFEM 10 MCG VAGINAL TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
valtya 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
valtya 1 mg-50 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
vestura (28) 3 mg-0.02 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
vienva 0.1 mg-20 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
VIVELLE-DOT 0.025 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
VIVELLE-DOT 0.0375 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VIVELLE-DOT 0.05 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
VIVELLE-DOT 0.075 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
VIVELLE-DOT 0.1 MG/24 HR TRANSDERMAL PATCH[NP]	*	QL(8 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
vyfemla (28) 0.4 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
vylibra 0.25 mg-0.035 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
wera (28) 0.5 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	10	55
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
xarah fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
xelria fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
xulane 150 mcg-35 mcg/24 hr transdermal patch	1	QL(3 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
XYOSTED 100 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(2 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
XYOSTED 50 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(2 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
XYOSTED 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(2 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
YASMIN (28) 3 MG-0.03 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
YAZ (28) 3 MG-0.02 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
your choice 1.5 mg tablet[OTC]	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
yuvafem 10 mcg vaginal tablet[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
zafemy 150 mcg-35 mcg/24 hr transdermal patch	1	QL(3 per 28 days)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
zovia 1-35 (28) 1 mg-35 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
zumandimine (28) 3 mg-0.03 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ADTHYZA 120 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ADTHYZA 130 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 15 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 16.25 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 30 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 32.5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 60 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 65 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 90 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 97.5 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
amerithroid 120 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
amerithroid 15 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
amerithroid 180 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
amerithroid 240 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
amerithroid 30 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
amerithroid 300 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
amerithroid 60 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
amerithroid 90 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 15 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 180 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 240 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 30 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 300 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 60 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 90 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
CYTOMEL 25 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
CYTOMEL 5 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
CYTOMEL 50 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
evexithroid 120 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
evexithroid 15 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
evexithroid 180 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
evexithroid 30 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
evexithroid 45 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
evexithroid 60 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
evexithroid 75 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
evexithroid 90 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T 100 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T 112 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T 125 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T 137 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T 150 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T 175 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
LEVO-T 200 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T 25 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T 300 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T 50 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T 75 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T 88 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine 100 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine 112 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine 125 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine 137 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine 150 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine 175 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine 200 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine 25 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
levothyroxine 300 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine 50 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine 75 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine 88 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVOXYL 100 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVOXYL 112 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVOXYL 125 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVOXYL 137 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVOXYL 150 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVOXYL 175 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVOXYL 200 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVOXYL 25 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVOXYL 50 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVOXYL 75 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
LEVOXYL 88 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
liomny 25 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
liomny 5 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
liomny 50 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
liothyronine 25 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
liothyronine 5 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
liothyronine 50 mcg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
niva thyroid 120 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
niva thyroid 15 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
niva thyroid 30 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
niva thyroid 60 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
niva thyroid 90 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
np thyroid 120 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
np thyroid 15 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
np thyroid 30 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
np thyroid 60 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
np thyroid 90 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
renthyroid 120 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
renthyroid 15 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
renthyroid 30 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
RENTHYROID 45 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
renthyroid 60 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
RENTHYROID 75 MG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
renthyroid 90 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
SYNTHROID 100 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
SYNTHROID 112 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
SYNTHROID 125 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
SYNTHROID 137 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SYNTHROID 150 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
SYNTHROID 175 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
SYNTHROID 200 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
SYNTHROID 25 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
SYNTHROID 300 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
SYNTHROID 50 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
SYNTHROID 75 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
SYNTHROID 88 MCG TABLET[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
THYQUIDITY 20 MCG/ML ORAL SOLUTION[NP]	*		HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)		
thyroid (pork) 120 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
thyroid (pork) 15 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
thyroid (pork) 30 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
thyroid (pork) 60 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
thyroid (pork) 90 mg tablet	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
UNITHROID 100 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
UNITHROID 112 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
UNITHROID 125 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
UNITHROID 137 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
UNITHROID 150 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
UNITHROID 175 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
UNITHROID 200 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
UNITHROID 25 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
UNITHROID 300 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
UNITHROID 50 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
UNITHROID 75 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
UNITHROID 88 MCG TABLET	1		HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
cabergoline 0.5 mg tablet	1		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
CAMCEVI (6 MONTH) 42 MG SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 180 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE	1	QL(1 per 90 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	40	
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE	1	QL(1 per 120 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE	1	QL(1 per 180 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE	1	QL(1 per 30 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION	1		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION	1		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
lanreotide 120 mg/0.5 ml subcutaneous syringe[NP]	*	QL(0.5 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
MYCAPSSA 20 MG CAPSULE,DELAYED RELEASE[NP]	*	QL(112 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
MYFEMBREE 40 MG-1 MG-0.5 MG TABLET	1	PA,QL(28 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
octreotide acetate 1,000 mcg/ml injection solution[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
octreotide acetate 100 mcg/ml (1 ml) injection syringe[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
octreotide acetate 100 mcg/ml injection solution[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
octreotide acetate 200 mcg/ml injection solution[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
octreotide acetate 50 mcg/ml (1 ml) injection syringe[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	40	

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
octreotide acetate 50 mcg/ml injection solution[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
octreotide acetate 500 mcg/ml (1 ml) injection syringe[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
octreotide acetate 500 mcg/ml injection solution[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
octreotide,microspheres er 10 mg intramuscular susp, extended release[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
octreotide,microspheres er 20 mg intramuscular susp, extended release[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
octreotide,microspheres er 30 mg intramuscular susp, extended release[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES	1	PA,QL(56 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
ORILISSA 150 MG TABLET	1	PA,QL(28 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
ORILISSA 200 MG TABLET	1	PA,QL(56 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
PALSONIFY 20 MG TABLET[NP]	*	QL(90 per 30 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	40	
PALSONIFY 30 MG TABLET[NP]	*	QL(120 per 30 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	40	
RECORLEV 150 MG TABLET[NP]	*	QL(240 per 30 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	40	
SANDOSTATIN 100 MCG/ML INJECTION SOLUTION[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SANDOSTATIN 50 MCG/ML INJECTION SOLUTION[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SANDOSTATIN 500 MCG/ML INJECTION SOLUTION[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SANDOSTATIN LAR DEPOT 10 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SANDOSTATIN LAR DEPOT 20 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SANDOSTATIN LAR DEPOT 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE[NP]	*		HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SIGNIFOR 0.3 MG/ML (1 ML) SUBCUTANEOUS SOLUTION[NP]	*	QL(60 per 30 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SIGNIFOR 0.6 MG/ML (1 ML) SUBCUTANEOUS SOLUTION[NP]	*	QL(60 per 30 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SIGNIFOR 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION[NP]	*	QL(60 per 30 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SIGNIFOR LAR 10 MG IM SUSPENSION[NP]	*	QL(1 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SIGNIFOR LAR 20 MG IM SUSPENSION[NP]	*	QL(1 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SIGNIFOR LAR 30 MG IM SUSPENSION[NP]	*	QL(1 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SIGNIFOR LAR 40 MG IM SUSPENSION[NP]	*	QL(1 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SIGNIFOR LAR 60 MG IM SUSPENSION[NP]	*	QL(1 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(0.5 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(0.2 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(0.3 per 28 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SYNAREL 2 MG/ML NASAL SPRAY[NP]	*	QL(32 per 25 days)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
methimazole 10 mg tablet	1		HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 5 mg tablet	1		HORMONAL AGENTS, SUPPRESSANT (THYROID)		
propylthiouracil 50 mg tablet	1		HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ABRILADA(CF) 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
ABRILADA(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ABRILADA(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ABRYSVO (PF) 120 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1		IMMUNOLOGICAL AGENTS		
ACAM2000 (NATIONAL STOCKPILE) 1-5X10EXP8 UNIT/ML PERCUTANEOUS SOLUTION	1		IMMUNOLOGICAL AGENTS		
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3.6 per 28 days)	IMMUNOLOGICAL AGENTS		
ACTEMRA 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
ACTEMRA 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
ACTEMRA 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
ACTEMRA ACTPEN 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(3.6 per 28 days)	IMMUNOLOGICAL AGENTS		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1		IMMUNOLOGICAL AGENTS		
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(12 per 30 days)	IMMUNOLOGICAL AGENTS		
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS		
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP	1		IMMUNOLOGICAL AGENTS		
ADALIMUMAB-AACF 40 MG/0.8 ML SUBCUTANEOUS PEN KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-AACF 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ADALIMUMAB-AACF(CF) PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML SUBCUT KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-AACF(CF) PEN PSORIASIS-UVEITIS STRT 40 MG/0.8 ML SUBCUT KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-AATY 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-AATY 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-AATY 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-AATY 80 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-AATY(CF) AUTOINJ CROHN-UC-HS START 80 MG/0.8 ML SUBCUT KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-ADAZ 10 MG/0.1 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(0.2 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-ADAZ 20 MG/0.2 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-ADAZ 40 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.4 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-ADAZ 40 MG/0.4 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(2.4 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-ADAZ 80 MG/0.8 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(4.8 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-ADBM 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	1	PA,QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-ADBM 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-ADBM 40 MG/0.4 ML SUBCUTANEOUS PEN KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-ADBM 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-ADBM 40 MG/0.8 ML SUBCUTANEOUS PEN KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-ADBM 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-FKJP 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-FKJP 40 MG/0.8 ML SUBCUTANEOUS PEN KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-FKJP 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-RYVK 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-RYVK 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADALIMUMAB-RYVK 80 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
ADENOVIRUS VACCINE LIVE TYPE-4 TABLET, DELAYED RELEASE	1		IMMUNOLOGICAL AGENTS		

• NP – Non-preferred • OTC – Over-the-counter • PA – Prior authorization• QL – Quantity limit
• ST – Step therapy

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ADENOVIRUS VACCINE LIVE TYPE-7 TABLET, DELAYED RELEASE	1		IMMUNOLOGICAL AGENTS		
ADENOVIRUS VACCINE LIVE TYPES-4 AND 7 TABLET, DELAYED RELEASE	1		IMMUNOLOGICAL AGENTS		
AMJEVITA(CF) 10 MG/0.2 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	IMMUNOLOGICAL AGENTS		
AMJEVITA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	IMMUNOLOGICAL AGENTS		
AMJEVITA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(2.4 per 28 days)	IMMUNOLOGICAL AGENTS		
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(2.4 per 28 days)	IMMUNOLOGICAL AGENTS		
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(4.8 per 28 days)	IMMUNOLOGICAL AGENTS		
AMJEVITA(CF) AUTOINJECTOR 80 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(4.8 per 28 days)	IMMUNOLOGICAL AGENTS		
ANDEMBRY AUTOINJECTOR 200 MG/1.2 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*		IMMUNOLOGICAL AGENTS		
ARAVA 10 MG TABLET[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
ARAVA 20 MG TABLET[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
ARCALYST 220 MG SUBCUTANEOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
AREXVY (PF) 120 MCG/0.5 ML IM SUSPENSION	1		IMMUNOLOGICAL AGENTS		
ASTAGRAF XL 0.5 MG CAPSULE,EXTENDED RELEASE[NP]	*		IMMUNOLOGICAL AGENTS		
ASTAGRAF XL 1 MG CAPSULE,EXTENDED RELEASE[NP]	*		IMMUNOLOGICAL AGENTS		
ASTAGRAF XL 5 MG CAPSULE,EXTENDED RELEASE[NP]	*		IMMUNOLOGICAL AGENTS		
auranofin 3 mg capsule[NP]	*		IMMUNOLOGICAL AGENTS		
AVSOLA 100 MG INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
AVTOZMA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3.6 per 28 days)	IMMUNOLOGICAL AGENTS		
AVTOZMA 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
AVTOZMA 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
AVTOZMA 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
AVTOZMA AUTOINJECTOR 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(3.6 per 28 days)	IMMUNOLOGICAL AGENTS		
azathioprine 100 mg tablet[NP]	*		IMMUNOLOGICAL AGENTS		
azathioprine 50 mg tablet	1		IMMUNOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
azathioprine 75 mg tablet[NP]	*		IMMUNOLOGICAL AGENTS		
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		
BERINERT 500 UNIT (10 ML) INTRAVENOUS KIT	1	PA,QL(15 per 30 days)	IMMUNOLOGICAL AGENTS		
BESREMI 500 MCG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
BESREMI PEN 500 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(1 per 28 days)	IMMUNOLOGICAL AGENTS		
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
BIMZELX 160 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
BIMZELX 320 MG/2 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
BIMZELX AUTOINJECTOR 160 MG/ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
BIMZELX AUTOINJECTOR 320 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
BKEMV 300 MG/30 ML INTRAVENOUS SOLUTION[NP]	*	QL(360 per 30 days)	IMMUNOLOGICAL AGENTS		
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
CAPVAXIVE (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
CELLCEPT 200 MG/ML ORAL SUSPENSION[NP]	*		IMMUNOLOGICAL AGENTS		
CELLCEPT 250 MG CAPSULE[NP]	*	QL(360 per 30 days)	IMMUNOLOGICAL AGENTS		
CELLCEPT 500 MG TABLET[NP]	*	QL(180 per 30 days)	IMMUNOLOGICAL AGENTS		
CIBINQO 100 MG TABLET[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
CIBINQO 200 MG TABLET[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
CIBINQO 50 MG TABLET[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
CIMZIA 200 MG/ML SUBCUTANEOUS SYRINGE KIT	1	PA,QL(6 per 30 days)	IMMUNOLOGICAL AGENTS		
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT	1	PA,QL(3 per 30 days)	IMMUNOLOGICAL AGENTS		
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT	1	PA,QL(3 per 30 days)	IMMUNOLOGICAL AGENTS		
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT	1	PA,QL(3 per 30 days)	IMMUNOLOGICAL AGENTS		
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION[NP]	*	PA,QL(20 per 30 days)	IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
COMIRNATY 2026-2027(5-11Y)(PF) 10 MCG/0.3 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
COMIRNATY 2026-27 (12Y UP)(PF) 30 MCG/0.3 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(32 per 365 days)	IMMUNOLOGICAL AGENTS		
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS SYRINGE	1	PA,QL(32 per 365 days)	IMMUNOLOGICAL AGENTS		
COSENTYX 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(8.5 per 365 days)	IMMUNOLOGICAL AGENTS		
COSENTYX PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(32 per 365 days)	IMMUNOLOGICAL AGENTS		
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(32 per 365 days)	IMMUNOLOGICAL AGENTS		
COSENTYX UNOREADY PEN 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(32 per 365 days)	IMMUNOLOGICAL AGENTS		
cyclosporine 100 mg capsule	1	QL(720 per 30 days)	IMMUNOLOGICAL AGENTS		
cyclosporine 25 mg capsule	1		IMMUNOLOGICAL AGENTS		
cyclosporine modified 100 mg capsule	1	QL(720 per 30 days)	IMMUNOLOGICAL AGENTS		
cyclosporine modified 100 mg/ml oral solution	1		IMMUNOLOGICAL AGENTS		
cyclosporine modified 25 mg capsule	1		IMMUNOLOGICAL AGENTS		
cyclosporine modified 50 mg capsule	1		IMMUNOLOGICAL AGENTS		
CYLTEZO(CF) 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
CYLTEZO(CF) 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
CYLTEZO(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
CYLTEZO(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
CYLTEZO(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
CYLTEZO(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP	1		IMMUNOLOGICAL AGENTS		
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUBCUTANEOUS SUSPENSION	1		IMMUNOLOGICAL AGENTS		
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(3.42 per 28 days)	IMMUNOLOGICAL AGENTS		
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	1	PA,QL(3.42 per 28 days)	IMMUNOLOGICAL AGENTS		
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE	1	PA,QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EKTERLY 300 MG TABLET[NP]	*	QL(12 per 30 days)	IMMUNOLOGICAL AGENTS		
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE	1	PA,QL(8.16 per 28 days)	IMMUNOLOGICAL AGENTS		
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION	1	PA,QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE	1	PA,QL(78 per 365 days)	IMMUNOLOGICAL AGENTS		
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE	1	PA,QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(78 per 365 days)	IMMUNOLOGICAL AGENTS		
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
ENJAYMO 50 MG/ML INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
ENTYVIO 300 MG INTRAVENOUS SOLUTION[NP]	*	QL(8 per 365 days)	IMMUNOLOGICAL AGENTS		
ENTYVIO PEN 108 MG/0.68 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(1.36 per 28 days)	IMMUNOLOGICAL AGENTS		
ENVARSUS XR 0.75 MG TABLET,EXTENDED RELEASE[NP]	*		IMMUNOLOGICAL AGENTS		
ENVARSUS XR 1 MG TABLET,EXTENDED RELEASE[NP]	*		IMMUNOLOGICAL AGENTS		
ENVARSUS XR 4 MG TABLET,EXTENDED RELEASE[NP]	*		IMMUNOLOGICAL AGENTS		
EPYSQLI 300 MG/30 ML INTRAVENOUS SOLUTION[NP]	*	QL(360 per 30 days)	IMMUNOLOGICAL AGENTS		
ERVEBO (PF)(NATIONAL STOCKPILE) 1 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
everolimus (immunosuppressive) 0.25 mg tablet[NP]	*	QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
everolimus (immunosuppressive) 0.5 mg tablet[NP]	*	QL(120 per 30 days)	IMMUNOLOGICAL AGENTS		
everolimus (immunosuppressive) 0.75 mg tablet[NP]	*	QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
everolimus (immunosuppressive) 1 mg tablet[NP]	*	QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
FABHALTA 200 MG CAPSULE[NP]	*	QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE[NP]	*	PA,QL(9 per 30 days)	IMMUNOLOGICAL AGENTS		
FLUAD 2026-27 65YR UP(PF)45 MCG(15 MCGX3)/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
FLUARIX 2026-2027 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS		
FLUBLOK 2026-2027 (PF) 135 MCG (45 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
FLUCELVAX 2026-2027 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS		
FLULAVAL 2026-2027 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS		
FLUMIST 2026-2027 10EXP6.5-7.5 FF UNIT/0.2 ML NASAL SPRAY SYRINGE	1		IMMUNOLOGICAL AGENTS		
FLUMIST HOME 2026-2027 0.2 ML NASAL SPRAY SYRINGE (HOME ADMIN)	1		IMMUNOLOGICAL AGENTS		
FLUZONE 2026-2027 (PF) 45 MCG (15 MCG X 3)/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS		
FLUZONE 2026-2027 45 MCG (15 MCG X 3)/0.5 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
FLUZONE HIGH-DOSE 2026-2027 (PF) 180 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
gengraf 100 mg capsule	1	QL(720 per 30 days)	IMMUNOLOGICAL AGENTS		
gengraf 25 mg capsule	1		IMMUNOLOGICAL AGENTS		
HADLIMA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE	1	PA,QL(4.8 per 28 days)	IMMUNOLOGICAL AGENTS		
HADLIMA PUSHTOUCH 40 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(4.8 per 28 days)	IMMUNOLOGICAL AGENTS		
HADLIMA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA,QL(2.4 per 28 days)	IMMUNOLOGICAL AGENTS		
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(2.4 per 28 days)	IMMUNOLOGICAL AGENTS		
HAEGARDA 2,000 UNIT SUBCUTANEOUS SOLUTION[NP]	*	PA,QL(20 per 28 days)	IMMUNOLOGICAL AGENTS		
HAEGARDA 3,000 UNIT SUBCUTANEOUS SOLUTION[NP]	*	PA,QL(20 per 28 days)	IMMUNOLOGICAL AGENTS		
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
HEPLISAV-B (PF) 20 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1		IMMUNOLOGICAL AGENTS		
HULIO(CF) 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
HULIO(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
HULIO(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
HUMIRA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
HUMIRA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
HYRIMOZ(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(0.2 per 28 days)	IMMUNOLOGICAL AGENTS		
HYRIMOZ(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.2 per 28 days)	IMMUNOLOGICAL AGENTS		
HYRIMOZ(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(2.4 per 28 days)	IMMUNOLOGICAL AGENTS		
HYRIMOZ(CF) PEDIATRIC CROHN'S STARTR 80 MG/0.8 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(4.8 per 28 days)	IMMUNOLOGICAL AGENTS		
HYRIMOZ(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.4 per 28 days)	IMMUNOLOGICAL AGENTS		
HYRIMOZ(CF) PEN CROHN-ULC COLITIS START 80MG/0.8ML SUBCUT PEN INJECTOR[NP]	*	QL(4.8 per 28 days)	IMMUNOLOGICAL AGENTS		
HYRIMOZ(CF) PEN PSORIASIS START 80MG/0.8ML(1)-40MG/0.4ML(2) SUBCUT PEN[NP]	*	QL(3.2 per 28 days)	IMMUNOLOGICAL AGENTS		
icatibant 30 mg/3 ml subcutaneous syringe[NP]	*	QL(9 per 30 days)	IMMUNOLOGICAL AGENTS		
ILARIS (PF) 150 MG/ML SUBCUTANEOUS SOLUTION[NP]	*	QL(1 per 28 days)	IMMUNOLOGICAL AGENTS		
ILUMYA 100 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(6 per 365 days)	IMMUNOLOGICAL AGENTS		
IMAAVY 185 MG/ML INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION	1		IMMUNOLOGICAL AGENTS		
IMULDOSA 130 MG/26 ML INTRAVENOUS SOLUTION[NP]	*	QL(104 per 30 days)	IMMUNOLOGICAL AGENTS		
IMULDOSA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
IMULDOSA 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS		
IMURAN 50 MG TABLET[NP]	*		IMMUNOLOGICAL AGENTS		
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
INFLECTRA 100 MG INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
INFLIXIMAB 100 MG INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION	1		IMMUNOLOGICAL AGENTS		
IXCHIQ (PF) 1,000 TCID50/0.5 ML INTRAMUSCULAR SOLUTION	1		IMMUNOLOGICAL AGENTS		
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
JYLAMVO 2 MG/ML ORAL SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION	1		IMMUNOLOGICAL AGENTS		
KALBITOR 10 MG/ML (1 ML) SUBCUTANEOUS SOLUTION[NP]	*	PA,QL(9 per 30 days)	IMMUNOLOGICAL AGENTS		
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.28 per 28 days)	IMMUNOLOGICAL AGENTS		
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(2.28 per 28 days)	IMMUNOLOGICAL AGENTS		
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.28 per 28 days)	IMMUNOLOGICAL AGENTS		
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(2.28 per 28 days)	IMMUNOLOGICAL AGENTS		
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(20.1 per 30 days)	IMMUNOLOGICAL AGENTS		
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
leflunomide 10 mg tablet	1	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
leflunomide 20 mg tablet	1	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
LEQSELVI 8 MG TABLET[NP]	*	QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
LITFULO 50 MG CAPSULE[NP]	*	QL(28 per 28 days)	IMMUNOLOGICAL AGENTS		
LUPKYNIS 7.9 MG CAPSULE[NP]	*	QL(180 per 30 days)	IMMUNOLOGICAL AGENTS		
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION	1		IMMUNOLOGICAL AGENTS		
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1		IMMUNOLOGICAL AGENTS		
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM KIT (2 VIALS)	1		IMMUNOLOGICAL AGENTS		
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML IM SOLUTION (1 VIAL)	1		IMMUNOLOGICAL AGENTS		
MENVEO MENA COMPONENT (PF) 10 MCG/0.5 ML (FINAL) IM SOLUTION	1		IMMUNOLOGICAL AGENTS		
MENVEO MENCYW-135 COMPONENT (PF) 5 MCG X 3/0.5 ML (FINAL) IM SOLUTION	1		IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
methotrexate sodium (pf) 25 mg/ml injection solution	1		IMMUNOLOGICAL AGENTS		
methotrexate sodium 2.5 mg tablet	1		IMMUNOLOGICAL AGENTS		
methotrexate sodium 25 mg/ml injection solution	1		IMMUNOLOGICAL AGENTS		
MFLUSIVA 2026-2027 (PF) 37.5 MCG(12.5 MCG X 3)/0.38 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS		
MNEXSPIKE 2026-2027 (PF) 10 MCG/0.2 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
MRESVIA (PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
mycophenolate mofetil 200 mg/ml oral powder for suspension	1		IMMUNOLOGICAL AGENTS		
mycophenolate mofetil 250 mg capsule	1	QL(360 per 30 days)	IMMUNOLOGICAL AGENTS		
mycophenolate mofetil 500 mg tablet	1	QL(180 per 30 days)	IMMUNOLOGICAL AGENTS		
mycophenolate sodium 180 mg tablet,delayed release	1		IMMUNOLOGICAL AGENTS		
mycophenolate sodium 360 mg tablet,delayed release	1		IMMUNOLOGICAL AGENTS		
MYFORTIC 180 MG TABLET,DELAYED RELEASE[NP]	*		IMMUNOLOGICAL AGENTS		
MYFORTIC 360 MG TABLET,DELAYED RELEASE[NP]	*		IMMUNOLOGICAL AGENTS		
MYHIBBIN 200 MG/ML ORAL SUSPENSION[NP]	*		IMMUNOLOGICAL AGENTS		
NEMLUVIO 30 MG SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
NEORAL 100 MG CAPSULE[NP]	*	QL(720 per 30 days)	IMMUNOLOGICAL AGENTS		
NEORAL 100 MG/ML ORAL SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
NEORAL 25 MG CAPSULE[NP]	*		IMMUNOLOGICAL AGENTS		
NIKTIMVO 10 MG/ML INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
NIKTIMVO 50 MG/ML INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
NUVAXOVID 2026-2027 (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
OLUMIANT 1 MG TABLET[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
OLUMIANT 2 MG TABLET[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
OLUMIANT 4 MG TABLET[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
OMLYCLO 150 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		
OMLYCLO 300 MG/2 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
OMLYCLO 75 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
OMVOH 100 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 28 days)	IMMUNOLOGICAL AGENTS		
OMVOH 200 MG/2 ML (100 MG/ML X 2) SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 28 days)	IMMUNOLOGICAL AGENTS		
OMVOH 200 MG/2 ML SUBCUTANEOUS SYRINGE[NP]	*		IMMUNOLOGICAL AGENTS		
OMVOH 300 MG/15 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
OMVOH 300MG/3ML(100MG/ML-200MG/2ML) SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 28 days)	IMMUNOLOGICAL AGENTS		
OMVOH PEN 100 MG/ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(3 per 28 days)	IMMUNOLOGICAL AGENTS		
OMVOH PEN 200 MG/2 ML (100 MG/ML X 2) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(3 per 28 days)	IMMUNOLOGICAL AGENTS		
OMVOH PEN 200 MG/2 ML SUBCUTANEOUS PEN INJECTOR[NP]	*		IMMUNOLOGICAL AGENTS		
OMVOH PEN 300MG/3ML(100MG/ML-200MG/2ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(3 per 28 days)	IMMUNOLOGICAL AGENTS		
ORENCIA (WITH MALTOSE) 250 MG INTRAVENOUS SOLUTION[NP]	*	QL(4 per 30 days)	IMMUNOLOGICAL AGENTS		
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.6 per 28 days)	IMMUNOLOGICAL AGENTS		
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(2.8 per 28 days)	IMMUNOLOGICAL AGENTS		
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
ORLADEYO 108 MG ORAL PELLETS IN PACKET[NP]	*	PA,QL(28 per 28 days)	IMMUNOLOGICAL AGENTS		
ORLADEYO 110 MG CAPSULE[NP]	*	PA,QL(28 per 28 days)	IMMUNOLOGICAL AGENTS		
ORLADEYO 132 MG ORAL PELLETS IN PACKET[NP]	*	PA,QL(28 per 28 days)	IMMUNOLOGICAL AGENTS		
ORLADEYO 150 MG CAPSULE[NP]	*	PA,QL(28 per 28 days)	IMMUNOLOGICAL AGENTS		
ORLADEYO 72 MG ORAL PELLETS IN PACKET[NP]	*	PA,QL(28 per 28 days)	IMMUNOLOGICAL AGENTS		
ORLADEYO 96 MG ORAL PELLETS IN PACKET[NP]	*	PA,QL(28 per 28 days)	IMMUNOLOGICAL AGENTS		
OTREXUP (PF) 25 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(1.6 per 28 days)	IMMUNOLOGICAL AGENTS		
OTULFI 130 MG/26 ML INTRAVENOUS SOLUTION[NP]	*	QL(104 per 30 days)	IMMUNOLOGICAL AGENTS		
OTULFI 45 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
OTULFI 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
OTULFI 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1		IMMUNOLOGICAL AGENTS		
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT	1		IMMUNOLOGICAL AGENTS		
PENBRAYA MENACWY COMPONENT (PF) 5 MCG/0.5 ML IM SUSPENSION	1		IMMUNOLOGICAL AGENTS		
PENBRAYA MENB COMPONENT (PF) 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML INTRAMUSCULAR KIT	1		IMMUNOLOGICAL AGENTS		
PENMENVY MENB COMPONENT (PF) 50MCG-50MCG-50MCG-25MCG/0.5 ML IM SYRINGE	1		IMMUNOLOGICAL AGENTS		
PENTACEL (PF) 15 LF-20 MCG-5 LF-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT	1		IMMUNOLOGICAL AGENTS		
PENTACEL ACTHIB COMPONENT (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1		IMMUNOLOGICAL AGENTS		
PENTACEL DTAP-IPV COMPONENT (PF) 15 LF-48 MCG-62 DU/0.5 ML IM SUSP	1		IMMUNOLOGICAL AGENTS		
PIASKY 340 MG/2 ML (170 MG/ML) INJECTION SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
PNEUMOVAX-23 25 MCG/0.5 ML INJECTION SYRINGE	1		IMMUNOLOGICAL AGENTS		
PREHEVBRIO (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
PREVNAR 20 (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
PRIORIX (PF) 10EXP3.4-4.2-3.3 CCID50/0.5ML SUBCUTANEOUS SUSPENSION	1		IMMUNOLOGICAL AGENTS		
PROGRAF 0.2 MG ORAL GRANULES IN PACKET[NP]	*		IMMUNOLOGICAL AGENTS		
PROGRAF 0.5 MG CAPSULE[NP]	*		IMMUNOLOGICAL AGENTS		
PROGRAF 1 MG CAPSULE[NP]	*		IMMUNOLOGICAL AGENTS		
PROGRAF 1 MG ORAL GRANULES IN PACKET[NP]	*		IMMUNOLOGICAL AGENTS		
PROGRAF 5 MG CAPSULE[NP]	*	QL(180 per 30 days)	IMMUNOLOGICAL AGENTS		
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION	1		IMMUNOLOGICAL AGENTS		
PYZCHIVA 130 MG/26 ML INTRAVENOUS SOLUTION[NP]	*	QL(104 per 30 days)	IMMUNOLOGICAL AGENTS		
PYZCHIVA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
PYZCHIVA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
PYZCHIVA 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS		
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
RABAVERT (PF) 2.5 UNIT IM SUSPENSION	1		IMMUNOLOGICAL AGENTS		
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(0.8 per 28 days)	IMMUNOLOGICAL AGENTS		
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(1 per 28 days)	IMMUNOLOGICAL AGENTS		
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(1.2 per 28 days)	IMMUNOLOGICAL AGENTS		
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(1.4 per 28 days)	IMMUNOLOGICAL AGENTS		
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(1.6 per 28 days)	IMMUNOLOGICAL AGENTS		
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(1.8 per 28 days)	IMMUNOLOGICAL AGENTS		
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(2.4 per 28 days)	IMMUNOLOGICAL AGENTS		
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(0.6 per 28 days)	IMMUNOLOGICAL AGENTS		
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
REMICADE 100 MG INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
RENFLEXIS 100 MG INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
REZUROCK 200 MG TABLET[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
RIDAURA 3 MG CAPSULE[NP]	*		IMMUNOLOGICAL AGENTS		
RINVOQ 15 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
RINVOQ 30 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
RINVOQ 45 MG TABLET,EXTENDED RELEASE	1	PA,QL(168 per 365 days)	IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
RINVOQ LQ 1 MG/ML ORAL SOLUTION	1	PA,QL(360 per 30 days)	IMMUNOLOGICAL AGENTS		
ROTARIX 10EXP6 CCID50/1.5 ML ORAL SUSPENSION	1		IMMUNOLOGICAL AGENTS		
ROTATEQ VACCINE 2 ML ORAL SOLUTION	1		IMMUNOLOGICAL AGENTS		
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION[NP]	*	PA,QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		
RYSTIGGO 140 MG/ML SUBCUTANEOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
sajazir 30 mg/3 ml subcutaneous syringe[NP]	*	PA,QL(9 per 30 days)	IMMUNOLOGICAL AGENTS		
SANDIMMUNE 100 MG CAPSULE[NP]	*	QL(720 per 30 days)	IMMUNOLOGICAL AGENTS		
SANDIMMUNE 25 MG CAPSULE[NP]	*		IMMUNOLOGICAL AGENTS		
SAPHNELO 120 MG/0.8 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3.2 per 28 days)	IMMUNOLOGICAL AGENTS		
SAPHNELO PEN 120 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(3.2 per 28 days)	IMMUNOLOGICAL AGENTS		
SELARSDI 130 MG/26 ML INTRAVENOUS SOLUTION[NP]	*	QL(104 per 30 days)	IMMUNOLOGICAL AGENTS		
SELARSDI 45 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
SELARSDI 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
SELARSDI 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS		
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT	1		IMMUNOLOGICAL AGENTS		
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
SHINGRIX GE ANTIGEN COMPONENT 50 MCG IM SUSPENSION	1		IMMUNOLOGICAL AGENTS		
SIMLANDI(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	1	PA,QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
SIMLANDI(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	1	PA,QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
SIMLANDI(CF) 80 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	1	PA,QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR KIT	1	PA,QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
SIMLANDI(CF) AUTOINJECTOR 80 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR KIT	1	PA,QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(16 per 365 days)	IMMUNOLOGICAL AGENTS		
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(16 per 365 days)	IMMUNOLOGICAL AGENTS		
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(0.5 per 30 days)	IMMUNOLOGICAL AGENTS		
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(0.5 per 30 days)	IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION[NP]	*	QL(20 per 28 days)	IMMUNOLOGICAL AGENTS		
sirolimus 0.5 mg tablet	1		IMMUNOLOGICAL AGENTS		
sirolimus 1 mg tablet	1	QL(300 per 30 days)	IMMUNOLOGICAL AGENTS		
sirolimus 1 mg/ml oral solution	1		IMMUNOLOGICAL AGENTS		
sirolimus 2 mg tablet	1	QL(150 per 30 days)	IMMUNOLOGICAL AGENTS		
SKYRIZI 150 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(6 per 365 days)	IMMUNOLOGICAL AGENTS		
SKYRIZI 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(6 per 365 days)	IMMUNOLOGICAL AGENTS		
SKYRIZI 180 MG/1.2 ML (150 MG/ML) SUBCUTANEOUS WEARABLE INJECTOR	1	PA,QL(8.4 per 365 days)	IMMUNOLOGICAL AGENTS		
SKYRIZI 360 MG/2.4 ML (150 MG/ML) SUBCUTANEOUS WEARABLE INJECTOR	1	PA,QL(16.8 per 365 days)	IMMUNOLOGICAL AGENTS		
SKYRIZI 55 MG/0.37 ML SUBCUTANEOUS SYRINGE	1	PA,QL(2.22 per 365 days)	IMMUNOLOGICAL AGENTS		
SKYRIZI 60 MG/ML INTRAVENOUS SOLUTION	1	PA,QL(30 per 365 days)	IMMUNOLOGICAL AGENTS		
SOLIRIS 300 MG/30 ML INTRAVENOUS SOLUTION[NP]	*	QL(360 per 30 days)	IMMUNOLOGICAL AGENTS		
SOTYKTU 6 MG TABLET[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
SPEVIGO 150 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
SPEVIGO 300 MG/2 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
SPIKEVAX 2026-2027(12Y UP)(PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
SPIKEVAX 2026-27 (6M-11Y) (PF) 25 MCG/0.25 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
STAMARIL (PF) 1,000 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION	1		IMMUNOLOGICAL AGENTS		
STARJEMZA 130 MG/26 ML INTRAVENOUS SOLUTION[NP]	*	QL(104 per 30 days)	IMMUNOLOGICAL AGENTS		
STARJEMZA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
STARJEMZA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
STARJEMZA 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS		
STELARA 130 MG/26 ML INTRAVENOUS SOLUTION[NP]	*	QL(104 per 30 days)	IMMUNOLOGICAL AGENTS		
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
STEQEYMA 130 MG/26 ML INTRAVENOUS SOLUTION[NP]	*	QL(104 per 30 days)	IMMUNOLOGICAL AGENTS		
STEQEYMA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
STEQEYMA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
STEQEYMA 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS		
tacrolimus 0.5 mg capsule, immediate-release	1		IMMUNOLOGICAL AGENTS		
tacrolimus 1 mg capsule, immediate-release	1		IMMUNOLOGICAL AGENTS		
tacrolimus 5 mg capsule, immediate-release	1	QL(180 per 30 days)	IMMUNOLOGICAL AGENTS		
tacrolimus xl 0.5 mg capsule,extended release 24 hr[NP]	*		IMMUNOLOGICAL AGENTS		
tacrolimus xl 1 mg capsule,extended release 24 hr[NP]	*		IMMUNOLOGICAL AGENTS		
tacrolimus xl 5 mg capsule,extended release 24 hr[NP]	*		IMMUNOLOGICAL AGENTS		
TAKHZYRO 150 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	PA,QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
TAKHZYRO 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS SYRINGE[NP]	*	PA,QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS[NP]	*	QL(18 per 365 days)	IMMUNOLOGICAL AGENTS		
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS[NP]	*	QL(18 per 365 days)	IMMUNOLOGICAL AGENTS		
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS[NP]	*	QL(18 per 365 days)	IMMUNOLOGICAL AGENTS		
TALTZ SYRINGE 20 MG/0.25 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(0.25 per 28 days)	IMMUNOLOGICAL AGENTS		
TALTZ SYRINGE 40 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(0.5 per 28 days)	IMMUNOLOGICAL AGENTS		
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS[NP]	*	QL(18 per 365 days)	IMMUNOLOGICAL AGENTS		
TAVNEOS 10 MG CAPSULE[NP]	*	QL(180 per 30 days)	IMMUNOLOGICAL AGENTS		
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA,QL(1.91 per 28 days)	IMMUNOLOGICAL AGENTS		
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SUBCUTANEOUS SYRINGE	1	PA,QL(1.91 per 28 days)	IMMUNOLOGICAL AGENTS		
TICOVAC 1.2 MCG/0.25 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
TICOVAC 2.4 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
tofacitinib 1 mg/ml oral solution[NP]	*	QL(300 per 30 days)	IMMUNOLOGICAL AGENTS		
tofacitinib 10 mg tablet[NP]	*	QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
tofacitinib 5 mg tablet[NP]	*	QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
tofacitinib er 11 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
tofacitinib er 22 mg tablet,extended release 24 hr[NP]	*	QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
TOFIDENCE 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
TOFIDENCE 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
TOFIDENCE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(2 per 56 days)	IMMUNOLOGICAL AGENTS		
TREMFYA 200 MG/2 ML SUBCUTANEOUS SYRINGE	1	PA,QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
TREMFYA 200 MG/20 ML (10 MG/ML) INTRAVENOUS SOLUTION	1	PA,QL(120 per 365 days)	IMMUNOLOGICAL AGENTS		
TREMFYA ONE-PRESS 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(2 per 56 days)	IMMUNOLOGICAL AGENTS		
TREMFYA PEN 100 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(2 per 56 days)	IMMUNOLOGICAL AGENTS		
TREMFYA PEN 200 MG/2 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
TREMFYA PEN INDUCTION PACK (2 PENS) 200 MG/2 ML SUBCUT PEN INJECTOR	1	PA,QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
TREXALL 10 MG TABLET	1		IMMUNOLOGICAL AGENTS		
TREXALL 15 MG TABLET	1		IMMUNOLOGICAL AGENTS		
TREXALL 5 MG TABLET	1		IMMUNOLOGICAL AGENTS		
TREXALL 7.5 MG TABLET	1		IMMUNOLOGICAL AGENTS		
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
TRUTAKNA 150 MG/ML SUBCUTANEOUS AUTO-INJECTOR[NP]	*	QL(4 per 28 days)	IMMUNOLOGICAL AGENTS		
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
TYENNE 162 MG/0.9 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3.6 per 28 days)	IMMUNOLOGICAL AGENTS	12	
TYENNE 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
TYENNE 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
TYENNE 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
TYENNE AUTOINJECTOR 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(3.6 per 28 days)	IMMUNOLOGICAL AGENTS		11
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION	1		IMMUNOLOGICAL AGENTS		
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
ULTOMIRIS 100 MG/ML INTRAVENOUS SOLUTION[NP]	*	QL(288 per 365 days)	IMMUNOLOGICAL AGENTS		
USTEKINUMAB 130 MG/26 ML INTRAVENOUS SOLUTION[NP]	*	QL(104 per 30 days)	IMMUNOLOGICAL AGENTS		
USTEKINUMAB 45 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
USTEKINUMAB 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
USTEKINUMAB 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS		
USTEKINUMAB-AAUZ 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS		
USTEKINUMAB-AEKN 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
USTEKINUMAB-AEKN 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS		
USTEKINUMAB-TTWE 130 MG/26 ML INTRAVENOUS SOLUTION[NP]	*	QL(104 per 30 days)	IMMUNOLOGICAL AGENTS	12	
USTEKINUMAB-TTWE 45 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
USTEKINUMAB-TTWE 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
USTEKINUMAB-TTWE 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS	12	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS	12	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS	5	11
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION	1		IMMUNOLOGICAL AGENTS		
VAXCHORA VACCINE 4X10EXP8 TO 2X10EXP9 CF UNIT ORAL SUSPENSION	1		IMMUNOLOGICAL AGENTS		
VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	1		IMMUNOLOGICAL AGENTS		
VAXELIS (PF) 15 UNIT-5 UNIT-10 MCG/0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
VAXNEUVANCE (PF) 0.5 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
VEOPOZ 200 MG/ML INJECTION SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VIMKUNYA (PF) 40 MCG/0.8 ML INTRAMUSCULAR SYRINGE	1		IMMUNOLOGICAL AGENTS		
VIVOTIF 2 BILLION UNIT CAPSULE,DELAYED RELEASE	1		IMMUNOLOGICAL AGENTS		
VOYDEYA 100 MG TABLET[NP]	*	QL(180 per 30 days)	IMMUNOLOGICAL AGENTS		
VOYDEYA 150 MG (50 MG X 1 AND 100 MG X 1) TABLET[NP]	*	QL(180 per 30 days)	IMMUNOLOGICAL AGENTS		
VOYXACT 400 MG/2 ML (200 MG/ML) SUBCUTANEOUS SYRINGE[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
XATMEP 2.5 MG/ML ORAL SOLUTION[NP]	*	QL(120 per 28 days)	IMMUNOLOGICAL AGENTS		
XELJANZ 1 MG/ML ORAL SOLUTION	1	PA,QL(300 per 30 days)	IMMUNOLOGICAL AGENTS		
XELJANZ 10 MG TABLET	1	PA,QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
XELJANZ 5 MG TABLET	1	PA,QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
XELJANZ XR 22 MG TABLET,EXTENDED RELEASE	1	PA,QL(30 per 30 days)	IMMUNOLOGICAL AGENTS		
XOLAIR 150 MG SUBCUTANEOUS SOLUTION	1	PA,QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		
XOLAIR 150 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(8 per 28 days)	IMMUNOLOGICAL AGENTS	2	49
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		
XOLAIR 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		
XOLAIR 300 MG/2 ML SUBCUTANEOUS SYRINGE	1	PA,QL(8 per 28 days)	IMMUNOLOGICAL AGENTS		
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(4 per 28 days)	IMMUNOLOGICAL AGENTS	65	
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(4 per 28 days)	IMMUNOLOGICAL AGENTS	65	
YARTEMLEA 370 MG/2 ML (185 MG/ML) INTRAVENOUS SOLUTION[NP]	*		IMMUNOLOGICAL AGENTS		
YESINTEK 130 MG/26 ML INTRAVENOUS SOLUTION[NP]	*	QL(104 per 30 days)	IMMUNOLOGICAL AGENTS		
YESINTEK 45 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS		
YESINTEK 45 MG/0.5 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1.5 per 84 days)	IMMUNOLOGICAL AGENTS	9	
YESINTEK 90 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(3 per 84 days)	IMMUNOLOGICAL AGENTS		
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION	1		IMMUNOLOGICAL AGENTS		
YUFLYMA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
YUFLYMA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS	2	49

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
YUFLYMA(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS	50	
YUFLYMA(CF) AUTOINJECTOR 80 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
YUFLYMA(CF) AUTOINJECTOR CROHN'S-UC-HS STARTER 80 MG/0.8 ML SUBCUT KIT[NP]	*	QL(6 per 28 days)	IMMUNOLOGICAL AGENTS		
YUSIMRY(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(4.8 per 28 days)	IMMUNOLOGICAL AGENTS		
ZILBRYSQ 16.6 MG/0.416 ML SUBCUTANEOUS SYRINGE[NP]	*		IMMUNOLOGICAL AGENTS		
ZILBRYSQ 23 MG/0.574 ML SUBCUTANEOUS SYRINGE[NP]	*		IMMUNOLOGICAL AGENTS		
ZILBRYSQ 32.4 MG/0.81 ML SUBCUTANEOUS SYRINGE[NP]	*		IMMUNOLOGICAL AGENTS		
ZORTRESS 0.25 MG TABLET[NP]	*	QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
ZORTRESS 0.5 MG TABLET[NP]	*	QL(120 per 30 days)	IMMUNOLOGICAL AGENTS		
ZORTRESS 0.75 MG TABLET[NP]	*	QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
ZORTRESS 1 MG TABLET[NP]	*	QL(60 per 30 days)	IMMUNOLOGICAL AGENTS		
ZYMFENTRA 120 MG/ML SUBCUTANEOUS PEN KIT[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
ZYMFENTRA 120 MG/ML SUBCUTANEOUS SYRINGE KIT[NP]	*	QL(2 per 28 days)	IMMUNOLOGICAL AGENTS		
ana-lex 2 %-2 % rectal kit[NP]	*		INFLAMMATORY BOWEL DISEASE AGENTS		
ANALPRAM-HC 1 %-1 % RECTAL CREAM[NP]	*		INFLAMMATORY BOWEL DISEASE AGENTS		
ANALPRAM-HC 2.5 %-1 % RECTAL CREAM[NP]	*		INFLAMMATORY BOWEL DISEASE AGENTS		
ANALPRAM-HC SINGLES 2.5 %-1 % (4G) RECTAL CREAM[NP]	*		INFLAMMATORY BOWEL DISEASE AGENTS		
AZULFIDINE 500 MG TABLET[NP]	*	QL(240 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE[NP]	*	QL(240 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
balsalazide 750 mg capsule	1	QL(270 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
budesonide 2 mg/actuation rectal foam[NP]	*		INFLAMMATORY BOWEL DISEASE AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
budesonide dr - er 3 mg capsule,delayed,extended release[NP]	*		INFLAMMATORY BOWEL DISEASE AGENTS		
budesonide dr-er 9 mg tablet,delayed and extended release[NP]	*	QL(30 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
CANASA 1,000 MG RECTAL SUPPOSITORY[NP]	*	QL(30 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
CORTENEMA 100 MG/60 ML[NP]	*		INFLAMMATORY BOWEL DISEASE AGENTS		
CORTIFOAM 10 % (80 MG) RECTAL[NP]	*		INFLAMMATORY BOWEL DISEASE AGENTS		
DIPENTUM 250 MG CAPSULE[NP]	*	QL(120 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
hydrocortisone 100 mg/60 ml enema	1		INFLAMMATORY BOWEL DISEASE AGENTS		
hydrocortisone acetate 30 mg rectal suppository[NP]	*		INFLAMMATORY BOWEL DISEASE AGENTS		
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE[NP]	*	QL(120 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
lidocaine-hydrocortisone-aloe vera 2.8 %-0.55 % rectal gel[NP]	*		INFLAMMATORY BOWEL DISEASE AGENTS		
mesalamine 1,000 mg rectal suppository	1	QL(30 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
mesalamine 1.2 gram tablet,delayed release[NP]	*	QL(120 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
mesalamine 4 gram/60 ml enema	1	QL(1800 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
mesalamine 400 mg capsule (with delayed release tablets inside)[NP]	*	QL(180 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
mesalamine 800 mg tablet,delayed release[NP]	*	QL(180 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
mesalamine er 0.375 gram capsule,extended release 24 hr[NP]	*	QL(120 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
mesalamine er 250 mg capsule,extended release	1	QL(150 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
mesalamine er 500 mg capsule,extended release	1	QL(300 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
mesalamine rectal susp enema with cleansing wipes 4 gram/60 ml kit[NP]	*	QL(30 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE	1	QL(150 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE	1	QL(300 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
PROCTOFOAM HC 1 %-1 %[NP]	*		INFLAMMATORY BOWEL DISEASE AGENTS		
ROWASA RECTAL SUSPENSION ENEMA 4 GRAM/60 ML KIT[NP]	*	QL(30 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
SFROWASA 4 GRAM/60 ML ENEMA	1	QL(1800 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
sulfasalazine 500 mg tablet	1	QL(240 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
sulfasalazine 500 mg tablet,delayed release	1	QL(240 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
TARPEYO 4 MG CAPSULE,DELAYED RELEASE[NP]	*	QL(120 per 30 days)	INFLAMMATORY BOWEL DISEASE AGENTS		
ACTONEL 150 MG TABLET[NP]	*	QL(1 per 30 days)	METABOLIC BONE DISEASE AGENTS		
ACTONEL 35 MG TABLET[NP]	*	QL(4 per 28 days)	METABOLIC BONE DISEASE AGENTS		
alendronate 10 mg tablet	1	QL(30 per 30 days)	METABOLIC BONE DISEASE AGENTS		
alendronate 35 mg tablet	1	QL(4 per 28 days)	METABOLIC BONE DISEASE AGENTS		
alendronate 70 mg tablet	1	QL(4 per 28 days)	METABOLIC BONE DISEASE AGENTS		
alendronate 70 mg/75 ml oral solution	1	QL(300 per 28 days)	METABOLIC BONE DISEASE AGENTS		
ATELVIA 35 MG TABLET,DELAYED RELEASE[NP]	*	QL(4 per 28 days)	METABOLIC BONE DISEASE AGENTS		
AUKELSO 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION[NP]	*	QL(1.7 per 28 days)	METABOLIC BONE DISEASE AGENTS		
BILDYOS 60 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 180 days)	METABOLIC BONE DISEASE AGENTS		
BILPREVDA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION[NP]	*	QL(1.7 per 28 days)	METABOLIC BONE DISEASE AGENTS		
BINOSTO 70 MG EFFERVESCENT TABLET[NP]	*	QL(4 per 28 days)	METABOLIC BONE DISEASE AGENTS		
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION[NP]	*	QL(1.7 per 28 days)	METABOLIC BONE DISEASE AGENTS		
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SYRINGE[NP]	*	QL(1.7 per 28 days)	METABOLIC BONE DISEASE AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
BONSITY 20 MCG/DOSE (560 MCG/2.24 ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.48 per 30 days)	METABOLIC BONE DISEASE AGENTS		
BOSAYA 60 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 180 days)	METABOLIC BONE DISEASE AGENTS		
calcitonin (salmon) 200 unit/actuation nasal spray	1	QL(3.7 per 28 days)	METABOLIC BONE DISEASE AGENTS		
calcitriol 0.25 mcg capsule	1		METABOLIC BONE DISEASE AGENTS		
calcitriol 0.5 mcg capsule	1		METABOLIC BONE DISEASE AGENTS		
calcitriol 1 mcg/ml oral solution	1		METABOLIC BONE DISEASE AGENTS		
cinacalcet 30 mg tablet[NP]	*	QL(60 per 30 days)	METABOLIC BONE DISEASE AGENTS		
cinacalcet 60 mg tablet[NP]	*	QL(60 per 30 days)	METABOLIC BONE DISEASE AGENTS		
cinacalcet 90 mg tablet[NP]	*	QL(120 per 30 days)	METABOLIC BONE DISEASE AGENTS		
CONEXXENCE 60 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 180 days)	METABOLIC BONE DISEASE AGENTS		
doxercalciferol 0.5 mcg capsule	1		METABOLIC BONE DISEASE AGENTS		
doxercalciferol 1 mcg capsule	1		METABOLIC BONE DISEASE AGENTS		
doxercalciferol 2.5 mcg capsule	1		METABOLIC BONE DISEASE AGENTS		
ENOBY 60 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 180 days)	METABOLIC BONE DISEASE AGENTS		
EVENITY 105 MG/1.17 ML SUBCUTANEOUS SYRINGE[NP]	*	QL(2.34 per 30 days)	METABOLIC BONE DISEASE AGENTS		
EVENITY 210 MG/2.34 ML (105 MG/1.17 ML X 2) SUBCUTANEOUS SYRINGE[NP]	*	QL(2.34 per 30 days)	METABOLIC BONE DISEASE AGENTS		
FORTEO 20 MCG/DOSE (560 MCG/2.24 ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.48 per 30 days)	METABOLIC BONE DISEASE AGENTS		
FOSAMAX 70 MG TABLET[NP]	*	QL(4 per 28 days)	METABOLIC BONE DISEASE AGENTS		
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET[NP]	*	QL(4 per 28 days)	METABOLIC BONE DISEASE AGENTS		
FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET[NP]	*	QL(4 per 28 days)	METABOLIC BONE DISEASE AGENTS		
ibandronate 150 mg tablet[NP]	*	QL(1 per 28 days)	METABOLIC BONE DISEASE AGENTS		
JUBBONTI 60 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 180 days)	METABOLIC BONE DISEASE AGENTS		
JUBEREQ 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION[NP]	*	QL(1.7 per 28 days)	METABOLIC BONE DISEASE AGENTS		
OSENVELT 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION[NP]	*	QL(1.7 per 28 days)	METABOLIC BONE DISEASE AGENTS		
OSVYRTI 60 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 180 days)	METABOLIC BONE DISEASE AGENTS		
paricalcitol 1 mcg capsule[NP]	*	QL(30 per 30 days)	METABOLIC BONE DISEASE AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
paricalcitol 2 mcg capsule[NP]	*	QL(30 per 30 days)	METABOLIC BONE DISEASE AGENTS		
paricalcitol 4 mcg capsule[NP]	*	QL(12 per 30 days)	METABOLIC BONE DISEASE AGENTS		
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 180 days)	METABOLIC BONE DISEASE AGENTS		
RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE[NP]	*	QL(60 per 30 days)	METABOLIC BONE DISEASE AGENTS		
risedronate 150 mg tablet[NP]	*	QL(1 per 30 days)	METABOLIC BONE DISEASE AGENTS		
risedronate 30 mg tablet[NP]	*	QL(30 per 30 days)	METABOLIC BONE DISEASE AGENTS		
risedronate 35 mg tablet[NP]	*	QL(4 per 28 days)	METABOLIC BONE DISEASE AGENTS		
risedronate 35 mg tablet,delayed release[NP]	*	QL(4 per 28 days)	METABOLIC BONE DISEASE AGENTS		
risedronate 5 mg tablet[NP]	*	QL(30 per 30 days)	METABOLIC BONE DISEASE AGENTS		
SENSIPAR 30 MG TABLET[NP]	*	QL(60 per 30 days)	METABOLIC BONE DISEASE AGENTS		
SENSIPAR 60 MG TABLET[NP]	*	QL(60 per 30 days)	METABOLIC BONE DISEASE AGENTS		
SENSIPAR 90 MG TABLET[NP]	*	PA,QL(120 per 30 days)	METABOLIC BONE DISEASE AGENTS		
STOBOCLO 60 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 180 days)	METABOLIC BONE DISEASE AGENTS		
teriparatide 20 mcg/dose (560 mcg/2.24 ml) subcutaneous pen injector[NP]	*	QL(2.48 per 30 days)	METABOLIC BONE DISEASE AGENTS		
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(1.56 per 30 days)	METABOLIC BONE DISEASE AGENTS		
WYOST 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION[NP]	*	QL(1.7 per 28 days)	METABOLIC BONE DISEASE AGENTS		
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION[NP]	*	QL(1.7 per 28 days)	METABOLIC BONE DISEASE AGENTS		
XTRENBO 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION[NP]	*	QL(1.7 per 28 days)	METABOLIC BONE DISEASE AGENTS		
YORVIPATH 168 MCG/0.56 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(1.12 per 28 days)	METABOLIC BONE DISEASE AGENTS		
YORVIPATH 294 MCG/0.98 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(1.96 per 28 days)	METABOLIC BONE DISEASE AGENTS		
YORVIPATH 420 MCG/1.4 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.8 per 28 days)	METABOLIC BONE DISEASE AGENTS		
ZEMPLAR 1 MCG CAPSULE[NP]	*	QL(30 per 30 days)	METABOLIC BONE DISEASE AGENTS		
ZEMPLAR 2 MCG CAPSULE[NP]	*	QL(30 per 30 days)	METABOLIC BONE DISEASE AGENTS		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
2-in-1 laxative 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
2TEK CONTROL (HIGH-NORMAL) SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
a and d (lanolin-petrolatum) topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
a thru z advanced formula 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
a thru z men's ultimate 8 mg iron-200 mcg-600 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
a thru z select 300 mcg-60 mcg-600 mcg-300 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
a thru z select 50 plus formula 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
a thru z select 500 mcg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
a thru z select women's tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
abc complete adult 8 mg iron-200 mcg-600 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
abc complete men's 8 mg iron-200 mcg-600 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
abc complete senior 50 plus 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
abc complete senior men's 300 mcg-60 mcg-600 mcg-300mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
abc complete women's 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
abc plus 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ACCU-CHEK AVIVA PLUS TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ACCU-CHEK GUIDE GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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ACCU-CHEK GUIDE ME GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ACCU-CHEK GUIDE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ACCU-CHEK SMARTVIEW TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ACCUTREND GLUCOSE CONTROL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ACCUTREND GLUCOSE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 120 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 160 mg/5 ml (5 ml) oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 160 mg/5 ml (5 ml) oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 160 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 325 mg/10.15 ml oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 325 mg/10.15 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 650 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 650 mg/20.3 ml oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen 650 mg/20.3 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acetaminophen extra strength 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ACNE MEDICATION 10 % LOTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ACNE MEDICATION 10 % TOPICAL GEL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acne medication 2.5 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ACNE MEDICATION 5 % LOTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ACNE MEDICATION 5 % TOPICAL GEL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acne treatment (benzoyl peroxide) 10 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
acne-clear 10 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIVNUTRIENTS (WITHOUT COPPER-IRON) 170 MCG DFE CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ACTIVNUTRIENTS CHEWABLE 0.75 MG-85 MCG DFE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ADAKVEO 10 MG/ML INTRAVENOUS SOLUTION[NP]	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
adult multivitamin gummies 120 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
adult multivitamin gummies 200 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
adult one daily gummies 200 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
adult tussin chest congestion 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
adult wal-tussin 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
adults 50 plus 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
adults multivitamin 18 mg iron-400 mcg-25 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVANCED ALL-IN-ONE GLUCOSE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVANCED EYE RELIEF 1 %-0.3 % DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVANCED GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVANCED GLUCOSE METER TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ADVANCED HEMORRHOID-FISSURE 4 %-5 %-12.5 %-37.5 % TOPICAL OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVIN COVID-19 AG HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE PEN NEEDLE 33 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE REDI-CODE PLUS[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE REDI-CODE PLUS STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE SYRINGES 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE SYRINGES 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE SYRINGES 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
aflora 20 mg iron-1,670 mcg dfe tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
AGAMATRIX AMP GLUCOSE MONITORING SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
AGAMATRIX AMP TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
AGAMATRIX CONTROL SOLUTION-NORMAL-HIGH[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
AGAMATRIX JAZZ TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
AGAMATRIX JAZZ WIRELESS 2 MONITORING SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
AGAMATRIX PRESTO SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
AGAMATRIX PRESTO TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
AIMSCO LATEX CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
AIRZONE PEAK FLOW METER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ALBUSTIX REAGENT STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOHOL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOHOL PREP PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOHOL SWABS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOHOL WIPES[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ALHEMO PEN 150 MG/1.5 ML (100 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ALHEMO PEN 300 MG/3 ML (100 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ALHEMO PEN 60 MG/1.5 ML (40 MG/ML) SUBCUTANEOUS PEN INJECTOR	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
alka-seltzer plus allergy 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ALLERGY SYRINGE 1 ML 27 GAUGE X 3/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ALLERGY SYRINGE 1 ML 27 X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ALPHANINE SD 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ALPHANINE SD 1,500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ALPHANINE SD 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ALPROLIX 1,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		

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ALPROLIX 2,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ALPROLIX 250 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ALPROLIX 3,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ALPROLIX 4,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ALPROLIX 500 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
altamist 0.65 % nasal spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
altituss 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ameriphor topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
aminofen 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
anecream5 5 % topical[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
anievalc 5 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
animal chews tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
anti-itch (diphenhydramine) 2 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
anti-nausea oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
antibiotic (bacitracin zinc) 500 unit/gram topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
antibiotic plus (pramoxine) 3.5 mg-10,000 unit-10 mg/gram top cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
antibiotic plus pain relief 3.5 mg-10,000 unit-10 mg/gram top cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
antibiotic(neomy-bacit-polym) 3.5 mg-400 unit-5,000 unit/gram top oint[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
antibiotic-pain relief(bacit)3.5 mg-500 unit-10,000 unit/gram ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
antiseptic 10 % topical solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
antiseptic skin cleanser (chlorhexidine) 4 % liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
APATATE FORTE ORAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
aphen 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
AQINJECT PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
AQINJECT PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
AQNEURSA 1 GRAM ORAL GRANULES IN PACKET[NP]	*	QL(112 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		

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AQUAPHILIC TOPICAL OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
aquoral mucosal spray[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
arthritis pain relief (capsaicin) 0.075 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
arthritis pain relief (capsaicin) 0.1 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
arthritis-muscle (capsaicin) 0.025 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
artificial eye lubricant 83 %-15 % ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
artificial tears (carboxymethylcellulose) 1 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
artificial tears (dextran 70-hypromellose) 0.1 %-0.3 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
artificial tears (dextran 70-hypromellose) eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
artificial tears (glycerin-peg) 1 %-0.3 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
artificial tears (pf) 0.1 %-0.3 % drops in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
artificial tears (pf) drops in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
artificial tears (pg400-hypromell-glycerin) 1 %-0.2 %-0.2 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
artificial tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
artificial tears(dextran-hypromel-glycern) 0.1 %-0.3 %-0.2 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
aspirin 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
aspirin 325 mg tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
aspirin 500 mg tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
aspirin 650 mg tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
aspirin,buffered (calcium carbonate-magnesium) 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
aspirin-acetaminophen-caffeine 250 mg-250 mg-65 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE 4 STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE CONTROL SOLUTION L2-L3[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE DOSE NORMAL-HIGH CONTROL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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ASSURE ID PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE PLATINUM GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE PLATINUM TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE PRISM CONTROL 1-2 SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE PRISM MULTI METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE PRISM MULTI STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE TITANIUM GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE TITANIUM TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ASTHMA CHECK METER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
athenol 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
AURLUMYN 100 MCG/ML INTRAVENOUS SOLUTION[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
auro dri swimmers' ear 95 %-5 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
AUTOKEEPER SAFETY PEN NEEDLE 30 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
AUTOKEEPER SAFETY PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
AVOWISE 1,670 MCG DFE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
AYR ALLERGY AND SINUS 2.65 % NASAL SPRAY AEROSOL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
AYR SALINE 0.65 % NASAL DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
AYR SALINE 0.65 % NASAL SPRAY AEROSOL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
b complex 1 (with folic acid) 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
b-complex tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
B-D SLIP TIP SYRINGE 20 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
B-STRESS 2,000 MCG CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BABY AYR SALINE 0.65 % NASAL DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
bacitracin 500 unit/gram topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
bacitracin 500 unit/gram topical packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
bacitracin zinc 500 unit/gram topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
bacitracin zinc 500 unit/gram topical ointment in packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BACITRAYCIN PLUS 500 UNIT-10 MG/GRAM TOPICAL OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
bacitraycin plus 500 unit/gram topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BACTINE MAX-LIDOCAINE 500 UNIT-10,000 UNIT-40 MG/GRAM TOPICAL OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BACTOSHIELD CHG 4 % TOPICAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
balance b-50 (with folic acid) 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
balanced b-100 400 mcg tablet,extended release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
balanced b-100 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
balanced b-50 tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
balsam peru-castor oil topical ointment in packet[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BASE B, POLYETHYLENE GLYCOL 3350 GRANULES[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
bayer advanced 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
bayer aspirin 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
bayer aspirin 325 mg tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ALCOHOL SWABS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ALLERGY SYRINGE 1 ML 28 GAUGE X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD BLUNT PLASTIC CANNULA 17 X 3 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD BULK SYRINGE SLIP TIP 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD BULK SYRINGE SLIP TIP 5 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ECCENTRIC TIP SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ECLIPSE 18 GAUGE X 1 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ECLIPSE 21 GAUGE X 1" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ECLIPSE 25 GAUGE X 1 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ECLIPSE 25 GAUGE X 1" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
BD ECLIPSE LUER-LOK 1 ML 27 X 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ECLIPSE LUER-LOK 21 GAUGE X 1 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ECLIPSE LUER-LOK 25 GAUGE X 1 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ECLIPSE LUER-LOK 3 ML 23 GAUGE X 1 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ECLIPSE LUER-LOK 3 ML 23 X 1" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ECLIPSE LUER-LOK 3 ML 25 X 5/8" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD FILTER NEEDLE 5-MIRCON NOKOR POINT 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INTEGRA NEEDLE 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INTEGRA SYRINGE 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INTEGRA SYRINGE 3 ML 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INTEGRA SYRINGE 3 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INTERLINK BLUNT PLASTIC CANNULA 17 X 5 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INTERLINK SYRINGE 17 X 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD INTRADERMAL BEVEL NEEDLES 26 GAUGE X 3/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK BULK SYRINGE 20 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
BD LUER-LOK SYRINGE 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 1 ML 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 10 ML 20 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 10 ML 20 X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 10 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 10 ML 21 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 20 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML 18 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML 23 X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML 25 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML 25 X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 3 ML 26 X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 5 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 5 ML 20 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 5 ML 20 X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 5 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 5 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD LUER-LOK SYRINGE 50 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
BD LUER-LOK TIP CONTROL SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD NOKOR ADMIX NEEDLE 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD PRECISIONGLIDE 25 GAUGE X 1" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD PRECISIONGLIDE 27 GAUGE X 1 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD PRECISIONGLIDE NON-STERILE 18 GAUGE X 1 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD PRECISIONGLIDE NON-STERILE 19 GAUGE X 1 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD PRECISIONGLIDE NON-STERILE 20 GAUGE X 1 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD PRECISIONGLIDE NON-STERILE 21 GAUGE X 1 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD PRECISIONGLIDE NON-STERILE 23 GAUGE X 1" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD PRECISIONGLIDE NON-STERILE 25 GAUGE X 1" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD PRECISIONGLIDE NON-STERILE 25 GAUGE X 5/8" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 18 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 19 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 19 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 23 GAUGE X 3/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 25 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 26 GAUGE X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD REGULAR BEVEL NEEDLES 27 GAUGE X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE ALLERGIST TRAY 1 ML 26 GAUGE X 3/8" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE NEEDLE 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE NEEDLE 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE NEEDLE 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE NEEDLE 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE NEEDLE 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE NEEDLE 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE NEEDLE 27 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE SHIELDING REGULAR BEVEL 1 ML 25 GAUGE X 5/8" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE SHIELDING REGULAR BEVEL SYRINGE 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE SYRINGE 3 ML 23 X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE SYRINGE 3 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE SYRINGE 3 ML 25 X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE TUBERCULIN 1 ML 26 GAUGE X 3/8" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SAFETYGLIDE TUBERCULIN REGULAR BEVEL 1 ML 27 X 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SHORT BEVEL NEEDLES 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SHORT BEVEL NEEDLES 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SHORT BEVEL NEEDLES 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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BD SHORT BEVEL THIN WALL 19 GAUGE X 1 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SHORT BEVEL THIN WALL 19 GAUGE X 1" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SLIP TIP SYRINGE 1 ML 26 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SLIP TIP SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SLIP TIP SYRINGE 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SLIP TIP SYRINGE 50 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SPECIALTY USE NEEDLES 16 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SPECIALTY USE NEEDLES 16 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SPECIALTY USE NEEDLES 21 GAUGE X 2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SPECIALTY USE NEEDLES 23 GAUGE X 1 1/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SPECIALTY USE NEEDLES 25 GAUGE X 7/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SPECIALTY USE NEEDLES 27 GAUGE X 1 1/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SPECIALTY USE NEEDLES 30 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SPECIALTY USE NEEDLES 30 GAUGE X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE CATHETER TIP 50 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE CATHETER TIP NON-STERILE 50 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE LUER-LOK NON-STERILE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE LUER-LOK NON-STERILE 20 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE LUER-LOK NON-STERILE 5 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE LUER-LOK NON-STERILE 50 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE LUER-LOK STERILE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE LUER-LOK STERILE 50 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE SLIP TIP NON-STERILE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE SLIP TIP NON-STERILE 20 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD SYRINGE SLIP TIP NON-STERILE 50 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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BD SYRINGE WITH DUAL CANNULA 10 ML 20 GAUGE AND 17 GAUGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD TUBERCULIN SLIP-TIP 1 ML 27 GAUGE X 3/8" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD TUBERCULIN SLIP-TIP 1 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD TUBERCULIN SYRINGE 1 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD TUBERCULIN SYRINGE 1 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD TUBERCULIN SYRINGE 1 ML 27 X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD TUBERCULIN SYRINGE 1/2 ML 27 X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
belladonna alkaloids-opium 16.2 mg-30 mg rectal suppository	1	QL(120 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
belladonna alkaloids-opium 16.2 mg-60 mg rectal suppository	1	QL(120 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
BENADRYL 2 % TOPICAL GEL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
benadryl allergy 50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BENEFIX 1,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
BENEFIX 2,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
BENEFIX 250 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
BENEFIX 3,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
BENEFIX 500 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
benzonatate 100 mg capsule	1		MISCELLANEOUS THERAPEUTIC AGENTS		
benzonatate 200 mg capsule	1		MISCELLANEOUS THERAPEUTIC AGENTS		
benzoyl peroxide 10 % lotion[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
benzoyl peroxide 10 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
benzoyl peroxide 2.5 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
benzoyl peroxide 5 % lotion[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
benzoyl peroxide 5 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BETADINE 0.5 % MOUTHWASH[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BETADINE 10 % TOPICAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BETADINE 5 % TOPICAL SPRAY[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BETADINE SURGICAL SCRUB 7.5 % TOPICAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BETADINE SWABSTICKS 10 %[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BETASEPT SURGICAL SCRUB 4 % TOPICAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
betatemp 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BIGFOOT UNITY KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BINAXNOW COVID-19 AG CARD HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BINAXNOW COVID-19 AG SELF TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BIOCEL (WITH LUTEIN) 800 MCG-250 MCG-750 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
biocotron 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BIOLYTE ORAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BIOLYTE ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BION TEARS (PF) 0.1 %-0.3 % DROPS IN A DROPPERETTE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BIONIME RIGHTEST GM300 SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BIONIME RIGHTEST TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
BIOTEL CARE BGM-4 METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
bisacodyl 10 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
bisacodyl 5 mg tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
black-draught lax-senna 8.6 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BLADDER 2.2 200 MCG-5 MG-250 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BLINK GEL TEARS 0.25 % EYE DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BLINK TEARS 0.25 % EYE DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BLINK TEARS PF 0.25 % DROPS IN A DROPPERETTE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BLINK TRIPLE CARE 0.25 % EYE DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BLINK TRIPLE CARE PF 0.25 % EYE DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BLOOD GLUCOSE CONTROL, HIGH AND NORMAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
BLOOD GLUCOSE MONITORING KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BLOOD GLUCOSE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
BLOOD-GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BLOOD-GLUCOSE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BLULINK BLOOD GLUCOSE SYSTEM REFILL 32 GAUGE KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BLULINK DIABETIC TEST BUNDLE KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BLULINK GLUCOSE MONITORING SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BLULINK GLUCOSE TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
bpco topical ointment[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
BRINSUPRI 10 MG TABLET[NP]	*	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
BRINSUPRI 25 MG TABLET[NP]	*	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
brompheniramine-pseudoephedrine-dm 2 mg-30 mg-10 mg/5 ml oral syrup	1		MISCELLANEOUS THERAPEUTIC AGENTS		
bufferin 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
butalbital 50 mg-acetaminophen 300 mg capsule[NP]	*	QL(180 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
butalbital 50 mg-acetaminophen 300 mg tablet	1	QL(180 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
butalbital 50 mg-acetaminophen 300 mg-caffeine 40 mg-codeine 30 mg cap[NP]	*	QL(180 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
butalbital 50 mg-acetaminophen 325 mg tablet	1	QL(180 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap[NP]	*	QL(180 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
butalbital-acetaminophen-caffeine 50 mg-300 mg-40 mg capsule	1	QL(180 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg capsule	1	QL(180 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet	1	QL(180 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg/15 ml oral soln[NP]	*	QL(450 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule	1	QL(180 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
BYLVAY 1,200 MCG CAPSULE[NP]	*	QL(150 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
BYLVAY 200 MCG ORAL PELLET[NP]	*	QL(360 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
BYLVAY 400 MCG CAPSULE[NP]	*	QL(420 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
BYLVAY 600 MCG ORAL PELLET[NP]	*	QL(120 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
c-lax laxative (bisacodyl) 5 mg tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
calcidol 200 mcg/ml (8,000 unit/ml) oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
capsaicin 0.025 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
capsaicin 0.035 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
capsaicin 0.075 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
capsaicin 0.1 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
capsaicin hp 0.1 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
capsaid es 0.1 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAPZASIN-HP 0.1 % TOPICAL CREAM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
capzix 0.1 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
carboxymethylcellulose sodium 0.5 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
carboxymethylcellulose sodium 0.5 % eye drops in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
carboxymethylcellulose sodium 1 % eye gel in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
carboxymethylcellulose sodium 1 % eye liquid gel drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREFINE PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREFINE PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
CAREFINE PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREFINE PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREFINE PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREFINE PEN NEEDLE 32 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREFINE PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREPOINT LUER LOCK SYRINGE 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREPOINT LUER LOCK SYRINGE WITH NEEDLE 3 ML 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREPOINT LUER LOCK SYRINGE WITH NEEDLE 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREPOINT LUER LOCK SYRINGE WITH NEEDLE 3 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREPOINT LUER LOCK SYRINGE WITH NEEDLE 3 ML 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREPOINT LUER LOCK SYRINGE WITH NEEDLE 3 ML 22 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREPOINT LUER LOCK SYRINGE WITH NEEDLE 3 ML 23 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREPOINT LUER LOCK SYRINGE WITH NEEDLE 3 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREPOINT LUER LOCK SYRINGE WITH NEEDLE 3 ML 25 X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREPOINT LUER SLIP SYRINGE 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CAREPOINT LUER SLIP SYRINGE-NEEDLE 1 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARESENS CONTROL A AND B SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARESENS N[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARESENS N FELIZ BT GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARESENS N FELIZ GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARESENS N TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
CARESENS N VOICE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARESENS S CONTROL A AND B SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARESENS S FIT BT GLUCOSE MTR MISC[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARESENS S FIT GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARESENS S TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
CARESTART COVID-19 ANTIGEN HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH CONTROL SOLUTION L2-L3[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH GLUCOSE MONITORING SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH HYPODERMIC NEEDLE 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH HYPODERMIC NEEDLE 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH HYPODERMIC NEEDLE 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH HYPODERMIC NEEDLE 23 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH HYPODERMIC NEEDLE 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH HYPODERMIC NEEDLE 25 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH HYPODERMIC NEEDLE 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH HYPODERMIC NEEDLE 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH HYPODERMIC NEEDLE 26 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER LOCK SYRINGE 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER LOCK SYRINGE 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER LOCK SYRINGE 5 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER LOCK SYRINGE WITH NEEDLE 3 ML 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER LOCK SYRINGE WITH NEEDLE 3 ML 22 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER LOCK SYRINGE WITH NEEDLE 3 ML 23 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
CARETOUCH LUER LOCK SYRINGE WITH NEEDLE 3 ML 23 X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER LOCK SYRINGE WITH NEEDLE 3 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER LOCK SYRINGE WITH NEEDLE 3 ML 25 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER LOCK SYRINGE WITH NEEDLE 3 ML 25 X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER SLIP SYRINGE 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER SLIP SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER SLIP SYRINGE 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH LUER SLIP SYRINGE 5 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH PEN NEEDLE 32 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CARETOUCH TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
CASGEVY 4X10EXP6 TO 13X10EXP6 CELL/ML INTRAVENOUS SUSPENSION[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
central-vite 18 mg iron-400 mcg-25 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
central-vite women's mature 8 mg iron-400 mcg-50 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
centravites 50 plus 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
centravites adults 18 mg iron-400 mcg-25 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
centrum 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
centrum 9 mg iron/15 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CENTRUM KIDS MULTIGUMMY CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
centrum silver 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
centrum women 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
century 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
century adult formula 18 mg iron-400 mcg-25 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
century adults 50 plus 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
century mature 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
century men 50 plus 300 mcg-60 mcg-600 mcg-300 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
century women 50 plus 8 mg iron-400 mcg-50 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
cenvite 9 mg iron/15 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CEQUR SIMPLICITY 1 UNIT (240 UNIT) DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
CEQUR SIMPLICITY 2 UNIT (200 UNIT) DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
CEQUR SIMPLICITY 2 UNIT (240 UNIT) DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
CEQUR SIMPLICITY INSERTER	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
CERALYTE 50 240 MG-300 MG-32 KCAL/10 G ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERALYTE 50 POTASSIUM FREE 50 MEQ-20 MEQ-30 MEQ ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERALYTE 90 90 MEQ-80 MEQ-20 MEQ-30 MEQ ORAL PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERALYTE-70 440 MG-300 MG-32 KCAL/10 GRAM ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERALYTE-70 70 MEQ-60 MEQ-20 MEQ-30 MEQ ORAL PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERALYTE-70 70 MEQ-60 MEQ-20 MEQ-30 MEQ/L ORAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERALYTE-70 2.3 G-1.5 G-2.9 G-160 KCAL/50 ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERASPORT 115 MG-40 MG-40 KCAL/10.5 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERASPORT 200 MG-75 MG-80 KCAL/20 GRAM ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERASPORT ENDURANCE 400 MG-160 MG/42 GRAM ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERASPORT EX1 200 MG-100 MG-20 KCAL/6 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERASPORT EX1 400 MG-200 MG-40 KCAL/12.5 G ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CERASPORT PLUS 230 MG-85 MG-120 KCAL/31 GRAM ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CEROVITE SENIOR 0.4 MG-300 MCG-250 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
certavite senior 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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certavite-antioxidant 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEK-STIX CONTROL STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEMSTRIP 10 MD[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEMSTRIP 10/SG[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEMSTRIP 2 GP[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEMSTRIP 50B[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEMSTRIP 7[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEMSTRIP 9[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEMSTRIP MICRAL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEST CONGESTION RELIEF 100 MG/5 ML ORAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
chest congestion relief dm 10 mg-100 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEW Q 100 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEW Q 30 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHEW Q 600 MG ORAL WAFER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
child mucus relief expectorant 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children multivitamin chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's acetaminophen 160 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's acetaminophen 160 mg/5 ml (5 ml) oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's acetaminophen 160 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's acetaminophen 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's acetaminophen 325 mg/10.15 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's acetaminophen 650 mg/20.3 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's acetaminophen 80 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's chest congestion 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's chew multivitamin tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's chewable multivitamin 300 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
CHILDREN'S CHEWABLE VITAMIN TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's chewables 300 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's fever reducer-pain reliever 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's fever reducing 120 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's giltuss cough-chest 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's mapap 160 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's mapap 80 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's multi-vitamin gummies 200 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's multivitamin chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's multivitamin gummy chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's multivitamin-immune chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's non-aspirin 160 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's non-aspirin 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's pain and fever relief 160 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's pain and fever relief 160 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's pain and fever relief 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's pain relief 160 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's pain relief 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's pain reliever 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's pain reliever and fever reducer 120 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's proctozone-g rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's saline nasal spray 0.65 % aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
children's tylenol 160 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CHILDREN'S TYLENOL 160 MG/5 ML ORAL SUSPENSION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
childrens chewables multivitamin tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
childrens giltuss ex 200 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
chlorhexidine gluconate 2 % topical liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
chlorhexidine gluconate 2 % towelette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
chlorhexidine gluconate 4 % topical liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
chocolate laxative 15 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
citrucel 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CITRUCEL SUGAR FREE ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
clear eyes natural tears 0.5 %-0.6 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEARBLUE PREGNANCY TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEARCANAL EAR WAX 6.5 %-0.9 % EAR PACK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEARCANAL EAR WAX 6.5 %-0.9 % OTIC KIT, DROPS AND SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
clearcanal earwax softener 6.5 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHEK BLOOD GLUCOSE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHEK BLOOD GLUCOSE SYST KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHOICE BLOOD GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHOICE MICRO[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHOICE MICRO TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHOICE MINI BLOOD GLUCOSE MONITOR[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHOICE PEAK FLOW METER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHOICE PRO BLOOD GLUCOSE MONITOR STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHOICE TALK BLOOD GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHOICE TALK TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHOICE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
CLEVER CHOICE VOICE PLUS TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
clinere ear wax removal 6.5 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CLINICLEAN 4 % TOPICAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CLINITEST COVID-19 HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
co q-10 400 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
co q-10 50 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
co q-10 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
co q-10 200 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
co q-10 30 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
co q-10 300 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
COAGADEX 250 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
COAGADEX 500 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
COBENFY 100 MG-20 MG CAPSULE	1	QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
COBENFY 125 MG-30 MG CAPSULE	1	QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
COBENFY 50 MG-20 MG CAPSULE	1	QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK	1	QL(56 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
coenzyme q10 50 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
coenzyme q10 50 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
coenzyme q10 50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
coenzyme q10 60 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
coenzyme q10 10 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
coenzyme q10 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
coenzyme q10 100 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
coenzyme q10 100 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
coenzyme q10 200 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
coenzyme q10 30 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
coenzyme q10 400 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
col-rite 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
col-rite 250 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
COLACE 100 MG CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
COLACE 2-IN-1 8.6 MG-50 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
COLACE CLEAR 50 MG CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
COMBISTIX REAGENT STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PLUS PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PRO SAFETY PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
COMFORT TOUCH PEN NEEDLE 33 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
complete multivitamin adult 50 plus 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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complete multivitamin-multimineral 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
complex b-100 400 mcg tablet,extended release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
complex b-100 tablet,extended release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR NEXT EZ METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR NEXT EZ METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR NEXT GEN METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR NEXT GEN METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR NEXT GLUCOSE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR NEXT LINK 2.4 KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR NEXT LINK KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR NEXT METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR NEXT ONE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR NEXT ONE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR NEXT TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR PLUS BLUE METER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR PLUS TEST STRIP[OTC]	1	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
CONTOUR TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
CORDX COVID-19 AG HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CORDX TYFAST COVID-19 AG HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CORIFACT 1,000 UNIT-1,600 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
CORRECTOL 5 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
corvita 1.25 mg-2.5 mg-7 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
cough syrup 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
COVID-19 AT-HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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COVID-19 RAPID AT-HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
CURITY ALCOHOL SWABS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
cyanocobalamin (vit b-12) 1,000 mcg/ml injection solution	1	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
daily fiber (psyllium-aspartame) 3 gram oral powder packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily fiber (psyllium-aspartame) 3.4 gram oral powder packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily fiber (psyllium-sucrose) 3 gram/7 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily fiber (psyllium-sucrose) 3.4 gram/12 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily fiber (psyllium-sucrose) 3.4 gram/7 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily fiber 0.4 gram capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily fiber 0.52 gram capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily gummies 200 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily multi-vitamin tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily multiple for women 18 mg iron-400 mcg-500 mg ca tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily multivitamin with iron 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily multivitamin-minerals 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily multivitamin-minerals tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily value tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily vitamin formula tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily vitamin formula-iron 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daily vitamin formula-minerals tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DAILY VITAMIN WITH IRON TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DAILY VITES/IRON TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DAILY-VITE (WITH FOLIC ACID) 400 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DAILY-VITE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
daylogic acne treatment 10 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DEBROX 6.5 % EAR DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
debrox kids 95 %-5 % ear drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
debrox swimmer's ear 95 %-5 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
deep sea nasal 0.65 % spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DERMACINRX DAVIMET 1,000 MCG CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DERMACINRX MULTITAM 1,000 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DERMACINRX VENEXA 1,000 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DERMACINRX VENTRIXYL 1,000 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DERMACINRX VITRAMYN 1,000 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DERMACINRX VITRANOL 1,000 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DERMACINRX VITREXATE 1,000 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
dermacure 41 % topical cream[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
dermaphor topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
dermazene (salicylic acid) 6 % topical gel[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DEXCOM G6 RECEIVER	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
DEXCOM G6 SENSOR DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
DEXCOM G6 TRANSMITTER DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
DEXCOM G7 15 DAY SENSOR DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
DEXCOM G7 RECEIVER	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
DEXCOM G7 SENSOR DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
dextromethorphan-guaifenesin 10 mg-100 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
diabetic multivitamin 120 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
diabetic tussin dm 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DIATRUE PLUS BLOOD GLUCOSE METER SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DIATRUE PLUS TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
dibucaine 1 % topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
DIGITAL PREGNANCY TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
dimenhydrinate 50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
diphenhydramine 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
docuprene 100 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS	8	
docusate calcium 240 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
docusate sodium 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS	8	
docusate sodium 100 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
docusate sodium 250 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS	8	
docusate sodium 283 mg/5 ml enema[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
docusate sodium 50 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
docusate sodium 60 mg/15 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS	8	
DOCUSOL KIDS 100 MG/5 ML ENEMA[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
docuzen 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
dok 100 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
dormin 25 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
double antibiotic (bacitrcn zn) 500 unit-10,000 unit/gram top ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
double antibiotic-pain relief 3.5 mg-10,000 unit-10 mg/gram top cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DRAMAMINE 25 MG CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DRAMAMINE 50 MG CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DRAMAMINE 50 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
driminate 50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS	18	
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET PEN NEEDLE 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET PEN NEEDLE 29 GAUGE X 3/8"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
DROPLET PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET PEN NEEDLE 32 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET PEN NEEDLE 32 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPLET PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE ALCOHOL PREP PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROPSAFE PEN NEEDLE 31 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
DROXIA 200 MG CAPSULE	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DROXIA 300 MG CAPSULE	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DROXIA 400 MG CAPSULE	1		MISCELLANEOUS THERAPEUTIC AGENTS		
dry eye relief (peg 400) 1 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
dry eye relief 1 %-0.2 %-0.2 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DULCOLAX (BISACODYL) 10 MG RECTAL SUPPOSITORY[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
DULCOLAX (BISACODYL) 5 MG TABLET,DELAYED RELEASE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DULCOLAX (MAGNESIUM HYDROXIDE) 1,200 MG CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
dulcolax (magnesium hydroxide) 400 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DULCOLAX (MAGNESIUM HYDROXIDE) 600 MG CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
dulcolax stool softener (docusate) 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DUREX AIR CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DUREX AVANTI BARE REAL FEEL CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DUREX EXTRA SENSITIVE CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DUREX TROPICAL CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DURMA DYNAGEL 20 % TOPICAL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DYNA-HEX 2 % TOPICAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DYNA-HEX 4 % TOPICAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
DYNAGEL 20 % TOPICAL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
E-Z SCRUB PREOPERATIVE 0.5 % SPONGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ear drops (carbamide peroxide) 6.5 %[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ear drops for swimmers 95 %-5 %[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ear dry 95 %-5 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ear wax removal drops 6.5 %[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ear wax removal kit 6.5 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ear wax removal system 6.5 % ear pack[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EARLY PREGNANCY TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EARLY RESULT PREGNANCY TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT ALCOHOL PAD TOPICAL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT INSULIN SYRINGE 0.3 ML 31 X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT INSULIN SYRINGE 1 ML 32 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT INSULIN SYRINGE 1/2 ML 29 X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT INSULIN SYRINGE 1/2 ML 32 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT PEN NEEDLES 29 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT PEN NEEDLES 29 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT PEN NEEDLES 33 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT PEN NEEDLES 33 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT PEN NEEDLES 33 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY GLIDE CATHETER TIP SYRINGE 60 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY GLIDE DENTAL IRRIGATION SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY GLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY GLIDE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EASY GLIDE LUER LOCK SYRINGE 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY GLIDE LUER LOCK SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY GLIDE LUER LOCK SYRINGE 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY GLIDE LUER LOCK SYRINGE 60 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY GLIDE LUER SLIP TB SYRINGE 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY PLUS II BLOOD GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY PLUS II TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EASY STEP BLOOD GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY STEP STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TALK BLOOD GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TALK GLUCOSE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TALK PLUS II TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 1 ML 25 GAUGE X 1" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 1 ML 25 GAUGE X 5/8" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 29 GAUGE X 1/2" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 3 ML 20 GAUGE X 1" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 3 ML 21 GAUGE X 1" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 3 ML 22 GAUGE X 1" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 3 ML 22 X 1 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 3 ML 23 X 1" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 3 ML 25 GAUGE X 1" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 3 ML 25 X 5/8" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 31 GAUGE X 1/4" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 31 GAUGE X 3/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 31 GAUGE X 5/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EASY TOUCH 32 GAUGE X 1/4" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 32 GAUGE X 3/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH 32 GAUGE X 5/32" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH ALCOHOL PREP PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH BLULINK GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH BLULINK TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 18 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 19 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 19 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 22 GAUGE X 3/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 23 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 23 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 25 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EASY TOUCH FLIPLOCK NEEDLE 25 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 25 GAUGE X 5/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 26 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 26 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 27 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 27 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 28 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 29 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 30 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 30 X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK NEEDLE 31 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 1 ML 26 GAUGE X 3/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 1 ML 27 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 10 ML 18 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 10 ML 18 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 10 ML 20 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 10 ML 20 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 10 ML 21 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 10 ML 22 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 10 ML 25 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 10 ML, 21 X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 18 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 18 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 19 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 19 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EASY TOUCH FLIPLOCK SYRINGE 3 ML 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 23 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 3 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 5 ML 18 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 5 ML 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 5 ML 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 5 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 5 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 5 ML 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 5 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLIPLOCK SYRINGE 5 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLURINGE 1 ML 25 GAUGE X 1" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLURINGE 1 ML 25 GAUGE X 5/8" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLURINGE FLIPLOCK 1 ML SYRINGE 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLURINGE SHEATHLOCK 1 ML SYRINGE 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH FLURINGE SHEATHLOCK 1 ML SYRINGE 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH GLUCOSE MONITOR[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HEALTHPRO SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HIGH-LOW CONTROL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EASY TOUCH HYPODERMIC NEEDLE 16 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 16 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 18 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 18 GAUGE X 1 1/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 18 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 19 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 19 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 20 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 20 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 21 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 21 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 22 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 22 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 23 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 23 GAUGE X 1 1/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 23 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 23 GAUGE X 3/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 24 GAUGE X 1 1/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 24 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 25 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 25 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 25 GAUGE X 5/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 26 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 26 GAUGE X 3/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 26 GAUGE X 5/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 27 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EASY TOUCH HYPODERMIC NEEDLE 27 GAUGE X 1 1/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 27 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 30 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 30 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 30 GAUGE X 1/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 30 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 31 GAUGE X 1/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 31 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH HYPODERMIC NEEDLE 32 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 5/8"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH LUER LOCK SYRINGE 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH LUER LOCK SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH LUER LOCK SYRINGE 20 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS	2	17
EASY TOUCH LUER LOCK SYRINGE 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH LUER LOCK SYRINGE 5 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH LUER LOCK SYRINGE 60 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE 5 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 10 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 10 ML 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 10 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 3 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 3 ML 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 3 ML 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 3 ML 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 3 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 3 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 5 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 5 ML 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH SHEATHLOCK SYRINGE WITH NEEDLE 5 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH TUBERCULIN FLIPLOCK 1 ML 27 GAUGE X 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH TUBERCULIN FLIPLOCK 1 ML 28 GAUGE X 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH TUBERCULIN SHEATHLOCK 1 ML 25 GAUGE X 5/8" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH TUBERCULIN SHEATHLOCK 1 ML 26 GAUGE X 5/8" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH TUBERCULIN SHEATHLOCK 1 ML 28 GAUGE X 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH TUBERCULIN SHEATHLOCK 1 ML SYRINGE 27 GAUGE X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH UNI-SLIP 10 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH UNI-SLIP 3 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TOUCH UNI-SLIP 5 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TRAK BLOOD GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EASY TRAK GLUCOSE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TRAK II BLOOD GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASY TRAK II TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EASY-TOUCH BLOOD GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYGLUCO METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYGLUCO MONITORING SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYGLUCO TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EASYLIFE ALCOHOL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYMAX 15 TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EASYMAX NG KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYMAX NG METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYMAX STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EASYMAX V SPEAKING BLOOD GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYPOINT NEEDLE 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYPOINT NEEDLE 18 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYPOINT NEEDLE 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYPOINT NEEDLE 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYPOINT NEEDLE 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYPOINT NEEDLE 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYPOINT NEEDLE 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYPOINT NEEDLE 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYPOINT NEEDLE 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYPOINT NEEDLE 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EASYPOINT NEEDLE 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ECLIPSE SYRINGE 1 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ECLIPSE SYRINGE 3 ML 25 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ECOTRIN 325 MG TABLET,ENTERIC COATED[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ed-apap 160 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
electrolytes-dextrose oral packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
electrolytes-dextrose oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ELEMENT COMPACT GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ELEMENT COMPACT TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ELEMENT COMPACT V GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ELEMENT PLUS BLOOD GLUCOSE KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ELEMENT TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ELLUME COVID-19 HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ELYXYB 120 MG/4.8 ML (25 MG/ML) ORAL SOLUTION[NP]	*	QL(43.2 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE BLOOD GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE BLOOD GLUCOSE SYSTEM STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE EVO BLOOD GLUCOSE KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE EVO GLUCOSE MONITOR[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE EVO TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE PEN NEEDLE 30 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE PRO BLOOD GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE PRO SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE PRO TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE TALK GLUCOSE MONITOR[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE TALK TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE WAVE BLOOD GLUCOSE TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EMBRACE WAVE PLUS BLOOD GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EMERGEN-C KIDZ DAILY IMMUNE CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EMERGEN-C KIDZ DRINK MIX ORAL EFFERVESCENT POWDER PACK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EMERGEN-C KIDZ IMMUNE PLUS CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
emetrol oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EMPAVELI 1,080 MG/20 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(160 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
endit (zinc oxide) 20 % topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
endur-b complex 400 mcg tablet,extended release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
enema 19 gram-7 gram/118 ml[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
enema disposable 19 gram-7 gram/118 ml[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ENEMEEZ 283 MG/5 ML ENEMA[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ENEMEEZ KIDS 100 MG/5 ML ENEMA[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ENFAMIL ENFALYTE ORAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ENFIT MULTIFIL SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ENFIT MULTIFIL SYRINGE 60 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ENSURE RAPID HYDRATION 30 MEQ-10 MEQ-25 MEQ-11 GRAM ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ENTERADE IBS-D ORAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EOHILIA 2 MG/10 ML ORAL SUSPENSION IN PACKET[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EPIOXA 0.239 %-0.177 % EYE DROPS[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
eq gentle 0.3 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
equalactin 500 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ergocalciferol (vitamin d2) 200 mcg/ml (8,000 unit/ml) oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
essentia 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ESSENTIAL MAN 0.4 MG-2 MG-250 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ESSENTIAL MAN 50 PLUS 0.4 MG-2 MG-250 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EVAC 3 GRAM/3 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
evac-u-gen (sennosides) 8.6 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EVARA 40.5 % TOPICAL CREAM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EVENCARE G2 SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EVENCARE G3 CONTROL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EVENCARE SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EVERLYWELL COVID-19 HOME COLLECTION KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE[NP]	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
EVERSENSE 365 TRANSMITTER DEVICE[NP]	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE[NP]	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
EVERSENSE E3 SMART TRANSMITTER DEVICE[NP]	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
EVOLUTION BLOOD GLUCOSE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EVOLUTION TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
EX-LAX (SENNOSIDES) 15 MG CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EX-LAX MAXIMUM STRENGTH 25 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXCEDRIN EXTRA STRENGTH 250 MG-250 MG-65 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXCEDRIN MIGRAINE 250 MG-250 MG-65 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXCEL SYRINGE 3 ML 23 X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 19 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EXEL HYPODERMIC NEEDLES 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 20 X 3/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 21 GAUGE X 2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 22 GAUGE X 3/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 23 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 23 GAUGE X 3/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 25 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 25 GAUGE X 3/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 26 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 26 GAUGE X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 26 GAUGE X 3/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 26 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 27 GAUGE X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL HYPODERMIC NEEDLES 30 GAUGE X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL SYRINGE 3 ML 23 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL SYRINGE 3 ML 25 X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL SYRINGE 3 ML 27 GAUGE X 1 1/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXEL SYRINGE 30 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EXEL SYRINGE 50 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
expectorant 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
expectorant dm 10 mg-100 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
EXTENDED RESERVOIR 3 ML MISC[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
extra pain relief 250 mg-250 mg-65 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
extra strength bayer 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
extraprin 250 mg-250 mg-65 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
eyes alive 0.5 % drops in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ez nite sleep 25 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ezz nite sleep aid 50 mg/30 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FANTASY CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FASTEP COVID-19 AG HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FC2 FEMALE CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fe-vite 15 mg iron (75 mg)/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
feosol 325 mg (65 mg iron) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ferosul 325 mg (65 mg iron) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ferro-time 325 mg (65 mg iron) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ferrous sulfate 15 mg iron (75 mg)/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ferrous sulfate 220 mg (44 mg iron)/5 ml oral elixir[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ferrous sulfate 220 mg (44 mg iron)/5 ml oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ferrous sulfate 300 mg (60 mg iron)/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ferrous sulfate 324 mg (65 mg iron) tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ferrous sulfate 325 mg (65 mg iron) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ferrous sulfate 325 mg (65 mg iron) tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fever reducer 120 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FEVERALL 120 MG RECTAL SUPPOSITORY[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
FEVERALL 325 MG RECTAL SUPPOSITORY[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FEVERALL 650 MG RECTAL SUPPOSITORY[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FEVERALL 80 MG RECTAL SUPPOSITORY[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber (calcium polycarbophil) 625 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber (psyllium husk) 0.4 gram capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber (psyllium husk) 0.52 gram capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber (psyllium husk-sugar) 3.4 gram/12 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber (psyllium husk-sugar) 3.4 gram/7 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber (with aspartame) 3 gram/5.8 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber (with aspartame) 3.4 gram/5.8 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber laxative (calcium polycarbophil) 625 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber laxative (methylcellulose) 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber laxative (psyllium husk) 0.52 gram capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber therapy (ca polycarbophil) 625 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber therapy (methylcellulose) 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FIBER THERAPY (METHYLCELLULOSE-SUGAR) 2 GRAM/19 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber therapy (psyllium husk-sucrose) 3 gram/12 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber therapy (psyllium husk-sucrose) 3 gram/7 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber therapy laxative (psyllium husk) 0.52 gram capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber-lax 625 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fiber-tabs 625 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FIBERCON 625 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FILSPARI 200 MG TABLET[NP]	*	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FILSPARI 400 MG TABLET[NP]	*	QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FILSUVEZ 10 % TOPICAL GEL[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FILTER NEEDLES 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
fioricet 50 mg-300 mg-40 mg capsule[NP]	*	QL(180 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
first aid antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
first aid antibiotic 3.5 mg-500 unit-10,000 unit topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
first aid antibiotic-pain rlf 3.5 mg-500 unit-10,000 unit/g top oint[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FIRST AID ANTISEPTIC (POVIDONE-IODINE) 10 % TOPICAL OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
first aid antiseptic (povidone-iodine) 10 % topical solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FIRST RESPONSE PREGNANCY TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fleet bisacodyl 5 mg tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fleet docusate 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FLEET ENEMA 19 GRAM-7 GRAM/118 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
fleet glycerin (adult) rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FLEET GLYCERIN LAXATIVE 5.4 GRAM/5.4 ML RECTAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FLEET PEDIATRIC 9.5 GRAM-3.5 GRAM/59 ML ENEMA[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FLINTSTONES COMPLETE CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FLINTSTONES GUMMIES CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
flintstones multivitamin chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FLINTSTONES SOUR GUMMIES COMPLETE CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
flintstones/extra c chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
florraxyl 20 mg iron-1,670 mcg dfe tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
flotrex 0.25 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
flotrex 0.5 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
flotrex 1 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FOLACHEW 1,670 MCG DFE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
folamax 20 mg iron-1,670 mcg dfe tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
folaprime 20 mg iron-1,670 mcg dfe tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
FOLAWISE 1,670 MCG DFE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
folic acid 1 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS		
folic acid 1 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
folic acid 400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
folic acid 800 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
folicore b complex 1,000 mcg-10 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
folixia 20 mg iron-1,670 mcg dfe tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FONDCIRCLE BLOOD GLUCOSE MONITOR KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
for sty relief eye ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA 6 CONNECT GLUCOSE STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA 6 CONNECT KETONE STRIP[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA 6 CONNECT-GTEL-TEST N'GO ADVANCE-VOICE TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA D15G STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA D20 STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA D40-G31 TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA G20 KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA G20 STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA G30-PREMIUM V10 TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA G30A[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA GD50 BLOOD GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA GD50 TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA GTEL GLUCOSE TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA GTEL KETONE TEST STRIP[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA GTEL MULTI-FUNCTIONAL MONITOR[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA PREMIUM V10 GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA TEST N'GO ADVANCE PRO TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
FORA TEST N'GO ADVANCE VOICE BLOOD KETONE TEST STRIP[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA TEST N'GO VOICE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA TN'G VOICE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA TN'G VOICE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V10 KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V10 STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V10-V12-D10-D20 STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V10-V12-D10-D20 STRIPS-LANCETS 30 GAUGE COMBO PACK[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V12 BLOOD GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V12 BLOOD GLUCOSE SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V12 GLUCOSE STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V20 KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V20 STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V30A[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V30A KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORA V30A STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORACARE GD20 GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORACARE GD20 STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORACARE GD40 TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FORACARE GD40A GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FORACARE GD40B GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE FREEDOM LITE KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE INSULINX STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE INSULINX TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE LIBRE 14 DAY READER	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
FREESTYLE LIBRE 14 DAY SENSOR KIT	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE LIBRE 2 READER	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE LIBRE 2 SENSOR KIT	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	1		MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE LIBRE 3 READER	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE LIBRE 3 SENSOR DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE LITE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE LITE STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE PRECISION NEO METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE PRECISION NEO STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
FREESTYLE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
freshkote 2.7 %-2 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GE100 BLOOD GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GE100 BLOOD GLUCOSE SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GE100 BLOOD GLUCOSE TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
GE333 BLOOD GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GE333 BLOOD GLUCOSE TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
GELCLAIR MUCOSAL GEL PACKET[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GENABIO COVID-19 RAPID AT-HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GENACHECK COVID-19 HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
genteal tears mild 0.1 %-0.3 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GENTEAL TEARS MODERATE (PF) 0.1 %-0.3 % DROPS IN A DROPPERETTE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GENTEAL TEARS MODERATE 0.1 %-0.3 %-0.2 % EYE DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GENTEAL TEARS SEVERE (PETROLATUM-MINERAL OIL) 94 %-3 % EYE OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
gentle laxative (bisacodyl) 10 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
gentle laxative (bisacodyl) 5 mg tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
gentle laxative (magnesium hydroxide) 400 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
geri-kot 8.6 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
geri-mucil (aspartame) 3 gram/5.8 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
geri-mucil (sugar) 3 gram/12 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
geri-tussin 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
geri-tussin dm 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
geri-vite 9 mg iron/15 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
giltuss cough-congestion 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
giltuss diabetic 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
giltuss ex 200 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
giltuss hbp 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCO NAVII TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
gluco-to-go 15 40 % oral gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD 01 HIGH-NORMAL CONTROL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD 01 METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD 01 SENSOR PLUS STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD EXPRESSION[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD EXPRESSION KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD EXPRESSION STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD SHINE CONNEX METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD SHINE EXPRESS METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD SHINE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD SHINE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD SHINE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD SHINE XL METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
GLUCOCARD VITAL KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD VITAL SENSOR STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCARD VITAL TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCOM BLOOD GLUCOSE KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GLUCOCOM GLUCOSE STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
glucose 3.75 gram chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
glucose 4 gram chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
glucose gel 40 % oral gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
glutose-15 40 % oral gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
glutose-45 40 % oral gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
glutose-5 40 % oral gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
glycerin (adult) rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
glycerin (child) rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
glycerin 99.5 % topical solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
glycerin topical liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GM100 KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GM100 STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
GOJJI BLOOD GLUCOSE TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
GOJJI LANCETS 30 GAUGE-GLUCOSE TEST STRIPS COMBO PACK[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
GOLD BOND MEDICATED PAIN-ITCH 4 % TOPICAL CREAM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GOTOKNOW COVID-19 AG HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
guaiasorb dm 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
guaifed (guaifenesin) 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
guaifed-dm 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
guaifenesin 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
guaifenesin-dm 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
GUAR GUM POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GUARDIAN 4 GLUCOSE SENSOR DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
GUARDIAN 4 TRANSMITTER DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
GUARDIAN CONNECT TRANSMITTER DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
GUARDIAN LINK 3 TRANSMITTER DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
GUARDIAN SENSOR 3 DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
gummi bear multivitamin chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GUMMIES CHILDREN MULTIVITAMIN CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
GUMMIES GIRLS' MULTIVITAMINS CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
gummy dinos chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
h2q 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
H2Q COQ10 200 MG/GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hair vitamins tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hair,skin and nails (folic acid-biotin) 66.7 mcg-1,666.7 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hair,skin and nails tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hand wash 2 % topical liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HARMONY CONTROL L1,L3 SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
headache relief (asa-acetaminophn-caffeine) 250 mg-250 mg-65 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HEALTHPRO GLUCOSE MONITOR[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
HEALTHPRO HIGH-LOW CONTROL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HEALTHPRO TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
HEALTHWISE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
HEALTHWISE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
HEALTHWISE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
HEALTHWISE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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HEALTHWISE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
HEALTHWISE PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
HEALTHWISE PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
HEMA-COMBISTIX STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HEMLIBRA 105 MG/0.7 ML SUBCUTANEOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
HEMLIBRA 12 MG/0.4 ML SUBCUTANEOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
HEMLIBRA 150 MG/ML SUBCUTANEOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
HEMLIBRA 30 MG/ML SUBCUTANEOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
HEMLIBRA 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
HEMLIBRA 60 MG/0.4 ML SUBCUTANEOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
hemorrhoid ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HEMORRHOID-FISSURE 4 %-0.25 % TOPICAL OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hemorrhoid-fissure pain 5 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hemorrhoidal (phenyleph-cocoa) 0.25 %-88.44 % rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HEMORRHOIDAL (PHENYLEPHRINE-HARD FAT) 0.25 %-88.7 % RECTAL SUPPOSITORY[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HEMORRHOIDAL (PRAMOXINE-ZINC) 1 %-12.5 % TOPICAL OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hemorrhoidal 0.25 %-3 % rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hemorrhoidal 0.25 %-3 %-12 % cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hemorrhoidal cooling 0.25 %-50 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hemorrhoidal cream 0.25 %-1 % rectal[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hemorrhoidal relief 5 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hemorrhoidal(phenyleph-min oil-petrolat)0.25 %-14 %-74.9 % rectal oint[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hemorrhoidal-analgesic 1 % topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HEPCLUDEX 8.5 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
HIBICLENS 4 % TOPICAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
high potency multivitamin (w-iron) 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
high potency multivitamin 400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HONEY BEARS MULTIVITAMIN CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HUBER SAFETY NEEDLES (DISPOSABLE) 22 X 3/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hyclodex 0.012 %-0.002 %-0.046 % topical spray[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
hydralyte oral packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hydralyte oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HYDRALYTE PLUS 1,000 MG-300 MG ORAL EFFERVESCENT POWDER PACK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hydrating electrolyte oral packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hydration multiplier immune 504 mg oral powder packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hydration multiplier oral packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
hydrolatum topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HYMPAVZI PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(8 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
HYMPAVZI PEN 75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	1	PA,QL(4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
HYPODERMIC NEEDLES 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HYPODERMIC NEEDLES 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HYPODERMIC NEEDLES 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HYPODERMIC NEEDLES 23 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HYPODERMIC NEEDLES 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
HYPODERMIC NEEDLES 26 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
IDELVION 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
IDELVION 2,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
IDELVION 250 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
IDELVION 3,500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
IDELVION 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
IHEALTH COVID-19 ANTIGEN RAPID HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
IHEALTH GLUCO PLUS METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
IHEALTH GLUCOSE TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ILET INFUSION KIT-CONTACT DETACH 23" COMBO PACK	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ILET INFUSION KIT-FLEX 23" COMBO PACK	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ILET INFUSION KIT-INSET 23" COMBO PACK	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ILET INFUSION KIT-INSET 32" COMBO PACK	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ILET INSULIN PUMP	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ILET STARTER KIT CONTACT	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
ILET STARTER KIT-INSET	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
IMMUNERX 250 MCG CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
IN-CHECK NASAL WITH MASK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
IN-CHECK ORAL FLOW METER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
INCONTROL ALCOHOL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
INCONTROL PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INCONTROL PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INCONTROL PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INCONTROL PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INCONTROL PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INDICAID COVID-19 AG HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
infant fever reducer-pain relief 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
infant pain reliever 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
infant's acetaminophen 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
INFANT'S TYLENOL 160 MG/5 ML ORAL SUSPENSION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
infant-toddler multivit 250 mcg-50 mg-10 mcg/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
infant-toddler multivitamin 250 mcg-50 mg-10 mcg-5 mg/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
infant-toddler multivitamin-iron 11 mg iron/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
infants' pain and fever 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
infants' pain relief 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
INFINITY METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INFINITY STARTER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INFINITY TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INPEN (FOR NOVOLOG OR FIASP) BLUE SUBCUTANEOUS[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INPEN (FOR NOVOLOG OR FIASP) GREY SUBCUTANEOUS[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INPEN (FOR NOVOLOG OR FIASP) PINK SUBCUTANEOUS[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE MICROFINE 1/2 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 27 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 27 GAUGE X 5/8"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 7/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 7/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 1/4"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 27 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 29NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 30 GAUGENP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 1/4"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSULIN SYRINGE-NEEDLE U-100 HALF UNIT MARKING 0.3 ML 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSUPEN PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSUPEN PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSUPEN PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSUPEN PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INSUPEN PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
INTEGRA PRECISIONGLIDE NEEDLE 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
INTELISWAB COVID-19 RAPID HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
iron (ferrous sulfate) 325 mg (65 mg iron) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
iron 325 mg (65 mg iron) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
itch relief (diphenhydramine) 2 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
itch stopping (diphenhydramine) 2 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
IV PREP WIPES MEDICATED[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
IXINITY 1,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
IXINITY 1,500 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
IXINITY 3,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
IXINITY 500 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
JOURNAVX 50 MG TABLET[NP]	*	PA,QL(30 per 14 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
KETONE CARE STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KETONE URINE TEST STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KETOSTIX STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
keyfolic 20 mg iron-1,670 mcg dfe tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KIDS MULTI ZERO CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KIDS MULTIVITAMIN-MINERALS CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
kids' gummy chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
KIDSTART CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KIMONO LUBRICATED CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KIMONO MICROTHIN AQUA LUBE CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KIMONO MICROTHIN CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KIMONO MICROTHIN LARGE CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KIMONO TEXTURED CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KIMONO THIN LUBRICATED CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KINDERLYTE HERBAL IMMUNITY 270 MG-25 MCG-140 MG-50 MG ORAL POWDER PKT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
kinderlyte oral packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
kinderlyte oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
kindermed infants pain-fever 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
kindermed kids pain-fever 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
kobee 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
konsyl (sugar) 3 gram/12 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
konsyl daily psyllium fiber 5 gram/6 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KONSYL SUGAR-FREE 6 GRAM ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
KORLYM 300 MG TABLET[NP]	*	QL(120 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
l-lysine with vit a-d-e-cocoa butter topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LABSTIX REAGENT STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lanashield 50 % topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
laxa basic 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
laxacin 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
laxative (bisacodyl) 10 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
laxative (bisacodyl) 5 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
laxative (bisacodyl) 5 mg tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
laxative (sennosides) 15 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
laxative (sennosides) 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
laxative (sennosides) 8.6 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
laxative pills 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
laxative pills regular 15 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
laxative stool softener with senna 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lice killing 0.33 %-4 % shampoo[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lidocaine 3 %-hydrocortisone 0.5 % rectal kit, cream and wipes[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
lidocaine 3 %-hydrocortisone 1 % (7 gram) rectal kit[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
lidocaine 5 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lidocaine hcl 4 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lidocore 4 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lidoguard 4 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lidonumb 5 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lidozall plus 4 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lidozall pro 4 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LIFESHIELD BLUNT CANNULA 1 ML 18 GAUGE X 1" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LIFESHIELD BLUNT CANNULA 18 GAUGE X 1" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LIFESHIELD BLUNT CANNULA 3 ML 18 X 1" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LIQ-10 100 MG/5 ML ORAL SYRUP[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LIQSORB 100 MG/ML ORAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LIQSORB 15 MG/6 DROP ORAL DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
liquituss gg 200 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LITHOSTAT 250 MG TABLET[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
LITTLE ANIMALS CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
little animals-iron chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
little remedies 0.65 % nasal spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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little remedies fever and pain reliever 160 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
little remedies saline 0.65 % nasal spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LITTLE REMEDIES SALINE MIST 0.9 % NASAL SPRAY AEROSOL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LIVITA FOR CHILDREN ORAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LMX 5 5 % TOPICAL CREAM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant (propylene glycol-glycerin) 1 %-0.3 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant eye (cmc-glycerin) (pf) 0.5 %-0.9 % drops in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant eye (cmc-glycerin) 0.5 %-0.9 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant eye (pg-peg 400) (pf) 0.4 %-0.3 % drops in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant eye (pg-peg 400) 0.4 %-0.3 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant eye (propylene glycol) 0.6 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant eye (propylene glycol) 0.7 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant eye 57.3 %-42.5 % ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant eye 57.7 %-31.9 % ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant eye drops 0.25 %[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant eye drops 0.5 %[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricant eye drops 0.5 % drops in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubricating plus 0.5 % eye drops in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
lubrifresh pm 83 %-15 % eye ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LUCIRA CHECK-IT COVID-19 HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LUER LOCK SYRINGE 30 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LUER LOCK SYRINGE 60 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LUER SLIP TIP SYRINGE TRAY 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LUER-LOK TIP 30 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
LYFGENIA 1.7 X TO 20 X 10EXP6 CELL/ML INTRAVENOUS SUSPENSION[NP]	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
m-pap 160 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MAGELLAN SAFETY SYRINGE 1 ML 23 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MAGELLAN SYRINGE 0.3 ML 30 X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 200 mg (as oxide) chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 200 mg (as oxide) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 241.3 mg (as magnesium oxide 400 mg) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 250 mg (as oxide) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 253 mg (as magnesium oxide 420 mg) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 265.3 mg (as magnesium oxide 440 mg) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 300 mg (as oxide) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 400 mg (as magnesium oxide 667 mg) disintegrating tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 400 mg (as oxide) capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 400 mg (as oxide) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 500 mg (as oxide) capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium 500 mg (as oxide) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
magnesium hydroxide 400 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MAGOX 400 MG (241.3 MG MAGNESIUM) TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
mapap (acetaminophen) 500 mg/15 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
maxi-tuss g 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MAXICOMFORT INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
maxrelief junior 160 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
maxrelief junior 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
maxtussin 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
maxtussin dm 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MEDIBASE C LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
medicated hemorrhoidal rapid pain relief 5 %-0.25 %-20 % topical pads[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
mega multi for women 13.5 mg-200 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
mega multiple/chelated mineral tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MEGA MULTIVITAMIN FOR MEN 200 MCG-175 MCG-250 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men 50 plus advanced one daily 400 mcg-20 mcg-370 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men 50 plus multivitamin 300 mcg-60 mcg-600 mcg-300 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men under 50 multivitamin 8 mg iron-200 mcg-600 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men's 50 plus daily formula 400 mcg-20 mcg-370 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men's 50 plus multivitamin 400 mcg-20 mcg-370 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men's daily formula 400 mcg-20 mcg-300 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men's daily gummies 200 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men's daily multivitamin 8 mg iron-200 mcg-600 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men's multivitamin gummies 120 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men's multivitamin gummies 200 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men's one daily 400 mcg-20 mcg-300 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
men's pack 0.4 mg-250 mcg oral pack[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
META APPETITE CONTROL (ASPARTAME) 3 GRAM/5.8 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
META APPETITE CONTROL (ASPARTAME) 3 GRAM/5.95 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
metamucil (with sugar) 3.4 gram/12 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
METAMUCIL 0.4 GRAM CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
METAMUCIL 3.4 GRAM/5.4 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
METAMUCIL FIBER (ASPARTAME) 3.4 GRAM ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
METAMUCIL MULTIHEALTH FIBER 3.4 GRAM/5.8 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
METAMUCIL SUGAR-FREE (ASPARTAME) 3.4 GRAM/5.8 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
METAVITE 1,000 MCG-100 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
methylergonovine 0.2 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS		
mgo 400 mg (241.3 mg magnesium) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MICRO BLOOD GLUCOSE STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
microdot glucose gel 40 % oral[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MICRODOT HIGH-LOW CONTROL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MICRODOT XTRA BLOOD GLUCOSE STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
MICROLIFE PEAK FLOW METER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MICRONEX 400 MCG CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
midazolam 2 mg/ml oral syrup[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MIFEPREX 200 MG TABLET	1		MISCELLANEOUS THERAPEUTIC AGENTS		
mifepristone 200 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS		
mifepristone 300 mg tablet[NP]	*	QL(120 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
migraine formula 250 mg-250 mg-65 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
migraine relief 250 mg-250 mg-65 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
milk of magnesia 400 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
milk of magnesia concentrated 2,400 mg/10 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MIMRYLO 19 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
MIMRYLO 28 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
MIMRYLO 41 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(8 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
MIMRYLO 54 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(8 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
MIMRYLO 9.5 MG SUBCUTANEOUS SOLUTION[NP]	*	QL(4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
mini multivitamins-iron 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MINIMED INSTINCT SENSOR DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
minovia 13.5 mg iron-500 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
mirafast 1,200 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
mirexa 13.5 mg iron-500 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MOBI BLOOD GLUCOSE TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
MODD1 PATIENT WELCOME KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MODD1 SUPPLY KIT COMBO PACK[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MOISTURE DROPS 1 %-0.3 % EYE DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
moisturizing lubricant 0.25 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT 140CC PISTON SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT 35CC SYRINGE CATH TIP 35 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT 3CC SYRINGE 3 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT ALLERGY TRAY 1 ML 28 X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT ALLERGY TRAY WITH DETACHABLE NEEDLE 1 ML 27 X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT DISPOSABLE SYRINGE 20 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT ECCENTRIC TIP NON-STERILE 12 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT ECCENTRIC TIP NON-STERILE 35 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT ENFIT SYRINGE 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT ENFIT SYRINGE 12 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MONOJECT ENFIT SYRINGE 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT ENFIT SYRINGE 35 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT ENFIT SYRINGE 6 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT ENFIT SYRINGE 60 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT FILTER ASPIRATOR 18 X 3" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT FILTER NEEDLE 5 MICRON 20 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 14 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 14 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 14 GAUGE X 2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 15 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 16 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 16 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 16 GAUGE X 3/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 16 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 18 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 19 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 19 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 21 GAUGE X 2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 1 1/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 25 GAUGE X 5/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 25 X 2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1 1/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC NEEDLES 27 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 18 GAUGE X 1 1/2" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 18 GAUGE X 1" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 19 GAUGE X 1 1/2" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 19 GAUGE X 1" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 20 GAUGE X 1 1/2" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 20 GAUGE X 1" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 21 GAUGE X 1 1/2" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 21 GAUGE X 1" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 22 GAUGE X 1 1/2" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 22 GAUGE X 1" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 23 GAUGE X 1" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 23 GAUGE X 3/4" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 25 GAUGE X 1 1/2" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 25 GAUGE X 1" NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MONOJECT HYPODERMIC POLYPROPYLENE 25 GAUGE X 5/8" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 26 GAUGE X 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 27 GAUGE X 1/2" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT HYPODERMIC POLYPROPYLENE 30 GAUGE X 3/4" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 1 ML[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 1 ML[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT LUER-LOCK TIP 12 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT LUER-LOCK TIP 3 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT MEDICATION TRANSFER NEEDLE 20 X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT PHARMACY TRAY LUER LOCK 12 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT PHARMACY TRAY LUER LOCK 20 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT PHARMACY TRAY LUER LOCK 3 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT PHARMACY TRAY LUER LOCK 35 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT PHARMACY TRAY LUER LOCK 6 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT PHARMACY TRAY REGULAR TIP 1 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT REGULAR LUER 35 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT REGULAR LUER 6 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT REGULAR TIP NON-STERILE 12 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT REGULAR TIP NON-STERILE 20 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT REGULAR TIP NON-STERILE 3 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT REGULAR TIP NON-STERILE 6 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SAFETY LUER LOCK TIP 3 ML SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SAFETY SYRINGES 12 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SAFETY SYRINGES 12 ML 20 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SAFETY SYRINGES 3 ML 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SAFETY SYRINGES 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SAFETY SYRINGES 3 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SAFETY SYRINGES 3 ML 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SAFETY SYRINGES 3 ML 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SAFETY SYRINGES 3 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 1/2 ML 28 GAUGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MONOJECT SYRINGE 12 ML 18 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 12 ML 20 X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 12 ML 21 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 12 ML 21 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 140 MLOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 20 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 20 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 20 X 3/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 21 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 21 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 22 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 22 X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 23 X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 25 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 25 X 1 1/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 25 X 5/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 3 ML 27 GAUGE X 1 1/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 6 ML 20 X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 6 ML 21 X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE 6 ML 21 X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE LUER LOK 35 MLOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT SYRINGE LUER LOK 6 MLOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT TB 1 ML 28 GAUGE X 1/2" SYRINGEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT TB REGULAR LUER TIP 1 ML SYRINGEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT TB SAFETY SYRINGE 1 ML 25 GAUGE X 5/8"	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT TUBERCULIN SYRINGE 1 MLOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MONOJECT TUBERCULIN SYRINGE 1 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT TUBERCULIN SYRINGE 1 ML 27 X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT TUBERCULIN SYRINGE 1 ML 28 GAUGE X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT TUBERCULIN SYRINGE 1/2 ML 28 X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
motion sickness 50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
motion sickness relief 50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MOUTHPIECE DEVICE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
move it along 100 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
mucilin sf 3.5 gram oral powder packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MUCILIN SF 3.5 GRAM/5 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
mucolyte (guaifenesin) 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
mucolyte-dm 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MUCUS-CHEST CONGESTION 100 MG/5 ML ORAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multi antibiotic plus 3.5 mg-10,000 unit-10 mg/gram topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multi complete with iron 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multi for her 50 plus 400 mcg-80 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multi-day with iron 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MULTI-DRAW NEEDLE 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MULTI-DRAW NEEDLE 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MULTI-DRAW NEEDLE 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multi-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multi-vitamin hp/minerals capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multi-vitamin with fluoride 0.25 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multi-vitamin with fluoride 0.25 mg/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
multi-vitamin with fluoride 0.5 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multi-vitamin with fluoride 0.5 mg/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multi-vitamin with fluoride 1 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multi-vite 9 mg iron/15 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multihealth fiber (sugar) 3.4 gram/7 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multihealth fiber 3.4 gram/5.8 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multiple vitamin-minerals tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multiple vitamins tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MULTISTIX 10 SG STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MULTISTIX 5 STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MULTISTIX 7 STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MULTISTIX 8 SG STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MULTISTIX 9 SG STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MULTISTIX 9 STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MULTISTIX STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multivit and minerals-ferrous gluconate 9 mg iron/15 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multivit,calc,mins-folic 240 mcg-vit k1 30 mcg-lycopene 300 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multivit-mins-ferrous gluconate 9 mg iron/15 ml (15 ml) oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multivitamin men's 50 plus 400 mcg-370 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multivitamin tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multivitamin with iron tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multivitamin with minerals 9 mg iron/15 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multivitamin with minerals-folic acid 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multivitamin with minerals-folic acid 120 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multivitamin with minerals-folic acid 200 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
multivitamin women 50 plus 8 mg iron-400 mcg-50 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
MURINE EAR 6.5 % DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
murine ear wax removal system 6.5 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
my-vitalife capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
MYGLUCOHEALTH KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
MYGLUCOHEALTH STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
mynephrocaps 1 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS	2	17
mynephron 1 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
myo-tone tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
NANO PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
NANOVM T-F 2.75 MG IRON/5.4 GRAM POWDER ADDITIVE FOR TUBE FEED[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NASADROPS 0.9 % NASAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nasal antiseptic swabs 10 %[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nasal decongestant (pseudoephedrine) 30 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nasal decongestant (pseudoephedrine) 30 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nasal mist 0.9 % spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nasal moisturizing 0.65 % spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nasal spray (sodium chloride) 0.65 % aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
natural daily fiber 3.4 gram/5.8 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
natural fiber laxative 0.52 gram capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
natural fiber supplement 6 gram/6 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
natural senna laxative 8.6 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
natural tears (pf) 0.1 %-0.3 % drops in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
natural vegetable laxative (sennosides) 8.6 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nausea control oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nausea relief oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
navage saline nasal mist 0.9 % spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEEDLE (DISP) 16 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEEDLE (DISP) 18 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEEDLE (DISP) 19 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEEDLE (DISP) 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEEDLES, HUBER DISPOSABLE 22 X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEOQ10 125 MG CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEOSPORIN (NEO-BAC-POLYM) 3.5 MG-400 UNIT-5,000 UNIT/GRAM TOP OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
neosporin plus burn relief 3.5 mg-500 unit-10,000 unit/g topical oint[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEOSPORIN PLUS PAIN RELIEF 3.5 MG-10,000 UNIT-10 MG/GRAM TOPICAL CREAM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEOSPORIN PLUSPAIN RELIEF(BACIT)3.5 MG-500 UNIT-10,000 UNIT/G TOP OINT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
neosporin(neo-bac-polym) 3.5 mg-400 unit-5,000 unit top ointment packt[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEOSPORIN-PAIN ITCH SCAR 3.5 MG-500 UNIT-10,000 UNIT/GRAM TOPICAL OINT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEPHRONEX 900 MCG/5 ML ORAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEUTEK 2TEK TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
NEUTROGENA HAND TOPICAL CREAM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEXAFED 30 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NEXOCHEW 1,670 MCG DFE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
niacin 500 mg tablet[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
NICORETTE 2 MG BUCCAL LOZENGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NICORETTE 2 MG BUCCAL MINI LOZENGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NICORETTE 2 MG GUM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nicorette 4 mg buccal lozenge[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NICORETTE 4 MG BUCCAL MINI LOZENGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NICORETTE 4 MG GUM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
nicotine (polacrilex) 2 mg buccal lozenge[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nicotine (polacrilex) 2 mg buccal mini lozenge[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nicotine (polacrilex) 2 mg gum[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nicotine (polacrilex) 4 mg buccal lozenge[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nicotine (polacrilex) 4 mg buccal mini lozenge[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nicotine (polacrilex) 4 mg gum[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nightime sleep 50 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nighttime dry-eye relief 57.3 %-42.5 % ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nighttime sleep aid (diphenhydramine) 25 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nighttime sleep aid (diphenhydramine) 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nighttime sleep aid (diphenhydramine) 50 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nighttime sleep aid (diphenhydramine) 50 mg/30 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nitroglycerin 0.4 % (w/w) rectal ointment[NP]	*	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
NOKOR NEEDLE 16 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NOKOR NEEDLE 18 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
non-aspirin 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
non-aspirin 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
non-aspirin 80 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
non-aspirin extra strength 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
non-aspirin pain relief 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NORIXA 13.5 MG IRON-500 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NORMALYTE 1-2-0.75-6.75 GRAM/10.7 GRAM ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NORMALYTE ORS 1.3-1.45-0.75 GRAM/10.5 GRAM ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nortemp 160 mg/5 ml oral suspension[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NORVEXA 13.5 MG IRON-500 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NOVA MAX GLUCOSE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
NOVA MAX PLUS GLUCOSE-KETONE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
NOVA MAX PLUS GLUCOSE-KETONE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
NOVAMAX PLUS KETONE STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NOVAMV MMM PEDIATRIC MULTIVITAMIN 750 UNIT-35 MG-400UNIT/ML ORAL DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
numbcream 5 % topical[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NUPERCAINAL 1 % OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nusyllium 3.4 gram/12 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nutralyn 20 mg iron-1,670 mcg dfe tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NUTRISOURCE FIBER ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
NUTRISOURCE FIBER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
nytol 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
OHC COVID-19 ANTIGEN HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
omnicap 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD 5 G6-G7 INTRO KIT(GEN 5) SUBCUTANEOUS CARTRIDGE AND CONTROLLER	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD 5 INTRO KIT (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD DASH PDM KIT (GEN 4)[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ON CALL EXPRESS METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ON CALL EXPRESS TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ON CALL PLUS CONTROL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ON CALL VIVID CONTROL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ON-GO COVID-19 AG AT HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONCCOR 200 MCG-10 MCG-10 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
oncovite tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily 0.4 mg-600 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily energy 9 mg iron-400 mcg-200 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily energy tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily essential 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily essential 400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily essential tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily for men 0.4 mg-600 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily for women 18 mg-0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily healthy weight 200 mg-18 mg-0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily maximum 18 mg iron-400 mcg-25 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily maximum 18 mg-0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily men's 50 plus with d3 400 mcg-20 mcg-370 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily men's health 240 mcg-30 mcg-300 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily multivitamin 400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
one daily multivitamin tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily multivitamin with iron (folic acid) 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONE DAILY MULTIVITAMIN WITH IRON 18 MG IRON TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily multivitamin women 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily plus iron 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily women 50 plus 400 mcg-120 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily women 50 plus(vit k) 400 mcg-500 mg calcium-20 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily women's 18 mg iron-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily women's 18 mg iron-400 mcg-25 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily women's 18 mg iron-400 mcg-450 mg ca tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily women's health 18 mg iron-400 mcg-450 mg ca tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one daily womens 50 plus 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONE STEP PREGNANCY TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONE WAY VALVED MOUTHPIECE DEVICE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one-a-day cholesterol plus 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one-a-day essential tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONE-A-DAY KID'S CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one-a-day maximum formula tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONE-A-DAY MEN VITACRAVES 200 MCG CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one-a-day men's pro edge 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONE-A-DAY PROACTIVE 65 PLUS 200 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one-a-day teen advantage 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONE-A-DAY WOMEN VITACRAVES 200 MCG CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
one-a-day women's 50 plus 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONE-A-DAY WOMEN'S PETITES 9 MG IRON-200 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONE-A-DAY WOMENS FORMULA 18 MG IRON-400 MCG-500 MG CA TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
onelax bisacodyl 10 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONELAX DAILY FIBER 3.4 GRAM/6 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
onelax docusate sodium 50 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONELAX FIBER THERAPY (PSYLLIUM-SUCRALOSE) 3.4 GRAM/12 GRAM ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
onelax fiber therapy (psyllium-sucrose) 3.4 gram/12 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
onelax senna 8.8 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ONETOUCH ULTRA TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ONETOUCH ULTRA2 METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ONETOUCH VERIO FLEX METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ONETOUCH VERIO REFLECT METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ONETOUCH VERIO TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
onevite daily multivitamin 400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
OPTIUM EZ STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
OPTUMRX SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
oralyte oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
OVAL TAPE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
overnight lubricating eye 94 %-3 % ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
p-col rite 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain relief (acetaminophen) 160 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain relief (acetaminophen) 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain relief (acetaminophen) 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain relief (lidocaine) 4 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain relief adult 500 mg/15 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain relief extra strength (acetaminophen) 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain reliever (acetaminophen) 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain reliever (acetaminophen) 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
pain reliever (acetaminophen) 650 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain reliever (acetaminophen-aspirin-caff) 250 mg-250 mg-65 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain reliever extra strength (acetaminophen) 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain reliever plus 250 mg-250 mg-65 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pain-off 250 mg-250 mg-65 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PANDA MASK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PANOXYL 10 % TOPICAL GEL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PCCA ALADERM BASE OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEAK FLOW METER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pedia iron 15 mg iron (75 mg)/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIA POLY-VITE 250 MCG-50 MG-10 MCG-5 MG/ML ORAL DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pedia tri-vite 250 mcg-50 mg-10 mcg/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIA-LAX (MAG HYDROXIDE) 400 MG (170 MG MAGNESIUM) CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIA-LAX 2.8 GRAM/2.7 ML RECTAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIALYTE 10.6 MEQ-4.7MEQ/8.5 GRAM ORAL POWDER PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIALYTE ADVANCED CARE ORAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIALYTE ADVANCED CARE PLUS ORAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIALYTE ELECTROLYTE POWDER 11.25 MEQ-5 MEQ-8.75 MEQ ORAL POWDER PKT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIALYTE FREEZER POPS ORAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIALYTE IMMUNE SUPPORT ORAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIALYTE ORAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIALYTE SINGLES ORAL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIALYTE SPARKLING RUSH 28.3 MEQ-18.2 MEQ-16.6 MEQ ORAL EFF. PWD PACK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pediatric electrolyte 10.6 meq-4.7meq/8.5 gram oral powder packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
pediatric electrolyte oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pediatric enema 9.5 gram-3.5 gram/59 ml[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pediatric freezer pops oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIATRIC MEDIUM MASK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pediatric multivitamin no.171 750 unit-35 mg-400 unit/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIATRIC PANDA MASK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIATRIC POLY-VITE 250 MCG-50 MG-10 MCG-5 MG/ML ORAL DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIATRIC SMALL MASK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pediatric tri-vite 750 unit-35 mg-400 unit/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEDIAVANCE 5.3 MEQ-2.35 MEQ-4.15 MEQ ORAL CONCENTRATE IN PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 29 GAUGE X 15/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 30 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 31 GAUGE X 13/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
PEN NEEDLE, DIABETIC 31 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 32 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 32 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 33 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 33 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC 33 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PENTIPS PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PENTIPS PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PENTIPS PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PENTIPS PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PENTIPS PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PENTIPS PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
perdiem overnight relief 15 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PERFECT POINT SAFETY NEEDLE 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PERSA-GEL 10 % TOPICAL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PERSONAL BEST FULL RANGE DEVICE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PERSONAL BEST LOW RANGE DEVICE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
petrolatum topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pharbetol 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pharbetol 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PHARMACIST CHOICE BLOOD GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PHARMACIST CHOICE GLUCOSE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
phenazopyridine 100 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS		
phenazopyridine 200 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PHEXX 1.8 %-1 %-0.4 % VAGINAL GEL	1	QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
PHEXXI 1.8 %-1 %-0.4 % VAGINAL GEL	1	QL(60 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
phillips 500 mg magnesium tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PHILLIPS MILK OF MAGNESIA 311 MG CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PHILLIPS MILK OF MAGNESIA 400 MG/5 ML ORAL SUSPENSION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
phillips' liqui-gels 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PHOTREXA CROSS-LINKING KIT 0.146 %-0.146 % EYE DROPS AND VISCOUS DROPS[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PIKO 1 DEVICE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PILOT COVID-19 AT-HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PIP BLOOD GLUCOSE MONITORING SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PIP BLOOD GLUCOSE TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
PIP GLUCOSE CONTROL SOLUTION L1-L2[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PIP PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PIP PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PIVOT INSULIN PUMP STARTER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PIVOT SUPPLY KIT COMBO PACK[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PIXEL COVID-19 HOME COLLECT KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POCKET PEAK FLOW METER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
podocon 25 % topical liquid[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
poly bacitracin (zinc) 500 unit-10,000 unit/gram topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 18 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 18 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
POLY HUB NEEDLE 22 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 22 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 23 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 23 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 25 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 25 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 25 GAUGE X 5/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 27 GAUGE X 1 1/4"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 27 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY HUB NEEDLE 30 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLY-VI-SOL 250 MCG-50 MG-10 MCG/ML ORAL DROPSOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
poly-vita drops 750 unit-35 mg-400 unit/ml oralOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 1000 (BULK) POWDEROTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 1450 (BULK) POWDEROTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 200 (BULK) LIQUIDOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 300 (BULK) LIQUIDOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 3350 (BULK) GRANULESOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 3350 (BULK) POWDEROTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 400 (BULK) LIQUIDOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 4500 (BULK) 100 % POWDEROTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 600 (BULK) LIQUIDOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 8000 (BULK) 100 % POWDEROTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 8000 (BULK) 100 % WAXOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYETHYLENE GLYCOL 8000 (BULK) POWDEROTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYGLYCOL TROCHE BASE POWDEROTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYOX WSR-301 100 % POWDEROTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
POLYSPORIN 500 UNIT-10,000 UNIT/GRAM TOPICAL OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
POLYSPORIN 500 UNIT-10,000 UNIT/GRAM TOPICAL OINTMENT IN PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
polyvinyl alcohol 1.4 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
potas and sod citrate-citric acid 550 mg-500 mg-334 mg/5 ml oral soln[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
potassium citrate-citric acid 1,100 mg-334 mg/5 ml oral solution[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
povidone-iodine 10 % topical gel[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
povidone-iodine 10 % topical liquid packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
povidone-iodine 10 % topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
povidone-iodine 10 % topical pads[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
povidone-iodine 10 % topical solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
povidone-iodine 10 % topical spray[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
povidone-iodine 10 % topical swab[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
povidone-iodine 7.5 % topical solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PRECISION XTRA B-KETONE STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PRECISION XTRA KETONE-GLUCOSE MONITOR KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRECISION XTRA TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
PREGNANCY TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PREMIER BLU GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PREMIER CLASSIC GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PREMIER COMPACT GLUCOSE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PREMIER TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
PREMIER VOICE GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PREMIUM BLOOD GLUCOSE MONITORING SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PREMIUM V10[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PREMIUM V10 STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
PREPARATION H (PHENYLEPHRINE,WITCH HAZEL) 0.25 %-50 % TOPICAL GEL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
PREPARATION H 0.25 %-14 %-74.9 % OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PREPARATION H MAXIMUM STRENGTH 0.25 %-1 % RECTAL CREAM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PREPARATION H RAPID RELIEF SPRAY 5 %-0.25 % TOPICAL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PREPARATION H RAPID RELIEF WIPES 5 %-0.25 %-20 % TOPICAL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PREPARATION H(PHENYLEPH,COCOA BUTTR) 0.25 %-88.44 % RECTAL SUPPOSITORY[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PRESTO PRO BLOOD GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT ALCOHOL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT PEN NEEDLE 32 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT SPACER-ADULT MASK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT SPACER-CHILD MASK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO COMFORT SPACER-INFANT MASK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO VOICE V8 GLUCOSE MONITOR[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO VOICE V8-V9 TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
PRO VOICE V9 GLUCOSE MONITOR[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRO-COMFORT ALCOHOL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
proctozone-b 10 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
proctozone-gmax rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRODIGY AUTOCODE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRODIGY NO CODING STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
PRODIGY POCKET METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PRODIGY VOICE GLUCOSE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
profend 10 % topical swab[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PROFILNINE 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
PROFILNINE 1,500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
PROFILNINE 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
profola 20 mg iron-1,670 mcg dfe tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
prolaxa 250 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
promolaxin 100 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
protective ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pseudoephedrine 30 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
psyllium husk (with sugar) 3 gram/7 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
psyllium husk 0.4 gram capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
psyllium husk 0.52 gram capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
psyllium husk 2.18 gram/5 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
psyllium husk 2.6 gram/4.1 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
psyllium husk 500 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pure and gentle (saline) 19 gram-7 gram/118 ml enema[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
PURE COMFORT ALCOHOL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PURE COMFORT PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PURE COMFORT SPACER-ADULT MASK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PURECOMFORT PEAK FLOW METER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PURECOMFORT PEAK FLOW MOUTHPIECE DEVICE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
purevita folic acid 400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
purevita magnesium oxide 400 mg (241.3 mg magnesium) tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PUREVITA SUPER B-COMPLEX 400 MCG CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
pvp prep 10 % topical solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
PYRIDIUM 100 MG TABLET[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
PYRIDIUM 200 MG TABLET[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
q-absorb 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
q-sorb co q-10 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
q-sorb co q-10 150 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
q-sorb co q-10 200 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
QUICKVUE AT-HOME COVID-19 TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
quintabs 400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
QUINTABS-M 10 MG IRON-400 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
quintabs-m iron free 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
QUINTET AC METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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QUINTET AC STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
QUINTET BLOOD GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
QUINTET GLUCOSE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
quit 2 mg buccal lozenge[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
quit 2 mg gum[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
quit 4 mg buccal lozenge[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
quit 4 mg gum[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
QUTENZA 8 % TOPICAL KIT[NP]	*	QL(4 per 90 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
RAPID SARS-COV-2 AG HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
RAYASAL 5.9 % TOPICAL CREAM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ready-to-use enema 19 gram-7 gram/118 ml[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
READYPREP CHG 2 % TOWELETTE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
readyprep pvp 10 % topical solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
REBINYN 1,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
REBINYN 2,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
REBINYN 3,000 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
REBINYN 500 (+/-) UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
rectalief 5 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
RECTICARE 5 % TOPICAL CREAM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
RECTIV 0.4 % (W/W) OINTMENT[NP]	*	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
REFRESH CELLUVISC 1 % EYE GEL IN A DROPPERETTE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
REFRESH CONTACTS EYE DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
REFRESH LACRI-LUBE 56.8 %-42.5 % EYE OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
REFRESH LIQUIGEL 1 % EYE LIQUID GEL DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
REFRESH P.M. 57.3 %-42.5 % EYE OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
REFRESH PLUS 0.5 % EYE DROPS IN A DROPPERETTE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
REFRESH TEARS 0.5 % EYE DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
REFUAH PLUS GLUCOSE MONITOR KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
REFUAH PLUS STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
reguloid (aspartame) 3 gram/5.8 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
reguloid (psyllium husk) 0.4 gram capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
reguloid (psyllium husk) 3 gram/5.4 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
reguloid (psyllium husk) 3 gram/5.8 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
reguloid (psyllium husk-sucrose) 3 gram/7 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
RELION ALL-IN-ONE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
RELION CONFIRM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
RELION CONFIRM-MICRO STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
RELION MICRO GLUCOSE MONITOR KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
RELION PRIME METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
RELION PRIME TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
renal caps 1 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
reno caps 1 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
rest simply nighttime sleep 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
restore plus (carboxymethylcellulose) 0.5 % eye drops in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
restore pm 57.3 %-42.5 % eye ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
retaine cmc 0.5 % eye drops in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
retaine pm 80 %-20 % eye ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
REZDIFFRA 100 MG TABLET	1	PA,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
REZDIFFRA 60 MG TABLET	1	PA,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
REZDIFFRA 80 MG TABLET	1	PA,QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ribavirin 6 gram solution for inhalation	1	QL(8 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
RIGHTEST GM550 SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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RIGHTEST GS550 TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
RIGHTEST GT333 GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
RIGHTEST GT333 TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
RIXUBIS 1,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
RIXUBIS 2,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
RIXUBIS 250 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
RIXUBIS 3,000 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
RIXUBIS 500 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
RYONCIL 6.68 X 10EXP6 CELL/ML INTRAVENOUS SUSPENSION[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
safe tussin dm 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 1 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 1 ML 27 GAUGE X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 10 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 10 ML 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 10 ML 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 10 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 10 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 10 ML 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 10 ML 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 3 ML 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 3 ML 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 3 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 3 ML 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 3 ML 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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SAFESNAP SYRINGE 3 ML 23 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 3 ML 23 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 3 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 3 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 5 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 5 ML 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 5 ML 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 5 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 5 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 5 ML 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFESNAP SYRINGE 5 ML 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SAFETY PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
salicate 10 % topical liquid[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
salicylic acid 27.5 % topical film-forming liquid	1		MISCELLANEOUS THERAPEUTIC AGENTS		
salicylic acid 3 % topical ointment[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
salicylic acid 6 % topical gel	1		MISCELLANEOUS THERAPEUTIC AGENTS		
saline mist 0.65 % nasal spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
saline nasal 0.65 % spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
saline nasal mist 0.65 % spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
saline nasal mist 3 %[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
saline nasal mist 3 % spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
salsalate 500 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS		
salsalate 750 mg tablet	1		MISCELLANEOUS THERAPEUTIC AGENTS		
salycim 6 % topical cream[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SCOOBY-DOO ONE A DAY KIDS CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SCOT-TUSSIN EXPECTORANT 100 MG/5 ML ORAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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SCRUB CARE EXIDINE 4 % TOPICAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
scrub care povidone iodine 10 % topical solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SCRUB CHLORHEXIDINE GLUCONATE 4 % TOPICAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
secura protective topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SECURESAFE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SECURESAFE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SECURESAFE PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
senaklear 8.6 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senexon-s 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senior tabs 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna 176 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna 8.6 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna 8.6 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna 8.8 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna lax 8.6 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna laxative 8.6 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna leaf 450 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna leaf extract 176 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna plus 8.6 mg-50 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna plus 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna-s 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
senna-time s 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sennosides 8.6 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sennosides 8.6 mg-docusate sodium 50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sennosides 8.8 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SENOKOT 8.6 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SENOKOT 8.7 MG CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SENOKOT EXTRA STRENGTH 17.2 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SENOKOT KIDS 8.7 MG CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SENOKOT-S 8.6 MG-50 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sentia 0.6 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sentry 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sentry senior 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sentry senior 500 mcg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
shake that ache 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SIDESTREAM PEDIATRIC FACE MASK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SIKLOS 1,000 MG TABLET	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SIKLOS 100 MG TABLET	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SILICONE MASK - PEDIATRIC[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
silver nitrate applicators 75 %-25 % topical stick[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SIMONE SUPER ENERGY ORAL POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SIMPLERA SENSOR DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
SIMPLERA SYNC SENSOR DEVICE	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
SIMPLI PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
simply saline 0.9 % nasal spray aerosol[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
simply sleep 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sinus-congestion 30 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SKIN AND NASAL ANTISEPTIC 5 % KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
skin protectant a and d (petrolatum, lanolin) topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
skin protectant a and d topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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SKY SAFETY PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
sleep aid (diphenhydramine) 25 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sleep aid (diphenhydramine) 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sleep aid (diphenhydramine) 50 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sleep aid (diphenhydramine) 50 mg/30 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sleep ii 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sleep tablet (diphenhydramine) 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sleep time 25 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sleep time 50 mg/30 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SLEEP-TABS 25 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sleeping 50 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SMART BLUETOOTH GLUCOSE MONITOR[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SMART BLUETOOTH GLUCOSE MONITOR KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
smart q10 100 mg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SMART SENSE MONITORING SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SMART SENSE TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
SMARTEST EJECT KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SMARTEST PERSONA STARTER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SMARTEST PRONTO STARTER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SMARTEST PROTEGE KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SMARTEST TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
smooth texture fiber 3 gram/5.8 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sodium chloride 0.9 % irrigation solution	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sodium citrate-citric acid 500 mg-334 mg/5 ml oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SOHONOS 1 MG CAPSULE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SOHONOS 1.5 MG CAPSULE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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SOHONOS 10 MG CAPSULE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SOHONOS 2.5 MG CAPSULE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SOHONOS 5 MG CAPSULE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
solivite 400 mcg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
soluble fiber 500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SOLUS V2 AUDIBLE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SOLUS V2 AUDIBLE METER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SOLUS V2 TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
soluvita a,c,d with fluoride 0.25 mg fluoride (0.55 mg)/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sominex 25 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sominex maximum strength 50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SOOTHE LUBRICANT 0.6 %-0.6 % EYE DROPS IN A DROPPERETTE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SOOTHE NIGHT TIME LUBRICANT 80 %-20 % EYE OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SORBITOL 70 % SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sorbugen nr 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
spectravite adult 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
spectravite adult 50 plus 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
spectravite advanced formula 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
spectravite men 50 plus 300 mcg-60 mcg-600 mcg-300 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
spectravite men's 8 mg iron-200 mcg-600 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
spectravite women 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
spectravite women 50 plus 8 mg iron-400 mcg-50 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SPEEDYSWAB COVID-19 HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
STERILE LUBRICANT 0.7 % EYE LIQUID GEL DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stimulant laxative plus 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stool softener (docusate calcium) 240 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
stool softener 100 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stool softener 100 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stool softener 250 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stool softener 50 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stool softener 50 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stool softener 60 mg/15 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stool softener-laxative 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stool softener-stimulant laxative 8.6 mg-50 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stool softener-stimulant laxative 8.6 mg-50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stop smoking aid 2 mg buccal lozenge[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stop smoking aid 4 mg buccal lozenge[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
STRESS FORMULA TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
STROVITE FORTE 10 MG-1 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
stye (pva-povidone) 0.5 %-0.6 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
STYE LUBRICANT 57.7 %-31.9 % EYE OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SUDAFED 30 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sudogest 30 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SUGARUP 6 GRAM/15 ML ORAL GEL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SUGARUP 900 MG/2.25 ML ORAL GEL IN SYRINGE (ORAL USE ONLY)[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sulfacetamide sodium 10 % topical cleanser[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
sulfacetamide sodium 10 % topical cleanser, gel[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
summer's eve disposable douche 0.3 %[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
summer's eve douche 0.3 %[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS	18	
super b maxi complex 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SUPER MULTIVITAMIN TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
super quints 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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super quints b-50 tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
super thera vite m tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
suphedrin 30 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
suphedrine 30 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
support oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT ALCOHOL PREP PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
SURE-PREP ALCOHOL PREP PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SURFAK 240 MG CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SURGUARD2 SAFETY 23 GAUGE X 1" NEEDLE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SWEEN CREAM TOPICAL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SWEEN TOPICAL CREAM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
sweet cheeks 1.2 gram/3 ml (40 %) oral gel in syringe (oral use only)[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
swim ear 95 %-5 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
swimmer's instant ear dry 95 %-5 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE (DISPOSABLE) 20 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE (DISPOSABLE) 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE (DISPOSABLE) 30 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE (DISPOSABLE) 5 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE 3 ML 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE 3 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE 3 ML 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE 3 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE 3CC 22 GAUGE X 3/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE WITH NEEDLE 1 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE WITH NEEDLE 3 ML 20 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE WITH NEEDLE 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SYRINGE WITH NEEDLE 3 ML 22 X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE WITH NEEDLE 3 ML 23 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
SYRINGE WITHOUT NEEDLEOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tab-a-vite 400 mcg tabletOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TAB-A-VITE MULTIVITAMIN W-IRON 15 MG IRON-400 MCG TABLETOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TAB-A-VITE MULTIVITAMIN W-IRON 18 MG-400 MCG TABLETOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE PEN NEEDLE 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE PEN NEEDLE 31 GAUGE X 3/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE PEN NEEDLE 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE PEN NEEDLE 32 GAUGE X 1/4"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE PEN NEEDLE 32 GAUGE X 5/32"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECHLITE PLUS PEN NEEDLE 32 GAUGE X 5/32"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TECNU IVY COMPLETE KIT 2 % TOPICAL KITOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TELCARE CONTROL SOLUTIONOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TELCARE TEST STRIPSNP	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
TEMPO REFILL KIT WITH GAUZENP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TEMPO WELCOME KITNP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
teravax 400 mcg capsuleOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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TERUMO ALLERGY SYRINGE 1 ML 27 X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TERUMO HYPODERMIC NEEDLE/SYRINGE 5 ML 20 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TERUMO HYPODERMIC NEEDLE/SYRINGE 5 ML 20 X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TERUMO HYPODERMIC NEEDLE/SYRINGE 5 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TERUMO HYPODERMIC NEEDLE/SYRINGE 5 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TERUMO HYPODERMIC NEEDLE/SYRINGE 5 ML 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TERUMO HYPODERMIC NEEDLE/SYRINGE 5 ML 22 X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TERUMO SYRINGE 3 ML 23 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TERUMO SYRINGE 3 ML 23 X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TERUMO SYRINGE 3 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TERUMO SYRINGE 3 ML 25 X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TERUMO SYRINGE 30 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TEST N'GO BLOOD GLUCOSE SYSTEM[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TEST N'GO TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
the magic bullet 10 mg rectal suppository[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
thera 400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
thera-tabs tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
thera-vite max-m 9 mg iron-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
theralogix companion 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
THERAPEUTIC LIQUID ORAL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
therapeutic-m 19 mg iron-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
therapeutic-m 9 mg iron-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
THERATEARS 0.25 % DROPS IN A DROPPERETTE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
THERATEARS 0.25 % EYE DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
theratears 1 % gel in a dropperette[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
theratrum complete 50 plus(lycopene,lutein) 0.4 mg-300 mcg-250 mcg tab[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
theratrum complete with lutein tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
THEREMS MULTIVITAMIN 400 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tm-daily vite 400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TOPFINE INSULIN PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
travel sickness 50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TREGZI INTRAVENOUS SUSPENSION[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRETTEN 2,500 UNIT INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
tri-buffered aspirin 325 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tri-vitamin with fluoride 0.25 mg fluoride (0.55 mg)/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tri-vite with fluoride 0.25 mg fluoride (0.55 mg)/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tri-vite with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tricitrates 550 mg-500 mg-334 mg/5 ml oral solution[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
triphrocaps 1 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRIPLE ANTIBIOTIC 3.5 MG-400 UNIT-5,000 UNIT TOPICAL OINTMENT PACKET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
triple antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
triple antibiotic plus 3.5 mg-500 unit-10,000 unit/gram top ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
triple antibiotic spray 3.5 mg-400 unit-5,000 unit topical[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
triple antibiotic-pain relief 3.5 mg-500 unit-10,000 unit/gram ointmnt[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRIVIA COMPLETE 400 MCG CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROCHIBASE POWDER[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROJAN BARESKIN DEVICE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROJAN EXTENDED PLEASURE DEVICE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROJAN MAGNUM CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROJAN PLEASURE PACK DEVICE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
TROJAN ULTRA RIBBED CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROJAN ULTRA THIN DEVICE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROJAN ULTRA THIN SPERMICIDAL CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROJAN VERY THIN LUBRICATED CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROJAN-ENZ (NON-LUBRICATED) CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROJAN-ENZ LUBRICATED CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROJAN-ENZ/SPERMICIDAL CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRONOLANE 1 %-5 % TOPICAL CREAM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TROPICAL LIQUID NUTRITION ORAL[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT ALCOHOL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PEN NEEDLE 32 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PEN NEEDLE 33 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PEN NEEDLE 33 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PEN NEEDLE 33 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PRO ALCOHOL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PRO INS SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PRO INS SYRINGE 1 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PRO INS SYRINGE 1 ML 32 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT PRO INS SYRINGE 1/2 ML 32 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 32 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE COVER CONDOMOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE METRIX AIR GLUCOSE METERNP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE METRIX AIR GLUCOSE METER KITNP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE METRIX GLUCOSE METERNP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE METRIX GLUCOSE TEST STRIPNP	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE METRIX GO GLUCOSE METERNP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE METRIX PRO TEST STRIPNP	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
true multivitamin 400 mcg tabletOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE-COMFORT PRO PEN NEEDLE 31 GAUGE X 15/64"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE-COMFORT PRO PEN NEEDLE 31 GAUGE X 3/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE-COMFORT PRO PEN NEEDLE 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUE-COMFORT PRO PEN NEEDLE 32 GAUGE X 5/32"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
trueboost 1,000 mcg-100 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
truelyte advanced hydration oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUENESS BLOOD GLUCOSE MONITOR[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUENESS GLUCOSE TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
trueplus glucose 15 gram/32 ml oral gel packet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
trueplus glucose 3.75 gram chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS INSULIN 0.3 ML 30 GAUGE X 5/16" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS INSULIN 0.3 ML 31 GAUGE X 5/16" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS INSULIN 0.5 ML 29 GAUGE X 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS INSULIN 0.5 ML 31 GAUGE X 5/16" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS INSULIN 1 ML 28 GAUGE X 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS KETONE STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS PEN NEEDLE 31 GAUGE X 1/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS PEN NEEDLE 31 GAUGE X 3/16"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS PEN NEEDLE 31 GAUGE X 5/16"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUEPLUS PEN NEEDLE 32 GAUGE X 5/32"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUERESULT BLOOD GLUCOSE SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUETEST TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
TRUETRACK BLOOD GLUCOSE SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
TRUETRACK SMART SYSTEM KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUETRACK TEST STRIPS[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
TRUSTEX LATEX CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUSTEX LUBRICATED CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUSTEX NON-LUBRICATED CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUSTEX-RIA LUBRICATED CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUSTEX-RIA LUBRICATED/SPERMICIDE CONDOM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TRUSTEX-RIA NON-LUBRICATED CONDOMS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TUBERCULIN SYRINGE 1 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TUBERCULIN SYRINGE 1 ML 25 GAUGE X 1"	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TUBERCULIN SYRINGE 1 ML 25 GAUGE X 5/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TUBERCULIN SYRINGE 1 ML 27 X 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TUBERCULIN-ALLERGY SYRINGES 1 ML 26 GAUGE X 3/8"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tusnel diabetic 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tusnel-ex 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tussin 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tussin chest congestion 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tussin dm 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tussin dm 10 mg-100 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tussin dm clear 10 mg-100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tussin dm cough and chest 10 mg-100 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tussin mucus-chest congestion 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
TWIIST REFILL KIT (CASSETTE-NEEDLE-SYRINGE)[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TWIIST REFILL KIT(INFUSION SET-CASSETTE-NEEDLE-SYRINGE)[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TWIIST STARTER KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
TYLENOL 325 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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TYLENOL EXTRA STRENGTH 500 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
tyr cooler oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE 0.3 ML 30 GAUGE X 1/2" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE 0.3 ML 31 GAUGE X 5/16" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE 0.5 ML 30 GAUGE X 1/2" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE 0.5 ML 31 GAUGE X 5/16" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE 1 ML 25 GAUGE X 5/8" SYRINGE	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE 1 ML 30 GAUGE X 1/2" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE 1 ML 31 GAUGE X 5/16" SYRINGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE INSULIN SYRINGE 1 ML 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE LOW DEAD SPACE SYRINGE 1 ML 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE LOW DEAD SPACE SYRINGE 3 ML 22 X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE SAFETY SYRINGE 3 ML[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE SAFETY SYRINGE 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE SAFETY SYRINGE 3 ML 22 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ULTICARE SAFETY SYRINGE 3 ML 22 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE SAFETY SYRINGE 3 ML 23 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE SAFETY SYRINGE 3 ML 25 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE SAFETY SYRINGE 3 ML 25 GAUGE X 5/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE TUBERCULIN SAFETY SYRINGE 1 ML 27 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE TUBERCULIN SAFETY SYRINGE 1 ML 27 GAUGE X 5/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTICARE TUBERCULIN SAFETY SYRINGE 1 ML 28 GAUGE X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 30 X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 31 X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 30 X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 31 X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 30 X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 31 X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 1/4"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 3/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 1/4"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 5/32"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTILET ALCOHOL SWABOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTILET PEN NEEDLE 32 GAUGE X 5/32"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIMA MONITORNP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTIMA TEST STRIPSNP	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ultra coq10 75 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FLO PEN NEEDLE 33 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FREEDA 267 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA FREEDA 6 MG IRON-267 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ultra fresh 0.5 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ultra lubricant eye 0.4 %-0.3 % drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ultra tuss safe 10 mg-100 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ULTRA-FINE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE SAFETY INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-FINE SAFETY INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE PEN NEEDLE 32 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRACARE PEN NEEDLE 33 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRATRAK HIGH-LOW CONTROL SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ULTRATRAK ULTIMATE SOLUTION[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PROTECT 30 GAUGE X 3/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PROTECT 30 GAUGE X 5/16" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE PROTECT 32 GAUGE X 5/32" NEEDLE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE SAFECONTROL PEN NEEDLE 30 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE SAFECONTROL PEN NEEDLE 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE SAFECONTROL PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE ULTRA PEN NEEDLE 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE ULTRA PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE ULTRA PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
UNIFINE ULTRA PEN NEEDLE 34 GAUGE X 9/64"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
unisom sleepgels 50 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
UNISOM SLEEPMELTS 25 MG DISINTEGRATING TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
unisom sleepminis 25 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
UNISTRIP1 TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
uracin 10 % topical cream[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
uracin 20 % topical cream[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
urea 20 % topical cream	1		MISCELLANEOUS THERAPEUTIC AGENTS		
urea 20 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
urea 39 % topical cream	1		MISCELLANEOUS THERAPEUTIC AGENTS		
urea 39.5 % topical cream[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
urea 40 % topical cream	1		MISCELLANEOUS THERAPEUTIC AGENTS		
urea 41 % topical cream	1		MISCELLANEOUS THERAPEUTIC AGENTS		
URISTIX 4 STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
URISTIX REAGENT STRIPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
URO-MAG 84.5 MG MAGNESIUM (140 MG MAGNESIUM OXIDE) CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
v-c forte 1 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
V-GO 20 DEVICE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
V-GO 30 DEVICE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
V-GO 40 DEVICE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 1 ML 25 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 10 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 3 ML 20 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 3 ML 21 GAUGE X 1 1/2"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 3 ML 21 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 3 ML 22 GAUGE X 1"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VANISHPOINT SYRINGE 3 ML 22 X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 3 ML 23 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 3 ML 23 X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 3 ML 25 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 3 ML 25 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 3 ML 25 X 5/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 3 ML 27 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 5 ML 21 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 5 ML 21 GAUGE X 1"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT SYRINGE 5 ML 22 GAUGE X 1 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT TUBERCULIN SYRINGE 1 ML 25 GAUGE X 5/8"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANISHPOINT TUBERCULIN SYRINGE 1 ML 27 X 1/2"OTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANQUISH 227 MG-194 MG-33 MG TABLETOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vanquish 250 mg-250 mg-65 mg tabletOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VANRAFIA 0.75 MG TABLETNP	*	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
vegetable laxative 8.6 mg tabletOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vegetable laxative-stool softener 8.6 mg-50 mg tabletOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ventiva tears 0.5 % eye dropsOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VENTIVA TEARS PLUS 0.6 % EYE DROPSOTC	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE PEN NEEDLE 29 GAUGE X 1/2"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE PEN NEEDLE 31 GAUGE X 3/16"NP	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VERIFINE PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE PEN NEEDLE 32 GAUGE X 1/4"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 5/16"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE PLUS PEN NEEDLE 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VERIFINE PLUS PEN NEEDLE-SHARPS CONTAINER 32 GAUGE X 5/32"[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VIABECLINE 3 % TOPICAL OINTMENT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vic-forte 1 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vis guard (petrolatum-min oil) 83 %-15 % eye ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vis guard (polyvinyl alcohol) 1.4 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VISINE DRY EYE RELIEF 1 % DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VISINE TIRED EYE RELIEF 1 %-0.36 %-0.2 % DROPS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vision tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vista meibo tears 0.6 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vista tears 0.4 %-0.3 % eye drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vit a palmitate 750 unit-vit c 35 mg-vit d3 400 unit/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VITACEL (WITH LUTEIN) 800 MCG-250 MCG-750 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitacore 20 mg iron-1,670 mcg dfe tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitafusion women's multi 120 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitajoy adult multi 200 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitalee 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VITALETS 10 MG IRON CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitamin a and d topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitamin a palmitate 250 mcg-vit c 50 mg-vit d3 10 mcg/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitamin b complex capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
VITAMIN B COMPLEX DISINTEGRATING TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitamin b complex tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VITAMIN B COMPLEX-ELECTROLYTES 0.4 MG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitamin b complex-folic acid 0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitamin b complex-folic acid er 400 mcg tablet,extended release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitamin d2 1,250 mcg (50,000 unit) capsule	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitamins a and d-white petrolatum-lanolin topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitamins a,c,d and fluoride 0.25 mg fluoride (0.55 mg)/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitamins a,c,d and fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitamins b complex tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitatrum complete 18 mg iron-400 mcg-25 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
viteyes areds 2 plus multivit 200 mcg-15 mcg-5 mg-1 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VITREXYL 1,000 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
vitrum 50 plus 0.4 mg-300 mcg-250 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VITRUM SENIOR 500 MCG-300 MCG-250 MCG TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VIVAGUARD INO CONTROL SOLUTION-L1,L3[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VIVAGUARD INO GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VIVAGUARD INO SMART GLUCOSE METER[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VIVAGUARD INO TEST STRIP[NP]	*	QL(300 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
VONVENDI 1,300 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
VONVENDI 650 (+/-) UNIT RANGE INTRAVENOUS SOLUTION	1	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
VORTEX ADULT MASK[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
VYJUVEK 5 X 10EXP9 PFU/2.5 ML TOPICAL GEL[NP]	*	PA,QL(10 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
VYKAT XR 150 MG TABLET,EXTENDED RELEASE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VYKAT XR 25 MG TABLET,EXTENDED RELEASE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
VYKAT XR 75 MG TABLET,EXTENDED RELEASE[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
wal-dram 50 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-dryl (diphenhydramine) 2 % topical spray[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-mucil fiber (aspartame) 3.4 gram/5.8 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-mucil fiber (sugar) 3.4 gram/7 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-mucil fiber 0.52 gram capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-mucil natural fiber laxative 3.4 gram/12 gram oral powder[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-phed 30 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-sleep z 25 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-sleep z 25 mg disintegrating tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-sleep z 50 mg/30 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-som (diphenhydramine) 50 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-sporin 500 unit-10,000 unit/gram topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-tussin 100 mg/5 ml oral liquid[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-tussin dm 10 mg-100 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wal-tussin dm clear 10 mg-100 mg/5 ml oral syrup[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
warrior a-relief rectal cream 4 %-0.25 % rectal cream with applicator[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
WAVESENSE AMP KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
WAVESENSE PRESTO KIT[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
WEBCOL TOPICAL PADS[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
WEGOVY 0.25 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
WEGOVY 0.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
WEGOVY 1 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
WEGOVY 1.5 MG TABLET[NP]	*	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
WEGOVY 1.7 MG/0.75 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(3 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
WEGOVY 2.4 MG/0.75 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(3 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
WEGOVY 25 MG TABLET[NP]	*	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
WEGOVY 4 MG TABLET[NP]	*	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
WEGOVY 9 MG TABLET[NP]	*	QL(30 per 30 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
WEGOVY HD 7.2 MG/0.75 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(3 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
well lyte advanced hydration oral solution[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wellfola 20 mg iron-1,670 mcg dfe tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
WELLLIFE COVID-19 AG HOME TEST KIT[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
wescaps 1 mg capsule[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
white petrolatum topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
woman's laxative (bisacodyl) 5 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
women's 50 plus daily formula 400 mcg-500 mg calcium-20 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
women's daily formula 18 mg iron-400 mcg-500 mg ca tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
women's daily formula 18 mg iron-400 mcg-500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
women's daily formula 27 mg-0.4 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
women's daily multivitamin 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
women's gentle laxative (bisacodyl) 5 mg tablet,delayed release[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
women's laxative (bisacodyl) 5 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
women's multivitamin gummies 120 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
women's multivitamin gummies 200 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
women's one daily 18 mg iron-400 mcg-500 mg ca tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
women's one daily 18 mg iron-400 mcg-500 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
womens daily gummies 200 mcg chewable tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
XDEMVY 0.25 % EYE DROPS[NP]	*	QL(10 per 42 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
XERAC AC 6.25 % TOPICAL SOLUTION[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
XOLIDO XP 4 % TOPICAL CREAM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
XROMI 100 MG/ML ORAL SOLUTION	1		MISCELLANEOUS THERAPEUTIC AGENTS		
YALE DISPOSABLE NEEDLES 21 GAUGE X 1 1/4"[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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YCANTH 0.7 % TOPICAL SOLUTION, APPLICATOR[NP]	*	PA	MISCELLANEOUS THERAPEUTIC AGENTS		
yelets 18 mg-400 mcg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ZENVITA 400 MCG CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 10 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 10 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 12.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 12.5 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 15 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 15 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 2.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 5 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 7.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND 7.5 MG/0.5 ML SUBCUTANEOUS SOLUTION[NP]	*	QL(2 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND KWIKPEN 10 MG/0.6 ML (40 MG/2.4 ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND KWIKPEN 12.5 MG/0.6 ML (50 MG/2.4 ML) SUBCUTANEOUS PEN INJECT[NP]	*	QL(2.4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND KWIKPEN 15 MG/0.6 ML (60 MG/2.4 ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND KWIKPEN 2.5 MG/0.6 ML(10 MG/2.4 ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND KWIKPEN 5 MG/0.6 ML (20 MG/2.4 ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
ZEPBOUND KWIKPEN 7.5 MG/0.6 ML(30 MG/2.4 ML) SUBCUTANEOUS PEN INJECTOR[NP]	*	QL(2.4 per 28 days)	MISCELLANEOUS THERAPEUTIC AGENTS		
zephrex-d 30 mg tablet[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ZEVASKYN 5.5 CM X 7.5 CM TOPICAL SHEETS[NP]	*		MISCELLANEOUS THERAPEUTIC AGENTS		
zinc oxide 20 % topical ointment	1		MISCELLANEOUS THERAPEUTIC AGENTS		

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zinc oxide 20 % topical ointment[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ZOO FRIENDS CHEWABLE TABLET[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ZOSTRIX 0.033 % TOPICAL CREAM[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
zostrix-hp 0.1 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
zylorelief 4 % topical cream[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ZZZQUIL 25 MG CAPSULE[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ZZZQUIL 50 MG/30 ML ORAL LIQUID[OTC]	1		MISCELLANEOUS THERAPEUTIC AGENTS		
ACULAR 0.5 % EYE DROPS[NP]	*	QL(10 per 30 days)	OPHTHALMIC AGENTS		
ACULAR LS 0.4 % EYE DROPS[NP]	*	QL(10 per 30 days)	OPHTHALMIC AGENTS		
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE[NP]	*		OPHTHALMIC AGENTS		
AKTEN (PF) 3.5 % EYE GEL[NP]	*		OPHTHALMIC AGENTS		
ALCAINE 0.5 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
ALPHAGAN P 0.1 % EYE DROPS	1	QL(10 per 30 days)	OPHTHALMIC AGENTS		
ALPHAGAN P 0.15 % EYE DROPS	1	QL(10 per 30 days)	OPHTHALMIC AGENTS		
ALREX 0.2 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS		
apraclonidine 0.5 % eye drops[NP]	*		OPHTHALMIC AGENTS		
atropine 1 % eye drops	1		OPHTHALMIC AGENTS		
atropine 1 % eye ointment	1		OPHTHALMIC AGENTS		
ATROPINE SULFATE (PF) 1 % EYE DROPS IN A DROPPERETTE	1		OPHTHALMIC AGENTS		
AZASITE 1 % EYE DROPS[NP]	*	QL(2.5 per 25 days)	OPHTHALMIC AGENTS		
azelastine 0.05 % eye drops	1		OPHTHALMIC AGENTS		
AZOPT 1 % EYE DROPS,SUSPENSION[NP]	*	QL(10 per 28 days)	OPHTHALMIC AGENTS		
bacitracin 500 unit/gram eye ointment	1		OPHTHALMIC AGENTS		
bacitracin-polymyxin b 500 unit-10,000 unit/gram eye ointment	1		OPHTHALMIC AGENTS		
bepotastine besilate 1.5 % eye drops[NP]	*	QL(5 per 25 days)	OPHTHALMIC AGENTS		
BEPREVE 1.5 % EYE DROPS[NP]	*	QL(5 per 25 days)	OPHTHALMIC AGENTS		
besifloxacin 0.6 % eye drops,suspension[NP]	*		OPHTHALMIC AGENTS		
BESIVANCE 0.6 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
BETADINE OPHTHALMIC PREP 5 % SOLUTION[NP]	*		OPHTHALMIC AGENTS		
betaxolol 0.5 % eye drops	1		OPHTHALMIC AGENTS		
BETIMOL 0.5 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		

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BETOPTIC S 0.25 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
bimatoprost 0.01 % eye drops[NP]	*	QL(2.5 per 25 days)	OPHTHALMIC AGENTS		
bimatoprost 0.03 % eye drops[NP]	*	QL(2.5 per 25 days)	OPHTHALMIC AGENTS		
brimonidine 0.1 % eye drops	1	QL(10 per 30 days)	OPHTHALMIC AGENTS		
brimonidine 0.15 % eye drops	1	QL(10 per 30 days)	OPHTHALMIC AGENTS		
brimonidine 0.2 % eye drops	1	QL(10 per 30 days)	OPHTHALMIC AGENTS		
brimonidine 0.2 %-timolol 0.5 % eye drops[NP]	*	QL(5 per 25 days)	OPHTHALMIC AGENTS		
brinzolamide 1 % eye drops,suspension[NP]	*	QL(10 per 28 days)	OPHTHALMIC AGENTS		
bromfenac 0.07 % eye drops[NP]	*	QL(3 per 30 days)	OPHTHALMIC AGENTS		
bromfenac 0.075 % eye drops[NP]	*	QL(5 per 30 days)	OPHTHALMIC AGENTS		
bromfenac 0.09 % eye drops[NP]	*	QL(1.7 per 30 days)	OPHTHALMIC AGENTS		
BROMSITE 0.075 % EYE DROPS[NP]	*	QL(5 per 30 days)	OPHTHALMIC AGENTS		
BYQLOVI 0.05 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
carteolol 1 % eye drops	1		OPHTHALMIC AGENTS		
CEQUA 0.09 % EYE DROPS IN A DROPPERETTE[NP]	*	QL(60 per 30 days)	OPHTHALMIC AGENTS		
CILOXAN 0.3 % EYE OINTMENT	1		OPHTHALMIC AGENTS		
ciprofloxacin 0.3 % eye drops	1		OPHTHALMIC AGENTS		
COMBIGAN 0.2 %-0.5 % EYE DROPS[NP]	*	QL(5 per 25 days)	OPHTHALMIC AGENTS		
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE[NP]	*	QL(60 per 30 days)	OPHTHALMIC AGENTS		
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS[NP]	*	QL(10 per 30 days)	OPHTHALMIC AGENTS		
cromolyn 4 % eye drops	1		OPHTHALMIC AGENTS		
CYCLOGYL 0.5 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
CYCLOGYL 1 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
CYCLOGYL 2 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
CYCLOMYDRIL 0.2 %-1 % EYE DROPS	1		OPHTHALMIC AGENTS		
cyclopentolate 1 % eye drops	1		OPHTHALMIC AGENTS		
cyclosporine 0.05 % eye drops in a dropperette[NP]	*	QL(60 per 30 days)	OPHTHALMIC AGENTS		
CYSTADROPS 0.37 % EYE DROPS[NP]	*	QL(20 per 28 days)	OPHTHALMIC AGENTS		
CYSTARAN 0.44 % EYE DROPS[NP]	*	QL(60 per 28 days)	OPHTHALMIC AGENTS		
dexamethasone sodium phosphate 0.1 % eye drops	1		OPHTHALMIC AGENTS		
DEXTENZA 0.4 MG INTRACANALICULAR INSERT[NP]	*	QL(1 per 30 days)	OPHTHALMIC AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
diclofenac 0.1 % eye drops	1	QL(5 per 30 days)	OPHTHALMIC AGENTS		
difluprednate 0.05 % eye drops[NP]	*		OPHTHALMIC AGENTS		
dorzolamide 2 % eye drops	1	QL(10 per 30 days)	OPHTHALMIC AGENTS		
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops	1	QL(10 per 30 days)	OPHTHALMIC AGENTS		
dorzolamide-timolol (pf) 2 %-0.5 % eye drops in a dropperette[NP]	*	QL(60 per 30 days)	OPHTHALMIC AGENTS		
DUREZOL 0.05 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
epinastine 0.05 % eye drops[NP]	*	QL(5 per 25 days)	OPHTHALMIC AGENTS		
erythromycin 5 mg/gram (0.5 %) eye ointment	1	QL(3.5 per 28 days)	OPHTHALMIC AGENTS		
EYSUVIS 0.25 % EYE DROPS,SUSPENSION[NP]	*	QL(16.6 per 30 days)	OPHTHALMIC AGENTS		
FLAREX 0.1 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS		
FLUORESCEIN 0.3 %-BENOXINATE 0.4 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
fluorometholone 0.1 % eye drops,suspension	1		OPHTHALMIC AGENTS		
flurbiprofen 0.03 % eye drops	1		OPHTHALMIC AGENTS		
FML FORTE 0.25 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS		
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
gatifloxacin 0.5 % eye drops[NP]	*	QL(2.5 per 25 days)	OPHTHALMIC AGENTS		
gentamicin 0.3 % eye drops	1		OPHTHALMIC AGENTS		
IHEEZO (PF) 3 % EYE GEL IN A DROPPERETTE[NP]	*		OPHTHALMIC AGENTS		
ILEVRO 0.3 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
INVELTYS 1 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE[NP]	*		OPHTHALMIC AGENTS		
ISTALOL 0.5 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
IYUZEH (PF) 0.005 % EYE DROPS IN A DROPPERETTE[NP]	*	QL(30 per 30 days)	OPHTHALMIC AGENTS		
ketorolac 0.4 % eye drops	1	QL(10 per 30 days)	OPHTHALMIC AGENTS		
ketorolac 0.5 % eye drops	1	QL(10 per 30 days)	OPHTHALMIC AGENTS		
latanoprost 0.005 % eye drops	1	QL(5 per 25 days)	OPHTHALMIC AGENTS		
levobunolol 0.5 % eye drops	1	QL(5 per 25 days)	OPHTHALMIC AGENTS		
levofloxacin 0.5 % eye drops	1		OPHTHALMIC AGENTS		
LOTEMAX 0.5 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
LOTEMAX 0.5 % EYE GEL DROPS[NP]	*		OPHTHALMIC AGENTS		
LOTEMAX 0.5 % EYE OINTMENT[NP]	*		OPHTHALMIC AGENTS		

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LOTEMAX SM 0.38 % EYE GEL DROPS[NP]	*		OPHTHALMIC AGENTS		
loteprednol etabonate 0.2 % eye drops,suspension	1		OPHTHALMIC AGENTS		
loteprednol etabonate 0.5 % eye drops,suspension	1		OPHTHALMIC AGENTS		
loteprednol etabonate 0.5 % eye gel drops[NP]	*		OPHTHALMIC AGENTS		
LUMIGAN 0.01 % EYE DROPS[NP]	*	QL(2.5 per 25 days)	OPHTHALMIC AGENTS		
MAXIDEX 0.1 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS		
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT[NP]	*		OPHTHALMIC AGENTS		
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
methazolamide 25 mg tablet	1		OPHTHALMIC AGENTS		
methazolamide 50 mg tablet	1		OPHTHALMIC AGENTS		
MITOSOL 0.2 MG OPHTHALMIC KIT[NP]	*		OPHTHALMIC AGENTS		
moxifloxacin 0.5 % eye drops[NP]	*		OPHTHALMIC AGENTS		
MYDRIACYL 1 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
NATACYN 5 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
neomycin 1.75 mg-polymyxin 10,000 unit-gramicidin 0.025mg/ml eye drops	1		OPHTHALMIC AGENTS		
neomycin 3.5 mg-polymyxin 10,000 unit-hydrocort 10 mg/ml eye drop,susp	1		OPHTHALMIC AGENTS		
neomycin 3.5 mg/g-polymyxin b 10,000 unit/g-dexameth 0.1 % eye oint	1		OPHTHALMIC AGENTS		
neomycin-bacitracin-poly-hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	1		OPHTHALMIC AGENTS		
neomycin-bacitracin-polymyxn 3.5 mg-400 unit-10,000 unit/gram eye oint	1		OPHTHALMIC AGENTS		
neomycin-polymyxin-dexameth 3.5 mg/ml-10,000 unit/ml-0.1% eye drops	1		OPHTHALMIC AGENTS		
NEVANAC 0.1 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
OCUFLOX 0.3 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
ofloxacin 0.3 % eye drops	1		OPHTHALMIC AGENTS		
olopatadine 0.1 % eye drops[NP]	*		OPHTHALMIC AGENTS		
olopatadine 0.1 % eye drops[NP]	*		OPHTHALMIC AGENTS		
OXERVATE 0.002 % EYE DROPS[NP]	*	QL(112 per 365 days)	OPHTHALMIC AGENTS		
PHENYLEPHRINE 10 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
phenylephrine 2.5 % eye drops[NP]	*		OPHTHALMIC AGENTS		
pilocarpine 1 % eye drops	1		OPHTHALMIC AGENTS		
pilocarpine 1.25 % eye drops	1		OPHTHALMIC AGENTS		
pilocarpine 2 % eye drops	1		OPHTHALMIC AGENTS		
pilocarpine 4 % eye drops	1		OPHTHALMIC AGENTS		
polymyxin b sulfate 10,000 unit-trimethoprim 1 mg/ml eye drops	1		OPHTHALMIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
PRED FORTE 1 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
PRED MILD 0.12 % EYE DROPS,SUSPENSION	1		OPHTHALMIC AGENTS		
prednisolone acetate 1 % eye drops,suspension	1		OPHTHALMIC AGENTS		
prednisolone sodium phosphate 1 % eye drops	1		OPHTHALMIC AGENTS		
PROLENSA 0.07 % EYE DROPS[NP]	*	QL(3 per 30 days)	OPHTHALMIC AGENTS		
proparacaine 0.5 % eye drops[NP]	*		OPHTHALMIC AGENTS		
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE[NP]	*	QL(60 per 30 days)	OPHTHALMIC AGENTS		
RESTASIS MULTIDOSE 0.05 % EYE DROPS[NP]	*	QL(5.5 per 25 days)	OPHTHALMIC AGENTS		
RHOPRESSA 0.02 % EYE DROPS[NP]	*	QL(2.5 per 25 days)	OPHTHALMIC AGENTS		
ROCKLATAN 0.02 %-0.005 % EYE DROPS[NP]	*	QL(2.5 per 25 days)	OPHTHALMIC AGENTS		
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION[NP]	*	QL(16 per 30 days)	OPHTHALMIC AGENTS		
sulfacetamide sodium 10 % eye drops	1		OPHTHALMIC AGENTS		
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) eye drops[NP]	*		OPHTHALMIC AGENTS		
tafluprost (pf) 0.0015 % eye drops in a dropperette[NP]	*	QL(30 per 30 days)	OPHTHALMIC AGENTS		
tetracaine 0.5 % eye drops[NP]	*		OPHTHALMIC AGENTS		
tetracaine hcl (pf) 0.5 % eye drops[NP]	*		OPHTHALMIC AGENTS		
timolol 0.5 % eye drops[NP]	*		OPHTHALMIC AGENTS		
timolol maleate (pf) 0.25 % eye drops in a dropperette[NP]	*		OPHTHALMIC AGENTS		
timolol maleate (pf) 0.5 % eye drops in a dropperette[NP]	*		OPHTHALMIC AGENTS		
timolol maleate 0.25 % eye drops	1	QL(25 per 90 days)	OPHTHALMIC AGENTS		
timolol maleate 0.25 % eye gel forming solution	1		OPHTHALMIC AGENTS		
timolol maleate 0.5 % eye drops	1	QL(25 per 90 days)	OPHTHALMIC AGENTS		
timolol maleate 0.5 % eye gel forming solution	1	QL(5 per 50 days)	OPHTHALMIC AGENTS		
timolol maleate 0.5 % once daily eye drops	1		OPHTHALMIC AGENTS		
TIMOPTIC OCUDOSE (PF) 0.25 % EYE DROPS IN A DROPPERETTE[NP]	*		OPHTHALMIC AGENTS		
TIMOPTIC OCUDOSE (PF) 0.5 % EYE DROPS IN A DROPPERETTE[NP]	*		OPHTHALMIC AGENTS		
TOBRADEX 0.3 %-0.1 % EYE OINTMENT[NP]	*		OPHTHALMIC AGENTS		
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
tobramycin 0.3 % eye drops	1		OPHTHALMIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension	1		OPHTHALMIC AGENTS		
tobramycin 0.3 %-lotepred 0.5 % eye drops,suspension[NP]	*		OPHTHALMIC AGENTS		
TOBREX 0.3 % EYE OINTMENT	1		OPHTHALMIC AGENTS		
TRAVATAN Z 0.004 % EYE DROPS[NP]	*	QL(2.5 per 25 days)	OPHTHALMIC AGENTS		
travoprost 0.004 % eye drops[NP]	*	QL(2.5 per 25 days)	OPHTHALMIC AGENTS		
trifluridine 1 % eye drops	1		OPHTHALMIC AGENTS		
tropicamide 0.5 % eye drops	1		OPHTHALMIC AGENTS		
tropicamide 1 % eye drops	1		OPHTHALMIC AGENTS		
VERKAZIA 0.1 % EYE DROPS IN A DROPPERETTE[NP]	*	QL(120 per 30 days)	OPHTHALMIC AGENTS		
VEVYE 0.1 % EYE DROPS[NP]	*	QL(2 per 30 days)	OPHTHALMIC AGENTS		
VIGAMOX 0.5 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
VUITY 1.25 % EYE DROPS[NP]	*		OPHTHALMIC AGENTS		
VYZULTA 0.024 % EYE DROPS[NP]	*	QL(5 per 30 days)	OPHTHALMIC AGENTS		
XALATAN 0.005 % EYE DROPS[NP]	*	QL(5 per 25 days)	OPHTHALMIC AGENTS		
XIIDRA 5 % EYE DROPS IN A DROPPERETTE[NP]	*	QL(60 per 30 days)	OPHTHALMIC AGENTS		
ZERVIATE 0.24 % EYE DROPS IN A DROPPERETTE[NP]	*	QL(60 per 30 days)	OPHTHALMIC AGENTS		
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE[NP]	*	QL(30 per 30 days)	OPHTHALMIC AGENTS		
ZOLYMBUS 0.01 % EYE GEL IN A DROPPERETTE[NP]	*	QL(30 per 30 days)	OPHTHALMIC AGENTS		
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION[NP]	*		OPHTHALMIC AGENTS		
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION[NP]	*		OTIC AGENTS		
ciprofloxacin 0.2 % ear drops in a dropperette[NP]	*		OTIC AGENTS		
ciprofloxacin 0.2 %-hydrocortisone 1 % ear drops,suspension[NP]	*		OTIC AGENTS		
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension	1	QL(7.5 per 30 days)	OTIC AGENTS		
CLOTIC 1 % EAR DROPS IN A DROPPERETTE[NP]	*	QL(56 per 28 days)	OTIC AGENTS		
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION[NP]	*		OTIC AGENTS		
DERMOTIC OIL 0.01 % EAR DROPS[NP]	*		OTIC AGENTS		
fluocinolone acetonide oil 0.01 % ear drops[NP]	*		OTIC AGENTS		
hydrocortisone-acetic acid 1 %-2 % ear drops[NP]	*		OTIC AGENTS		
neomycin-polymyxin-hydrocort 3.5 mg-10,000 unit/ml-1 % ear drops,susp	1		OTIC AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
neomycin-polymyxin-hydrocort 3.5 mg/ml-10,000 unit/ml-1 % ear solution	1		OTIC AGENTS		
ofloxacin 0.3 % ear drops	1		OTIC AGENTS		
24hour allergy 10 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 100 mg/ml (10 %) solution	1		RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 200 mg/ml (20 %) solution	1		RESPIRATORY TRACT/PULMONARY AGENTS		
ADCIRCA 20 MG TABLET	1	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ADEMPAS 0.5 MG TABLET[NP]	*	QL(90 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ADEMPAS 1 MG TABLET[NP]	*	QL(90 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ADEMPAS 1.5 MG TABLET[NP]	*	QL(90 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ADEMPAS 2 MG TABLET[NP]	*	QL(90 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ADEMPAS 2.5 MG TABLET[NP]	*	QL(90 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER	1	QL(12 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
AIRSUPRA 90 MCG-80 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(32.1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ALAVERT 10 MG DISINTEGRATING TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		7

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
albuterol sulfate 0.63 mg/3 ml solution for nebulization	1		RESPIRATORY TRACT/PULMONARY AGENTS		
albuterol sulfate 1.25 mg/3 ml solution for nebulization	1		RESPIRATORY TRACT/PULMONARY AGENTS		
albuterol sulfate 2 mg tablet[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
albuterol sulfate 2 mg/5 ml oral syrup[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
albuterol sulfate 2.5 mg/3 ml (0.083 %) solution for nebulization	1		RESPIRATORY TRACT/PULMONARY AGENTS		
albuterol sulfate 4 mg tablet[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
albuterol sulfate concentrate 2.5 mg/0.5 ml solution for nebulization	1		RESPIRATORY TRACT/PULMONARY AGENTS		
albuterol sulfate hfa 90 mcg/actuation aerosol inhaler	1	QL(36 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
aler-cap 25 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
all day allergy (cetirizine) 1 mg/ml oral solution[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
all day allergy (cetirizine) 10 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
all day allergy (cetirizine) 10 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		7
aller-g-time 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		7
aller-tec 10 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allerclear 10 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy (diphenhydramine) 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy (diphenhydramine) 25 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		7
allergy (diphenhydramine) 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
allergy 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		7
allergy medication 25 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy medicine 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (cetirizine) 1 mg/ml oral solution[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		7
allergy relief (cetirizine) 10 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (cetirizine) 10 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (cetirizine) 5 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (diphenhydramine) 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (diphenhydramine) 25 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (diphenhydramine) 25 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (diphenhydramine) 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (loratadine) 10 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (loratadine) 10 mg disintegrating tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (loratadine) 10 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (loratadine) 5 mg disintegrating tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
allergy relief (loratadine) 5 mg/5 ml oral solution[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
ALVESCO 160 MCG/ACTUATION AEROSOL INHALER[NP]	*	QL(18.3 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER[NP]	*	QL(18.3 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ALYFTREK 10 MG-50 MG-125 MG TABLET[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ALYFTREK 4 MG-20 MG-50 MG TABLET[NP]	*	PA,QL(84 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
alyq 20 mg tablet	1	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ambrisentan 10 mg tablet[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ambrisentan 5 mg tablet[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
arformoterol 15 mcg/2 ml solution for nebulization[NP]	*	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER[NP]	*	QL(13 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER[NP]	*	QL(13 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER[NP]	*	QL(13 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR	1	QL(1 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR	1	QL(1 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER	1	QL(25.8 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
AUVI-Q 0.1 MG/0.1 ML INJECTION,AUTO-INJECTOR	1	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
AUVI-Q 0.15 MG/0.15 ML AUTO-INJECTOR (FOR 33 LB TO 66 LB PATIENTS)	1	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
AUVI-Q 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	1	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
azelastine 137 mcg (0.1 %) nasal spray	1	QL(30 per 25 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
azelastine 137 mcg-fluticasone 50 mcg/spray nasal spray[NP]	*	QL(23 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
banophen 25 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
banophen 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
banophen 50 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
beclomethasone dipropionate 40 mcg/actuation aerosol inhaler	1	QL(8.7 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
beclomethasone dipropionate 80 mcg/actuation aerosol inhaler	1	QL(17.4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
BENADRYL 25 MG CAPSULE[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
BENADRYL ALLERGY 12.5 MG/5 ML ORAL LIQUID[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
benadryl allergy 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER[NP]	*	QL(10.7 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
bosentan 125 mg tablet[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
bosentan 32 mg tablet for oral suspension[NP]	*	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		

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bosentan 62.5 mg tablet[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
BREO ELLIPTA 50 MCG-25 MCG/DOSE POWDER FOR INHALATION[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
breyna 160 mcg-4.5 mcg/actuation hfa aerosol inhaler[NP]	*	QL(30.9 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
breyna 80 mcg-4.5 mcg/actuation hfa aerosol inhaler[NP]	*	QL(30.9 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER[NP]	*	QL(10.7 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
BREZTRI AEROSPHERE 160MCG-18MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER[NP]	*	QL(10.7 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION[NP]	*	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
budesonide 0.25 mg/2 ml suspension for nebulization	1	QL(240 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
budesonide 0.5 mg/2 ml suspension for nebulization	1	QL(240 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
budesonide 1 mg/2 ml suspension for nebulization	1	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
budesonide-formoterol hfa 160 mcg-4.5 mcg/actuation aerosol inhaler[NP]	*	QL(30.9 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
budesonide-formoterol hfa 80 mcg-4.5 mcg/actuation aerosol inhaler[NP]	*	QL(30.9 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
carbinoxamine 4 mg tablet	1		RESPIRATORY TRACT/PULMONARY AGENTS		
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION[NP]	*	QL(84 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
cetirizine 1 mg/ml oral solution[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
cetirizine 1 mg/ml oral solution	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
cetirizine 10 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
cetirizine 10 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
cetirizine 5 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
cetirizine 5 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
cetirizine 5 mg/5 ml oral solution[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
child dimetapp cough-allergy 12.5 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's all day allergy (cetirizine) 1 mg/ml oral solution[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
children's aller-tec 1 mg/ml oral solution[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
children's allergy (cetirizine) 1 mg/ml oral solution[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
children's allergy (diphenhydramine) 12.5 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's allergy (diphenhydramine) 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's allergy relief (cetirizine) 1 mg/ml oral solution[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
children's allergy relief (diphenhyd) 12.5 mg disintegrating tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's allergy relief (loratadine) 5 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's allergy relief (loratadine) 5 mg/5 ml oral solution[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's benadryl allergy 12.5 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's cetirizine 1 mg/ml oral solution[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
children's cetirizine 10 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
children's cetirizine 5 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
CHILDREN'S CLARITIN 5 MG CHEWABLE TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
CHILDREN'S CLARITIN 5 MG/5 ML ORAL SOLUTION[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's loratadine 5 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's wal-dryl allergy 12.5 mg disintegrating tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's wal-dryl allergy 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's wal-dryl allergy 12.5 mg/5 ml prefilled spoon[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's wal-zyr 1 mg/ml oral solution[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
children's wal-zyr 10 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
children's wal-zyr 10 mg disintegrating tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
CHILDREN'S ZYRTEC ALLERGY 1 MG/ML ORAL SOLUTION[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
CHILDREN'S ZYRTEC ALLERGY 10 MG CHEWABLE TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
CHILDREN'S ZYRTEC ALLERGY 10 MG DISINTEGRATING TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
CHILDREN'S ZYRTEC ALLERGY 2.5 MG CHEWABLE TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
CINQAIR 10 MG/ML INTRAVENOUS SOLUTION	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS		
CLARITIN 10 MG CHEWABLE TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
CLARITIN 10 MG TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
CLARITIN 5 MG/5 ML ORAL SOLUTION[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
CLARITIN LIQUI-GEL 10 MG CAPSULE[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
CLARITIN REDITABS 10 MG DISINTEGRATING TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
CLARITIN REDITABS 5 MG DISINTEGRATING TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
clemastine 2.68 mg tablet	1		RESPIRATORY TRACT/PULMONARY AGENTS		
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION[NP]	*	QL(4 per 20 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
complete allergy 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
complete allergy medicine 25 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
complete allergy medicine 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
cromolyn 100 mg/5 ml oral concentrate	1		RESPIRATORY TRACT/PULMONARY AGENTS		
cromolyn 20 mg/2 ml solution for nebulization	1		RESPIRATORY TRACT/PULMONARY AGENTS		
cyproheptadine 2 mg/5 ml oral syrup	1		RESPIRATORY TRACT/PULMONARY AGENTS		
cyproheptadine 4 mg tablet	1		RESPIRATORY TRACT/PULMONARY AGENTS		
DALIRESP 250 MCG TABLET[NP]	*	QL(28 per 365 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
DALIRESP 500 MCG TABLET[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
dimetane (diphenhydramine hcl) 25 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
dimetane (diphenhydramine hcl) 50 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
diphedryl 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
diphedryl allergy 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		

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diphen 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
diphenhydramine 12.5 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
diphenhydramine 12.5 mg/5 ml oral elixir	1		RESPIRATORY TRACT/PULMONARY AGENTS		
diphenhydramine 12.5 mg/5 ml oral elixir[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
diphenhydramine 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
diphenhydramine 25 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
diphenhydramine 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
diphenhydramine 50 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
DUAKLIR PRESSAIR 400 MCG-12 MCG/ACTUATION BREATH ACTIVATED[NP]	*	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(39 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY[NP]	*	QL(23 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector	1	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
epinephrine 0.15 mg/0.15 ml auto-injector (for 33 to 66 lb patients)	1	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
epinephrine 0.3 mg/0.3 ml injection, auto-injector	1	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR[NP]	*	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR[NP]	*	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR[NP]	*	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
epoprostenol 0.5 mg intravenous solution	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS		
epoprostenol 1.5 mg intravenous solution	1	PA	RESPIRATORY TRACT/PULMONARY AGENTS		
ESBRIET 267 MG TABLET[NP]	*	PA,QL(270 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ESBRIET 801 MG TABLET[NP]	*	PA,QL(90 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
EXDENSUR 100 MG/ML SUBCUTANEOUS SYRINGE[NP]	*	QL(1 per 180 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
FASENRA 10 MG/0.5 ML SUBCUTANEOUS SYRINGE	1	PA,QL(1 per 56 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(2 per 56 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(2 per 56 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
flunisolide 25 mcg (0.025 %) nasal spray	1	QL(50 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone 100 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone 113 mcg-salmeterol 14 mcg/actuation breath activated powdr[NP]	*	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone 232 mcg-salmeterol 14 mcg/actuation breath activated powdr[NP]	*	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone 250 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone 500 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone 55 mcg-salmeterol 14 mcg/actuation breath activated powder[NP]	*	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone furoate 100 mcg-vilanterol 25 mcg/dose inhalation powder[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone furoate 100 mcg/actuation blister powder for inhalation	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
fluticasone furoate 200 mcg-vilanterol 25 mcg/dose inhalation powder[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone furoate 200 mcg/actuation blister powder for inhalation	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone furoate 50 mcg/actuation blister powder for inhalation	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate 100 mcg/actuation blister powder for inhalation	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate 110 mcg/actuation hfa aerosol inhaler	1	QL(24 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate 115 mcg-salmeterol 21 mcg/actuation hfa inhaler[NP]	*	QL(12 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate 220 mcg/actuation hfa aerosol inhaler	1	QL(24 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate 230 mcg-salmeterol 21 mcg/actuation hfa inhaler[NP]	*	QL(12 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate 250 mcg/actuation blister powder for inhalation	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate 44 mcg/actuation hfa aerosol inhaler	1	QL(10.6 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate 45 mcg-salmeterol 21 mcg/actuation hfa inhaler[NP]	*	QL(12 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate 50 mcg/actuation blister powder for inhalation	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate 50 mcg/actuation nasal spray,suspension	1	QL(16 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate 50 mcg/actuation nasal spray,suspension[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
formoterol fumarate 20 mcg/2 ml solution for nebulization[NP]	*	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
GASTROCROM 100 MG/5 ML ORAL CONCENTRATE[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
geri-dryl 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
geri-dryl 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
hydroxyzine pamoate 100 mg capsule	1		RESPIRATORY TRACT/PULMONARY AGENTS		
hydroxyzine pamoate 25 mg capsule	1		RESPIRATORY TRACT/PULMONARY AGENTS		
hydroxyzine pamoate 50 mg capsule	1		RESPIRATORY TRACT/PULMONARY AGENTS		
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ipratropium 0.5 mg-albuterol 3 mg (2.5 mg base)/3 ml nebulization soln	1		RESPIRATORY TRACT/PULMONARY AGENTS		
ipratropium bromide 0.02 % solution for inhalation	1		RESPIRATORY TRACT/PULMONARY AGENTS		
ipratropium bromide 17 mcg/actuation hfa aerosol inhaler	1	QL(25.8 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ipratropium bromide 21 mcg (0.03 %) nasal spray[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ipratropium bromide 42 mcg (0.06 %) nasal spray[NP]	*	QL(45 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
JASCAYD 18 MG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
JASCAYD 9 MG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
KALYDECO 13.4 MG ORAL GRANULES IN PACKET[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
KALYDECO 150 MG TABLET[NP]	*	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
KALYDECO 25 MG ORAL GRANULES IN PACKET[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
KALYDECO 5.8 MG ORAL GRANULES IN PACKET[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
KALYDECO 50 MG ORAL GRANULES IN PACKET[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
KALYDECO 75 MG ORAL GRANULES IN PACKET[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
LETAIRIS 10 MG TABLET	1	PA,QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		

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LETAIRIS 5 MG TABLET	1	PA,QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
levalbuterol 0.31 mg/3 ml solution for nebulization[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
levalbuterol 0.63 mg/3 ml solution for nebulization[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
levalbuterol 1.25 mg/3 ml solution for nebulization[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
levalbuterol concentrate 1.25 mg/0.5 ml solution for nebulization[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
levalbuterol hfa 45 mcg/actuation aerosol inhaler[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
levocetirizine 5 mg tablet	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
loradamed 10 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
loratadine 10 mg chewable tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
loratadine 10 mg disintegrating tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
loratadine 10 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
loratadine 5 mg/5 ml oral solution[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
m-dryl 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
macitentan 10 mg tablet[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
maxallergy kids 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
mometasone 50 mcg/actuation nasal spray[NP]	*	QL(34 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
mometasone 50 mcg/actuation nasal spray[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
montelukast 10 mg tablet	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		

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montelukast 4 mg chewable tablet	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
montelukast 4 mg oral granules in packet	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
montelukast 5 mg chewable tablet	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
naramin 12.5 mg/5 ml oral liquid in packet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
NEFFY 1 MG/SPRAY (0.1 ML) NASAL SPRAY	1	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
NEFFY 2 MG/SPRAY (0.1 ML) NASAL SPRAY	1	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
nighttime allergy relief 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
nintedanib 100 mg capsule[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
nintedanib 150 mg capsule[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
NUCALA 100 MG SUBCUTANEOUS SOLUTION	1	PA,QL(3 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
NUCALA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR	1	PA,QL(3 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE	1	PA,QL(3 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
NUCALA 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	1	PA,QL(0.4 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
OFEV 100 MG CAPSULE[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
OFEV 150 MG CAPSULE[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
OHTUVAYRE 3 MG/2.5 ML SUSPENSION FOR NEBULIZATION[NP]	*	PA,QL(150 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
olopatadine 0.6 % nasal spray	1	QL(30.5 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
OMNARIS 50 MCG NASAL SPRAY[NP]	*	QL(12.5 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
OPSUMIT 10 MG TABLET[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
OPSYNVI 10 MG-20 MG TABLET[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
OPSYNVI 10 MG-40 MG TABLET[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE[NP]	*	QL(1000 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE[NP]	*	QL(500 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORENITRAM 1 MG TABLET,EXTENDED RELEASE[NP]	*	QL(720 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE[NP]	*	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORENITRAM 5 MG TABLET, EXTENDED RELEASE[NP]	*	QL(150 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORENITRAM MONTH 1 TITRATION 0.125 MG (126)-0.25 MG (42) TABLET,ER DSPK[NP]	*	QL(168 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORENITRAM MONTH 2 TITRATION 0.125 MG (126)-0.25 MG(210) TABLET,ER DSPK[NP]	*	QL(336 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORENITRAM MONTH 3 TITRATION 0.125MG(126)-0.25MG(42)-1MG TABLET,ER DSPK[NP]	*	QL(252 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORKAMBI 100 MG-125 MG TABLET[NP]	*	PA,QL(112 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORKAMBI 200 MG-125 MG TABLET[NP]	*	PA,QL(112 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ORKAMBI 75 MG-94 MG ORAL GRANULES IN PACKET[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION[NP]	*	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
pharbedryl 25 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
pharbedryl 50 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
pirfenidone 267 mg capsule[NP]	*	PA,QL(270 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
pirfenidone 267 mg tablet[NP]	*	PA,QL(270 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
pirfenidone 534 mg tablet[NP]	*	QL(90 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
pirfenidone 801 mg tablet[NP]	*	PA,QL(90 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED[NP]	*	QL(2 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
PULMICORT 0.25 MG/2 ML SUSPENSION FOR NEBULIZATION[NP]	*	QL(240 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
PULMICORT 0.5 MG/2 ML SUSPENSION FOR NEBULIZATION[NP]	*	QL(240 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
PULMICORT 1 MG/2 ML SUSPENSION FOR NEBULIZATION[NP]	*	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED	1	QL(2 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED	1	QL(2 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION	1	QL(150 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY[NP]	*	QL(6.8 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY[NP]	*	QL(10.6 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL[NP]	*	QL(10.6 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL[NP]	*	QL(21.2 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
REMODULIN 0.4 MG/ML INJECTION SOLUTION[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
REMODULIN 1 MG/ML INJECTION SOLUTION[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
REMODULIN 10 MG/ML INJECTION SOLUTION[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
REMODULIN 2.5 MG/ML INJECTION SOLUTION[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
REMODULIN 5 MG/ML INJECTION SOLUTION[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
REVATIO 10 MG/12.5 ML INTRAVENOUS SOLUTION[NP]	*	QL(1125 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
REVATIO 20 MG TABLET[NP]	*	QL(360 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
roflumilast 250 mcg tablet[NP]	*	QL(28 per 365 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
roflumilast 500 mcg tablet[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
RYALTRIS 665 MCG-25 MCG/SPRAY NASAL SPRAY[NP]	*	QL(29 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
sildenafil (pulmonary hypertension) 10 mg/12.5 ml intravenous solution[NP]	*	QL(1125 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
sildenafil (pulmonary hypertension) 10 mg/ml oral powdr for suspension[NP]	*	QL(720 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
sildenafil (pulmonary hypertension) 20 mg tablet	1	PA,QL(360 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
SINGULAIR 10 MG TABLET[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
SINGULAIR 5 MG CHEWABLE TABLET[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
SINUVA 1,350 MCG SINUS IMPLANT[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
sodium chloride 10 % for nebulization	1		RESPIRATORY TRACT/PULMONARY AGENTS		
sodium chloride 3 % for nebulization	1		RESPIRATORY TRACT/PULMONARY AGENTS		
sodium chloride 7 % for nebulization	1		RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION	1	QL(4 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION	1	QL(4 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION[NP]	*	QL(4 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION[NP]	*	QL(4 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(30.9 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	1	QL(30.9 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
tadalafil 20 mg tablet (pulmonary hypertension)	1	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TADLIQ 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION[NP]	*	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
terbutaline 2.5 mg tablet	1		RESPIRATORY TRACT/PULMONARY AGENTS		
terbutaline 5 mg tablet	1		RESPIRATORY TRACT/PULMONARY AGENTS		
THEO-24 100 MG CAPSULE,EXTENDED RELEASE	1		RESPIRATORY TRACT/PULMONARY AGENTS		
THEO-24 200 MG CAPSULE,EXTENDED RELEASE	1		RESPIRATORY TRACT/PULMONARY AGENTS		
THEO-24 300 MG CAPSULE,EXTENDED RELEASE	1		RESPIRATORY TRACT/PULMONARY AGENTS		
THEO-24 400 MG CAPSULE,EXTENDED RELEASE	1		RESPIRATORY TRACT/PULMONARY AGENTS		
theophylline 80 mg/15 ml oral elixir	1		RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
theophylline 80 mg/15 ml oral solution	1		RESPIRATORY TRACT/PULMONARY AGENTS		
theophylline er 100 mg tablet,extended release,12 hr	1		RESPIRATORY TRACT/PULMONARY AGENTS		
theophylline er 200 mg tablet,extended release,12 hr	1		RESPIRATORY TRACT/PULMONARY AGENTS		
theophylline er 300 mg tablet,extended release,12 hr	1		RESPIRATORY TRACT/PULMONARY AGENTS		
theophylline er 400 mg tablet,extended release 24 hr	1		RESPIRATORY TRACT/PULMONARY AGENTS		
theophylline er 450 mg tablet,extended release,12 hr	1		RESPIRATORY TRACT/PULMONARY AGENTS		
theophylline er 600 mg tablet,extended release 24 hr	1		RESPIRATORY TRACT/PULMONARY AGENTS		
tiotropium bromide 18 mcg capsule with inhalation device	1	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE[NP]	*	QL(224 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TRACLEER 125 MG TABLET	1	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION	1	PA,QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TRACLEER 62.5 MG TABLET	1	PA,QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
treprostinil sodium 1 mg/ml injection solution[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
treprostinil sodium 10 mg/ml injection solution[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
treprostinil sodium 2.5 mg/ml injection solution[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
treprostinil sodium 5 mg/ml injection solution[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS[NP]	*	PA,QL(84 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TRIKAFTA 100-50-75 MG (D)/75 MG (N) GRANULE PACK[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TRIKAFTA 50-25-37.5 MG (D)/75 MG (N) TABLETS[NP]	*	PA,QL(84 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TRIKAFTA 80-40-60 MG (D)/59.5 MG (N) GRANULE PACK[NP]	*	PA,QL(56 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED[NP]	*	QL(1 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION[NP]	*	QL(89.9 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO DPI 16 (112)-32 (112)-48 (28) MCG CARTRIDGE WITH INHALER[NP]	*	QL(252 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO DPI 16 MCG CARTRIDGE WITH INHALER[NP]	*	QL(112 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO DPI 32 MCG CARTRIDGE WITH INHALER[NP]	*	QL(112 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO DPI 32 MCG-64 MCG CARTRIDGE WITH INHALER[NP]	*	QL(224 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO DPI 48 MCG CARTRIDGE WITH INHALER[NP]	*	QL(112 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO DPI 48 MCG-64 MCG CARTRIDGE WITH INHALER[NP]	*	QL(224 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO DPI 48 MCG-80 MCG CARTRIDGE WITH INHALER[NP]	*	QL(224 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO DPI 64 MCG CARTRIDGE WITH INHALER[NP]	*	QL(112 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO DPI 80 MCG CARTRIDGE WITH INHALER[NP]	*	QL(112 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION[NP]	*	QL(89.9 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION[NP]	*	QL(89.9 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION[NP]	*	QL(89.9 per 28 days)	RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
umeclidinium 62.5 mcg-vilanterol 25 mcg/actuation powdr for inhalation	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
umeclidinium 62.5 mcg/actuation blister powder for inhalation[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 1,000 MCG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 1,200 MCG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 1,400 MCG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 1,600 MCG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 1,800 MCG INTRAVENOUS SOLUTION[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 100 MCG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 150 MCG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK[NP]	*	QL(200 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 200 MCG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 400 MCG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 600 MCG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
UPTRAVI 800 MCG TABLET[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
VELETRI 0.5 MG INTRAVENOUS SOLUTION[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
VELETRI 1.5 MG INTRAVENOUS SOLUTION[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER[NP]	*	QL(36 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
wal-dryl allergy 12.5 mg/5 ml oral liquid[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
wal-dryl allergy 25 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
wal-dryl allergy 25 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
wal-itin 10 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
wal-itin 5 mg/5 ml oral solution[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
wal-zyr (cetirizine) 1 mg/ml oral solution[OTC]	1	QL(300 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
wal-zyr (cetirizine) 10 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
wal-zyr (cetirizine) 10 mg tablet[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
wixela inhub 100 mcg-50 mcg/dose powder for inhalation[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
wixela inhub 250 mcg-50 mcg/dose powder for inhalation[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
wixela inhub 500 mcg-50 mcg/dose powder for inhalation[NP]	*	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL[NP]	*	QL(32 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER[NP]	*	QL(30 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION[NP]	*	QL(90 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
YUTREPIA 106 MCG CAPSULE WITH INHALATION DEVICE[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
YUTREPIA 26.5 MCG CAPSULE WITH INHALATION DEVICE[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
YUTREPIA 53 MCG CAPSULE WITH INHALATION DEVICE[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
YUTREPIA 79.5 MCG CAPSULE WITH INHALATION DEVICE[NP]	*		RESPIRATORY TRACT/PULMONARY AGENTS		
zafirlukast 10 mg tablet	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
zafirlukast 20 mg tablet	1	QL(60 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
zileuton er 600 mg tablet,extended release 12hr mphase[NP]	*	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
ZYFLO 600 MG TABLET[NP]	*	QL(120 per 30 days)	RESPIRATORY TRACT/PULMONARY AGENTS		
zyrtec 10 mg capsule[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
ZYRTEC 10 MG CHEWABLE TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
ZYRTEC 10 MG DISINTEGRATING TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
ZYRTEC 10 MG TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
ZYRTEC 5 MG TABLET[OTC]	1		RESPIRATORY TRACT/PULMONARY AGENTS		
AMRIX 15 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(21 per 30 days)	SKELETAL MUSCLE RELAXANTS		
AMRIX 30 MG CAPSULE,EXTENDED RELEASE[NP]	*	QL(21 per 30 days)	SKELETAL MUSCLE RELAXANTS		
ATMEKSI 750 MG/5 ML ORAL SUSPENSION[NP]	*		SKELETAL MUSCLE RELAXANTS		
carisoprodol 250 mg tablet[NP]	*	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
carisoprodol 350 mg tablet[NP]	*	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
chlorzoxazone 250 mg tablet	1	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
chlorzoxazone 375 mg tablet	1	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
chlorzoxazone 500 mg tablet	1	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
chlorzoxazone 750 mg tablet	1	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
cyclobenzaprine 10 mg tablet	1		SKELETAL MUSCLE RELAXANTS		
cyclobenzaprine 5 mg tablet	1		SKELETAL MUSCLE RELAXANTS		
cyclobenzaprine 7.5 mg tablet	1	QL(90 per 30 days)	SKELETAL MUSCLE RELAXANTS		
cyclobenzaprine er 15 mg capsule,extended release 24 hr[NP]	*	QL(21 per 30 days)	SKELETAL MUSCLE RELAXANTS		
cyclobenzaprine er 30 mg capsule,extended release 24 hr[NP]	*	QL(21 per 30 days)	SKELETAL MUSCLE RELAXANTS		
FEXMID 7.5 MG TABLET	1	QL(90 per 30 days)	SKELETAL MUSCLE RELAXANTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
metaxalone 400 mg tablet[NP]	*	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
METAXALONE 640 MG TABLET[NP]	*	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
metaxalone 800 mg tablet[NP]	*	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
methocarbamol 1,000 mg tablet[NP]	*		SKELETAL MUSCLE RELAXANTS		
methocarbamol 500 mg tablet	1		SKELETAL MUSCLE RELAXANTS		
methocarbamol 750 mg tablet	1		SKELETAL MUSCLE RELAXANTS		
norgesic 25 mg-385 mg-30 mg tablet[NP]	*	QL(240 per 30 days)	SKELETAL MUSCLE RELAXANTS		
NORGESIC FORTE 50 MG-770 MG-60 MG TABLET[NP]	*	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
orphenadrine citrate er 100 mg tablet,extended release	1		SKELETAL MUSCLE RELAXANTS		
orphenadrine-asa-caffeine 25 mg-385 mg-30 mg tablet	1	QL(240 per 30 days)	SKELETAL MUSCLE RELAXANTS		
orphengesic forte 50 mg-770 mg-60 mg tablet[NP]	*	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
SOMA 250 MG TABLET[NP]	*	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
SOMA 350 MG TABLET[NP]	*	QL(120 per 30 days)	SKELETAL MUSCLE RELAXANTS		
tanlor 1,000 mg tablet[NP]	*		SKELETAL MUSCLE RELAXANTS		
TONMYA 2.8 MG SUBLINGUAL TABLET[NP]	*	QL(60 per 30 days)	SKELETAL MUSCLE RELAXANTS		
AMBIEN 10 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
AMBIEN 5 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
AMBIEN CR 12.5 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
AMBIEN CR 6.25 MG TABLET,EXTENDED RELEASE[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
armodafinil 150 mg tablet[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
armodafinil 200 mg tablet[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
armodafinil 250 mg tablet[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
armodafinil 50 mg tablet[NP]	*	QL(60 per 30 days)	SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
BELSOMRA 15 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
BELSOMRA 20 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
BELSOMRA 5 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
DAYVIGO 10 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
DAYVIGO 5 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
DORAL 15 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
doxepin 3 mg tablet[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
doxepin 6 mg tablet[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
EDLUAR 10 MG SUBLINGUAL TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
EDLUAR 5 MG SUBLINGUAL TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
estazolam 1 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
estazolam 2 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
eszopiclone 1 mg tablet[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
eszopiclone 2 mg tablet[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
eszopiclone 3 mg tablet[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
flurazepam 15 mg capsule[NP]	*	QL(60 per 30 days)	SLEEP DISORDER AGENTS		
flurazepam 30 mg capsule[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
HETLIOZ 20 MG CAPSULE[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
HETLIOZ LQ 4 MG/ML ORAL SUSPENSION[NP]	*	QL(158 per 30 days)	SLEEP DISORDER AGENTS		
modafinil 100 mg tablet	1	QL(60 per 30 days)	SLEEP DISORDER AGENTS		
modafinil 200 mg tablet	1	QL(60 per 30 days)	SLEEP DISORDER AGENTS		
NUVIGIL 150 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
NUVIGIL 200 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
NUVIGIL 250 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
NUVIGIL 50 MG TABLET[NP]	*	QL(60 per 30 days)	SLEEP DISORDER AGENTS		
PROVIGIL 100 MG TABLET[NP]	*	QL(60 per 30 days)	SLEEP DISORDER AGENTS		
PROVIGIL 200 MG TABLET[NP]	*	QL(60 per 30 days)	SLEEP DISORDER AGENTS		
quazepam 15 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS		

Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
QUVIVIQ 25 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
QUVIVIQ 50 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
ramelteon 8 mg tablet[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
RESTORIL 15 MG CAPSULE[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
RESTORIL 22.5 MG CAPSULE[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
RESTORIL 30 MG CAPSULE[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
RESTORIL 7.5 MG CAPSULE[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
ROZEREM 8 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
sodium oxybate 500 mg/ml oral solution[NP]	*	QL(540 per 30 days)	SLEEP DISORDER AGENTS		
SUNOSI 150 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
SUNOSI 75 MG TABLET[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
tasimelteon 20 mg capsule[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
temazepam 15 mg capsule	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	
temazepam 22.5 mg capsule	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
temazepam 30 mg capsule	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS		
temazepam 7.5 mg capsule	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	
triazolam 0.125 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	
triazolam 0.25 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	
WAKIX 17.8 MG TABLET[NP]	*	QL(60 per 30 days)	SLEEP DISORDER AGENTS	18	
WAKIX 4.45 MG TABLET[NP]	*	QL(60 per 30 days)	SLEEP DISORDER AGENTS	18	
XYREM 500 MG/ML ORAL SOLUTION[NP]	*	QL(540 per 30 days)	SLEEP DISORDER AGENTS		
XYWAV 0.5 GRAM/ML ORAL SOLUTION[NP]	*	QL(540 per 30 days)	SLEEP DISORDER AGENTS	18	
zaleplon 10 mg capsule[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	
zaleplon 5 mg capsule[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	
zolpidem 1.75 mg sublingual tablet[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	
zolpidem 10 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	

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Drug name	Drug level group	Utilization management requirements	Therapeutic category name	Age minimum	Age maximum
zolpidem 3.5 mg sublingual tablet[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	
zolpidem 5 mg tablet	1	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	
ZOLPIDEM 7.5 MG CAPSULE[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	
zolpidem er 12.5 mg tablet,extended release,multiphase[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	
zolpidem er 6.25 mg tablet,extended release,multiphase[NP]	*	QL(30 per 30 days)	SLEEP DISORDER AGENTS	18	

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Notes

Auxiliary aids and services, free of charge, are available to you. 1-800-787-3311 (TTY: 711), Monday through Friday, from 8:00 a.m. to 8:00 p.m., Central time.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

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.

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

繁體中文（Traditional 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。

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

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

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

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

ગુજરાતી (Guj ar at i) મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

اردو (Urdu): مفت لسانی اعانت کی خدمات موصول کرنے کے لیے درج بالا نمبر پر کال کریں۔

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

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

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

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

Ελληνικά (Greek] Καλέστε τον παραπάνω αριθμό για να λάβετε δωρεάν υπηρεσίες γλωσσικής υποστήριξης.

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

This notice is available at Humana.com/IllinoisAccessibility
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Your coverage may include medicines in the following drug classes when your insurance is issued through the state of:

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

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

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

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

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

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

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

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